

Ambulatory Operations Progress Report November 21, 2022

Dear Colleagues,

While it's only our second report, we're pleased to share that there has been significant progress across our key Ambulatory transformation projects this month. Among the highlights: the Ambulatory Role Delineation Project has reached a major milestone with updates to clinic support roles starting to roll out across clinics. One Team United on Access has kicked off training for the specialties in Wave 1, a sign that our first go-live is just around the corner. We know that these changes are the right thing to do for our patients and team members, but we also know the process of change is rarely easy.

As momentum builds on our transformative journey this November, it's a fitting moment to make clear: we are thankful for you. Thankful for your commitment to our patients and to each other. Thankful for your openness to our vision for Ambulatory Operations. Thankful for your efforts to enact change. None of this work is possible without you – our clinic leaders, providers, and team members.

We wish everyone a safe, restful, and joyous Thanksgiving.

With gratitude,

John Bennett, MPA

Chief Ambulatory Operations Officer

Alan C. Dalkin, MD

Associate Chief Medical Officer – Medicine

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Performance Metrics | We Heard You: Changes Coming to Account for Grand Rounds

Our performance measurement and reporting continues to evolve, providing more and better data as we add metrics and fine-tune existing ones based on Ambulatory goals and user feedback. In that spirit, we're pleased to share the following updates:

- The Session Availability Metric is now live on the [Ambulatory Scorecard](#), effective November 17. It measures the percentage of a provider's sessions that meet the four-hour ambulatory standard.
- By the end of December, Grand Rounds will be added as a reason for marking template time unavailable. This will enable a session that includes time at Grand Rounds to meet the four-

hour standard. The Grand Rounds reason will be added to provider templates as part of the four-hour session modifications that are underway to meet Department Annual Review (DAR) goals.

- Also, in support of DAR goals, our Capacity Management team will work with each department over the next several months to update templates to ensure that the data collected from them accurately reflects when providers are in clinic. Today, some provider templates are not appropriately built and some activities that should not be included in the slot utilization calculation are included because the wrong designation is in the template. For example: when a provider is on PTO the template should be marked as unavailable with reason code *PTO* rather than *Provider Requested*. These template updates mean that time blocked for activities such as Grand Rounds and PTO will be excluded from slot utilization calculations.

We would be remiss if we did not include a call once again for clinic managers, medical directors, and access leaders to leverage [scorecard](#) and [clinic ranking](#) data to identify opportunities for improvement and growth in your clinics. We encourage this triad to work collaboratively to make their clinic the best place to give and receive care.

One Team | United on Access Training Kicks Off as Wave 1 Go-Live Nears

Team members in Wave 1 specialty groups are beginning their training, a signal that we are nearing the very first go-live milestone for this massive project. A tremendous amount of work by many people has brought us to this point and we are grateful for their efforts, as they are truly blazing a new trail for UVA Ambulatory clinics and patients. Read below for this month's key project updates, and as always, we encourage you to visit the [project intranet site](#) for more information.

While exciting, we also know these changes may create anxiety about what lies ahead and how exactly it will impact workflows, schedules, and other aspects of work. Whether you are a provider, access associate, nurse, or other member of the clinical team, know that a tremendous amount of consideration has gone into these changes. Processes that work for each specialty/provider and are consistent with UVA Health guiding principles and standards will be created with your involvement. This is a north star for the project team and they are working closely with clinics and providers to meet this objective.

As part of this collaborative effort, One Team United on Access will host a meeting for clinical faculty on December 14. We will share more about the initiative, provide helpful information, and listen to and respond to your questions.

One Team United on Access Clinical Faculty Meeting

- Wed., Dec. 14, 5:30 – 6:45 p.m.
- In-person: ERC Room A (limited capacity – please [sign up](#) to reserve a seat)
- Virtual via WebEx:
<https://uvatelemed.webex.com/uvatelemed/j.php?MTID=m9f70d079103a06fb26b9685b8fbf16d7>
- Submit questions in advance to: ROFFICEOFTHECAOO@uvahealth.org

We look forward to seeing clinical faculty on December 14. A similar session is being planned for APP's – please watch your email for details.

One Team | United on Access Key Messages – November

<p>November Key Learnings</p>	<ul style="list-style-type: none"> • Specialty workgroups were provided with a demonstration of key workflow changes for Pre-Visit Planning, Nurse Triage, and Records Collection Outcomes. Workgroups were able to see how these workflows are incorporated into decision trees, resulting in streamlined communication and more timely and efficient scheduling processes. • Specialty workgroups have learned key strategies for optimizing templates. These include using auto-release settings, overbooks, and session limits, while taking an individualized approach to each provider template.
<p>Work Started or Finished</p>	<ul style="list-style-type: none"> • Wave 1 Specialty Design Workgroups have completed decision tree conversations and HIT is now building the decision tree tool in Epic. Specialty design workgroups are finalizing future-state template design and reviewing with operational leaders and providers for sign-off. Key elements of the future-state template design include conversations around block usage and auto-release strategies, session length, and visit type consolidation. The workgroups have taken an individualized approach to each provider template, ensuring they complement the corresponding decision tree to optimize scheduling processes. • Clinical and Access team members are enrolling in virtual training courses as part of the preparations for go-live. They also have access to a comprehensive One Team United on Access page on the Epic Learning Library where end-users can find recordings of past trainings, tip sheets on changing workflows, and specialty-specific scenarios to practice scheduling patients via the decision tree. • System-wide initiatives have been prioritized based on scope, available resources, and impact to organization. Progress highlights include: <ul style="list-style-type: none"> ○ The Access Policies Workstream is finalizing the vetting and approval process for the Late Arrival/Late Cancel/No Show with the goal of rolling out in the coming months. ○ The MyChart Pre-Visit Update Optimization team continues to work with pilot departments to define work required to enhance the patient experience. Focus areas include consolidating/limiting pre-visit notification messages, updating questionnaires, exploring ways to streamline the patient arrival process, including a potential ‘fast lane’ at check-in, and updating team member, provider, and patient training/educational materials. ○ The Access Metrics and Reporting Workstream is developing a framework for access and operations reporting dashboards, and creating pathways to report more detailed and individualized provider data. ○ The Phone System and Call Center Planning Workstreams are assessing the current state of call center hardware, teams, and technology, in addition to identifying requirements for future-state operations.

Kudos and Acknowledgments	<ul style="list-style-type: none"> • Kudos to the UVA Training Team for their support and coordination as the go-live training plan for Wave 1 Specialties was finalized. We have appreciated their hard work and dedication to the project as we prepare to train Wave 1 Specialties on key design features and workflow changes. Thank you! • Kudos to the UVA HIT Team for their work and continued efforts on building the decision tree for go-live. This team has worked diligently to ensure that the decision tree is built to the workgroup’s unique specifications. Thank you!
What’s Next?	<ul style="list-style-type: none"> • Specialty areas will continue to finalize and hand-off future-state template designs for provider review and sign-off. Wave One Specialties are preparing go-live training, which will include an overview of project initiatives as well as specialty-specific training. Team members will learn key scheduling workflow changes and how to use the decision tree to facilitate efficient and timely scheduling of patients. • Specialty areas are testing the decision tree tool in Epic, ensuring that functionality matches the intended design. • Late Arrival/Late Cancel/No Show policy will finalize the vetting process and begin rolling out training information and other details to access leaders, clinic leaders, and providers. • Wave 2 specialty areas will receive introductory communication from One Team project leadership with a request to identify leaders and team members to represent them in project workgroups.

Ambulatory Role Delineation | Milestone Reached with Group 1 Implementation

November 17 marked the start of implementation for the Group 1: Clinic Support role and competency changes outlined by the Ambulatory Role Delineation (ARD) Project. Implementation will vary by clinic but is expected to take several weeks, with a goal to complete by January 30. Implementation support is available on the [project website](#) and clinic leaders are encouraged to share ideas and creative solutions for common challenges..

Much of the Group 1 implementation discussion focused on tasks that were moved out of scope, but it is important to remember that with each of these role and competency changes, we are clearing the way for team members to work at the top of their scope and providing clarity around roles where historically there has been confusion. These are significant wins for our clinics.

With any change, a feedback loop is essential to sustaining progress. Another **virtual town hall will be held November 30 at 12 p.m.** for all managers, directors, and team members impacted by the Group 1: Clinic Support changes. Please save the date and find details on the [ARD site](#).

Up next: the ARD Project team will begin work on Group 2: RN Care Coordinators, with other nursing roles to follow.

Celebrating Success | Clinic Rankings Top Ten

With so much happening in Ambulatory Operations, it's important that we take time each month to celebrate individual and team success and recognize those going above and beyond in support of our transformation. This month, we want to highlight the top-performing and most-improved clinics from our [clinic rankings](#). Kudos to these teams for leading by example and helping us fulfill our vision of providing best-in-class ambulatory care for all Virginians and beyond.

Highest Performing Clinics – October

1. Oncology Clinics- Augusta
2. Pediatric Hem Onc
3. Oncology Clinics- Pantops
4. Surgical Care, a Dept. of UVA Culpeper MC
5. Primary Care- UPC
6. Neurosurgery- Fontaine
7. Primary Care Stuarts Draft
8. Primary Care Riverside
9. Pediatrics Augusta
10. Psychiatric Medicine- Multi-Story

Most-Improved Clinics – October

1. Transplant- Kidney and Liver Surgery
2. Transplant- Kidney
3. Primary Care- Primary Care Center
4. Surgical Care, a Dept. of UVA Culpeper MC
5. Transplant- Lung
6. Transplant- Liver
7. Primary Care- Stoney Creek
8. Adult Psychiatry- Northridge
9. Pediatrics Augusta
10. Lynchburg Nephrology

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>