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I. Introduction

The purpose of developing an Access Center is to ensure a positive patient experience from the initial point of contact throughout all of the patient’s care at Vanderbilt Medical Center. Within an ambulatory setting, the patient’s medical care experience includes three primary factors: (1) care provided prior to the patient visit, (2) care in the clinic, and (3) care delivered after the patient visit. The patient’s in-clinic experience can be complemented with improved administrative and telephone nurse triage processes when the patient is away from the clinic. Enhancing these processes improves the patient’s experience both outside of and within the clinic. The Access Center provides the following benefits: central access to services, which simplifies entry into our system; improved trust in our system with the ability to contact clinical staff immediately; and enhanced efficiency with pre-appointment coordination that directly affects clinic flow and quality of patient care.

Access Center Strategy and Functionality

The creation of a patient-centric Access Center team is the first and most important step in the Vanderbilt Medical Group (VMG) Clinic Redesign process. The purpose of the Access Center is to centralize all scheduling, Nurse Triage, and records management activities. Merging these clinic operations will improve patient access, patient experience and coordination of care by minimizing fragmentation and improving standardization of core operations. Access Center team members have clearly defined roles and responsibilities that are defined in this manual. Employee training is largely patient-centric, focusing primarily on the patients’ expectations, as well as measuring success against measurable criteria.

A new Access Center will impact the work of the following: Patient Service Representatives, Office Supervisors, Central Appointment Schedulers, Referral Specialists and Triage Nurses. The Access Center Leader is responsible for oversight and direction of staff activity.

The following activity sets must be completed by the Access Center prior to a patient’s appointment:

- Scheduling, including demographics and financial information
- Pre-appointment activities
- Confirmation and coordination of information
- Patient education and expectations

Overall the goal of the Access Center is to create standard operation procedures in all clinics. Standardization allows for continued growth as well as provides the opportunity to extend superior customer service for patients and referring providers.

Figure 1.1 represents the core components of an Integrated Access Model.
Figure 1.1 – Graphical Representation of an Integrated Access Model

- **Call Management**
  - Technology
  - Training
  - Performance Standards
  - Process
  - Call Routing
  - Measurable

- **Pre-Appointment Management**
  - Process
  - Dedicated Staff
  - Education/Training
  - Measurable
  - Standardized Pre-Appointment Tool

- **Nurse Triage**
  - Centralized
  - Clinical
  - Patient-Centric
  - Effective
  - Measurable
  - Evidence-Based Protocols

- **Templates**
  - Goal Alignment
  - Budget=Actual
  - Common Template Times
  - Referring Provider Accessible
  - Consistent Patient Types
II. Access Center Personnel

The Access Center team is comprised of administrative and clinical staff with clearly defined roles and responsibilities. Depending on the size and type of clinic there will be a varying staff mix within the Access Center, however the core staff roles remain the same. The following provides details about the primary functions for each classification of Access Center team members. The purpose of this section is to establish clearly the defined roles and responsibilities within the Access Center, which will enable excellent customer service at each step of the patient experience. A more detailed list of activities and functions for each position is located in Appendix A.

**Access Center Leader:** Oversees the overall performance of the Access Center and its staff members while encouraging teamwork to reach common goals. The Access Center Leader is responsible for maintaining and updating the Access Center operations manual, as well as ensuring that all Access Center team members receive necessary training. Monitors and responds to data from the Access Center Toolkit. Communicates with clinic management to address and resolve any issues that may arise. The Access Center Leader is also responsible for updates and communication with clinic management and administration.

**Office Supervisor:** Assists the Access Center Leader in overseeing staff and provides leadership, direction and accountability. Is also responsible for the daily operations of the Access Center, including managing staff coverage for vacations and absenteeism. The Office Supervisor serves as a liaison between the administrative staff and the Access Center Leader and interacts effectively with the Access Center staff and the ancillary departments. Measures and evaluates staff, with assistance of the Access Center Leader based on dashboard measures. Assists staff in developing problem-solving skills for complex patient care situations. The Office Supervisor also identifies trends in Access Center data and creates specific action plans to remedy issues and sets and meets/exceeds goals related to personal development.

**Triage Nurse:** Assesses and responds to existing patients’ clinical questions on the phone. Responsible for answering telephone triage calls utilizing the nursing protocols as a guide to make judgments and decisions for patient care.

**Pre-Appointment Coordinator (PAC):** Responsible for requesting, collecting and organizing all documents (including referrals, medical records, labs, films, etc.) necessary for care prior to a patient’s appointment. The PAC utilizes the Pre-Appointment WorkQue tool to document and track patient information.

**Registration/Referral Specialist (IRR):** Verify patient insurance eligibility with payers. Obtain and update patient registration (demographic and insurance) information. Obtain referrals and insurance authorizations/pre-certifications prior to patient’s date of service; accurately document and assign referrals and authorizations in Epic.

**Central Appointment Scheduler (CAS):** Schedules patient appointments according to clinic and provider guidelines. Initiates the Pre-Appointment WorkQue in StarPanel, answers general patient questions and handles referring provider communication.
**Patient Service Representative (PSR):** Performs patient check-in and registration, discharge, discharge scheduling, scanning and indexing, collection of encounter forms and charge entry.

**Surgery Scheduler:** Works directly with patients to schedule surgeries and all pre-operative exams and/or tests. The Surgery Scheduler is responsible for managing all patient documents and activities prior to the day of the patient’s surgery.

The recommended organizational structure for the Access Center team is shown in Figure 2.1. Flexibility is allowed for clinics with varying degrees of complexity.

*Figure 2.1 – Access Center Organizational Chart*

*In this organizational chart, the Access Center Leader functions are typically performed by the Call Center Manager with the exception of any nursing management or clinical care roles, which fall under the Director of Nursing.*
III. Measuring Success

Clearly defined staff roles and responsibilities within the Access Center create a standard operating platform from which we can obtain reliable and accurate data within and across clinics. Historically there have been few common baseline statistics available to measure the success of the VMG operations on a clinic or organizational level. However, once the Access Center is established across multiple clinic settings, baseline data will begin to emerge. The Access Center gives the Access Leader the ability to make informed operational decisions by providing the tools necessary to accurately evaluate staff performance and calculate appropriate staffing levels. Access Center measures come from the following sources: an Automatic Call Distribution (ACD) phone system, Pre-Appointment WorkQue, Outpatient Whiteboard, and the Epic scheduling system.

**ACD Phone System:** A system that distributes incoming calls to appropriate personnel while collecting data on the activity that is occurring. The Access Center Leader and Office Supervisor have access to many reports that can be manipulated via Global Navigator (G-Nav) software.

**Pre-Appointment WorkQue:** Reports from the Pre-Appointment WorkQue allow managers to accurately measure the percent complete in the WorkQue by type of patient one week and two days prior to a patient’s appointment. The WorkQue contains checklists that are automatically generated when an appointment is scheduled in Epic. Staff productivity can also be measured through tracking and reporting the number of “closed” Pre-Appointment checklists.

**Outpatient Whiteboard:** Reporting of clinic-level operations is available via the VMG Access Dashboard. Reports are available to clinic managers that will provide references when making staffing and personnel decisions to improve patient flow and throughput. Some examples of these reports include overall patient cycle time by patient type and provider, wait time by provider, and room utilization by provider and patient type.

**Epic:** The Epic scheduling system contains a wealth of reporting capabilities including reports on co-payment collection, cancellation volume and patient volume by type and provider.
The following represents the key metrics and recommended performance targets:

**Table 3.1 – Key Metrics and Recommended Performance Targets for all Vanderbilt Clinics**

<table>
<thead>
<tr>
<th>Access</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone Abandonment Rates</td>
<td>&lt;5%</td>
</tr>
<tr>
<td>Template Utilization</td>
<td>Specialty Specific</td>
</tr>
<tr>
<td>Average Answer Speed</td>
<td>&lt;30 seconds</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pre-Appointment</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent Pre-Appointment criteria completed 3 days prior to appointment</td>
<td>&gt;95%</td>
</tr>
<tr>
<td>Percent Pre-Appointment criteria completed 7 days prior to appointment</td>
<td>&gt;80%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cycles</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intake Wait Times</td>
<td>&lt;15 minutes</td>
</tr>
<tr>
<td>Total Cycle Time</td>
<td>Specialty Specific</td>
</tr>
<tr>
<td>Room Utilization</td>
<td>60%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Monthly Productivity</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Calls per CAS</td>
<td>1500-1800</td>
</tr>
<tr>
<td>Number of Visits per PSR</td>
<td>500-700</td>
</tr>
<tr>
<td>Number of New Patients per PAC</td>
<td>90-210</td>
</tr>
</tbody>
</table>
IV. Technical Toolkit

To manage the business activities in the clinics effectively, a set of technical tools exist that will help managers and staff members operate more efficiently. The toolkit is comprised of an ACD phone tree and G-Nav reporting software, Pre-Appointment WorkQue, Epic scheduling software (including check-in kiosks where available), and the Outpatient Whiteboard. By utilizing these electronic tools, the Access Center Leader and/or Clinic Manager(s) will be able to make informed decisions about staffing, day to day operations, employee productivity and patient throughput.

A. Automatic Call Distribution (ACD) System

The phone tree is designed to give the patient better access to appointment scheduling or to a triage nurse to answer any medical questions that they may have. The phone tree is a simple, one level tree that allows the patient to speak to a staff member after choosing one option. The tree also allows the Access Center Leader to understand staffing needs as volumes increase or decrease on a daily, weekly or monthly basis.

The Access Center Leader has access to many reports that can be manipulated on an hourly, daily, weekly, monthly or quarterly basis via G-Nav software. The Call Activity and Call Activity Summary reports allow managers to view Total Calls, Number of Calls Answered, Average Answer Speed, Average Talk Duration, Number of Abandoned Calls and Percent of Abandoned Calls for all phone tree splits. To view much of the same information on an individual employee basis, the Agent Activity and Agent Activity Summary reports are also available. In order to obtain a report of call volume and answer percent over any given period, clinic management can run the ACD Incoming Trends Chart report.
Figure 4.1 – Pathway for Incoming Calls Routed Through the ACD Phone System
B. Outpatient Whiteboard

The purpose of the Outpatient Whiteboard is threefold:

• Provide a common toolkit to support daily clinic operations consistent with guidelines to help manage flow of patients in the clinic.
• Provide common and consistently applied definitions of key workflow terms in the clinic environment.
• Provide an objective analytic reporting tool to review clinic operations and set performance improvement targets on a consistent basis.

The Outpatient Whiteboard supports common policy guidelines for deployment, definitions, system utilization expectations, reporting and change management controls. Additionally, it provides flexibility to support varying clinic environments.

The benefits across the key user groups are as follows:

• **Providers**: Ability to quickly and easily see patient flow through the clinic on a daily basis, as well as daily schedules. Enables viewing and denoting clinic specific workflow tasks
• **Clinic Leadership & Managers**: Daily operations management tool, common monthly process flow, reporting and reviewing capabilities
• **Nurses**: Daily operations management tool to support workflow
• **Patient Service Representative/Medical Assistant/Patient Care Technician**: Daily operations management tool to support workflow

It is important to note the Outpatient Whiteboard is intended to support effective clinic operations and patient flow.

**Operational Guidelines**

The Outpatient Whiteboard allows users to track patient flow throughout a clinic and provides common operational reporting capabilities. Data can be imported into the Outpatient Whiteboard directly via Epic and StarPanel, or entered manually by a Medical Assistant (MA) and Patient Care Technician (PCT).

Typically, MAs and PCTs will be the primary navigators of the system; however, actual usage will vary by staff type. In some clinics, Patient Service Representatives [PSRs] will also serve as primary navigators of the system. Provider usage will be predominantly through flat panel monitors in hallways and workrooms to view a patient’s status in the clinical process.

There are several different ways to view the Outpatient Whiteboard:

• **Schedule(s) View**: Provides a full account of all patients scheduled to be in clinic on the selected date, as well as an opportunity to plan ahead using workflow flags.
• **Rooms View**: Displays only those patients who have been checked-in for their appointment through Epic. Patients are organized by the room that they are currently in and are removed from the view when discharged.

• **Screensaver**: Displays the Rooms View when in screensaver mode.

• **Displays**: Clinical workstations use the Workstation Display, while flat panel monitors in common staff work areas and/or hallways use the Screensaver Display. Both the Workstation and the Screensaver displays are capable of showing Core and Optional data fields. Core data is always displayed and is the minimum requirement needed to operate the Outpatient Whiteboard. Displaying optional data is possible on a clinic-by-clinic basis.

### Table 4.2 – Summary of Functionality by Staff Role and Type

<table>
<thead>
<tr>
<th>Staff Role</th>
<th>Outpatient Whiteboard Function</th>
<th>Primary View/Mode</th>
</tr>
</thead>
<tbody>
<tr>
<td>MAs/PCTs</td>
<td>Patient flow, room movement, appointment notes, actions, tasks</td>
<td>Rooms/Workstation</td>
</tr>
<tr>
<td>PSRs</td>
<td>Pagers, Waiting Room assignment, general knowledge to view and locate patients</td>
<td>Rooms/Workstation</td>
</tr>
<tr>
<td>Providers</td>
<td>View patient location/status</td>
<td>Screensaver</td>
</tr>
<tr>
<td>Clinic Manager</td>
<td>View and track patients, monitor staff usage, administrative functions, reporting on daily, weekly and monthly basis</td>
<td>Screensaver/Workstation</td>
</tr>
</tbody>
</table>
C. VMG Operations Dashboard

The VMG Operations Dashboard is the common set of reports that each Clinic Manager should review weekly and monthly as part of the normal review of clinic operations. Additionally, these reports should be distributed to and reviewed with the provider group. The standard report set is fed by the Outpatient Whiteboard and delivered in a web-based model from the Electronic Data Warehouse (EDW) and can be accessed via the following link: https://prodreports3.mis.vanderbilt.edu/InfoViewApp/logon.jsp.

Table 5.1 – VMG Operations Dashboard

<table>
<thead>
<tr>
<th>Report</th>
<th>Definition</th>
<th>Information Breakdowns</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intake Wait Times</td>
<td>Time of initial intake minus the appointment time or arrival time (whichever is later)</td>
<td>Overall, Patient Type, Provider, Patient Type</td>
</tr>
<tr>
<td>Total Cycle Times</td>
<td>Time from appointment time to clinic discharge time</td>
<td>Overall, Patient Type, Provider, Patient Type</td>
</tr>
<tr>
<td>Total In-Room Time</td>
<td>Total time of activity in room</td>
<td>Overall, Patient Type, Provider, Patient Type</td>
</tr>
<tr>
<td>Room Utilization</td>
<td>Utilization of existing space</td>
<td>Overall, Room Specific, Provider, Day of Week</td>
</tr>
</tbody>
</table>

The VMG Operations Dashboard allows the clinic manager and team to compare operating standards to performance targets and performance improvement initiatives. This will allow the clinic team to identify key process issues by patient type, provider or other areas of concern, and then implement effective process corrections to serve our patients.

1. Analytic Capabilities

   The analytical options in the VMG Operations Dashboard allows the Clinic Manager and clinic team to do further analysis of any issues identified from the standard reporting. The dashboard is designed for user flexibility to define multiple options and levels of specificity for the analyses.

   The key categories of potential analyses are as follows:
   - Date Ranges (User Specified)
   - Provider Level
   - Patient Type Level (All, New, Return, Walk In, Procedure, Post Op, etc)
   - Room and Type
   - Report Generator

2. Data Audit and Compliance

   The monthly reporting summary also includes a reported percentage of usable data records on a visit basis. This percentage is reported as a percent of the total records or visits. This report should serve as a foundation to ensure staff compliance in utilizing the Whiteboard System effectively to generate critical process level information needed to meet and/or exceed our patient service goals.
V. Nurse Triage

Overview

The telephone triage nurse provides management of telephone triage calls. These calls are received from patients, family members, support individuals and ancillary services. The nursing process and critical nursing judgments are used to perform assessments and give recommendations. These actions are performed in accordance with nursing triage protocols and other approved reference materials.

The telephone triage nurse prioritizes the patient’s needs and/or problems according to three levels of acuity:

- **Emergent Level Calls:** Severe, life threatening emergencies are directed to seek care immediately or other issues that cannot be delayed and need immediate attention.

- **Urgent Level Calls:** Best efforts are employed to return urgent calls within 2 hours.

- **Non-Urgent Calls:** These calls must be returned within 2 business days.

- **Home Care Calls:** These calls can be managed by giving home care instructions and advice as appropriate. Patients are directed to come in to see the provider when indicated.

Types of Calls Managed:

- Symptom/Health related condition
- Test Results
- Prescription Refills
- Various general questions

Other Services Provided by Nursing Triage

- Timely assessment and disposition of patient
- Consistent communication to Health Care Team Members
- Clear and complete documentation of patient needs
- Able to manage patient’s needs within provider approved guidelines
- Patient education
- Provides comfort and reassurance to patients
- Work-in appointment approval
- Covering CAS Emergent Calls
VI. Procedures

The standardization of processes within the Access Center allows for common training and well-defined operation model for employees within the Access Center and VMG-wide across all clinics. Each procedure has a formal process that is defined and documented for each clinic, followed by a visual representation in the form of a process map. These procedures and process maps are unique to the Center for Women’s Health; however, the core is standard across all clinics.

Nurse Triage Process

Emergent, Urgent and Non-Urgent

1. Automated recorded message says “Thank you for calling Vanderbilt Medical Group Williamson…. For test results, medication questions, or to speak to a nurse, press 3.”

2. Triage Nurse says, “Thank you for calling, my name is ______ and I am a Registered Nurse.”
   • “May I please have your name?”

3. “Ms/Mr. _____, are you the patient, or are you calling on someone else’s behalf?”

4. “In order to protect the privacy of our patients, I need to ask you to verify your identity. Could you please tell me your date of birth and one other identifier?” (for example, the last four digits of your SSN.)
   • If the caller is not the patient and has not been authorized by the patient to receive information about the patient, the triage nurse will end the call and document the nature of the call in Veritas.

5. “Ms/Mr. _____, how may I help you today?”
   a. Document exactly what the caller explains, in the caller’s own words, in the Williamson Primary Care Access Center Documentation Form. This form is located in Star Panel under Forms.
   b. Assess the severity of the caller’s chief complaint using a series of approved protocols, which aid in determining the appropriate status of the call: emergent, urgent or non-urgent.
   c. Other support tools available to the triage nurse, in addition to the evidence-based protocols, include process maps, a triage documentation form and practice-approved triage references.

6. The nurse will then proceed by asking pertinent questions to gather data and assess whether the situation is emergent and requires immediate attention.

7. If the situation is emergent, the triage nurse will determine if the patient is alone or if there is a support person available to help.
   a. If alone, the triage nurse will direct a coworker to call 911 and remain on the line with the patient until EMS arrives.
   b. If not alone, the triage nurse will direct the support person to call 911.

8. The triage nurse documents the details of the call in real time in the Williamson Primary Care Access Center Documentation Form in Star Panel and notifies the patient’s provider.
a. If an emergent situation has been ruled out, the nurse will continue asking pertinent questions to gather data and assess whether the situation is urgent and requires attention within two hours.

b. If the situation is urgent, the triage nurse documents the assessment in the Williamson Primary Care Access Center Documentation Form in Star Panel, verifies the correct call-back phone number and informs the patient that he/she will receive a call from someone very soon. A clinic visit may be indicated.

9. The information is sent to the designated clinic nurse or provider in a RED message/basket, as well as via urgent message text page.

10. After emergent and urgent situations have been ruled out, the triage nurse will proceed with the nursing assessment to determine how to meet the needs of the patient. This type of call is determined to be non-urgent, requiring attention within 24 hours.

11. Interventions for non-urgent calls may include patient teaching, using home care instructions; relay patient information to the clinic nurse via message basket for further advisement; or refill prescriptions according to the Prescription Refill guidelines using RxStar when applicable.

12. The triage nurse documents the details of the call in real time in the Williamson Primary Care Access Center Documentation Form in Star Panel and notifies the patient’s provider.
Nurse Triage Process: Emergent, Urgent and Non-Urgent
Process: Releasing Patient Results
1. Automated recorded message says, “Hello, you have reached the Vanderbilt Medical Group Williamson .... For prescription refills, test results, or to speak with a nurse, press 3.”

2. Triage Nurse says, “Thank you for calling, my name is _____, and I am a Registered Nurse.”
   • “May I please have your name?”

3. “Ms/Mr. _____, are you the patient, or are you calling on someone else’s behalf?”

4. “In order to protect the privacy of our patients, I need to ask you to verify your identity. Could you please tell me your date of birth and one other identifier?” (For example, the last four digits of your SSN.)

5. If the caller is not the patient and has not been authorized by the patient to receive information about the patient, the triage nurse will end the call and document the nature of the call in Veritas.

6. “Ms/Mr. _____, how may I help you today?”


8. The telephone triage nurse will determine the patient’s reasons for the call.
   a. No Normal or Abnormal diagnostic results can be given to patient until reviewed by provider.
   b. When can you give results? The nurse will provide the results according to the “Plan of Care” indicated in the patient chart, which signifies that results have been reviewed by the provider.
   c. When results cannot be provided to the patient, the “Plan of Care” indicated in the patient chart, will state “Plan of Care: patient needs to speak with clinic nurse.” The nurse will inform the patient that the test results need to be communicated by clinic nurse or provider. The nurse will send a page message to clinic nurse with the patient’s phone number of where they can be reached within 30 minutes.

9. The triage nurse documents the details of the call in real time in the patient chart in Star Panel with the action and plan of care.
Process: Releasing Patient Results
Process: Patient Prescription Refill
1. Automated recorded message says, “Thank you for calling Vanderbilt Medical Group Williamson…. For prescription refills, test results, or to speak with a nurse, press 3.”

2. Triage Nurse says, “Thank you for calling, my name is _____, and I am a Registered Nurse.”
   • “May I please have your name?”

3. “Ms/Mr. _____, are you the patient, or are you calling on someone else’s behalf?”

4. “In order to protect the privacy of our patients, I need to ask you to verify your identity. Could you please tell me your date of birth and one other identifier?” (For example, the last four digits of your SSN.)

5. If the caller is not the patient and has not been authorized by the patient to receive information about the patient, the triage nurse will end the call and document the nature of the call in Veritas.

6. “Ms/Mr. _____, how may I help you today?”

7. Document exactly what the caller explains, in the caller’s own words, in the Williamson Primary Care Access Center Documentation Form. This form is located in Star Panel under Forms.

8. If the patient is calling to refill a prescription, the triage nurse takes the following steps:
   a. The nurse confirms the patient’s provider.
   b. The nurse proceeds with pertinent questions and reviews StarPanel to assist with the patient prescription(s) request.
   c. The nurse refills the patient’s prescription(s) according to Prescription Refill guidelines using RxStar. Refer to Patient Prescription Refill Protocol for a list of medications that can be provided to patients.

9. If the prescription(s) cannot be provided to the patient, the nurse will inform the patient that the provider will be contacted for further instructions and the patient will be notified with a decision. The nurse attaches the request to a message, through a message basket, and forwards to the clinic nurse. The triage nurse will follow the Prescription Refill Protocol regarding when an appointment is required or labs are needed in order to refill the medication(s):
   a. If an appointment is required, the triage nurse will transfer patient to CAS to make an appointment then refill prescription according to the Prescription Refill guidelines using RxStar.
   b. If labs are required according to the Prescription Refill guidelines, the triage nurse will send this message, via message basket, to the clinic nurse for further completion.
   c. If the provider authorizes the prescription, the nurse refills the patient’s prescription(s) according to Prescription Refill guidelines using RxStar. Refer to Patient Prescription Refill Protocol for a list of medications that can be provided to patients.
   d. If the medication refill requested is not approved within the Prescription Refill guidelines, the triage nurse will send this communication and request to the clinic nurse via message basket for provider approval.

10. If the patient is calling for a new prescription, the triage nurse takes the following steps:
   a. The nurse confirms the patient’s provider.
   b. The nurse proceeds with pertinent questions and reviews StarPanel to assist with the patient prescription(s) request.
c. The triage nurse will inform the patient that this information will be sent to the clinic nurse for provider approval, since this is a “new” prescription request; the triage nurse needs to then send communication via message basket to the clinic nurse.

11. If a patient is calling for a prescription refill that requires a Prior Authorization the triage nurse will:

   a. Obtain from the patient the name of medication, provider ordering the medication, and verify name and location of the pharmacy.

   b. Inform the patient that a prior authorization is needed and that this request will be sent to the clinic nurse for further action.

   c. Send the information via message basket to the appropriate clinic nurse.

**Process: Patient Prescription Refill**
VII. Appendices

Staffing Grids, Roles and Responsibilities
## Staffing Grids

### Central Appointment Scheduler

<table>
<thead>
<tr>
<th>PROCESS</th>
<th>FUNCTION</th>
<th>ACTIVITY</th>
<th>PERFORMANCE STANDARDS</th>
</tr>
</thead>
</table>
|                          | Communicate with patients and outside physician offices in a timely and professional manner | Create a positive first impression for VMG  
Manage all incoming calls in a timely manner  
Field non-clinical patient questions  
Forward all clinical patient calls to Triage  
Communicate to patient the wealth of Vanderbilt knowledge and experience  
Set patient’s expectation for their visit. Call patient to reschedule appointment when clinic is cancelled | ACD Statistics; >5% abandoned calls; WorkQue: % initiated. |
|                          | Schedule patient appointments to clinic operating standards                | Schedule new, return and referring provider appointments  
Accurately schedule patient appointments in accordance with physician templates and guidelines  
Determine appropriate physician for all non-directed referrals  
Reschedule patients using proper functions | Total number of appointments scheduled; Epic usage statistics. |
|                          | Accountable for clinic-set standards                                       | Adhere to clinic-identified metrics for call times as measured by the ACD system  
Personally responsible and accountable for all telephone-based scheduling | ACD Statistics; call time by type. |
|                          | Set and complete personal development goals and training                   | Work with Access Center Leader to identify areas of improvement  
Set and meet/exceed goals related to personal development  
Continuous self-evaluation  
Generate ideas to improve clinic process and vet them with Access Center Leader  
Complete all required training  
Identify additional training needs and inform the Access Center Leader of the benefits | Successful completion of all required training; achieve 6- and 12-month goals. |
| EVALUATION               | Access Center Leader, Clinic Manager, Clinic Nursing Leader               |                                                                                                                                          |                                                             |
| REVIEWS                  | Daily, weekly, monthly, quarterly, 6 months, yearly                       |                                                                                                                                          |                                                             |
## Patient Service Representative

<table>
<thead>
<tr>
<th>PROCESS</th>
<th>FUNCTION</th>
<th>ACTIVITY</th>
<th>PERFORMANCE STANDARDS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CUSTOMER SERVICE/COMMUNICATION</strong></td>
<td>Registration, check-in and discharge of all patients Communicate with patients, families and ancillary departments in a timely and professional manner</td>
<td>Direct patients to Kiosk Check-In and assist if necessary Organization and management of all patient forms at Check-In/Registration and Discharge Maintain a clean and orderly patient waiting area Proactively inform patients of potential delays At Discharge, ask patient if they have any unresolved issues Collect Co-Pays and Co-Insurance when appropriate Charge Entry and all clinic specific End-of-Day activities</td>
<td>Epic usage statistics; Patient satisfaction/feedback</td>
</tr>
<tr>
<td><strong>SCHEDULING</strong></td>
<td>Scheduling return visits at discharge</td>
<td>Schedule follow-up and return visits at Discharge Schedule ancillary appointments when necessary Set patient expectation for their follow-up visit(s)</td>
<td>Total number appointments scheduled Epic usage statistics</td>
</tr>
<tr>
<td><strong>STANDARDS &amp; ACCOUNTABILITY</strong></td>
<td>Accountable for clinic-set standards</td>
<td>Adhere to clinic-set standards for number of patients checked-in per day, accuracy of charge entry, and % of co-pays collected</td>
<td>Charge entry statistics; total $ co-pays collected</td>
</tr>
<tr>
<td><strong>PERSONAL DEVELOPMENT</strong></td>
<td>Set and complete personal development goals and training</td>
<td>Work with Access Center Leader to identify areas of improvement Set and meet/exceed goals related to personal development Continuous self-evaluation Generate ideas to improve clinic/Pre-Appointment process and vet them with Access Center Leader Complete all required training Identify additional training needs and inform the Access Center Leader of the benefits</td>
<td>Successful completion of all required training; achieve 6- and 12-month goals</td>
</tr>
<tr>
<td><strong>EVALUATION</strong></td>
<td></td>
<td>Access Center Leader, Clinic Manager, Clinic Nursing Leader</td>
<td></td>
</tr>
<tr>
<td><strong>REVIEWS</strong></td>
<td></td>
<td>Daily, weekly, monthly, quarterly, 6 months, yearly</td>
<td></td>
</tr>
</tbody>
</table>
# Call Center Manager

<table>
<thead>
<tr>
<th>PROCESS</th>
<th>FUNCTION</th>
<th>ACTIVITY</th>
<th>PERFORMANCE STANDARDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>LEADERSHIP</td>
<td>Managing vision and purpose; motivating and influencing experience</td>
<td>Oversee Access Center staff (except Nurse Triage) Provide leadership, direction and accountability Proactively manage daily Access Center assignments Act as liaison between Clinical and Access Centers, Clinical Education and Patient Information</td>
<td>Access Center Dashboard</td>
</tr>
<tr>
<td>COMMUNICATION</td>
<td>Active listening and clear communication (verbal &amp; written)</td>
<td>Patient: Develop, coordinate and communicate educational information/materials Staff: Trains teams in content and consistent execution of scheduling and call management</td>
<td>Access Center Dashboard</td>
</tr>
<tr>
<td>STANDARDS &amp; ACCOUNTABILITY</td>
<td>Accountability; clinical quality management; and service orientation</td>
<td>Supervise day-to-day performance of team through assessment of Access Center dashboard, ACD system and key indicators Interact effectively with Access Center staff and ancillary departments Exercise problem-solving skills to optimize Access Center activities Measure and evaluate staff based on dashboard measures</td>
<td>Access Center Dashboard</td>
</tr>
<tr>
<td>DEVELOPING PEOPLE</td>
<td>Develop and retain top talent; identify and recruiting top talent</td>
<td>Empower staff to take ownership of their job performance and its impact on patient care Work with individual team members to set performance and developmental goals Work with team to create and execute department-wide initiatives and goals</td>
<td>Access Center Dashboard</td>
</tr>
<tr>
<td>PLANNING &amp; DECISION-MAKING</td>
<td>Problem solving, time management and innovative thinking</td>
<td>Provide input for annual operating and capital budgets Propose staffing adjustments based on Access Center metrics Identify trends in Access Center data and create specific action plans to remedy issues Collaborates with Williamson Leadership and clinic managers to develop and implement strategy.</td>
<td>Clinic Specific</td>
</tr>
<tr>
<td>EVALUATION</td>
<td>Director of Operations and Williamson County Leadership</td>
<td></td>
<td></td>
</tr>
<tr>
<td>REVIEWS</td>
<td>Monthly, quarterly, 6 months, yearly</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Triage RN

<table>
<thead>
<tr>
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<th>FUNCTION</th>
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<th>PERFORMANCE STANDARDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>CUSTOMER SERVICE/COMMUNICATION</td>
<td>Communication is provided in a manner understood by the patient</td>
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</tr>
<tr>
<td></td>
<td>Professionalism in active listening and clear communication with patients, providers and clinical staff (verbal &amp; written)</td>
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<tr>
<td></td>
<td>Verbal communication is clear and professional with patients and ancillary services</td>
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<tr>
<td></td>
<td>Communication to provider/clinic nurse/ancillary group is consistently and thoroughly documented in patient’s EMR; this includes disposition and interventions given to patient</td>
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<tr>
<td></td>
<td>Responsible for translating patient information into clinical data for clinical nursing team and providers</td>
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<td></td>
<td>Appropriate team member is notified according to urgency of need</td>
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<tr>
<td></td>
<td>Patient: Proactively coordinate and communicate educational information/materials for specific disease/diagnosis</td>
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<td></td>
<td>Patient verifies understanding of plan of care</td>
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<td></td>
<td>Patient understands to call back if symptoms change, worsen, or other attention is needed</td>
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</tr>
<tr>
<td>STANDARDS &amp; ACCOUNTABILITY</td>
<td>Nursing triage adheres to AAACN standards and VUMC policies</td>
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<tr>
<td></td>
<td>Evidence-based protocols to direct patient assessment and care are consistently used</td>
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<td></td>
<td>High level of job accountability</td>
<td></td>
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<tr>
<td></td>
<td>Interacts effectively with Access Center staff and ancillary departments</td>
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<td></td>
<td>Exercise problem-solving skills to optimize Access Center activities</td>
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<tr>
<td></td>
<td>Adhere to clinic-set standards in triaging patient calls</td>
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<td></td>
<td>Adhere to clinic-set guidelines for Star Form, message basket use and notification process for urgent messages</td>
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<td></td>
<td>All mandatory competencies and training will be completed</td>
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<tr>
<td></td>
<td>Evaluation by Access Center Leader based on daily interactions, patient satisfaction surveys, outside facility and ancillary feedback, and quality audits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PERSONAL DEVELOPMENT</td>
<td>Set and complete personal development goals and training</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Work with Access Center Leader to identify areas of improvement</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Set and meet/exceed goals related to personal development</td>
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<tr>
<td></td>
<td>Continuous self-evaluation</td>
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<td></td>
<td>Generate ideas to improve triage process and teamwork within the clinic</td>
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<tr>
<td></td>
<td>Identify and discuss additional training needs with the Access Center Leader</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EVALUATION</td>
<td>Access Center Leader, Clinic Manager, Clinic Nursing Leader</td>
<td></td>
<td></td>
</tr>
<tr>
<td>REVIEW</td>
<td>Daily, weekly, monthly, quarterly, 6 months, yearly</td>
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### Office Supervisor

<table>
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</thead>
<tbody>
<tr>
<td>LEADERSHIP</td>
<td>Managing daily activities within Access Center</td>
<td>Assist Access Center Leader in overseeing staff; provide leadership, direction and accountability. Responsible for daily activity of Access Center including managing staff coverage for vacations and absenteeism. Address Access Center staff personnel issues with direction from Access Center Leader.</td>
<td>Access Center Dashboard</td>
</tr>
<tr>
<td>COMMUNICATION</td>
<td>Active listening and clear communication (verbal &amp; written)</td>
<td>Assist in creating and maintaining up-to-date operations manual. Train non-clinical staff on operations manual. Liaison between administrative staff and Access Center Leader.</td>
<td>Access Center Dashboard</td>
</tr>
<tr>
<td>STANDARDS &amp; ACCOUNTABILITY</td>
<td>Accountability, clinical quality management and service orientation</td>
<td>Supervises day-to-day performance of team through assessment of Access Center dashboard and key indicators. Interacts effectively with Access Center staff and ancillary departments. Exercise problem-solving skills to optimize Access Center activities. Measure and evaluate staff with assistance of Access Center Leader based on dashboard measures.</td>
<td>Access Center Dashboard</td>
</tr>
<tr>
<td>DEVELOPING PEOPLE</td>
<td>Developing &amp; retaining top talent; identifying &amp; recruiting top talent</td>
<td>Assists staff in developing problem-solving skills for complex patient care situations. Develop staff to take ownership of their job performance and its impact on patient care. Work with Access Center Leader and individual team members to set performance and developmental goals. Work with Access Center Leader and team to create and execute department-wide initiatives and goals.</td>
<td>Access Center Dashboard</td>
</tr>
<tr>
<td>PLANNING &amp; DECISION-MAKING</td>
<td>Managing daily activities within Access Center</td>
<td>Assist with providing input for annual operating and capital budgets. Propose staffing adjustments based on Access Center metrics. Identify trends in Access Center data and create specific action plans to remedy issues.</td>
<td>Access Center Dashboard</td>
</tr>
<tr>
<td>PERSONAL DEVELOPMENT</td>
<td>Set and complete personal development goals and training</td>
<td>Work with Access Center Leader to identify areas of improvement. Set and meet/exceed goals related to personal development. Continuous self-evaluation. Generate ideas to improve clinic/Pre-Appointment process and vet them with Access Center Leader.</td>
<td>Clinic specific</td>
</tr>
<tr>
<td>EVALUATION</td>
<td>Clinic Manager, Physician Leader</td>
<td></td>
<td></td>
</tr>
<tr>
<td>REVIEWS</td>
<td>Monthly, quarterly, 6 months, yearly</td>
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