

## Wait Time Metrics

North Country Hospital underwent an EMR system conversion on May 16<sup>th</sup>, 2022 from athena to Cerner Community Works. Schedules for all of the providers were reduced substantially for two to four weeks. Because of this, data for the beginning of June does not accurately reflect the current state. We engaged 3D Health to measure the access to our providers. Results of this are pending.

3D Health will be able to provide us with such metrics as wait times, open vs. closed providers, and referral information.

### Current State

- How do you currently measure, and benchmark wait times?

Our previous EMR, athena, did not have an accurate way to track third next available appointments. This had to be a manual process for each provider which was a very time consuming task. Wait times are a part of the operations of each service, the scheduler staff provides feedback to the managers regarding time to appointments and next available.

- What efforts is your organization making to improve wait times, particularly in areas where your organization records wait times longer than available benchmarks?

North Country engaged 3D Health to complete a market analysis of our area. This information helps us to determine what recruitment is most needed for service lines. Each manager is aware of wait times and will work with staff to optimize the provider time available and will have appropriate triage to ensure the priority of patients seen is correct.

- What EHR system(s) does your organization use and how does that impact your ability to measure wait times?

As mentioned above we are now on Cerner. We are in the process of reviewing all the reporting available in Cerner for this type of information. We are currently sourcing reports and validating them to ensure the accuracy. This will be time consuming with all the other work associated with a system conversion and limited resources.



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## Processes

- Please overview your clinic scheduling process, including centralized scheduling if applicable.

For new patients, referrals are captured by the schedulers through the EMR and then they are forwarded to the appropriate clinical staff for triage. Once the triage is complete the schedulers are advised as to when to schedule the referral. For existing patients, follow up appointments are scheduled based on provider recommendations generally before the patient leaves.

- Please describe how referrals enter your system, and how staff triage, schedule and prevent the loss of those referrals.

External referrals are faxed to the appropriate office and then processed as outlined above. Internal referrals are transmitted via the EMR and processed as above. Referrals are tracked in the EMR which greatly minimizes the risk of referral loss.

## Recommendations

- What metrics (qualitative *and* quantitative) would you suggest using to track and report wait times?

Third next available by visit type , new patient and follow up, is an appropriate measure but please see below for what would help add meaning to the measure.

- In your opinion, how should state regulators best account for and measure the intricacies (e.g., acuity, uniform reporting) of wait times?

This will be difficult, the state regulators will have to have a complete picture of the information behind the wait times. The first suggestion would be to request the information over a longer period of time, this would better reflect the reality more accurately. There are many factors at any given time that affect these numbers, especially in a small hospital that may only have one provider for a specific specialty. Some of the factors are time off over a day or two such as vacation time, sickness or CME. Another factor is the availability of a service line vs what the community needs. For example, if you have a .50 fte ENT and a market analysis shows your community could support 1.5 fte this is going to result in longer than ideal wait times. This information should be taken into consideration when the wait times are reviewed.



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Data

- Please submit a sample of recent anonymized patient feedback concerning wait times, if available.

[none available](#)

- Please submit, if available, any aggregate reports based on patient satisfaction surveys regarding wait times produced by the hospital/health system.

[none available](#)