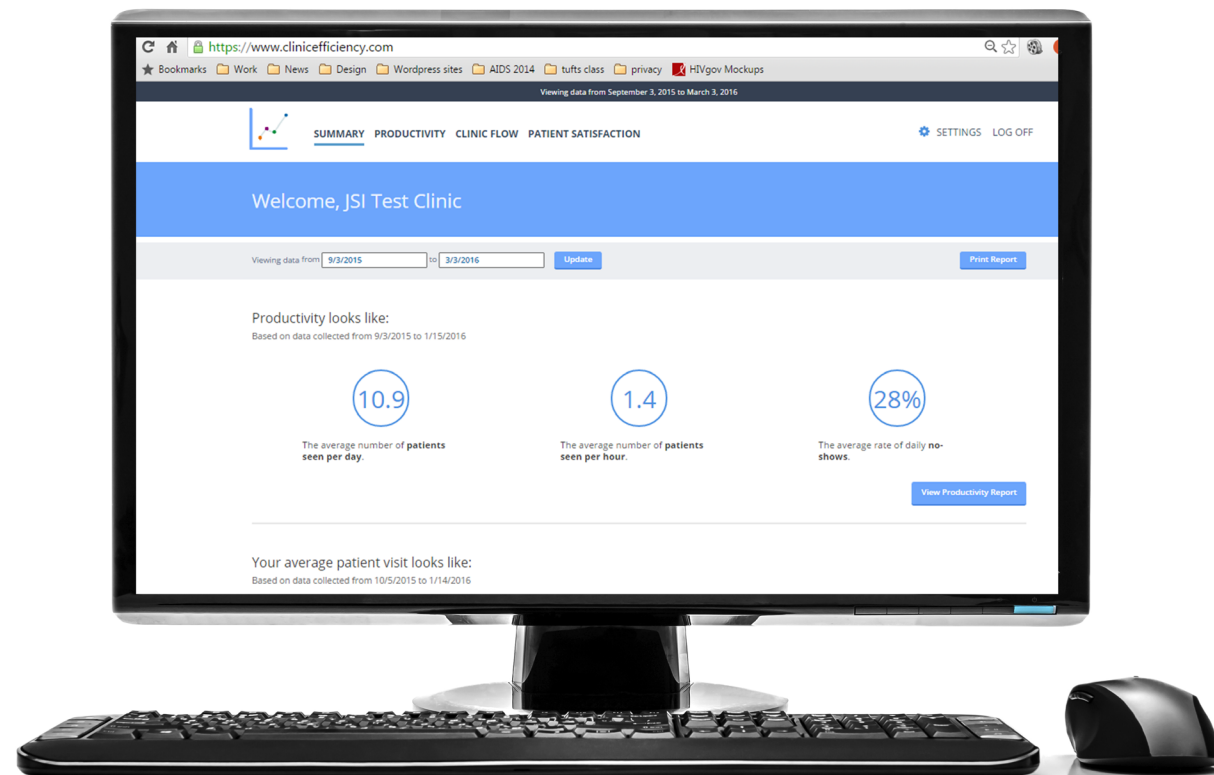


# Clinic Efficiency Data Guide

Collect, enter, and analyze data using the Clinic Efficiency Dashboard



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# Introduction

Data are an integral part of quality improvement. Baseline data provide a snapshot of current performance and help you to identify need for improvement. As you test changes, it is important to collect data to measure the impact of your efforts.

The NTC QA/QI/E has compiled a set of indicators to help you conduct clinic efficiency quality improvement activities at your clinic. The indicators are categorized in three clinic efficiency domains: productivity, clinic flow, and patient experience. Data can be collected on one or more of these domains, in no particular order. In fact, making changes in one domain may bring about changes in another.

This guide provides information on how to collect, enter, and analyze clinic efficiency data using the [Clinic Efficiency Dashboard](#). The Clinic Efficiency Dashboard is an online tool designed to help family planning clinic managers and staff to assess and monitor their productivity, clinic flow, and patient experience over time. The user-friendly data entry and dynamic data visualizations are intended to facilitate data-driven quality improvement.

## Clinic Efficiency Indicators

PRODUCTIVITY	PATIENT EXPERIENCE
 # of patients scheduled	 Ease of getting care
 # of patients seen	 Wait time
 % of no-show patients	 Interactions
CLINIC FLOW	 Payment
 Cycle time	 Facility
 Wait time	 Confidentiality
 Patient stops	 Would recommend to family/friends

# Additional Resources

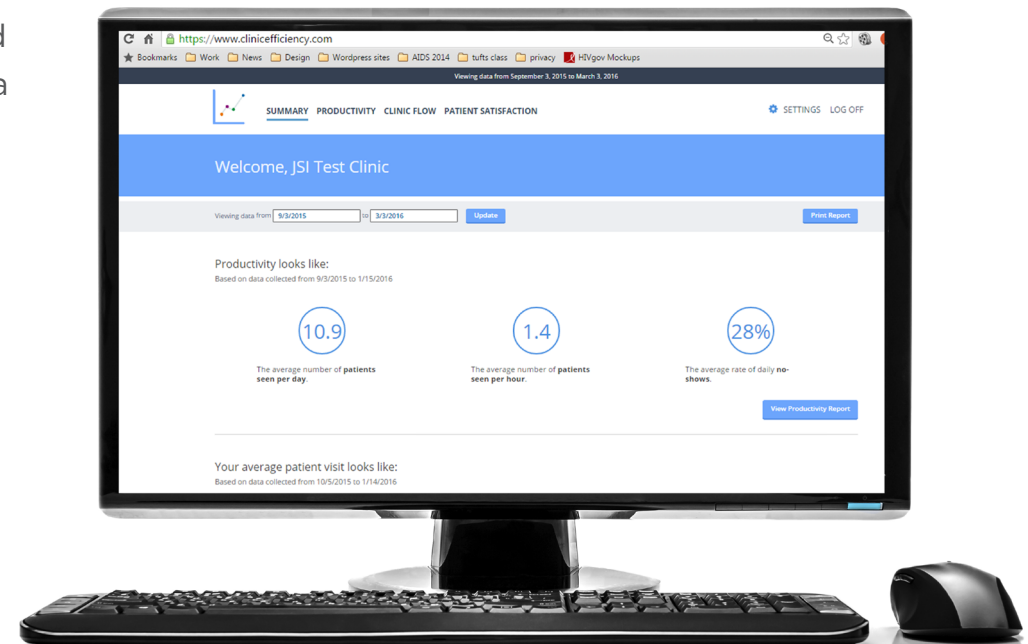
**Clinic Efficiency: A Quality Improvement Guide:** field-tested strategies to help you improve performance on clinic efficiency indicators. Use this guide once you have established a baseline in the Clinic Efficiency Dashboard and you have identified areas in need of improvement.

**Quality Improvement Methodologies: Using the Model for Improvement:** An eLearning module on how to systematically conduct quality improvement.

**Data-Driven Quality Improvement:** An eLearning module on how to interpret and use quality improvement data.

# Getting Started

Create an account at [www.clinicefficiency.com](http://www.clinicefficiency.com). It may be helpful to choose a username and password that can be shared among staff so that multiple people can enter and analyze data at your clinic. The Dashboard's welcome page will prompt you to start entering data.



# Productivity: Collecting and Entering Scheduling Data

Appointment schedules provide important productivity data. Collecting scheduling data involves noting the number of patients scheduled, seen, and who no-showed every day. The Clinic Efficiency Dashboard shows productivity by clinic staff members and the clinic overall. ***Staff is defined as any clinic staff who provide direct patient care and who have an individual schedule - typically clinicians and (sometimes) RNs.*** Scheduling data should be collected separately for each staff person since it will be entered separately in the Clinic Efficiency Dashboard.

## ***When to collect productivity data***

To establish a baseline, enter one month of scheduling data prior to starting quality improvement efforts. You can enter data on a daily, weekly, or monthly basis as long as you date visit records according to the day that they occurred, not the day they were entered. Continue to enter daily data as you conduct [Plan-Do-Study-Act \(PDSA\)](#) cycles of quality improvement to monitor progress over time. Some changes may not be reflected in the data immediately, so it may be helpful to collect and enter data up to two months following changes. One week of data should take less than five minutes to enter into the dashboard.

## ***How to collect productivity data***

Collecting scheduling data can be done a couple of ways:

- Front desk staff can tally the numbers on hard copy schedules at the end of the day.
- You can also print/save the information as a report from your EHR as long as you are capturing the total number of patients scheduled, seen, and no-shows and not deleting any records throughout the day.

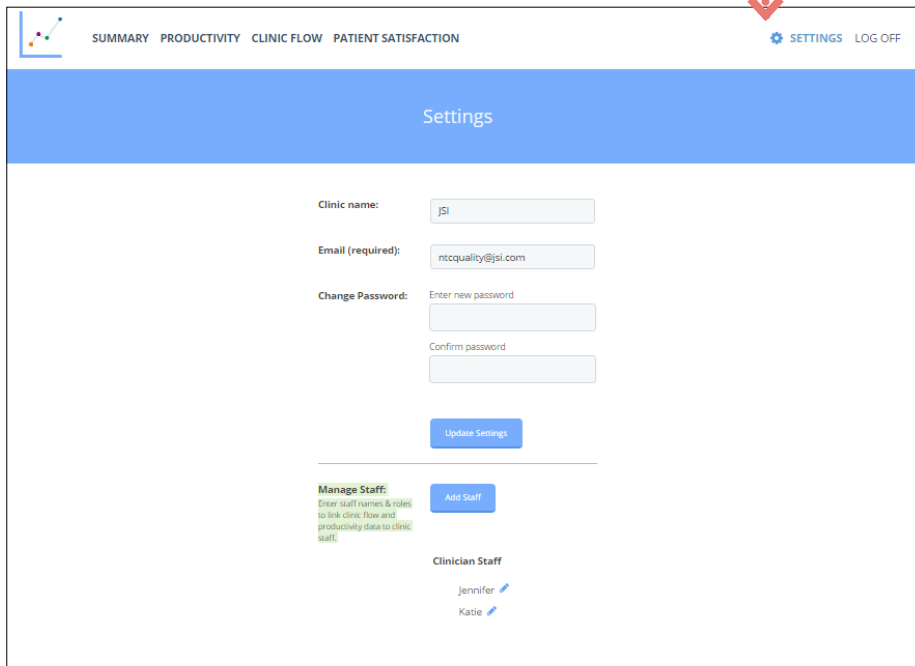
For data quality assurance, it is helpful to keep copies of schedules until data is entered into the Clinic Efficiency Dashboard. We do not recommend printing aggregate reports from an EHR or practice management system as these reports will not show variation or change over time.

Each form/row in the Dashboard represents a day of a staff member's schedule. Once data are submitted, they will appear at the bottom of your screen. All entries can be edited by clicking on the pencil at the far right of the entry.

## Productivity: Collecting and Entering Scheduling Data

Click on **Settings** to enter the names of staff whose productivity you wish to monitor. Choose staff who regularly see patients and who have a schedule from which to collect data.

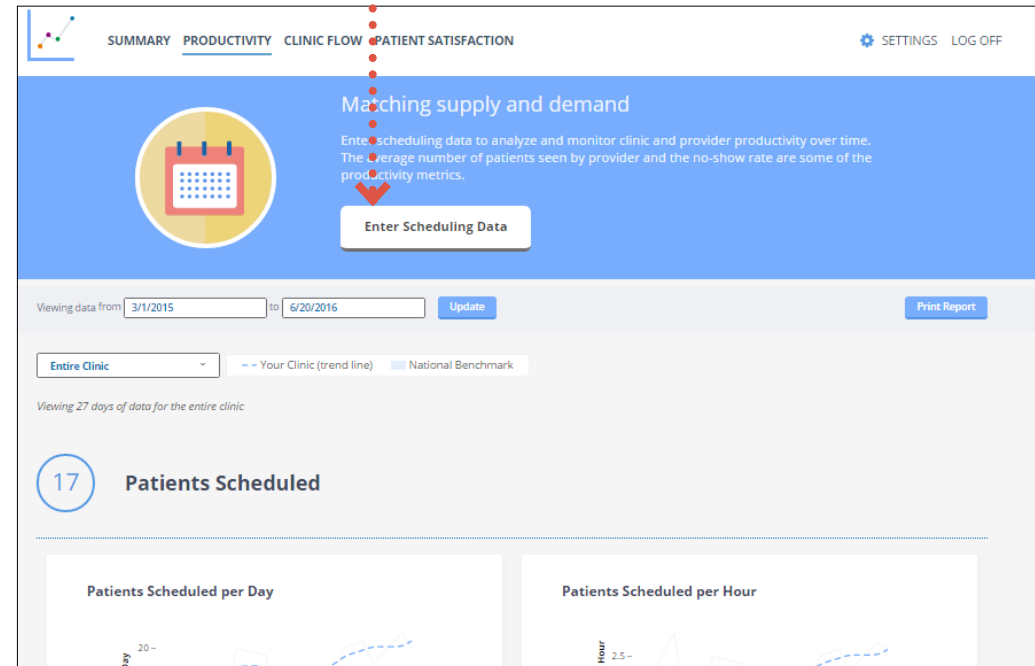
*Does this staff member currently work at this clinic?* Staff turnover is a challenge at many clinics. Toggle between “yes/no” to choose staff to appear in your data dashboard.



The screenshot shows the 'Settings' page with the following fields and options:

- Clinic name:** JSI
- Email (required):** ntcquality@jsi.com
- Change Password:** Enter new password, Confirm password
- Update Settings** button
- Manage Staff:** Add Staff button
- Manage Staff:** Enter staff names & roles to link clinic flow and productivity data to clinic staff.
- Clinician Staff:** Jennifer, Katie

Click on **Enter Scheduling Data** to input data and produce graphs..



## Productivity: Collecting and Entering Scheduling Data

**Date:** Scheduling data can be entered daily, weekly, monthly, etc., but this date must reflect the schedule day and not the day that data is entered (if different).

**Clinic Session Hours in a Day:** The total number of hours that the clinician was available to see patients. The number of hours *should not include time taken for lunch*, or other times when the clinician is not available to see patients. This number will change depending on the provider's daily schedule and other responsibilities that keep him/her from seeing patients at certain times (see example below).

**Example:** Clinic hours are 8am - 6pm (10hrs). Clinician's schedule is 8:30am - 5pm, with an hour at 12pm for lunch (7.5hrs). Clinic Session Hours in a Day for that day are 7.5. On any given day, subtract from the total any times that the clinician is unavailable to see patients (staff meetings, training, personal time, etc.).

**Patients Seen:** At the end of the day, the total number of patients that the clinician actually saw.

The screenshot shows a web interface for adding productivity data. At the top, there are navigation tabs: SUMMARY, PRODUCTIVITY (selected), CLINIC FLOW, and PATIENT SATISFACTION. On the right, there are links for SETTINGS and LOG OFF. The main heading is 'Add Productivity Data' with a sub-note 'Add or edit staff members in settings'. Below this is a table with the following columns and headers:

Staff Member	Date	Clinic Session Hours in Day	Patients Scheduled	Patients Seen	No-shows
<small>Clinicians (e.g. MD, DO, PA, NP, CNM) Non-clinicians (e.g. RN, LPN, CMA, MA)</small> <input type="text" value="Staff..."/>	<input type="text" value="6/20/2016"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

At the bottom of the form are two buttons: 'ADD ANOTHER' (green) and 'SUBMIT' (blue). The footer includes the Family Planning National Training Centers logo and website (www.fpntc.org), along with a disclaimer: 'FPNTC is supported by the Office of Population Affairs of the U.S. Department of Health and Human Services. The information presented does not necessarily represent the views of OPA, DHHS or FPNTC member organizations.'

**Patients Scheduled:** At the end of the day, the total number of patients scheduled per clinician/staff member for the day/session (regardless of whether or not they were seen).

**Example:** At the start of a day, 10 patients were in the schedule. 3 patients called during the day and were squeezed into the schedule, and there were 4 no-shows. The number of patients scheduled = 13.

**Add Another/Submit.** Click "Add Another" if you are entering more than one day of data at a time. Click "Submit" to save data.

**No-Shows:**

At the end of the day, the total number of patients who were scheduled but not seen for any reason, including those who called and canceled or rescheduled for another day.

# Productivity: Analyzing Scheduling Data

Once you have established a baseline, refer to *Clinic Efficiency: A Quality Improvement Guide* for tips and strategies to improve performance on indicators showing a need for improvement.

## Viewing data from [date].

Enter the period you wish to analyze and click the “Update” button.

**Note:** The time period will not carry over to different pages on the Dashboard. You must re-enter the period of time you wish to see on each page.

Dates will only reflect the time period covered in your data set.

**Entire clinic.** Click the dropdown menu to select data for a particular staff person or the entire clinic.

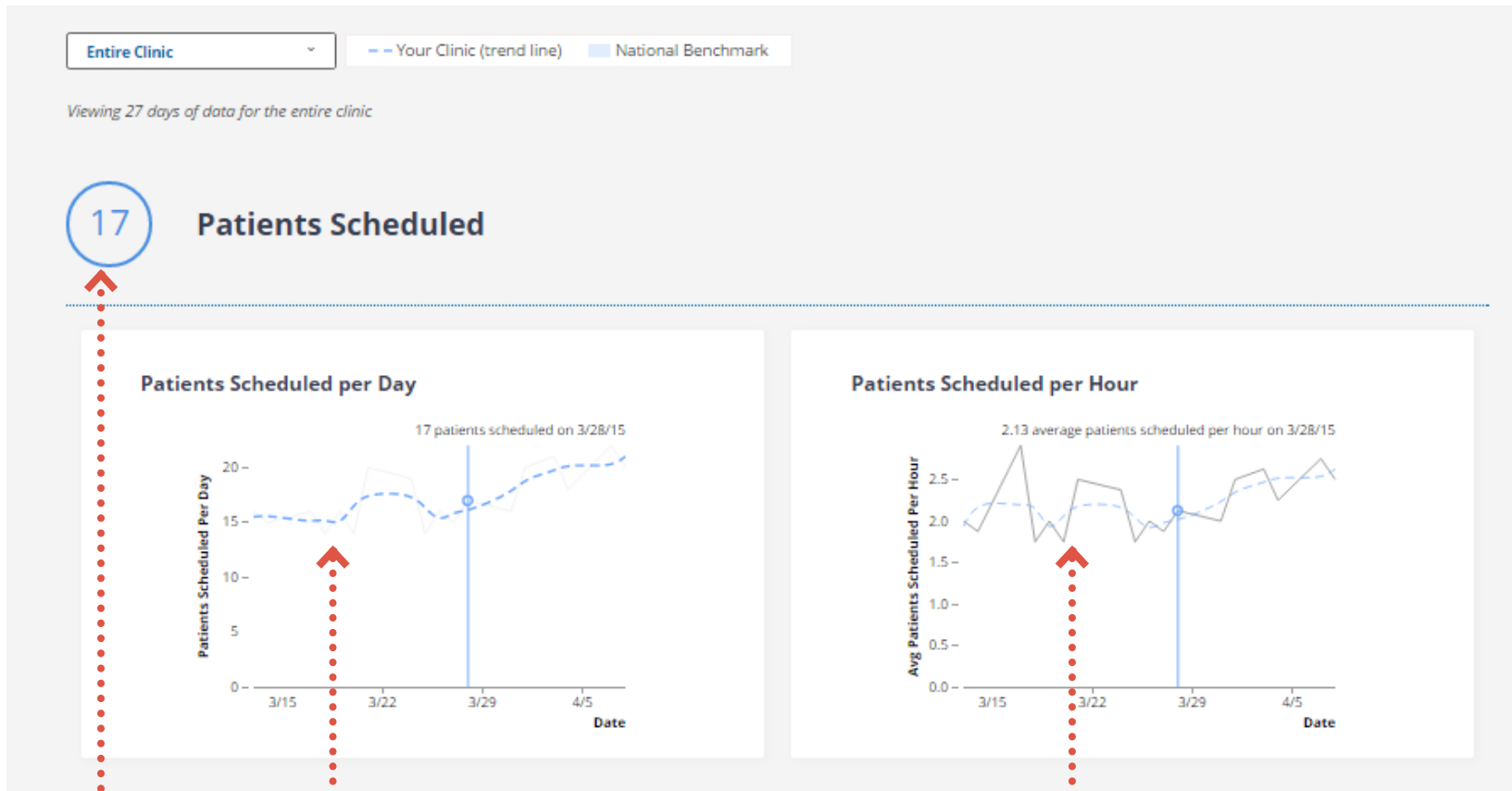
**Average.** Average for the selected period of time. Scroll over the number for a complete data definition.

**Enter Scheduling Data.** Graphs will only appear once you have entered data for two or more days.

**Print Report.** Click this button to produce a PDF of all graphs on the page.

The screenshot shows a dashboard with a top navigation bar containing 'SUMMARY', 'PRODUCTIVITY' (selected), 'CLINIC FLOW', and 'PATIENT SATISFACTION'. On the right of the navigation bar are 'SETTINGS' and 'LOG OFF' links. The main content area has a blue header with the title 'Matching supply and demand' and a sub-header 'Enter scheduling data to analyze and monitor clinic and provider productivity over time. The average number of patients seen by provider and the no-show rate are some of the productivity metrics.' Below this is a white button labeled 'Enter Scheduling Data'. A red dotted arrow points from the text 'Enter Scheduling Data' to this button. Below the header is a date range selector showing 'Viewing data from 3/1/2015 to 6/20/2016' with an 'Update' button. A red dotted arrow points from the text 'Viewing data from [date]' to the date range selector. To the right of the date range is a 'Print Report' button. A red dotted arrow points from the text 'Print Report' to this button. Below the date range is a dropdown menu set to 'Entire Clinic' and a legend for 'Your Clinic (trend line)' and 'National Benchmark'. A red dotted arrow points from the text 'Entire clinic' to the dropdown menu. Below the legend is the text 'Viewing 27 days of data for the entire clinic'. The main data area shows a large blue circle with the number '17' and the text 'Patients Scheduled'. A red dotted arrow points from the text 'Average' to this number. Below this are two white boxes: 'Patients Scheduled per Day' and 'Patients Scheduled per Hour'.



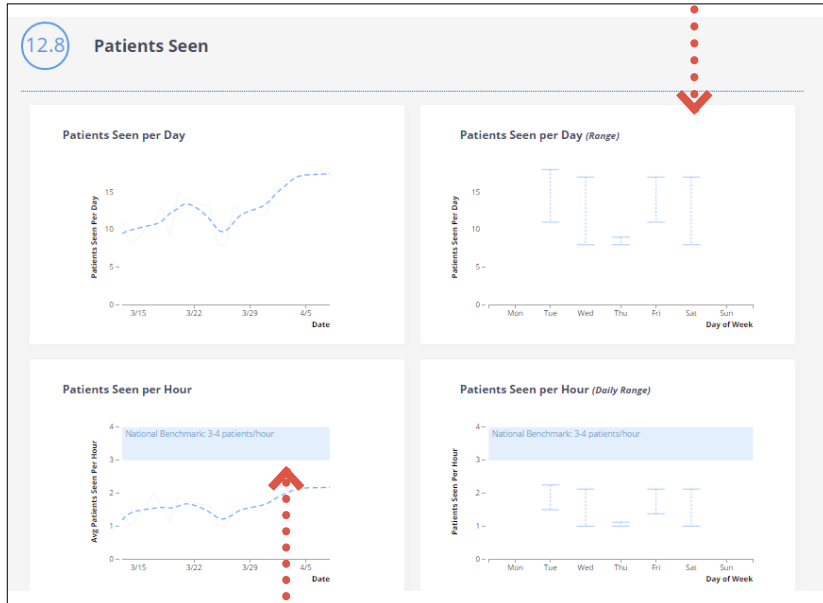


**Average.** Average for the selected period of time. Scroll over the number for a complete data definition.

The blue dashed line shows the trend over time.

Scroll over the graph to see data for each schedule/day entered.

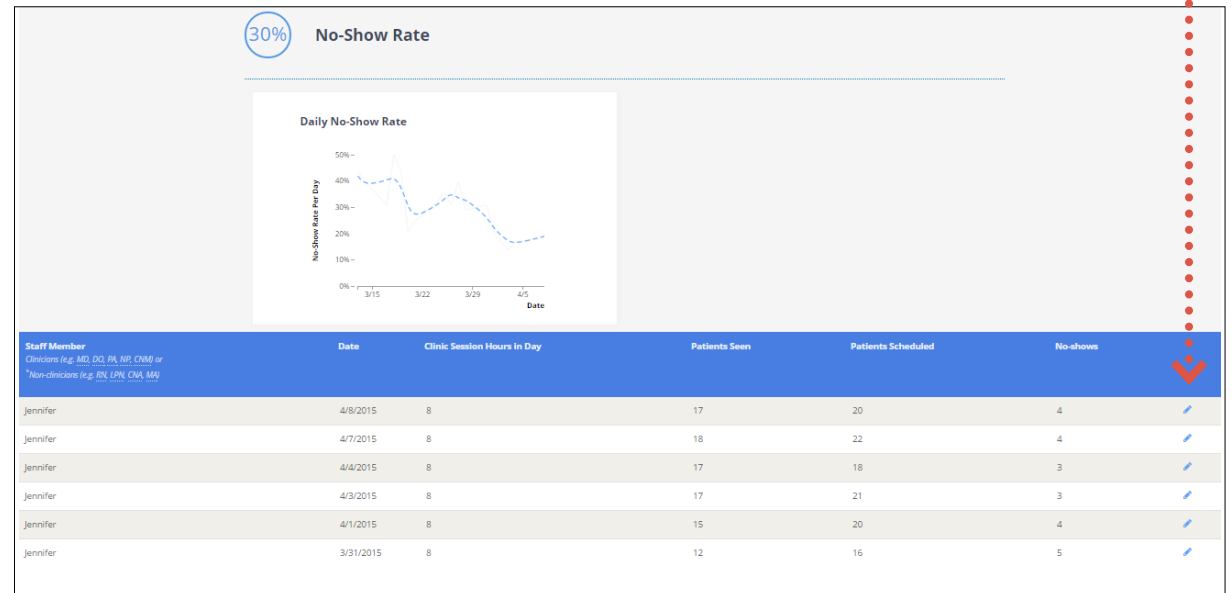
- Scroll over the graph to see the median, minimum, and maximum patients seen per day for each range shown.
- *Note: the median is the middle value in a list.*



• The blue bar represents the national benchmark, or target range.

All data entries by clinic staff are listed at the bottom of the page. Click on the blue pencil to edit or delete an entry.

On a regular basis, scroll through the data to look for outliers and typos that may impact your data.



# Clinic Flow: Collecting and Entering Patient Tracking Data

Patient tracking is a key component of clinic efficiency assessment and improvement.

Tracking provides data related to clinic flow indicators and gives you an opportunity to observe the clinic visit. The approach laid out in this guide differs from some of the traditional patient flow analysis methods in that it examines the visit through the eyes of the patient, rather than focusing on the staff. It involves following and/or observing the patient visit while documenting and timing each action that occurs. It also allows you to watch clinic staff during the visit and critically evaluate the systems and behaviors that influence the patient visit.

Patient tracking is a great way to identify parts of the visit that contribute to cycle time and wait time, observe clinic flow bottlenecks, and identify duplication of effort.

## ***When to collect clinic flow data***

To maximize your efficiency and data collection, it is helpful to track patients over the course of a morning, afternoon, or whole day if you can afford the time. Depending on your clinic's layout and schedule, you can almost always track more than one patient at a time. In addition to choosing when to track during the day, choosing the right day is also essential.

***“Can I use time-stamps from the EHR instead of all of this tracking?”***

EHR data can provide some information about when things happen during a visit but not why, which is critical to QI. If you want to use time stamps, we recommend pairing them with patient tracking.

## Clinic Flow: Collecting and Entering Patient Tracking Data

It is important for the data to show what happens on a “typical” day. This can be difficult to achieve but there are a few ways to capture as “typical” a day as possible:

- Pick/predict a high-volume day. Pick a day when the clinic tends to be busy. Alternatively, vary the days of the week that you track patients to observe what happens on a slow day versus a busy day. Both ends of the spectrum tend to amplify systems and will help you observe inefficiencies.
- Avoid periods with high no-show rates. Review recent scheduling or clinic volume data to identify no-show trends by day or time. Avoid tracking at these intervals to maximize your data collection.
- Advise staff to “carry on as usual.” Explain the purpose of patient tracking to all staff. Reinforce that you are not evaluating individual performance, but are looking at systems “through the eyes of the patient” to allay concerns that you are watching or assessing the staff. Clinic efficiency (and quality improvement) is about systems, not about people. Be nonjudgmental in your observations.

### ***How to collect clinic flow data***

The [Patient Visit Tracking Sheet](#) is a tool to measure clinic flow. Before you get started, make enough copies of the Patient Tracking Sheet to capture all patient visits during your session. It is helpful to have extra sheets on hand for walk-ins, unexpected visits, and in case of error.

### **What You Need:**

- Copy of the clinician’s schedule
- Printed copies of the Patient Tracking Sheet
- Pen or pencil
- Clipboard or something to write on while standing
- Watch with a minute hand or smartphone to note the time for each step in minutes.

Patient tracking methods depend on the size and layout of the clinic. The optimal approach is to find at least one place in the clinic that provides a vantage point for the entire patient visit. If you cannot see the whole visit from one place, pick a couple spots and move with the patient through the visit. Do what works for you, but it is important to stay out of staff’s way and to avoid following the patient closely (they shouldn’t feel followed).

Patient tracking involves documenting the type and duration of every step during the patient visit. Note the time of the first/next appointment on the clinician’s schedule and be ready 15 minutes earlier.

### Track the Patient Visit

**Steps.** Steps refer to every discreet part of the patient visit, including time completing paperwork, interacting with staff, and importantly, time spent waiting. The visit starts the moment the patient enters the clinic so the first step is usually check-in at the front desk. Steps include every time the patient travels from his/her seat in the waiting room to the front desk, to the bathroom, the lab, counseling rooms, the exam room, and check out. They also include steps or movements that might seem insignificant or without purpose, such as the patient walking around the clinic lost. Finally, steps also include wait time, such as in the waiting room, waiting for the clinician to enter the exam room, or waiting in the exam room while the medical assistant or clinician look for supplies, communicate with other staff, or prepare for the next part of the visit.

**Duration of steps.** Documenting the start and end times of each step is crucial to the tracking process. Some steps take very little time but should be noted regardless.

- Note time as each new step is initiated (patient moves to new location, staff arrive or leave, etc.).
- Briefly summarize the step (e.g., completing paperwork, returning paperwork to front desk, waiting for clinician to return to exam room). See “Observation” section below for more information on what to observe.

### STEPS VS. STOPS

**STEPS** = distinct parts of the visit.

Examples:

- Patient taken to exam room from waiting room.
- MA takes vitals and history
- MA leaves exam room, patient undresses, waits.
- Provider in exam room. Asks many of the same questions that MA asked.
- Provider leaves room to look for supplies.

**STOPS** = patient movement during the visit.

Examples:

- Patient arrives and checks in at front desk.
- Completes paperwork in waiting room
- Hands in paperwork to front desk
- Patient travel to bathroom
- Patient travel to scale in hallway
- Patient travel to lab for BP
- Patient travel to exam room

- Note the end time of the step (this may be less than one minute). The end time should be the same as the start time for the next step.
- At the end of the step (or at the end of the day or tracking period, if you don't have time), calculate the time lapsed during the step and note the number of minutes in the column that corresponds to the type of step.

**Observation.** Take notes on your Patient Tracking Sheet about parts of the visit, such as those that take more steps than necessary, cause delays, or have questionable value. It is also recommended to collect extra data when patterns or questions persist. For instance, if the provider leaves the exam room frequently during a visit, keep a tally of the number of times and why he/she left. Perhaps the provider leaves an average of two times per visit to look for supplies. The data will help you identify the drivers of bottlenecks and delays. Remember, you are collecting both quantitative (numerical) data and qualitative (observational) data while tracking patients.

### **How Many Patients to Track**

The more data you have, the more likely they will accurately reflect what is happening in your clinic. The NTC QA/QI/E recommends tracking a minimum of 10 patients per month while you are conducting PDSA cycles. Lessons learned from national clinic efficiency learning collaboratives indicate that it works well to track patients at least one day per month for at least a morning, afternoon, or the whole day if possible.

### **Asking Patient for Consent to Observe Exam**

- Check the schedule and choose an appropriate appointment. Initials and well woman visits are usually good for observation.
- When the patient arrives, approach him/her while in the waiting room (after completion of any paperwork).
- Explain why you are there.
- Explain the purpose of observing the exam.
- Make it easy for the patient to decline.

**Example:** “Hi, my name is [NAME] and I’m [ROLE AT CLINIC]. We’re trying improve the timeliness and efficiency of the services here. I’m observing different parts of the patient visit. I’m asking a few patients today if I can accompany them into the exam room to observe the provider. Would this be okay with you? It’s perfectly fine to say no.”

You do not need to accompany the patient into the counseling or exam rooms when tracking. In fact, you should only accompany the patient into the exam room if you are a clinician or nurse and you have the patient’s consent. You should have a reason to accompany the patient in the exam room. For example, if you suspect that the MA/counselor and the clinician are repeating patient education or specific tasks, and you are a clinician, you may want to observe one or two exam visits (according to the criteria above). It is important to talk with the clinician at the start of the patient tracking period and before you ask patients. Ask the patient before tracking, and make sure to give him/her an easy way to say “no.” If you accompany the patient into the exam room, be sure to observe from a discreet corner of the room – behind or to the side of the patient, especially if they are having a physical exam.

# Clinic Flow: Collecting and Entering Patient Tracking Data

**Appointment Time.** Identify the patient on the schedule and note the appt. time. If patient is a walk-in, make Appointment Time the same as Arrival Time.

**Arrival Time.** Time that the patient enters the clinic

**Departure Time.** Time that the patient leaves the clinic.

**Primary reason for the visit.** See below for list of acronyms.

**Start and end time for each step of the patient visit.** All times are consecutive from patient arrival to departure time.

**Each row is a step.** Include a description of all steps that occur during patient visit, including back and forth travel to front desk. Include any relevant observations of systems and staff actions.



## PATIENT VISIT TRACKING SHEET

Site Name: Clinic A Clinician Name: Tracey Date: 4/7/16

Patient Information		Clinic Calculations	
Appointment Time:	11:00	Number of Stops:	11
Arrival Time:	10:56	Total Paperwork Time:	15
Departure Time:	12:35	Total Wait Time:	51
Interpreter Needed:	Yes <input type="radio"/> No <input checked="" type="radio"/>	Total MA Time:	10
Gender:	M <input type="radio"/> F <input checked="" type="radio"/> Other	Total Clinician Time:	8
Appointment:	Walk-in <input checked="" type="radio"/> Scheduled	Total RN Time:	-
Primary Reason for Visit (circle one)	<p> <b>IE:</b> initial visit  <b>AE:</b> annual exam/well-woman visit  <b>STD Screen:</b> STD screening  <b>BC:</b> birth control  <b>IUD Ins:</b> IUD/IUS insertion  <b>IUD Rem:</b> IUD/IUS removal                 </p> <p> <b>PT:</b> pregnancy test  <b>HIV:</b> HIV screening  <b>Injection:</b> depo injection  <b>Implant Ins:</b> implant insertion  <b>Problem Visit/Infection check:</b> any other service                 </p>		

Steps During Patient Visit			Stops (x)	Time Lapsed (# of minutes)					
Start Time	End Time	Description of Step and Observation		Paper work	Wait	MA	Clinician	RN	Other
10:56	11:02	Patient arrives, checks in at front desk	x						6
11:02	11:13	Completes paperwork in waiting room	x	11					
11:13	11:14	Hands in paperwork at front desk	x						1
11:14	11:18	Completes more paperwork in waiting room	x	1					
11:18	11:19	Hands in paperwork at front desk	x						1

**Total # of Stops.** Number of times patient is moved during the visit. It is important to read through your notes, rather than count the rows or steps observed.

Record the time for each step in the appropriate category.

“Other” includes bathroom time, time at front desk, or any other time not captured in other columns. This time is not included in Visit Calculation tracking totals above.

## Clinic Flow: Collecting and Entering Patient Tracking Data

Steps During Patient Visit			Stops (x)	Time Lapsed (# of minutes)					
Start Time	End Time	Description of Step and Observation		Paper work	Wait	MA	Clinician	RN	Other
11:19	11:41	Waits in waiting room	x	22					6
11:41	11:43	MA brings patient back, stop at scale in hallway	x		2				
11:43	11:46	Patient uses bathroom	x					3	1
11:46	11:54	Patient in exam room with MA			8				
11:54	12:11	Patient waits in exam room	x	17					
12:11	12:18	Patient with clinician	x			7			
12:18	12:26	Clinician leaves, patient waits in exam room	x	8					
12:26	12:27	Clinician returns, in exam room	x			1			
12:27	12:31	Clinician leaves, patient in exam room	x	4					
12:31	12:35	Patient checks out	x					4	
11:18	11:19	Hands in paperwork at front desk	x						1

Record wait time as a step so that you can tally total wait time at the end of the visit.

Important: record wait time regardless of how early the patient arrives.

Note: **several steps** are recorded for the time that patient is in exam room, however, all time in exam room is counted as **one stop because the patient has only been moved once**.

Record the time for each step in the appropriate category.

“Other” includes bathroom time, time at front desk, or any other time not captured in other columns. This time is not included in Visit Calculation tracking totals above.

Total minutes recorded for this step, logged in the “Wait” column.



# Entering Patient Tracking Data to Monitor Clinic Flow

Each online form represents one patient visit. The data entry form asks for information from the [Patient Tracking Sheet](#)'s Patient Information and Visit Calculations sections. Once data is entered and submitted, it will appear at the bottom of your screen. All entries can be edited by clicking on the pencil at the far right of the entry. Entering 10 patient visits should take less than five minutes.

**ADD PATIENT VISIT DATA**  
Add or edit staff members in [settings](#)

**Date**  
mm/dd/yyyy format: 6/20/2016

**Times**  
10:00AM format: Appointment Time, Arrival Time, Departure Time

**Gender**  
Gender...

**Appointment**  
Appt type... Reason for visit...

**Clinician/Staff**  
Staff member...

**Number of Stops**

**Wait**

**PATIENT VISIT TRACKING SHEET**

Site Name: \_\_\_\_\_ Clinician Name: \_\_\_\_\_ Date: \_\_\_\_\_

Patient Information		Clinic Calculations	
Appointment Time:		Number of Stops:	
Arrival Time:		Total Paperwork Time:	
Departure Time:		Total Wait Time:	
Interpreter Needed:	Yes / No	Total MA Time:	
Gender:	M / F / Other	Total Clinician Time:	
Appointment:	Walk-in / Scheduled	Total RN Time:	
Primary Reason for Visit (circle one)	IE, AE, STD Screen, Problem Visit/Infection check, BC, PT, HIV, Injection, IUD Ins, IUD Rem, Implant Ins, Implant Rem		

Steps During Patient Visit			Stops (+)	Time Lapsed (# of minutes)					
Start Time	End Time	Description of Step and Observation		Paperwork	Wait	MA	Clinician	RN	Other

# Analyzing Patient Tracking Data

Once you have established a baseline, refer to the **Clinic Efficiency: A Quality Improvement Guide** for tips and strategies to improve performance on indicators showing a need for improvement.

**Viewing data from [date].** Enter the dates you wish to analyze and click the “Update” button.

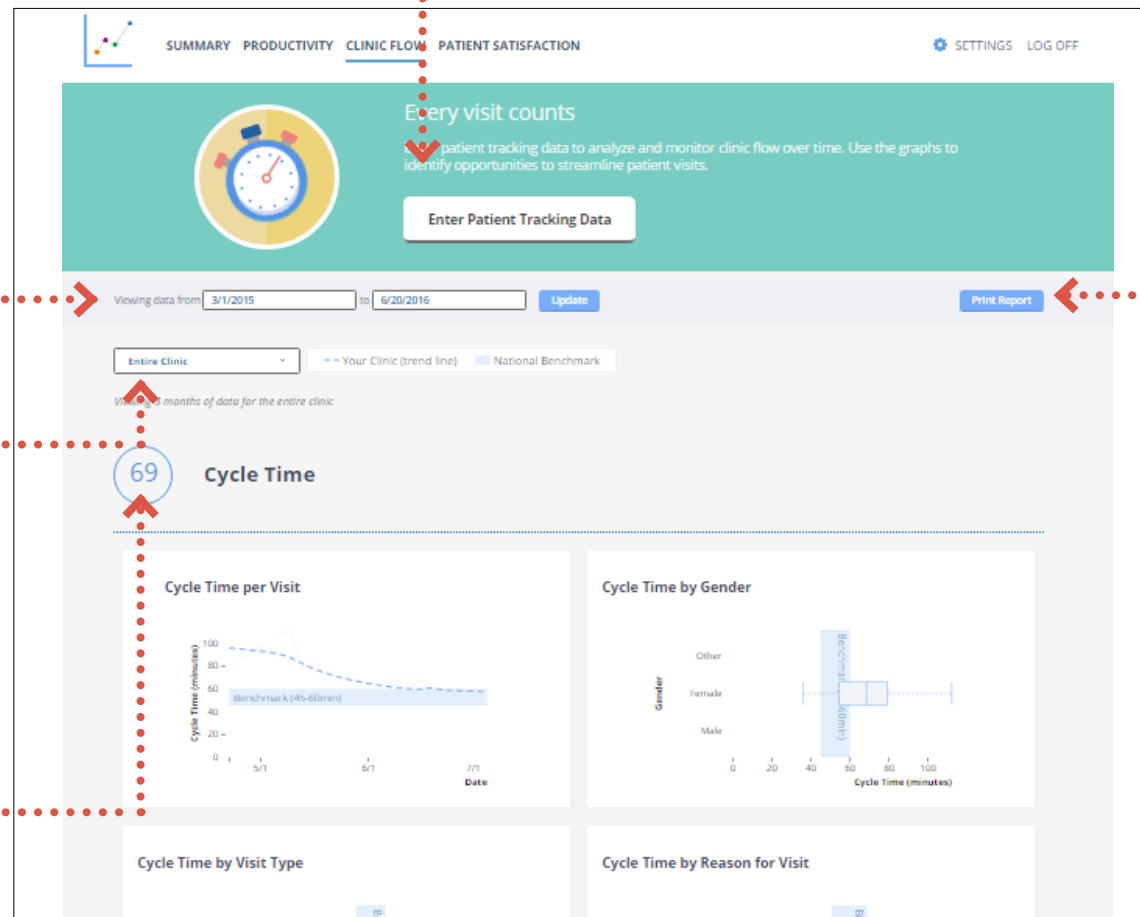
The page will not automatically refresh when you enter data so dates must be revised when new data is entered.

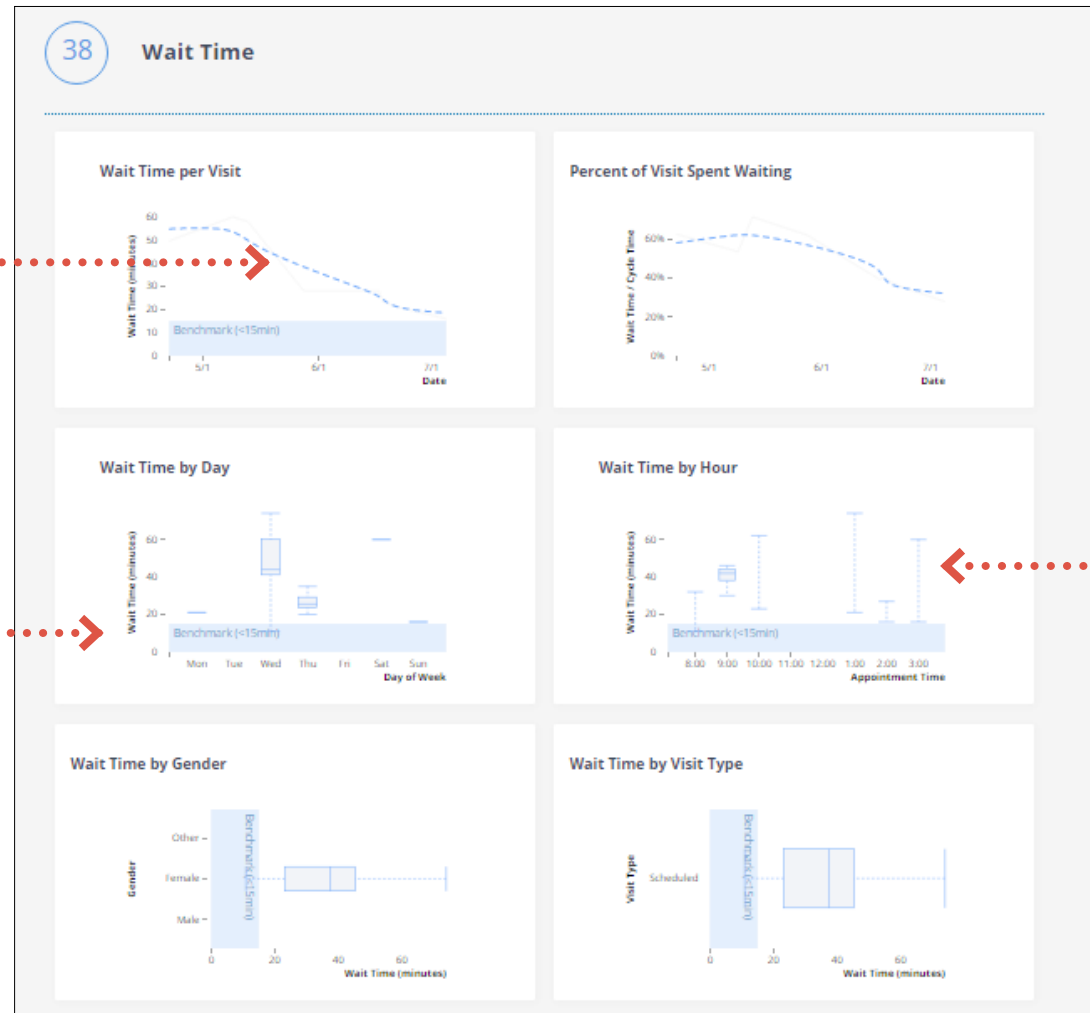
**Entire clinic.** Click the dropdown menu to select data for one staff person or the entire clinic.

**Average.** Average for the selected period of time. Scroll over the number for a complete data definition.

**Enter Patient Tracking Data.** Graphs will only appear once you have entered data for two or more days.

**Print Report.** Click this button to produce a PDF of all graphs on the page





The blue dashed line shows the trend over time.

Scroll over the graph to see data entered for each patient.

Scroll over the graph to see the median, min and max for each box plot.

# Collecting Patient Satisfaction Data: Patient Surveys

To sync your findings with the Clinic Efficiency Dashboard, use the **Patient Satisfaction Survey** template from the [Patient Experience Toolkit](#). The data entry form on the Clinic Efficiency Dashboard corresponds directly to this survey.

## ***Number and frequency of surveys***

Forty to fifty satisfaction surveys are enough to establish a baseline. Collect a similar number of surveys every three to six months, depending on your quality improvement efforts and your need to monitor change. It is not necessary (or recommended) to survey all patients. If you collect the data, you should use it, so collect a sample that is large enough to provide accuracy, but small enough that it is not burdensome to enter.

## ***Tips for collecting patient satisfaction surveys***

- Provide the survey during the visit (e.g., when the clinician leaves the exam room) or at the end of the visit upon check out.
- Explain why you are surveying patients. Note that their decision to complete it or not will not affect the care they receive at the clinic in any way.
- Give patients a private space to complete the survey, preferably not in front of clinic staff or at the check-out window.
- Explain that the survey is anonymous. Provide a box or envelope in which patients can submit their surveys anonymously. Patients should never hand a completed survey directly to a staff member.

# Patient Experience: Entering Data to Monitor Patient Satisfaction

The Patient Satisfaction Survey includes both quantitative and qualitative questions. The Clinic Efficiency Dashboard Patient Experience section only addresses quantitative data, however, patient satisfaction quantitative data can be deceptively high. Qualitative data is often more informative.

The NTC QA/QI/E highly encourages clinic staff to review and share qualitative feedback collected through surveys. They will pinpoint specific areas of patient frustration and dissatisfaction and should be acted upon with your improvement efforts.

Qualitative data also highlight the many aspects of your services that patients most appreciate. Share these at staff meetings, post to a bulletin board in a break room, or inform individual staff of feedback specific to them. This type of praise can be a powerful motivator.

## IMPORTANT

As explained in the Collecting Patient Satisfaction Data section above, the NTC QA/QI/E recommends collecting 40-50 patient satisfaction surveys every three to six months, depending on your improvement activities and the extent to which you want to monitor change. Enter data at each three or six month interval and enter a uniform date for all surveys in that period, even if surveys have been collected over one or two weeks.

### ***Example:***

Forty-two patient satisfaction surveys are collected from September 1-10. All satisfaction surveys entered into the dashboard with the date September 10. 49 patient satisfaction surveys collected from December 15-18. All satisfaction surveys are entered into the dashboard with the date December 18. \*This method allows you to group surveys for each collection period and data will be more accurate and representative of that specific period in time.

# Patient Experience: Entering Data to Monitor Patient Satisfaction

Each form represents one patient. The data entry form asks for information from the Patient Satisfaction Survey.



Use the Tab button on your keyboard to move efficiently through the data fields to enter numerical values for each component.

### Patient Satisfaction Paper Survey

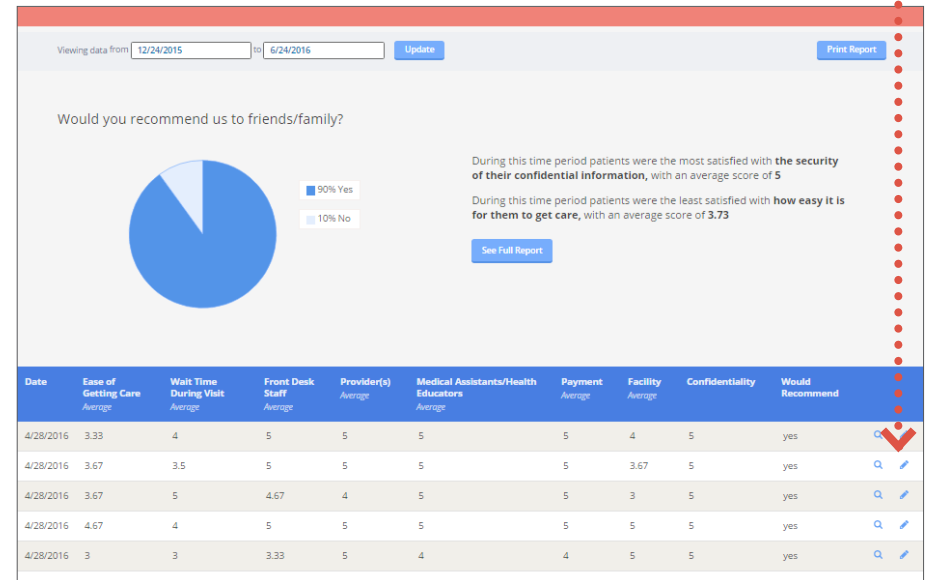
Please tell us how you feel about our services and staff. Your responses help us to make improvements. This survey is anonymous. Thank you for your time.

😊 😊 😊 😐 😞 ?

Please circle how well we are doing in the following areas:	GREAT 5	GOOD 4	OK 3	FAIR 2	POOR 1	N/A Don't know
<b>Ease of getting care:</b>						
Time between making appointment and being seen	5	4	3	2	1	N/A
Convenience of clinic hours	5	4	3	2	1	N/A
Convenience of clinic location	5	4	3	2	1	N/A
<b>Wait time during visit:</b>						
Time in waiting room	5	4	3	2	1	N/A
Time in exam room	5	4	3	2	1	N/A
<b>Front Desk Staff:</b>						
Courtesy of staff	5	4	3	2	1	N/A
Clearly explains registration process	5	4	3	2	1	N/A
Answers your questions	5	4	3	2	1	N/A
<b>Provider: (Physician, Nurse Practitioner, Midwife)</b>						
Courtesy of provider	5	4	3	2	1	N/A
Listens to you	5	4	3	2	1	N/A
Takes enough time with you	5	4	3	2	1	N/A
Clearly explains what you want to know	5	4	3	2	1	N/A
Clearly explains medication	5	4	3	2	1	N/A
<b>Medical Assistants/Health Educators:</b>						
Courtesy of medical assistants/health educators	5	4	3	2	1	N/A
Clearly explains what you want to know	5	4	3	2	1	N/A
<b>Payment:</b>						
What you pay	5	4	3	2	1	N/A
Explanation of charges	5	4	3	2	1	N/A
<b>Facility:</b>						
Cleanliness of clinic	5	4	3	2	1	N/A
Ease of finding where to go	5	4	3	2	1	N/A
Comfort while waiting	5	4	3	2	1	N/A
<b>Confidentiality:</b>						
Keeping your personal information private	5	4	3	2	1	N/A

Once data is entered and submitted, it will appear at the bottom of your screen.

All entries can be edited by clicking on the pencil at the far right of the entry.



# Analyzing Patient Satisfaction Survey Data

**Viewing data from [date].** Enter the dates you wish to analyze and click the “Update” button.

The page will not automatically refresh when you enter data so dates must be revised when new data is entered.

The screenshot shows a dashboard with a navigation bar at the top containing 'SUMMARY', 'PRODUCTIVITY', 'CLINIC FLOW', and 'PATIENT SATISFACTION'. The 'PATIENT SATISFACTION' tab is active. On the right side of the navigation bar are 'SETTINGS' and 'LOG OFF' links. The main content area has a red header with the title 'Patient-centered care' and a thumbs-up icon. Below the header is a text box explaining the purpose of the data and a button labeled 'Enter Patient Satisfaction Survey Data'. A red dotted arrow points from the text on the right to this button. Below the header is a date range selector showing 'Viewing data from 3/1/2015 to 6/20/2016' with an 'Update' button and a 'Print Report' button. A red dotted arrow points from the text on the right to the 'Print Report' button. The main content area features a pie chart titled 'Would you recommend us to friends/family?' with a legend showing '90% Yes' and '10% No'. To the right of the pie chart is a text box with two paragraphs: 'During this time period patients were the most satisfied with the security of their confidential information, with an average score of 5' and 'During this time period patients were the least satisfied with how easy it is for them to get care, with an average score of 3.73'. A red dotted arrow points from the text on the right to the 'See Full Report' button below the text box. Another red dotted arrow points from the text on the right to the text box itself.

Enter Patient Satisfaction Survey Data. Graphs will only appear once you have entered data.

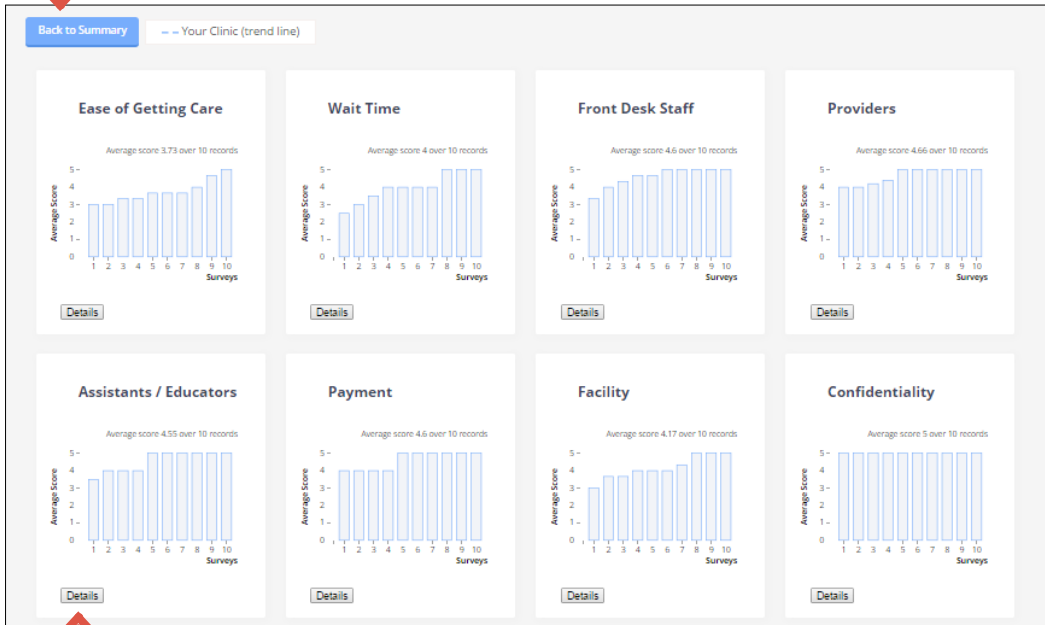
**Print Report.** Click this button to produce a PDF of all graphs on the page.

**See Full Report.** Click here to see graphs on each patient satisfaction indicator.

Summary showing aspects with which patients are most and least satisfied.

# Analyzing Patient Satisfaction Survey Data

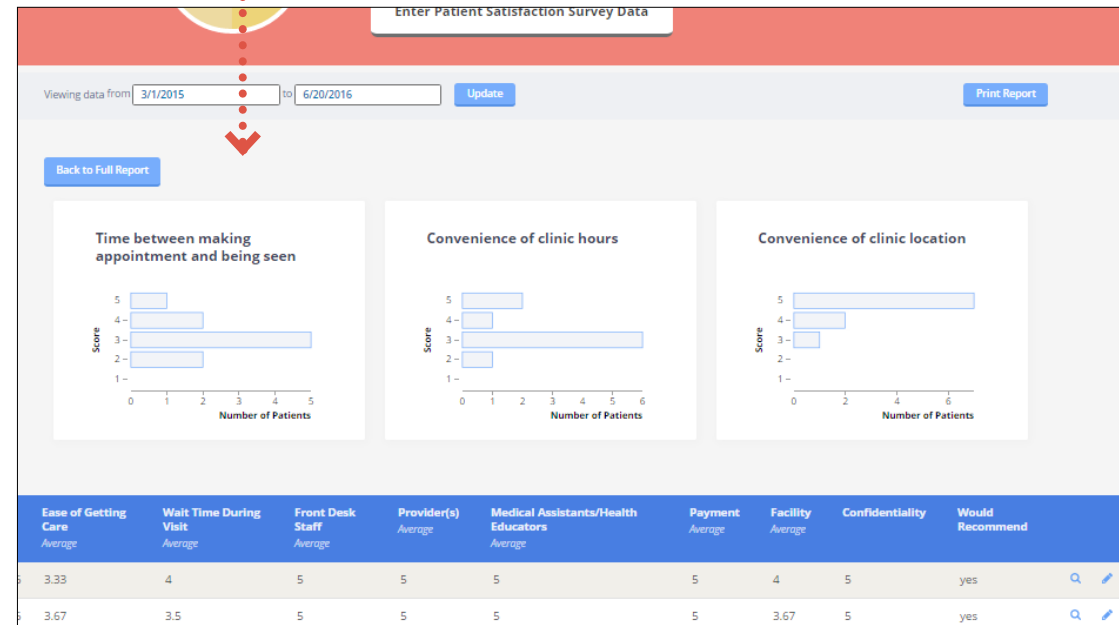
Detailed report of patient satisfaction over time.



Data distribution for patient satisfaction related to each aspect of patient satisfaction

**Note:** when there is only one day of data, only this screen will show.

**Details.** Click here to see the data distribution for specific indicators related to each aspect of patient satisfaction.





# Data Quality

It is important to review your data for errors or inconsistencies. The system includes some ways to help you avoid data entry errors but looking over the data can help you to identify questionable data points. Look for typos and outliers in your line listed data and in the provided charts. If outliers are correct, ask yourself and staff about what happened on that particular day or with that patient.

## ***Frequently Asked Questions***

**I entered data but it's not showing up in my graphs.** Check the dates in the “Viewing data from” fields toward the top of the page and make sure that they correspond to the period for which you have entered data. If you are unsure of the dates of your data, scroll down on any of the graph pages to see all data entered.

**Can I view or calculate data for a specific period of time?** Yes! You may be interested in looking at a specific week or month. Enter the time period in the “Viewing data from” fields and the averages and run charts will refresh for this time period. Note that the dates will not update on other pages.

**Will walk-ins skew my no-show rate?** Walk-ins should be included in patient tracking data (Appointment Type: Walk-in) and scheduling data. The no-show rate is calculated as the number of no-shows divided by the number of scheduled appointments. Walk-ins are not part of this equation but they are included in productivity calculations (number of patients seen per hour).

**The RNs at my clinic have their own schedule - can we track their productivity too?** Yes! If RNs have a separate schedule then you can track productivity just as you would a clinician.

PLEASE NOTE: You will be able to track an RN's Number of Patients Seen per Hour, but the RN will also be included in the clinic's Number of Patients Seen per Hour. Mixing the clinician and RN data in that indicator may skew your results because most RNs see relatively fewer patients on his/her own schedule in a given day compared to a clinician. For this reason, if you decide to track an RN schedule, we recommend only looking at productivity by person rather than as an overall clinic.

**Should I include pill/supply pick-ups and Depos as visits?** Only collect and enter data related to clinician visits (or RN visits if they have their own schedule and you are tracking their productivity separately - see note above). For example, if a patient comes in to pick up pills/supplies and only talks to the front desk or an MA/counselor/educator, their visit should not be included in the data. If a patient comes in for a Depo shot and they are taken into an exam room and seen by an RN, and you are tracking RN visits separately, their visit should be included. In either case, if the patient is seen by the clinician, include that visit in the data.

**What counts as a "no-show"?** A no-show is any patient who was scheduled but not seen that day for any reason, including those who called and canceled or rescheduled for another day.

