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: PRE-ANESTHESIA CLINIC CONVERSION TO TELEHEALTH

DATE OF IMPLEMENTATION/ADOPTION: **APRIL 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: X Ongoing _____ One-time only

HAS YOUR DEPARTMENT PREVIOUSLY SUBMITTED THIS PROJECT? _____ Yes X 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.

The Department of Anesthesiology at Olive View UCLA Medical Center sought a way to continue to provide high quality perioperative care during the COVID-19 pandemic of 2020-2021. We needed to ensure our patients were still medically optimized to undergo the stress of surgery and anesthesia without exposing them to the potential risks of person to person transmission of COVID-19. We also sought to minimize the risk of transmission of COVID-19 from patients to our staff members. To do so we implemented a program to conduct telephonic interviews with our patients that maintained the high quality of personalized medical care without increasing the risk of complications to our patients. This also provided a patient-centric experience that allowed patients to experience the minimum disruption to their lives as they did not have to spend a significant portion of their day coming to the clinic to be seen.

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
$ 0	**$0**	**$ 0**	**$ 0**	X

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 (PLEASE CALL (213) 893-0322 YOU DO NOT KNOW YOUR PRODUCTIVITY MANAGER'S NAME) Joselin Escobar 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****

We Support Plain Language

Title of Project (Limited to 50 characters, including spaces, using Arial 12-point font):
NAME OF PROJECT: PRE-ANESTHESIA CLINIC CONVERSION TO TELEHEALTH

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.

On March 19, 2020 the Governor of California issued a stay at home order due the dangers of person to person transmission of COVID-19. In the weeks leading up to this stay at home order, we as a health care enterprise began to understand the entity that is COVID-19. Coinciding with the Governor's declaration, we had become acutely aware that continuing to have in person clinic visits would serve as a potential touch point for the transmission of COVID-19, either to our patient's, or our staff, and plans needed to be made to minimize this risk.

Within a week, our department devised a plan to convert as many Preoperative Anesthesia Clinic visits to telephonic visits. We realized that except for obtaining vital signs and performing a physical exam, all the other components of the Preoperative assessment were able to be conducted via a review of the patient's medical chart and a phone call. The purpose of the telephonic visit was to verify the electronic health record (ORCHID) information, obtain additional information and assess for medication management. Because obtaining vital signs and performing a physical exam are necessary components of anesthesia care on the day of surgery, all regulatory standards from CMS, CDPH and other regulatory bodies could still be met. In addition, as preoperative visits are valid for up to 30 days prior to surgery, but a negative COVID test is only considered valid for 72-96 hours, patients may not need to undergo 2 separate COVID tests prior to their procedure (This may have been necessary to ensure patient and staff safety if we maintained an in-person evaluation).

The new workflow gave each patient an assigned appointment date and time, but only required them to be available by telephone in the comfort and safety of their own home, or place of work at the designated time and date. The department would then conduct a chart review using ORCHID. This involved assessing the upcoming surgery, the patient's medical history, a review of their labs and pre-existing studies (i.e., electrocardiogram, chest x-ray, etc.), a review of their medications and any other relevant information. After gathering the appropriate information, we would then call the patient, ask any pertinent questions, provide medication management instructions, order any labs or studies needed, and then review all the information with the Attending Anesthesiologist who would complete the visit.

Between April 1, 2020 and January 1, 2021, the anesthesia preoperative clinic conducted 5261 total assessments, of which 5245 or 99.7% of those visits were done by phone.

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Overall, the program was a resounding success. 5245/5261 (99.7%) of patients were assessed by telephonic visits for the study period (April 1, 2020-January 1, 2021), compared with the control period (April 1, 2019-January 1, 2020) where 6518 /6518 (100%) of patients were seen by in person visits. The vast majority of the 16 remaining patients were seen in person as they were already being seen by our surgeons and had been deemed to need urgent surgery in the next 24-48 hours. These patient's required expedited visits and as they were already in clinic, the additional risk to the patient was minimal.

To assess the quality of the preoperative telephonic visits we compared our case cancellation rate, and case complication rates before and after the intervention. We had no increase in the case cancellation rate or in the cardiac, respiratory, or neurological complication rate as shown in the table below. There were no deaths for elective surgeries in any year, and that rate remained stable at 0%.

Year	Case Cancellation	Cardiac	Pulmonary	Neurological
Study period	**0.04%**	**0.08%**	**0.18%**	**0.06%**
2019	0.02%	0.19%	0.24%	0.08%
2018	0.15%	0.09%	0.26%	0.02%
2017	0.23%	0.25%	0.18%	0.07%
2016	0.07%	0.15%	0.19%	0%
2015	0.11%	0.28%	0.40%	0.03%
2015-2019 avg	**0.12%**	**0.19%**	**0.25%**	**0.04%**

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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.

Goal I
I.2 – Enhance our delivery of comprehensive interventions
Deliver comprehensive and seamless services to those seeking assistance from the County.

Goal II
II.2 Support the Wellness of our Communities
Identify, support, and promote practices for higher quality of life.

As a safety net hospital, we have an obligation to provide acute medical care to the medically underserved. These patients frequently present to the hospital several months to even years later, when compared with patients with access to private healthcare. By this time their disease process may have progressed to the point where they require time sensitive interventions. As a department and an institution, we felt that it was our obligation to continue to provide the very important care to some of the most vulnerable members of our community but had to do so in a way that would not expose them to the dangers of COVID-19. While many healthcare institutions across the country shut down all elective surgeries, and only proceeded with emergency surgeries, we found a way to continue to provide safe, effective, and cost-efficient care without increasing the risk of person to person transmission of COVID-19. Again, while many healthcare institutions across the country were at 25% or less capacity, the Olive View UCLA Medical Center was able to maintain its level of urgent/elective surgeries at 81% (5261 vs 6518) of the previous year's level. We were able to do this in a way that did not lead to an increase in case cancellations or major cardiac, respiratory, or neurological complications to our patients. This was also accomplished without any capital expenditures, hiring of additional staff or increased cost to our healthcare enterprise.

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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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$	**$**	**$**	**$**	X

ANNUAL= 12 MONTHS ONLY