



***IQI Insights***      **Volume 4, Number 1, Winter 2011-2012**  
***Reporting Your Quality Improvement Activity***

A Note to the Reader:

*IQI Insights* is a series of brief informational pieces from the AAAHC Institute for Quality Improvement. Our focus is on enhancing quality and safety through educational activities. In this series, we hope to provide you with the opportunity to learn more about basic issues and concepts associated with quality improvement in ambulatory health care. These short documents are not meant to provide in depth or complete information; however, we hope that they will increase your comfort with these topics and perhaps, lead you to seek additional information. We welcome your feedback.

Sincerely,

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## Introduction

Reporting your quality improvement (QI) activity (AAAHC Standard 5.II.B.10) offers you the opportunity to summarize the activity so those not directly involved, or with limited roles, can better understand the activity and act on the information gathered. In this *IQI Insights*, we provide a sample report with labels (*italicized* or underlined) to show important information/documentation to include. You will also note the use of graphs, which the reader can understand at-a-glance. Finally, you will see that the report is less than three pages long. Because *Insights* newsletters are limited to four pages, all attachments referred to here have been omitted.

## Patient Wait Times at XYZ Clinic

*Purpose* (AAAHC Standard 5.II.B.1)

Known or suspected problem: Patient wait times (check in to patient seen or procedure started) at XYZ Clinic

Importance to our organization: The QI Committee (QuIC) noted several complaints about wait times in patient satisfaction survey feedback. Please see the QuIC minutes of March 4, 2011.

*Performance Goal* (AAAHC Standard 5.II.B.2)

Goal: Our performance goal was to have wait time complaints for less than 5% of patient satisfaction surveys.

Rationale: We would like to have 100% satisfaction with wait times. However, due to unexpected issues such as weather and complicated cases, there will always be instances where this goal will not be met. We could not find any benchmark information on this issue in the relevant research or professional literature.

*Data Needed to Find if Issues Exist, Frequency, Severity, Sources of Issues* (AAAHC Standard 5.II.B.3)

1. We needed data on the proportion of patients who complained about wait times (the wait was longer than expected) in their patient satisfaction surveys.
2. We were also concerned that complaints could be linked to a small number of patients' expectations, as opposed to generally acceptable patient length of wait. So, we collected data on actual length of wait time patients reported (more than 1 hour versus 30 minutes to an hour versus less than 30 minutes).
3. We thought the complaints might be tied to specific providers, so we also collected information on providers. This included having patients identify the provider they saw.
4. We also measured how long providers spent on cases, and
5. If providers started the day late.

*Evidence of Data Collection* (AAAHC Standard 5.II.B.4)

Data Collectors: The data on patient satisfaction were collected from nurse telephone follow-up with patients. The nurse also collected each provider's visit/procedure times and noted whether the first visit/procedure of the day started on time, for each provider.

Sources of the Data: Patients reported their satisfaction to nurses who recorded this on follow-up surveys. Visit/procedure times and on-time starts were entered in logs by nurses.

Sample: We collected patient satisfaction survey information and time logs for all visits/procedures during the study period (April 4-30, 2011). Sample description: We looked at all visits/procedures in the study period.

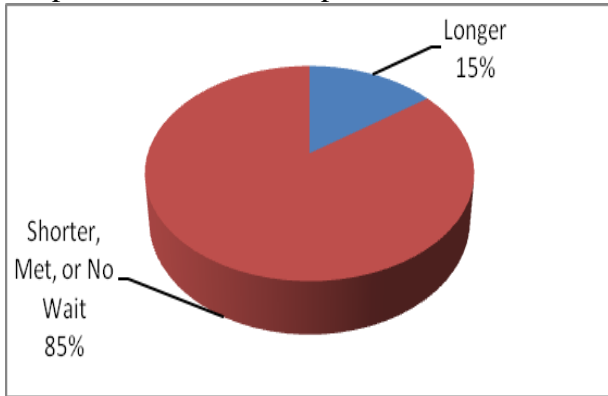
Length of Data Collection: We collected data for 4 weeks. Rationale: We wanted the data to represent our center. We predicted this time period allowed us to have data for 50 or more patients from each of our three providers, as well as different days of the week, times of the month, and holidays.

Data Collection Forms: Attached, please find the nurse's script for the telephone patient satisfaction survey and possible patient answers. You will also find the time log (includes visit/procedure start and end and on time starts per day by provider).

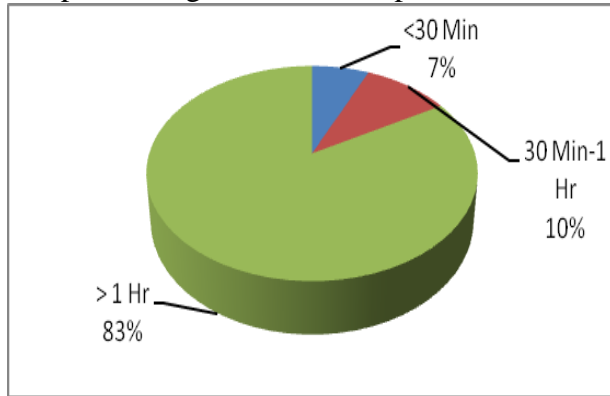
*Analyzing Data* (AAAHC Standard 5.II.B.5)

1. Existence/frequency/severity of issue: We divided the number of surveys with complaints about wait time by the total number of surveys completed. 300 patients were seen during the data collection period. We were able to contact 66% (200/300) for telephone follow-up surveys. 15% (30/200) of the patients contacted reported that their wait at our organization was longer than expected. See Graph 1 at the top of the next page.

Graph 1: Wait versus Expectations

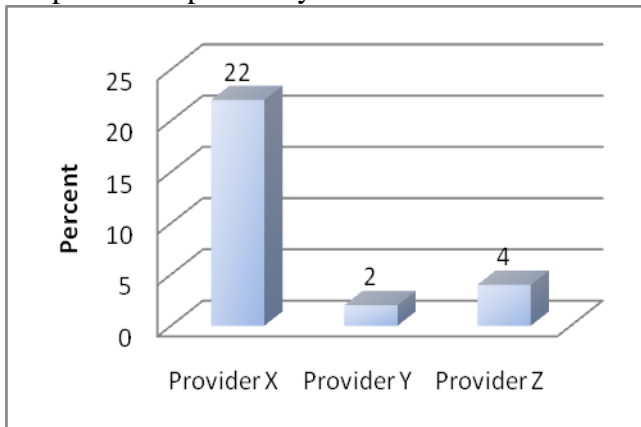


Graph 2: Longer Wait and Reported Wait Times

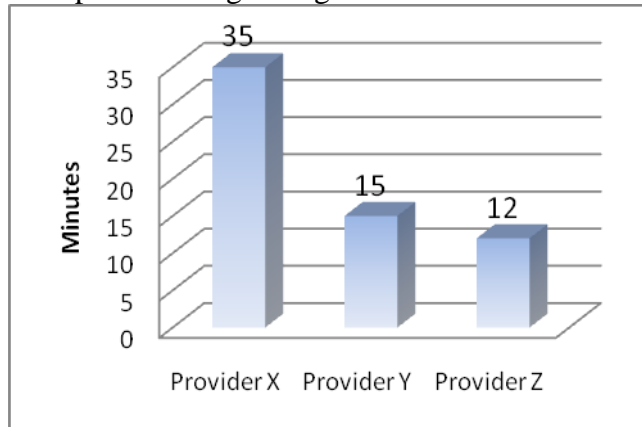


- Possible source/association:** For those surveys with complaints, we also examined the length of time the patient reported waiting (less than 30 minutes, 30 minutes to an hour, and more than 1 hour). 83% (25/30) patients who reported they waited longer than expected indicated that they waited more than 1 hour. There was only 1 other patient who reported waiting more than 1 hour. She indicated that the wait met her expectations. See Graph 2 above.
- Possible source/association:** We studied the percent of complaints by provider. During the study period, 22% (22) of the 100 patients seen by Provider X complained about their wait being longer than expected. This was true for 4% (6) of the 150 patients seen by Provider Y and 3.3% (2) of the 50 patients Provider Z. See Graph 3 below.
- Possible source/association:** For each provider, for each visit/procedure, we used the logs and subtracted the visit start time from the end time and then we averaged these results for each provider. The average length of a visit/procedure was 20 or more minutes longer for Provider X than for Providers Y and Z. See Graph 4 below.
- Unlikely source/association:** We also tallied up the number of times the first visit/procedure of the day started on time and divided this by the number of work days, by provider. Provider X had a perfect record for on-time starts at the beginning of the day. Providers Y and Z had almost perfect records. See Graph 5, at the top of the next page.

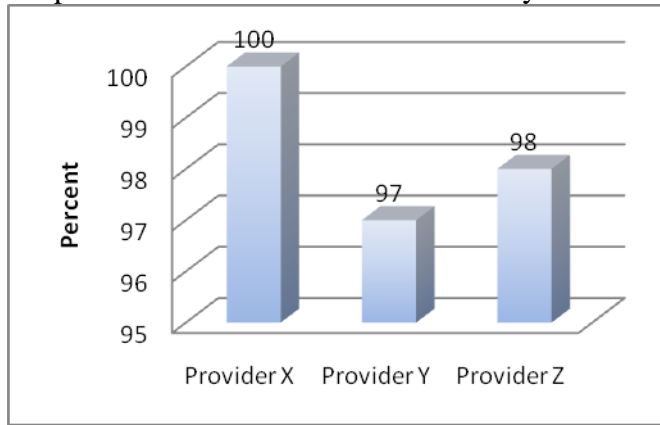
Graph 3: Complaints by Provider



Graph 4: Average Length of Visit/Procedure



Graph 5: First Visit/Procedure of the Day On-Time Starts



*Comparing Current Performance versus Goal* (AAAHC Standard 5.II.B.6)

15% of our patient satisfaction survey respondents complained about wait times; the goal was less than 5%.

*Implementing Corrective Action* (AAAHC Standard 5.II.B.7)

What we knew:

- We use the same arrival instructions for all patients—30 minutes prior to the visit/procedure start.
- We were scheduling Provider X's patients for the same length of time as patients of Providers Y and Z.

What we learned:

- Provider X had a disproportionate number of patients who indicated that the wait was longer than expected.
- Although Provider X's first visit/procedure of the day always started on time, Provider X took longer with each of her patients on average than our other providers.
- Most of those reporting that the wait was longer than expected noted that their waits were more than 1 hour.

Corrective actions: We decided to lengthen the scheduled amount of time that we would give each of Provider X's patients by 20 minutes.

Implementation and time period to re-measurement: We began the change in scheduling May 23, 2011. The schedulers estimated it would take 2 to 3 weeks to entirely change Provider X's schedule over, so we scheduled four weeks. We planned to collect data for four weeks (June 20-July 16, 2011), as we did before.

*Re-Measuring* (AAAHC Standard 5.II.B.8)

Designated re-measurement time: We re-measured at weeks five through eight.

Results versus performance goal: 315 patients were seen during the re-measurement period. 200 (63% of) patients were contacted for the telephone follow-up survey. Our overall patient complaints about wait times decreased to 3% (6 patients); the performance goal was less than 5%. Also, for these complaints, most (5/6) wait times reported were more than one hour.

*Implementing Additional Corrective Action and Re-Measuring* (AAAHC Standard 5.II.B.9)

Applicable: This is not applicable. However, we continue to monitor results of our patient satisfaction surveys, as well as wait times of more than one hour.

*Communicating Findings* (AAAHC Standard 5.II.B.10)

Governing Body: The results of the study were reported to the Governing Body. For documentation: please see the Governing Body Minutes for August 1, 2011.

Need to Know: The QuIC also shared the results of the study with our providers, one-on-one. For documentation: please see personnel file notes for Provider X, August 8, 2011 and for Y and Z in each of their files, August 12, 2011. We met with the nurses, schedulers, and receptionists to discuss the results of the QI activity and the importance of reporting patient wait times of more than one hour to the QuIC for its follow up. For documentation: see the attached meeting agenda and materials for the August 22, 2011 QuIC/staff meeting.