

Quality and Productivity Commission
34th Annual Productivity and Quality Awards Program
"Leading with Excellence"

2021 APPLICATION *PLEASE CONSIDER FOR COVID IMPACT AND ALL APPLICABLE CATEGORIES

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

NAME OF PROJECT: COVID-19 PRONING TEAM PROJECT AT HARBOR-UCLA

DATE OF IMPLEMENTATION/ADOPTION: 4/1/2020

(Must have been fully implemented for a minimum of at least one year - on or before July 1, 2020)

CHECK HERE IF THIS PROJECT IS BEING SUBMITTED FOR THE COVID-19 IMPACT AWARD ONLY. (Projects must be implemented on or before December 31, 2020. **Note:** Projects implemented less than one year ago will not be eligible for any other PQA awards. In addition, once a project is submitted, you cannot submit the same project for awards consideration in subsequent years).

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 Early in the pandemic, research showed that for critically-ill COVID-19 patients on
 2 ventilators, being placed in a face-down (prone) position for most of the day could
 3 improve lung function and increase their chance of survival. However, the proning
 4 process was labor-intensive and also carried the risk of serious complications for the
 5 patient if not done properly. In an effort to safely provide this specialized care to our
 6 patients and support the overburdened intensive care unit (ICU) nurses, Harbor-UCLA's
 7 Clinical Quality & Safety Department (CQS) worked with many hospital departments to
 8 organize multidisciplinary Proning Teams. These teams consisted of nurses and
 9 physicians who had increased availability during the COVID-19 surge due to surgery
 10 cancellations, reduced clinic hours, and refocusing of administrative duties. Since April
 11 2020, CQS-led Proning Teams have provided more than 1,200 personnel-hours of
 12 service and have safely performed nearly 500 turning events – freeing up our ICU
 13 nurses and Respiratory Therapists to attend to unprecedented patient care demands
 14 caring for COVID-19 patients. This project resulted in increased teamwork across
 15 diverse disciplines that maximized our resources, improved care and saved lives.

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
\$ 180,000.00	\$ 0	\$ 0	\$ 180,000.00	√

ANNUAL = 12 MONTHS ONLY

SUBMITTING DEPARTMENT NAME AND COMPLETE ADDRESS

Department of Clinical Quality & Safety, Harbor-UCLA Medical
 Center 1000 W. Carson Torrance, CA 90505

TELEPHONE NUMBER

424.306.7950

PROGRAM MANAGER'S NAME

Susan Newsom
 EMAIL snewsom@dhs.lacounty.gov

TELEPHONE NUMBER

424.306.7950

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

Keisha Belmaster

DATE

6/21/2021

TELEPHONE NUMBER

424-306-6349

EMAIL
kbelmaster@dhs.lacounty.gov

DEPARTMENT HEAD'S NAME AND SIGNATURE

Dr. Christina Ghaly (signature on file)

DATE

7/7/2021

TELEPHONE NUMBER

ELECTRONIC, WET, OR SCANNED SIGNATURES ARE ACCEPTABLE

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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: Most critically ill patients on ventilators lay on their back, face up. Early in the pandemic, research indicated that COVID-19 patients might have a greater chance of survival if they are turned face down for most of the day. The procedure is to roll the patient into a face down (prone) position for 16 hours, then roll them back face up for 8 hours every day. While it sounds simple, the process is fraught with challenges in the setting of surging hospitalizations and critical care staffing shortages. The procedure itself requires 4-6 clinicians, a respiratory therapist (RT), and 30-60 minutes of time to perform properly. Given unprecedented demand for intensive care unit (ICU) care during the COVID-19 surge, there were shortages of both nurses and RTs, meaning that there was not always enough staff to perform these turns as often as they were needed. In addition, very few staff had specific training in proning. These factors increased the risk of improper technique and the chance for serious complications, such as nerve damage and pressure injuries, if not performed precisely. Our challenge was to determine how we could safely use the proning process with our existing resources.

SOLUTION: Meeting this challenge would require creativity, resourcefulness and innovation. Early in the pandemic, administrative nurses were re-deployed to provide direct patient care, and in April 2020, a core team of CQS nurses and Orthopedic Surgeons began augmenting ICU staff efforts whenever patients to be prone were identified – but the need escalated quickly. With the cancellation of elective surgeries, in-person clinic visits and all non-patient-facing activities (meetings, projects, etc.), the hospital was able to identify additional personnel without impacting critical patient care functions. Additional administrative nurses from Utilization Review, Trauma Outreach and other areas, along with surgeons, anesthesiologists, and doctors from OB/Gyn, Pathology and Dermatology, all seeking ways to contribute, stepped up to care for patients and support our critical care colleagues.

Our vision was to create multidisciplinary teams of subject matter experts in proning who could help offload some of the work of ICU and RT staff. Collaboration was imperative, and CQS, along with ICU and Operating Room (OR) clinical nurse specialists, the Orthopedics Department Chair, and frontline ICU staff came together to develop the first checklists, training materials, and other standardized processes.

The act of proning involves so much more than merely turning a patient. Protective pads must be applied and removed with each turning to prevent skin breakdown. Special devices to secure ventilator tubing must be painstakingly removed and replaced to prevent facial injury. Stacks of pillows are arranged to ensure maximum

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lung expansion, and rolls of linen are prepared to exchange during the carefully orchestrated three-part turn process (slide, turn to the side, turn face up or down). Any misstep could result in catastrophic displacement of the airway tubing, or tangling/loss of critical IV lines. The patient must be carefully monitored throughout to ensure that s/he is tolerating the procedure. Some patients were so unstable that merely moving them would tax their body's ability to oxygenate, and it would take minutes to hours for their vital signs to return to non-critical levels. One particularly critical patient was so unstable that we did not know if he would survive his supining (repositioning to his back). The surgeon on our team secured an iPad and called the family herself to warn them and allow them to say goodbye, just in case – she then panned around the room so they could see the team of people gathered just to help their loved one. This is just one example of the compassion demonstrated during the proning process. Our teams turned these patients twice daily, over long hospitalizations, and so we celebrated successes and mourned each loss alongside the primary care teams.

When the second, much larger surge occurred (beginning in July 2020 through February 2021), the hospital was ready and able to scale up significantly. Additional departments and services joined the effort. Surgical Oncology surgeons began on New Year's Eve and, together with the Orthopedic surgeons, covered all weekends and holidays. So many people wanted to help. A Pathologist offered to cover weekends, a Dermatologist returned to the Emergency Department (ED) to help with a new proning team on night shift. OB/Gyn and Trauma residents made themselves available for inhouse night shift turns. The commitment was inspiring.

A method of quickly synchronizing new patients' turning times was developed in collaboration with the Medical ICU leads in April 2020. Turning times were adjusted by approved intervals until all patients were proned in the evenings (for 16 hours), and supined in the mornings (for 8 hours). This became crucial by December 2020 as demand soared, as it allowed the teams to maximize resources and minimize the need for night shift turning events. Team coverage was scheduled and adjusted daily to meet the demand – including weekends and nights when needed. ICU physicians began ordering proning times "per proning team" to avoid confusion with changing times, an operational change that made a huge difference.

Securing the necessary personal protective equipment (PPE) and equipment for the team while on the units became a distraction for the already-busy ICU and ED staff, so in January 2021, Proning Team leaders collaborated with Hospital Administration and Supply Chain Operations to secure dedicated par levels of required supplies for the proning teams, and with the Linen Room to ensure that the ample supplies required for each proning event were available on the units.

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Technological solutions were implemented with record speed. In January 2021, a County-issued cell phone was obtained to establish a 24-hour 'Proning Hotline' – a resource that staff could use to reach proning subject matter experts, report new proning orders, or notify us of changes in patients' condition or schedules. The team also reached out to IT leadership for ORCHID (the electronic medical record) and they were able to create an automatic paging solution to alert the team whenever a proning order was entered or discontinued, which streamlined our information-gathering efforts.

From implementation and throughout the project, the teams utilized the PDCA (*plan, do, check, act*) Cycles of Learning improvement technique to improve the process as the pandemic went along. At the peak of the COVID-19 surge in January 2021, 44 staff were actively participating on Proning Teams, which provided approximately 1,200 personnel-hours of service, and safely and efficiently performed some 482 turning events – allowing ICU nurses and RTs to remain with their own patients, attending to unprecedented critical care demands.

BENEFITS: The benefits of the Proning Team Project have been many. First, it filled a gap to provide a vital service to our patients and assist our overtasked ICU nurses with this time-intensive task, allowing them to stay engaged with more advanced critical care of their patients.

Second, this project served the noble cause of providing an opportunity for clinicians from outside the realms of emergency and intensive care to meaningfully contribute during the pandemic. In addressing a shared problem, cooperation and coordination were key, and were on full display. It's important to understand that many of the staff who volunteered to be on the proning team would otherwise have had minimal contact with COVID-19 patients. Particularly early in the pandemic when the risks of COVID-19 were unclear, it was truly heroic for these staff to volunteer to enter the COVID ICU and join the staff having close contact with these potentially infectious patients.

Third, and not to be underestimated, is the value of the collaborations that were established...the breaking down of traditional 'doctor/nurse' role barriers, and the camaraderie that was born out of performing difficult and sometimes unimaginably harrowing work – standing side-by-side, day after day, with people from a wildly diverse range of disciplines and roles. Frontline staff expressed relief and appreciation at seeing attending physicians, Department Chairs, and administrative staff alike roll up their sleeves, don and doff the PPE, and pitch in with the heavy lifting. This project is being submitted for consideration for the COVID-19 Impact Award, but also feel it is worthy of consideration for the Customer Service and/or Outstanding Teamwork Awards. Although the numbers of COVID-19 patients have drastically decreased, the Proning Teams remain ready, willing and able to redeploy, should the need arise.

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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.

The Harbor-UCLA Medical Center Proning Team Project effectively addresses several of the County Strategic Plan goals:

I. Make Investments That Transform Lives (*Strategy I.2 – Enhance our Delivery of Comprehensive Interventions*)

Arguably, the COVID-19 pandemic is the most complex, most complicated social, health and public safety challenge Los Angeles County has faced in the last century. Our project aggressively addressed this challenge, and enhanced our delivery of a comprehensive intervention (proning) in an unprecedentedly demanding setting, in an innovative way and with limited critical resources.

II. Foster Vibrant and Resilient Communities (*Strategy II.2 – Support the Wellness of Our Communities*)

Nothing contributes more greatly to the wellness of our communities than providing the best possible care to the most critically ill patients. The goal of the Proning Team Project was a simple one: to improve the health outcomes of patients battling COVID-19, and to ultimately save lives. At the same time, it helped to support the wellness of our beleaguered critical care staff who were struggling mentally, physically and emotionally to care for patients while putting themselves at even greater risk of exposure to COVID-19.

III. Realize Tomorrow's Government Today (*Strategy III.3 – Pursue Operational Effectiveness, Fiscal Responsibility and Accountability*)

When the COVID-19 pandemic hit, Los Angeles County residents looked to its hospitals to care for them. For the sickest patients, we had to figure out how to provide that care under extremely challenging circumstances. The Proning Team Project allowed us to respond to this critical public need in a new, creative, and evidence-based way. Staff worked collaboratively to identify an effective process. Members of our workforce learned and performed new skills which maximized our human resources. Other staff took on leadership roles and worked to ensure that all our resources were utilized as responsibly as possible, contributing to our fiscal responsibility and operational effectiveness. The lessons learned through this project will greatly influence Harbor-UCLA Medical Center's ability to meet future health and public safety challenges.

The resilience and commitment of the people involved with this project was truly remarkable, and reflective of the County's mission of enriching lives through effective and caring service.

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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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\$ 180,000.00	\$0	\$ 0	\$ 180,000.00	X

ANNUAL= 12 MONTHS ONLY

Though the Harbor-UCLA Medical Center Proning Team Project was primarily a service-enhancement endeavor, there is an associated financial benefit. There were 482 turning events performed by the five-member proning teams. This prevented five ICU nurses from being pulled away from critical care tasks to participate in each 30-60 minute procedure. In this way, over 1200 personnel-hours of work for ICU nurses was avoided. During the pandemic, staffing support from outside registry nurses was costing \$150.00 per hour or more. This means 1200 hours at \$150.00 per hour is an estimated cost avoidance of \$180,000.00.