Using Data Tools to Maximize Clinic Efficiency

Katie: Hi, everyone, and thank you for joining us today. This is Katie Saul from the Title X Family Planning National Training Centre, and I am happy to welcome you all to today's webinar on Using Data to Maximize Clinic Efficiency. This is the third webinar in our three-part series on clinic efficiency. And just for all of you on the line today, the recordings and the slide decks with talking points from the first two webinars are posted on FPNTC. So, we highly encourage you to go to the website and check those two out if you haven't been able to join us for the first two webinars in this series.

A few things before we begin. Everyone on the webinar today is muted, given the large number of participants that we have, so please use the chat at the bottom left of your screen to ask questions at any time. We will address all of the questions at the end of the presentation. And as I mentioned, or as I will mention now, we're going to introduce a few resources today. And links to all of those resources are included at the end of the slides. We're also going to post the recording of today's webinar and the slide deck with talking points, as well as the transcript from this webinar hopefully in the next few days. So please feel free to check back on the website for those as well.

Okay, so I'd like to introduce our speaker today. Jennifer Kawatu is a Technical Assistance Provider with the Family Planning National Training Centre. She has worked in women's health for over 20 years; first, as a direct service provider; then with the Region I Training Centre; and the National Training Centre for Quality Assurance, Quality Improvement and Evaluation. And over the years, she has worked with dozens of family planning clinics around the country. And more recently in the past couple of years, she is focused on the clinic efficiency and improving access to contraception.

Jennifer has led three national learning collaboratives on these topics and has led on-site participatory workshops with efforts of 40 Title X grantees and clinics in their networks on clinic efficiency. I should also note that she was one of the creators of the clinic efficiency dashboard that we're going to walk through today on the webinar. So, she will have lots to say on the topic and will be able to answer any questions that you all have.

So, with that, Jennifer, I'm going to turn it over to you.

Jennifer: Alright, great. Thanks Katie. So as Katie said, today I want to talk a little bit about using data and some of the data tools that we have available to help family planning service sites maximise clinic efficiency. So, by the end of the webinar, you should be able to assess and monitor clinic efficiency using the clinic efficiency data guide and the clinical efficiency dashboard; to utilise the using data to increase clinic efficiency quality improvement guide; and to identify some strategies to using data, as you work to overcome clinic efficiency challenges in the family planning setting.

So I'm going to try to move through the whole presentation, and then as Katie said, we will take questions at the end. But feel free to send questions by chat at any point in the presentation, and I'll try to leave plenty of time at the end to address all of the questions.

Alright, so we like to always go back to where this fits into the larger picture. So according to the Quality Family Planning recommendations, or QFP, the three key steps to quality improvement for family planning agencies are; first, to determine, which measures are needed, which we've got started for you today; and to collect information, which again, we'll discuss more about today; and then to use findings to make changes to improve quality, which we recommend using a structured quality improvement methodologies, such as model for improvement and PDSA, or Plan-Do-Study-Act cycles of testing change. So for more on that, we can refer you to the five-part e-learning series for more on the quality improvement approach, and that's available on FPNTC.org.

But this webinar highlights a suite of clinic efficiency resources that are also available on FPNTC.org. And these resources are based on really decades of work completed by the Title X Regional and National Training Centres. And the data and strategies draw on both the literature and research findings, as well as on-site work with family planning clinics and titles and grantees in a variety of settings across the country.

So first we have the clinic efficiency dashboard, which is a user-friendly data system with data visualisations to make it as easy as possible to identify areas in need of improvement at baseline and then to monitor change over time. And then, the accompanying document for that is the clinic efficiency data guide, which contains helpful instructions on how to collect clinic efficiency data and enter it into the dashboard. And then finally the clinic efficiency quality improvement guide because once the baseline is established and areas in need of improvement have been identified, this guide can help give some tips, ideas and strategies, and additional resources that you might find helpful as you work to improve clinic flow, productivity and patient experience.

So, first, since this webinar focuses on using the clinic efficiency dashboard to collect and analyse clinic efficiency data, the first step is to get an account. So after this webinar, if you haven't done so already, we hope you'll just go to clinicefficiency.com and set up an account. So the dashboard's welcome page

will prompt you on the steps to get started, and then the data guide provides detailed instructions. And a lot of what I'm going to talk about is in the data guide, but I'll be moving through it rather – pretty quickly so you can go back to that as a reference.

And just one side-line recommendation is that you may want to choose a user name and password that can be shared among staff on your team, so that multiple people can enter and analyse data at your service site. So this way it isn't just in one person's hand but it's owned by the team.

So, as we've discussed in the first two webinars, clinic efficiency is really influenced by a range of factors and the data guide, the dashboard and the quality improvement guide are all organised by these three areas of focus: productivity, clinic flow and patient experience. So we'll be talking about and moving through each of these three today.

So let's start with productivity. A focus on clinic productivity is really required for long-term financial sustainability and allows you to better meet the needs of patients in your community. So clinic productivity is heavily influenced by the other elements of clinic flow and patient experience, as well as the commitment to quality. And the real challenge around productivity, as you're all aware, is to identify ways to increase productivity without compromising the quality of care. So we do this by focusing on eliminating waste and focusing on the services that are of value to the patient. But how do you know if your improvement efforts are working? So the main source of data for productivity is appointment schedules, staffing patterns and time studies.

And especially we look at the number of patients seen, so a common productivity standard or what is considered the norm is often something between 18 to 20 patients or up to 24 patients per day. Those are common productivity standards that we see. Percent – the number of patients seen, and percent of no-shows, and most sites are working for less than a 20% no-show rate. So you collect productivity data primarily by looking at your schedules, as I said, and front desk staff can tell you the numbers on hardcopy schedules at the end of the day. Or you can print and save information as a report from your EHR as long as you're capturing the total number of patients scheduled, seen and no-shows, and not deleting any records throughout the days. So some systems delete entries if they get cancelled or if the patient doesn't show up. So this is just something to watch. You want to be careful with using EHR data.

So what we don't recommend is we don't recommend printing aggregate reports from your EHR or practice management system, since these aggregate reports don't show the variations by day or the change over time. So this really does need to be done on a day-to-day basis, rather than using one of those aggregate reports. And scheduling data is collected separately for each staff person or at least each one for which a separate schedule is maintained, so it

will be entered separately into the clinic efficiency dashboard. And we'll show you that in a moment.

But one thing important to note is that these goals and averages really do vary by setting. So productivity depends on the staffing ratio, which is vastly different across the Title X Network. For example, an urban hospital setting versus a Royal clinic, where there is only – where they are only open a few days a week and there is only one provider.

We have worked with service sites with just a front-desk person and a provider, and no other staff. But we've also worked with large sites in a hospital or an FQHC with multiple providers. So it's really hard to make any generalisations about productivity. But a common question we get is whether there is an ideal staffing ratio per clinic that we've seen to be most efficient. And for efficiency purposes, providers really do need at least two exam rooms and two support staff per provider, so at a minimum a front desk and medical assistant. But for maximum efficiency, as we said, we understand not all service sites have this but that's what recommended for maximum efficiency. And many professional organisations like MGMA, or the Medical Group Management Association, actually suggest three to five staff per provider, per FTE provider. But that does include before – it does include that. It includes nursing, billing, office management, administration, housekeeping, reception, medical assistance etc. So that's really the entire practice. So there isn't a standard but hopefully that helps give you a range of normal.

Alright, so before you can enter productivity data into the dashboard, you first have to define your staff and to enter them into the system as you see on this screen. So this allows you to track productivity by staff member, but also you can combine them and do it for the clinic overall. So for these purposes, the staff that you enter here is defined as any clinic staff who provides direct service care, direct patient care, and who has an individual schedule. And so this is typically clinicians, your MDs, DOs, NPs and there is midwives, maybe a PA, and sometimes RNs.

So that's a common question that we get is what about RN? The RNs at my clinic have their own schedules. Can we track their productivity too? And yes, you can, if RNs have a separate schedule or family planning councillors or really anyone. If they have a separate schedule, you can track productivity just as you would a clinician. However, we just want to note that you will be able to track an RN's number of patients seen per hour but then that RN would also be included in the clinic's overall number of patients seen per hour. So mixing other types of clinicians and RN data in that same indicator can skew your results because in most settings, RNs see relatively few patients on their own schedule in a given day because they mix in support for other clinic functions. So they are usually seeing and supporting clinician's patients along with their nurse-only visits. So if you decide to track a RN schedule, we just recommend that you only look at productivity by person rather than – or per provider or per staff, rather than as an overall clinic because it can really skew the data.

And just another thing to note is, because your clinician is generally your limiting resource and the one responsible for most of the billing, it can be most – and maybe just most important to focus on them and how well you can support them and increase support for their work, rather than tracking the appointments for a wide range of staff members. So it's your choice, but those are some of the considerations that you might want to keep in mind.

Okay. So, this is the data entry screen on the dashboard. So once you've entered your staff, you'll see their name appear in the dropdown. And note that the date is the date of service and not the date that the data is being entered, if those are different. Then you want to enter clinic session hours in a day, and this is the total number of hours that the clinician was available to see patients. So this should not include time given for lunch or other time when the clinician is not available or not supposed to be available to see patients. So for instance, if the clinic hours are 08.00 to 18.00, that's ten hours. But say the clinician's schedule is 08.30 to 17.00 with an hour given for lunch that would be 7.5 hours. So you wouldn't be calculating it on the 10 hours, you would be calculating on 7.5.

And if she has an FPNTC webinar to attend for an hour in the middle of the day in addition to a lunch, then it might be 6.5 hours. So just to be aware of what's going on in the day and those are the hours that you want to enter, in terms of productivity.

Alright, then you enter the patient schedule. So this is at the end of the day, the total number of patients scheduled per clinician or per staff member that you're tracking for that day. So patient schedules – and this is regardless of whether or not they were seen. So then patients seen are obviously the total number of patients that the clinician actually saw.

The no-shows. So by the end of the day, the total number of patients who were scheduled but not seen for any reason, including those who called and rescheduled for another day, are included here. So, some systems don't include reschedules and only include those who just didn't show up. But this one does; that's just the way this system is setup. And so any patients who were scheduled at the beginning of the day and are not seeing are included here. So, for example, at the start of a day if you had ten patients in the schedule but three patients called in the morning and are put into the schedule in addition, that's 13. But then there were no – there were four no-shows. So the patients scheduled are 13, even though ten were scheduled in advance and three were scheduled that same day.

Okay, so you can click 'add another' and if you're entering data more than one day of data at a time, you could submit to save the data. And each row in the dashboard represents a day of a staff member's schedule. So once data are submitted, they appear at the bottom of the screen. And I think we have a – I

think that should be on the next. Actually, it may not. So, it will appear at the bottom of the screen once you've entered that.

So when to collect and enter productivity data? Well, it's important first, obviously, to establish a baseline. So, we recommend entering at least a month, one full month, of scheduling data to give you that baseline before starting your improvement efforts. And you can enter data on a daily, weekly or a monthly basis, as long as you date the visit records according to the day that they occurred, not the day that they were entered.

And then you'll want to continue to enter that daily data as you conduct quality improvement efforts to monitor progress over time. So some changes may not be reflected in the data immediately, so give it time. And you usually want to watch the data for at least two months after making any systemic changes. This may seem like a lot, but really once you have it and once you have a system, a whole week of data should take really less than five minutes to enter into the dashboard. So it's not too bad once you have a system.

And other common question that we get about productivity data is should pill or other supply pickup in depots be included as visits? And the way this system is setup is that you should only collect and enter data related to clinician visits or RN visits, if they have their own schedule and you're tracking them separately, as we discussed. So, for example, if a patient comes to pick up pills and only talks at the front desk, then that visit should not be included in the data. But if a patient comes in for a depot shot, they've taken into an exam room and seen by an MP and the MP gives that shot, then you would include it in the data. So it really depends but the criteria really are, do you consider to visit and is the staff member being tracked, seeing that particular patient?

Okay, so this here is the top half of the data visualisation screen. So the viewing data front field allows you to run reports for different periods of time, looking at specific days, weeks or months, or you can go all the way from when you started your improvement efforts. But just note that you do have to re-enter the period of time that you want to see on each page; it doesn't carry from page to page.

So you use the drop-down menu and can run reports for the entire clinic or for specific staff. And graphs will only appear once you've entered data for two or more days. So the more data you have, as with any data, the more informative your charts will be. There is a print report button here to the right, so to produce a PDF of all graphs on the page that you can e-mail or print. And then you can easily share data with other staff and providers, to get the conversation started about what do you want to focus on for your clinic efficiency improvement efforts, and what you want to monitor, and to monitor your changes over time. As you all know, sharing data with your provider is really valuable and can make a big impact on how much they buy into change efforts.

So okay, so once you've established the baseline, we encourage you to refer again to that clinic efficiency QI guide for some additional tips, strategies and resources on the indicator that you've identified as opportunities for improvement.

Another question that we get is, 'I entered data but it's not showing up in my graph. So one thing that we can suggest is just to check the dates and the viewing data from field. So, at the top of the page on the previous slides, so I'll come back to that. So 'viewing data from,' just make sure to check that, as that's a common source of confusion or source of reason why your data may not be showing up in graphs as you're hoping for them to do.

And all entries can be edited, so you'll have that opportunity. And then as a regular – on a regular basis, it's really important to scroll through your data and look for outliers. This may seem obvious but to be honest, it's not done all that often. And a lot of data questions can be answered just by doing this. So we definitely recommend that you do this periodically and definitely check this every time you see any kind of questionable – anything questionable in your data.

So, again, I just want to stress that productivity and quality is not just – well, quality is not just about seeing more patients, but you do have to see enough patients to be sustainable. So it's always a balance but it's really helpful for providers to see for themselves, to see their productivity data. And providers really like seeing their own data and can find it valuable in a really wide range of ways.

Okay, so I apologise. Here is – I mentioned that this is where you can see your each day listed individually. And then you can also see, over on the right, there is like a little blue pencil where you can edit your entry. So if you've ever made a mistake, this is where you can scroll through your data and see if anything is off. And if you've made a mistake, you can edit it here.

Okay, so let's move onto clinic flow, which is the process by which a patient moves through his or her visit. So the clinic flow indicators that we focus on are first cycle times, so the amount of time that the patient arrives until the time that they leave. And a goal of less than 45 to 50 minutes per visit is what's generally recommend. And then wait time or the total amount of time that the patient waits during the visit, and we work for usually less than 15 minutes per visit. And then the number of patient stops or patient transitions from one location to another. And patients really should make no more than five to six stops per visit. So again, these are listed in the clinic efficiency QI guide, so if you want more information about any of those.

So tracking patient visits is done mostly by patient tracking or really simply by observing. Some sites do use timestamps on the EHR. But as with any electronic methods, this doesn't give you the context of what was happening. And this has the potential for misunderstanding what you're seeing if the node

doesn't close or if the staff hasn't moved to the right field. So another method is to give patient cards when they arrive and do timestamps in that manner. So ask them to write down times or have a card that they carry throughout the visit. But of course this has the challenge of having it get filled out in system.

So you can certainly use some of these methods, like the timestamp method, but these methods of using timestamps, as I said, they just don't give context. So we find that observation, although time-consuming, is worth every minute that it takes. The actual process of conducting observations really has a way of revealing characteristics about the patient visits that just can't be seen by using timestamps, and we find that we've just learned so much by doing it. So, for example, if you see that the patient is with the provider a long time – you're seeing long patient provider interaction times – you won't know why from the timestamps. So is it because the provider just likes to talk a lot? Well, or is it that she has too much of a documentation burden and she is spending a lot of time on documentation? Or is it that the room isn't stocked and the provider has to leave the room and hunt down supplies or materials three different times during the visit? So these are the things that it's really hard to tell from timestamps.

And just by watching a few visits from the hallway will often give you that kind of understanding. So collecting clinic flow data is really best done by tracking patient visits. And tracking involves following 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 to figure out the systems and behaviours that influence the patient visit. And patient tracking is really a great way to identify the parts of the visit that contribute most to that long cycle time or excessive wait time, by observing clinic flow bottlenecks. And also you can identify duplication of effort that way.

Alright, so we have a patient visit tracking sheet that you can use that provides a systemic way to collect observational data. And this is compatible with the clinic efficiency dashboard, so it reflects it. The fields here are reflected on that dashboard. And the top half of this tool is really a summary of the patient visit. So, the data here is what you will enter into the dashboard.

So in the top left, you note the time of the first and next appointments. You calculate these at the end of the visit. So when the patient visit is completed, you total the data and enter it here so that it's ready to be tallied into that dashboard later. And then the bottom of the table, down here, is where you document everything that happens during the visit, including where the patient went, how long they stayed there or how long they waited in any given place and why, and who they were seeing at every step in the visit. So each step, whether the patient moved or stayed in the same place, is recorded on a new row.

So a few recommendations for tracking patients through observation is that, first, it's important for the data to show what happens on a typical day. So this can be difficult to achieve but you want to get as typical a day as possible. So

you probably want a day when the clinic tends to be busy and avoid periods with high no-show rates.

Then the optimal approach is to find one place in the service site that provides the vantage point for the entire visit, if possible, because you're actually standing in one place for a long time and making observations. So, in addition, remember to wear comfortable shoes because you're standing there for a long time. But sometimes you can't see the whole patient visit from one place. It really depends on the clinic layout. And so, in that case, you'll want to pick a couple of spots and move with the patient through the visit. But you don't want the patient to feel like they are being followed, so you want to stay out of their way, stay out of patient's way, stay out of the staff's way, and you'll get really good at just blending into the corner.

So you want to just advise staff to carry on as usual but it can be nerve-wracking for staff to be observed. It's worth it but it's nerve-wracking. So explain the purpose of patient tracking and just reinforce that you're not evaluating individual performance but you're really looking at systems through the eyes of the patient, through the experience of the patient, so that you can allay concerns that you are watching or assessing the staff. Clinic efficiency improvement efforts and quality improvement in general is really about systems and not people, so just remember to stay non-judgemental and to be considerate.

And just one other quick note about observation is that obviously a non-clinician should not go in and observe patient exams. And most of this observational data can be done from the hallway or the waiting room. So, there certainly is and there can be a place for a nurse, a clinician to shadow a provider with the patient's permission, of course. But the type of observation we are referring to mostly, the vast majority of this can be done from a hallway without compromising patient confidentiality. So we do still encourage you to inform patients of why you're there and what you're doing. Just something simple like, 'We are observing the clinic today to help them make the systems more efficient' is usually enough. And, of course, it's always up to the patient if they want to be involved or not, so we always want to respect patient wishes around that.

Okay. So, the visit starts the moment that the patient enters the clinic. So, the first step is usually the check-in at the front desk, and steps refer to every discrete part of the patient visit. The steps include every time that the patient travels from his or her seat in the waiting room to the front desk, filling out paperwork, etc. So it also includes steps or movements that might seem insignificant or without purpose, such as maybe the patient walking around the

clinic that gets lost, something like that. Even those things contribute to cycle time and so are things to note.

And finally, steps also include all wait times, so in the waiting room, waiting for the clinician to enter, etc., all of those are considered wait time and would be added up in this column here. So documenting the start and end times of each step is really the most key part of the tracking process. So some steps take longer; some are very short. So you just note the time as each new step is initiated, and then you briefly summarise the steps and note the end time of the step. So here. And the end time should be the same as the start time for the next step.

So then, at the end of the step, you will record the number of minutes, so in the category that it belongs in. And just note that there is an 'other,' so other includes bathroom times or time at the front desk, anything that you're not capturing in a specific column, a column that you're addressing as a specific indicator. So this time is not included in the visit tracking totals above but it does contribute to the overall cycle time. We just – there always are some categories that aren't in these specific named categories. So just record wait times and then record ''other and those should all contribute to the overall cycle time.

Okay, so there is always a little bit of confusion around steps versus stops. We often get a lot of questions about this. So we just wanted to step by just a little bit more. So steps are each step in the visit process or each distinct part of the visit. So the patient checks in; the patient waits; patient is taken to the examiner; the patient is getting vitals taken in the exam room by the medical assistant; the patient is seen by the provider, etc. But then stops – okay, stops are patient movements. The patient is taken to the exam room. This is one stop and one movement, but in that exam room, he or she may experience several steps. So she may have the medical assistant go in with her and take vitals; then she waits; then the provider goes in, does an exam. Maybe a nurse comes in to administer a vaccine. And then the provider comes in and brings a prescription to her. This is all one physical stop but several steps.

And on the other hand, she may be taken back, by the clinic assistant, to get her vitals taken in the hallway but then be pulled into a counselling room. She may go into another room to look at brochures or something like that, all before being taken into an exam room, where she then continues the conversation with the same staff person. So this would be several stops. So I hope that's clear, but you can let us know if there is still any questions or confusions and we can discuss these more at the end. If you have questions, you can put those in the chat.

Okay, so clinic flow data; like the productivity data, you enter the dates you want to analyse and you click update. The page won't automatically refresh, as we said, and just the same as the productivity, data graphs will only appear once you've entered data for two or more days. So again, you can view data

for one staff person or the entire clinic. And you can also press the report on this, so that you can share the graph. So this is where you see the dates and who you're analysing. Here, the average cycle time for what you selected, either entire clinic or one provider, is in this circle, with more details in the graph.

Okay, so the dashboard mainly shows data over time but it also shows the range and spread. So these are dynamic graphs, so this, here on the slide, is just an image on the slide. So unfortunately, I can't show you exactly how it works. But if you're in the system, and we definitely encourage all of you to go into the system, enter some data and then just try hovering your mouse over a little and then these graphs really show a great deal of detail. So we definitely encourage you to go in and hover over the graph and see all of the things that these graphs can show you. So especially with clinic flow and tracking data, where there can be so much variability, you can have a patient who is there for 15 minutes, but another one there for 150 minutes. So looking only at the average really doesn't give you the whole picture. And also, if you only enter three visits, you can you easily be thrown off. So again, the more data, the more useful this will be.

So this is showing you the trend but, as you can see, you can see the whole – the range and variability in these graphs. So they really have a huge amount of detail, so we really encourage you to go in and play around with it and see what you can find out about what your data are showing, in terms of what the range is, and so forth.

Okay, finally let's move on to patient experience, which, of course, we know is heavily influenced by cycle time, by wait time and clinic flow, and which we know also influences productivity, since it's the most important source of patient referrals to your clinic. So the patient experience indicators are: ease of getting care; wait times; degree of satisfaction with interactions; degree of satisfaction with payment systems with the facility; with confidentiality; whether or not they would recommend the facility to friends or family.

And there is a sample form on FPNTC, so that is available in both English and Spanish. And the data entry form for the clinic efficiency dashboard corresponds directly to this survey. So we recommend that you start out collecting about 50 patient surveys to start with, as a baseline. You want to collect a sample that's large enough to provide accuracy but small enough that it's not burdensome to enter and that you will really genuinely use all of the data that you enter. So 50 is a pretty good goal to get started with as a baseline, although you're welcome to do more.

Then you just use the tab button on your keyboard to move efficiently through the data fields to enter the numeric values, so it goes pretty quickly if you use your tab button. And then once the data is entered and submitted, it will appear at the bottom of your screen. And again it can be edited by clicking the

pencil at the far right if you make any mistakes or if you identify any data quality issues.

So one of those questions that we were asked during the patient experience webinar a couple of months back was that someone said that they had downloaded the patient experience toolkit. And they've said, 'We just used the patient satisfaction survey located in the toolkit. And they asked, 'Can I submit it to the dashboard for evaluation? So I hope that this is clarifying and it's helpful for that person because there isn't a way for you to submit it to us. But if you setup an account and enter each form here, then you will have full access and full control over your data. So it is relatively easy. I know this is a lot of data points but since they mirror each other, it really does go pretty quickly actually.

And the patient experience section is a little bit different from the other two. So again, you enter the dates you want to analyse. You click update, and then full report. So you say – you click 'see for report' and you click here to see the graph on each area of patient satisfaction. So there is a summary showing aspects with which patients are most and least satisfied, and you can see the data distribution for each aspect of patient satisfaction. So note, you do have to have multiple days of data for all of the graphs to show.

And some of the questions that we have been asked about the patient experience data is that we are asked, 'Well, all of our data is fairly high.' So we hear, 'We have an 80% or 90% or even sometimes 95% satisfaction. So does this mean that we don't have anything to improve?' And unfortunately, sorry, but no, patient experience data is really consistently high across all settings. So patients tend to rate their providers and their service providers high. They tend to rate them well, but this doesn't mean that there isn't any room for improvement. So there is also a section for entering responses to your open-ended questions. And these are often the most telling data of all; the best quantitative data won't tell you why people feel the way they do about your services. And we expect that you probably will have some variability in the quantitative data but it's just often deceptively – it doesn't show as much variability as, say, the productivity or the clinic flow data does.

So, anyway, we recommend that you use the quantitative data to reveal really blatant gaps and areas of improvement, and then use the qualitative data to figure out several concerns and to identify exactly what and how. So ask: what could we have done better? For example, if the clinic hours – convenience of clinic hours is your lowest score, well, maybe just by a little but still the lowest. Well, what does that mean? You don't want to change a system before knowing for sure, so you might ask some patients and find out. What they really want is for clinic to be open during the lunch hour, for instance, maybe. And it would really be a shame to start extending evening hours and changing schedules if that's not really what patients are looking for. So the patient satisfaction survey includes both types of questions and we encourage you to review and share feedback from both types of questions with your staff.

And again, we did the first webinar in this series all around patient experience improvement, so we do refer you back there for specific strategies and tools to support you. Remember, that you can use the patient experience toolkit to help you, to support you, and this is also where you can find that survey in both English and Spanish. It also has information about doing mobile surveys and other types of assessment, so we encourage you to go there for more resources.

And then there is a short video case study about Haven Health Centre in Amarillo, Texas, and this is Carolina Hodges with Haven Health, who you see here. And this is just a video case study, a short case study that describes some work that they did around improving efficiency in their clinic. So we encourage you to check this out and you can share it with your staff or with service sites in your network. And it can help show that a focus on quality improvement and increasing efficiency really is worth the effort.

And as with all quality improvement efforts, we encourage you to go back to the basics in terms of how to approach quality improvement. So as we started at the beginning, you need to – you want to determine your measures. You'll need to collect information and then use these data and use this system to inform your improvement effort. So we definitely encourage you to use a structured quality improvement methodology. And again there are more resources around quality improvement on FPNTC.org.

But as always, please let us know how we, at the Family Planning National Training Centre, can support your improvement efforts. We always want to hear from you, so please do let us know. Alright, so I think we should have a little bit of time for questions, if we have any. So again, you can put your questions in the chat box here, in the lower left. And it looks like – okay, Katie, I'm going to let you – I'm not sure where to start in terms of questions. So Katie, where should we…

Katie: Sure, I can just start. Yes, I'll read them off for you. So, I'm going to go in the order of the presentation. There's a few about productivity and then we'll move on from there. So we did have a question from Lesley about the productivity numbers that you shared. And she wanted to know if those were based on MDs or were the same standard or average would be expected for NPs?

Jennifer: That's a great question. And the numbers that I'm sharing here are for NPs because I assumed that that was the most common provider type at Title X. But it is true that productivity standards for MDs tend to be higher than productivity standards for NPs, so that is absolutely the case. But actually, I think the 18 to 20 is more along the lines of typical productivity standards for MPs. Again, there is so much variability. Really can't say – I mean, I can – we can look – it's easy to look up what a lot of practices ask of their providers. But how relevant that is for your particular practice setting is really hard to say. So

I'm just trying to throw out some ballpark numbers so that you can then work with your individual circumstances.

Katie: Great, okay. And before we get into some of the other questions about content, I do want to make a note that we will have the slides, as well as talking points and the recording and transcript, available on FPNTC probably either by the end of this week or early next week. So please keep an eye out for that, those of who are asking about the slides. Okay. So the next question is from another question from Lesley, which is, is there an average no-show rate for a medical office?

Jennifer: I'm not sure what they are asking exactly for a medical office. I mean – and please feel free to clarify whoever asked that question, if you want to in the chat. I'm looking at the chat box, so I can see if you can make a clarification. I mean, like I said, the goal is generally to get it to be less than 20%. I've actually certainly seen sites that have even more strict goal and are looking for really very, very small numbers of – in terms of their no-show rates. But I can't tell you what the exact average is. I know more of what the goal is.

Katie: Okay, great. We have a question from Donna about asking if there is a way to upload schedules from either in EHR practice management system directly into the dashboard. And I can answer that one and just say that unfortunately, no, this doesn't sync with EHRs or practice management systems. I will say, though, Jennifer and I have used this tool extensively. And with these three or four fields per day, it takes a matter of seconds, if not one or two minutes to enter the data that's required. So we have tried to make this as easy and – yes, as easy as possible to collect that data, knowing that it can't be automated. Jennifer, anything to add on that one?

Jennifer: No, I mean, there are other systems that can do that so you're more than welcome to check those out. But as you said, Katie, we try to keep this as simple and as universal as possible, and it is fairly easy to enter the data. So if you find this useful, we're really happy and we are glad. If you choose to find another system where your EHR syncs, that's absolutely fine too. And you can use the other resources for ideas about quality improvement or any other supportive resources, if that's helpful.

Katie: Okay, a question about the patient tracking from – Cindy asked, is the paperwork time that we are referring to, client paperwork time or staff paperwork time?

Jennifer: Great question. That is client paperwork time and, of course, we know that sometimes nowadays there is no "paperwork" in some settings, so some have gone paperless. But there is still a lot – there are still a lot of sites that do have paperwork, but in this case, for this particular tracking tool, the paperwork is referring to patients.

Katie: Okay. And just a point of clarification again about the patient tracking and the

dashboard in general, is all from the perspective of the patient and the patient's visit versus what the staff is doing the whole time. So we just want to make that clear again as well. Okay, another question from Margarita who asked, how do you add multiple clinics into the data dashboard?

Jennifer: Okay, so that's a great question. So you would make multiple accounts for each clinic. So this is based on the service site and it just takes a matter of seconds to create an account for a particular service site. But this is designed to be used one account per service site, so you would just be able to make multiple accounts. But you can make as many accounts as you want, and then you can have shared access with your service site teams, so that you can both access the data. That would be our suggestion for how to do it with multiple sites.

Katie: Okay. And another tracking question from Cindy. Does the tool track the type of visits, since that will affect the amount of time with the provider? For example, a method change or initial family-planning visit with a Nexplanon insert, etc.?

Jennifer: Yes, another great question, and, yes, the tracking tool actually does have – it's like a dropdown menu where it asks 'type of visit. But I will say just anecdotally that – and it's not just anecdotally, there is actually a lot of research behind this as well, but that there is a lot of – so I'm just going to show you here that these are the primary reason for visit is included and entered into the system. But it is actually very interesting to see and I encourage you to collect the data and then take a look, that there is actually very little correlation between reason for visit, primary reason for visit, and the amount of time the patient spends in the clinic or in the service site. So there is some correlation but there isn't as much as you might expect. So I think this is actually one of the most interesting things that you can find, and just one of the really interesting things that you can observe by looking at your data carefully. So great question.

Katie: Okay. We had another question about, is there a cost to download any of these tools? And the answer is no, everything is free and openly accessible to anyone within Title X or outside the Title X Network on FPNTC.org. And then I think we have time for one more question that comes from Dana, who said, at times it's necessary to have a clinician who is on scheduled admin time to jumping in and see a patient or two. How do you recommend tracking these visits on the dashboard?

Jennifer: Yes, that's a good question. I think that the way this system is actually designed, if a provider is jumping in and that's part of another provider's panel or schedule, then I would just include it in that original – the provider who was scheduled. If a provider is just jumping in and seeing one patient, for instance, or two patients, there is not really way for that to feed into the productivity section of the dashboard. So we would recommend just leaving that particular visit out. You could do something like put – if you want to make sure that you capture every visit in your productivity, you could just give it a very small

timeframe, so you could say half an hour and the provider saw one patient and that's fine. That would be – that would work in the system, but if you're not insistent on getting 100% of your visits in there, it doesn't really contribute a whole lot to your understanding of your productivity. So we would probably recommend just leaving those kinds of outlier type visits off.

However, that visit could be included in the clinic flow and patient-tracking type calculations, so for the clinic flow part of the dashboard, and the patient experience of course as well. So it wouldn't have an impact on those two aspects but on the productivity, it certainly would. But there is either a workaround or you can just consider it an outlier.

Katie: Okay. Alright, well, I think that covers all of the questions for today. Thank you, Jennifer, for presenting. And this concludes the final webinar of our three-part series. Again, all of the resources that we have talked about in this series are available on FPNTC.org for free, including the webinar recordings, the actual PowerPoint slides with talking points, in case you want to do this webinar for others in your clinic or your network.

We also really would like to hear if you all have an opportunity to use these tools. We've heard from a few of you out in the field with questions over the last year, so since the dashboard has been up. But we really want to get your experiences with this tool, so please email us at any time whether you have questions or you just want to share your experience. We're also always looking to improve these tools as well, so we really count on your feedback to do that.

Just a plug to complete the evaluation today; it's going to pop up when you exit the sessions. And again, we certainly love your feedback and we have been changing these webinars according to your feedback. So, please let us know how it went and this will also help inform future activities at the FPNTC as well. So thank you all again for joining us today and that's the end of our session.