Quality and Productivity Commission

34th Annual Productivity and Quality Awards Program

"Leading with Excellence"

2021 APPLICATION (PLEASE CONSIDER FOR COVID IMPACT AND ANY OTHER AWARD CATEGORIES)

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

NAME OF PROJECT: WORKFORCE MEMBER COVID-19 TRACKING

DATE OF IMPLEMENTATION/ADOPTION: APRIL 3, 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.

1 Los Angeles County Department of Health Services (DHS) has a large workforce of
2 approximately 23,000 employees and 18,000 non-County staff, including contractors,
3 trainees, students and volunteers. The County delegated authority to DHS to manage
4 its own Employee Health Services (EHS). Prior to the COVID-19 pandemic, there was
5 no system in place to track information related to exposures between workforce
6 members, patient-to-workforce member exposures, COVID-19 symptoms, testing and
7 results, use of personal protective equipment, or other critical healthcare events. To
8 address this need, DHS Information Technology designed and built an integrated
9 system within the existing DHS database to capture these and other important data
10 elements. This system is able to generate meaningful reports used DHS-wide to
11 populate dashboards for sharing information on exposures, workforce testing, and case
12 numbers. Without this homegrown system, tracking workforce member exposures,
13 testing, and removal from work would have relied upon paper forms and spreadsheets,
14 resulting in a haphazardly managed system with no accurate source of truth.
15 Development of this system made an enormous task possible.

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	☒

ANNUAL = 12 MONTHS ONLY

SUBMITTING DEPARTMENT NAME AND COMPLETE ADDRESS Health Services Administration/Harbor-UCLA Medical Center 1000 West Carson Street, Torrance, CA 90502	**TELEPHONE NUMBER** 424-306-4060
PROGRAM MANAGER'S NAME Erika Sweet EMAIL esweet@dhs.lacounty.gov	**TELEPHONE NUMBER** 424-306-4060
PRODUCTIVITY MANAGER'S NAME AND SIGNATURE (PLEASE CALL (213) 893-0322 YOU DO NOT KNOW YOUR PRODUCTIVITY MANAGER'S NAME) Keisha Belmaster Keisha Belmaster **DATE** 6/21/2021	**TELEPHONE NUMBER** 424-306-6349 **EMAIL** kbelmaster@dhs.lacounty.gov
DEPARTMENT HEAD'S NAME AND SIGNATURE Christina Ghaly, MD (signature on file) **DATE**	**TELEPHONE NUMBER**

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

We Support Plain Language

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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.

CHALLENGE:

Managing the health-related requirements of workforce members (WFMs) within the healthcare industry is an immense task that is frequently understaffed and under-resourced. Health screening and examinations for WFMs are mandated by a number of regulatory agencies including the California Department of Public Health (CDPH), The Joint Commission (for hospital accreditation), and Cal/OSHA. In addition, the Centers for Disease Prevention and Control (CDC) has numerous guidelines related to the healthcare industry. These include preventing transmission of tuberculosis in healthcare settings, recommendations for immunization of healthcare personnel, management of occupational exposures of hepatitis B, hepatitis C, and HIV, and post-exposure management to these pathogens. Then, in early 2020, the COVID-19 pandemic arrived and presented a whole new set of challenges.

For the Department of Health Services (DHS), Employee Health Services (EHS) is ultimately responsible for all health screening required mandates for approximately 41,000 WFMs at each of the four DHS hospitals (Harbor-UCLA Medical Center, LAC+USC Medical Center, Olive View Medical Center, Martin Luther King Ambulatory Care Center), as well as the Ambulatory Care Network clinics, Integrated Correctional Health Services, and Juvenile Court Health Services. In addition, EHS covers non-traditional health facilities such as Emergency Medical Services and Housing for Health. It was already a huge undertaking.

COVID-19 literally came out of nowhere. Suddenly, the mass media was reporting about a mysterious virus spreading like wildfire and making people sick. Really sick. Deadly sick. Coronavirus had arrived, and our world was flipped upside down. As early as February 5, 2020, the CDC issued guidance for risk assessment of exposures due to travel. On February 10, guidance for risk assessment of healthcare personnel with potential exposure to a patient in the healthcare setting was released. On February 12, guidance on reporting of persons under investigation for COVID-19 was issued, and then revised on February 27. Suddenly, the EHS workload increased exponentially, and the staff worked feverishly to meet the demand. Paper forms were quickly developed to track WFM travel, identify exposure risk levels (low, medium and high) and the associated required monitoring, which included both active daily monitoring and self-monitoring with delegated supervision (consistent with CDC guidelines).

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Use Arial 12-point font.
On March 3, 2020, the CDC updated the risk assessment of exposures in the healthcare setting, eliminated self-monitoring with delegated supervision, and simplified the definitions for the high, medium, and low-risk categories. In addition to the CDC guidelines, there were additional recommendations from CDPH and the local County Department of Public Health that were, at the time, were different from the CDC. EHS had to navigate between the varying guidelines in conjunction with the DHS Medical Director of COVID-19 Response and the system's Infection Prevention and Control Medical Directors. With the frequency of CDC updates, EHS was repeatedly revising the paper form used for monitoring. EHS staff were unable to keep up with this workload, and the tracking of all WFMs' exposure risk, travel risk, testing, and removal from work became utterly overwhelming. And yet, this tracking was critical...not only for the well-being of our workforce, but also for the safety of our patients. There needed to be a way to identify WFM's of possible COVID-19 exposure, to inform managers about the status of their direct reports, and to provide up-to-date information to the entities responsible for managing data related to the pandemic.

SOLUTION

EHS reached out to the DHS IT development team to assist with a solution for COVID-19 WFM monitoring. The first step was to examine to what was already in place. The existing EHS database interfaced with DHS Human Resources (HR) to ensure an accurate number of all active County WFMs (those with an employee number starting with "e") and with the Internal Services Department (ISD), the sponsor for all active non-County WFMs (those with an employee number starting with "c"), including contractors, students, trainees, and volunteers. The EHS database contained each WFM's facility location, specific work location within the facility, job title, and personal demographics. An additional interface, the Manager Profile Survey (MPS), provided information on each WFM's direct supervisor.

DHS IT was able to enhance the existing EHS database to meet the increased need by building the COVID-19 tracking module, which allowed for the capture of data in three main categories:

> ***Number of Exposures***: This enhancement captures the number of WFM COVID-19 exposures and categorized the type (patient, co-worker, or household/community), the number of WFMs removed from work due to exposure, the number of affected units, and if any exposed WFM ultimately tested positive. To date, a total of 16,851 WFMs presented to EHS for evaluation, with 273 removed from work due to exposure risk, 636 tested due to exposure, and 90 who ultimately tested positive following exposure.

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Staff Off Work: This component was used to identity exposed WFMs who were placed in the CDC-defined risk groups and the corresponding monitoring status categories. At that time, there had been 1150 "high risk", 22 "medium risk", two "low-risk", and one "no risk" exposures identified. There have been 334 WFMs on delegated monitoring status, 100 on active monitoring status, and 741 who self-monitored.

Staff Tested: This component captures WFM COVID-19 test results along with specific fields used for contract tracing. Data elements include: date of EHS notification, symptom onset date, severity of illness, test date, testing location, and last date worked. A comment section provides for the addition of specific work locations and time of shift so supervisors can provide staff notifications of potential WFM-to-WFM exposure. This module also captures data about the type of PPE worn during shifts, the use of respirators or face masks during work and during breaks, use of face shields or other eye protection, job duties that placed the WFM at greater risk (such as aerosol-generating procedures), and vaccine status. EHS established and currently operates four COVID-19 testing sites for WFMs. As of June 1, 2021, a total of 10,348 WFMs have been tested for COVID-19, with 3,251 positive results, 7,036 negative results, and 61 results deemed inconclusive.

BENEFITS

The COVID-19 Tracking module quickly became the source of truth for WFM COVID-19 related issues, replacing paper forms and facility-specific spreadsheets. The EHS staff entered all prior data that had been collected using paper forms into the new tracking module to create a more comprehensive overview. This streamlined the tracking process and standardized it across the DHS enterprise. This tool was now being used by multidisciplinary teams to organize and analyze data, allowing DHS to better comply with the myriad of regulations and guidelines as they were being updated. Specifically, the COVID-19 tracking module is used by:

- Medical Affairs and Administrative Support Analytics (MAAS) to create informational dashboards
- Leave Administrator to approve COVID-19 absence pay
- Employee Relations to comply with the Assembly Bill 685 requirement to provide notice to employees about COVID-19 in the workplace
- Environmental Health & Safety to comply with Cal/OSHA mandated notification of WFM hospitalizations and deaths
- Infection Prevention and Control to look for trends and identify reportable outbreaks
- EHS to monitor all COVID-19 exposed WFMs and ensure they met the criteria to return to work safely

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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.

The development of the COVID-19 Tracking System directly addresses two of the three goals of the County Strategic Plan:

Strategic Goal I: Make Investments That Transform Lives: *We will aggressively address society's most complicated social, health, and public safety challenges. We want to be a highly responsive organization capable of responding to complex societal problems – one person at a time.*

Few would argue that the COVID-19 pandemic is the single most complicated social, health and public safety challenge that Los Angeles County has faced in the last century. By working collaboratively with DHS IT to create this tracking system, we were able to not only meet but to exceed ***Strategy I.2 - Enhancing our Delivery of Comprehensive Interventions.*** WFMs, County departments, regulatory agencies and media outlets were able to receive critical health information in real time, allowing for the provision of accurate information to the various stakeholders, as well as management of DHS WFMs exposed to the virus in a strategic and compassionate manner.

Strategic Goal III: Realize Tomorrow's Government Today: *Our increasingly dynamic and complex environment challenges our collective abilities to respond to public needs and expectations. We want to be an innovative, flexible, effective and transparent partner focused on advancing the common good.*

The arrival of COVID-19 and the need to identify, document and analyze WFM exposures was a huge challenge, and the paper-based system that was in place was insufficient. By leveraging existing resources and enhancing them with the latest in information technology, DHS Employee Health Services was able to develop a system that was innovative, flexible (critical to keep up with the day-to-day updates), effective and transparent. Healthcare workers were being stretched to their limits in order to care for patients affected with COVID-19, and it was critically important to be able to assess their exposure, identify it quickly, and determine the required actions in order to keep our workforce members healthy and, in turn, provide the best and safest care to our patient population. Development of this tracking system met ***Strategy III.2, Embrace Digital Government for the Benefit of Our Internal Customers and Communities.*** It transformed for the better the way we collected and shared WFM information on COVID-19, ultimately resulting in saving lives and minimizing hardships in the communities we serve.

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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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$ 0	$ 0	$ 0	$ 0	☒

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