

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

2021 APPLICATION

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

NAME OF PROJECT: GAPP GASSING AWARENESS AND PREVENTION PROGRAM

DATE OF IMPLEMENTATION/ADOPTION: SEPTEMBER 2019

(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 Gassing is a term used in correctional facilities when an inmate intentionally throws
 2 feces, urine, or any body fluids to staff members. This action negatively impacts the
 3 operations of any correctional facility. Twin Towers Correctional Facility (TTCF) situated
 4 in the city of Los Angeles, currently houses about 3,200 inmates. The majority of the
 5 inmate population are diagnosed with severe debilitating mental illness, which leads to
 6 an increased risk of gassing incidents due to the fragile emotional and psychological
 7 state of incarcerated individuals.
 8 In September 2019, TTCF correctional health services, mental health department,
 9 and the TTCF Custody division joined forces to tackle and minimize these incidents by
 10 establishing GAPP – Gassing Awareness and Prevention Program. This project came
 11 about as a result of an increasing number of gassing incidents and to help promote
 12 awareness among custody, medical, and mental health staff to help avoid further
 13 incidents with the goal of decreasing incidents through the collaboration of medical,
 14 mental health, and custody services. TTCF experienced a dramatic decrease in the
 15 number of gassing incidents through GAPP.

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
\$ 190,200	\$ 190,200	N/A	\$380,400	<input type="checkbox"/>

ANNUAL = 12 MONTHS ONLY

SUBMITTING DEPARTMENT NAME AND COMPLETE ADDRESS Twin Towers Correctional Facility-Correctional Health Services 450 Bauchet St LA CA 90012		TELEPHONE NUMBER (213) 893-5491
PROGRAM MANAGER'S NAME Wilson Uy RN,MSHS,CCHP (CND-II)		TELEPHONE NUMBER (213) 893-5388
PRODUCTIVITY MANAGER'S NAME AND SIGNATURE (PLEASE CALL (213) 893-0322 YOU DO NOT KNOW YOUR PRODUCTIVITY MANAGER'S NAME) Connie Salgado-Sanchez, MPH <i>C. Salgado-Sanchez</i>		TELEPHONE NUMBER (213) 288-8483 EMAIL COSanchez@dhs.lacounty.gov
DEPARTMENT HEAD'S NAME AND SIGNATURE Christina Ghaly, MD <i>signature on file</i>		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.

GAPP emphasizes the importance of safety and security awareness for staff, formulates effective countermeasures in order to decrease gassing occurrences, and includes continuing education and reinforcement of these measures to decrease future events. Safety is of paramount importance to any correctional facility – safety of staff and the safety of inmates; GAPP plays a crucial role in maintaining a safe environment by providing custody, medical and mental health staff with tools to help minimize and avoid these events.

GAPP was established with safety as the primary focus, taking into account all the individuals who are within the correctional facility – Custody personnel, housed inmates, correctional health workers and mental health workers. The project’s action plan for the identified safety issue was a multi-team approach in reducing gassing incidents in high observation housing areas (HOH). The goal set by the project was that by April 2020, inmate gassing occurrences in HOH areas will decrease from six incidents every six months to two incidents every six months. Most importantly, to minimize exposure of nursing staff to gassing incidents while maintaining safety of the inmates, custody personnel, and other members of the medical and mental health team.

The TTCF medical team decided to act by introducing GAPP in HOH nursing areas. It is a multi-disciplinary approach which consists of TTCF medical, TTCF mental health and TTCF custody personnel.

It was started in September 2019, with the introduction of several multi-disciplinary change initiatives:

1. Pilot new staffing model in the HOH intake modules
2. Designated personal protective equipment (PPE) locations in main clinics
3. Coordinated with the TTCF training unit to provide in-service sessions on Gassing Awareness and Prevention
4. Partnering with custody division training unit to continue providing education, via videos, briefing, and demonstration, to both custody and nursing staff
5. Coordination with the HOH custody liaisons.
6. Cognitive Campaign Flyer

When an inmate is identified as a potential gasser, steps are taken to minimize gassing incidents by implementing safety equipment, for example providing a clear barrier shield to be used by module deputies.

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Additionally, signs are posted in the area to alert staff working in close proximity, followed-up by mental health personnel to assess the inmate’s current mental health acuity, and an enhanced medication delivery system (pill call) that will have the inmate perform specific steps in order to provide safer medication administration. Once mental health determines an inmate requires a higher level of mental health care, the inmate is referred to the Inpatient psychiatric unit (FIP) to assist in his recovery and avoid decompensation. This cycle is done for every potential gasser who is identified or referred by any member of the team. In addition, information flyers are visible and available for staff to reinforce safety measures set in place and to remain cognizant for any potential gassers in their work areas. Like any other correctional facility, TTCF have their share of gassing incidents especially for those inmates who are in the intake areas that are just being transferred from an outlying facility. Intake mental health and medical team workers are the front line when new inmates are moved in the HOH areas. They conduct thorough medical and mental health assessments to identify high-risk inmates. Once a gassing attempt has taken place, the inmate is identified and GAPP procedures are put in place to prevent future gassing incidents.

The objective of GAPP is to decrease gassing occurrences and to increase staff awareness of potential and known gassers within the facility. In September 2019, the initial phase of the program began with inter-disciplinary collaboration meetings among custody, medical, and mental health personnel to discuss and formulate a training agenda, logistics, identify housing areas where trials are to take place, and designating training personnel to provide briefings and in-service. The program’s second phase included the introduction of a new staffing model in HOH intake areas, which consists of increasing the number of staff on day shift to have 1 Registered Nurse (RN), 1 Licensed Vocational nurse (LVN), and 1 Certified Nursing Attendant (CNA) assigned in each HOH intake module. This dramatically streamlines the delivery of care to inmates housed in the high observation intake areas. These individuals need close monitoring as most of them are at high-risk for decompensation, self-injurious behavior, and violent behavior all of which increase the likelihood of gassing incidents. Once a member of the mental health team completes an evaluation and considers the inmate eligible for declassification to a lower level of mental health care, this information is passed on to the medical team and custody personnel. The inmate is subsequently moved to Service Area housing, and then to General Population once he is deemed stable to be housed in those designated areas.

In addition to the new staffing model, medical and custody personnel worked and created a training video that highlights the issue of gassing – its effects on the victims, facility operations, added costs for the county, and both physiological and psychological consequences.

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On top of the new staffing model, the Correctional health team placed the PPE carts in the main clinic areas for staff to utilize prior to patient interaction in a module with potential for known gassers. PPE serves an important role in the prevention of direct contamination of thrown bodily fluids to staff as a defensive barrier to avoid such fluids to come into direct contact with the affected staff member. Furthermore, Cognitive Campaign flyers are also utilized as a reminder to staff and to help them be more conscious of their work areas and avoid gassings. These measures all work seamlessly and drive GAPP to minimize gassing incidents in TTCF.

The initial results of GAPP revealed a decrease in gassing incidents reported, is considered a success given the fact that project was at its infancy stage. Data also shows a reduction of 92% in gassing incidents. Out of this, 1 out of 2 are cases where staff avoided being gassed by the inmate due to increased vigilance, use of personal protective equipment (PPE), and quick action provided a benchmark to the positive results GAPP can produce. The decrease in gassing incidents also reduced the need for additional workers. A decrease in the number of incidents translates into less need for overtime workers, which helps with the day-to-day operational costs of the facility. The success of the program is also evident in the positive feedback provided by members of the correctional health, mental health, and custody team. Facility workers talk about increased awareness, knowledge of how to avoid gassers, and effectively use PPE. All of these factors have contributed to a better understanding and appreciation of GAPP's impact on facility operations. After evaluating the outcomes of GAPP in April 2020, the multi-disciplinary team decided that this project is sustainable and beneficial to the facility; a decision was made for GAPP to remain and be used as an important quality improvement (QI) tool for both new and existing employees.

Gassing Awareness and Prevention Program (GAPP) is a proven and effective instrument to any correctional health facility's operations. It affects not only the working members of the facility, it also has a positive financial impact. In addition, GAPP further underlines the significance of team dynamics in dealing with complex issues that provide opportunities for change and quality improvement.

It is worth mentioning that for 2021, the National Commission on Correctional Health Care (NCCHC) and the Association of California Leaders (ACNL) selected GAPP for a Poster Presentation to be included in their spring 2021 Conference.

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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.

We believe this project addresses Los Angeles County Strategic plan 1.2.2. to streamline access to integrated Health Services.

Our project also addressed County Strategic Plan 1.3.1 which refers to increasing the number of justice involved juveniles and adults linked to appropriate health, mental health and substance use disorder services. By improving access to care, the patients receive excellent primary care and are referred to appropriate specialty care in a timely manner. This project has allowed us to better manage the issue of gassing incidents, reduced the risks of complications associated with these events, which leads to better health outcomes in this vulnerable inmate-patient population.

We also believe this program addresses Strategy III 3.2 which aims to manage and maximize county assets. By reducing the transfer of staff to higher level of care in the emergency rooms, our goal is to better manage our County’s resources to provide high quality medical care to more patients in the correctional care facilities as efficiently and as effectively as possible and to reduce the cost of healthcare.

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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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<p>\$190,200</p> <p>*AVERAGE 12 CASES ANNUALLY – 1 CASE/MONTH*</p> <p>-CLINIC VISITS COST \$200 / VISIT SO IF 1 CASE/MONTH MULTIPLY BY 12 = \$2,400</p> <p>-DIAGNOSTIC PROCEDURES = \$1000 TO \$2000 MULTIPLIED BY 12</p> <p>TOTAL COSTS OF VISITS AND DIAGNOSTIC PROCEDURES/PERSON = \$14,400 - \$26,400</p> <p>MENTAL HEALTH EVALUATION = \$6,000 TO \$12,000 MULTIPLIED BY 12</p> <p>TOTAL = \$72,000 TO \$144,000 FOR MENTAL HEALTH EVALUATION</p> <p>HIRED OVERTIME: \$550 X 3 SHIFTS X 12 MONTHS = \$19,800</p> <p>TOTAL COST = \$105,400 - \$190,200</p>	<p>\$190,200</p> <p>*AVERAGE 12 CASES ANNUALLY – 1 CASE/MONTH*</p> <p>-CLINIC VISIT COSTS \$200 / VISIT SO IF 1 CASE/MONTH MULTIPLY BY 12 = \$2,400</p> <p>-DIAGNOSTIC PROCEDURES = \$1000 TO \$2000 MULTIPLIED BY 12</p> <p>TOTAL COSTS OF VISITS AND DIAGNOSTIC PROCEDURES/PERSON = \$14,400 - \$26,400</p> <p>MENTAL HEALTH EVALUATION = \$6,000 TO \$12,000 MULTIPLIED BY 12</p> <p>TOTAL = \$72,000 TO \$144,000 FOR MENTAL HEALTH EVALUATION</p> <p>HIRED OVERTIME: \$550 X 3 SHIFTS X 12 MONTHS = \$19,800</p> <p>TOTAL COST = \$105,400 - \$190,200</p>	<p>n/a</p>	<p>\$ 380,400</p>	

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