

Comparison of Historical versus Current After-hours Coverage for Orcas Island

- I) What has been provided in the past:
 - 1) Physicians practicing at Orcas Medical Center have always been contractually obligated to take call.
 - 2) All callers to the clinic number after hours spoke to an answering service who then contacted the provider on call. The provider would call the person back and determine how to proceed with the presenting problem.
 - 3) If the provider deemed it medically appropriate, they would arrange to come into the clinic to treat the patient after-hours. During the contract years with Island Hospital, the providers were each compensated an additional \$15,000 a year for this call coverage.
 - 4) At all times, EMS staff had the provider schedule and direct phone access to the on-call provider.

- II) What UW Clinic now provides:
 - 1) A nurse triage process starts with a call to the clinic number. The nurse receiving the call will suggest one of four options to the caller:
 - a) Call 911
 - b) Home care recommendation with clinic follow-up
 - c) Virtual Care
 - d) Connect caller with physician on call (Orcas or Lopez provider) if triage nurse deems appropriate— **available only for callers who are currently established with the practice.**
 - e) Provider on call can come into the clinic and treat a caller on a **voluntary** basis when deemed medically appropriate.

*The only way EMS can contact the on-call provider is through the triage nurse process.

- III) Differences between what has historically been provided and what UW offers presently:
 - 1) Approximately 1/3rd of the time, the on-call provider is on Lopez so it is not possible for that person to come into the Orcas Clinic when it is medically appropriate. In the past, a physically accessible provider was always available on Orcas.
 - 2) It is difficult to discern if the 'voluntary' nature of the UW model is impacting the timeliness and consistency of care being provided. We lack historical data from Island Hospital and UW Clinic on after hours calls.
 - a. In the past, it was considered part of the providers' job to do call including coming into the clinic to see all callers when deemed medically appropriate and they were compensated for it.

- 3) Presently, only callers who are currently established with the practice can be referred to the on-call provider. In the past, **all** callers were eligible for all the options provided by the provider on call including being seen at the clinic.
- 4) EMS must go through the nurse triage system whereas in the past, they could contact the on-call provider directly.
- 5) We remain unclear if the scope of services provided has changed from what was previously offered. We have provided a Skills Summary document which we believe describes the nature of services previously provided by the clinic operator, including the acute services. We would like clarification if these services are currently being offered.

IV) The PHD would like the work group to reach agreement on:

- 1) Having a designated Orcas provider available all the time to come into the clinic when deemed medically appropriate.
- 2) All callers to the nurse triage system after-hours have access to all the options that established UW patients have including being seen at the clinic by the on-call provider.
- 3) Agreement to implement quality tracking metrics that would allow the PHD to better define the level and nature of after-hours care needed.
- 4) UW would provide EMS staff quick and easy phone access to the physically accessible on-call provider.
- 5) Agreement to participate in regularly scheduled reviews of after hours calls in conjunction with EMS to identify what is and is not working related to Acute and After-hours care.

V) What OFHC presently Provides:

- 1) Callers leave a message with an automated answering service and the on-call provider is messaged and calls the person back. The on-call [provider may be Dr. Shinstrom or one of the two PA's.]
- 2) All callers are treated the same whether they are established patients or not (the caller is asked who their PCP is and if it is the UW Clinic, they are asked if they have contacted that clinic first; regardless of the answer, the on-call provider will then assist the caller as needed (options include calling 911, home care with clinic follow-up, meet caller at clinic for treatment.) The on-call provider will come into the clinic to treat a patient when it is deemed medically appropriate.
- 3) EMS staff can reach the on-call provider quickly and easily by calling the clinic number and receiving a call back from the on-call provider.

Commented [PM1]: Diane or Art might want to state this differently. Since skills the document includes all services and this document is focused on the after hours care, there may be a better way to state this.