

Quality and Productivity Commission
33rd Annual Productivity and Quality Awards Program
“Empowering Innovative Solutions”

2019 APPLICATION

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

NAME OF PROJECT: CIT: EMPOWERING DHS STAFF TO IMPROVE PATIENT CARE

DATE OF IMPLEMENTATION/ADOPTION: 2013

(Must have been fully implemented for a minimum of at least one year - on or before July 1, 2018)

PROJECT STATUS: Ongoing One-time only

HAS YOUR DEPARTMENT PREVIOUSLY SUBMITTED THIS PROJECT? Yes No Not for MLK Outpatient Center

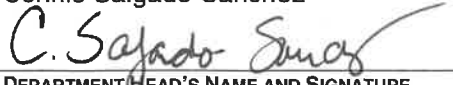
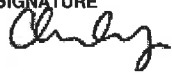
EXECUTIVE SUMMARY: Describe the project in 15 lines or less using Arial 12 point font. State clearly and concisely what difference the project has made.

1 The Continuous Improvement Team (CIT) model unites frontline managers, clinicians,
 2 nurses, and workforce members to identify challenges encountered in their daily work,
 3 to develop tests of change and to create more effective and streamlined processes.
 4 With support from the Department of Health Services leadership and our Labor partners
 5 (AFSCME, Committee of Interns and Residents [CIR], SEIU 721, Teamsters, and Union
 6 of American Physicians and Dentists), the Martin Luther King, Jr. Outpatient Center
 7 (MLK OPC) embraced CIT teams to improve its health quality outcomes, teach staff
 8 how to use data to analyze problems and set goals and better engage employees. No
 9 expensive outside consultants were used. MLK OPC's CIT teams support DHS'
 10 priorities around patient experience, patient safety, and clinical and operational quality.
 11 The results have been remarkable. MLK OPC now has 27 total CIT teams working
 12 across most of its clinical departments. Since its inception, 180 CIT projects have been
 13 completed. Nearly 7 out of every 10 projects result in measurable patient quality
 14 improvements, making MLK OPC a DHS leader in clinical quality, patient experience,
 15 and employee morale.

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

ANNUAL = 12 MONTHS ONLY

SUBMITTING DEPARTMENT NAME AND COMPLETE ADDRESS DHS MLK Outpatient Center 1670 E. 120 th St. Los Angeles, CA 90059		TELEPHONE NUMBER (424) 338-1001
PROGRAM MANAGER'S NAME Yolanda Vera		TELEPHONE NUMBER (424) 338-1001 EMAIL YVERA@DHS.LACOUNTY.GOV
PRODUCTIVITY MANAGER'S NAME AND SIGNATURE (PLEASE CALL (213) 893-0322 IF YOU DO NOT KNOW YOUR PRODUCTIVITY MANAGER'S NAME) Connie Salgado-Sanchez 		6/07/19 TELEPHONE NUMBER (213) 288-8483 EMAIL COSANCHEZ@DHS.LACOUNTY.GOV
DEPARTMENT HEAD'S NAME AND SIGNATURE Christina R. Ghaly, M.D. 		DATE 6/28/2019 TELEPHONE NUMBER (213) 288-8050

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Challenge: MLK OPC needed to find an approach to improve the quality and productivity of its services, meet numerous performance metrics worth hundreds of millions of dollars in revenue, and raise employee morale, all without spending money for outside consultants.

Public and private health care funders increasingly adopt new payment systems (called “pay for performance”) that reward the County only if it meets performance metrics showing improved quality and efficiency of care. Hundreds of millions of dollars are on the line. Motivating county staff at all levels to meet these metrics can be a challenge. At MLK OPC, staff morale was particularly low after the closure of the King-Drew Medical Center and the resulting negative media coverage.

Solutions: With support from our Department of Health Services executive leadership and our labor partners, the MLK OPC adopted the Continuous Improvement Team (CIT) approach. CIT is a proven Labor-Management Partnership Model, initially developed by Kaiser Permanente. CIT brings frontline workers, managers, nurses and clinicians together as a team to make decisions on how to improve health care delivery. Team members learn to work together to analyze, use performance improvement tools, plan and design work processes in their unit, set goals and establish metrics, review and evaluate team performance, identify and resolve problems, and make system improvement recommendations to managers and administrators.

Benefits: At MLK OPC, CIT teams have enabled MLK OPC to achieve many critical quality-of-care milestones. For example, CIT teams in:

- Urgent Care increased the number of flu vaccines given by 757%, from 54 last season to 409 vaccines given through February 2019.
- Dermatology increased compliance with protocols for the treatment of skin cancer patients from 86% to 96%.
- Primary Care Medical Home (PCMH) decreased the number of patients with uncontrolled blood pressure by 29% and increased the number of patients who controlled their blood pressure by 19% (2016).
- Another CIT PCMH team increased the percentage of patients with completed colorectal cancer screening tests from 35% to 72% (2017).
- Another PCMH team improved breast cancer screen mammogram completion rates by 31% (2016).
- Another PCMH team also increased My Wellness Patient Portal enrollment by 44%. Fifty out of 78 patients had conversations with staff and of those 50 conversations, 34 patients were enrolled-- a 68% enrollment improvement.
- Gastroenterology helped prevent colorectal cancer by creating a new process that identified all new patients without a colorectal cancer screening test (FIT) or

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colonoscopy exam and ordered the tests 100% of the time. As a result, 66 new patients were screened for FIT & colonoscopy.

- Eye Clinic improved diabetic patients’ knowledge of their Hgb1Ac levels from 31% to 75% and improved the percentage of patients with up-to-date labs from 70% to 88%.
- Ear/Nose/Throat increased patient response to patient satisfaction surveys (called “Happy or Not”) from 27% in January 2019, to 66% by March 31, 2019.
- Gastroenterology decreased patients’ no-show rate from 34% in January 2019 to an average of 18.5% by March 31, 2019.
- Endocrinology (diabetes) increased the number of patients with diabetes who brought their medications to their clinic visit by 7%.
- Rehabilitation Services increased vital signs measurements and assessments of new patients by 22.55%.
- Women’s Health Clinic increased the number of flu vaccinations given in the clinic by 369%.
- Ambulatory Surgery Center improved the number of patients who received gait training prior to lower extremity surgery from 18% to 75%. Discharging patients with proper gait training decreases fall risks.

The improvements around colorectal and cervical cancer screening, medication reconciliation, flu immunization, blood pressure and diabetes control were particularly important. The State’s 1115 Medicaid Waiver Public Hospital Redesign and Incentives in MediCal (PRIME) program required our County to meet or exceed 74 health measures covering a range of topics such as cancer screening and chronic disease management. Meeting these targets was necessary to retain hundreds of millions of dollars in Medicaid financing. CITs empowered MLK OPC to do its part and to be a high performer within DHS on many metrics.

Last year, DHS earned over 99% of available incentive funding available through the PRIME program. Last year’s funding was valued at just over \$222million. Projects initiated by individual MLK CIT’s and spread to the rest of the MLK facility have shown sustained improvement, with demonstrated gains in each year of the PRIME program. Each year, the metric goals re-set to reflect higher performance expectations. The metrics reported on the following table reflect areas of effort by the MLK CIT program. Tracking results demonstrates important gains in quality outcomes for our patients from the beginning of the program through the most recent reporting year. CIT enabled MLK OPC to meet important goals in each measurement year and to show marked improvement over time. MLK has become a leader in DHS quality efforts.

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METRICS NAME	MLK FY 16/17	MLK FY 18/19	GOAL FY 18/19
1.1.3.d Comprehensive Diabetes Care: HbA1c Poor Control (<9.0%) (<i>lower is better</i>)	22.33	21.61	29.07
1.1.5.f Screening for Clinical Depression and Follow-up	77.95	85.79	83.88
1.1.6.t Tobacco Assessment and Counseling	80.35	91.88	91.26
1.2.10 Race, Ethnicity and Language and/or Sexual Orientation/Gender Identity Disparity Reduction	15.98	65.54	63.80
1.2.2 CG-CAHPS: Provider Rating	79.49	82.60	76.40
1.2.3.c Colorectal Cancer Screening	60.38	67.47	64.87
1.3.3 Influenza Immunization	57.16	85.09	69.38
1.6.2 Breast Cancer Screening	72.49	77.42	70.29
1.6.3 Cervical Cancer Screening	42.71	60.73	53.66
1.6.4. Colorectal Cancer Screening	68.21	67.47	64.87
1.7.1 Body Mass Index Screening and Follow-up	38.04	93.10	88.29
2.7.1 Advance Care Plan	99.25	98.06	90.00
3.1.1 Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis	23.19	51.85	39.12

Studies confirm CIT improves labor management relations by engaging frontline staff.¹ For example, MLK OPC holds CIT project contests twice a year. Project contests have different themes such as patient experience, patient safety, operational, or clinical quality. At least four to six teams and 55 staff attend each contest. At least 260 staff and ten teams attend the annual CIT Fair Storyboard Contests. Since its inception, 245 MLK OPC staff have attended an intensive 8-hour training on how to become a CIT leader. MLK OPC sponsors at least 9 CIT Council trainings per year at which staff are continuously trained on Quality Improvement/Performance Improvement tools to improve other skills such as how to use data, how to run a meeting, how to make presentations, and how to design effective graphics to educate our patients.

CIT also saves money by enabling MLK OPC to help DHS draw down significant revenue without investing in expensive outside consultants. MLK OPC assigned and trained existing budgeted staff to become its CIT coaches and only spends roughly \$6,000 a year in food, training, and team rewards and recognition.

¹. Laing, et al., A Quasi-experimental Evaluation of Performance Improvement Teams in the Safety Net: A Labor-management Partnership Model for Engaging Frontline Staff, J. Public Health Management Practice (2015).

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Linkage to the County Strategic Plan: The CIT approach helps accomplish the County’s Strategic Plan goals to Realize Tomorrow’s Government Today. In particular, this goal complies with Strategy III.1 – Continually Pursue Development of Our Workforce – Section III.1.1. Develop Staff Through High Quality Multi-Disciplinary Approaches to Training: MLK OPC seeks to “Develop Staff Through High Quality Multi-Disciplinary Approaches to Training” by implementing “training models that envision learning and professional growth” with labor and the relevant department (DHS). CITs also meet this goal by equipping MLK OPC staff with technical, problem solving, and team-building relationship skills needed to be County leaders of tomorrow, and building the capacity of staff to do improvement work with every member of the teams, from top to bottom.

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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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