

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: SURGICAL NAVIGATION ACCESS PROGRAM

DATE OF IMPLEMENTATION/ADOPTION: MAY 2015

(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 Surgical Navigation Access Program (eSNAP) is an innovative program
 2 administered by the Department of Health Services (DHS) Managed Care Services unit.
 3 eSNAP is an intensive case management program that has reduced wait times for
 4 elective surgeries at DHS surgical sites and has successfully centralized wait time
 5 monitoring for DHS' six surgical sites to improve timely access to care. In line with the
 6 County of Los Angeles Strategic Plan, eSNAP has implemented a work plan to enhance
 7 health care service and delivery and as a result has increased efficiency. Patients are
 8 assisted with navigating the DHS health care system, including use of transportation,
 9 coordination with their primary care physicians for additional services and financial
 10 coverage. Referred patients receive their surgeries within three months through eSNAP.
 11 Also in line with the County of Los Angeles Strategic Plan, eSNAP embraces
 12 technology. A custom-built electronic database was created to maintain and track
 13 patient progress and protect referral information. eSNAP has been welcomed by DHS
 14 surgeons, surgical schedulers and program staff as a patient-centered collaboration that
 15 has contacted over 12,000 patients to assess their surgical needs.

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
 Department of Health Services, Managed Care Services
 1000 S. Fremont Ave., Bldg A-9, 2nd Floor
 Alhambra, CA 91803

TELEPHONE NUMBER
 (626) 525 5540

PROGRAM MANAGER'S NAME
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TELEPHONE NUMBER:
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EMAIL
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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
 7/2/2018

TELEPHONE NUMBER
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 LFINKELSTEIN@DHS.LACOUNTY.GOV

DEPARTMENT HEAD'S NAME AND SIGNATURE
 Christina R. Ghaly, M.D.

Christina R. Ghaly

DATE
 7/2/2018

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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.

Challenge: Backlog of elective surgical services

The Department of Health Services (DHS) Managed Care Services (MCS) has established a project charter for the Surgical Navigation Access Program (eSNAP) wherein eSNAP refers elective surgical patients waiting over six months for services to alternate DHS facilities. Prior to eSNAP, DHS MCS identified a serious need to improve access to surgical services and procedures. Lacking a centralized process for identifying supply (Operating Room Capacity) and demand (Available Operating Room Capacity) throughout DHS, a team was created to assess DHS-wide operating room capacity and measure the full extent of surgical wait times. Major challenges faced by the team included lack of communication, insufficient staff, and lack of a centralized database tool to collect and track data to monitor efforts and progress. Additional challenges involved administrative and social factors preventing equitable distribution of services such as lack of transportation, lack of social support, lack of knowledge as to how to navigate the health care system and lack of caregiver support.

Solution: eSNAP intervention

eSNAP is an innovative centralized program that improves access to services across DHS for all DHS patients - the Medi-Cal Managed Care population as well as the uninsured population of L.A. County and those with other insurance.

eSNAP's key goal is to enhance the patient experience and improve access to health care and services through improving delivery of care. The program assesses demand for surgical services and redistributes DHS surgical service resources by referring patients on the wait lists to alternate DHS surgical sites, including ambulatory care centers, with capacity: MLK Jr. Outpatient Center, Harbor-UCLA Medical Center, High Desert RHC, LAC+USC Medical Center, and Rancho Los Amigos NRC. Elective surgery procedures at these facilities are currently offered in the General, Ophthalmology, Otorhinolaryngology (ENT), Orthopedics, Plastics, Podiatry and Urology surgical specialties. In order to provide this referral assistance, eSNAP monitors DHS surgical sites' wait lists. eSNAP program staff contacts patients on these wait lists and provides intensive case management including assistance with arranging transportation, coordination of additional care with primary care physicians and navigating financial coverage.

eSNAP program staff partners with stakeholders throughout the surgical sites – surgeons, surgical schedulers, DHS peri-operative leadership and administration. A key tool for assessing demand is the electronic Online Real-time Centralized Health Information Database (ORCHID) surgical request queue, an electronic method of tracking surgical

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requests. eSNAP works with stakeholders to encourage use of the electronic queues, offering technical assistance on how to use the queues and why it is so important to track demand. eSNAP also relies on ORCHID's electronic health records and messaging center, alongside the ORCHID surgical request queues.

In May 2016, eSNAP launched a centralized electronic database which houses referral information. The implementation of this electronic database has been pivotal for the program by facilitating tracking of patients throughout the referral process. As eSNAP is an intensive care management wherein staff screens patients and communicates with surgeons, surgical schedulers and patients, as well as makes the actual clinic and surgical appointments, the electronic database has aided in enabling staff to provide excellent customer service which is key for improving access to care and retention of patients who have been waiting months and/or years for surgeries. The electronic system is also used to document communications between patients and eSNAP clinical staff.

In addition, eSNAP utilizes a custom-designed ORCHID report to assist the surgical sites with assessing demand. The report offers a way to see information regarding surgery request dates, procedures, diagnoses and wait times easily. eSNAP staff and surgical schedulers at the surgical sites use the eSNAP electronic database and this ORCHID report to assist with scheduling clinic and surgery appointments.

Benefits: eSNAP outcomes

During the assessment time frame from May 2015-May 2018, out of over 12,000 cases reviewed, a total of 2,090 patients have been referred through the eSNAP referral process to alternate DHS facilities. Surgeries have been performed at all the surgical sites. Over half were completed at High Desert Regional Health Center, 20% were completed at Martin Luther King, Jr. Outpatient Center and 13% at Rancho Los Amigos National Rehabilitation Center, with the remaining surgeries completed at Los Angeles County-USC and Harbor-UCLA Medical Centers.

eSNAP fills a critical need to centralize surgical services across DHS, a previously siloed health care system where each surgical site operated on their own without respect to clinical or surgical activities at other sites. The program has reduced wait times substantially, for example, from wait times of 1-2 years for a hernia repair to 2-4 months through eSNAP referral. Wait times for the general surgery specialty have been reduced by 50-75%. Patient satisfaction is high due to the reduction in wait times. eSNAP is an unprecedented program implemented in a short period of time, which continues to address surgical needs in the DHS enterprise.

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eSNAP proves beneficial to DHS surgical sites and emerges as a program that successfully decreases wait times for patients needing elective surgery. Through on-going surveillance and evaluation of the program, collaborative efforts with stakeholders, and implementation of an internal audit instrument, eSNAP continues to improve its process and efficiency as it improves access to health care services.

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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.

eSNAP supports County Strategic Plan Goal III to Realize Tomorrow's Government Today: *Strategy III.2: Embrace Digital Government for the Benefit of Our Internal Customers and Communities* and *Strategy III.2.2: Leverage Technology to Increase Visibility of and Access to Services.*

eSNAP optimizes the use of technology to improve delivery of care and has established a shared platform to enable DHS to share information and to raise awareness of the eSNAP program. eSNAP implementation of its custom-built electronic database enables surgical staff at all DHS surgical sites to enter referred patients and document referral activities. The electronic database is essential for eSNAP program staff to track case management interactions with patients. Reports are generated from this online database to create a monthly and quarterly dashboard.

The eSNAP program has also optimized use of the DHS electronic health record system, Online Real-Time Centralized Health Information Database (ORCHID), by developing a customized report to identify patients waiting for their surgeries. This report allows surgeons, surgical schedulers and eSNAP program staff to track patients waiting for their surgeries.

In addition, eSNAP program staff have been instrumental in encouraging clinicians and surgical scheduling staff to use the ORCHID surgical request queue, an online queue of patients waiting for surgeries. eSNAP program staff have worked closely with Cerner, the vendor that developed ORCHID for DHS, to customize these electronic queues such that surgeons can login to ORCHID, quickly view the queues and see the status of each patient's surgery. This was not previously possible and was a significant improvement in the functionality of the ORCHID health record system.

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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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