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Ambulatory Operations June Progress Report

July 10, 2024



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Executive Summary

- One Team | United on Access optimization work with Waves 1 and 2 specialties is in full swing with nine specialties in progress and three remaining to commence work.
- One Team Wave 4 is underway, with design workgroups for the first three specialties scheduled to begin meeting in late July.
- FY25 patient experience goals will be based on the “likelihood of recommending” and “staff worked together to care for you,” metrics from the Press Ganey patient satisfaction survey.
- Dialysis began implementing newly delineated roles on July 8 as part of the Ambulatory Role Delineation (ARD) project. UVACH Medical Group will begin the process to implement role delineation work in late July.
- The lab at the Emily Couric Clinical Cancer Center (ECCCC) began offering Saturday lab appointments. This expansion of service will help expedite care and help divert urgent (but non-emergent) patients from the Emergency Department.



One Team | United
on Access

Did You Know?

Key Facts for Clinical Faculty



Welcome to Did You Know? This new report feature highlights key facts and information for faculty about One Team | United on Access.

Did You Know UVA Health Benchmarks Clinical Operations Against Other Academic Medical Centers?

When UVA Health applies the Vizient benchmark for New Patient Access within 14 Calendar Days, UVA is below the 25 percentile. United on Access was designed to allow us to catch up with our goal to increase patient access. The following information provides important context around clinical operations:

Within a five-day work week (Monday to Friday), there are ten potential four-hour clinic sessions – five in the morning (usually 8 a.m.-12 p.m.) and five in the afternoon (usually 1 p.m.-5 p.m.). The vast majority of academic health care organizations ask their physicians to be present *for the full four hours* of a clinic session.

We are not asking our physicians to participate in all ten clinic sessions each week. The number of clinic sessions a physician participates can vary depending upon many factors, acknowledging other obligations such as research, teaching, or administration, as well as whether a physician is part-time or full-time. For example, a physician that has many responsibilities outside of clinical care may only have one or two sessions per week. United on Access does not mandate how many sessions a physician will have each week; rather this is determined by the department chair and the physician's other obligations.

What the United on Access team is asking is this – if you are assigned to a four-hour session, then you be in clinic for the full four hours of that session. This ensures that we maximize the use of both our clinical staff (front desk staff, nurses, MAs, etc.) and clinic space, both of which are at a premium. To have a fully staffed four-hour clinic without doctors present and seeing patients is a waste of resources and deprives patients of much-needed access to clinical care.

If you want to work less, the choice should be to work fewer sessions. This is a conversation between you and your department chair. However, when you do work a session, you need to be present for the full four hours of that session to maximally utilize our staff and space – and increase access to care for our patients.

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 Prioritizes Continuity of Patient Care?

Continuity of patient care – meaning a patient can always be seen by their primary care physician (PCP) – is a priority shared by physicians and UVA Health leadership alike. Unfortunately, continuity of patient care is not always possible, especially for acute needs (respiratory virus, UTI, etc.) when patients need same or next day care.

When this happens, the following pathway has been established to help patients receive care within UVA Health when their PCP is not available. This work has been performed by the United on Access team with support by the three primary care department chairs. Patients are seen in order of escalation by:

1. PCP or regular provider
2. Another provider in the PCP's clinic
3. Same-Day Care, Urgent Care, or Virtual Care
4. Another UVA Health PCP in the same specialty
5. Another PCP within the UVA Health network

Having the patient receive care within the UVA Health network of providers ensures access to the patient's medical record. Unless medically necessary, keeping the patient from going to the emergency department (ED) is also an organization goal to ensure the ED has better access for the most seriously injured or sick patients.

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.

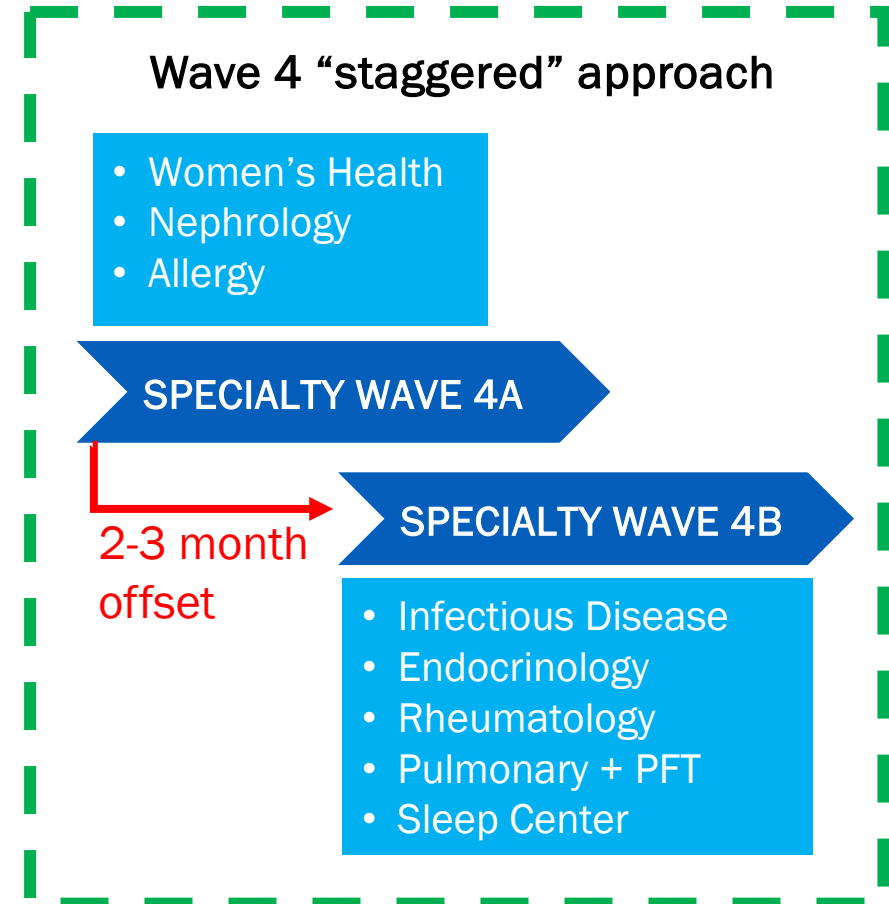
Waves 1 & 2 Optimization in Full Swing

- Optimization work is on track in for all specialties.
- Detailed work and timelines vary by specialty, but in general, Group A teams have aligned on scope, developed timelines, and work is well underway.
- Group B kick offs have been completed and scoping and timeline work has begun for Urology and Heart and Vascular. Spine kickoff is pending.
- Group C specialties will cover 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).

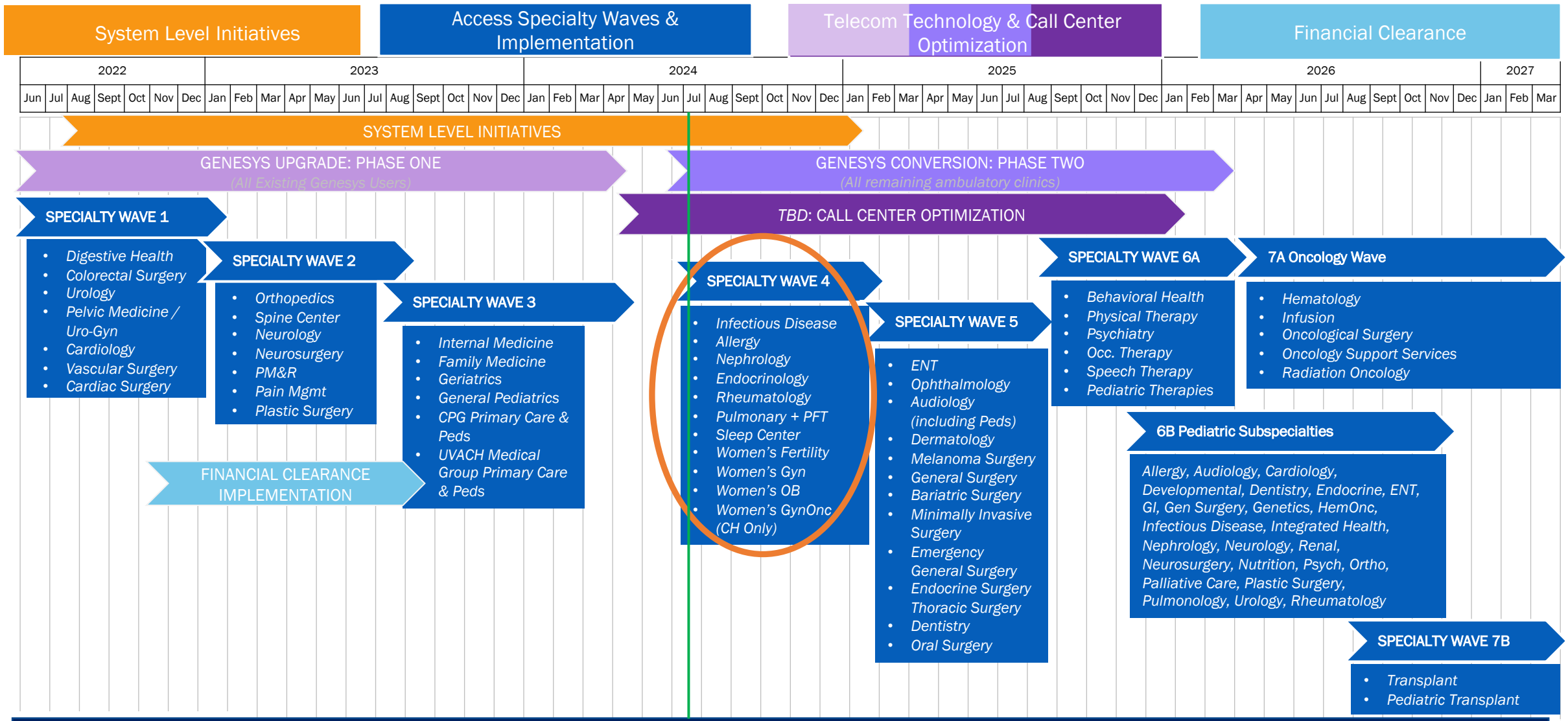
Specialty/ Focus Area	Optimization Group
Pain	Group A
PMR	Group A
Plastic Surgery	Group A
Neurosurgery	Group A
Digestive Health	Group A
Orthopedics	Group A
Neurology	Group A
Heart & Vascular	Group B
Urology	Group B
Spine	Group B
Colorectal Surgery	Group C
Pelvic Medicine	Group C

Wave 4a Underway

- As a reminder, Wave 4 will take place in a staggered approach, with “4a” and ”4b” waves.
- Department/divisions kickoffs completed for Medicine, OB/GYN, Allergy, Endocrinology, and Community Health. Nephrology kickoff slated for July 12.
- A special Access/Clinic Operations Wave 4 leader orientation was held in June to better prepare leaders for the process.
- Lunch and Learn sessions for frontline team members scheduled for July 9 and 15.
- 4a Design Workgroups slated to kickoff in late July.
- Enhanced communications for Wave 4 will include updates delivered at provider meetings and regular email updates delivered directly to providers and team members (vs. relying on manager or workgroup member cascade).



Implementation Timeline



We are here

*Future waves are subject to change.



Performance Metrics

FY25 Patient Experience Goals

- The Patient Experience Office has shared FY25 medical practice patient experience goals, which are based on the following metrics from the Press Ganey patient satisfaction survey:
 - *Likelihood of recommending*
 - All-Ambulatory goal: 96.3
 - *Staff worked together to care for you*
 - All-Ambulatory goal: 96.5
- Specific clinical area goals have been shared with clinic managers.
- Progress may be tracked via the [Ambulatory Scorecard](#).





Ambulatory Role Delineation Project

Dialysis Implementation Underway, UVACH Next

Group 4: Dialysis focused on delineating the work performed by non-nursing team members in the Dialysis program by defining top of scope competencies within distinct dialysis roles

Key Updates:

- Dialysis PCT updated and renamed **Dialysis Technician**
- Supply Coordinator will transition to **Dialysis Assistant**
- **Dialysis Assistant** clarified as clinical administrative support role and to support medical/pharmaceutical supplies responsibilities
- **Dialysis Administrative Assistant** clarified as clerical administrative support and patient registration/scheduling responsibilities

Dialysis Next Steps:

- [Implementation](#) began July 8.
- Post-implementation Town Hall Thursday, August 8.
- All clinics complete updated OCA forms by November 1.

ARD Coming to UVA Community Health Medical Group

Starting in mid-July, Ambulatory leaders will begin the work to implement role delineation for clinical support, nursing, and administrative support roles in UVACH Medical Group clinics.



Additional Ambulatory Developments

NEW: Saturday Lab Hours at ECCCC

Effective July 6, the lab location at the Emily Couric Clinical Cancer Center (ECCCC) is offering Saturday lab appointments for patients in need of urgent lab testing. This expansion of service will help expedite care and help divert urgent (but non-emergent) patients from the Emergency Department.

Hours and Location

- Lab at Emily Couric Clinical Cancer Center (1st Floor, Room 1990c)
- Saturdays, 8 a.m. – 2 p.m.
- *If patient needs after-hours labs, see [after-hours labs standard work](#)*

Services

- All standard services will be offered on Saturdays, including venipuncture (adult and pediatric patients), urine collection, and home collection specimens drop off.
- Saturday appointments are designated for urgent needs. Typically, this means elevated or abnormal lab results that do not fit the patient's clinical picture, and time-sensitive labs requiring recollection or repeat testing.
- **Important:** Patients with emergent labs who require medical attention should still be seen in the Emergency Department.

Questions: contact Panwichit Tongvichit or Shawn Lewis

Scheduling Saturday Labs

- Patient appointments are strongly encouraged
- Orders must be placed prior to scheduling
- Providers may send an appointment “ticket” to patient OR send an Epic in basket message to the *Ancillary Clerical Support Pool* .
- [See scheduling tipsheet for detailed instructions.](#)

Same Day and Virtual Care Options

As a reminder, the following options are available for same day care in Central Virginia and virtual care. All clinics are strongly encouraged to refer patients as appropriate to support patient access and alleviate Emergency Department overcrowding.

- [Virtual Care Fast](#) is a convenient option for patients when they cannot be seen in clinic for various needs. Available to any Virginia resident 18 years of age and older.
 - Location: virtual
 - Questions: Ben Dolewski
- [Same Day Care](#) serves patients referred by UVA Health providers/clinics. Appointments are required. Serves patients 18 years of age and older.
 - Location: 1222 Jefferson Park Ave., Charlottesville.
 - Questions: Ben Dolewski
- [Riverside Same Day Care](#) offers same day appointments for adult *and* pediatric patients.
 - Location: 2335 Seminole Ln., Charlottesville
 - Questions: Amanda Choisser



Champions of Change

Thank you to our June 2024 Champions of Change!

Emily Brady, MSN, RN, Clinical Nurse Leader, Dialysis Program



“Emily is a relatively new member of the dialysis team, but you would never know it. Her wealth of knowledge and experience as a clinical nurse leader have been particularly valuable as we conducted and now implement the results of the Ambulatory Role Delineation project work across our dialysis program. Her understanding of the dialysis space combined with her supportive and thoughtful approach to managing change have made her a tremendous asset to our team during this time of transition. Thank you for being a Champion of Change, Emily!”

–Dwayne Phillips, BSN, MBA, Interim Director of Dialysis Operations

Anne Tuskey, MD, Professor and Medical Director, Gastroenterology and Hepatology Clinics



“Dr. Tuskey has been a tremendous asset to the One Team optimization work. She is actively engaged and invested not only in her subspecialty, but others as well. She helps drive conversations and is a key advocate for the optimization work in her department. She is generous with her time and always brings a positive attitude, even when the task at hand is particularly difficult or tedious. We are grateful for Dr. Tuskey’s partnership and thank her for being a Champion of Change.”

–Melissa Webb, Program Coordinator, Access Implementation Team