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Quality and Productivity Commission
29th Annual Productivity and Quality Awards Program
Champions of Change: Together We Make a Difference

2015 APPLICATION

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

NAME OF PROJECT: INMATE CARE SERVICES PROJECT

DATE OF IMPLEMENTATION/ADOPTION: JULY 29, 2013
(Must have been implemented at least one year - on or before July 1, 2014)

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 Inmate Care Services Project is a collaborative effort between the Los Angeles
2 County Department of Health Services (DHS), the Los Angeles County Sheriff's
3 Department's (LASD) Medical Services Bureau (MSB) and the University of Southern
4 California (USC). The overarching themes of this partnership have been: to improve
5 access to specialty care, quality of care, coordination and communication; to provide
6 care coordination resources to aid in case management for patients with complex
7 medical needs; to increase the quality of services provided to jail patients; to increase
8 onsite medical services within the Los Angeles County Jail (LACJ) system; to reduce
9 the number of unnecessary transfers out of the jail setting; to reduce unnecessary
10 outpatient specialty care visits at LAC+USC Medical Center (LAC+USC); to reduce
11 emergency department visits by enhancing existing resources; and, to direct as much
12 inpatient care as possible to the Jail Ward at LAC+USC. The program started in July
13 2013 with an on-site urgent care unit at Twin Towers Correctional Facility, and
14 additional services have been, and continue to be, phased in.
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
\$ 1,871,388 FEWER ER VISITS	\$ 2,638,480 IN TRANSPORTATION COSTS	\$	\$ 4,509,868	<input type="checkbox"/>

ANNUAL = 12 MONTHS ONLY

SUBMITTING DEPARTMENT NAME AND COMPLETE ADDRESS Department of Health Services 313 N. Figueroa St. Los Angeles, CA 90012		TELEPHONE NUMBER 213-240-8107
PROGRAM MANAGER'S NAME Erick Eiting, MD Mark Ghaly, MD		TELEPHONE NUMBER (323) 409-1974 eeiting@dhs.lacounty.gov mghaly@dhs.lacounty.gov
PRODUCTIVITY MANAGER'S NAME AND SIGNATURE (PLEASE CALL (213) 893-0322 IF YOU DO NOT KNOW YOUR PRODUCTIVITY MANAGER'S NAME) Gerardo Pinedo Signature on file	DATE 7/1/2015	TELEPHONE NUMBER 213-240-8104 EMAIL gpinedo@dhs.lacounty.gov
DEPARTMENT HEAD'S NAME AND SIGNATURE Mitchell Katz, MD Signature on file	DATE 7/1/2015	TELEPHONE NUMBER 213-240-8101 MKATZ@DHS.LACOUNTY.GOV

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1st FACT SHEET – LIMITED TO 3 PAGES ONLY: Describe the **Challenge, Solution, and Benefits** of the project. State clearly and concisely what difference the project has made.

Assembly Bill 109 – Public Safety Realignment - increased the County's obligation to provide medical services to a larger population of incarcerated patients as inmates were shifted from the state prisons to LA County jails. Population growth, the Affordable Care Act, and the influx of more diverse residents of Los Angeles County put further demands on a medical system with limited resources, thus creating an environment with an even greater emphasis on quality management, efficiency, communication and coordination.

Providing care to inmates in a county jail setting poses several challenges. Inmates have a constitutional right to health care and are considered to be a vulnerable patient population given their incarceration status. The Los Angeles County Jail (LACJ) system houses approximately 18,000 inmates at any given time, and about 70 percent of inmates will require some medical services during their incarceration. Historically, LASD has been responsible for providing primary care to inmates, while specialty care has been provided on a dedicated Jail Unit at LAC+USC. Security risks and HIPAA regulations make information sharing between these two sites challenging. Limited resources have led to delays in access to specialty care. In addition, incarcerated patients are often more likely to come from socioeconomically disadvantaged backgrounds and have poorer health literacy. All of these challenges have made the task of providing healthcare to inmates in Los Angeles more difficult and have resulted in a number of liability claims.

The Inmate Care Services Program started in July 2013 with onsite urgent care at Twin Towers Correctional Facility (TTCF). Onsite Cardiology and Orthopedic clinics have opened at TTCF, too. GI/Liver and Oral Maxillofacial Surgery clinics will be implemented by the end of 2015.

Care Coordination: To date, care coordination services have been provided for over 350 patients. Electronic pathways were created in the electronic medical record, respectively, to directly refer patients who meet the following criteria for care coordination: (1) patients with complicated disease states (e.g., cancer); (2) patients being managed by more than one specialty; (3) frequent utilizers of the emergency room; and (4) patients who require urgent follow up. Care coordination has contributed to a gradual decline in the need to hospitalize patients for intensive management of their complicated diseases.

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Urgent Care: LASD has limited diagnostic capabilities, making it challenging to care for patients with acute needs. As a result, these patients historically had been sent to the LAC+USC Jail Emergency Room (ER) for a diagnostic evaluation. Many of these conditions could have been managed within the LACJ system with appropriate resources. The Urgent Care is open 7 days a week from 6 am – 10 pm and is staffed by emergency physicians. This expansion has led to a dramatic decline in the number of Jail ER visits. An overcrowded Jail ER leads to hospital diversion, driving inmates to non-DHS hospitals and increasing the cost of care. Hospital diversion and transporting incarcerated patients to non-DHS hospitals creates substantial security risks. As a result of the on-site Urgent Care, hospital diversion for the Jail ER has substantially decreased. Jail ER visits have declined by about 5.3 patients per day since the program started. Using charge data for a standard emergency room visit at LAC+USC (\$1,995) and a cost/charge ratio of 48.49%, this yields a cost savings of over \$1.87 million dollars per year. These conservative estimates do not include transportation savings due to a reduction in clinic visits or inpatient hospitalization.

eConsult and Expanded Specialty Clinics: Prior to 2014, custody patients who required specialty care were referred to LAC+USC via a manual referral and prioritization process. As demand for specialty care increased, access to the specialty clinics was impacted. It became difficult to arrange for urgent visits and coordinate care. The average stay in custody is about 67 days and many inmates were released before their scheduled appointments, without notification to LAC+USC staff. This created a very high no-show rate for the LAC+USC specialty clinics. In October 2014, we began utilizing eConsult as the patient referral mechanism. eConsult is a DHS-wide system that allows a primary care physician to electronically present a patient to a specialist, who makes recommendations for diagnostic tests or treatment prior to approving a face-to-face visit with the specialist. Many patients' medical needs are met without having a face-to-face specialist visit. MSB providers utilizing eConsult are better able to manage incarcerated patients without having to transport them to LAC+USC. Avoidance of a visit with a specialist creates capacity and access for those incarcerated patients who truly need to be seen by a specialist. Enhanced nursing services allow the LACJ health services team to provide a real-time review of the inmates who have been released. Appointments for the released inmates are cancelled, improving the ability to provide urgent appointments.

An on-site Cardiology Clinic at TTCF was started in December 2014. Patients are seen by a nurse practitioner (NP), who is supervised by USC faculty. The NP also serves as the Cardiology specialist reviewer for eConsult. On-site clinic and eConsult have reduced the backlog of cardiology visits that existed prior to December 2014. In the past, it took about 90 days from referral date to appointment date. Now, the turnaround time from referral date to appointment date is approximately 14 days. Currently, over 90% of incarcerated cardiology patients are seen at the TTCF without the need to transport the patients to LAC+USC Medical Center. This translates to over 200 clinic visits for Cardiology services alone.

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LINKAGE TO THE COUNTY STRATEGIC PLAN (DETAIL IS REQUIRED FOR COUNTY DEPARTMENTS): Use Arial 12 point font

An on-site Orthopedic Clinic and Orthopedic eConsult, both staffed by an NP who is supervised by USC faculty, were initiated in May 2015. NP's are currently hired and in training for GI/Liver and Oral Maxillofacial Surgery on-site clinics and eConsult.

Enhanced Diagnostic Capabilities: LASD has been limited in their ability to obtain urgent or complex diagnostic tests. Laboratory test are sent out to Quest Laboratories. Plain X-rays are available at most facilities within the LACJ system. Patients who need any advance imaging studies, including CT scan, MRI and ultrasound, are sent to LAC+USC. Those who need urgent tests have often been sent to the Jail ER. Through the Inmate Care Services Agreement between the County and USC, we have been able to enhance on-site diagnostic capabilities. A CereTom, a portable CT scanner, has been purchased to evaluate patients with low-risk head injuries and avoid emergency room visits. Two ultrasounds have been purchased. One is being used to enhance obstetrical services, while the other will be used to prevent the need to send patients to the LAC+USC Jail ER. Point-of-care laboratory testing in the LACJ has also reduced the need to transfer patients to the ER for urgent laboratory tests. We are also in the process of purchasing an echocardiogram to improve cardiac diagnostic capabilities and a Panorex to enhance dental services.

High-Risk Obstetrics: At any given time, there are approximately 50 pregnant inmates within the LACJ system. Delays in medical care can be detrimental to the health of unborn babies. Women with poorly controlled diabetes often end up having complications during delivery and are more likely to have children with life-long medical conditions, including neurologic delays. A well-run high-risk obstetrics service is vital to provide necessary prenatal care to pregnant women and has been a hallmark of the Inmate Care Services Agreement. Our obstetrician is full-time faculty in the USC Department of Obstetrics and Gynecology. Her presence has facilitated better communication between LASD and providers at LAC+USC to improve prenatal care. Care coordination resources have also helped to provide patients with a comprehensive medical history upon release from jail so they can pass pertinent information along to their prenatal care providers after incarceration.

Strategic Goal Plan: This project is directly linked to various aspects of the County Strategic Plan Goal # 3, Integrated Services Delivery which promotes maximized opportunities to measurably improve client and community outcomes and leverage resources through the continuous integration of health, community, and public safety services. Goal #2, Community Support and Responsiveness: Enrich lives of Los Angeles County residents by providing enhanced services, and effectively planning and responding to economic, social, and environmental challenges.

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Additional Cost Savings: There have been substantial direct costs savings as a result of the Inmate Care Services Agreement. Conservative estimates show that when comparing the number of higher-level-of care transfers from LASD facilities to the ER for the periods of 8/1/12 to 7/31/13 with 8/1/13 to 7/31/14, there have been **2,537** fewer transfers. LASD estimates the average deputy labor cost is approximately \$1,040 per transfer. This translates into an annual cost savings of **\$2,638,480** in ED transportation costs.

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. Use Arial 12 point font

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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ANNUAL COST AVOIDANCE CALCULATION:

5.3 less inmates sent to Jail ER per day x 365 days per calendar year x \$1,995 charge x 48.49% cost-to-charge ratio per ER visit = **\$1,871,388**

ANNUAL COST SAVINGS CALCULATION:

ED Transport Costs = \$1,040 labor costs per transport (deputy escorts)

August 2012 – July 2013 Radio car transports = 4,558 transfers

August 2012 – July 2013 Ambulance & Paramedics = 4,236 transfers

Total Transports = 8,794 transfers

Aug. 2013 – July 2014 Radio car transports = 2,970 transfers

Aug. 2013 – July 2014 Ambulance/Paramedics = 3,287 transfers

Total Transports = 6,257 transfers

8,794 – 6,257 = difference of 2,537 less transfers @ \$1,040 per transport
 ED Transportation Cost savings of **\$2,638,480**

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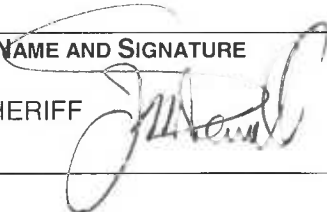
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FOR COLLABORATING DEPARTMENTS ONLY

(For single department submissions, do not include this page)

DEPARTMENT NO. 2 NAME AND COMPLETE ADDRESS SHERIFF'S DEPARTMENT 211 W. TEMPLE ST., LOS ANGELES, CA 90012	
PRODUCTIVITY MANAGER'S NAME AND SIGNATURE GLEN JOE 	DEPARTMENT HEAD'S NAME AND SIGNATURE JIM McDONNELL, SHERIFF 
DEPARTMENT NO. 3 NAME AND COMPLETE ADDRESS	
PRODUCTIVITY MANAGER'S NAME AND SIGNATURE	DEPARTMENT HEAD'S NAME AND SIGNATURE
DEPARTMENT NO. 4 NAME AND COMPLETE ADDRESS	
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DEPARTMENT NO. 5 NAME AND COMPLETE ADDRESS	
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DEPARTMENT NO. 6 NAME AND COMPLETE ADDRESS	
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