



OPERATIONAL DEFINITION

MEASUREMENT: Wait for 3rd Next Available Appointment for New Visits: % Divisions <= 10 Days

I. Description

This measure answers the question:

How long do patients have to wait for an appointment to a specialty outpatient clinic?

It is measured as the percent of divisions where patients are waiting 10 days or less for a new visit. The wait time is the length of time in calendar days between the day a patient makes a call for an appointment with a physician and the third available appointment. This measure is tracked for new patients because a primary concern of the CCHMC patient advisory group is our ability to get patients into the system for their first appointment in a timely manner. It measures the effect of changes in the overall scheduling system and not our responsiveness to a single patient who needs to be seen quickly. For this reason, the 3rd Next Available is preferable to the first or second. It has been shown in other settings to be a better reflection of system availability because often first and second available appointments are due to cancellations, “working patients into the schedule”, or other events.

II. Population Definition (Inclusions/Exclusions)

Data is for the *new* visit type that represents the top percentage of new visit volume. For Outpatient clinics that are in the call center, each division’s monthly *Call Center Summary* report identifies which visit type is reported to the Management Summary.

As of December, 2004, the following clinics and the visit type that is reported are listed below:

Outpatient Clinic	Visit Type	% of Total Visit Volume
Allergy	New Visits	44%
Cardiology	New Visits	15%
Cardiothoracic	Average New Visit (Dr. Eghtesady, Dr. Manning, Dr. Pearl)	50%
Endocrine	Endocrine New Visit	16%
ENT	not available (clinic not in call center)	
Gastroenterology	New Visits	31%
Hopple	New Patient Newborn	6%
ID & IAC	ID New Visits	28%
Nephrology	New Visits	23%
Neurology	New Visit General	11%
Neurosurgery	New Visit MD	15%
Ophthalmology	New Visit Dilated MD	12%

Orthopaedics	not available (clinic not in call center)	
Ped Rehab	New Visits	14%
Plastic Surgery	not available (clinic not in call center)	
PPC	New Patient Newborn	5%
Psychiatry	New Visits	14%
Psychology	not available (clinic not in call center)	
Pulmonary	New Visit General	18%
Rheumatology	New Visit Attending Only	3%
Sports Medicine	New Visit	33%
Teen Health	New Visit MD	3%
Urology	New Visits-Surgical	22%

III. Data Source(s)

Call Center Executive Summary report (KIDS and Tempus 1)

IV. Sampling and Data Collection Plan

One data point is collected, once each week on Tuesdays for selected visit types for each outpatient clinic. The same day of week is used as reference point.

The call center is collecting data for call center and non-call center clinics are entering it on the monthly Call Center Executing Summary Report.

For call center clinics, the data are collected from Tempus 1 system used by the call center to schedule appointments. Once a week, the call center staff manually goes into the system and attempts to make a “fake” patient appointment for certain appointment type. For each visit type, they “spin” the scanner for the next available appointment and, once that is found, the Call Center agent “spins” 2 more times to identify the 3rd next available appointment and then records the date for each of the locations as well as the date the agent is spinning.

For clinics scheduling through KIDS, the data are collected out of the KIDS scheduling system weekly in a similar way.

V. Calculation

$$A_i = \frac{\sum x_i}{n_i}, \text{ where}$$

A_i = quarterly average days until 3rd next available appointment for division i

x_i = monthly average number of days until 3rd Next Available Appointment for division i

n_i = number of data points in the quarter for division i

Numerator: The number of divisions where $A_i \leq 10$

Denominator: The number of divisions, i

VI. Analysis Plan and Frequency of Reporting

Data is collected weekly and a monthly average is reported on the Call Center Executive Summary report.

Results are reported quarterly on the CCHMC Hospital scorecard. A quarterly run chart is available.

VII. Reporting Venues

- Results are reported on the CCHMC Hospital Scorecard under “Health Care Delivery”

VIII. Limitations

VIII. Experts/Resources

- Murray, Mark. Document: Measurement Package – Access and Office Efficiency – Primary and Specialty Care. Mark Murray & Associates.

X. Revision History

Version	Primary Author(s)	Description of Version	Date Completed
Final	AMA		2/11/2005
Revision 1	AMA	Measure changed to 10 days from 7 days.	11/29/2006