

**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:** IMPROVING HEALTH CARE AT PITCHESS DETENTION CENTER

**DATE OF IMPLEMENTATION/ADOPTION:** 6/1/2018

(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.

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Providing timely access to medical care at the correctional care facilities has been a challenge for many years in most facilities across the country. The Department of Medicine at Olive View-UCLA Medical Center took on a project to help improve access to care at the North County Correctional Care Facility at the request of DHS and Correctional Care leadership. From January-May of 2018, a total of 4,329 patients were seen by an average of 5 full-time providers plus registry physicians. After implementation of this project, the total number of patients seen from June-December of 2018 increased to 11,810 patients with the same number of providers without registry use. In the last 5 months from January-May of 2019, an additional 14,898 patients were seen bringing the total number of patient visits in 11 months to 26,708 compared to less than 8,500 in the previous year. This is an increase in productivity of over 300%. The wait time to see a medical provider decreased from an average of 66 days to less than 12 days. The percentage of patients transferred to higher level of care decreased by 79.5%.

BENEFITS TO THE COUNTY

(1) ACTUAL/ESTIMATED ANNUAL COST	(2) ACTUAL/ESTIMATED ANNUAL COST SAVINGS	(3) ACTUAL/ESTIMATED ANNUAL REVENUE	(1) + (2) + (3) = TOTAL ANNUAL ACTUAL/ESTIMATED BENEFIT	SERVICE ENHANCEMENT PROJECT
	\$1,846,000		\$1,846,000	<input type="checkbox"/>

ANNUAL = 12 MONTHS ONLY

<b>SUBMITTING DEPARTMENT NAME AND COMPLETE ADDRESS</b> Department of Medicine, Olive View-UCLA Medical Center at DHS. 14445 Olive View Dr. 2B-182, Sylmar, Ca 91342		<b>TELEPHONE NUMBER</b> 747-210-3205
<b>PROGRAM MANAGER'S NAME</b> Soma Wali MD, MACP Chair of Department of Medicine, Olive View-UCLA Medical Center (ORIGINAL SIGNATURE ON FILE)		<b>TELEPHONE NUMBER</b> 747-210-3205  <b>EMAIL</b> swali@dhs.lacounty.gov
<b>Program Productivity Manager's Name/Signature</b> Connie Salgado-Sanchez ORIGINAL SIGNATURE ON FILE	<b>DATE</b> 6/27/2019	<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, M.D. ORIGINAL SIGNATURE ON FILE		<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.

**The Challenge:** The correctional care facilities have been suffering from lack of access to timely health care for many years. The inmates waited months before they were seen by a physician or medical provider. There was lack of continuity care and the care provided was episodic. The patients with Chronic Diseases requiring routine follow-up did not receive regular follow-up. The clinic hours were limited, which led to most patients being transferred to higher level of care after the clinic closed at a significant cost to the County system. There was no urgent care available at this facility. All urgent and emergent cases required transfer by calling 911, an ambulance or Radio car with two deputies transferring one patient. This led to a significant cost and poor care.

A major challenge in trying to address the issues mentioned above was recruitment of medical providers to work at the Jail system. Highly qualified physicians and medical providers who are efficient and can provide excellent care and improve patient outcomes are traditionally not interested in working in a correctional care facility. The fear of working in a locked facility and providing care to dangerous and unstable criminals is a reason that makes most medical providers reluctant to work in a correctional care facility.

**Solution:** The project vision was to pair up an Academic Department with a correctional care facility and the project objective was to improve recruitment of highly qualified medical providers who can help improve access to care and most importantly help improve health outcomes by providing timely care. The other objective was to reduce the cost of health care by reducing the inappropriate transfers to higher level of care.

The consumers in this case are inmates at the North County Correctional Care Center also known as Pitchess Detention Center, located in Castaic, California, in the County of Los Angeles, which normally houses an average of 7,000 inmates. Olive View-UCLA Medical Center is located about 18 miles away from this facility.

The project implementation between Olive View-UCLA Department of Medicine and North County Correctional Care Facility (NCCF) occurred in June 2018. This project is led by Dr. Soma Wali, Chair of the Department of Medicine at Olive View-UCLA Medical Center. To remove the anxiety of working in a correctional care facility, Dr. Soma Wali started the project by providing direct care to the patients herself at NCCF. This allowed her to do a real needs assessment at the ground level. It helped eliminate the fear from other medical providers, which in turn helped her recruit an

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outstanding group of faculty from her Department to join her in this effort. The next phase was to identify a group of motivated and dedicated physicians from the Department who were willing to work extra hours on their off days, evenings or weekends to help provide care at the facility. Their productivity was reviewed personally by Dr. Wali on a daily basis and with feedback given to the providers. This helped improve the provider productivity significantly.

Dr. Wali worked very closely with Mr. Joel Kellogg from nursing leadership in identifying the challenges the facility faced for many years and came up with creative solutions for each of the challenges identified.

This strategic partnership with nursing and allowing nursing staff to have access to doctors at all times, helped improve care immediately. Creative and flexible scheduling, expansion of hours, setting up productivity goals and expectations and close supervision are other examples of solutions Dr. Wali came up with.

This is a very innovative project because this is the first time, as far as we know, that an Academic Department has taken ownership of providing care at a correctional care facility. There are models of teaching clinics and having trainees provide care at the correctional care facilities in other parts of the Country, but there is no model of clinical professors providing direct care to inmates in a non-teaching setting. This model helped improve overall efficiency and productivity. The teaching model is great, but having trainees work in a correctional care facility with all the limitations has traditionally not improved productivity. This makes our project very unique in the Country.

**Benefits:**

**Productivity:** This project was implemented in June of 2018. There were a total of 4,329 patients seen between January-May of 2018 at this facility. The total number of patients seen between June-December of 2018 increased to 11,810 visits after implementation of the project. The total number of patients seen in the last 11 months by end of May of 2019 is 26,708 compared to less than 8,500 in the previous year.

**Decrease in wait time:** Before the implementation of this project, the average number of days it took from the time a patient requested to be seen until a medical provider saw the patient was 66 days. After implementation of this project, the average wait time to see a provider decreased to less than 12 days. Clinic hours were extended from 6:30 AM to 10:00 PM including the weekends without a request for additional resources.

**Reduction in transfers to higher level of care:** Prior to this project, most urgent and emergent cases were transferred via Radio Car with two deputies plus an Ambulance or paramedics by calling 911. After implementation of this project, there was a reduction of 79.5% in all transfers to a higher level of care due to the improved management of chronic conditions and the availability of primary care services onsite.

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**Reduction in costs:** The new interventions implemented have led to a significant decrease in the cost of health care delivery at the North County Correctional Care Facility and improved health outcomes among the patient population. The physicians are highly skilled and committed to serving underserved populations and the turnover has been quite limited. Nursing satisfaction and patient satisfaction have also significantly improved.

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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.

We believe this project addresses Los Angeles County Strategic Plan 1.2.2. To streamline access to integrated Health Services.

Our project also addresses County Strategic Plan 1.3.1 which refers to increasing the number of justice involved juveniles and adults linked to appropriate health, mental health and substance use disorder services. By improving access to care, the patients receive excellent primary care and are referred to appropriate specialty care in a timely manner. This project has allowed us to better manage chronic diseases in this patient population and reduce the risks of complications associated with their chronic diseases, which leads to better health outcomes in this vulnerable patient population.

We also believe this program addresses Strategy III.3.2, which aims to manage and maximize county assets. By reducing the transfer of patients to higher level of care in the Emergency Rooms, our goal is to better manage our County’s resources to provide high quality medical care to more patients in the correctional care facilities as efficiently and as effectively as possible and to reduce the cost of health care by providing more timely primary care.

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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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**Cost Savings:** The total number of patients that would have required transfer to a higher level of care prior to implementation of this project in the last 11 months=1,160 transfers to a higher level of care to the Emergency Room (ER) and admission. Our project reduced the total number of transfers to 237, which is equal to a 79.5% reduction in the total number of transfers. A conservative estimate of an ER Visit and admission costs a minimum of \$2,000 per visit. Thus 1,160 – 237= 923; 923 x \$2000 = \$1,846,000.

This project has also led to a significant increase in the total number of available appointments or visits. The increase in total number of visits is from approximately 8,500 visits per year to 26,708 visits per year, which is equal to more than a 300% increase in productivity or number of patient visits. There is no billing to calculate the actual revenue generated from the increase in patient visits, but if a bill were to be generated for the additional visits at an outpatient visit rate of \$1,305.00 for a primary care visit, the increase in visits would generate approximately \$23,761,440 based on the bundle charges used at Olive View-UCLA Medical Center.

The wait-time to see a medical provider decreased from an average of 66 days to an average of less than 12 days. Decreasing wait time improves patient outcomes, prevents disease complications and ultimately saves lives and saves the system millions of dollars in health care costs.