Health Services
LOS ANGELES COUNTY

December 2, 2014

Los Angeles County Board of Supervisors

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

SUBJECT: **STATUS REPORT ON KEY INDICATORS OF PROGRESS, HOSPITAL OPERATIONS, AND OTHER ISSUES RELATED TO THE LAC+USC MEDICAL CENTER – PROGRESS REPORT #106**

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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.

This is to provide your Board with the monthly report on the status of the LAC+USC Medical Center (LAC+USC). This report is the full monthly operational report with trends to include the month of October 2014.

Census Trending (ADC includes Psychiatric & Newborn Patients)

The Average Daily Census (ADC) for the month of October was 545 out of 676 licensed beds, an estimated 78% utilization rate (81% occupancy). The census for Medical/Surgical units was an estimated 91% utilization rate (93% occupancy) for October 2014.

Emergency Department (ED) Indicators

The attachment demonstrates a decrease for ED boarding and ED wait times. There was a decrease in the rate of patients who left without being seen (LWBS) and a decrease in the number of patients transferred out in comparison to September 2014. The Dangerously Overcrowding Level was at 0.8% in October 2014 versus 10.3% in September 2014.

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

DC:lf

Attachment

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

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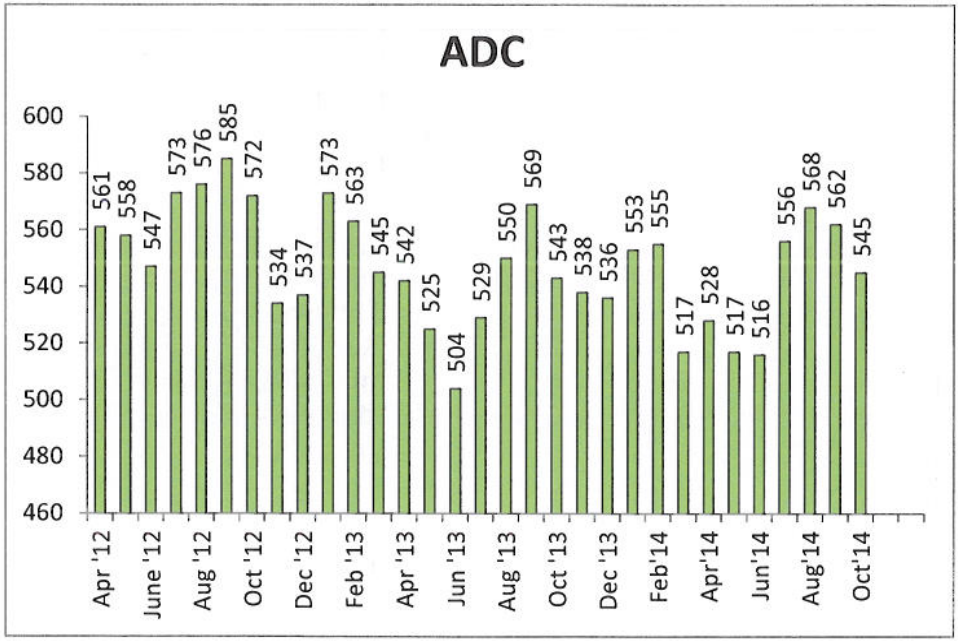
LAC+USC Medical Center
Operational Monitoring Report
Reporting Period: October 2014

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	 Note: Average Daily Census number reported includes Medical Center + Psych + Newborns Census.	ADC provided as background information. Graphs depict data from April 2012 to present.

Indicator #1 – Trends in Average Daily Census and Hospital Operations Metrics

1b.

Occupancy Rate LAC+USC Medical Center

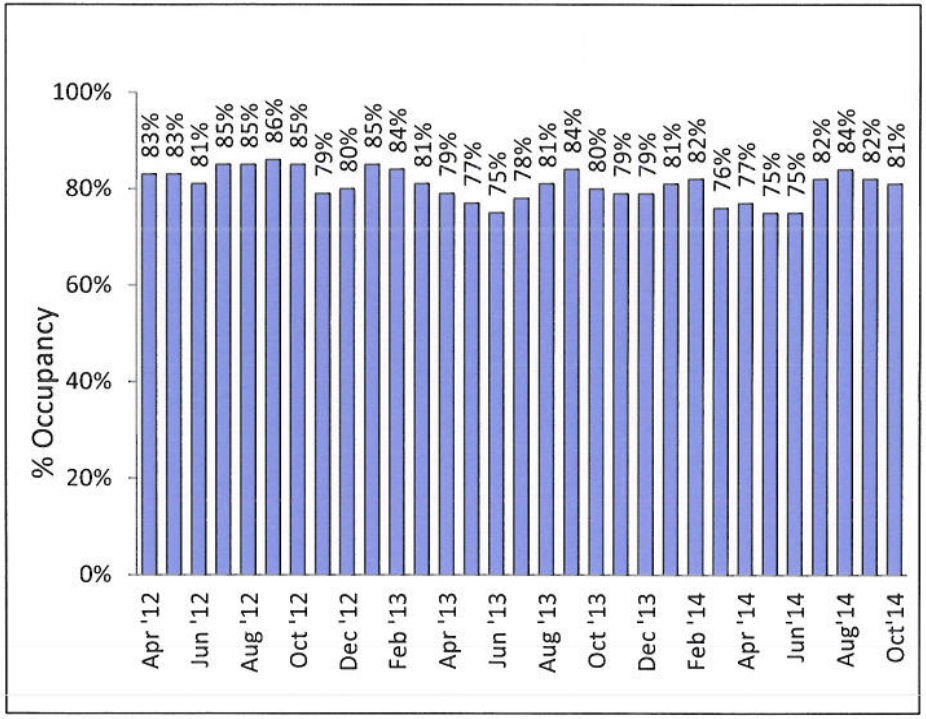
Definition:
A measure of the usage of the licensed beds during the reporting period that is derived by dividing the patient days in the reporting period by the licensed bed days in the reporting period.

Calculation:
The total number of admitted inpatients at 12:00 AM midnight, including women in labor, may include normal newborns and psychiatric inpatients divided by licensed or budgeted beds.

Source of Data:
Affinity

Target:
95%

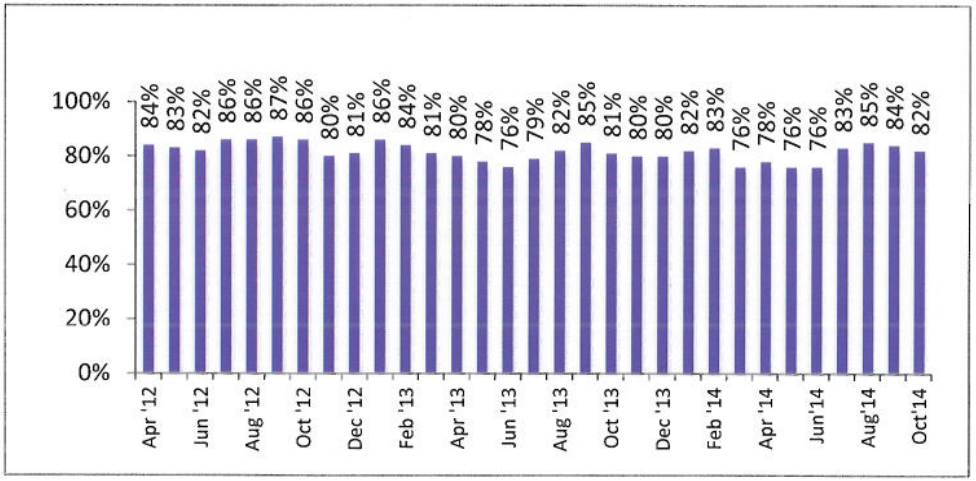
Medical Center Licensed Occupancy Rate (excluding Newborns) = Med Center Census - Newborns / 600



For comparison, occupancy rates reported in the old facility were reported including newborns and were based on budgeted beds.

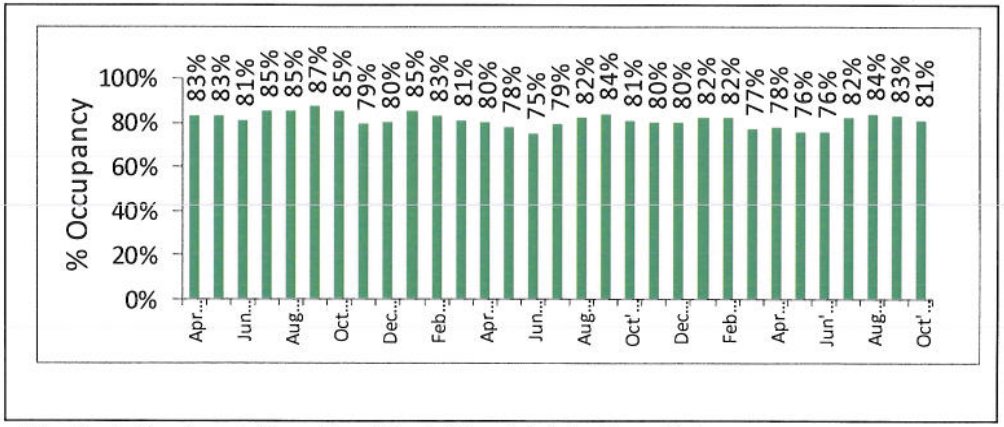
Medical Center Licensed Occupancy Rate (including Newborns) =

Med Center Census/600



Medical Center Budgeted Occupancy =

Med Center Census + Newborns + Psych Hosp Census / 676



Medical Center = New Facility + Psychiatric Hospital

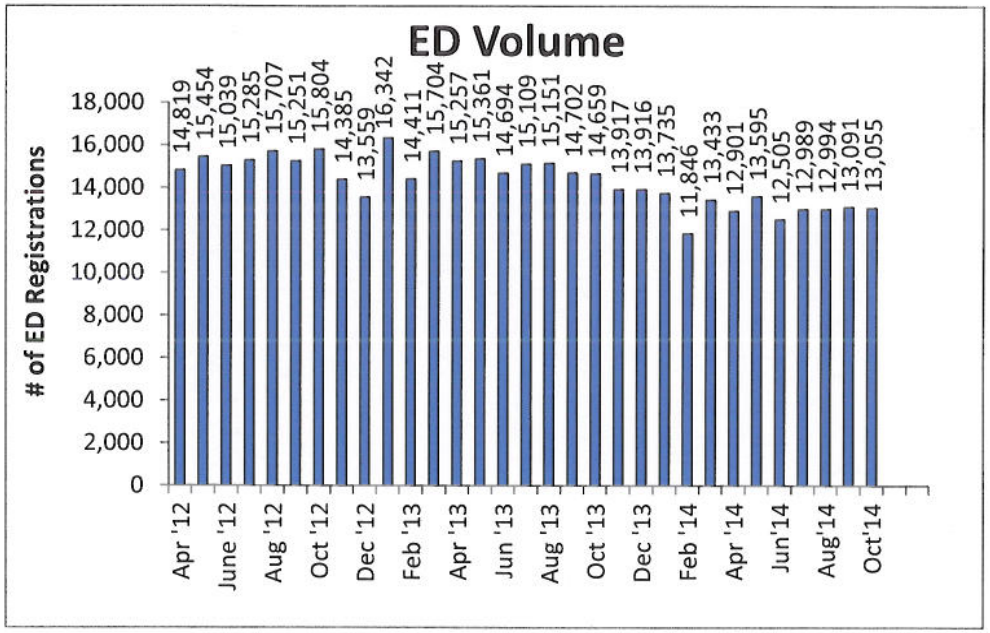
Indicator #2 - Emergency Department Metrics

2a. ED Volume

ED Volume:

Measured by total number of Emergency Department patient registrations.*

Source of Data:
Affinity

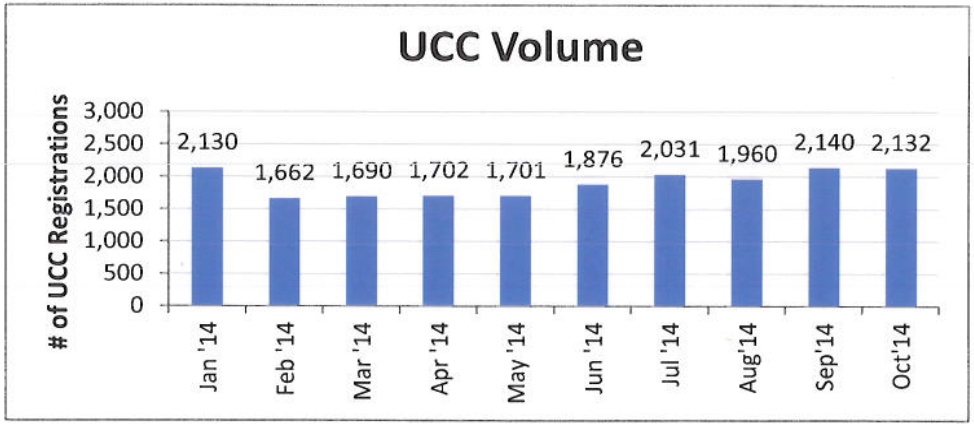


2b. Urgent Care Center (UCC) Volume

UCC Volume:

Measured by total number of Urgent Care Center (UCC) patient registrations.

Source of Data:
Affinity



*ED Volume data as of January 2014 no longer includes Urgent Care Center (UCC) visits. UCC visits as of January 2014 are reflected separately in Graph 2b. below.

2c.

Median Emergency Department Boarding Time

(EDBT)

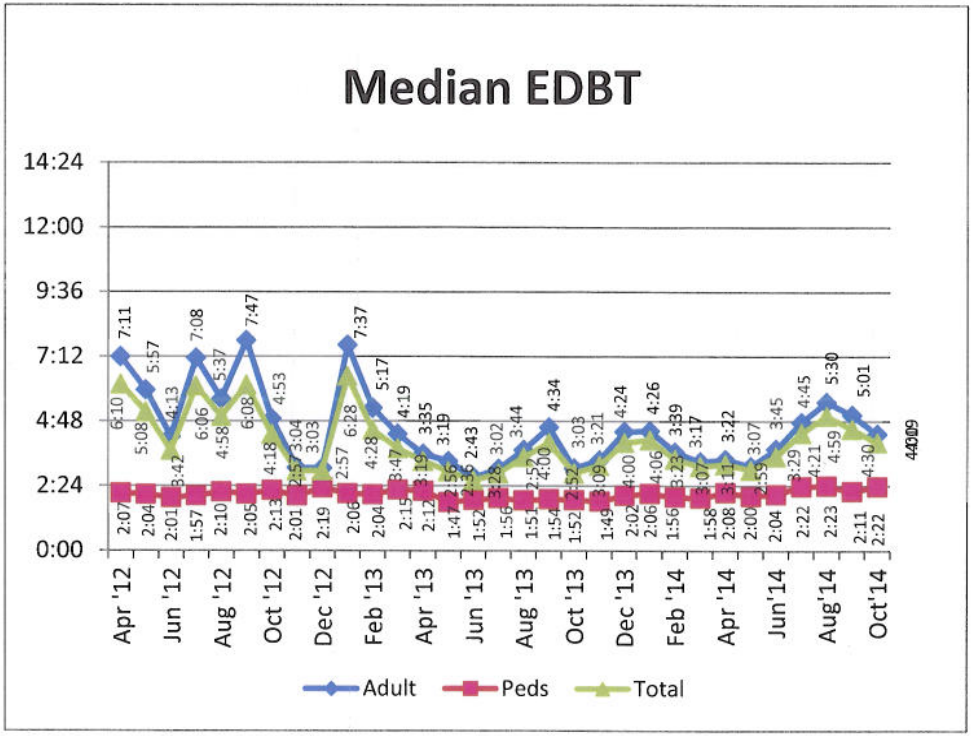
***Harris Rodde Indicator**

Boarding Time:
Time from MD Admit time (effective date and time of pre-admit) to time the patient actually leaves the ED en route to assigned bed (effective date and time of the ED disposition).

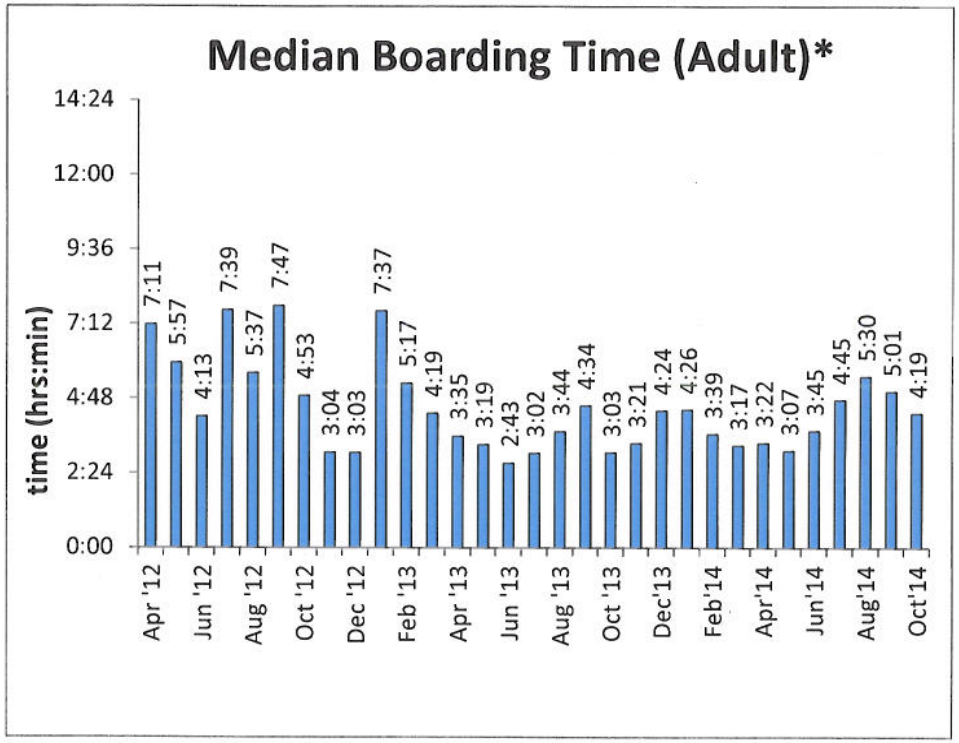
Calculation:
The middle value in the set of individual boarding times for the month arranged in increasing order. If there is an even number of values, then the median is the average of the middle two values.

Source of Data:
Affinity

Target:
Less than 7 hours.



October '14 data is preliminary data



October '14 data is preliminary data

Indicator #2 - Emergency Department Metrics

2d.

ED Wait Time

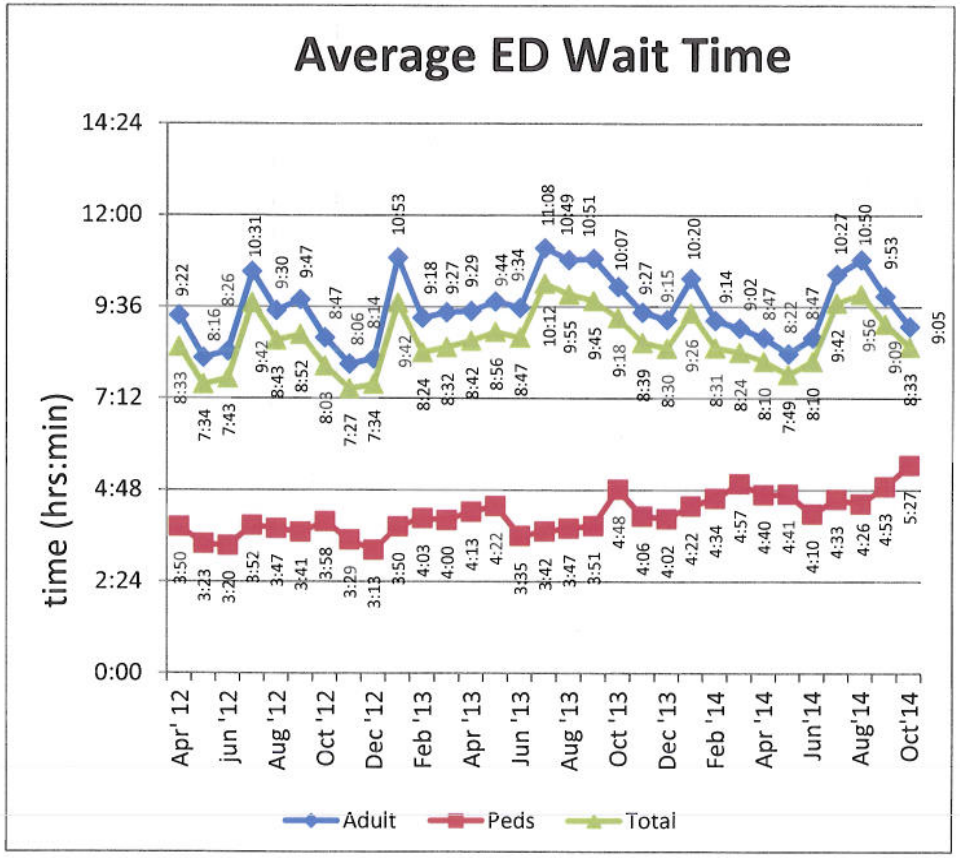
ED Wait Time:
Measured from time patient is triaged to time patient is either admitted or discharged reported as an arithmetic mean.

Definition:
Sum of all wait time values during the monthly reporting period divided by the total number of values.

Source of Data:
Affinity

Target:

No target value. Lower numbers are better.



Adult Wait Time : *Excludes Psych, Pediatric, Observation Unit, and Jail patients

Total ED Wait time: *Excludes Psych, Observation Unit, and Jail patients

October '14 data is preliminary data

Indicator #2 - Emergency Department Metrics

2e.

Left Without Being Seen

(LWBS)

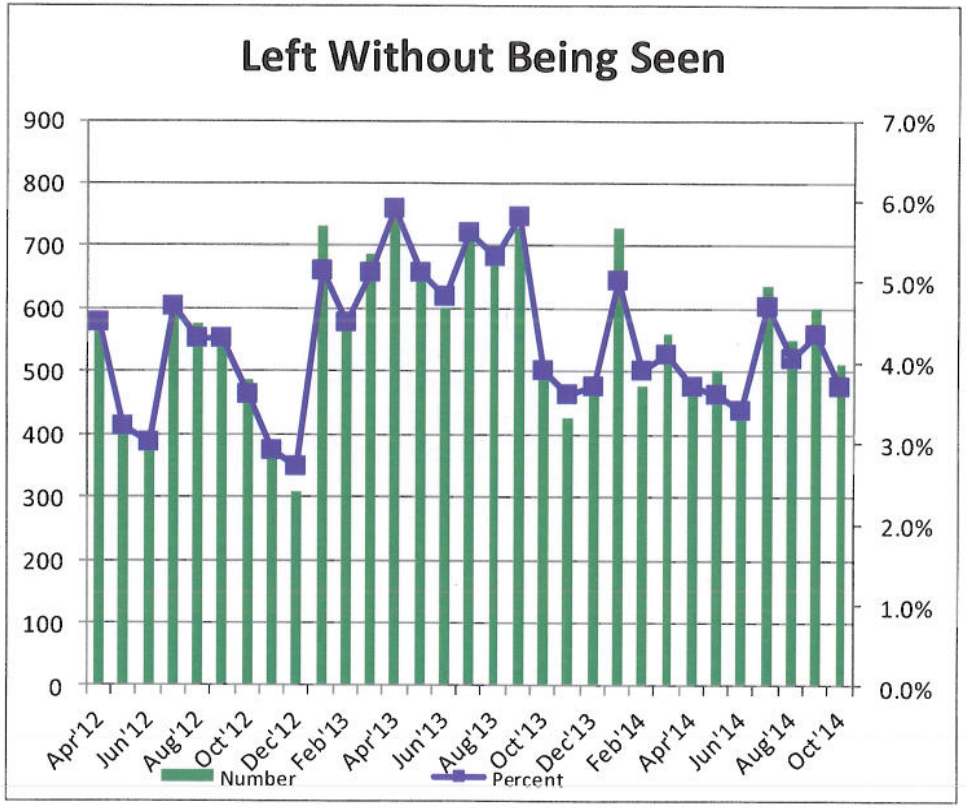
***Harris Rodde Indicator**

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.



October '14 data is preliminary data

Indicator #2 - Emergency Department Metrics

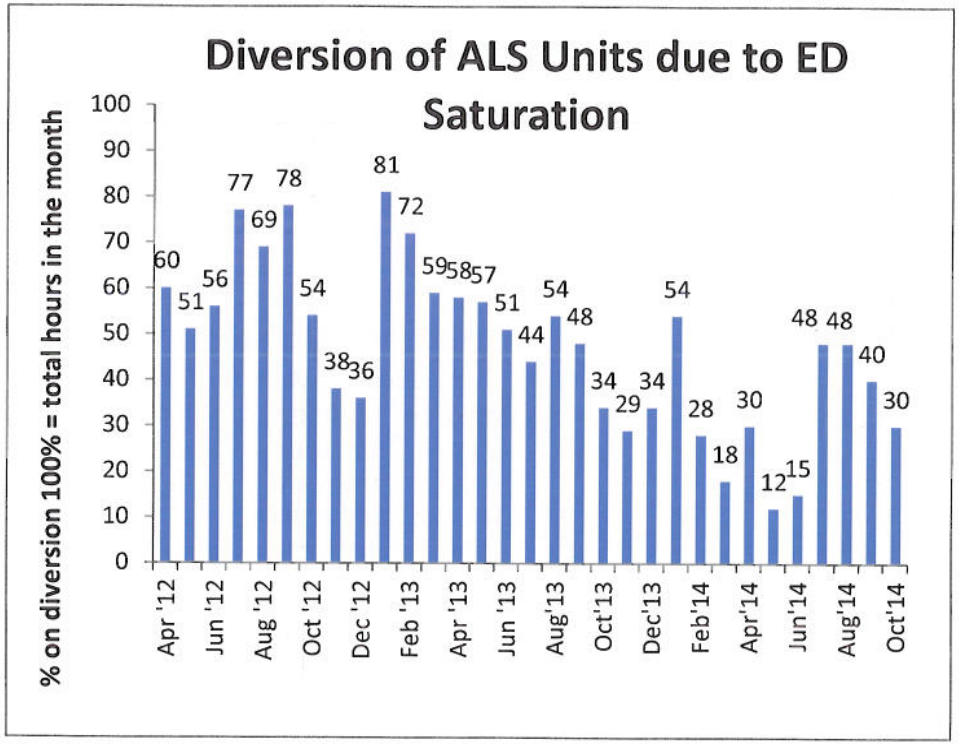
2f.

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

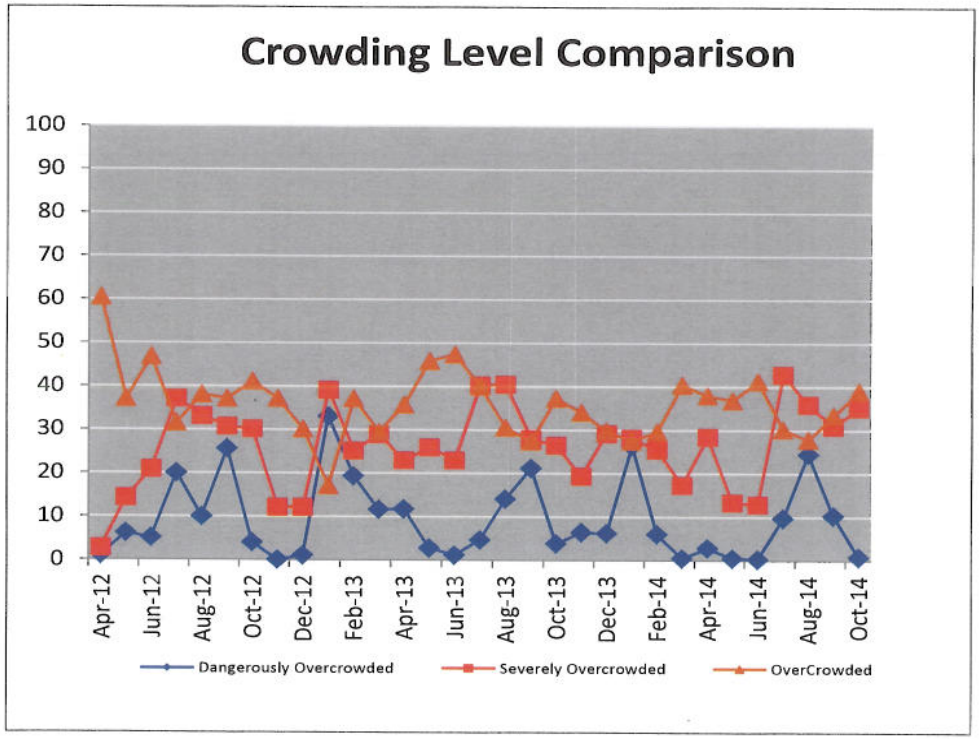


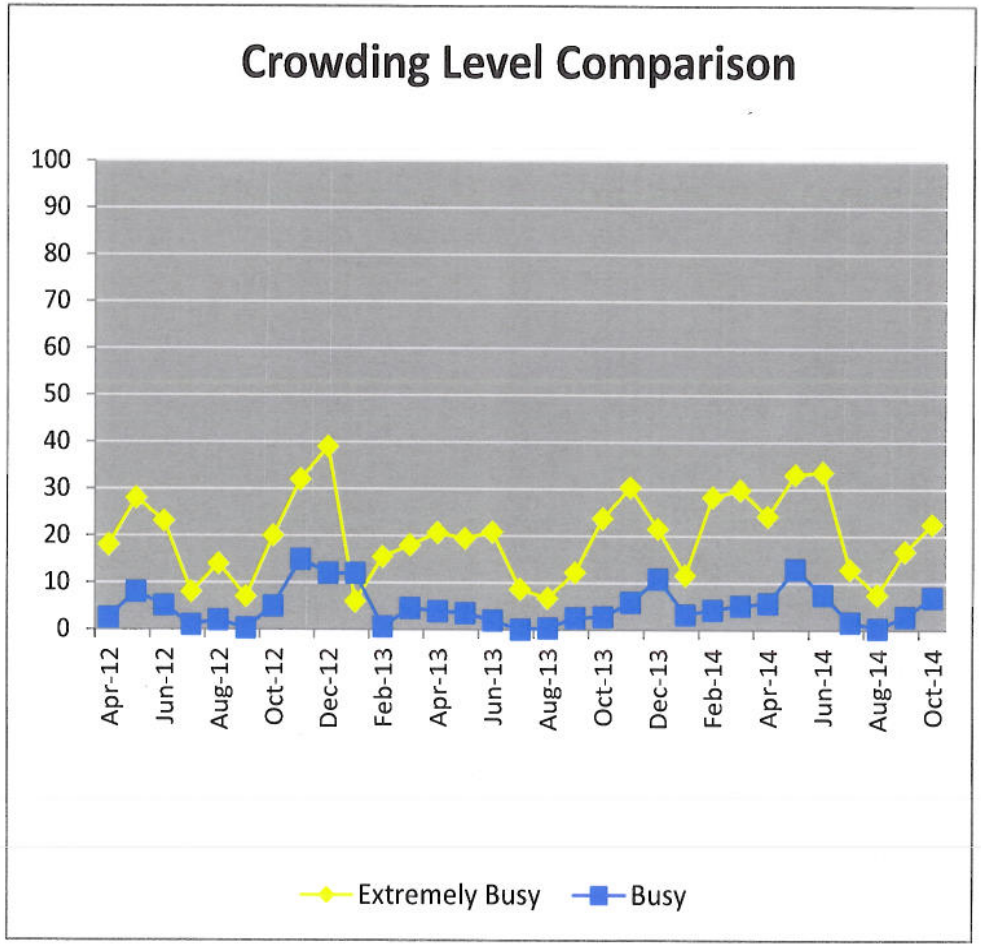
Key points:

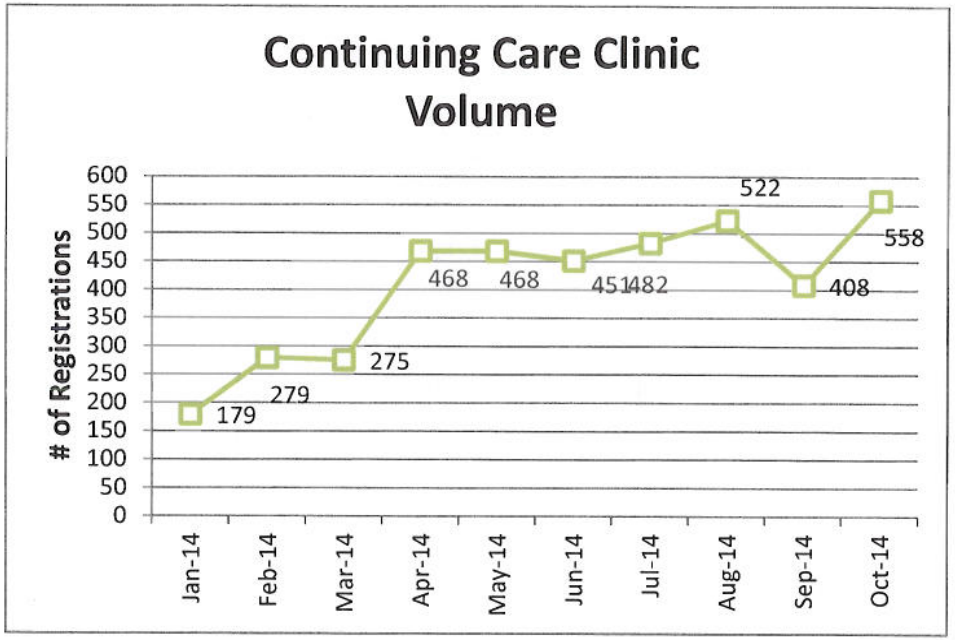
-- Diversion is for paramedic runs only; Basic Life Support ambulances still arrive.
-- When diversion is requested but all hospitals in the area are on diversion, patients go to the closest hospital. Therefore, ambulances often arrive while "on diversion".

2g.

Surge Report




Crowding Level Comparison
100
90
80
70
60
50
40
30
20
10
0
Apr-12
Jun-12
Aug-12
Oct-12
Dec-12
Feb-13
Apr-13
Jun-13
Aug-13
Oct-13
Dec-13
Feb-14
Apr-14
Jun-14
Aug-14
Oct-14
Extremely Busy
Busy

2h. **Continuing Care Clinic** **(CCC) Volume**	**CCC Volume:** Measured by total number of Continuing Care Clinic (CCC) patient registrations, CCC Risk Stratification registrations, and CCC Pharmacy registrations. **Source of Data:** Affinity		**Data from March 2014 includes risk stratification and pharmacy visits seen in CCC.

Indicator #3 – Trends for Patient Diversions and Transfers & #4 – Transfers to Rancho Los Amigos National Rehabilitation Center Metrics

3. & 4.

Rancho Los Amigos National Rehab-ilitation Center (RLANRC) Transfers

Transfers:
The volume of patients transferred to RLANRC 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.

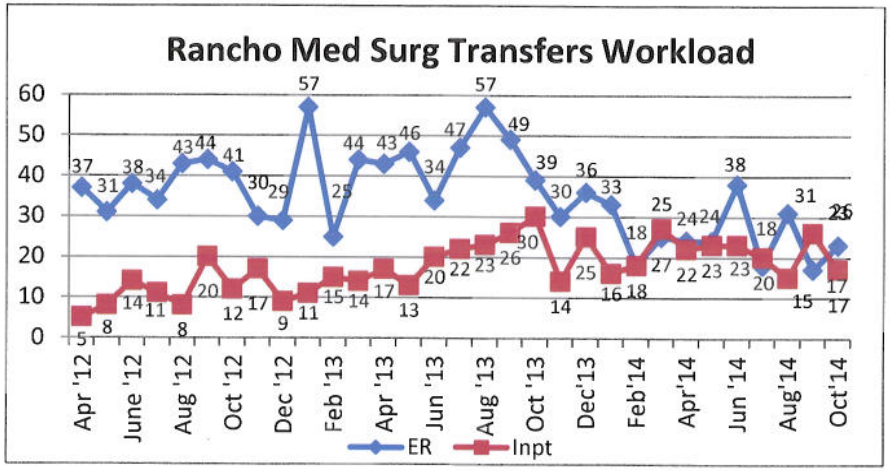
Month of October '14

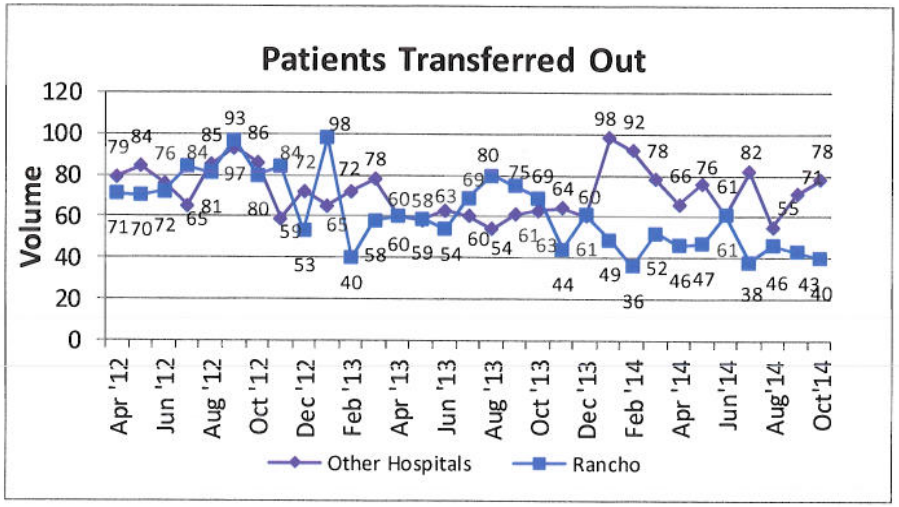
Referrals from ER:

	Med/Surg	Acute Stroke	Total
# Met transfer criteria	6	NA	-
# Referred to RLANRC	6	17	23
# Transfers	6	17	23
# Denied	0	NA	-
# Cancelled	0	NA	-
# Patients Refused of Those Cancelled	0	NA	-

Referrals from Inpatients:

	Med/Surg	Acute Stroke	Total
# Met transfer criteria	19	NA	-
# Referred to RLANRC	19	2	21
# Transfers	15	2	17
# Denied	2	NA	-
# Cancelled	2	NA	-
# Patients Refused of Those Cancelled	0	NA	-
Other /Pending	0	NA	-

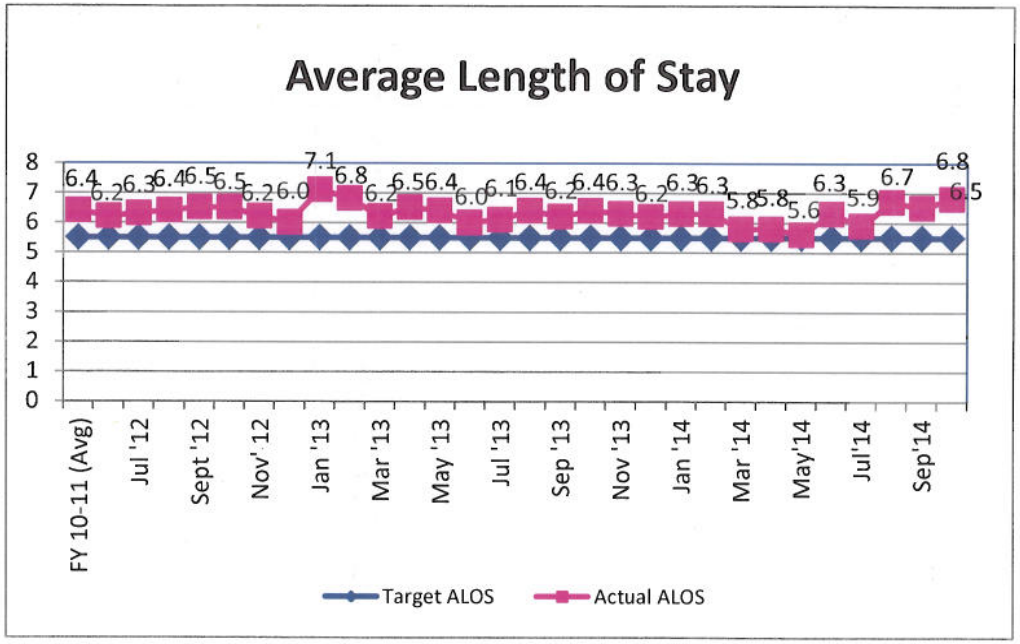




* Other hospitals = Silver Lake (0), Managed Care Repatriation (71)

Data was revised to reflect total # of patients (including stroke patients) referred to Rancho Los Amigos National Rehabilitation Center

Indicator #5 – Harris Rodde Indicators

5. **Average Length of Stay (ALOS)** ***Harris Rodde Indicator**	**<u>LOS:</u>** The difference between discharge date and the admission date or 1 if the 2 dates are the same. **Total LOS:** **<u>Calculation:</u>** ALOS is the arithmetic mean calculated by dividing the Total LOS by the Total # of discharges in the monthly reporting period, rounded off to one decimal place. **Source of Data:** Affinity **Target**: <5.5 days	 ***Medical Center (New Facility + Psychiatric Hospital) ALOS** - Preliminary data pending Auditor-Controller validation	The increasing length of stay observed in January and February 2013 is largely attributed to the discharge of several patients with extended lengths of stay. In October 2014, this includes 10 patients who were discharged with LOS > 100. Without the effect of these 10 patients, ALOS would have been 6.4 rather than 6.8. *As of July 2010 with the consolidation of Ingleside and Hawkins, all psychiatric services are now included.

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 a percentage.

Source of Data:
Affinity

Date	NICU (40 Beds)	Peds Ward (25 Beds)	PICU (10 Beds)	Med/Surg Adolescent (20 Beds)
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%
Jun-11	70%	52%	60%	75%
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%
Apr-12	53%	48%	50%	65%
May-12	42%	40%	50%	70%
Jun-12	38%	44%	50%	60%
Jul-12	45%	48%	60%	80%
Aug-12	57%	48%	50%	75%
Sep-12	63%	56%	50%	80%
Oct-12	58%	64%	60%	70%
Nov-12	63%	44%	50%	45%
Dec-12	73%	36%	60%	50%
Jan-13	63%	48%	70%	70%
Feb-13	50%	48%	70%	75%

Date	NICU (40 Beds)	Peds Ward (25 Beds)	PICU (10 Beds)	Med/Surg Adolescent (20 Beds)
Mar-13	53%	44%	60%	75%
Apr-13	53%	40%	50%	55%
May-13	43%	44%	60%	45%
Jun-13	48%	48%	50%	35%
Jul-13	48%	32%	50%	60%
Aug-13	45%	40%	40%	75%
Sep-13	48%	48%	40%	80%
Oct-13	53%	44%	40%	55%
Nov-13	43%	32%	50%	60%
Dec-13	40%	44%	40%	60%
Jan-14	45%	40%	50%	75%
Feb-14	53%	48%	40%	60%
Mar-14	43%	44%	50%	45%
Apr-14	38%	36%	40%	50%
May-14	40%	24%	40%	50%
Jun-14	38%	32%	40%	40%
Jul-14	45%	44%	40%	65%
Aug-14	40%	44%	60%	80%
Sep-14	43%	40%	60%	70%
Oct-14	35%	40%	50%	60%

Indicator #7 – Med Surg / ICU / OB/GYN Metrics

7.

Med Surg / ICU Bed Census and Occupancy (%)

Medical Surgical Unit (Med Surg)

Jail Unit (Jail)

ICUs (Excluding Burn ICUs)

OB/GYN Unit (Med Surg)

Census:

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

Occupancy:

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

Source of Data:
Affinity

Date	Med Surg (309 beds)	Jail (24 Beds)	ICUs (120 Beds)	Burn* (20 Beds)	OB/GYN (Med Surg) (32 beds)
Nov-12	87%	83%	83.5 %	51%	87%
Dec-12	88%	71%	83%	44%	83%
Jan-13	95%	73%	85%	55%	98%
Feb-13	93%	59%	87%	61%	95%
Mar-13	91%	62%	82%	47%	93%
Apr-13	88%	82%	85%	57%	99%
May-13	88%	66%	82%	57%	90%
Jun-13	82%	71%	80%	60%	81%
Jul-13	88%	79%	82%	42%	88%
Aug-13	93%	79%	83%	44%	91%
Sep-13	95%	83%	83%	50%	100%
Oct-13	91%	72%	78%	59%	95%
Nov-13	91%	66%	82%	67%	83%
Dec-13	90%	73%	80%	60%	83%
Jan-14	92%	72%	86%	45%	93%
Feb-14	91%	79%	85%	53%	96%
Mar-14	87%	75%	77%	49%	73%
Apr-14	87%	85%	83%	65%	87%
May-14	86%	71%	79%	63%	86%
Jun-14	88%	73%	77%	48%	84%
Jul-14	92%	85%	85%	56%	100%
Aug-14	92%	85%	87%	68%	100%
Sep-14	93%	85%	83%	58%	100%
Oct-14	93%	84%	78%	61%	89%

* Burn= Both ward (10) and ICUs (10)