

Access Measures	Definition	Data Gathering Plan	Target	Notes
Third next available appointment by provider	<p>N: Sum the number of days between the day a patient makes a request for an appointment with a provider and the third available appointment for a routine exam (a physical or return exam) with that provider during the reporting period.</p> <p>D: Number of 3rd next available visits sampled during the reporting period</p>	<p>Sample the provider the same day of the week, once a week, for the duration of the reporting period. Count number of days between a request for an appointment (e.g. enter a dummy patient) with a provider and the third next available appointment for a routine visit (a physical or return exam) for that provider. Count all calendar days, including weekends, holidays, and days off.</p> <p>Do not count any saved appointments for urgent visits.</p> <p>Divide this by the total number of visits sampled during the reporting period</p>	0 days	
Physician Continuity: % of patients seen by their usual family physician (instead of a different family physician)	<p>Number of patients of Physician X that were seen by Physician X, divided by the total number of patients of Physician X that have been seen by any Physician in the practice. Multiply the result by 100.</p> <p>Could move to sampling</p>	<p>On the first work day of the month, from direct review of scheduling system, obtain the number of patients of Physician X who were seen by Physician X in the past 30 calendar days. At the same time, obtain the total number of patients of Physician X who were seen by any Physician in the practice in the past 30 calendar days.</p>	>85%	

Efficiency Measures	Definition	Data Gathering Plan	Target	Notes
Cycle time	<p>The total elapsed minutes from patient arrival at the health center to patient departure for patient visits sampled in the reporting period divided by the number of visits sampled.</p>	<p>Sample 15 patients per week on a pre-selected day and time. Use the same day and time of day each week for four weeks. Select a time during the day that is often the busiest in the office (e.g., mid-morning for adult clinics, late afternoon for pediatric clinics) to ensure that the data capture the true capability of the system. At the agreed-upon start time, begin recording (by patient or clerk) the time each patient checks in to clinic registration, enters the clinic room, the provider enters the room, the provider leaves the room, the patient leaves the room, and the patient checks out. Stop collection when the data from 15 patients have been recorded. The clerk in the registration and/or check-out areas can record each person's name (or identifier) and time. If patient arrives early, time starts at scheduled time of appointment. Subsequent sampling will occur when changes are tested and implemented.</p>	<=45 minutes	
Red Zone (% of cycle time that is direct (face-to-face) time spent with the care team)	<p>The total minutes spent by patients sampled in the reporting period in direct (face to face) contact with the care team, also know as the 'Value added time' divided by the total cycle time</p>	<p>Using the sampling tool for cycle time, calculate the direct contact time for each patient sampled, also called the 'Value added time'. Sum these times to get total direct contact time (total value added time). Compute the total cycle time for the patients sampled.</p>	67%	