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: PROVIDER LINE WAIT TIME REDUCTION TTCF

DATE OF IMPLEMENTATION/ADOPTION: **OCTOBER 2018**

(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.

Timely access to quality care specifically Provider medical evaluations has been an ongoing issue in correctional health facilities across the county. In 2018, the average wait time for an inmate-patient to be seen by a medical Provider at TTCF averages about 112 days. This very long waiting period often leads to negative inmate-patient outcomes such as an increase in inmate down calls, increase in number of transfers to acute care hospital via radio car, ambulance or 911-paramedics and increase in Health Service Requests. Patients did not receive timely care, routine evaluation and follow-ups due to a shortage of providers who will evaluate and treat, short clinic hours, no designated custody team personnel to assist in the movement of patients to their provider appointments and to provide safety & security. These lead to a high rate of refusals, high number of patients not being evaluated in a timely manner, low number of follow-up appointments met, and consequently an increase in acute care transfers. The project emphasizes the importance of timely provider evaluation of patients which led to a marked decrease in the number of acute care transfers and decrease in expenditures for the county.

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
$ 1,582,875	**$ 1,582,875**	**$ n/a**	**$** $3,165,750	☐

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 wauy@lasd.org	**EMAIL**	**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 C. Salgado-Sanchez	**DATE** 6/24/21	**TELEPHONE NUMBER** (213) 288-8483 **EMAIL** COSanchez@dhs.lacounty.gov
DEPARTMENT HEAD'S NAME AND SIGNATURE Christina Ghaly, MD	**DATE** 06/25/2021	**TELEPHONE NUMBER** 213-288-8050

We Support Plain Language

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

Title of Project (Limited to 50 characters, including spaces, using Arial 12-point font):
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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 main problem in attempting to tackle the above issues was the shortage of medical providers who are both qualified and efficient in order to evaluate our clients (inmate-patients) in a timely approach. In addition, a lack of collaboration between medical and custody specifically in the movement of these clients to their medical appointments (CSU Line). The combination of these 2 factors led to: longer waiting time period, delay of patient care, and an increase in number of acute care hospital transfers and Health Service Requests.
The project's action plan for the identified quality and safety issue was a multi-team approach in improving the CSU line procedures.

The Twin Towers Correctional Facility house the largest population of mentally ill male inmates in the country. The average inmate population housed at Towers are about 3,200. These type of inmate-patients require highly specialized care not only for their mental illness but also for any pre-existing medical condition that they may have when they are moved into High Observation Housing (HOH) that necessitates primary and follow-up care.

Baseline data from 2018 showed a median of 112 days from Central Scheduling Unit (CSU) scheduled date to getting seen by medical Provider. In 2018, it also showed a median of 234.25 CSU pending appointments and a total of only 1,465 inmate-patients were evaluated via the CSU line. The goal set by the quality improvement sustainability project was that by May 2019, to decrease the number of days it takes to be seen by the medical provider to 4 days and to decrease the total number of CSU pending appointments by 50%. More importantly, it is also paramount to note that the project aims to increase the total number of inmate-patients evaluated by 100% by the end of December 2019.

Beginning April 2020, due to COVID-19, the CHS Towers Providers were seeing limited number of patients as the facility began housing COVID patients including Persons Under Investigation (PUIs), Symptomatic and Asymptomatic Covid-19 Positives. As the number of PUIs and Covid-19 Positive patients increased, the number of inmates under quarantine also increased. Therefore, the inmate/patients on quarantine are being chart reviewed and if need be, on a case to case basis, are seen by the Provider. Hence, the statistics for 2020 are significantly impacted.

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Use Arial 12-point font.
The project was started in October 2018 with the implementation of several multi-disciplinary change initiatives such as:

1. Collateral duty assigned to a Registered Nurse to verify & confirm all refusals and hostile as reported by the Towers Custody Access to Care Bureau (ACB) - Mental Health Movement Team.
2. Reinforcement of Refusal of Care policy to staff and initiation of medical extraction procedure as needed.
3. Regular medical provider coverage and increase in provider coverage (1 Lead Physician Provider and 2 Nurse Practitioner staffing model) were implemented. Dr. Saro Khajehgian came on-board as the Lead physician provider along with his Primary Health Care Provider team - Nurse Practitioners Kathleen Jean and Heather Jo.
4. Regular collaborative meetings with the custody movement leadership team was also established in October 2018.
5. Initiation of Provider huddles Monday through Friday to discuss complex patient cases such as inmates-patients on food intake monitoring, refusals, hostiles and other significant concerns that may potentially impact negative patient care. All such cases are reviewed by the Providers, custody and nursing leadership to come up with effective and meaningful countermeasures.
6. The Providers began seeing "complex/hostile" cases which helped in decreasing acute care transfers.
7. A regular Certified Medical Assistant (CMA) was also brought in to the team to assist the medical providers for continuity of care.
8. The continuation of the multi-disciplinary SAT/HOH rounds.
9. The nursing staffing model in the HOH Intake areas were modified for a better continuity of care and to improve quality. We called this staffing change as "catalyst" nursing staffing model. The staffing model was changed from one to two licensed nursing personnel responsible in administering medications and assessing inmates-patients in the Supplementary Assessment Team (SAT)/HOH Intake area. This catapulted a more quality nursing care and identified timely inmates-patients desaturating.
10. The Primary Care Clinic hours were expanded to 10 hours 4 days a week and the number of Providers increased from 1 to 2 or 3 Providers. This improved the quality of patient are as well as continuity of care.

The project commenced in October of 2018. By end of 2019, there were a total of 3,911 inmate-patients seen and evaluated by the Tower I Providers which easily translates to a huge significant productivity improvement by 267 % from the 2018 1465 total inmates-patient evaluated.

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Additionally, in 2018, during the first quarter, the total number of pending CSU appointments were 326, 2nd quarter were 275, 3rd quarter were 266 and 4th quarter were 70 giving a combined total median CSU pending appointments of 234.25 appointments. In 2019, there was a significant improvement as demonstrated by the 1st quarter's 87 pending appointments, 70 for the 2nd quarter, 78 for the 3rd quarter and 107 for the 4th quarter with a combined average total of pending CSU line appointment to only 85.5 which was a decrease by 63.5 % or 270% increase in productivity. For the first quarter of 2018, the number of Health Service Requests (HSRs) received from inmate-patients housed within Tower I HOH areas decreased from 675 to 540 for the same quarter of 2019. This was a 20% reduction. The reduction continued for the second quarter of 2018 wherein 3,148 HSRs were received while only 1,421 HSRs received for the second quarter of 2019. This was a 54% reduction rate. The two data random sampling showed the Health Service Requests are directly affected by the timeliness of the medical Provider evaluations. The timely the inmate-patients get seen, the lesser chance they will request for an assessment by a Registered Nurse.

Before the project was implemented, the average wait time it took from the receipt of the patient's request until the client was seen by a medical provider was 111.75 days in 2018. After the implementation of the PDSA cycles and several multi-disciplinary change initiatives, the wait time dramatically showed improvement as evidenced by a decrease to 4.75 days which was a 96% improvement. In 2020, due to COVID the wait time averages about 14 days which is still a huge improvement from the baseline.

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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 chronic diseases in this patient population and reduce the risks of complications associated with their chronic diseases, which led to better health outcomes in this vulnerable inmate-patient population.

We also believe this program reflects Strategy III 3.2 which aims to manager and maximize county assets. By reducing the transfer of patients 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 health care by providing more timely primary care.

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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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ACUTE TRANSFER COST PER PATIENT			
	RADIO CAR	AMBULANCE	PARAMEDICS
CUSTODY STAFF SUPPORT AVERAGE COST (2 DEPUTIES) (ONE TO THREE SHIFTS)	$950 - $2,850	$950 - $2,850	$950 - $2,850
EMERGENCY DEPARTMENT COST	$600	$600	$600
COST OF TRANSFER	N/A	$245	$1,268 - $1,900
TOTAL COST PER PATIENT	$1,550- $3,450	$2,990-$3,695	$2,818-$5,350

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In 2018, the total number of HOH patients housed within Tower I who were transferred to a higher level of care were 525 while in 2019, the total number of HOH patients transferred to a higher level of care due to medical related problems were 350. This translates to a 33% reduction of acute transfers being 175 less acute transfers.

With the above numbers, assuming that 175 patients were sent via "ambulance" run, the County would have spent from $209,125 to $541,625. This was calculated as follows: Cost of custody staff ($950 low end and $2,850 high end) plus cost of transfer ($245) multiplied by 175 (total number of patients) = Low end to high end figures.

With the above numbers, assuming that 175 patients were sent via "paramedics," the County would have spent from $388,150 to $831,250. This was calculated as follows: Cost of custody staff PLUS cost of transfer multiplied by 175 (total number of patients) = Low end to high end figures.

The cost of an Emergency Room/Acute Care setting for a patient is about $600. If we were to send all of the 350 patients to the Emergency Department, the County would have spent about $210,000. This was calculated by multiplying the total number of patients ($350) with the cost of ER care for each patient ($600). Therefore, the total

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County savings would be $807,275 to $1,582,875. This was calculated by adding the low end and high end figures of both the paramedic and ambulance including the emergency room care cost.