

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: LAC+USC TRANSITIONAL HEMODIALYSIS PROGRAM

DATE OF IMPLEMENTATION/ADOPTION: FEBRUARY 18TH, 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. Patients who newly start hemodialysis (HD) in the hospital must be able continue receiving ongoing HD treatments, every 2-3 days, once they leave the hospital. Unfortunately, for uninsured patients it can take several weeks to arrange treatment with outpatient HD centers. As a result, historically physicians across DHS have kept patients in the hospital while awaiting outpatient HD appointments. For years, countless patients across DHS have unnecessarily had to stay in the hospital with no acute care needs for days to weeks. To solve this problem for our patients and system, LAC+USC developed a pathway for patients to access inpatient HD treatment as outpatients, for a limited period, until they are scheduled permanently with an outpatient HD center. This pathway required special California Dept. of Public Health approval and flex licensing, which has since been extended based on the program’s success. CDPH informed us that this was the first such inpatient/outpatient HD flex program they have ever issued in California. From 2/18/2020 through 6/8/2021, the program has provided 158 hospital “outpatient” hemodialysis sessions for 66 unique patients at LACUSC. This translates into a saving of at least a year’s worth of patient bed-days and more patient-centered care.

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
\$ 1,837,045	\$	\$	\$ 1,837,045	X

ANNUAL = 12 MONTHS ONLY

SUBMITTING DEPARTMENT NAME AND COMPLETE ADDRESS LAC+USC Medical Center (Department of Health Services) Hospital Administration; Inpatient Tower, Room C2K113; Los Angeles Ca 90033		TELEPHONE NUMBER 323-409-6348
PROGRAM MANAGER’S NAME Josh Banerjee MD MPH MS, Jacklyn Nguyen RN, Young Song RN, Ann Boonjaluksa RN, Annie Marquez RN, Chase Coffey MD MS, Brad Spellberg MD EMAIL: JBANERJEE@DHS.LACOUNTY.GOV		TELEPHONE NUMBER 323-409-6348
PRODUCTIVITY MANAGER’S NAME AND SIGNATURE (PLEASE CALL (213) 893-0322 YOU DO NOT KNOW YOUR PRODUCTIVITY MANAGER’S NAME) Laura Sarff DNP RN MRA C:PHQ NEA-BC 	DATE 6-11-21	TELEPHONE NUMBER 323-409-2815 EMAIL lsarff@dhs.lacounty.gov
DEPARTMENT HEAD’S NAME AND SIGNATURE Christina R. Ghaly, M.D. – signature on file		TELEPHONE NUMBER

****ELECTRONIC, WET, OR SCANNED SIGNATURES ARE ACCEPTABLE****

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: LAC+USC TRANSITIONAL HEMODIALYSIS PROGRAM

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: For uninsured patients who are started on hemodialysis (a treatment that filters waste and water from blood, for patients with kidney disease) in the hospital, it can take days to schedule with outpatient HD centers for continued treatment, days beyond the time patients are well enough to leave the hospital. Since patients cannot leave the hospital safely until continued hemodialysis access for patient is confirmed, LAC+USC was forced to keep patients in the hospital simply for continued hemodialysis, until they confirmed placement with outpatient centers.

Solution: In response to this challenge, LAC+USC developed a novel transitional care solution. Instead of keeping patients in the hospital, the Transitional Hemodialysis Program enables physicians to safely discharge patients with scheduled return to the inpatient hospital hemodialysis unit as outpatients. The same multi-disciplinary hospital team cares for the patients at these return visits, and until they are finally placed with an outpatient hemodialysis center. Key aspects of the program are:

- Program was developed by multi-disciplinary team which includes: hospital, emergency department, and nephrology nurses and providers; social work; pharmacy; patient access center, and financial services; pharmacy; and regulatory affairs.
- Program required formal “Approval of Program Flexibility” for LAC+USC Medical Center by California Department of Public Health (CDPH).
- During application process, CDPH team noted this was the first program of its type they had ever approved.
- Program fully leverages electronic health record platform to track patients and ensure seamless communication and follow-up, so that no patients are lost in transition; program uses this same platform to track and report outcomes.
- Program workflow is summarized on Page 3.

Impact: In just over a year (2/18/2020 through 6/8/2021), the Transitional Hemodialysis Program has demonstrated success by the following metrics:

- Hospital hemodialysis unit provided 158 hemodialysis sessions for discharged patients who were awaiting connection to outpatient hemodialysis centers.
- Program served 66 unique patients.
- Program secured outpatient HD schedules for 100% of patients enrolled in the Transitional HD program
- Since each outpatient HD session represents around 2.5 hospital days saved, in total the program has saved patients and the hospital at least one year of patient bed-days.

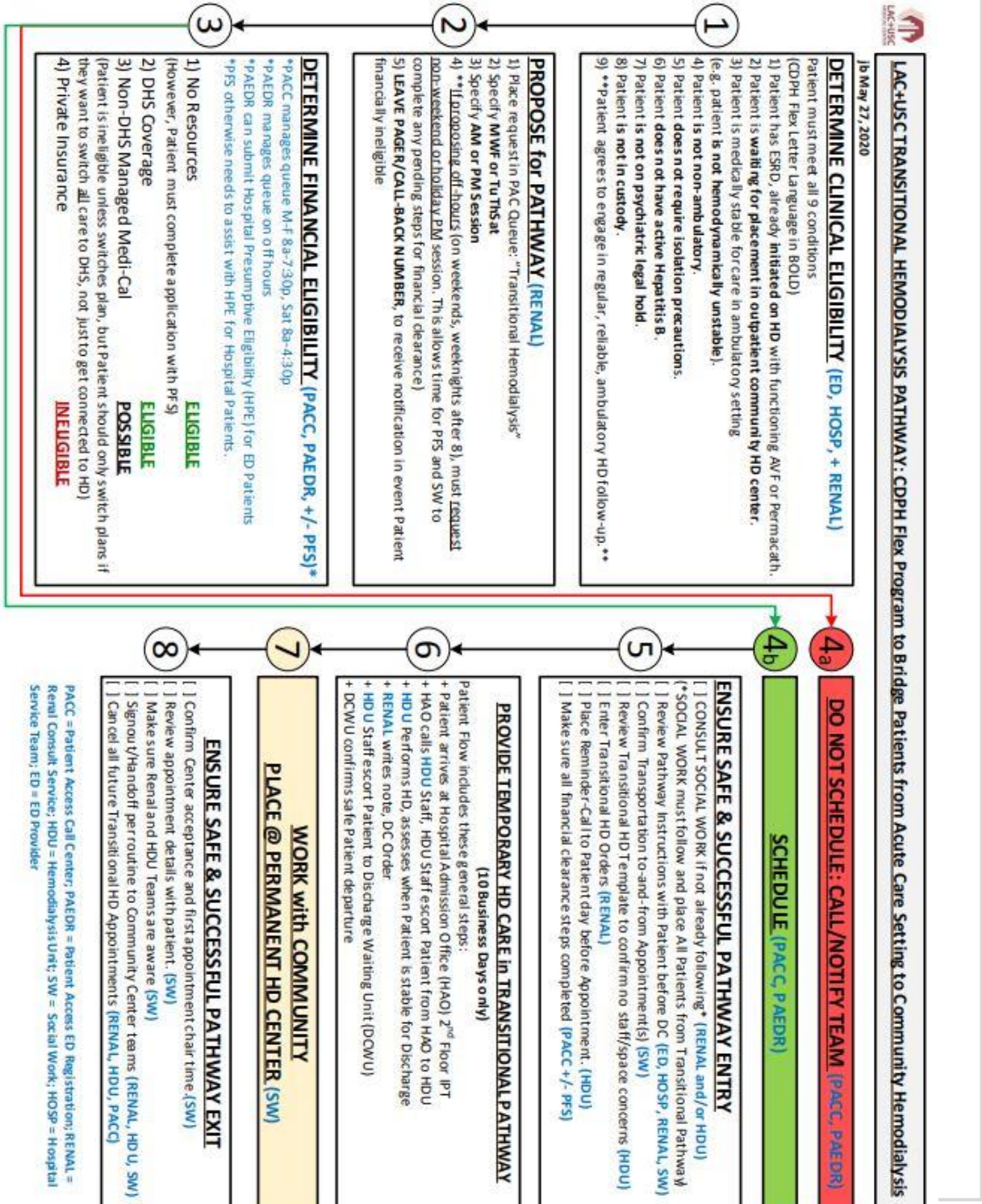
**Quality and Productivity Commission
34th Annual Productivity and Quality Awards Program
“Leading with Excellence”**

2021 APPLICATION

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

NAME OF PROJECT: LAC+USC TRANSITIONAL HEMODIALYSIS PROGRAM

Use Arial 12-point font.



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: LAC+USC TRANSITIONAL HEMODIALYSIS PROGRAM

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.

III.1.1 Develop Staff Through High Quality Multi-Disciplinary Approaches to Training. The multi-disciplinary team, identified on Page 2, has worked longitudinally to cross-train and educate each other on clinical, regulatory, and financial processes that contribute to safe transitions for patients on hemodialysis from inpatient to outpatient settings.

III.2.1. Enhance Information Technology Platforms to Securely Share and Exchange Data. Transitional Hemodialysis Program leverages electronic health record financial screening, scheduling, and clinical documentation features for safe communication, patient tracking, and outcome reporting.

III.2.3 Prioritize and Implement Technology Initiatives that Enhance Service Delivery and Increase Efficiency. Transitional Hemodialysis Program enables more expeditious care for uninsured patients awaiting permanent outpatient placement, allowing them to spend less time at the hospital, more time at home.

III.3.2 Manage and Maximize County Assets. Transitional Hemodialysis Program leverages existing hospital hemodialysis unit, to achieve gains in patient access to acute care services. (At least a year of patient bed-days were saved since program’s inception.)

III.4.1 Solicit Ongoing Customer Feedback. Program has been refined iteratively based on feedback of patients, clinical partners, and CDPH.

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: LAC+USC TRANSITIONAL HEMODIALYSIS PROGRAM

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.

(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
\$ \$1,837,045	\$	\$	\$ \$1,837,045	X

ANNUAL= 12 MONTHS ONLY

Per County of Los Angeles- Department of Health Services Cost schedule, which details fully allocated costs per facility, the total cost per Inpatient Day (IptDay) at LAC+USC is \$5,033.12.

Each Transitional Outpatient HD Session at LAC+USC represents roughly 2.5 IptDays saved.

In just over a year of service, Program conducted 158 Transitional Outpatient HD Sessions (HDsess).

158 HDsess x 2.5 IptDay / HDsess = 395 IptDays saved

Using conservative, round, under-estimate of 1yr, or 365 IptDays, we get the following calculation:

365 IptDays saved x \$5,033.12 / IptDay = **\$1,837,088.80**