

Ambulatory Operations Progress Report February 28, 2023

Dear Colleagues,

As you will read below, it has been another productive month and our Ambulatory evolution continues to progress at an ever-quickening pace. We hope that you find these monthly reports useful, as they are central to our commitment to keeping you informed. Sharing information is critical to preparing for and successfully implementing change. While we work to keep team members up to date, we ask that you also commit to staying abreast of the latest developments that impact your team and sharing information with colleagues. In addition to this monthly progress report, the [Ambulatory Operations intranet site](#) is the preeminent source for both foundational information and the latest updates on our Ambulatory transformation. If you haven't yet, please visit the site and help make team members aware of it. Managers can post [this sign with QR code](#) to their visual management boards and other appropriate locations to raise awareness of the site, and in turn, create a more informed team.

With gratitude,

John Bennett, MPA
Chief Ambulatory Operations Officer

Alan C. Dalkin, MD
Associate Chief Medical Officer – Medicine

Gina D. Engel, MD
Associate Chief Medical Officer – Primary Care

William C. Petersen, MD
Associate Chief Medical Officer – UVA Children's

Shayna L. Showalter, MD
Associate Chief Medical Officer – Surgery

One Team | United on Access | Closing Out Wave 1, Wave 2 in Full-Swing, and an Updated Timeline

Notables and Quotables

Wave 1 Issue Resolution and Enhancement Implementation Rates

- Average **95% issue resolution rate** across the six Wave 1 specialties (Issues = “I can’t do my job”).
- Average **87% completion rate** for requested enhancements across the six Wave 1 specialties (Enhancements = “nice to have”).
- Key themes addressed: decision tree edits (including adding diagnoses), work queue view and filtering, visit durations, template updates, and training needs.

The One Team | United on Access train continues to roll on. As Wave 1 specialties transition to sustaining mode, it's an apt time to emphasize that a critical component of wave implementation is a process for reporting and resolving issues that specialty teams identify post-go-live. As with any change of this magnitude, we expect hiccups – some larger than others – and build resolving them into our process. As noted above, more than 95% of the issues identified in Wave 1 have been resolved, and of the 236 enhancements requested, 87% have been implemented. What's more, we are building the infrastructure within the Access team, in partnership with HIT, to ensure that we have the in-house capability to manage issues and implement enhancements in perpetuity, not just for the duration of the project.

Looking ahead, the project team has revised the specialty wave schedule and determined that Wave 3, slated for a June kickoff, will focus solely on Primary Care and General Pediatrics. Specialties originally slotted for Wave 3 will be shifted to Wave 4 (including Women's Health, Endocrinology, and Allergy, among several others), and a sixth wave has been added. [Review the updated specialty wave timeline here.](#)

On behalf of the project team, we would like to thank the APP Council for the time to update our APP stakeholders at their recent meeting and for the productive dialogue that ensued. [A recording](#) of the meeting is available for APP's who may have missed the meeting.

February Status Updates

<p>February Key Learnings</p>	<ul style="list-style-type: none"> • Key learnings for Wave Two Specialties this month included Decision Tree design consideration and documentation of decision tree pathways. Demonstrations of Appointment Request and new work queues in Epic were completed by all specialties. • Specialty Wave Training: Wave One stakeholders have outlined a series of lessons learned regarding training of our clinical and Access end-users on One Team workflows and expectations. A new and improved training program is under construction to allow for a more robust experience for all future waves and new hires. This program will consist of a combination of in-person and virtual training sessions paired with interactive computer-based learning modules followed by a proficiency exam – all to be completed prior to go-live. Detailed plans and expectations for enrollment will be shared with leadership teams next month.
<p>Work Starting or Finishing</p>	<ul style="list-style-type: none"> • Wave One Specialties are resolving outstanding issues and enhancement requests and completing the transition to sustainability and UVA ownership. • Wave Two Specialties are wrapping up current state workflow reviews and continuing new patient Decision Tree design of diagnoses. They are finalizing the list of diagnoses by specialty within the Diagnosis Matrix and will begin return patient design in the coming weeks. The current state template analyses and reviews also are in progress.

	<ul style="list-style-type: none"> • System-Level Initiatives <ul style="list-style-type: none"> ○ The Access Policies team is re-focusing on developing a series of standard operating procedures to support enhanced Access processes. ○ The My Chart Pre-Visit Update work is moving forward with planning timelines for questionnaire changes. ○ The Metrics and Reporting team is building the framework for the Access leadership dashboard. ○ The Genesys Cloud Migration (phone system) team has identified a pilot area and is setting timelines for go-live. ○ The Rev Cycle team went live with financial clearance SOP on Feb. 21 and is focused on supporting a successful implementation.
<p>Kudos and Acknowledgments</p>	<ul style="list-style-type: none"> • Kudos to Wave Two Specialty stakeholders for their participation in design workgroups. Multiple stakeholders overlap with several specialties and their dedication to each workgroup has made a significant impact. • Kudos to providers for their strong engagement across specialties – your involvement has been critical to our progress.
<p>What's Next?</p>	<ul style="list-style-type: none"> • Wave Two Specialties will continue weekly design workgroups, with a focus on Decision Tree design for new and return patient scheduling. Wave Two Specialties will also continue current state template analysis and discussion based on requested specialty review processes. • Wave Two training preparation will continue, with a focus on collecting current state materials and beginning One Team-specific training development.

Ambulatory Role Delineation | An Opportunity to Set the Standard for Nursing Role Delineation

The Ambulatory Role Delineation team is deep in the throes of defining the RN Care Coordinator (RNCC) position. The project team has yet to find evidence in academic literature or among peer organizations that there is a model in which the RNCC and RN roles are effectively delineated with the necessary structures to support both roles working at the top of scope. This means that the team’s nursing work represents an exciting opportunity for UVA Health to set the standard. What’s more, the project team is thrilled to have more than 40 nursing subject matter expert-champions from across Ambulatory Operations engaged in this work and thanks them for contributing their time and talent.

Following work on RNCC and RN roles, the project will turn to LPNs and is on track to complete Group 2: *Nursing* on schedule this spring.

Performance Metrics | More Enhancements on the Way: Tracking Our Progress Against Annual Goals

- We are pleased to report that a new solution has been implemented to expunge providers who no longer work for UVA Health from reporting metrics. Starting with the March 17 scorecard update, departments can expect to see cleaner data and potential improvements in their metrics. Please contact [Katie Pennock](#) with any questions about this update.
- A new tool is being piloted to provide a global view of daily Ambulatory nursing vacancies. The Daily Functional Vacancy metric aims to help leaders quickly identify staffing shortages and deploy float pool resources to the areas with greatest need. We look forward to providing you with updates on this pilot in the near future.
- REMINDER: The mid-March scorecard update will reflect the recently [updated list](#) of reasons for marking a scheduling template as “unavailable” in Epic, designed to enhance the accuracy of the slot utilization calculation.
- For fiscal year 2023, we established two division-wide goals: to reduce our No Show rate and improve our “Staff worked together” score (as measured by the Press Ganey patient survey). With four months remaining in this fiscal year, we are ahead of our No Show rate goal and just short of our “Staff worked together” goal. Both metrics are tracking ahead of our performance for the same time last year. This is great work that has us trending in the right direction. We have four months to meet our “Staff worked together” goal and widen the gap between our FY22 scores- let’s do it!

	Year-to-Date Performance	FY 2023 Goal	Same Time Last Year Performance
No Show Rate	12.5%	12.8%	13.6%
“Staff Worked Together” Score <i>(weighted scale 1-100, with 100 being highest score possible)</i>	95.8	96.2	95.7

Celebrations | February Champions of Change

As we mark a milestone in transitioning Wave 1 specialties to their sustaining phase, it is an appropriate moment to recognize our Health Information and Technology (HIT) and Central Template Team partners as Champions of Change. Without their expertise, talent, and execution, One Team | United on Access would be an unrealized vision. From building provider templates for our specialty waves to playing a key role in each of our system-wide workstreams to supporting vital team member training initiatives, they have been with us every step of this journey, helping identify creative solutions to some of our biggest challenges. HIT is also foundational to the performance metrics program that enables Ambulatory leaders to elevate our collective performance in service of patients and support our clinics and teams in countless other ways. We are grateful for their partnership and pleased to recognize Health Information and Technology and the Central Template Team as Champions of Change!

We Welcome Your Ideas and Suggestions

No matter your role at UVA Health or whether you come to us for your own medical care, we welcome your thoughts and input as we move our vision of being best-in-class toward reality. Please email messages to: ROFFICEOFTHECAOO@uvahealth.org.

Bookmark the Ambulatory Operations intranet page for quick access to this important resource!
<https://ambulatoryops.uvahs.org>