

MOA NETWORK KICKOFF EVENT

Thursday May 28, 2015
The Inn at Laurel Point

Practice Pearls

It was wonderful to see so many of you at the MOA Network event. A wealth of valuable information was shared and collected during the course of the evening. Thank you for your enthusiastic participation.

*Attached are the **Practice Pearls** collected from the Practice Toolkit section in the first half of the evening. Please feel free to share these Pearls with your colleagues and physicians. Continue to watch your inboxes for information from the World Café portion of the evening in a few weeks.*

If you do not wish to receive further information by e-mail, please contact Leslie Rogers-Warnock at lrogerswarnock@divisionsbc.ca

Scheduling

- Block advanced access appointments at the end of the day or end of the shift.
- Promote advanced access or same day appointments as quick appointments e.g. injections, prescription refills.
- View the schedule by the week to balance out the appointments.
- Colour code appointment types.
- When scheduling, protect colour coded blocks of time for catch up and phone calls.
- An interesting scheduling technique: alternate booked appointments with walk-in patients
- If a child needs to be seen, it is an automatic squeeze in.
- Set aside some “protected” appointments each week for patients that are asked to return for a follow up appointment. If protected appointments are not needed, they can easily be filled.
- Scheduling two complete physical exams at the start of the shift can be good time management. Longer appointments allow for phones to be answered, work tasks completed.
- Have clear instructions on MD booking preferences and hours working. Have a large, colour-coded poster on the wall and same colour codes on schedules.
- Using two computer monitors at each work station means you can schedule on one and review tasks, patient demographics on the other.
- Know and note your patients when booking. Do they chat a lot? Need extra time to dress/undress? Hard of hearing so require more time? Note this in the chart and book and show to exam rooms accordingly.

- Some patients can involve time consuming phone conversations. Use a script and be specific. “Dr. Smith wants to see you on Monday, June 22 at 3 pm”. Use close ended questions, not open ended questions.

Practice Toolkit

- Creating the manual increases confidence in a multi-discipline office. Gives a sense of control, knowledge, consistency.
- Doctors need to be familiar with the manual and participate in its creation to outline their preferences.
- Have an up-to-date manual especially for manager’s duties.
- Have a checklist with photos of supplies for stocking rooms.
- Job descriptions are fully captured which reduces confusion.
- Have a list of locums in the manual.
- Have a list of MOAs (full-time, part-time) in the manual.
- Confidentiality agreements - ensure that each person working in the office (MOA, office manager, doctors, locums, cleaners, family who might help, volunteers) completes a confidentiality agreement.
- Implement daily, weekly, monthly checklists of tasks so nothing is overlooked.
- Have inventory checklists. This helps with stocking rooms and timely ordering of supplies.
- Have the GPs train locums before they start instead of saying, “Ask the MOAs, they’ll tell you.”
- Schedule regular team meetings on shared work days and focus on the benefits of the meeting to improve communication and update the manual.
- Toolkit is helpful to orient locums, new MOAs.
- Toolkit can be used to facilitate retirement as all the information has been captured.
- Practice toolkit provides assurance that the information is captured.
- Always strive to learn and share.

Referrals

- Proactively manage referrals so that MOA and MD know status of each referral.
- Clearly outline the referral process.
- Keep sent faxes aside until checked against fax journal to ensure they went through.
- Most fax machines allow the send/receive journal to be customized eg. 24 hour history of faxes sent/received or print a journal every 10 faxes. Our office set it to print out at 8 am, an hour before we saw patients so we had time to review it against the faxes we had set aside the previous day after sending them. If it hadn’t gone through, we could easily find the fax to resend.

- When a fax doesn't go through, customize the fax machine to show you a part of the fax (cover page) just sent for easier identification so you just don't get the number.
- When the GP personalizes referrals, we get faster appointments!

Telephone Use

- Always ask if you can put the person on hold.
- When putting a person on hold, ask who's calling and their number so you can call back if you get disconnected.
- Triage messages to return calls.
- Put on voice mail message as soon as you can so you can get some respite from telephone calls to focus on other work.

Miscellaneous

- Use "Control + F" to search electronic documents for specific words or phrases.
- Input/scan info/patient charts into EMR, starting with 2011. Then add charts on an as-needed basis.
- Victoria Medical Society website lists GPs who are taking new patients.
- MOA students are keen and positive.
- Great advantage to have a lab and a pharmacy in the building.