

## SBAR – Orcas After-Hours Provider Availability

### Situation:

UWNC leadership and the Orcas Public Hospital District acknowledge that there is a real risk of burnout, concerns about safety, as well as setting unrealistic expectations in the community for on-call providers to see patients after-hours. At the same time, given the isolated, island setting, there is a community need for face-to-face provider evaluation after-hours for urgent, primary care scope medical issues. Although patients are being seen by the providers after-hours, the perception is that patients are being evacuated from Orcas Island for urgent primary-care scope issues resulting in increased costs and risks.

### Background:

Historically, on-call providers would arrange to come into the clinic to treat medically appropriate patients after-hours. This included patients who were not established patients\* of the practice. Both established and non-established patients are triaged by a nurse with the Community Care Line.\*\* Patients are advised to either 1) call 911; 2) provided home care recommendations; 3) offered Virtual Care; or, 4) connected with the physician on-call. The provider on call may voluntarily choose to evaluate the patient in-person at the clinic. Although providers are now seeing patients after-hours in the clinic, the PHD requests clear commitment from the Orcas Island providers that they will see both established and non-established patients the on-call provider deems medically appropriate to evaluate in person after-hours. Additionally, since call coverage is shared with Orcas and Lopez providers, in order to meet the PHD's request, there needs to be a back-up system to ensure that a provider on Orcas is always available to see patients who are deemed to be medically appropriate to evaluate after-hours. Finally, this also needs to include a process for evaluating non-established patients who reside in or are visiting the community.

A provider survey was completed by UWNC which suggested that most UWNC Orcas and Lopez providers were not willing to participate in an after-hours program that asked the on-call provider to come in to see patients with urgent, primary-care-scope issues even if it was compensated and at the discretion of the on-call provider. Further, concerns were raised about safety of seeing patients alone, in addition to the UWNC standard work document which states that, "No staff or provider should ever be left alone in the clinic with a patient or patient's family"; lack of support after-hours, including the administrative burden and clean-up; setting unrealistic expectations in the community; and risk of provider burnout resulting in providers leaving the islands. The surveyed providers suggested alternative options and requested to be engaged in the process.

\*Definition of an "established patient" is a patient who has been seen within UW Medicine Primary Care anytime in the last 3 years.

\*\* We have confirmed that the Community Care Line will offer non-established patients option 4.

**This document is for modeling purposes only and must reviewed and revised prior to any contractual agreements.**

**Assessment:**

Given the practice setting on Orcas, there is a community need to try to manage as much as possible within primary care scope, including providing care to non-established patients after-hours. At the same time, the provider group identifies that being expected to see patients after-hours risks burnout, raises concerns about safety, as well as increases the administrative and operational burden on providers. The goal is to develop an after-hours system on Orcas that is equitable, sustainable, safe and cost-effective to meet the needs of the community.

**After-Hours On-Call Coverage**

Call frequency needs to be scheduled one-in-six (1:6). This translates into slightly less than one-in-five (1:5) when factoring in weeks/weekends left uncovered due to annual leave and holiday coverage.

- 1) Possible solutions to bring call pool to one-in-six (1:6):
  - a) Paid volunteers from UWNC provider pool.
  - b) Department of Family Medicine faculty.
- 2) PHD will work with the community to establish a consistent housing opportunity.
- 3) If the call frequency expectation drops below one-in-six (1:6) for longer than three (3) months that will trigger a conversation about additional solutions and compensation.

**In-Person Evaluation and Management After-Hours**

Providers will see both established and non-established patients after-hours at the clinic (not home visits) when the on-call provider determines it is medically appropriate. The on-call provider will not see patients based on social pressure. Providers will be treated as medical professionals and will be respected and trusted as such.

**Recommendation:****Support and Safety After-Hours**

Providers will be supported by clinical staff (RN, LPN, MA) who will also have an expected call frequency of one-in-six (1:6). Clinical staff will need to be trained to register patients, verify insurance, etc.

**After-Hours Compensation**

See pro forma.

Details to Resolve:

- At this time, Dr. Wilson and Wen Murphy are participating in the call rotation from Lopez. Determine if the on-call providers on Orcas take call for both Orcas and Lopez knowing that they are not obligated to see patients on Lopez currently?
- Identify viable source of non-resident providers to assist in providing coverage.
- Continue work with HR to clarify feasibility of having RN/LPN/MA staff participate with the on-call provider during after-hours visit. Terms of employment do not currently require staff to participate in care after clinic hours.

**This document is for modeling purposes only and must reviewed and revised prior to any contractual agreements.**

### Complaint Resolution

Individual complaints will be handled using the established internal UW Neighborhood Clinics complaint process. All stakeholders will support the outcome of the internal review.

### Future Directions

- Saturday Clinic Hours: Separately, Saturday clinic hours will be explored to decompress Fridays and decrease the extended time without access to the clinic.
- Consolidating healthcare on Orcas Island: There are currently two clinics with separate call schedules on Orcas Island and consolidating the healthcare system would improve the sustainability of on-call responsibilities.