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313 N. Figueroa Street, Suite 912
Los Angeles, CA 90012

Tel: (213)240-8101
Fax: (213) 481-0503

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May 1, 2012

TO: Each Supervisor

FROM: Mitchell H. Katz, M.D.
Director

SUBJECT: **STATUS REPORT ON KEY INDICATORS OF PROGRESS, HOSPITAL OPERATIONS, AND OTHER ISSUES RELATED TO THE TRANSITION TO THE NEW LAC+USC MEDICAL CENTER – PROGRESS REPORT #76 (Agenda Item #S-1, May 1, 2012)**

This is to provide your Board with the monthly report on the status of transitioning to the new LAC+USC Medical Center (LAC+USC). This is the full operational report with trends to include the month of March 2012.

Census Trending (ADC includes Psychiatric & Newborn Patients)

The Average Daily Census (ADC) for the month of March was 572 out of 676 licensed beds; an estimated 83% utilization rate (85% occupancy). The census for Medical/Surgical units was 296; an estimated 94% utilization rate (96% occupancy) for March 2012.

Emergency Department (ED) Indicators

Attachment #1 demonstrates a decrease in the Dangerously Overcrowding Level. The Left Without Being Seen (LWBS), ED Wait Time, and Median ED Boarding key indicators remained stable during this period. There was an increase in the Average Length of Stay (ALOS). The number of patients transferred out this period is 4% less than February 2012.

The Dangerously Overcrowding Level Comparison for this period was 8.6% compared to 18.4% in February 2012.

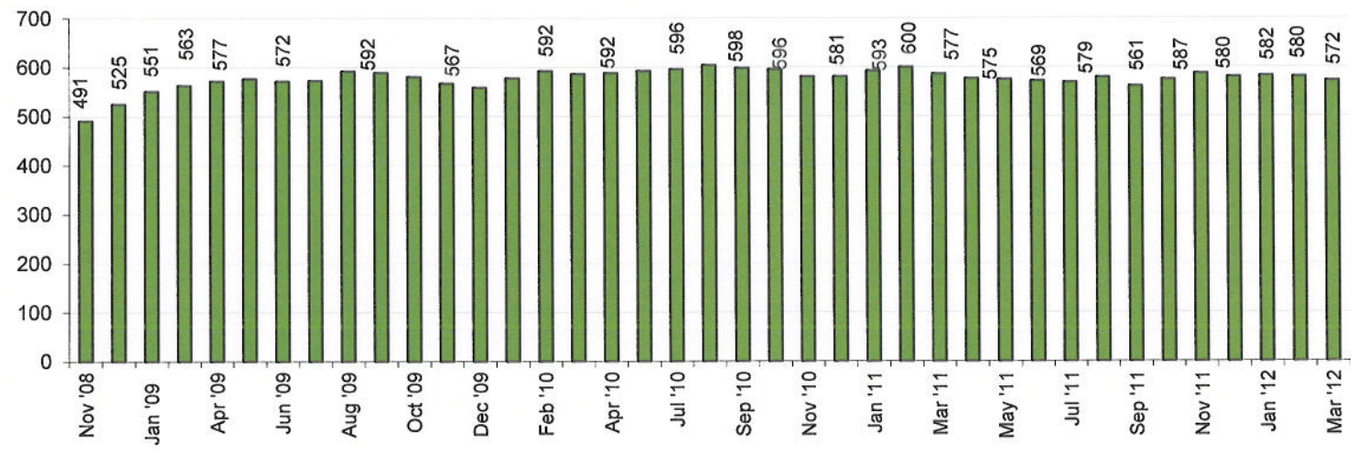
If you have any questions or need additional information please contact me or Pete Delgado, LAC+USC Chief Executive Officer, at (323) 409-2800.

PD:bh

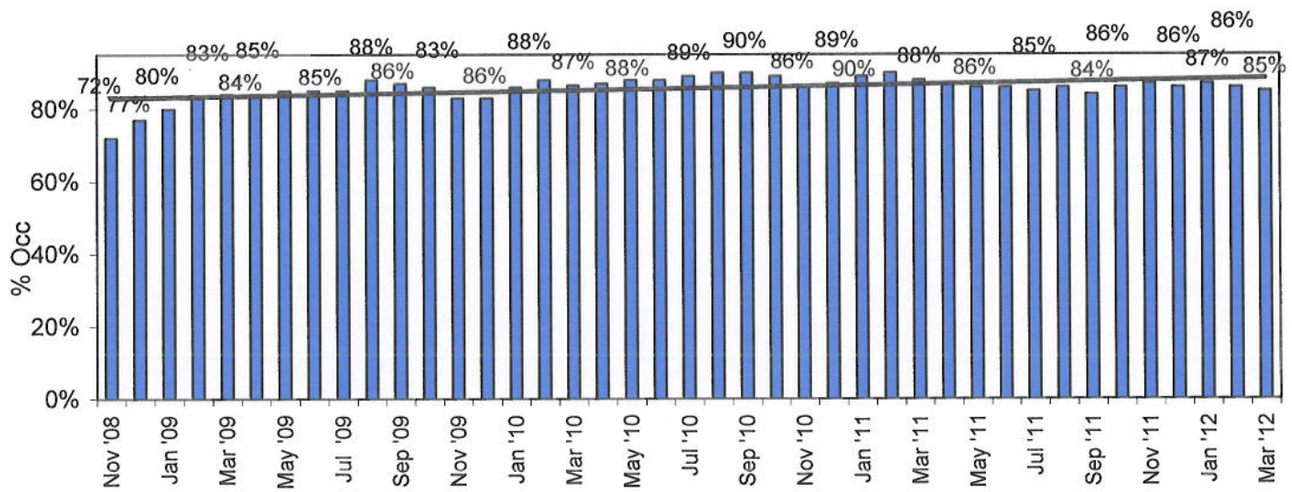
Attachments

c: Chief Executive Office
County Counsel
Executive Office, Board of Supervisors

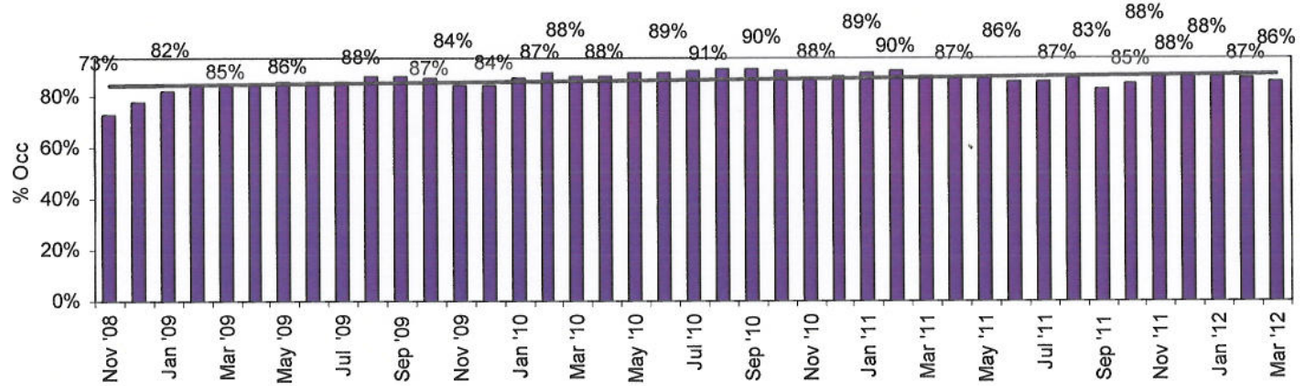
LAC+USC Medical Center
Operational Monitoring Report
Reporting Period –March 2012

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

LAC+USC Medical Center
Operational Monitoring Report
Reporting Period March 2012

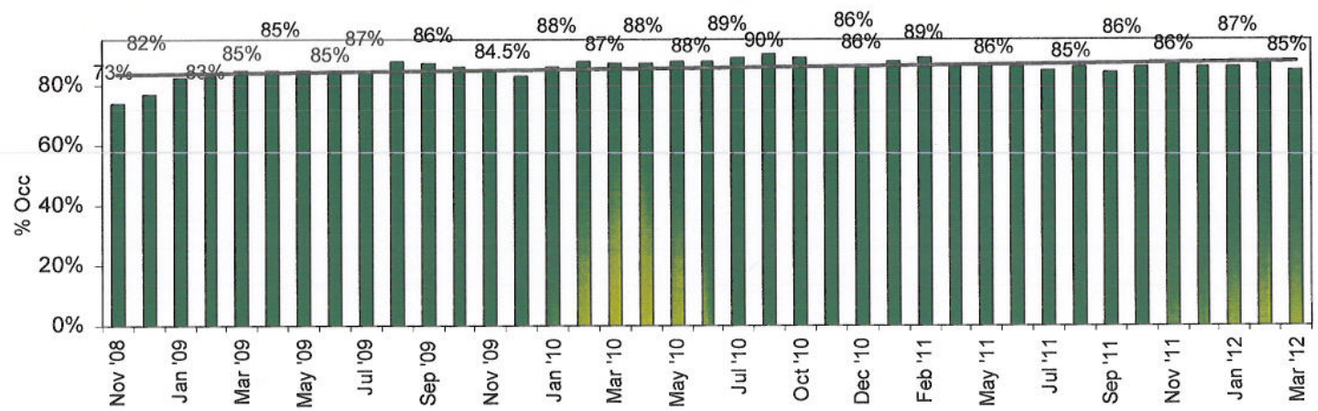
Indicator	Definition	Data	Comments
Indicator #1 – Trends in Average Daily Census and Hospital Operations Metrics			
1b. **Occupancy Rate LAC+USC Medical Center**	**Definition**: A measure of the usage of the licensed beds during the reporting period that is derived by dividing the patient days in the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

Indicator	Definition	Data	Comments
		2. Medical Center Licensed Occupancy Rate (including Newborns) Med Center Census + Newborn /600	

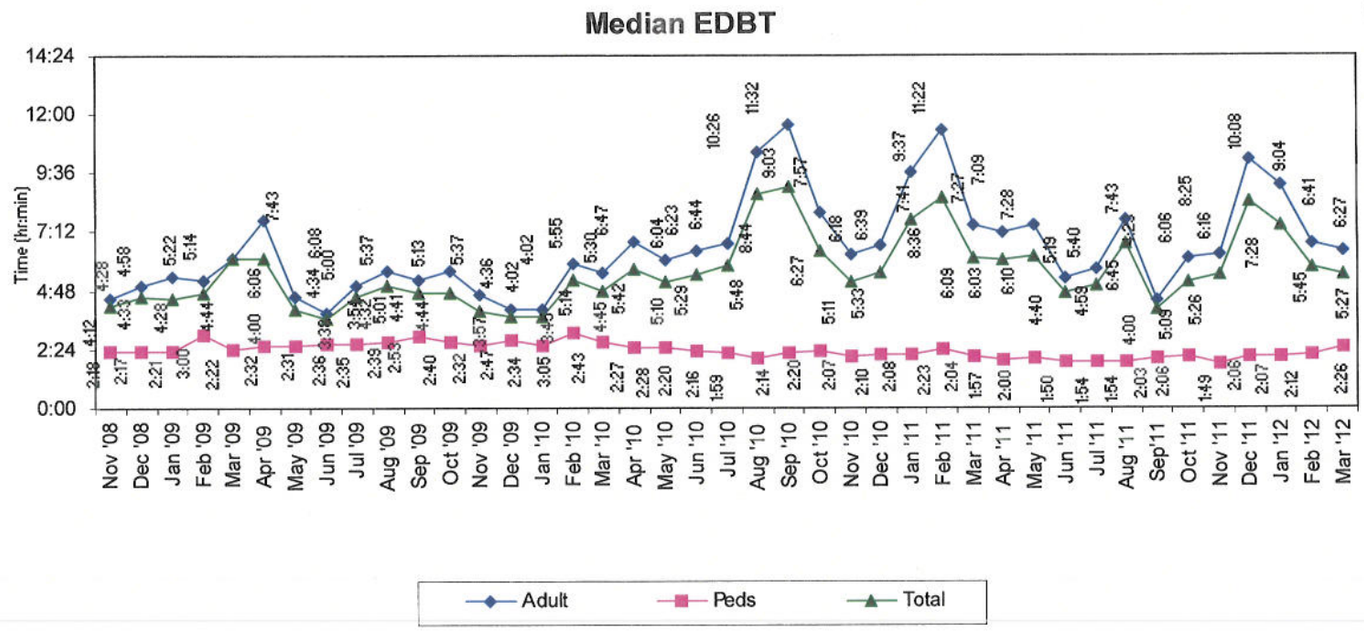


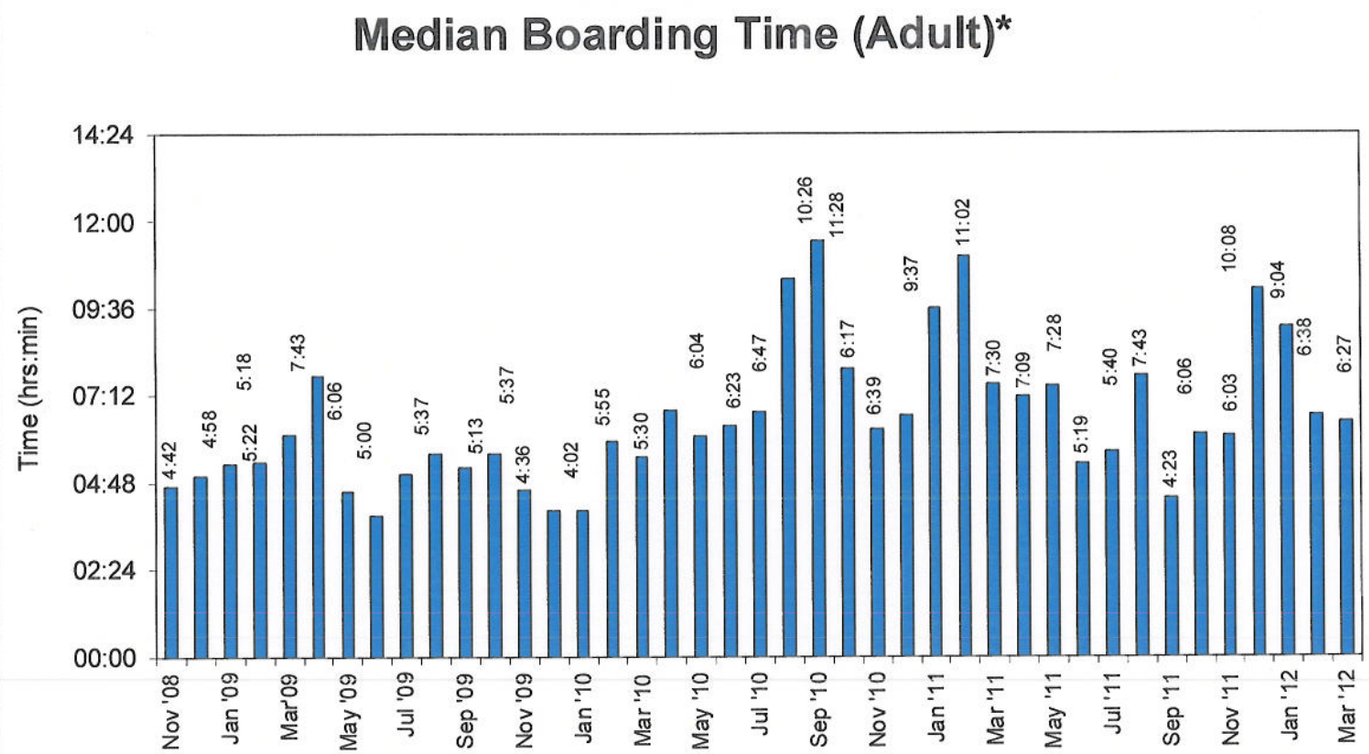
Healthcare Network Budgeted Occupancy

Med Center Census + Newborns + Psych Hosp Census / 676

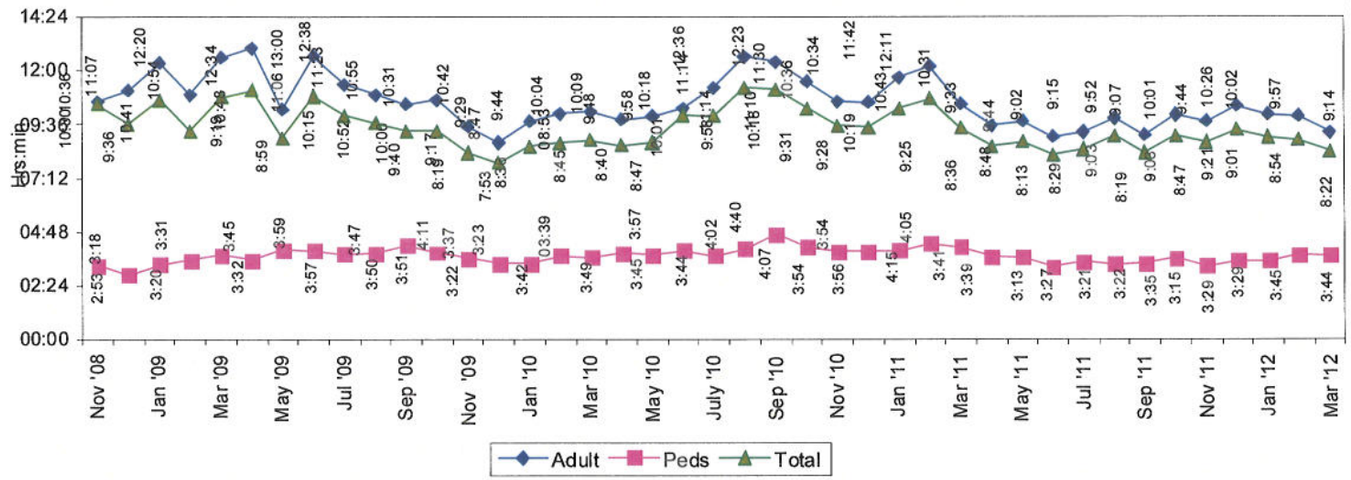


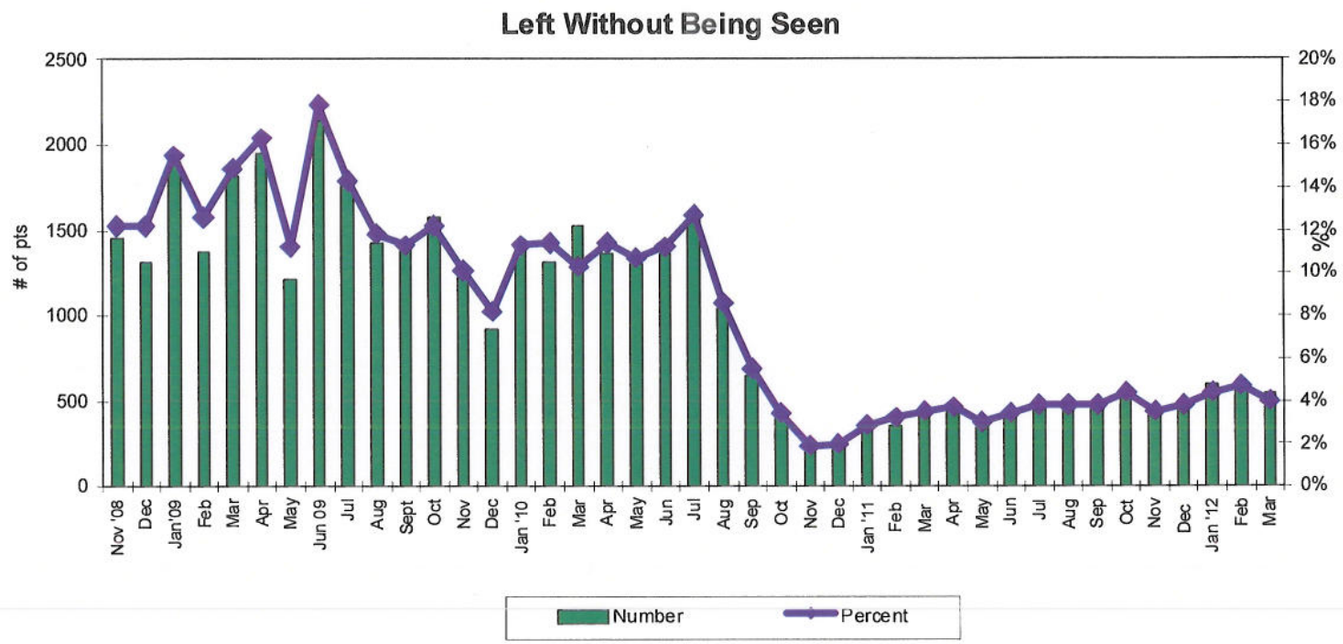
Medical Center = New Facility
Healthcare Network = New Facility + Psychiatric Hospitals

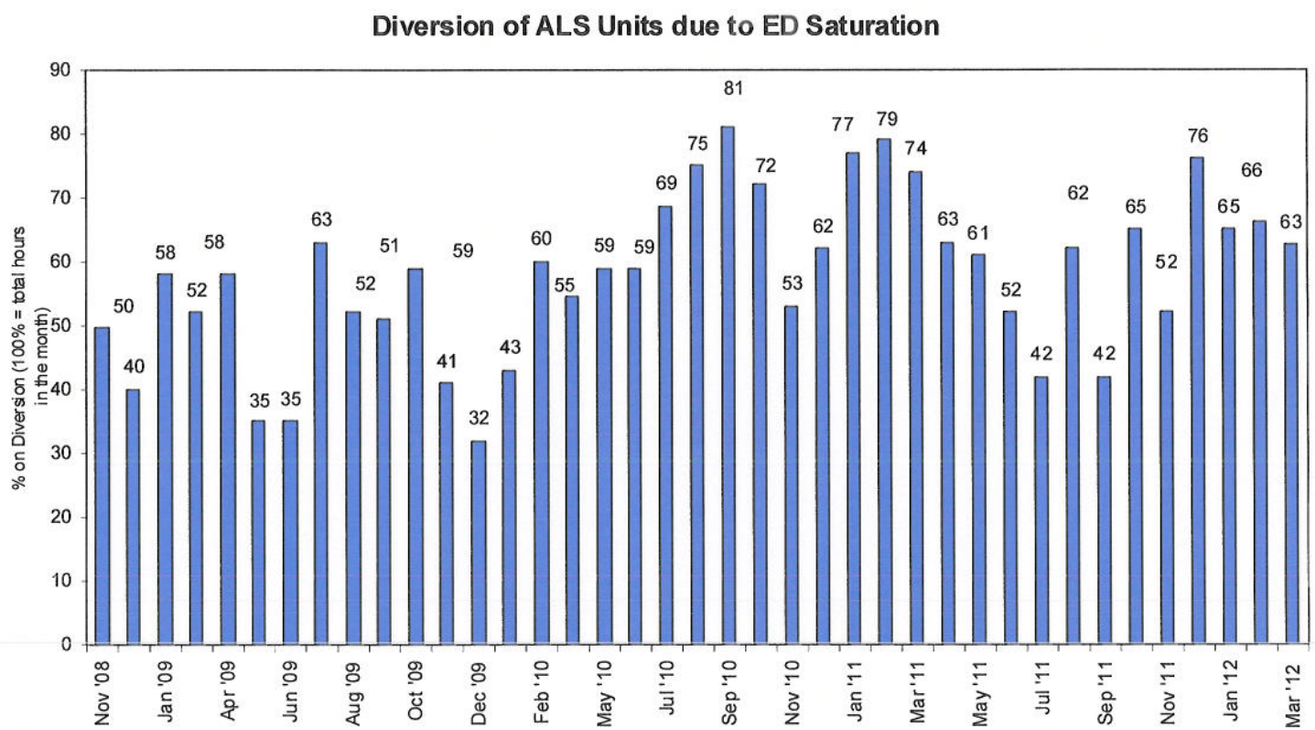
Indicator	Definition	Data	Comments
Indicator #2 - Emergency Department Metrics			
2a. **Median Emergency Departmen t Boarding Time** **(EDBT)** ***Harris Rodde Indicator**	**Boarding Time:** Time from MD Admit time (effective date and time of pre-admit) to time the patient actually leaves the ED en route to assigned bed (effective date and time of the ED disposition). **Calculation:** The middle value in the set of individual boarding times for the month arranged in increasing order. If there is an even number of values, then the median is the average of the middle two values. **Source of Data:** Affinity **Target:** Less than 7 hours.	 Mar '12 data is Preliminary data	

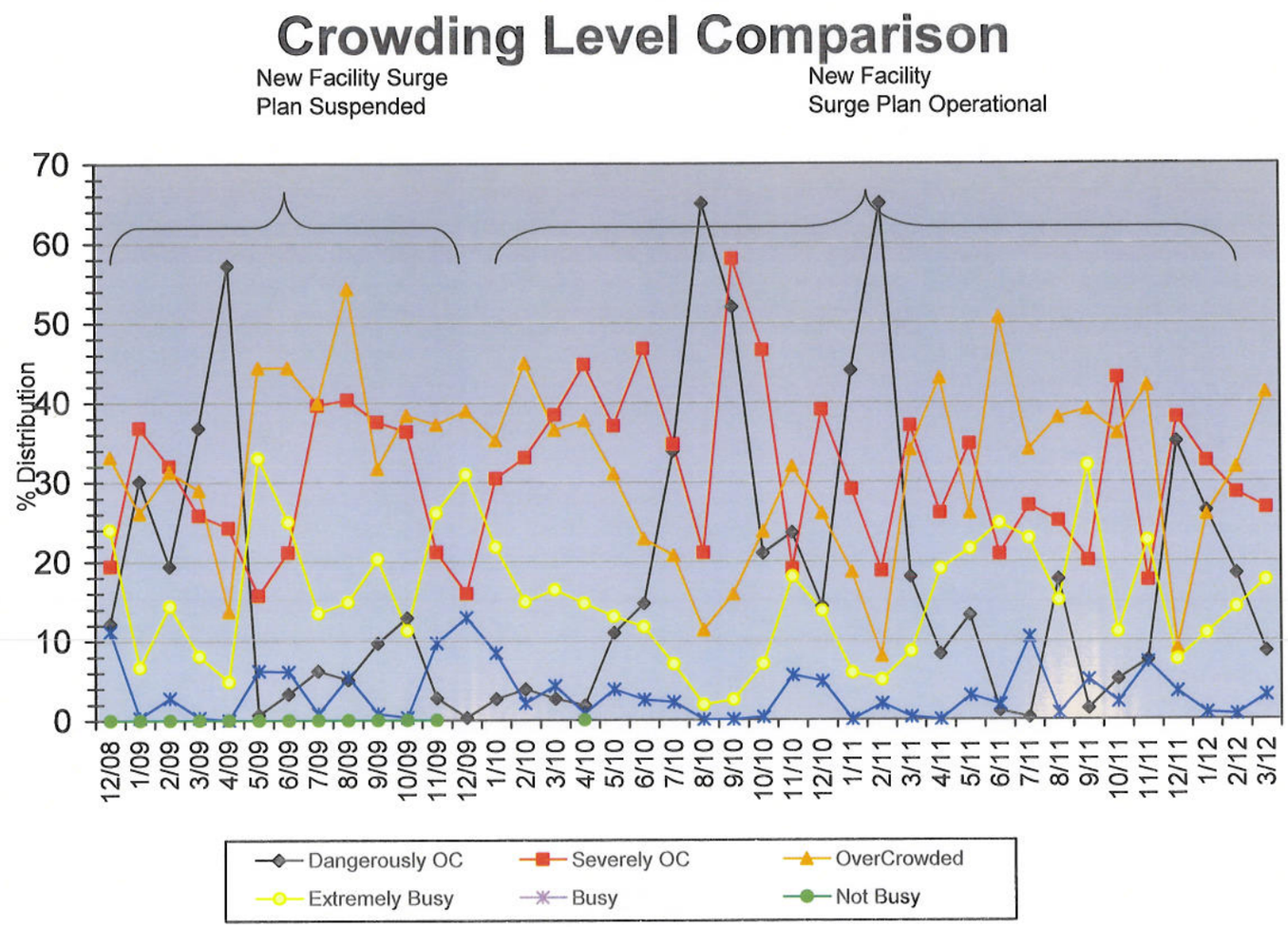
Indicator	Definition	Data	Comments
			

Mar '12 data is Preliminary data

Indicator	Definition	Data	Comments
Indicator #2 - Emergency Department Metrics			
2b. **ED Wait Time**	**ED Wait Time:** Measured from time patient is triaged to time patient is either admitted or discharged reported as an arithmetic mean. **Definition:** Sum of all wait time values during the monthly reporting period divided by the total number of values. **Source of Data:** Affinity **Target:** No target value. Lower numbers are better.	**Average ED Wait Time**  **Adult Wait Time :** *Excludes Psych, Pediatric, Observation Unit, and Jail patients **Total ED Wait time:** *Excludes Psych, Observation Unit, and Jail Mar '12 data is Preliminary data	

Indicator	Definition	Data	Comments
Indicator #2 - Emergency Department Metrics			
2c. **Left Without Being Seen** **(LWBS)** ***Harris Rodde Indicator**	**LWBS:** The total number of patients who left the ED without being seen by a physician reported as a percentage of all ED visits. **Calculation:** The total number of patients who left the ED without being seen divided by the total number of ED patient visits on a monthly basis. **Source of Data:** Affinity **Target:** No target value. Lower numbers are better.	 Mar '12 data is Preliminary data	

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

Indicator	Definition	Data	Comments
2e. **Surge Report**			

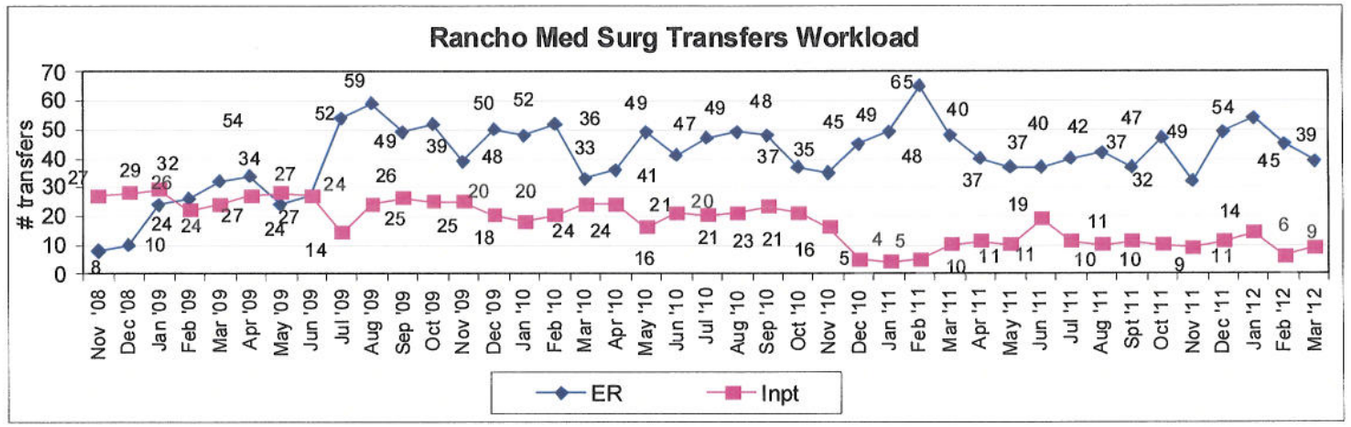
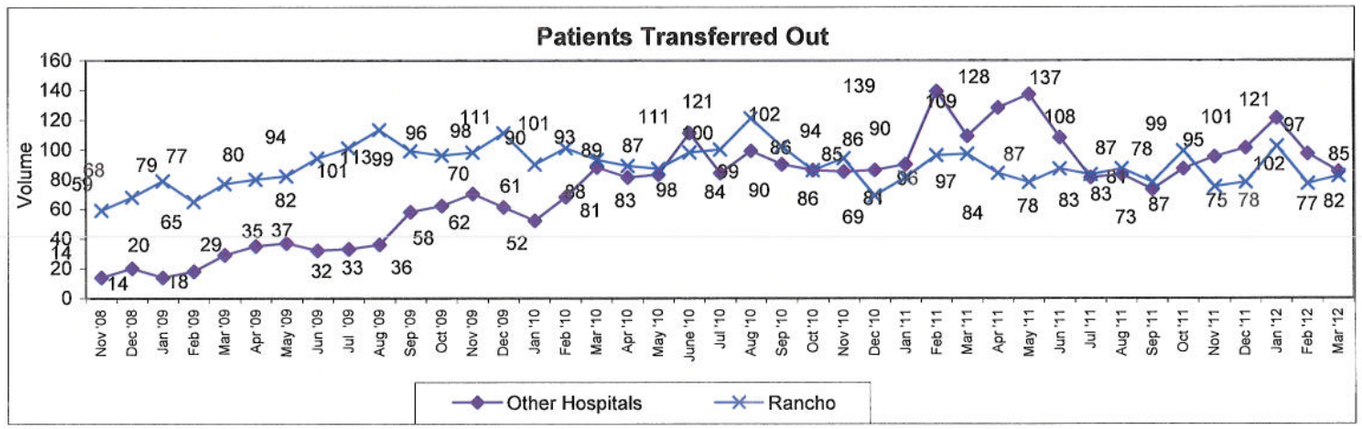
Indicator	Definition	Data	Comments
Indicator #3 – Trends for Patient Diversions and Transfers & #4 – Transfers to Rancho Los Amigos Metrics			
3. & 4. **Rancho Los Amigos Hospital (RLAH) Transfers**	**Transfers:** The volume of patients transferred to RLAH for acute hospitalization from the Emergency Department and from Inpatient Units. **Data Source:** Manual record keeping. Cancelled category includes patients whose condition changed leading to higher level of care or discharge home.	**Month of Mar '12** **Referrals from ER:** **Referrals from Inpatients:**	

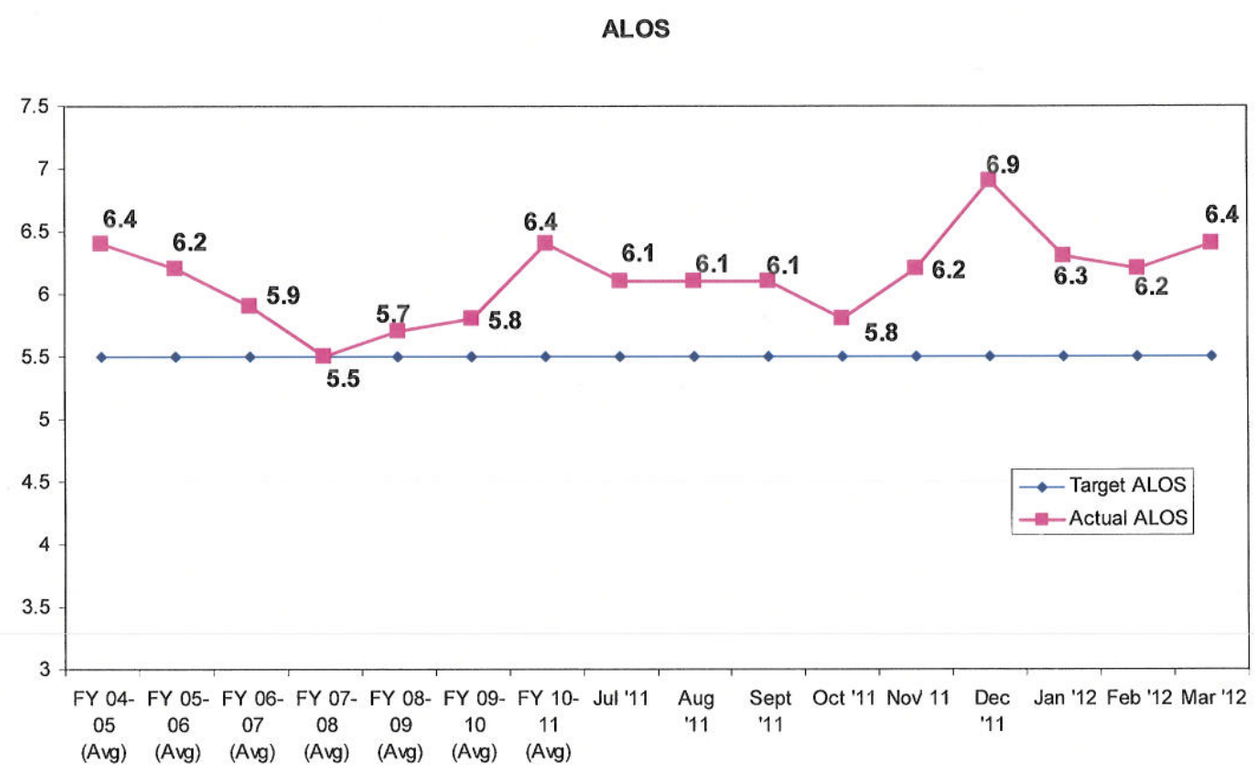
Referrals from ER:

	Med/Surg	Acute Stroke	Total
# Met transfer criteria	40	NA	-
# Referred to RLAH	39	27	66
# Transfers	39	27	66
# Denied	1	NA	-
# Cancelled	0*	NA	-
# Patients refused*	0	NA	-

Referrals from Inpatients:

	Med/Surg	Acute Stroke	Total
# Met transfer criteria	14	NA	-
# Referred to RLAH	12	7	19
# Transfers	9	7	16
# Denied	3	NA	-
# Cancelled	1*	NA	-
# Patients refused*	0	NA	-
Other /Pending	1	NA	-

Indicator	Definition	Data	Comments
		  Data was revised to reflect total # of patients (including stroke patients) referred to Rancho	

Indicator	Definition	Data	Comments
Indicator #5 – Harris Rodde Indicators			
5. **Average Length of Stay (ALOS)** ***Harris Rodde Indicator**	**LOS:** The difference between discharge date and the admission date or 1 if the 2 dates are the same. **Total LOS:** **Calculation:** ALOS is the arithmetic mean calculated by dividing the Total LOS by the Total # of discharges in the monthly reporting period, rounded off to one decimal place. **Source of Data:** Affinity **Target**: <5.5 days	 ***Healthcare Network ALOS** - Preliminary data pending Auditor-Controller validation	Overall trend in ALOS for the 2-year period prior to the move reduced to a low range of 4.7 – 5.5 days in 2008. Immediately prior to the move, the ALOS increased as the lower acuity patients were transferred to other facilities. This trend may continue depending on number of transfers. *As of July 2010 with the consolidation of Ingleside and Hawkins, all psychiatric services are now included. There were 5 patients discharged in Jan, 2012 with LOS > 100. Without the effect of these 10, ALOS would have been 5.9 rather than 6.4

Indicator	Definition	Data	Comments

Indicator #6 – Pediatric Metrics

6.

Pediatric Bed Census and Occupancy (%)

Pediatric ICU (PICU)

Neonatal ICU (NICU)

Pediatric Unit

Adolescent Unit

Census:
The total number admitted pediatric inpatients at 12:00 AM midnight of a designated pediatric ward.

Occupancy:
The total number of admitted pediatric inpatients divided by the total number of licensed beds on that unit and reported as percentage.

Source of Data:
Affinity

Date	NICU (40 Beds)	Peds Ward (25 Beds)	PICU (10 Beds)	Med/Surg Adolescent (20 Beds)
Nov-08	56%	54%	50%	33%
Dec-08	52%	60%	60%	40%
Jan-09	52%	68%	70%	75%
Feb-09	50%	80%	80%	85%
Jun-09	60%	64%	60%	75%
Jul-09	57%	72%	60%	80%
Nov-09	35%	64%	70%	70%
Mar -10	65%	68%	60%	75%
Apr-10	60%	64%	60%	80%
May -10	67.5%	68%	80%	80%
Jun -10	65%	64%	70%	80%
Jul -10	60%	68%	80%	85%
Aug -10	62%	68%	60%	85%
Sep -10	72.5%	60%	60%	80%
Nov-10	67.5%	48%	50%	70%
Dec -10	62%	60%	50%	65%
Jan -11	55%	60%	70%	70%
Feb -11	57%	68%	80%	80%
Mar- 11	57%	60%	70%	75%
Apr-11	55%	64%	50%	75%
May -11	57%	56%	50%	80%
Jul -11	58%	44%	50%	70%
Aug- 11	58%	44%	40%	75%
Sep -11	58%	40%	50%	75%
Oct-11	55%	52%	60%	70%
Nov-11	62%	60%	70%	75%
Dec-11	65%	40%	60%	70%
Jan -12	60 %	52%	60%	75%
Feb-12	55%	56%	60%	70%
Mar-12	55%	64%	50%	75%