

Quality and Productivity Commission
32nd Annual Productivity and Quality Awards Program
"Innovating for Impact"

2018 APPLICATION

Title of Project (Limited to 50 characters, including spaces, using Arial 12 point font):

NAME OF PROJECT: A "DOSE" OF PATIENT SAFETY EVERY DAY

DATE OF IMPLEMENTATION/ADOPTION: FEBRUARY 2017
 (Must have been fully implemented for a minimum of at least one year - on or before July 1, 2017)

PROJECT STATUS: Ongoing One-time only

HAS YOUR DEPARTMENT PREVIOUSLY SUBMITTED THIS PROJECT? Yes No



EXECUTIVE SUMMARY: Describe the project in 15 lines or less using Arial 12 point font. State clearly and concisely what difference the project has made.

1 The DHS' Hospitals Daily Operational and Safety Executive (DOSE) Briefing/Huddle is
 2 a stand-up meeting that happens at each DHS hospital at least once a day. The goal is
 3 to promote situational awareness of issues occurring in previous 24 hours as well as
 4 current issues that have the potential to impact the upcoming day. During the 10 – 15
 5 minute meeting, operational units and service lines provide status updates and can
 6 report on problems that may cause operational challenges or patient safety issues, such
 7 as staffing issues, physical plant or equipment problems, workflow issues, or medication
 8 shortages. The DOSE Briefing also notes adverse events such as catheter infections,
 9 falls with injury, handwashing compliance, etc., and provides shout-outs and recognition
 10 awards to employees who have made a "good catch" in identifying and/or solving a
 11 potential problem. The daily briefing helps assure that problems and challenges can be
 12 addressed quickly because most individuals who may be necessary to help are there
 13 hear about the problem, offer solutions, and coordinate with others. Often problems can
 14 be addressed on the spot. The briefing provides clear direction about the prioritization
 15 and responsibility for problem resolution.

BENEFITS TO THE COUNTY

| (1) ACTUAL/ESTIMATED ANNUAL COST AVOIDANCE \$ | (2) ACTUAL/ESTIMATED ANNUAL COST SAVINGS \$ | (3) ACTUAL/ESTIMATED ANNUAL REVENUE \$ | (1) + (2) + (3) = TOTAL ANNUAL ACTUAL/ESTIMATED BENEFIT \$ | SERVICE ENHANCEMENT PROJECT <input checked="" type="checkbox"/> |
|--------------------------------------------------------|------------------------------------------------------|-------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------|
| | | | | |

ANNUAL = 12 MONTHS ONLY

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| SUBMITTING DEPARTMENT NAME AND COMPLETE ADDRESS Department of Health Services Office Clinical Risk and Patient Safety 313 N. Figueroa St., Los Angeles, CA 90012 | | TELEPHONE NUMBER 213-288-8283 |
| PROGRAM MANAGER'S NAME Arun Patel, MD & Marife Mendoza, RN | | TELEPHONE NUMBER 213-288-8283 EMAIL: MAMENDOZA@DHS.LACOUNTY.GOV Apatel3@dhs.lacountv.gov |
| PRODUCTIVITY MANAGER'S NAME AND SIGNATURE (PLEASE CALL (213) 893-0322 IF YOU DO NOT KNOW YOUR PRODUCTIVITY MANAGER'S NAME) Lisa Finkelstein  | DATE 07/06/2018 | TELEPHONE NUMBER (213) 288-8104 EMAIL lfinkelstein@dhs.lacountv.gov |
| DEPARTMENT HEAD'S NAME AND SIGNATURE Christina R. Ghaly, M.D.  | DATE 07/06/2018 | TELEPHONE NUMBER (213) 288-8101 |

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1st FACT SHEET – LIMITED UP TO 3 PAGES ONLY: Describe the **challenge(s), solution(s), and benefit(s)** of the project to the County. What quality and/or productivity-related outcome(s) has the project achieved? Provide measures of success and **specify assessment time frame.** Use Arial 12 point font.

Challenges:

The Mission of the LA County Department of Health Services (DHS) is to "ensure access to high-quality, patient-centered, cost-effective health care to Los Angeles County residents through direct services at DHS facilities and through collaboration with community and university partners." Much of this health care is delivered through DHS' four acute care hospitals.

Inherently, hospitals are large, highly complex operations that depend on the interaction of many people, parts, and processes to provide safe, effective, and efficient care to patients. Operational and service line areas include inpatient units, outpatient clinics, operating room and procedure areas, radiology areas, physical and occupational areas, and many more. They are supported by teams that ensure the cleanliness, safety, and good operation of the physical space, function of equipment, and provide other vital support services.

At every moment, a hospital must maintain appropriate staffing, adequate physical plant, functioning equipment, adequate supplies and medications, and effective workflows. The breakdown of any of these can cause significant harm to patients or hinder the ability to efficiently and effectively care for them.

Historically, leaders, administrators, and managers have found it difficult to gather a good "big picture" understanding of what challenges are being faced and what is going well. Even when they are aware of problems, it is often hard for them to be confident that they are being addressed in an appropriate and effective fashion. As such, it is difficult for them to provide the best direction and support to their frontline staff. When they don't know what is happening, they are unable to effectively strategize, prioritize, and troubleshoot.

Similarly, leaders and managers often find it challenging to ensure that necessary information is effectively transmitted to front-line staff; they also face the challenge of reminding staff what is considered high priority for the hospital, and that patient safety is a continual concern that is everyone's responsibility.

Unit and service line managers have often found it difficult and time consuming to identify the correct people and resources to help them solve a problem. They may need to make several calls or participate in meetings to find the right people and coordinate their activities. Even so, without a collective effort and leadership support, they may struggle to meet needs and expectations.

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Solutions:

The DHS-wide Patient Safety Committee determined that an integrated solution to address many of the challenges identified above is the adoption of a daily safety briefing, known as the Daily Operational and Safety Executive (DOSE) Briefing or Huddle. The "DOSE Briefing/Huddle" is a venue where operational information can be quickly and reliably exchanged, solutions identified, and messages to and from frontline staff conveyed.

At each DHS hospital, a DOSE Briefing is held at least once a day in the morning. The intended duration of the meeting is no more than 10-15 minutes, and it usually takes place in an easily accessible location such as a hallway near hospital administration. The meeting is held as a standing meeting to ensure that participants stay focused on pressing issues, and do not get distracted or bogged down in discussion about less timely matters. In supporting the implementation of the DOSE Briefing, the Patient Safety Committee worked with the patient safety officers at each hospital to develop a standardized agenda template that the hospitals can use to structure their meetings.

Meetings generally include attendance by the manager of each clinical unit or service area, information technology, facilities, hospital administration, pharmacy, human resources, risk management, supply chain, and other ancillary and support services. Standard report items include: patient census information, time since last significant reportable adverse event or significant harm event, statistics regarding infection control (e.g., hand hygiene compliance, number of indwelling catheters), physical plant issues, staffing issues, pharmacy shortages, a weekly patient safety tip, and mention of "great catches" (instances where someone has identified an important potential problem to fix). Each attendee then reports for their unit/service whether there are issues that will hinder the unit from providing optimal care or service.

During the roll call report, other attendees who have the ability or responsibility to address the identified problem should speak up, and either offer a solution, or offer to discuss the problem in more detail after the briefing concludes. Leadership will often identify priorities or help offer solutions. Meetings generally conclude with follow-up of items from prior meetings, identification of follow-up items for the next day, and communication of any messages that should go back to frontline staff.

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Benefit to the County:

Development and adoption of a standardized daily operational and safety briefing enhances the ability of the four DHS hospitals to fulfill the DHS mission through prompt identification and resolution of current operational challenges and potential patient safety issues.

Benefits include higher quality care, and lowered care from avoided harm to patients, expenses related to workarounds and downtime, and liability costs. Although it is difficult to quantify the effect on operations and patient safety directly, adoption of the Daily DOSE has led to a number of beneficial process improvements:

- Fostering more open communication between leadership and management staff and encouraging teamwork and collaborative creative problem solving. Briefing participants find it easier to connect face to face on a critical operational, safety, and quality issue with the DHS DOSE Briefing in place.
- Improved proactive management of challenges. Because there is a daily venue for identification and discussion of issues, it is easier to provide necessary information to front-line staff. One example of this is in the area of medication shortages, with which pharmacy is now able to inform staff about shortages and preferred alternatives on a daily basis.
- Timely resolution of issues presented by management staff. The DOSE Briefing provides a venue where issues/safety risks are quickly identified, investigated, and resolved by accountable individuals from the facilities' leadership and management staff. In addition, because this is understood to be a key purpose of the DOSE Briefing, there is an expectation that managers will be vigilant in their areas and promptly identify problems and challenges.
- Hospital leaders and administrators have better situational awareness as a result of information provided by briefing participants and can lead more effectively and with more confidence.
- Awareness of problems and potential problems is improved because staff is more aware that identification of problems is appreciated by management and leadership, and because problems and solutions that might affect other units or service lines are easily shared. Hospital staff are encouraged to continuously identify "good catches" and dozens are detected each month. Of these, each hospital selects 4-5 "good catches" a month for special recognition, which collectively represent over 200 prevented harm events per year.

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Linkage to the County Strategic Plan – 1 page only. Which County Strategic Plan goal(s) does this project address? Explain how. Use Arial 12 point font.

Goal I – Make Investments that transform lives, Strategy 1.2 –Enhance Our Delivery of Comprehensive Interventions

The DHS Hospitals Daily Operational and Safety Executive Briefing Project helps enhance our delivery of comprehensive interventions. Each DHS hospital is the center for the delivery and coordination of comprehensive services to the community and County residents through the delivery of inpatient and outpatient health care services, emergency services, HUB services, coordination with community programs such as Housing for Health, My Health LA, and many other activities. The provision of these services and interventions is supported and enhanced by the daily DOSE Briefings that help streamline operations and prevent downtime. In addition, because many service lines are represented at the briefings each day, there is the opportunity to collaborate and develop new efficiencies and coordinated activities, thereby increasing the number and comprehensiveness of the services we provide.

Goal III.3 - Pursue Operational Effectiveness, Fiscal Responsibility, and Accountability

The primary goal of the DHS Hospitals Daily Operational and Safety Executive Briefing is to improve the day-to-day operational effectiveness of our hospitals by ensuring rapid communication and resolution of issues that could otherwise hinder effective hospital operations and patient care. The opportunity to identify and address issues in real time can result in cost savings from avoided harm to patients, expenses related to workarounds and downtime, and liability costs. Accountability is supported by creating a venue where people are encouraged to report problems, and where parties responsible for facilitating solutions are identified and expectations can be set.

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COST AVOIDANCE, COST SAVINGS, AND REVENUE GENERATED (ESTIMATED BENEFITS TO THE COUNTY): If you are claiming cost benefits, include a calculation on this page. Please indicate whether these benefits apply in total or on a per unit basis, e.g., per capita, per transaction, per case, etc. You must include an explanation of the County cost savings, cost avoidance or new revenue that matches the numbers in the box. Remember to keep your supporting documentation. Use Arial 12 point font

Cost Avoidance: Costs that are eliminated or not incurred as a result of program outcomes. Please indicate whether these are costs to the County or to other entities.

Cost Savings: A reduction or lessening of expenditures as a result of program outcomes. Please indicate whether these were expenditures by the County or by other entities.

Revenue: Increases in existing revenue streams or new revenue sources to the County as a result of program outcomes.

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| \$ | \$ | \$ | \$ | <input checked="" type="checkbox"/> |

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