

## Northwestern Medical Center FY2023 Hospital Budget Wait Time Metrics

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- i. NMC does not document the date and time that referrals are received. Many are transmitted by fax and scheduling occurs using the printed fax. This limits reporting as the date and time received are not entered into a reportable database.
- ii.

### Common Imaging Procedures

Appointment Lag	Within Category	Cumulative
Within 2 Weeks	24.0%	24.0%
Within 1 Month	25.1%	49.1%
Within 3 Months	33.7%	82.8%
Within 6 Months	11.7%	94.5%
Greater Than 6 Months	5.5%	100.0%

### Specialty Practices

Appointment Lag	Within Category	Cumulative
Within 2 Weeks	11.7%	11.7%
Within 1 Month	28.7%	40.4%
Within 3 Months	34.3%	74.7%
Within 6 Months	10.2%	84.9%
Greater Than 6 Months	15.1%	100.0%

### Current State

- *How do you currently measure and benchmark wait times?*  
 Currently we measure wait times by the next available appropriate appointment. For Benchmarking we use the IHI standard of 3<sup>rd</sup> next available appointment.
- *What efforts is your organization making to improve wait times, particularly in areas where your organization records wait times longer than available benchmarks?*  
 Each clinic is reassessing workflows and ways to gain efficiencies with the end goal of being able to see more patients. Additionally, we are recruiting in those specialties where the volume indicates a need for additional providers. Lastly, we are looking at what services our community hospital does not currently provide to see if there is an opportunity to help address access and affordability issues.
- *What EHR system(s) does your organization use and how does that impact your ability to measure wait times?*

Our EHR is Meditech and it does not have the functionality to measure wait times. It is currently a manual process.

## Processes

- *Please overview your clinic scheduling process, including centralized scheduling if applicable.*  
NMC currently utilizes a generally decentralized scheduling model. The Patient Access Representatives manage all incoming phone calls and incoming referrals and use our procedures and scheduling templates to schedule. Each provider has a specific template which identifies how many of each type of visit can be done in a day, ensuring we have the appropriate balance of new patient and follow up visits for optimal access and patient care.
- *Please describe how referrals enter your system, and how staff triage, schedule and prevent the loss of those referrals.*  
External referrals are received via electronic fax. The referrals are manually uploaded into the EHR by a centralized team, and then routed to the Patient Access Representative in a particular clinic. Internal referrals are received electronically in our EHR and electronically routed to the Patient Access Representative in a particular clinic. Patients are then contacted and scheduled with the appropriate provider or clinic. Referrals remain “open” and in the queue to be scheduled until the patient is scheduled. If NMC fails to reach the patient after multiple attempts, the referral is closed.

## Recommendations

- *What metrics (qualitative and quantitative) would you suggest using to track and report wait times?*  
We utilize IHI standard for wait times for each appt type- new patient, established patient new problem, established patient follow up, consult only, etc.
- *In your opinion, how should state regulators best account for and measure the intricacies (e.g., acuity, uniform reporting) of wait times?*  
Utilizing a standardized formula and visit type definitions is essential. Additionally, keeping track of “no shows”/last minute cancellations (with an agreed upon definition of what those are) is essential in understanding clinic operations and the ability to schedule patients timely. Acute visits (again with an agreed upon definition) that are seen in open spots (cancellations) or are seen even though there are no openings need to be accounted for due to the criticality of the need as well as the disruption to the clinic of adding additional patients to the schedule outside the template.

## Data

- *Please submit a sample of recent anonymized patient feedback concerning wait times, if available*  
A sample of patient survey comments related to wait times received over the past 6 months is included on the final page. During this time, we received 23 comments related to appointment wait times. Of these, 16 (70%) are classified as negative, 6 (26%) are classified as positive, and 1 (4%) are classified as mixed.

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

Aggregated data shows that patient satisfaction related to wait times in NMC clinics is generally favorable compared with our peer group, with some opportunities for improvement.

**Results for Domain: Access to Care, 3 Months**

Question	Top Box %	Responses	Percentile*
Right away appt as soon as needed	90.13%	304	35
Routine appt/chk-up soon as needed	97.39%	612	67
Pone during office hours answered same day	74.49%	196	75
Phone after office hours answered same day	84.38%	32	90
See Provider within 15 mins this visit	89.38%	1008	30
Overall Domain Score	87.15%	1020	70

*\*Higher percentile reflects better performance*

### Comments Received

Initial appt. to follow up appt. for injection was NEXT DAY - amazing! Esp. after 1.5 months wait.
Experience at office very positive! Wait time to get this appointment was very long! Jan. 22 until May 22.
I waited 3 months for appointment for ankle. Could barely walk by time I saw provider. He said, " not foot, back- see chiropractor". Couldn't GP help better, alleviate worsening of condition and get me treated sooner?!?
Wait times for an appt. 4-5 months; excessive.
About a 6 month wait for appointment.
Lengthy wait time to get appointment.
Initial referral from primary to initial appt. was 1.5 months - long wait for back pain.
I wish there was a way to schedule an appointment without having to get the receptionist on the phone. The line is almost always busy and making the nurses call me back to do it wastes their time.
Need to shorten wait time to get procedures done - (operating room availability).
Wait time to get surgery to correct condition much too long - over 2 months (pain & limited activity during wait).
Only real delay was scheduling a timely appointment.
I had a long waiting period for this appointment
I see Northwestern Ophthalmology for a yearly follow f/u up to retina surgery (repair of tear); I called ~ 3 months ago because I was having issues with blurriness. I couldn't get in before my already scheduled f/u appt. Therefore I called my regular eye doctor & got an appointment with them.
Waited 2 months for appt.
The wait time it takes to see a provider is not very good. Months and months out.
Disappointed no pain management plan was created, too long between appointments after a major surgery (6 months), let hanging on next steps.
Just a long back log to get appointment.
They are very good about scheduling a appointment ASAP.
I had to cancel my original appointment because of illness. Cardiology was able to schedule a new appointment for me for a week later. I was very impressed with this. Christine Corbeil is amazing and a wonderful replacement for the much missed Dr. Fitzgerald.
Was impressed on how quickly I got an appointment.
I had no problems scheduling and got an appointment quickly.
Even before going for this appointment they office was very helpful in changing the date of my appointment due to a schedule change I had. They even got me earlier than my scheduled apt., so I was quite pleased.
Very surprised that I got in so quickly.