

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: POST ANESTHESIA FAST TRACK FOR EFFICIENCY OF CARE

DATE OF IMPLEMENTATION/ADOPTION: 01/01/2020

(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.

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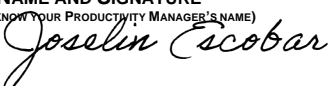
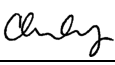
As part of our quality improvement process, the Department of Anesthesiology at Olive View UCLA Medical Center (OVMC), is always trying to provide the highest quality medical care while minimizing costs to the healthcare enterprise. Tertiary medical centers, like our own, often have not fully embraced Fast Tracking patients through Phase I of PACU recovery due to the complex nature of the procedures and higher complexity patients compared to ambulatory surgery centers. By identifying the proper case types and patient characteristics we are able to implement a Fast Track program, without compromising care, that encompassed approximately 15% of the cases done at OVMC. By doing so we achieved the aims of medical care - improving or optimizing medical care, while enhancing patient satisfaction and reducing costs.

(Fast Track: Patients go directly from the Operating Room to the Same Day Surgery Unit, thus bypassing the Recovery Room)

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
\$ 10,922	\$ 0	\$ 0	\$ 10,922	<input type="checkbox"/>

ANNUAL = 12 MONTHS ONLY

SUBMITTING DEPARTMENT NAME AND COMPLETE ADDRESS Olive View UCLA Medical Center – Department of Anesthesiology		TELEPHONE NUMBER 747-210-4350
PROGRAM MANAGER'S NAME Sachin Gupta, MD EMAIL sgupta2@dhs.lacounty.gov		TELEPHONE NUMBER 747-210-8034
PRODUCTIVITY MANAGER'S NAME AND SIGNATURE <small>(PLEASE CALL (213) 893-0322 YOU DO NOT KNOW YOUR PRODUCTIVITY MANAGER'S NAME)</small> Joselin Escobar 	DATE 6.18.21	TELEPHONE NUMBER 747-210-3001 EMAIL joescobar@dhs.lacounty.gov
DEPARTMENT HEAD'S NAME AND SIGNATURE Christina Ghaly, M.D. 	DATE 06/25/2021	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.

The Post Anesthesia Care Unit (PACU) is a high acuity, labor intensive unit that provides acute care for patients in the immediate period after they have emerged from the effects of anesthesia and surgery. As newer anesthetic agents have been released, their pharmacokinetic and pharmacodynamic properties have resulted in faster emergence times and less side effects. With these factors, alongside the expansion of regional anesthesia (peripheral nerve blocks and neuraxial anesthesia), many patients no longer require high intensity care in the PACU.

Many studies have shown that some subset of patients may be able to directly bypass phase I PACU care (high intensity, high level of vigilance, advanced monitoring and a 1:2 Registered Nurse (RN) to patient staffing ratio) and go directly to phase II (patients are awake, alert, very close to baseline, there is no advanced monitoring, no intravenous (IV) medications, 1:4 to 1:6 RN to patient staffing ratio) and then quickly be discharged home (Fast Track). Ambulatory surgery centers (ASC), in which all patients are discharged home on the same day, have been adopting the Fast Track philosophy for several years. Tertiary medical centers, such as our own, have traditionally not embraced the Fast Track philosophy since they are often performing long and complex surgeries in which the patient will require an inpatient stay and will likely require high acuity needs post anesthesia (i.e., IV pain medications, supplemental oxygen, airway interventions, potential ischemic events). These patients often have more complex comorbidities than their counterparts at ASCs. By safely identifying patients who can be Fast Tracked at our institution we aimed to improve patient care and efficiency, while simultaneously reducing the cost of care to our patients, payors, and constituents.

Although the program was implemented a few months prior to the COVID-19 pandemic, it proved invaluable once the pandemic hit Los Angeles County. At times, fifty percent (50%) of our regular PACU staff was redeployed to other areas of the hospital to help deal with the surge of COVID-19 patients. Utilizing the Fast Track Program, our throughput continued to be efficient. We maintained the ability to accept the appropriate patients to Phase I in the PACU. This was key to maintaining an efficient operating room throughput, ultimately improving our ability to provide timely care to our patients requiring emergent surgery.

After a thorough review of the available literature, we were able to identify two main areas where we felt Fast Track would be appropriate: 1) patients having minimally invasive endoscopy/colonoscopy 2) patients undergoing surgery for cataracts. By using fast acting medications with minimal side effects (e.g. minimizing nausea and

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vomiting) we could ensure almost all these patients would return to their baseline level within minutes of the termination of the sedation, without any adverse effects. Further, as these procedures usually result in low levels of post procedural pain, have almost no bleeding involved, and have minimal postoperative hemodynamic effects - these patients were unlikely to require any interventions in the post anesthesia period.

After identifying the types of cases appropriate for Fast Track, our department then started working on the criteria to use to ensure that patients were in a postoperative condition that was safe for direct bypass of phase I recovery. We reviewed the literature of various criteria available before ultimately settling of the SAFE-R criteria published by Apfelbaum et al. The SAFE-R criteria provided the best overall balance of patient safety with clear guidelines for mental status, cardiovascular status, respiratory status and need for any potential interventions.

The department's Quality Assessment Performance Improvement Committee members then presented the criteria and planned workflow to the department and it was adopted to start on January 1, 2020. We notified our colleagues in nursing and the departments of Gastroenterology and Ophthalmology, who had no objections, and then implemented the program.

Overall, the Fast Track program was a resounding success. An audit of the program demonstrated that 94.7% outpatients presenting for GI procedures were able to bypass phase I of PACU after implementation of the revised workflow. Similarly, 97.5% of patients in the audit period presenting for cataract surgery were able to bypass phase I of PACU recovery. For the year of 2020, this correlates to 1478/1561 outpatients bypassing phase 1 of recovery.

Using a cost analysis done by Dexter et al. we were able to identify a theoretical cost saving to the healthcare enterprise of \$7.39 per case. This translates to a cost saving to the healthcare system of \$10,922 for the year by simply implementing a change in workflow for selected patients and cases receiving anesthesia care.

There were no known complications that occurred in the patients who bypassed phase I of PACU recovery. Only a handful of patients required transfer to phase I of PACU recovery, all were for antiemetics or IV pain control.

Although not explicitly assessed, we believe this process is patient centric, with an enhanced perioperative experience. The Fast Track process offers the patient improved efficiency with an improved discharge time.

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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.

County Goal III

Strategy III.3 – Pursue operational effectiveness, fiscal responsibility, and accountability

As a Los Angeles County funded hospital, we have a fiduciary responsibility to our constituency to provide high quality and safe medical care while maintaining cost efficiency. As newer medications and anesthesia techniques have become available, health care institutions must pivot away from age-old, policy-ridden processes of care and embrace new workflows. This program has helped us achieve the elusive triple aim of medical care:

1. Optimize and improve the quality of care and outcomes – less duplication of work; allowing the staff in the PACU to focus on high acuity patients who need their vigilance and monitoring, without increasing complications.
2. Enhance patient satisfaction – faster discharge from hospital and earlier return to daily life.
3. Cost Savings: \$10,922 cost savings (annual)

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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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\$ 10,922	\$ 0	\$ 0	\$ 10,922	<input type="checkbox"/>

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During the audit period of one month, 94.7% of eligible patients were able to be Fast Tracked. For the year 1561 patients met the eligibility requirements. Assuming a continued rate of 94.7% for the year, 1478 would have been Fast Tracked.

Dexter and Hinker (article cited below) showed an average cost savings of \$7.39 per patient Fast Tracked.

$\$7.39 \text{ per patient} \times 1478 \text{ patients} = \$10,922$

Dexter F, Tinker JH. Analysis of strategies to decrease post anesthesia care unit costs. Anesthesiology. 1995 Jan;82(1):94-101.