

CLINIC SYSTEMS UNIT

Mission

All of the departments including Nursing Services, Radiology/Mammography, Laboratory Services, Medical Records, Continuous Quality Improvement and TakeCharge! under the Medical Director of Academic Services will provide a high standard of ancillary medical services. These departments support, not only Osteopathic medical education, but also research, and health care services for a unified OSU Physicians clinic system.

Vision

The OSU Physician's clinic system will:

- Serve as the Osteopathic physician's source for consultation referral to the State of Oklahoma;
- Create a clinic system that provides not only for student/resident training, research and patient services, but further provides an avenue for the clinical faculty to promote their personal practice of Osteopathic medicine;
- Each department will exceed the expectations of those we serve by working collaboratively as partners with our professional colleagues, individuals, communities and organizations we serve;
- To create a premier clinic system in which all the departments work together to provide education and services that empower patients, families and staff to make decisions about health care;
- Adapt our organization to create an environment in which all departments provide quality, cost effective care, and is recognized for excellence in clinical practice and achievements in education, informatics, research, and quality improvement.

Core Values

Excellence – We seek excellence in all our endeavors, and we are committed to continuous improvement.

Integrity – We are committed to the principles of truth and honesty, and we will be equitable, ethical, and professional.

Service – We believe that serving others is a noble and worthy endeavor.

Intellectual Freedom – We believe in ethical and scholarly questioning in an environment that respects the rights of all to freely pursue knowledge.

Diversity – We respect others and value diversity of opinion, freedom of expression, and other ethnic and cultural backgrounds.

Stewardship of Resources – We are dedicated to the efficient and effective use of resources. We accept the responsibility of the public’s trust and are accountable for our actions.

Strategic Goals, Critical Success Factors, Objectives, and Strategies

Goal One. To promote the existing clinic system and look forward to a more centralized urban clinic setting and expanded rural and telemedicine initiative.

Critical Success Factors:

- The current clinics of 2004; Houston Parke, Health Care Center and Physicians Office Building, must utilize space cooperatively for efficient staff and resources utilization by 7/1/04.
- New patient programs in the community may further promote patient access to care by 9/1/04.
- New clinical facilities would improve overall access by centralization of all services and could become a reality by 1/2009.

Objectives:

Objective 1.1: Currently the space available to see patients is not being used efficiently nor is the service provided as comprehensive or possible.

Strategies:

- Eliminate the “my” clinic philosophy and move forward with “OSU Physicians.”
- Clinical staff and exam/procedure space should be shared when possible.
- Create internal physician referral in OSU-CHS specialty physicians to assure patient access: ENT, Ophthalmology, Neurology, Surgery, and Psychiatry.
- Create external physician referral roster of specialist who will see our referral either on consult in our clinic system; or when needed, in their private office and allow for OSU-CHS billing for patient services: Neurosurgery, Pulmonology, Gastroenterology, Cardiology, and Orthopedics.
- Create the Osteopathic Manipulative Medicine Department to expand services provided in this area.
- Make the four room clinic at the OSU Community Health Education Center fully supported by OSU Physicians serve as an off campus examination facility.

Objective 1.2: Eugene Fields Elementary School has been “adopted” by OSU-CHS to support their educational and medical needs.

Strategies:

- Our Health Care Center clinic is across the street from the school and therefore affords improved access to medical care.
- Encourage school officials to promote improved use of Medicaid services to further increase student access to treatment.

- Accomplishing improved health and Medicaid access will promote community wellness for the children at the school.

Objective 1.3: The facilities that now house some of our clinical departments are growing old and new facilities would improve patient access and bolster our public image

Strategies:

- The appearance of the clinic promotes improved public image about the services provided
- State Tobacco Tax may provide funds to expand our facility in 2004. These funds are required to promote the expansion suggested in the bullets that follow.
- Expansion on campus, current college site, of a new 60,000 square foot comprehensive medical facility could bring all of our faculty specialties together under one roof - improved patient access
- Structure could be six stories with 10,000 sq. feet on each floor housing 32-40 physicians encompassing Surgery (General, ENT, Ophthalmology, and Orthopedics), Internal Medicine, Pediatrics, Family Medicine, Obstetrics and Gynecology, and Behavioral Medicine; plus, one floor of Administration/Business Offices. Staffing is suggested at 2-3 support staff per physician and we would expect a range of 80-90 employees in nursing, radiology, laboratory, and administration assistants.
- Central Radiology/Mammography and Laboratory services would be available “on site” and providing efficient and comprehensive provision of services to all of our patients
- Separate facilities for Telemedicine and Rural Health in a 30,000 sq. foot separate facility would certainly improve rural programs and also bring them under our roof. 3 floors of 10,000 sq. feet each. May include one floor of research, or see next bullet.
- Research space, long a need at OSU-CHS could use the older clinic space (HCC = 30,000 sq. feet) for their needs. Since their activity is much less public, the older appearance would be less restrictive.

Goal Two. Policy and Procedure for the OSU-COM CHS.

Critical Success Factors:

- Policy and Procedure manual completion by January 2005 as developed by the Medical Director and staff in conjunction with the Human Resource Department of OSU-Tulsa

Objectives:

Objective 2.1: Identify and complete policies and procedures to unify standards in the clinic system

Strategies:

- Increase the accessibility of the policies to the current staff in the clinic system by developing a web based CHS clinic site/intranet for referencing internal policies
- Develop measurement tools to evaluate how the staff is utilizing the policies and procedures

Goal Three. Development of an advanced Triage System for the clinic system

Critical Success Factors:

- By August 1, 2004, develop in conjunction with Computer Information Services and SBC, a universal phone system for all OSU-CHS clinic locations
- The concept of nursing triage must be accepted by all the clinical departments: Family Medicine, Internal Medicine, Pediatrics, Surgery, and Obstetrics-Gynecology
- Triage requires a minimal training level of Licensed Practical Nurse under the supervision of a Registered Nurse Manager

Objectives:

Objective 3.1: A new plan needs to be established for the phone system that will allow for advancement of the protocol.

Strategies:

- The OSU-COM CHS all need to be on the same system to allow easy access between clinical facilities.
- SBC will offer Auto Call Prompts, which can be developed to be user friendly, and decrease operator transfer time and required note taking.
- No Hands sets used by the triage nurse will allow mobility in the clinic to consult physicians, etc.
- Schedule patient appointments through centralized scheduling services operated by Nursing personnel.
- Calls directly to the nurse decreases call backs, improves speed of patient care and decreases the risk of patient complaints for delay of service.

Objective 3.2: The medical faculty needs to support the concept and the role played by the nurse in order for the concept to work

Strategies:

- When a nurse follows protocol, physician must later confirm he/she supports the decision.
- Communication must always be available, as needed, between triage nurse and the attending physician/resident. Acute care problems often need the help of the physician.

Objective 3.3: This position, because of the training required and the stress of the job, should be staffed by a Licensed Practical Nurse or higher.

Goal Four. Development of the Continuous Quality Improvement (CQI) Office

Critical Success Factors:

- The department of CQI was established in 2003
- Cooperation with the Nursing Department

Objectives:

Objective 4.1: The staff, as a minimum required for CQI will be a full time Nurse Case Manager and a Data Analyst.

Strategies:

- Nurse Case Manager was hired and began 12/2/03.
- Data Analyst should be hired by 7/1/04.
- Supervised by the Medical Director with separate budget established for CQI.
- Offer education to the medical student as part of curriculum by 9/2005.
- Perform quality assurance and utilization management functions for all clinical departments by appropriate chart review, computer data search, and analysis of patient/clinic usage parameters by 9/1/04.

Objective 4.2: (Taken from Strategic Plan Nursing Department)

Identify performance needs and work directly with the CQI committee using performance measures to improve patient care outcomes.

Strategies:

- Create assessment surveys for the staff to identify patient care needs and quality measures – to provide assessment surveys quarterly with feedback – to develop at least 3 quality measures quarterly beginning March 2004.
- Provide assessment tools for the nursing staff to utilize when collecting patient data – seek to fully utilize available technology to improve the overall operation of the organization – (ie: utilization of current MegaWest system for ICD9 codes, patient data, use of OSIIS for pediatric studies, etc).
- Establish nursing CQI subcommittees to assist in data collection
- Develop quality track tools for patient charts to follow the patient's plan of care: (ie: diabetic flow sheets, hypertension worksheets, refill worksheets, etc, on a quarterly basis).

Goal Five. Installation of the Electronic Medical Records system for the staff and faculty of OSU-COM.

Critical Success Factors:

- The overall benefit from EMR will be felt in all departments
- Training must be comprehensive with approximately 36 attending physicians, 73 residents/interns, all 3 key nursing staff, and the CQI Nurse Manager being trained by 12/04

Objectives:

Objective 5.1: The effect of an EMR system will allow the rapid recall and use of data in the health care record. This can be used effectively for CQI, billing, data entry, coding of office visits and diagnoses, research, medical records collection/storage, and review of laboratory and x-ray results.

Strategies:

- Initiate the training process in July 2004.

Objective 5.2: Each physician, resident, and student must become proficient for its use, but is very worthwhile in the academic setting and will prepare our residents and students for use in their own practice. This will require that not only is the instruction provided thorough, but the instruction must be available over time, to continue the education effort.

Strategies:

- All faculty/residents trained by 12/04.

Goal Six. To identify and meet the standards and framework required to obtain and be recognized for Joint Commission accreditation for the ambulatory care services provided by OSU Center for Health Sciences.

Critical Success Factors:

- Identify the standards required for the survey
- Identify components of the accreditation decision process
- Apply for Joint Commission accreditation

Objectives:

Objective 6.1: The overall process of accreditation will require the joint efforts of the entire management team of OSU Center for Health Sciences. This process will be directed from the office of Continuous Quality Improvement.

Strategies:

- Complete an organizational assessment and identify how to improve the quality of services we provide as evidenced by: CQI initiative, implementation of staff competency assessment and completion of policy and procedure manual for OSU-COM Center for Health Sciences.
- Schedule to meet with outlying accredited ambulatory care clinics and conduct an internal self-assessment audit.
- Conduct a mock survey in our organization to identify areas of partial and/or no compliance.
- According to JCAHO Resources, a mock survey may cost \$10,000 - \$12,000.
- Continue to develop an act on organizational strategies to correct and improve areas where partial and/or no compliance has been identified.

Objective 6.2: There are processes set by JCAHO and must be followed to satisfy accreditation standards.

Strategies:

- Identify key components of the survey process by identifying performance focused standards that relate to processes and activities associated in our clinic system: Patient Focused Functions and Organizational Functions.
- The decision process may result in the following levels of compliance: Preliminary Accreditation, Conditional Accreditation, Preliminary Denial of Accreditation, and Denial of Accreditation.

Objective 6.3: We need to project a target date for the actual accreditation survey.

Strategies:

- Complete the application process by January 2006
- Schedule an accreditation survey by June 2006
- According to JCAHO pricing, the accreditation survey may cost \$20,000-\$25,000

Goal Seven. Take Charge! is a new grant program for cervical and breast cancer screening at the Health Care Center that began in November 2003 that warrants the support of OSU-COM.

Critical Success Factors:

- Setting up the department, completed 11/2003
- Promoting the program, began 12/2003
- Utilization of mammogram equipment has increased with this program
- New onset for the treatment portion of TakeCharge! after appropriations given 5/2004

Objectives:

Objective 7.1: This is a task that has already been completed as part of my 2002-2003 goals. We have hired an RN and Clinical Assistant that began work in November 2003.

Strategies:

- This is under its own grant support, renewable for four years with the OSDH
- Supervised by the Medical Director.
- OSU business office, nursing and the medical department physicians provide support that makes it successful. Grant is approximately \$180,000 per year.
- Grant funds pay OSU-CHS for mammograms; our surgeons for consults, and Tulsa Regional Medical Center for biopsies and ultrasounds.

Objective 7.2: The promotion of the program will be at the direction of the RN

Strategies:

- Presentation to medical groups on campus, IM, FM, Surgery, etc.
- Presentation to the local community organizations.
- Cooperation with other similar programs such as Project Woman.
- Encouraging the support of student groups on campus such as the Obstetrics/Gynecology groups.
- Accepting referrals from the community.

Objective 7.3: Improved revenue for the OSU will come primarily from the use of our own mammography equipment.

Strategies:

- July 2003 to June 30, 2004 provide screening mammograms and diagnostic mammograms for 300 patients.
- Increase this number to 600 by the next fiscal year, July 2004-June 2005.

- Acceptance of mammogram referral from other Take Charge! Nurses in the NE Oklahoma area over the next year equal to 25/month by 6/30/04.

Objective 7.4: In 2001 Oklahoma passed a law for the treatment of breast and cervical cancer detected during the screening process. No appropriation of funds occurred until this year, May 2004.

Strategies:

- The funds made available in May 2004 at the state level will be matched by federal funds at a 4:1 ratio.
- 2.5 million dollars was allocated in May 2004. This is a revolving fund.
- The funds for treatment are under the supervision of the Oklahoma Health Care Authority.
- The money can be paid to any provider who accepts Medicaid patients. OSU-CHS accepts Medicaid patients.
- For the 2004-2005 grant year we will add our OSU-CHS Gynecologists for cervical biopsy just as we had our OSU-CHS Surgeons doing breast biopsies last year. Both departments will generate income in addition to that received for mammograms.

Goal Eight. OSU needs to meet all guidelines for Biomedical evaluation of its medical equipment.

Critical Success Factors:

- Establishment of the Biomedical Services Department by 7/2004
- Payment for Services Provided by the Practice Plan

Objectives:

Objective 8.1: Biomedical services encompass the calibration and testing of all medical equipment in all the clinics operated by OSU. Before the service is created there are current equipment needs and tasks that need completion.

Strategies:

- By January 1, 2004, we hired the completion of necessary repairs and calibrations as a one time purchase of \$4,500.00.
- By July 1, 2004, the subcontractor will have established the inventory for all equipment.
- By July 1, 2004 have a subcontract employee/company to provide periodic required maintenance and repairs.

Objective 8.2: The Biomedical Service Department will come under the Medical Director's supervision.

Strategies:

- Once the inventory is completed periodic calibration of testing will need to be performed on each instrument. Individual parts and service will be billed to the individual department for their own equipment.
- The general fee of the calibration will be equally shared by all clinical departments: Internal Medicine, Pediatrics, Family Medicine, Obstetrics & Gynecology, Surgery, and Behavioral Medicine through Ledger 3 Practice Plan.
- This department is an expense and will not create revenue.
- Annual expense may be approximately \$3,000.00 for the service contract and another \$3,000.00 for repair and parts (total \$6,000.00/year).

Goal Nine: Assess physician compensation in our clinic system.

Critical Success Factors:

- The Practice Plan for OSU-CHS was challenged in its current form in 2003. In 2004 initial changes were made to produce a more realistic analysis of income and expense assessment. By 1/2005, recommendations need to be made for an equitable plan.

Objectives:

Objective 9.1: The role of physician compensation for medical services at OSU – CHS has been impacted by capitated care plans, Medicare, and insurance companies reimbursement rates. Further controlling costs has become increasingly difficult.

Strategies:

- Create a 5-7 member interdepartmental practice management team to evaluate physician reimbursement issues under the guidance of our MBA representative from OSU-CHS.
- Evaluate compensation alternatives: RVU's, productivity, market competitiveness, and compensation based on Specialty.