

Ambulatory Operations Progress Report March 30, 2023

As our work to realize a new vision for Ambulatory care at UVA Health progresses across multiple projects, we are now in the early stages of being able to measure the impact. Developing a comprehensive Ambulatory scorecard was one of the first steps that we took in our transformation. Why? Because metrics are a means to get better. They allow us to measure the impact of the work we're doing and validate that it is having the desired effect (or not). Importantly, metrics are not punitive. When we're being measured, we all want to post a strong performance, but as we evolve, there will be fluctuations in our scorecard metrics (e.g., slot utilization) until we have stabilized – it is expected, and it is OK. We must also remember that one data point alone does not tell the entire story of a provider or clinic.

For our part, your Ambulatory leaders are regularly evaluating our approach to metrics, refining data inputs and calculations (e.g., revised “template unavailable reasons”) to ensure we're getting the most accurate reflection of what is happening. Armed with the best possible data, we are always available to partner with you to leverage this information to make incremental improvements that help our patients, our practices, and you.

With gratitude,

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Chief Ambulatory Operations Officer

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One Team | United on Access | Clinical Workflow, Training Enhancements Stem from Frontline Feedback

Notables and Quotables

Wave 1 Scheduling Outcomes Highlights to Date

- Completed visits – up 10% – *and we expect this to grow as the impact of the new templates is fully realized*
- New patient scheduling lag – down 15%

The length of this month's Status Updates is testimony to the fact that there is simply a lot of great work happening to advance One Team | United on Access. We'll let the below updates speak for themselves, but a few key callouts we want to be sure you don't miss are the improvements to clinical workflows based on Wave One feedback; the forthcoming Template Change Request SOP; and the fact that Wave Two is progressing on schedule toward go-live later this summer, supported by an enhanced training program. One other exciting callout is that Wave Three, slated to begin this summer, will be the first wave to include clinics from CPG and UVA Community Health. We look forward to welcoming these team members into the project and furthering our vision for a consistent patient journey across all UVA Health Ambulatory clinics, wherever they're located.

One final note: if you missed the [UVA Health Town Hall](#) on March 28, be sure to go back and catch the One Team | United on Access panel that begins at the 32:30 mark. The panel features a variety of insights from Wave 1 participants that are well worth your time. Thank you Teshema Anderson, Emily Flippen, RN, Sue Waters, NP, and ACMO Alan Dalkin for sharing your perspectives!

March Status Updates

<p>March Key Learnings</p>	<ul style="list-style-type: none"> • Wave Two Specialties have learned about various tools such as Tags within Decision Tree Scheduling to 'flag' appointments for additional needs, such as Priority Tiering, Warm Transfers, and Nurse Triage. This allows both schedulers and the clinical team to sort and filter appointments in their work queue based on different scheduling needs. • Specialty workgroups have learned key design components for template optimization. Workgroups have leveraged a combination of template strategies including auto-release settings, overbooks, and session limits while taking an individualized approach to each provider template.
<p>Work Starting or Finishing</p>	<ul style="list-style-type: none"> • Wave One issues and enhancements are actively being monitored, reviewed, and prioritized for completion, coupled with post go-live sustainability meetings to review progress. • The Wave One working group focused on clinical workflow enhancements, in partnership with HIT, has made adjustments based on frontline clinician feedback. These include: <ul style="list-style-type: none"> ○ Greater visibility and metrics: Wave 1 Leaders now receive specialty-specific weekly reports for RN Triage, Pre-Visit Planning, Records Collection, and Daily Visit QA. ○ Streamlined communication between Access and clinical teams on Nurse Triage needs, including the ability for both teams to have real-time visibility into appointment coordination and progress. This is enabled by enhanced work queue features such as additional task

statuses, task tags, advanced pre-charting functionality, and new scheduler review workflows.

- Improved ability to prepare for patient appointments via partnership with HIS/E-Health to support Outside Medical Records Collection.
- Wave 2 Specialty Design workgroups are completing design, inclusive of Decision Tree Scheduling, work queues for Pre-Visit Planning, Nurse Triage, and Scheduling. During design, specialty stakeholders provided input on existing practices, as well as recommendations for efficiency and consistency while integrating these workflows into decision tree design.
- Specialty Design workgroups are currently focused on future-state template design, reviewing them with operational leaders and providers prior to project leadership sign-off. Key design components of the future-state template design include aligning provider templates to UVA Health standards (e.g., block usage and auto-release strategies, session lengths, and visit type consolidation). The workgroups have taken an individualized approach to each provider template, ensuring that the future-state design complements the Decision Tree to optimize scheduling.
- Pre-go-live training has been completely revamped based on Wave 1 lessons learned and feedback from team members. This new approach currently is being beta tested by clinical and Access users. Prior to training kick off, project team members will visit with specialty leaders and workgroups to review the program and expectations.
- System-wide initiatives
 - The Access Policies workstream is focusing on refining a standard operating procedure around template change management.
 - The MyChart Pre-Visit Update Optimization workstream has launched the minimization of pre-visit notifications: all patients regardless of whether they have a MyChart account or not, will now receive one notification per appointment 24 hours in advance. Additional functionality improvements are being tested in pilot areas.
 - The Metrics and Reporting workstream continues to build the daily management access dashboard, completing visualization drafts as their most recent milestone.

	<ul style="list-style-type: none"> ○ The CRM Project is continuing through testing and beginning to consider training for Marketing team members in the coming months.
Kudos and Acknowledgments	<ul style="list-style-type: none"> ● Kudos to the UVA Training Team for their support and development of the go-live training plan for Wave Two Specialties. We appreciate their hard work and dedication as we prepare to train Wave Two team members. Thank you! ● Kudos to the Access Team for their dedication to template design and recommendations for Wave Two Specialties. This team has worked diligently to ensure that project recommendations align with UVA Health standards and meet the expectations of workgroup design. Thank you! ● Kudos to all Wave Two 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!
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 Two specialties should expect an introduction to go-live training, including a high-level overview of project initiatives as well as specialty-specific training. In these trainings, participants will learn key workflow changes for scheduling processes and how to use the Decision Tree to promote efficient and timely scheduling.

Ambulatory Role Delineation | Nursing Work Advances with SME Insights, Change to MA Catheter Guidance

The Group 2: *Nursing* work continues to progress with revised RN and RN Care Coordinator OCA forms and job descriptions completed, thanks to the help of 50 volunteer subject matter expert-champions from across Ambulatory. The group has now turned its attention to RN Navigators, Clinical Program Coordinators, and LPNs and is on track to begin implementation in May. Watch for town hall dates and other details soon.

As part of the ARD Project's iterative process and commitment to continuous improvement, the team, in collaboration with legal and compliance partners, reevaluated its earlier determination that Medical Assistants (MAs) were prohibited from inserting urinary catheters. Based on further review of the literature, the team has concluded that with *UVA Health-specific training*, MAs may insert intermittent urinary catheters.

Several critical caveats apply to this revised guidance:

- MAs must complete UVA-specific training before they may perform the skill in clinic, even if they have prior experience inserting urinary catheters. A training plan is in development and more information will be shared very soon.
- Managers must request training for MAs and have a demonstrable need for this skill in their clinic (e.g., Urology, General Pediatrics, Pelvic Medicine, etc.).
- While MAs may insert intermittent urinary catheters, an RN or LIP must perform the associated site assessment with documentation prior to catheter insertion.
- Insertion of indwelling urinary catheters by MAs remains out of scope.

For more information, view the updated [Group 1 Implementation Guide](#) or email the [ARD project team](#).

Performance Metrics | Session Availability Gets a New Name, Annual Goal Progress

- Effective March 17, the Session Availability metric name was changed to 4 Hour Sessions Adherence. This title more accurately reflects what is being measured and aims to make it clearer to all scorecard users.
- A reminder that the Grand Rounds exclusion from the Slot Utilization metric was implemented with the March 17 data refresh. The fix to exclude inactive providers also went live with the March 17 update and is expected to yield cleaner data and potential improvements in department metrics.
- Our year-to-date No Show Rate continues to improve, down .1% from last month, and still ahead of our FY23 goal. The year-to-date “Staff worked together” score is up .1 point from last year’s performance, but still tracking slightly behind our goal for this fiscal year. We’ve got three months to bring our score up by .4 to meet our annual goal!

	Year-to-Date Performance	FY 2023 Goal	Same Time Last Year Performance
No Show Rate	12.4%	12.8%	13.4%
“Staff Worked Together” Score <i>(weighted scale 1-100, with 100 being highest score possible)</i>	95.8	96.2	95.7

Celebrations | March Champions of Change

This month Ambulatory leadership recognizes the 50 nursing subject matter experts and project champions (SME-Champions for short) of the Ambulatory Role Delineation Project. As was highlighted in the February report, the work that this group is doing to define RN Care Coordinator and RN roles with the necessary structures to support both roles working at the top of scope is

unprecedented. The SME-Champions are helping to set a standard for their profession, carving out time from their already very full clinic schedules and sharing invaluable insights.

“On behalf of the ARD Project Team, I extend our most sincere thanks to the Nursing SME-Champions and their leaders for supporting this work that is critical to Ambulatory Operations,” said Rachel Nauman, DNP, Administrator, Ambulatory Nursing. “As we review nursing roles, you have brought clarity to the work and have ensured that we adhere to our guiding principle that clinical team members are working within and at the top of their scope of practice. Because of you, we are progressively shaping staffing models that promote not only the safest and highest quality patient care, but also optimize operational efficiency.”

View the [list of nursing SME-Champions](#) and when you see them, thank them for being Champions of Change!

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>