

**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: IMPROVE LAB WORKFLOW FOR PATIENT DISCHARGE

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 Patient Flow Committee identified issues regarding delays in the patient discharge
2 process. The Laboratory (Lab) outcomes were linked to the delays. Supportive of
3 hospital-wide performance improvement projects, the Lab immediately initiated the
4 Service Enhancement project to ensure the morning phlebotomy collections were
5 resulted by 8:00 a.m. Phase 1: Reports were created to evaluate the holdup in the
6 Lab's processes. The statistics pinpointed the problem areas. The Lab proceeded to re-
7 evaluate workflows and resolved the issues by re-allocating staff more efficiently and
8 rearranging duties and time schedules. In 3 months, the Lab was able to complete 83%
9 of morning draws by 8:00 a.m., an 84% increase $(83-45)/45 \times 100=84\%$ from 45%
10 baseline. Phase 2: As part of the Lab's commitment to continuous improvement and
11 further analysis, as of onset of program, a list of patients identified for discharge is
12 provided to the Lab on a daily basis. This list is closely monitored and prioritized by the
13 Lab to ensure all collections are completed by 8:00 a.m., allowing physicians in real-
14 time to have actionable results, to either downgrade/upgrade or discharge and ensure
15 there are no Lab related bottlenecks in the discharge process.

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

SUBMITTING DEPARTMENT NAME AND COMPLETE ADDRESS

Pathology
14445 Olive View Drive
Sylmar, CA 91342

TELEPHONE NUMBER

747-210-4025

PROGRAM MANAGER'S NAME

Fred Lowder

TELEPHONE NUMBER

747-210-4034

EMAIL

PRODUCTIVITY MANAGER'S NAME AND SIGNATURE

(PLEASE CALL (213) 893-0322 IF YOU DO NOT KNOW YOUR PRODUCTIVITY MANAGER'S NAME)

Lisa Finkelstein

Lisa Finkelstein

DATE

07/02/2018

TELEPHONE NUMBER

(213) 288-8104

EMAIL

lfinkelstein@dhs.lacounty.gov

DEPARTMENT HEAD'S NAME AND SIGNATURE

Christina R. Ghaly, M.D.

Christina R. Ghaly

DATE

07/02/2018

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.

The Lab at Olive View-UCLA Medical Center was approached to review the Department's resulting times for early morning draws, which included patients to be discharged. The goal of this assessment was to determine how to better integrate the needs of the providers when rounding and eliminate discharge process bottlenecks. For the process to be timely, results must be completed on the patient's chart by 8:00 a.m. Discharge is delayed 4 hours for every hour results are completed after 8:00 a.m. The morning Draw Report was created to identify the problem areas, which included the time of draw, time specimen was received in the lab and time tests were completed. All the 3 time spans had issues. Our initial morning Draw Report in February 2017, revealed that only 45% of the morning draws were completed by 8:00 a.m.

With these findings, the Lab worked together to come up with constructive workflow changes:

1. The main issue was the phlebotomy shortage and high volume of morning draws, slowing down collection and delaying results from 8:00 a.m. completion time. This issue was resolved by reassigning 2 night phlebotomists to 4:00 a.m., to help collect morning draws.
2. To alleviate the time from draw to in-lab, 1 person was assigned to pick up specimens from the phlebotomists that were collecting samples from in-patients.
3. A lab assistant was re-scheduled from 8:00 a.m. to 4:00 a.m. to process the morning draws and address the span of time between receiving the specimen into the lab and preparing the specimen for testing in the Core Lab.
4. A clinical laboratory scientist was rescheduled from 8:00 a.m. to 7:00 a.m. to perform and complete the morning draws by 8:00 a.m.

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Use Arial 12 point font.

After the onset of 2018, the phlebotomy unit lost staff and was unable to sustain the collection times as efficiently as in 2017. However, at the end of January 2018, through collaboration and sharing of data, the Lab started receiving the hospital's daily discharge report, consisting of a list of patients that are scheduled to be discharged the following day. This report is dispatched to the night shift supervisor and phlebotomists and allows them to prioritize patients on the list. The night supervisor and phlebotomy lead created a chart showing the patients from the list and confirming the results will be available by 8:00 a.m. for the current day and comments on the rare exceptions. By collaboration and teamwork within the Lab, the Department has been able to make great improvements and continues to look for more ways to improve efficiencies. As of May 2018, 77% of the morning draws were completed before 8:00 a.m., a 71% $(77-45)/45 \times 100 = 71\%$ increase based on the 45% benchmark.

Baseline:	45%
2017, March:	78%
2017, April	81%
2017, May:	83%
2017, June:	82%
2017, July:	78%
2017, August:	82%
2017, September:	83%
2017, October:	80%
2017, November:	90%
2017, December:	83%
2018, January:	76%
2018, February:	78%
2018, March:	81%
2018, April:	78%
2018, May	77%

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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 III. Realize Tomorrow's Government Today
Strategy III.3 - Pursue Operational Effectiveness, Fiscal Responsibility, and Accountability. Continually assess our efficiency and effectiveness, maximize and leverage resources, and hold ourselves accountable*

By assessing the morning draw process and making workflow changes, the Lab improved resource and process efficiency and effectiveness by the significant percentage increase of morning draws resulted before 8:00 a.m.

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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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FOR COLLABORATING DEPARTMENTS ONLY

(For single department submissions, do not include this page)

DEPARTMENT NO. 2 NAME AND COMPLETE ADDRESS	
PRODUCTIVITY MANAGER'S NAME AND SIGNATURE	DEPARTMENT HEAD'S NAME AND SIGNATURE
EMAIL: _____	EMAIL: _____
DEPARTMENT NO. 3 NAME AND COMPLETE ADDRESS	
PRODUCTIVITY MANAGER'S NAME AND SIGNATURE	DEPARTMENT HEAD'S NAME AND SIGNATURE
EMAIL: _____	EMAIL: _____
DEPARTMENT NO. 4 NAME AND COMPLETE ADDRESS	
PRODUCTIVITY MANAGER'S NAME AND SIGNATURE	DEPARTMENT HEAD'S NAME AND SIGNATURE
EMAIL: _____	EMAIL: _____
DEPARTMENT NO. 5 NAME AND COMPLETE ADDRESS	
PRODUCTIVITY MANAGER'S NAME AND SIGNATURE	DEPARTMENT HEAD'S NAME AND SIGNATURE
EMAIL: _____	EMAIL: _____
DEPARTMENT NO. 6 NAME AND COMPLETE ADDRESS	
PRODUCTIVITY MANAGER'S NAME AND SIGNATURE	DEPARTMENT HEAD'S NAME AND SIGNATURE
EMAIL: _____	EMAIL: _____
DEPARTMENT NO. 7 NAME AND COMPLETE ADDRESS	
PRODUCTIVITY MANAGER'S NAME AND SIGNATURE	DEPARTMENT HEAD'S NAME AND SIGNATURE
EMAIL: _____	EMAIL: _____

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