

Management of Patient Needs

July 2023

Goal: Improve patient care by standardizing vacation coverage for all VMG practitioners when they are out of office. Prioritize work to be done to assist nursing for low staff days. Improve sustainability of primary care for practitioners.

Role	Vacation (>2 days)	Scheduled Day Off	Provider In House
Vacating Provider	<ul style="list-style-type: none"> - get approval for PTO - complete pre-vacation checklist 	<ul style="list-style-type: none"> - communicate with team about any cases that are likely to come up while out of the office 	N/A
Reception	<ul style="list-style-type: none"> - notify patients calling in that the provider is out of the office - if new concern, schedule visit or send to triage to be scheduled 	<ul style="list-style-type: none"> - notify patients calling in that the provider is out of the office - if new concern, schedule visit or send to triage to be scheduled 	- per usual protocol
Nurse Triage	<ul style="list-style-type: none"> - book patients with new concerns - When taking a message look to see who has been seeing patient and send to that person not just "PCP". 	<ul style="list-style-type: none"> - send urgent issues to covering provider. If new medical condition try to book patient for visit same day or within week. 	- per usual protocol
Inbox Nurse	Priority #1 – Expectation 100% of the time	Priority #2 – when staffing allows (labs are priority)	Priority #3 – when staffing allows
	Patient Cases: book appts for patients with new concerns	Patient Cases: book appts for patients with new concerns	Patient Cases: Providers review and determine next steps
	Labs: manage per lab grid to close labs, and to forward out of range labs to covering provider (from the day the provider is on vacation going forward)	Labs: manage per lab grid to close labs, and to forward out of range labs to covering provider	Labs: manage per lab grid to close labs
	Clinical Documents: manage per clinical documents grid. Send remaining clinical documents to covering team (not just the covering provider)	Clinical Documents: manage per clinical documents grid	Clinical Documents: manage per clinical documents grid
Clinical Clerk	<ul style="list-style-type: none"> - queue routine medication refills to PCP - urgent refills if patient is out of medications, or controlled substances that cannot wait for PCP – queue to covering provider 	<ul style="list-style-type: none"> - queue routine medication refills to PCP - urgent refills if patient is out of medications, or controlled substances that cannot wait for PCP – queue to covering provider 	- per usual protocol
Covering Provider	<ul style="list-style-type: none"> - sign orders for vacationing provider once per day - address patient cases as completely as possible and avoid writing "ok for PCP" unless only PCP can do the work - address abnormal labs and imaging, order follow up as needed and communicate with patient - only leave for provider as "FYI" if it is clinically important to the PCP 	<ul style="list-style-type: none"> - address abnormal labs and imaging, order follow up as needed and communicate with patient - address urgent patient cases 	N/A

Vacationing practitioner: OOO >2 days

First Priority:

Expectation happens 100% of time

Vacationing Provider responsibility:

- Approval for time out of office (make sure not below minimal staffing)
- Complete pre-vacation check list

Reception Responsibility:

- When patients call for providers who are out of office notify patient that provider out of office. If new problem they are calling about book visit with team.

Triage Responsibility:

- Try to book patients with questions or concerns.
- When taking a message look to see who has been seeing patient and send to that person not just "PCP".

Nursing responsibility:

- Urgent messages and labs go to covering provider.
- Labs/clinical documents: manage labs and clinical documents per grid. Prioritize labs. Distribute remaining labs/documents to (?**Covering provider VS team evenly?**)
- Patient Cases: For new problems or clinical concerns book visit with team. Check to see if patient has been seen by provider in house for their current concern if yes send to that provider. Otherwise distribute to team evenly.
- Orders: Distribute to team evenly.

Covering/team Providers:

- Patient cases: attempt to address patient needs as best we can for vacationing provider. OK to write "HOLD FOR PCP" for FYI or where it is absolutely necessary PCP does work.
- Address abnormal labs and radiology studies. Order appropriate follow up testing.
- Only leave things for provider as FYI or if you are unable to complete due to lack of information (ie disability paperwork)

Practitioner Regular Day-Off:

2nd priority

Expectation: when staffing allows

Nursing Responsibility:

- Patient cases: send urgent issues to covering provider. If new medical condition try to book patient for visit same day or within week.
- Labs and clinical documents manage per grid when time allows.

Covering provider responsibilities:

- Address urgent cases, labs, radiology.

Practitioners In house:

3rd priority

Expectation when staffing allows

Nursing Role:

- Criticals and urgents give warm hand off to provider. Prioritize getting patients the care they need.
- Book visits for new complaints or if we think patient will need to be seen and send message only as fyi.
- When time allows manage labs per grid first for in house providers and then if possible clinical documents.