

**Quality and Productivity Commission**  
**32<sup>nd</sup> 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: OBSTETRICS AND GYNECOLOGY AFTERCARE PROGRAM**

DATE OF IMPLEMENTATION/ADOPTION: MARCH 15, 2016

(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 **Problem:** Patients utilizing the ER for non-emergent care due to cumbersome access to  
 2 gynecologic care. **Solution:** The Gyn AFTERCare Program is an alternative approach  
 3 to follow-up care that reduces unnecessary ER visits, increases telephone follow-up by  
 4 registered nurses, utilizes primary care provider visits and increases the use of certified  
 5 nurse practitioners to ensure that patients get appropriate and timely healthcare. The  
 6 AFTERCare acronym stands for:  
 7 A= Alternative, F= Follow up, T=Treatment, E= Evaluation, R= Referral.  
 8 The AFTERCare program works as a support component for Olive View-UCLA Medical  
 9 Center's Obstetrics and Gynecology Department.  
 10 **The Impact:** The wait time for a Gynecologic specialty consult has decreased  
 11 dramatically. The average wait time for an appointment was 4-6 months. Now  
 12 appointments can be made within 1 to 2 weeks.

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 OB/GYN AFTERCare Program Department 14445 Olive View Drive, RM 2B172 Sylmar, Ca. 91342		TELEPHONE NUMBER 747-210-3163
PROGRAM MANAGER'S NAME LATISHA STEWART-SMITH NP		TELEPHONE NUMBER 742-210-3485  EMAIL latsmith@dhs.lacounty.gov
PRODUCTIVITY MANAGER'S NAME AND SIGNATURE <small>(PLEASE CALL (213) 693-0322 IF YOU DO NOT KNOW YOUR PRODUCTIVITY MANAGER'S NAME)</small>  Lisa Finkelstein 	DATE 7/2/2018	TELEPHONE NUMBER 213-288-8104  EMAIL lfinkelstein@dhs.lacounty.gov
DEPARTMENT HEAD'S NAME AND SIGNATURE CHRISTINA R. GHALY, M.D. 	DATE 7/2/2018	TELEPHONE NUMBER (213) 288-8101

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**1<sup>st</sup> 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.

**Challenge:**

The Gyn AFTERCare program was implemented in response to the 1115 Waiver to work in conjunction with Olive View-UCLA Medical Center's Obstetrics and Gynecology (OB/GYN) Department. Patients referred to the OB/GYN clinic for gynecological specialty follow-up needed a streamlined approach to obtain gynecologic care in an expeditious manner. The OB/GYN clinic receives multiple referrals for specialty gynecologic care. Patients with critical needs were being lost to follow up. Specialty referrals are needed for a variety of conditions including abnormal uterine or dysfunctional vaginal bleeding, ectopic pregnancies, spontaneous abortions, pregnancy terminations, abnormal pap follow-ups, and gynecologic cancers to name a few.

**Solution:**

- Project Vision and Objectives:

The Gyn AFTERCare Program was created with a vision to eliminate unnecessary emergency visits, decrease post-procedural face-to-face specialty clinic visits, increasing the use of telephone follow-up and to increase the use of primary care providers and certified Nurse Practitioners.

- Consumers (who it serves):

Consumers of the program are Los Angeles County patients/residents, Emergency Room Department providers requesting specialty gynecologic follow-ups and primary care providers requesting specialty gynecologic care.

- Contributions by partners:

Contributing partners are UCLA's Gynecology Residency Program. The program works closely with our resident providers to assess, evaluate and treat patients in the OB/GYN outpatient clinic, collaborate with the Emergency Department for Obstetrics and Gynecology consultations, and review referrals submitted through the eConsult office (an office that receives referrals from DHS Community Partners through eConsult, an electronic referring application). The department also staffs 3 certified nurse practitioners, 3 registered nurses and 1 senior typist clerk. AFTERCare registered nurses provide telephone follow-ups to assess patient status and provide pertinent information requested by the Gynecological services provider.

- How the project is innovative, resourceful or unique:

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The OB/GYN clinic is utilizing nurse practitioners to evaluate and treat gynecological specialty referrals from the Emergency Department and DHS contracted facilities through eConsult. The AFTERCare registered nurses provide phone triage and walk-in triage in the OB/GYN clinic and Gynecological AFTERCare office. This approach to healthcare delivery is innovative and resourceful for patients and providers within the DHS healthcare network and surrounding communities. Appointments are provided within a timely manner and there is less risk that a patient is lost to follow-up. This practice provides a safety net for the OB/GYN department for safe and quality patient care.

The widely used ORCHID Electronic Medical Record System is our main source of communication. All Emergency Department and Urgent Care referrals to the Gynecology Specialty clinic are reviewed via the GYN AFTERCare Urgent request pool. These requests are reviewed daily and appointments and follow-ups are started that day by the AFTERCare nurse practitioners and registered nurses. We can also be reached by telephone and the registered nurse sends the telephone request to the appropriate provider. This streamlined approach has allowed patients to access more efficient quality patient care.

**Benefits (Worthiness of Award):**

The measure of success for the AFTERCare Program is immense.

It has allowed expeditious access to Gynecologic specialty services. The wait time for a Gynecologic specialty consult has decreased dramatically. Before the implementation of the AfterCARE program, the average wait time was 4-6 months for an appointment. Now appointments can be scheduled within 1 to 2 weeks.

AFTERCare Services include expeditious follow-ups and:

- Early access to prenatal care.
- Gynecological colposcopy appointments for abnormal paps.
- Gynecological oncology services, such as expedited surgery, consults, chemotherapy and adjuvant therapy.
- Termination of pregnancy requests.
- Uro-gynecologic services for conditions such as vaginal prolapse, urinary incontinence, etc.
- Abnormal uterine bleeding or dysfunctional uterine bleeding referrals
- Ectopic pregnancies.

This Program upgrades customer service access, care, and/or responses to LA county residents, employees and diverse communities.

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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.

Make Investments that Transform Lives.

1.2.2: Streamline Access to Integrated Health Services.

The Gyn AFTERCare program has operationalized a Health Agency wide referral system to track and refer patients from one Health Agency department to another.

Through our Gyn AFTERCare urgent care referral pool in ORCHID, any DHS facility can refer a patient for gynecologic specialty services. This allows the OB/GYN department to provide expeditious, quality and informative care to the patient. The patient receives appropriate treatment in a timely manner that can enhance their quality of life.

After the patient is seen by the appropriate Gynecological specialty, the AFTERCare office staff provides follow-up via telephone to ensure they are not lost to follow up.

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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)*

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