GeriTime Away, Holiday, cFTE, and In-basket Coverage Guidelines

Section 1

1) Requests for urgent out of clinic requests for the next day must be called in to the sick line: 608-277-4777. Call by 6am for same day call-ins.

2) Requests for vacation, meetings, continuing education, or non-emergent out of clinic requests needing template/scheduling changes should be sent by providers (APP, MD, SW) through GeriTime Away via an email to: GeriTimeAway@uwhealth.org

3) The UW Standards listed below need to be followed when putting in GeriTimeAway requests:
   a. **UW Service Standard Standard 8.2:** Providers submit absence request with the following notice:
      i. At least 12 weeks prior to the absence for absences longer than 5 business days
      ii. At least 6 weeks prior to the absence for absences of 5 or fewer business days
   b. **UW Service Standard Standard 9.2:** All Clinics must maintain a minimum of 50% of usual provider staffing levels for all non-holiday workdays.
   c. **UW Service Standard Standard 9.5:** Providers meet minimum face-to-face time expectations:
      i. All clinic sessions consist of a minimum of 3 hours of face-to-face time
      ii. Each provider's schedule should reflect a minimum of the following face to face sessions and hours per "in-clinic" FTE.

      *Note: Each provider will have a template to see patients at 32 hours/week pro-rated to FTE.*

4) Ideally, we will have both primary and specialty available over the holiday week, but it may not be at both clinics. It may be that we will have some Memory or other specialty at each site and primary care at each site, with at least 1 NP at each site every day, and an MD either at the site or available by phone.

5) GeriTimeAway requests will be reviewed once a week. You will receive a denial/approval email from Clinic Manager or designee after the reviews occur.

6) Once requests are approved, a service now ticket is submitted to make the template changes to your schedule. Please monitor your schedule to assure all revisions are correct.

7) As per policy, holiday vacations will be rotated depending on who took vacation on that holiday in the prior year followed by "first-come-first-serve" provided there is adequate clinical coverage. All other vacation requests follow the standard policy.

8) Providers (MDs, Neuropsychologists, and APPs) will receive cFTE calculations showing their projected percentages for each month to ensure they are meeting the DOM standard of 85% cFTE.
   a. If they fall below 85%, clinic time will need to be made up.

9) Please refer to the UW Health Geriatrics Providers Holiday Guidelines below in section 2 if you have questions about what can be requested, how to request, when requests will be approved.
Section 2

1) >5 business days request needs to be 12 weeks in advance (UW Service Standard 8)
2) <5 business days requests need to be 6 weeks in advance (UW Service Standard 8)
3) STANDARD 8 Our templates and schedules are developed to facilitate
   a. timely access for our patients
   b. UW Service Standard 8.1 Provider schedules are available for scheduling patient
      appointments for at least a rolling six months in advance.
   c. Providers will:
      i. Maintain a bump rate of 5% or less. Bump rate is defined as provider-driven
         cancelation with less than 60 days notification.
      ii. Plan for and coordinate with site and department/division colleagues’ time out
          of the clinic to minimize disruption of coverage of patient care needs and
          inappropriate burden on providers remaining at the site.
      iii. Submit requests for time-away from an established patient care schedule
           (typically half clinic session) to administrative and/or departmental leadership.
           1. UW Service Standard 8.2 Recognizing the disruption their absence
              causes for scheduled patients, providers submit their requests within
              the following guidelines:
                 a. Absence greater than 5 business days – at least 12 weeks prior
                    to absence.
                 b. Absence of less than or equal to 5 business days – at least 6
                    weeks prior to absence. *Business days are defined as any day
                    that the UW Health Clinics are open.
4) For any submission less than these periods of notice, approval is required from appropriate
   department and clinic operational leadership.
5) Approval of these requests is based upon provision of adequate clinical coverage for the
   requested period.
6) Department/division leadership is responsible for determining when make-up clinics are
   required; the timing of the make-up clinic is to be negotiated with clinic operations and may
   require the provider to use non-clinical time.
7) Clinic must have 50% provider coverage (UW Service Standard 9)
   a. UW Service Standard 9 Providers fulfill daily standard work expectations.
      i. UW Service Standard 9.1 Maintain appropriate-level provider to respond to
         patient and other provider questions and medical issues 24 hours a day, seven
         days a week. Urgent phone calls are returned within 20 minutes. Non-urgent
         calls will be returned as clinically indicated.
   b. UW Service Standard 9.2 Maintain a minimum of 50% of usual provider staffing levels
      for all non-holiday workdays. Exceptions must be approved by the Vice President and
      Medical Director overseeing that area.
   c. If an NP is the only provider in clinic, they must have access to an MD for consultation
      and response as needed. Use the laminated card with pager numbers to contact MDs.
      If you do not have a laminated card, please request one from Linda Hale, Alexis
      Eastman, or Toni Hofhine.
   d. For Oakwood, we will have ½ day of coverage per week minimum when we have
      wards/ACE/vacation, etc. that prevents us from offering three ½ days per week. This
      will provide at least a ½ day of urgent care with a few appointments.
e. Holidays will be rotated so that each provider will have the opportunity to be off (on call, vacation and/or VA) every other year if requested. (Be sure to request the holiday as well.)

f. Regular requests throughout the year will be reviewed at least weekly so that they can be scheduled in a timely fashion.

g. Holiday requests will be reviewed no more than 7-13 months in advance of the request and then honored based on prior years’ schedules and first-come first-serve thereafter to ensure and meet clinical coverage per UW Service Standards. (UW Service Standard 8.1 noted above).

h. Immediate family member death/serious illness occurring during the holiday period. (Defined by UW Policy 9.40)

i. Immediate family is defined as: a) the employee’s spouse or domestic partner, b) the employee or the employee’s spouse’s/domestic partner’s parent (natural, adoptive, step, foster, legal guardian, grand); child (natural, adoptive, step, foster, in-law, grand; brother (and in-law) or sister (and in-law).

8) Per the policy, bereavement leave shall be used within the seven (7) calendar day period immediately following the death.
   a. Where mitigating circumstances exist (i.e. delayed or postponed funeral arrangements), bereavement time, with supervisor’s approval, may be used at a later date for reasons directly related to the death.

9) Family Medical Leave Act (FMLA) and Wisconsin Family Medical Leave Act (WFMLA).
   a. Eligible employees may take up to 12 weeks of job-protected leave for qualifying family and/or medical situations per calendar year. The eligibility requirements will be provided to employees by the administrator for UW Health’s leave benefit plan.

Section 3 In-Basket Coverage

1) As part of your Geri-Time Away request, please identify who will be covering your in basket when you are out of clinic.

2) An email must be sent to all staff, including Clinic Manager, to notify them of this prior to your vacation or time out of the office.

3) Per the Health Link Guidelines for attaching to in baskets (IB) instructions and the IB Out of Contact workflow instructions, providers will ensure that patient care-related work is covered in their absence. An accountable covering provider must be named.
I. Purpose

Attaching to the In Basket allows MD/DOs and providers to designate by name, specific clinical staff and/or NP/PAs who can assist in working the information in the In Basket.

II. Definitions/Acronyms

A. Attach: A Health Link term for linking to another user’s In Basket, excluding all folders that only the user sees, and being able to perform actions on the In Basket messages.
B. Owner: The user who owns the Health Link In Basket
C. “Attacher”: The user who is attached to another’s Health Link In Basket.

III. Guidelines

A. MDs, DOs, NPs and PAs can elect to designate by name NPs or PAs or other clinical support staff the ability to “attach” to their Health Link In Basket. (UWHC allows RNs to attach, and UWMF/DFM allows RNs, LPN, and MAs to attach)
B. The “Attacher” by security and technology can only perform actions in the In Basket that their personal security allows them to do.
C. Of Note: Per Epic functionality, any user who can be an “Attacher” can also be attached to.
   a. For example: Dr. A designates Nurse B as an Attacher. Nurse B leaves for the day and allows Nurse C to attach to her In Baskets. Nurse C can then assist Nurse B with her In Basket work, but cannot see Dr. A’s In Baskets.
   b. Health Link reports will be requested and reviewed to ensure that guidelines and policies are adhered to and that scopes of practice are consistently followed.
D. The Attacher’s name, credentials, date and time will be automatically documented into the patient’s chart any work that they do in the In Basket.
E. There are four private In Basket folders that only the Owner can see/manage. They are Order Co-Sign, Chart Co-Sign, Meds Co-Sign and Covered Work. The only person who can “done” messages in these folders is the individual provider who was entered as the “authorizing provider” for that order. This is limited by security. In other words, no one else can co-sign your orders.
F. The Owner should direct the Attacher regarding which types of assistance to provide to the owner’s In Basket and provide guidelines or protocols to direct them in this work.
G. Important Note for MD/Providers Who Sign Dictation in Health Link In Basket: Owners must sign (referred to as “Accept” in Health Link) their own transcription. Attachers are not allowed to “Accept” transcription for the author.
   1. (If in error, someone other than the author would Accept transcription, the message would no longer be seen by the Owner, and the transcription would not be available in Health Link. The Owner would receive a Covered Work message, and would then need to contact Transcription to have the transcription re-sent for authentication by the Owner.)
H. UWHC or UWMF or DFM can elect to create protocols according to their organization’s process and/or policy to direct the work in the In Basket.
I. The Attacher may read and act on messages in the owner’s In Basket that are within their scope of practice. Examples include:
   1. Reviewing test results, generating letters or phone communication to the patient and “done’ing” the message.
   2. Reviewing a “CC Chart” or “Staff Message” from another provider and
speaking with the Owner about the information.

3. Reviewing canceled orders or “overdue tests”, considering the patient situation, re-ordering the test per the original order, or done’ing the canceled order as not needing re-order.

4. Reviewing any messages for priority, and speaking with the Owner about the patient situation. Based on this conversation, the Attacher could take action such as calling patient back, documenting this and closing this message/encounter.

5. If the Attacher has the appropriate security and it is within their scope of practice, they can review the Rx Authorization or Rx Response and renew the medication.

6. If the Attacher closes the owner’s encounters, the Attacher will determine that the MD/provider has completed their documentation and LOS. If the MD/provider chooses to add additional information in the encounter, this will be via an “amendment” to the encounter.

J. UW Health has set up this function such that the following actions in the Health Link will automatically generate a message in the Owner’s Covered Work In Basket folder, which can only be seen by the Owner (MD/DO/NP/PA).
   a. “Done-ing”
   b. “Approve”
   c. “Approve/Route”
   d. “Refuse/Route”
   e. “Accept”
   f. The Owner will have the opportunity to review this work in the Covered Work In Basket folder.
   g. Messages in the Covered Work folder will be automatically cleaned out in 30 days, but will remain “discoverable” if retrieval for medical or legal purposes is indicated.

K. It is the responsibility of the Owner to intermittently review the work done in their In Basket by reviewing the Attacher’s Health Link documentation of care provided.

L. At any time, the Owner can elect to discontinue any staff as their “designated Attacher” and/or add additional staff to assist them with their In Basket.

M. The Delegating Work While Absent Policy will continue to be used by MD’s to ensure that patient care-related work is covered in their absence. Even in clinics where providers choose to be continually “attached” to each others In Baskets, an accountable covering provider must be named. Identification of the covering provider may take place via “Out of Contact” functionality within Health Link or by completing a Delegation Of Work Site Plan.

IV. References

UWHC Policy 9.30 review and Supervision of Physician Assistants
UWHC Policy 8.91 Prescription Renewal Policy

V. Author and Review

Author: Susan Marks, RN MSN
Review/Approval: UW Health Legal Group for Health Link
Date of Review/Approval: June 12, 2009

These operational guidelines apply to all users of Health Link – the electronic medical record platform utilized by healthcare providers of the University of Wisconsin Hospitals and Clinics Authority (UWHCA), the University of Wisconsin Medical Foundation, Inc. (UWMF), and the University of Wisconsin–Madison (UW-Madison). Each entity – UWHCA, UWMF, and UW-Madison – reviews and endorses Health Link guidelines as needed to comply with its own policies, procedures, and protocols. For additional information, please visit https://uconnect.wisc.edu, or follow up with individuals in the Operations, Information Services, or Legal Departments of UWHCA, UWMF, or UW-Madison as needed.
In Basket Out of Contact

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In Basket Out of Contact is used when you will be out of the clinic for a period of time. This will allow you to delegate who will manage your In Basket in your absence.

You can access the Out of Contact feature through the main toolbar of the In Basket.

Please make sure to receive the consent of your colleague before you enter them as delegate(s) to monitor your In Basket and perform your work. NOTE: Please see the Guidelines for Attaching to In Basket and Covered Work Folder (pdf) policy for coverage requirements.

How do I set up my Out of Contacts for when I am gone?

1. While in your In Basket, click the Out button to set up your Out of Contact.

2. An Out of Contact box will appear. Click the New button.
3. A pop-up box entitled **Edit Out of Contact Occasion** will open.

![Edit Out of Contact Occasion](image)

A. **Reason:** Select a Reason of either **Out**, **Unavailable**, or **Other** and provide a comment for further explanation, if necessary.

B. **Beginning Date:** Add the Beginning date. You can remove the check from the **All Day** box which allows you to add the time the **Out of Contact** will take effect.

C. **Ending Date:** Add the Ending date. As with the Beginning date, you may select the **All Day** box, or specify the time you will return. Placing an end date automatically removes the attached In Basket from the assignee. If date is unknown, see section on **How do I edit or delete the Out of Contact occasion**?

D. **Delegates:** Assign your In Basket to one or more individual delegates by listing their name(s) here. **NOTE:** Be sure to obtain their consent first.

E. **Accept:** Click the **Accept** button. **NOTE:** Your delegates will need to logout and then login again to see your In Basket folders.

4. Click the **Close** button on the **Out of Contact** pop-up.
What will my In Basket look like to the Delegate?

When you assign your In Basket to another physician or other provider, that person will see your actual In Basket. In the following example, Henry Blake is covering Sherman Potter’s In Basket while Dr. Potter is on vacation.

A. Delegate's In Basket (i.e. the covering provider): This is the delegate’s In Basket. The covering provider has access to all items in his own In Basket, as he normally does. He also has access to view all of the folders in In Basket (which has been attached to John R. Doolittle’s In Basket on the designated. NOTE: Please see the Guidelines for Attaching to In Basket and Covered Work Folder (pdf) policy for coverage requirements.

B. Attached In Baskets Summary: The delegated provider can see that he has an Attached In Basket in his In Basket from this folder summary view.

C. My In Basket and Attached In Baskets: You can toggle back and forth between your own In Basket (My In Basket) to view your messages and the Attached In Baskets to monitor their messages by clicking the appropriate option.
D. The Attached Provider’s In Basket View: When you toggle to look at Dr Potter’s In Basket, by clicking Attached In Basket option, you will see Dr. Potter’s name in numerous places. You can then monitor his folders according to the Out of Contact Policy. Do not “done” any messages that you do not take action upon since you would be then “doneing” the actual messages from that person’s In Basket. You are not seeing a copy of their In Basket, but actually viewing their In Basket.

**NOTE:** It is very important to take note of whose In Basket you are currently working within.

How do I manage my In Basket when I return?

When you return and access your In Basket after being Out of Contact, you will find a Covered Work folder.

A. Covered Work Folder: This folder will appear along with your other In Basket folders you normally see. This folder will contain copies of work such as Results and Imaging messages that your Out of Contact delegate has “Doned”.

**NOTE:** If you return to the clinic early see the section, “How do I edit or delete the Out of Contact occasion?”

How do I edit or delete the Out of Contact occasion?

If you return to the clinic early, it is important for you to edit your Out of Contact occasion, in order to reflect your correct date of return. Otherwise, your delegate will continue to see your In Basket. You can also delete the out of contact occasion as well when you return.

1. Click the Out button, as you did the first time when setting up the Out of Contact.
2. Click, to highlight, the **Out of Contact** person listed from the Out of Contact box.

3. If, for example, you return to the clinic early or an end date was not entered, you can edit your out of contact occasion to reflect accurately how long you were away from the clinic, click the **Edit** button. Specify the date/time that you actually returned to the clinic. Click the **Accept** button.

4. To delete the out of contact occasion entirely, click the **Delete** button.

5. You will receive the below **Out of Contact Deletion** pop-up box. Click **yes**. This will delete this occasion and remove your delegate.

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**Important Information**

1. If you have more than one delegate, messages in the **In Basket** function like a Pool. That is, when one delegate has marked a message as **Done**, the message disappears from **all** of the delegates’ views. (This applies to multiple individual delegates as well as Covering Groups.)

2. To make changes to an existing **Out of Contact** occasion, highlight and click the **Edit** button, as explained in the “How do I edit or delete the out of contact occasion?”.
Important Information for Managers

1. As a manager, you can set up **Out of Contact** for any of your providers, in case they are suddenly called away and need another provider to take care of their In Basket.

2. Managers may see many **Out of Contact** occasions in the Out of Contact section. Do **not** delete them. Instead, create a new Out of Contact episode for your provider, as needed.

3. There may be instances where multiple providers will need to cover for one or more providers. In these instances, refer to the Grant Access and Attach functionality.