

Goal 1: Unmatched Patient Care

<p>GOAL 1: Provide unmatched, compassionate patient care and client service.</p>	<p>1.1: Design clinic operations and infrastructure to optimally support patients, clients and referring veterinarians.</p> <p>1.2: Continue to develop state-of-the-art animal hospitalization and treatment facilities.</p> <p>1.3: Deploy a team-based approach to capitalize on the unique strengths of the VMC.</p>
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- Related Concepts from School of Veterinary Medicine Strategic Plan:*
- Provide outstanding patient care in an efficient, compassionate and service-oriented manner.
 - Recruit and retain top clinical faculty and staff.
 - Reorient operations to meet market needs.

Goal 1: Unmatched Patient Care

Strategy 1.1

Design clinic operations and infrastructure to optimally support patients, clients and referring veterinarians. *(Page 1 of 2)*

Preliminary Tactics:

- a. Continue to utilize survey data from clients and referring veterinarians to drive enhancements and track progress.
- b. Improve appointment scheduling and communication for clients and referring veterinarians.
 - i. Continue to monitor and report on faculty-initiated appointment cancellations.
 - ii. Develop formalized education and training for scheduling staff.
- c. Explore flexible/after-hours staffing for ancillary services.
- d. Continue to ensure that the Veterinary Health Information System (VHIS) improvement program provides on-line access to medical records for referring veterinarians and clients.
- e. Build upon mechanisms that have been put in place to increase interdisciplinary communication and collaboration; such as:
 - i. VMS Executive Committee; and
 - ii. Clinical program focus groups launched for strategic planning.
- f. Create a patient navigator program to assist and support clients and patients throughout their VMC experience; explore client services organize and leveraging a volunteer program.

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Strategy 1.1

Design clinic operations and infrastructure to optimally support patients, clients and referring veterinarians. *(Page 2 of 2)*

Preliminary Tactics:

- g. Enhance the on-campus environment for clients, while they wait for their animals.
 - i. Utilize integrated tools such as on-line portals and waiting room kiosks to collect patient histories and distribute patient education content.
 - ii. Inform clients about local amenities that might be of interest while they wait for the animal to receive care (e.g., Arboretum, Art Museum, etc.).
- h. Ensure that all faculty, students and staff share responsibility for the patient, client, and referring veterinarian experience.
- i. Provide incentives for faculty to provide outstanding clinical service; consider:
 - i. Improving recognition in the merit and promotion system;
 - ii. Evaluating financial incentives to optimize patient volume while maintaining quality of care.
- j. Develop mechanisms to address the needs of a multicultural clientele.
 - i. Enhance multi-cultural competency among students, house officers, faculty and staff.
 - ii. Provide language interpretation and translation services.
 - iii. Develop multilingual patient education materials.

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Strategy 1.2

Develop state-of-the-art animal hospitalization and treatment facilities.

Preliminary Tactics:

- a. Evaluate services required to address current and emerging clinical needs.
 - i. Address needs identified in model clinical program plans developed under Strategy 4.1.
 - ii. Consider additional clinical program focus groups to collaboratively identify needs.
- b. Continue to improve patient and client waiting areas and amenities.
 - i. Ensure that patient and client waiting areas are addressed in VMC facilities planning.
- c. Continue to increase the functionality and utility of the Veterinary Health Information System (VHIS).
- d. Incorporate state-of-the-art technology (e.g., robotic pharmacy, robotic surgical suites, remote patient tracking, medical monitoring, etc.) in future facilities design.

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Strategy 1.3

Deploy a team-based approach to capitalize on the unique strengths of the VMC. *(Page 1 of 2)*

Preliminary Tactics:

- a. Align incentives in support of collaborative approaches.
 - i. Address financial disincentives that impede interdisciplinary collaboration.
- b. Develop and deploy novel interdisciplinary clinical programs.
 - i. Co-locate providers to provide comprehensive care for complex conditions.
 - ii. Arrange clinic schedules to accommodate interdisciplinary practice.
 - iii. Engage coordinators to facilitate collaboration.
- c. Implement team-based staffing models.
 - i. Develop an administrative structure to support team-based care.
 - ii. Convene regular team huddles that include staff at all levels.
 - iii. Hold transdisciplinary joint rounds (morbidity and mortality).

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Strategy 1.3

Deploy a team-based approach to capitalize on the unique strengths of the VMC. *(Page 2 of 2)*

Preliminary Tactics:

- d. Explore the use of technology to enhance communication, collaboration and advanced interdisciplinary patient care:
 - i. Across services and disciplines;
 - ii. With colleagues at UCSD and the VMTRC;
 - iii. With referring veterinarians;
 - iv. With clients.

- e. Strengthen collaborations across UC Davis, particularly with human medicine and biomedical engineering.

- f. Identify and promote successful collaborations including those that already exist, such as:
 - Mentored the Research Clinical Training Program with the UC Davis School of Medicine;
 - UC Davis Medical Center;
 - Biomedical Engineering;
 - Animal Science;
 - Graduate School of Management;
 - CAHFS.