

**Quality and Productivity Commission**  
**31<sup>st</sup> 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: EXPANSION OF PALLIATIVE CARE SERVICES**

**DATE OF IMPLEMENTATION/ADOPTION:** 3/1/2016  
(Must have been implemented at least one year - on or before July 1, 2016)

**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 *Outpatient palliative care services engages our oncology and gynecology/oncology*  
2 *divisions to provide comprehensive co-management of patients with advanced life-*  
3 *limiting malignancies. This approach optimizes our ability to provide expeditious*  
4 *symptom management, improve advance care planning conversations as well as offer*  
5 *timely psychosocial and spiritual support early in the disease trajectory. The measured*  
6 *impact includes achievement of good pain and non-pain symptom control, increased*  
7 *documentation of goals of care and improved continuity from the inpatient to outpatient*  
8 *settings. The outcomes include higher customer satisfaction, decreased hospitalization*  
9 *and emergency room visits in addition to earlier appropriate hospice referrals. To*  
10 *achieve these outcomes and provide quality outpatient palliative care services here at*  
11 *Olive View requires a multidisciplinary team which consists of medical providers, nurse*  
12 *coordinator, clerk/interpreter, social worker, chaplain and a pharmacist.*  
13  
14  
15

**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
\$	\$	\$	\$	<b>XX</b>

ANNUAL = 12 MONTHS ONLY

<b>SUBMITTING DEPARTMENT NAME AND COMPLETE ADDRESS</b> Department of Medicine, Olive View-UCLA Medical Center		<b>TELEPHONE NUMBER</b> (818)364-3205
<b>PROGRAM MANAGER'S NAME</b> Katherine Yu MD Director of Palliative Care Medicine		<b>TELEPHONE NUMBER</b> (747)210-3483 <b>EMAIL</b> <a href="mailto:kyu@dhs.lacounty.gov">kyu@dhs.lacounty.gov</a>
<b>PRODUCTIVITY MANAGER'S NAME AND SIGNATURE</b> <small>(PLEASE CALL (213) 893-0322 IF YOU DO NOT KNOW YOUR PRODUCTIVITY MANAGER'S NAME)</small> Gerardo Pinedo Original Signature on File	<b>DATE</b> 6/27/2017	<b>TELEPHONE NUMBER (213) 240-8104</b> <b>EMAIL</b> GPINEDO@DHS.LACOUNTY.GOV
<b>DEPARTMENT HEAD'S NAME AND SIGNATURE</b> MITCHELL H. KATZ, MD Original Signature on File	<b>DATE</b> 6/27/2017	<b>TELEPHONE NUMBER</b> MKATZ@DHS.LACOUNTY.GOV

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**1<sup>st</sup> 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.

*The interdisciplinary team staffs the Palliative Care Clinic Wednesday mornings embedded in the Oncology clinic, we have served 83 patients in continuity totaling 153 clinic visits in the past year. The volume of new patients has been limited by physical space/limited room availability, dual responsibility of team members for coverage of both inpatient and outpatient palliative care patients as well as other service obligations throughout the hospital. Another barrier has been the difficulty coordinating patient follow up simultaneously with the Oncology clinic in an attempt to consolidate patient visits as they frequently have transportation issues. The Team has improved clinic access by meeting requests for regular visits in Monday and Friday oncology clinic sessions when space allows.*

*The patients served are often extremely debilitated and frequently have transportation issues, therefore making coming to additional clinic visits especially challenging. Given limited clinic availability, telephone follow up within one week of initial visit by team members is provided to patients who have active distressing symptoms. Regular telephone access to our nurse coordinator is available during office hours, who then triages acute inquires by patients to other team members to reduce the number of unnecessary face to face encounters given our limited clinic capacity as well as patient transportation issues. A California Health Care Foundation grant has also improved telephone access to the provider during the daytime hours of the weekend and supports our voluntary chaplain staff for patients with ongoing spiritual needs.*

*The primary aim is to improve communication with Oncology providers to optimize expeditious symptom management and provide prompt psychosocial support for patients and their families. Our ability to establish therapeutic relationships with patients and their families in the outpatient setting decreases emergency room visits as well as decreases the frequency of hospitalizations for decompensated symptoms and psychosocial distress. The established continuity between both consultation specialties has also streamlined the coordination of care into appropriate venues which includes home hospice and long term care facilities. Expeditious symptom management with improved pain control and alleviation of common complaints associated with advanced malignancies has also been achieved by the 3rd clinic visit. Increased awareness of our clinic has led to referrals and collaboration with other subspecialties including ENT, Urology, Gynecology/Oncology, and General Surgery in addition to Medical Oncology. Survey data of patients/families resulted in a rating of “excellent” in the areas of symptom management, goals of care discussion and care transition. Our clinic has been contacted and visited by other county institutions as well as private hospitals for modeling of the outpatient palliative care venue and we hope to continue to contribute to best practices in community-based palliative care going forward.*

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*In the past year, there was a notable positive results in the standard indicators on impact of community-based palliative care program in represented by reduction in number of emergency room visits/patient (0.6 versus 1.5) and hospitalizations/patients (0.9 versus 1.9) in the palliative clinic patients versus usual care oncology patients with comparable diagnosis.*

*Future goals of our team include conducting group advance care planning sessions for all patient with advance illness, engaging the department of emergency medicine to initiate palliative care further upstream prior to the point of admission, conducting education sessions in key components of Palliative Medicine for clinical staff and collaboration with community –based home programs for quality care transition.*

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**Linkage to the County Strategic Plan – 1 page only.** Which County Strategic Plan What goal(s) does this project address? Explain how. Use Arial 12 point font.

*The palliative care program directly align with Goal one of the County Strategic Plan to enhance our delivery of comprehensive interventions through a integrated interdisciplinary team to serve our vulnerable patients with advance illness. As a result, each team member targets our patients’ heavy symptom burden from physical, social, emotional as well as spiritual predicaments. Palliative care is and will continue to be the model to successfully streamline access to integrated health services as stated in the strategic plan under 1.2.2 of Goal one. Furthermore, the palliative care program will continue to expand and improve outpatient access to our services under PRIME.*

*PRIME (Public Hospital Redesign and Incentives in MediCal) is the program where DHS has elected to meet specific metrics in Palliative care from 2016-2020 to improve patient-centered care through an interdisciplinary team approach. The project has initiated efforts system-wide to establish a viable outpatient palliative care venue to serve patients in Los Angeles county safety net sites. This project encompasses the initiation of advance care planning in the primary care clinics, streamline EHR documentation of treatment preferences in the inpatient as well as the outpatient setting, and on the eventual goal of offering palliative care to all patients with advanced or life-limiting illness in the ambulatory care setting. The leadership at Olive View-UCLA Medical Center is committed to supporting the expansion of the existing palliative care clinic with additional clinic space, additional clinic staffing in the disciplines of medical provider, social worker, and chaplain. The availability of increased clinic space and staff will allow us to achieve the goal of further expansion with an interdisciplinary team of medical providers, nurse coordinator, a social worker, a chaplain and a pharmacist to provide comprehensive co-management of patients with life-limiting malignancies and advanced non-malignant illness.*

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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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\$	\$	\$	\$	X

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**FOR COLLABORATING DEPARTMENTS ONLY**

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

<b>DEPARTMENT NO. 2 NAME AND COMPLETE ADDRESS</b>	
<b>PRODUCTIVITY MANAGER'S NAME AND SIGNATURE</b>	<b>DEPARTMENT HEAD'S NAME AND SIGNATURE</b>
EMAIL: _____	EMAIL: _____
<b>DEPARTMENT NO. 3 NAME AND COMPLETE ADDRESS</b>	
<b>PRODUCTIVITY MANAGER'S NAME AND SIGNATURE</b>	<b>DEPARTMENT HEAD'S NAME AND SIGNATURE</b>
EMAIL: _____	EMAIL: _____
<b>DEPARTMENT NO. 4 NAME AND COMPLETE ADDRESS</b>	
<b>PRODUCTIVITY MANAGER'S NAME AND SIGNATURE</b>	<b>DEPARTMENT HEAD'S NAME AND SIGNATURE</b>
EMAIL: _____	EMAIL: _____
<b>DEPARTMENT NO. 5 NAME AND COMPLETE ADDRESS</b>	
<b>PRODUCTIVITY MANAGER'S NAME AND SIGNATURE</b>	<b>DEPARTMENT HEAD'S NAME AND SIGNATURE</b>
EMAIL: _____	EMAIL: _____
<b>DEPARTMENT NO. 6 NAME AND COMPLETE ADDRESS</b>	
<b>PRODUCTIVITY MANAGER'S NAME AND SIGNATURE</b>	<b>DEPARTMENT HEAD'S NAME AND SIGNATURE</b>
EMAIL: _____	EMAIL: _____
<b>DEPARTMENT NO. 7 NAME AND COMPLETE ADDRESS</b>	
<b>PRODUCTIVITY MANAGER'S NAME AND SIGNATURE</b>	<b>DEPARTMENT HEAD'S NAME AND SIGNATURE</b>
EMAIL: _____	EMAIL: _____