Health Services
LOS ANGELES COUNTY

August 25, 2009

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TO: Each Supervisor

FROM: John F. Schunhoff, Ph.D.
Interim Director

SUBJECT: **STATUS REPORT ON KEY INDICATORS OF PROGRESS, HOSPITAL OPERATIONS, AND OTHER ISSUES RELATED TO THE TRANSITION TO THE NEW LAC+USC MEDICAL CENTER – PROGRESS REPORT #18 (Agenda Item #S-1, August 25, 2009)**

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To improve health through leadership, service and education.

This is to provide your Board with the bi-monthly report on the status of transitioning to the new LAC+USC Medical Center (LAC+USC). This report is the full monthly operational report with trends to include the period of July 2009.

Census Trending (ADC includes Psychiatric & Newborn Patients)

The Average Daily Census (ADC) for the month of July was 573 out of 671 licensed beds, an estimated 83% utilization rate (85% occupancy). The census for Medical/Surgical units was an estimated 95% utilization rate (97% occupancy) for July 2009.

Emergency Department (ED)

As reported in the July 28, 2009 report to your Board, the facility is continuing implementation of Phase I of the ED Information System (EDIS) which has resulted in some process delays as staff become familiar with its use. The ED wait time for the month of July only showed a slight increase from the prior month; the delays are also reflected in an increase in ambulance diversion. Furthermore, in comparing the Surge Report section of the attached Operational Monitoring Report (section 2e, page 9) to last month's report, there was an increase in crowding levels in the ED as a result of increased patient volume and acuity. Left Without Being Seen (LWBS) for the month of July showed a 2% decrease from June.

Average Length of Stay (ALOS)

The overall trend in ALOS for the 2-year period prior to the move reduced to a low range of 4.7 – 5.5 days in 2008. Immediately prior to the move, the ALOS increased as the lower acuity patients were transferred to other facilities. During the past several months, ALOS has again increased. This is likely the result of the increasing number of low acuity patients transferred out of the ED to Rancho Los Amigos and other private hospitals increases as demonstrated in the attached Operational Monitoring Report (section 3, page 11).

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Health Plan Agreements for Specialty Inpatient Care

In August 2009, the Office of Managed Care (OMC) hired a full-time senior staff analyst dedicated to contracting and marketing DHS' inpatient service lines with notable capacity (i.e., Burn, OB, Pediatrics). OMC is meeting with LAC+USC staff on September 2, 2009 to finalize the referral tool kit for the Burn program. OMC continues to meet with interested health plans for purposes of introducing these organizations to our system and processes. Rates have also been finalized with one health plan for the Burn program and a contract is pending.

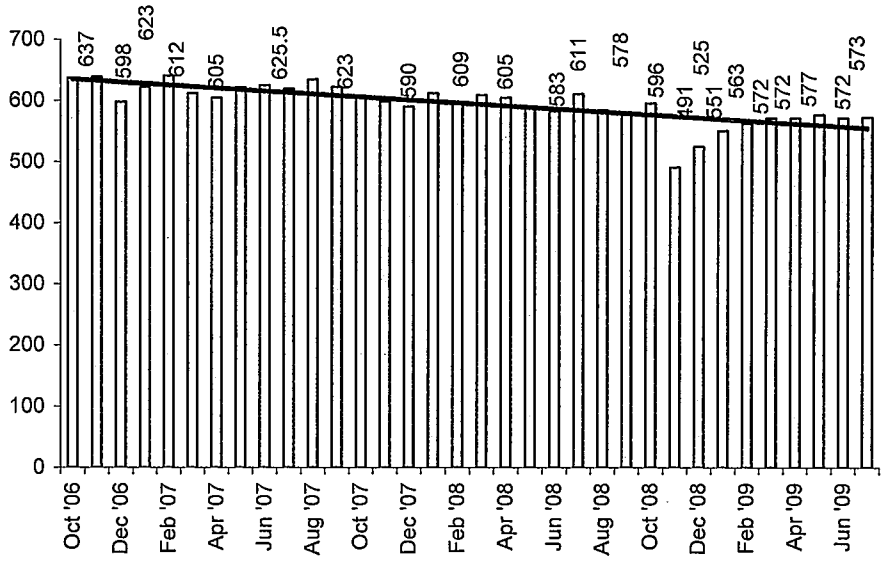
If you have any questions or need additional information, please contact me or Carol Meyer, Interim Chief Network Officer at (213) 240-8370.

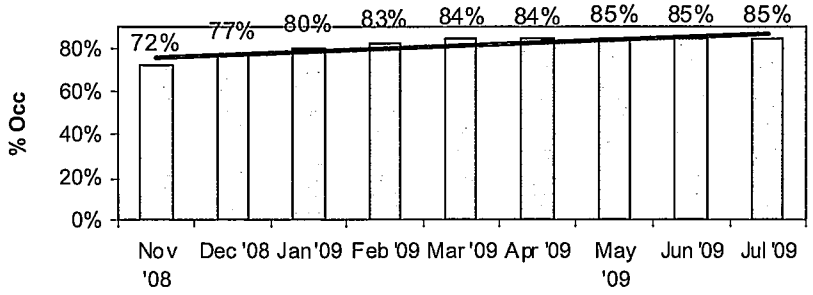
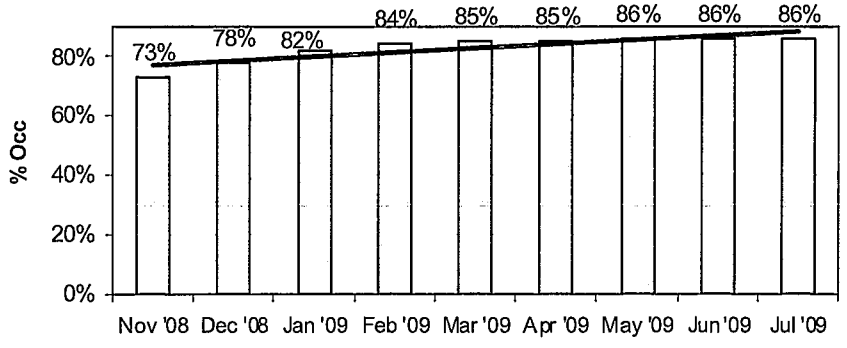
JFS:CM:pm
811:003

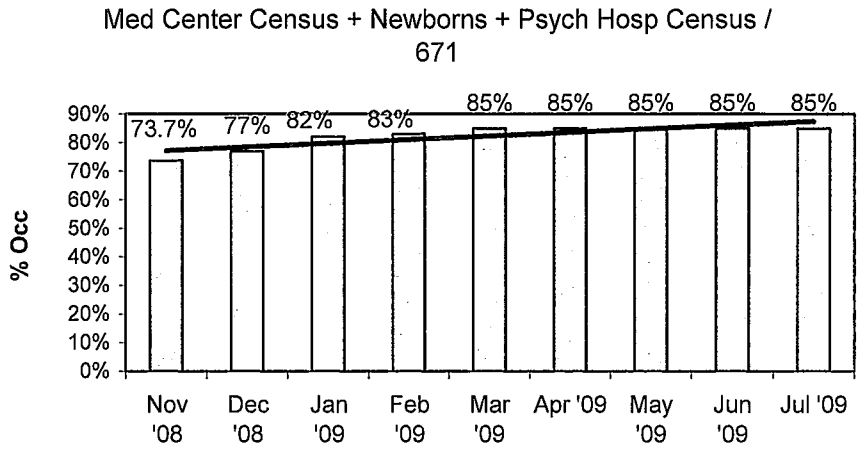
Attachment

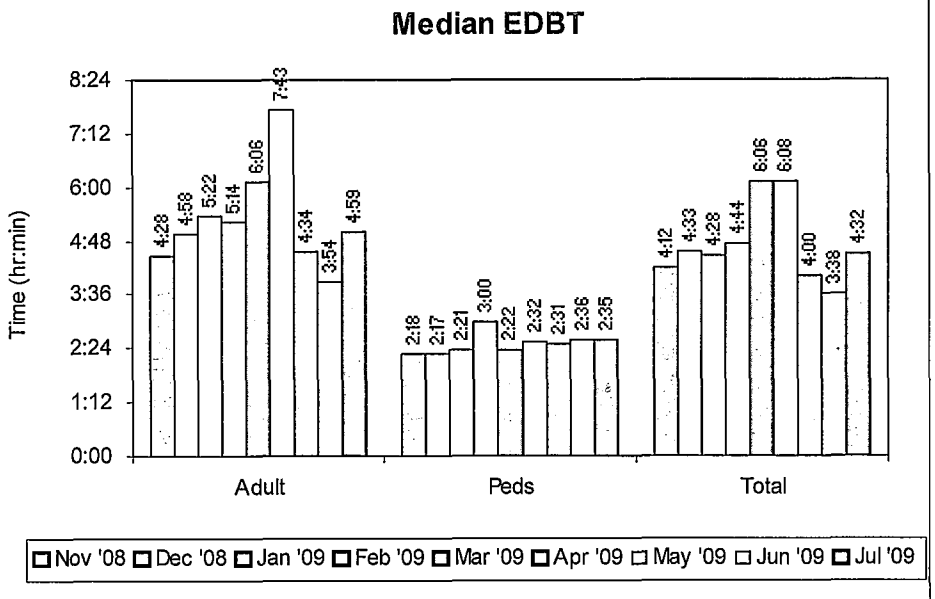
c: Chief Executive Officer
Acting County Counsel
Executive Officer, Board of Supervisors

LAC+USC Medical Center
Operational Monitoring Report
Reporting Period – July 2009

Indicator	Definition	Data	Comments
Indicator #1 – Trends in Average Daily Census and Hospital Operations Metrics			
1a. **Average Daily Census (ADC)**	**ADC:** A measure of the total number of inpatients occupying licensed beds on a daily basis reported as the arithmetic mean. **Calculation:** Total number of admitted inpatients at 12:00 AM midnight daily, summed over the month and divided by the total number of days in the month. **Source of Data:** Affinity	**ADC**  Note: Average Daily Census number reported includes Medical Center + Psych + Newborns Census.	ADC provided as background information.

Indicator	Definition	Data	Comments
Indicator #1 – Trends in Average Daily Census and Hospital Operations Metrics			
1b. **Occupancy Rate LAC+USC Medical Center**	**Definition**: A measure of the usage of the licensed beds during the reporting period that is derived by dividing the patient days in the reporting period by the licensed bed days in the reporting period. **Calculation:** The total number of admitted inpatients at 12:00 AM midnight, including women in labor, may include normal newborns and psychiatric inpatients divided by licensed or budgeted beds. **Source of Data:** Affinity **Target:** 95%	1. Medical Center Licensed Occupancy Rate (excluding Newborns) = Med Center Census - Newborns / 600 Med Center Census – Newborns / 600  2. Medical Center Licensed Occupancy Rate (including Newborns) Med Center Census + Newborn /600 Med Center Census + Newborns / 600  	For comparison, occupancy rates reported in the old facility were reported including newborns and were based on budgeted beds.

Indicator	Definition	Data	Comments
		2. Healthcare Network Budgeted Occupancy Med Center Census + Newborns + Psych Hosp Census / 671  Medical Center = New Facility Healthcare Network = New Facility + Psychiatric Hospitals	

Indicator	Definition	Data	Comments
Indicator #2 - Emergency Department Metrics			
2a. **Median Emergency Department Boarding Time** **(EDBT)** ***Harris Rodde Indicator**	**Boarding Time:** Time from MD Admit time (effective date and time of pre-admit) to time the patient actually leaves the ED en route to assigned bed (effective date and time of the ED disposition). **Calculation:** The middle value in the set of individual boarding times for the month arranged in increasing order. If there is an even number of values, then the median is the average of the middle two values. **Source of Data:** Affinity **Target**: Less than 7 hours.	 Jul '09 data is Preliminary data	

LAC+USC Medical Center
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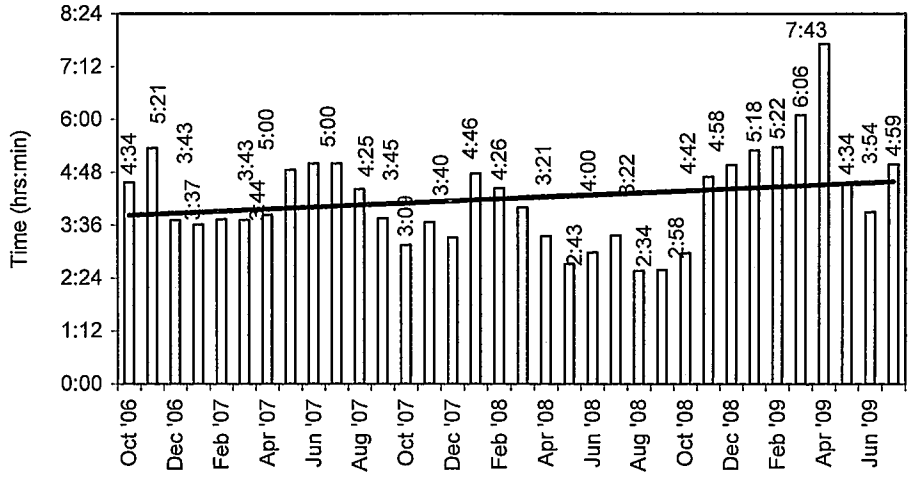
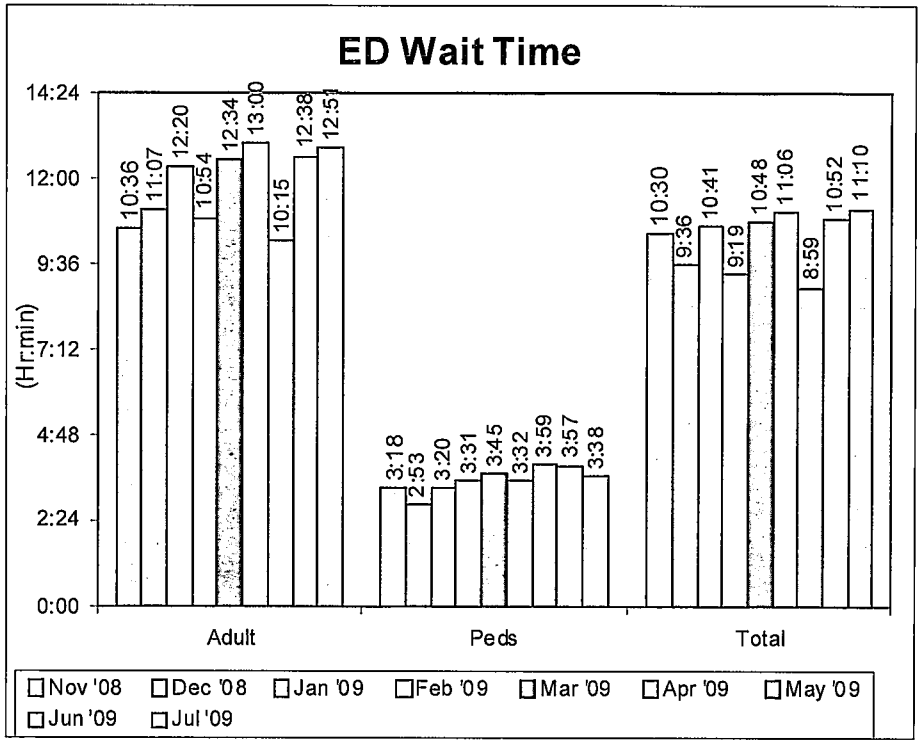
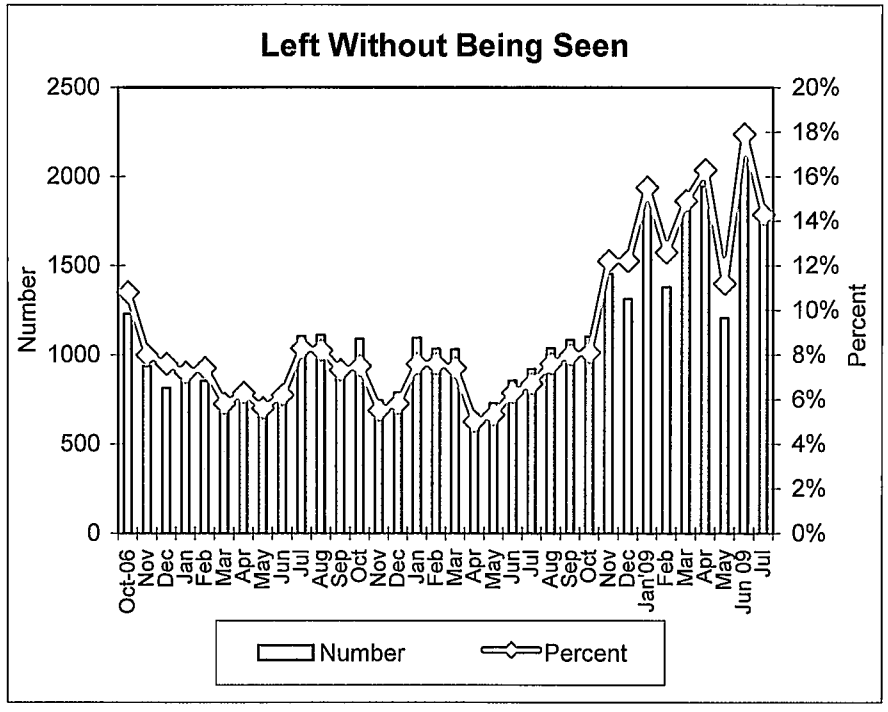
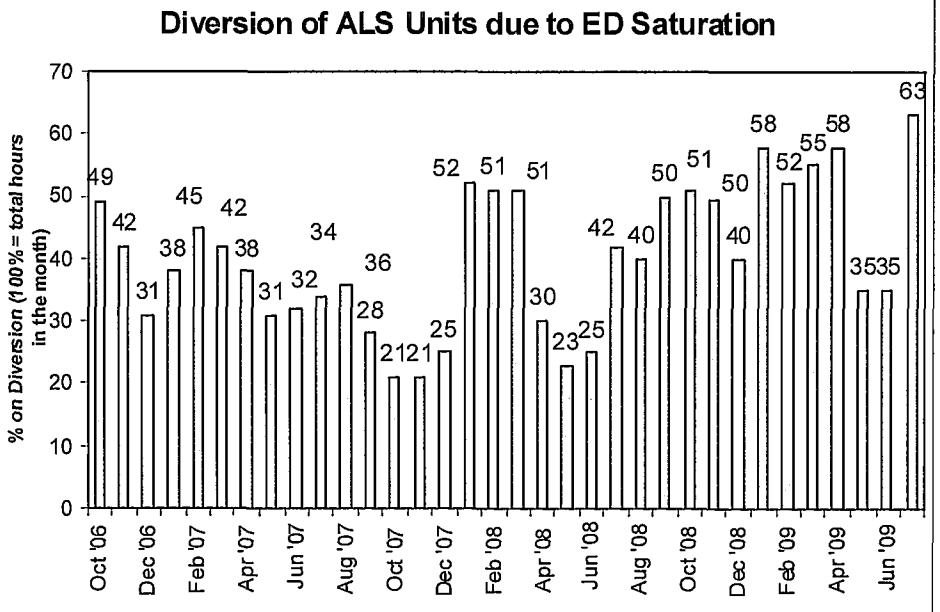
Indicator	Definition	Data	Comments
		Median Boarding Time (Adult)*  July '09 data is Preliminary data	

Indicator	Definition	Data	Comments
Indicator #2 - Emergency Department Metrics			
2b. **ED Wait Time**	**ED Wait Time:** Measured from time patient is triaged to time patient is either admitted or discharged reported as an arithmetic mean. **Definition:** Sum of all wait time values during the monthly reporting period divided by the total number of values. **Source of Data:** Affinity **Target:** No target value. Lower numbers are better.	 **Adult Wait Time :** *Excludes Psych, Pediatric, Observation Unit, and Jail patients **Total ED Wait time:** *Excludes Psych, Observation Unit, and Jail July '09 data is Preliminary data	

Indicator	Definition	Data	Comments
Indicator #2 - Emergency Department Metrics			
2c. **Left Without Being Seen** **(LWBS)** ***Harris Rodde Indicator**	**LWBS:** The total number of patients who left the ED without being seen by a physician reported as a percentage of all ED visits. **Calculation:** The total number of patients who left the ED without being seen divided by the total number of ED patient visits on a monthly basis. **Source of Data:** Affinity **Target:** No target value. Lower numbers are better.	 July '09 data is Preliminary data	

Indicator	Definition	Data	Comments
Indicator #2 - Emergency Department Metrics			
2d. **ED Diversion**	**ED Diversion:** A percentage measure of the time the ED diverts ambulance traffic away from the ED, reported as a function of the reason for diversion on a monthly basis. **Calculation:** The total number of hours of ED diversion for a specific reason divided by the total number of available hours in a month. **Source of Data:** ReddiNet		This is slightly lower than the before move diversion history which generally ranged between 50-60%. Key points: -- Diversion is for paramedic runs only; Basic Life Support ambulances still arrive. -- When diversion is requested but all hospitals in the area are on diversion, patients go to the closest hospital. Therefore, ambulances often arrive while "on diversion".

Indicator	Definition	Data	Comments
2e. **Surge Report**		Surge reporting for month of Jul '09	

Level	% distribution	Hours
Dangerously Overcrowded	6.2%	44.6
Severely Overcrowded	39.6%	294
Overcrowded	39.9%	297
Extremely Busy	13.5%	100
Busy	0.8%	5.9
Not Busy	0%	0

The first level is Green ("Not Busy"). The level of crowding is self-explanatory. This level mandates standard operational procedures.

Second and third levels are Blue and Yellow ("Busy" and "Extremely Busy", respectively). Activities include closing to outside lateral transfers.

The fourth level is Orange ("Overcrowded") which is analogous to being closed to ED Saturation (ambulance diversion). A variety of activities throughout the hospital also occur, such as increasing transfers to Rancho, expediting discharges, etc.

The fifth level is Red ("Severely Overcrowded") which implements advanced bed capacity protocols, transferring patients to other hospitals, hospital leadership notification, bed huddles and other service operation measures.

The sixth level is Black ("Dangerously Overcrowded"). This is the highest level of overcrowding and activates the Temporary ED Overflow patient care area.

Indicator	Definition	Data	Comments
Indicator #3 – Trends for Patient Diversions and Transfers & #4 – Transfers to Rancho Los Amigos Metrics			
3. & 4. **Rancho Los Amigos Hospital (RLAH) Transfers**	**Transfers:** The volume of patients transferred to RLAH for acute hospitalization from the Emergency Department and from Inpatient Units. **Data Source:** Manual record keeping. Cancelled category includes patients who's condition changed leading to higher level of care or discharge home.	**Month of July** **Referrals from ER:** **Referrals from Inpatients:**	

Referrals from ER:

	Med/Surg	Acute Stroke	Total
# Met transfer criteria	75	NA	-
# Referred to RLAH	57	30	87
# Transfers	54	30	84
# Denied	3	NA	-
# Cancelled	18	NA	-
# Patients refused*	13	NA	-

Referrals from Inpatients:

	Med/Surg	Acute Stroke	Total
# Met transfer criteria	30	NA	-
# Referred to RLAH	21	3	24
# Transfers	14	3	17
# Denied	7	NA	-
# Cancelled	9	NA	-
# Patients refused*	0	NA	-
Other /Pending	NA	NA	-

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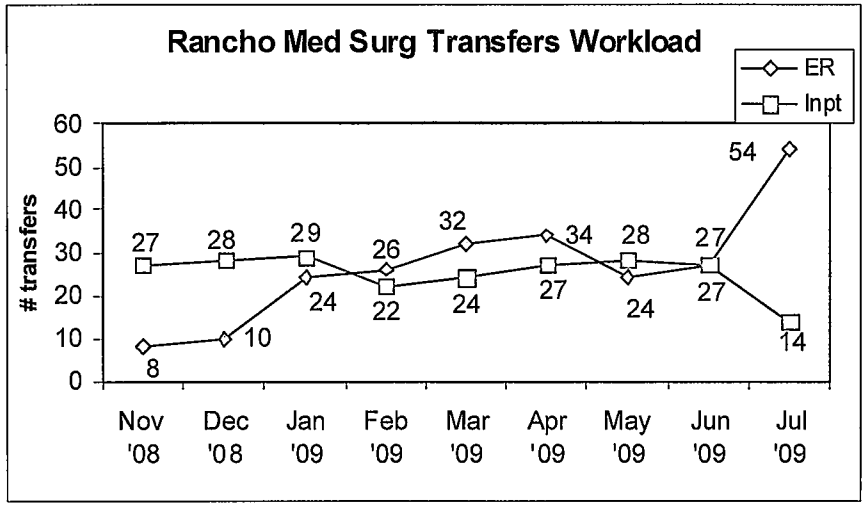
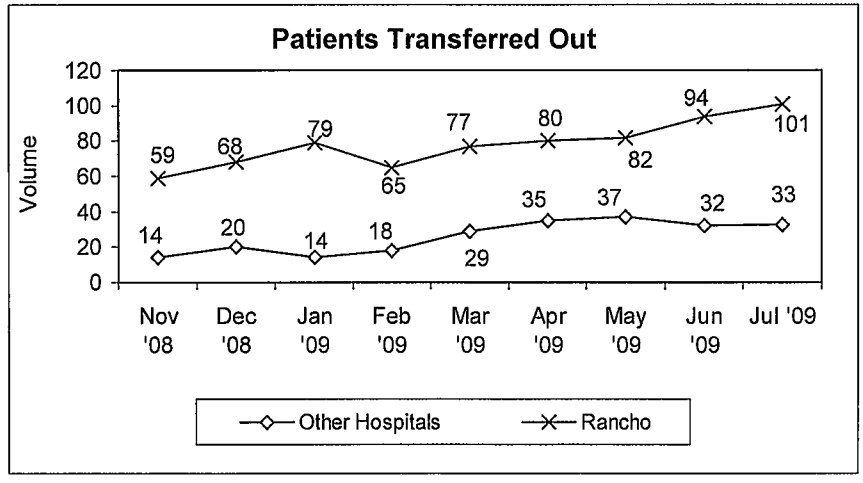
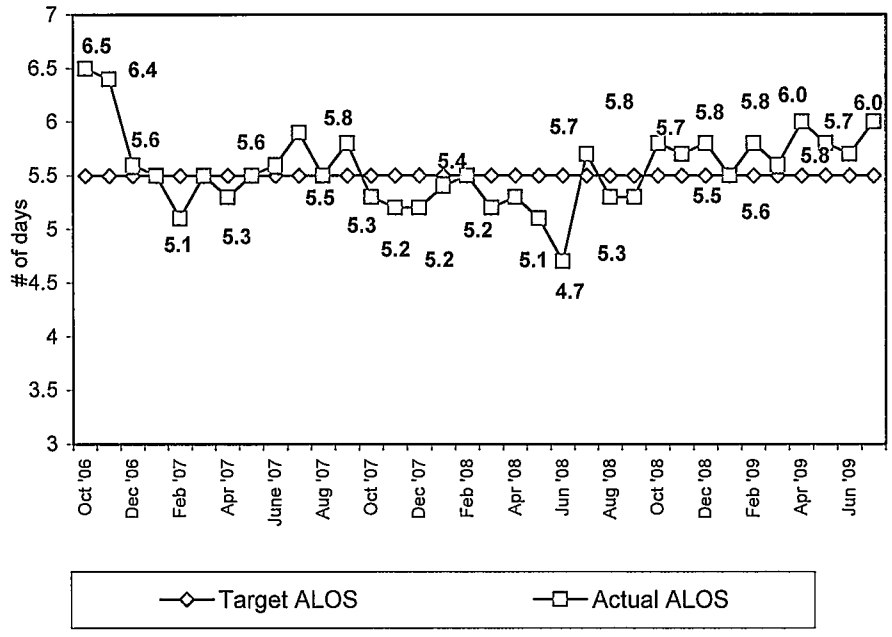
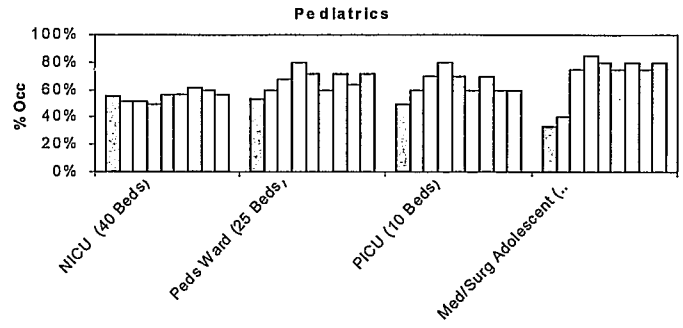
Indicator	Definition	Data	Comments
		  Data was revised to reflect total # of patients (including stroke patients) referred to Rancho	Transfer experience to Other Hospitals has gone smoothly. Reason for # of low transfers is low # of patients admitted with Med-Cal. Of those some require services not available, i.e., psych, neuro, some are unstable, others are altered and unable to consent transfer.

Indicator	Definition	Data	Comments
Indicator #5 – Harris Rodde Indicators			
5. **Average Length of Stay (ALOS)** ***Harris Rodde Indicator**	**<u>LOS:</u>** The difference between discharge date and the admission date or 1 if the 2 dates are the same. **Total LOS:** **<u>Calculation:</u>** ALOS is the arithmetic mean calculated by dividing the Total LOS by the Total # of discharges in the monthly reporting period, rounded off to one decimal place. **Source of Data:** Affinity **Target**: <5.5 days	**ALOS**  ***Healthcare Network ALOS -** Preliminary data pending Auditor-Controller validation	Overall trend in ALOS for the 2-year period prior to the move reduced to a low range of 4.7 – 5.5 days in 2008. Immediately prior to the move, the ALOS increased as the lower acuity patients were transferred to other facilities. This trend may continue depending on number of transfers.

Indicator	Definition	Data	Comments
Indicator #6 – Pediatric Metrics			
6. **Pediatric Bed Census and Occupancy (%)** **Pediatric ICU (PICU)** **Neonatal ICU (NICU)** **Pediatric Unit** **Adolescent Unit**	**Census:** The total number admitted pediatric inpatients at 12:00 AM midnight of a designated pediatric ward. **Occupancy:** The total number of admitted pediatric inpatients divided by the total number of licensed beds on that unit and reported as percentage. **Source of Data:** Affinity		

Date	NICU (40 Beds)	Peds Ward (25 Beds)	PICU (10 Beds)	Med/Surg Adolescent (20 Beds)
Nov-08	56%	54%	50%	33%
Dec-08	52%	60%	60%	40%
Jan-09	52%	68%	70%	75%
Feb-09	50%	80%	80%	85%
Mar-09	57%	72%	70%	80%
Apr-09	57%	60%	60%	75%
May-09	62%	72%	70%	80%
Jun-09	60%	64%	60%	75%
Jul-09	57%	72%	60%	80%