

**Quality and Productivity Commission
31st Annual Productivity and Quality Awards Program
"Celebrating Quality Service"**

2017 APPLICATION

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

NAME OF PROJECT: CLINIC WORK-FLOW MODEL TO REDUCE TOTAL CYCLE TIME

DATE OF IMPLEMENTATION/ADOPTION: MARCH 2016
(Must have been implemented at least one year - on or before July 1, 2016)

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.



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The LAC+USC Otolaryngology (ENT) department implemented a new nursing work-flow model in the outpatient clinic setting to streamline patient flow and improve the patient experience. The system that we implemented decreased average total cycle time (patient check in to check out) from 190 minutes to 124 minutes.

BENEFITS TO THE COUNTY

(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
\$	\$	\$	\$	<input checked="" type="checkbox"/>

ANNUAL = 12 MONTHS ONLY

SUBMITTING DEPARTMENT NAME AND COMPLETE ADDRESS LAC+USC Medical Center Department of Otolaryngology (ENT)		TELEPHONE NUMBER
PROGRAM MANAGER'S NAME Tamara Brown		TELEPHONE NUMBER 323-226-4589
		EMAIL
PRODUCTIVITY MANAGER'S NAME AND SIGNATURE (PLEASE CALL (213) 893-0322 IF YOU DO NOT KNOW YOUR PRODUCTIVITY MANAGER'S NAME) Gerardo Pinedo 	DATE 7/6/2017	TELEPHONE NUMBER 213-240-8104
		EMAIL gpinedo@dhs.lacounty.gov
DEPARTMENT HEAD'S NAME AND SIGNATURE MITCHELL H. KATZ, MD 	DATE 7/6/2017	TELEPHONE NUMBER 213-240-8101

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1st FACT SHEET – LIMITED UP TO 3 PAGES ONLY: Describe the **challenge(s), solution(s), and benefit(s)** of the project. What quality and/or productivity-related outcome(s) has the project achieved? Provide measures of success. Use Arial 12 point font.

Previous clinic work-flow model: Patient was checked in at the front desk and asked to wait in the lobby. Patients were check in at time of arrival, no matter what their appointment time was. The patient charts were placed in a pile at the front desk in order of patient arrival time. The charts were then transferred to an intake box at the nursing station. The nursing intake was completed whenever a nurse was available. Patient was then asked to go to the lobby and the patient chart was placed in a box outside the physician’s clinic room. The physician then called the patient to the room to be examined. Once the physician was done, the patient was asked again to wait in the lobby. All discharge charts were placed in a discharge box at the nursing station. Discharge was completed whenever a nurse was available.



Challenges of previous clinic work-flow model: Patients were asked to wait in the lobby multiple times. Total waiting time was found to be in the lobby was 62% of total cycle time. Upon review of the previous clinic work flow model, multiple steps were noted to contribute to increased cycle time. First, patients were routinely checked in

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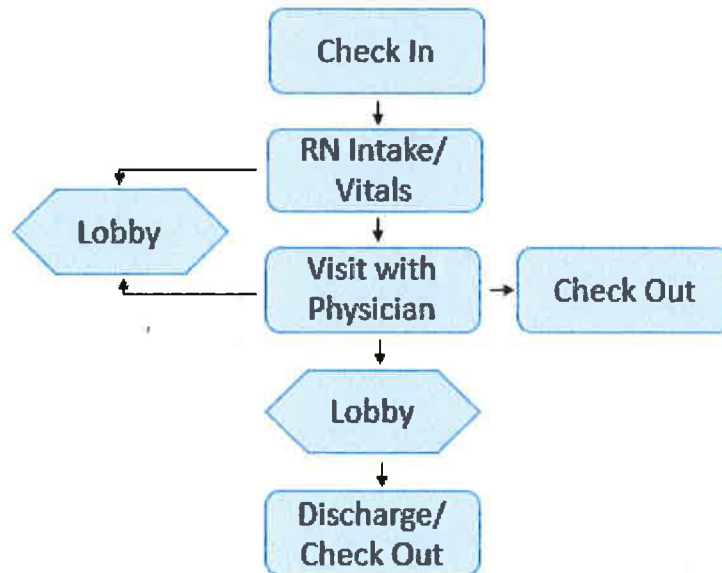
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before their appointment time if they arrived early. Not only did this artificially increase that patient's cycle time, but the cycle time for subsequent patients was often increased as well. Nurses finished intakes and discharges as they were available to do so, there was no incentive to efficiently start or completed these parts of the work-flow. There was an extraneous transfer step of the checked in charts piled at the front desk being transferred to the intake box at the nurses' station. No nurse was assigned to this step, charts would often pile up at the front desk and add to the total cycle time. Often, the physician would discharge the patient immediately if they did not need a follow up appointment made that day. Physicians were not able to check the patient out in the computer, so the patient would be discharged in the computer when the nurse was able to, adding to the cycle time.

New clinic work-flow model: Each physician is assigned a nurse for the entire month who is responsible for that's physician's patient intakes and discharges throughout the day. As patients check in at the front desk, both the physician and nurse are alerted in the computer. The nurse then calls the patient for intake and directly places the patient in the physician's room, or may have the patient wait in the lobby if the physician is busy. After the physician is done, the patient is asked to wait in the lobby. The physician then hands the discharge chart directly to their assigned nurse. When the physician is in the room with a patient, the nurse is completing the discharge of the previous patient and the intake of the next patient. If the patient is directly discharged by the physician and does not need an appointment, the physician can check the patient out in the computer at that time.



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Benefits of the new clinic work-flow model: The physician and nurse work together in teams, they are able to learn from each other and learn what the other person needs from them to be more efficient. Nurses are solely responsible for the patient's assigned to them, so they are incentivized to be more efficient to prevent the work from piling up on themselves. We decreased the amount of transfers to and from the lobby, which is where the patients were previously spending a majority of their time. Physicians can now check the patient out themselves when it is more efficient to do so. Patients are only checked in 15 minutes prior to their appointment time to keep the patient-flow in order without disruptions. All of these measures together have led to a large decrease in total cycle time. Total cycle time from July 2015 to February 2016 was 185 minutes. After implementation of the new clinic work-flow model, the total cycle time over the period of March 2016 to March 2017 was 124 minutes. That is a 1 hour decrease in average total cycle time.

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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.

This project addresses patient experience and patient flow. The new clinic work-flow system streamlines the process of getting patients through clinic, decreases lobby waiting time, and decreased total cycle time. Decreased wait time for clinic visits improves the patient experience.

This project links to County Strategic Plan Goal II.3.2 Maximize use of County assets, guide strategic investments, and support economic development, in ways that are fiscally responsible and align with the County’s highest priority needs.

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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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\$	\$	\$	\$	<div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> X </div>

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