

# Using Data to Increase Clinic Efficiency

## A Quality Improvement Guide

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# INTRODUCTION

## How this guide will help you

Concerns about **financial sustainability** and the changing health care environment are placing pressure on family planning service sites to increase **efficiency**, improve **patient experience**, and explore alternative **models of care**.

***Providing Quality Family Planning Services (QFP)*** recommends that family planning programs have a system for quality improvement, and identifies efficiency as a key attribute of quality health care.<sup>1</sup> Efficiency is defined as, “*Waste is avoided, including waste of equipment, supplies, ideas, and energy.*”<sup>2</sup>

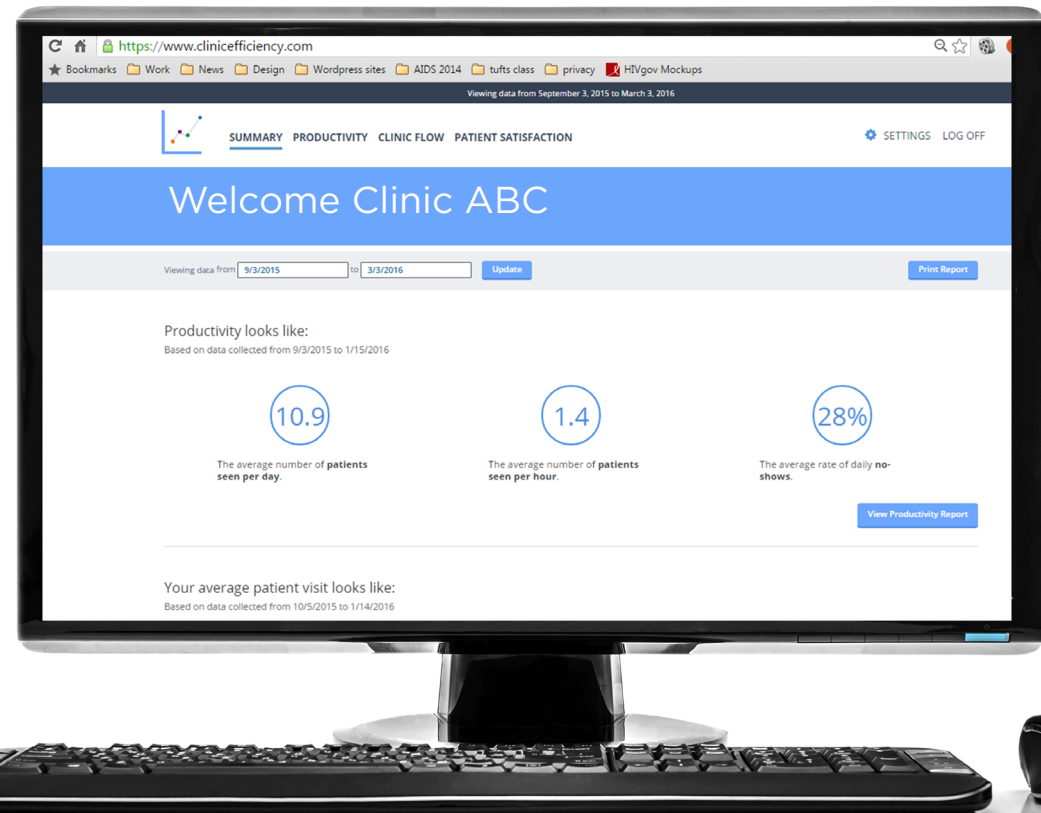
This guide outlines measures (also referred to as indicators), common challenges, best practices, and resources to improve family planning clinic efficiency.

## The first step....

The first step in any quality improvement initiative is to assess the current situation by collecting baseline data and identifying quality improvement goals. A user-friendly online [clinic efficiency data dashboard](http://www.clinicefficiency.com) for family planning service sites is available to support you. The dashboard follows three clinical efficiency domains (patient experience, clinic flow, and productivity) and indicators in this guide.



**TIP:** Visit the Clinic Efficiency Data Dashboard [www.clinicefficiency.com](http://www.clinicefficiency.com)



**This guide is organized by three clinic efficiency domains.** You can move through them in any order based on your clinic's priorities. The domains are interrelated, so addressing one is likely to bring about changes in others. Using a quality improvement approach, you can continually identify ways to improve the quality of care.<sup>3</sup>



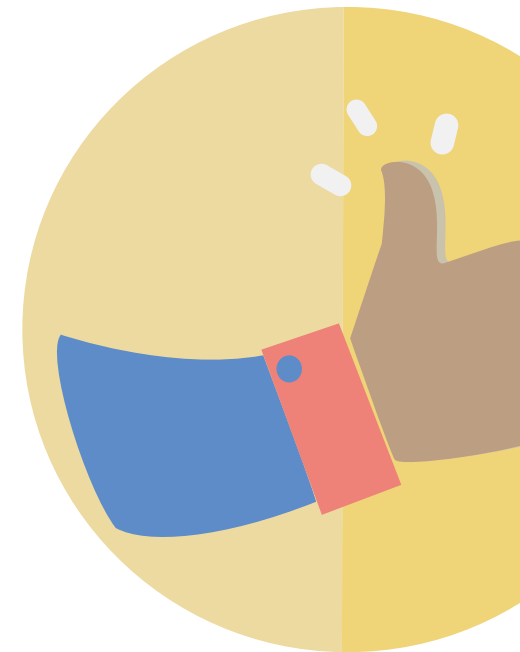
**TIP:** It may take time before you see changes in your data. Use a structured, data-driven quality improvement approach, such as the [Model for Improvement](#), to make sure you're on the right track.

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# PATIENT EXPERIENCE

## Why is patient experience important?

Excellent patient experience is important in health care. Research demonstrates that delivering patient-centered care leads to greater engagement in patient self-care,<sup>4</sup> better health outcomes,<sup>5</sup> and patient retention.<sup>6</sup> Assessing and reporting patient experience is increasingly expected by provider networks such as accountable care organizations, third-party payers, and funders. Providing excellent patient experience can help your agency to survive and remain sustainable in the long term.





## Where do we start?

**ASSESS PATIENT EXPERIENCE AT YOUR SITE.** Use a [survey tool](#) or other means to assess patient experience at your site.

**DISCUSS PATIENT EXPERIENCE WITH CLINIC STAFF.** Use the video, [“Prioritizing the Patient Experience: Strategies for Family Planning”](#) as a starting point to help staff understand the importance of excellent patient experience.

**DETERMINE YOUR GOAL.** During a meeting with all staff, brainstorm the perfect visit and [facilitate a discussion](#) about the ideal family visit.

## COMPLETE THE PATIENT EXPERIENCE IMPROVEMENT ASSESSMENT WORKSHEET.

Identify strengths, challenges, and actionable steps for patient experience improvement efforts using the [Patient Experience Assessment Tool](#). Aggregate staff’s scores on the [Patient Experience Priorities and Team Worksheet](#) and identify a Patient Experience Improvement Team.








## DEVELOP A PATIENT EXPERIENCE IMPROVEMENT PLAN.

Identify tasks and deadlines with staff and update your [improvement plan](#) regularly. Excellent patient experience can be tracked through ongoing monitoring and evaluation.



## Sample patient experience indicators

The [Clinic Efficiency Dashboard](#) includes eight patient experience indicators.

INDICATOR	DEFINITION
 <b>EASE OF GETTING CARE</b>	Time between making appointment and being seen; convenience of clinic hours; and convenience of clinic location
 <b>WAIT TIME</b>	Total patient time waiting (in waiting room, exam room, or at front desk) in minutes
 <b>INTERACTIONS</b>	Degree to which staff clearly explain registration process, listens, answers questions, takes enough time with patients, and explains follow-up and medication
 <b>PAYMENT</b>	Cost of visit and explanation of charges
 <b>FACILITY</b>	Cleanliness of clinic; ease of finding where to go; comfort while waiting
 <b>CONFIDENTIALITY</b>	Perception that personal information is kept private
 <b>WOULD RECOMMEND TO FAMILY/FRIENDS</b>	Likelihood that client would recommend clinic to friends or family





## EASE OF GETTING CARE

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**EASE OF GETTING CARE** is another way of saying “access.” It includes timely, convenient, and hassle-free access to care.

### **Common factors contributing to reduced access to care:**

- **Limited appointment availability** causes some patients to wait days or weeks to be seen.
- **Limited or inconvenient clinic hours** may make it difficult for patients to access care during traditional work hours.
- **A clinic’s location** may impact access if it is difficult to reach by public transportation or has limited free parking.





## Strategies to improve ease of getting care

### **PRACTICE ADVANCED ACCESS SCHEDULING.**<sup>7</sup>

Schedule clients as closely as possible to the day/time needed and requested. If possible, schedule all patients the same day or day after they request care.

### **ENSURE ACCESS TO SCHEDULING SYSTEMS.**

Make sure phone lines are open at popular times of the day for scheduling. Consider allowing patients to schedule online or by text.

### **SIMPLIFY YOUR APPOINTMENT TEMPLATE.**<sup>8</sup>

Have one consistent patient visit type and make all appointments the same duration, regardless of the reason for visit. Individual visits may be longer or shorter than the appointment time but will even out over the course of the clinic session.

**REMINDE YOUR PATIENTS.** If you book appointments more than 12 hours in advance, send a reminder.<sup>9</sup> Text and email reminders are free, easy, and often preferred. Follow the same privacy policies and procedures as you would with telephone calls (i.e., do not include HIPAA-protected information, such as reason for visit and use a [consent form](#)). Identify staff responsible for this task and maintain a schedule/log of completed reminders.

**VARY YOUR CLINIC HOURS.** Lunch time, evening, and weekend hours may improve access for your clients.

### **IDENTIFY TRANSPORTATION OPTIONS.**

Notify patients how to access your clinic, including public transportation, walking, and parking. Share this information on your website and when scheduling appointments.



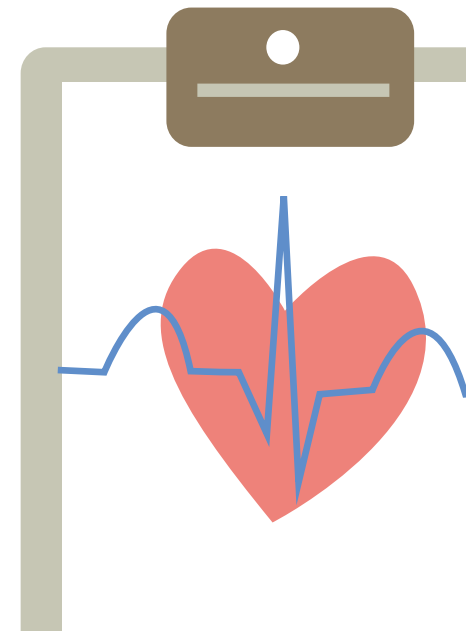
## WAIT TIME

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**WAIT TIME** is the most common complaint on patient satisfaction surveys. Several factors that contribute to this are described in the [Clinic Flow](#) section.

## Strategies to improve wait time

Several strategies to improve wait time are outlined in the [Clinic Flow](#) section of this document.





## STAFF INTERACTIONS

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**STAFF INTERACTIONS** with patients have a profound impact on patient visits.

### Common factors that influence patients' experience with staff:

- **Experience of scheduling** an appointment, registration, and check-in
- **Extent to which patient feels she/he is kept updated** about progress throughout visit
- **Degree to which patient's primary reason(s)** for visit and expectations are met
- **Extent to which patient feels listened to** and that his/her care is individualized





## Strategies to improve quality of staff interactions

Positive interactions are driven by interpersonal skills – skills that can be defined, taught, and measured. Everyone has room for improvement, and everyone can learn to improve. Skills to improve staff interactions with patients include:

- Making a welcoming statement
- Using friendly words and tone of voice
- Demonstrating empathy
- Speaking in a positive manner
- Offering options



**THE VIDEO, [THE FAMILY PLANNING PATIENT EXPERIENCE: SKILLS TO IMPROVE EVERY VISIT](#)**, is a great place to start. Along with the video, the [Patient Experience Toolkit](#) includes step-by-step instructions and materials for a 90-minute facilitated session to introduce and practice these skills.



## PAYMENT EXPERIENCE

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**PAYMENT EXPERIENCE** includes the explanation of payment options and cost before the visit, actual costs, clarity of explanation of charges incurred, and checkout procedures.

### **Common factors contributing to poor patient experience with payment:**

- **Amount paid** perceived to be inaccurate, unfair, or burdensome
- **Charges not clearly explained**
- **Time spent checking out** takes too long
- **Confidentiality of visit** compromised through the billing process





## Strategies to improve payment experience

**CONFIRM INSURANCE AT THE TIME OF SCHEDULING.** Verify clients' insurance coverage and document it in their record prior to their visit.

**REVIEW YOUR FINANCIAL POLICY WITH CLIENT AT TIME OF SCHEDULING.** Estimate the cost of services for clients, including payments which should be collected at the time of the visit.

**VERIFY CLIENT'S INSURANCE COVERAGE AND BENEFITS PRIOR TO APPOINTMENT.** Determine what services will be covered and what the co-payment should be. This can be done electronically through software or on each payer's website.

**PROVIDE PATIENT WITH PAYMENT INFORMATION.** At the point of check-out, collect payment, provide a copy of the receipt to client, answer any questions, and schedule follow-up appointment if needed.

**BALANCE CONFIDENTIALITY CONCERNS WITH BILLING.** Make sure that patients are aware of possible breaches of confidentiality such as Explanation of Benefits that may go to a parent/guardian or spouse.

**PROVIDE HEALTH INSURANCE ENROLLMENT ASSISTANCE.** If a patient is in need of health insurance enrollment or re-enrollment, you have an important opportunity to [help them enroll in a plan.](#)



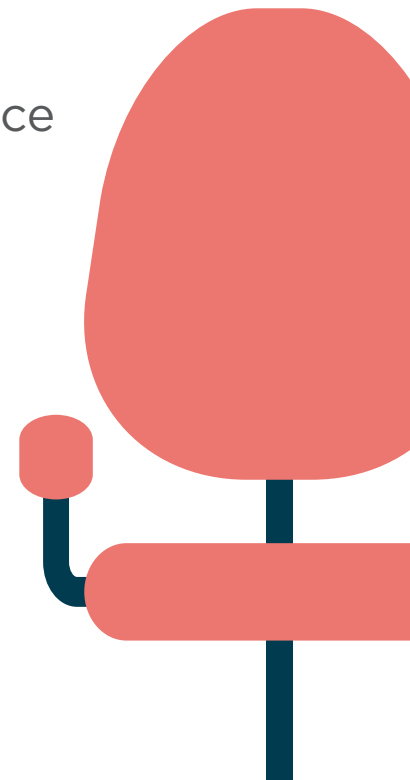
## FACILITY

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**FACILITY** includes the patient's physical and virtual experience with your clinic. In today's competitive health care environment, it is more important than ever to provide an attractive, professional environment that makes clients feel welcome, comfortable, and valued.

### Common factors contributing to poor patient experience with the facility:

- **Confusing or out-of-date website** and social media presence
- **Unwelcoming outward appearance** of building
- **Lack of clear signage** for clinic
- **Uncomfortable waiting room** décor, seating, and lighting
- **Space perceived to be unprofessional** (e.g., cleanliness and appearance)







## Strategies to improve facility experience

**OBJECTIVELY EVALUATE YOUR FACILITY'S APPEARANCE.** Take a walk around your facility, and try to see it through the eyes of a patient. Conduct a [Facility Audit](#) to capture the patient experience. Changes can often be implemented at low or no cost. Build relationships in your community and accept volunteers and in-kind donations.

**REVIEW SIGNAGE.** Clear directions to the clinic and signs within the clinic can help a patient reach and navigate the clinic space. Ensure signs are in the right place, easy to read, and in the language(s) of your patients.

**REGULARLY EVALUATE SPACE.** Regularly monitor your clinic's cleanliness, tidiness, and overall look and feel. Make sure it is part of someone's daily job description to check on the physical environment.

**EVALUATE YOUR ONLINE PRESENCE.** Conduct a [Website Audit](#) using different browsers assess the accessibility of information and the image you project to existing and potential clients. An informative, user-friendly website is important to creating a welcoming virtual space—often the first point of interaction with your clients.



## CONFIDENTIALITY

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Rigorous standards around confidentiality and patient privacy have become a core component of quality health care. Patients need to feel safe and comfortable giving staff the information necessary to receive quality care. Respecting patient privacy is also the provider's duty; this means allowing patients to exercise control over their personal information as much as possible, and keeping that information confidential.

### Common factors contributing to poor patient experience with confidentiality:

- **Announcing personal information** in public areas
- **Ability to hear voices** from exam rooms
- **Sharing patient information** with others
- **Visibility of medical charts** to patients





## Strategies to improve confidentiality

**PROVIDE PRIVACY.** Provide a private space for patient check-in and check-out. Have patients write their names on a sheet of paper instead of saying it aloud, do not verbalize their reason for visit, and avoid asking patients to state their income if other patients can hear.

**USE NOISE MACHINES.** Utilize a noise machine in hallways and waiting rooms to ensure voices cannot be heard outside exam rooms.

**ALWAYS CLOSE MEDICAL RECORDS.** Use portable laptops or tablets and always log out of medical records when not physically present.

**CONDUCT A PRIVACY AUDIT.** Use the [Privacy Audit Form](#) in order to raise staff awareness about privacy concerns and highlight ways to strengthen patient privacy in everyday operations. A [Discussion Guide](#) to use in a staff meeting following the privacy audits can help staff identify immediate steps for improvement.



## LIKELIHOOD OF RECOMMENDATION TO FRIENDS AND FAMILY

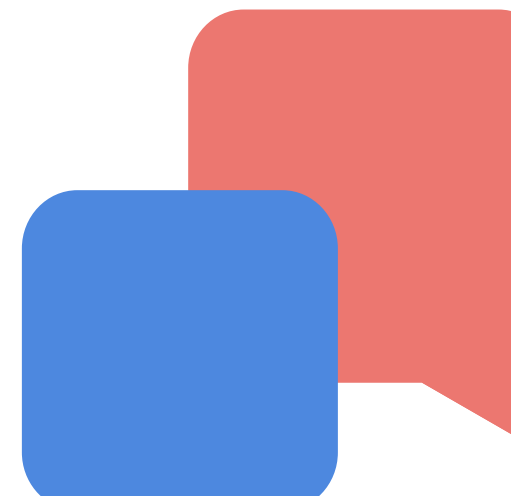
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### LIKELIHOOD OF RECOMMENDATION TO FRIENDS AND FAMILY

is an important proxy measure for overall satisfaction. This question helps pull the entire patient experience together.

#### **Common factors that decrease the likelihood that patients will recommend the clinic to friends and family:**

All of the other indicators in this section impact whether a client will recommend your clinic to friends and family. Reviewing [patient satisfaction survey](#) responses will help you prioritize which indicator(s) to target for improvement.





## Strategies to increase the likelihood that patients recommend clinic to friends and family

**REVIEW RESPONSES TO PATIENT SATISFACTION SURVEY.** Review results of [patient satisfaction surveys](#) including open-ended responses. Input and monitor data in the [Clinic Efficiency Dashboard](#) to identify priorities.

**COMPLETE THE PATIENT EXPERIENCE IMPROVEMENT ASSESSMENT WORKSHEET.** Aggregate staff's scores on the [Patient Experience Priorities and Team Worksheet](#) and identify a Patient Experience Improvement Team.

**DEVELOP A PATIENT EXPERIENCE IMPROVEMENT PLAN AND UPDATE IT REGULARLY WITH STAFF.** Excellent patient experience can be tracked through ongoing monitoring and evaluation.

# Resources

The list below includes all of the Patient Experience resources referenced and linked in this guide.

## VIDEOS

Prioritizing the Patient Experience: Strategies for Family Planning Video

<https://vimeo.com/74631052>

Skills to Improve Every Visit Video

<https://vimeo.com/74630789>

## WORKSHEETS/FORMS

Facility Audit Form

[https://www.fpntc.org/sites/default/files/resources/fpntc\\_peit\\_fac\\_audit\\_form.pdf](https://www.fpntc.org/sites/default/files/resources/fpntc_peit_fac_audit_form.pdf)

Website Audit Form

[https://www.fpntc.org/sites/default/files/resources/fpntc\\_peit\\_web\\_audit\\_form.pdf](https://www.fpntc.org/sites/default/files/resources/fpntc_peit_web_audit_form.pdf)

Privacy Audit Form

[https://www.fpntc.org/sites/default/files/resources/fpntc\\_peit\\_priv\\_audit\\_form.pdf](https://www.fpntc.org/sites/default/files/resources/fpntc_peit_priv_audit_form.pdf)

Sample Consent Forms

<https://www.fpntc.org/resources/text-reminder-consent-form>

Patient Experience Priorities and Team Worksheet

[https://www.fpntc.org/sites/default/files/resources/fpntc\\_peit\\_priorities\\_wsht.pdf](https://www.fpntc.org/sites/default/files/resources/fpntc_peit_priorities_wsht.pdf)

Patient Experience Priorities and Team Worksheet Improvement Plan

[https://www.fpntc.org/sites/default/files/resources/fpntc\\_peit\\_imprmnt\\_plan.pdf](https://www.fpntc.org/sites/default/files/resources/fpntc_peit_imprmnt_plan.pdf)

Patient Experience Assessment Tool

[https://www.fpntc.org/sites/default/files/resources/fpntc\\_peit\\_assess\\_tool.pdf](https://www.fpntc.org/sites/default/files/resources/fpntc_peit_assess_tool.pdf)

## TOOLS/GUIDES

Patient Experience Toolkit

<https://www.fpntc.org/resources/patient-experience-improvement-toolkit>

Health Insurance Enrollment Job Aid


<https://www.fpntc.org/resources/enrollment-job-aid-front-desk-staff>



# CLINIC FLOW

## Why is clinic flow important?

**Clinic flow** is the process by which a patient moves through his/her visit. Improvements to clinic flow can be made by applying principles of “Lean.” Lean is an approach to process improvement that focuses on minimizing waste (time, energy, or resources) and maximizing value, as defined by the client.<sup>9</sup>





## Where do we start?

**DISCUSS WITH CLINIC STAFF.** Set aside dedicated time during regular meetings to discuss clinic flow in your clinic. Successful clinic flow assessment and change involve all clinic staff. This short [animated video](#) can be a starting point for clinic team discussions.

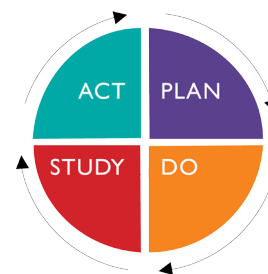
**COLLECT DATA.** Observing patient visits is one of the most insightful ways to assess clinic flow. Use the [Patient Tracking Sheet](#) and [Data Collection Guide](#) to track and input data into the [Clinic Efficiency Dashboard](#).

**DEVELOP A DEEP UNDERSTANDING OF YOUR CLINIC FLOW.** Identify parts of the process that are redundant or do not add value, and can be eliminated. Conduct a “waste walk” and [map the flow](#) of the visit through the eyes of the patient.

**IDENTIFY PROBLEM AREAS AND BOTTLENECKS BASED ON YOUR DATA.** Determine what your ideal patient visit would look like. Prioritize areas in need of improvement and refer to [Clinic Flow Strategies and Best Practices](#) for ideas on how to make improvements.

**USE A PROVEN QUALITY IMPROVEMENT FRAMEWORK TO GUIDE YOUR CHANGES.** For more direction, go to [Quality Improvement Methodologies: Using the Model for Improvement](#).

**MONITOR YOUR DATA AS YOU MAKE CHANGES.** Use the [Clinic Efficiency Dashboard](#) to enter and monitor clinic flow indicators over time.






**MOVE TOWARD YOUR GOALS.** Through Plan-Do-Study-Act (PDSA) cycles or rapid ‘tests of change,’ see how improvements are working, or if additional changes should be made.





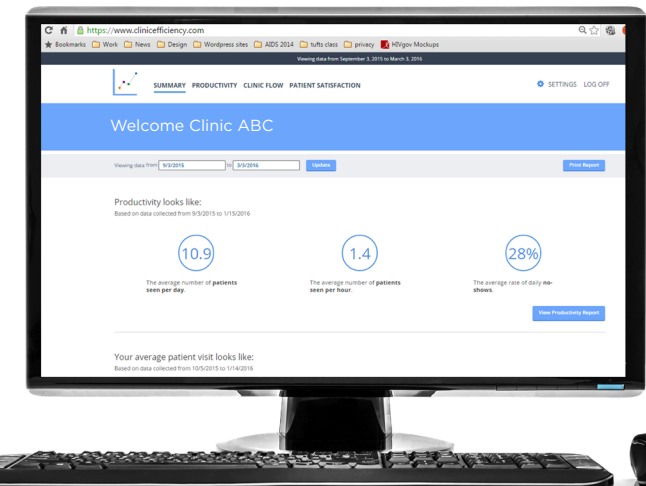
## Sample clinic flow indicators

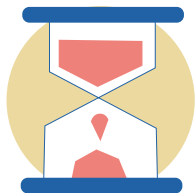
The following three major indicators can be used to assess clinic flow.

INDICATOR	DEFINITION	TARGET
 <b>CYCLE TIME</b>	Patient departure time minus the arrival time, in minutes	<45-60 MINUTES
 <b>WAIT TIME</b>	Total patient time waiting (in waiting room, exam room, or at front desk – no contact with staff), in minutes	<15 MINUTES
 <b>PATIENT STOPS</b>	Total number of transitions from one location to another (accompanied or unaccompanied by clinic staff)	<5-6 TRANSITIONS



**TIP:** Use the [Clinic Efficiency Dashboard](#) to assess and track your clinic flow indicators.





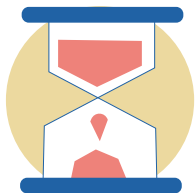
## CYCLE TIME

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**CYCLE TIME** is defined as the patient visit time from when they enter the clinic to when they leave. Cycle time is impacted by face-to-face time, wait time, and patient stops.

### Common factors contributing to long cycle time:

- **Excessive paperwork** with duplicate or unnecessary questions
- **Duplication of effort**, for example when multiple staff members ask the same questions or (unintentionally) cover the same topics
- **Lack of adherence** to evidence-based practice resulting in unnecessary exams and laboratory testing.
- Wait time
- Patient stops



## Strategies to improve cycle time

**PLAN FOR THE VISIT.** Collect patient registration information when the patient schedules an appointment. Insurance eligibility and benefits can be verified prior to the patient's arrival and reduce delays.

**SIMPLIFY PAPERWORK.** Review patient paperwork to make sure it reflects current clinical recommendations, does not contain duplicate questions, and only asks essential questions. If questions will be asked during the visit, determine if they need to be in the paperwork. Review forms and identify areas where patients are frequently confused.

**REDUCE DOCUMENTATION BURDEN FOR STAFF AND PROVIDERS.** Patient wait time is often due to documentation time. Documentation systems should be simple enough to take place during a patient visit in the exam room. Ensure EHR is set up in a user-friendly way that reflects the clinic flow. Eliminate unnecessary and unused sections. Include staff and providers in the development of new systems.

**STOCK EXAM ROOMS REGULARLY AND CONSISTENTLY.** Make sure stocking is part of a job description and assigned to specific staff. Utilize a checklist and document completion. Forms, paperwork, patient educational materials, and frequently used supplies and equipment should be regularly stocked in all exam rooms. Staff should bring any additional supplies or equipment they know they might need during a visit when they enter the room, so they do not have to leave the room.

**STRUCTURE THE VISIT FOR CONTINUOUS FLOW.** For instance, if the patient needs a urine sample, or will likely have a point-of-care test such as an HIV test, conduct these activities at the beginning of the visit to avoid the patient, or provider, having to wait for the results.



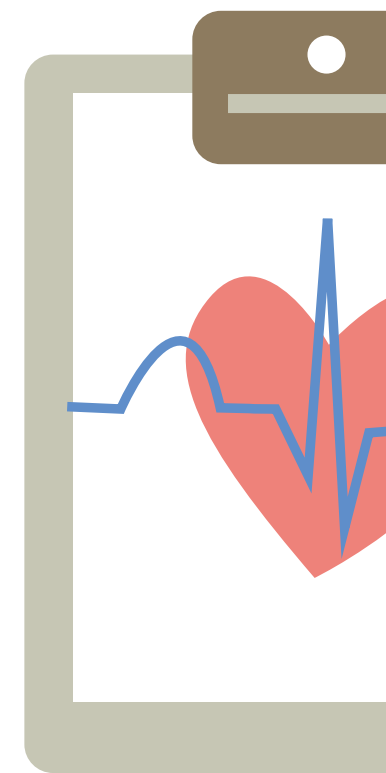
## WAIT TIME

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**WAIT TIME** is the time that the patient spends waiting in the exam room or the waiting room. It is almost always the most common complaint on patient satisfaction surveys.

### Common factors contributing to long patient wait time:

- **Not starting first appointment of the session on time**
- **Appointments starting later** and running longer than scheduled
- **Inadequate communication** among staff about patient status
- **Delays in paperwork and payment processing** at the end of the visit
- [Patient stops](#)
- [Cycle time](#)





## Strategies to decrease wait time

**START ALL APPOINTMENTS ON TIME, EVERY TIME.** Make it a clinic-wide priority for clinic sessions to start on time. Identify reasons for delay and make adjustments. If necessary, schedule staff to arrive earlier in the morning to start the first appointment on time. Rearrange the first appointment and make adjustments as necessary. For instance, the clinician (rather than the medical assistant) might take the first clinic session patient from the waiting room to the clinic room directly in order to start the first appointment on time.

**MONITOR AND COMMUNICATE PATIENT WAITING TIME TO STAFF.** If needed, identify a person who can serve as a flow facilitator to monitor the clinic session and inform staff of wait times to help keep the clinic flow as efficient as possible.



**WATCH REDUCING PATIENT WAIT TIME,** a four-minute, animated video that describes ways to streamline visits and provide a more positive patient experience.



## PATIENT STOPS

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**PATIENT STOPS** are the number of times a patient moves to a discrete location during the visit. They are a significant contributor to cycle time.

### Common factors contributing to unnecessary stops:

- **Back-and-forth travel** to the front desk or multiple locations for paperwork and intake purposes
- **Height and weight measurement** outside the exam room
- **Counseling and nurse sessions conducted in a different rooms** prior to or following the exam
- **Patient confusion about where and how to check-out** at the end of the visit
- **Non-continuous flow processes** (e.g., sending a patient to the waiting room between discrete parts of a visit)
- **Unnecessary segmentation** of the visit
- **Duplication of effort**





## Strategies to decrease the number of stops

### **MOVE AROUND YOUR PATIENTS**

**INSTEAD OF MOVING THEM.** Lead the patient to a room and bring all services to her/him rather than moving her/him to different places. When possible, conduct all activities such as counseling, intake/check-out, and vitals in the room, including weight and height (if needed).

### **DESIGN AND STRUCTURE YOUR PHYSICAL SPACE FOR EFFICIENCY.**

Reduce the number of steps a patient has to take between the waiting room and the exam room. Although a complete redesign of your physical location is not always possible, there are often small, low-cost or free interventions to better design your space for the continuous flow of a patient visit.

### **ELIMINATE SPECIALIZATION OF MULTIPLE ROOMS.**

Eliminate multiple waiting rooms, and specialized areas for height/weight, counseling, and HIV testing. For maximum productivity, provide at least 2-3 (preferably 3) exam rooms per provider during each clinic session. Make sure your space and rooms are clearly marked so that patients and staff know where to go.

**AVOID SEGMENTING THE VISIT.** Provide services as one continuous patient visit. Discrete parts of the visit, such as intake and exit counseling, can add unnecessary stops. Aim to provide services as one seamless visit.

## Resources

The list below includes all of the Clinic Flow resources referenced and linked in this guide.

### VIDEOS

Four-Minute Animated Video

<https://vimeo.com/154991156/efebd124ff>

### WORKSHEETS/FORMS

Patient Tracking Sheet

<https://www.fpntc.org/resources/patient-visit-tracking-sheet>

Map the flow

<https://www.fpntc.org/resources/spaghetti-diagram-worksheet>

### TOOLS/GUIDES

[Quality Improvement Methodologies: Using the Model for Improvement](#)

### DATA DASHBOARDS

Clinic Efficiency Dashboard

<http://www.clinicefficiency.com>

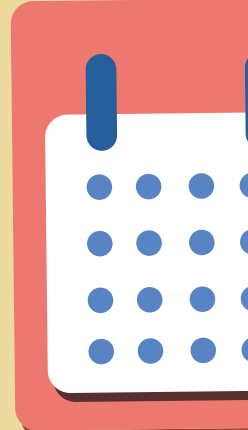




# CLINIC PRODUCTIVITY

## Why is clinic productivity important?

A focus on clinic productivity is required for long term financial sustainability and allows you to better meet the needs of patients in your community. Clinic productivity is heavily influenced by clinic flow, patient experience, and a commitment to quality. **The challenge is to identify ways to increase productivity without compromising the quality of care.**





## Where do we start?

### REVIEW PAST PATIENT VOLUME DATA.

Look at trends over time for at least one year. Have your numbers gone up or down? Identify possible reasons.

### CALCULATE THE NUMBER OF PATIENTS SEEN PER HOUR AND DAY.

Use the [Clinic Efficiency Dashboard](#), to identify the average number of patients seen per hour and day based on your daily schedules.

### DISCUSS PATIENT SCHEDULING AND NO-SHOW DATA WITH STAFF.

Identify priority areas to address with all clinic staff. Are there particular days or times of day when demand (or the no-show rate) is higher?

**DETERMINE YOUR GOAL.** Brainstorm strategies to improve productivity with staff. Include opportunities for improvement in the [Patient Experience](#) and [Clinic Flow](#) domains.




### DEVELOP A QUALITY IMPROVEMENT PLAN.

Identify tasks and deadlines with staff and update your plan regularly.



## Sample clinic productivity indicators

The [Clinic Efficiency Dashboard](#) includes three productivity indicators.

INDICATOR	DEFINITION
 <b>NUMBER OF PATIENTS SCHEDULED</b>	Number of patients scheduled per hour or per day
 <b>NUMBER OF PATIENTS SEEN</b>	Number of patients seen per provider per hour or per day
 <b>PERCENTAGE OF NO-SHOW PATIENTS</b>	The percentage of patients with a scheduled appointment who do not arrive for the appointment



**TIP:** The [Financial Dashboard Tool](#) can help grantees monitor the financial health of their Title X network.



## NUMBER OF PATIENTS SCHEDULED

**NUMBER OF PATIENTS SCHEDULED** is based on demand, or total patient requests for care, and availability in the appointment system to accommodate the demand.

### Common factors contributing to low number of patients scheduled:

- **Competition** from other service providers in the community
- **Lack of public awareness** about the services available
- **Restrictive appointment models** that do not meet patient demand (such as scheduling all procedures on Fridays or all new patient appointments in the morning)
- **Poor patient experience** and reputation of clinic services





## Strategies to increase number of patients scheduled

### PRACTICE ADVANCED ACCESS

**SCHEDULING.**<sup>10</sup> Schedule all patients the same day or day after they request care, regardless of reason for visit.

### SIMPLIFY YOUR APPOINTMENT

**TEMPLATE.**<sup>11</sup> Have one consistent patient visit type and make all appointments the same duration, regardless of the reason for visit. Individual visits may be longer or shorter than the appointment time but will even out over the course of the clinic session.

### ENSURE ACCESS TO SCHEDULING SYSTEMS.

Make sure phone lines are open at popular times of the day for scheduling. Consider allowing patients to schedule online or by text.

### CONDUCT IN-REACH AND OUTREACH.

Promote your services and spread the word about what you provide through advertising and networking. Consider giving a card to your patients at discharge and ask them to help “spread the word.” Always keep in mind that word of mouth is the best advertising.



## NUMBER OF PATIENTS SEEN

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**NUMBER OF PATIENTS SEEN** is based on a combination of demand and capacity. While demand is total patient requests for care, capacity is a clinic's ability to meet the demand. A clinic that matches capacity and demand is working to its full potential and seeing as many patients as possible.<sup>12</sup>

### Common factors contributing to low number of patients seen:

- **Frequent staff turnover** and understaffing
- **Limited number of exam rooms** available to each provider
- **Staff roles and responsibilities** that are duplicative or unclear
- **Lack of adherence** to evidence-based guidelines
- **Poor staff communication** about patients waiting, paperwork, and schedule gaps
- **Clinic flow**





## Strategies to improve number of patients seen

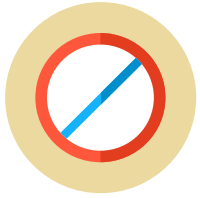
**CROSS-TRAIN STAFF.** Efficiency is improved when jobs are clearly defined, yet allow for flexibility. Cross-train staff to meet a wide range of job tasks within a culture of cooperation and teamwork.

**SUPPORT THE STAFF THROUGH TEAMWORK.** The clinician is the “limiting resource.” To increase productivity, identify tasks that someone other than the clinician can do. Ensure that all staff is working at the top of his/her license.

**HAVE ALL STAFF SHADOW EACH OTHER.** This allows them to be more aware of what each person covers with the patient and helps them to avoid duplication of effort.

**ENHANCE COMMUNICATION ACROSS STAFF.** Create systems or use technology to improve staff communication and reduce delays. The use of walkie-talkies, headsets, and instant messages via the electronic medical record are often helpful.

**ELIMINATE UNNECESSARY WORK.** Use evidence-based guidelines to determine routine patient care and eliminate what is not needed. More is not always better for the patient.



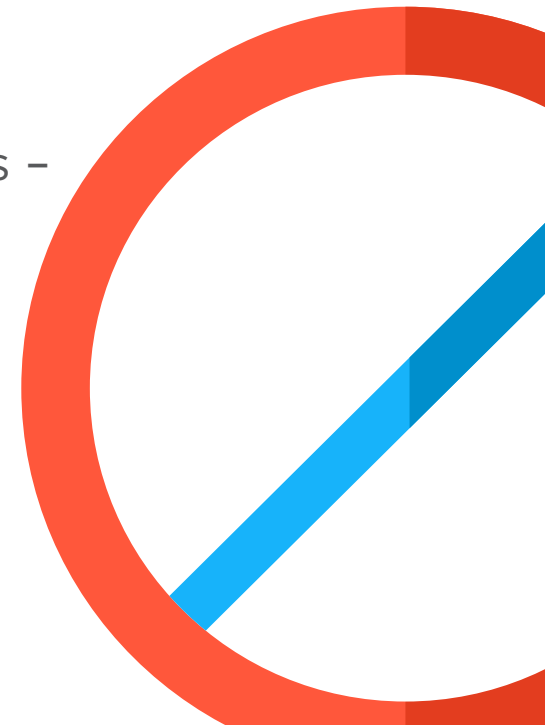
## PERCENTAGE OF NO-SHOW PATIENTS

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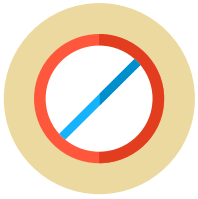
**PERCENTAGE OF NO-SHOW PATIENTS** is defined as the percent of patients who schedule an appointment but are not seen at their scheduled time. It is based on the prior two indicators: patients scheduled and patients seen.

### Common factors contributing to high no-show rates:

- **Scheduling patients** more than three days out
- **Inconvenient** clinic hours
- **Poor past patient experience** with clinical encounters – at your site or in the health care system in general







## Strategies to decrease no-shows

**REMIND YOUR PATIENTS.**<sup>13</sup> If you book appointments more than 12 hours in advance, provide a reminder call or message. Text and email reminders are free, less time consuming for staff, and often preferred by patients. Follow the same privacy policies and procedures as telephone calls (i.e., do not include HIPAA-protected information, such as reason for visit and use a [consent form](#)). Identify staff responsible for this task and maintain a schedule/log of completed reminders.

**USE ADVANCED ACCESS SCHEDULING.** With [this model](#), also called “Open Access,” you offer appointments on the day that patients call, regardless of their reason for the visit.

### IDENTIFY TRANSPORTATION

**OPTIONS.** Notify patients how to access your clinic, including information about public transportation, walking directions, and parking. Share this information on your website and when scheduling appointments.

**VARY YOUR CLINIC HOURS.** Evening and weekend hours may improve access for your clients. Stagger staff breaks to remain open for lunch – a critical time for many patients.

# Resources

The list below includes all of the Productivity resources referenced and linked in this guide.

## FORMS/WORKSHEETS

Sample Consent Forms

<http://fpntc.org/resources/text-reminder-consent-form>

## DATA DASHBOARDS

Clinic Efficiency Dashboard

<http://www.clinicefficiency.com>

Financial Dashboard

<https://www.fpntc.org/resources/financial-dashboard>

## ENDNOTES

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8. [http://www.ihl.org/resources/Pages/IHIWhitePapers/GoingLeaninHealthCare.aspx.](http://www.ihl.org/resources/Pages/IHIWhitePapers/GoingLeaninHealthCare.aspx)
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12. [http://www.institute.nhs.uk/quality\\_and\\_service\\_improvement\\_tools/quality\\_and\\_service\\_improvement\\_tools/demand\\_and\\_capacity\\_-\\_a\\_comprehensive\\_guide.html](http://www.institute.nhs.uk/quality_and_service_improvement_tools/quality_and_service_improvement_tools/demand_and_capacity_-_a_comprehensive_guide.html)
13. [http://www.patientvisitredesign.com/docs/No\\_Show\\_Reduction\\_Playbook\\_revised\\_1.29.pdf](http://www.patientvisitredesign.com/docs/No_Show_Reduction_Playbook_revised_1.29.pdf)