

## Ambulatory Operations May Progress Report May 31, 2023

Dear Colleagues:

It's hard to believe that we're already at the end of another fiscal year. We have made dramatic strides towards our [renewed vision](#) for Ambulatory services in the last 12 months – the launch of the Ambulatory Role Delineation Project, the first specialty go-lives of One Team | United on Access, the availability of increasingly robust performance data and tools to help us refine our practice, and so much more. It's been *a lot*, and we can't say often enough: **thank you for coming on this journey with us and for all that you do in making UVA Health the best place to give and receive care**. On the topic of reflection, in June we will suspend this usual report format to offer a broader review of our progress since 2021. We look forward to sharing this accounting with you and as a related reminder, we invite you to share your feedback with us at any time by sending an email to [OfficeoftheCAOO@uvahealth.org](mailto:OfficeoftheCAOO@uvahealth.org).

With gratitude,

**John Bennett, MPA**

Chief Ambulatory Operations Officer

**Alan C. Dalkin, MD**

Associate Chief Medical Officer – Medicine

**Gina D. Engel, MD**

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**William C. Petersen, MD**

Associate Chief Medical Officer – UVA Children's

**Shayna L. Showalter, MD**

Associate Chief Medical Officer – Surgery

### Ambulatory Role Delineation\* | Implementation of Nursing Updates Begins

Following three well-attended town halls to help prepare clinic leaders and nursing team members, implementation of Group 2: *Nursing* updates is slated to begin May 31. An implementation guide has been shared with clinic leaders, along with refreshed job profiles and OCA forms for each role, all available on the ARD Project [website](#). Revised profiles and OCA forms are also available in Workday as of May 31.

Group 2: *Nursing* has focused on clarifying the work that Ambulatory nurses do and defining top of scope competencies within distinct nursing roles. Importantly, this work has been thoughtfully informed by more than 50 [frontline subject matter experts](#). The implementation of these updated job descriptions presents an opportunity for clinic leaders to reevaluate and redefine clinic staffing models.

The ARD Project will host two post-implementation town halls to field questions and feedback from clinic leaders and continue to support implementation, which is expected to take several months. Managers and directors should save these dates and look for calendar invites in June:

- Post-Implementation Town Hall Option 1 – Monday, June 26, 12-1 p.m.
- Post-Implementation Town Hall Option 2 – Wednesday, July 12, 12-1 p.m.

*\*The ARD Project scope includes all UVA Health Ambulatory clinics, however, UVACH Medical Group clinics will not implement until 2024.*

### Performance Metrics | FY24 Targets Set; No Show Rate Reaches Two-Year Low

- Last month we shared our FY24 division goal metrics, and this month we are pleased to update you with the targets for two of the three metrics:
  - Appointment Slot Utilization target: 85%
  - Voluntary Team Member Turnover: 15%

The Staff Worked Together score (from Press-Ganey patient survey data) is our third KPI for FY24. The target for this metric is set by the Patient Experience team and will be shared as soon as it is available.

To learn more about these key performance indicators, visit the [Ambulatory Scorecard](#).

- FY23 division goals metrics update: The year-to-date No Show + Late Cancel rate (missed appointment rate) dropped another 0.2 points this month, besting the FY22 rate by more than a full percentage point, and reaching a nearly two-year low of 11.1% in April. The Staff Worked Together score continues to hover half a point below our FY23 target, tracking with FY22.

|   | Year-to-Date Performance | FY 2023 Target | Same Time Last Year Performance |
|---|--------------------------|----------------|---------------------------------|
| No Show + Late Cancel Rate<br>(missed appointment)  | 12.2%                    | 12.8%          | 13.3%                           |
| “Staff Worked Together” Score<br><i>(weighted scale 1-100, with 100 being highest score possible)</i> | 95.7                     | 96.2           | 95.7                            |

**One Team | United on Access | Preparations for June and July Go-Lives in Full Swing**

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| <p><b>Wave 1 Scheduling Progress to Date</b></p> <ul style="list-style-type: none"> <li><span style="color: blue;">↑</span> <b>Scheduled Visits:</b> increased 30%</li> <li><span style="color: blue;">↑</span> <b>Annual Visits:</b> estimated increase of 18,000</li> <li><span style="color: blue;">↓</span> <b>Visit Types:</b> decreased 60% (from 266 to 107)</li> </ul> |
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May has been another busy month focused on readiness for our second wave of specialty go-lives starting with Orthopedics and Plastic Surgery on June 14. In addition to building and testing of templates and tools, training has been a top priority with the launch of more robust training plan that includes mechanisms for holding team members accountable for completing the program. In parallel, the team is also preparing for the kickoff of Wave 3, standing up governance groups to support the unique needs of Primary Care specialties and bringing UVACH Medical Group team members into the project fold.

**May Status Updates**

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| <b>May Key Learnings</b>          | <ul style="list-style-type: none"> <li>• As the second wave of template design reviews and signoffs were completed, opportunities for improving this process have been identified, including a more structured documentation process and additional support from the Access Team and ACMOs.</li> <li>• In multidisciplinary areas (e.g., cancer center), discussions need to begin earlier in the wave process to verify what’s in scope for a particular wave and impacts resulting from workflows that are partially in scope.</li> </ul>   |
| <b>Work Starting or Finishing</b> | <ul style="list-style-type: none"> <li>• Wave 1             <ul style="list-style-type: none"> <li>○ Refinements to triage and pre-visit planning clinical workflows have been completed and are live.</li> <li>○ The project team is continuing its work with eHealth to optimize records collection workflows.</li> </ul> </li> <li>• Wave 2             <ul style="list-style-type: none"> <li>○ Specialty Design Workgroups have concluded, and tools are in the review/build/test phase with HIT.</li> <li>○ Wave 2 Training has begun with Ortho and Plastic Surgery already underway in anticipation of 6/14 go-live. Pain and PMR will start the week of 6/5 in preparation for 6/28 go-live. Complete training program details and schedule are available on the <a href="#">One Team website</a>.</li> </ul> </li> <li>• Wave 3             <ul style="list-style-type: none"> <li>○ Initial planning discussions have begun, centered around scope, timeline, and resources. Key stakeholders will be</li> </ul> </li> </ul> |

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|   | <p>engaged in the coming weeks to begin prework for both adult and pediatric primary care.</p> <ul style="list-style-type: none"> <li>• System-wide initiatives <ul style="list-style-type: none"> <li>○ <b>Access Policies:</b> Based on recent feedback, Template Unavailable Reasons are currently being reviewed. Any resulting changes to the list of reasons will be communicated in June.</li> <li>○ <b>The MyChart Pre-Visit Update Optimization:</b> MyChart Pre-Visit Update improvements are in progress. For patient satisfaction, removing repetitive questions related to COVID / Travel Screening is under investigation. In addition, this project team is evaluating the possibilities of altering or removing the health-history questionnaire based on clinical input and feedback. Once these initiatives have clinical leadership support, a plan will be rolled-out to implement them across the health system.</li> <li>○ <b>Genesys Phone Upgrade Project:</b> A draft implementation plan has been reviewed by leadership to move forward with a rolling implementation for all existing users between July 2023 – February 2024. The project team is finalizing interactive computer-based learning modules with detailed information on the Genesys Cloud System that will be provided to all end-users before go-live.</li> <li>○ <b>CRM Project:</b> This team is finalizing training sessions and preparing for an early June go-live.</li> <li>○ <b>Real-Time Pharmacy Benefit (RTPB):</b> The RTPB Project has been suspended as initial results did not yield the desired outcome. It may be revisited in the future.</li> </ul> </li> </ul> |
| <p><b>Kudos and Acknowledgments</b></p> | <ul style="list-style-type: none"> <li>• Kudos to the UVA HIT Training Team for kicking off Wave 2 training this month. We appreciate their hard work and dedication in providing a robust training program to prepare Wave 2 team members for a successful go live. Thank you!</li> <li>• Kudos to all Wave 2 Specialties for their continued collaboration, support, and dedication to the One Team   United on Access Project. We are appreciative of every stakeholder who has contributed their time and effort to ensure that go-lives are a success. Thank you!</li> </ul>   |
| <p><b>What's Next?</b></p>              | <ul style="list-style-type: none"> <li>• Wave 2 <ul style="list-style-type: none"> <li>○ Complete training for all Wave 2 specialties.</li> <li>○ Complete testing of all new tools and templates.</li> <li>○ Go-lives in June and July: <ul style="list-style-type: none"> <li>○ 6/14 – Orthopedics (excluding Peds)</li> <li>○ 6/14 – Plastic Surgery</li> <li>○ 6/28 – Pain</li> </ul> </li> </ul> </li> </ul>   |

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|  | <ul style="list-style-type: none"><li>○ 6/28 – PM&amp;R</li><li>○ 7/12 – Spine</li><li>○ 7/12 – Neurosurgery</li><li>○ 7/12 – Neurology</li><li>○ 7/12 – Peds Ortho</li><li>○ Schedule at-the-elbow (ATE) support for each specialty during go-live and the following week.</li></ul> <ul style="list-style-type: none"><li>● Wave 3<ul style="list-style-type: none"><li>○ Continue preparing for kick off in summer 2023.</li><li>○ Host lunch-and-learn sessions in June for UVACH Medical Group Primary Care (including Pediatrics) team members to brief them on the project. <a href="#">See dates on the One Team website.</a></li></ul></li></ul> |
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### Champions of Change | UVA Health Access Associates

The One Team | United on Access Project is focused on radically improving patient access at UVA Health, and there is simply no way to achieve this goal without engaged Access team members. This month we recognize UVA Health Access associates for their hard work and dedication to meeting the objectives for the One Team project: getting the patient scheduled with the right provider, at the right time. They are contributing to the design of the future state while simultaneously operationalizing the changes- building the plane as they are flying it, as we often say, and it's not for the faint of heart. What's more, their partnership with clinical teams is essential for ongoing refinement of the new processes. On behalf of Ambulatory leadership, we thank our Access associates for their grit, collaboration, and commitment to creating a new Access model at UVA Health!

#### 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](mailto:ROFFICEOFTHECAOO@uvahealth.org).

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