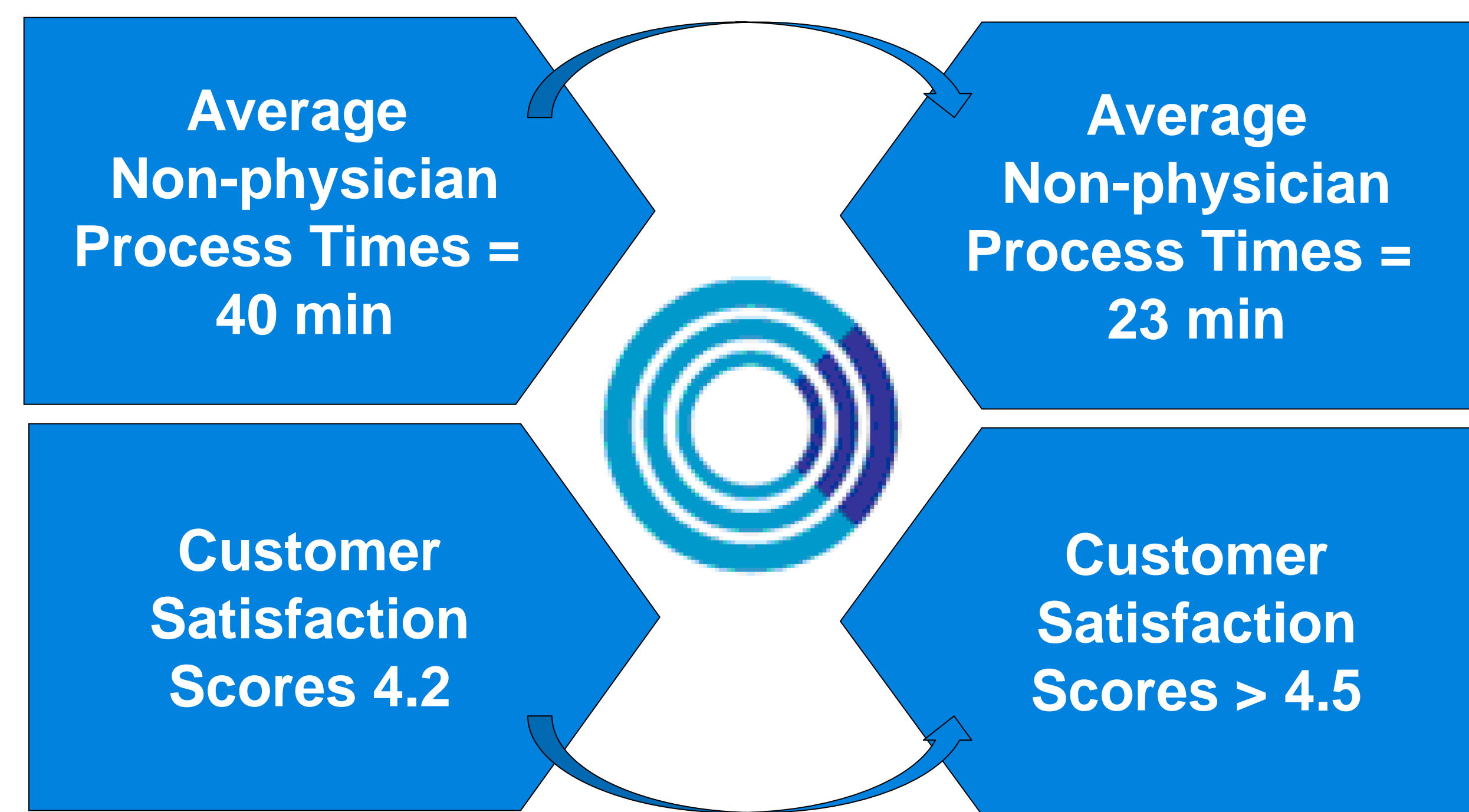


California Health Improvement Project (CHIP) Outpatient Specialty Care Improvements

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Problem Statement and Underlying Causes

Olive View-UCLA Medical Center's outpatient specialty visits can average between 120-140 minutes in length, of which 40 minutes is directly attributable to non-physician processes including registration, financial clearance, nursing intake, and discharge.



Project Description

The focus of my CHIP is to reduce non-physician process times by 50% to improve overall customer satisfaction and experience. This will be accomplished by collaborating with our hospital, nursing and medical administration to redesign outpatient clinical processes and tasks to eliminate waste and increase customer satisfaction scores.

Goal and Objectives

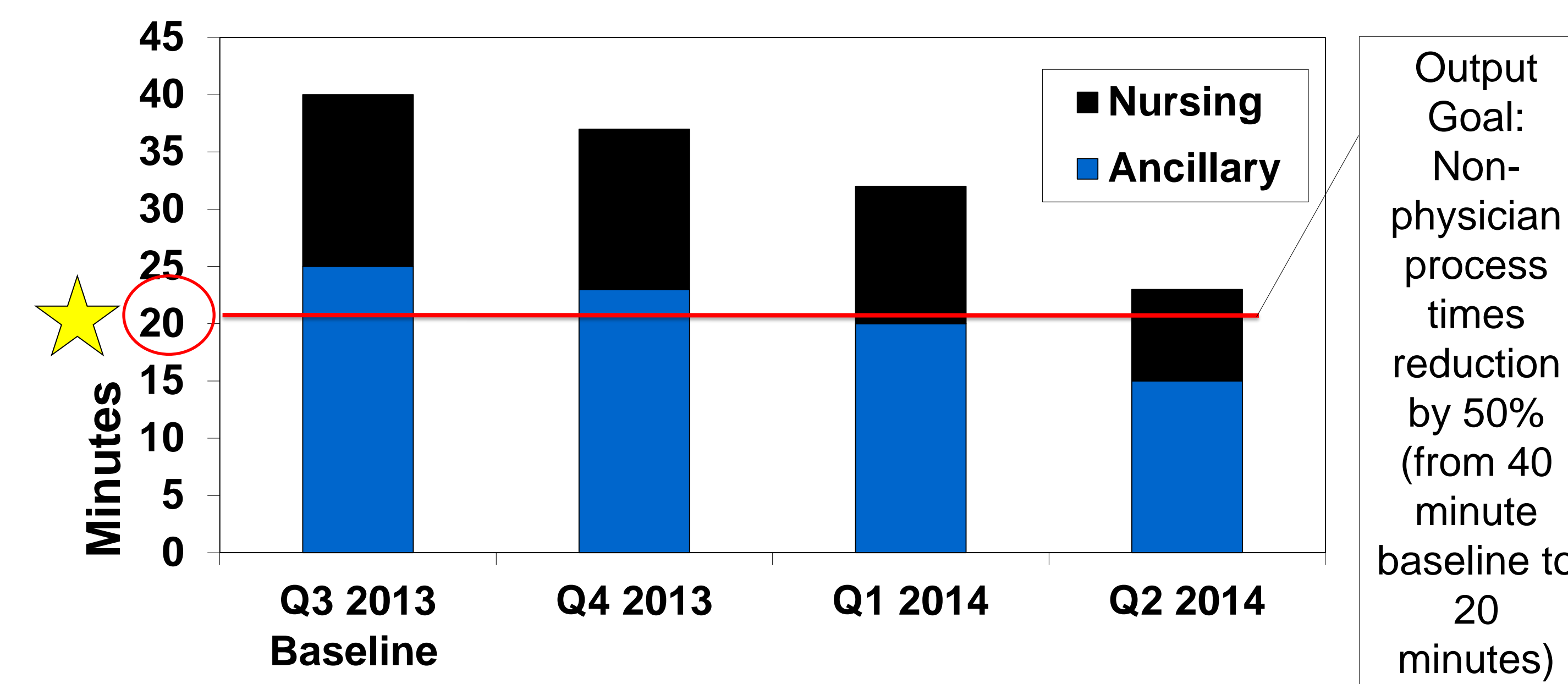
Goal: To provide timely and quality outpatient specialty care services to all Olive View-UCLA Medical Center patients and improve our overall customer satisfaction.

Output-oriented Objective: To reduce the non-physician process times, which are measured in minutes by summing all non-physician contact events during a clinical visit, by 50% from the current average of 40 minutes in outpatient specialty clinics before the end of May, 2014.

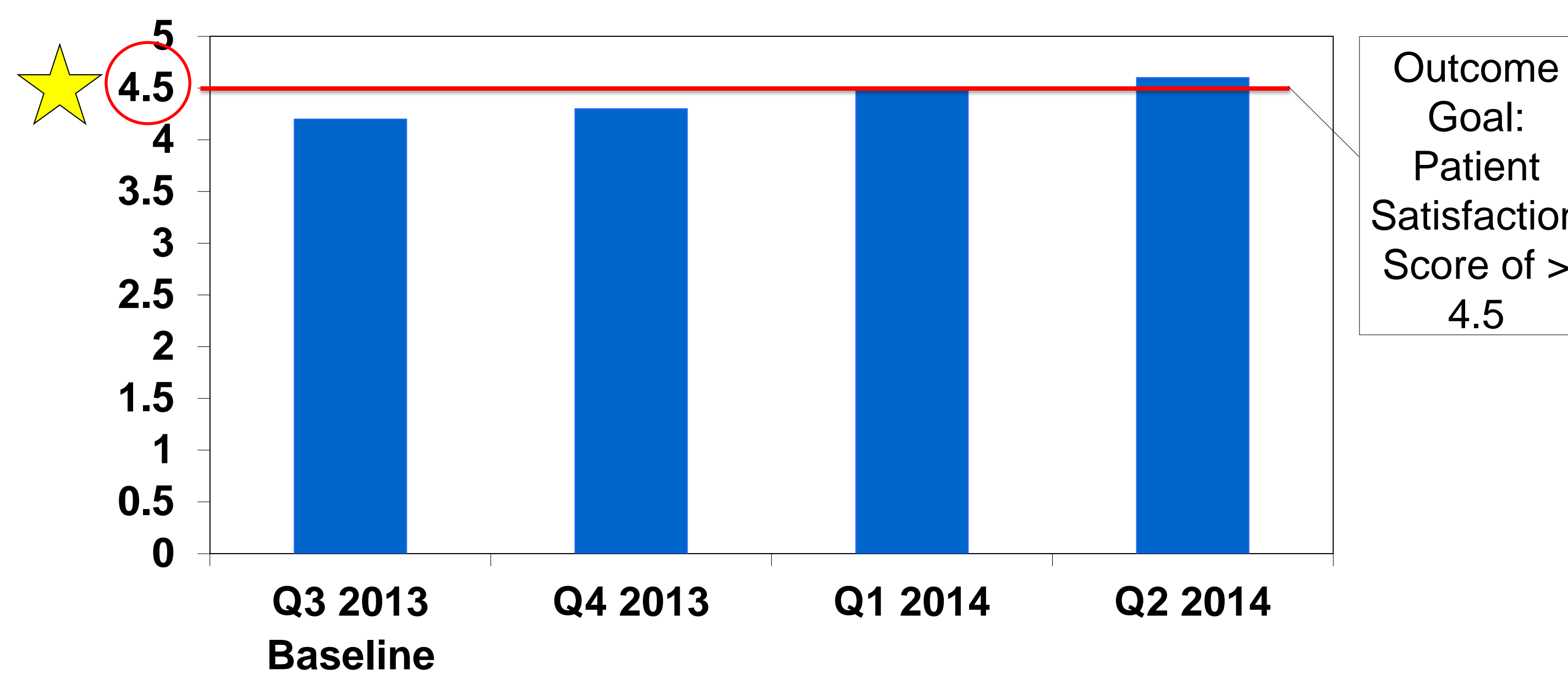
Outcome-oriented Objective: To increase the overall customer satisfaction scores, currently measured using Olive View-UCLA Medical Center's Outpatient Customer Satisfaction Survey tool, above the current 4.2 points to > 4.5 for all outpatient specialty clinics by the end of May, 2014. Minimum acceptable threshold for organization-wide has been set to 4.5 average point out of the 5 maximum possible by hospital leadership.

Outputs & Outcomes

Decreased Nursing & Ancillary Process Times



Increased Customer Satisfaction Scores

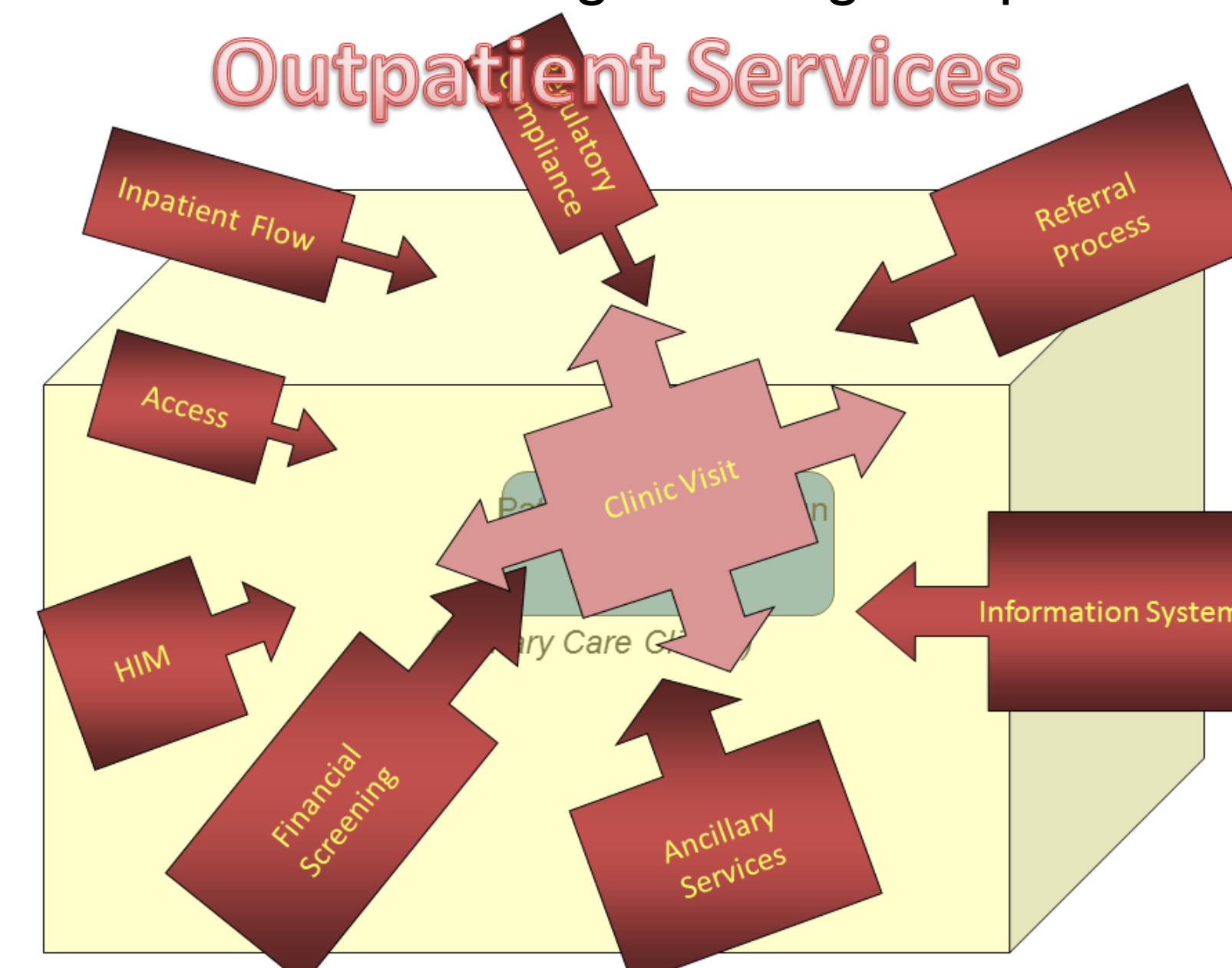


Ambulatory Care restructuring at Olive View-UCLA Medical Center began in mid-2012 and gained full steam in mid-2013. There were three major phases:

Phase I (late-2012): Pilot models of redesigned clinical processes were implemented.

Phase II (mid-2013): Redesign model approved and adopted by all operational and clinical officers.

Phase III (mid-2014): Results are reported to management staff on monthly basis, continuous quality monitoring implemented, operational and administrative support provided to all outpatient care units, and the Ambulatory Care Council is now governing all operations.



Lessons Learned

Give additional decision-making power to the members of the redesign team, refrain from centralizing operational control as I learned that most of the truly impactful re-designs were proposed from the bottom up.

Involve upper management and officers very early on during the piloting stages. Be more hands-on with communications with the officers throughout the improvement cycles.

Be very clear and exact as to what is being asked of all team members, clarify all roles and responsibilities on a continuous basis



About My Organization

Olive View Medical Center opened on October 27, 1920 as the tuberculosis sanatorium for Los Angeles County, to relieve the overcrowding of TB patients at County General Hospital. Once TB could be cured, the census dropped dramatically. Olive View then evolved into an acute care hospital. In 1970, Olive View Hospital became Olive View Medical Center, a teaching hospital affiliated with UCLA School of Medicine. A new 888-bed hospital was dedicated in December 1970, only to be destroyed on February 9, 1971 by the 6.5 Sylmar earthquake. For the next sixteen years, Olive View served its patients through an interim facility at Mid-Valley in Van Nuys.

On May 8, 1987 the new 377-bed-state-of-the-art replacement facility, built on the Sylmar site, opened. In 1992, Olive View incorporated UCLA in its name becoming Olive View-UCLA Medical Center. In May 1997, Olive View-UCLA Medical Center became a part of ValleyCare, a healthcare delivery system for the north San Fernando Valley.

Contact Me

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