

“One Stop Shopping” Care Delivery

Bringing Coordinated Children’s
Ambulatory Services to Life

Presenters

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The University of Virginia Battle Building – Children's Ambulatory Center

The Story Begins...



Guiding Principles

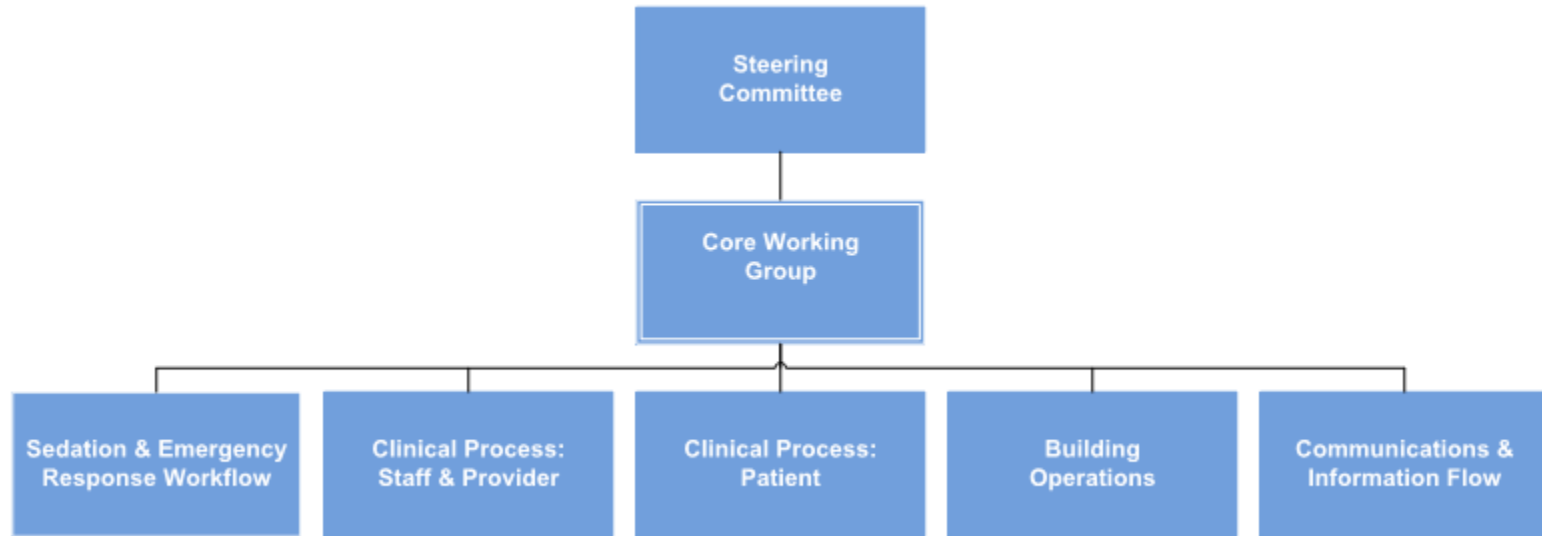
With the opportunity to open an integrated specialty service outpatient center for children, we aspired to:

- Establish a medical home for children with complex or multi-system disorders
- Emphasize family and patient centered care
- Develop an environment that delivers the highest quality specialty care.

Guiding Principles Continued...

- Develop flexible space that supports excellent clinical care, teaching and research while supporting the needs of our community
- Optimize the quality of the care that we deliver through improved operational effectiveness by instituting standard approaches for processes across services and patient populations
- Create a space for women with high risk pregnancies that provides evidenced based practice, quality care, and efficient processes and procedures

Battle Building Operations Planning



Operations Planning

- Steering Committee included representatives from various clinical disciplines.
- 300 + staff and faculty participated in the design phase.
- Work Groups included five primary teams and 32 specialty/ ancillary user/stakeholder groups including parents and families for a total of 276 persons.

Five Major Differentiating Initiatives

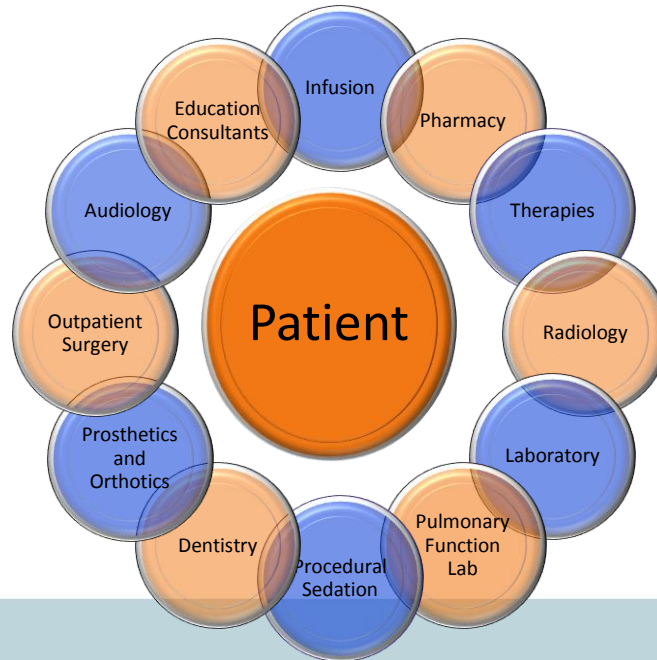
Intermingled Clinics using a Neighborhood Concept
Added Services available in a single location
Patient Centered Scheduling
Real Time Status Board
Telemedicine



Intermingled Clinics–Neighborhood Concept

- Three to five subspecialties with a common patient diagnosis in each neighborhood for a total of 50 clinic types.
- Facilitates Cross Communication
- Real Time Conferring
- Some management of care with staff moving rather than patient.

Added Services



Scheduling - Initial State

- Completely decentralized with utilization of >50 persons scheduling for more than 100 clinic types
- Manual process – multiple phone calls/scheduling system entries
- No standardization/delays/lack of coordination/frequent errors
- Systems and processes don't support multiple clinic visit scheduling

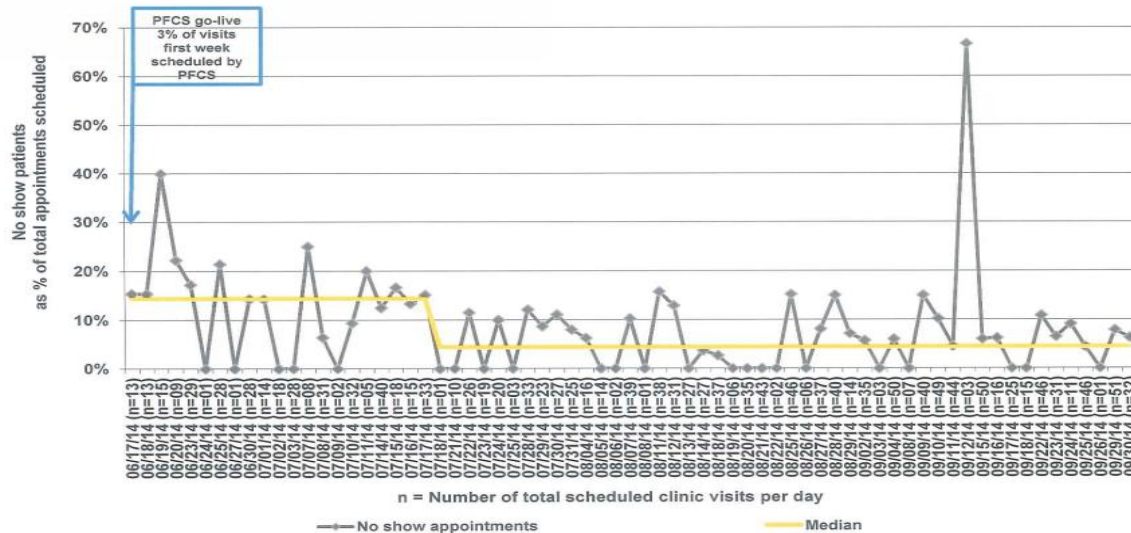
Patient-Centered Scheduling Program Goals

- Single process with one-call capability
- Improve access/customer service/room utilization rate/productivity
- Reduce “no shows”
- Smooth activity through the week
- Benchmark against industry standard

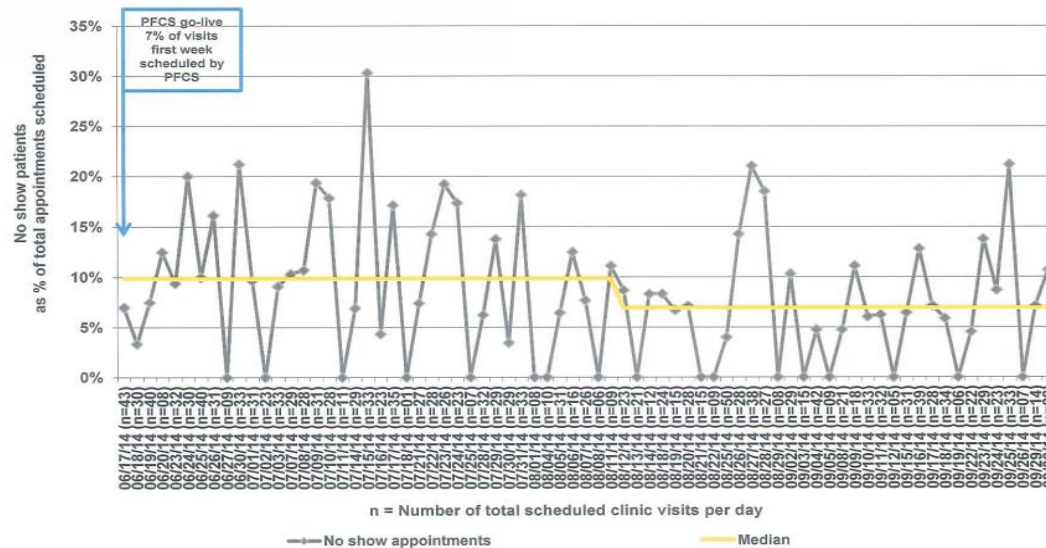
Centralized Scheduling Program

- Provided opportunity for clinics to evaluate schedules and templates and improve efficiencies in how they see their patients
- Engaged consultants for assessment, planning and initial implementation
- No show rate decreased in all three pilot clinics
- Roll out to all clinics over 18 months (process interrupted due to EPIC build-out, target completion September 2016)

Urology decreased its no show appointment rate by 10% from June to September



GI decreased its no show appointment rate by 3.5% from June to September



The decrease in no-shows has a positive return to UVaMC

Estimated facility net revenue benefit						
Clinic	Percent decrease in no show rate	Volume of attended appts (Jan - Aug 2014)	Monthly attended appts	Monthly increase in attended appts	Average net reimbursements (July - Sep 2014)	Estimated annual net revenue benefit
Urology	10.0%	2,230	280	28	240	80,600
GI	3.5%	2,850	360	13	320	48,400

Estimated professional net revenue benefit						
Clinic	Percent decrease in no show rate	Volume of attended appts (Jan - Sep 2014)	Monthly attended appts	Monthly increase in attended appts	Average net reimbursements (July - Sep 2014)	Estimated annual net revenue benefit
Urology	10.0%	2,500	280	28	200	67,200
GI	3.5%	3,830	430	15	170	30,700

- ▶ Total estimated net revenue benefit for facility and professional fees:
 - ▶ Urology: \$147,800
 - ▶ GI: \$79,100
- ▶ The above calculation is represents the estimated increase in net revenue annualized based on initial results from the pilot for Urology and GI for the Medical Center and professional fees. These estimates are directional in nature
- ▶ The average net reimbursement is based on the payer mix for the time period outlined
- ▶ The average total payment for the MC is based on clinic visits and procedures

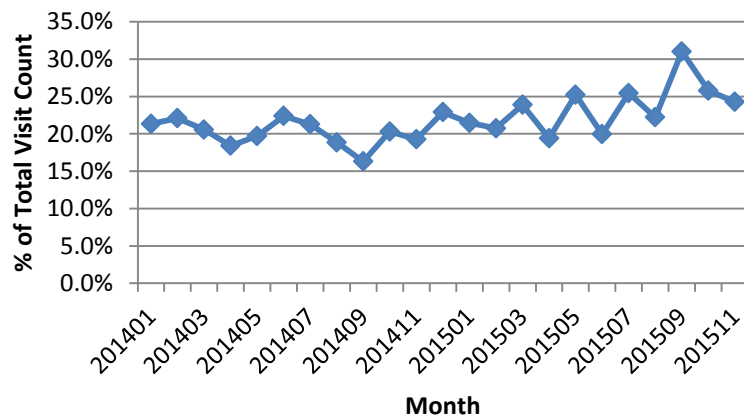
Decreasing schedulers involved results in improved patient experience

Division	Number of schedulers		Number of schedulers, who schedule 80% of appointments	
	CY14	PFCS go-live	CY14	PFCS go-live
Urology	20	14	3	3
GI	25	7	6	3
Cerebral Palsy	16	3	6	2

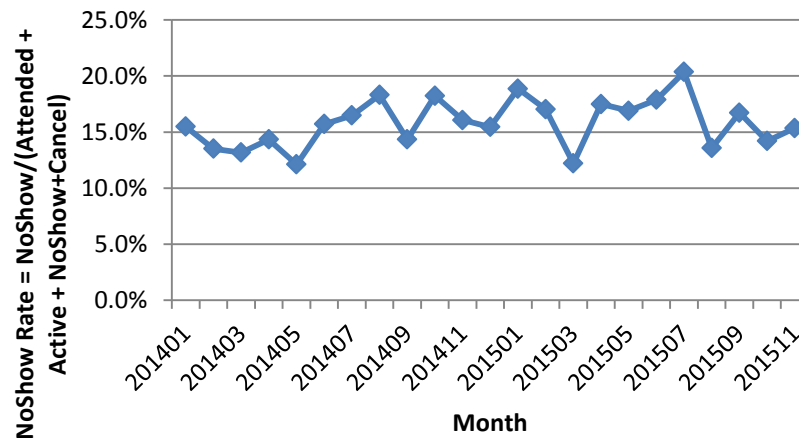
- There have been significant strides to reduce the number of schedulers within pilot for PFCS
- This decrease improves patient satisfaction and also improves the productivity of our staff
- The number of schedulers listed above represent the number of current user ID's. As PFCS matures, there will no longer be non-PFCS roles scheduling

Patient Centered Scheduling Update

Dev Peds, % of Total Visit Count With One Or More Additional Visits On The Same Day

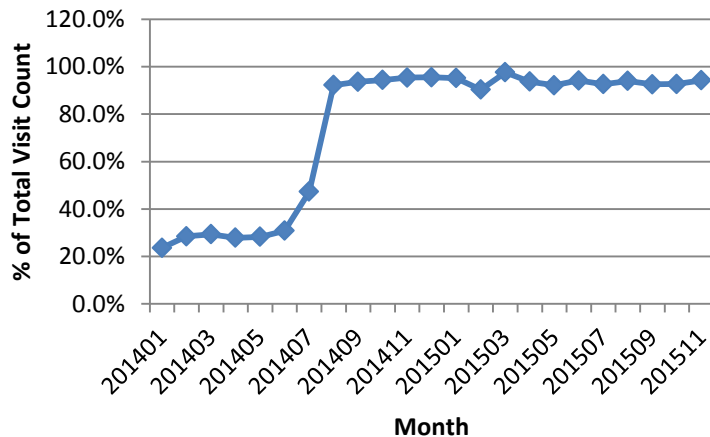


Dev Peds, No-Show Rate

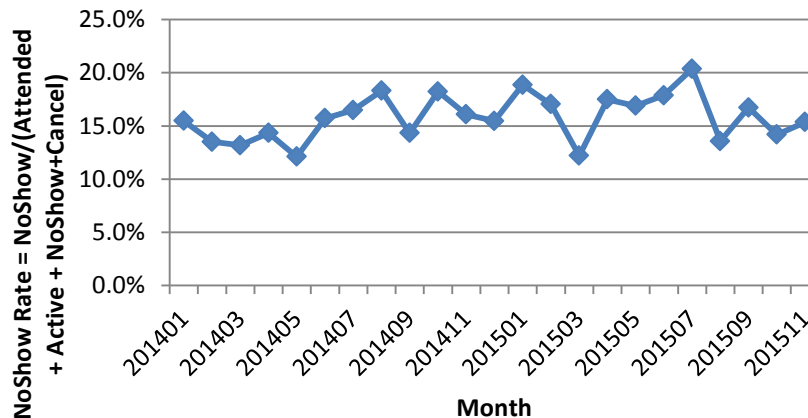


Patient Centered Scheduling Update

Peds Card, % of Total Visit Count With One Or More Additional Visits On the Same Day

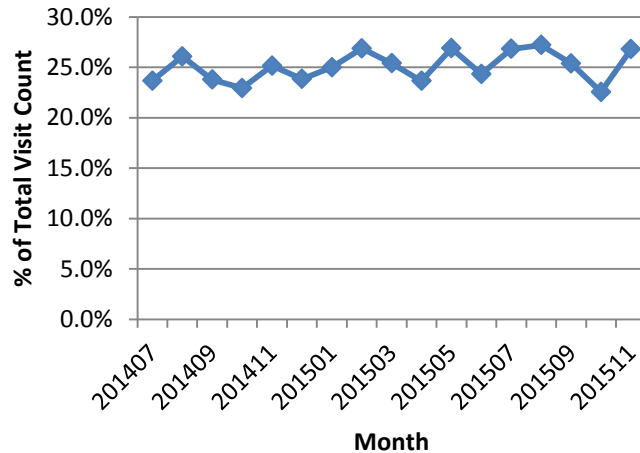


Peds Card, No-Show Rate

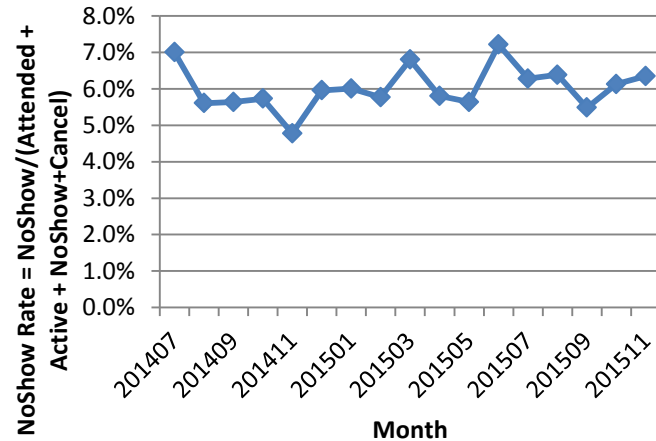


Patient Centered Scheduling Update

Ped Ortho, % of Total Visit Count With One Or More Additional Visits On the Same Day



Peds Ortho, No-Show Rate



Status Board

- Able to visualize individual provider to clinic, floor, & building which allows opportunities to maximize or optimize room usage through real time viewing
- Greatest gift is having data that can be mined to reevaluate templates to improve throughput and maximize room utilization

Status Board Locations

Status	Color	
Check In	White	
Waiting room	Yellow	
Intake in progress	Yellow	
Intake complete	Red	
Med Student in Rm	Light blue	
Resident in Rm	Light blue	
Attending/LIP to see	Light blue	
Attending/LIP in Rm	Dark Blue	
Procedure	Dark Blue	
Ready for nursing, orders pending	Light Green	
Ready for discharge, orders pending	Light Green	
Discharged from Clinic	Gray	
Check Out	fall off status board	
Awaiting Admission	White	

Status Board Screen Shot

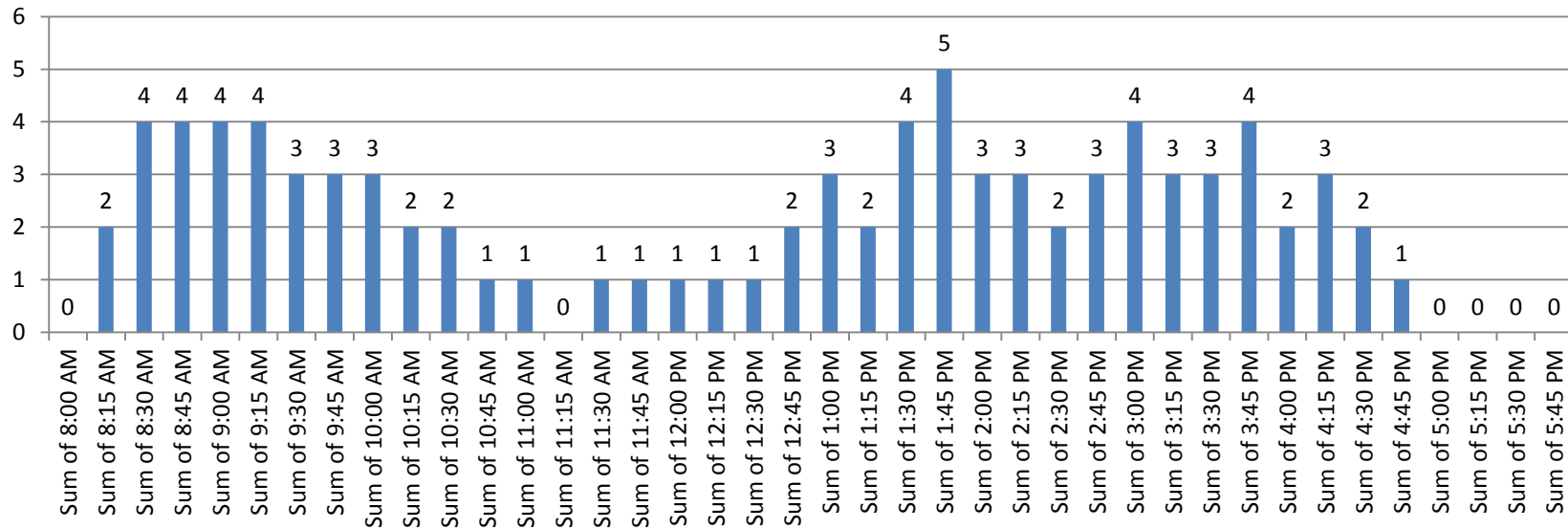
5/2/2015

Room Patient Remove From Room Notes Patient Status

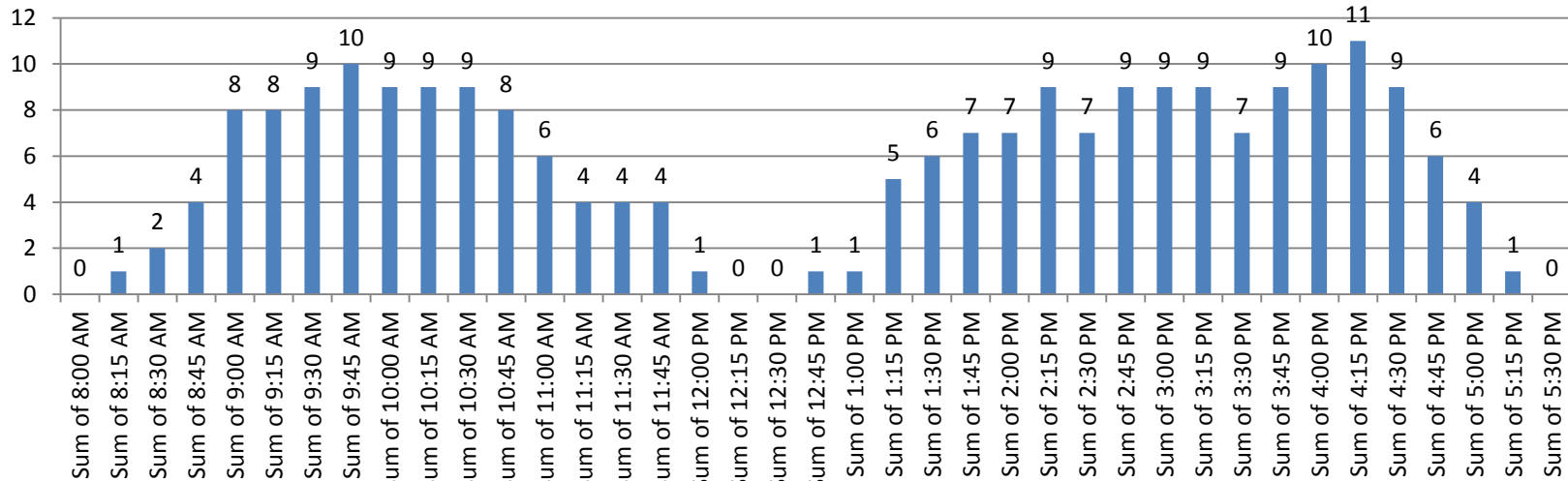
MRN	Age	Sex	Appt Dept	Prov/Res	Time in Location	Patient Status	Med Ords Due	Appt Note	Status Elapsed	Total in Cl
8500266	38 yrs	M	UVBB TEEN YOUNG AD CTR	TEENDOC [1300671]	101h 15m					

E Prescribing Error Pt FlowSheet SAH Chart Completion Transcription Rx Response Canceled Ord Patient Calls Hospital ADT My Incomplete Notes My Open Charts My Open Encounters Overdue Re

A2K3 Total Patient Count (Sept 2015)

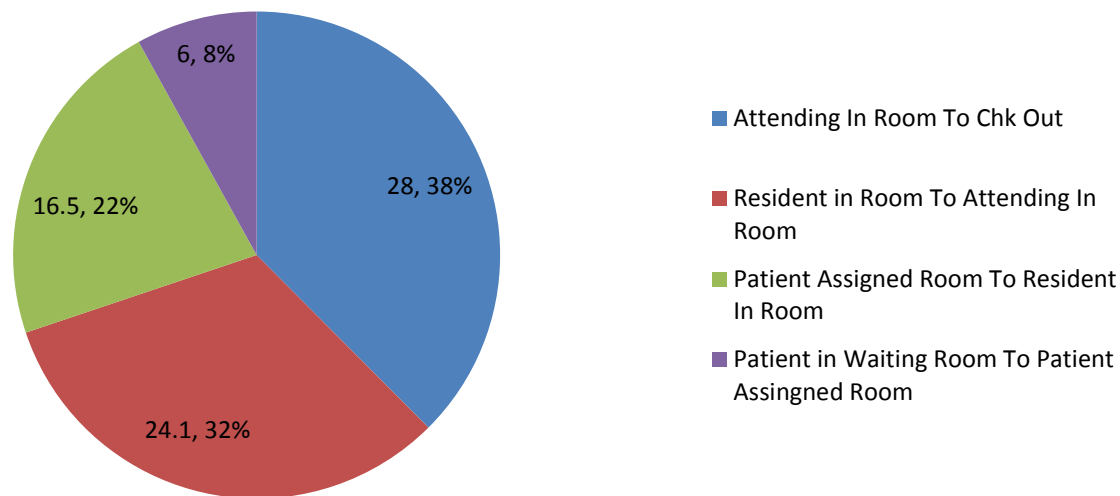


Status Board Total Patient Count (Sept 2015, from 88% with valid Assigned Room & Chk Out times)

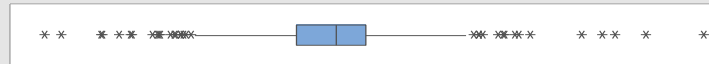
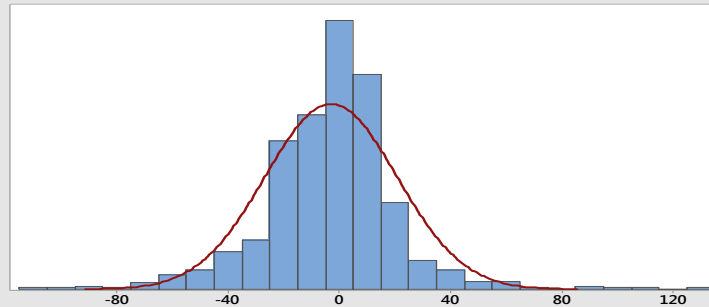


Gen Peds, Median Times (min)

Data: Schedule Board, Sep 2015



Summary Report for Appt Time - Waiting Room



Anderson-Darling Normality Test

A-Squared 8.99
P-Value <0.005

Mean -2.954
StDev 23.783
Variance 565.642
Skewness 0.16864
Kurtosis 4.39911
N 677

Minimum -105.750
1st Quartile -15.233
Median -1.267
3rd Quartile 9.558
Maximum 130.867

95% Confidence Interval for Mean

-4.749 -1.160

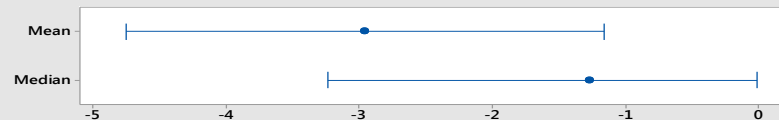
95% Confidence Interval for Median

-3.232 -0.018

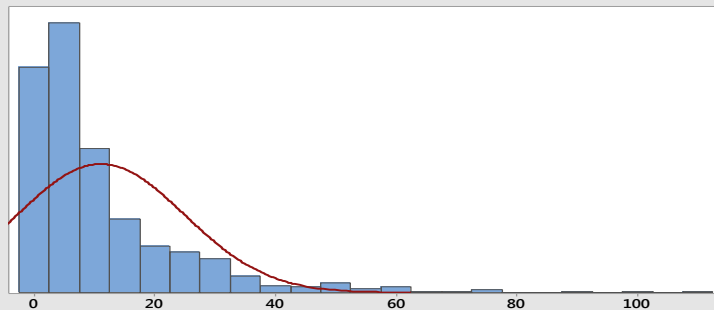
95% Confidence Interval for StDev

22.580 25.123

95% Confidence Intervals



Summary Report for Waiting Room - Assigned Room



Anderson-Darling Normality Test

A-Squared 51.20
P-Value <0.005

Mean 11.087
StDev 13.804
Variance 190.544
Skewness 2.7689
Kurtosis 11.0256
N 656

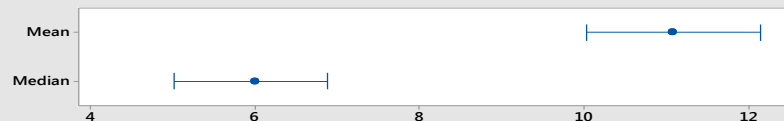
Minimum 0.017
1st Quartile 2.475
Median 6.000
3rd Quartile 14.742
Maximum 112.283

95% Confidence Interval for Mean
10.029 12.145

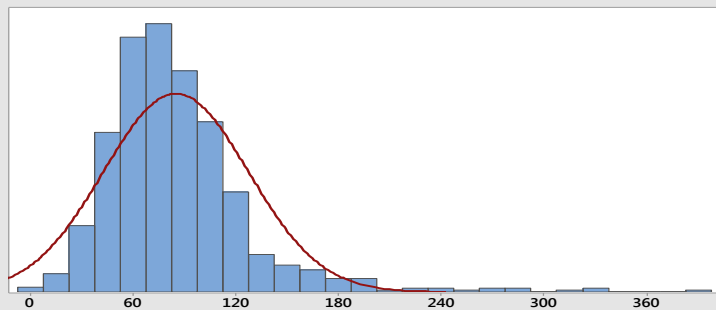
95% Confidence Interval for Median
5.024 6.876

95% Confidence Interval for StDev
13.095 14.594

95% Confidence Intervals



Summary Report for Appt Time - Chk Out



Anderson-Darling Normality Test

A-Squared 20.03
P-Value <0.005

Mean 85.086
StDev 42.326
Variance 1791.474
Skewness 2.14100
Kurtosis 8.93252
N 825

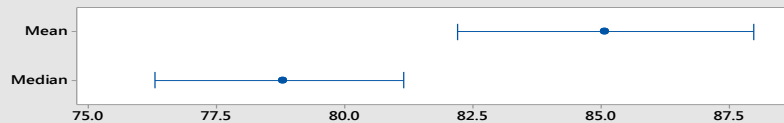
Minimum 2.600
1st Quartile 59.092
Median 78.800
3rd Quartile 101.200
Maximum 395.833

95% Confidence Interval for Mean
82.194 87.979

95% Confidence Interval for Median
76.295 81.145

95% Confidence Interval for StDev
40.377 44.473

95% Confidence Intervals



What the Data Tells Us...

- Staff are not consistently timestamping locations.
- Visits check-in to check-out are much longer (55 minutes) than scheduled visit time.
- Drives greater understanding of actual time needed for a visit versus opportunity for making process more efficient.

Telemedicine

- Remote visits allow patient visits from home community
- Using for clinic visits – use increasing
- Typically used for follow up appointments
- Using Jabber software

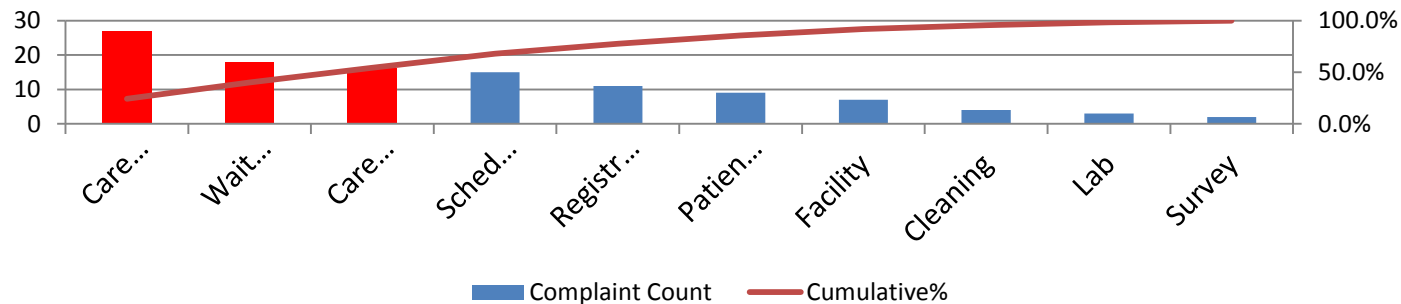
Patient Satisfaction

- Overall scores difficult to trend – questions changed, so don't have comparisons by specific question
- "N" very small
- Using anecdotal information to address 77% of comments positive

Battle Building – Pediatric Clinic Patient Complaints

Patient Complaints - All Battle

Press Ganey Patient Satisfaction Surveys Received Jan-Oct, 2015



How Did We Do?

- Neighborhood concept working well
- Scheduling – improving, continuing roll out
- Added Services - finding more opportunities
- Status Board – timestamping not accurate
- Telemedicine – just beginning ,need to evaluate effectivity

Next Steps

- Develop and Integrate retail pharmacy delivery program
- Complete Centralized Scheduling Roll-out
- Re-educate and refine use of Status Board
- Formal Post Occupancy Evaluation

<https://www.youtube.com/watch?v=LTxsEPFwOXQ>

Questions?