

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: OVMC DEPT. OF MEDICINE REDUCING READMISSION RATE

DATE OF IMPLEMENTATION/ADOPTION: 06/15/2020

(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 The Department of Internal Medicine at the Olive View-UCLA Medical Center has
 2 started a Re-Admissions Task Force to study causes for any patient that is re-admitted
 3 on a weekday to an Internal Medicine service 30 days or less after being discharged
 4 from the hospital. The Task Force explores system-based, personnel-based, and
 5 patient-based factors that may have contributed to re-admissions. Each weekday, one
 6 Internal Medicine supervising physician is assigned to review all the re-admissions
 7 occurring in the prior 24 hours. This physician reviews the chart, consults with the
 8 patient / family and the inpatient physician team that is currently caring for the patient,
 9 and other interdisciplinary specialists that may have insight into the reason for re-
 10 admission. The reviewing physician then completes a standardized three-page data
 11 extraction form that reflects the information learned in the review. To date,
 12 approximately 380 re-admissions have been reviewed. On average, we have been able
 13 to decrease 23 readmissions per month in the last five months. This is due to our first
 14 intervention of reviewing charts and providing feedback to the physicians and teams
 15 who care for these patients in real time.

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
\$ 2,732,400	\$0.00	\$ 0.00	\$ 2,732,400	<input checked="" type="checkbox"/>

ANNUAL = 12 MONTHS ONLY

SUBMITTING DEPARTMENT NAME AND COMPLETE ADDRESS Department of Internal Medicine, Olive View-UCLA Medical Center 14445 Sylmar Road, Suite 2B-182; Sylmar, CA 91342		TELEPHONE NUMBER 747-210-3205
PROGRAM MANAGER'S NAME Soma Wali MD/Paul Salama MD swali@dhs.lacounty.gov psalama@dhs.lacounty.gov		TELEPHONE NUMBER 747-210-3205
PRODUCTIVITY MANAGER'S NAME AND SIGNATURE (PLEASE CALL (213) 893-0322 YOU DO NOT KNOW YOUR PRODUCTIVITY MANAGER'S NAME) Joselin Escobar SIGNATURE ON FILE	DATE 6/18/2021	TELEPHONE NUMBER 747-210-3001 EMAIL JOESCOBAR@DHS.LACOUNTY.GOV
DEPARTMENT HEAD'S NAME AND SIGNATURE CHRISTINA GHALY, MD SIGNATURE ON FILE	DATE	TELEPHONE NUMBER 213-288-8050

****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.

Because the Department of Internal Medicine is the largest clinical service at the Olive View-UCLA Medical Center, decreased re-admissions solves many problems for the County of Los Angeles. Firstly, the estimated cost avoidance documented above is instrumental in limiting the scope of budgetary shortfalls experienced at this medical center, and by extension, for the Department of Health Services (DHS) and the County of Los Angeles. This cost avoidance calculation only considers hospitalization costs that are saved by decreasing the number of hospitalizations. Other major benefits in addition to reducing cost of health care is improving quality of life as well as patient satisfaction. Getting admitted to a hospital is a major burden for patients and families. Our goal is to ensure timely care in the outpatient setting to prevent readmissions. In addition, the decrease in re-admission rate is beneficial for avoiding Hospital Readmissions Reductions Program (HRRP)-associated penalties assessed when re-admissions to our hospital are higher than the national average. Secondly, this metric plays an important role in the Medicare star rating that our hospital receives. This rating is used commonly as an indicator regarding overall hospital quality. Optimizing metrics such as this one can increase the Medicare star rating of the hospital, thus enhancing the reputation of the hospital, DHS, and the County of Los Angeles in the community.

Many benefits will accrue for the County of Los Angeles, which when realized, will further enhance the cost avoidance noted above. For each of the 380 re-admissions reviewed, at least 40 unique data points are collected, allowing for the Department of Internal Medicine to learn much about the patients being re-admitted, thus allowing for the Department to come up with targeted interventions to further limit the number of re-admissions. For example, it was noted that within the last year, primary care follow-up was not arranged for 25% of the patients that were re-admitted; furthermore, amongst those that were given primary care follow-up, that appointment was held on average 12 days after discharge. For this reason, the Department is currently working on an intervention whereby all patients discharged from the Department of Internal Medicine who are un-insured or DHS-insured patients, will receive a post-discharge follow up. Also, because some medical research literature indicates that post-discharge follow-ups that occur within 7 days of discharge can prevent re-admission, the Department is also working on an intervention whereby all follow-ups will occur within 7 days of discharge. The Department has also learned that 49% of re-admitted patients are high utilizers of acute care medical services (hospital stays, emergency department visits, and urgent care department

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visits). For this reason, the Department is contemplating the creation of a high utilizer clinic in which specific patients identified as “high utilizers” can be given a follow-up in this clinic within a few days of discharge. This clinic may be staffed with other allied healthcare providers, such as pharmacists, social workers, nutritionists, and even therapists (physical and occupational) seeing that these high utilizing patients often have needs leading to re-admission that require the expertise of these other clinical services. The Department of Medicine is also planning to collaborate with the Department of Emergency Medicine so that high utilizers who are not critically ill can be re-routed to the high utilizer clinic, rather than admitting these patients to the hospital. Many other tangible benefits can be realized from decreasing the re-admission rate: 1) decrease hospital census, allowing for all inpatient services to be delivered in a more timely fashion thus decreasing average length of hospital stays, and increasing hospital throughput which decreases backlogs in high impact areas like the emergency department. 2) improved patient satisfaction due to a general perception of our patient population that their health is better managed, thus reducing disruptions to their social, family, and employment interests that result from hospitalization.

In the 5-month period of December 2020 till April 2021, re-admissions within 30 days as a percentage of the total number of patients discharged has decreased by approximately 4%, which translates into approximately 23 less re-admissions per month. The monthly 30-day or less re-admission rate will continue to be calculated monthly as part of the Department’s ongoing quality improvement efforts, and six-month running averages of this rate will be calculated. This reduction is only due to our first intervention of reviewing the charts and providing feedback to the providers in real time. We are confident that once we implement the additional interventions as outline above (Post discharge follow up in less than 7 days, creation of a multi-disciplinary clinic for High utilizers in collaboration with the Emergency Department), we are expecting further decrease in our re-admission rate which leads to a significant decrease in the cost of care and will continue to improve patient satisfaction and quality of life.

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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 that this project has relevance to the following goals within the County of Los Angeles Strategic Plan:

I.2.2 Streamline Access to Integrated Health Services...

This project emphasizes and enhances cooperation within departments of the health agency in that it facilitates several of these departments in joining forces to study and remedy a problem that cannot be solved without a multidisciplinary approach. The solutions that will be needed to solve this problem will require very effective and seamless interfaces between several different departments within the health agency: social work, pharmacy, Internal Medicine, Nutrition, Physical and Occupational Therapy and Emergency Medicine. This program makes a foray into aligning those departments such that referral between them is effective and prompt.

III.1.1 Develop Staff Through High Quality Multi-Disciplinary Approaches to Training...

The essence of this intervention has been, up to this point in time, the assessment of each re-admission to determine what lessons can be learned to prevent future instances. These lessons are learned and shared in consultation with members of many different departments. These lessons bring about initiatives in which several departments collaborate to change behaviors and eventual outcomes.

III.3.1 Maximize Revenue...

The cost avoidance noted above and the many other tangible changes that are currently being implemented because of this project, will increase the County of Los Angeles revenue by over \$2.7 million annually based on the current data. Implementing future interventions, could lead to significantly higher cost savings.

III.3.2 Manage and Maximize County Assets...

There are six physicians involved in this project, who spend at most 5% of their time (valued at about \$60 thousand annually) preventing at least \$2.5 million in cost in five months which could lead to a total over \$6.4 million for the County of Los Angeles annually. Hence, a nominal investment in County personnel holdings are bringing a 41-fold return on investment.

III.3.3 Measure Impact and Effectiveness of our Collective Efforts...

The County of Los Angeles strives to achieve the collective good of all taxpayers and citizens of the County. DHS does so by providing effective and cost-conscious care to those citizens. The core function of this project is an assessment of our collective efforts to keep patients healthy and to use our resources effectively. When fallouts occur, this project gives us meaningful insight into why they occurred and how to prevent them going forward.

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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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\$ 2,732,400	\$	\$	\$ 2,732,400	x <input type="checkbox"/>

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Average decrease in the number of re-admissions per month = 23.
 Average length of stay per hospitalization = 4.5 days.

Hence, $23 \times 4.5 = 103.5$ hospitalization days avoided per month due to this project.

To annualize these numbers: $103.5 \times 12 = 1242$ hospital days avoided per year due to this project.

Estimate that the average cost of hospitalization to the medical center / DHS / County of Los Angeles using the lower medical rate is \$2200 per hospital day.

Hence, for annual cost avoidance: $1242 \times \$2200 = \$2,732,400$ per annum in cost avoidance as a result of this project.