

**Quality and Productivity Commission**  
**34<sup>th</sup> 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:** The HipPO (LACoFD Health Programs Office)

**DATE OF IMPLEMENTATION/ADOPTION:** MARCH 18, 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 Simply stated, the Health Programs Office (HPO) was built from near scratch and  
 2 shepherded the Los Angeles County Fire Department (Fire Department) through the  
 3 pandemic. On March 18, 2020, as Los Angeles County (County) was being placed on  
 4 lockdown, the Fire Department shifted our medical assets to build out a section capable  
 5 of monitoring the health of our 4,700 employees longitudinally. The HPO developed the  
 6 Fire Department’s strategies for COVID case identification, testing, exposures, contact  
 7 tracing, and ultimately, vaccination. As the occupational health infrastructure broke  
 8 down, the HPO stepped in and guided the healthcare of sick employees and family  
 9 members. In the year since the HPO was developed, they handled more than 20,000  
 10 COVID exposures, more than 10,000 COVID tests, provided care for 1,038 COVID  
 11 positive personnel, and vaccinated more than 4,000 personnel. While every County  
 12 department developed a COVID response, the work of the HPO allowed our Fire  
 13 Department to maintain our workforce without ever closing a fire station or failing to  
 14 respond to a 9-1-1 call for service. *(Note: Fire is submitting this project for*  
 15 *consideration of all awards, including the COVID-19 Impact Award)*

BENEFITS TO THE COUNTY

| (1)<br>ACTUAL/ESTIMATED<br>ANNUAL COST<br>AVOIDANCE | (2)<br>ACTUAL/ESTIMATED<br>ANNUAL COST SAVINGS | (3)<br>ACTUAL/ESTIMATED<br>ANNUAL REVENUE | (1) + (2) + (3) =<br>TOTAL ANNUAL<br>ACTUAL/ESTIMATED<br>BENEFIT | SERVICE<br>ENHANCEMENT<br>PROJECT   |
|---|--|---|--|-------------------------------------|
| \$  | \$   | \$  | \$   | <input checked="" type="checkbox"/> |

ANNUAL = 12 MONTHS ONLY

|  |  |  |
|--|--|--|
| <b>SUBMITTING DEPARTMENT NAME AND COMPLETE ADDRESS</b><br>Los Angeles County Fire Department<br>1320 North Eastern Avenue, Los Angeles, CA 90063   |  | <b>TELEPHONE NUMBER</b><br>(323) 881-6180  |
| <b>PROGRAM MANAGER’S NAME</b><br>Dr. Clayton Kazan   |  | <b>TELEPHONE NUMBER</b><br>(323) 267-7153  |
| <b>PRODUCTIVITY MANAGER’S NAME AND SIGNATURE</b><br>(PLEASE CALL (213) 893-0322 YOU DO NOT KNOW YOUR PRODUCTIVITY MANAGER’S NAME)<br>Heidi Oliva “Signature on File”<br>Executive Support Division Chief |  | <b>DATE</b><br>06/21/21<br><b>TELEPHONE NUMBER</b><br>(323) 881-6109<br><b>EMAIL</b> |
| <b>DEPARTMENT HEAD’S NAME AND SIGNATURE</b><br>Fire Chief Daryl L. Osby<br>“Signature on File”   |  | <b>DATE</b><br>06/21/21<br><b>TELEPHONE NUMBER</b><br>(323) 881-6180                 |

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

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**1<sup>st</sup> 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: In January 2020, the United States became increasingly aware of an emerging epidemic in Wuhan, China. In mid-March, it became apparent that the epidemic had transitioned to a pandemic and the United States would be deeply affected. The Fire Department began considering the impact of COVID-19 on the workforce and on the ability to complete the mission of protecting lives and property. Like all fire departments, in general, personnel health issues fall under the responsibility of an occupational health program. Internally, the Fire Department's HPO existed to ensure that our personnel were up-to-date in preventative vaccinations, maintained Department policy of infectious disease exposure for the California Division of Occupational Safety and Health (CAL-OSHA), and followed up on employee exposures (i.e., needlestick injuries, etc.). The HPO had, historically, been staffed with a single nurse. In the setting of an emerging pandemic, the Fire Department realized that we lacked a software platform capable of monitoring the health and exposures of personnel during such a large-scale event. On March 18, 2020, the Fire Department lacked an adequate software platform, sufficient personnel in the HPO, sufficient personal protective equipment (PPE) for our providers, any infrastructure for COVID-19 testing, a true definition of a COVID exposure, and Operation Warp Speed had not even been launched. When our first personnel became sick with COVID-19 in March, we also quickly learned that the occupational health system became immediately overwhelmed and lacked a process for returning recovered personnel back to work.

Solution: The Fire Department recognized very quickly that the HPO would need an immediate build-out in order to be able to maintain mission readiness. First, a software vendor was secured that could adapt their platform to the emerging need. The vision was to create a system that would allow a small staff to be able to identify exposed personnel, disseminate a daily electronic questionnaire to their mobile device, and, if they marked any symptom field as positive, to flag it for an HPO clinician to make contact. All of this would need to populate a spreadsheet and be recorded. In addition, exposed individuals would need to be scheduled for COVID testing, and those results would also need to populate their medical record in the system. Personnel that tested positive would be called daily by the new HPO team to evaluate their symptoms and provide guidance and reassurance or appropriate referral to primary or emergency care, as needed. As the Department of Public Health (DPH) determined when COVID-19 patients would be permitted to return to work, the HPO used their software platform to map out return dates and worked to develop evidence-based strategies to assure that personnel were ready to resume strenuous work. Lastly, once a vaccine was developed, the team used the database

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vaccine status through both Moderna vaccines. The entire medical record built on each employee was capable of being exported into any hospital electronic medical record (EMR), though this functionality was not used during the pandemic response. The HPO system was the subject of an on-line article (<https://www.ems1.com/coronavirus-covid-19/articles/longitudinally-tracking-fireems-staff-exposure-to-covid-19-KRpSkZ9wFyz1ASVz/>) and truly set a new industry standard in fire-based EMS departments.

Workflow: When a COVID-19 case was identified, the HPO team would perform a contact tracing for all individuals that had worked with the index patient in the 48 hours prior to symptom onset or prior to positive test (if asymptomatic) using the Fire Department’s timesheet database. All individuals within that 48-hour ring were notified, placed on active monitoring, sent a Cognito database link, and scheduled for COVID testing three to five days post-exposure. The Cognito database link would be auto-sent to their email address daily with a symptom checklist. Once they submitted their checklist, it would automatically populate their profile in Mediview Trips, based upon their employee number. If they answered affirmatively to any of the questions, then their profile would flag for a call from a HPO nurse to check on them. Likewise, it would trigger if they failed to respond to the questionnaire. All COVID test results were also linked to auto-fill into their profile. Each time a new positive was identified, a new 48-hour contact ring was built, and they would receive daily phone calls from the HPO staff to check in on them. Many unnecessary ER visits were prevented by the HPO staff, and many of our sicker personnel were convinced to go to the hospital because of the check-in phone calls. All of the information was populated in their patient profile so different staff members could see the daily check-in results. At the 10 to 14-day mark, personnel would either be transitioned back to work or into the longer-term occupational health pathways. By handling the overwhelming majority of COVID cases, the HPO was able to maintain some capacity in the occupational health system for those that really needed it. During the peak of the winter COVID-19 surge, the HPO was caring for more than 350 Fire Department personnel with active COVID-19, and the tally, to date, is 1,035 COVID positive personnel. Lastly, when the Fire Department received its first delivery of Moderna vaccines on December 23, 2020, the HPO shifted its mission to include mass vaccination, in addition to their other duties. On December 24, 2020, more than 1,300 vaccinations of Fire Department personnel were performed. Because of the effects of the vaccinations, the Fire Department realized a precipitous drop in new COVID-19 infections by January 3, 2021, while the rest of the County continued to surge. In all, the HPO fully vaccinated more than 4,000 personnel in our Fire Department as well as partner law enforcement agencies.

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**Project Benefits**

Customers: The consumers were the Fire Department personnel and their families. HPO staff would often answer questions about sick family members and provide counsel to family members of sick personnel, 24 hours/day, 7 days/week. By efficiently and compassionately managing COVID within our Fire Department, despite an enormous surge in call volume and acuity, the Fire Department never had to close a station and never failed to respond to a 9-1-1 call for service.

Gap Services: The HPO filled in for an occupational health system that was severely strained by the pandemic. Never before in the history of the Fire Department had so many personnel been out sick simultaneously. At the same time, clinics were closing, transitioning to virtual, and many medical services were scaled back because they could not remain open during the pandemic. The need, Countywide, was so great during the COVID surges that there was no system equipped to provide the needed occupational health services, and there was no group more capable of providing compassionate services than our Fire Department's own medical personnel. To the best of our knowledge, the HPO was the largest unit of its kind serving any Fire Department in the country. Without the HPO, it would have been impossible to for DPH to keep up with our contact tracing, it would have been impossible for occupational health to efficiently return our personnel back to work, and the end result would have been more sick personnel, longer times off work, worse outcomes, and an inability to maintain a sufficient workforce to maintain the mission of serving the residents of Los Angeles County.

Current Structure of HPO: The Fire Department is extremely grateful that we were prioritized by DPH to receive an early shipment of COVID vaccine. Our Fire Department represents a society within society, and the impact of mass vaccination was felt within ten days from our first doses. Once the mass vaccination days had been completed, the HPO successfully brought the raging pandemic back under control within our Fire Department. To date, approximately 72 percent of our Fire Department is fully vaccinated, and no vaccinated personnel have tested positive for COVID.

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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.

While the HPO expansion did not impact the County’s Strategic Goals, it did embrace the County’s core values of Compassion and Customer Orientation. COVID-19 had a terrifying effect on our personnel and their families. Our firefighters witnessed, firsthand, the devastating effects of COVID on the communities we serve. In December and January, our cardiac arrest cases rose by 80 percent above any other month in the history of the Department. Confronted by severe disease and death on every shift, it was understandably frightening for our personnel and their families when the illness hit them. The HPO, as fellow members of the Fire Department, provided a compassionate voice with guidance through this scary time. When reassurance was prudent, we would help them avoid unnecessary visits to the hospital. When personnel needed to be evaluated at the hospital, the HPO personnel would be the trusted voice on the other end of the phone for them and their concerned family members. We were extremely blessed to not have a single COVID fatality in our Fire Department, but our extended “fire family” had many deaths. This was the time that our workforce was in desperate need of support, and the HPO was always there and stepped up to meet the tremendous challenge.

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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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|---|--|---|--|-------------------------------------|
| \$  | \$   | \$  | \$   | <input checked="" type="checkbox"/> |

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The HPO expansion was temporary and did not save the County money directly. We believe that the efficiency realized in returning individuals back to work quickly reduced the Fire Department’s overtime needs, but this is very difficult to quantify. The testing supplies and software programs came at some cost, but those costs are expected to be covered by the American Rescue Plan. Since the HPO has been scaled back down, there is no ongoing cost to the expansion. The lessons learned are being applied to permanently improve the technology within the HPO, and the model could be quickly scaled back up should the need arise.