

UWNC Orcas Island Initial Operations Evaluation Revised Draft 12/17/18

Background:

- UW Medicine began managing the Orcas Island Clinic approximately 1 year ago in September of 2017
- UW Medicine absorbed the existing staffing model
- The major focus of the first year was to get our operations up and running and begin to identify operation challenges and gaps

Current Evaluation:

- Mark Bresnick, Assistant Director for Operations UWNC North Region, spent several days in November and December of 2018 meeting with staff, observing current workflows and reviewing current staffing model. Here are the results of the evaluation:
 - Staffing options (level of certification – i.e. MA, LPN, RN, etc.) are limited to the pool of people who live on Orcas Island
 - This limits the flexibility in staffing the clinic
 - This impacts the budget – cost of staffing
 - Major challenge for someone living on another Island to work on Orcas and we still have the limited pool issue
 - Staffing model:
 - Provider Support
 - Orcas has one MA and one LPN to support the 4 providers in the clinic
 - Pull the RN's or Lab person as needed which impacts other work
 - RN - Care Management - Triage
 - Orcas has 2 RN's
 - Neither nurse is doing the Care Management bucket of work
 - The 2 RN's rotate being the Triage Nurse and the Clinical Support Nurse
 - Because we are a rural, island clinic – the centralized triage function at UW Medicine does not meet many of the needs of the Island's patients – so we are managing the triage function on site. This involves working the Epic pools for appropriate triage situations, calling the patient and resolving as needed; having the patient come into the clinic to be physically triaged. The triage nurse also manages all walk-in triage situations.
 - The clinical support nurse is working the pools, managing the clinical support schedule (i.e. shots, etc. not needing a provider visit), and is rooming patient when we have 3 or 4 providers working

- Staffing schedule_coverage
 - Most of the RN, LPN and MA positions at Orcas are less than full time
 - When someone is sick or on PTO we do not have the ability to cover and end up working short – which impacts working the pools and other non-urgent or patient face to face work
 - When 3 or more providers are seeing patients on the same cadence it creates a bottleneck for rooming
- All phone calls come to the front desk
 - On Orcas front desk is managing:
 - All appointing calls
 - Answering all Option 2 (Between Visit Care) calls and either responding (if within their scope) or creating a TE to send to the Clinical Support Pool or getting the Triage Nurse in an emergency situation
 - EMS calls
- Between Visit Care (BVC) work
 - This is a very large piece of work that involves answering the phones, making outgoing calls, receiving and responding to electronic messages, and following up on patient concerns
 - On Orcas there is no dedicated staff person managing this work
 - Front desk does some of the work
 - Clinical support nurse does some of the work
 - LPN and MA help when they can
 - Triage nurse does some of the work when they can
 - RN priority is triage and other face to face patient needs so they get pulled from working the pools. When that happens some of the pools do not get worked – this is part of what is creating frustration with patients and staff. Referrals and overdue results are two examples of pools which do not get attention when staffing is challenged.
- Miscellaneous Observations:
 - Patients avoid calling the contact center – they will either go right to pushing Option 2 to get directly to the clinic or they just come in. (from staff rounding, talking to a number of patients and observing the calls the front desk gets)
 - Orcas controls a lot of their own schedule – not having the Contact Center able to schedule due to the high volume of walk-ins and same day requests
 - Patients who are told to come in to be triaged by the nurse are almost always added to the schedule and the provider fits them in (unless they need to be transported off Island)

Next Steps:

- On January 11th Mark is coming back to Orcas so he and Jen (Clinic Manager) can:
 - Review current state based on this evaluation
 - Design workflows and organize the work that makes sense in terms of staffing
 - Identify gaps and begin to formulate recommendations for addressing the gaps

MAINTENANCE

As of January 2019, the following list of items have been identified by the UWNC Clinic Manager to be immediate maintenance needs:

- Replace sharps container brackets – 15 brackets – may cause wall paper or patching issues
- Replace ballasts in several fixtures
- Routine fluorescent bulb replacement
- Toilet in back by the procedure room runs frequently – per plumber/septic people we should replace the toilet with one that puts force behind the flush
- Wiring to put vaccine freezer on generator supported outlet – Kevin Loomis began looking at this prior to the PHD purchase of the building
- Purchase and replace vent in hall bathroom by Exam Room 10
- Replace damaged and stained ceiling tiles
- Heating issues – building not balanced and several rooms often too cold to use
- In the past they have used Norm Flynt for snow removal and they have been on his automatic list to check when conditions are bad. He will ride through and check and then he or one of his staff will scrape the parking lot and put out ice melt. He usually handles everything before the first patient arrives and they want to make sure they remain on his active client list.

EQUIPMENT

- Watching exam tables as they are nearing end of useful life.