

AMPLIFY

Urgent Care Without the Chaos

Improving Quality Through Efficient Operations

Curtis Franke, MD MBA



AMPLIFY

“The only way to protect quality at scale is to design the operation system to absorb chaos”



About the Presenter



Curtis Franke, MD MBA

Assistant Chief Medical Officer, Urgent Care
HCA Healthcare
MD Now | CareNow



MD NOW[®] **URGENT CARE**

Affiliated with  **HCA Florida Healthcare**



CareNow[®] Urgent Care

Financial Disclosures

- None

Agenda

- **Efficient Urgent Care Workflows DIRECTLY Affects Quality**
 - Where do workflows start?
 - Role of Standing Orders
 - Leveraging the Patient Disposition
- **Managing Surge Protocols**
 - Queue Management Systems
 - Leveraging data to make smart choices
 - Using infrastructure to produce scale
- **Clinical Goals/KPIs**
 - How operational systems influence clinical outcomes
 - Integrating technology into the decision-making process

Operational Workflows DIRECTLY Impact Quality

- Speed
- Consistency
- Patient experience
- Clinical outcomes
- Where do workflows start
- Role of standing orders
- Leveraging the patient disposition

Urgent Care Patient Journey



Triage/Intake Process

- What it usually is.....

- Chief Complaint
- Vitals
- Past Medical History
- Medications
- Allergies

- What it could be.....

- Risk Stratification
- Standing Orders Initiated
- Anticipation of Needs
- Clarification of Expectations

Standing Orders



Tuberculin Skin Test (TST) Standing Order

NOTE: This standing orders template may be adapted per a practice's discretion without obtaining permission from Immunize.org. As a courtesy, please acknowledge Immunize.org as its source.

STANDING ORDERS FOR Administering Varicella Vaccine to Adults

Purpose

To reduce morbidity and mortality from varicella disease by vaccinating all adults who meet the criteria established by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices.

by vaccinating all adults who meet the criteria established by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices.

STANDING ORDERS FOR Administering Td/Tdap Vaccine to Adults

Purpose

To reduce morbidity and mortality from tetanus and diphtheria by vaccinating all adults who meet the criteria established by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices.

STANDING ORDERS FOR Administering Measles, Mumps, and Rubella Vaccine to Adults

Purpose

To reduce morbidity and mortality from measles, mumps, and rubella by vaccinating all adults who meet the criteria established by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices.

obtaining permission from Immunize.org. As a courtesy, please acknowledge Immunize.org as its source.

STANDING ORDERS FOR Administering Meningococcal ACWY Vaccine to Adults

Purpose

To reduce morbidity and mortality from meningococcal disease caused by serotypes A, C, W, or Y by vaccinating all adults who meet the criteria established by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices.

by vaccinating all adults who meet the criteria established by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices.

STANDING ORDERS FOR Administering Influenza Vaccine to Adults

Purpose

To reduce morbidity and mortality from influenza by vaccinating all adults who meet the criteria established by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices.

meet the criteria established by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices.



Waived Testing: Rapid Strep Testing Standing Order

1. **CONDITION FOR PROTOCOL:** Under the laws of most states, physicians are permitted to delegate by means of standing orders to knowledgeable and competent staff who have been trained in the use of rapid strep testing.

PRESCRIPT
0.1 ml. Tuberc



Standing Orders for the Medical Management of Vaccine Reactions*



Waived Testing: Female Dipstick Urinalysis Standing Order

obtaining permission from Immunize.org. As a courtesy, please acknowledge Immunize.org as its source.

STANDING ORDERS FOR Administering Hepatitis A Vaccine to Adults

Purpose

To reduce morbidity and mortality from hepatitis A virus (HAV) by vaccinating all adults who meet the criteria established by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices.

STANDING ORDERS FOR Administering Hepatitis B Vaccine to Adults

Purpose

To reduce morbidity and mortality from hepatitis B virus (HBV) by vaccinating all adults who meet the criteria established by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices.

Standing Orders

- Initiate care earlier
- Standardize decision making
- Improve throughput

Standing Orders - Definition

- What it **IS**:
 - Pre-approved clinical protocols
 - Initiated by trained staff
 - Reduces delays in care
- What it **IS NOT**:
 - Independent decision-making
 - Variable interpretation

Standing Orders - Definition

- What it **IS**:
 - A Physician *signs off* on actions to be taken based on a specific set of circumstances, using their license
 - A pre-approved clinical protocol that allows *qualified staff* to initiate *specific tests or treatments* without a direct, case-by-case provide order
- What it **IS NOT**:
 - A blank check for support staff to do as they see fit
 - A subjective decision-making process that should vary based on the personnel interpreting

Example - Strep Standing Order

- **Baseline Criteria**

- Trained Staff
- Patient Consent
- Symptom documentation

- **Symptom Criteria**

- Sore throat PLUS one of:
 - Fever greater than 101F
 - Pain with swallowing
 - Swollen lymph nodes

Let's talk about it.....

- Who is using standing orders today?
- Do they meet the required criteria?
- “My provider wants to evaluate every patient first.....”

Where should I Prioritize My Time?

- How do your MAs know what's next?
- How does your X-ray Techs know what's next?
- How are providers signaled?
- Methods:
 - Technology (ideal)
 - Local Control
- **If tech isn't primary → opportunity gap**

Disposition is the Product You Deliver

- **What it usually is.....**

- Paperwork
- Prescriptions
- Logistics
- Rushed

- **What it could be.....**

- Clear diagnosis explanation
- Medication education
- Follow-up clarity
- Defined next steps
- Patient engagement

Managing Flow and Surge

- Queue management systems
- Leveraging data to make smart choices
- Using infrastructure to produce scale

Surge Planning

- Surge Planning Starts with Data
 - Plan for peaks
 - Opening
 - Lunch
 - Evenings
 - Define key time stamps
 - Time to triage
 - Time to provider
 - Time to discharge
 - First patient “Time to Ready” matters
 - How and When do you “Ring the Alarm”



Surge Execution

- Shared providers across sites?
- Hybrid scheduling models?
- Telehealth integration?
- **Critical Question:**

Does your team KNOW the plan?



Morning Huddles Drive Alignment

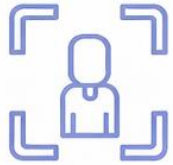
- Healthcare didn't invent huddles – we adopted them from high-reliability industries that can't afford failure.
- Industry uses them to prevent defects, we use them to prevent harm
 - Set expectations
 - Prevent errors
 - Align teams

Huddle Content

- What Should Be Covered Daily
 - Expected patient volume
 - Staffing plan
 - Equipment status
 - Surge protocols
 - Team engagement

**Are your huddles
consistent – or
optional?**

Why Perform a Daily Huddle



Increase Focus

keep teammates focused on the same strategic goals



Remove Roadblocks

ensure timely answers to pressing questions



Team Morale

give employees a chance to connect



Facilitate Communication

let team communicate directly



Enforce Accountability

everyone knows what everyone else is working on

Patients by Hour = Predictability

- Share expected volumes with staff
- Align staffing models
- Increase visibility at the center level

2/1-2/7

of Check-in by Hour

DAY	7	8	9	10	11	12	13	14	15	16	17	18	19
0-Sun		5	9	6	4	5	5	6	5	5	1	2	1
1-Mon		9	6	10	5	7	3	5	6	5	6	3	5
2-Tue	1	7	6	10	9	4	4	7	7	6	8	6	2
3-Wed		9	6	9	6	1	5	5	6	6	4	6	
4-Thu		8	13	6	8	8	7	9	5	4	8	5	2
5-Fri		9	8	6	6	8	6	8	6	6	4	8	4
6-Sat		6	6	4	4	2	4	2	3	5	2	4	1

2/8-2/14

of Check-in by Hour

DAY	8	9	10	11	12	13	14	15	16	17	18	19	20
0-Sun	8	3	5	6	5	5	6	4	4	5	6		
1-Mon	14	5	6	9	3	8	6	7	4	6	3	2	
2-Tue	12	6	7	10	5	12	3	10	5	6	6	3	
3-Wed	10	4	7	9	6	4	8	6	6	4	7	3	
4-Thu	12	6	8	5	12	7	7	7	5	2	3	2	
5-Fri	11	6	5	11	4	4	6	7	3	6	2	2	
6-Sat	13	7	4	7	5	5	4	4	6	2			1

Clinical Goals/KPIs

- Experience
 - Google scores
 - Provider Recommendation
- Operational Excellence
 - Follow-ups
 - Coding accuracy
 - Closed Hours
- Efficiencies
 - Staffing efficiency
 - Provider efficiency
- Access & Flow
 - Door-to-Door times
 - Abandonments

Operational Changes Resulting in Clinical Quality - Strep

- **Operational Change → Clinical Impact**

- Standing orders implemented
- >98% of suspected strep tested
- Increased confirmatory cultures

- **Key Driver:**

- Morning huddle communication

Broader Clinical Quality

- Operational Systems Influence Clinical Outcome
 - Elevated BP Follow Up
 - Disease Specific Treatment
 - Cystitis
 - Diabetes
 - Preventative Screenings
 - Lab Result Management

**Are critical results
ever missed?**

Emergency Awareness

- Emergency Protocol Readiness
 - High wait times \neq low risk
 - Systems must detect deterioration

**Could an emergency
be happening in your
lobby right now?**

Emergency Protocols

Rushback Symptoms Job Aid



Front Desk Protocol

The following patient complaints or presentation will warrant immediate interview by the provider and clinical back office staff. The list is not all-inclusive and will include any patient or situation the front desk feels uncomfortable leaving unattended in the waiting room. When such patients present to the front desk for registration, the front desk staff immediately alerts the provider and back office staff verbally. At a minimum, the patients first and last name and date of birth will be collected, if possible.

1	Allergic Reaction	Tongue or facial swelling, rash over body, difficulty breathing
2	Asthma	Asthma attack, wheezing, difficulty breathing

Emergency Protocols - Case

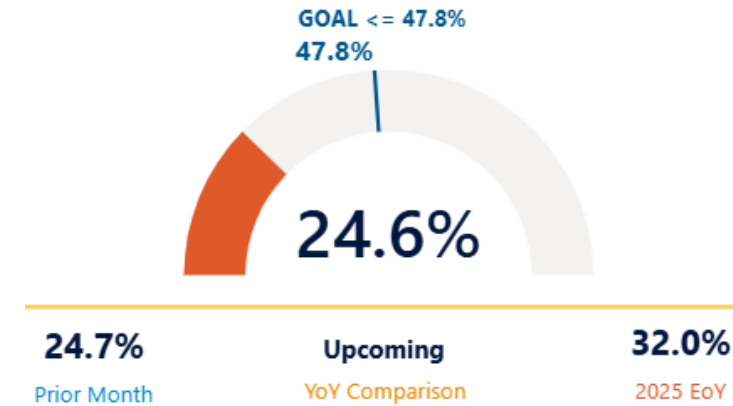
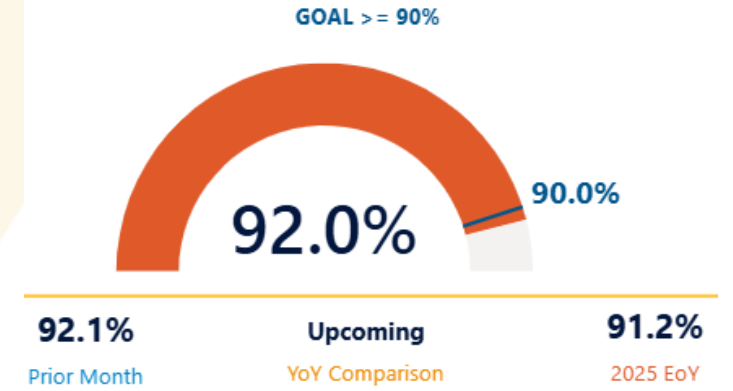
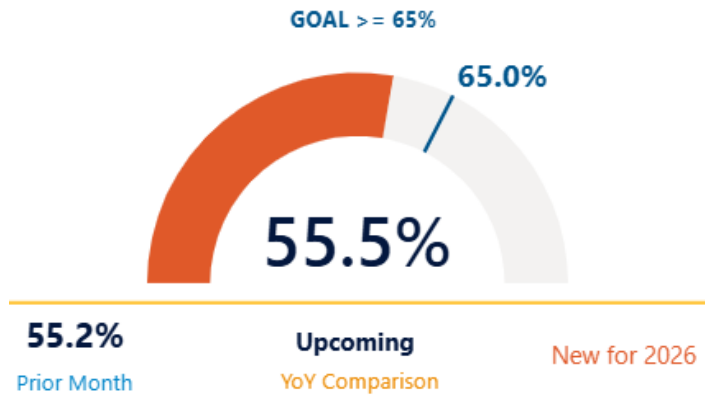
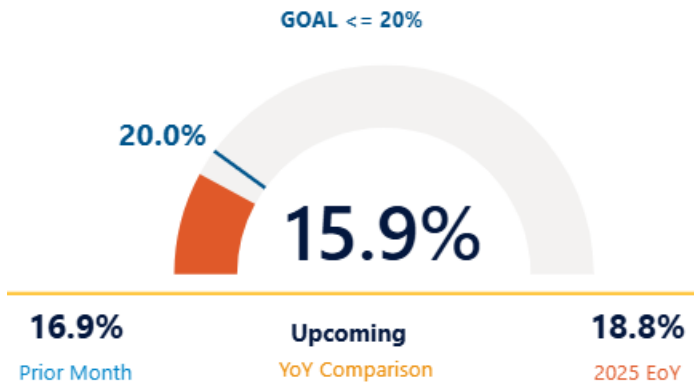
- 5:00pm arrival
- Anaphylaxis recognized
- Emergency Bag accessed
- Epi administered
- EMS activated
- Patient intubated on arrival to ER
- Extubated after midnight

Technology Integrations

- Ambient Scribe
- Clinical decision tools
- Clinical pathways
- Disposition Prompting
- Follow-up automation
- Automating phones/patient callbacks
- Reporting

Does your technology tie to your workflows?.....

Reporting



Let's talk about it.....

- Anyone using technology solutions for decision making?
- How many of you are using ambient scribes or listening?
- How many of you have clinical protocols loaded into your EHR?
- What is your longitudinal training/reinforcement plan?

Summary

- Operational Excellence Drives Clinical Quality
 - Workflow design determines outcomes
 - Surge planning reduces delays
 - Technology enables consistency
 - KPIs guide improvement

Quality starts with the operational system – not the provider

AMPLIFY

Questions/Discussion



I Need Your Feedback



Prefer paper?

On the form in front of you, please score me and the content I shared with you today.

AMPLIFY

Thank You

