ACMA Avoidable Delay Product

Frequently Asked Questions (FAQ)

How were the Avoidable Delay Codes developed and tested?

In 2004 ACMA undertook to provide a new level of national benchmarking data for case management – specifically for avoidable delays identified by case management. ACMA created a committee of leading case management professionals to develop a tool to track avoidable delay data and provide a means for organizational comparison to national benchmarks. The committee began by identifying four categories of delays, and then developed definitions for specific identifiable delays and a system to code, record, and analyze these delays. The system was implemented at three Beta hospitals for testing and refinement. The system has now been implemented at several Beta II hospitals for final testing and refinement before it is made available to all hospitals.

When is data submitted and when are reports issued?

Hospitals record their avoidable delays in real time, accumulating data that is then submitted to the ACMA National Office monthly. Data is submitted on the 15th of each month for the preceding month. ACMA issues Avoidable Delay reports to subscribers quarterly.

What are the format requirements for submitting data?

Data is accepted in MS Excel, MS Access, or comma delimited formats.

What information is included in the quarterly reports?

Reports display the delays by category and the pattern of those delays among all subscribers. It also allows comparisons between facilities using an incident rate or delays per discharge. The reports also display each subscriber’s avoidable delays per patient discharged.

How will the ACMA Avoidable Delay Codes integrate with my existing case management software?

Most case management software has existing codes for delays. The ACMA Avoidable Delay Product codes, however, cover a much broader scope of delays, are more specific, and, most importantly, are standardized among all subscribers to allow comparisons between organizations. Implementation of the ACMA Avoidable Delay Product typically requires changing the codes in the case management software to the ACMA defined codes. Beta I and II sites have not found this to be a difficult process and include both MIDAS™ and Maxsys™ product users.

ACMA defines and Avoidable Delay as any barrier to facilitating effective, efficient, timely and safe care.

- Adapted from the Institute of Medicine’s Aim for 21st Century HC Systems
If I become a subscriber and implement the ACMA Avoidable Delay Codes, will I still be able to track organization-specific delays?

Yes. To do this, simply assign any organization-specific delays a code number that is not used by the ACMA Avoidable Delay Product. This code will then print on reports, allowing you to track it along with your other avoidable delays. Before the data is submitted to ACMA, the organization-specific codes are deleted from the data submission.

When will the final product be made available to all hospitals?

Release is scheduled for 2008.

What is the cost?

Final pricing has yet to be determined. Beta II subscribers are eligible for an introductory annual subscription rate of $3000.

What is the benefit of becoming a Beta II subscriber?

Beta II subscribers are eligible for the discounted annual subscription rate, and will also have a voice in the product’s final development, pricing, and implementation.

How do I become a Beta II Subscriber?

Contact Randall Archer at the ACMA National Office (501) 907-2262.