Ambulatory Operations Sept. Progress Report

October 3, 2023

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Executive Summary

- One Team | United on Access Wave 3 is progressing on schedule with the launch of design workgroups in September and the leadership accountability teams wrapping up project guardrails for primary care.

- System-wide initiatives to implement MyChart Fast-Pass and enhance the referral process have recently begun under the auspices of One Team.

- A recently launched Central Intake Team is bringing greater speed and efficiency to the recruitment of select Ambulatory roles.

- New point-of-care testing protocol orders are available to help streamline care.

- Same Day Care began offering APP appointments for adult Primary Care overflow on Oct. 2.

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One Team | United on Access

Recent Progress

Wave 1

▪ 100% of template/tool issues identified (275 total) have been resolved for Wave 1 specialties.

Wave 2

▪ 99% of template/tool issues identified (257 total) have been resolved for Wave 2 specialties.

All Wave 1 and Wave 2 specialties have transitioned to long-term sustainability and Access & clinical leaders continue to meet in weekly forums.

Wave 3

▪ Adult and Pediatric Primary Care Workgroups launched in September to begin work on decision tree and template designs. New Patient decision tree designs complete and decision tree demonstrations are underway for specialty stakeholders.

▪ Weekly summaries are being shared with Workgroup representatives to cascade to team members in their areas. The summaries are also being archived on the project website for all to access.

▪ Wave 3 Leadership Accountability Groups finalizing and reviewing Primary Care guardrails.

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Recent Progress (cont.)

System-Wide Initiatives

- **Genesys Migration** – *As a reminder, this initiative will migrate all clinics to a new Genesys cloud-based phone system so each clinic will have the same functionality and reporting capabilities.*
  - New governance committee convened on Sept. 12 to ensure inclusive oversight of the new technology.
  - A two-phased rollout is planned, with Phase 1 focused on migration of existing ACC (Genesys) users to Genesys Cloud and Phase 2 will migrate the remaining Access team members to Genesys Cloud. User testing and issue resolution in progress for the first batch of cutovers slated for November.

- Several system-wide initiatives have shifted to sustainability/continuous improvement: MyChart Pre-Visit Planning, Late Arrival/No-Show Policy, CRM Project, Access Metrics.

- With the transition of the above efforts, several new initiatives are now in progress:
  - **MyChart Fast-Pass Implementation** – Approximately 100 clinics currently use Fast-Pass in some capacity. This initiative aims to implement Fast Pass in all clinics where appropriate and to expand in clinics that previously piloted it with a small number of visit types. Digestive Health most recently implemented on Sept. 18.
  - **Enhanced Referrals** – An effort to improve the outside referral process is starting. The scope of the work is still being defined, but early participants will include Neurology, Urology, Otolaryngology, and Pulmonary.

Upcoming Milestones

Wave 3

- Adult and Pediatric Primary Care Leadership Accountability Groups to finalize primary care guardrails.

- Adult and Pediatric Primary Care Workgroups will start designing Return Patient decision tree. They will also begin work to refine/adapt Nurse Triage and Pre-Visit Planning workflows for primary care needs.

System-Wide Initiatives

- **Genesys Migration** – Cancer Center and Children's slated for cutover to Genesys Cloud in November. Next up will be Revenue Cycle in February 2024.

- **MyChart Fast-Pass** – Near-term focus will be on introducing/optimizing the tool for Wave 1 and 2 specialties. Work underway with Neurology to implement Wait List prerequisite, Fast-Pass implementation discussions to begin in October.

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Measuring Our Impact:
Improving Performance in Access Metrics

Wave 1 specialties improving performance in key Access metrics through August 2023*

⬆ **22%**
Scheduled Visits
Increased Average Monthly Vol. from 14,218 to 17,489

⬇ **3%**
New Patient Scheduling Lag
Decreased from Average of 59 to 56 Days

⬇ **60%**
Reduction in Visit Types
Decreased from 266 to 107

⬆ **10%**
Completed Visits
Increased Average Monthly Vol. from 9,366 to 10,313

⬆ **15%**
4 Hour Sessions
Adherence increased from 63% to 78%

⬆ **15%**
Service Level
(Answered w/in 30 sec)
Increased from 53% to 68%

Wave 1 specialties: Colorectal Surgery, Digestive Health, Pelvic Medicine, Urology, Cardiology, Cardiac Surgery and Vascular Surgery
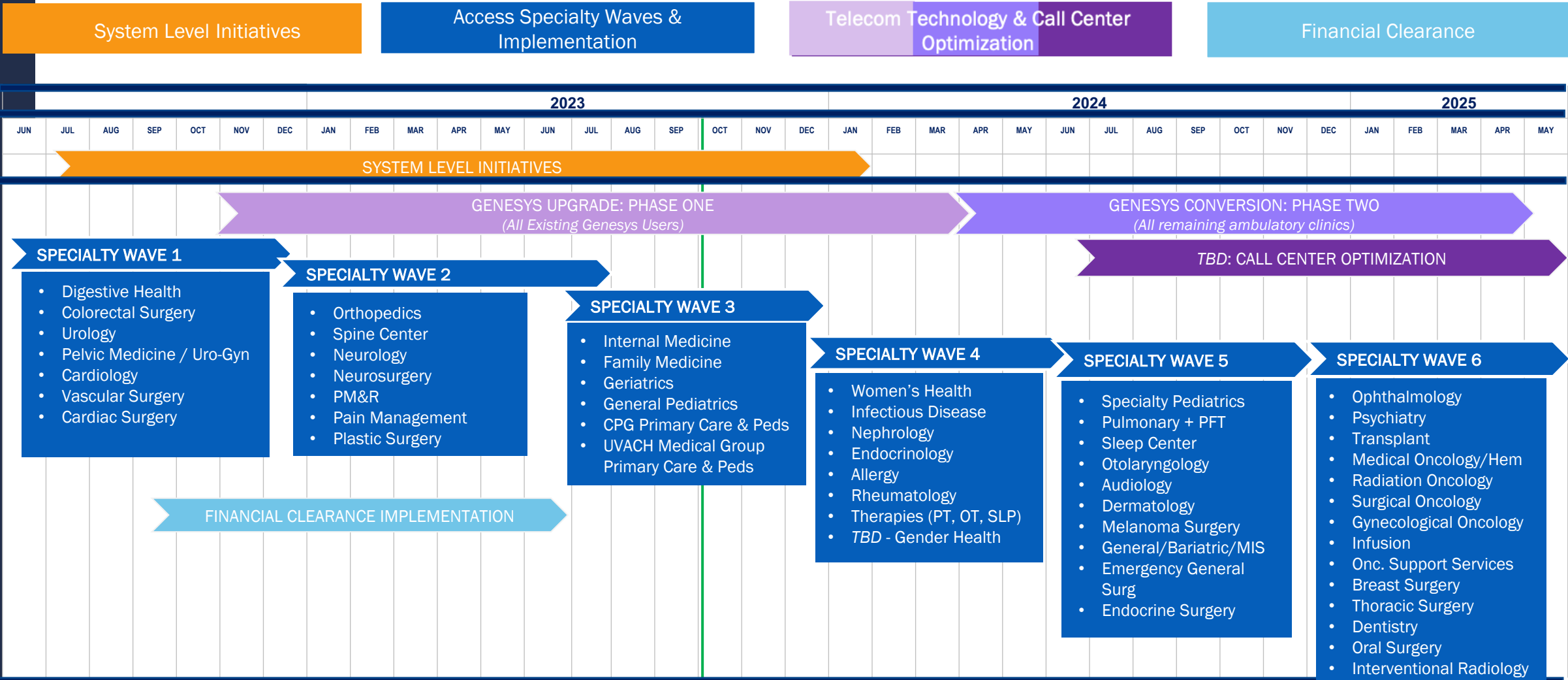
*Data is aggregated on monthly average post-live timeline baselined against a monthly average for 1 year pre-live.
Baseline: 12/1/21 – 11/30/22
Measurement Period: 2/1/23 – 8/31/23

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One Team Implementation Timeline

System Level Initiatives

Access Specialty Waves & Implementation

Telecom Technology & Call Center Optimization

Financial Clearance

2023	2024	2025
JUN JUL AUG SEP OCT NOV DEC JAN FEB MAR APR MAY JUN JUL AUG SEP	OCT NOV DEC JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC	JAN FEB MAR APR MAY

SYSTEM LEVEL INITIATIVES

GENESYS UPGRADE: PHASE ONE
(All Existing Genesys Users)

GENESYS CONVERSION: PHASE TWO
(All remaining ambulatory clinics)

TBD: CALL CENTER OPTIMIZATION

SPECIALTY WAVE 1
- Digestive Health
- Colorectal Surgery
- Urology
- Pelvic Medicine / Uro-Gyn
- Cardiology
- Vascular Surgery
- Cardiac Surgery

SPECIALTY WAVE 2
- Orthopedics
- Spine Center
- Neurology
- Neurosurgery
- PM&R
- Pain Management
- Plastic Surgery

SPECIALTY WAVE 3
- Internal Medicine
- Family Medicine
- Geriatrics
- General Pediatrics
- CPG Primary Care & Peds
- UVACH Medical Group Primary Care & Peds

SPECIALTY WAVE 4
- Women's Health
- Infectious Disease
- Nephrology
- Endocrinology
- Allergy
- Rheumatology
- Therapies (PT, OT, SLP)
- *TBD* - Gender Health

SPECIALTY WAVE 5
- Specialty Pediatrics
- Pulmonary + PFT
- Sleep Center
- Otolaryngology
- Audiology
- Dermatology
- Melanoma Surgery
- General/Bariatric/MIS
- Emergency General Surg
- Endocrine Surgery

SPECIALTY WAVE 6
- Ophthalmology
- Psychiatry
- Transplant
- Medical Oncology/Hem
- Radiation Oncology
- Surgical Oncology
- Gynecological Oncology
- Infusion
- Onc. Support Services
- Breast Surgery
- Thoracic Surgery
- Dentistry
- Oral Surgery
- Interventional Radiology

FINANCIAL CLEARANCE IMPLEMENTATION

We are here

*Future waves are subject to change.

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Additional Ambulatory Developments

New Central Intake Team Expediting Hiring

The Central Intake Team (CIT) represents a streamlined approach to recruitment of select Ambulatory roles. Launched Aug. 14, the CIT aims to:

- Increase number of RN hires through a more candidate–centered experience
- Reduce the time to hire through improved efficiency
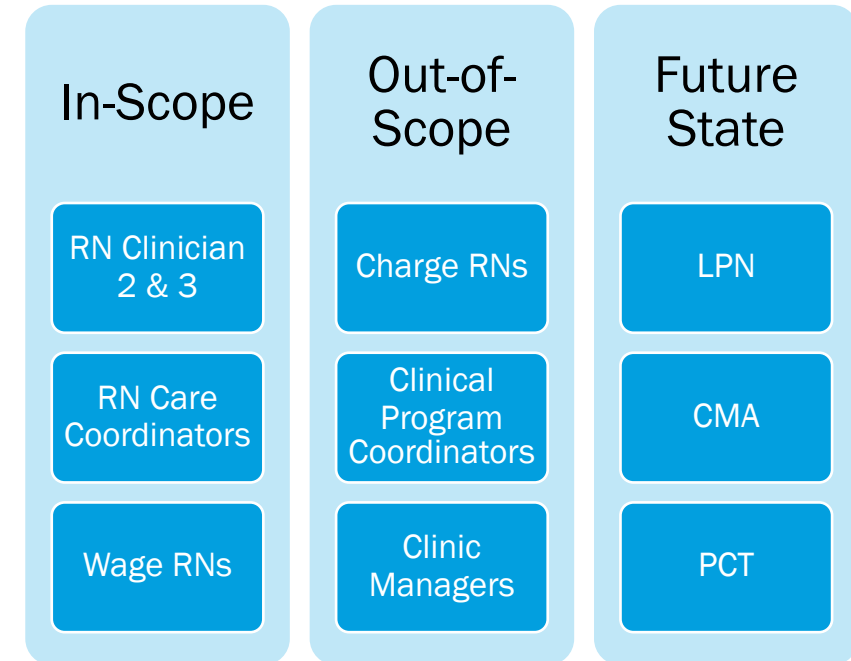- Reduce administrative tasks associated with recruitment/interviewing

How it works:

- Postings for like clinics/roles grouped as one "pipeline" posting*
- Recruitment team screens applicants, refers to CIT for intake interview
- Viable candidates referred to managers for interviews and decision to offer or decline

Impact to date:

- Goal to complete application to acceptance process within 7 days – recently achieved 6-day turnaround
- 11 total offers (and counting!)

Central Intake Scope

In-Scope	Out-of-Scope	Future State
RN Clinician 2 & 3	Charge RNs	LPN
RN Care Coordinators	Clinical Program Coordinators	CMA
Wage RNs	Clinic Managers	PCT

There are 5 Ambulatory pipelines: Dialysis; Medical Subs & Women's Health; Orthopedics; Primary Care & Behavioral Health; and Surgical Subs. Service Lines have separate CIT.

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New Point-of-Care Testing Protocol Orders Help Streamline Care

- Nursing and clinic support staff may now sign and perform point-of-care testing (POCT) orders for some of the most commonly ordered tests, thanks to the addition of several new Ambulatory protocol orders.

- Protocols for POCT previously existed in Children's, but did not extend to all Ambulatory areas. Now these protocols may be used across Ambulatory, with both pediatric and adult patients.

- With the new protocols, an RN/LPN/MA/PCT can conduct tests based on the patient's chief complaint as part of the rooming process, arming the provider with test results before they see the patient, creating a host of downstream efficiencies.

New POCT Protocol Orders

Available as of Sept. 15:
- Influenza
- Strep
- Glucose

Coming soon:
- EKG
- HgbA1C

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Same Day Care Offering APP Visits for Primary Care Overflow

- UVA Health Same Day Care (SDC) at 1222 Jefferson Park Ave. has added Advanced Practice Provider (APP) visits to its offerings for non-emergent acute issues and follow-up care effective Oct. 2.

- APP and nurse appointments are available to **primary care clinics** (both Medical Center and CPG affiliated) as an overflow option for acute/urgent adult patients. Instructions for scheduling SDC visits have been shared with primary care clinics via email.

- Population Health's Interactive Home Monitoring program will also refer patients to SDC in this new phase, joining the Emergency Department, Continuum Home Health, and OPAT.

- **Same Day Care is not a walk-in urgent care.** Patients must be referred and have an appointment.

- Learn more on Connect.

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Ambulatory Role Delineation Project

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

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Reminder – OCA Completion Deadlines

Group	Review New OCA Form(s) by	Roles Impacted
1- Clinic Support	**Jan. 30, 2023**	• Medical Assistant Ambulatory (CMA, CCMA, RMA, NRCMA, NRCAMA, MA Trainee, APAC) • Patient Care Tech Ambulatory (PCT, CNA, EMT) • Patient Care Tech Dialysis
2- Nursing	Dec. 1, 2023* *For most competencies, these will be transcribed from existing OCAs.*	• RN • RNCC • Clinical Program Coordinator • Ambulatory Charge Nurse • Ambulatory LPN • Medical Assistant Ambulatory • Patient Care Tech Ambulatory
3a- Administrative Support	Oct. 2, 2023	• Ambulatory Clinic Administrative Coordinator (formerly Ambulatory Administrative Coordinator)

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ARD Implementation Basics

What steps should managers take to implement ARD changes?

1. Read [implementation guides](#) to better understand how the changes affect your clinic(s).

2. Review job description and OCA updates with all relevant team members.

3. Update OCA forms for newly delineated roles by the respective deadlines.

4. Continue using updated OCA forms and job profiles for onboarding and annual needs.

5. Evaluate and redesign your clinic staffing model in partnership with Triad leadership team.

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ARD Implementation – Staffing Model Changes

Evaluate and redesign your clinic staffing model as a Triad leadership team

- What is the ideal staffing model for our clinic?

- What do we need to achieve our ideal staffing model*?
  - Re-designation of job roles for current team members
  - Job role reassignment of open positions or with attrition

- What clinic workflows need to be adjusted based on updated competencies?

- What support do we need? Who can assist us?
  - ambulatoryroledelineation@uvahealth.org

Timing of this work is key – complete in preparation for next budget cycle.

Champions of Change

Thank you to our Sept. 2023 Champions of Change!

Mesha Jones, MSN, RN, CCRN, CWON
Interim Clinic Manager and Ambulatory CIT Lead

"Mesha's work to stand up the Ambulatory Central Intake Team (CIT) highlights the many attributes that make her a great leader and change champion. First, she built a collaborative partnership with Ciara Zacrep, HR recruiter. Together, they developed and defined an efficient, effective workflow that has produced best practices for our collective CITs across the organization. Recently, Mesha and Ciara hit a 6-days-to-fill milestone! Mesha ensures each applicant has a personalized, candidate-driven experience rooted in consistent communication and follow-up. Likewise, she works one-on-one with managers to ensure the process is working for them, too. Mesha realized how the CIT could get our clinics the staffing help they need faster and with fewer steps, and she picked up the baton and ran with it. She's worked hard to make this vision a reality on behalf of her teammates and we are tremendously grateful for her efforts." Thank you, Mesha!

– Rachel Nauman, Administrator, Ambulatory Nursing

Judy Mills
Senior Access Associate, Children's, and One Team Wave 3 Pediatric Workgroup Member

"While the workgroups have only been meeting for a few weeks, Judy has consistently brought forth valuable insights as a senior access associate and highly engaged member of the Pediatric Primary Care Workgroup. She understands the value of the One Team project and the benefits it will bring to patients and team members alike. She is keenly focused on the patient experience and is a strong advocate for them, as well as the project. Judy is a model workgroup member and everyone in Pediatrics is lucky that she is representing them on the One Team project." Thank you, Judy!

– Teresa Green, Operations Director, Children's

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