

Quality and Productivity Commission
28th Annual Productivity and Quality Awards Program
"Los Angeles County: Ahead of the Curve"

2014 APPLICATION

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

NAME OF PROJECT: OUTPATIENT CLINIC REDESIGN

DATE OF IMPLEMENTATION/ADOPTION: JULY 15, 2011
 (Must have been implemented at least one year - on or before June 30, 2013)

PROJECT STATUS: Ongoing One-time only

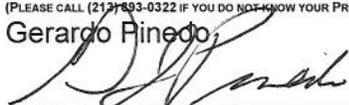
HAS YOUR DEPARTMENT PREVIOUSLY SUBMITTED THIS PROJECT? Yes No

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

1 Problem: Long patient cycle time; long wait time for patients to be seen for scheduled
 2 appointments; clinic duration extended past scheduled clinic hours. In 2011, the overall
 3 average cycle time for Primary Care was 150 minutes; the overall average cycle time for
 4 Specialty Care was 180 minutes.
 5 Solution: Established goals for patient cycle time in and out of clinic, exam room
 6 utilization time per patient, and overall clinic utilization. Made changes to the clinic
 7 schedules, relocated some clinic services and established guidelines to standardize the
 8 operation for outpatient clinics.
 9 Benefits: Improved patient experience. The overall average cycle time for Primary Care
 10 is now 78 minutes, a 52% reduction; the overall average cycle time for Specialty Care is
 11 now 85 minutes, a 47% reduction.
 12
 13
 14
 15

(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
\$	\$	\$	\$	X

ANNUAL = 12 MONTHS ONLY

SUBMITTING DEPARTMENT NAME AND COMPLETE ADDRESS Olive View-UCLA Medical Center 14445 Olive View Drive Sylmar, CA	TELEPHONE NUMBER
PROGRAM MANAGER'S NAME Stephanie Johnson, Associate Hospital Administrator	TELEPHONE NUMBER 818-364-3001 EMAIL sajohnson@dhs.lacounty.gov
PRODUCTIVITY MANAGER'S NAME AND SIGNATURE <small>(PLEASE CALL (213) 893-0322 IF YOU DO NOT KNOW YOUR PRODUCTIVITY MANAGER'S NAME)</small> Gerardo Pinedo 	DATE 7-14-14 TELEPHONE NUMBER (213) 240-8104 EMAIL gpinedo@dhs.lacounty.gov
DEPARTMENT HEAD'S NAME AND SIGNATURE Mitchell H. Katz, M.D. 	DATE 7/14/14 TELEPHONE NUMBER (213) 240-8101

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1st FACT SHEET – LIMITED TO 3 PAGES ONLY: Describe the **Challenge, Solution, and Benefits** of the project.

Challenge:

OVMC outpatient clinics did not meet Managed Care regulatory requirements for accessibility. Outpatient clinics experienced long patient cycle times, resulting in long wait times for patients to be seen for scheduled appointments. The duration of the clinics consistently extended beyond the scheduled clinic hours. In 2011, the overall average cycle time for Primary Care was 150 minutes; the overall average cycle time for Specialty Care was 180 minutes.

Solution:

The OVMC Ambulatory Care Council (ACC) was established to implement an outpatient clinic redesign that would ensure consistency in the outpatient clinic process and assure internal and external coordination of all outpatient services. The ACC is comprised of hospital, medical, nursing administrative staff, and key multidisciplinary staff responsible for various outpatient service areas and has oversight of the five major components of our Ambulatory Care Services: Clinic Redesign, Managed Care, Specialty Decompression, Reports and Key Performance Indicators (e.g., I.T. Governance), and Compliance. Implementation of the redesign resulted in restructuring the Ambulatory Care services. The ACC conducted physical assessments of outpatient clinics, clinic capacity evaluations and set goals to standardize clinic operations. Goals were established for patient time in and out of clinic (cycle time), room utilization time per patient, and clinic utilization. In order to achieve these goals, changes were made to the clinic schedules, some clinic services were relocated, and guidelines were developed to standardize the criteria for operation of outpatient clinics. To ensure ongoing operational effectiveness, any clinic changes or proposals which may impact Ambulatory Care services or operations must be reviewed and approved by the ACC prior to implementation.

Goals:

1. Reduce clinic cycle time. The average cycle time for patients to be in and out of clinic is 60 minutes.
2. The threshold for room utilization time is no longer than 60 minutes per patient.
3. Clinic utilization is no less than an average of 4 patients per room per session.
4. Clinic sessions are 4 hours in the a.m. and 4 hours in the p.m.
5. There will be no "down" or "dark" sessions in any clinic location.
6. Improve provider productivity to minimum of 9 patients per provider per session.

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Guidelines:

1. Clinic sessions will be from 8:00 a.m. to 12 p.m. and 1 p.m. to 5 p.m. Clinic sessions must start and end on time.
2. Pre-financial screening will be conducted for all patients. Patients will be pre-screened at least 2 days prior to their appointment.
3. No patient will be registered prior to 15 minutes before or 15 minutes after their scheduled appointment time. Patients who are late will be treated as a walk-in. A provider or designated R.N. will determine if the patient will be seen that day or be given a future appointment.
4. Patients will check in at the registration desk in the clinic location where the service is being provided. This marks the start of the cycle time.
5. Appointment scheduling will be decentralized; follow-up appointments will be made during disposition.
6. Overbook appointments can only be used for urgent cases based on pre-established clinical criteria.
7. All clinics will adopt an active culture involving all providers, nurses, and clinic support staff. Each clinic session will have a Nurse Flow Coordinator and an Attending Physician Flow Coordinator from each service who will ensure proactive patient care flow management. These individuals will identify themselves at the start of each clinic session.
8. Nursing intake will be conducted in the patient room.
9. Nursing will do logout during disposition. This marks the end of the cycle time.
10. Electronic Health Record must be used. 100% electronic charting will be in place in all clinics by August 1, 2011.
11. Walk-in patients should be discouraged. If a walk-in patient presents in clinic, a provider or designated R.N. will determine if the patient will be seen that day or be given a future appointment.
12. Patient hand-offs must be minimized. Any process that increases hand-offs must be avoided.
13. If a clinic session is delayed in starting, the Flow Coordinators will report to Medical Administration.
14. If a service needs an evening clinic session (i.e., 5 p.m. to 9 p.m.), a clinic/service addition request and appropriate staffing levels must be submitted through established procedures and the budget request process.
15. Clinical team meetings consisting of representatives from Patient Financial Services, clerical, Redesign Physician Champion and Nursing Flow Coordinators for that clinic location shall be held on a monthly basis.

Benefits:

1. Improved patient experience.
2. The overall average cycle time for Primary Care is now 78 minutes, a 52% reduction; the overall average cycle time for Specialty Care is now 85 minutes, a 47% reduction.
3. Improved efficiency in the clinic process and patient flow.

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LINKAGE TO THE COUNTY STRATEGIC PLAN (DETAIL IS REQUIRED FOR COUNTY DEPARTMENTS):

Los Angeles County Strategic Plan

- Aligned with goal 1: Operational Effectiveness:

Maximize the effectiveness of processes, structure, and operations to support timely delivery of customer-oriented and efficient public services.

DHS Strategic Plan

- Assure sufficient capacity of hospital-based services to meet the needs of the residents of Los Angeles County.

Olive View-UCLA Medical Center

- Provide quality services and improve productivity.

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COST AVOIDANCE, COST SAVINGS, AND REVENUE GENERATED (ESTIMATED BENEFIT): If you are claiming cost benefits, include a calculation on this page. 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.

Cost Avoidance: Costs that are eliminated or not incurred as a result of program outcomes.

Cost Savings: A reduction or lessening of expenditures as a result of program outcomes.

Revenue: Increases in existing revenue streams or new revenue sources to the County as a result of program outcomes.

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