

JSI RESEARCH AND TRAINING INST

Moderator: Katie Saul

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Operator: This is Conference #49724580.

Good afternoon. My name is (Amber) and I will be conference today. At this time, I would like to welcome everyone to the Introduction to the Clinic Efficiency Dashboard Call.

All lines have been placed on mute to prevent any background noise. After the speakers' remarks, there will be a question-and-answer session. If you would like to ask a question during this time, simply press star then the number one on your telephone keypad. If you would like to withdraw your question, press the pound key. Thank you.

Katie Saul: Great. Thanks, (Amber). Hi, everybody. This is Katie Saul from the National Training Center for Quality Assurance Quality Improvement and Evaluation at JSI, and I am joined by my colleagues Paul Rohde and (Michelle Flitman) and we also have (Jennifer Kawatu) on the phone today.

So, first is a big thanks to everybody who logged in today. I think we were -- we were very overwhelmed by the number of people who are interested in seeing the dashboard and the guides and learning a little bit more about these tools and I'll give a particular shout out to the State of Virginia who has an overwhelming number of people on today.

So, we're really excited to have all you there and, you know, we'll be interested to know over the coming weeks and months and following the Webinar if and how you use these tools.

So, yes, let's begin. OK. So, the objective for our Webinar today we're hoping that by the end of this session, you'll be able to describe at least two ways of using the Clinic Efficiency Data Guide to collect QI data. You'll be able to list at least three ways to use the Clinic Efficiency Dashboard to monitor key clinic efficiency indicators, and you'll be able to explain where to find strategies and resources in the Quality Improvement Guide to inform data-driven efforts.

And just a quick note about the objectives, you know, I think you all will see that we have described and list and explain and I just want to underline that this session will be fairly quick. I'd like to try and keep it to a half hour or just over if we can to allow for questions. But really this is just meant to be an introduction and to be give you all a little bit of a tour around both the dashboards and then introduction to the guide.

I think, you know, I'll be presenting quite a bit of information and we'll be moving fairly quickly through each of these, but this isn't meant to be a training by any means and so I just want to make that clear before we get too much further and there may be opportunities for training on this in the future through the NTC, but for today, we're just going to try and keep this fairly quick and brief and kind of just scratching the surface.

OK. So, just a little bit of background. So, all you know where and how these tools were developed. Many of you who have been with Title X for many years know that back in the early 2000s and even the earlier I think.

The regional training centers conduct quite a few clinic efficiency technical assistance engagements, and with one of our priorities at that time and, you know, I think many of the regional training centers were committed to improving clinic efficiency in helping you all improve your systems and it's become more and more important as the health care environment is changing and as we know there's more competition for these services and to keep (tile and doors) open. We're just trying to figure out ways to help you all become, you know, leaner and more streamlined in the services that you provide.

So, for the National Training Center for Quality Assurance, Quality Improvement and Evaluation, one of our main projects over the last few years has been to conduct a couple of clinic efficiency learning collaborative.

We conducted two of these at the national scale both of them lasted about a year and involved 17 grantee and service (site) teams in total, and during these collaborative, we tested clinic efficiency indicators that had been identified by the regional training centers and the literature over the years. We piloted data collection tools. Some of which will be here and then really tried to collect lessons learned and strategies as to clinics are applying clinic efficiency principles and best practices.

So, the Clinic Efficiency Learning Collaboratives included site visits and workshops with clinic staff to identify areas in need of improvement. The teams conducted Plan-Do-Study-Act Cycle throughout the course of the learning collaborative and collected data on a number of the indicators that we'll show you today. So, these tool really are a combination of all of these efforts and hopefully a way for grantees and service site to work together to keep this effort moving forward.

OK. So, I'm going to talk about three different resources today. The first is the Clinic Efficiency Data guide which walks you through how to collect, enter and analyze data using the Clinic Efficiency Dashboard. I'll give you a tour of the Clinic Efficiency Dashboard. You'll see that it allows you to monitor clinic flow, productivity and patient satisfaction over time.

And then the third is a quality improvement guide, which provides tips and strategies to improve performance on the clinic efficiency indicators, as well as a number of links to additional resources for making those improvements.

OK. With that, I think I'm going to switch over. We're going to do a little bit of switching around here because I -- as I said, have a number of resources to show you. So, the first that I'm going to show you, I'm going to pull up here is the clinic efficiency data guide.

And this data guide that I'm going to -- I'm going to flip around some of the pages. So, bear with me. The guide and the dashboard and the QI guide are all organized by these three sections, by productivity, clinic flow and patient experience.

And you'll see how this overlaps in a moment when I go to the dashboard. But you'll see here at the beginning of the data guide are the clinic efficiency indicators that we have tested and attract over time and which are included in the Clinic Efficiency Dashboard. You see for productivity we're looking at number of patient scheduled, number seen and the percent of no shows.

For clinic flow, we're looking at cycle time and wait time and number of patient stops. And then patient experience, we have quite a few including ease of getting care, wait time, interactions with staff, payment, the facility, confidentiality and would you recommend to family and friends.

And hopefully for those of you out there who have used the patient experience toolkit that the NTC QA/QI/E put out a couple of years ago. This should look pretty familiar because they are based on that toolkit, as well as the patient satisfaction survey form that's included in that toolkit and I'll refer to that, again, shortly when we got to the dashboard.

OK. So, in the guide, you'll also see -- I'm going to get through here that each section is organized pretty much the same. So, looking at productivity here, you've got section on collecting and entering the scheduling data, and for the purposes of these tools, we were asking folks to collect the productivity data through provider schedule or any staff who have schedules for seeing patients.

This you can either get from printing from the EHR or oftentimes with a lot of the clinics that we work with, the front desk staff have marked up their schedules for the day so that you can note the number of patients who were scheduled at the start of the day, you know, between the start and the end of

the day. The number who were seen and the no-shows because these are the key data -- the key data points that will be entered into the dashboard.

And then I'm only just going to show you this one section because the guide is 27 pages long but just so you get a feel for it within this guide as well, it shows several screenshots of where and how to enter this data. So, in addition to explaining how to get the data, we show you exactly where and how on the Clinic Efficiency Dashboard to put that in to get, you know, your useful -- your useful data point. OK.

For clinic flow, we use patient tracking and observation using a patient tracking sheet which is a tool that's also included in this guide and all of these tools are linked on the dashboard itself which I'll show you in a moment. And the, you know, the difference with the - the point of the clinic efficiency tracking -- there's many points to this, and I think we've gotten questions in the past of why do we use patient tracking. In other words shadowing a patient from the start of the visit to the end of the visit and not just pulling that data out of our EHR which does timestamp for us.

And I just want to underline, again, that this is a quality improvement process, and so by following the patient through the visit and writing down all of the stops that they made and the things that happened both on staff side and the patient side.

We're really getting an in depth look at the patient visit especially through the eyes of the patient, and I think where this process differs from some of the others by just using EHR timestamps and some of you may have used patient (flow analysis) in the past is that you are looking really at not just the data and the time, but why things are happening which just times and data can't tell you.

And I'll give you -- I'll give one example. So, for example, if your data is showing rather long wait time and you're even tracking patients and you realized that your wait times are quite long and the data shows that most of this wait time is occurring in the exam room. Why is this happening? Well, if

you're following a number of patients through visits either on a given day or over a few weeks or a month.

You'll very quickly see that for example, rooms are inconsistently (stuck). So, you're finding that your MAs and providers are constantly leaving the patient in the exam room to go to other places in the clinic to look for equipment and educational materials and consent forms et cetera.

You might also notice that there is an inconsistent handoff from the MA to the provider and the patients are often left in the exam room and forgotten about. Your EHR doesn't tell you that type of information and that's really what we're getting at because if those reasons and those causes are what will drive your quality improvement effort.

So, while it's a bit of a time-consuming process or can be to follow your patients, it is extraordinarily valuable and I think what we found through our Clinic Efficiency Learning Collaborative is that clinic managers especially and providers and anyone who is doing the patient observation had some pretty serious "aha" moments and just said, "Wow, you know, I knew that this was an issue but I didn't know the extent of it." So, hopefully this will get you to a point where you can learn a little bit more about what's going on.

OK and I'm going to skip ahead here to the patient satisfaction piece of this. To collect the patient's satisfaction data, we are using patient surveys, and as noted earlier, we have (moved) this to the patient survey and the patient experience toolkit. And as you'll see and maybe you've seen on some of the pages I've shown already there's links to all of these resources within the guide so that you can just pull up the resources you need and move along.

But each of these section talks about when and how you need to collect this data, tips for collecting the data and some of those nuisances and strategies for getting the, you know, most accurate and richest data you can.

OK. Before I move on and I know that I've kind of set this up without looking at the dashboard yet. So, I -- you might have some questions about

this but I just want to make sure we pause and answer any questions that we might have before moving on.

So, maybe we'll go to (Amber) first. (Amber), have you had any questions on the phone?

Operator: If you would like to ask a question, please press star then the number one on your telephone keypad now.

Katie Saul: And Paul and (Michelle), anything on line yet? OK. So, for those of you who are listening in today, please feel free to queue up in the phone line or you can (chat) in the question. We're monitoring the chat box closely here and I'm happy to answer questions at any point.

Katie Saul: OK. Great. So, then let's move on, and we will go to the dashboard. So, this is the welcome page on the dashboard. Some of you may have already set up accounts. Maybe some of you this is the first time you're seeing it.

So, I'm going to try and find a balance here and do a little bit of kind of skimming the surface in a little bit of in depth touring here. So, when you first log into the page, you'll see a welcome statement that shows, hopefully you're -- your (site) name here and you'll see that we have a menu across the top with the three domains that I was discussing earlier, productivity, clinic flow and patient satisfaction.

And on initial log in, you'll see this welcome page is a little bit different. It says, step one, step two and step three and it's really a prompt to get you to start entering data.

Once you've entered data, this page will actually show a summary of all your data points and actually maybe I will -- let me see if can pull up what that will look like. I'm going to do my best here. I want -- I need to do this but I think it's -- it would be helpful.

And maybe we'll try that later. I don't think that worked. Oh, here we go. OK. So, once you've entered data and I'll go through each of the domains and the data entry and the -- and this graph in the chart on each page. You'll have this summary sheet which gives you sort of a bird's-eye view of the key indicators for each of the section. So, for productivity, you'll see the average number of patients seen per day, per hour, no-shows et cetera. I'm not going to go too much into this because I'm going to dig into this a little bit deeper on the individual pages.

But this is your snapshot. This is your overall report. But until you enter data, you won't see that and you'll just -- you'll just have this prompt here. A couple of other things to draw you attention to, there's a setting's button and it's really important as one of the first things to you do to go this setting's page and it will ask you to add staff, and the reason why we do this is because the productivity is actually monitored by staff member or for the clinic overall.

So, you're actually going to need to assign the data to different staff people for productivity. So, you want to go in and enter in your providers or perhaps your RNs or anyone else who have their own schedule to see patients on this page.

Another thing to show you are the dates. So, you'll see a viewing data from 1970 until April of 2016 in an update button. It's really important to keep your eye on this. Once you've entered data, the site won't automatically show you the most recent data, and this serves a few purposes partly because we wanted to -- we wanted to just be kind of a manual and deliberate action so that you can create and view reports for specific period of time.

So, again, in thinking about quality improvement over time, you know, you -- going back to my example from earlier, if you decided to (stock) all of your exam rooms consistently and put education materials and consent in the room and a staff member assigned to checking those daily. Maybe you did that last month, maybe you just want to look at the last two months of data rather than

your cumulative data and this function allows you to kind of customize the time period that you're looking at your data for.

There's also a print report button here on the right which will allow you to fill up a PDF of your data and you can share it with staff, you can post it on your bulletin board and your lunch room, showed here your boards or whoever else is interested. Other key stakeholders and hopefully have something that's useful to (offer you all).

OK, moving on and I'm going to try and do this a little bit faster here. So, on the productivity page, you'll see that when you land on the page, there's an "enter scheduling data" button here at the top and then you'll see your data below and I will talk about each of these separately here. OK.

If you hit on the "enter scheduling data" button, these are the fields that we are collecting. You'll see the staff member and, again, this is where when you enter your staff in the initial step, you know that you'll -- you're putting in (Jennifer's) schedule for the day. You enter the date of the schedule that you're entering, the number of clinic session hours in the day and this is key. This is the number of hours that the clinician was available to see patients.

So, not counting lunch and the time that they were actually -- their schedule was open to see patient. If your clinician takes lunch and is not available to see patients from 12:00 to 1:00, it's important not to include that number in your data because this is what's going to give you an accurate -- an accurate rate for your patients seen.

The number of patients scheduled per day whether they were seen or not, the number of patients who are on your schedule and not just at the start of the day. A lot of you are adding patients throughout the day. Into your schedule, it's important to show at the end of the day how many people actually hit the schedule.

And then finally, the number of patients seen, this is the number who are either scheduled or walked in, the total number of patients seen by that

clinician on the day and then the number of no-shows, and you'll see that there are some definitions below each of these indicators to clarify, you know, what exactly we mean and by no-show, we mean the number of patients with the scheduled appointment that either -- that do not arrive for their appointment, so they were not seen for any reason. They might have rescheduled for another day, they might have just not shown up but for some reason they're on the schedule and they were not seen.

OK, so just to take a step back, the idea is to get as much scheduling data in here as you can because the more data that you have in the system, the more accurate it will be in terms of, you know, looking at the (median) and -- and really getting a good sense of what's going on. The other thing is productivity data, these data points are available for every day in every clinician or -- or staff person who's seeing patients.

This -- this data is at your fingertips. It takes a matter of seconds to enter this in. You can tab from field to field and so we do encourage users to -- to do this on a daily basis or you know at the end of the week, enter in all of the -- the scheduling data because it will just give you a better -- a better -- a better sense of what's going on. And once you have that scheduling data, you will have these nice graphs, so a little bit to show you here.

Again, you want to keep an eye on the dates up here. There's a tab here for looking at your entire clinic or just specific clinicians and moving down let me describe how these graphs are set up. So those of you who are familiar with quality improvement, you will know that run charts are really the best way of looking at data because it shows data over time and you want to be able to monitor what's going on versus some of the improvements you'd made and -- and see changes overtime.

So, we have a number of graphs here in -- in a variety of different ways and just to point out for every graph, you have a dotted line that shows your clinic, that's your trend line. So if I move my cursor here, you will see that blue line really stands out. If you move your cursor over the graph, you can see the data points for each day that data was collected as well as the description of

that data, so you to have a sense of -- of where that data is coming from and what happened.

If you have an outlier, it could be that you had one day that was really off and that's just good to keep in mind and you know kind of keep it -- keep an eye on the data (about). You have patients scheduled per hour and per day here. You also have patients seen, so again patient seen per day. You have patients seen per day by day of the week.

So, using this box plot is a nice way to see whether your volume fluctuates over time, you know, over day of the week. This could impact how you schedule your providers, it could impact your hours and how you market your services. It's just something that's good to keep in mind and then patient seen per hour and with the box plot again showing the national benchmark.

And this benchmark is taken from the literature. This is something that I think the regional training centers years ago kind of decided based on the many clinics and health departments that we had worked with seemed to be the general average. This isn't something that OPA has -- has said, so you know just keep that in mind but this is something that in our clinic efficiency work we have recommended as -- as something to shoot for.

And then finally your no-show rate and you will see up next to each of the indicators is an average and this is for the time period that you -- you have chosen. And hopefully you'll see your no-show rates go down and again you can scroll over these and -- and see you know what happened on any given day. And then for data quality purposes, if you look down at the bottom of the page here, all of your data entries will be logged.

And so if you do see an outlier or something that's questionable, have a look. You know, maybe for patients seen, you accidentally entered 117 rather than 17, this is a -- there's a way to kind of quickly eyeball your data and see what happened and you can click on this little pencil here and go in and edit your data or delete the data for that day if there are already problems. It's just a

nice way to kind of keep an eye on things and -- and see where that data came from.

Quickly any questions before I move on from productivity?

(Amber), anything on the phone?

Operator: There are no questions at this time. If you would like to ask one, please press star one.

Katie Saul: OK, and it looks like we had a chat question which is we are brand new clinic as of April and we're finally up and running. Congratulations. How soon after would you begin to compile this information?

That's kind of a tough call. You know, I think you definitely want to establish a baseline but I think, you know, you could start collecting the data at any point. I think you will have a sense of when you sort to find your groove and I think the data will start to show sort of a -- you know plateau a little bit and - - and see where -- where they (find) is. But by all means, start in on quality improvement as soon as you can as issues and challenges emerge but I think you can start this at any time.

OK, so another question that came in and I'm just reading this as we go here. We're able to run reports in our EMR that shows our productivity data that do show rate, appointments -- appointment scheduled, rescheduled, etc. as well as the time they checked in and checked out. We've also used the data we collected at the QI project in our agency. We've shown improvement on our clinic efficiency and show rates. Is this particular dashboard a requirement for Title X agencies?

Great question. No. This is absolutely not a Title X requirement. All of the tools that we are sharing today are tools and that's it. They're here to help you. So if you have other ways of doing this, that's wonderful.

I think if you are using your EHR in collecting data and other ways that worked for you, that's great. I would still recommend that you have a look at the QI guide because you might find some useful strategies in there based on - on your own data but this is absolutely not required.

OK, now 12:30, I'm mindful of the time. I want to quickly go through these, so that I can show you all the QI guide and -- and take any other remaining questions. OK and you will see that each of these patients is kind of set up similarly, so I won't spend too much time on them. For clinic flow, you have the tracking form and this is linked directly or I should say it mirrors the patient tracking sheet that we have in the data collection guide.

And I will pull this up very briefly just to show you. For each patient that you tracked, we put in the appointment time, the arrival time and the departure time. There are a few other data pieces in here but those data collection guide walk you through how to use this and marking down each step and stop that the patient makes during the visit.

So, the dashboard is linked, all the fields or the -- the total fields in the -- is a tracking sheet, that wasn't very clear. At the end of the visit, there's a clinic calculation box in the upper right here and those totals are what you put in for the dashboard. And you can quickly -- again quickly scroll through these and it takes a matter of seconds to input these on your -- on your visit data.

And then below, you have your -- your graph and one thing that I didn't mention on the productivity page is up here in the right corner, our link to the -- the QI guide and the data guide, so you have easy access to those if you're looking at your -- your data here. So for cycle time, we have cycle time for visit with the benchmark of about 45 to 60 minutes is again the benchmark is not -- this is not a Title X requirement but it's just a recommendation based on the training center has experienced and the literature when and where it's available.

It shows cycle time by gender. Cycle time by visit type, you know, your walk-ins. Did they take longer, shorter than your scheduled visits? We have

cycle time by reason for visit. So, I know there's always a lot of concern about IUD insertion taking a lot longer. A lot of times in appointment templates, folks will mark off, block off quite a bit of time for IUD insertions and removals and that's a good way to see if in fact you really do need to block off that amount of time or keep an eye on how long they're really taking.

We have wait time for visit with the benchmark of less than 15 minutes. The percent of the visit spent waiting which is just another way of -- of thinking about it. Wait times by day, this is a way for you to kind of think about your staffing model or clinic volume and -- and seeing which days are the busiest and when patients are waiting the longest and why.

We also have wait time by times of the day which is kind of good to keep in mind for the same reasons. If you have walk-ins, this could be a good data to share with your patients. You know, Tuesdays at 10 o'clock tend to be really busy. You know, why don't you try coming in at noon or you know at 4 o'clock for example. Wait time by gender and wait time by visit type, again just different ways of showing this data and then stops.

And for those of you who don't know what stops are, it's every time the patient is moved to a different place in the clinic. It could be handing in multiple forms of paperwork at the front desk, (got) check in, stopping at the labs, stopping in the hallway to get (laid), stopping in the bathroom, etc. and the point is to try and get those stops down to as few as possible, at least five to six in a visit.

And again at the bottom, you have your data listed here and mostly for data quality purposes and for your reference. And just like the other pages, you can print reports of this, share it with your providers, with your -- with your stakeholders etc. And on this page as well, you can do this by clinicians or the entire clinic.

And then finally patient satisfaction, this was a little bit different. The patient satisfaction survey data as I mentioned earlier is linked to the patient

satisfaction survey in the patient experience toolkit and we also have a link to it right here on the page. So, these you can print out and give to your patients. We have tips and strategies on conducting these in the data guide.

It's great to establish a baseline first but you just key in these numbers and this is an easy way to get some really great visualizations on satisfaction which I'll show you. And I will say satisfaction surveys are one of those things that I think everyone does and it's so well-intentioned but so often either just for lack of -- of resources and time, those surveys tend to just sit in piles and don't get used and this is a really easy way to -- to really see what -- what's going on.

So for the many indicators in our patient satisfaction survey, you can track this over time. In this particular screen, there's only two points of data, so you won't see a whole lot of variation here but over time and whether you're doing your surveys every three months, every six months, maybe every nine months, you will hopefully be able to see a little bit of change. But what I think is really interesting here is, even on these, you can -- you can click into these and -- and get a little more detail.

So for example, the facility indicator you can see cleanliness, ease of finding where to go and comfort. And -- and really see what are the sticking points here and you know what is it that patients are -- are thinking and -- and feeling during their visit.

One other thing I want to show you is, we just put in the baseline date here. Take this out, let's say you've only done your baseline, you are going to see something a little bit different because you don't have data over time. I was trying to do that, let's try one more time.

See if I can get this to work, I think I -- I think I'm doing this wrong. I wanted to show there is a special function here. If we only do -- maybe if I put them both, dashboard (28), I tried this earlier. OK, if you only got your baseline data, so for one date for example you've done one chunk of surveys, you'll be prompted to enter data. And it will tell you, your data is available before this

date and if you click out on that link, it will put up the data that is available, so it's just something else to -- to note.

And if you only have one day of data, it will show you these charts and you can -- you can take a closer look at what's going on in these in order to identify areas for change. So for example, again facilities if you click on details, you get a good sense of what people are -- are happy or not so happy with.

OK. Any questions about the dashboard before I just very briefly show you the guide, the QI guide? (Amber), any questions on the phone?

Operator: There are no questions at this time. Press star one if you like to ask your question.

There's a question now from (Melody), your line is open.

(Melody): Yes, thank you. I was wondering -- we'd like to use this dashboard for multiple clinics and I played around a little bit with it but I never did see how this could be saved multiple times. Is there a way to do that?

Katie Saul: So you can't -- there's no function to have like multiple clinics within one account if that's what you mean. But what you could do and actually what we've done with our learning collaborative is encourage the sites to use an e-mail and password that are kind of generic or that they don't mind sharing with others.

And -- and to keep those somewhat transparent, so that you can go in and look at various sites data, you know, if and when you want.

I think it's -- when you used a personal password, it sort of limits this to one person. So, we do encourage people to use it in a way that can be shared within the clinic staff, so that provider could go in and take a look when they want for example or with the grantee or others who are interested.

Jennifer Kawatu: And Katie if I could just add, the other thing you could just -- you can make multiple accounts with one e-mail. So you can have, you know, if you have 10 clinics but you want to be tracking, you can have 10 different accounts. You're not limited to just one account on this site.

Katie Saul: OK, looks like we got a -- quite a few (chat in) questions and Jennifer, I just -- at first glance I might (punt) a few of these to you, just a heads up. So the -- the next one is if a clinician is doing more than family planning, how do I decide the hour spent for family planning?

And that's a tricky one and I'm going to take a stab at it and then see what (Jennifer) says. And we've encountered this in our -- in our clinic efficiency work quite a bit and I think it sort of depends on the setup of your clinic. If -- if you are with that provider at all times and you have it scheduled for both family planning and non-family planning visits, then I would just track their productivity total.

So, it will be a little bit tricky because the reason for visits will be beyond the scope of family planning but I don't know if it would be valuable to only mark down those visits that are family planning throughout the day because you won't really get a -- a sense of productivity that way. I think that would be tricky. (Jennifer), do you have any thoughts on that?

(Jennifer Kawatu): Yes, I agree with everything you just said. I think that when we look at the literature and productivity standards, family practice and primary care are really actually quite similar to expectations for family planning.

So, I think if they are in a primary care setting or more like a family practice, it would be best to just wrap all of the patients in together and look at the overall productivity. There is another -- other reason, you know, more generic reason for a visit that you can select for that, you know, that field.

Katie Saul: OK. Another question is what's the minimum length of time you would recommend to add in the data for validity? And you know we don't have I think any real hard and true answers to that, although we do have a few

recommendations and those are included in the data collection guide. For productivity as I said, you know, you have all of your scheduling data at your fingertips.

The more you put in, the better it will be but I -- I don't know that I would say a total number of -- of days to make it valid. I think you'd want at least a few weeks of data for productivity just to at least get a baseline and you will see yourself, you know, as if -- as you put in the data. If you only had a little bit of data in there, it's not going to be that reliable and I think you know once -- once you get a little more in there, the trend lines will start to appear and you get a better sense for what's going on.

For clinic flow, I think what we have said in the past is about 10 patients per month at a minimum and that's really at the low end. And you could either take a morning and track patients or you could, you know, do one a day. You could -- you could recruit some of your other staff to track a patient or two at different points but kind of similar to the productivity data.

The more you do it, the more data you'll have and I think the benefit to doing more of the -- the clinic flow or the patient tracking is that you -- you start to really see the -- the issues emerge. You know, the example that I was using before you'll see that in every visit, people are leaving the exam room to look for things and those issues become crystal clear when you watch, you know, 10 patients in a day or 10 patients over a week.

And then the patient satisfaction surveys, I think we generally tend to say about 50 at any given time. We don't necessarily recommend just doing patient satisfaction surveys for every patient all the time. Pick a week or a few days when you know you can get about 50 surveys, collect them all and one go, and then maybe wait another, you know, two or three months maybe before you -- before you start it again. I don't think -- you don't need to do it for every -- every visit every time but give yourself, you know, some data overtime.

OK, another question, where would a cancelled patient visit be noted just removed from the scheduled patient list or as a no-show? That's a great question. Some of the productivity data can get a little tricky in that way. In a cancelled patient visit would be marked -- would be included in your patient's schedule because they were scheduled at one point.

They will not -- they'll kind of automatically be taken off because they won't be included in the patient's team. The no-shows are someone -- oh, gosh, now I'm getting this mixed up -- (Jennifer) jumped in here because I think I'm...

(Jennifer Kawatu): We made a decision at some point to include cancellations and reschedule in the no-show. So, this no-show indicator includes someone who just didn't show the kind of that traditional narrow definition of no-show but it also include someone who said half an hour before the appointment time I want to reschedule for a different day because -- so, a cancellation or reschedule would be considered part of the no-show.

Katie Saul: OK, thanks and I'll just say to the audience out there we have crunched these numbers in so many different ways for the last three years and then putting this together that thanks for bearing with me because it...

Katie Saul: So, we had two other related questions, one is what is the cost of the tool and can it be used for other clinical program?

There is no cost for using this tool or the guide. These are absolutely free just log-on and get started and the tool can absolutely be used for other programs as well. You'll see that a lot of this is geared towards family planning especially, you know, when you look at some of the clinic flow data and the reason for visit but you could tweak it and kind of make it work however you want it to and we absolutely encouraged you to use it in another settings as well. And actually, if you do, we'd loved to hear from you.

Another question I'm going to do. A couple of other questions here then I want to briefly show you the QI guide and then we'll come back to the -- the few that are remaining. Another question is, is the arrival time when the patient walks in for the appointment or when the patient actually begins the check-in process?

Also, a good question, so and actually now I'm going to pull up the patient tracking sheet. The arrival time is the time that the patient walks in to the door. And it might take them a little time to get to check-in and that's again thinking about the patient observation maybe your (signage) is really unclear, maybe people don't know which window to walk to.

I've certainly seen patient walk-in to the clinic and just sit down. And if it's taking patients a long time to get to that front window that's indicator that, you know, something -- something should be done, so hopefully that distinguishes between the two.

OK, I'm just going to briefly twist over to the quality improvement guide just so you all have the chance to see it and see how it relates and then we'll come back to the few remaining question. So, once you have entered your data, you've collected your data, you've entered your data, you have this fancy shiny interesting graph that show you where, you know, hopefully where improvements can be made this guide is meant to help you get started on improvement.

And I'll say that the content of this guide really are drawn from both best practices in the literature but a lot of them came from your Title 10 colleagues who are part of the learning collaborative over the last couple of years and the strategies that they used and those that work for them.

So, on the quality improvement guide, you'll see that it's organized the same as all of the other resources -- and that thing has a little bit of a -- a little bit of a delay. There are some introductory texts here and the first step it shows you is to enter your data into the dashboard, that's your -- that's your first step and we've already been there now. And once you've identify, there is a room for improvement then you can get started.

So, I'm going to jump over to the clinic close section and each of the section is organized the same similar to some of the other ones that you've seen here and I'm landing on clinic folks. I thought this one would be a good one to show you. Each of the three section is structured the same. Why is this important? Where do we start?

And you'll see some pretty specific tips and details on ways to get started. You discussed it with staff. We've included links to a number of different resources that you can use to get going, develop a deeper understanding of your clinic flow, identifying problem areas. We link to some of the QI modules that we have put out over the last few years and, you know, some other helpful texts there.

Then the section will highlight the indicators for this section, so you've seen this before. We've -- we've talked about them in the other resources. You've got cycle time, week time, and staff. You've got those benchmarks, your targets that we talked about too as well as the definition. And then for each of the indicators, we talked about common factors contributing to challenges with those indicators.

So, for example for cycle time, what are some of the things that lead to cycle time -- long cycle time, too much paperwork and then duplication of effort and lack of adherence, evidence-based practice. And then we talked about strategy to improve those. And these strategies as I've said are largely drawn from your colleagues' experiences. And each of the section is organized in that way.

And then finally at the end of each section, you have a list of resources. The resources that were linked in the section, you know, in the text and just here for just kind of a quick and easy reference as well and each of the section is pretty much the same so I'll just show you the clinic flow on.

But maybe we'll get back, so we have about 10 minutes left and I know there is a few other question, so why don't we get back to -- well, let's check with (Amber). Are there other questions on the phone, (Amber)?

Operator: Yes, you have one question.

Katie Saul: OK.

(Roxanna): Yes, is the use of an interpreter whether it's in person or via phone be impacted into getting this data?

Katie Saul: Great question, so we have that in the patient tracking sheet. You've got a -- you've got an eagle eye, (Roxanna)...

Katie Saul: ...we kept that in the patient tracking sheet because it could be useful information later. It is not part of the dashboard; however, you know, we do expect that with the pile of this tracking sheet, you know, there might be a time when you noticed that some visits are longer than others and where those visits that required an interpreter, where there are differences between having a person interpreter versus one on the phone, so that's really just there as another data point and thanks for you to kind of take a closer look at as you are looking at the visit as a whole.

OK. OK, and (Jennifer) I think -- I think we're going to need your help with this one. How do you enter data for clinic sessions where multiple providers see all patient schedules? We don't have appointment template broken down by provider. And (Jen), I've kind of remember...

(Jennifer Kawatu): Yes, in that case, you know, essentially you'll just have to look at it by clinic but, you know, or you can -- if it's a matter of like there are two providers but the schedule is not broken down, we have dealt with that before where, you know, the provider just takes the next patient whoever that is and then they just -- it's always just, you know, first come first serve, next patient goes to the next provider.

We just divided in two if there were 32 patients scheduled for the day. We just gave each of them 16 and then however many they saw out of the expected 16.

So -- otherwise, you will just have -- if it's just -- if it's that multiple providers see all patients like I'm not sure how's in what circumstance that would be where two or three providers saw a single patient on a regular basis obviously on an occasional basis but on a regular basis if you have that situation I think you would have to just look at the per clinic productivity.

Katie Saul: Great, thanks (Jen). OK, there were -- there's three other questions that were chatted in, all very good questions, so I want to make sure we get to them. One is we've already experience client dissatisfaction with a number of forms to complete. I'll be curious to know how many forms most clinics use if you know this number?

That is a million dollar question. So, we've seen a lot of variation in the clinics that we've worked with in different states depending on the number of programs and funding, you know, funded programs that you have. We know that, you know, a lot of times different states and different federal programs have different data they need to ask for. And it can result in a huge pile of paperwork.

And there is -- I don't think there's really any average but you will find in the QI guide, there's some strategies for reducing the amount of paperwork. One of the things that we recommend to staff is to create a paperwork reduction committee and to just layout all of the forms on a table and look and see what questions are asked multiple times in either ways that you can either as a clinic or health department work internally to trying to consolidate some of those forms or are your internal forms asking things that you don't really even need to know.

Sometimes, there's a lot of extraneous questions. We asked clinic, you know, what will you do with this information and folks can scratch their head. So, it's good to kind of take inventory and see what you've got, cut where you can but I don't think that there is really anyone answer to that question unfortunately but checkout the QI guide and see if, you know, see if any of those tips help.

OK, another one and (Jennifer) you might be able to answer this one. So, we mentioned the benchmark for average patient per type of visit. Where are those benchmarks found?

So, I'm a little unclear about the question whether it was just in general where did we find the benchmarks and (Jennifer) I don't know if you just want to make a note of where those came from?

(Jennifer Kawatu): Yes. Sure, sure. Yes, I mean I guess they came from a combination of two things. One is by looking at the literature some of the standards like the, you know, the medical management organization recommend and average number of patient channels and average number of patients seen per physicians, nurse practitioners in private and then public settings.

So, we did do an expensive literature search and look to see what standard existed. As you all probably know, there are no standards for family planning specifically. The closest we can come however would be Planned Parenthood Federation of American standard and we do know that these are very much in line with those.

Although, there actually is a little bit more generous and less conservative than, you know, a little bit more Planned Parenthood Federation of America as we know hold them to very high productivity standards.

So, they aren't very much in line with that and then the other place as the benchmark come from is as Katie said before the experience of the clinical train -- of the -- sorry, the regional and then the national training centers for family planning. So, you know, over many years, you know, we kind of by consensus looked to see what all of the different training centers have been recommending and what the goals were across the country and this is kind of, you know, where most of them had landed.

The part of your question it sounds like was on type of visits and that is actually something we do not recommend different benchmarks or different standard -- different productivity standards for different types of visits. The current kind of best practice recommendation is actually just collapse all visit types into just patient visit.

So, doing away with the, you know, some are IUD insertion visits, some are you know, birth control method check, and some are RCD checks and just calling them patient visits averaging out the amount of time that they take on average and scheduling that way.

So, we've gone to that kind of standardized approach and so the benchmarks are just an average overall of the different types of patient visit. It's not, you know,

differentiated per visit type. So, hopefully that helps a little bit in terms of where this comes from.

Katie Saul: Great, thanks (Jen). And then, you know, actually before I get to the last question I just want to underline or I can't emphasize enough that these are not Title 10 requirement. These are recommendations as (Jennifer) said driven from a number of different sources but this is not something that you have to do. None of this is a requirement.

Again, these are just tools and things to help you make improvements not necessarily head of, you know, a certain requirement. I can't say that enough.

OK, the last question at least that we had online and then maybe we'll go back to (Amber) just very quickly in the last minute is where is the data stored and is data shared if the center data shared? Where is the data stored? I like to see them. The data is stored on the server. It's part of the Website but we don't have access to it as administrators.

We're not able to go in and see accounts data. There's no kind of one inventory or clearing house of all the data in the system, you know, as far as JSI as the developer is concerned, this is -- we don't have access to that.

I'm not and hopefully that gets to that question but we as a training center are not compiling the data. No one is monitoring what (types) are doing and again just relating back to this not being a requirement, this is just a tool. So, we really had no interest in collecting the data or reporting it or, you know, or using it in anyway. It's really just meant to be useful for you.

Operator: You have a question from the line of (Jacqueline). Your line is open.

(Jacqueline): Yes, hi. My question is, is this more geared for the clerk to follow-up regarding the QA or QI -- the monitor...

Katie Saul: OK. So, I'm not -- I'm not totally sure whether by what staff version by clerk you mean I think. As far as data entry goes, anyone from your staff could enter data as far as if you we recommend that all staff related to your quality improvement initiative, all staff in your service site, or your grantee monitor the data and use the data to the extent possible. So, I don't think it's really dedicated to anyone specific role. I think all of the staff and your QI people or managers everyone could find this useful.

OK, we are overtime by one minute. So, I'm going to close this out. I do want to put up our training center e-mail address. There were a couple of questions via chat that we weren't able to get to in time but please e-mail us, ask us any questions or, you know, let us know if you have any challenges with the site itself. We also want to know and hear about how you are using it. We're always interested to hear, you know, your thoughts on our tool.

And then finally, we have an evaluation for you that you will be sent to right at the end of this, so please take the time to fill that out. We'd love to know your thought of this session. What do you think of the tools and any additional work that we can do around this in the future. And thanks everyone for joining us.

Operator: This concludes today's conference. You may now disconnect.

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