

UW Health Ambulatory Operations Council

May 11, 2017

Talking Points

- **Announcements (Pete Newcomer, MD)**
 - The Council welcomed two new members:
 - Dr. Jeff Huebner, representative for Population Health, replacing Stephanie Berkson
 - Dr. Bethany Anderson, representative for Human Oncology
 - A confidential update was provided regarding the Joint Operating Agreement with UnityPoint Health-Meriter. Please see the U-Connect Briefing for the latest information: <https://uconnect.wisc.edu/inside-uw-health/news/2017/may/name-116263-en.news>
- **Transition to Nitrile Gloves (Shabvon Johnson, Linda Stevens)**
 - Currently, all legacy UWHC clinics use nitrile gloves while UWMF clinics continue to stock both nitrile and vinyl.
 - Nitrile gloves offer better resistance to common hospital and lab chemicals while vinyl gloves have higher permeation and poor resistance to chemicals.
 - UW Health has approved Cavi Wipes as the standard cleaning product at ambulatory sites and the company recommends the use of nitrile gloves with the product.
 - Ambulatory Infection Control is recommending all ambulatory sites transition to the use of nitrile gloves, resulting in an additional cost to the organization of approximately \$8,000 per year.
 - **DECISION:** The Council unanimously approved the transition to nitrile gloves in all ambulatory settings.
- **Patient Experience Survey Comment Distribution (Emily Winslow, MD)**
 - Patient Experience analysts currently perform a time-consuming manual review of patient comments that come in via survey which are then collated into monthly and quarterly reports and distributed via email to providers, leaders, managers and directors.
 - With the enactment of mixed-mode surveying, approximately 60% of all surveys per month are returned with comments, an exponential increase from mail-only surveying, leading to a lag time of several months for collation and distribution.
 - Patient Experience is recommending that comments be distributed via Qlikview, offering faster, easier access, increased security and increased analytical resources for summative reports. A link to the comments will still be pushed out via email.
 - Key word screening will continue to sweep for sensitive comments containing “trigger” words. Additionally, there will be a process for post-publication comment removal.
 - **DECISION:** The Council approved the distribution of comments via Qlikview with the following caveats prior to enactment: 1) Address Qlikview security concerns 2) Establish a process by which comments can be reported 3) Design Qlikview portal.
 - This matter will be presented at UW Health Inpatient Operations Council for approval on June 8. It will then go before UW Health Operations Council for final approval.
- **Culture of Safety Survey Results (Betsy Clough)**
 - The Culture of Safety survey concluded at the end of 2016 and was open to all staff in hospital and medical office (clinic) settings. It is meant to raise awareness of patient safety, assess the organizational culture of safety and identify strengths and improvement areas.
 - The hospital survey and medical office surveys group questions into composite measures (12 for hospital and 10 for medical office); analysis and trending is then performed based on responses.
 - 1684 respondents completed the hospital survey and 1527 respondents completed the medical office survey identifying the following areas in need of improvement: 1) Management Support for Patient Safety; 2) Overall Perceptions of Patient Safety; 3) Frequency of Events Reported; 4) Teamwork Across Units; 5) Office Processes and Standardization and 6) Work Pressure and Pace. UW Health showed strength in Teamwork Within Units, Organizational Learning and Continuous Improvement, Handoffs and Transitions, Nonpunitive Response to Error, Patient Care Tracking/Follow-up and Communication Openness.
 - Numerous initiatives are already underway across the organization to address these opportunities for improvement including the AFCH Safety Culture Pilot, Specialty Care Redesign, Capacity Management and Leader Accountability through PSN standardized responsibilities and standard work, rounding and follow up.
 - The next survey will take place in 2018 and will provide more clarity for respondents as to the appropriate survey to take.
- **UW Health Service Standards (Pete Newcomer, MD)**
 - Enterprise-wide service standards will be rolled out across UW Health July 5. Currently, only ambulatory settings are included in the standards. Inpatient standards are in production and will be added in 2018.
 - The new standards build on previously established ambulatory standards developed in 2009 and include provider-level and clinic-level specifics to standardize and optimize the way we deliver care.

- Currently, ambulatory settings are not meeting all the revised standards or metrics; these standards serve to change a collection of independent processes into a healthcare delivery system approach focusing on continuous performance improvement.
- Bottom line, if we continue to operate at status quo with numerous organizational inefficiencies and deficiencies in access, our operating margins will continually decline due to rising drug costs, staffing costs and supply costs.
- Numerous accountability processes are being developed to ensure adherence and sustainability of the standards including adding them to the orientation and onboarding process, yearly CBT completion for continued reinforcement and inclusion in yearly performance evaluations. Further details on these processes will be provided later this fall.
- Please visit the U-Connect page for further reference on the standards: <https://uconnect.wisc.edu/inside-uw-health/mission-watch/uw-health-service-standards/>
- Questions should be directed to uwhealthambulatoryop@uwhealth.org

- **Workgroup Reports**
 - **HealthLink Ambulatory Clinical Leaders Group (ACLG)** (Dave Kunstman, MD)
 - M*Modal went live May 9 and uses Epic MRN. All providers are encouraged to complete the Care Team training. [CLICK HERE](#) to open the CBT.
 - A single UW Health-wide protocol for medication renewals will be implemented in August using native Epic functionality.
 - Hierarchical Condition Categories (HCCs) are certain diagnoses that lead to increased reimbursement from Medicare if the proper documentation is included.
 - UW Health is working with a consulting agency, Clinovations, to build functionality into Epic to support documentation via SmartForm, alerts in Visit Navigator and further enhancements to the Patient Header.
 - Go live for this functionality is expected June-July.
 - Swedish American Health System (SAHS) Epic integration go-live is expected July 1, 2018. Best practices for patient entry of vitals and results release are being examined.
 - Epic version 2017 upgrade is scheduled for October – new functionality will be demonstrated at the July meeting.