Quality and Productivity Commission

# 26th Annual Productivity and Quality Awards Program

*"Investing in a Quality Future"*

## 2012 APPLICATION

Title of Project (Limited to 50 characters, including spaces):

**NAME OF PROJECT: OLIVE VIEW INTERVENTIONAL CARDIOLOGY PROGRAM**

**DATE OF IMPLEMENTATION/ADOPTION:** NOVEMBER 22, 2011
(Must have been implemented at least one year - on or before June 30, 2011)

**PROJECT STATUS:** X Ongoing _____ One-time only

**DID YOU SUBMIT THIS PROJECT BEFORE?** _____ Yes X No

**EXECUTIVE SUMMARY:** Describe the project in 15 lines or less using Arial 12 point font. Summarize the problem, solution, and benefits of the project in a clear and direct manner


Olive View had a large unmet need with some of the sickest patients in our hospital. Cardiac patients with emergent and urgent conditions, such as a heart attack, could receive immediate therapy to stabilize their condition, but definitive therapy was unavailable. There were long delays for appropriate care with the needed transfers for further treatment in other County facilities. The Interventional Cardiology Program for *emergent* percutaneous coronary interventions (PCI) intervenes on Emergent or Urgent patients in an extremely timely manner, <1 hour if in the Emergency Room with a heart attack. The heart muscle has greater chance for preservation with restoring normal blood flow sooner. There are no waits for transfer, indigent families do not need to travel 50-100 miles to visit or take home a loved one, patients are usually discharged the day after the procedure, and the days waiting for transfer at Olive View for Cardiology patients awaiting a procedure have been dramatically decreased. Comparing a 3 month period prior to the start of the program, to the same 3 month period after onset, the days waiting for transfer were reduced from 350 to 73. In addition, it is estimated that the program had a cost avoidance of $446,935 (based on the first three months).


| (1) ESTIMATED/ACTUAL ANNUAL COST AVOIDANCE | (2) ESTIMATED/ACTUAL ANNUAL COST SAVINGS | (3) ESTIMATED/ACTUAL ANNUAL REVENUE | (1) + (2) + (3) TOTAL ESTIMATED/ACTUAL BENEFIT | SERVICE ENHANCEMENT PROJECT |
|---|---|---|---|---|
| $446,935 | $ | $ | $446,935 | X |

| | |
|---|---|
| SUBMITTING DEPARTMENT NAME AND COMPLETE ADDRESS<br>Olive View-UCLA Medical Center (Department of Health Services)<br>Division of Cardiology 2C121<br>14445 Olive View Dr., Sylmar, CA 91342 | TELEPHONE NUMBER<br>818 364-4287 |
| PROGRAM MANAGER'S NAME<br>Robin Wachsner, M.D.<br>Chief of Cardiology | TELEPHONE NUMBER<br>818 364-4287<br>EMAIL<br>rwachsner@dhs.lacounty.gov |
| PRODUCTIVITY MANAGER'S NAME AND SIGNATURE (PLEASE CALL (213) 893-0322 IF YOU DO NOT KNOW YOUR PRODUCTIVITY MANAGER'S NAME)<br>Gerardo Pinedo<br>DATE 6/21/13 | TELEPHONE NUMBER<br>(213) 240-8104<br>EMAIL<br>gpinedo@dhs.lacounty.gov |
| DEPARTMENT HEAD'S NAME AND SIGNATURE<br>MITCHELL H. KATZ, MD<br>DATE 6/21/13 | TELEPHONE NUMBER<br>(213) 240-8101 |



*We Support Plain Language*

Quality and Productivity Commission

# 26th Annual Productivity and Quality Awards Program

*"Investing in a Quality Future"*

## 2012 APPLICATION

Title of Project (Limited to 50 characters, including spaces):

**NAME OF PROJECT: OLIVE VIEW INTERVENTIONAL CARDIOLOGY PROGRAM**

**FACT SHEET – LIMITED TO 3 PAGES ONLY:** Describe the **Challenge, Solution, and Benefits** of the project, written in plain language. Include a discussion of the technology and linkage to the County Strategic Plan. The description should identify Performance Measures.

**CHALLENGE** (suggest ½ to one page)
**SOLUTION** (suggest ½ to one page)
**BENEFITS** (suggest 1 to 2 pages)

LINKAGE TO THE COUNTY STRATEGIC PLAN

Improve health and mental health outcomes and efficient use of scarce resources, by promoting proven service models and prevention principles that are population-based, client-centered and family-focused.

**Challenge**: Olive View had a large unmet need with some of the sickest patients in our hospital. Cardiac patients with emergent and urgent conditions, such as heart attacks, could receive immediate therapy to stabilize their condition, but definitive therapy was unavailable. There were long delays for appropriate care with the needed transfers for further treatment in other County facilities.

**Solution**: There were many steps to institute this program in a hospital without cardiothoracic surgery. The California Department of Public Health approved Program Flexibility for the Cardiac Catheterization Laboratory for emergency interventional procedures August 26, 2011. The Interventionalist at Olive View trained the staff for performance of these procedures. Some specialized equipment to assess blood clotting and the equipment for the procedures (stents, wires, etc.) were obtained. The Interventional Cardiology Program for *emergent* percutaneous coronary interventions (PCI) was instituted on November 22, 2011. Interventional Cardiology intervenes on Emergent or Urgent patients in an extremely timely manner, <1 hour if in the Emergency Room with a heart attack. In the first 6 months we have performed approximately 100 procedures.

**Benefits**: The heart muscle has greater chance for preservation with restoring normal blood flow in a timely manner. With the institution of this program there are no waits for transfer, indigent families do not need to travel 50-100 miles to visit or take home a loved one, patients are usually discharged the day after the procedure, and the days waiting for transfer at Olive View for Cardiology patients awaiting a procedure have been dramatically decreased. Comparing a 3 month period prior to the start of the program, to the same 3 month period after onset, the days waiting for transfer were reduced from 350 to 73. This has impact not only on our workload but that of DHS, particularly MAC and decreased inpatient days at Harbor and LAC-USC. We have not required helicopter transport since the inception of this program. We have not required emergency transport due to complications. We have purchased the equipment (for DHS this is cost deviation, for Olive View it is additive); we have required use of intra-aortic balloon pump to stabilize patients slightly increased to prior usage.

Quality and Productivity Commission

# 27th Annual Productivity and Quality Awards Program

*"Saluting County Excellence"*

## 2013 APPLICATION

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

**NAME OF PROJECT: OLIVE VIEW INTERVENTIONAL CARDIOLOGY PROGRAM**

| (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 |
|---|---|---|---|---|
| **$ 446,935** | $ | **$OLIVE VIEW DOES NOT CURRENTLY BILL FOR PROCEDURES** | **$ 446,935** | ☒ |

A comparison of the first quarter of 2011, prior to the start of this initiative, to first quarter of 2012, there were savings of $446,935, associated with providing PCI at Olive View. The savings associated with no longer requiring helicopter transport for these patients was $45,000 for this period. Additionally, there have been avoided costs of over $500,000 due to the reduction in denied Medi-Cal days while patients waited in the hospital for transfer to another hospital for this procedure.

(650,355+45,000) = **$695,355** (99,825+146,000+2,595)=**$248,420**
695,355 + 248,420=**$446,935**

**Delivery of Care: Improvements from PCI Program**

| | 2011 | | | | 2012 | | | |
|---|---|---|---|---|---|---|---|---|
| | Jan | Feb | March | Total | Jan | Feb | March | Total |
| #cath | 73 | 59 | 45 | 177 | 67 | 68 | 59 | 194 |
| #PCI | 0 | 0 | 0 | 0 | 14 | 13 | 18 | 45 |
| IABP | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 1 |
| Helicopter | 2 | 0 | 1 | 3 | 0 | 0 | 0 | 0 |
| Transfer for PCI* | 11 | 9 | 8 | 28 | 0 | 0 | 0 | 0 |
| Transfer for CT Surg* | 17 | 8 | 2 | 27 | 8 | 6 | 4 | 18 |
| Days Waiting (Card) | 137 | 156 | 57 | 350 | 22 | 40 | 11 | 73 |
| Denied Days (OV ) | | | | 15** | | | | 1** |
| MAC days | 89 | 103 | 132 | 324 | 11 | 12 | 41 | 64 |
| Death | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 1 |

| Approx Cost | | | | |
|---|---|---|---|---|
| PCI equipment | | 0 | | $99,825 |
| Denied days at $1,858** | | $650,355 | | $146,000 |
| Helicopter at ~$15,000 | | $45,000 | | 0 |
| IABP | | 0 | $2,595 | $2,595 |
| Total 3 month cost | | $695,355 | | $248,420 |

Difference in estimated costs $446,935

*These numbers reflect transferred patients only. Some patients referred as outpatients. Some patients declined recommendation. Some patients waited as inpatients, then d/c'd for opt procedure.

**OV days waiting used for denied days calculation.
**Actual reimbursement is $1858/day. Denied days data has been difficult to obtain. MediCal office is 5000 charts behind. Denied days data is for MediCal patients only, and is likely to be inaccurate. Non covered patients not reimbursed.