

Phone system upgrade to better serve referring MDs

Zane Named Executive Director for UCHealth DocLine

By Tyler Smith

With the appointment last month of [Richard Zane](#), MD, as executive physician director for DocLine, UCHealth took another step toward solidifying its system for handling requests for patient transfers and consults from referring providers.

Liz Concordia, president and CEO of UCHealth, made the announcement Aug. 26 in an email to UCHealth leadership. She said Zane's responsibilities will include providing leadership and strategic direction for DocLine, improving service to both internal and external physicians, and helping to engage physicians in the future growth and expansion of DocLine.



Richard Zane, MD, aims to bolster the reliability of DocLine.

Zane, who will report directly to Concordia, called DocLine "a critical point of patient access to the UCHealth system."

DocLine is a call center staffed around the clock by critical-care nurses who assist referring physicians seeking to transfer

patients to University of Colorado Hospital or Memorial Hospital in Colorado Springs or need to consult urgently with a specialist at one of the hospitals.

DocLine nurses contact the appropriate on-call specialist and work with the referring provider to handle the logistics for patients who need to be transferred, including arranging for critical-care transportation, if needed, and setting up the care and services they will need when they arrive.

Work to be done. The service went live with the name "[Access Center](#)" at UCH early in 2014. It was renamed DocLine when [Memorial came on board](#) early this summer. Rob Leeret, senior director of access services for UCHealth, said DocLine will handle a projected 16,000 cases in fiscal year 2016, which is 40 percent more than UCH reported in fiscal year 2014. Zane said, however, that much work remains to bolster DocLine's capacity and reliability even further.

"We've made tremendous strides, but we're not where we need to be," he said.

Zane has many years of experience in this area. He started his career in critical care transport at Johns Hopkins and built a [comprehensive referral center for patient transfer, as well as critical care and transport](#), at Partners Healthcare in Boston, which was founded by Brigham and Women's Hospital and Massachusetts General Hospital.

"That took years to build," Zane said. "We don't have years here. At the very least, to be best in class in accepting referrals and transfers is simply a condition of participation" in a competitive marketplace.

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Zane considers his role as a physician leader essential to strengthening DocLine, but adds there is much more to it than that. An elite referral and access center must be “bulletproof,” he said: Internal and external physicians have to be able to rely on it every time they use it.

“We must have the technical capability and the highly skilled customer service to keep our promise to be available for tertiary, quaternary, and subspecialty needs 100 percent of the time,” he said.

Hold the phones. The most significant immediate obstacle to reaching that goal is a phone system that needs a major upgrade. That work is now underway and will wrap up by the end of October, said Craig Hollenbaugh, senior vice president of information technology for UCHealth. The upgrade includes the phone switch, voice mail, and call recording hardware and software, he said. It will affect not only DocLine, but also the Ambulatory Services call center and hospital operators.

Just like an OR, DocLine can’t fail, Hollenbaugh said, because many patients who need transfers to UCHealth hospitals are critically ill or injured, and their lives are at stake.

“We have to make patient transfers quick, easy, and as reliable as possible,” Leeret said. “The telephone system is really another critical piece of patient care equipment. It has to be redundant, available, and responsive to problems.”

The new system includes call-management features, a key to avoiding bottlenecks and delays, Leeret said.

“When we have more calls coming in than we have agents to handle them, we’ll be able to monitor that in real time and send alerts that we need additional resources immediately when the call queue is climbing,” Leeret said. That information is important in the immediate term, but the software will also provide “smart” historical data on call volumes that will help determine staffing levels proactively, Leeret said.

Passing muster. Technology aside, the ultimate arbiter of DocLine’s success will be the trust it earns from both internal and external referring providers, Zane said. To serve external physicians, he said, “We must transform ourselves into a community resource that referring physicians think of automatically when they have

complicated patients – and be confident that they will have no difficulty accessing us.”

Physicians within UCHealth must also be convinced that DocLine is both reliable and neutral, Zane added.

“Our partners have to be unequivocally confident that we exist to serve them and will not direct patients from one institution to another or one provider to another,” he said. “We want physicians to continue to build their personal relationships with other providers. Our goal is to alleviate their administrative burden.”