

**Quality and Productivity Commission**  
**33<sup>rd</sup> 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: IMPROVE PATIENT EXPERIENCE IN THE UROLOGY UNIT**

**DATE OF IMPLEMENTATION/ADOPTION:** 4/24/2018

(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

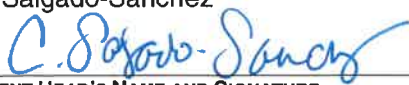

**EXECUTIVE SUMMARY:** Describe the project in 15 lines or less using Arial 12 point font. State clearly and concisely what difference the project has made.

1 The “Improve the Patient Experience in the Urology B4J Unit” project was born out of  
 2 the necessity to provide patient-centered, culturally appropriate care for our patients.  
 3 The sight of frustrated patients, packed waiting rooms, as well as patient elopement was  
 4 common in our unit. Consequently, nursing and provider burnout became evident and  
 5 our no-show rates increased considerably. We learned that to improve our patient’s  
 6 experience we had to listen to what our patients had to say. Our patient survey  
 7 indicated that 59% of our patients reported a positive experience in our unit and only  
 8 37% perceived that their visit was quick. We set a goal to increase our patient  
 9 satisfaction to 70%. We implemented five Plan-Do-Study-Act quality improvement  
 10 (PDSAs) cycles that focused on patient education, appointment reminders,  
 11 patient/physician communication, length of stay, and communicating unexpected delays  
 12 in care. Subsequently, our post-survey indicated that patients responded positively to  
 13 our new interventions as reflected by an increase in patient satisfaction to 88%.  
 14 Moreover, 64% of our patients reported having a quick visit and our no-show rates  
 15 decreased from 18% to 6.7%.

**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**

<b>SUBMITTING DEPARTMENT NAME AND COMPLETE ADDRESS</b> Department of Urology: Urology Procedure Clinic B4J 2051 Marengo St. Los Angeles, CA 90033. Evelyn Miranda, RN, Young Song, RN, Jacklyn Nguyen, RN, Deborah Kahaku, RN		<b>TELEPHONE NUMBER</b> 323-409-4018
<b>PROGRAM MANAGER'S NAME</b> Jamal Nabhani, MD Urology Service Chief		<b>TELEPHONE NUMBER</b> 323-409-7796  <b>EMAIL</b> Jnabhani2@dhs.lacounty.gov
<b>PRODUCTIVITY MANAGER'S NAME AND SIGNATURE</b> (PLEASE CALL (213) 893-0322 IF YOU DO NOT KNOW YOUR PRODUCTIVITY MANAGER'S NAME) Connie Salgado-Sanchez 	<b>DATE</b> 06/21/2019	<b>TELEPHONE NUMBER</b> (213) 288-8483  <b>EMAIL</b> cosanchez@dhs.lacounty.gov
<b>DEPARTMENT HEAD'S NAME AND SIGNATURE</b> Christina R. Ghaly, MD 	<b>DATE</b> 06/21/2019	<b>TELEPHONE NUMBER</b> (213) 288-8050

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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.

**Background:**

The B4J Urology unit at the LAC+USC Medical Center is a specialized unit that delivers care to the underserved population of Los Angeles. Our unit accepts and treats roughly 500 patients each month. Providing care for such a large population requires meeting their individual needs including providing prompt service, translation aid, health literacy understanding, and overall patient education. As of February 2018, our unit had two ongoing quality improvement projects which focused on improving time flow and decreasing cycle times. Our goal was to get all procedures completed in a timely manner and to decrease the overall length of stay for our patients. However, patients were still leaving without being seen by the providers, getting their procedures done, or being discharged by nursing. Our waiting rooms were packed with patients who were upset about the waiting times, the lack of communication about delays, and the overall disregard for their time.

When our unit was selected to present a new project for the Quality Academy Program, it was clear that we needed to focus on the problem that was in front of us. Our patients were unsatisfied with the way we were handling their care. This is how the “Improve the Patient Experience in the B4J Urology Unit” project began. We recognized that our project needed to be driven by patient feedback and that we needed to learn about the issues that truly mattered to them. With that in mind, we created a one-page survey and we began collecting data from 2/20/18 to 3/30/18. A total of 215 respondents comprised of 60% Spanish speakers and 40% English speakers, identified the top 5 areas that we needed to work on. These areas included patient education, appointment reminders, clear patient/physician communication, communicating length of stay and unexpected delays in care, and having a quick visit.

**Challenges:**

Our main challenge was patient experience and customer service not being prioritized in our unit. Consequently, our biggest challenge was to change the mindset of our staff from “this is the way it has been done for years” to “let’s give it a try.” During our first team meeting our staff, comprised of nurses, clerks and Nurse Practitioners, was invited to participate in a brainstorming session. After presenting the project and introducing the top five areas of patient care, our staff provided suggestions to improve each area identified by our patients. Next, we proceeded to collect data in April 2018 to establish a baseline for our project. We found out that 59% of our patients were satisfied with the care received and only 37% considered that they had had a quick visit (short length of stay) in our unit.

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**Solutions:**

We decided to focus on areas that were directly under our control and that would impact our customer service in a positive manner such as:

- Improving patient understanding about their care by addressing health literacy issues and cultural barriers
- Enhancing patient/staff communication about delays in the unit
- Optimizing existing communication pathways between nurses and providers
- Reevaluating and revising unit processes that were not standardized

Health Literacy & Language Barriers:

PDSA #1 – We designed educational and culturally appropriate pamphlets, written at the 5th grade level, both in English and Spanish. These pamphlets were given to our patients as part of their discharge instructions and preparation for follow-up appointments. The pamphlets were also mailed out to new patients to increase their knowledge/awareness about their upcoming appointment plan.

Communication:

PDSA #2 – We analyzed data for the past six months and came up with an estimated length of stay for our most common urological procedures. Appointments that had an estimated waiting time of two hours were coded in yellow, three hours in orange and four hours in pink. These laminated sheets were displayed in our consultation rooms. Also, a patient flow white board was utilized to improve communication between our patients and staff. Patients who came in for procedures were aware of the number of procedures scheduled for the day and were notified about unexpected delays.

PDSA #4 - To optimize communication pathways between nurses and providers, we redesigned our patient appointment sheet form to include a more comprehensive patient plan. Clear instructions for the patient’s plan for the day and discharge disposition were provided on the patient appointment sheet. This intervention also decreased time spent by nursing seeking clarification of orders and discharge plans.

Patient flow:

PDSA #3 – We teamed up with our nurse practitioners to facilitate informed consent right after patient assessment/intake. If the patient is ready for intake, a nurse would begin the assessment and notify the provider that the patient was in the consultation room ready for consent. This action decreased unnecessary back and forth trips to the waiting area and sped up the consent process.

PDSA #5 – To further improve our patient flow, we relocated our clerk station to the waiting area as opposed to the nursing station. This intervention facilitated prompt check-ins, prevented patients from feeling isolated and forgotten, and allowed our team to have a better oversight for patients who had been waiting for a long time.

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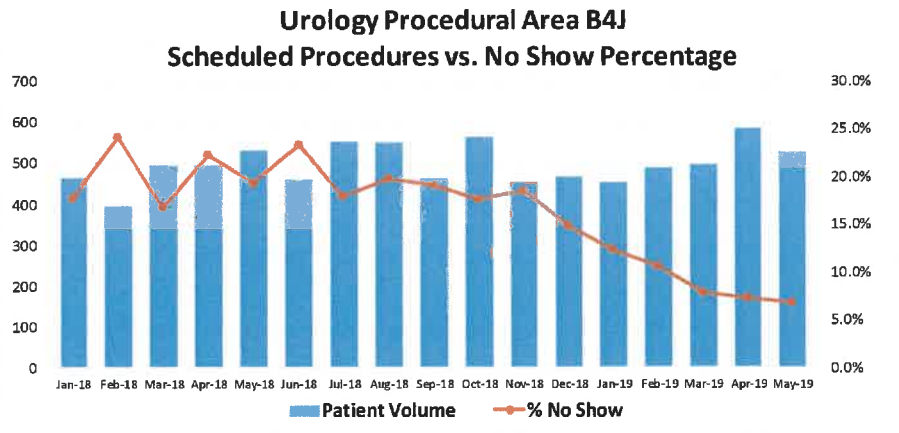
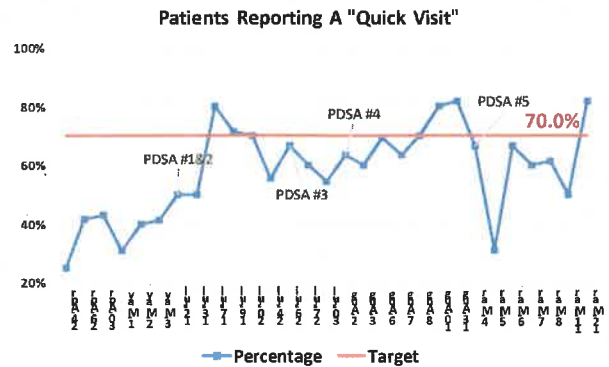
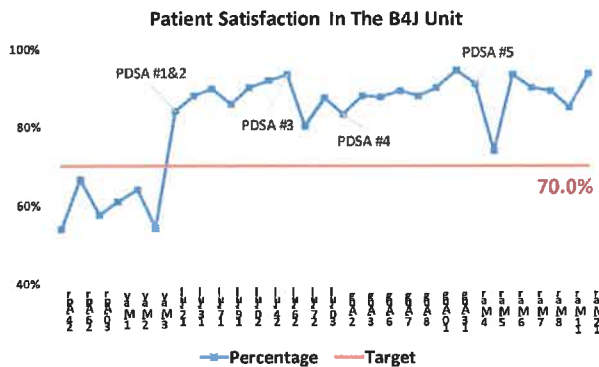
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**Benefits:**

- **Patient satisfaction** as reported by survey results: Patient satisfaction improved from 59% to 88% and patients reporting a quick visit increased from 37% to 64%.
- **Decrease in no show rates:** No show rates (balancing measure) decreased from 18% to 6.7% as of May 2019. Patients who experienced a positive experience in our unit are more likely to return for their follow up appointments.
- **No negative impact on our unit’s median cycle time:** Median cycle time (process measure) remained stable. Although patient education required additional time spent with our patients, our median cycle time was not significantly affected.
- **Improved unit flow, increased staff satisfaction, and decreased patient elopement:** The interventions implemented in our unit remain in use after one year of implementation. Our unit’s morale has improved, and our staff’s motto now is “let’s give it a try.” Also, a patient leaving the unit without discharge instructions has become a rarity instead of being the norm.



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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.

**III. Realizing tomorrow’s government today.**

**III.3 - Pursue Operational Effectiveness, Fiscal, Responsibility, & Accountability**

**III.3.3 Measure Impact and Effectiveness of our Collective Efforts:** Develop and operationalize a range of metrics and measures to track implementation and outcomes of this strategic plan and other County initiatives.

Our unit developed two patient satisfaction surveys. The first one focused on patient feedback for our project development. From this survey we learned about the unique needs of our patient population. The second survey was developed to measure patients’ satisfaction after the implementation of strategic PDSAs and used regularly to monitor patient’s satisfaction and to prevent staff complacency.

**III.3.6 Implement a *Workplace of the Future*:** Develop a conceptual office space model(s) designed to: support the work and/or activities of employees; encourage employee collaboration; increase the amount of available work space within existing space resources; and, improve the health of the workplace environment for employees.

The patient experience project promoted cooperation among our nursing staff, enhanced communication between and collaboration from our providers and nurse practitioners, and fostered teamwork. We became effective problem-solvers and formulated successful interventions given our limited unit’s resources.

**Strategy III.4 - Engage and Share Information with Our Customers**

**III.4.1 Solicit Ongoing Customer Feedback:** Each department shall regularly solicit customer feedback (from internal and external customers) regarding the customer’s experience when accessing and/or receiving services.

Our project was driven directly by customer/patient feedback. We continuously reassess the need to implement new interventions and to discontinue those that were no longer affecting our customers in a positive manner. We are grateful that our patients were eager to communicate their needs and for providing us the opportunity to learn from their suggestions.

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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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