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Ambulatory Operations July Progress Report

August 8, 2024



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Executive Summary

- Work across Allergy, Nephrology, and Women's Health is underway as part of One Team | United on Access Specialty Wave 4a. Design workgroups began meeting in July with an initial focus on decision tree design.
- Team members who have gone through the One Team process share their experiences with the project and the impact it's had on patients and clinics in a [new video](#).
- To better reflect our Ambulatory transformation and evolving priorities, the monthly clinic rankings criteria have been revised, effective with the Aug. 20 data portal refresh.
- In August the Ambulatory Role Delineation project team will begin work to implement role delineation for clinical support, nursing, and administrative support roles in UVA Community Health Medical Group clinics.
- The process for referring patients to the University Hospital Emergency Department (ED) will change on Aug. 13 when the *ED Clinic/Home Transfer* order will be replaced by *Expected ED Admission Activity* in Epic.



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 United on Access Helps Bring Efficiencies, Clarity, and Consistency to Team Members' Roles?

United on Access will bring efficiencies and clarity to team members' roles, as well as consistency. These changes will reduce administrative burden and frustration, enhancing job satisfaction and retention among team members. Some examples of benefits team members will experience include:

- Consistent access and clinical workflows within specialties allow for better cross-coverage on access team and nursing staff.
- Access staff can schedule same-day appointments without going through nurse triage for some common issues.
- Template standards create efficiencies and predictability in scheduling and clinic staffing, lessening the impact of staffing shortages felt by all.
- Template standards help optimize space so clinic leaders can accurately gauge when additional space is needed.

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 Providers Can Add Extra Telehealth Sessions?

There is a way to add on exclusively telehealth sessions. These sessions can be either a one-time addition or a recurring addition. These sessions need to be added by the Central Template Team and can be requested through your local access supervisor. The main requirements are that support staff are not needed for the session and that the request has been made several days in advance of the session occurring. Exclusively telehealth sessions do not negatively impact the metrics.

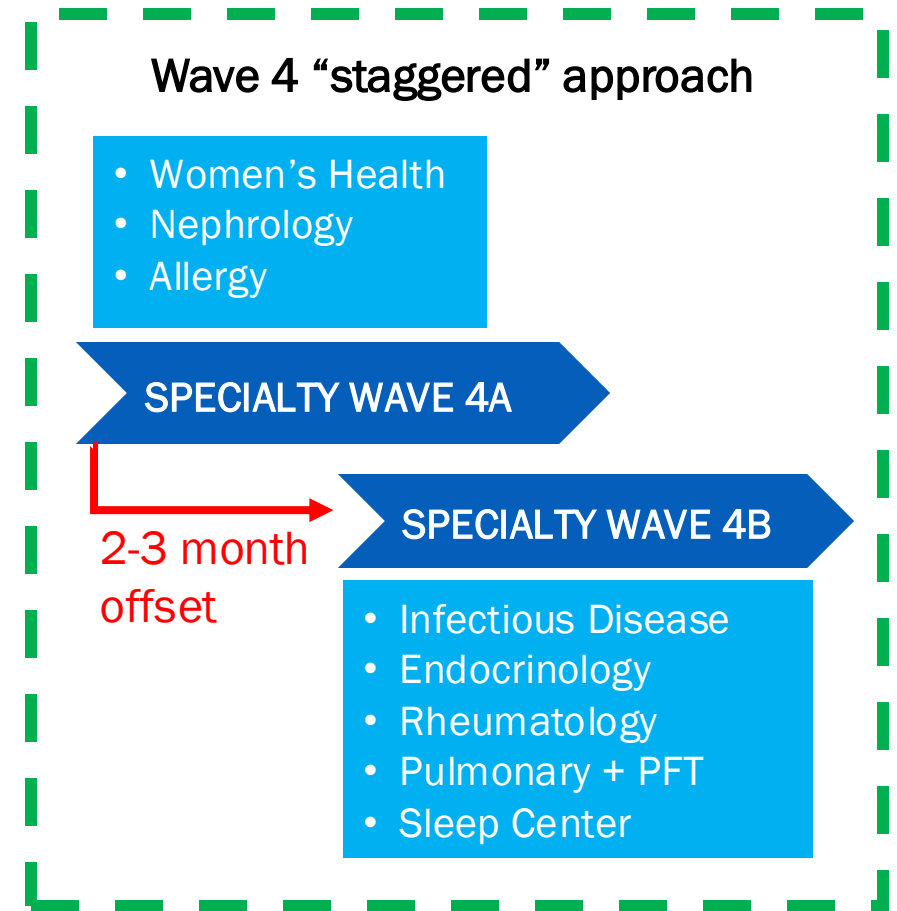
For more information

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Wave 4a Progress & Upcoming Milestones

Work across Allergy, Nephrology, and Women's Health is tracking closely in the early stages of the design Workgroup and Leadership Accountability meetings:

- Workgroup and Leadership Accountability meetings have begun.
- Workgroups have completed current state review and validation while diagnosis matrices are under review by clinics and specialties.
- Workgroups will focus next on decision tree “trunk” design and new patient design.
- Leadership Accountability groups are meeting in early August to align on template guiding principles.



Enhanced Approach to Wave Communications

As part of the project's lessons learned and commitment to continuous improvement, enhanced communication approaches and assets have and will be rolled out with Wave 4a to support timely, transparent communication about the project with team members and stakeholders.

Communication/Resource	Description	Audience
Project Orientation for Managers	Orientation meeting hosted prior to kick off to help clinic and access leaders understand the project and their role in it. Held in June.	<ul style="list-style-type: none"> • Clinic leadership • Access leadership
Introductory Lunch and Learn	Held July 9 and 15, these sessions outlined the goals of the project, key deliverables, and the wave process.	<ul style="list-style-type: none"> • Front line team members
Wave Kickoff Message (Email)	Sent July 25, this email marked the start of specialty workgroup meetings and highlighted project rationale, and resources for staying informed.	<ul style="list-style-type: none"> • Providers • Clinic leadership • Front line team members
One Team Weekly Updates (Email)	Regular progress updates delivered to your inbox, sharing workgroup progress and decisions, new resources, training info, etc. Launched July 25.	<ul style="list-style-type: none"> • Providers • Clinic leadership • Front line team members
Take 30 for One Team Webinars	Webinar series designed to keep you informed of progress throughout wave process. Fall dates TBA.	<ul style="list-style-type: none"> • Clinic leadership • Front line team members
Division/Clinic/Other Meetings	Project team will provide updates and solicit feedback at various specialty meetings as appropriate.	<ul style="list-style-type: none"> • Providers/Faculty • Clinic leadership • Front line team members

***NEW* One Team Video**

Team members who have gone through the One Team process share their experiences with the project and the impact it's having on patients and team members.



Click image to play video

Waves 1 & 2 Optimization Continues

- Optimization work is on track across most specialties.
- Most Group A specialties are nearing completion.
 - Neurology paused pending start of new department chair in August.
- Group B specialties aligned on scope and timelines, with work under way.
 - Heart and vascular approaching by sub-specialty: *Cardiology, Vascular Surgery, Cardiac Surgery, Vascular Medicine.*
- Group C specialties are completing optimization work in standing sustainability meetings.
- As a reminder, the optimization project stems from lessons learned over three implementation waves and will be targeted, intentional, and guided by data for key operational metrics (quantitative) and input from specialties (qualitative).

Specialty/ Focus Area	Optimization Group
Pain	Group A
PMR	Group A
Plastic Surgery	Group A
Neurosurgery	Group A
Digestive Health	Group A
Orthopedics	Group A
Neurology	Group A
Heart & Vascular	Group B
Urology	Group B
Spine	Group B
Colorectal Surgery	Group C
Pelvic Medicine	Group C

System-Wide Initiatives Progress & Upcoming Milestones

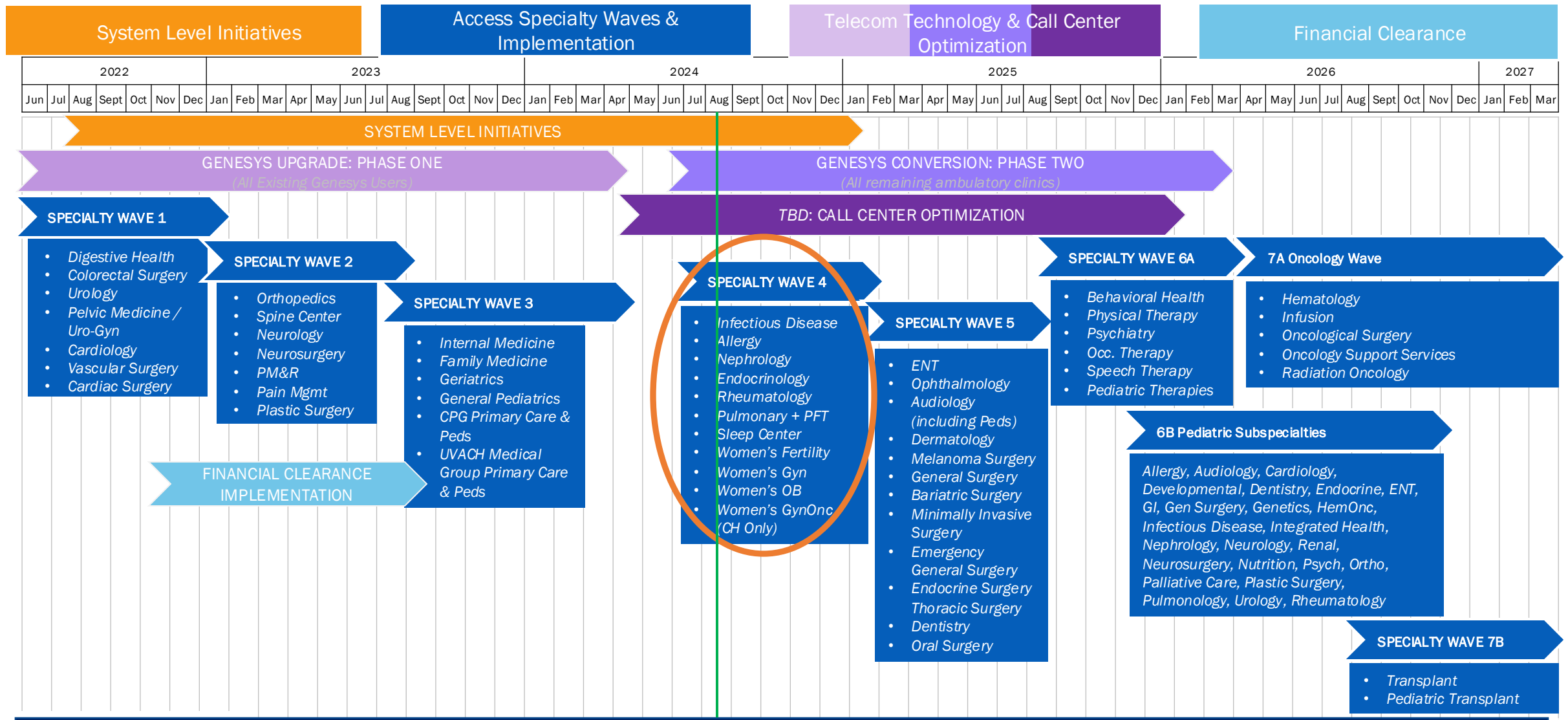
Enhanced Referrals

- The enhanced referral process has been implemented in Urology, Vascular, Neurology, Diabetes Education, Pulmonary Rehab, and Sleep.
- The following specialties have requested Enhanced Referrals and are in various stages of planning and implementation:
 - Otolaryngology
 - Behavioral Medicine
 - Pulmonary
 - Psych
 - Digestive Health
 - Cardiac Surgery
 - Vascular Surgery
 - Cardiology
 - Endocrinology
 - Rheumatology
 - Dentistry

Genesys Phone Project

- This initiative will migrate 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.
- To date, 13 operational areas and more than 700 agents have made the transition to the cloud-based Genesys phone system. Primary Care, Neurosurgery, Mobile Care Clinic, and Ancillary Access are slated to go live August 21.

Implementation Timeline



We are here

*Future waves are subject to change.



Performance Metrics

Changes to Clinic Rankings Criteria Take Effect 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 rankings criteria will be revised effective with the Aug. 20 data portal refresh (rankings published Aug. 20 will reflect the new criteria).

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



Ambulatory Role Delineation Project

ARD Work Launches at UVA Community Health Medical Group

Key Updates:

- ARD implementation for Dialysis kicked off on July 8 and the post-implementation town hall is slated for Aug. 8.
- The project team is finalizing an RN Navigator job description that is clearly delineated from the RN Care Coordinator role. This is an outstanding item from Group 2 work that required additional research to complete. It will next go to the ARD Steering Committee for approval and then to clinic teams for implementation.

Next Steps:

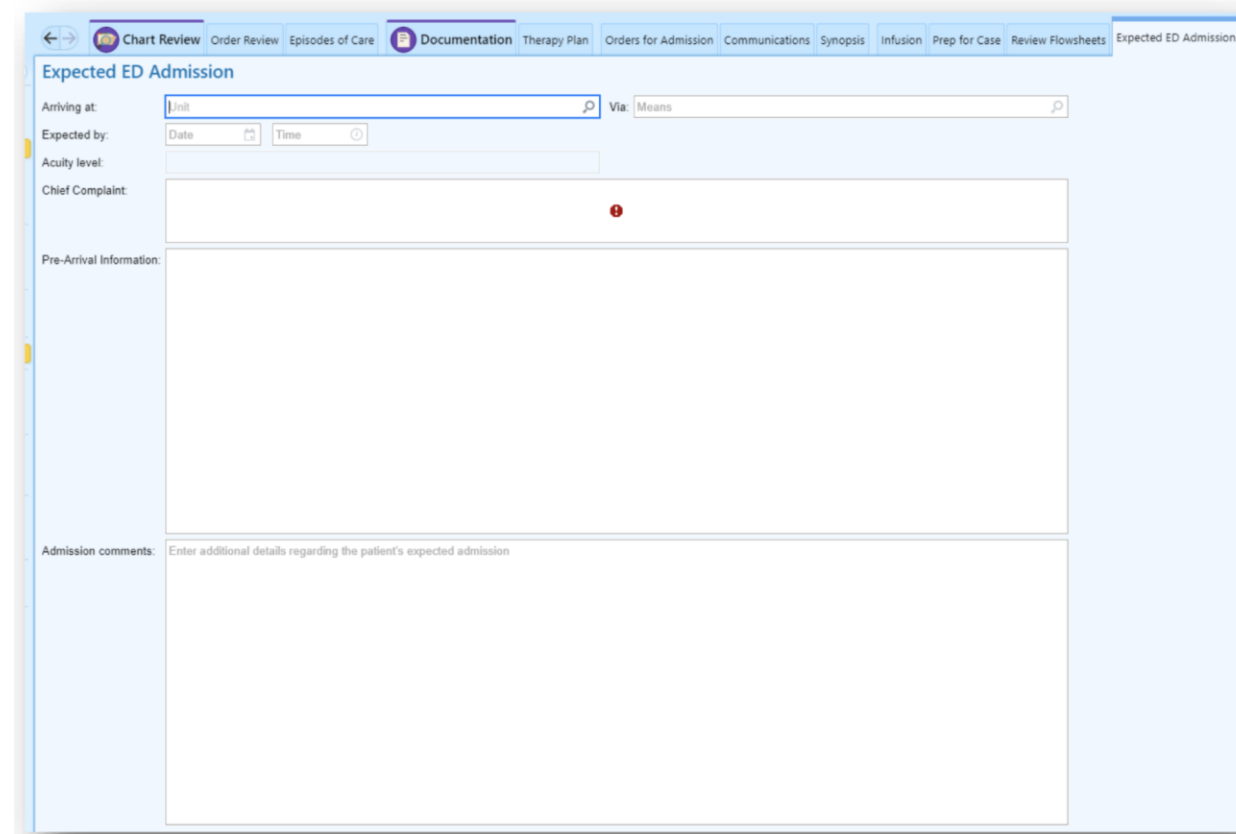
- On Aug. 13, the ARD team will begin work to implement role delineation for clinical support, nursing, and administrative support roles in UVA Community Health Medical Group (UVACHMG) clinics.
- The first steps will focus on clinical support roles, starting with a current state analysis of these roles and related job descriptions and competencies.



Additional Ambulatory Developments

New Referral Process for University Hospital Emergency Dept.

- The process for referring patients to the University Hospital Emergency Department (ED) will change on Tuesday, 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 has been completed via an Epic order that is not user friendly, makes tracking patients difficult for the ED, and includes outdated manual elements.
- The new process will remain Epic-based, leveraging the Epic-recommended *Expected ED Admission Activity* workflow. Using this workflow will help 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 includes several input fields: 'Arriving at:' with a dropdown menu, 'Expected by:' with 'Date' and 'Time' dropdowns, 'Acuity level:', 'Chief Complaint:' with a large text area containing a red error icon, 'Pre-Arrival Information:' with a large text area, and 'Admission comments:' with a text area containing the placeholder 'Enter additional details regarding the patient's expected admission'.

Patient Star Ratings and Comments Go-Live on uvahealth.com in Mid-September

- 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.
- Participating providers were notified of their inclusion in the program and received their first star ratings and comment report from Press Ganey on July 23. Providers may use this report to review comments prior to publication in mid-September and appeal any they feel should not be published by Aug. 31. **Comment review is optional**; Press Ganey will review all comments, immediately eliminating those that meet defined [exclusion criteria](#).
- For FAQs and other information, visit the [Patient Experience website](#) and email questions to transparency@uvahealth.org.

Digital Transformation Continues with Transition to Epic Texting Service

- On July 25, UVA Health transitioned to the Epic-integrated patient SMS texting service Hello World.
- With Hello World, patients can receive visit updates, pre-visit check-in links, prescription reminders, billing notifications, care reminders, new result links, and additional communication. Text message outreach can bridge the gap to users who are not able to access the MyChart app or the website on their phones and help deliver more equitable care.
- Both Epic and the Commonwealth of Virginia mandate explicit patient opt-in for SMS messages, so even patients who previously received SMS messages from UVA Health must re-enroll in this new platform. Access, HIT, and Communications teams are working to enroll and re-enroll as many patients as possible to receive texts from UVA Health.
- To learn more about our transition to this new service and its benefits, see the [FAQs on Connect](#).



New Sickle Cell Screening Reg Takes Effect in VA

- **New legislation that took effect July 1 requires that if requested, every adult resident of the Commonwealth is offered a screening tests for sickle cell disease.**
- A new option for ordering Hemoglobin Electrophoresis titled “**Sickle Cell Screening – FOR PCPs.**” went live in Epic on July 31 (while it includes the “for PCPs” designation, anyone may use it). It aims to help streamline screening for sickle cell disease.
- Built into the workflow for this order is a question asking patients if they wish to share positive results with the Virginia Department of Health (VDH) for inclusion in their sickle cell database. Information transmitted to VDH will likely include: confirmed diagnosis (only positive results will be reported), name, date of birth, and other demographic information.
- The regulation also requires patient education/counseling for those being screened for those being screened for sickle cell. Please consider the educational resources found in Epic or from the Centers for Disease Control:
 - https://www.cdc.gov/sickle-cell/media/files/Factsheet_SickleCell_Status.pdf
 - <https://www.cdc.gov/sickle-cell/media/inforgraphics/Sickle-Cell-Infographic.pdf>
- Only patients testing positive for sickle cell disease need referral to hematology unless special circumstances exist.
- **Questions:** contact Gina Engel, MD, or Kelly Davidson, MD.

Save the Date: AAACN Certification Review Course Oct. 19 at OCIR for RNs

- 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 will be open to eligible UVA Health ambulatory registered nurses (RNs) on a first-come, first-served basis and is offered free of charge (a \$300 value). Watch your email for registration details.
- The course provides an overview of the potential content that may be tested on the AAACN Ambulatory Care Nursing Certification Exam. In an interactive, case-based format, the course will reinforce knowledge of ambulatory care and identify areas for further study in preparation for the exam.
- The growth and development of UVA Health RNs is a high priority. There is a growing body of nursing research and clinical evidence that supports high RN professional board certification rates correlating with better patient care outcomes. Achieving national certifications in one's nursing specialty increases professional pride and competency and supports patient safety.





Champions of Change

Thank you to our July 2024 Champions of Change!

This month we are pleased to recognize the interviewees and subjects of the new [Perspectives on One Team video](#) for taking the time and effort to share their thoughts on the One Team | United on Access process and the impact it has had on their patients and clinic operations. We hope that their stories will lend insight to all team members who are or will be going through the One Team specialty wave process. *Thank you all for being Champions of Change!*

- Elizabeth Brooks, RN, Internal Medicine Orange
- Rebekah Compton, DNP, Chief Clinical Officer, UPG Clinical Practice Group
- David Callender, MD, Internal Medicine, Medical Director
- Heather Collier, Access Lead, Colorectal Surgery
- Emily Flippen, RN, Charge Nurse, Urology
- Angela Fortune, RN, Charge Nurse, Orange Pediatrics
- Kirsten Greene, MD, Chair, Urology
- Ward Gypson, MD, Physical Medicine & Rehabilitation, Medical Director
- Michael Kelly, Access Associate, Pelvic Medicine
- Brad Kesser, MD, Otolaryngology
- Jim Min, MD, Physician Market Executive, UVA Community Health Medical Group
- JT Stranix, MD, Plastics Surgery, Medical Director
- Rachel Suits, MSN, Operations Director, Neurology
- Lauren Woodward, Access Lead, Physical Medicine & Rehabilitation