



# New Faculty Foundation: Building for Success

## Diving deeper into your faculty role

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November 11, 2024

# Today's Presenters

- **Renee Edwards, M.D., M.B.A.**, Chief Medical Officer, OHSU Health
- **Stephanie Halvorson, M.D.**, Division Chief, Medicine, Division of Hospital Medicine; OHSU Professional Board Chair
- **Johanna Warren, M.D.**, Senior Associate Chief Medical Officer for Ambulatory Practice

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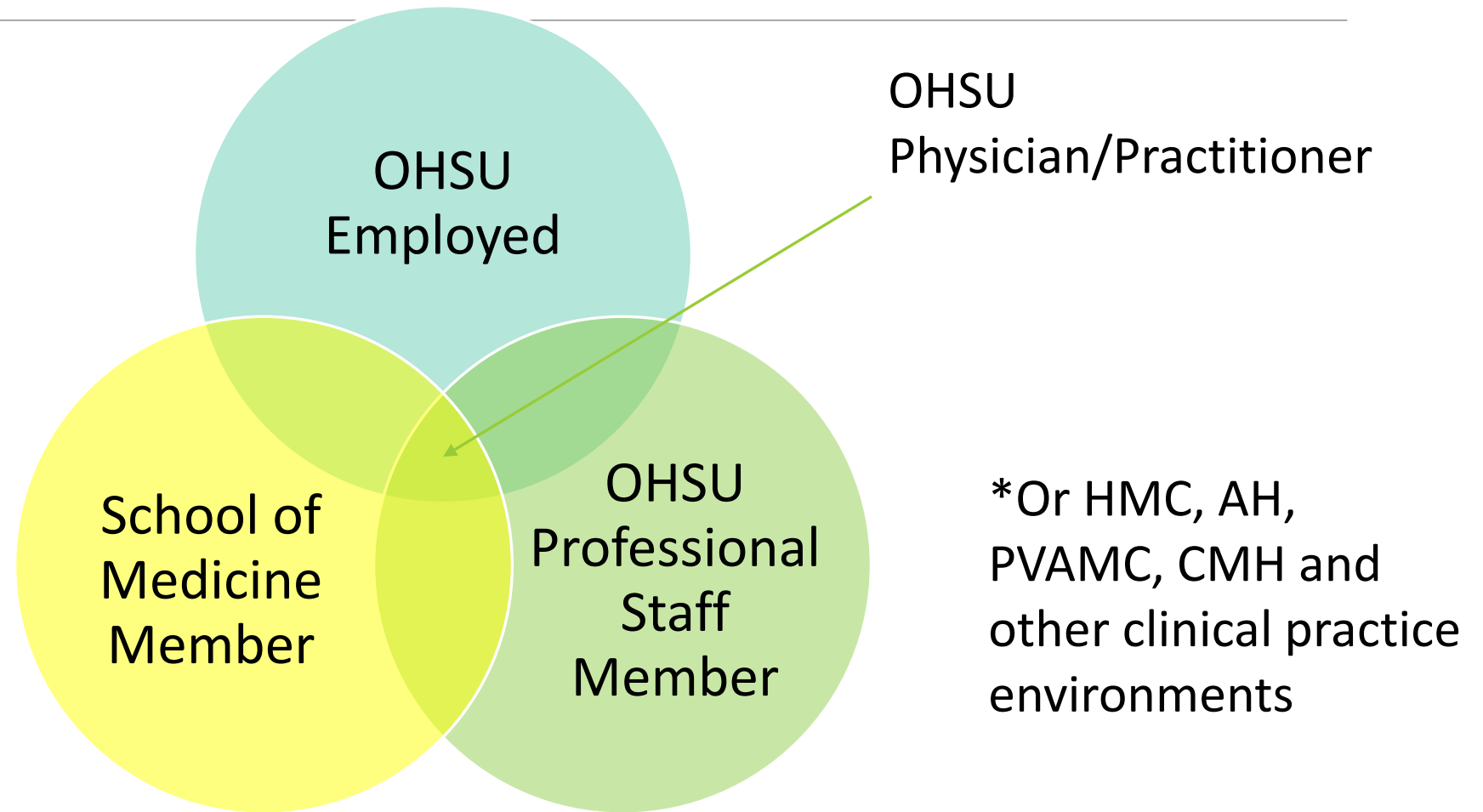
# NEW FACULTY FOUNDATIONS: THE CLINICAL ENVIRONMENT

RENEE EDWARDS MD MBA SVP CMO CWO



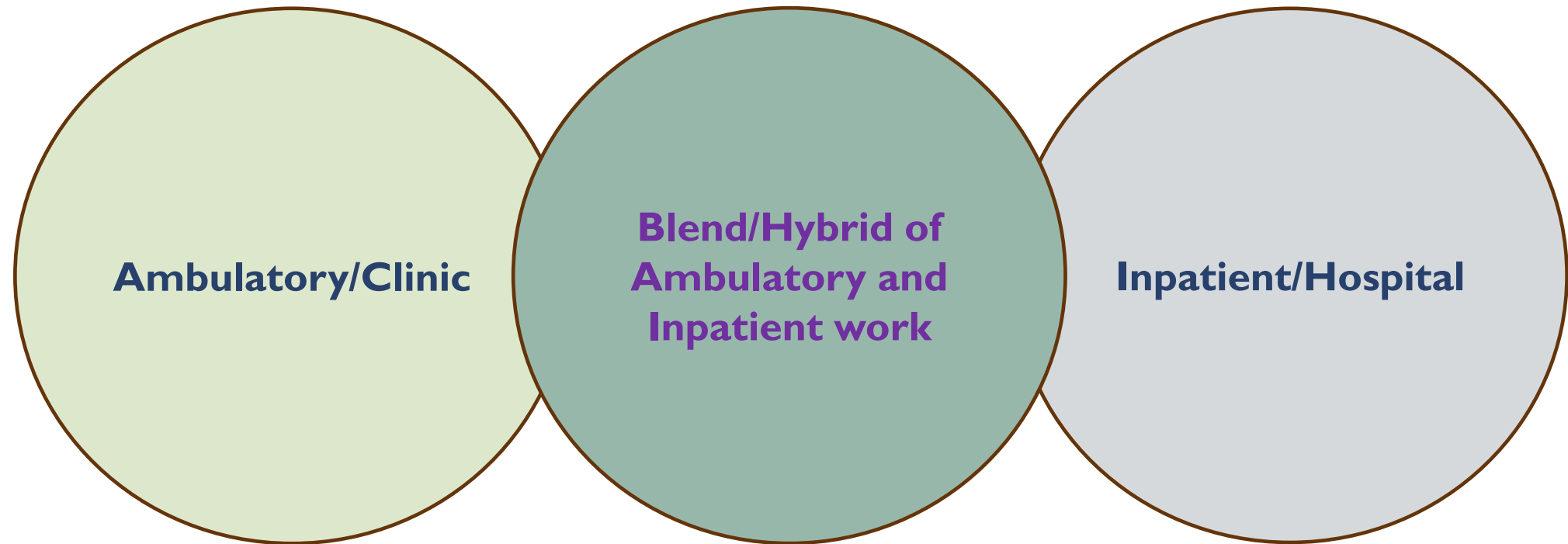
# Intersecting Roles within the Clinical Environments of Care

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## CLINICAL WORK ENVIRONMENTS

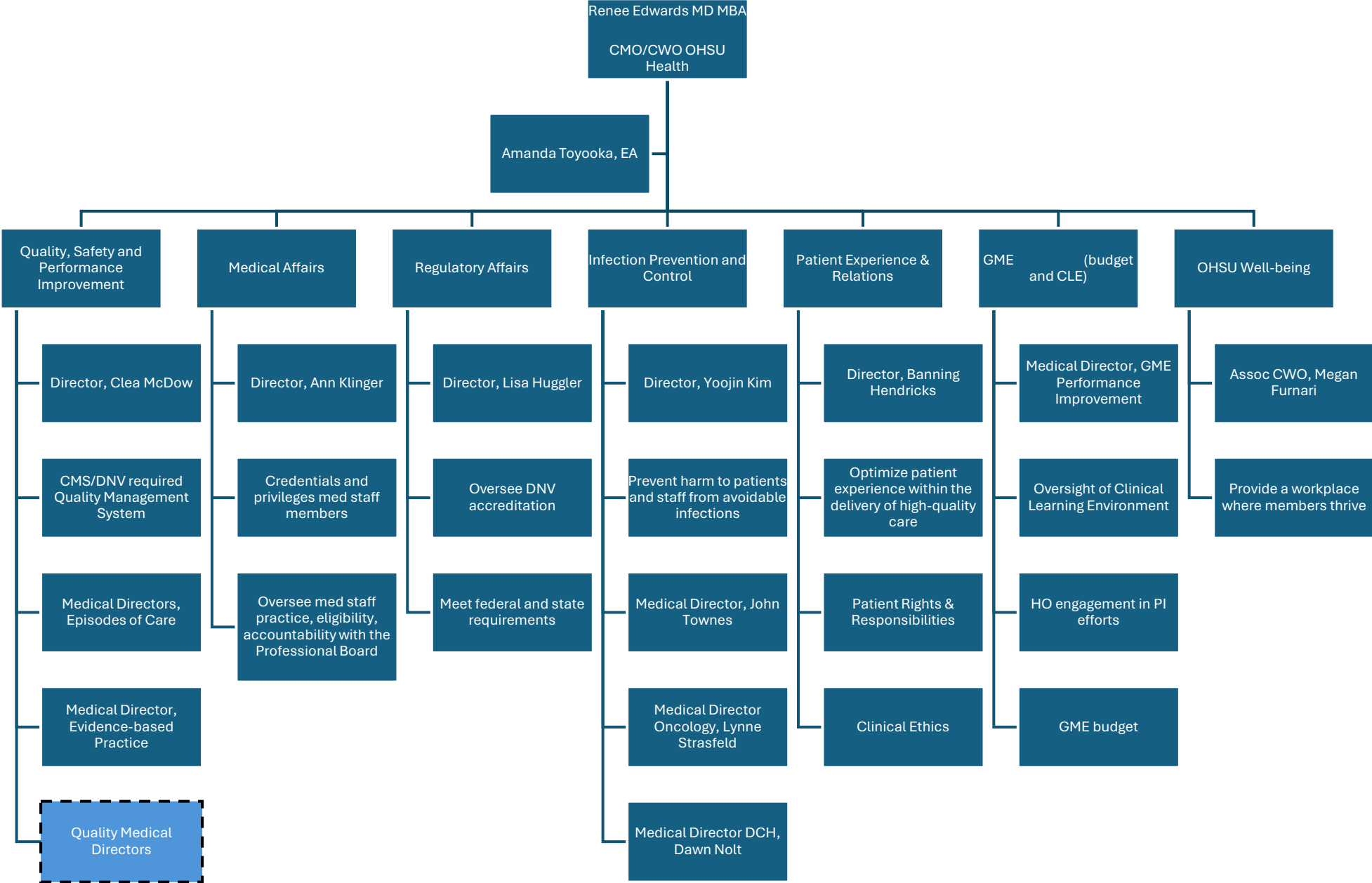




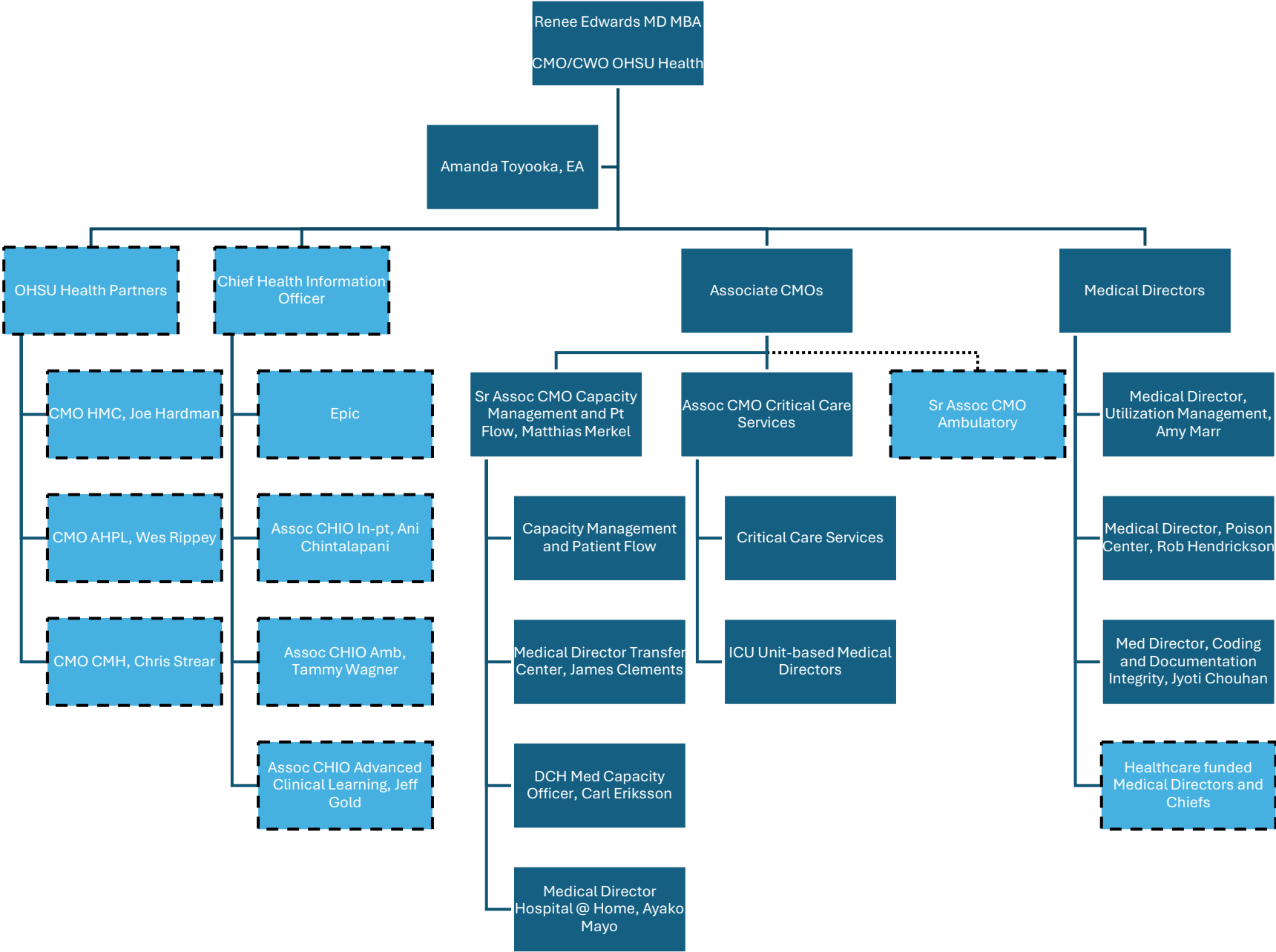
# IMPORTANT ELEMENTS OF THE CLINICAL ENVIRONMENT

- Quality and Safety of Care
- Knowledge of Regulatory requirements relative to the places where you provide care
- Knowledge of Policies and Procedures within the places where you provide care
- Responsiveness to messaging and communications about the clinical mission
- Collaborative, multi-disciplinary care on behalf of the patients we serve and the colleagues we work with

# Office of the CMO/CWO; Healthcare Departments




# Office of the CMO/CWO; Medical Oversight





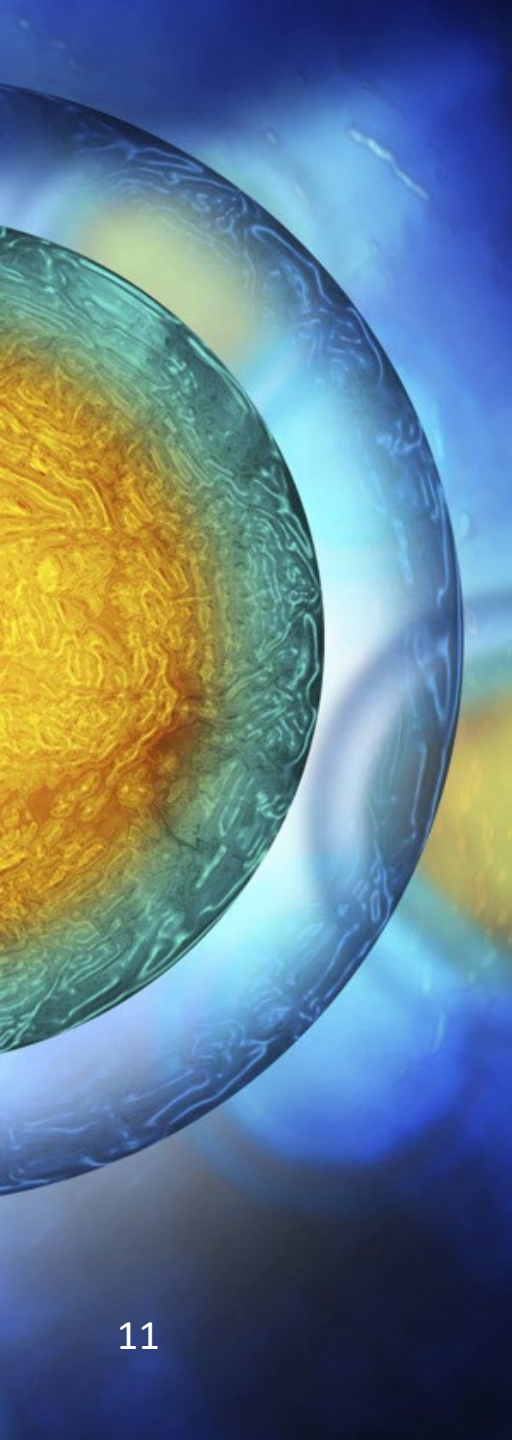
# Quality, Safety & Performance Improvement

- We are organized as a Lean Management in Healthcare System
- We call our system OPEx = OHSU Performance Excellence
  - Annually we determine key priorities across OHSU Health that are undertaken through
    - Process Owners
    - Management Guidance Teams
    - Departmental OPEx plansThese may be unique to OHSU site or may be system-based
  - We are responsive to external stakeholders and ranking organizations such as CMS/DNV/Vizient
  - This year we also have the OR Healthcare Market Oversight (HCMO) quality pillar as we integrate with Legacy Health



# Centers for Medicare & Medicaid Services (CMS) Programs

- Mandatory Programs through CMS
    - VBP: Value Based Purchasing
      - Clinical Outcomes, Safety, Engagement/Experience and Efficiency and Cost Reduction
    - HACRP: Hospital-Acquired Condition (HAC) Reduction Program
    - HRRP: Hospital Readmission Reduction Program
      - 30 day readmissions to any hospital for 6 patient populations
  - Required to receive reimbursement from Medicare
  - Patient population: All Medicare Fee For Service patients
    - 20% of OHSU adult population
  - All have additional financial impact: \$5.5 million at risk overall across 3 programs
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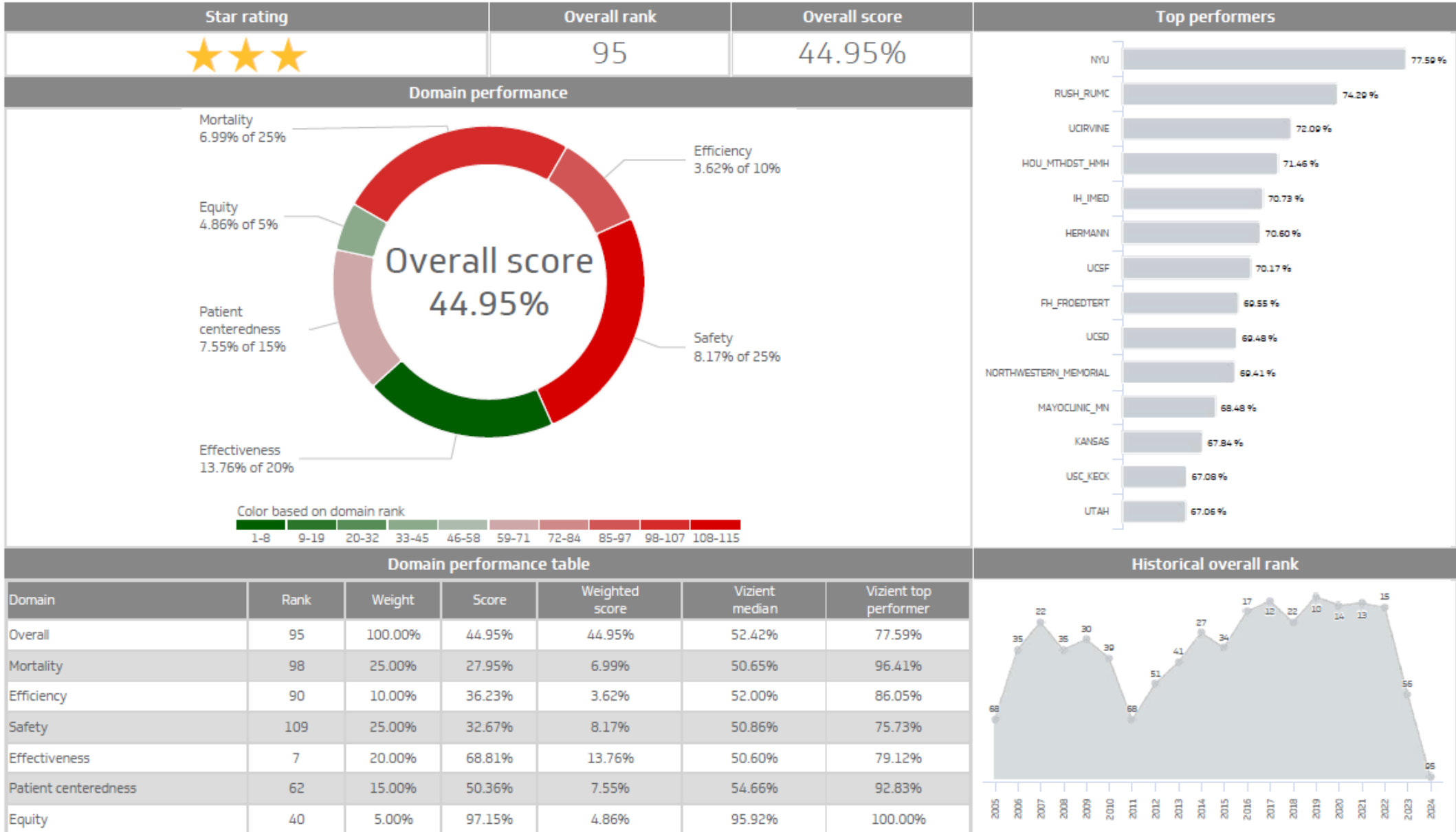


# Vizient Quality & Accountability Scorecard

- More comprehensive (all adult patients) with comparison to comprehensive AMC peers
- Many common metrics between Vizient, VBP, HACRP

Domain	Content/Areas of Focus
<b>Mortality</b> <b>25%</b>	<ul style="list-style-type: none"> <li>Mortality Observed/Expected for select service lines</li> </ul>
<b>Effectiveness</b> <b>20%</b>	<ul style="list-style-type: none"> <li>30-Day Readmission Rate (all cause) for select services</li> <li>Excess Days for select service lines</li> <li>Outpatient Procedure Revisits (Colonoscopy, Biliary, Urological, Arthroscopy)</li> <li>Sepsis: Lactate level within 12 hours of admission</li> <li>Transfusion: RBC transfusion with Hgb <math>\geq 9</math></li> </ul>
<b>Safety</b> <b>25%</b>	<ul style="list-style-type: none"> <li>5 AHRQ Safety Measures <ul style="list-style-type: none"> <li>(Pressure Ulcers, Respiratory Failure, Hemorrhage/Hematoma, Iatrogenic Pneumothorax, Post-op Sepsis)</li> </ul> </li> <li>CLABSI</li> <li>CAUTI</li> <li>C. difficile</li> <li>SSI (Colon Surgery and Abdominal Hysterectomy)</li> <li>Hypoglycemia with Insulin Use</li> <li>Elevated INR with Warfarin Use</li> </ul>
<b>Patient Centeredness</b> <b>15%</b>	<ul style="list-style-type: none"> <li>8 HCAHPS Questions</li> </ul>
<b>Efficiency</b> <b>10%</b>	<ul style="list-style-type: none"> <li>LOS O/E for select service lines</li> <li>Direct Cost O/E for select service lines</li> </ul>
<b>Equity</b> <b>5%</b>	<ul style="list-style-type: none"> <li>Gender, Race, and Socio Economic Status for 8 metrics</li> </ul>

# 2024 Comprehensive Academic Medical Center Quality and Accountability Oregon Health & Science University Performance Scorecard



# FY25 OHSU Health Quality & Safety Priorities

## Harm Reduction

- Tactics: HAC/SSI Reduction, PSI Investigations, Mortality, Sepsis, Referral Delays, etc.
- Skill building for leaders: targeted in cohorts with harm reduction tactics, support problem-solving in a human-centered way

## Patient Experience

- Focus Area (Staff Work Well Together & Care Coordination)
- Integrating Patient Stories

## Chronic Disease Management

- First area: diabetes control

## Healthcare Market Oversight (HCMO)

- Accountability goals and metrics for quality pillar

# Error Management

- Accept that human error is unavoidable
- View errors as learning opportunity
- Disentangle errors from their consequences
  - An error that doesn't result in significant harm may be because of luck so we should learn from these opportunities
- Avoid negative consequences that come from unmanaged errors
  - Shame, punishment, covering up mistakes, repeat errors
- Maximize potential positive consequences of errors
  - long term learning, innovation, growth, system change

# Required Patient Safety Review

- DNV requires us to follow the NIAHO Standards and National Quality Forum serious reportable event list
- Timely reporting of events is crucial for investigating pt harm as soon as possible
- When a case where a patient was harmed during the course of care is added to M&M or CQI list for discussion, please evaluate if it meets the threshold for required review
  - Yes or Maybe - File a PSI



# HOW TO FILE A PSI ON O2 – WE WOULD LOVE TO HEAR FROM YOU!

Easiest is to simply enter PSI in the search field on O2 or look under the Safety & Support tab

You can file anonymously but it is always good to know from whom the report is coming.

Safety and Support ▾

- Diversity, Equity, Inclusion and Belonging
- Emergency Preparedness
- Environmental Health and Safety
- Help When You Need It
- Information Privacy and Security
- Integrity
- Patient Safety Intelligence (PSI)
- Public Safety
- Title IX
- Well-Being
- Worker and Student Injury Reporting System (V

**Patient Safety Intelligence: OHSU Event Report**

Welcome to the Patient Safety Intelligence Front Line Reporter Form.

★ Indicates a mandatory field.  
Click the ⓘ icon for help with a particular field.  
Click the ▾ button to view and select from the list of available options for that field.  
Click the ✖ button to remove values from a field.

If you have any questions or require assistance with completing this form please contact your on-site administrator.  
This form will time out after 30 minutes. If you have additional information to add after submitting, please email [psi@ohsu.edu](mailto:psi@ohsu.edu).

**Please note that this form is ONLY for OHSU safety events.**

**Please use the following link to report privacy or information security issues:** [EthicsPoint](#)

**Please use the following link to report a worker or student injury:** [WSIRS](#)

**Please use the following link to report ITG issues or outages:** [Jira Ticket](#)

**UHC Safety Intelligence™**  
Powered By **Datix**

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# OHSU Health Consults project

Improving the inpatient consult process to *optimize quality and efficiency* of patient care, *reduce the strain* on consulting services, and *improve clinician satisfaction*.

# Standard work reminders

## Use the Consult Order

- Urgent Consult Orders can be placed 24/7
- You may not place a Routine priority consult order between the hours of 10pm and 7am per standard work. If you need initial recommendations within 90 minutes, please reorder with an Urgent priority.
  - Hold Admission Consult Orders until 6am

## Link Consult Note to the Order

- Urgent consults should be initiated within 45 minutes with initial recommendations within 90 minutes.
- Use Progress Notes for subsequent patient notes

**PLEASE REMIND YOUR TEAMS TO ADHERE TO STANDARD WORK – this is the best way to understand the extent of consultative work and identify opportunities for improvement**

IP CONSULT TO ADDICTION MEDICINE

Priority: Routine | Routine | Urgent

Process Instructions: IMPACT is available 8-5 M-F. Please contact the evening/weekend social worker for urgent addiction referral needs. In general, hospitalization should not be extended for IMPACT referral.  
Routine consult order pages are sent from Epic between 7AM-10PM. Consults prior to 2pm: Consultation and recommendation provided by end of day. After 2pm: Consultation and recommendation required by 12pm following day.

Brief Clinical Question (2 sentences or less)

Call Back Information

Consultation Request Includes

Pre-Procedural/OR Evaluation  Pending Discharge  Co-Management

Comments: + Add Comments

Scheduling Instructions: [Icons] Insert SmartText [Icons] 100%

Text entered in the comments box will not be included in the page.

Auto-pages for medical consults are generated immediately and should be received by on-call providers within one minute of the consult orders being signed.

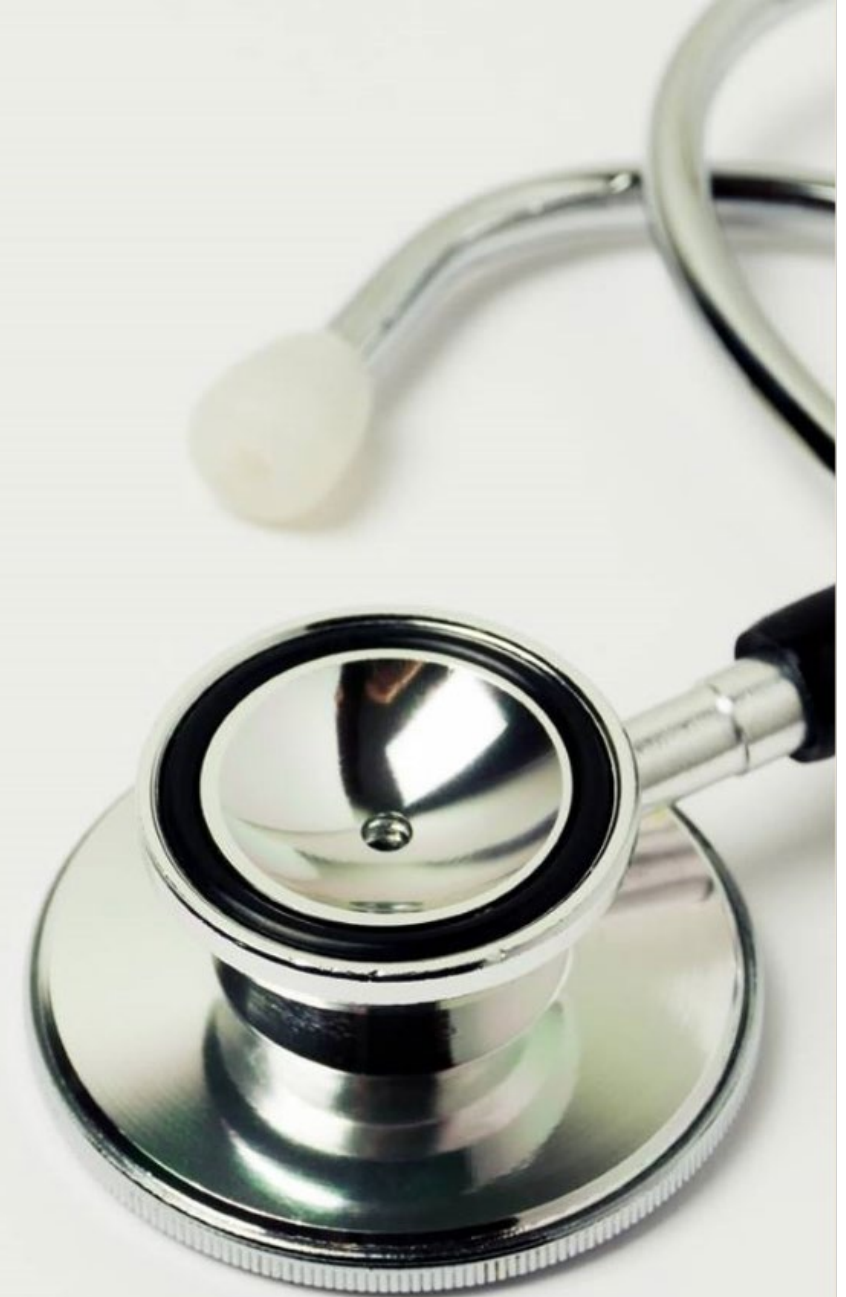
Next Required | Link Order

	<b>External provider responsibilities</b>	<b>PARS line guidance (503-494-4567)</b>	<b>Transfer Center guidance (503-494-7000)</b>	<b>Existing mutual patient guidance (503-494-8311)</b>	<b>External consult guidance (in development)</b>
<b>Types of calls and expectations</b>	<ul style="list-style-type: none"> <li>Respect OHSU Faculty time and expertise</li> <li>Determine if question is general knowledge or specific to a given patient</li> <li>Utilize consultation resources in local community whenever possible</li> <li>Obtain patient agreement/ assent if external consultation (not needed for PARS Line or Mutual Patient Guidance)</li> <li>Implementation of diagnostic and treatment decisions remain with inquiring direct care providers (PARS, mutual patient guidance)</li> </ul>	<ul style="list-style-type: none"> <li>General advice for various conditions</li> <li>A few options for treatment considerations</li> <li>Recommendations for whether a patient would be best served with a visit (in-person, virtual, etc.)</li> <li>Does NOT establish a physician-patient relationship</li> <li>No review of individual patients' chart/record/images</li> </ul>	<ul style="list-style-type: none"> <li>Patients at outside EDs and inpatient locations in need of possible transfer</li> <li>In transfer discussions, OHSU faculty can review charts and images and offer potential recommendations to help in stabilization and offer recommendations about need for transfer</li> <li>EMTALA guidelines apply to all Transfer calls from EDs</li> <li>If needed, multiple specialists can be conferenced on same line</li> </ul>	<ul style="list-style-type: none"> <li>Patient currently receiving care at OHSU main campus related to their current problem</li> <li>Patient discharged from OHSU within the past 90 days (medical or surgical discharge)</li> <li>Detail of record review and recommendations for treatment are at the discretion of the OHSU provider</li> </ul>	<ul style="list-style-type: none"> <li>Specific treatment, testing, or procedural recommendation(s)</li> <li>Synchronous – interprofessional phone consult (IPC)</li> <li>Asynchronous – external eConsult</li> <li>Consults require a request, appropriate collaboration on a specific patient's care, and a documented response, followed by billing</li> <li>Requires registering patient if not existing OHSU patient</li> </ul>
<b>Hours available</b>		<p>7 a.m. to 7 p.m.</p> <p>Calls paged out as “PARS Advice” with direct call back number; expectation for return call by end of business day</p>	<p>24/7</p> <p>Calls paged out as “Transfer Center Holding 4-7000”; recorded phone line. The line is supported by ETCs during the entire call</p>	<p>24/7</p> <p>Calls paged out as “Mutual Patient Call” to specific medical staff M-F 7a-7p and to on-call for service nights/weekends/holidays</p>	<p>Refer to existing telemedicine contracts as appropriate.</p> <p>In development (TBD):</p> <ul style="list-style-type: none"> <li>Interprofessional phone consults</li> <li>External e-consults</li> </ul>
<b>Time per call/consultation</b>		5 minutes	Variable	Variable	Variable
<b>Documentation</b>		none	Provider discretion. ETCs document in the intake encounter	Provider discretion	Yes – OHSU provider documents conversation/recommendations in Epic via OHSU Connect
<b>Billing</b>	n/a	none		none	Required; can bill currently if existing OHSU patient
<b>Contact</b>	Jimmy Heilman, M.D. or liaison@ohsu.edu	Johanna Warren, M.D.	James Clements, M.D.		

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## MISSION CONTROL

- Mission - Be a national leader in capacity management to provide the right care to the right patient at the right time and place with the right team and maintain good stewardship of resources.
- Accommodate high acuity transfers at all times
- Manage inpatient access across the OHSU system
- Provide 24/7 management of throughput at OHSU
- Oversee daily operations impacting throughput at partner hospitals
- Collaborate with physicians, providers, nurses and professional and support services in all aspects related to inpatient access and capacity management
- Mission Control



# COMMUNICATIONS TO FACULTY – WHAT TO WATCH FOR

## Clinician Action

- Sent from the CMO for “need to know” topics
- Please read these!

## OHSU Now

- Download App to your cell phone
- Read on O2
- Read via email

## How to sign up/opt out

- Click on OHSU Now on O2
- Scroll down to “manage subscriptions
- List will include those that are required and those for opt in/out

# UNIFIED CLINICAL COMMUNICATIONS MATRIX

Urgency	Definition and Examples	Response Time	Appropriate Channels	Escalation Pathway
<b>FYI</b>	Messages that do not require a response	No Response	Secure Chat	Spok Mobile
<b>Routine</b>	<p>Messages that convey non-urgent information about patient safety/stability</p> <p>Example: routine callback requests, patient arrival to the floor</p>	60 minutes	Secure Chat	Spok Mobile Phone
<b>Urgent</b>	<p>Messages that need a timely response but does not yet require immediate decision making</p> <p>Example: abnormal changes to vitals or labs, changes in patient behavior, pending discharge or transfer needs, acute symptomatic complaints</p>	10 minutes	Spok Mobile Pager	Phone Vocera
<b>Emergent/STAT</b>	<p>Situations that require immediate attention by a provider and real time action</p> <p>Examples: hemodynamic compromise, critical values</p>	Immediate	Spok Mobile Pager	Phone Vocera Code Response

Physician Builder:	Area:	Specialty:	Email:
Durrant, Julia	IP	ICU - Adult	<a href="mailto:durrantj@ohsu.edu">durrantj@ohsu.edu</a>
Gregory, Tom	IP & OP	OB/GYN	<a href="mailto:gregoryt@ohsu.edu">gregoryt@ohsu.edu</a>
Kato, Meredith	IP	Anesthesia	<a href="mailto:katom@ohsu.edu">katom@ohsu.edu</a>
McDougall, Craig	OP	Primary Care	<a href="mailto:mcdougcr@ohsu.edu">mcdougcr@ohsu.edu</a>
McGaughey, Steven	IP	Emergency	<a href="mailto:mcgaughe@ohsu.edu">mcgaughe@ohsu.edu</a>
Mueller, Reid	IP	Perioperative	<a href="mailto:muellere@ohsu.edu">muellere@ohsu.edu</a>
Nagarkatti-Gude, David	OP	Behavioral Health	<a href="mailto:nagarkad@ohsu.edu">nagarkad@ohsu.edu</a>
Orwoll, Ben	IP	ICU - Peds	<a href="mailto:orwollb@ohsu.edu">orwollb@ohsu.edu</a>
Putnam, Katherine	OP	Family Medicine	<a href="mailto:bergerk@ohsu.edu">bergerk@ohsu.edu</a>
Riccelli, LP	IP	Diag Radiology	<a href="mailto:riccelli@ohsu.edu">riccelli@ohsu.edu</a>
Sallay, Scott	IP	Adult Med Surg	<a href="mailto:sallayb@ohsu.edu">sallayb@ohsu.edu</a>
Schindler, Josh	IP	ENT	<a href="mailto:schindlj@ohsu.edu">schindlj@ohsu.edu</a>
Shalen, Evan	OP	Knight Cardio Inst	<a href="mailto:shalen@ohsu.edu">shalen@ohsu.edu</a>
Thomas, Merina	OP	Ophthalmology	<a href="mailto:thomamer@ohsu.edu">thomamer@ohsu.edu</a>
Trubowitz, Phoebe	OP	Knight Cancer Inst	<a href="mailto:trubowit@ohsu.edu">trubowit@ohsu.edu</a>
Wagner, Tammy	IP & OP	Peds Med Surg	<a href="mailto:wagnerta@ohsu.edu">wagnerta@ohsu.edu</a>
HMC Providers			
Lane, Hillary	OP	Family Medicine	<a href="mailto:laneh@ohsu.edu">laneh@ohsu.edu</a>
Zhou, Mengyu	IP	Hospital Medicine	<a href="mailto:zhoume@ohsu.edu">zhoume@ohsu.edu</a>

## OHSU EPIC HUB

There is more here than we can cover but I would strongly recommend that you bookmark this site as an important resource!

- All OHSU Health sites are on the same instance of Epic but there is still variability in orders and workflows between the sites
  - CMH uses Cerner
- <https://ohsuitg.sharepoint.com/sites/OHSUEpic>
- OHSU Physician Builders are your departmental based link to Epic support and questions



# ON-GOING TRAINING

- Compass – OHSU’s online training site
- Annual required training:
  - Privileged Staff Quality & Safety Annual Refresher
  - Information Privacy & Security Essentials
  - Integrity Booster
- + others as assigned or strongly encouraged!
  - If the Pro Board endorses a training, please do your best to complete it



# WHERE DO I FIND POLICIES AND PROCEDURES? WHAT DO I ACTUALLY NEED TO KNOW?

- MCN = Policy Management System
  - <https://ohsu.ellucid.com/home> or search on O2
  - Log in with your OHSU sign in and password
  - Best advice – use the Favorites tab on the left side to save the policies, procedures and guidelines you are most likely to reference
  - Department specific guidelines and practices are also saved here
  - Professional Board Bylaws are posted here

OHSU



**Renee Edwards**

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## KEY POLICIES FOR AWARENESS

- Concurrent and Overlapping Surgery
- Consultations: In-pt and ED:
- Disclosure, Apology and Support for Adverse Events
- EMTALA Obligations
- Informed Consent Policy
- Responding to Disruptive Behavior and Administrative Discharge of an Adult Patient
- Restraint and Seclusion
- Verbal Orders & Telephone Orders

## WHO ARE YOUR RESOURCES FOR PUTTING ALL OF THIS TOGETHER?

- Department Chair
- Department Administrator
- Clinical Vice Chair
- Quality Medical Director
- Clinic or In-pt unit Medical Director
- CMO and Associate CMOs
- Chair of the Professional Board





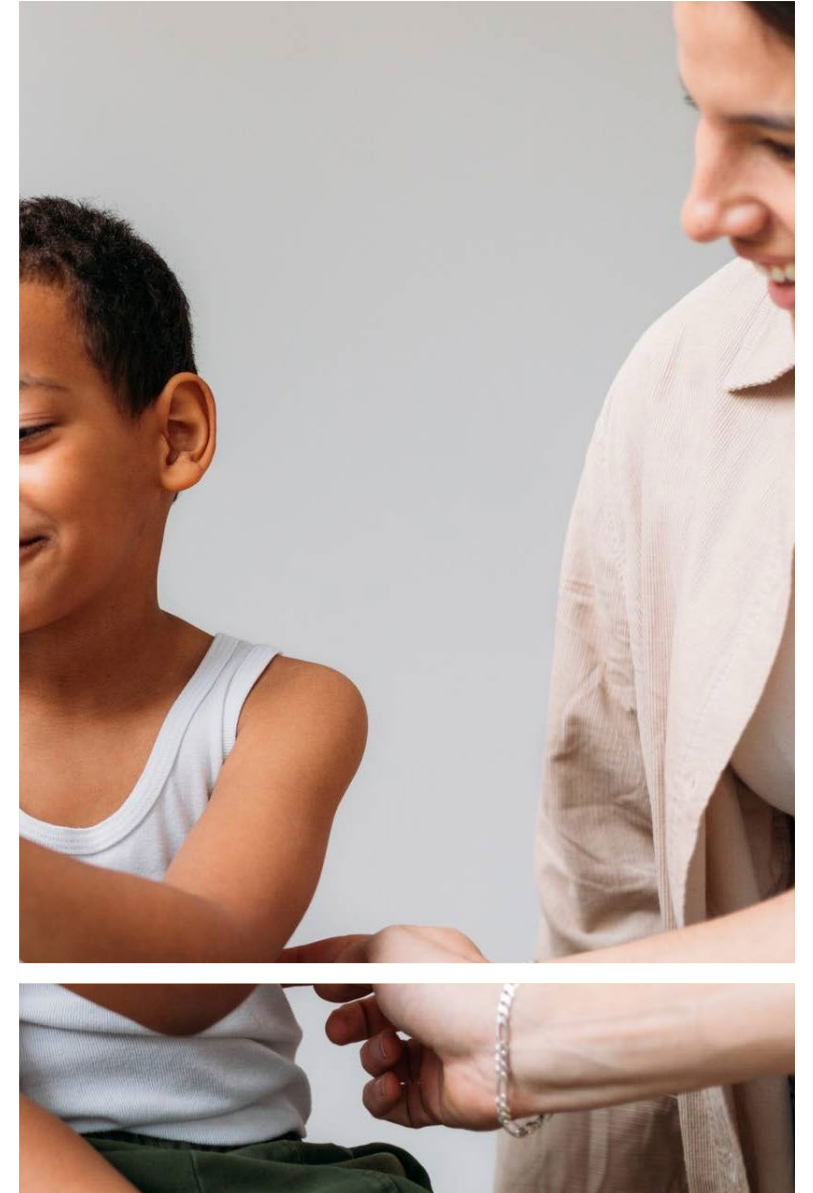
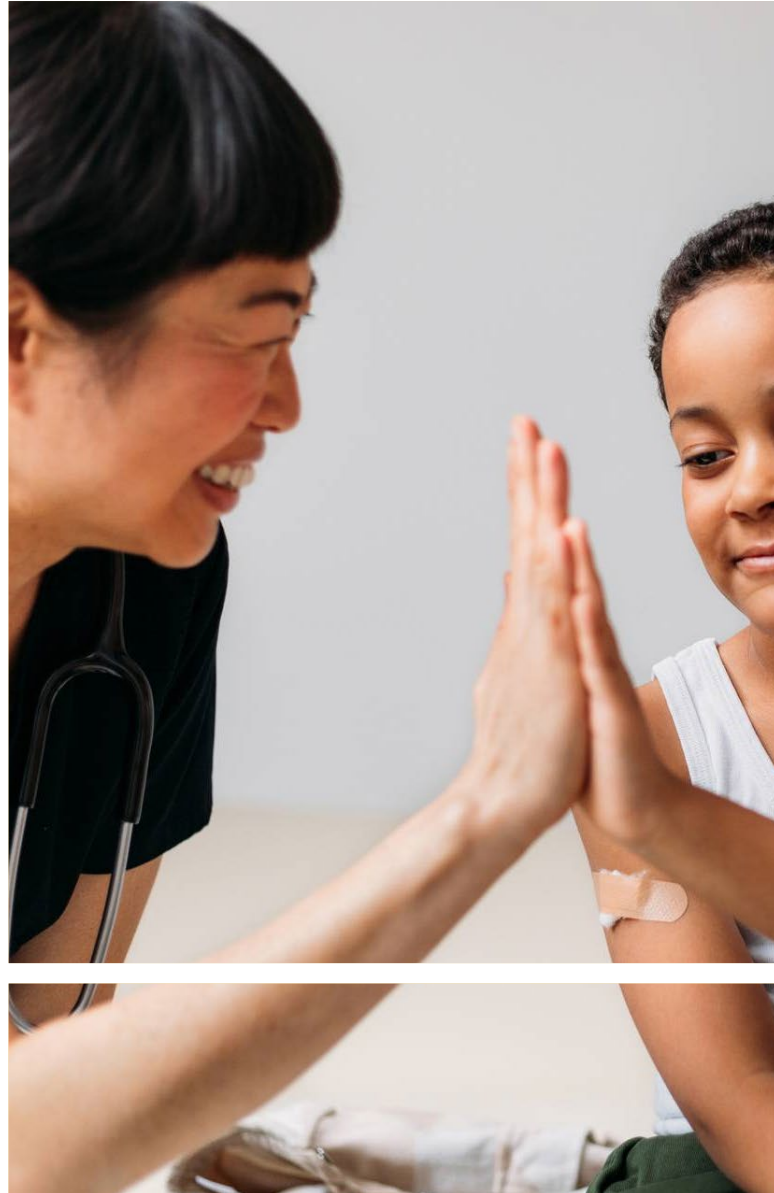
## OHSU WELLNESS RESOURCES

- OHSU Wellbeing
- Resident and Faculty Wellness Program
- Additional Resources & Programs
  
- Other nice “perks” to be aware of:
  - Employee discount offers:
    - <https://hria.ohsu.edu/ords/f?p=275:1:25206754970341::::>
  - Spark Salad and Fruit

# THANK YOU

Renee Edwards

[edwardre@ohsu.edu](mailto:edwardre@ohsu.edu)





# Orientation to the OHSU Professional Board

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Presented by: Stephanie Halvorson, MD Professional Board Chair



Orient medical staff members to their role as members of the Professional Staff at OHSU (relative to other roles/responsibilities)



Recognize the scope of responsibility of the “Pro Board”



Understand key terminology

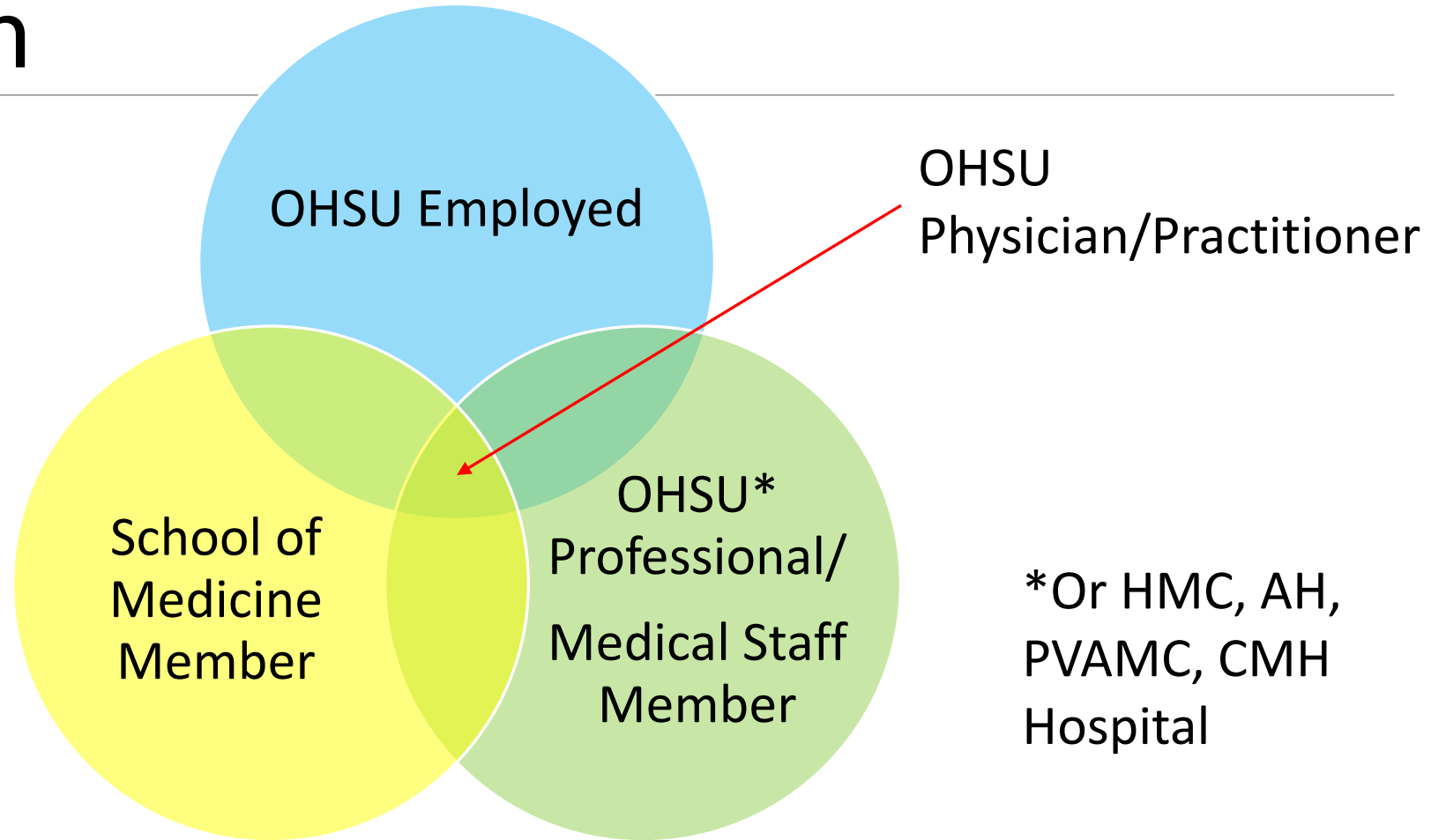


Know how/when to contact us!



# Professional Staff Organization

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# Professional Staff Organization



Ensure delivery of highest quality patient care, treatment and services



Self-governing



Grants professional staff membership and clinical privileges



Engage in quality and safety monitoring and performance improvement



Professional Staff represented by the Professional Board “(Pro Board)”



Assures professionalism among medical staff members

AKA “MEC” or Med Exec Committee

# OHSU Pro Board (aka “MEC”)

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Chair: Stephanie Halvorson, MD

Dyad: Renee Edwards, MD SVP/CMO

Chair Elect: Andreas Lauer, MD Past Chair: John Kaufman, MD

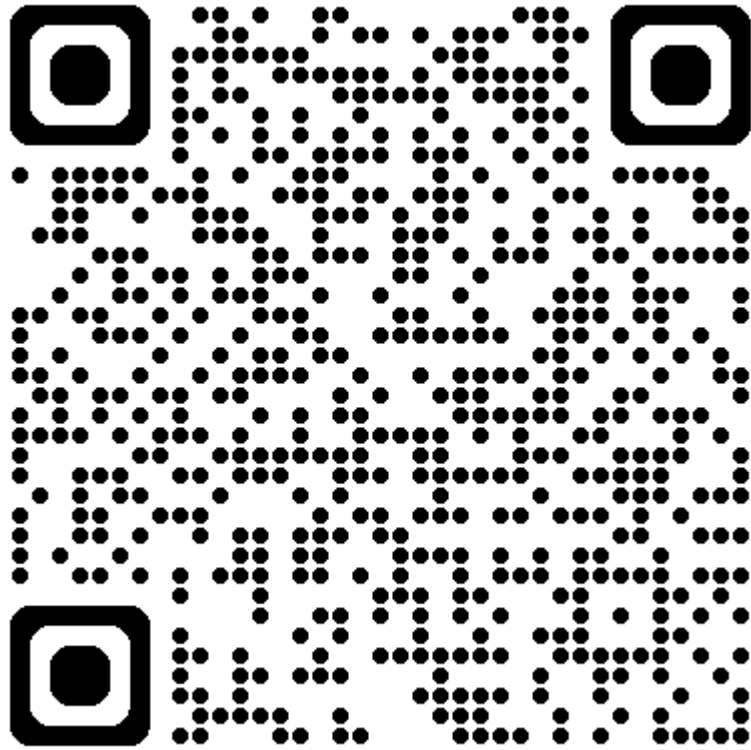
Meets monthly

Agenda includes approving credentials, privileges, policies that impact medical staff members

Speak up on behalf of the medical staff – advocacy!

Delegated authority by UHS Board

# Read the Bylaws!



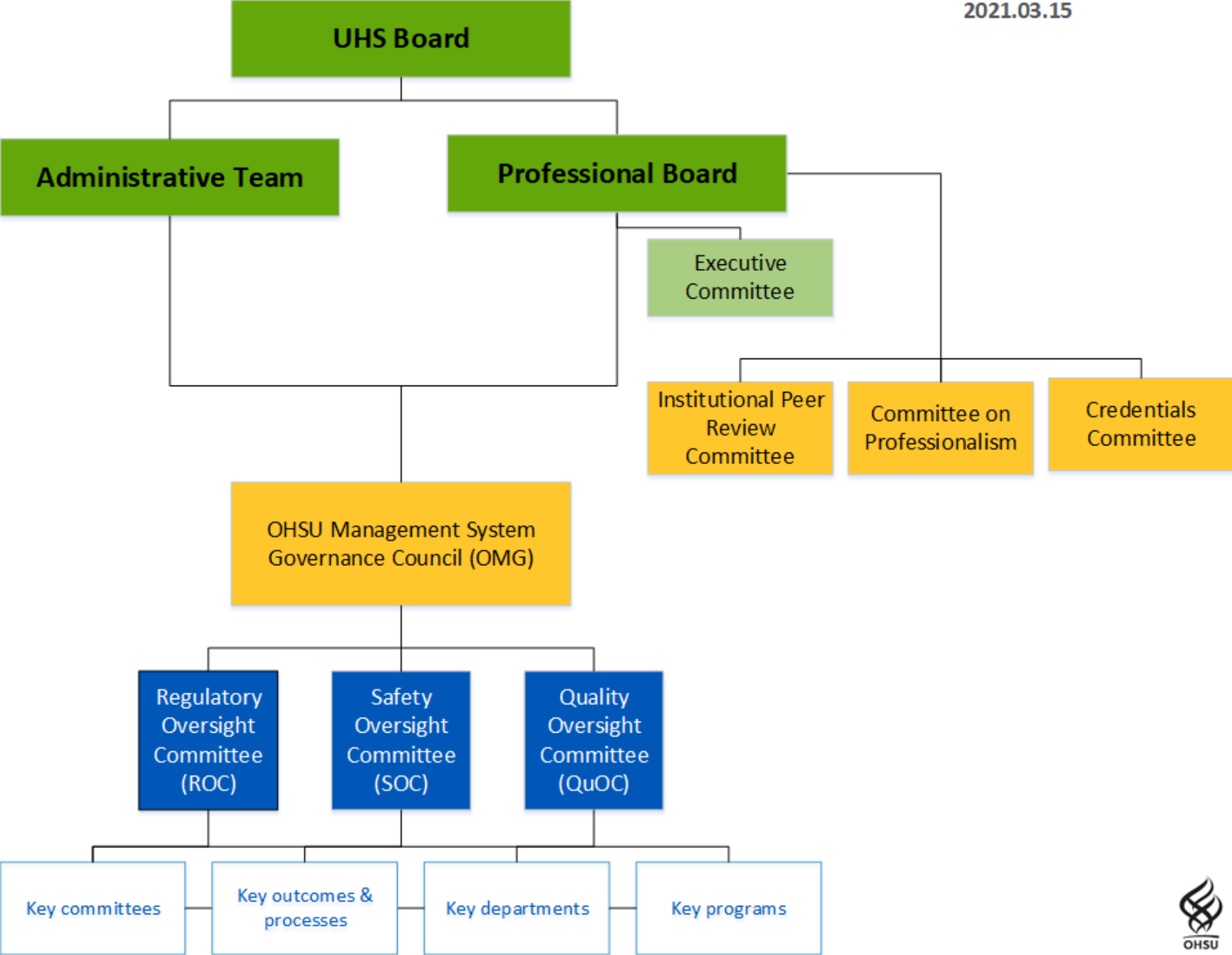
## Professional Staff Bylaws

Effective Date: 3/2/2023

Next Review Date: 3/2/2027

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# Professional Staff Terminology

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**Credentialing** is the process of obtaining, verifying, and assessing your qualifications to provide patient care services for a health care organization.

**Privileging** evaluates your clinical competence and outlines the specific patient care services one can provide in a hospital.

**Enrollment** – the process of applying to health insurance plans/networks for inclusion into practitioner panels to bill and be paid for services rendered

**Professional Staff membership** – vehicle for individual's participation in policies/procedures/rights/responsibilities

- Not all credentialed and privileged licensed clinicians are members of the medical staff

# Professional Staff Terminology

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## Focused professional practice evaluation (FPPE)

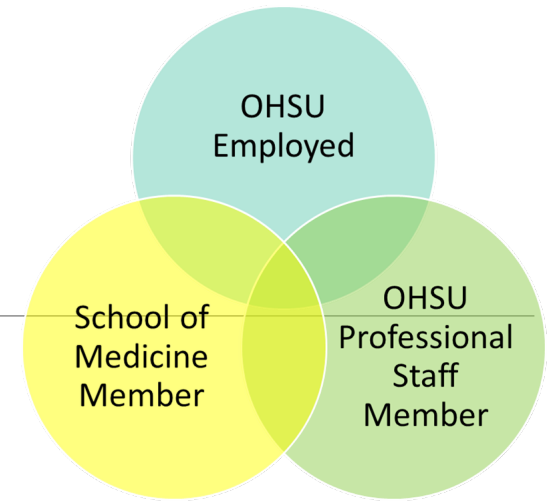
1. Period of observation for **all initially requested privileges** (eg new hires)
2. Period of observation/proctoring for **new privileges**
3. When **issues** affecting provision of safe, high-quality patient care are **identified through events or peer review**

## Ongoing professional practice evaluation (OPPE)

- Annual review to identify professional practice trends that may impact the quality and safety of care for practitioners granted privileges via Medical Staff

# Summary

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Welcome to the OHSU Professional Staff!

Being a member of the Professional Staff requires you know your roles/responsibilities and adhere to the bylaws

The Pro Board is here to represent the Professional Staff and is accountable to the UHS Board

We are here for questions/concerns!

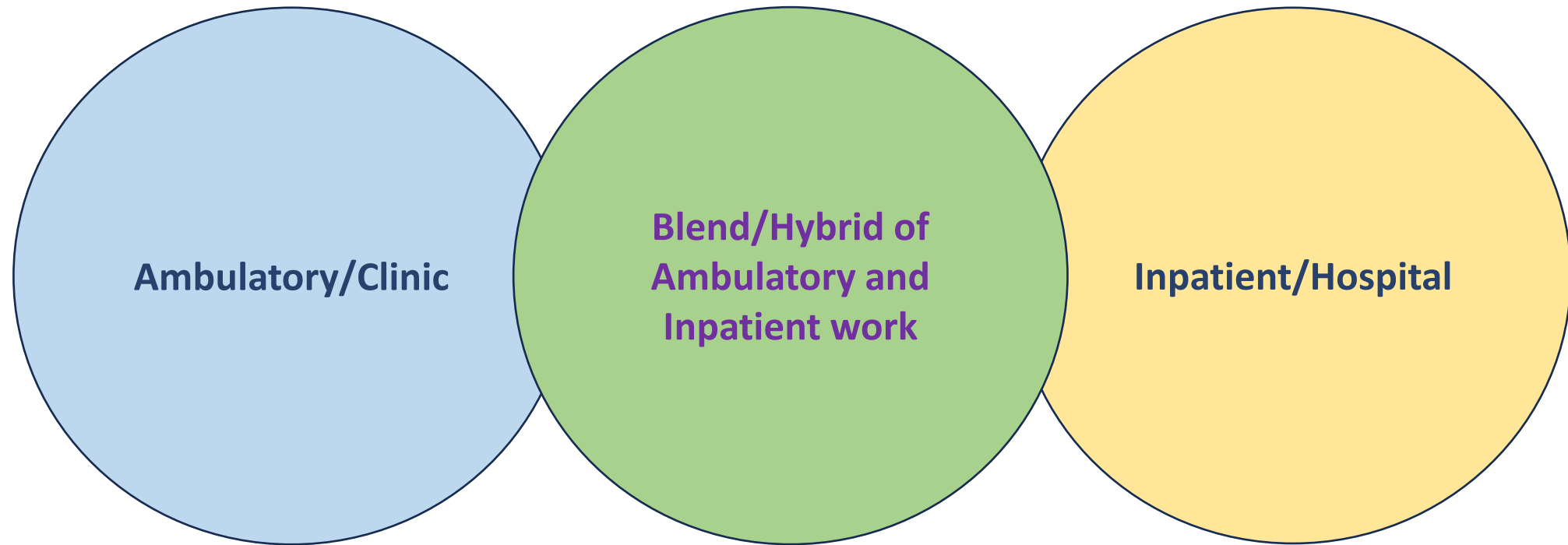


# New Faculty Foundations – Orientation to Ambulatory

Johanna Warren MD, Sr Assoc CMO,  
Ambulatory/OHSU Practice Plan (OPP)

November 11, 2024

# Clinical Work Environments



# Ambulatory Structure/OPP

- The OHSU School of Medicine is the organizational home for clinical faculty members and clinical associates who care for patients in OHSU Health hospitals and clinics.
- Members include physicians and advanced practice providers.
- All belong to the [OHSU Practice Plan \(OPP\)](#), the largest organized clinical practice in Oregon.
- Housed in the OHSU Practice Plan (OPP)
  - Ambulatory Operations
  - Department and Institute/Service Line Infrastructures

<https://www.ohsu.edu/school-of-medicine/ohsu-practice-plan-school-medicine>



# OHSU Ambulatory

## Right Patient, Right Provider, Right Care Across the Health System

OHSU Ambulatory Teams Page

O2

OHSU.edu

Meet Ambulatory Leadership

Ambulatory Meeting Information

Ambulatory Directory

FY25+ One Pager

Ambulatory One-Pager Dashboard

Ambulatory Newsletter Archive

Ambulatory 101

### ^ Resource Pages

#### Ambulatory Resource Pages

- Access
- Ambulatory 101
- Emergency Management & Modified Operations
- Finance
- Quality & Improvement
- Float Pool
- Managers of RNs & LPNs
- Talent Pool & MA Hiring
- Workplace, Safety, & Environment

#### OHSU Resource Pages\*

- Ambulatory Digital Health
- Data
- Epic Hub
- Facilities
- Human Resources
- Leadership Development
- OHSU Health
- Patient Experience
- Patient Relations
- Population Health
- Professional and Support Services
- Regulatory
- Rev Cycle
- Well-Being

[SharePoint site link](#)

# OHSU Health Ambulatory by the Numbers - FY24

	OHSU	Adventist	HMC	TOTAL
Ambulatory Visits FY24	1,519,697	197,914	136,088	1,853,699
Ambulatory Clinics	98	35	23	156
Immediate Care Clinics	5	2	1	8
Lab/Imaging Locations	10	6	2	16
Infusion Centers	7 (soon to be 8)	1	1	9 (10)

All



# Ambulatory Access - Executive Summary

Governed by the Analytics

Last Full Refresh: 10/28/2024

Fiscal Quarter(s)

FQ2 FY2025

### Measure Definitions

- Bumped Visit
- New Patient Median Lag
- New Patient Visits
- No Show
- Referral 2 Day Turnaround Rate
- Referral Conversion Rate
- Referral Volume
- Short Notice - Patient Surgeries/Procedures Pending
- Template Utilization Rate
- Visit Completion
- Visit Volume

✔ Meets the Ambulatory Fiscal Year Goal

Relative performance for Ambulatory KPIs.

Relative rate for non-KPI measures

\* Weekly Metric Date Range: 9/29/2024 to 10/26/2024

Healthcare Academic Department	Demand				Scheduling Efficiency					Availability
	Referral Conversion Rate*	Referral Volume	Total Completed Visits	2-Day Turnaround Rate*	New Patient Median Lag*	New Patient % (Completed)	Total <24h Cancellations	Total No Show Visits	Bumped Visits	Template Utilization Rate*
⊕ *Unspecified	59.0%	3,507	18,372	62.2%	19	11.0%	2,340	1,155	1,842	69.1%
⊕ Anesthesiology	23.6%	1,127	1,781	32.9%	15	7.3%	334	125	163	59.3%
⊕ CDRC	20.5%	1,814	1,584	43.3%	42	19.8%	276	138	324	77.8%
⊕ Dermatology	28.4%	2,614	4,480	✔ 95.0%	24	9.1%	432	275	588	✔ 96.9%
⊕ Diagnostic Radiology	52.6%	21	11	38.1%		56.3%	1		1	1.3%
⊕ Doernbecher	41.4%	932	732	68.0%	17	27.7%	60	29	66	46.7%
⊕ Dotter Interventional	30.1%	232	321	56.0%	15	21.8%	34	28	25	✔ 83.1%
⊕ Emergency Medicine			610		✔ 0		212	69	42	
⊕ Family Medicine	52.3%	651	16,643	77.9%	43	2.8%	2,522	1,799	778	✔ 84.3%
⊕ Hospital	✔ 100.0%	225	2,967	83.6%	15	3.8%	396	195	475	✔ 331.5%
⊕ Medicine	34.3%	8,452	20,408	64.9%	24	9.0%	2,069	1,434	2,847	70.9%
⊕ Molecular & Med Genetics	18.1%	850	410	30.2%	20	49.8%	32	24	12	72.1%
⊕ Neurological Surgery	44.6%	1,313	1,203	41.1%	26	19.0%	115	70	241	77.4%
⊕ Neurology	15.0%	2,130	2,340	38.0%	62	9.8%	252	207	571	74.8%
⊕ Obstetrics & Gynecology	35.7%	2,947	5,138	65.6%	17	10.7%	565	372	744	78.3%
⊕ Ophthalmology	44.3%	4,620	11,273	67.9%	30	10.7%	1,093	639	996	✔ 96.1%
⊕ Orthopaedics & Rehab	53.6%	3,551	4,542	83.3%	22	17.6%	472	286	989	79.6%
⊕ Otolaryngology	47.5%	2,843	2,579	63.7%	46	22.8%	266	166	418	✔ 88.1%
⊕ Pediatrics	39.0%	3,552	7,034	70.6%	28	11.7%	808	592	480	77.9%
⊕ Primary Care	0.0%	604	1,844	✔ 96.7%	141	3.1%	222	217	280	✔ 88.2%
⊕ Psychiatry	30.2%	551	1,241	82.0%	26	5.3%	163	92	265	64.1%
<b>Total</b>	<b>38.5%</b>	<b>52,373</b>	<b>121,555</b>	<b>62.7%</b>	<b>23</b>	<b>10.2%</b>	<b>14,503</b>	<b>9,008</b>	<b>14,246</b>	<b>73.7%</b>

# OHSU Health Ambulatory Priorities FY25+

*Right Patient, Right Provider, Right Care Across the Health System*

Strategy	Access, Alignment, Quality, & Integration with Health System Partners			
Goals	Strategic		Operational	
Projects <i>(process metrics can develop from these)</i>	1.0 Ambulatory Mission Control: Back to Access	2.0 Modernize & Expand Digital Ambulatory Infrastructure	3.0 Mature the Ambulatory Quality Infrastructure	4.0 Operational Optimization
Owner(s)	Kristi Lee/Abby Khan	Mark Lovgren/Brooke Lippincott	Johanna Warren/Sequoya Eady/Anthony Mulholland	Brooke Lippincott/Stephanie Schmidt/Anthony Mulholland
PIC/PM	Matt Waldrop/Justin Park/Jamie Boucier	Justin Park/Van Ross	Eileen Chase/Jenny Sheldon	Eileen Chase/Aanchal Mohapatra
Objectives	<i>Patient Experience &amp; Health Equity</i>			
KPIs & Metrics	<ul style="list-style-type: none"> <li>Increased visit volumes / covered lives</li> <li>Ensure template standard adherence</li> <li>New and Return Patient Median Lag improvement</li> <li>New patients seen w/in 10 d ≥ 60%</li> <li>New patient median lag ≤ 13 d</li> <li>Return patient median lag ≤ 13 d</li> <li>Referral turnaround time ≤ 2d</li> <li>Referral conversion rate ≥ 60%</li> </ul>	<ul style="list-style-type: none"> <li>Improve online scheduling patient experience</li> <li>Facilitate the improvement around sweet 16 metrics for Population Health</li> <li>FastPass activated in ≥ 80% of departments</li> <li>30% of appointments self-scheduled by patients</li> <li>Online scheduling for new patients activated, prioritizing 100% of TQCC areas</li> <li>100% of Clinic Visits when a Patient's HHQ/ Meds/ Allergies are clinically reviewed</li> </ul>	<ul style="list-style-type: none"> <li>Maintain Vizient Ambulatory AQA Quality Domain Ranking – top 10</li> <li>Define clinic level review infrastructure to successfully address and close out PSIs</li> <li>95% review, investigation, and closure of ambulatory PSI reports in accordance with <a href="#">OHSU Policy</a>.</li> <li>20% patients with diabetes who have A1c poor control (A1c &gt; 9%).</li> <li>75% patients with diabetes who have had a retinal eye exam performed.</li> <li>Nurse sensitive indicator(s) aka NSI identified for Ambulatory</li> </ul>	<ul style="list-style-type: none"> <li>Maximize the efficiency of our people and space leveraging staffing ratios</li> <li>Improve care team wellness</li> <li>80% of practice managers have received onboarding/training materials</li> <li>Provider template utilization ≥ 80% (people efficiency)</li> <li>Comprehensive room utilization ≥ 80% (space efficiency)</li> <li>All clinics measure ambulatory cFTE and expectations</li> </ul>
Foundation	<b>WELLNESS</b> of our teams is the infrastructure upon which we can deliver the above through a shared sense of purpose, belonging, trust, safety, respect and accountability			

# OHSU Health Ambulatory Quality Structure (*evolving*)





# Ambulatory Quality

- OPEX Plans
  - OHSU Departments and their QMD leaders identify areas of focus each year and detail them on their OPEX plans
  - 80% of departments with OPEX plans currently have defined ambulatory-specific quality metrics.
- [Patient Safety Intelligence \(PSI\)](#)
  - Focus on PSI reporting and resolution, linking with ambulatory operations and roles of practice managers
  - Complete ambulatory RCAs as needed
- Support OHSU's quality journey with the [OHA HCMO process](#)
  - Preventive Care
  - Chronic Disease Management, focus 'HbA1c control for patients with diabetes'
- Vizient Ambulatory Quality & Accountability (AQA) Scorecard

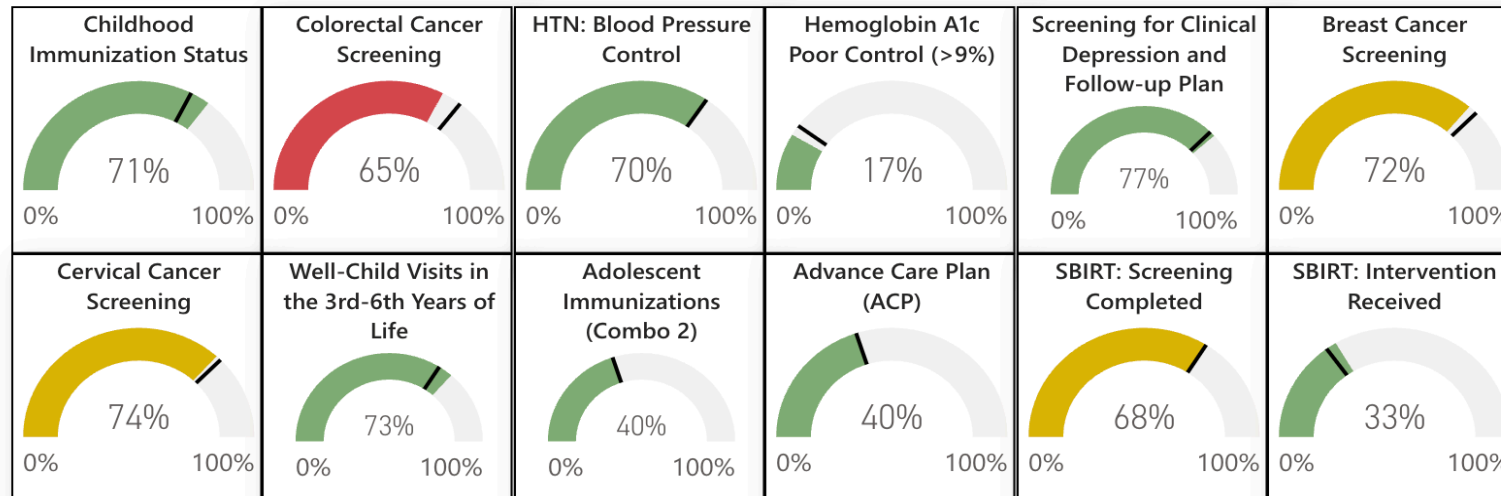


# Primary Care Priority Quality Measures

Data Governed by: OHSU Population Health  
Last Refreshed: 10/28/2024 7:15:28 AM  
Current Week: 10/27/2024



## Outcomes for the Selected Primary Care Registry (Current Week)



## Metric Monthly Trends for the Selected Metric

Registry Name	5/1/2024	6/1/2024	7/1/2024	8/1/2024	9/1/2024	10/1/2024	Outcome by Month
AHPL	19%	19%	19%	18%	18%	18%	
HMC	19%	19%	20%	19%	18%	17%	
OHSU	18%	18%	18%	17%	17%	16%	

### Select a Service Area (Primary Care Registry)

All

### Select Metric Trends

Adolescent Immunization (Combo 2)	Hemoglobin A1c Poor Control (>9%)
Advance Care Plan (ACP)	HTN Blood Pressure Control
Breast Cancer Screening	SBIRT: Intervention Received
Cervical Cancer Screening	SBIRT: Screening Completed
Childhood Immunization	Screening for Clinical Depression and ...
Colorectal Cancer Screening	Well-Child Visits in the 3rd, th, 5th, and the Years of ...

KPI Definitions

View Drilldown Detail Reports:

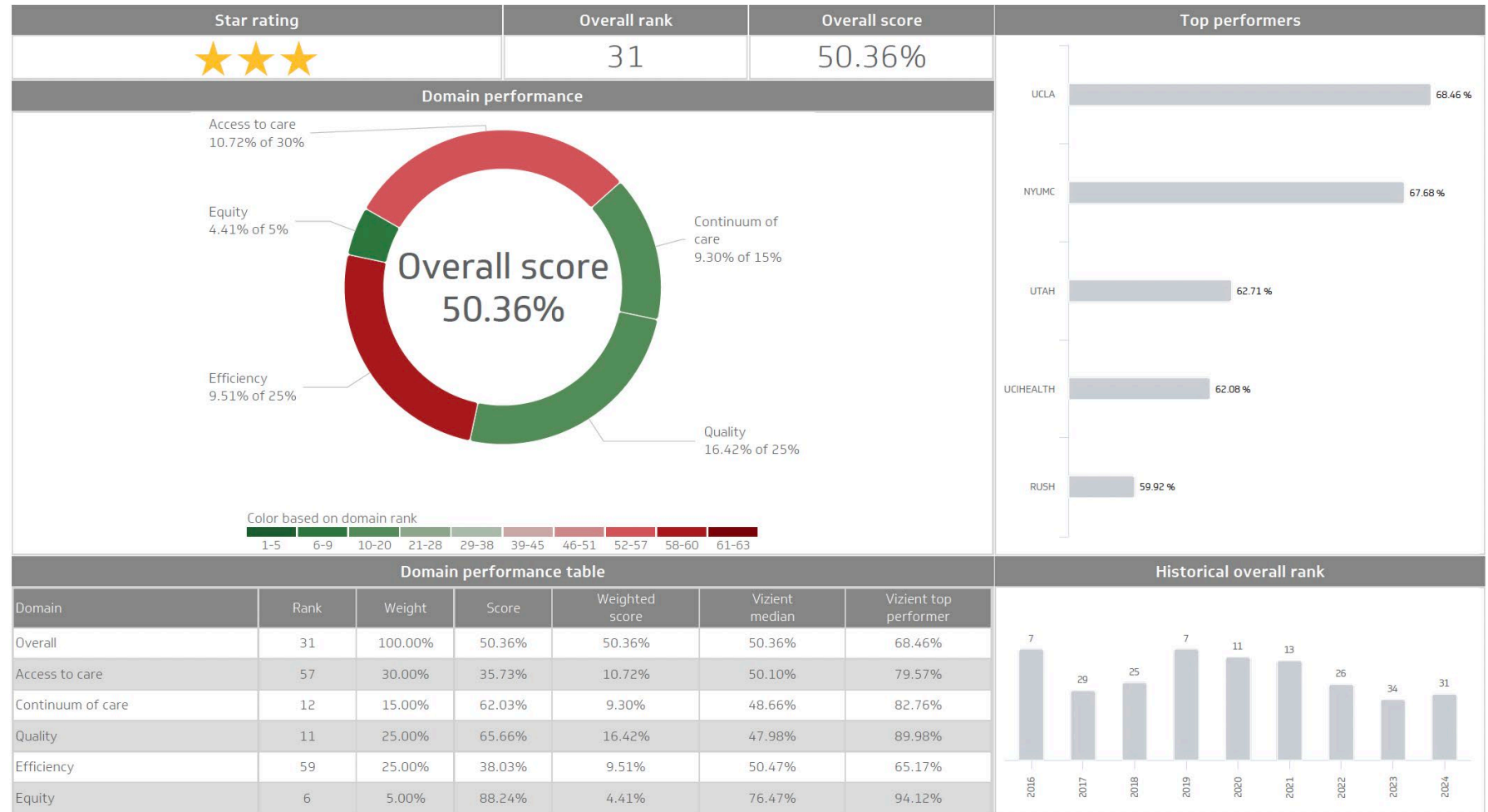
OHSU

HMC

AHPL

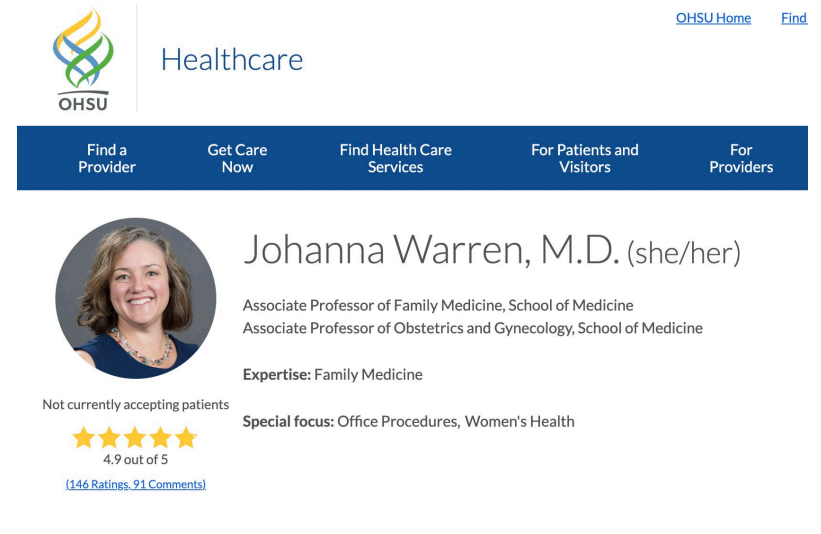


## 2024 Ambulatory Quality and Accountability Performance Scorecard Oregon Health Sciences University Medical Group



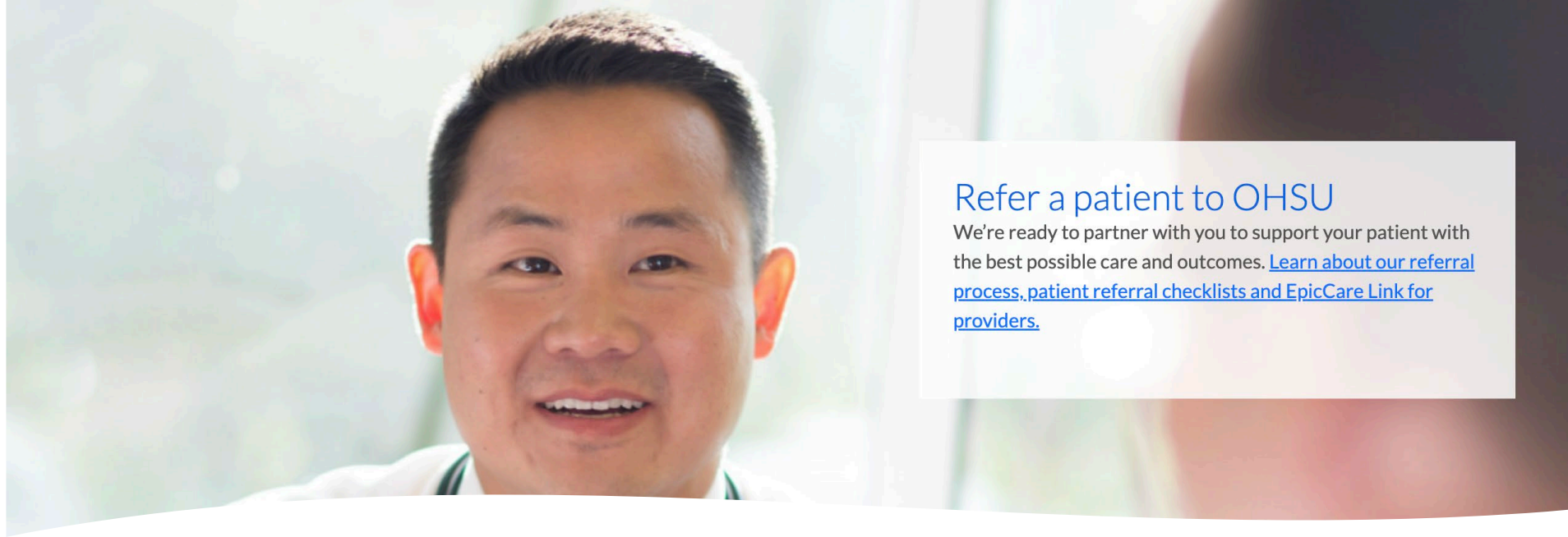
# Patient Experience

- [Transparency and Star Ratings Program](#)
  - Goal: Ensure transparency and accountability in patient care while allowing practitioners to manage and improve their online presence through constructive feedback, valuing the experiences of both patients and practitioners in this process.
- Star ratings and comments
  - **Star Ratings:** Derived from the question "How likely would you be to recommend this provider to your family and friends?" (0–10 scale, translated to 0-5 star rating scale).
  - **Comments:** Based on the open-ended question, "Please tell us about your experience with this practitioner."
  - **Language for Feedback Requests:** "We value your feedback. We may share your comments, word for word, anonymously online. They may be posted on your practitioner's profile page, our website or social media channels, and other review sites."
- Practitioner reputation
  - **Digital Profiles:** Star ratings and positive comments enhance practitioners' online profiles and reputation.
  - **High Ratings:** The average rating for OHSU practitioners is between 4.7 and 4.8.
  - **Search Engine Optimization (SEO) Benefits:** OHSU profiles often appear first in search results due to strong SEO.



The screenshot shows the OHSU Healthcare website interface. At the top left is the OHSU logo, and at the top right are links for "OHSU Home" and "Find". Below the logo is a navigation bar with five buttons: "Find a Provider", "Get Care Now", "Find Health Care Services", "For Patients and Visitors", and "For Providers". The main content area features a circular profile picture of Johanna Warren, M.D. To the right of the photo, her name and pronouns are listed, followed by her titles: "Associate Professor of Family Medicine, School of Medicine" and "Associate Professor of Obstetrics and Gynecology, School of Medicine". Below this, her expertise is listed as "Family Medicine" and her special focus as "Office Procedures, Women's Health". A status indicator says "Not currently accepting patients". A star rating system shows 4.9 out of 5 stars, with a link to "(146 Ratings, 91 Comments)".

# Physician Advice and Referral Service (PARS) Line



## Refer a patient to OHSU

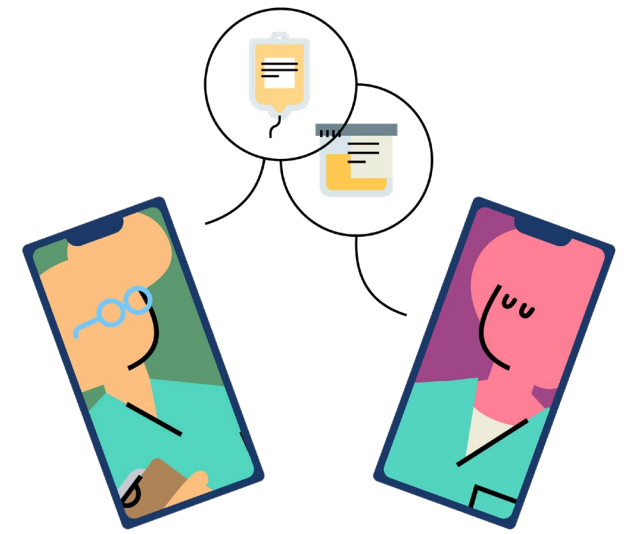
We're ready to partner with you to support your patient with the best possible care and outcomes. [Learn about our referral process, patient referral checklists and EpicCare Link for providers.](#)

If you are a licensed, direct-care provider in Oregon, you can call the Physician Advice and Referral line, which OHSU provides for free as a service to the state. OHSU providers can offer:

- General care condition advice for patients who do not need transfer to OHSU.
- A few options for treatment considerations.
- Recommendations for whether a patient would be best served with an OHSU visit (in-person, [virtual](#), telephone).
- **Note:** Advice calls do not offer chart review, radiology imaging review or discussions about possible inter-hospital transfers.

When providing advice to you, OHSU physicians are not diagnosing a patient's condition, nor are they providing treatment to a patient. Thus, they are not establishing a physician-patient relationship. All treatment and diagnostic decisions remain with you, the treating provider, when an OHSU physician is providing advice to you.

# Transfer Center & PARS Line Optimization Project



**New Hours of Operation:** Beginning **May 1, 2023**, PARS line hours changed to 7 a.m. to 7 p.m., Monday through Sunday; advice calls received outside those hours are instructed by an operator to call back the next morning.

**Clarity of Calls:** Pages will include “PARS line” in subject line for clarity. All callers will hear a recorded message prior to operator connection explaining this is an advice line only, not a consult line and not intended to diagnosis or treat a specific patient's condition.

**Established Oversight:** Strategic guidance and faculty oversight through Sr. Assoc CMO for Ambulatory Practice (Johanna Warren MD)

**Reminder:** *This service is **NOT** for consults, patient transfers or establishing a physician-patient relationship.*

# Key Policies for Awareness

- [Ambulatory Access Policy](#)
- [Ambulatory Session Cancellation Policy](#)
- [Dismissing Patients from Clinic and/or MyChart due to Disruptive Behavior Policy](#)
- [Integrated Health Record \(IHR\) Completion Policy](#)
- [Licensed Independent Practitioners Treating Themselves or Family Members Policy](#)
- [OHSU Chaperone Policy](#)
- [Physician Integrated Health Record \(IHR\) Inbasket Management Policy](#)
  
- and...[PARS Line FAQs and Grid](#)

# How Can I Participate?

- Back to Access (B2A) work within your department/division/clinic
- Practice Optimization
  - **Meeting Schedule 2024**
    - 2<sup>nd</sup> Friday of every other month from 9:30 am – 12:30 pm
    - Next: December 13th
  - **Purpose**
    - To support Ambulatory strategic direction of patient access, alignment & growth as well as to improve experience for patients receiving care within the ambulatory practice.
  - **Attendees & Membership**
    - We encourage participation of all Practice Dyads, Practice Managers, Medical Directors, Department Administrators, Division Managers, Practice Supervisors, Ambulatory Leadership including Chairs, and other Ambulatory non-practice leaders (CMC, C3, AAS, Patient Experience, Ambulatory Ops, ODH, Quality Management, etc.)
- PSI reporting and investigation work within your clinic/division/department
- Quality work/involvement through your QMD or Quality Leader





# Questions/Comments?

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