

Summary of Advanced Access and Efficiency Measures

Measure	What is it and why do it?	How to gather	Frequency of collection	Tips
Panel size equation (Section 1.1)	To understand the relationship between supply and demand within your practice, and to be able to develop strategies to balance if necessary.	Use the panel size equation.	Annually, or as changes in supply or demand occur.	If demand is greater than supply, remember that this is a yearly number. It must be divided by 12 to understand the number of appointments required monthly, and then by four to see the number of extra appointments needed each week, etc.
Third next available (TNA) (Section 1.4)	This is the gold standard for measuring the length of time patients in your practice are waiting for an appointment. First and second available appointments are not used, as they could be the result of a recent cancellation.	At the same time on the first day of the work week, look ahead in the schedule for the TNA appointment slot and then count the number of days to that appointment. Do not count saved appointments or carve out model appointments.	Weekly until the value is consistently zero. Then use future open capacity to measure availability of appointments.	It is important to use a consistent method of data collection. Counting weekends and statutory holidays is a choice (many choose not to as they are not actually “available”) but the same method of data collection must be used consistently
Supply (Section 1.1)	The number of appointments available in the schedule. All appointments should be multiples of the short appointment length.	Count the number of available appointments for each work day.	You should understand supply on a daily, weekly and annual basis. Once established it does not have to be counted unless supply changes.	If provider supply increases or decreases permanently, then the equation must be recalculated.
Demand (Section 1.3)	The number of appointments requested today for any day. Demand can be generated internally by the provider and externally by the patient. It is important to understand both internal and external demand, and to measure	Using a tick sheet, place a tick mark for every appointment requested, depending on the origin. External demand is patient request and internal demand is provider request.	Daily until practice confidently knows range of demand for each working day	It is important to gather this data anytime practice demand seems to be changing. It may be necessary to rebalance supply and demand.

	each separately using the tracker provided.			
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Backlog (Section 2)	The number of appointments between the present and the TNA appointment. Do not count appointments that are booked due to patient choice or physiology.	Count the number of appointments between now and TNA.	Anytime the TNA is increasing above acceptable practice targets.	Be sure the practice can distinguish between good backlog and bad backlog.
Cycle time (Section 6)	The time elapsed between the scheduled appointment time and the time the patient is walking out the door or disconnecting from their virtual visit. This information will help the practice understand the patient flow and where waiting occurs. It will also identify opportunities to improve efficiency or reduce the number of steps in the process.	A cycle time tracking sheet is necessary. Patients can be asked to track the times at various steps within their appointment. Other methods to collect this information may work better for your practice. This information is used in conjunction with the process map.	As often as is required to understand the length of patient visits in order to inform tests of change. Repeat each time changes are tested or implemented.	Decide as a team the number of random samples required to inform the quality improvement team. Sample at different times of the day or days of week.
Patient satisfaction survey (Section 7.3)	Feedback from patients is essential to respecting their roles as partners within the care team.	Use the survey tool provided or a tool of your choosing. Select a random sampling.	At baseline, and whenever improved changes are implemented. Frequency will be a practice decision.	Do not do the survey if data are not going to be studied or acted on.
Provider satisfaction survey (Section 1.5)	Feedback from providers is essential in ensuring changes to improve access are not have undesirable effects on reducing provider satisfaction.	Use the survey question provided: "I start and end my day on time".	At baseline, and whenever improved changes are implemented. Frequency will be a practice decision.	

Adapted from the [Advanced Access and Efficiency Workbook for Primary Care](#) created by Health Quality Ontario (July 2011).