

ACCESS, SERVICE, AND COMMUNICATION (ASC)

1. Notable Accomplishments

Access

- Developed and implemented quarterly clinic performance summary scorecards and activity reports for clinics to track productivity and efficiency metrics that can be benchmarked to external groups. The reports are used as a management tool by clinic managers and medical directors. The University Health System Consortium (UHC) February 2006 benchmark study for patient access to ambulatory care reports 86 percent of responding organizations have appointment access standards, with the most common standard being non-urgent appointments within two weeks of request. Other common UHC access measures that UVA collects include: patient no-show rate, patient satisfaction with access, speed of answering telephone call, call abandonment rate, and room turn. FY06 YTD results show 60 percent of primary care clinics and 50 percent of specialty care clinics are meeting the 14-day target.
- Implemented ongoing surveillance of non-urgent initial clinic appointment availability that relies on Health System Call Center operators to routinely survey clinics, with results compared an expert scheduling system user to appointment dates in scheduling templates. Problems with scheduling templates have been identified and corrected and training modules conducted for template builders and scheduling staff. Template revision and training are ongoing projects.

To make the discharge process efficient for patients and to increase Medical Center capacity, implemented and championed Discharge by Noon program with challenging but obtainable goals of 33 percent of medically ready patients discharged by 12:00. Recent monthly results are: December 32 percent, January 33 percent and February 31 percent. Related to the timely discharge process, laboratory and pharmacy discharge pathways were developed and successfully implemented. Discharge labs drawn by 6:30 AM are on average reported by 7:37 AM; and 97 percent of discharge prescription requests in by 7:30 AM are turned around by 11:30 AM.

Service

- Standardized much of the clinic operations to create consistent experiences for patients. Implemented standards for normal clinic hours and holiday schedules, environmental appearances, employee career apparel.
- Conducted customer service training for clinic staff in Team Building, Lasting Impressions, and Core Telephone Skills training. Piloted alternative methods for patient financial screening to improve privacy and wait times.
- Implemented mechanisms in the scheduling and registration system to identify patients in need of interpreters so that services can be planned in advance.

Communication

- Developed and implemented policies and template letters to address patient no-shows and late appointments, which pose significant difficulty for many clinics. Also implemented standardized appointment reminder letters with maps to clinics.

- Developed and implemented inpatient/outpatient Medical Director Job Descriptions to strengthen management role with clinic and unit managers. Survey of management partnership between medical directors and clinic managers revealed 70 percent are satisfied with working relationship.
- Provided input for IDX CareCast (electronic medical record) implementation in clinic sites and enhancements to SoftMed dictation system to enable more convenient access for physicians and auto-faxing of clinic notes to referring physicians. CareCast was piloted in three clinics in July 2005 and is being rolled out with a March 2008 planned completion date. Web access to dictation and electronic signature application is now available throughout Health System facilities and offsite through secure remote access.

Other:

- Consistently achieved financial targets for clinic front desk operations and improved co-pay collection notification to physicians using stamp receipt.

Projects in Progress:

- Automated telephonic appointment reminder system is presently in pilot phase with a mid-May deadline to decide whether or not to purchase.
- Automated Call Distribution (ACD) telephone management system has been implemented in 25 percent of the clinics.
- Establish a standard for reporting lab and test results to patients. (Project delayed as piloting of program could not be negotiated with vendor. Guideline development as to how and when to report results is underway).
- Routine quarterly reports on access to care from all diagnostic/ procedural areas.

Projects Delayed:

- Review of transcription services by clinics was postponed with the understanding that standardization of dictation/transcription is not a priority.

2. Two-Year Goals and Metrics for Success

- Timely discharge of medically appropriate inpatients with pending discharge order entered the night before and/or the complete final discharge order is in by 9:00 AM. In February 2006, 27 percent of final orders were in by 9 AM.
 - 50 percent of discharges are out by 11:00 AM. In February 2006, 31 percent of patients were out by noon.
 - 90 percent of rooms turned over (readied and occupied) in 75 minutes.
- Upgrade the current scheduling system so that meaningful appointment availability data can be tracked and measured, thereby improving patient and referring physician satisfaction.
 - *Non-urgent, Initial Appointments:* Primary Care: 80 percent of visits in 14 days; Specialty Care: 66 percent within 14 days.

- *Routine Screening*: 75 percent of visits in 21 days.
- *Requested Diagnostic testing*: 75 percent of visits in 7 to 14 days with specific days to be identified per procedure area.
- *Urgent Appointments*: 90 percent in 24 hours or less.
- Improve patient and referring physician satisfaction with telephone service access to clinics by implementing Automated Call Distribution, minimizing the number of phone prompts and permitting no more than two electronic transfers before reaching a person.
 - Abandonment rate (measures the number of callers hanging up during phone prompts or while on hold) of 5 percent.
 - 90 percent of phones answered within 30 seconds.
 - 75th percentile in Survey Access to Care questions in Press Ganey Surveys (e.g., Ease of Scheduling Appointments, Courtesy of Person Scheduling Appointment).
- Reduce wait times for inpatient beds and surgical procedures by opening a short-stay unit, increasing physical capacity and achieving a rate of 50 percent of medically ready discharges by noon.
 - Eliminate Operating Room holds (patient is held due to lack of bed availability on unit).
 - Reduce Emergency Department or Post-Anesthesia Care Unit boarders (patients admitted to service but bed on unit is not available) to 8 maximum at any given time.
 - 90 percent outside patient transfers accepted in 24 hours.
 - Routine elective surgery scheduled within 3 weeks.
 - Urgent surgery scheduled within 2 weeks.
 - Emergent (not life/limb-saving) surgery scheduled within 8 hours; emergency is always immediate.
 - All available beds open and staffed.
- Improve patient satisfaction with outpatient registration and overall visit by expediting the registration process and decreasing wait times.
 - Rank 75th percentile in Press Ganey Survey Registration and Visit questions (e.g., Ease of Registration Process, Waiting Area Comfort/Pleasantness).

- Improve patient satisfaction with personal issues such as sensitivity to patients' needs and concern with patients' privacy by providing enhanced customer service training and clearly outlining expectations for front-line staff.
 - Rank 75th percentile in Press Ganey Survey Personal Issues questions (e.g., Our Sensitivity to your Needs, Staff Concern for Patients' Privacy, Response to Patient Concerns or Complaints).
- Improve turn-around-time for communication with referring physicians by improving accurate referring physician information upon registration and expanding web-based communication via Referring Practice Online (RPO), a system that creates a secure, interactive web portal to community physicians to request appointments and access clinical documentation.
 - 70 percent of all divisions/departments will meet targets:
 - *Outpatient notes*: 11 days.
 - *Operative Reports*: 24 hours.
 - *Discharge Summaries*: 24 hours.
 - Increase the number of referring practices utilizing Referring Practice Online by 100 percent.

3. Five-Year Goals and Metrics for Success

- Timely discharge of medically appropriate inpatients with pending discharge order entered the night before and/or the complete final discharge order is in by 9:00 AM.
 - 60 percent of discharges are out by 11:00 AM.
 - 100 percent of rooms turned over (readied and occupied) in 75 minutes.
- Upgrade the current scheduling system so that meaningful appointment availability data can be tracked and measured, thereby improving patient and referring physician satisfaction.
 - *Non-urgent, Initial Appointments*: Primary Care: Open access for initial visits; Specialty Care: 90 percent in 7 days.
 - *Routine Screening*: 75 percent of visits in 21 days.
 - *Requested Diagnostic testing*: 75 percent of visits in 7 to 14 days with specific days to be identified per procedure area.
 - *Urgent Appointments*: 100 percent in 24 hours or less.
- Improve patient and referring physician satisfaction with telephone service access to clinics by implementing ACD throughout clinics, minimizing the number of phone prompts and permitting no more than two electronic transfers before reaching a person.

- Abandonment rate (measures the number of callers hanging up during phone prompts or while on hold) of less than 5 percent.
- 90 percent of phones answered within 30 seconds.
- 90th percentile in Press Ganey Survey Access to Care questions in (e.g., Ease of Scheduling Appointments, Courtesy of Person Scheduling Appointment).
- Reduce wait times for inpatient beds and surgical procedures by opening a short-stay unit, increasing physical capacity and achieving a rate of 50 percent of medically-ready discharges by noon.
 - Reduce Emergency Department or Post-Anesthesia Care Unit boarders to 4 maximum at any given time with a maximum wait time of 6 hours.
 - 95 percent outside patient transfers accepted in 24 hours.
 - Routine elective surgery scheduled within 3 weeks.
 - Urgent surgery scheduled within 1 week.
 - Emergent (not life/limb-saving) surgery scheduled within 8 hours; emergency is always immediate
- Improve patient satisfaction with outpatient registration and overall visit by expediting the registration process and decreasing wait times.
 - Rank 90th percentile in Press Ganey Survey for Registration and Visit questions (e.g., Ease of Registration Process, Waiting Area Comfort/Pleasantness).
- Improve patient satisfaction with personal issues such as sensitivity to patients' needs and concern with patients' privacy by providing enhanced customer service training and clearly outlining expectations for front-line staff.
 - Rank 90th percentile in Press Ganey Survey Personal Issues questions (e.g., Our Sensitivity to your Needs, Staff Concern for Patients' Privacy, Response to Patient Concerns or Complaints).
- Improve turn-around-time for communication with referring physicians.
 - 90 percent of all divisions/departments will meet targets:
 - *Outpatient notes: 7 days.*
 - *Operative Reports: 24 hours.*
 - *Discharge Summaries: 24 hours.*
 - Increase the number of referring practices utilizing Referring Practice Online 200 percent.

4. Resources Needed and Barriers to Success

- Resources Needed
 - A robust scheduling and registration system to realize many of the two and five-year goals outlined in this update. The current scheduling system has limited flexibility and less than optimal functionality.
 - Ongoing training, and required minimal competencies for scheduling personnel and managers as well as all front-line staff.
 - Short-stay unit staffing at appropriate level.
 - Approach to address pediatric staffing needs.
 - Stronger joint direction by Medical Center managers and medical directors of scheduling activities.
 - Alignment of incentives for faculty and staff.
- Barriers to Success
 - Traditional team behaviors that result in discharge orders occurring long after rounds and staff not embracing a sense of readiness to ensure actions are taken early.
 - Limited bed capacity.
 - Lack of clear Bed Center management authority for bed/staff utilization decisions.
 - Competing priorities for faculty to do research and teaching may result in sub-optimal clinic provider availability.
 - Lack of knowledge about front-line staffing patterns to meet site-specific telephone and visit volume.
 - Significant variation in financial and human resources across clinics with expectation for same level of service.
 - Difficulty monitoring performance without enterprise-wide dictation/transcription system.
 - Additional support is needed for greater implementation of Referring Practice Online as the process for referral requests relies on manual rework to fulfill request.
 - Additional time and resources are required to install Automated Call Distribution lines in majority of clinics.