Medical Staff Onboarding (MSO)

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ASSOCIATE DEAN FOR FACULTY DEVELOPMENT

AUGUST 15TH, 2019

Today's Agenda

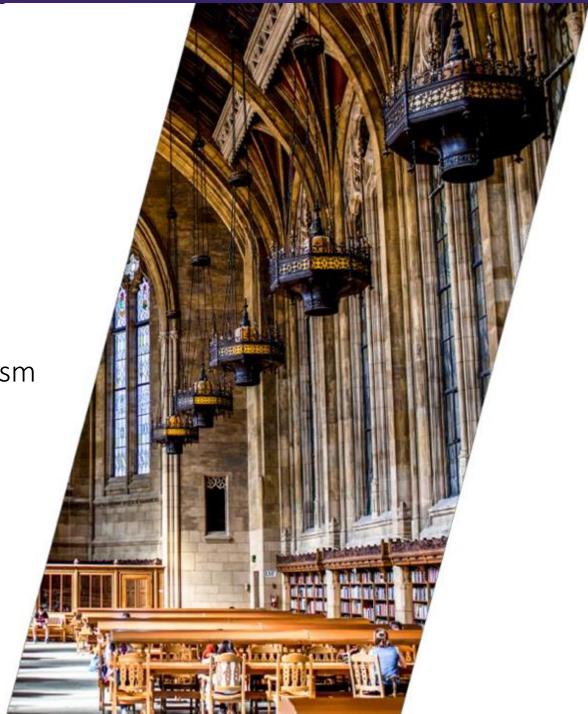
UW Medicine

- Mission
- Organizational Structure
- Patients Are First
- Clinical & Cultural Expectations/Professionalism
- Policies & Procedures

UW Physicians (UWP) Orientation

- Role of UWP
- UWP Services

UWP & Benefits Overview



UW Medicine Mission

To improve the health of the public:

By advancing medical knowledge, providing outstanding primary and specialty care to the people of the region, and preparing tomorrow's physicians, scientists and other health professionals.

UW Medicine

Welcome

- We want UW Medicine to be the best place in the world to receive care, to provide care and to learn how to become a care provider
- We want you to be a successful, productive and fulfilled member of UW Medicine
- Professionalism, teamwork and putting the well-being of our patients first are fundamental to achieving the above goals

UW Medicine

What is UW Medicine?

Owned and/or Managed Organizations



Harborview Medical Center

Northwest Hospital & Medical Center

Valley Medical Center

UW Medical Center

UW Neighborhood Clinics

UW Physicians

UW School of Medicine

Airlift Northwest

Membership Organizations



Children's University Medical Group
Seattle Cancer Care Alliance

Closely Affiliated Organizations



Seattle Children's Hospital

Fred Hutchinson Cancer Research Center

VA Medical Centers

Seattle, American Lake, & Boise

Your Paycheck

Compensation Arrangements

Your compensation may come from a number of sources:

- UW Semi-Monthly Compensation
- UWP Monthly Compensation and/or Incentive
- Outside Funding (FHCRC/VA, etc.)

Compensation is approved by the Dean of the School of Medicine and the Provost of the University of Washington

Note: Sources of salary impacts benefit plan participation

Contact your Department Director with questions regarding your incentive plan calculation and associated pension contribution



Faculty Member Roles and Support

Clinical Care >
Hospital/Clinic & UWP

Research → Academic Department/Division

Teaching → School of Medicine, Department

Office of Faculty Development

- Wellness
- Promotions
- Teaching Skills
- Time Management
- Leadership Training
- Peer Support
- Mentoring

Patients are First: Pillar Goals



Focus on Serving the

IIII Patient & Family

Serve all patients and family members with compassion, respect, and excellence. UW Medicine is committed to delivering service excellence to every patient, every time.



Become the

Employer of Choice

Recruit and retain a competent, professional workforce focused on serving our patients and their families. UW Medicine is committed to being the best place for employers to work and for clinicians to practice.



Provide the

Highest Quality Care

Provide the highest quality, safest, and most effective care to every patient, every time. UW Medicine is world renowned for the work we do to improve health. Patients expect the high quality care that we deliver.



Practice

Fiscal Responsibility

Ensure effective financial planning and the economic performance necessary to invest in strategies that improve the health of our patients. UW Medicine requires a positive operating margin to invest in our future.

For more information on the specific goals of each pillar, visit the Patients are first website at https://depts.washington.edu/uwmpaf/



Service Culture Guidelines

Treat people with **RESPECT & COMPASSION**

Embrace **DIVERSITY**, **EQUITY** & **INCLUSION**

Encourage **COLLABORATION & TEAMWORK**

Promote **INNOVATION**

Accountable for **EXCELLENCE**



Vignette: Professionalism

You witness a colleague shouting, belittling and being disrespectful to a medical assistant in the vicinity of patients and other staff regarding a delay in rooming a patient.

What should you do in this situation?

Vignette: Quality of Care

You frequently cross cover patients of one of your colleagues. You have identified concerns about their management of several of their patients.

What should you do in this situation?

Resolution Process

Approach the individual in a confidential setting to discuss the episode and resolve it informally

If informal resolution is not possible:

- Discuss with clinic medical director and/or service chief
- Discuss with the entity medical director

If quality of care concerns:

- Refer for quality review (QI department and M&M)
- Report the event in the Patient Safety Net (PSN)

Professional Practice Evaluation Processes

Ongoing Professional Practice Evaluation (OPPE)

• Every three to six months, service chiefs attest to service members' professional competence using M & M reviews, quality data, patient comments, and findings from in-depth reviews of adverse events.

Focused Professional Practice Evaluation (FPPE)

• Initiated if quality concerns are identified as a result of an OPPE or through other sources.

Vignette: Patient Complaint

You receive an email from a patient who is upset about an adverse drug reaction from a medication you prescribed that resulted in a hospitalization at an outside hospital.

What should you do in this situation?

Patient Relations & Complaint Resolution Process

- Discuss with your clinical medical director or service chief
- Forward the letter to Patient Relations
- Contact Risk Management
 - o They are here to support you!

<u>Further information may be found on the Patient Relations website:</u>

https://uwmc.uwmedicine.org/BU/Relations/Pages/default.aspx

Role of Clinicians

DO NOT:

- **Ignore the complaint.** A written response is required for complaints which cannot be resolved at the time of service
- Let the complaint get "stale." CMS requires action within 30 days.
- Attempt to deal with it on your own. Medical Centers' Patient Relations assist with patient complaints. Clinic medical directors or service chiefs assist with quality complaints.

Reviewer/Responder

 You may be asked to help in responding to a complaint with your review and/or response input

Vignette: Adverse Event

58-year-old male, ASA2, for shoulder arthroplasty under GETA.

- Intubation attempt by resident unsuccessful
- Intubated on first try by attending
- #9 tooth displaced from a permanent bridge by laryngoscope blade
- Dental consult called and saw patient in OR

What should you do in this situation?

Patient Safety Network (PSN)

The PSN is an online reporting system used by UWMC, HMC and SCCA to track:

- Adverse events or errors in patient care
 - Example: wrong drug administered
- "Near miss" events
 - Example: double checking medication and realizing the wrong dose was sent from the pharmacy
- Unsafe conditions
 - Example: torn carpet or loose handrail that could lead to a patient falling

The PSN is a vital tracking tool, allowing us to track these events over time and identify areas for potential system improvements.

Do not document that you completed a PSN in the medical record.

Documenting an Adverse Event

Be objective - clinical, factual information

Include relevant "baseline" documentation

Be contemporaneous as possible

Include precise timing of critical events

<u>Do not assign cause or blame and do not criticize another's care ("jousting" or "chart wars")</u>

 Offering opinions about causation before review can be completed is usually premature, speculative and incomplete

<u>Do not document that you discussed with Risk Management, but please call with questions or concerns</u>

Peer Support is Available

Assistant Dean of Wellness → Anne Browning (anneb7@uw.edu)

Associate Dean of Faculty Development → Trish Kritek (pkritek@uw.edu)

UW Medicine Peer Support → coming in January

UW CareLink

- Free, confidential experts available 24/7 to help you or your family members navigate life's challenges
- https://hr.uw.edu/benefits/uw-carelink/
- 1.800.697.0353

Medical Directors and Service Chiefs

See UWMC and HMC Medical Director Contacts at end of presentation

Center for Scholarship in Patient Care Quality & Safety

The Center promotes scholarship and education around quality and safety and is here to help you!

Center programs include:

Certificate Program in Patient Safety and Quality

 Learn safety and QI principles in a series of interactive learning sessions and mentored project implementation

Patient Safety Innovations Program

Internal grant funding to support your innovative ideas

Quality and Safety Project Navigator

 At-the-elbow support to help bring your ideas to successful project completion, including scholarly dissemination

https://patientsafety.uw.edu



Financial Improvement and Transformation (FIT)

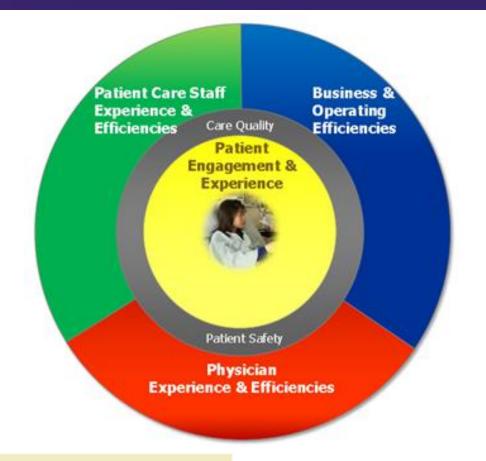
<u>UW Medicine has embarked on a robust program to improve our financial performance and transform how healthcare is delivered.</u>

- Combination of revenue generation, cost-savings and infrastructure investment
- Transform the way we operate and deliver care
- Urgent not business as usual
- Critical to our success and our ability to compete

Destination One (D:1)

One Patient, One View, One Story across the health system

Transition from multiple clinical systems (Epic outpatient & Cerner inpatient) to single EHR with target October 2020



Clinicians Access All Patient Information in One System Across All Care Settings

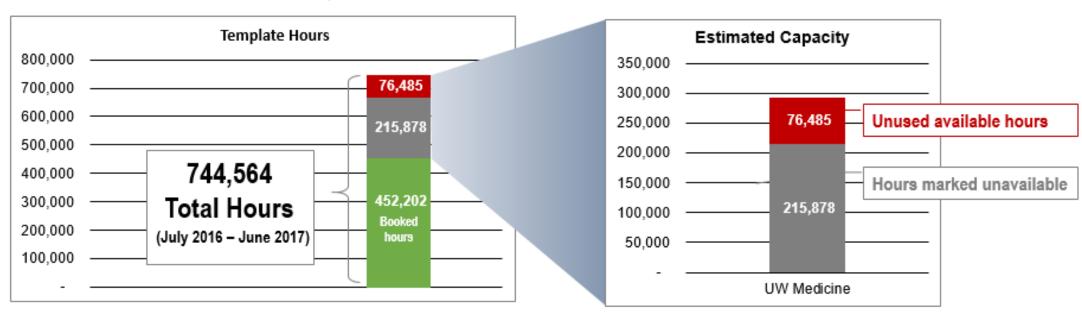
Patient seen by UW Med RCP, referred to UW Med Neurologist UW Med Neuro refers to Spine MD Spine MD determines surgery is needed Patient signs consent Preanesthesia H&P completed Preamesthe sia assessment completed (RN, MD, ARN P) Surgeon & Anesth enter pre op orders Patient arrives, RN initiates orders Partient goes to OR Patient leaves OR, Anesth enters RAC U orders, closes case in Docusys Anesth & Surgeon face to face handoff to PACU RN Post op floor orders entered Patient transferred to inpatient bed, RN initiates orders Patient discharged home Partient sees PCP





Improve Clinic Access for our Patients

744,000 total hours available to see patients in a 12-month span 76,000 hours available time went unused



Focus Areas

- Increase access with resources we already have
- Reduce referral turnaround time and standardize referra process
- Reduce average days to appointment
- Reduce cancellations and no-shows
- Organize contact center around specialties



Transfer Acceptance Process

<u>UW Medicine Transfer Center (206.744.0960) is the preferred initial point of contact for patient transfers</u>

They "conference in" our physicians with the referring physician

If you are called by an outside physician with a transfer request, contact the Transfer Center with the physician and patient's information

Do not guarantee a bed to the outside physician

The Transfer Center will verify that a bed is available and will arrange for the transfer

<u>Further information may be found on the Patient Relations website:</u>

http://www.uwmedicine.org/referrals/transfer-center

License-related Proceedings

Occasionally, faculty and professional staff face investigations from the professional licensing division of the DOH.

- UWP and CUMG members are encouraged to request legal representation via the Health Sciences Risk Management
- All other professional staff may request coverage from the UW's Office of Risk Management

Professional Liability Insurance

UW maintains a <u>statutory self-insurance</u> <u>program for professional liability</u>.

- Coverage is unlimited per occurrence at approved UW Medicine Sites of Practice
- No annual aggregate financial limit
- No tail coverage required when you leave UW
- Covered for the duration of your UW appointment and/or employment
- No deductible

What is not covered:

- Claims made against you prior to joining UW
- Moonlighting
- Acts of "bad faith"
- Expert witness work unless UWP/CUMG policies are followed

<u>Further information may be found on the UW Medicine website:</u>

http://risk.uw.edu/proof/pl

UWP Clinic Cancellation Policy

Clinic sessions are not to be cancelled within 90 days of the date – except for illness, family emergency, or other urgent and unavoidable reason.

If you must cancel within 90 days, it is your responsibility to personally communicate with the clinic medical director, the manager and to arrange coverage or rescheduling.

Email & Information Security

<u>Do not send anything you would not want published in the newspaper:</u>

- As a state institution, emails can be obtained through a public records request
- Quality Improvement information (i.e. suggestions for clinical systems improvements) can be protected with a "Confidential QI/RM" subject line
- Include minimal necessary information in subject lines
- Use appropriate email footers



Email & Information Security

You are personally responsible for institutional information entrusted to you:

- Do not take paper records or confidential information (PHI, student info, classified documents) off-site
- Utilize VPN Access of off-site system access
- Utilize IT resources to help protect your devices (laptops, phones, etc.)

<u>Further information may be found on the UW Medicine website:</u>

http://itconnect.uw.edu/security/security-and-privacy-policies/

OMSA Reappointment Process

The Office of Medical Staff Appointments (OMSA) reappointment process:

- Staff reappointment occurs every two years
- Six months prior to expiration of privileges, OMSA will email you a request to complete your reappointment packet
 - Doing so promptly will avoid the risk of lapse of your privileges
- For physicians, maintenance of board certification is expected to be eligible for reappointment

UW Medicine Sites of Practice

<u>Approved Site of Practice:</u> any site approved by the Dean after review by the Sites of Practice Committee

<u>Activities requiring approval before the event:</u> e.g. ski patrol, providing medical coverage during athletic events or summer camp, providing medical care of direction overseas, volunteering at a community clinic

<u>Moonlighting:</u> UWP Bylaws prohibit members (>50% FTE) from "moonlighting" (further information in the Policy Appendix)

UW Medicine Sites of Practice

Sanctioned Sites

- Harborview Medical Center (HMC)
- Northwest Hospital & Medical Center (NWH)
- Valley Medical Center (VMC)
- UW Medical Center (UWMC)
- UW Neighborhood Clinics (UWNC)
- Seattle Children's Hospital (SCH)
- Seattle Cancer Care Alliance (SCCA)

- Eastside Specialty Clinic
- Hall Health Primary Care Center
- Sports Medicine Clinic
- UW Intercollegiate Athletics
- VAPSHCS American Lake
- VASHCS Seattle
- King County TB Clinic

No Opting Out

Medical staff are expected to adhere to medical center by-laws and UWP policies

Annual billing compliance education and training must be completed to maintain ability to bill for clinical care



Pain is a Public Health Problem

<u>UW Medicine requires one-time (lifetime) opioid training</u>

- Ensures all UW Medicine providers who prescribe opioids for any individual patient, are doing so safely and according to best practices for pain management
- Protect our patients, families, community and society at large
- Variety of options including LMS module, "Opioid Management for Acute Pain in Hospitalized Adults"
 - https://depts.washington.edu/lgateway/elearning/opioid/story.html

UW is a NIH Centers of Excellence in Pain Education

(CoEPE) https://www.painconsortium.nih.gov/Funding_Research/CoEPEs

Clinician Wellness

We are committed to a supportive environment for all members of our team, but the challenges and responsibilities are great...

- Burn-out is a risk and often under-recognized
- Risk to your own health and your patients' health

Please don't hesitate to reach out about well-being issues or other stressors in your job

Anne Browning (Assistant Dean for Wellness) → <u>anneb7@uw.edu</u>

Trish Kritek (Associate Dean for Faculty Development) → <u>pkritek@uw.edu</u>

UW Medicine



UWP: Mission, Vision, Values

Mission

We serve our patients by supporting our physicians

Vision

 Through innovation, business excellence and collaboration with our UW Medicine partners, we deliver accurate, timely and cost-effective billing, collection and other administrative services to our physicians

UWP: Mission, Vision, Values

Values

- Customer Focus: We place the needs of our patients and physicians first.
- **People**: We value and encourage personal responsibility, ownership, accountability, trust, communication, mutual respect, and collaboration.
- **Business Excellence**: We promote a culture of honesty, integrity, confidentiality and accuracy and work to continuously improve all processes that support our physicians and serve our patients.
- Commitment: We commit to being a top performing practice plan and value our unique contribution to advancing the UW Medicine's mission of improving health.

UWP Governance

<u>UWP is governed by a Board of Trustees (BoT) which is comprised of:</u>

- 19 UW School of Medicine Clinical Department Chairs
- Three medical directors (UWNC, SCCA and NWH)
- Six elected At-Large Trustees (clinically active, full-time faculty)
- UWP President

Five committees support and advise the BoT:

- Executive Committee
- Clinical Practice
- Business Excellence (Compliance)
- Finance and Audit
- Retirement and Benefits

UWP Services

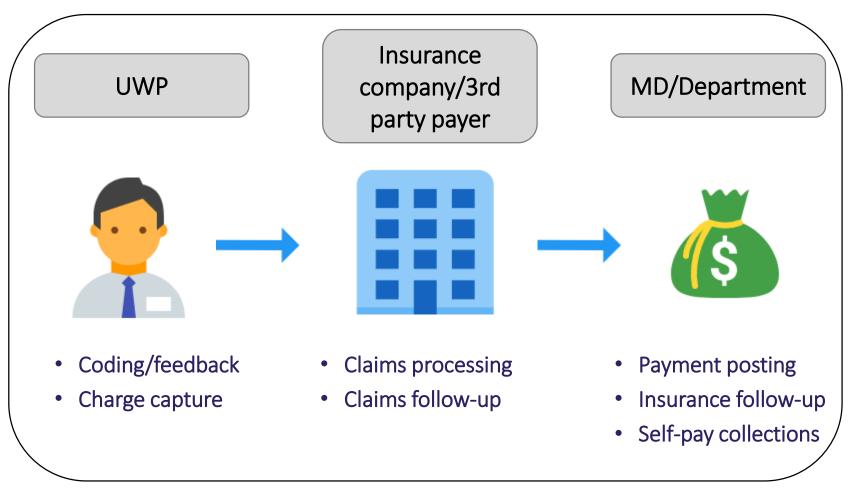


Clinical services to billing codes (CPT, Dx, Mods)



- Clinical care
- Documentation
- Coding (outpatient & procedures)

Your role is here



UWP Business Office Functions

UW Medicine

Coding & Charge Capture

<u>Ambulatory Services</u> – CPT and Diagnosis codes are generally selected by you and submitted as part of the EHR.

<u>Inpatient and OR Services</u> – Professional Fee Coders abstract billing codes from the documentation.

<u>Physician Champion</u> – Departmentally-designated member who aids in communication of key issues between practitioners, Coding and Charge Capture, and Compliance.

<u>Compliance Trainer</u> – Assigned to each department as an additional content expert.

Goal – To achieve 100% reconciliation between documented services and billing.

IDENTIAL – DO NOT DISTRIBUTE

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Documentation Expectations

<u>Timely documentation</u> of the care provided and <u>closure of encounters</u> is an essential part of patient safety providing communication to the rest of the care team as well as supporting billing and reimbursement. It is also part of our professional expectation and is one of the factors reviewed during re-credentialing of your privileges.

Requirements:

- Discharge summaries within 48 hours
- Operative or procedure report immediately after OR procedure
- Outpatient clinic notes within 3 calendar days from date of service
- Admit H & P within 24 hours
- Surgical H & P within 30 days prior to surgery
- Sign documents within 3 calendars of becoming available

<u>Increasing numbers of patients will have access to their charts through a secure online portal (eCare).</u>

Documentation and the EHR

It's documented, but did it happen?

<u>Unintended consequences:</u>

- Copy/paste
- Pre-filled templates
- Time-based billing

Clinical Care

You should:

- Provide the appropriate clinical care
- Document only the care provided during the encounter
- Code based on the documentation

Professional Behavior Compliance

Teaching Attestation

- You are only paid for the work that you do (not for work done by a resident)
- In a teaching environment, the documentation of a resident or ACGME fellow can be used to document much of that work
- To use resident documentation to support billing, the documentation <u>must</u>:
 - Be reviewed and edited for accuracy
 - Include the "teaching attestation"
 - Note: EHR templates contain the necessary verbiage

Be sure you know the statuses of trainees on your service to properly use their documentation to support billing

Residents & Fellows

Residents

An individual who participates in an approved graduate medical education (GME) program.

ACGME Fellows

• A physician who participates in an accredited fellowship program. These fellows are treated as residents for the purpose of supervision and billing when performing services related to their accredited fellowship program. You may link to these fellows for documentation.

Residents & Fellows

Non-Accredited Program Fellow with a UWP Appointment

(Often referred to as a Billable Fellow or a Senior Fellow/Acting Instructor:

• A physician working in a non-accredited fellowship but also has an appointment as an acting instructor in UWP. These physicians may bill independently for services rendered and are considered junior faculty members. Faculty (UWP members) may NOT link to another UWP member, e.g. a "billable" fellow, for documentation in support of a bill. They must separately document their billable care.

For additional information, see the UWP Guidance for Application of Teaching Physician Policy: https://one.uwmedicine.org/sites/uwp/PP/Policies/Teaching%20Physician.pdf

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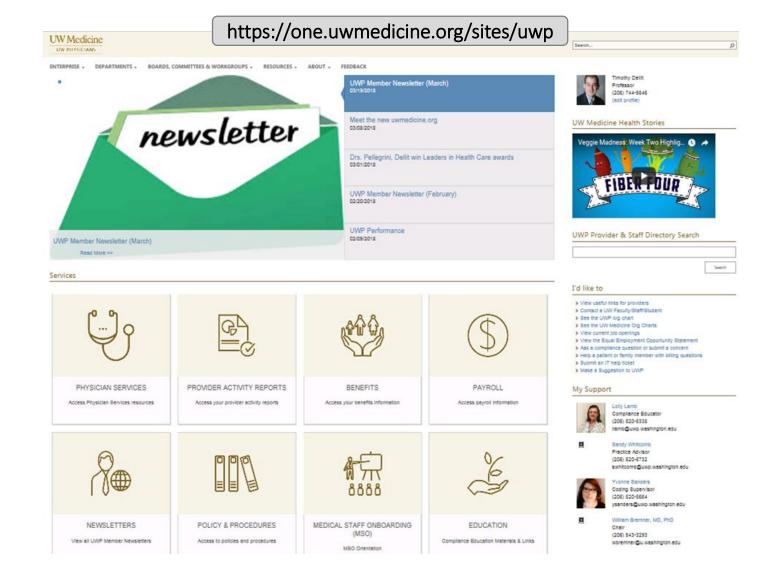
Compliance Concerns

If you have questions or concerns regarding compliance problems, please report them immediately.

Compliance Hotline: 206.616.5248 or 866.964.7744.



UWP Website





UWP Contacts

Timothy H. Dellit, MD

Chief Medical Officer, UW Medicine

President, UWP

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Anthony Dorsch

Executive Director, UWP

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Ruth Perkins

UWP Compliance Officer, UW Medicine

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UWMC Medical Director Contacts

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Chris Kim, MD

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Thomas Hei, MD, FAAFP

Associate Medical Director 206.598.4409

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HMC Medical Director Contacts

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Lisa Chew, MD

Associate Medical Director 206.744.8541

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Anneliese Schleyer, MD

Associate Medical Director 206.744.3000

meddirec@uw.edu



Risk Management Contact

Risk Management works closely with the Medical Directors' offices to reduce organization and individual risk. They're available and very helpful in a number of difficult situations. They are here to help <u>you</u>!

Health Sciences Risk Management

- Phone: 206.598.6303
- Email: <u>hsrmhelp@uw.edu</u>
- Website: https://intranet.uwmedicine.o
 rg/BU/hsrisk/Pages/default.aspx/
- Covers UWMC, HMC, NWH, VMC, UWNC and UW faculty practicing at SCH as part of CUMG

<u>University of Washington Office of</u> <u>Compliance and Services</u>

- Claims Services: 206.543.3657
- Request Certificates of Insurance & Malpractice Claims History
- Website: https://f2.washington.edu/tre
 asury/riskmgmt/proof

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QUESTIONS?

THANK YOU!