



**Alliance for Healthier Communities**  
*Advancing Health Equity in Ontario*

## Reference Guide: Access and Efficiency Strategies for Primary Health Care

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## Introduction

This reference guide is offered as a companion resource to the Alliance's Interprofessional Primary Care Team ([IPCT](#)) [Expansion Toolkit](#). It pulls together strategies and tips that can support your organization's efforts to advance efficiency in order to improve access to care. It is divided into three main streams: Balancing supply and demand, dealing with backlog, and increasing operational efficiency. Within each of these, there are a number of strategies to choose from; each strategy is supported by suggested measurement and improvement activities and links to tools.

Although this document draws from a diverse selection of resources, it is most deeply grounded in the [Advanced Access and Efficiency Workbook](#) published by Health Quality Ontario in 2011. That workbook was created for organizations working towards implementation of Advanced Access in their organizations. It describes Advanced Access in detail and walks organizations through the process of looking critically at their current processes, measuring their population's needs and their capacity to meet them, and finding ways to align needs and capacity by finding operational and practice efficiencies. The workbook includes interactive pages on which to record data as well as reference tables that connect the dots between efficiency principles, change ideas, and actions. Links to those pages and reference tables can be found throughout this document.

This guide does not need to be read from end to end or used in a linear fashion. Links on the first page let you jump to whichever topic you think is most relevant to your team's needs and goals. At the bottom of each page, you'll find a "Return to Beginning" link that will bring you back to the first page.

We recognize that not all of the current challenges of access and attachment can be solved through operational efficiency. We continue to advocate for health human resources funding as well as stable operational funding for Alliance members and other interprofessional primary health care organizations. However, as funds for IPCT expansion are beginning to flow, we are also providing supports to help our members use those funds effectively. These supports include not only this reference guide and IPCT Expansion Toolkit, but also a community of practice, coaching supports, and two learning collaboratives - Increasing efficiency to advance access to care, completed in 2024, and another one focused on equitable intake, starting in Fall 2025. To learn more about these resources and how your team can access them, email [QI@AllianceON.org](mailto:QI@AllianceON.org).



## Balancing supply and demand

In general, “supply” means the amount of work or product you can make available to clients, and “demand” means the amount of a product or service your clients require from you. In primary care, “supply” means the amount of time available for appointments, and “demand” means the amount of appointment time your clients require. When supply and demand are out of balance, the result is underused or unused clinic time, overwork, or backlog.

### How to measure and compare supply and demand in your organization

#### Take a quick look: Estimate annual supply and demand

Use this “[panel size equation](#)” tool (Health Quality Ontario, 2011, p. 28) for a rough calculation of your overall supply of appointments and demand for appointments on a yearly basis. [More information is available here](#) (Health Quality Ontario, 2011, p. 25).

**Annual supply** = number of weeks worked annually x number of visits per week

**Annual demand** = number of clients x average number of visits per client

#### Do a deep dive: Track and analyze daily supply, demand, and activity

Use this [daily tracking chart](#) (Health Quality Ontario, 2011, p. 46) to determine your daily supply, demand, and activity over time for a more precise and accurate view. Supply and demand may fluctuate by day, week, or season. Understanding when and why supply and demand fluctuate in your organization can help you minimize the impacts of these fluctuations. See below for some definitions and tips.

**Daily supply** = the total number of short appointment slots that were available for booking each day, whether or not they were booked.

**Daily demand** = the total number of requests received that day for a short appointment slot.

- TIP: Count appointment requests with ticks. A request for a short appointment is marked with a single tick; a request for a longer appointment is marked with multiple ticks.



**Daily activity** = the total number of short appointment timeslots<sup>1</sup> used. Add-ons count as extra timeslots used. Vacancies and no-shows count as unused timeslots.

- Activity will be greater than supply if there are more add-ons than no-shows.
- Activity will be lower than supply if there are more no-shows than add-ons.

Once you have finished tracking, record the values (up to eight weeks) in [these interactive tables](#) (Health Quality Ontario, 2011, p. 34) and use the data to [reflect on these questions](#) (Health Quality Ontario, 2011, p. 31). Reflection questions include

- How does internal demand compare to external demand? Internal demand refers to appointment requests that are initiated by providers and by clients when they are in the clinic, such as requests for follow-up visits.
- How much does demand vary from day to day?
- How much does supply vary between times of the day, days of the week, and from week to week?
- Is demand consistently greater or less than supply?
- Is activity consistently greater or less than supply?

In the sections that follow, you will find some sample strategies for managing supply and demand, aligning activity with supply, and reducing the impact of variation.

## How to increase your supply of appointments

Efficient scheduling can help you increase the number of appointment slots you are able to offer your clients. Here are a few scheduling strategies that may help your organization.

### Use basic appointment times as building blocks for scheduling.

Determine a reasonable short visit time for your client population and use this as one appointment timeslot in your schedule (*i.e.*, one *unit* of time). When you know a longer visit will be needed, book multiple consecutive appointment timeslots. For example, if a basic appointment is 10 minutes, longer visits will be 20 minutes (2 appointment timeslots), 30 minutes (3 timeslots), etc.

Longer timeslots may be used for:

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<sup>1</sup> What counts as a single short appointment timeslot may vary between organizations, but this refers to the standard minimum appointment time your organization offers, which can be used as a building-block and combined for longer appointments. [See discussion below.](#)



- Comprehensive physical examinations
- Addressing multiple concerns/issues in a single visit
- Adding extra time for interpretation or caregiver support
- Adding extra time for highly complex clients

### **Identify and fill timeslots cleared by cancellations.**

Comb your schedule and use colour coding or other visual indicators to make it easier for reception staff to identify and use appointment timeslots that are available due to cancellations. [Section 1 of this document from the Alliance](#) (Alliance for Healthier Communities, 2025a, p. 1) shows how to do this in PS Suite.

Electronic waitlist-management tools exist that can help with this process. [In a 2024 survey](#) (Alliance for Healthier Communities, 2024c, p. 1) , several Alliance members indicated that their organizations had started using these tools, which make it easy to match clients who are waiting for a sooner/next-available appointment with gaps in providers' schedules.

### **Adjust staff and provider schedules.**

Review schedules of all providers and staff in client-facing roles and adjust them to increase the number of appointment timeslots available and/or to make sure more timeslots are available during the times, days, and weeks where demand is the highest (see the previous section for details about how to determine this).

### **Offer virtual visits when appropriate.**

This may allow certain providers to work remotely for some shifts and may allow for more flexible scheduling – both for your providers, and for your clients, for whom travel time can be a barrier to timely access to care. [The Virtual Care section on this page](#) (Alliance for Healthier Communities, 2025b) of the [IPCT Expansion Toolkit](#) links to several resources that can support high-quality virtual appointments and appropriate use them.

## **How to decrease demand for appointments**

There are many strategies you can use to decrease the demand for appointments. Some of them are presented here, along with tools for implementing them.

### **Encourage client engagement and self-management**

- 1. Offer social prescribing.** It helps clients access social and cultural supports for health and wellbeing. Social prescribing has been shown to reduce demands on providers' time by:



- Boosting the client's sense of [autonomy and self-determination](#) (Bhatti, Rayner, Pinto, Mulligan, & Cole, 2021).
- Supporting self-management and [reducing repeat clinical visits](#) (Alliance for Healthier Communities, 2020).

Additionally, when they can connect clients with someone who can help them choose and access the right non-clinical supports, providers save their time for clinical activities.

- 2. Connect with the BETTER program.** The [BETTER program](#) (BETTER, 2025a) is a person-centred approach to preventive and goal-oriented care, designed by primary care clinicians for use in interprofessional primary healthcare settings. A member of the interprofessional team is trained as a Prevention Practitioner, who helps clients choose goals that are right for them and then connects them with [curated tools and resources](#) (BETTER, 2025b) to help them reach those goals.
- 3. Use Patient-Reported Outcome Measures (PROMs)** (Alliance for Healthier Communities, 2024a). PROMs help clients track and monitor their health outcomes. Research shows that the use of a validated PROMs tool, such as EQ-5D, supports goal-centred care and self-management by equipping clients to reflect on their own health and wellbeing; it also supports collaborative care by providing an overall snapshot of how a client is feeling.

More tips and ideas for supporting self-management [can be found in this toolkit from CASCADES Canada](#) (CASCADES Canada, 2025b).

## Offer Group Medical Visits

Group medical visits (GMVs) are expanded appointments where clients with similar conditions meet together with healthcare providers for longer sessions. In some cases, multiple providers may also attend a – for example, a chiropodist, a dietitian, and diabetes nurse educator may work alongside a clinician in diabetes GMV focused on diabetes management.

Implementing GMVs allows clinicians and interprofessional providers to see multiple clients at once. This reduces the total number of appointments needed and can shorten wait times. It also improves productivity by reducing the need for repetitive explanations. Clients benefit from extended contact with providers and valuable peer support, and interprofessional teams can collaborate to deliver comprehensive care, resulting in higher patient satisfaction and improved health outcomes.

In 2011-2012, the Merrickville District Community Health Centre (now part of Rideau Community Health Services) [implemented Group Medical Visits](#) as part of their [Better Health Initiative](#), an approach they developed in order to rapidly attach a large number



of newly “orphaned” patients in Smiths Falls (Shore Consulting, 2014; Alliance For Healthier Communities, 2024b).

## Discontinue or reduce the frequency of certain routine procedures

[Choosing Wisely](#) (Choosing Wisely Canada, 2025a) is an approach to care that seeks to reduce unnecessary tests and treatments, recognizing that they can expose clients to potential harm, consume health care resources, and contribute to the climate crisis. National clinician societies conduct independent reviews of commonly used tests and treatments to identify those that are not supported by scientific evidence and/or may expose clients to harm.

Choosing Wisely Canada has identified [14 tests and treatments](#) (Choosing Wisely Canada, 2025b) that primary care providers should question. These include:

- Urine tests in older clients with a change in mental status unless there is other evidence of infection.
- Initiating opioids long-term for chronic pain.
- Annual physical exams on asymptomatic adults with no significant risk factors.
- Prescribing antibiotics for upper respiratory infections that are likely viral in origin.
- Routinely measuring Vitamin D in low-risk adults.

[CASCADES Canada](#) (CASCADES Canada, 2025a) is an organization dedicated to making health care more ecologically sustainable, which often overlaps with other types of efficiencies. [Their primary care toolkit](#) (CASCADES Canada, 2025b) includes tips for reducing unnecessary care, empowering clients as co-decision makers, advancing health promotion to reduce the need for clinical care, and more.

## Reduce the need for follow-up visits

1. **Promote continuity.** In an interprofessional team, continuity may not mean always seeing the same provider. Each client should see the most appropriate provider who is able to address their concerns and provide the supports they need. When possible, match each client with a trusted member of their care team for each visit, and ensure that records are kept up to date so the client doesn’t have to repeat information.
2. **Max-pack appointments.** Doing multiple tasks at each visit may reduce the need for future visits. PS Suite users can create reminders in a client’s chart to help ensure that a provider addresses all upcoming items during one visit. [See section 5 in this document](#) (Alliance for Healthier Communities, 2025a, p. 3). For clients with complex conditions or multiple needs, this may mean scheduling team-based appointments with multiple interprofessional providers at once.





- 3. Extend intervals between follow-up visits.** Before automatically rescheduling a client, question whether the follow-up is really needed, and consider extending the time between visits.
- 4. Streamline communication processes with clients.** Educate clients that “no news is good news.” For those who are anxious or need reassurance, create systems that will enable them to access lab results or other updates in different ways – for example, through a secure messaging/email system or a client portal. Where feasible, this communication may be delivered by a medical secretary or other team member to keep providers’ time free for clinical work.

## Reduce no-shows

When a client does not keep an appointment and does not inform the practice before their scheduled time, the unused appointment timeslot results in lost productivity and resources. In addition to the lost clinician time and vacant room, there may be additional administrative time spent contacting the client and rebooking the appointment.

There are a number of ways to reduce no-shows. [This page lists ten](#) (SolutionReach, n.d.). Here are a few examples:

- 1. Use automated appointment reminders.** [A 2024 survey of Alliance member organizations](#) (Alliance for Healthier Communities, 2024c) found that Ocean was the most commonly used appointment reminder tool, although some members use Pomelo and School Messenger. Survey respondents noted that using appointment reminders lowers administrative burden and reduces no-shows. Additionally, some said having detailed reminders helps to ensure that clients arrive properly prepared for their appointments. Respondents were unanimous in saying they would recommend these tools to other organizations.
- 2. Empower the client to schedule most of their follow-up appointments.** This can help ensure they choose a time that’s realistic for their schedule as well as prompting them to consider whether a follow-up is necessary.
- 3. Implement a no-show policy.** Co-create it with staff and, if possible, clients. Before implementing it, take the time to educate clients about the reason for it - the impact of no-shows on their own health, the organization, and other clients. We recognize this isn’t suitable for all clients.
- 4. Reduce time spent in the waiting room.** People may have to give up and leave if they have waited too long. Waiting times can be reduced by managing the supply of exam rooms. Lineups can be reduced by using electronic appointment check-in and intake tools, such as Ocean kiosks.





## How to minimize the impact of fluctuations

Supply and demand will fluctuate in ways that can sometimes be predicted. For example, demand (need for appointments) is predictably higher than usual during annual flu and vaccination season, and supply (appointment times available) is predictably lower than usual when there are many staff vacations. Anticipating these fluctuations and having contingency plans for them can reduce the impact of these fluctuations.

Here are some examples of contingency planning initiatives:

### 1. Anticipate unusual but expected events.

- Know when your organization typically experiences periods of higher demand and ensure that supply is maximized to meet it. Some examples include flu shot clinics in the fall, snowbird prescriptions in winter, and back-to-school physicals. Use the [demand, supply, and activity tracking tool](#) (Health Quality Ontario, 2011, p. 31) over a longer period to understand seasonal fluctuations.
- Identify and flag clients and situations that are likely to require more visit time. For example, some clients may regularly attend visits with family members, caregivers, interpreters, or other support people

### 2. Increase supply during periods of higher demand.

- Add more appointment times.
- Book longer appointments (or multiple consecutive short appointments) for clients who require more time per visit.
- Schedule follow-up or routine check-up appointments at times where demand is lowest (avoiding the times of the day, days of the week, or seasons where demand is highest).

### 3. Reduce the impacts of lower supply.

- Strengthen team collaboration with daily huddles to review office flow and match demand with supply. [This planning tool can](#) (Health Quality Ontario, 2011, p. 49) can help ensure your huddles are effective.
- Develop time-away processes for all staff to ensure vacations are covered. Ensure appropriate staff are cross trained to cover for each other during absences.



## Dealing with Backlog

### How to measure backlog

#### Calculate the Third Next Available (TNA) Appointment

The number of days until the third next available (TNA) appointment in a provider's schedule is widely considered a reliable measure of backlog and access. It shows how long clients typically wait for a non-urgent appointment. First and second available appointments are less reliable because they may be the result of a last-minute cancellation.

Follow these steps to calculate each provider's TNA in your organization:

- Measure at the same day of the week and time of day every time.
- Do not count appointments as "available" if they are being held for urgent/same-day care except when they are on the day you are taking the TNA measure. These appointments count as "available" *only* on that day.
- Do not count any appointments as "available" if they are being held for walk-in clients or special appointment types.
- Count all calendar days including days off, weekends, and holidays.

TNA should be typically zero to one (0.00 to 1.00), meaning that the next appointment is the same or next day as when TNA is calculated. However, if your providers are working less than full time (for example, an NP at a site is working a 0.6 FTE) and continuity is a priority, your organization's ideal TNA might be higher.

[This fact sheet from Safety Net Medical Home](#) (The Safety Net Medical Home Initiative) provides a more detailed explanation of why TNA is important and general principles for calculating and using TNA. [This tip sheet from NS Health](#) provides detailed example of a TNA calculation. You can record your TNA data [on this page of the HQO Access & Efficiency workbook](#).

#### Understand "good" vs. "bad" backlog

**Good backlog** is made up of clients who have chosen to be seen in the future because it better fits their schedules, or because of the nature of their appointment (for example, pre-natal care, well-baby exam, chronic disease follow-up, etc.).

**Bad backlog** is characterized by clients who would like to be seen as soon as possible but whose appointment is pushed backward by a delayed schedule.

Calculate the volume of bad backlog and estimate how long it will take to eliminate. Once bad backlog has been eliminated, you can accurately evaluate the impacts of any



changes you've made to scheduling practices – *if they've made a positive impact, new backlog should not accumulate* (or will accumulate more slowly than before).

## Ways to reduce “bad” backlog

Backlog-reducing strategies are meant to be time-limited and used only until the backlog has been sufficiently reduced.

- **Temporarily increase the supply of visits:**
  - Add appointments to each day
  - Add appointments on weekends
  - Add hours at the beginning or end of each day
  - Use lunch time
- Choose a **quieter time** to work down the backlog
- Shift **administrative time to client-facing time**
- Temporarily add care team members (e.g. locum clinicians)

[This worksheet](#) (Health Quality Ontario, 2011, p. 42) can help you determine the amount of backlog you need to clear and record the strategies you plan to use for this.

## Increasing Operational Efficiency

### Understand the Flow of People and Activity

Understanding how long clients spend onsite and what they do during this time can help you identify sources of wasted time and opportunities for improvement.

### Study the process a client experiences in a clinical visit

By studying the process of a clinical visit from beginning to end, you can better understand which steps use time effectively to provide value and which steps do not add value. This process is known as **value stream mapping (VSM)**, and it can help you find opportunities to make visits more efficient. Work with staff to develop your value stream map. Everyone who is involved in the process of a client clinical visit should be involved in its mapping and will have different details to add. You will be adding detail in stages, and the map you generate can become quite large, so consider using sticky notes on a wall or a large table surface.

[Follow these steps](#) (OMA Practice Management and Advisory Services, 2016).



1. **Create a high-level outline of the stages involved in a visit.**
  - Decide where the process starts for your analysis: arrival at the clinic, check-in, scheduled appointment start time, or something else.
  - Add the major stages between this starting point and departure from the clinic.
2. **Fill in each stage with detailed steps.** Break down larger steps into smaller ones and add as much detail as possible. Having all staff involved in the process of a client's visit be part of this process will help to ensure all necessary detail is captured.
3. **Test your map by following a sample of clients through their visits.** Make sure you communicate with them about this process and get their permission to do this.
4. **Examine the activities in your list, and mark which ones add value and which ones don't.**
  - **Value-adding activities (VA).** Value is added for the client during time spent with members of the care team on activities such as collecting sociodemographic data, sharing clinically-relevant information, conducting tests and exams, and learning about the client's care goals. When colour-coding VA activities on your VSM, [these are known as "green zone" or "value-added" time](#) (Health Quality Ontario, 2011, p. 28). The proportion of each client's visit spent in the green zone is an indicator of efficiency.
  - **Non-value-adding activities (NVA).** Steps that don't add directly benefit the client or do not add value to the client's care. NVA steps can include excessive paperwork (including any analog or manual documentation), unnecessary waiting times, redundant procedures (duplication), or repeating previously shared information (repetition). These NVA activities are unnecessary and are considered "waste" that should be eliminated as they do not contribute to the final outcome. When colour-coding NVA activities on your VSM, these are the known as the "red zone" or "non-value-added" time and how much a client's time is spent in these red zones is an indicator of inefficiencies (which can be counted as number of inefficient steps and overall time "wasted"), as well as *where* the inefficiencies lie.
  - **Necessary non-value-adding activities (NNVA).** Examples of NNVA activities in a clinical visit could include administrative tasks such as completion of paperwork and/or sending referrals in real time, scheduling



follow-ups, and non-client-facing activities such as cleaning exam rooms, and ordering and restocking exam room supplies.

## Study your organization's cycle time

**Cycle time** is the time it takes to complete a specific task from start to finish. It looks at the total time a client spends at any particular step in their journey, including both value-adding (VA) and non-value-adding (NVA) activities. VSM helps identify bottlenecks, and other delays, that can be targeted areas for improvement and waste reduction, by breaking down the client journey into individual steps and measuring the time spent doing each activity at each step, ultimately aiming to shorten the **total cycle time**.

### Examples of cycle time in healthcare:

- The time it takes for a client to receive a specific test or procedure
- The time it takes for a client to be referred to, and be seen by, another provider

### Benefits of reducing cycle time:

- Improved client AND provider experience and satisfaction
- Increased efficiency and productivity
- Reduced costs associated with wait times and unnecessary resources used
- Enhanced safety by minimizing the time spent in risky or precarious situations
- Reduced provider workload and associated fatigue

Here are some suggestions to help study your organization's cycle time:

1. **Use a cycle time tracking sheet** [such as this one](#) (Health Quality Ontario, 2011, p. 36)
2. **A variety of techniques for measuring cycle time** are listed in the AAE Workbook and the [OMA Practice Management document](#) (OMA Practice Management and Advisory Services, 2016). These include:
  - Asking clients to filling in a form such as this one from the AAE Workbook (p. 47).
  - Having a staff member shadow several clients during their visits and note the time required for each step.
  - Attaching a time sheet to the client's chart and having staff mark the time when they pick up the chart and when they hand it off. Total the time for all interactions with the chart as well as lag times between.



3. **Collect cycle time data for one month**, with 15 clients per provider, at different times of day and on different days of the week.
4. **Analyze the data with help from your quality lead or a QI coach.** If you are an Alliance member, you can reach out to [QI@AllianceON.org](mailto:QI@AllianceON.org) to be connected with our sector's QI coaches. They can help you understand whether your cycle time is too long, figure out the root cause(s), and test some change ideas.

## Identify and reduce interruptions

Over the course of a day, have staff and providers keep a list of interruptions and unintended tasks that take up their time. [This document](#) (OMA Practice Management and Advisory Services, 2016) lists a few examples:

- Searching for a referral form online.
- Client phone consult regarding redness at injection site.
- Provider leaving the examination room to get vaccination brochures for parents.
- Waiting for photocopies or faxes.
- Nurse practitioners are interrupted in the hallway by other nursing staff for "quick" consultations or referral requests.
- Providers walk from examination room to examination room looking for medical supplies.
- Phlebotomy area is at the opposite end of the clinic from the centrifuge.

Identify which interruptions are necessary and which ones could be eliminated through improvements to processes, workflow, or spaces.

## Ways to make clinical visits more efficient

If your measurement processes identify that cycle time is too long or a lot of time is taken up with non-value-adding activities, consider ways to streamline the clinical workflow. For example:

- Use features of your EMR to streamline administrative tasks. [This document from the Alliance](#) (Alliance for Healthier Communities, 2025a) provides simple instructions for sending forms to clients in advance using Ocean (Section 2), using encounter forms and toolbars effectively in PS Suite (Sections 3 & 4).
- Consider using [Al scribes](#) (Centre for Digital Health Evaluation, 2024) to reduce the time spent on note-taking.
- Use virtual care when it is appropriate for the client's needs and aligned with their preferences. Standardize your virtual care processes to [ensure that they support](#)





[equity, safety and quality](#) (Alliance for Healthier Communities, 2023) in addition to efficiency.

- Consider implementing some of the other technology tools currently available for primary health care, such as e-referrals, UpToDate clinical guidelines, e-faxing, e-labs, or a prescription management tool such as PrescribeIT. [Read about Alliance members' experiences with these tools here](#) (Alliance for Healthier Communities, 2024c).
- Create standard processes to prepare clients, exam rooms, or equipment for the provider. For example, have clients with diabetes remove their shoes and socks immediately upon being seated in the exam room.

## Ways your interprofessional team can reduce providers' workload.

1. Support interprofessional providers to **work to their [full scope of practice](#)** (Alliance for Healthier Communities, 2025c).
2. [Use medical directives](#) (College of Nurses of Ontario, 2020). These are specific instructions that interprofessional providers can follow when a client meets certain conditions.
3. **Delegate standard tasks** such as routine screening and measurement, stable chronic disease management, completion of forms, etc.
4. **Develop your team to collaborate effectively** in client care.
  - Identify [team members' roles and processes](#) (Association of Ontario Health Centres, 2007) for providing care.
5. Standardize internal and external **communication processes**.
  - Use a template to ensure messages are clear and accurate.
  - Eliminate paper messages where possible.
6. Use existing community care services whenever possible to avoid duplication of services already available.
  - For example, refer clients with diabetes to an external [community-based diabetes program](#), or connect isolated senior clients with an [older adult centre](#).

## How to design your workspace for efficient flow.

When creating a [value stream map](#), you may have identified periods of time wasted due to the design of your space. Here are some ways you can reduce wasted time by designing and using space effectively.



1. Reduce physical bottlenecks by creating **efficient paths of travel**. For example,
  - Apply footprint stickers to the walls or floor to direct clients through the clinic to the various exam rooms and/or departments.
  - Move the phlebotomy room or area to where the centrifuge is located.
2. Move work **away from necessary bottlenecks**. For example,
  - Involve all staff in the creation of a living document triage tool.
  - Create a “one-piece-flow” process for a provider using EMR reminders, and other facilitators, where various information is collected throughout the client visit instead of batch reporting lists of clients, and batch calling them, which can pull staff away from their usual, daily tasks.
3. Ensure clinic supplies are **standardized, labelled, organized and stored logically** for easy identification, retrieval and reordering.
  - Involve all team members who may be accessing the medical supplies to help identify ways to streamline and improve all steps of the utilization and reordering processes.

## Additional Resources

The resources in Table 1, below, can help you plan and undertake quality improvement efforts related to improving access and efficiency in your organization.

Resource	Change ideas supported
IPCT Expansion Toolkit (Alliance for Healthier Communities, 2025) <ul style="list-style-type: none"> <li>• <a href="#">English</a></li> <li>• <a href="#">French</a></li> </ul>	<ul style="list-style-type: none"> <li>• Optimizing your workflow</li> <li>• Working to full scope of practice</li> <li>• Using technology tools</li> <li>• EMR Tips &amp; Tricks</li> </ul>
Advanced Access & Efficiency Workbook (Health Quality Ontario, 2011) <ul style="list-style-type: none"> <li>• <a href="#">English</a></li> <li>• <a href="#">French</a></li> </ul>	<ul style="list-style-type: none"> <li>• Assess your Readiness and Capacity</li> <li>• Form an Improvement Team</li> <li>• Assess Your Starting Place</li> <li>• Decide Where to Improve</li> <li>• Test Changes and Monitor Progress</li> <li>• Implement and Sustain the Change</li> <li>• Spread the Change</li> </ul>
Long Term Success Tool (Healthcare Excellence Canada) <ul style="list-style-type: none"> <li>• <a href="#">English</a></li> <li>• <a href="#">French</a></li> </ul>	<ul style="list-style-type: none"> <li>• Plan for long-term success by identifying the risks and strengths that impact long-term success of improvement initiatives.</li> </ul>



Resource	Change ideas supported
Readiness to Receive Assessment Tool (Healthcare Excellence Canada) <ul style="list-style-type: none"> <li>• <a href="#">English</a></li> <li>• <a href="#">French</a></li> </ul>	Assess your readiness to implement an effective improvement project from another site or location.
Readiness to Spread Assessment Tool (Healthcare Excellence Canada) <ul style="list-style-type: none"> <li>• <a href="#">English</a></li> <li>• <a href="#">French</a></li> </ul>	Assess whether a promising improvement practice is ready for successful spread across your organization.
Improvement Charter (Healthcare Excellence Canada) <ul style="list-style-type: none"> <li>• <a href="#">English</a></li> <li>• <a href="#">French</a></li> </ul>	Create a documented plan to guide the work of your improvement team. Use this to help: <ul style="list-style-type: none"> <li>• Clarify purpose</li> <li>• Stay on track</li> <li>• Outline roles of team members</li> <li>• Know where to start</li> <li>• Determine when project is finished</li> </ul>
Quorum QI Tools & Resources (Ontario Health) <ul style="list-style-type: none"> <li>• <a href="#">English</a></li> <li>• <a href="#">French</a></li> </ul>	Access quality improvement tools and resources recommended by peers
E-Learning Modules: Timely Access to Primary Care (Health Quality Ontario) <ul style="list-style-type: none"> <li>• <a href="#">English</a></li> <li>• <a href="#">French</a></li> </ul>	Learn, test, and implement best practices, change concepts, and innovative approaches to improvement supporting advanced access to care. <ul style="list-style-type: none"> <li>• What is Advanced Access?</li> <li>• The Model for Improvement</li> <li>• The PDSA Model</li> <li>• Client Satisfaction</li> <li>• Advanced Access and Efficiency Checklist</li> <li>• Advanced Access and Efficiency Glossary</li> <li>• Package of Change Concepts</li> <li>• LEAN and the Eight Sources of Waste</li> <li>• Improving Cycle Time Checklist</li> </ul>
<a href="#">Answers to Your Questions About Same-Day Scheduling</a> (Article published in Family Practice Management, 2005)	Outlines a quality-improvement process for implementing same-day scheduling.



Resource	Change ideas supported
<a href="#">Practice Optimization</a> (Ontario Medical Association)	<ul style="list-style-type: none"> <li>• Improving scheduling</li> <li>• Managing paperwork</li> <li>• Inventory management</li> <li>• Delegation</li> </ul>
Sustainable Primary Care Toolkit (CASCADES Canada) <ul style="list-style-type: none"> <li>• <a href="#">English</a></li> <li>• <a href="#">French</a></li> </ul>	<ul style="list-style-type: none"> <li>• Avoiding unnecessary care</li> <li>• Health Promotion</li> <li>• Self-management</li> </ul>

## Bibliography

- Alliance for Healthier Communities. (2020). *Social Prescribing in Ontario: Final Report*. Retrieved from [https://cdn.ymaws.com/aohc.site-ym.com/resource/group/e0802d2e-298a-4d86-8af5-21156f9c057f/rxcommunity\\_final\\_report\\_mar.pdf](https://cdn.ymaws.com/aohc.site-ym.com/resource/group/e0802d2e-298a-4d86-8af5-21156f9c057f/rxcommunity_final_report_mar.pdf)
- Alliance for Healthier Communities. (2023). *Strategies and Tools to Support Equity, Safety, and Quality in Virtual Care Delivery*. Retrieved from Alliance for Healthier Communities: <https://www.allianceon.org/resource/Strategies-and-Tools-Support-Equity-Safety-and-Quality-Virtual-Care-Delivery>
- Alliance for Healthier Communities. (2024a). *Alliance EQ-5D PROMs Pilot Project - Final Report*. Retrieved from [https://www.allianceon.org/sites/default/files/PROMS\\_Project\\_Final\\_Report.pdf](https://www.allianceon.org/sites/default/files/PROMS_Project_Final_Report.pdf)
- Alliance For Healthier Communities. (2024b). *Interprofessional Primary Care Team Expansion*. Retrieved from [https://www.allianceon.org/files/inline-files/IPC\\_Expansion\\_Implementation\\_Plan\\_Toolkit\\_April\\_2024\\_002.pdf](https://www.allianceon.org/files/inline-files/IPC_Expansion_Implementation_Plan_Toolkit_April_2024_002.pdf)
- Alliance for Healthier Communities. (2024c). *Member Survey Report Summary: Technology Tools for Operational Efficiency*. Retrieved from [https://www.allianceon.org/sites/default/files/inline-files/Technology\\_use\\_summary\\_report\\_-\\_cr-cm1.pdf](https://www.allianceon.org/sites/default/files/inline-files/Technology_use_summary_report_-_cr-cm1.pdf)
- Alliance for Healthier Communities. (2025a). *Tips & Tricks: Using your EMR to its fullest to increase access to primary health care*. Retrieved from [https://www.allianceon.org/sites/default/files/inline-files/EMR\\_tips\\_for\\_increasing\\_access\\_002.pdf](https://www.allianceon.org/sites/default/files/inline-files/EMR_tips_for_increasing_access_002.pdf)
- Alliance for Healthier Communities. (2025b). *IPCT Expansion Toolkit, ch. 5: Technology tools that can support operational efficiency and improve access to care*. Retrieved from Alliance for Healthier Communities: <https://www.allianceon.org/book/5-Technology-tools-can-support-operational-efficiency-and-improve-access-care>
- Alliance for Healthier Communities. (2025c). *IPCT Expansion Toolkit, ch. 3: Optimizing Scope of Practice*. Retrieved from <https://www.allianceon.org/book/3-Optimizing-scope-practice>
- Association of Ontario Health Centres. (2007). *Building Better Teams: A Toolkit for Strengthening Teamwork in Community Health Centres*. Retrieved from <https://www.allianceon.org/sites/default/files/documents/Building%20Better%20Teams%20Toolkit%20--%202007.pdf>



- BETTER. (2025a). *Improving Chronic Disease Prevention and Screening Across Canada: BETTER*. Retrieved from BETTER: <https://www.better-program.ca/>
- BETTER. (2025b). *Resources: BETTER*. Retrieved from BETTER: <https://www.better-program.ca/the-program/resources/#practice-resources-tools>
- Bhatti, S., Rayner, J., Pinto, A. D., Mulligan, K., & Cole, D. C. (2021). Using self-determination theory to understand the social prescribing process: a qualitative study. *BGJP Open*. doi:10.3399
- CASCADES Canada. (2025a). Retrieved from Cascades Canada: <https://cascadescanada.ca/>
- CASCADES Canada. (2025b). *Planetary Health for Primary Care*. Retrieved from <https://cascadescanada.ca/resources/sustainable-primary-care-toolkit/>
- Centre for Digital Health Evaluation. (2024). *Clinical Evaluation of Artificial Intelligence and Automation Technology to Reduce Administrative Burden in Primary Care*. Women's College Hospital. Retrieved from [https://www.allianceon.org/sites/default/files/AI\\_Scribe\\_Evaluation\\_Report\\_2024-07-31.pdf](https://www.allianceon.org/sites/default/files/AI_Scribe_Evaluation_Report_2024-07-31.pdf)
- Choosing Wisely Canada. (2025a). *About: Choosing Wisely Canada*. Retrieved from Choosing Wisely Canada: <https://choosingwiselycanada.org/about/>
- Choosing Wisely Canada. (2025b). *Fourteen Tests and Treatments to Question: Choosing Wisely Canada*. Retrieved from <https://choosingwiselycanada.org/recommendation/family-medicine/>
- College of Nurses of Ontario. (2020). *Practice Guideline: Directives*. Retrieved from [https://cno.org/Assets/CNO/Documents/Standard-and-Learning/Practice-Standards/41019\\_medicaldirectives.pdf](https://cno.org/Assets/CNO/Documents/Standard-and-Learning/Practice-Standards/41019_medicaldirectives.pdf)
- Health Quality Ontario. (2011). *Advanced Access and Efficiency Workbook for Primary Care*. Retrieved from <https://www.hqontario.ca/Portals/0/documents/qi/primary-care/qi-aae-interactive-workbook-en.pdf#page=28>
- OMA Practice Management and Advisory Services. (2016). Steps to Enhance Practice Efficiency: Part 1 - Measuring Patient Flow. *Ontario Medical Review*. Retrieved from [https://www.oma.org/siteassets/oma/media/pagetree/pps/running/operations/practice-efficiency/managingpatientworkflow\\_part1.pdf](https://www.oma.org/siteassets/oma/media/pagetree/pps/running/operations/practice-efficiency/managingpatientworkflow_part1.pdf)
- Shore Consulting. (2014). *Learnings & Legacy: Key Messages of the Better Health Project, Rideau Community Health Services*. Retrieved from [https://www.allianceon.org/files/inline-files/BHP\\_LL\\_Report\\_Final\\_3.pdf](https://www.allianceon.org/files/inline-files/BHP_LL_Report_Final_3.pdf)
- SolutionReach. (n.d.). *10 Truly Awesome Ways to Reduce No Show Appointments*. Retrieved from SolutionReach: <https://www.solutionreach.com/blog/10-truly-awesome-ways-to-reduce-no-shows#:~:text=Use%20Appointment%20Reminders%20and%20Follow%20Ups&text=These%20timely%20text%2C%20email%2C%20and,this%20can%20boost%20patient%20loyalty.>
- The Safety Net Medical Home Initiative. (n.d.). *Enhanced Access Tools: Third Next Available Appointment*. Retrieved from <https://www.safetynetmedicalhome.org/sites/default/files/Third-Next-Appointment.pdf>

