



# Ambulatory Performance Improvement Tools & Reporting Overview

August 2018



Private Diagnostic Clinic, PLLC



- Typically projects begin one of two ways:
  - Direction from PDC Leadership
  - Request for help from individual clinic HCA
- With a general idea of some areas of opportunity and an identified clinic we have streamlined our process to start with a “PI Toolkit”. This is a collection of reports and tools we have developed to quickly consolidate key metrics and indicators to tell a visual story and set a baseline for improvement work.
  - These reports take patient experience, operational, financial, and scheduling data and aid in narrowing efforts that will result in the biggest impact. They can identify low hanging fruit, validate if issues are new or have been consistent over time, and can also be used to track the impact of changes throughout a project and into the control phase.
  - These reports have been purposely designed to not only tell a story but provide quick, easy, automated information with built in flexibility and customization for almost any level end user. Formatting, filters, and design are set up to be consistent standard to encourage customer utilization.



- Balanced Scorecard
- Appointment Demographics
- Patients Registered for MyChart
- Ambulatory Telehealth ACD
- Communication of Test of Results Tracking Tool
- Cycle Time Dashboard
- Inbasket Turnaround Time (TAT) 72 Hours
- Lead Time Histogram
- Press Ganey CG CAHPS Survey Analysis Tool
- Clinic Activity Report
- Closed & Delinquent Encounters
- Labor and Productivity Report
- Workforce Analytics – Termination Dashboard
- Referral Performance Dashboard
- Appointments Scheduled Next Week
- Template Diagnostic Tool
- Department Division Dashboard
- Provider Engagement: Star Rating

# Balanced Scorecard - PSweb



- The balanced scorecard is the “heart” of performance monitoring and improvement within the health system
- Given the familiarity and usage of this tool, the majority of our metric specific reports are designed to tie back to this structure

Performance Services Home Reports BSC My Site Favorites

Performance Services Home » Balanced Scorecard

### Balanced Scorecard

Time Period: 2018-Jun (FY18 FP12) Filter by: All Measures

PDC ORG » PDC

#### Private Diagnostic Clinic

2018-Jun (FY18 FP12) All Measures

#### QUALITY AND PATIENT SAFETY

Measure	Actual	Target	FYTD Actual	FYTD Target	Actual Trend	
Ambulatory : Medication Education (Press Ganey)	94.9	94.5	94.7	94.5		☆
Ambulatory: Handwashing (Press Ganey)	95.9	95.0	95.7	95.0		☆
Inbasket Provider Turn Around within 72hrs	92.50%	90.70%	90.90%	90.70%		☆
Influenza Immunization (Patients)	98.3%	90.0%	93.5%	90.0%		☆



# Quality and Patient Safety



Private Diagnostic Clinic, PLLC



**Purpose:** To review demographics of patients with completed appointments over the last 18 months. Demographic categories include the patient's age, sex, race, ethnic group, state, and county.

- **Pathway to Report:** PSWeb → Reports → PDC → Performance Monitoring
- **Link to Report:**  
<https://psweb.duhs.duke.edu/PSWEB/Report.aspx?id=002388&>

# Appointment Demographics



## Appointment Demographics

Month, Year  
All

BSC Entity  
All

BSC Area  
All

BSC Location  
All

Department  
All

Clinical Department  
All

Clinical Division  
All

Provider  
All

Visit Type Category  
All

Visit Type  
All

State  
All

County  
All

Age  
All values

Sex  
All

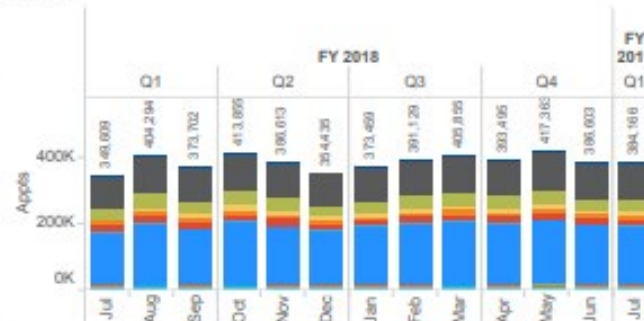
Race  
All

Ethnic Group  
All

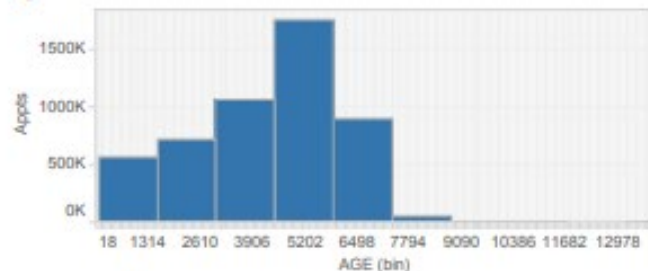
Map



Trend

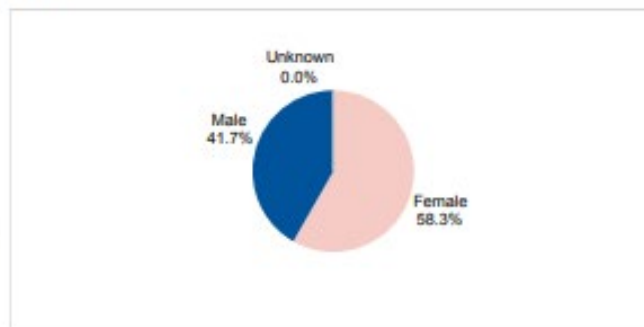


Age

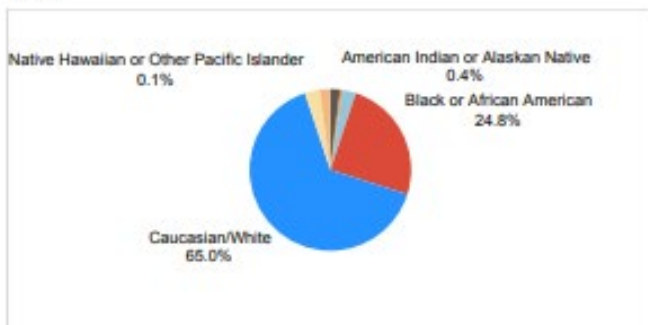


Age Bin 18

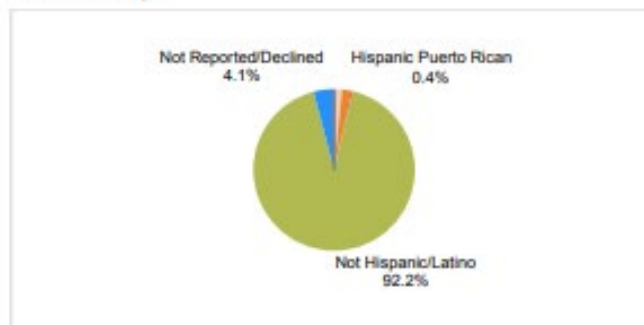
Sex



Race



Ethnic Group



**Purpose:** To track the percentage of distinct patients with a recent visit that are currently registered for MyChart.

- **BSC Related Metrics:** Patients Registered for MyChart
- **Pathway to Report:** PSWeb → Reports → PDC → Performance Monitoring
- **Link to Report:**  
<https://psweb.duhs.duke.edu/PSWEB/Report.aspx?id=002408&>



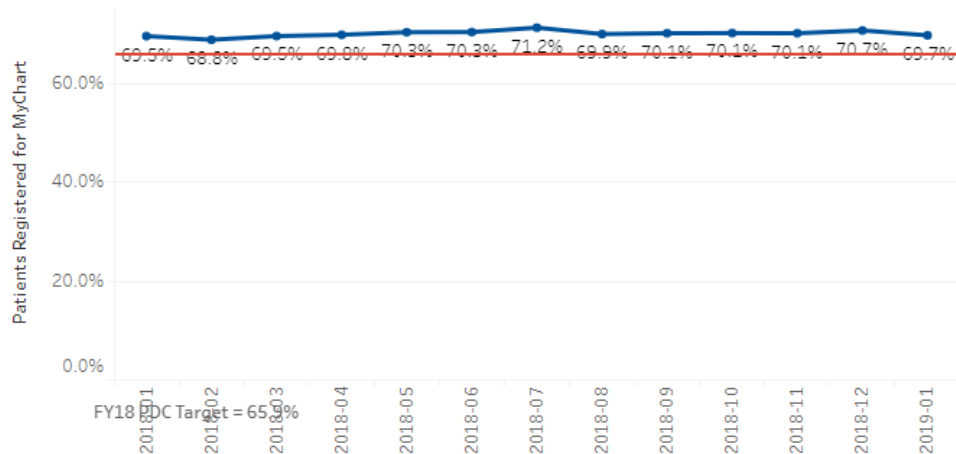
# Patients Registered for MyChart (PDC/CPDC Only)



## Patients Registered for MyChart

Choose Column 1	Column 1	2018-01	2018-02	2018-03	2018-04	2018-05	2018-06	2018-07	2018-08	2018-09	2018-10	2018-11	2018-12	2019-01	YTD
BSC Area	Null	79.9%	79.1%	79.3%	78.9%	78.2%	80.9%	78.8%	79.9%	82.7%	81.7%	80.8%	82.8%	81.6%	77.2%
	Aesthetic Center	67.8%	66.3%	65.6%	71.1%	73.3%	71.4%	73.6%	76.4%	80.1%	77.5%	73.2%	70.3%	75.3%	66.7%
Choose Column 2	Asthma, Allergy, Airway Clinic	75.6%	75.6%	74.8%	76.4%	76.3%	76.1%	78.4%	77.7%	75.9%	75.9%	74.4%	75.1%	75.6%	74.8%
BSC Location	Brier Creek - Childrens Primary Care	78.2%	76.1%	77.0%	79.7%	79.8%	81.7%	77.1%	79.8%	77.4%	78.1%	80.0%	80.8%	81.9%	73.1%
	Brier Creek - Childrens Specialty Clinic	77.2%	70.2%	77.5%	70.4%	73.1%	71.5%	72.4%	73.8%	75.7%	74.4%	68.5%	67.7%	65.4%	67.7%
Fiscal Period	Brier Creek - Childrens Specialty Clini..		68.4%	74.8%	67.9%	70.6%	77.1%	66.3%	69.0%	61.4%	76.1%	66.9%	57.9%	71.4%	65.3%
(All)	Brier Creek - DWHA	91.9%	95.9%	94.8%	95.1%	94.4%	92.7%	94.2%	94.4%	93.8%	92.8%	93.7%	93.3%	91.5%	93.3%
BSC Area	Brier Creek - Endocrine	90.3%	88.9%	88.6%	85.6%	87.5%	87.5%	90.5%	90.3%	91.8%	88.7%	88.1%	88.6%	88.8%	87.8%
(All)	Brier Creek - Gastroenterology	85.8%	83.8%	87.0%	87.6%	83.9%	86.5%	86.8%	86.2%	89.4%	85.8%	89.5%	89.3%	85.9%	85.4%
	Brier Creek - Nephrology and Transpl..	70.7%	77.4%	81.5%	83.6%	85.7%	80.0%	92.7%	84.0%	80.8%	78.6%	73.7%	89.4%	88.5%	77.0%
BSC Location	Brier Creek - Orofacial	72.3%	77.3%	80.4%	75.6%	78.3%	79.3%	78.6%	80.4%	78.5%	83.8%	79.8%	80.7%	83.0%	77.0%
(All)	Brier Creek - Rheumatology	92.1%	89.1%	89.9%	86.7%	90.3%	90.6%	90.6%	86.8%	91.2%	90.4%	88.6%	88.9%	87.8%	88.8%
	Brier Creek - Vascular Center	72.3%	68.7%	70.2%	68.8%	66.7%	71.1%	75.6%	72.5%	71.2%	72.3%	70.4%	69.2%	71.4%	69.3%
EPIC Department Name	Cardiology of Raleigh	71.7%	71.8%	72.9%	72.7%	72.4%	73.8%	72.2%	71.6%	73.1%	71.3%	73.6%	74.3%	73.6%	72.8%
(All)	Carolina Family Practice and Sports ..	81.1%	79.2%	78.8%	79.4%	79.7%	80.8%	82.1%	79.9%	80.3%	80.9%	79.1%	80.0%	81.1%	74.6%
Provider Name	Childrens Cardiology - Fayetteville	58.3%	61.0%	86.1%	66.9%	67.1%	55.6%	64.7%	60.0%	58.2%	63.1%	81.1%	74.7%	69.2%	62.9%
(All)	Childrens Consultative Services of Ra..	63.2%	62.2%	59.9%	62.8%	60.4%	63.4%	66.4%	64.3%	66.4%	63.1%	65.4%	67.1%	60.1%	59.6%
	Childrens Specialty of Cary	87.4%	87.2%	72.0%	78.2%	68.4%	83.8%	78.9%	73.9%	72.8%	70.0%	63.9%	68.4%	70.4%	71.5%
Patient Age Range	Dermatology - 3K	82.1%	82.0%	84.7%	83.7%	82.9%	84.6%	84.3%	84.5%	83.6%	83.0%	82.8%	80.8%	82.5%	83.6%
(All)	Dermatology - Mohs	57.7%	57.1%	57.8%	61.4%	59.7%	65.1%	57.8%	55.3%	63.7%	56.9%	56.7%	60.5%	57.0%	58.6%
	Dermatology - Patterson Place	82.4%	86.0%	85.1%	85.7%	84.8%	83.1%	84.4%	83.6%	84.4%	84.8%	85.9%	85.9%	83.9%	84.1%
Patient City	Dermatology - Peds - Patterson Place	50.0%	45.5%	46.2%	45.6%	48.1%	46.9%	52.5%	44.7%	44.7%	42.0%	43.6%	46.9%	46.3%	44.7%
(All)															

NOTE: This calculation reflects the most current available data as of the 1st of each month. Because patient status' are constantly changing, there may be slight variations from the BSC. This metric uses a count of UNIQUE Patients with an active MyChart account. Depending on your level of aggregation, the denominator may change because patients can be seen by multiple providers and at multiple



30 to 34	50 to 54	55 to 59	60 to 64	65 to 69
40 to 44				
35 to 39	70 to 74	80 to 84	5 to 9	85 to 89
25 to 29	20 to 24			
45 to 49	75 to 79	10 to 14		95 to 99
	0 to 4	90 to 94		100 +
		15 to 19		



# Patient Experience



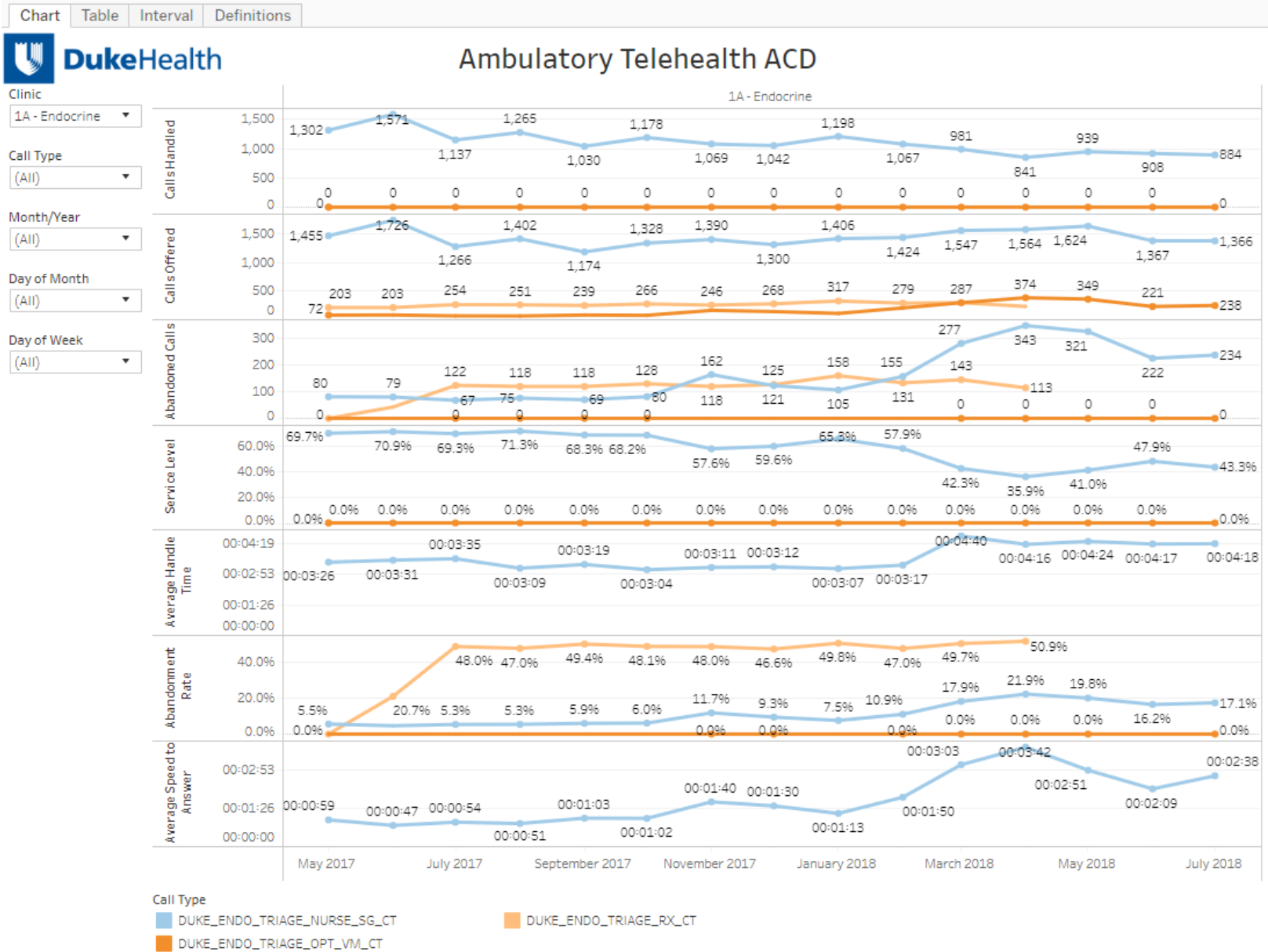
Private Diagnostic Clinic, PLLC



**Purpose:** This dashboard is used to measure performance on common call metrics that are consistent with Duke Health Access Services: Abandonment Rate, Average Speed to Answer, Average Handle Time, Service Level, Calls Offered, Calls Handled, and Abandoned Calls. The report looks at the specific call types for each clinic and trends the data over time.

- **Pathway to Report:** PSWeb → Reports → DUHS → Hospital Based Clinics
- **Link to Report:**  
<https://psweb.duhs.duke.edu/PSWEB/Report.aspx?id=002383&>

# Ambulatory Telehealth ACD (HBC Only)





**Purpose:** Used to track the median number of hours from when a test is performed to when the patient views their results in MyChart. It can help compare patient perception with reality regarding test result turnaround times.

- **BSC Related Metrics:** CGCAHPS: Communication of Test Results
- **Pathway to Report:** PSWeb → Reports → PDC → Performance Monitoring
- **Link to Report:**  
<https://psweb.duhs.duke.edu/PSWEB/Report.aspx?id=002596&>

# Communication of Test Results Tracking Tool



Metric Monthly Trending Summary Dashboard

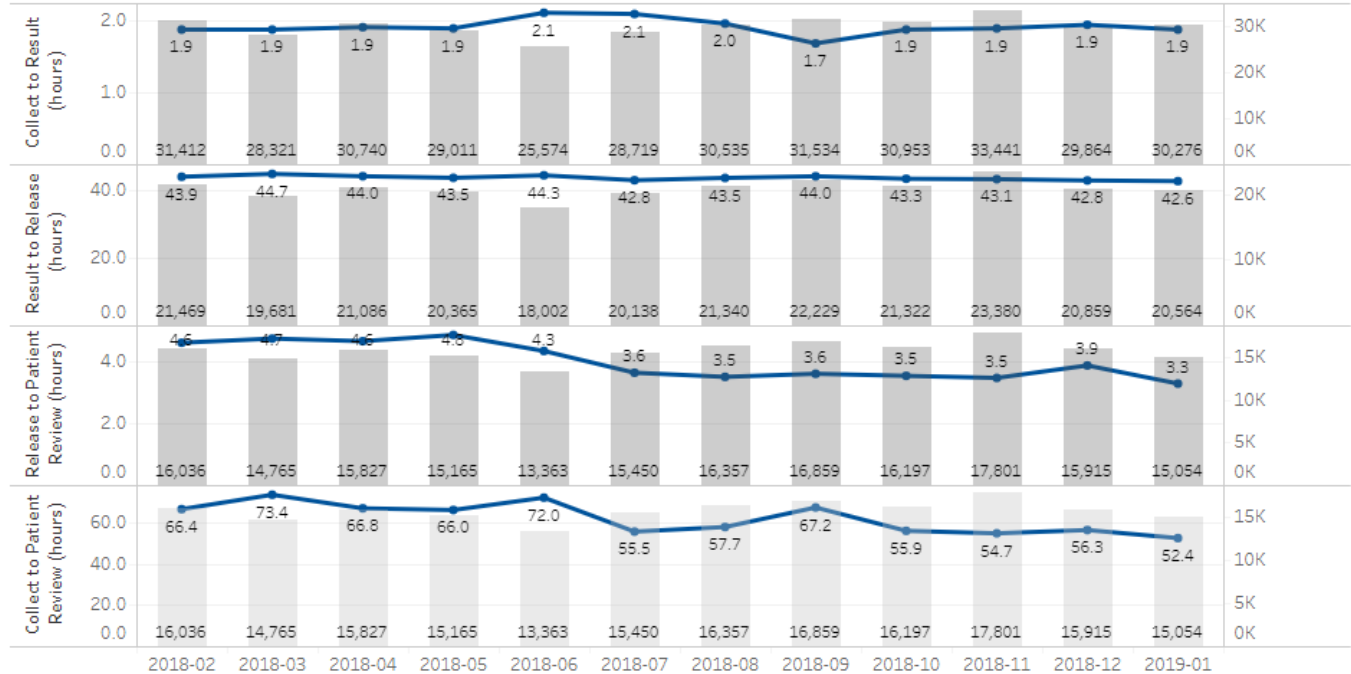


## Communication of Test Results Tracking Tool

This report is updated monthly and can be used to track the **median** number of **hours** from when a test is performed to when the patient views their results in Mychart trended over a rolling 12-month period (collection fiscal period). When using the MyChart status filter be aware that patients with a "No-longer Active" status are now deceased.

Fiscal Year (Collected)		2018-02	2018-03	2018-04	2018-05	2018-06	2018-07	2018-08	2018-09	2018-10	2018-11	2018-12	2019-01	Grand T..
(All)	Total Orders	132,797	118,273	129,696	122,031	107,777	121,538	129,066	131,070	127,188	138,039	124,650	127,678	1,509,803
(All)	% Orders Viewed by Patient	71.5%	71.7%	70.7%	70.2%	69.8%	72.3%	71.9%	71.5%	72.5%	71.8%	71.6%	67.0%	71.0%
	% Active Mychart	71.0%	71.5%	70.5%	71.5%	71.8%	71.7%	71.2%	71.9%	71.3%	71.3%	71.2%	70.3%	68.4%
	Collect to Result	4.7	4.7	4.7	4.5	5.0	4.8	4.4	4.4	4.4	4.2	4.1	4.1	4.4
	Result to Release	42.8	43.8	43.4	43.2	43.5	42.3	42.8	42.9	42.4	42.2	42.4	41.6	42.7
	Release to Patient Review	4.5	4.4	4.3	4.4	4.2	3.5	3.4	3.4	3.4	3.3	3.5	3.1	3.7
	Collect to Release	50.8	55.6	50.3	50.2	65.3	49.8	50.0	51.2	49.4	49.2	49.4	48.4	50.1
	Collect to Patient Review	91.8	94.1	81.5	88.2	94.1	77.3	77.5	81.6	75.0	74.7	74.6	65.9	78.3
	Comm of Test Results	74.8%	74.9%	73.8%	75.3%	76.7%	75.2%	75.7%	78.1%	77.1%	78.4%	79.5%	91.4%	76.3%
	Comm of Test Results (N)	5,150	4,575	4,996	4,896	3,749	5,547	5,600	5,712	5,092	5,196	4,432	35	54,980

- Department Speciality (All)
- EPIC Department (All)
- Order Type (All)
- Test Name (All)
- Abnormal Yes/No (All)
- Mychart Status (All)
- Viewed by Patient (All)
- Survey Response (All)





**Purpose:** To track clinic turnaround times by analyzing average Cycle Time, Time to Room, and Time in Room. The second tab shows these metrics in a heat map format by hour and day of week with a breakdown of New vs. Return visit mix.

- **Pathway to Report:** PSWeb → Reports → PDC → Performance Monitoring

- **Link to Report:**

<https://psweb.duhs.duke.edu/PSWEB/Report.aspx?id=002344&>

# Cycle Time Dashboard (PDC/CPDC Only)



Dashboard 1 | Dashboard 2

## Cycle Time Dashboard

Choose Column 1	Column 1	2018-06	2018-07	2018-08	2018-09	2018-10	2018-11	2018-12	YTD
BSC Area		71.3	70.6	65.5	57.5	58.0	60.0	58.8	61.9
Choose Column 2	Aesthetic Center	66.9	70.6	60.5	67.5	60.9	65.0	58.8	65.7
BSC Location	Asthma, Allergy, Airway Clinic	75.4	77.6	75.9	75.9	78.0	75.0	80.2	76.8
Select a Measure	Brier Creek - Childrens Primary..	44.0	46.6	45.7	48.9	42.4	45.3	44.0	45.3
Cycle Time	Brier Creek - Childrens Specialt..	52.5	51.6	50.5	57.6	52.1	49.4	50.9	52.1
Fiscal Year	Brier Creek - Childrens Specialt..	49.8	57.8	56.4	51.6	51.6	52.8	51.2	53.0
FY18	Brier Creek - DWHA	39.4	41.5	41.7	39.1	37.1	40.7	40.5	40.0
Fiscal Period	Brier Creek - Endocrine	62.8	59.3	60.9	60.6	62.1	62.8	67.5	62.2
(All)	Brier Creek - Gastroenterology	50.0	50.3	51.8	52.2	50.1	52.7	51.4	51.3
BSC Entity	Brier Creek - Nephrology and T..	46.4	51.2	46.7	40.6	38.7	40.6	37.7	42.9
Private Diagnostic Clinic	Brier Creek - Orofacial	85.4	92.5	91.1	89.6	82.7	87.9	79.7	86.9
BSC Area	Brier Creek - Rheumatology	56.4	60.9	56.0	55.4	59.2	58.1	54.9	57.3
(All)	Brier Creek - Vascular Center	86.1	82.3	88.2	80.1	80.9	78.4	79.8	82.0
BSC Location	Cardiology of Raleigh	48.1	48.2	46.0	48.8	47.3	48.1	46.9	47.6
(All)	Carolina Family Practice and S..	47.2	50.2	48.7	47.8	46.4	46.2	44.3	47.2
EPIC Department	Childrens Cardiology - Fayette..	45.7	50.7	57.2	53.2	52.8	56.9	53.4	52.9
(All)	Childrens Consultative Service..	63.0	63.7	65.8	61.5	63.2	62.3	65.1	63.5
Provider Type	Childrens Specialy of Cary	76.6	76.6	73.4	73.0	71.0	73.4	70.2	73.5
(All)	Dermatology - 3K	55.2	60.7	61.7	61.8	61.9	60.7	56.8	60.1
Provider Name	Dermatology - Mohs	261.8	270.2	253.0	234.6	237.2	252.6	260.1	252.5
(All)	Dermatology - Patterson Place	37.2	37.7	36.9	37.4	35.7	35.5	35.0	36.5
Visit Category	Dermatology - Peds - Battese	37.0	36.1	36.7	36.2	41.5	41.2	38.0	38.1
Visit Type									
Day of Week									
Appt Hour									
(All)									
Cycle Time Reference Line									
62.8									

Year	Cycle Time
2018-06	64.3
2018-07	65.9
2018-08	65.7
2018-09	63.8
2018-10	64.5
2018-11	64.4
2018-12	63.9

Year	NEW (%)	RETURN (%)
2018-06	21.9%	78.1%
2018-07	22.2%	77.8%
2018-08	23.3%	76.7%
2018-09	23.3%	76.7%
2018-10	23.1%	76.9%
2018-11	23.5%	76.5%
2018-12	22.8%	77.2%





**Purpose:** Looks at messages patients send through Mychart to the provider's Inbasket related to Patient Medical Advice or Patient Medication Renewal that are answered or closed within 72 business hours. Messages are attributed to the 'original to' provider so even messages that route to pools are still counted.

- **Pathway to Report:** PSWeb → Reports → PDC → Performance Monitoring
- **Link to Report:**  
<https://psweb.duhs.duke.edu/PSWEB/Report.aspx?id=002686&>

# Inbasket TAT 72 Hours



## Inbasket TAT in 72 Hours

Fiscal Period

(All)

PDC/CPDC Grouper

PDC

Clinical Department

OPHTHALMOLOGY-PDC

Clinical Division

(All)

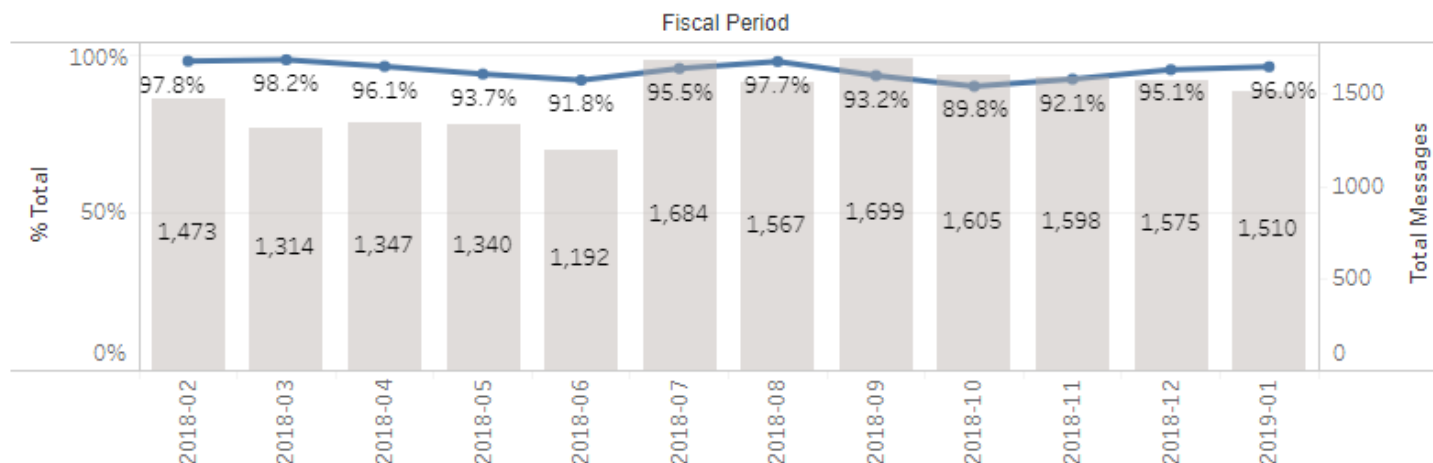
Provider

(All)

Measure Names

% Total

This report tracks the number of messages sent by patients through MyChart for either Medical Advice or Medication Refill that are addressed within 72 hours. This is a calculation using the created time and the final handled time. A message can be marked as completed if a response is sent back to the patient or if the message is marked as 'No Further Action'. This time frame excludes weekends and holidays. This report can change over time if provider mappings are updated or as messages are closed in later months.



Clinical Department	Clinical Division	Fiscal Period												Total
		2018-02	2018-03	2018-04	2018-05	2018-06	2018-07	2018-08	2018-09	2018-10	2018-11	2018-12	2019-01	
OPHTHALMOLOG..	CORNEAL	99.3%	98.8%	99.3%	95.8%	92.3%	96.7%	97.5%	94.3%	90.3%	94.1%	95.8%	95.4%	95.7%
	DUKE EYE WI..	97.7%	97.7%	98.3%	100.0%	98.3%	98.7%	98.4%	98.4%	98.7%	96.3%	98.6%	87.5%	97.5%
	GENERAL OP..	96.5%	96.7%	93.3%	94.6%	92.4%	95.5%	96.9%	96.1%	92.5%	93.7%	96.0%	96.8%	95.1%
	GLAUCOMA	99.1%	99.6%	98.1%	92.8%	91.1%	97.8%	99.2%	95.7%	88.8%	91.9%	94.5%	98.7%	95.7%
	LOW VISION	100.0%	100.0%	90.9%	100.0%	100.0%	100.0%	100.0%	90.9%	81.8%	90.9%	100.0%	100.0%	95.4%
	NEURO/OPH..	95.0%	93.8%	74.4%	64.1%	76.9%	78.4%	81.7%	68.8%	87.0%	82.2%	93.9%	95.2%	82.2%
	PEDIATRICS	94.8%	100.0%	96.9%	95.4%	89.7%	92.4%	98.5%	87.0%	81.0%	90.6%	94.1%	96.4%	93.2%
	PLASTICS/O..	96.9%	96.1%	92.2%	88.5%	92.2%	92.7%	100.0%	88.9%	88.5%	91.6%	93.6%	95.8%	92.8%
	VITREO/RETI..	97.9%	99.5%	98.5%	95.7%	92.4%	95.1%	99.5%	93.4%	87.3%	87.9%	92.9%	94.1%	94.5%



**Purpose:** Review the distribution of the average and median lead time for a new appointment. Calculated as the total number of calendar days between the scheduled date and the appointment date (excludes cancelled appointments).

- **BSC Related Metrics:** New Appointment Lead Time
- **Pathway to Report:** PSWeb → Reports → PDC → Performance Monitoring
- **Link to Report:**  
<https://psweb.duhs.duke.edu/PSWEB/Report.aspx?id=002106&>

# Lead Time Histogram



Lead Time Histogram | Lead Time Clin Dept | Lead Time BSC



## Median New Appointment Lead Time Histogram

Choose Column 1  
Clinical Department

Choose Column 2  
Clinical Division

Fiscal Year  
FY18

Fiscal Period  
(All)

Clinical Dept Grouper  
(All)

Clinical Department  
(All)

Clinical Division  
(All)

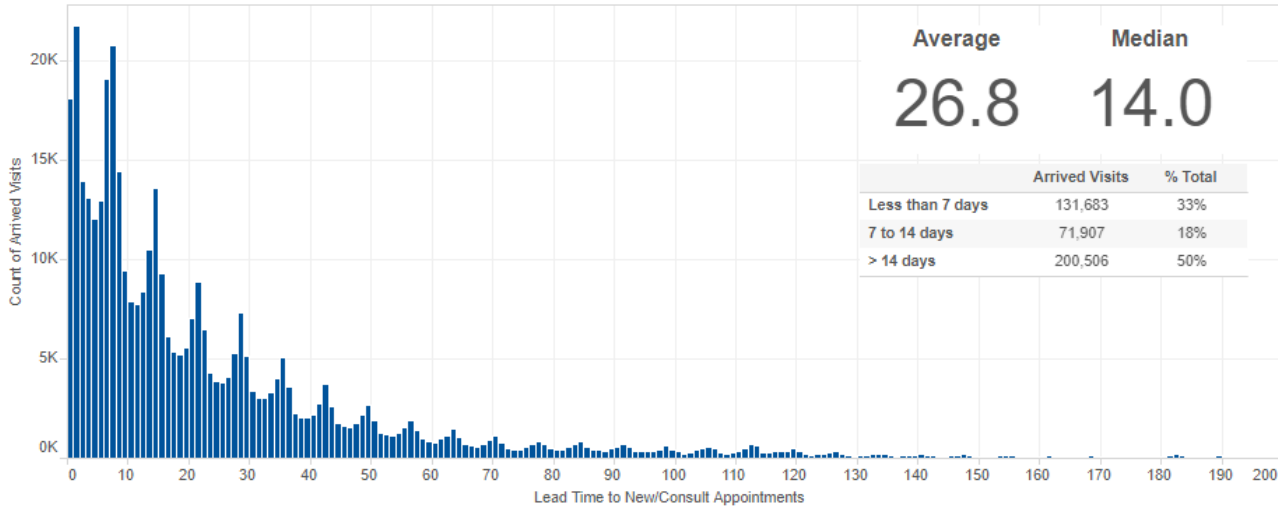
Provider Name  
(All)

EPIC Department Name  
(All)

ICD-10 Diagnosis Name  
(All)

Measure Chooser  
Median

Lead Time Reference Line  
0



Average  
**26.8**

Median  
**14.0**

	Arrived Visits	% Total
Less than 7 days	131,683	33%
7 to 14 days	71,907	18%
> 14 days	200,506	50%

	2018-01	2018-02	2018-03	2018-04	2018-05	2018-06	2018-07	2018-08	2018-09	2018-10	2018-11	2018-12	YTD
ANESTHESIOLOGY-PDC	24.0	24.0	21.0	21.0	21.0	25.0	17.0	14.5	18.0	25.0	28.5	28.0	22.0
COMMUNITY AND FAMILY MEDIC...	5.0	8.0	6.5	7.0	6.0	6.5	6.0	6.0	6.0	6.0	6.0	7.0	6.0
COMMUNITY AND FAMILY MEDIC...	15.5	16.0	18.0	13.0	13.5	11.0	14.5	16.0	21.0	14.0	15.0	20.0	16.0
DERMATOLOGY-CPDC	24.5	35.5	37.0	16.0	60.0	9.0	14.0	6.0	14.0	27.5	43.0	67.0	29.0
DERMATOLOGY-PDC	35.0	36.0	30.5	29.0	29.0	37.0	33.5	34.0	38.0	30.0	44.0	60.0	36.0
KERNODLE-CPDC	9.0	10.0	8.0	8.0	8.0	9.0	8.0	9.0	12.0	9.0	12.0	13.0	9.0
MEDICINE-CPDC	11.0	10.0	8.0	7.0	7.0	8.0	7.0	7.0	9.0	8.0	8.0	9.0	8.0
MEDICINE-PDC	21.0	20.0	18.0	17.0	19.0	21.0	16.0	16.0	19.0	17.0	19.0	22.0	19.0
NEUROLOGY-CPDC	39.0	42.0	21.0	33.0	41.0	45.0	31.0	50.5	48.0	49.0	56.5	83.0	43.0
NEUROLOGY-PDC	35.0	32.0	39.0	41.0	48.0	57.0	35.0	43.5	42.0	49.0	62.0	62.0	44.0
NEUROSURGERY-CPDC	7.0	7.0	7.0	8.0	12.0	9.0	8.0	14.0	14.0	13.0	12.0	21.0	9.0
NEUROSURGERY-PDC	14.0	12.0	9.5	12.0	12.0	10.5	9.0	9.0	11.0	9.0	11.0	12.0	11.0
OB/GYN-CPDC	13.5	9.0	11.0	13.0	15.0	19.0	14.0	10.0	14.0	13.0	12.0	12.0	13.0
OB/GYN-PDC	14.0	14.0	14.0	14.0	14.0	14.0	14.0	13.0	14.0	14.0	15.0	15.0	14.0
OPHTHALMOLOGY-PDC	26.0	24.0	22.0	23.0	28.0	33.0	23.0	22.0	25.0	27.0	29.0	35.0	26.0
ORTHOPAEDICS-CPDC	9.0	8.0	9.0	7.0	7.0	7.0	8.0	7.0	7.0	7.0	7.0	7.0	7.0
ORTHOPAEDICS-PDC	10.0	11.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0
PEDIATRICS-CPDC	15.0	20.5	14.5	15.5	7.0	21.0	11.0	7.0	23.5	20.0	10.0	14.0	14.0



**Purpose:** To aid in identifying trends and areas of opportunity with Press Ganey CGCAHPS survey results. This includes the Domain rollup scores, individual questions, and free text comments from patients.

- **BSC Related Metrics:** All CGCAHPS Domain Scores
- **Pathway to Report:** PSWeb → Reports → PDC → Performance Monitoring
- **Link to Report:**  
<https://psweb.duhs.duke.edu/PSWEB/Report.aspx?id=002269&>

# Press Ganey CGCAHPS Survey Analysis Tool



Reference CGCAHPS Domain CGCAHPS Question Comments Dashboard



## Press Ganey CGCAHPS Survey Analysis Tool - by Domain

Choose Column 1  
BSC Area

Choose Column 2  
BSC Location

Fiscal Year  
(All)

Fiscal Period  
(All)

Clinical Department  
(All)

Clinical Division  
(All)

BSC Entity  
(All)

BSC Area  
(All)

BSC Location  
(All)

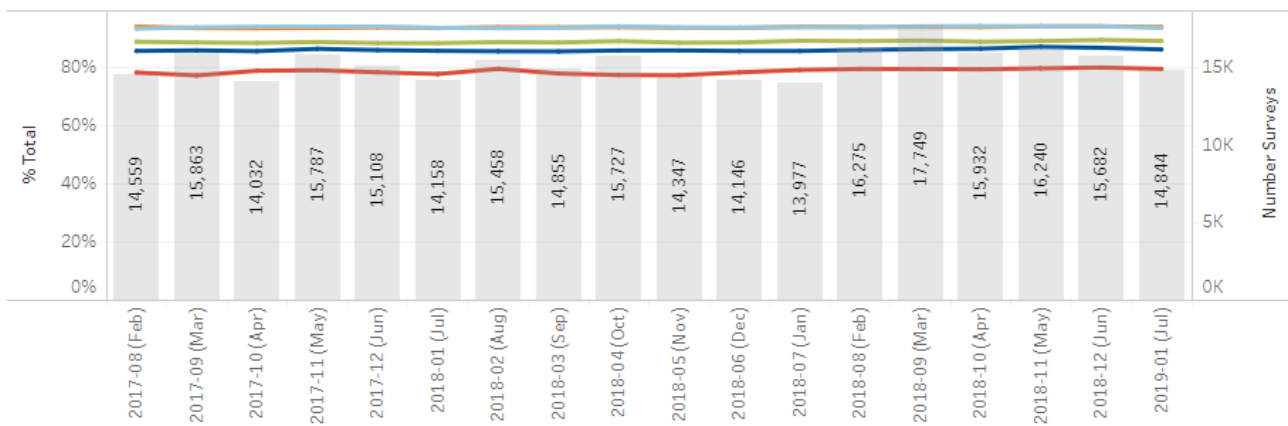
DEP  
(All)

Provider Name  
(All)

Provider Type  
(All)

Visit Type  
(All)

Column 1	Access to Care 3 month_Clean	Care Coordination_Clean	Global Rating	Office Staff	Physician Communication
	84.3%	77.8%	89.3%	94.2%	94.2%
Aesthetic Center	81.0%	88.7%	89.7%	96.1%	92.5%
Ambulatory Practice	81.4%	78.0%	90.4%	93.8%	94.5%
Asthma, Allergy, Airway Clinic	83.1%	74.1%	90.8%	93.6%	95.3%
Brier Creek - Childrens Primary Care	87.7%	84.2%	94.3%	97.6%	97.3%
Brier Creek - Childrens Specialty Clinic	80.8%	48.1%	89.4%	96.3%	94.9%
Brier Creek - Childrens Specialty Clinic - ...	80.9%	38.9%	94.1%	96.4%	95.6%
Brier Creek - DWHA	82.2%	69.4%	87.8%	89.1%	94.3%
Brier Creek - Endocrine	77.6%	76.1%	91.2%	93.6%	95.8%
Brier Creek - Gastroenterology	81.5%	78.3%	92.5%	94.2%	96.0%
Brier Creek - Infusion	74.0%	67.1%	87.7%	95.4%	94.8%
Brier Creek - Nephrology and Transplant	86.2%	82.8%	95.1%	92.6%	97.9%
Brier Creek - Orofacial	83.9%	62.3%	87.2%	88.6%	93.5%
Brier Creek - Rheumatology	75.3%	72.7%	88.8%	94.1%	94.7%
Brier Creek - Vascular Center	81.4%	76.8%	87.9%	88.5%	93.5%
Cardiology of Lumberton	76.2%	66.7%	90.5%	97.1%	94.1%
Cardiology of Raleigh	84.6%	83.0%	93.4%	96.5%	96.1%
Cardiology of Sanford	98.1%	75.0%	92.3%	100.0%	89.6%



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# Finance and Growth



Private Diagnostic Clinic, PLLC



**Purpose:** To aid in identifying trends and patterns in appointment scheduling and patient arrivals. Includes data for Arrived Visits, New Patient %, No Show Rate and Average Cycle Time over the last 24 months. There are filters for insurance providers as well.

- **BSC Related Metric:** Volume: Total Arrived Visits
- **Pathway to Report:** PSWeb → Reports → PDC
- **Link to Report:**  
<https://psweb.duhs.duke.edu/PSWEB/Report.aspx?id=002332&>



# Clinic Activity Report



Reference BSC - Activity Dashboard Clin Dept - Activity Dashboard



## Clinic Activity Report

Last Refreshed: 8/15/2018 10:10:22 PM

Choose Column 1  
BSC Area

Choose Column 2  
EPIC Department

Fiscal Year  
(All)

Fiscal Period  
(All)

BSC Entity  
(All)

BSC Area  
(All)

BSC Location  
(All)

Department Name  
(All)

Department ID  
(All)

Provider Type  
(All)

Provider Name  
(All)

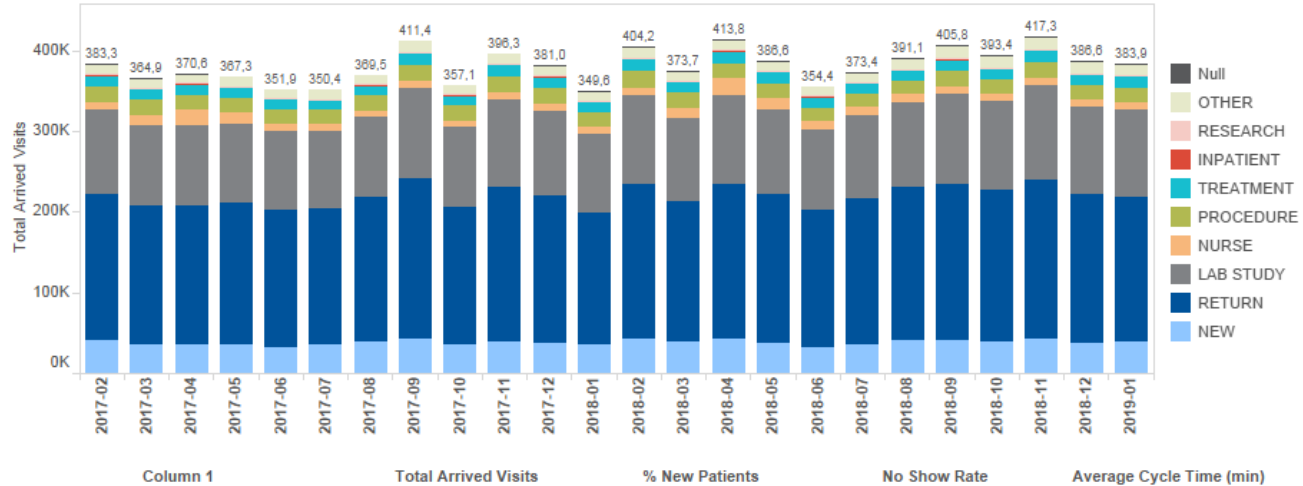
Visit Category  
(All)

Visit Type  
(All)

Financial Class  
(All)

Day of Week  
(All)

NPI



Column 1	Total Arrived Visits	% New Patients	No Show Rate	Average Cycle Time (min)
(All)	1,334,081	6.2%	7.4%	51.9
Aesthetic Center	18,006	18.2%	6.1%	67.6
Ambulatory Practice	631,233	16.0%	12.4%	74.2
Asthma, Allergy, Airway Clinic	71,695	17.7%	12.0%	73.5
Brier Creek - Childrens Primary Care	23,500	3.5%	11.4%	43.9
Brier Creek - Childrens Specialty Clinic	5,476	38.7%	15.6%	50.1
Brier Creek - Childrens Specialty Clinic - Alm St	1,246	36.0%	12.9%	53.4
Brier Creek - DWHA	25,984	15.7%	4.5%	47.7
Brier Creek - Endocrine	23,748	15.8%	11.7%	59.8
Brier Creek - Gastroenterology	13,067	42.1%	9.4%	49.5
Brier Creek - Infusion	4,601	0.0%	4.2%	
Brier Creek - Nephrology and Transplant	930	33.1%	13.2%	45.1
Brier Creek - Orofacial	6,551	21.1%	4.1%	88.6
Brier Creek - Rheumatology	8,595	14.0%	9.6%	56.8
Brier Creek - Vascular Center	20,997	18.7%	10.6%	78.6
Cardiology of Lumberton	15,539	12.3%	17.2%	49.9
Cardiology of Raleigh	68,769	12.7%	6.6%	46.9
Cardiology of Sanford	1,633	6.9%	15.4%	47.7
Cardiovascular of Lumberton	2,770	22.3%	16.7%	53.8
Carolina Family Practice and Sports Medicine	103,234	2.4%	5.8%	46.4



**Purpose:** Track the number of encounters closed in more than 5 business days (**delinquent**). The BSC % Closed 5 BD tab corresponds directly to the scores on the balanced scorecard and shows the data in a heat map format.

- **BSC Related Metrics:** Closed Encounters Within 5 Business Days
- **Pathway to Report:** PSWeb → Reports → PDC → Performance Monitoring
- **Link to Report:**  
<https://psweb.duhs.duke.edu/PSWEB/Report.aspx?id=002031&>

# Closed & Delinquent Encounters Dashboard



Delinquent Encounters Closed >= 5 BD Provider Detail BSC % Closed 5 BD Definitions



## Delinquent Encounter Report (Open 5 or More Business Days) Clinical Department Division Summary

Hierarchy Chooser

Department ▶ Division ▼

Fiscal Year

FY18 ▼

Fiscal Period

(All) ▼

Entity

PDC ▼

Clinical Dept

(All) ▼

Division

(All) ▼

EPIC Department Name

(All) ▼

Provider Name

(All) ▼

Entity Name

(All) ▼

Hierarchy Level 1	2018-01	2018-02	2018-03	2018-04	2018-05	2018-06	2018-07	2018-08	2018-09	2018-10	2018-11	2018-12	YTD
ANESTHESIOLOGY-PDC	1	0	0	0	2	0	0	1	0	0	5	0	9
COMMUNITY AND FAMILY ..	1	3	3	0	3	1	1	1	2	7	4	8	34
DERMATOLOGY-PDC	2	0	0	2	1	1	1	1	6	7	12	6	39
MEDICINE-PDC	2	3	2	3	2	1	11	10	13	26	17	27	117
NEUROLOGY-PDC	0	0	0	0	2	2	0	2	1	0	4	3	14
NEUROSURGERY-PDC	0	0	0	0	0	0	1	2	2	2	0	8	15
OB/GYN-PDC	2	0	3	9	1	4	2	3	8	3	10	11	56
OPHTHALMOLOGY-PDC	2	2	3	4	4	4	5	2	5	5	8	10	54
ORTHOPAEDICS-PDC	3	8	4	16	12	4	12	14	30	34	58	130	325
PEDIATRICS-PDC	28	37	22	45	36	32	35	36	37	34	49	52	443
PSYCHIATRY-PDC	4	8	9	6	6	5	1	8	6	15	18	36	122
RADIATION ONCOLOGY-PDC	0	1	1	0	0	0	0	1	1	0	0	3	7
SURGERY-PDC	5	12	29	19	48	18	33	33	64	62	120	151	594
<b>Grand Total</b>	<b>50</b>	<b>74</b>	<b>76</b>	<b>104</b>	<b>117</b>	<b>72</b>	<b>102</b>	<b>114</b>	<b>175</b>	<b>195</b>	<b>305</b>	<b>445</b>	<b>1,829</b>

DUHS Performance Services (<http://psweb.dukehealth.org>) 8/20/2018 8:01:11 PM



**Purpose:** To review FTE summaries, Labor Expense, and Worked Hours per Unit of Service at either a CSU or cost center level. The data is trended over the course of the fiscal year and is broken down by job class and unit of service.

- **BSC Related Metrics:** Flex FTE Percent Variance, Flex Labor Expense Percent Variance, Flex RN Traveler FTE
- **Pathway to Report:** PSWeb → Reports → DUH → Labor Productivity – Cost Center Reports
- **Link to Report:** <https://psweb.duhs.duke.edu/PSWEB/Reports.aspx?lkey=135&>
- **Pathway to Report:** PSWeb → Reports → DUH → Labor Productivity – Summary Reports
- **Link to Report:** <https://psweb.duhs.duke.edu/PSWEB/Reports.aspx?lkey=124&>

# Labor and Productivity Reports (HBC Only)



## Labor and Productivity Dashboard

Period: 2018 - 12

### 307060003 - 1J GYN/RHEUM/GET CLINIC

#### FTE Summary

	Current Period					Year to Date				
	Actual	Flex	Variance	Budget	Variance	Actual	Flex	Variance	Budget	Variance
Paid	14.14	13.80	-0.34 X	15.18	1.04 ✓	15.82	16.66	0.84 ✓	15.33	-0.49 X
PTO	1.82	1.51	-0.30 X	1.67	-0.15 X	1.81	1.83	0.03 ✓	1.68	-0.12 X
Worked	12.32	12.29	-0.03 X	13.51	1.19 ✓	14.01	14.82	0.81 ✓	13.64	-0.37 X
Reg	12.27	12.04	-0.23 X	13.24	0.97 ✓	13.84	14.52	0.68 ✓	13.37	-0.48 X
OT	0.05	0.25	0.19 ✓	0.27	0.22 ✓	0.17	0.30	0.13 ✓	0.28	0.11 ✓

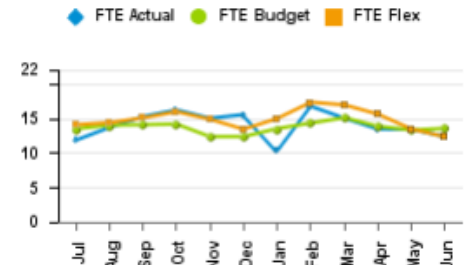
#### Labor Expense (\$ in thousands)

	Current Period					Year to Date				
	Actual	Flex	Variance	Budget	Variance	Actual	Flex	Variance	Budget	Variance
Base Pay	\$46.7	\$46.5	(\$0.1) X	\$51.0	\$4.3 ✓	\$596.6	\$673.3	\$76.7 ✓	\$621.0	\$24.4 ✓
OT	\$0.1	\$0.4	\$0.3 ✓	\$0.5	\$0.4 ✓	\$3.0	\$6.4	\$3.3 ✓	\$5.8	\$2.8 ✓
PTO	\$6.1	\$5.5	(\$0.6) X	\$6.0	(\$0.1) X	\$77.8	\$80.0	\$2.3 ✓	\$73.4	(\$4.4) X
Other	\$0.0	\$0.2	\$0.2 ✓	\$0.2	\$0.2 ✓	\$3.0	\$2.7	(\$0.3) X	\$2.5	(\$0.5) X
<b>Sub Total</b>	<b>\$52.9</b>	<b>\$52.6</b>	<b>(\$0.3) X</b>	<b>\$57.7</b>	<b>\$4.8 ✓</b>	<b>\$680.4</b>	<b>\$762.4</b>	<b>\$82.1 ✓</b>	<b>\$702.7</b>	<b>\$22.3 ✓</b>
Temp	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$27.6	\$0.0	(\$27.6)	\$0.0	(\$27.6) X
<b>Total</b>	<b>\$52.9</b>	<b>\$52.6</b>	<b>(\$0.3) X</b>	<b>\$57.7</b>	<b>\$4.8 ✓</b>	<b>\$707.9</b>	<b>\$762.4</b>	<b>\$54.5 ✓</b>	<b>\$702.7</b>	<b>(\$5.2) X</b>

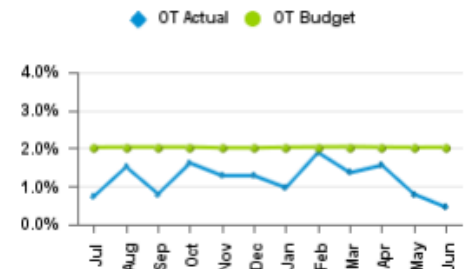
#### Worked Hours per Unit of Service

	Current Period			Year to Date		
	Actual	Budget	Variance	Actual	Budget	Variance
Average Daily UOS	46.77	52.50	-5.73 X	57.82	52.91	4.92 ✓
Unit of Service	1,403	1,575	-172 X	21,106	19,311	1,795 ✓
Worked Hours	2,107	2,310	204 ✓	29,148	28,376	-773 X
Worked Hours/UOS	1.50	1.47	-0.03 X	1.38	1.47	0.09 ✓

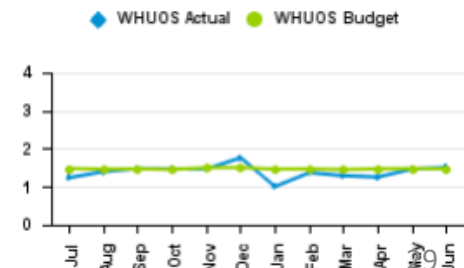
#### Worked FTE



#### Overtime Percentage of Worked Hrs



#### Worked Hours/UOS





# People and the Environment



Private Diagnostic Clinic, PLLC



**Purpose:** Used to track the termination, turnover, and turbulence metrics of employees across the practice and has drill down capabilities for employee demographic factors

- **Pathway to Report:** PSWeb → Reports → DUHS → Workforce Analytics
- **Link to Report:**  
<https://psweb.duhs.duke.edu/PSWEB/Report.aspx?id=002135&>

# Workforce Analytics – Termination Dashboard



Title Page Termination Termination Trend Worksheet Detail Chart



## Duke Health Termination Dashboard

FY-18 FP-12

YTD Annualized % Voluntary

Metric

Termination

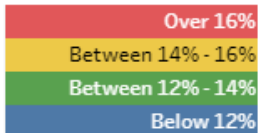
Termination Type

All

Target Rate

16.0%

Legend



Metric toggles between the Termination, Turnover and Turbulence Rates.

Termination Type filters Voluntary or Involuntary terminations.

Target Rate sets the color legend for the chart. All colors allow a 2% range based on the target value entered. Enter in a 0.15 format and it will update to % format (15%)

	Termination Rate						YTD	Annualized	% Voluntary
	2013	2014	2015	2016	2017	2018			
Acute				0.0%	11.0%	24.0%			
Corporate Services	9.0%	7.2%	7.4%	7.0%	6.9%	7.0%			
DUH House Staff	22.7%	26.0%	25.4%	24.4%	22.8%	22.6%			
DUHS Clinical Labs	10.4%	9.9%	9.7%	14.8%	13.1%	12.1%			
DUHS Supply Chain	10.7%	5.3%	5.3%	8.2%	5.3%	26.1%			
Duke Health Access Services	0.0%	9.6%	3.0%	21.1%	11.9%	20.3%			
Duke Health Technology Solutions	11.6%	10.2%	8.7%	9.6%	7.3%	7.0%			
Duke Health and Wellness	16.9%	13.5%	22.5%	18.5%	12.3%	8.1%			
Duke Homecare and Hospice	16.3%	17.4%	14.4%	11.9%	19.7%	15.0%			
Duke Primary Care	12.9%	15.5%	13.8%	14.4%	16.4%	12.9%			
Duke Raleigh Hospital	15.3%	20.3%	18.9%	20.3%	19.4%	21.2%			
Duke Regional Hospital	12.4%	13.8%	13.9%	13.9%	13.0%	14.4%			
Duke University Hospital	12.7%	12.8%	15.6%	15.6%	13.8%	15.3%			
Network Services	6.3%	3.0%	13.4%	9.8%	4.1%	12.5%			
Other						0.0%			
PRMO	8.4%	8.5%	10.0%	11.5%	10.0%	11.3%			
Pop Health Management Office		0.0%	0.0%	0.0%	5.1%	15.7%			
Private Diagnostic Clinic	14.5%	10.3%	12.9%	14.6%	15.5%	17.8%			
Grand Total	12.9%	13.2%	14.5%	15.1%	13.9%	15.0%			





# Access



Private Diagnostic Clinic, PLLC



**Purpose:** To review referral performance across the health system from a number of different perspectives to include referral quantities, turnaround times, sources, and types. There is an extensive training guide with definitions that helps explain how to use and understand the report. **\*\*Select access for those that have completed training.**

- **Pathway to Report:** PSWeb → Reports → PDC → Referral Reports
- **Link to Report:**  
<https://psweb.duhs.duke.edu/PSWEB/Report.aspx?id=002427&>

# Referral Performance Dashboard\*\*

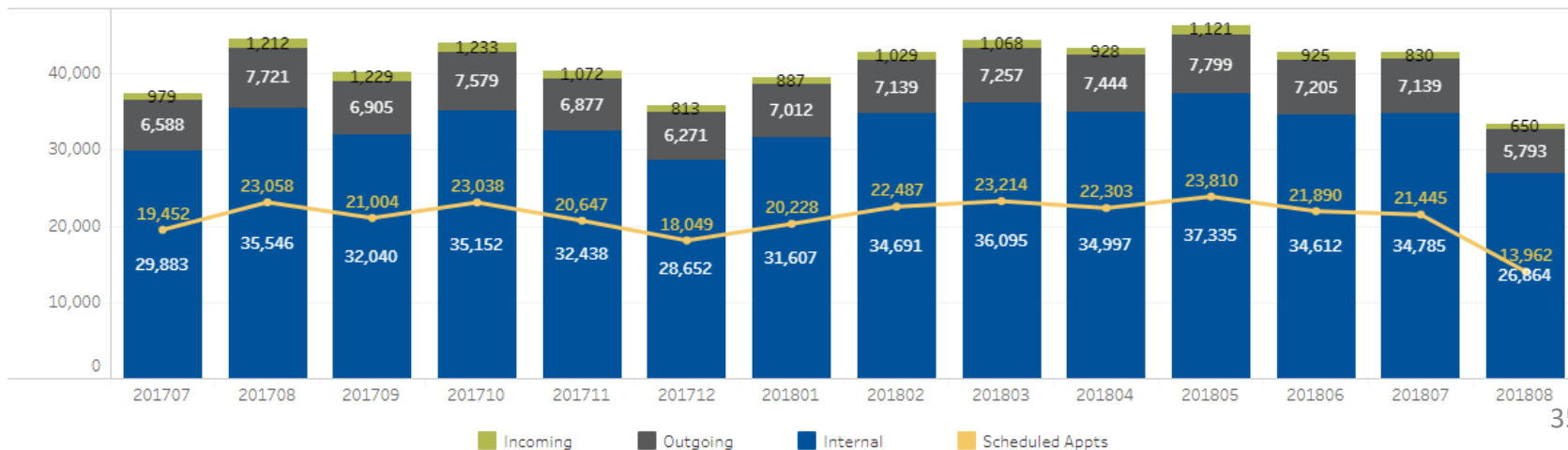


Executive Summary | Filters & Drill Down | **Unscheduled Referrals**



## Referral Performance Dashboard - Executive Summary

	FY18												FY19		Grand Total
	201707	201708	201709	201710	201711	201712	201801	201802	201803	201804	201805	201806	201807	201808	
Total Referrals	37,450	44,479	40,174	43,964	40,387	35,736	39,506	42,859	44,420	43,369	46,255	42,742	42,754	33,307	577,402
% Outgoing	17.6%	17.4%	17.2%	17.2%	17.0%	17.5%	17.7%	16.7%	16.3%	17.2%	16.9%	16.9%	16.7%	17.4%	17.1%
Referral Status = Scheduled	972	9,948	23,092	25,423	23,103	20,701	23,858	26,319	26,980	26,152	27,679	25,529	25,179	16,096	301,031
Referral Status = Letter	25	1,075	2,946	3,185	3,158	2,760	2,837	3,284	3,513	3,349	3,726	3,692	3,698	2,256	39,504
Referral Status = Refused	74	352	849	847	854	807	879	865	910	928	953	838	760	474	10,390
Referral Status = All Other	36,379	33,104	13,287	14,509	13,272	11,468	11,932	12,391	13,017	12,940	13,897	12,683	13,117	14,481	226,477
Scheduled Appts	19,452	23,058	21,004	23,038	20,647	18,049	20,228	22,487	23,214	22,303	23,810	21,890	21,445	13,962	294,587
% Referrals with Sched Appts	51.9%	51.8%	52.3%	52.4%	51.1%	50.5%	51.2%	52.5%	52.3%	51.4%	51.5%	51.2%	50.2%	41.9%	51.0%
% Referrals > 1 Appt Attempt	28.9%	29.5%	28.7%	29.1%	29.6%	32.2%	32.8%	30.5%	29.1%	28.2%	28.1%	26.1%	22.0%	12.8%	28.0%
Arrived Appts	12,737	15,058	13,790	15,098	13,400	11,589	13,288	14,670	14,986	14,026	14,470	12,512	9,929	3,168	178,721
% Arrived Appts	65.5%	65.3%	65.7%	65.5%	64.9%	64.2%	65.7%	65.2%	64.6%	62.9%	60.8%	57.2%	46.3%	22.7%	60.7%
No Show Percentage	12.9%	13.5%	12.9%	13.0%	13.2%	13.0%	11.9%	12.4%	12.5%	12.8%	12.6%	11.6%	9.9%	4.7%	12.4%
Cancellation Percentage	21.4%	21.7%	21.1%	21.3%	21.8%	22.8%	21.6%	21.1%	20.9%	21.3%	20.7%	20.6%	21.5%	26.6%	21.4%
Referral Order to Appt Date	48.4	48.8	46.5	46.6	47.6	48.3	44.7	44.4	44.7	43.1	43.2	39.3	35.0	31.5	44.0
Patient Wait Time <30 Days	52.0%	51.9%	53.7%	53.6%	52.0%	47.4%	53.6%	52.6%	51.3%	52.7%	51.0%	51.5%	56.4%	63.3%	52.9%
Patient Wait Time 30-60 Days	22.0%	22.4%	21.5%	22.1%	21.2%	25.9%	22.8%	23.2%	24.7%	23.1%	23.2%	26.7%	28.0%	22.9%	23.6%
Patient Wait Time >60 Days	26.0%	25.7%	24.8%	24.3%	26.8%	26.7%	23.5%	24.2%	24.0%	24.3%	25.8%	21.8%	15.6%	13.9%	23.6%
Referral Order to First Appt Made	8.4	8.6	8.4	7.9	8.2	8.4	7.0	6.6	6.5	6.0	5.5	4.1	2.8	0.8	6.5
% Worked Within 14 Days	83.4%	83.7%	83.0%	84.1%	83.1%	82.7%	83.3%	84.2%	84.1%	84.7%	84.7%	86.1%	89.2%	95.8%	84.9%
Referral Order to Final Appt Made	21.4	21.6	20.6	19.9	20.7	21.9	20.0	18.9	17.7	15.7	14.1	10.4	6.0	1.6	16.7



# Referral Performance Dashboard\*\*



Executive Summary | Filters & Drill Down | **Unscheduled Referrals**



## Referral Performance Dashboard - Drill Down Detail

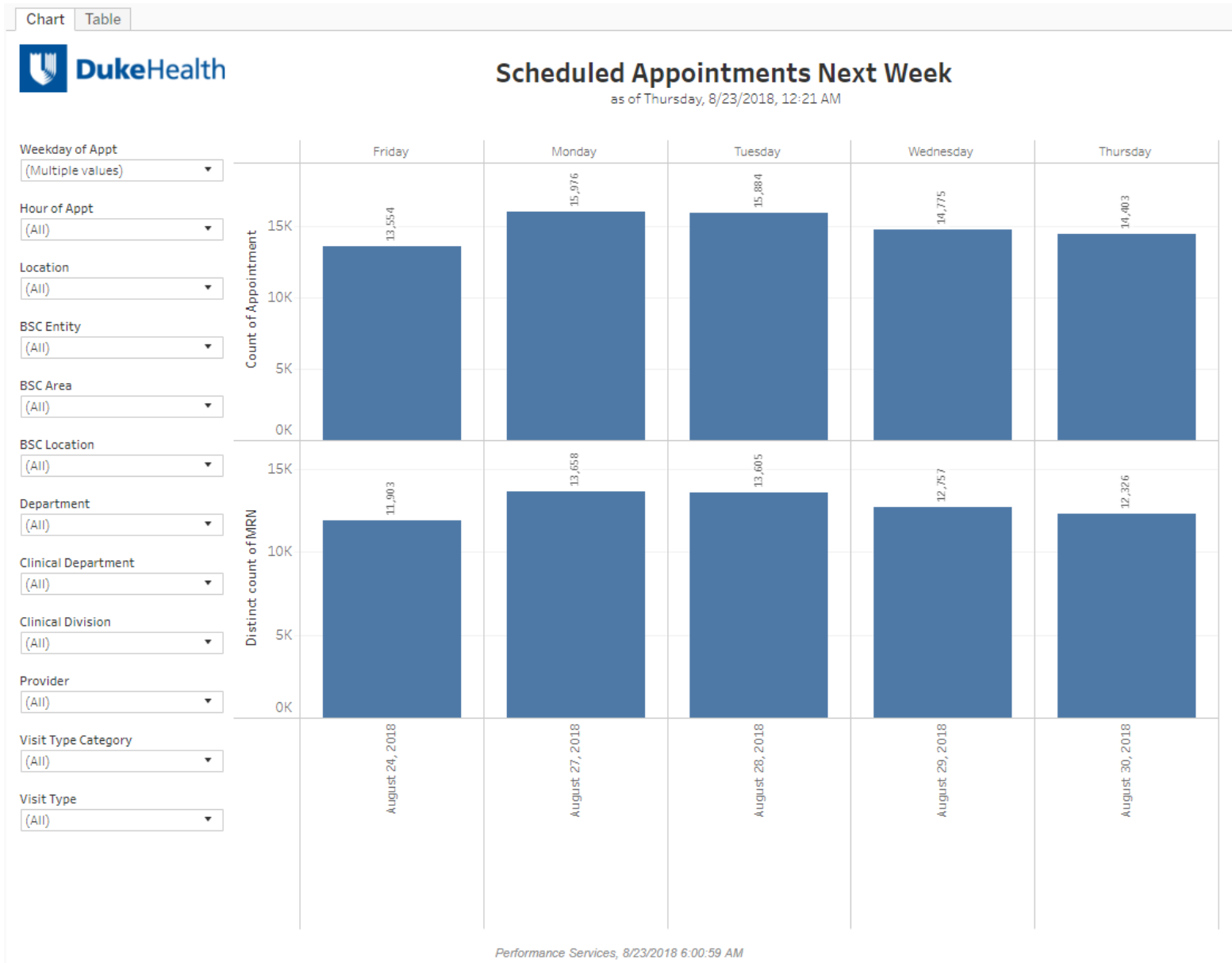
Choose Measure		Column 1	FY18												
Total Referrals			201707	201708	201709	201710	201711	201712	201801	201802	201803	201804	201805	201806	201807
Choose Column 1	Choose Column 2	AMB REFERRAL TO PHYSICAL...	4,947	6,029	5,362	5,967	5,482	4,932	5,540	5,844	5,940	5,741	6,064	5,589	5,611
Order Description	Order Encounter Ty...	AMB REFERRAL TO ORTHOPE...	2,840	3,301	3,060	3,204	2,769	2,440	2,678	2,866	2,889	2,898	3,076	2,910	2,911
Referral Fiscal Year	Referral Entry Month	AMB REFERRAL TO COLONOS...	1,961	2,364	2,158	2,237	2,083	1,793	1,920	2,166	2,253	2,324	2,329	2,203	2,111
(All)	(All)	AMB REFERRAL TO GASTROE...	1,526	1,875	1,612	1,808	1,572	1,421	1,611	1,768	1,798	1,740	1,849	1,649	1,611
Order Description	1st Appt Access Grp	AMB REFERRAL TO DERMATO...	1,330	1,571	1,399	1,520	1,285	1,097	1,338	1,327	1,467	1,428	1,616	1,603	1,591
(All)	(All)	AMB REFERRAL TO HOME HE...	1,109	1,360	1,234	1,374	1,354	1,376	1,423	1,374	1,539	1,496	1,573	1,495	1,511
Order Encounter Type	1st Appt Cost Center	AMB REFERRAL TO NEUROLO...	1,258	1,434	1,442	1,389	1,239	1,123	1,248	1,379	1,434	1,364	1,533	1,307	1,411
(All)	(All)	AMB REFERRAL TO CARDIOL...	1,193	1,388	1,132	1,314	1,213	1,013	1,268	1,374	1,385	1,290	1,482	1,373	1,211
Referral Type	1st Appt Scheduler	AMB REFERRAL TO OPHTHAL...	1,131	1,232	1,116	1,249	1,172	955	1,106	1,225	1,293	1,236	1,347	1,213	1,211
(All)	(All)	AMB REFERRAL TO OTOLARY...	1,074	1,282	1,048	1,226	1,180	1,084	1,155	1,219	1,285	1,207	1,260	1,222	1,211
Referral Sched Status	1st Appt EPIC DEP	AMB REFERRAL TO SLEEP ST...	1,029	1,137	1,061	1,115	1,176	972	1,080	1,185	1,305	1,307	1,297	1,123	1,211
(All)	(All)	AMB REFERRAL TO UROLOGY	935	1,068	999	1,082	992	887	939	991	1,066	924	1,074	938	1,011
Referral Priority	Last Appt Access Grp	AMB REFERRAL TO GYNECOL...	755	964	871	975	897	709	881	993	958	910	940	893	911
(All)	(All)	AMB REFERRAL TO ENDOCRI...	634	800	764	794	704	664	709	805	913	790	851	776	811
Referred By Entity	Last Appt EPIC DEP	AMB REFERRAL TO GENERAL ...	647	853	733	844	791	646	688	762	796	780	774	780	711
(All)	(All)	AMB REFERRAL TO PAIN CLIN...	650	704	628	695	659	535	604	650	627	619	698	683	611
Referred By Clinic	Last Appt Cost Center	AMB REFERRAL TO PODIATRY	504	616	570	607	568	462	567	552	593	595	598	605	511
(All)	(All)	AMB REFERRAL TO OCCUPATI...	515	526	500	537	493	424	520	594	573	527	587	607	511
Referred By EPIC DEP	Last Appt Scheduler	AMB REFERRAL TO PULMON...	504	552	473	519	505	480	546	564	613	536	569	552	511
(All)	(All)	AMB REFERRAL TO NUTRITION	469	530	455	544	513	442	448	527	544	580	605	549	511
Referred By DEP County	Last Appt Scheduler	AMB REFERRAL TO ADULT DI...	534	607	465	523	467	397	461	507	531	510	480	450	411
(All)	(All)	AMB REFERRAL TO PSYCHOL...	393	495	449	478	444	383	467	479	501	453	525	489	411
Referred By Prov Name	Last Appt Entity	AMB REFERRAL TO RHEUMAT...	358	436	439	457	391	457	439	474	478	438	479	486	411
(All)	(All)	AMB REFERRAL TO PSYCHIAT...	348	439	406	433	389	346	387	443	412	396	435	413	311
Referral Diagnosis	Last Appt EPIC DEP	AMB REFERRAL TO PRIMARY ...	313	358	359	389	337	320	402	374	433	367	472	360	311
(All)	(All)	AMB REFERRAL TO PHYSIATR...	329	372	334	383	365	324	368	385	369	425	322	308	311
Referral ICD-10 Code	Last Appt EPIC DEP	AMB REFERRAL TO NEUROSU...	283	348	362	367	330	263	303	348	328	399	387	377	311
(All)	(All)	AMB REFERRAL TO SPEECH P...	293	341	329	336	325	270	330	378	386	372	331	308	311
Financial Class	Last Appt Prov Name	AMB REFERRAL TO HEMATOL...	316	332	297	325	310	252	254	325	333	294	391	340	311
(All)	(All)	AMB REFERRAL TO INFUSION...	378	368	260	238	248	279	277	412	320	344	379	338	311
Referral Fiscal Year	Last Appt Clinical Dept	AMB REFERRAL TO UPPER EN...	286	345	309	313	270	236	288	312	330	329	361	286	311
(All)	(All)	AMB REFERRAL TO ALLERGY	273	293	271	296	286	239	262	304	293	299	298	277	211
Referral Entry Month	Last Appt Clinical Div	AMB REFERRAL TO PEDIATRI...	255	338	335	319	260	250	247	290	248	278	319	268	211
(All)	(All)	AMB REFERRAL TO CARDIAC ...	229	250	254	291	273	269	257	240	299	308	344	313	211
Referral Entry Month	Last Appt Visit Type	AMB REFERRAL TO PEDIATRI...	227	357	325	296	300	220	237	267	256	271	276	221	211
(All)	(All)	AMB REFERRAL TO NEPHROL...	233	276	220	248	237	237	256	247	265	277	283	248	211
Referral Entry Month		AMB REFERRAL TO SPINE SP...	215	238	216	257	233	214	202	238	263	302	321	282	211
(All)		AMB REFERRAL TO VASCUL A...	256	274	227	239	203	210	200	234	228	271	308	278	211



**Purpose:** Tracks the number of appointments and distinct count of patients that are scheduled over the next week. It can be used to plan for and anticipate busy periods and potential down time over the coming days.

- **Pathway to Report:** PSWeb → Reports → PDC → Performance Monitoring
- **Link to Report:**  
<https://psweb.duhs.duke.edu/PSWEB/Report.aspx?id=002400&>

# Scheduled Appointments Next Week





**Purpose:** Review template and session data by clinical department, division, and provider and identify opportunities to increase capacity and balance workload.

- **Pathway to Report:** PSWeb → Reports → PDC → Performance Monitoring
- **Link to Report:**  
<https://psweb.duhs.duke.edu/PSWEB/Report.aspx?id=002128&>

# Template Diagnostic Tool (Tableau)



Template Diagnostic Tool | TDT Charts | Clinic Capacity | Definitions



## Template Diagnostic Tool By Clinical Department, Division, Provider

Report Period Start: 2018-01

Report Period End: 2019-01

Choose Column 1

Provider Type

Choose Column 2

Provider Name

Choose Column 3

EPIC Department Name

Measure Names

(Multiple values)

Fiscal Year

FY18

Fiscal Period

(All)

Clinical Department

SURGERY-PDC

Clinical Division

(All)

Provider Type

Physician

Provider Name

(All)

Entity Name (Grp 7)

(All)

Clinic Name (Grp 11)

(All)

EPIC Department

(All)

EPIC Department ID

(All)

	Temp Util %	Booked Hours	Avail Hours	Original Sessions	Cancel Sessions	Act Sess/ Week	Temp Sess Duration	Avail Sess Duration	% Unavail
<b>Total</b>	<b>63%</b>	<b>39,511</b>	<b>63,123</b>	<b>19,058</b>	<b>3,186</b>	<b>281.8</b>	<b>4.3</b>	<b>4.0</b>	<b>7%</b>
<b>Physician</b>									
Subgroup Total	63%	39,511	63,123	19,058	3,186	281.8	4.3	4.0	7%
ABI HACHEM, RALPH	100%	605	605	229	42	3.3	3.6	3.2	11%
ADIBE, OBINNA OGOCHUKWU	4%	7	176	64	0	1.1	2.8	2.8	0%
AGARWAL, SURESH KUMAR ..	15%	16	109	31	0	0.9	3.5	3.5	0%
ALGER, AMY REZAK	12%	16	138	56	1	1.0	2.5	2.5	0%
ALLORI, ALEXANDER	113%	331	294	138	11	2.3	2.8	2.3	16%
ANENE, CHARLES AZUBUIKE	104%	107	103	38	2	1.7	2.9	2.9	3%
BAKER, KAREN CHRISTINE	68%	398	585	189	21	3.0	3.8	3.5	7%
BARBAS, ANDREW SERGHIOS	115%	170	148	85	14	1.3	2.5	2.0	19%
BARRETT, DANE MICHAEL	104%	1,045	1,008	437	77	6.4	3.5	2.8	20%
BARRY, NORAN MAGED	103%	27	26	18	12	0.3	4.9	4.4	10%
BEASLEY, GEORGIA MARIE	60%	199	330	119	18	1.9	3.8	3.3	14%
BLAZER, DAN G III	113%	592	524	111	17	1.7	6.1	5.6	8%
BRENNAN, TODD VICTOR	399%	73	18	41	0	0.9	0.4	0.4	0%
BROOKS, KELLI RACHEL	22%	36	162	56	2	1.0	3.0	3.0	0%
BROWN, DAVID ANDREW	108%	218	202	58	3	1.0	3.7	3.7	0%
CENDALES, LINDA CARIME	56%	317	564	172	33	2.5	4.3	4.1	6%
CHEN, SUGONG		0	0	0	0	0.0			
CHENG, JEFFREY	80%	852	1,059	331	50	5.0	4.3	3.8	12%
CHOI, KEVIN JAE	84%	244	292	112	16	1.8	3.2	3.0	4%
COHEN, JONATHAN MARC	100%	154	154	56	12	0.8	3.5	3.5	0%
COLLINS, BRADLEY HENRY	47%	115	243	182	37	2.6	2.3	1.7	26%
COX, MITCHELL WAYNE	107%	340	318	112	12	1.8	3.3	3.2	2%
D'AMICO, THOMAS A	90%	543	604	167	39	2.3	4.8	4.7	3%
DANESHMAND, MANI A	25%	175	702	114	10	1.8	6.8	6.8	0%
DAVIS, ROBERT DUANE JR	0%	0	525	55	5	0.9	10.5	10.5	0%
DERRICK, BRUCE JAMES	15%	468	3,213	766	10	13.4	4.3	4.3	0%
DILLAVOU, ELLEN DEANNE	42%	212	503	183	43	2.5	3.8	3.6	5%
EAPEN, ROSE J	94%	67	71	31	8	1.8	3.8	3.1	19%
EMMETT, SUSAN DAVIS	76%	182	240	96	28	1.3	4.0	3.5	12%
ERDMANN, DETLEV	92%	443	481	138	24	2.0	4.3	4.2	1%

Clinical Department: SURGERY-PDC  
Clinical Division: All





# Enterprise-Wide Reports



Private Diagnostic Clinic, PLLC



**Purpose:** This report sits under each of the Clinical Departments and is intended to provide division-level metrics related to financial data, scheduling/templates, patient satisfaction, visit volume, etc.

- **Pathway to Report:** PSWeb → Reports → CLINDEPTS → Department of *(insert your Clinical Department name here)* → Department/Division Dashboard
- **Notes:** *This dashboard is extensive and contains an embedded training video link and report guide for navigation.*  
**Access is granted by Clinical Dept**

# Department/Division Dashboard



Report Guide | Report Summary | Division Summary | Provider Summary (Div) | Division by Month | Division Metric Analysis | Division Metric Change | Definitions



## Report Summary

[Click here for training video](#)



### Report Year Parameter

Current FY vs Prior FY

Parent Department: MEDICINE  
 Department/Division: All / All  
 Provider: All  
 Entity: All

### Period Parameter

12 (Jun)

Timeframe: Year-to-Date (YTD) Data through Period 12 (Jun) for Focus Year: 2018 and Previous Year: 2017

### Report Clinical Dept

(All)

### Report Clinical Division

(All)

### Provider Name

(All)

### Entity

(All)

### Quadrant

(All)

### Measure Name

(All)

### Time Frame Controls

The "Report Year Parameter" allows 2 options:

1. Compare most recent fiscal year vs. prior fiscal year
2. Compare prior fiscal year vs. 2 fiscal years ago

The "Period Parameter" controls the end point for summing year-to-date data. You can sum data for the current FY (2018) through period 12.

----

2018-12 (Jun)

Quad	Measure Name	Entity	Month	YTD Focus Yr	YTD Previous Yr	YTD % diff
	Cycle Time	Multi	74.2	73.2	72.3	1.3%
	Cycle Time: Time in Room	Multi	58.3	57.1	55.5	2.9%
	Cycle Time: Time to Room	Multi	21.8	21.2	20.8	1.9%
QL	DC Summary Compl w/in 24hrs	DRAH	100.0%	94.1%	83.2%	13.2%
		DRH	63.6%	62.9%	75.0%	-16.1%
		DUH	63.9%	63.3%	64.2%	-1.4%
	Inbask Prov TAT w/in 72hrs	Multi	92.4%	90.9%	89.4%	1.7%
	CMI	DRAH	2.73	2.19	1.79	22.8%
		DRH	3.76	1.54	1.60	-3.3%
		DUH	2.07	2.16	2.13	1.5%
	ALOS	DRAH	6.18	4.47	4.30	3.9%
		DRH	4.13	4.29	4.47	-4.0%
		DUH	7.36	7.45	7.38	0.9%
	CMI Adjusted ALOS	DRAH	2.27	2.04	2.41	-15.4%
		DRH	1.10	2.78	2.80	-0.7%
		DUH	3.55	3.44	3.46	-0.6%
	Length of Stay Index	DRAH	0.69	0.74	0.73	0.6%
		DRH	0.75	0.75	0.75	-1.0%
		DUH	1.04	1.02	1.02	0.4%
	Unplnd Readm 30 Day Same Fac	DRAH	11.11%	9.86%	10.07%	-2.1%
		DRH	5.97%	9.87%	11.51%	-14.2%
		DUH	16.03%	15.51%	15.02%	3.3%
	Unplnd Readm 30 Day Same Fac - AMI	DRAH	0.00%	0.00%	0.00%	
		DRH	0.00%	0.00%	0.00%	
		DUH	4.65%	7.89%	9.00%	-12.3%

# Provider Engagement: Star Rating



**Purpose:** To enhance search engine optimization, provide transparent information from our confirmed patients, and push other potentially bogus rating sites down the search list. Provider Star Ratings are calculated from the Press Ganey Global Rating question (rank your provider 0-10). Providers must have 30+ reviews to be published on the Duke Health Website.

- **Link to Resource:**

<https://intranet.dh.duke.edu/ent/pdc/SitePages/Star%20Rating%20Initiative.aspx>

The screenshot shows the Duke Health website interface. At the top, there is a navigation bar with the Duke Health logo and links for 'Find a Doctor', 'Treatments', 'Locations', 'Patients & Visitors', and 'Duke MyChart'. Below this is a search bar containing the text 'attarian'. Underneath the search bar, there are tabs for 'All Results', 'Doctors', 'Treatments', 'Locations', 'Clinical Trials', and 'Events'. A 'Refine Results' button is visible. The search results show '1-1 of 1 results'. The first result is for 'David E. Attarian, MD, FACS', a 'Joint Replacement Surgeon, Orthopaedic Surgeon' with a '4.8 out of 5' star rating. Below the name and title, there is a 'Duke Health Provider' badge and a brief description of his practice focus: 'My practice focus is adult reconstruction – performing hip and knee replacements, including management of revisions, infections, and fractures. This ...'. At the bottom of the profile, there are two buttons: 'View Profile >' and 'Schedule Online <img alt="external link icon" />'. The background of the website is a dark blue gradient with vertical stripes.

**OVERALL PROVIDER RATING**  
★★★★★  
4.8 out of 5 (178 ratings, 35 reviews)

#### PATIENT REVIEWS

*Patient comments are gathered from our Press Ganey Patient Survey and displayed in their entirety. Patients are de-identified for confidentiality and patient privacy.*

**Duke Health Patient-** March 2018

Dr. Attarian was very professional and explained my knee situation thoroughly and covered treatments.

**Duke Health Patient-** March 2018

I really appreciate having Dr. Attarian for my doctor because he knows what he is doing, he is precise, he correctly diagnoses based on facts, and responds accordingly.

**Duke Health Patient-** March 2018

Very good experiences

**Duke Health Patient-** March 2018

Things went very fast and all were very personal