

**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: VACCINATING HEALTHCARE WORKERS AND SNFS

DATE OF IMPLEMENTATION/ADOPTION: DECEMBER 16TH 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 roll out of COVID-19 vaccination began during the most challenging time of the
2 pandemic, specifically during the peak of the surge in cases and deaths. The planning
3 and execution of a phased roll out of vaccination to this scale and with this speed has
4 been unparalleled and required novel approaches. Until sufficient supply of COVID-19
5 vaccine became available, vaccine eligibility was determined by phases of prioritization
6 developed at the federal and state level. Local planning was essential to further refine
7 the prioritization categories and assist in implementation based on the status and trends
8 in transmission in Los Angeles County (LAC). Through strategic planning with acute
9 care hospitals, other acute care settings, EMS partners, skilled nursing facilities (SNF)
10 and community stakeholders, the vaccination of healthcare workers (HCW) and
11 residents of SNFs was able to curb soaring trends in morbidity and mortality. New cases
12 among HCWs dropped from a weekly high of 1987 at year end to below 50 cases/week
13 by early April with deaths dropping from 24 to 5 cases a week by mid-February. In
14 SNFs, cases dropped from 1109 to under 20 cases/week from the end of 2020 to early
15 March and deaths dropped from 181 to less than 2/week by late March.

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 ENHANCEMEN T PROJECT
\$ 216.81 MILLION	\$	\$	\$ 216.81 MILLION	<input type="checkbox"/>

ANNUAL = 12 MONTHS ONLY

SUBMITTING DEPARTMENT NAME AND COMPLETE ADDRESS

Department of Public Health
313 N. Figueroa Street, 8th Floor
Los Angeles, CA 90012

TELEPHONE NUMBER
(213) 288-8117

PROGRAM MANAGER'S NAME
Seira Kurian, MD, MPH

TELEPHONE NUMBER
(213) 288-8582

PRODUCTIVITY MANAGER'S NAME AND SIGNATURE
(PLEASE CALL (213) 693-0322 YOU DO NOT KNOW YOUR PRODUCTIVITY MANAGER'S NAME)

Catherine Mak, MBA 

DATE
6/15/21

TELEPHONE NUMBER / EMAIL
213-288-7240
cmak@ph.lacounty.gov

DEPARTMENT HEAD'S NAME AND SIGNATURE


Barbara Ferrer, MPH, MEd, PHD

DATE
06/25/21

TELEPHONE NUMBER
(213) 288-8117

****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.

Challenges: Recognizing that COVID-19 vaccination would be critical in preventing illness and death due to COVID-19 disease but also in extremely limited supply during the initial phases of allocation it was imperative that strategies were in place to vaccinate the most vulnerable individuals in alignment with federal and state guidance for priority groups. Roll out of vaccines were therefore targeted to healthcare workers as well as those residents and staff of skilled nursing facilities as a first priority. Since healthcare staff can be extremely varied, further challenges arose as to which staff should be prioritized while supplies remained scarce. As a result of the prioritization a constant and sometimes overwhelming flow of requests and queries came in from the public regarding their own priority status. In addition to these challenges around prioritization the available vaccines required complicated storing and handling requirements including the use of ultra-low temperature freezers as well as minimum ordering restrictions. Vaccine allocation was also contingent on reporting requirements complicated by data systems that were newly developed and not robust enough to interface with hospital based electronic medical record systems and often posed extensive challenges. Within SNFs and other long-term care facilities, the federal government had planned a roll out of vaccine through a partnership with large chain pharmacies. Delays were anticipated in the initiation of this program until adequate supplies of vaccine were available leaving these extremely vulnerable populations at continued risk during the surge.

Solutions: In the initial week of the roll out, vaccine was delivered to 9 pre-positioned sites that were geographically dispersed across the county and well suited to manage the complex needs of managing and redistributing vaccine through a hub and spoke model to other acute care hospitals. This allowed for a more controlled release of the vaccine during the initial distribution. Daily meetings and office hours were held by the DPH vaccine team for the hospitals and facilities to plan the initial distribution of vaccine. Ongoing support was then provided as delivery of vaccine in subsequent shipments went directly to the 84 receiving acute care hospitals and other settings. This support included assistance with onboarding to the state vaccine administration system, quality assurance through site visits and assistance with data reporting. Facilities receiving vaccine were also required to provide a weekly accounting of vaccine utilization to ensure that vaccine doses were being quickly administered and not stored for future use nor wasted. Guidance was also provided to healthcare settings on prioritizing their diverse healthcare staff through instructions on within facility sub-prioritization outlining the highest risk units, as well as high risk and moderate risk employees. Extensive resources regarding the aspects noted above were provided to the healthcare community through a healthcare provider webpage that was developed and maintained by DPH staff.

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In order to deal with the flood of questions from the general public regarding their priority status a liaison team was set up to manage and respond to these questions in a timely manner. A public facing webpage *VaccinateLACounty.com* was also set up to provide information regarding vaccine distribution and the phases and tiers of the roll out process. The website offered information in multiple languages to accommodate and recognize the diverse population of our county. A vaccine workgroup with community stakeholders was also established to help provide guidance and input in the development of vaccine plans.

The vaccine clinic management system that was initially deployed by the state was built out from a flu management system which had been modified to manage COVID-19 vaccine administration. The many challenges posed by this system required the vaccine team to work closely with the state to find temporary fixes such as allowing facilities to provide direct data transfers to the state vaccine registry and bypass the management system. In the meantime, the DPH team identified and secured a vendor that would offer a more robust vaccine management solution. Ultimately the state, recognizing the benefits of the new DPH system decided to adopt it as a statewide solution.

In an effort to ensure rapid access to vaccines for residents and staff at skilled nursing facilities the decision was made to disenroll from the federal pharmacy program and begin direct allocations to skilled nursing facilities that had been approved to store and handle vaccine. For those sites that had not been approved to receive vaccine a DPH team was set up to help shepherd those submitting applications to ensure timely review and approval. Vaccines were provided in the interim by either DPH strike teams or through another vaccine partner. This allowed for vaccinations to begin more quickly at skilled nursing facilities compared to what was possible through the pharmacy partnership.

Benefits:

Vaccinations of healthcare workers resulted in a steep and significant decline in cases in this population. Vaccines rolled out to healthcare workers the week of December 17th, 2020 and we saw that cases peaked the week of December 27th with 1987 cases per week followed by a decrease to less than 400 cases per week by the end of January 2021 and about 50 cases per week by early April 2021. Similarly, mortality peaked in the first week of January with 24 deaths followed by a steep decline down to 5 cases during the 2nd week of February. Deaths have remained low to none since then. A similar picture is seen in SNFs after vaccine roll out with cases among residents peaking at 1109 cases per week at the end of December 2020 and dropping to less than 20 cases per week by early March 2021. Deaths among residents peaked at 181 in the first week of January and dropped to less than 2 deaths per week by late March 2021.

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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 1(1) Make Investments that Transform Lives



- Vaccination programs by nature are prevention strategies. Therefore, all activities related to the vaccination roll-out was done with the intention of preventing further morbidity and mortality due to COVID-19.

Goal 2 (2.4) Foster Vibrant and Resilient Communities

- Information provided on the VaccinateLACounty.com website offered a variety of resources regarding vaccination and provided a vast number of resources on how to stay safe and healthy.
- A provider webpage was also developed to offer resources to healthcare providers in supporting vaccination efforts

Goal 3 (2.1 and 2.2) Realize Tomorrow's Government Today

- Worked closely with the state to address issues with the vaccine clinic/data management tool
- Identified and engaged a vendor to develop a more robust vaccine clinic/data management system which ultimately became the system adopted and now managed by the state.

NEWS RELEASE   **Public Health**

Media Contact: media@ph.lacounty.gov · (213) 240-8144
For Immediate Release:
June 18, 2021

Skilled Nursing Facility Cases Remain Low; Public Health Urges Everyone to Celebrate Father's Day and Juneteenth Safely
9 New Deaths and 253 New Confirmed Cases of COVID-19 in Los Angeles County

The Los Angeles County Department of Public Health...
...

Cases at skilled nursing facilities dropped significantly since staff and residents have been vaccinated and continue to remain low. For the week ending June 5, nearly 40,000 COVID-19 tests were completed among skilled nursing facility staff and residents and 21 people tested positive for COVID-19; 8 new cases among residents and 13 new cases among staff; the majority of these cases are among unvaccinated individuals. For comparison, the last week of December 2020, a total of 2,532 people tested positive for COVID-19; 1,423 cases among residents and 1,109 cases among staff. Currently, 83% of skilled nursing facility staff and 82% of skilled nursing facility residents are fully vaccinated. High rates of vaccination are correlated with low case rates among staff and residents at skilled nursing facilities.

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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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Between mid-December and mid-January when vaccinations were only limited to healthcare workers and residents and staff at SNFs, hospitalizations dropped from a peak of 8074 to 7263 for a total of 811 fewer hospitalizations that month¹. Based on healthcare coverage in LAC² and average COVID-19 hospitalization costs for these various payors³ there would have been a savings of almost 21.9 million in hospital costs in just that one month. Assuming that case rates remained high with a 10% drop in cases by the second quarter, and 25% and 35% drops respectively by the third and fourth quarter due to reduced transmission and natural immunity within the community we could expect an annualized cost avoidance of 216.93 million.

Insurance type	% of Pop. With Insurance type	# of cases avoided by payor type (Mid Dec-Mid Jan)	COVID-19 Hospital costs per payor	Total \$ saved 1 month (Millions)	Total \$ saved in first quart.	Total \$ saved in 2nd quart. (10% less cases)	Total \$ saved in 3rd quart. (25% less cases)	Total \$ saved in 4th Quart. (35% less cases)
Medicare	15	122	10,000	1.22				
Medicaid	33	268	7,000	1.88				
Commercial	42	340	38,000	12.9				
Uninsured	10	81	73,000	5.9				
Total	100	811		21.9	65.7	59.13	49.28	42.70

County hospitals would have seen similar drops in hospitalizations with cost savings.

¹ http://dashboard.publichealth.lacounty.gov/covid19_surveillance_dashboard/

² <https://www.chcf.org/wp-content/uploads/2021/01/RegionalMarketAlmanac2020LosAngeles.pdf>

³ <https://www.healthcarefinancenews.com/news/hospitalized-care-covid-19-averages-34662-45683-varying-age>

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FOR COLLABORATING DEPARTMENTS ONLY

(For single department submissions, do not include this page)

DEPARTMENT NO. 2 NAME AND COMPLETE ADDRESS	
DEPARTMENT OF HEALTH SERVICES 313 N. FIGUEROA STREET, 9 TH FLOOR, LOS ANGELES, CA 90012	
PRODUCTIVITY MANAGER'S NAME AND SIGNATURE CONNIE SALGADO-SANCHEZ <i>C. Salgado-Sanchez</i>	DEPARTMENT HEAD'S NAME AND SIGNATURE CHRISTINA GHALY, MD <i>Christina Ghaly</i>
EMAIL: <u>COSANCHEZ@DHS.LACOUNTY.GOV</u>	EMAIL: <u>CGHALY@DHS.LACOUNTY.GOV</u>
DEPARTMENT NO. 3 NAME AND COMPLETE ADDRESS	
PRODUCTIVITY MANAGER'S NAME AND SIGNATURE	DEPARTMENT HEAD'S NAME AND SIGNATURE
EMAIL: _____	EMAIL: _____
DEPARTMENT NO. 4 NAME AND COMPLETE ADDRESS	
PRODUCTIVITY MANAGER'S NAME AND SIGNATURE	DEPARTMENT HEAD'S NAME AND SIGNATURE
EMAIL: _____	EMAIL: _____
DEPARTMENT NO. 5 NAME AND COMPLETE ADDRESS	
PRODUCTIVITY MANAGER'S NAME AND SIGNATURE	DEPARTMENT HEAD'S NAME AND SIGNATURE
EMAIL: _____	EMAIL: _____
DEPARTMENT NO. 6 NAME AND COMPLETE ADDRESS	
PRODUCTIVITY MANAGER'S NAME AND SIGNATURE	DEPARTMENT HEAD'S NAME AND SIGNATURE
EMAIL: _____	EMAIL: _____
DEPARTMENT NO. 7 NAME AND COMPLETE ADDRESS	
PRODUCTIVITY MANAGER'S NAME AND SIGNATURE	DEPARTMENT HEAD'S NAME AND SIGNATURE
EMAIL: _____	EMAIL: _____