Health Services
LOS ANGELES COUNTY

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To ensure access to high-quality, patient-centered, cost-effective health care to Los Angeles County residents through direct services at DHS facilities and through collaboration with community and university partners

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August 02, 2011

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, California 90012

Dear Supervisors:

APPROVAL TO ACCEPT GRANT AGREEMENT FROM
L.A. CARE HEALTH PLAN FOR VARIOUS COUNTY PROJECTS
(ALL SUPERVISORIAL DISTRICTS)
(3 VOTES)

SUBJECT

Request approval to accept a Grant Agreement from L.A. Care to accept monies to support projects for the Office of Nursing Affairs, Olive View-UCLA Medical Center and the South Valley Health Center.

IT IS RECOMMENDED THAT YOUR BOARD:

1. Approve and instruct the Director of Health Services (Director), or his designee, to accept and sign the attached Grant Agreement from L.A. Care Health Plan (L.A. Care) which provides funding to support the following County projects: Office of Nursing Affairs –Metiman Manikins Nursing Education and Training Project for $236,000; ValleyCare Network - Olive View-UCLA Medical Center (OV-UCLA MC) - Retinal Telemedicine Programfor $115,000; and High Desert Multi-Service Ambulatory Care Center(HD MACC) - Pediatric Clinic Expansion for $75,000, effective May 1, 2011 through November 1, 2012, for a total Grant Agreement award of $426,000, at no net County cost.

2. Delegate authority to the Director, or his designee, to accept and sign amendments to increase the total Grant Agreement award, in an amount not to exceed 10 percent over the base award, and to extend the Grant Agreement term at no net County cost to complete projects, subject to review and approval by County Counsel, notification of your Board offices and the Chief

Executive Office.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

For a number of years, your Board has authorized the acceptance of grant funds for the provision of various County programs/projects in Los Angeles County.On May 13, 2011, the Department of Health Services (DHS) received Notice of Award of a Grant Agreement from L.A. Care in the amount of $426,000 to support three County projects with a grant period May 1, 2011 through November 1, 2012.

Approval of the first recommendation will authorize the Director to accept and execute the Grant Agreement with L.A. Care, substantially similar to Exhibit I, to support three individual projects in DHS Office of Nursing Affairs,ValleyCare Network -OV-UCLA MC, and HD MACC.

Approval of the second recommendation will delegate authority to the Director to amend the Grant Agreement to accept additional monetary awards from L.A. Care and to extend the term in the event projects need additional completion time. DHS will obtain prior approval of any such amendments from County Counsel and CEO and also provide notice to your Board.

Implementation of Strategic Plan Goals

The recommended actions support Goal 4, Health and Mental Health, of the County's Strategic Plan.

FISCAL IMPACT/FINANCING

The grant award for the three projectsis as follows:

Office of Nursing Affairs – Metiman Manikins Nursing Education and Training Project - $236,000
ValleyCare Network - OV-UCLA MC – Retinal Telemedicine Program $115,000
HD MACC – Pediatric Clinic Expansion - $75,000
Total $426,000

The grant funds are retained in an existing interest bearing trust account until they are needed to support program expenditures. This action does not affect net County costs.

Funding will be requested in the Fiscal Year 2011-12 Supplemental Budget Resolution Request.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

Office of Nursing Affairs – Metiman Manikins Nursing Education and Training Project

The DHS Office of Nursing Affairs will enhance and standardize clinical staff training by providing DHS nurses and student nurses the opportunity to train and practice first emergency response performance skills on state-of-the-art computerized manikins. A total of five (5) manikins will be purchased using the grant funding. These computerized manikins are equipped with several real-life clinical features such as heart, pulse, respiratory and blood pressure rates, body sounds, blinking eyes and secretions. This project will focus on education, training and validating nurses for Advanced Cardiac Life Support (ACLS) skills and nursing students for Basic Cardiac Life Support (BCLS) skills. ACLS and BCLS certifications will be issued to the nurses and student nurses upon

completion of the training.

ValleyCare Network - OV-UCLA MC- Retinal Telemedicine Program

At the OV-UCLA MC, the demand for Ophthalmology services to evaluate for Diabetic Retinopathy far exceeds capacity. The wait-time for a routine diabetic exam in the eye clinic is over one year. The grant will fund a Retinal Telemedicine Program that will improve appointment wait time, and provide productivity and system integration from multiple clinic sites. Also, the Program will provide timely access for diabetic eye disease screening which will decrease the use of emergency room visits and operating room procedures.

The Retinal Telemedicine Program is a new and innovative way to evaluate for diabetic eye disease. A similar program was successfully implemented at Mid-Valley Comprehensive Health Center in 2009 and resulted in a reduction from one year to less than one month for appointments. The Retinal Camera Telemedicine System images the retina allowing the Ophthalmologist to evaluate for eye disease without a face-to-face patient visit. This scan serves as an effective alternative to the in-person dilated retinal exam. With the Retinal Telemedicine Program, patients will be evaluated for Diabetic Retinopathy and screened for diabetes within 1-2 weeks. This will dramatically decrease the back-log of patients for the eye clinic, and improve the quality of care for all patients who need eye care at OV-UCLA MC.

HDH- Pediatric Clinic Expansions

The grant funding will be used for the purchase of equipment and furniture for the South Valley Health Center (SVHC) PediatricClinic. The SVHC is located in east Palmdale and provides adult and pediatric primary care services, urgent care and six surgical sub-specialty clinics (general surgery, podiatry, orthopedics, gynecology, Ear, Nose, and Throat, and urology). The clinic has been affiliated with L.A. Care through the Community Health Plan (CHP) since its inception. The SVHC is a safety net facility, which serves the uninsured, in addition to participating in the Medi-Cal, Medi-Cal Managed Care, and Healthy Families programs.

At the present time, all services at the SVHCare located in approximately 14,000 square feet on the first floor. Adult and pediatric primary care services are combined in one large clinic suite. As the clinic has grown, this combined clinic arrangement has proven inadequate, with the waiting area becoming very crowded, with newborns and well children often waiting for services in close proximity to sick children and adults. To address this situation, Los Angeles County leased an additional 5,000 square feet on the second floor of the building and this new space has been built out as a Pediatric Clinic. This will enable separation of the adult and pediatric primary care populations and provide more appropriate waiting and treatment space for both groups of patients. With seven examination rooms, an observation room, a triage room, and various support spaces, the new clinic provides space for the expansion of Pediatric services at the SVHC. With the purchase of equipment and furniture, the space will be ready for occupancy.

County Counsel has approved Exhibit I as to form.

Attachment A is the Grant Management Statement, which your Board instructed all County Departments to include in Board letters for grant awards exceeding $100,000.

CONTRACTING PROCESS

Not applicable.

IMPACT ON CURRENT SERVICES (OR PROJECTS)

Approval of the recommended actions will assist the DHS in continuing its efforts to improve access to care and efficiency in Los Angeles County.

Respectfully submitted,

Mitchell H. Katz, M.D.

Director

MHK:pm

Enclosures

c: Chief Executive Office
County Counsel
Executive Office, Board of Supervisors
Auditor-Controller

ATTACHMENT A

Los Angeles County Chief Administrative Office
Grant Management Statement for Grants Exceeding $100,000

Department:	Health Services

Grant Project Title and Description
(1) Office of Nursing affairs – Metiman Manikins Nursing Education and Training Project: Purchase 5 computerized manikins to train and practice on first emergency response skills (2) Olive View-UCLA Medical Center – Retinal Telemedicine Program: New and innovative way to evaluate for diabetic eye disease. (3) South Valley Health Center – Purchase of equipment and furniture for the South Valley Health Clinic Pediatric Clinic.

Funding Agency	Program (Fed. Grant #/State Bill or Code #)	Grant Acceptance Deadline
L.A. Care Health Plan	N/A.	None

Total Amount of Grant Funding:	$426,000	County Match Rquirements:	$0		
Grant Period:	Begin Date:	May 1, 2011	End Date:	November 1, 2012	
Number of Personnel Hired Under this Grant:	0	Full Time	N/A	Part Time	N/A

Obligations Imposed on the County When the Grant Expires

Will all personnel hired for this program be informed this is a grant funded program?	Yes	N/A	No
Will all personnel hired for this program be placed on temporary ("N") items?	Yes	N/A	No
Is the County obligated to continue this program after the grant expires	Yes	N/A	No

If the County is not obligated to continue this program after the grant expires, the Department will:

a). Absorb the program cost without reducing other services	Yes	N/A	No
b). Identify other revenue sources	Yes	N/A	No
(Describe)			
c). Eliminate or reduce, as appropriate, positions/program costs funded by this grant.	Yes	X	No

Impact of additional personnel on existing space:	N/A
Other requirements not mentioned above	None

Department Head Signature _____ Date 7/27/11

L.A. Care Health Plan
Community Benefit Programs
GRANT AGREEMENT

An eighteen-month Grant has been approved in the amount of Four Hundred and Twenty Six Thousand Dollars ($426,000) to **Los Angeles County Department of Health Services (LAC DHS) ("Grantee")**. The Grant period is from *May 1, 2011 through November 1, 2012* as part of the Local Initiative Health Authority for Los Angeles County dba L.A. Care Health Plan, an independent public agency, ("L.A. Care") Responsive Grant Making ("Ad Hoc") Program for the purposes set forth in Section I below. This Grant is made in accordance with the following terms and conditions:

I. Purpose of the Grant

L.A. Care is making grant monies available to further its mission as a community health plan serving vulnerable and underserved populations in Los Angeles County. As one component of this mission, L.A. Care supports projects that address issues related to improving public health and reducing health disparities such as projects that address access to coverage and care. This Grant will support Grantee's use of Four Hundred Twenty Six Thousand Dollars ($426,000) of funds previously allocated by L.A. Care to LAC DHS for another project but unused by LAC DHS . This Grant will be made up of the following three (3) projects and which will be referred to as the "Three Projects": (1) The Office of Nursing Affairs will receive Two Hundred Thirty Six Thousand Dollars ($236,000) to purchase computerized manikins to enhance and standardize the clinical training of nurses and students; (2) The Valley Care Network will receive One Hundred Fifteen Thousand Dollars ($115,000) for a Retinal Telemedicine program to improve access and quality of eye care for diabetic patients and; (3) The South Valley Health Center will receive Seventy Five Thousand Dollars ($75,000) to equip and furnish its newly expanded pediatric clinic.

Grantee shall fulfill all the objectives outlined and incorporated in the attached workplans (Exhibits A) in a manner consistent with the Grant Budget (Exhibits B) attached hereto on or before November 1, 2012.

II. Conditions and Terms of the Grant

As a condition of payment, Grantee asserts that it is a licensed free or community clinic, a Federally Qualified Health Center, a public agency, or a tax-exempt 501 (c) (3) that serves people in Los Angeles County.

Grantee shall forward four (4) reports ("Reports") to L.A. Care due within thirty (30) days from the dates noted below:

1. The first reporting period ends on November 1, 2011,
2. The second reporting period ends on May 1, 2012,
3. The third reporting period ends on November 1, 2012, and
4. The closing report ends on November 1, 2013, a year after this agreement ends.

Each Report should document progress made during these reporting periods above, in accordance with the attached workplans. Grantee will also report on activities carried out in compliance with the acknowledgement and communication requirements noted in Section VIII, below. Failure to submit timely and complete Reports may impact receipt of payment under this Grant and may disqualify Grantee for future grants from L. A. Care.

III. Disbursement of Grant Funds

This Grant award for the Three Projects will be disbursed in three (3) payments as indicated below. L.A. Care will make the first payment of funds for Two Hundred Thousand Dollars ($200,000) within thirty (30) days of receipt of:

- **Two (2) original copies of this Grant Agreement signed by an authorized representative of Grantee; and**
- **If applicable, one copy of Grantee's W-9 form, if not previously provided to L.A. Care.**

The second payment of One Hundred Thirteen Thousand Dollars ($113,000) will be disbursed within thirty (30) days after receiving the first progress Report due on November 1, 2011. To receive the second payment, Grantee must have completed workplan objectives for the first and second quarters for every one of the Three Projects as outlined in the respective Exhibit A. No funds will be released unless these program objectives are met.

The third and final payment of One Hundred Thirteen Thousand Dollars ($113,000) will be disbursed within thirty (30) days after receiving the second progress Report due on May 1, 2012. To receive this final payment, Grantee must have completed workplan objectives for the third and fourth quarters for every one of the Three Projects as outlined in the respective Exhibit A. No funds will be released unless these program objectives are met.

L.A. Care shall receive two (2) original executed Grant Agreements on or before May 15, 2011. One fully executed original will be returned to the Grantee.

Grantee understands that L A. Care has no obligation to provide additional support to Grantee for this or any other purpose. Expenditure of Grant funds must be consistent with the approved Grant Budget, attached as Exhibit B for each one of the Three Projects. Revisions of the Grant Budget must be requested in writing when changes, in any line item, are projected to be above ten percent (10%) of the approved budget. L.A. Care reimburses a maximum of ten percent (10%) for indirect costs.

Notwithstanding the above stated provisions in Section III, L.A. Care will not make any disbursement of the Grant unless Grantee is in compliance with all of the terms and conditions applicable to the award contained in this Grant Agreement, and only as long as the disbursement of the grant: (1) will not violate any provision of law, regulation, or administrative ruling to which L A. Care is subject; and (2) will not subject L.A. Care to any tax, penalty or fine.

IV. Default, Termination, Repayment

L.A. Care will not be obligated to disburse any Grant funds, if, at the time of the disbursement,

Grantee is in default under the terms of any agreement provided funding from L.A. Care on any of the Three Projects. At L.A. Care's sole discretion, L.A. Care may terminate the Grant and L.A. Care will be under no further obligation to extend funding should Grant proceeds be used for any purpose other than those specified under this Grant Agreement. L.A. Care, at its sole discretion, may terminate the Grant at any time without any further obligation to the Grantee, if: (1) in L.A. Care's judgment, the Grantee becomes unable to carry out the purposes of the Grant; (2) the Grantee fails to comply with the conditions of the Grant; or (3) L.A. Care's anticipated funds designated to support this grant are substantially reduced or discontinued. If the Grant is terminated prior to the end of the grant term due to the occurrence of items 1-2, above, the Grantee shall reimburse L.A. Care the unexpended monetary value of the Grant as specified in this Grant Agreement.

V. Monitoring

L.A. Care reserves the right to monitor and conduct an evaluation of the project operations funded by the Grant. This monitoring may include a site visit by L. A. Care personnel upon reasonable prior notice to review the progress, pertinent records and/or subcontracts, and other material related to Grant activities. L.A. Care reserves the right to audit all financial records pertaining to Grant activities.

VI. Copyright Ownership

All copyright interests in material produced as a result of this grant are owned by the Grantee. Grantee hereby gives to L.A. Care a nonexclusive, irrevocable, perpetual, royalty-free license to reproduce, publish, copy or otherwise use any and all such materials.

VII. Indemnification

Grantee agrees to indemnify and hold L.A. Care harmless from and against all loss, damage, or claims arising as a result of Grantee undertaking grant award activities pursuant to this Grant Agreement including any loss due solely to the acts or omissions of Grantee in the performance of this Grant Agreement.

VIII. Acknowledgement and Communication

1. In consultation with L.A. Care Health Plan, Grantee will place a significant plaque acknowledging this contribution in a prominent and visible area acknowledging L.A. Care's contribution and with language approved by L.A. Care,
2. During the term of this grant, Grantee must name "L.A. Care Health Plan" as grantor in all communications relating to this project and if applicable must acknowledge L.A. Care at all fundraising and press events related to this specific project. When appropriate, the Grantee shall include the following statement: "*This project is funded in part by L.A. Care Health Plan and will benefit low-income and uninsured residents of Los Angeles County,*"
3. For all outreach and fundraising events related to this project, an L.A. Care banner will be provided to Grantee for appropriate display,
4. L.A. Care and Grantee organizations will prepare and when agreed by both parties issue joint press releases that recognize L.A. Care's contribution and its importance in addressing

community need, should either party take the initiative,

5. If any press conferences, ribbon cuttings, groundbreakings, or other events are held and relates to the project, Grantee will ensure that an L.A. Care spokesperson is included and has a prominent role,
6. L.A. Care will post information regarding this Grant on its website, and
7. Grantee will report on all the above listed activities in the reports required by and in accordance with the schedule set forth in Section II.

IX. No Right of Assignment or Delegation

Grantee may not assign or otherwise transfer its rights or delegate any of its obligations under this Grant Agreement, with the exception of any needed subcontractors, which shall agree to be bound by all terms and conditions of the Grant.

X. Validity and Amendment

If any term or part of any term or condition of this Grant Agreement is determined to be invalid it shall not affect the validity of the other terms and conditions. This Grant Agreement can be modified by an amendment authorized by representatives of L.A Care and Grantee.

XI. Authorized Signature

This Grant Agreement correctly sets forth Grantee's understanding of the terms and conditions of the Grant. Grantee accepts this Grant Agreement by having an authorized individual sign and date in the spaces provided below and causing the Grant Agreement to be returned to:

Elaine Batchlor, MD, MPH, Chief Medical Officer
Community Benefit Programs
L. A. Care Health Plan
555 W. Fifth Street, 29th Floor
Los Angeles, CA 90013
Telephone: 213.694.1250 Ext. 4191
Fax: 213. 438.5729
E-mail: ebatchlor@lacare.org

The terms of the Grant accepted and agreed to:

Local Initiative Health Authority for Los Angeles County, d.b.a. L.A. Care Health Plan (L.A. Care)

By: _____
Name: **Howard A. Kahn**
Title: **Chief Executive Officer**
Date: _____, 2011

Los Angeles County Department of Health Services (Grantee)

313 N. Figueroa, Room 9, Executive Office
Los Angeles, CA 90012

By: _____
Name: **Mitch Katz, MD**
Title: **Director**
Date: _____, 2011
T.I.N.: 95-2557063

EXHIBIT A

COMMUNITY BENEFIT PROGRAMS
COMMUNITY HEALTH INVESTMENT FUND (CHIF)
Ad Hoc Application

Name of organization: LAC-DHS Office of Nursing Affairs

Address: 313 North Figueroa, Room 904

City: Los Angeles **State:** California **Zip code:** 90012

Project site address (es), if different from above: College of Nursing and Allied Health,. 1237 N. Mission Road L.A., CA 90033. Harbor, 1000 W. Carson St., Torrance, CA 90509. Olive View Medical Center, 14445 Olive View Dr., Sylmar, CA 91342

Name and title of ED/CEO/President: John F. Schunhoff, Ph.D. Interim Director

Telephone (s): 213/240-7702 **E-mail:** lquince@dhs.lacounty.gov

Project contact and title: Lori Quince, Recruitment & Retention Program Manager-Office of Nursing Affairs

Telephone(s): (213)240-7702 **E-mail:** lquince@dhs.lacounty.gov

Project Name: Metiman Manikins Nursing Education and Training Project

Organization's annual operating budget $ 3.4 Billion **Total project budget** $265,509

Request to L.A. Care $ 235,861 **L.A. Care's percentage of project budget:** 88.8 %.

Estimated project timeline for using of L.A. Care funds: Eighteen Months

Organization in existence since: _____ **Percentage of administrative overhead:** 53 .02%

Please check all that apply: **Medi-Cal** √ **Healthy Families** √ **Healthy Kids** ☐ **LAC-DHS** √

In L.A. Care's Medi-Cal Network, if applicable? **yes** ☐ **If so, what network** ☐

***If* applicable, name of fiscal agent** _____ **Federal Tax ID number** _____
Fiscal Agent Budget _____ ***Date emailed*** _____

II. ORGANIZATION TYPE

Select one:

☐ Federally Qualified Health Center (FQHC) **or** FQHC Look-alike	☐ 501(c)(3) Licensed Community Clinic (**not** FQHC or FQHC Look-alike)	Public Agency ☐ County ☐ City ☐ School ☐ Other (specify) _____ _____	☐ Other 501 (c) (3)-specify:

Limit this entire application to no more than eight pages. Requested attachments are not part of the eight-page limit. Font size must at least 11 points. Must send a copy in MS Word (.doc) or Excel

(.xls), but not .pdf. If need to send in .pdf, please send in addition to, but not in substitution of , MS Word version. DO NOT BOLD TYPE RESPONSES.

III. PROJECT and ORGANIZATIONAL BACKGROUND

Provide a three-paragraph max summary of your proposed project. Make sure you address each one of the following:

a. **Brief description of the proposed project and of the specific request,**
Los Angeles County, Office of Nursing Affairs will enhance the current Department of Health Services (DHS) Nursing Education Departments by providing DHS system wide nurses the opportunity to train and practice on first emergency response performance skills on state-of-the-art computerized manikins. A total of five (5) manikins will be purchased. These computerize manikins are equipped with several real-life clinical features such as heart, pulse, respiratory and blood pressure rates, body sounds, blinking eyes and secretions. This type of training program will expand the nurses' knowledge through use of real-life simulation learning modules, improve hands-on direct clinical first emergency response performance skills, contribute to patient safety and improved clinical outcomes and quality care by enhancing critical thinking skills. This project will focus on education, training and validating nurses for Advanced Cardiac Life Support (ACLS) skills and nursing students Basic Cardiac Life Support (BCLS) skills. BCLS and ACLS certifications will be issued to the nurses and student nurses upon successful completion of the training.

b. **Problem statement,**
The DHS nurses and student nurses train on non-computerized rubber manikins. These rubber manikins inhibit staff from experiencing various precise techniques, skills and real time mock situations. Nurses and student nurses are limited in their practice and performance with non-computerized rubber manikins, as these manikins are unable to perform any clinical simulated features to allow with real time situations as with the use of over 40 simulated clinical experiences in areas such as cardiac disease, arrhythmias, patient with asthma, diabetes and trauma. DHS Nursing Education Departments will have the opportunity to train and practice on state-of-the-art computerized manikins. The manikins are the only patient simulator that employs multiple models of human physiology. These include but are not limited to, the cardiovascular system, pulmonary system, neuromuscular system and central nervous system. The model can be programmed to display clinical human signs and symptoms (e.g., spontaneous breathing, eyelid blinking and monitored parameters (e.g., electrocardiogram, blood pressure) and respond to therapeutic intervention with minimal input from the instructor.

c. **Interventions/solutions that addresses stated problem,**
Simulation is an educational technique that allows interactive, and at times immersive, activity by recreating all or part of a clinical experience without exposing patients or staff to the associated risks. These manikins will improve the hands-on training provided to nurses and student nurses, and increase their performance skills by achieving proficiency with the use of a high fidelity computer driven manikin models.

The Nurse Instructor from Harbor UCLA Hospital, Olive View Hospital, Rancho Los Amigos National Rehabilitation Center and at the Los Angeles County School of Nursing and Allied Health (CONAH) will train on first emergency response performance skills. This educational project will be designed for the Nurse Educators, nurses and student nurses to provide the opportunity to practice and train on first emergency response technical skills on real-time and in-depth real-life Basic Cardiac Life Support (BCLS), Advance Cardiac Life Support (ACLS) and CONAH nursing students will utilize the interactive computerized manikins to learn the basic skills for BCLS.

This teaching instructional method is designed to enhance critical thinking, problem solving and increase team leading skills. The Nurse Educators will implement the full use of the computerized manikins at each location. The Nursing Educators will evaluate the nursing staff and students' level of knowledge, skills, performance and techniques. The Office of Nursing Affairs will collect and analyze baseline data on the number of Educators and nurses trained in the Emergency Room and Intensive Critical Care Unit. Baseline data will also be analyzed on the number of nursing students trained on BCLS and the level of training satisfaction for Educators, nurses and students.

These manikins will also prevent staff from training on actual patients, which can jeopardize patient care. This technology will allow for real time simulated patients to be treated with actual therapies. Unlike traditional manikins or simulated patient experiences where the trainee relies on interpretation of a proctor and needs verbal instructions or information, the high fidelity manikin lab will provide "actual" signs and symptoms and "react" to the trainees interventions in real time. This form of training reduces the probability of rater error while providing standardized patient encounters.

d. **Capacity of organization to address this problem**
Los Angeles County, Department of Health Services (DHS) has the organizational capacity and extensive experience in training larger groups of healthcare professionals. A current example of an extensive training endeavor is the ongoing Nurse and Allied Health Competency testing. DHS has trained and tested over 8,000 nurses over 3,000 allied health personnel in 2009 and continues annually to ensure that nurses are competent and safe care-givers. The computerized manikins will lend to future robust training sessions and improved testing capabilities through allowing nurses to be tested clinically on real-time hands-on real-life scenarios therefore, increasing critical thinking skills and nursing problem solving decisions.

DHS is looking for partner support from health organizations that have the same mission to serve the health needs of the uninsured and underserved residents of Los Angeles County. LA Care is the ideal partner to address the nursing education of staff to better prepare them for optimal patient care.

e. **Expected results.**
The Office of Nursing Affairs expected results are to build and enhance team leading, critical thinking and nursing problem solving skills through the nursing education and training project. There will be an increase in the quality of equipment being presented for first emergency response to Basic Cardiac Life Support (BCLS) and the Advanced Cardiac Life Support (ACLS) training. The equipment presented will be comprehensive and state-of-the-art. The results will be directly observed through hands-on application of performance skills demonstrated on this computerized manikins. The results contribute to safe patient care and will increase staffs knowledge, performance skills and enhance the quality of life after a life threatening event.

1. **Briefly describe how your project aligns with your Board-approved organizational mission and your existing services and strategic plan (if organization does not have a strategic plan, please cite strategic Board discussions related to project).**
The LA County's mission is to enrich lives through effective and caring service. The LA County's shared value through professionalism is to perform high standard of excellent. We take pride in our employees and invest in their job satisfaction and development. One of the DHS goal is to implement workplace excellence initiatives that support the DHS workforce in the provision of high quality and efficient services.

This project aligns with the LA County's mission and value by partnering with LA Care to contribute to the state of the art computerized manikins for the Nursing and Education Training project. LA Care will support DHS to establish the computerized equipment necessary to advance the critical thinking skills of nurses, increase problem solving decisions and team building which aligns with the DHS goal.

The Office of Nursing Affairs (ONA) Strategic Plan is to standardize nursing care and services among facilities and centers of care. The ONA strategic plan addresses the need to standardize staff clinical training across all DHS facilities and the College of Nursing and Allied Health to provide training and improve quality patient care. The Nurse and Education Training project aligns with the development and building of standardized clinical training programs.

2. **State how your proposed project aligns with L.A. Care Community Benefit Program's strategic objectives and guidelines as noted in the enclosed ad hoc guidelines document.**
By augmenting and enhancing this high fidelity training and practice performance skills on the state-of-the-art computerized manikins we expect to strengthen our current safety net and improve community and the public's health through training DHS nurses on basic and advance life support skills . This cutting edge technology will allow for real time simulated patients to be treated with actual therapies, reducing the probability of error. This form of training will improve upon the quality of treatments and care delivered by the nursing staff and student nurses. This increases access to professional development, enhances the recruitment efforts, offers professional development opportunities and retention of County employees thus, improving the communities and public's health safety and quality of care.

3. **Briefly explain community and organizational needs that prompted proposed project. Identify why this is an important need/problem for your organization and community to address.**
LA County, Department of Health Services is the safety net for patients in LA County communities. It is the responsibility and obligation of DHS to provide competent nursing care and services to our patients. Demonstrating that nurses are competent in their first emergency response performance skills promotes community confidence, organizational recognition and pride to be identified as a healthcare leader and champion. The use of computerized manikins to train and test nurses and student nurses gives the opportunity to train on cutting edge real time models. This new model demonstrates the patterns of innovation in the healthcare industry. This opportunity contributes and maintains a standardized quality of service and increases first emergency responses which increase the quality of life. Improving patient outcomes will contribute to decreased patient treatments, length of hospital stay and healthcare costs.

DHS and its teaching hospitals hold a high promise to the community to transform health care through the opportunity to train on leading edge models.

IV. PROJECT DESCRIPTION AND ACTIVITIES

1. **Describe your program model, including components and strategies.**

The proposed Nursing Education and Training project will build upon the LA County, Department of Health Services current Nursing Education Departments program by providing the nurses and student nurses the opportunity to train and practice on first emergency response performance skills on state-of-the-art computerized manikins.

Components include a 2-day vendor training course directly to Nurse Director, Education and Senior Instructors. Direct face-to-face hands-on training will be completed by the Nursing Instructor for nurses and student nurses. This would be accomplished though verbal instruction, instructor observation and re-demonstration by the nurse or student. This will ensure and increase their performance skills to deliver optimal patient treatments and care and advance professional development by ultimately increasing knowledge, critical thinking and problem solving skills. The validation of competency of these nurses and students is completed through direct observation and assessment of performance skills. These components would be validated though the issuance of BCLS and ACLS certifications, surveys to determine program and training satisfactions and establish baseline data.

Current strategies will be to initially implement this BCLS and ACLS performance skills training. This strategy will promote professional development, enhance program training, recruitment and staff development, strengthen community partnership with LA Care, funding sustainability and capacity building .

DHS is known for its trauma centers, the future plan is to expand hands-on training beyond the funding source to Critical Care and Emergency Room training programs using the various clinical simulated features to allow real time situations by using over 40 simulated clinical experiences in areas such as cardiac disease, arrhythmias, chest pain, patient with asthma, diabetes, cerebral vascular accident and trauma. This form of training reduces the probability of rater error and inaccuracies in patient care while providing standardized clinical care encounters. Training of nurses will be an on-going activity.

The goal of the training is to deliver standardized safe patient care and reduces the probability of patient error. This technology will allow for real time simulated patients to be treated with actual therapies. Unlike traditional manikins or simulated patient experiences where the trainee relies on interpretation of a proctor and needs verbal instructions or information, the high fidelity manikin lab will provide "actual" signs and symptoms and "react" to the trainees' interventions in real time.

2. **Make a clear and logical connection between program model/design, strategies/goals and results.**

The proposed project is to improve the LA County, Department of Health Services, Nursing performance skills training through increased, effective and efficient hands-on training and continuing education for DHS staff. The purchasing of high fidelity computer driven manikin models will enhance an in depth hands-on training by increasing staff skills, performance and knowledge. Increasing patient safety and maintaining the overall quality of patient care is critical. The project will allow for results by establishing training base line data.

3. **Please cite relevant studies, best practices, or other successful model that are directly related to your project and that validates your proposed model.**

Medical Education Technologies, Inc (METI) is the premier manufacturer of high fidelity human patient simulators in the world. The following features are available ONLY with METI Tetherless Patient Simulator (METIman) . The manikins are the only patient simulator that employs multiple models of human physiology. These include but are not limited to, the cardiovascular system, pulmonary system, neuromuscular system and central nervous system.

The model allows the patient to exhibit clinical signs (e.g., spontaneous breathing, eyelid blinking, body sounds and monitored parameters (e.g., electrocardiogram, blood pressure) and respond to therapeutic intervention with minimal input from the instructor. The METIman is the only patient simulator with cardiovascular system models that automatically calculate dependent variables (e.g., spontaneous breathing, eyelid blinking and monitored parameters (e.g., electrocardiogram, blood pressure) and response to therapeutic intervention with no or minimal input from and instructor.

"Simulation has been successfully used as a teaching strategy in both clinical and formal education. (Simulation as a Teaching Strategy for Nursing Education and Orientation in Cardiac Surgery, Critical care Nurse, Vol 24, No.3, June 2004). Compared with traditional methods, this method of teaching and evaluating learners is more realistic, enhances both acquisition and retention of knowledge, sharpens critical-thinking and psychomotor skills, and is more enjoyable. Issenberg et al 4.

The HPS V6 (ie GUS) made by METI is currently the only high-fidelity model on the market. The Georgetown University Simulator (GUS) is a life-sized manikin with computer-integrated physiological features. The manikins' chest rises and falls with breathing; it has heart and lung sounds, an electrocardiographic tracing, PA and arterial waveforms, pulses, and papillary reaction; and it responds physiologically to treatments. As with the METIman with slight variations and with the use of this simulator, assessment skills; pharmacological, physiological, and basic and advanced cardiac life support techniques can be taught, reinforced and evaluated.

Simulation is an excellent teaching and evaluation method for critical care and also for enhancing and evaluating critical thinking, problem solving, and team leading for proficient and competent senior staff. (Critical Care Nurse, Vol 24, NO.3, June 2004). At GUS, simulators are used as an essential teaching tool in clinical nursing courses. The students practice intubation, induction of anesthesia, continuous administration of anesthetic agents, and monitoring of level of consciousness. Developing and demonstrating critical-thinking skills, problem solving and team leading (Critical care Nurse Vol 24, No.3, June 2004).

4. **Outline key activities that support and reinforce your program goals or objectives. Use attached work plan to expand on specific strategies, objectives and supporting activities. If expanding services, please state baseline and quantify projected growth.**
See Attached Work Plan –Exhibit A

5. **How do you plan to involve the impacted or targeted community in this project?**
This project directly impacts the clinical development of DHS nursing and effects the quality of life for patients in the community. Through this opportunity to offer nurses to train on computerized manikins that present with "actual" signs and symptoms and reacts to the trainee's interventions in real time, will also strengthen the staffs' critical thinking skills. Sequentially this simulation will promote a safe patient care environment, build community trust and influence the direction and delivery of health care.

List collaborating organizations and their role in this project. Also, list project Subcontractors if any.
There are no collaborating organizations or subcontractors. The manikins will be used initially to train and test Educators, nurses and student nurses on first emergency responses. The manikins can also be used for educational nursing trainings related to continuing education at Harbor UCLA Hospital, Olive View Hospital, Rancho Los Amigos National Rehabilitation Center and for students to practice basic clinical skills at the Los Angeles County School of Nursing and Allied Health.

6. **List project managers and other project leaders who have specific expertise related to this project (name, title, general qualifications and expertise).**
Ms. Grace Ibanez, Registered Nurse is the Nursing Director of the Office of Nursing Affairs (ONA). Ms. Ibanez qualifications includes: Bachelor of Science in Nursing, Public Health Certification and a Master's of Science in Healthcare Administration. Her background includes working with LA County's Department of Health Services (DHS), Community Health Plan/Office of Managed Care as the Plans Quality Director for three years. She has a total of twenty -seven years of County service in various nursing areas such as Inpatient, Ambulatory Care, Probation, Public Health Programs and DHS Program. She also has expertise as a clinical nursing instructor.

Ms. Quince is the Staff Analyst/ Program Manager for DHS, ONA. She has experience in program development, public health education, budgeting and contracts. Ms. Lori Quince has a degree in Masters of Public Health (MPH). Her background includes working with LA County's Department of Public Health Services, Tobacco Control and Prevention Program, as a Senior Health Educator, Office of AIDS Programs and Policy in the capacity of a Contracts Program Manager for Service Planning Area six. Ms. Quince has worked in non-profit for over 15 years as a project manager grants development and program officer consultant for the California Endowment.

The project manager would be the Office of Nursing Affairs. The project leaders would be Lori Quince, MPH and Grace Ibanez, RN.

7. **Note any other items related to your project not mentioned in any of the questions above.**
N/A

V. TARGET POPULATION & SERVICE AREA DESCRIPTION

1. **Geographic location of project and general service area (include 5-10 neighborhoods/cities where most program participants reside)**
   The Nurse Education and Training Development Project will be implemented DHS System Wide throughout LA County service areas. The general service areas include:

LOCATION OF METIMAN	GENERAL SERVICE AREA
College of Nursing and Allied Health	District 1 Los Angeles, Ca
Rancho Los Amigos National Rehabilitation Center	District 4 Downey, Ca
Harbor-UCLA Medical Center	District 2 Torrance, Ca
Olive View Medical Center	District 5 Sylmar, Ca

2. Please describe your project's target population:

-Race/Ethnicity:

9.1% Black/African American. 47.3% Latino/Hispanics. 03% Native American. 13.2% Asian Pacific Islander. 30.1% White 0% Other

-Gender: 49.5% Male 50.5% Female 2.4% Self Identify LGBT

-Age Group: 9.0% Infant/Toddler (0-5) 18.3% Children (6-17) 32.3% Ages (18-39) 30.2% Adult (40-64) 10.1% Senior (65+)

3. Other project population characteristics, such as disabilities, high prevalence of a particular health condition(s), percentage of uninsured, geographical challenges.

N/A

VI. EVALUATION

1. **Describe the program's measures and metrics used to evaluate success. Indicate how you will document progress and your plans for internal and/or external dissemination of project findings. If this or similar programs have been evaluated before, please feel free to attach that report.**

   Program metrics to evaluate success on use of the manikins and demonstrated achievements in training include but not limited to:

   - Training attendance rosters will identify all employees who have trained on the computerized manikin. This data will show the amount of employee's who were trained using the computerized manikin.
   - Training evaluations will assess the employees' perspective of the training using the computerized manikins. This data will measure the employees' level of training satisfaction with using the computerized manikins.
   - Obtain baseline data on the total Educators, nurses and student nurses trained as first emergency responders (BCLS and ACLS). This data will demonstrate the amount of nurses trained, competent and certified as first emergency responders.

   Project findings will be disseminated at the monthly Chief Nursing Officers. These findings will also be shared with the facility Nursing Directors, Education Department. Improvements anticipated from the Nurse Education and Training project are:

   - alignment with the organization's mission, goals and strategic plans
   - standardized training and testing
   - increase hands-on training satisfaction

VII. PROJECT FISCAL INFORMATION

1. **If you either have or have had a *prior* grant from L.A. Care Health Plan—whether related to this project or not—please list name of grant, grant period, amount and purpose of grant.**

   Name of Grant: Olive View Medical Center Satellite Nursing Campus Project
   Grant Period: 2008
   Grant Amount: original amount 3 million dollars (canceled due to DHS budgetary constraints)
   Purpose of Grant: Expand the College of Nursing and Allied Health nursing school to a satellite campus in Sylmar, California

2. **Status of other grants—including from L.A. Care—already received or requested related to proposed project. Please provide name of funder, amount and status.**
   None

3. **How do you plan to sustain the project during and beyond initial funding period?**
   Training of Health Care professionals will continue based on current program budgeted expense and will be an on-going activity. The lifespan of the manikin is between 15 and 20 years so DHS and the nursing staff will benefit in future years.

4. **Is there likelihood that additional funding will be needed or requested from L.A. Care to complete or continue the proposed project? If so, please explain.**
   It is not likely that additional funds will be necessary to complete or continue the proposed project. The purchasing of simulation manikins will be used to advance the currently existing simulation models that are limited to perform at the higher level and quality. A two (2) year warranty on the METIman Premier System was also purchased.

VIII. STRATEGIC BENEFIT

1. **If applicable, are you part of the L.A. Care Health Plan network? If yes, name the specific L.A. Care network.**
   DHS Office of Managed Care, Community Health Plan

2. **If applicable, state direct health benefits of the proposed project to L.A. Care Health Plan members. By enhancing/upgrading the training component, the following direct health benefits are influenced:**
   - Patient safety in the delivery of care
   - Promotes safe patient care environments
   - Affects the quality of life for patient
   - Validates competency in performance and critical thinking skills
   - Builds nursing and confidence in the deliver of care
   - Build community trust
   - Provides standardized patient encounters
   - Advances continuing education
   - Reduces the probability of rater error

3. **Outline consistency of proposed project with efforts of key elected officials. Please indicate if local, state or federal.**
   N/A

4. **Specifically outline the kind(s) of public recognition that L.A. Care Health Plan will receive if your project is funded. <u>Please be very specific.</u>**
   The ONA will acknowledge L.A. Care Health Plan by noting their educational and training contribution(s) on the necessary pamphlets, surveys, flyers and/or testing exams completed by the staff of DHS. The ONA will also acknowledge LA Care Health Plan in our DHS wide Connections Newsletter and other DHS publications.

IX. ORGANIZATION'S GOVERNANCE/LEADERSHIP/POLITICAL REPRESENTATION

1. **Attach the following information for each member of your Board of Governors or Board of Directors: names, titles, and connections to L.A. Care Health Plan. If no connection to L.A. Care, please write "no connection" next to each name.**
   Los Angeles County Board of Supervisors:
   - Gloria Molina, Chair, First Supervisorial District- No Connection
   - Mark Ridley-Thomas, Second Supervisorial District-No Connection
   - Zev Yaroslavsky, Third Supervisorial District-No Connection

- Don Knabe, Fourth Supervisorial District-LA Care Board of Governors, Secretary
- Michael D. Antonovich, Fifth Supervisorial District, No Connection

2. **Attach the following information for each senior management staff member: name, title, and connection to L.A. Care Health Plan. If no connection to L.A. Care, please write "no connection" next to each name.**
   - John F. Schunhoff, Ph.D., Interim Director-LA Care Board of Governors
   - Gail V. Anderson, Jr., M.D., Interim Chief Medical Officer-No Connection
   - Gregory Polk, Administrative Deputy-No Connection
   - Carol Meyer, Chief Network Officer-No Connection
   - Vivian Branchick, RN , MS Chief Nursing Officer-Director of Nursing Affairs-No Connection

3. **Provide the elected official's name and district number for the following:**
   City Councilmember and City: Jan Perry, Los Angeles Counsel District (9)
   Los Angeles County Supervisor: Gloria Molina (2)
   State Assembly: John Perez (46) State Senate: Gilbert Cedillo (22)

   U.S. House of Representatives: Lucille Roybal-Allard (34)

X. ORGANIZATIONAL FINANCIAL/LEGAL/LICENSURE

1. **Please list any current or previous (within 5 years) pending material litigation brought against your organization.**
   N/A
2. **Please list all health care or related licenses held by your organization that pertain to this project.**
   N/A
3. **If your organization is tax-exempt, please list any pending or prior allegations or actions questioning or challenging propriety of tax-exempt status.**
   N/A

XI. CONFLICT & RISK FEATURES

1. List any potential conflicts of interest (relating to the L.A. Care Health Plan Board of Governors, officers, managers, lines of business) not outlined in Section IX, questions 1 and 2:
N/A

2. Organization's insurance coverage (please check all that apply):

- ✓ **General liability** — **Auto liability**
- ✓ **Workers compensation** ☐ — **Property and fidelity coverage**
- ✓ **Professional liability** — ☐ **Other** _____

XII. REFERENCES

1. **List no more than three references in support of proposed project, including name, title, organizational affiliation, phone number(s) and e-mail. Please do *not attach letters of support, unless requested.***

- Harbor UCLA, Educational Director Robin Watson, Assistant Nursing Director, Administration (310)222-3269
- Olive View Medical Center, Educational Director Lori Saillant, Nursing Director, Administration (818) 364-3167
- College of Nursing and Allied Health, Provost: Nancy Miller, Administrator (323) 226-6511
- Rancho Los Amigos Rehabilitation Center, Pamela Schunck, Nursing Director, Education (562) 401-6882

2. **Provide contact information (organization, name, title, phone and email) of funders already committed to this project, plus of funders who have already received an application to fund this project regardless of commitment.**
N/A

XIII. AUTHORIZING SIGNATURE

Print Name and Title John Schunhoff

Signature_____Date_____

Application ends at 8 pages

E-mail

- Please **e-mail** the following seven documents to Roland Palencia at rpalencia@lacare.org and Rosa Castillo at rcastillo@lacare.org with subject line in submittal email as follows: Your organization's and the project's name.

Also, label the following electronic documents as follows:

1. Your organization's name, Ad Hoc Application, date emailed
2. Your organization's name, Workplan, date emailed
3. Your organization's name, Budget, date emailed
4. Your organization's name, Business or Strategic Plan, date of Plan (if don't have plan, send other project related documents, such as Board minutes, previous evaluation or management plan).
5. Your organization's name, Year _____audited financials
6. Your organization's name, IRS determination letter, and
7. Your organization's name , Signed W-9 (make sure it is complete and signed)

Regular or overnight mail

- By regular or overnight mail, also please send two original copies of documents 1- 7 above to:

Roland Palencia
Director, Community Benefit Programs
L.A. Care Health Plan
555 W. Fifth Street, 19th Floor
Los Angeles, CA 90013

213.694.1250 x 4243

Encl.
L.A. Care ad hoc guidelines, budget and workplan templates.

Exhibit A - PROJECT WORKPLAN
Community Health Investment Fund (CHIF) Ad Hoc

Organization's Name: LAC DHS

Program

Date Rvsd: September 17, 2010

Project Name: Nursing Education and Training Development

Submitted by: Vivian Branchick, Director of Nursing Affairs

Long term goal: To Enhance the Nursing Education, Training and Competency testing Development Program at Harbor-UCLA Medical Center, ValleyCare Olive View Medical Center, Rancho Los Amigos National Rehabilitation Center and the College of Nursing and Allied Health (CONAH).

Quarter	Objective	Activities	Outcome	Evaluation
1st Qtr. 2011 (Jan-Mar) After 1st month award is granted	**Ongoing** 1.Vendor will conduct a two day training for Nursing Directors of Education and Senior Nursing Instructors at Olive View Medical Center (OVMC), Harbor UCLA Medical Center (Harbor) Rancho Los Amigos National Rehabilitation Center (RLAH) and the College of Nursing and Allied Health (CONAH)	**Ongoing** 1. Use vendor training materials 2. Use Metiman technology to educate and train Educators on the use and features of the computerized manikin 3. Train Nursing Directors of Education and Senior Nursing Instructors within a two-day session	1. Higher training level and enhanced comprehension of features through the use of vendor materials 2. Comprehensive hands on clinical training on the use of computerized manikins 3. Complete training for highest level of nurse educators	1. Survey the trainees to obtain feedback on knowledge base obtained and clinical performance training 2. Total number of employees trained at the two day vendor training will be tracked using Attendance rosters
2nd & 3rd Qtr. 2011 (April-Sept) After 3rd month award is granted	1. OVMC, Harbor, RLAH, CONAH Nursing Directors, Education and Senior Instructors will train a total of 10 Nursing Instructors (clinical and/or lead)	1. Develop training materials using simulation modules 2. Train a minimum of ten (10) Nursing Educators within the quarter	1. Implement use of developed training materials 2. Complete training for 10 nursing instructors	1. Survey trainees to determine satisfaction level of training 2. Total number of employees trained by Nursing Directors, Education and Senior

Quarter	Objective	Activities	Outcome	Evaluation
				Instructors will be tracked using Attendance rosters
4th Qtr. 2011 & 1st Qtr 2012 (Oct 2011-March 2012) After -4th month award is granted	1. Instructors will implement full use of computerized manikins at OVMC and Harbor to teach, train and/or test nursing staff on Advance Cardiac Life Support (ACLS) performance skills in the Emergency Department (ED)	1. Obtain /renew ACLS certification based on unit/department requirements	1. Issued a new or updated ACLS certification based on unit/department requirements	1. Total training data on the number of nurses who were issued ACLS certificates
	2. Instructors will implement full use of computerized manikins at RLAH to teach, train and/or test nursing staff on ACLS performance skills in the ICU	2. Obtain / renew ACLS certification based on unit/department requirements	2. Issued a new or updated ACLS certification based on unit/department requirements	2.Total training data on the number of nurses who were issued ACLS certificates
	3. Instructors will implement full use of computerized manikins at COHAH to teach, train and/or test on basic cardiac life support (BCLS) skills	3. Obtain BCLS certification based on American Heart Association Standards	3. Issued an initial BCLS certification based on American Heart Association Standards	3.Total training data on the number of students that were issued BCLS certificates
2nd Qtr. 2012 (April-June 2012) After 2nd month award is granted	1. Office of Nursing Affairs will begin data collection and analysis for FY 2012	1. Review OVMC, Harbor, RLAH CONAH and teaching, training and testing data 2. Review training surveys 3. Review attendance roster	1. Obtain the baseline data on the total number of nurses trained in the ED and ICU. The total number of student nurses trained on BCLS during the Nursing Program curriculum 2. Obtain baseline data of training surveys 3. Obtain baseline data on number of attendees	1. Prepare and issue final report

Lacare/LA Care VMI Workplan July 2010 – June 30,2011

L.A. Care HEALTH PLAN

COMMUNITY BENEFIT PROGRAMS
COMMUNITY HEALTH INVESTMENT FUND (CHIF)
Ad Hoc Application

Name of organization: L A County DHS on behalf of Valley Care Network - Olive-View UCLA Medical Center

Address: 14445 Olive View Drive

City: Sylmar **State:** CA **Zip code:** 91342

Project site address (es), if different from above: _____

Name and title of ED/CEO/President: Carolyn Rhee, CEO

Telephone (s): 818-364-3001 **E-mail:** crhee@dhs.lacounty.gov

Project contact and title: Carla Niño, Administrator

Telephone(s): 818-947-4026 **E-mail:** cnino@dhs.lacounty.gov

Project Name: **Valley Care Retinal Telemedicine System**

Organization's annual operating budget **$395 million** **Total project budget** **$253,000**

Request to L.A. Care $ **$115,000** **L.A. Care's percentage of project budget:** **50** **%.**

Estimated project timeline for using of L.A. Care funds: **1 YEAR**

Organization in existence since: **1920** **Percentage of administrative overhead:** **53.02%**

Please check all that apply: **Medi-Cal** ☑ **Healthy Families** ☑ **Healthy Kids** ☑ **LAC-DHS** ☑

In L.A. Care's Medi-Cal Network, if applicable? **yes** ☑ **If so, what network** **Los Angeles County DHS**

***If* applicable, name of fiscal agent** _____ **Federal Tax ID number** _____
Fiscal Agent Budget _____ ***Date emailed*** _____

II. ORGANIZATION TYPE

Select one:

☐ Federally Qualified Health Center (FQHC) **or** FQHC Look-alike	☐ 501(c)(3) Licensed Community Clinic (**not** FQHC or FQHC Look-alike)	Public Agency ☑ County ☐ City ☐ School ☐ Other (specify) _____ _____	☐ Other 501 (c) (3)-specify:

Limit this entire application to no more than eight pages. Requested attachments are not part of the eight-page limit. Font size must at least 11 points. Must send a copy in MS Word (.doc) or Excel (.xls), but not .pdf. If need to send in .pdf, please send in addition to, but not in substitution of , MS Word version. DO NOT BOLD TYPE RESPONSES.

III. PROJECT and ORGANIZATIONAL BACKGROUND

Provide a three-paragraph max summary of your proposed project. Make sure you address each one of the following:

a. **brief description of the proposed project and of the specific request,**
b. **problem statement,**
c. **interventions/solutions that addresses stated problem,**
d. **capacity of organization to address this problem, and**
e. **expected results.**

Diabetic disease is the most prevalent chronic disease in our population, and the leading cause of blindness among working Americans. Patients who are not diagnosed and appropriately treated in a timely manner are at increased risk for permanent eye damage to their retina leading to unemployment, the inability to function independently, and a decreased quality of life. Effectively screening and treating diabetic eye disease reduces blinding complications and improves the quality of life of our patients.

Currently, at the Olive View – UCLA Medical Center, the demand for Ophthalmology services to evaluate for Diabetic Retinopathy far exceeds capacity. The wait-time for a routine diabetic exam in the eye clinic is over one year. Patients who wait this long for an eye exam are at risk for irreversible blinding complications. As a result, many end up being seen for the first time in the Emergency Room. By this time, however, due to the advanced nature of the disease, conventional office treatments are ineffective. Therefore, more invasive and costly operative room procedures have to be undertaken. These procedures are risky, low-yield, and can leave the patient with surgical complications.

The proposed intervention is the Retinal Telemedicine Program, a new and innovative way to evaluate for diabetic eye disease. The Retinal Camera Telemedicine System images the retina allowing the Ophthalmologist to evaluate for eye disease without a face-to-face patient visit. This scan serves as an effective alternative to the in-person dilated retinal exam. With the Retinal Telemedicine System, patients will not have to wait for over one year to be evaluated for Diabetic Retinopathy but rather can be screened for diabetes within 1-2 weeks. This will dramatically decrease the back-log of patients for the eye clinic, and improve the quality of care for all patients who need eye care at Olive View- UCLA Medical Center. A similar Retinal Telemedicine Program was established at the Mid-Valley Comprehensive Health Center in 2008. Its establishment dramatically improved the quality of care for the diabetic patients of this facility. As a result, this program was awarded the Los Angeles County Quality and Productivity Commission Top Ten Honors in 2009. The project at Mid-Valley CHC was developed by Drs. Eddy Nguyen (Ophthalmologist at Mid-Valley CHC), and Satwant Sidhu (former Medical Director ValleyCare's Primary Care and Community Medicine Department). These two doctors will also be heading this Retinal Telemedicine Program at Olive View. This project will serve to integrate eye-care services throughout the ValleyCare system since a similar project has been initiated for the High Desert Health System with funding from the LA County Quality and Productivity Commission and Kaiser Permanent Community Benefits Program.

1. **Briefly describe how your project aligns with your Board-approved organizational mission and your existing services and strategic plan (if organization does not have a strategic plan, please cite strategic Board discussions related to project).**

The ValleyCare Network mission is to improve the health of our patients through the provision of high quality, high satisfaction, patient-centered care. Our vision is to become an integrated health care network that is accessible, delivers excellent care, and is the provider of choice for residents of Northern Los Angeles County. Our values include: Compassion, Respect, Integrity and Innovation. We have four overarching goals:

Goal 1: *Service Excellence* - Provide the public with high quality, patient centered health care services that are beneficial in order to maximize access and minimize disparities.
Goal 2: *Workforce Excellence* - Enhance the quality and productivity of ValleyCare employees.
Goal 3: *Organizational Effectiveness* - Ensure that the delivery of health care services is efficient, effective, and goal-oriented.
Goal 4: *Fiscal Responsibility* - Strengthen ValleyCare's fiscal capacity

ValleyCare Network is an integrated seamless healthcare delivery system encompassing San Fernando, Santa Clarita, and Antelope Valleys. Operated by the Los Angeles County Department of Health Services, ValleyCare enables the Department to more effectively and efficiently meet the healthcare needs of the individuals and population served in this distinct geographic area.

ValleyCare Network includes Olive View-UCLA Medical Center, licensed for 377 beds, a major general acute teaching facility providing a comprehensive range of inpatient and outpatient ambulatory specialty services including medicine, surgery, pediatrics and obstetrics/gynecology specialties and sub-specialties; plus a basic medical and psychiatric emergency service as well as a full array of ancillary and rehabilitative services. The 24-hour emergency services are the highest volume service in the northern part of Los Angeles.

The High Desert Multi-Service Ambulatory Care Center (MACC) in Lancaster provides an Ambulatory Surgery Center for outpatient surgery, primary and specialty care services, 16-hour per day, 7 days per week Urgent Care Clinic services, as well as extensive ancillary, pharmacy, and rehabilitation services.

Mid-Valley Comprehensive Health Center in Van Nuys provides primary care services for adults, women and children as well as a range of specialty clinical services and ancillary care. The South Valley Health Center in Palmdale offers 16-hour per day, 7 days per week Urgent Care Clinic services in addition to primary and specialty care services and laboratory. The Network includes community-based health centers in Lake Los Angeles, Littlerock, San Fernando, Pacoima, and Glendale providing primary care services.

In addition to these LA County operated facilities, ValleyCare includes strategic and traditional public-private partner sites across the three Valleys that provide primary care services to a designated number of indigent patients and utilize an internet-based automated referral processing system for patients to access specialty services as appropriate.

This portion of the Retinal Telemedicine project will be located at Olive View-UCLA Medical Center in the Primary Care Clinic, enabling patients with Diabetes to improve their disease management and access to care in the same manner as is achieved at the Mid-Valley Comprehensive Health Center and High Desert MACC.

2. **State how your proposed project aligns with L.A. Care Community Benefit Program's strategic objectives and guidelines as noted in the enclosed ad hoc guidelines document.**

Our project implements innovative approaches to delivery of health care for underserved populations in Los Angeles County. It strengthens the safety net and improves the community's health by enhancing clinical care in the prevention of diabetic retinopathy, reducing the risk of blindness from diabetes and improving the quality of life. The Retinal

Telemedicine Program enhances provider efficiency and productivity, increasing access to clinical care for this patient population.

3. **Briefly explain community and organizational needs that prompted proposed project. Identify why this is an important need/problem for your organization and community to address.**

The 2010 edition of Assessing the Community Needs: A Triennial Report on the San Fernando and Santa Clarita Valleys represents the collaborative efforts of several partners agencies within the Valley Care Community Consortium (VCCC) including hospitals, clinics, schools, social service, government, community-based organizations, faith-based organizations, and most importantly, community residents. During the data collection phase of this 2010 Triennial Community Needs Assessment, 80% of those responding to a written survey felt that Diabetes was the most important health problem facing the community.

Diabetes can affect many organs in the body, but the eye is one of the most common organs being damaged. Eye damage from Diabetic Retinopathy is the major cause of blindness among patients with Diabetes. The demand for Ophthalmology services to evaluate Diabetic Retinopathy within the ValleyCare network far exceeds capacity. The wait-time to see a doctor at the Olive View-UCLA Medical Center for a routine Diabetic Retinopathy screening exam is over one year. The challenge is to provide early detection and treatment of diabetic eye disease to prevent blindness.

The Retinal Camera Program created at Mid-Valley Comprehensive Health Center located in Van Nuys in 2008 successfully increased access to Ophthalmology services as well as realized significant cost savings and cost avoidance to the system. We were able to reduce the wait-time to see an eye doctor in the clinic form over one year to within 1-2 months. Furthermore, for patients who needed to be screened for Diabetic Retinopathy via the Retinal Telemedicine System, the wait-time was less than one week. Our work at Mid-Valley CHC was awarded Top 10 Honors from the Los Angeles County Quality and Productivity Commission in 2009.

We have submitted a grant application to the LA County Quality and Productivity Commission in January 2010 for Retinal Telemedicine Program to be replicated at High Desert MACC in the Antelope Valley and Olive View-UCLA Medical Center in Sylmar, both facilities within the ValleyCare Network. In February 2010, the LA County Quality and Productivity Commission provided funding of $37,500 for the program at High Desert MACC and requested that we seek matching funds from another source. This application to LA Care is to provide the funding needed to implement the Retinal Telemedicine system at Olive View- UCLA Medical Center in Sylmar. Funding will be used for Ophthalmology services and equipment to establish and operate this Retinal Telemedicine Service and improve healthcare delivery.

IV. PROJECT DESCRIPTION AND ACTIVITIES

1. **Describe your program model, including components and strategies.**

All diabetic patients require an annual eye screening examination regardless of level of visual acuity. The program is designed to utilize the retinal camera telemedicine system to screen and triage all individuals with diabetes. The retinal camera scan takes an image of the retina through an undilated pupil allowing the Ophthalmologist to evaluate eye disease. This scan serves as an effective alternative to the in-person dilated retinal exam, avoiding the inconvenience of an unnecessary lengthy visit for the patient and increasing the provider productivity.

The ability to triage high risk patients to see the Ophthalmologist in clinic maximizes his consultant time and provides timely detection and treatment for the patient, and increase clinic capacity and efficiency. This helps reduce complications and possible blindness.

2. **Make a clear and logical connection between program model/design, strategies/goals and results.**

A major challenge for ValleyCare Olive View-UCLA Medical Center is to provide timely specialty services including access to Ophthalmology care and treatment. This lack of timely eye care increases the risk of blindness. By implementing the Retinal Telemedicine System, diabetics will get timely annual eye screening. This will reduce eye disease and decrease blindness in our diabetic population. A study in the journal Diabetic Medicine showed that the use of retinal photography was the most effective test for screening and monitoring diabetic retinopathy. [1]

Our goals include improvement of patient quality of care, improvement of patient education, improvement in patient satisfaction, improvement in system efficiency. The project will improve appointment wait time, interventions for bad diabetic eye disease, provider productivity and system integration from multiple clinic sites. The project will decrease the use of emergency room visits and operating room procedures resulting in appointment delays. The project will educate and empower patients to understand their disease and improve overall patient satisfaction.

1) Hutchinson A et al. Effectiveness of screening and monitoring tests for diabetic retinopathy – a systemic review. Diabet Med. 2000 Jul: 17 (7): 495-506.

3. **Please cite relevant studies, best practices, or other successful model that are directly related to your project and that validates your proposed model.**

The Retinal Camera Program created at Mid-Valley Comprehensive Health Center in 2008 successfully increased access to Ophthalmology services as well as realized significant cost savings and cost avoidance to the system. This program resulted in improved patient quality of care and quality of life. This program increased access to Ophthalmology services enabling effective monitoring and timely treatment of diabetic eye disease for our high-risk population. As a result of the increased capacity, the wait time to see an Ophthalmologist decreased from 12 months to less than one month. The retinal telemedicine services implemented at Mid-Valley CHC provide high quality care to the patient.

Data from the Center for Sight, Washington DC, states "Detection and treatment of diabetic eye disease in the United States, "is not only cost effective, but is actually cost savings from the governmental perspective. Potential savings in the United States exceeds $600 million annually."[2] Their analysis indicated that prevention programs for eye care not only reduced blindness but also provided a financial return on investment of public funds.

An example of the a functioning working model of our proposal is the nationwide teleretinal imaging system currently implemented at the Veterans Health Administration hospitals to provide quality care to our veterans.[3]

2) Javitt JC. Cost savings associated with detection and treatment of diabetic eye disease. Pharmacoeconomics. 1995; 8 Suppl 1:33-9.
3) Cavallerano, AA et al. Teleretinal imaging to screen for diabetic retinopathy in the Veterans Health Administration. J Diabetes Sci Technol. 2008 jan: 2(1):33 – 9.

4. **Outline key activities that support and reinforce your program goals or objectives. Use attached workplan to expand on specific strategies, objectives and supporting activities. If expanding services, please state baseline and quantify projected growth.** [1]

   This grant would enable us to implement the retinal telemedicine program at Olive-View UCLA Medical Center. This will be an expansion of the Mid-Valley CHC Telemedicine Project that has been fully functional since 2008.

   Currently, patients at Olive View-UCLA Medical Center requiring an annual Diabetic eye exam are referred to the Olive View Eye clinic. This demand for annual diabetic screening services far exceeds the clinic's capacity; because of this there is over a one year wait-list for patients to be seen in the clinic for routine exams. The Eye Clinic at Olive View sees an average of 85 patients a day and operates 250 days per year. With a wait-list of over a year, there are a minimum of 22,000 patients who are in line waiting for an eye clinic appointment. Currently at Olive View since there is no Retinal Telemedicine System, all patients who need a diabetic retinopathy screening exam must join the long over one year wait-list of patients who need to be seen in the clinic. There is no other way to evaluate these patients to see if they have diabetic retinopathy.

   When this project is implemented, diabetic patients needing annual eye screening will be screened via the retinal camera telemedicine system more efficiently and timely. The retinal camera scan takes an image of the retina through an undilated pupil allowing the Ophthalmologist to evaluate eye disease. This scan serves as an effective alternative to the in-person dilated retinal exam. In order to increase clinic capacity and efficiency, nursing staff are trained to operate the Retinal Camera Scan.

5. **How do you plan to involve the impacted or targeted community in this project?**

   The project manager and the Ophthalmologist have met with the appropriate clinical and administrative staff and have consensus and support from all.

   In terms of the targeted population, patients will be educated on this new technology providing them with an better awareness of the effects of diabetes on the eye and the importance of eye health and regular retinal screening. By having access to prompt diabetic eye screening and not having to wait for over one year, patients will be empowered with the improved service delivery. Improved access to health care and improved quality of care, will improve the public image of the ValleyCare system overall.

6. **List collaborating organizations and their role in this project. Also, list project subcontractors if any.**

   In addition to the Los Angeles County Department of Health Services operated facilities, the ValleyCare Network consists of strategic and traditional public-private partners. These strategic partners include Northeast Valley Health Corporation with five health centers, Valley Community Clinic, Tarzana Treatment Center, Mission City Community Network, El Proyecto del Barrio, and our traditional partner, Samuel Dixon Family Health Center. The Department of Health Services Office of Ambulatory Care contracts with these partners to provide primary care services to a designated number of indigent County responsible patients. The ValleyCare Network is the source for all specialty services for these patients and referrals are submitted through an internet-based referral processing system that provides two-way communication between the primary care provider and the specialist. The Retinal Telemedicine System will improve access for Ophthalmology specialty services to this population.

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7. List project managers and other project leaders who have specific expertise related to this project (name, title, general qualifications and expertise).

Project managers:
Satwant Sidhu MD, MSPH
Satwant Sidhu, M.D., completed her initial training in India and in the United States, obtained her Master in Science of Public Health from UCLA, conducted research at Riker Laboratories and at UCLA Department of Obstetrics and Gynecology, became an Associate in Experimental Psychology at the Sepulveda VA Medical Center, was appointed as a research consultant at Cal State University Northridge from 1967-70, and returned to UCLA as a Research Biophysicist. In 1973 Dr. Sidhu began her career with the County of Los Angeles, Department of Health Services at Olive View-UCLA Medical Center as Chief of Maternal Health and Family Planning and in 1984 she went into Preventive & Public Health serving in various capacities, including Chief Physician for the Venereal Disease Control Program and District Health Officer for the North Hollywood Health District. Since 1992, Dr. Sidhu worked in the Ambulatory Medicine Program at Olive View-UCLA Medical Center and the ValleyCare health centers, showing leadership in the rapid expansion of services in the health centers, the design and implementation of new programs, the development of revenue enhancement programs, and cooperative programs with Public Health.

Eddy Nguyen MD
Dr. Nguyen has been the Director for the Eye Clinic at Mid-Valley Comprehensive Health Center since October 2007. Dr. Nguyen was an undergraduate student at UCLA majoring in Biochemistry. He attended Stanford University School of Medicine where he received his M.D. in 2003. He served his internship at Santa Clara Valley Medical Center in San Jose and his Ophthalmology residency at the Jules Stein Eye Institute of the UCLA School of Medicine. Dr. Nguyen is also on staff at the Jules Stein Eye Institute/UCLA School of Medicine, the Olive View-UCLA Medical Center Medical Center, and Kaiser Permanente Panorama City and Lancaster.

Both these providers were project managers for the Mid-Valley CHC Retinal Camera project which was awarded the Top-Ten Productivity Award by the LA County Productivity Commission. They will be implementing this project.

8. Note any other items related to your project not mentioned in any of the questions above.

Because of the success demonstrated with implementation of the Retinal Telemedicine Program at Mid-Valley Comprehensive Health Center, the program was awarded $37,500 by the LA County Productivity Investment Board for expansion of this project to High Desert MACC. It is important to provide access across the ValleyCare Network, including within the Primary Care Clinic at Olive View-UCLA Medical Center so that all patients have equitable opportunities to high-quality health care.

V. TARGET POPULATION & SERVICE AREA DESCRIPTION

1. Geographic location of project and general service area (include 5-10 neighborhoods/cities where most program participants reside)

2. Please describe your project's target population:

Race/Ethnicity:

5% Asian 19% Black/African American 36% Latino/Hispanic ____% Native American

____% Pacific Islander 38% White 2% Other

Gender: 48% Male 52%Female %____ Transgender

Age Group:

____% Infant/Toddler (0-5) ____% Children (6-12) ____% Teenager (13-19)

_50_% Adult (20-54) _50_% Senior (55+)

3. **Other project population characteristics, such as disabilities, high prevalence of a particular health condition(s), percentage of uninsured, geographical challenges**

As safety net facilities, our project populations encompass all residents with all health conditions living in the San Fernando, Santa Clarita, and Antelope Valleys.

VI. EVALUATION

1. **Describe the program's measures and metrics used to evaluate success. Indicate how you will document progress and your plans for internal and/or external dissemination of project findings. If this or similar programs have been evaluated before, please feel free to attach that report.**

1. Improvement in Patient Quality of Care

- The project will improve the wait-time for a patient needing a Diabetic Retinopathy evaluation to be seen in the Olive View Eye Clinic. At Mid-Valley CHC, the wait time was decreased from one year to less than one month. Appointment Wait Time data reports will be monitored to determine outcomes.
- The project will improve the time to see a doctor for patients needing intervention for bad diabetic eye disease. We will track the time it takes for a patient with bad disease to be detected by the Retinal Telemedicine System and brought to the laser clinic for laser procedure.
- The project will integrate systems from multiple clinic sites to consolidate patient data, improve efficiency, and reduce repetition.
- The project will decrease the amount of Emergency Room visits for bad diabetic retinopathy. Using electronic data collection of primary diagnosis, the number of visits to the Olive View Emergency Room for decrease vision due to diabetic retinopathy will be tracked before and after implementation of the Retinal Telemedicine System.

2. Improvement in Patient Education

- Clinic staff will educate patients while having their Retinas evaluated for Diabetic disease improving patient awareness of the condition and steps needed to avoid becoming blind from this condition. Patients will be empowered to take charge of their preventive health maintenance and doctors will gain a greater understanding of the disease process to continually work on improving ways to screen and diagnose for the condition in the future.

3. Improvement in Patient Satisfaction

- Surveys will be conducted to evaluate patient satisfaction with this new system and improvements in health care delivery.

4. Improvement in System Efficiency

- Clinic broken appointments will be tracked to determine improvements in resource utilization and productivity after project implementation.

5. Cost savings.

- The project will decrease clinic visits for patients with normal retinal scans. At Mid-Valley CHC, a yearly savings of almost $300,000 was realized due to a reduction in the number of clinic visits.

- The project will improve efficiencies, utilizing staff time more appropriately by training nursing staff to operate the retinal camera and increasing Ophthalmologist capacity to see patients with bad eye disease.
- The project will decrease the cost of complications for patients with advance disease. By detecting and treating in a timely manner, the need for expensive surgeries will be reduced. At Mid-Valley CHC, an estimated annual cost avoidance of $90,000 resulted from a reduction in Emergency Room visits and Operating Room procedures.

VII. PROJECT FISCAL INFORMATION

1. **If you either have or have had a *prior* grant from L.A. Care Health Plan—whether related to this project or not—please list name of grant, grant period, amount and purpose of grant.**
   Not Applicable

2. **Status of other grants—including from L.A. Care—already received or requested related to proposed project. Please provide name of funder, amount and status.**
   Not Applicable

3. **How do you plan to sustain the project during and beyond initial funding period?**
   The retinal camera technology used today is likely able to last at least 7-10 years and will not need to be changed or upgraded in the foreseeable future. Our current setup at Mid-Valley CHC is more than 5 years old and is expected to function effectively for at least another 5 years. Since files and scans are digital, only internet server space will be needed to store them, and the quality does not tarnish with age.

4. **Is there a likelihood that additional funding will be needed or requested from L.A. Care to complete or continue the proposed project. If so, please explain.**

   In the event there are new technologies to complement this project, or unforeseen information technology or staffing requirements additional funding may be requested.

VIII. STRATEGIC BENEFIT

1. **If applicable, are you part of the L.A. Care Health Plan network. If yes, name the specific L.A. Care network.**

   ValleyCare is a Community Health Plan provider.

2. **If applicable, state direct health benefits of the proposed project to L.A. Care Health Plan members.**

   Timely access for diabetic eye screening will reduce the potential for blinding eye disease. Early detection and timely intervention prevents costly disease complications. Essentially all progressive cases require invasive eye surgeries, and these could cost up to $20,000. This does not include the cost of emergency room and Ophthalmology clinic visits for diagnostic procedures. Timely intervention results in significant cost avoidance to the system as well as to the patient and community. The economic impact for an individual with blinding eye disease requiring close medical attention, financial assistance, social services and emotional support is enormous. It would not be possible to put a price on the immense cost to the community for the care of this individual. Transferring costly hospital care to community health centers is the goal of all medical systems nationwide in order to provide cost effective and patient-centered care. Data from the Center for Sight, Washington DC, states "Detection and treatment of diabetic eye disease in the United States, "is not only cost effective, but is actually cost savings from the governmental perspective. Potential savings in the United States exceeds $600 million annually."[1] Their analysis indicated that

prevention programs for eye care not only reduced blindness but also provided a financial return on investment of public funds.

3. **Outline consistency of proposed project with efforts of key elected officials. Please indicate if local, state or federal.**

   The LA County purpose is to improve the quality of life by providing responsive, efficient, and high quality public services that promote the self-sufficiency, well-being, and prosperity of individuals, families, businesses, and communities. As part of the organizational effectiveness the goal is to ensure that service delivery systems are efficient, effective, and goal-oriented. Improving access to care is a key priority of the LA County Board of Supervisors.

4. **Specifically outline the kind(s) of public recognition that L.A. Care Health Plan will receive if your project is funded. Please be very specific.**

   All descriptions of the project will include acknowledgement of LA Care for their grant. Additional, a plaque will be placed in the clinic, acknowledgement will be included in the employee newsletter, and a stamp will be placed on the equipment tag.

IX. ORGANIZATION'S GOVERNANCE/LEADERSHIP/POLITICAL REPRESENTATION

1. **Attach the following information for each member of your Board of Governors or Board of Directors: names, titles, and connections to L.A. Care Health Plan. If no connection to L.A. Care, please write "no connection" next to each name.**
   Los Angeles County Board of Supervisors

2. **Attach the following information for each senior management staff member: name, title, and connection to L.A. Care Health Plan. If no connection to L.A. Care, please write "no connection" next to each name.**

Carolyn Rhee, CEO	no connection
Niloo Shahi, COO	no connection
Tony Gray, CFO	no connection
Rima Matavosian, M.D., Interim CMO	no connection
Aurea Jamora, R.N., Interim CNO	no connection

3. **Provide the elected official's name and district number for the following:**
   Los Angeles County Supervisor
   Michael D. Antonovich, Supervisor 5th District

X. ORGANIZATIONAL FINANCIAL/LEGAL/LICENSURE

1. **Please list any current or previous (within 5 years) pending material litigation brought against your organization.**
   No pending material litigation

2. **Please list all health care or related licenses held by your organization that pertain to this project.**
   All appropriate licensing held and The Joint Commission accreditation current

3. **If your organization is tax-exempt, please list any pending or prior allegations or actions questioning or challenging propriety of tax-exempt status.**
   No challenges propriety of tax-exempt status

XI. CONFLICT & RISK FEATURES

1. **List any potential conflicts of interest (relating to the L.A. Care Health Plan Board of Governors, officers, managers, lines of business) not outlined in Section IX, questions 1 and 2**
   None

2. **Organization's insurance coverage (please check all that apply):**

☐	**General liability**	☐	**Auto liability**
☐	**Workers compensation**	☐	**Property and fidelity coverage**
☐	**Professional liability**	☑	**Other** LA County, Self-insured

XII. REFERENCES

1. **List no more than three references in support of proposed project, including name, title, organizational affiliation, phone number(s) and e-mail. Please do *not attach letters of support, unless requested.***

Formed in 1995, as an all volunteer-based health collaborative, Valley Care Community Consortium's (VCCC) project was to conduct an impact study on the closure of hospitals and clinics and how that would affect the healthcare delivery system to the vulnerable. VCCC has evolved into the health and mental health planning agency for Service Planning Area 2. Growing from its original eleven founders to over 250 members, VCCC is governed by a 24-member Board of Directors and obtained its 501 (c)(3) status in 2007. The Community Needs Assessment along with the VCCC vision and mission, drives the project and program development that strives to address the needs identified and to serve the underserved populations residing in the San Fernando and Santa Clarita Valleys. The 2010 report can be found in an E-Book formation at www.valleyccc.org.

ValleyCare Olive View-UCLA Medical Center is a founding member of the, a unique community-based health planning collaborative group in SPA 2. Established in 1995, the Consortium is comprised of 180 stakeholders with multidisciplinary, public, private, and consumer representation including county facilities, community clinics, school-based clinics, private nonprofit hospitals, mental health, dental, substance abuse, community-based organizations, consumers, and elected officials. The Consortium has a vision of planning for a better coordinated system of health care for the low-income, uninsured residents of San Fernando and Santa Clarita Valleys. It focuses on "do-able projects" through 9 program committees:

1. Planning and Operations: Resource development and triennial community needs assessment
2. Transportation: Pilot project, collecting data on unmet need and gaps in current service
3. System Coordination: Web-based referral for specialty care
4. Quality Management Initiatives: Adult diabetes and asthma (measures, benchmarks, and protocols)
5. Community Health Improvement: Valleys United for Health (environmental justice)
6. Community Education and Outreach: Website (online information and referral)
7. Addressing Barriers to Accessing Health Care
8. Oral Health Care: Services for indigent care
9. School-Based Services: Expanding and adding sites

Collaborative partners with ValleyCare Olive View-UCLA Medical Center include:
Private Sector
Theresa Nitescu, Chief Operations Officer
Northeast Valley Health Corporation
1172 N. Maclay Ave., San Fernando, CA 91340
818-898-1388 x 41624

missynitescu@nevhc.org

Independent Sector
Bonnie Bailer, Director, Center for Healthier Communities
Northridge Hospital
14529 Gault Street, Van Nuys, CA 91405
818-785-3143
bonnie.bailer@chw.edu

Consumer Advocacy Sector
Barbara Siegel, Supervising Attorney
Neighborhood Legal Services of Los Angeles
13327 Van Nuys Blvd., Pacoima, CA 91331
818-834-7572
barbarasiegel@nls-la.org

2. **Provide contact information (organization, name, title, phone and email) of funders already committed to this project, plus of funders who have already received an application to fund this project regardless of commitment.**
   Los Angeles County Quality and Productivity Commission
   Ruth Wong, Executive Director
   rwong@ceo.lacounty.gov

XIII. AUTHORIZING SIGNATURE

Print Name and Title Carolyn Rhee, CEO

Signature_____ Date_____

Application ends at 8 pages

E-mail

- Please **e-mail** the following seven documents to Roland Palencia at rpalencia@lacare.org and Rosa Castillo at rcastillo@lacare.org with subject line in submittal email as follows: Your organization's and the project's name.

  Also, label the following electronic documents as follows:

1. Your organization's name, Ad Hoc Application, date emailed
2. Your organization's name, Workplan, date emailed
3. Your organization's name, Budget, date emailed
4. Your organization's name, Business or Strategic Plan, date of Plan (if don't have plan, send other project related documents, such as Board minutes, previous evaluation or management plan).
5. Your organization's name, Year _____audited financials
6. Your organization's name, IRS determination letter, and
7. Your organization's name , Signed W-9 (make sure it is complete and signed)

Regular or overnight mail

- By regular or overnight mail, also please send two original copies of documents 1- 7 above to:

Roland Palencia
Director, Community Benefit Programs
L.A. Care Health Plan
555 W. Fifth Street, 19th Floor
Los Angeles, CA 90013

213.694.1250 x 4243

Encl.

L.A. Care ad hoc guidelines, budget and workplan templates

Workplan – Exhibit A
Community Health Investment Fund (CHIF) Ad Hoc

Organization's Name: ValleyCare Network
Project Name: Retinal Camera Telemedicine System
Submitted by: Carolyn Rhee, CEO Valley Care
Date Revised: June 28, 2010

Only List Activities related to this project and related timeline

Qtr. (no dates)	Objective [2]	Activities	Outcome[3]	Evaluation (methods, metrics and tools)
1	Meet with Olive View-UCLA Medical Center administrative and medial leadership to introduce project	• Schedule meetings • Develop agenda • Record minutes	Issues identified are addressed to facilitate implementation	Meetings minutes will document actions
	Meet with medical staff and IT personnel to outline program goals and activities	• Schedule meetings • Develop agenda • Solicit input • Record minutes	Issues identified are addressed to facilitate implementation	Meeting minutes will document actions
	Define scope of services	• Develop criteria that patients must meet to obtain services	Scope of service document completed	Scope of service approved by Executive Committee
	Establish program manual	Develop policies and procedures to operationalize services	Policy and Procedure Manual completed	Manual approved by Executive Committee
	Acquire retinal camera equipment and supplies	• Identify equipment • Contact vendor • Complete appropriate purchase order forms • Install equipment	Functioning retinal camera available for provision of care	Retinal camera installed
	Identify and train appropriate staff	• Train nursing staff to perform visual acuity eye dilation • Test competencies	Competent staff produce at least 90% high quality scans	• Ongoing review of retinal images conducted • Record of competency available
	Develop clinic profile in Hospital Information System	• Create clinic profile • Enter into computer	New clinic profiles established	Patient appointment and broken appointment data will be tracked and

[2] **Objectives** must be quantifiable and minimally include who is doing (how much) of what by when. Also, indicate baseline and quantify projected gains.
[3] **Outcome** is the overall change derived from accomplished objectives and activities.

		scheduling module		assessed
	Plan ongoing regular meetings to discuss progress	• Meet monthly for the first quarter of implementation • Meet quarterly thereafter • Develop agenda • Record minutes	Address issues identified to facilitate ongoing program operations	Meeting minutes will document actions
2	Implement retinal camera telemedicine clinic	• Schedule staff • Assign patient appointments	Detailed list of all required support for clinic maintained	Patient visit data will be tracked
	Conduct post clinic evaluation	• Meet immediately following clinic to discuss issues • Recommend solutions • Record minutes	• Implement solutions • Evaluate corrective actions	Meeting minutes will document actions
	Conduct ongoing session evaluations	• Meet monthly to evaluate all interventions implemented to address clinic issues • Recommend solutions • Record minutes	Implement corrective action	Record of corrective actions available
3	Evaluate Ophthalmology clinic and retinal telemedicine clinic visit and backlog data0	If needed will repeat steps in third quarter for additional interventions	Implement solutions	Track data
4	Develop process for ongoing assessment of retinal camera clinic	Develop and maintain a record of all needed support services and activities.	• Track clinic access • Evaluate improved quality of care • Track reduced backlogs	Data on clinic backlog and number of patient served available

L.A. Care
HEALTH PLAN

COMMUNITY BENEFIT PROGRAMS
COMMUNITY HEALTH INVESTMENT FUND (CHIF)
Ad Hoc Application

Name of organization: Los Angeles County Department of Health Services – High Desert Health System

Address: 44900 North 60th Street West

City: Lancaster **State:** CA **Zip code:** 93536

Project site address (es), if different from above: 38350 40th Street East, Palmdale, CA 93550

Name and title of ED/CEO/President: Beryl Brooks, Chief Executive Officer

Telephone (s): (661) 945-8461 **E-mail:** brbrooks@dhs.lacounty.gov

Project contact and title: Tim Moore, Assistant Administrator

Telephone(s): (661) 945-8362 (office) (661) 860-1943 (cell) **E-mail:** tmoore@dhs.lacounty.gov

Project Name: South Valley Health Center Pediatric Clinic Expansion

Organization's annual operating budget $ $98.9 Million **Total project budget** $ 401,156

Request to L.A. Care $ 75,000 **L.A. Care's percentage of project budget:** 18.7 %.

Estimated project timeline for using of L.A. Care funds: 18 months

Organization in existence since: July 1, 2003* **Percentage of administrative overhead:** 53%
*Note: from Dec. 1962 to July 2003, the organization existed as Los Angeles County High Desert Hospital.
Please check all that apply: **Medi-Cal** ■ **Healthy Families** ■ **Healthy Kids** ☐ **LAC-DHS** ■

In L.A. Care's Medi-Cal Network, if applicable? **yes** ■ **If so, what network** ■ Community Health Plan

***If* applicable, name of fiscal agent** _____ **Federal Tax ID number** 95-6000927W
Fiscal Agent Budget _____ ***Date emailed*** _____

II. ORGANIZATION TYPE

Select one:

☐ Federally Qualified Health Center (FQHC) **or** FQHC Look-alike	☐ 501(c)(3) Licensed Community Clinic (**not** FQHC or FQHC Look-alike)	Public Agency ■ County ☐ City ☐ School ☐ Other (specify) _____ _____	☐ Other 501 (c) (3)-specify:

Limit this entire application to no more than eight pages. Requested attachments are not part of the eight-page limit. Font size must at least 11 points. Must send a copy in MS Word (.doc) or Excel (.xls), but not .pdf. If need to send in .pdf, please send in addition to, but not in substitution of, MS Word version. DO NOT BOLD TYPE RESPONSES.

III. PROJECT and ORGANIZATIONAL BACKGROUND

Summary

Los Angeles County – High Desert Health System (HDHS) is seeking assistance with funding the one-time start-up costs for the South Valley Health Center (SVHC) Pediatric Clinic project. The requested funding will be used for the purchase of equipment and furniture for this clinic. The SVHC is located in east Palmdale and provides adult and pediatric primary care services, urgent care and six surgical sub-specialty clinics (general surgery, podiatry, orthopedics, gynecology, ENT, and urology). The clinic has been affiliated with LA Care through the Community Health (CHP) Plan since its inception. The health center is a safety net facility, which serves the uninsured, in addition to participating in the Medi-Cal, Medi-Cal Managed Care, and Healthy Families programs. The east Palmdale area, which surrounds the clinic, has few medical resources and access to health care is a significant issue. One indicator of the high demand for services in this area is waiting time for appointments. The current appointment waiting time for a routine pediatric physical examination at the SVHC is approximately 38 days.

Over the past decade, the City of Palmdale has been among the fastest growing areas in Los Angeles County. According to the US Census Bureau, from 2000 to 2008, the population of the City of Palmdale increased by 23.81% from 116,270 to 144,451. Of this population, an estimated 13.8% of families and 16.5% of individuals within the city were living below the Federal Poverty Level. There are currently no hospitals operating within the City of Palmdale. Universal Health Services is constructing a new private hospital in West Palmdale, which will be approximately six miles west of the SVHC. That hospital is expected to open in late 2010. The SVHC is the only Los Angeles County clinic located in Palmdale. There are two additional clinics in Palmdale which are associated with the Los Angeles County Public Private Partnership program. The Antelope Valley Community Clinic is located approximately 1 mile west of the SVHC, and the Palmdale Medical and Mental Health Services clinic is located approximately 1.5 miles west of the SVHC.

At the present time, all services at the South Valley Health Center are located in approximately 14,000 square feet on the first floor. Adult and pediatric primary care services are combined in one large clinic suite. As the clinic has grown, this combined clinic arrangement has proven inadequate, with the waiting area becoming very crowded and newborns and well children often waiting for services in close proximity to sick children and adults. To address this situation, Los Angeles County leased an additional 5,000 square feet on the second floor of the building and this new space has been built-out as a Pediatric Clinic. This will enable separation of the adult and pediatric primary care populations and provide more appropriate waiting and treatment space for both groups of patients. With seven examination rooms, an observation room, a triage room, and various support spaces, the new clinic provides space for the expansion of Pediatric services at the SVHC. It is anticipated that, in the first year of operation, the SVHC Pediatric Clinic will provide an estimated 5,500 general pediatric visits. In addition, the expanded pediatric space will enable HDHS to provide Foster Care Hub clinic visits at the SVHC. The Foster Care Hub clinic is located at HDHS and is a collaborative effort between the Los Angeles County Department of Health Services (DHS) and the Department of Children and Family Services (DCFS). The Foster Care Hub clinics provide initial assessments for all newly detained Foster Care children to ensure that they receive a thorough medical exam and that they are screened appropriately for abuse. HDHS currently operates the second busiest Foster Care Hub Clinic in Los Angeles and a substantial number of the patients reside in Palmdale. Expanding Foster Care Hub Clinic services to the SVHC will increase access for those patients. It is anticipated that the SVHC Pediatrics Clinic will provide approximately 500 Foster Care Hub clinic visits in the first year of operation.

With the purchase of equipment and furniture, the space will be ready for occupancy. HDHS has provided pediatric services at the site continuously since 2001, and has demonstrated the capacity to sustain operations. Two full-time pediatricians are employed at the SVHC and will staff the new clinic. The expected outcomes of this project are the establishment of a new pediatric clinic, separation of adult and pediatric primary care services, in different clinic suites with separate waiting areas, improved focus on pediatric preventive care, and the availability of clinic space to significantly expand pediatric clinic capacity.

1. **Briefly describe how your project aligns with your Board-approved organizational mission and your existing services and strategic plan (if organization does not have a strategic plan, please cite strategic Board discussions related to project).**
   This project is closely aligned with the Mission of the County of Los Angeles, which is "To enrich lives through effective and caring service." The project is also consistent with key County of Los Angeles Strategic Plan goals, which include:
   - Health and Mental Health: Improve health and mental health outcomes and maximize efficient use of scarce resources, by promoting evidence-based prevention and service principles that are population-based, client centered, and family focused.

2. **State how your proposed project aligns with L.A. Care Community Benefit Program's strategic objectives and guidelines as noted in the enclosed ad hoc guidelines document.**
   This project aligns with the LA Care Community Benefit Program strategic benefit objectives of strengthening the safety net and improving community health. HDHS is operated by the Los Angeles County Department of Health Services and is a safety net provider. The population served by the SVHC includes Medi-Cal, Medi-Cal Managed Care, Healthy Families, Healthy Way LA (Los Angeles County Coverage Initiative) and the uninsured. This project will improve access for these populations. In addition, the project will enable the expansion of Foster Care Hub Clinic services to the SVHC clinic.

3. **Briefly explain community and organizational needs that prompted proposed project. Identify why this is an important need/problem for your organization and community to address.**
   The SVHC was established specifically to help improve access to healthcare in for low income and uninsured residents of Palmdale. The east Palmdale area, which surrounds the clinic, has few medical resources and access to health care for the uninsured is a significant issue. Total patient visits provided by the SVHC have increased from 17,324 in FY 2001-02 to 43,907 in FY 2008-09. This project will enable the separation of adult and pediatric patients into separate primary care clinics, add seven pediatric exam rooms, increase total primary care exam rooms (adult and pediatric) from 12 to 19, and will provide physical capacity for the provision of 12,000 additional primary care visits for the community in the future.

IV. PROJECT DESCRIPTION AND ACTIVITIES

1. **Describe your program model, including components and strategies.**
   HDHS currently operates a combined adult and pediatric primary care at the SVHC. This project will provide space for a separate pediatric primary care clinic. The pediatric clinic will be staffed by pediatricians and will serve as a medical home for pediatric patients. The clinic will provide preventive and episodic health care, as well as the management of chronic health conditions, such as asthma and diabetes. Preventive services provided by the clinic will include periodic well child visits (CHDP visits) and immunizations. The age of children to be treated in the clinic will range from newborns to adolescents. The SVHC is a CHDP provider and a provider for the Community Health Plan, which is affiliated with LA Care. The SVHC Pediatric Clinic also provides care for newborns delivered at Antelope Valley Hospital who do not have an established source of pediatric care. At the SVHC, the new Pediatric Clinic will be supported by the on-site urgent care clinic, which is open sixteen hours per day, seven days per week, and on-site specialty clinics, which include ENT, Orthopedics, and Podiatry. Additional pediatric specialty services are available within the HDHS network of clinics. It is anticipated that, in the first year of operation, the SVHC Pediatric Clinic will provide an estimated 5,500 general pediatric visits and approximately 500 Foster Care Hub clinic visits.

2. **Make a clear and logical connection between program model/design, strategies/goals and results.**
   The Pediatric patient population has different health care needs and requirements than the adult population. HDHS experience is that this population is best served in a dedicated pediatric clinic where the delivery of care is focused entirely around pediatric care. This model is efficient, supports staff competency in pediatric care, and supports patient satisfaction. Separating well children, including vulnerable newborns, from sick adults also helps reduce exposure to illnesses. Operating a

dedicated pediatric clinic will focus the clinic team on producing the best outcomes possible. Developing a dedicated pediatric clinic will also enable HDHS to expand Foster Care Hub Clinic services to the SVHC. Because of the sensitive nature of this clinic, it is not appropriate to provide those services in a mixed adult/pediatric primary care environment. The dedicated pediatric clinic will provide an appropriate environment for the examination of newly detained Foster Care children as well as an environment where these children can continue to receive follow-up care.

3. **Please cite relevant studies, best practices, or other successful model that are directly related to your project and that validates your proposed model.**
   HDHS provides pediatric care in several clinic environments, including a dedicated Pediatric clinic at the main HDHS campus, within a combined adult and pediatric primary care clinic at the SVHC, and in three small family medicine clinics. Our experience is that the dedicated Pediatric clinics offers patients the best access to care, using quantitative measures such as average annual primary care visits per member. In the dedicated pediatric clinic model, pediatric patients do not compete with adult patients for limited clinic resources and appointments. In addition, dedicated pediatric clinics attract nursing staff with a strong interest in pediatric care and provide the opportunity to develop and maintain clinical skills and knowledge specific to pediatric care. The Foster Care Hub clinics have proven to be highly successful models for ensuring that all newly detained Foster Care children receive consistently thorough initial medical examinations, including screening for physical and sexual abuse and mental health screenings.

4. **Outline key activities that support and reinforce your program goals or objectives. Use attached workplan to expand on specific strategies, objectives and supporting activities. If expanding services, please state baseline and quantify projected growth.** [1]
   At the present time, four exam rooms at the SVHC primary care clinic are used for Pediatrics. In the new Pediatric Clinic, there will be seven examination rooms. The existing space supports two full-time pediatricians. The new clinic will provide space for up to four pediatric providers. In FY 2008-09, the SVHC Primary Care clinic provided a total of 19,870 visits. This project will enable the separation of adult and pediatric patients into separate primary care clinics, increase total primary care exam rooms (adult and pediatric) from 12 to 19, and will provide physical capacity for the provision of 12,000 additional primary care visits for the community in the future. It is anticipated that, in the first year of operation, the SVHC Pediatric Clinic will provide an estimated 5,500 general pediatric visits and approximately 500 Foster Care Hub clinic visits.

5. **How do you plan to involve the impacted or targeted community in this project?**
   The targeted population is currently being served at the SVHC. This project, however, will provide a larger, more appropriate, and more pleasant environment that encourages patients to access primary care services. HDHS is actively engaged in outreach activities to encourage Community Health Plan patients at the SVHC to obtain preventive care and use primary care services rather than inappropriately using local emergency rooms for non-emergency conditions. Patients who enter the County health care system through the SVHC Urgent Care clinic will be scheduled for follow-up care in the SVHC Pediatric Clinic.

6. **List collaborating organizations and their role in this project. Also, list project subcontractors if any.**
   The SVHC receives immunizations through the Los Angeles County Department of Public Health Immunization Program. The clinic is also participates as a provider in the Child Health and Disability Prevention (CHDP) program. HDHS collaborates with Antelope Valley Hospital to accept the referral of newborns for follow-up care at both the main HDHS clinic in Lancaster and at the SVHC. The Foster Care Hub clinics are a collaboration between the Department of Health Services and the Department of Children and Family Services.

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[1] Objectives or activities must be specific and measurable: What (activity), Who (target audience and responsible staff), How many or How much of (type of service or activity) and When (time specific)

7. **List project managers and other project leaders who have specific expertise related to this project (name, title, general qualifications and expertise).**

- Project Manager: Tim Moore, Assistant Administrator. Mr. Moore is experienced in the planning and start-up of multiple County clinics including the South Valley Health Center, Lake Los Angeles Community Clinic, Littlerock Community Clinic, and the conversion of High Desert Hospital to the High Desert Health System Multiservice Ambulatory Care Center (MACC).
- Ramasamy Mahadevan, MD, Chief of Pediatrics, High Desert Health System. Dr. Mahadevan is the physician responsible for the pediatrics services at both the HDHS MACC and the SVHC. He is a Board Certified Pediatrician with inpatient privileges at Antelope Valley Hospital.
- Elizabeth Estrada, MD, Lead Pediatrician, SVHC. Dr. Estrada is the lead Pediatrician at the SVHC. She has been employed by the clinic since 1999 and has extensive experience providing pediatric services to the Medi-Cal and low-income population.
- Karen Peterson, Administrative Assistant III, HDHS Foster Care Hub Clinic,. Ms. Peterson is the administrator responsible for day-to-day operations for the Foster Care Hub Clinic services.
- Susan Straub, RN, Nurse Manager, SVHC. Ms. Straub has been the Nurse Manager at the SVHC since 2003. She has been a leader in efforts to improve patient flow, reduce waiting time, and improve clinic operations.

8. **Note any other items related to your project not mentioned in any of the questions above.**
The Los Angeles County Department of Health Services is a strong proponent of delivering health care in a manner that is both culturally and linguistically appropriate. The SVHC employs on-site staff to provide interpretation services for Spanish-Speaking patients and assistance is available for patients speaking other languages.

V. TARGET POPULATION & SERVICE AREA DESCRIPTION

1. **Geographic location of project and general service area (include 5-10 neighborhoods/cities where most program participants reside)**
The project is located in East Palmdale at 38350 40th Street East (south-east corner of 40th Street East and Palmdale Boulevard). Most clients reside in various neighborhoods located within east and central Palmdale to the east, west, and south of the clinic.

2. **Please describe your project's target population:**
-Race/Ethnicity: 1.2% Asian. 14.3 % Black/African American. 74.4% Latino/Hispanic
.2 % Native American. ____% Pacific Islander 9.4% White .5% Other
-Gender: 49.8 % Male 50.2 %Female %____ Transgender
-Age Group: 43.9% Infant/Toddler (0-5) 26.1% Children (6-12) 30.0% Teenager (13-19)
____% Adult (20-54) ____% Senior (55+)

3. **Other project population characteristics, such as disabilities, high prevalence of a particular health condition(s), percentage of uninsured, geographical challenges.**
The pediatric patient population served by the SVHC Pediatric Clinic faces geographical challenges due to the shortage of health care providers serving the south-east Antelope Valley, the lack of hospital services and a lack of pediatric specialty care. The population is also characterized by a large number of children in Foster Care, a shortage of resources for children with severe disabilities, and a prevalence of childhood asthma. The June, 2009 report "Key Indicators of Public Health" prepared by the County of Los Angeles Department of Public Health, reports the following relevant characteristics of the SPA 1 population:
- 18% of the population has household incomes less than 100% of the Federal Poverty Level, which is higher than the average for Los Angeles County (16%).
- The percentage of children ages 0-17 years who have special health care needs is higher (23.6%) than in LA County (15.7%)
- 21.1% of children in grades 5, 7, and 9 are obese.

- The percentage of children, ages 0 – 17 years, with current asthma is higher in SPA 1 (9.7%) than in LA County (7.9 %).

VI. EVALUATION

1. **Describe the program's measures and metrics used to evaluate success. Indicate how you will document progress and your plans for internal and/or external dissemination of project findings. If this or similar programs have been evaluated before, please feel free to attach that report.**

Measures that will be used to evaluate this project include:

Measure	Time Frame for Completion
All equipment and furniture for the new Pediatric Clinic will be ordered.	3 months after the receipt of funding.
Furniture and equipment will be received and installed for the new Pediatric Clinic	6 months after the receipt of funding
Review of the new clinic space by LA Care (Facility Site Review)	9 months after the receipt of funding
Pediatric services will be relocated from the first floor to the new Pediatric clinic space on the second floor.	10 months after the receipt of funding
Evaluate the impact of separating adult and pediatric primary care on patient cycle time.	12 months after the receipt of funding
Evaluate of client satisfaction with the new Pediatric Clinic space.	12 months after the receipt of funding
Provide Year 1 progress report to LA Care.	12 months after the receipt of funding
Repeat evaluation of client satisfaction with the Pediatric Clinic space.	16 months after the receipt of funding.
Provide final report to LA Care summarizing all project findings.	18 months after the receipt of funding.

VII. PROJECT FISCAL INFORMATION

1. **If you either have or have had a *prior* grant from L.A. Care Health Plan—whether related to this project or not—please list name of grant, grant period, amount and purpose of grant.**
HDHS has not received prior grants from LA Care.

2. **Status of other grants—including from L.A. Care—already received or requested related to proposed project. Please provide name of funder, amount and status.**

   - March 27, 2009, $20,000 in funding requested for this project from Kaiser Permanente through the 2009 Community Service Fund Grant Application. Status: Project was not selected for funding.

3. **How do you plan to sustain the project during and beyond initial funding period?**
The project will be sustained beyond the initial funding through the HDHS operating budget. The space for the clinic is already leased, under a ten-year lease. Staff, space, and other costs for the Pediatric Clinic are already included in the HDHS operating budget and pediatric primary care services are currently offered in a combined adult and pediatric primary care clinic on the first floor of the SVHC. This project will relocate pediatric primary care services to the second floor of the SVHC and establish a dedicated pediatric clinic. This request is for start-up funding only, for furniture and equipment.

4. **Is there likelihood that additional funding will be needed or requested from L.A. Care to complete or continue the proposed project. If so, please explain.**

No, this request is for start-up funding only. The requested funding will be sufficient to purchase the furniture and equipment needed to establish this clinic.

VIII. STRATEGIC BENEFIT

1. **If applicable, are you part of the L.A. Care Health Plan network. If yes, name the specific L.A. Care network.**
   HDHS and its associated clinics are part of the LA Care Health Plan network, as providers for the Community Health Plan (CHP). Through April, 2010, CHP membership at HDHS sites was, as follows:

Site	CHP Medi-Cal	CHP Healthy Families
Antelope Valley Health Center	2,693	78
HDHS MACC	3,561	97
Lake Los Angeles Comm. Clinic	577	0
Littlerock Community Clinic	393	0
South Valley Health Center	6,765	198

2. **If applicable, state direct health benefits of the proposed project to L.A. Care Health Plan members.**
   The SVHC is the largest CHP primary care site in SPA 1, with nearly 7,000 CHP Medi-Cal and Healthy Families members. At the present time, these adult and pediatric LA Care Health Plan members receive primary care services in a combined adult and pediatric primary care clinic. Due to the large number of members, and other uninsured patients who receive services at this site, the waiting room can become crowded and well children wait in proximity to sick adults. This project will relocate pediatric primary care services to a new clinic on the second floor of the building, providing a separate waiting area, and increasing the number of exam rooms available for pediatrics from four to seven. This will improve quality of care and client satisfaction.

3. **Outline consistency of proposed project with efforts of key elected officials. Please indicate if local, state or federal.**
   This project is consistent with the efforts of the Los Angeles County Board of Supervisors (Local). The County of Los Angeles Strategic Plan, adopted by the Board of Supervisors, includes the specific goal of: Health and Mental Health: Improve health and mental health outcomes and maximize efficient use of scarce resources, by promoting evidence-based prevention and service principles that are population-based, client centered, and family focused. The Board of Supervisors indicated its support of this project by approving the lease of additional space within the clinic building for the new Pediatric clinic. This project, by providing space for increased primary care capacity, is also consistent with the recently approved National Health Care Reform legislation, and will help position DHS and HDHS for the implementation of Health Care Reform.

4. **Specifically outline the kind(s) of public recognition that L.A. Care Health Plan will receive if your project is funded. <u>Please be very specific.</u>**
   - LA Care Health Plan support for this project will be recognized through press releases. Press releases will be distributed to: Antelope Valley Press, Daily News, Los Angeles Times, La Prensa, La Opinion, Time-Warner – Antelope Valley, High Desert Broadcasting, Clear Channel Communications.
   - LA Care Health Plan will be asked to participate in a grand opening ceremony for the new Pediatric Clinic.
   - LA Care health Plan will be recognized in an article in the DHS Newsletter.
   - An advertisement will be purchased in the local newspaper (Antelope Valley Press) announcing the opening of the new Pediatrics Clinic. The advertisement will recognize the involvement of LA Care.
   - A plaque will be installed in the clinic waiting area recognizing the contributions of LA Care Health Plan to furnishing and equipping the clinic.

IX. ORGANIZATION'S GOVERNANCE/LEADERSHIP/POLITICAL REPRESENTATION

1. **Attach the following information for each member of your Board of Governors or Board of Directors: names, titles, and connections to L.A. Care Health Plan. If no connection to L.A. Care, please write "no connection" next to each name.**

   Gloria Molina, Supervisor, First Supervisorial District – no connection
   Mark Ridley-Thomas, Supervisor, First Supervisorial District – no connection
   Zev Yaroslavsky, Supervisor, Third Supervisorial District – no connection
   Don Kanabe, Supervisor, Fourth Supervisorial District – LA Care Board Member
   Michael D. Antonovich, Fifth Supervisorial District – no connection

2. **Attach the following information for each senior management staff member: name, title, and connection to L.A. Care Health Plan. If no connection to L.A. Care, please write "no connection" next to each name.**

   Beryl Brooks, CEO, High Desert Health System – no connection
   Ruth Oren, MD, Medical Director, High Desert Health System – no connection
   Mary Lang, RN, Interim Chief Nursing Officer, High Desert Health System – no connection
   Tim Moore, Assistant Administrator, High Desert Health System – no connection
   Carla Nino, Assistant Administrator, High Desert Health System – no connection

3. **Provide the elected official's name and district number for the following:**

   - **City Councilmember and City:**
     James C. Ledford, Mayor, City of Palmdale
   - **Los Angeles County Supervisor:**
     Michael D. Antonovich, Supervisor, Fifth Supervisorial District
   - **State Assembly:**
     Steve Knight, State Assembly, District 36
   - **State Senate:**
     George Runner, State Senate, District 17
   - **U.S. House of Representatives:**
     Buck McKeon, US House of Representatives, District 25

X. ORGANIZATIONAL FINANCIAL/LEGAL/LICENSURE

1. **Please list any current or previous (within 5 years) pending material litigation brought against your organization.**
   Not Applicable

2. **Please list all health care or related licenses held by your organization that pertain to this project.**
   Primary care clinics operated by Los Angeles County are license-exempt. However, all HDHS primary care clinics have been certified by State Licensing and approved for participation in the Medi-Cal and Medicare programs. HDHS operates an Ambulatory Surgical Center at the main HDHS MACC site, and that program is licensed by the State of California.

3. **If your organization is tax-exempt, please list any pending or prior allegations or actions questioning or challenging propriety of tax-exempt status.**
   Los Angeles County is a tax-exempt governmental organization. HDHS is not aware of any prior allegations or actions of this nature.

XI. CONFLICT & RISK FEATURES

1. List any potential conflicts of interest (relating to the L.A. Care Health Plan Board of Governors, officers, managers, lines of business) not outlined in Section IX, questions 1 and 2:
None

2. Organization's insurance coverage (please check all that apply):

- **General liability**
- **Auto liability**
- **Workers compensation**
- **Property and fidelity coverage**
- **Professional liability**
- **Other** LA County is self-insured.

XII. REFERENCES

1. **List no more than three references in support of proposed project, including name, title, organizational affiliation, phone number(s) and e-mail. Please do *not attach letters of support, unless requested.***

Bishop Henry Hearns
Living Stone Cathedral
Chairman, High Desert Health System Advisory Council
Phone: (661) 944-4128, extension 11
e-mail: sscott@livingstonecathedral.org

Norm Hickling, Deputy
Los Angeles County Supervisor, Michael D. Antonovich
Phone: (661) 726-3600
e-mail: nhickling@lacbos.org

Bonnie Daniels, RN, Vice President of Women's and Infants Pavilion Operations
Antelope Valley Hospital
Phone: (661) 726-6731
e-mail: bdaniels@avhospital.org

2. **Provide contact information (organization, name, title, phone and email) of funders already committed to this project, plus of funders who have already received an application to fund this project regardless of commitment.**

No funders have committed to fund this project.

Funders who have received applications to fund this project include:

- Kaiser Permanente Panorama City Medical Center Area, 2009 Community Service Fund Grant
  Luis Pardo, Senior Community Benefit Program Specialist (818) 375-3362
  e-mail: luis.pardo@kp.org (Note: project was not funded)

XIII. AUTHORIZING SIGNATURE

Print Name and Title_____

Signature_____Date_____

Application ends at 8 pages

E-mail

- Please **e-mail** the following seven documents to Roland Palencia at rpalencia@lacare.org and Rosa Castillo at rcastillo@lacare.org with subject line in submittal email as follows: Your organization's and the project's name.

  Also, label the following electronic documents as follows:

1. Your organization's name, Ad Hoc Application, date emailed
2. Your organization's name, Workplan, date emailed
3. Your organization's name, Budget, date emailed
4. Your organization's name, Business or Strategic Plan, date of Plan (if don't have plan, send other project related documents, such as Board minutes, previous evaluation or management plan).
5. Your organization's name, Year _____audited financials
6. Your organization's name, IRS determination letter, and
7. Your organization's name , Signed W-9 (make sure it is complete and signed)

Regular or overnight mail

- By regular or overnight mail, also please send two original copies of documents 1- 7 above to:

Roland Palencia
Director, Community Benefit Programs
L.A. Care Health Plan
555 W. Fifth Street, 19th Floor
Los Angeles, CA 90013

213.694.1250 x 4243

Encl.

L.A. Care ad hoc guidelines, budget and workplan templates.

Workplan – Exhibit A
Community Health Investment Fund (CHIF) Ad Hoc

Organization's Name: **High Desert Health System**
Project Name: **South Valley Health Center Pediatrics Clinic**
Submitted by (name, title and phone number(s): **Tim Moore, Assistant Administrator, (661) 945-8362**
Date Rvsd:

Only List Activities related to this project and related timeline.

Qtr. (no dates)	Objective [2]	Activities	Outcome[3]	Evaluation (methods, metrics and tools)
1	Order all equipment and furniture for the new Pediatric Clinic Responsibility: Tim Moore Susan Straub, RN Stacey Richardson To be completed by: 3 months after receipt of funding	Update and finalize equipment and furniture list with final pricing. Select colors/finishes, where needed. Place orders for all equipment and furniture.	All equipment and furniture will be ordered within 90 days of the receipt of funding.	Detailed records will be maintained documenting all equipment/furniture orders.
2	Receive and install all equipment and furniture for the new Pediatric Clinic Responsibility: Tim Moore Susan Straub, RN Stacey Richardson Tom Higgins To be completed by: 6 months after the receipt of funding	Receive, deliver, install and test all equipment and furniture for the new clinic.	All equipment and furniture will be received and installed within 6 months of the receipt of funding.	Detailed records will be maintained documenting the receipt and installation of all equipment/furniture to be purchased through this grant.
3	Review of the new clinic space by LA Care. Responsibility: Susan	Complete occupancy preparations Schedule LA Care Facility Site Review	Receive approval from LA Care to use the new clinic for LA Care members.	Facility Site Review will be conducted by LA Care.

[2] **Objectives** must be quantifiable and minimally include who is doing (how much) of what by when. Also, indicate baseline and quantify projected gains.
[3] **Outcome** is the overall change derived from accomplished objectives and activities.

	Straub, RN To be completed by: 9 months after receipt of funding	Complete LA Care Facility Site Review Complete corrective action, if needed.		
4	Open New Pediatric Clinic Space Responsibility: Carla Nino, Susan Straub, RN To be completed by: 10 months after the receipt of funding	Complete occupancy plan Establish opening date Develop communication plan for patients. Plan and schedule clinic Grand Opening	Open the new Pediatric Clinic and begin providing services in the new space.	The new Pediatric Clinic will be open, and providing services five days per week, within 10 months of the receipt of funding.
	Improve patient satisfaction.	Measure changes in patient satisfaction.	Patient satisfaction scores will increase by 5% within one quarter of occupying the new clinic space, and by 10% within one year of occupying the new clinic space.	HDHS patient satisfaction survey.
	Increase physical capacity for primary care services.	Add seven exam rooms.	Physical capacity for primary care services will increase by 12,000 visits per year with the addition of seven exam rooms.	Number of equipped exam rooms.

Exhibit B, Attachment 2

Community Health Investment Fund (CHIF) - Ad Hoc Budget
Expenditure Justification and Description of In-Kind or Matching Sources

All requested equipment and furniture is for the start-up of a new Pediatric Clinic. Areas to be equipped/furnished include:

1 interview room (for Medi-Cal and other program eligibility interviews)
1 registration area (3 positions)
1 triage room
2 two work-up/intake areas
1 medication room
7 examination rooms
1 treatment/observation room
1 nurses station (with four work areas)
2 provider offices (semi-private)
1 staff room
1 waiting room

L.A. Care HEALTH PLAN

Community Health Investment Fund
PROGRAM BUDGET

EXHIBIT B

Community Health Investment Fund (CHIF) - Ad Hoc

Name of organization: Los Angeles County Department of Health Services

Prepared by (name, title and phone number(s): Vivian Branchick, RN, MS Chief Nursing Officer Director of Nursing Affairs (213)240-7702

Date: October 6, 2010

All requested funds must be directly related to the project's expenses for the funded period.

Personnel Expenses (A)	FTE on project (B)	Year 1 CHIF Funding (L.A. Care) (C)	If Applicable, Year 2 CHIF Funding (D)	In Kind/ Matching Funding (E)	Project Total (C + D + E)	Please justify each expense. Also be specific on sources of funding for in kind/matching funds. (You may attach additional justification pages)
Project Director	1	$0.0		$10,800	$10,800	Responsible for direct oversight of the project. Assist with data analysis and reports. Contact person for facility Nurse Educators and the vendor. In kind based on 5% of salary at $12,000 per month for 18 months. Total 18 months is $10,800.
Project Coordinator	1	$0.0		$6,048	$6,048	Oversight of day-to-day project operations. Direct data collection, analysis and reports. Contact person to troubleshoot minor issues and problems for staff and instructors. In Kind based on 5% of salary at $336.00 per month for 18 months. Total 18 months is $6,048.
Equipment/Other Expenses						
Storage Space		$0.0		$0	0	
Telephone		$0.0		$1,800	$1,800	To be used to directly communicate with vendor, Educators at the various facilities, staff and nursing students. One-hundred dollars per month X18 months.
Direct Expenses						
Office Supplies		$0.0		$5,000	$5,000	Office Supplies includes: paper, pens, pencils, binders, printing toners, software program and computer use. Office supplies are to be used to develop monitoring instruments, surveys, reports, data charts and attendance rosters.
Survey		$0.0		$3,000	$3,000	To gather information and data regarding training satisfaction and experience with computerized manikin meeting nursing critical thinking, problem solving and team building skills.
Training and Educational Materials		$8,077		$3,000	$11,077	METIman Basic On-Site Education Course-Two Day (EDU-20) is designed for training up to 10 students. METI provides an Instructor and workbooks for all students. Also, on-site will setup and train students on the simulator and Installation and Orientation information is included in the course.
METIman (Pre-Hospital) Patient Simulator X four (5)		$227,923		$0	$227,923	Metiman Pre-hospital patient Simulator Include: Full Body wireless instrumented Adult manikins, instructors wireless workstation, 1 patient, 4 simulated clinical experiences, first year full system warranty. A convulsion mechanism causing the entire adult patient manikins to physically shake, giving a visible cue of convulsion or tremors. The patient bedside monitor has an extended warranty that provide she return to factor hardware and software maintenance services for 12 months after installation. Beginning in year to (2) this is the unit price per year for each simulator. This module is designed for facilitating learning of the American Hospital Association (AHA) algorithms related to emergency cardiac care. Based on the 2006 AHA guidelines the Advanced Cardiac Life Support (ACLS) learning module includes an ACLS critical action checklist for use in evaluating team performance. Software license cost is included to three (3) additional simulators. The adult learning module contains 20 simulated clinical experiences from our popular program for nursing curriculum integration. The Tactical Medical Care Learning (TMCM) includes allergic reaction, arm laceration, burns, cardiac arrest and several other simulated clinical modules. The ACLS and TMCM Metiman PreHospital software is added to load content on the three (3) additional simulators. Metiman is designed for training up to 10 students. metiman provides an Instructor and notebooks for students.
TOTAL PROGRAM EXPENSES		$236,000		$29,648	$265,648	

L.A. Care HEALTH PLAN

Community Health Investment Fund
PROGRAM BUDGET

Community Health Investment Fund (CHIF) - Ad Hoc

Name of organization: L A County DHS on behalf of ValleyCare Network - Olive-View UCLA Medical Center

Project Directors: Satwant Sidhu, MD, MSPH. Eddy Nguyen MD. 818-947-4604

Prepared by: Carla Nino, Administrator, Mid-Valley Comprehensive Health Center 818-947-4026

Date: September 10, 2010

All requested funds must be directly related to the project's expenses for the funded period.

Personnel Expenses (A)	FTE on project (B)	Year 1 CHIF Funding (L.A. Care) (C)	If Applicable, Year 2 CHIF Funding (D)	In Kind/ Matching Funding (E)	Project Total (C + D + E)	Please justify each expense. Also be specific on sources of funding for in kind/matching funds. (You may attach additional justification pages)
Project Director (or other staff)	2			$24,000	$24,000	Project Directors
Project Staff	2			$81,000	$81,000	Nursing and Patient Resource Worker
Project Staff	1			$10,000	$10,000	Administrator
Subtotal of Salaries/Wages (See Indirect Costs)				$115,000	$115,000	
Personnel Benefits	ie.20%			$23,000	$23,000	
Subtotal Salaries and Benefits		**$0**		**$138,000**	**$138,000**	
Direct Expenses						
Staff Training & Education		$11,000			$11,000	Nursing staff will be trained on new competencies to operate the retinal camera and provide patient education on Diabetic Retinopathy.
Contract Ophthalmologist Fee		$75,000			$75,000	Ophthalmologist fees to assess retinal scans and determine appropriate clinical patient care.
Evaluation/Survey		$5,000			$5,000	Services provided by Project Director to evaluate outcomes, service delivery improvements, patient satisfaction, and measures of success.
Training & Education Materials						
Subtotal		**$91,000**			**$91,000**	
Equipment						
Retinal Camera		$24,000				Topcon TRC-NWS Non Mydriatic Retinal Camera; Nikon D80 10.2 Megapizel High Resolution Camera Back with Auto Focus and Auto Fire; Field 45 Degree Topcon IMAGEnet 2000 System, HP
Subtotal		**$24,000**			**$24,000**	
Other Expenses						
Subtotal		**$0**			**$0**	
Indirect Costs						

Indirect costs are no more than 10% of Salaries and Wages only.						
Subtotal		$0	PROGRAM BUDGET		$0	
TOTAL PROGRAM EXPENSES		$115,000			$253,000	

Community Health Investment Fund
PROGRAM BUDGET

Community Health Investment Fund (CHIF) - Ad Hoc

Name of organization: County of Los Angeles, High Desert Health System

Prepared by (name, title and phone number(s): Tim Moore, Assistant Administrator, (661) 945-8362 (office) (661) 860-1943 (cell)

Date: 9/22/2010

All requested funds must be directly related to the project's expenses for the funded period.

Personnel Expenses (A)	FTE on project (B)	Year 1 CHIF Funding (L.A. Care) (C)	If Applicable, Year 2 CHIF Funding (D)	In Kind/ Matching Funding (E)	Project Total (C + D + E)	Please justify each expense. Also be specific on sources of funding for in kind/matching funds. (You may attach additional justification pages)
Project Director (or other staff)	0.05			$5,005	$5,005	This represents 5% of the Project Director's total cost. This time will be dedeicated to clinic start-up activities, including ordering the equipment and furniture, coordinating installation, occupancy planning, and other clinic start-up activities.
Project Staff						
Project Staff						
Subtotal of Salaries/Wages (See Indirect Costs)				$5,005	$5,005	
Personnel Benefits	23%			$1,151	$1,151	
Subtotal Salaries and Benefits				$6,156	$6,156	
Direct Expenses						
Staff Training & Education						
Consulting Fee						
Evaluation/Survey						
Training & Education Materials						
Subtotal					$0	
Equipment						
See Exibit B, Attachment 1, for a detailed list of equipment items.		$75,000			$75,000	All requested equipment and furniture is for the start-up of a new Pediatric Clinic at the South Valley Health Center. This will enable the separation of adult and pediatric primary care and increase clinic capacity (see Exhibit B, Att 2).
Subtotal		$75,000			$75,000	
Other Expenses						

Community Health Investment Fund
PROGRAM BUDGET

Space renovation/tenant improvements for the new Pediatric Clinic space.				$320,000	$320,000	This represents the cost of the space renovations/tenant improvements to build-out the space for the new Pediatrics Clinic. This cost has been incurred and the renovations are complete.
Subtotal	0			$320,000	$320,000	
Indirect Costs						
Indirect costs are no more than 10% of Salaries and Wages **only.**						
Subtotal	0				$0	
TOTAL PROGRAM EXPENSES		$75,000		$326,156	$401,156	