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: DECREASING CYCLE TIME IN PEDIATRICS CLINIC

DATE OF IMPLEMENTATION/ADOPTION: APRIL 10, 2014
(Must have been implemented at least one year - on or before July 1, 2014)

PROJECT STATUS: x Ongoing _____ One-time only

HAS YOUR DEPARTMENT PREVIOUSLY SUBMITTED THIS PROJECT? _____ Yes x 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.

In collaboration with nursing, patient financial services, physician and administrative leadership, Lean Six Sigma tools (methodology that relies on a collaborative team effort to improve performance by systematically removing waste) were used to eliminate or revise unnecessary processes to reduce the Pediatric Clinic cycle time (the total amount of time patient spends in a visit) and improve operational effectiveness and patient and staff satisfaction. The registration process was made more efficient by relocating financial workers to the front of clinic, eliminating excess movement of patients. Discharge process was made more efficient by revising the process, if patients did not need follow-up or orders, physicians discharged the patient directly instead of getting a nurse involved. Nursing staff was co-located with physicians and centralized order entry (order for labs, x-rays, etc) eliminated, allowing nurses to follow through on orders as soon as they were available. Following implementation, the overall cycle time was decreased from 113 minutes to 90 minutes. Patient satisfaction ratings increased from 87% before implementation to 95% following implementation.

(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		TELEPHONE NUMBER
Olive View UCLA Department of Pediatrics 14445 Olive View Drive, Cottage S Sylmar, CA 91342		(818) 364-3233
PROGRAM MANAGER'S NAME Yasangi Jayasinha, MD		TELEPHONE NUMBER (818) 364-3233 EMAIL sthyne@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	DATE 7/9/2015	TELEPHONE NUMBER (213) 240-8104 EMAIL gpinedo@dhs.lacounty.gov
DEPARTMENT HEAD'S NAME AND SIGNATURE MITCHELL KATZ, MD	DATE 7/9/2015	TELEPHONE NUMBER (213) 240-8101

We Support Plain Language

Title of Project (Limited to 50 characters, including spaces, using Arial 12 point font):
NAME OF PROJECT: DECREASING CYCLE TIME IN PEDIATRICS CLINIC

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. Use Arial 12 point font

Challenge: Patient experience is directly linked to cycle time, and Pediatric clinic was found to have one of the longest cycle times among all of our outpatient clinics at Olive View-UCLA Medical Center. In an effort to improve our average cycle time of 113 minutes, a project was designed to use the voice of the patient to determine the most inefficient sub-processes during the patients encounter. Patients recorded times of key steps during their visit, including check-in, registration, vitals, placement in room, arrival of physician, arrival of registered nurse (RN), arrival at lab or radiology, return to clinic, and discharge. The patients also completed satisfaction data and provided additional comments. A total of 94 surveys were collected and revealed average cycle time of 113 minutes. Our measured patient satisfaction rating was 87%.

Solution: Nursing, patient financial services, and physician staff and leadership convened to address the potential solutions using Lean Six Sigma (LSS). Flow charts, (LSS tool) were used to detail every step of each sub-process for both the patient and the staff workflow. Spaghetti charts (LSS tool) were used to document movement of patients and staff. 5S methodology (LSS tool) was used to evaluate work space and staff placement in the clinic. For the registration process, it was determined that movements of the patient were the most wasteful steps. These were eliminated by relocating the patient financial worker to the front of the clinic, thereby reducing excess patient and workflow steps. For the discharge process, it was found there were high wait times by the patient in the waiting room, awaiting the processing of orders (for labs, x-rays, etc) and discharge by nursing staff at a central location. This was solved by implementing physician disposition, a process by which patients not needing orders or follow-up appointments are directly discharged by the physician after the encounter, eliminating time waiting for nursing staff to find the patient chart (medical information) at a central order rack, gather discharge paperwork, and call patient back to the room for discharge. Additionally, registered nurses were co-located with physicians, allowing better and more timely communication regarding the needs of the patient, without sending patients back to the waiting room, again awaiting orders being picked up by nursing at a centralized order rack. Patient recorded time stamp data was recollected through surveys after implementation of the project.

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Benefits: Following implementation overall cycle time was decreased from 113 minutes to 90 minutes, with discharge cycle time decreasing from 26 to 5 minutes for physician disposition and 10 minutes for physician and registered nurse disposition. Our patient satisfaction rating improved from 87% to 95%. The following are a few of the ways our patients described their experience:

- "Todo muy bien. Me atendieron rapido…Ha mejorado la atencion. Antes se tardaba mucho" *{Everything is good. I received quick service…The service has gotten better. Before it took too long.}*
- "Excellent team!"
- "This was the quickest doctor visit I've had at this clinic."
- "El tiempo de espera es mas corto. Gracias." *{The waiting time is a lot shorter. Thank you}*
- "Everything was ok, the waiting wasn't long, staff MD and RN were really nice to the patient and the parent. Parent is really happy with the service that she had at the clinic overall."
- "Me gusta el Olivo." *{I like Olive View}*

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

The project is linked to the following strategic goals:
1) Operational Effectiveness/Fiscal Sustainability: Maximize the effectiveness of processes, structure, operations, and strong fiscal management to support timely delivery of customer-oriented and efficient public services.

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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. 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.

(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

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