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Ambulatory Operations August Progress Report

September 12, 2024



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Executive Summary

- One Team | United on Access Specialty Wave 4a work across Allergy, Nephrology, and Women's Health continues to progress, with workgroups continuing to focus on decision tree design.
- Wave 4b (Infectious Disease, Endocrinology, Rheumatology, Pulmonary + PFT, and Sleep Center) design workgroups are on track to kickoff in late September and early October.
- Phase 1 of the Genesys phone migration project is slated to wrap in November with the go-live of the Contact Center. Phase 2 will kick off in January 2025 and will cover all remaining Ambulatory Access users.
- The Ambulatory Role Delineation project is currently focused on delineating Medical Assistant and Medical Office Assistant/PCT roles within the UVACH Medical Group.
- Online scheduling for adult and pediatric primary care is now live system-wide, following a successful pilot with UVACH Medical Group clinics.



One Team | United
on Access

Did You Know?

Key Facts for Clinical Faculty



The *Did You Know?* feature highlights key facts and information for faculty about [One Team | United on Access](#).

Did You Know Providers Are Not Penalized for Late Cancellations and/or No Shows?

Providers are not penalized for late cancellations and/or no shows. Late cancellations and no shows have no impact on the 4 Hour Session Adherence or Scheduled Slot Adherence metrics. Those two metrics are based only on how your template is built, not on how visits are scheduled or completed. Late cancellations will impact the Appointment Slot Utilization metric, but this metric is now considered an operational measure on how well our operations teams are able to fill your schedule.

For more information

- Visit the [One Team | United on Access Faculty FAQs](#).
- Contact [John Bennett](#), Chief Ambulatory Operations Officer, your [Ambulatory ACMO](#), your department chair, or send an email to ROneTeamUnitedonAccess@uvahealth.org.

Did You Know?

Key Facts for Clinical Faculty



Did You Know One Team Supports the Way Faculty Work with Residents and/or Students in Clinic?

One Team | United on Access supports faculty and learners in the following ways:

- Following ACGME guidelines for training and preparing resident and fellow physicians.
- Exempting learners (i.e., all trainees) from the template standards. Templates and patient volumes for residents and fellows are at the discretion of program directors.
- Excluding learners from the United on Access metrics.
- When precepting, faculty are given time and allowance to meet the educational needs of the learner(s).

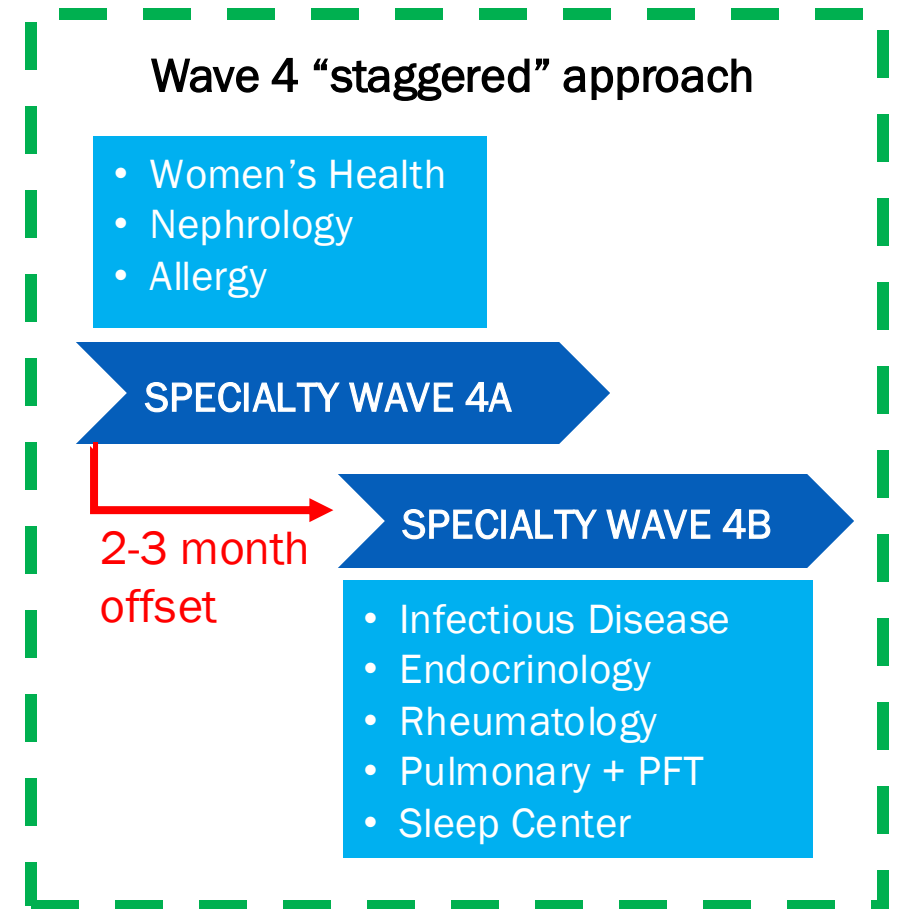
For more information

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Wave 4a Progress & Upcoming Milestones

Work across Allergy, Nephrology, and Women’s Health continues to track closely. All workgroups have finalized their diagnosis matrices and decision tree “trunk” designs. Work continues on various stages decision tree design:

- Allergy is finalizing the new patient scheduling design and will soon start on return patient scheduling. The team is also working on template proposals to bring to clinical and access leadership.
- Nephrology has added meetings to finalize new patient design and will next turn to return patient design.
- Women’s Health group is working on GYN new patient design and in light of the volume of visit types, has added meetings to ensure their work stays on schedule. After GYN, the group will move on to other subspecialties. Future state template discussions have also begun.



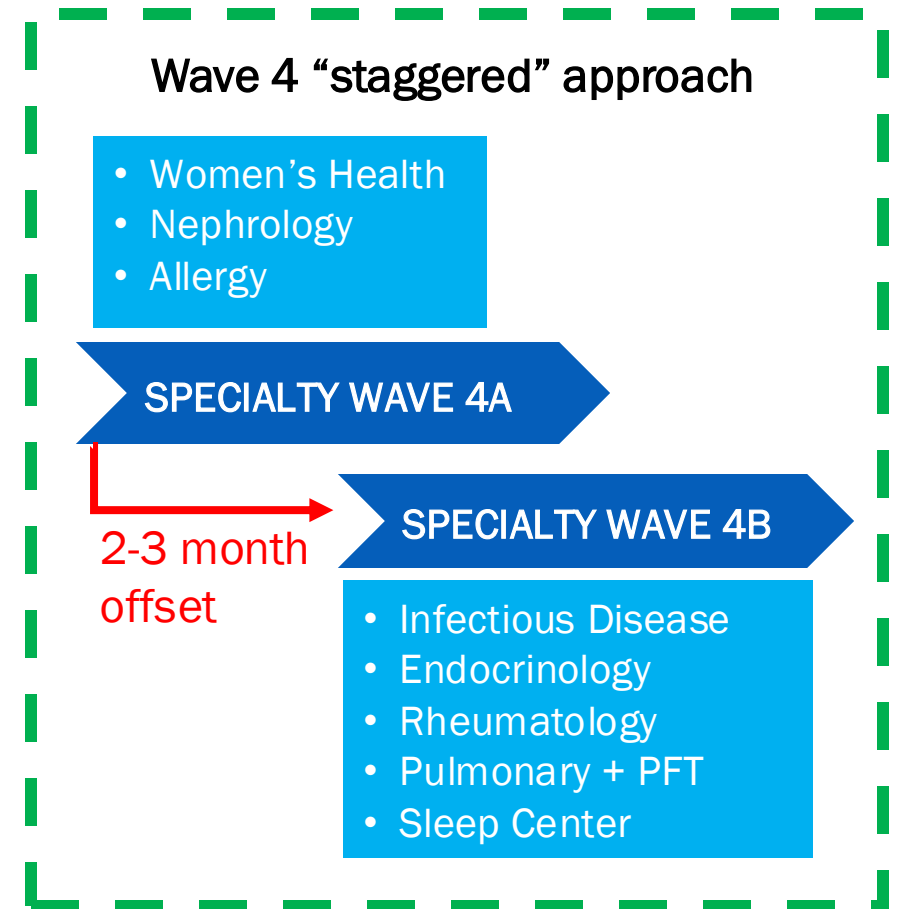
Training, Wave 4b Planning Underway

Wave 4 Training:

- The training team is finalizing its training plan in preparation for 4a staggered go-lives in Dec. and Jan.

Key milestones for the launch of 4b include:

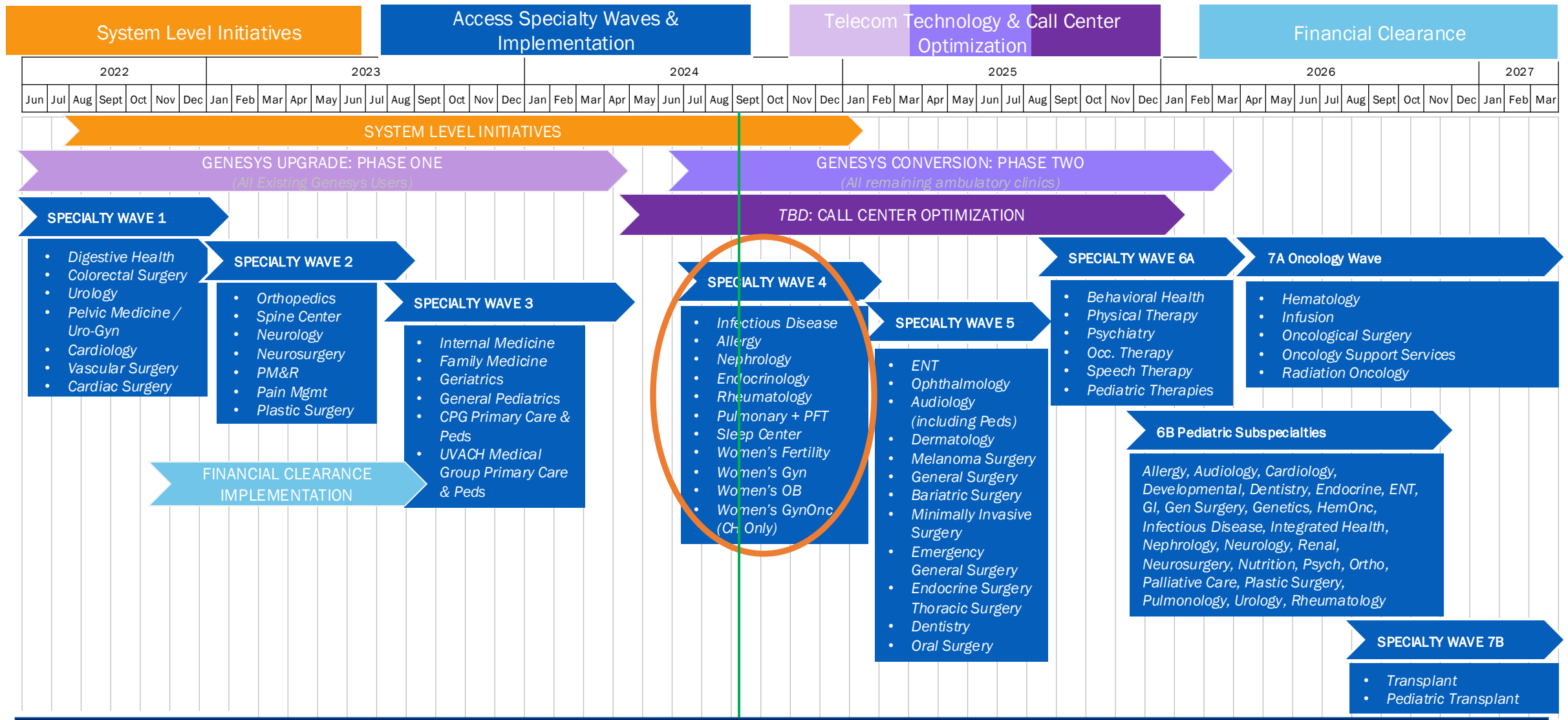
- Division meetings scheduled/underway in Sept.
- Current state clinic observations scheduled and underway, to be completed by end of month.
- LAM and Design Workgroup meeting schedules in development with goal to kick off in late Sept. or early Oct.



Genesys Phone Progress & Upcoming Milestones

- This initiative is migrating clinics to a new Genesys cloud-based phone system so each clinic will have the same functionality and reporting capabilities, and patients will have a more consistent user experience.
- Phase 1 of the Genesys project is slated to wrap up in November with the go-live of the Contact Center.
- Phase 2 will kick off in January 2025 and will cover all remaining Ambulatory Access users, including:
 - Allergy
 - Cardiology (Heart & Vascular)
 - Endocrine Surgery
 - Endocrinology
 - Nephrology
 - Psychiatry
 - Pulmonary + PFT Rheumatology
 - Sleep Center
 - Thoracic Surgery

Implementation Timeline



We are here

*Future waves are subject to change.



Performance Metrics

REMINDER: Clinic Ranking Criteria Changed Aug. 20

- The monthly [Ambulatory Clinic Rankings](#) list the Top 10 Performing Clinics and the 10 Most Improved Clinics. They were launched in September 2022 to promote teamwork within and among clinics and support our culture of continuous improvement.
- To better reflect our Ambulatory transformation and evolving priorities, the ranking criteria were revised, and the rankings published Aug. 20 reflect the new criteria.

Previous Ranking Criteria	Revised Ranking Criteria as of Aug. 20
Patient Access & Loyalty – 55%	Patient Access & Loyalty – 55%
<ul style="list-style-type: none">• Clinic Patient Experience – Staff Worked Together• New Patient Access within 14 Days• Bump rate	<ul style="list-style-type: none">• Clinic Patient Experience – Staff Worked Together• New Patient Access within 14 Days• Third Next Available
Workforce – 25%	Workforce – 20%
<ul style="list-style-type: none">• First-Year Retention• Functional Vacancy	<ul style="list-style-type: none">• First-Year Retention
Care Team Operations – 20%	Care Team Operations – 25%
<ul style="list-style-type: none">• Slot Utilization	<ul style="list-style-type: none">• 4-Hour Session Adherence• Scheduled Slot Adherence



Ambulatory Role Delineation Project

Clinical Support and Nursing Roles Initial Focus for ARD Work in UVACH Medical Group

Key Updates:

- UVA Community Health Medical Group kicked off ARD work on Aug. 13, starting with a focus on clinical support staff.
- The project team is meeting with the RN Navigator and Care Coordinator SMEs to review and confirm the updated and delineated RN Navigator job description and competency documents. This is an outstanding item from Group 2 work that required additional research to complete.

Next Steps:

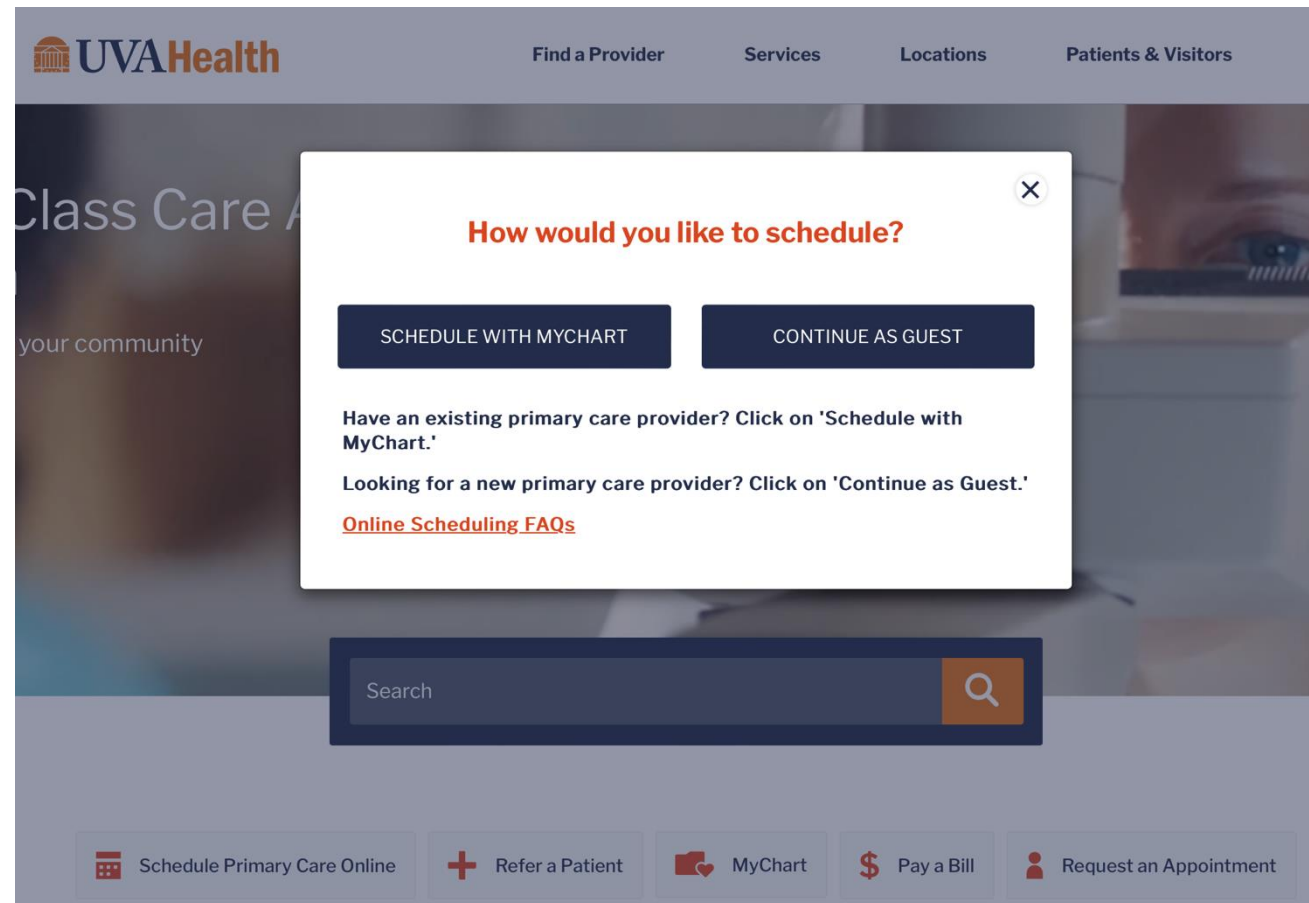
- The ARD team is preparing to present Group 5a (Medical Assistant and Medical Office Assistant/PCT) delineated roles to the SMEs in an upcoming town hall (date to be announced).
- Work will begin on Group 5b (Nursing roles) following the Group 5a town hall.



Additional Ambulatory Developments

Online Scheduling for Adult and Peds Primary Care Now Live System-Wide

- Online scheduling launched system-wide on August 27 for UVA Health Adult and Pediatric Primary Care, marking the first time that online scheduling is consistently available to patients across one of our largest specialties.
- This functionality will allow us to better meet patient expectations and demand for convenient, streamlined appointment scheduling. This system-wide launch comes on the heels of a successful pilot that began in April 2024 with the six UVA Community Health Medical Group primary care clinics, yielding crucial feedback and promising results.
- Read the [FAQs on Connect](#) to learn more about this most recent step in our digital evolution.



Registration Open for **Free** AAACN Certification Review Course Oct. 19 at OCIR

- UVA Health will offer the American Academy of Ambulatory Care Nursing's (AAACN) Certification Review Course on Oct. 19 at the Orthopedic Center – Ivy Road in Charlottesville.
- This one-day session is open to UVA Health ambulatory registered nurses (RNs) and is offered free of charge (a \$300 value). Attendance will be capped at 80 and registration is on a first-come, first-served basis.
- **Register now:**
 - University Medical Center and CPG RN's [register via Workday](#).
 - UVACH Medical Group RN's contact Sarah Shreckhise at SRS8HK@uvahealth.org.
- The course will provide an overview of the potential content that may be tested on the AAACN Ambulatory Care Nursing Certification Exam. In an interactive, case-based format, it will reinforce knowledge of ambulatory care and identify areas for further study in preparation for the exam.
- The class may also be suitable for RNs transitioning into ambulatory care or those who need a refresher on the ambulatory care nursing specialty.

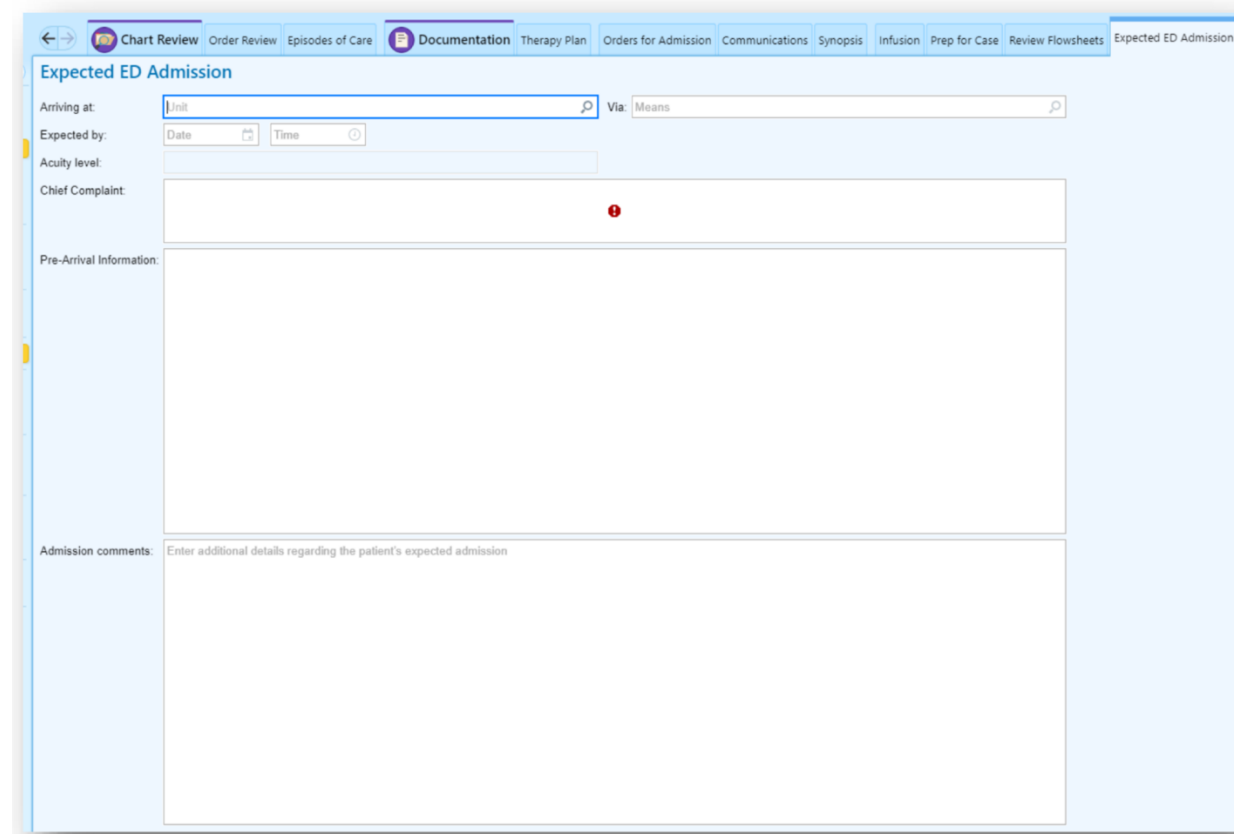


REMINDER: Patient Star Ratings and Comments Go-Live Sept. 23

- UVA Health announced in early July that it would begin leveraging first-party patient data and comments (collected via the Press Ganey patient satisfaction survey) to publish patient star ratings and comments on uvahealth.com provider profiles.
- A best practice for healthcare organizations across the country, star ratings and comments will assist new patients on their care journey and are also a proven way to retain current patients as they strive to be educated about their providers and care team.
- Go-live for patient star ratings and comments to appear on provider profiles at uvahealth.com has been scheduled for the evening of Monday, Sept. 23
- For FAQs and other information, visit the [Patient Experience website](#) and email questions to transparency@uvahealth.org.

In Case You Missed It: New Referral Process for University Hospital Emergency Dept.

- The process for referring patients to the University Hospital Emergency Department (ED) changed on Aug. 13, when the *ED Clinic/Home Transfer* order will be replaced by *Expected ED Admission Activity* in Epic.
- The ED Clinic/Home Transfer process historically was completed via an Epic order that was not user friendly, made tracking patients difficult for the ED, and included outdated manual elements.
- The new process remains Epic-based, leveraging the Epic-recommended *Expected ED Admission Activity* workflow. Using this workflow helps ensure that there is a reliable, user-friendly, and consistent process for documenting and locating ED transfer patient information in Epic so that the ED care team is best positioned to support the referred patient.
- Learn more on the [ED intranet page](#).



The screenshot displays the 'Expected ED Admission' form within the Epic EMR system. The form is titled 'Expected ED Admission' and is part of a larger interface with tabs for 'Chart Review', 'Order Review', 'Episodes of Care', 'Documentation', 'Therapy Plan', 'Orders for Admission', 'Communications', 'Synopsis', 'Infusion', 'Prep for Case', 'Review Flowsheets', and 'Expected ED Admission'. The form fields include: 'Arriving at:' with a dropdown menu showing 'Unit'; 'Expected by:' with 'Date' and 'Time' selection options; 'Acuity level:' with a dropdown menu; 'Chief Complaint:' with a large text area containing a red dot; 'Pre-Arrival Information:' with a large empty text area; and 'Admission comments:' with a text area containing the placeholder 'Enter additional details regarding the patient's expected admission'.



Champions of Change

Thank you to our August 2024 Champions of Change!



Tameka Sharpe, MBA, Access Manager, Ophthalmology

“Tameka has been a central figure in an extraordinary evolution in our Ophthalmology clinic, which jumped from 89 to 9 in the Ambulatory Clinic Rankings this past year, thanks largely to improvements in access-driven metrics. Since joining the team 18 months ago, she has employed hard work, strong interpersonal skills, and a sense of humor to help improve both the performance and morale of her team. As a triad leader, she is a respected collaborator whose judgement and leadership are trusted and tremendously valued by her peers.” Thank you for being a champion of change, Tameka!

–Renee Viette, Ambulatory Operations Director



Nicole Chevry, Clerical Supervisor III (Access), UVA Community Health OB-GYN

“Nicole has been an active and engaged participant in the One Team | United on Access Women’s Health Design Workgroup. Representing her access colleagues in the Northern Virginia market, she has brought thoughtful insights, an open mind, and supportive attitude to each workgroup convening. Critically, she is also acting as an informal project ambassador to help ensure that her Women’s Health colleagues understand the project and how it will affect them.” Thank you, Nicole, for being a champion of change!

–Katie Shifflette, AIT Women’s Health Workgroup Lead