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**Health Services**  
LOS ANGELES COUNTY

August 13, 2007

**Los Angeles County  
Board of Supervisors**

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Fifth District

**Bruce A. Chernof, MD**  
Director and Chief Medical Officer

**John R. Cochran III**  
Chief Deputy Director

**Robert G. Splawn, MD**  
Senior Medical Director

TO: Each Supervisor

FROM: Bruce A. Chernof, M.D.  
Director and Chief Medical Officer

SUBJECT: **MARTIN LUTHER KING, JR. - HARBOR HOSPITAL  
CLOSURE IMPLEMENTATION PLAN**

The Department of Health Services received a negative finding from the federal Centers for Medicare and Medicaid Services (CMS) on its final survey of Martin Luther King, Jr. – Harbor Hospital (MLK-H). As a result, we are implementing our contingency plan as previously presented to your Board. This memo will also request Board approval for actions needed to maintain health services. A summary of the plan is listed below and detailed in Attachment #1:

1. Redirect 9-1-1 ambulance transports to 9 area hospitals surrounding MLK-H.
2. Close the Emergency Department (ED).
3. Operate an Urgent Care Center 16 hours per day/7 days per week.
4. Maintain on-site ambulance services at MLK-H for emergent care transfers from Urgent Care to Harbor-UCLA as long as needed.
5. Phase out inpatient beds at MLK-H on an orderly basis over a period of ten days. If patient safety dictates, inpatient operations will be ceased as soon as possible.
6. Implement a bilingual communication outreach program.
7. Retain the same 153 bed capacity present prior to the September 2006 CMS survey by opening an additional 52 beds at Rancho Los Amigos National Rehabilitation Center (Rancho), 20 beds at Harbor-UCLA Medical Center (Harbor-UCLA) and 17 beds through existing MetroCare private hospital contracts, and retaining the 64 inpatient beds previously opened at County and private facilities under the MetroCare plan.
8. Maintain all existing outpatient clinics for medical and surgical specialties through a Multi-service Ambulatory Care Center (MACC) at MLK-H.
9. Maintain inpatient and outpatient psychiatric services at the MLK-H Augustus F. Hawkins site.

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10. The elapsed time to complete the above actions is 12 days, unless patient safety requires more immediate actions.
11. As the hospital and ED closures are effected, a workforce reduction plan will be initiated; the current inpatient clinical staff will be transferred to other county facilities.

## **BACKGROUND**

On August 10, 2007, (CMS) provided its final determination based on the survey conducted at MLK-H from July 23 to July 27, 2007. The hospital failed to meet several Conditions of Participation and, as a result, CMS will terminate the hospital's contract effective August 15, 2007. Based on our review of the CMS survey results and concerns over the ability to maintain safe staffing levels at the facility and in light of these results, I concluded that I cannot assure patient safety at the hospital. I have therefore notified the State licensing authority that the Department of Health Services (DHS or Department) must initiate immediate action to protect patient safety, including the closure of the ED and inpatient services at MLK-H.

At the Board's request, the Department presented a contingency plan for a negative finding on the CMS survey, which you endorsed on June 26, 2007. An update was provided to your Board on July 13, 2007. Given the survey results, the Department has begun implementing the plan. The Department is also requesting certain delegated authority, as detailed in this memorandum, necessary to implement this plan.

The Department's plan operates on two concurrent tracks: 1) immediate preservation of outpatient services at MLK-H, and availability of replacement inpatient services at other County and private facilities; and 2) simultaneous initiation of a longer-term plan to either identify qualified private operators to re-open and operate the hospital or to re-open the hospital under County management.

## **STAFF IMPACT**

1. DHS has developed a staffing plan for the MACC, its required diagnostic services, support staff, plant operations and maintenance personnel which maintains the current outpatient clinic volume and retains staff to operate a 20,000 visit per year urgent care center.
2. Clinical staff not required to maintain services will be reassigned first to meet staffing needs for the replacement beds at Harbor-UCLA and Rancho. After these needs are met, remaining clinical staff will be reassigned to other County health facilities.
3. Administrative and support staff not needed to run the outpatient services or to implement this significant transition will be subject to the workforce reduction plan.
4. DHS has retained Health Management Associates (HMA), a clinic redesign consultant, to develop a new patient flow staffing plan for outpatient, diagnostic and urgent care and identify appropriate staffing levels for these clinics.

5. DHS has established the MLK-H Transition Team that includes leadership from Health Services Administration and MLK-H. This team will oversee the closing of inpatient services at MLK-H, the implementation of the MACC, staff reassignments and other on-site actions required.

### **FINANCIAL IMPACT**

DHS financial staff have carefully reviewed the proposed changes in staffing and budget, to accommodate MLK-H patients in County and private facilities. The operating principle is that as patients are treated at other County and private hospitals, there are available revenue sources which will produce revenue for that facility. As these expense patterns change among our hospitals, complex revenue formulae from Medi-Cal redesign determine the revenue impacts. After these expenses and revenues have been netted out, the cost of all the changes is an additional \$2.9 million. The Department's Board approved 2007-08 budget will cover all of these costs.

### **IMPACT ON EMERGENCY MEDICAL SERVICES (EMS) AGENCY PROVIDERS, "IMPACTED HOSPITALS" AND PHYSICIANS**

The EMS Agency, in cooperation with the private hospitals and EMS providers (fire departments and ambulance companies), has redrawn the current ambulance service areas to redirect 911 ambulances to the 9 surrounding private hospitals (Attachment #2). These "Impacted Hospitals" will receive priority consideration for transfers of County-responsible patients into the County system.

The EMS Agency will attempt to facilitate transfers from "Impacted Hospitals" to DHS facilities or, as necessary, MetroCare contracted hospitals. If EMS is unable to transfer a County-responsible patient from the MLK-H service area, the Department has developed contracts with the "Impacted Hospitals" to provide reimbursement for admitted County-responsible 911 patients for up to six days of inpatient care and one follow-up visit. The authority to contract with the "Impacted Hospitals" for inpatient days and for patients treated and released is among the delegated authorities requested below.

Physicians will be paid for County-responsible patients who present to any "Impacted Hospitals" ED as walk-in patients per the existing EMS-administered physician indigent care program. In addition, for any County-responsible patients delivered by 911 ambulance who are treated and released, DHS is proposing that doctors be paid under the existing EMS program. For patients delivered by 911 ambulances who require inpatient admission, the physician services for the inpatient stay will be paid under the current MetroCare payment formula-100% of Medicare allowable rates.

### **INPATIENT AND OUTPATIENT PSYCHIATRIC SERVICES AND PSYCHIATRIC EMERGENCY ROOM**

This Department's plan assumes that there will be no change in the current organizational responsibilities for inpatient psychiatric services operated by LAC+USC Medical Center at Augustus F. Hawkins or the outpatient psychiatric urgent care center operated by the Department of Mental Health at the MLK-H site. The Psychiatric Emergency Room at MLK-H was closed December 15, 2006 as part of the service changes approved by your Board.

## **OPERATIONAL CONSIDERATIONS**

### Licensure

The Department has already initiated discussions with the State Department of Health Services (State) to allow the County to voluntarily place in suspense the inpatient license and special permits of the hospital and will formally pursue that avenue. This would allow the County or a new operator to re-open the hospital under the same seismic and Building & Safety Code standards.

### Public Hearings and Notification

We believe that, in order to preserve the public health and safety of patients, it was necessary to immediately initiate the closing of the ED and begin relocation of inpatient services in advance of a Beilenson hearing date. Under these circumstances, County Counsel has advised that these actions may be taken prior to a Beilenson hearing, but that such a hearing must be held as soon as practicable to address these and any future actions. In addition, based on previous discussions with the State, we anticipate that upon notice to the State that conditions are unsafe at the ED, and the State's confirmation of that fact, the State would waive the requirement to hold an ED closure hearing.

### Bilingual Communications Outreach

The Department has initiated a purchase order and is asking your Board to approve a contract with a vendor, which is preparing to immediately execute a community education campaign to inform the public of service changes at MLK-H. The bi-lingual campaign will consist of 6 weeks of radio spots on targeted stations, bus signage, and a direct mail flyer distributed to 300,000 households in the MLK-H community. The campaign will also include the production and distribution of 100,000 bi-lingual flyers distributed through local churches and community events, and posters at community supermarkets. The hospital will also distribute bi-lingual flyers throughout the facility and through its network of community partners. In addition, the Department will distribute news releases to community newspapers to inform them of service changes.

## **PLAN FOR RESTORATION OF INPATIENT AND ED SERVICES ON THE MLK- H SITE**

As reported previously, a key part of the plan is identifying a non-County operator to take over the operation of MLK-H or developing a plan for operating the hospital under reconfigured County leadership as quickly as possible. The Chief Executive Office (CEO) has retained The Hammes Company (Hammes) to conduct a rapid Request For Solutions (RFS) to solicit private proposals to operate healthcare services on the MLK-H site.

Hammes has begun preliminary research to identify healthcare providers with the potential to offer solutions and to develop of pre-negotiation strategies. Hammes will prepare the RFS and issue that document by October 2007. The consultants estimate that the process to identify a potential private operator may take from 1 to 2 months following release of the RFS and up to 18 months to begin re-opening the hospital.

## **PLAN FOR RESTORATION OF COUNTY OPERATED INPATIENT SERVICES**

In the event that a suitable private operator cannot be identified to reopen inpatient and ED services at King, the alternative of County operated services must be implemented. The need for services in the local area remains so great that the County will maintain its commitment to this underserved community and reopen the hospital. Concurrently with the RFS process, DHS will develop its alternative plan to operate MLK-H under a reconfigured county management structure.

## **CONCLUSION**

We believe that this plan is the best alternative to continuing the operation of this vital community asset, while also providing alternative emergency and inpatient services. This plan preserves, to the extent possible, the most critical components of the service delivery of MLK-H, while protecting patient safety. As the plan is implemented, we will continue to evaluate its effectiveness and viability, and identify modifications or enhancements to best meet the service needs in the community.

Therefore, we recommend that your Board approve the plan, as presented above and as previously endorsed, in principle, by your Board on June 26, 2007, and instruct the Department to complete its implementation.

We are further recommending that your Board:

1. Approve implementation of the plan, as described above.
2. Delegate authority to the Director of Health Services (Director) to negotiate and for the Chair of the Board to execute, without further action by the Board, the following Agreements and Agreement amendments related to the Department of Health Services' contingency plan and to offset the impact of MLK-H's cessation of inpatient and ED services:
  - (a) "Impacted Hospital" Services Agreements initially with St. Francis Medical Center, Downey Regional Medical Center, Doctors Hospital of Lakewood, California Hospital Medical Center, Kaiser Permanente Bellflower, Centinela/Daniel Freeman Medical Center, White Memorial Hospital, Memorial Hospital of Gardena, and Memorial Hospital of Long Beach or suitable and sufficient replacement hospitals, if needed, identified by the EMS Agency at an estimated total maximum obligation of \$16.3 million, for 12 months from Board acceptance of this plan upon approval by County Counsel and the Chief Executive Office. The maximum total obligation of \$16.3 million covers \$12.8 million of hospital services and augments the EMS Physician Payment Fund by \$2.2 million and funds \$1.3 million for physician payments for indigent admitted and treat and release patients. The contracts are to be effective August 11, 2007, providing the hospitals sign the contracts no later than August 24, 2007. All contracts signed after August 24, 2007, shall be effective upon date of signing.

- (b) Amend Agreement Number 75936 between the County of Los Angeles and Primary Critical Care Medical Group (PCCMG) for the provision of Hospitalist and Intensivist Physician Services to delete MLK-H, to include Rancho and to delegate authority to the Director of Health Services to add additional County health care facilities and to adjust the maximum obligation accordingly, at the rates of payment set forth in the Agreement, at an estimated maximum obligation of \$3 million from execution through November 30, 2007 upon approval by County Counsel and the CEO.
  - (c) Amend Agreement Number 75937 between the County of Los Angeles and California Emergency Physicians Medical Group (CEPMG) to remove ED Services and modify the provision of Urgent Care Center Services, at an estimated maximum obligation of \$ 6 million, from execution through November 30, 2007 upon approval by County Counsel and the CEO.
  - (d) Amend existing MetroCare contracts, as necessary to implement the plan.
  - (e) Approve agreement with Clear Channel Los Angeles to provide bi-lingual community outreach to residents through radio, print, direct mail, signage and community outreach to tell residents of the service changes at MLK-H and to direct them to alternate sources of care at an estimated maximum obligation of \$300,000, effective upon approval of the plan for a one-year period.
3. Make a finding pursuant to Los Angeles County Code section 2.121.420 that continued contracting for the provision of Urgent Care as well as Hospitalist and Intensivist Physician Services is feasible; and,
  4. Make a finding pursuant to Los Angeles County Code section 2.180.010 that, to the extent any of the above agreements for Physician Services will involve contracting with former County employees who are or may be officers, principals, partners or major shareholders of the contracting entity, that special circumstances exist which justify such contracts.
  5. Instruct the Director to schedule the Beilensen hearing no later than September 4, 2007.

BAC:jrc

Attachments (2)

c: Chief Executive Officer  
Deputy Chief Executive Officers  
County Counsel  
Executive Officer, Board of Supervisors  
Director of Personnel

# Martin Luther King, Jr.- Harbor Hospital Plan:

## Implementation Steps

### COUNTY OPERATED HOSPITALS:

1. Inpatient services previously provided at Martin Luther King-Harbor Hospital ( MLK-H ) will be provided at other Department of Health Services hospitals: Harbor-UCLA Medical Center (H/UCLA)-(20 inpatient beds), Rancho Los Amigos National Rehabilitation Center (Rancho)-(52 inpatient beds) and the MetroCare contract private hospitals (17 inpatient beds). Harbor-UCLA and Rancho have already begun the process of opening the additional beds and the contract hospitals are already available to receive patients, placed through current MetroCare contracts. The Board of Supervisors (Board) approved these private hospital contracts on November 28, 2006. These new beds, when added to already approved operating beds, restore the capacity for the 153 beds which were utilized at MLK-H in November 2006.
2. As of August 11, closed the Emergency Department and implemented the patient ambulance redistribution plan and are working with the State Department of Health Services to resolve the status of the facility's license.
3. Inpatient services at MLK-H are being phased out on a planned basis within the next ten days. If the Department makes a determination that it is necessary to move immediately to close the inpatient services due to staffing or increased patient safety concerns, the inpatient services will be closed immediately and patients will be transferred to other hospitals.
4. Urgent Care services on the MLK-H site will initially operate on a 16 hour 7 day per week basis to cover the existing 12,000 visits and will be expanded to serve up to 20,000 visits in order to absorb more of the walk-in ED visits now provided. The current contract with California Emergency Physicians Medical Group (CEPMG) will be modified to reflect the County's requirement to staff exclusively with physicians.
5. Contract ambulance services will be maintained for a period of time on site to provide immediate transfer to Harbor-UCLA of any patient needing care above the level of Urgent Care. The ongoing need for this service will be evaluated and either continued or not based on volume.
6. All outpatient clinics for medical and surgical specialties will continue on the MLK-H site through a Multi-service Ambulatory Care Center (MACC) as presented and approved in the October 17, 2006 MetroCare Board letter. Current diagnostic capabilities of MLK/H hospital will be maintained to provide an augmented level of radiology, lab and support services to support the MACC. Outpatient surgical services will also be expanded to work with Harbor-UCLA and other DHS facilities to reduce backlogs of procedures.
7. Inpatient and outpatient psychiatric services will continue to be provided at the Augustus Hawkins Building at the MLK/H site by Los Angeles County-University of Southern California (LAC+USC) and by the Department of Mental Health (DMH) as described in the October 17, 2006 MetroCare board letter.

8. Rancho Los Amigos will have an immediate need for Hospitalist and Intensivist services as it will be called upon first to increase its inpatient capacity to absorb patients who would have been admitted to MLK-H. The Department has requested delegated authority from the Board to include other directly operated health care facilities in the current hospitalist and intensivist contract's scope of work and budget in the future and in the event that these facilities also require additional staff for the implementation of the contingency plan begins.

#### **PRIVATE HOSPITALS:**

1. 911 ambulance transports are being redirected to 9 area hospitals, following a plan developed by the County Emergency Medical Services (EMS) Agency with the EMS Providers ( fire departments and ambulance companies) and the 9 hospitals. This represents approximately 12,000 visits per year.
2. Paramedic and ambulance boundaries have been redrawn by EMS to minimize the impact on any one hospital and to make clear to EMS providers and hospitals where 911 ambulance patients from the MLK-H area will be transported
3. Under these agreements, and consistent with inpatient bed agreements under the MetroCare plan, the DHS will reimburse each hospital \$1,950 for each inpatient day, for up to a total of six inpatient days, for each County-responsible patient delivered via ambulance admitted. A new provision would offer the hospitals and physicians payments for patients treated and released. The physicians treating patients will be reimbursed at the same rate of payment which they receive under the MetroCare plan, which is 100% of the Medicare allowable Area 18 fee schedule, to include a patient co-payment amount of 20%, not to exceed billed charges, again for a maximum of six inpatient days.

#### **BI-LINGUAL COMMUNICATIONS AND OUTREACH:**

DHS has identified an experienced vendor to provide communications that will reach community residents through radio, print, direct mail, signage and community outreach to inform residents of the changes and offer alternative locations for inpatient and emergency care as per the June 26, 2007 Board motion. All these communications will be bi-lingual.

DEPARTMENT OF HEALTH SERVICES  
COUNTY OF LOS ANGELES



**HOSPITAL SERVICE AREAS**  
**9-1-1 RECEIVING HOSPITALS**  
**MLK-HARBOR CONTINGENCY PLAN**

FIRE STATION

CF = COUNTY FIRE

CI = CITY FIRE

CM = COMPTON FIRE

DF = DOWNEY

9-1-1 RECEIVING HOSPITALS

Current Service Area:

CNT

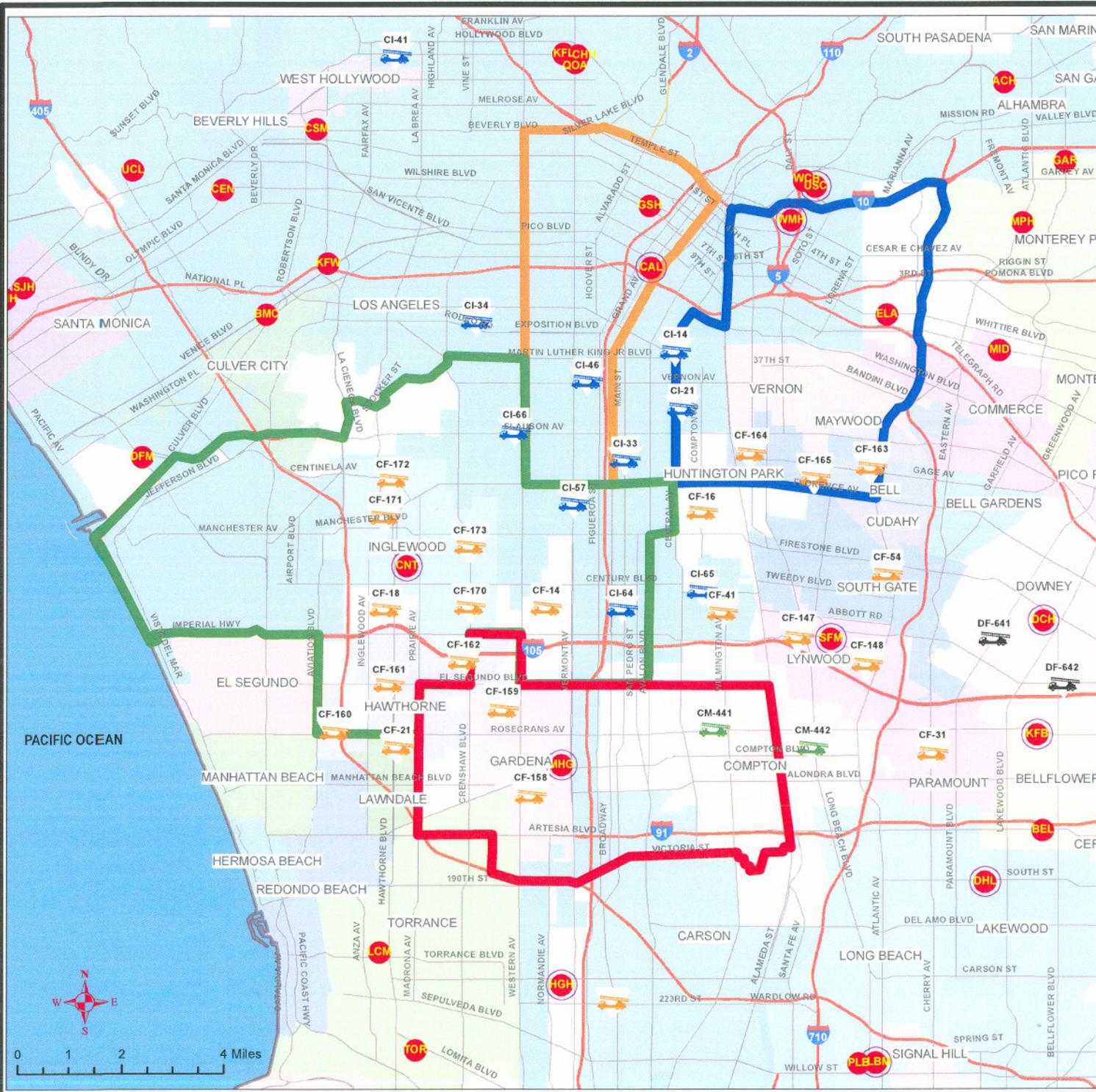
GSH and CAL

MHG

WMH

Impacted Hospitals

CAL	LBM
CNT	MHG
DCH	SFM
DHL	USC
HGH	WMH
KFB	



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# County of Los Angeles CHIEF EXECUTIVE OFFICE

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Fifth District

August 21, 2007

To: Supervisor Zev Yaroslavsky, Chairman  
Supervisor Gloria Molina  
Supervisor Yvonne B. Burke  
Supervisor Don Knabe  
Supervisor Michael D. Antonovich

From: William T Fujioka  
Chief Executive Officer

## **STATUS REPORT ON MARTIN LUTHER KING, JR.-HARBOR HOSPITAL EMPLOYEE COMPETENCY DOCUMENTATION REVIEW**

Pursuant to your Board's direction, a Review Team, consisting of 25 to 35 staff from the Department of Health Services (DHS), the Department of Human Resources (DHR), and my office are conducting a review of documentation on file for employees with clinical assignments at Martin Luther King, Jr.-Harbor Hospital (MLK-H) who may be impacted by the workforce reduction plan. This memorandum is to provide your Board with a status of our progress.

A list of all employees assigned to MLK-H as of August 12, 2007 resulted in the following employee numbers. Of a 1,596 total employee count, 918 employees have been identified by DHS as being in classifications potentially impacted by the workforce reduction plan. All employees in any potentially impacted class are being included in the review, since employees who may be affected as part of the workforce reduction plan have not yet been identified.

Of the estimated 918, 750 are clinical employees, whose personnel files are being reviewed for current performance evaluations and review of other documents related to competency assessment, and 168 are credentialed and privileged staff, whose files will not be included in this Review Team's performance evaluation and competency review. A separate review will be conducted at a later date.

The remaining 678 employees are in non-clinical classifications, some of which will remain at MLK-H and some of which will be mitigated through various actions based on the finalized MLK-H staff plan.

Credentialed and Privileged Staff (168 employees)

There are 168 credentialed and privileged employees whose files do not need to be reviewed for competency documentation by the current Review Team. The Review Team will be reviewing these files for current performance evaluations once the initial review of the 750 employee files has been completed. Staff that are subject to the credentialing and privileging process include all physician staff, dentists, podiatrists, physician assistants, nurse practitioners, nurse midwives, certified registered nurse anesthetists, and audiologists.

The competency review of these employees will be conducted by a senior level physician review team. DHS is currently developing the review plan for these employees and will inform your Board of the details and timeline of this plan. Competency review of these positions consists of two components:

- 1) Credentialing review is completed prior to appointment and every two years thereafter. The review includes validation of training, education and any licensure, certification, registration and/or permits required for the area of specialty for the privileges they are applying for.
- 2) Privileging - is a competency review that is done through a peer-review process, which takes place upon initial appointment and every two years thereafter. The peer-review process includes a review of patient files to determine if care provided by the individual met the community standard.

Clinical Employees Subject to Potential Mitigation/Workforce Reduction Plan (750 employees)

I. Performance Evaluation Review

Personnel files are being reviewed for current performance evaluations reflecting a minimum performance rating of competent. Of the 750 employees, 694 personnel files have been reviewed for current performance evaluations. Of these files, 152 did not contain current performance evaluations. DHS is in the process of identifying where these performance evaluations are; this number is expected to decrease. DHS is in the process of locating the additional 56 personnel files not yet reviewed for current performance evaluations.

## II. Competency Documentation Review

The Review Team is verifying that current documentation is available for DHS to substantiate that competency factors have been validated and that any required licenses, certificates, registrations and/or permits are current for each employee as required by their job classification and work assignment.

Employee competency documentation for the 750 clinical employees has been or will be reviewed as follows:

- 306 total Registered Nurses, Licensed Vocational Nurses and Surgical Technician files need review for core competency documentation. Additionally, for those assigned to specialty units, additional review is needed for specialty competency documentation. As of August 20, 2007, 92 employee records had been reviewed for both core and specialty competencies, 86 employee records have been reviewed for core competencies only, and 32 employee records have been reviewed for specialty competencies only. Not all employee assignments require specialty competency testing.
- 166 total ancillary staff files are being reviewed for competency documentation.
- As 85 staff in the patient financial services series are providing clinical support services only, employee files are being reviewed for current performance evaluation documentation only, and not core or specialty competency assessments.
- 171 Nursing Attendant files will be reviewed for competency documentation.
- A review will be conducted of the remaining 22 employee files to determine if competency requirements are applicable.

The Review Team will continue with this process until the review is completed. We will continue to provide your Board with status updates of this review.

Each Supervisor  
August 21, 2007  
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If you have questions or need additional information, please contact me or your staff may contact Sheila Shima at (213) 974-1160.

WTF:SRH:SAS  
DJ:bjs

c: Executive Officer, Board of Supervisors  
County Counsel  
Director and Chief Medical Officer, Department of Health Services  
Director of Personnel



County of Los Angeles  
**CHIEF EXECUTIVE OFFICE**

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Fifth District

August 31, 2007

To: Supervisor Zev Yaroslavsky, Chairman  
Supervisor Gloria Molina  
Supervisor Yvonne B. Burke  
Supervisor Don Knabe  
Supervisor Michael D. Antonovich

From: William T Fujioka  
Chief Executive Officer

**STATUS REPORT ON MARTIN LUTHER KING, JR.-HARBOR HOSPITAL  
EMPLOYEE COMPETENCY DOCUMENTATION REVIEW**

As reported previously, a Review Team comprised of staff from the Department of Health Services (DHS), the Department of Human Resources (DHR), and my office are conducting a review of documentation on file for employees with clinical assignments at Martin Luther King, Jr.-Harbor Hospital (MLK-H) who may be impacted by the workforce reduction plan. This memorandum provides an update to our August 28, 2007 memorandum.

As indicated in our earlier report, there were 1,596 employees assigned to MLK-H as of August 12, 2007: 918 of these employees have been identified by DHS as being in classifications that may be impacted by the workforce reduction plan; 750 are clinical employees as identified by DHS; and 168 are credentialed and privileged staff. In addition, we reported that the remaining 678 employees are in non-clinical areas.

**Credentialed and Privileged Staff (168 employees)**

As indicated previously, the competency documentation for the 168 credentialed and privileged employees was not reviewed by the Review Team. DHS has outlined the evaluation process for these employees in the Attachment.

### **Phase I - Clinical Employees Subject to Potential Mitigation/Workforce Reduction Plan (750 Employees)**

The Review Team has completed the review of available employee files to confirm current performance evaluations and other documentation related to competency assessments for the 750 clinical employees that have been identified as being subject to potential mitigation/workforce reduction.

### **Phase II - Review of the remaining 678 employees at MLK-H**

The Review Team has completed its review of the available employee files for the remaining 678 employees in non-clinical areas to document the competencies (based upon classification and assignment, as appropriate) to determine whether current performance evaluations have been completed. A summary of those results will be provided in our next report.

### **Identifying Employees for Transfer or Reassignment**

The results of both review phases are also being used by Chief Executive Office (CEO), DHR and DHS staff to determine which employees will remain at MLK-H and which will be transferred to other locations at DHS facilities or other County Departments.

Members of the Review Team will continue to work over the weekend to make a final determination on the number of employees to transfer or reassign. Based on that review, DHS will draft employee notification letters of transfers assigning them to other facilities. The transfer or reassignment of employees to other vacant positions within DHS and other County departments is prioritized to meet the staffing needs of MLK-H, the expansion programs of Rancho Los Amigos and Harbor-UCLA Medical Center, and then to addressing vacant positions. Consideration of opportunities for transfers to other County departments is being explored for those positions that may not be available within DHS.

Unless otherwise instructed, DHS plans to distribute transfer letters to employees on Tuesday, September 4, 2007. The effective date of those employee transfers will be on Thursday, September 6, 2007 or Friday, September 7, 2007, depending upon the assignments. General and clinical orientation is scheduled for the following week at each of the receiving facilities. The orientation process will include appropriate competency testing for the new location. Competency testing and clinical orientation are planned within 30 days of arrival and before clinical employees provide direct patient care.

Each Supervisor  
August 28, 2007  
Page 3

CEO Employee Relations staff met with Service Employees International Union (SEIU) Local 721 on two occasions to discuss this process.

We will continue to provide your Board with updates, with our next report anticipated by September 12, 2007.

WTF:SRH:SAS  
DRJ:bjs

Attachment

c: Executive Officer, Board of Supervisors  
County Counsel  
Director and Chief Medical Officer, Department of Health Services  
Director of Personnel

Status Rpt on MLK\_Update No. 3



**Health Services**  
LOS ANGELES COUNTY

August 31, 2007

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Robert G. Splawn, MD  
Senior Medical Director

TO: William T Fujioka  
Chief Executive Officer

FROM: Bruce A. Chernof, M.D.  
Director and Chief Medical Officer

SUBJECT: **MEDICAL STAFF CREDENTIALING AT MLK**

The credentialing/privileging process for new providers requires that each provider provide a completed medical staff application and provide a detailed listing of clinical privileges requested, and complete a moderate sedation & competency exam. In addition the following items are requested and verified: board certification, state license, Drug Enforcement Agency certificate, Basic Life Support/Advanced Life Support Certification, CME activity, three favorable peer references, malpractice claims history, a physical exam, National Practitioner Data Bank report, American Medical Association profile, Medicare sanctions, medical staff/hospital affiliations, and training verifications.

As part of the re-application which all physicians are required every two years to complete a re-application form, moderate sedation & competency exam, submit Board certification status, CME, peer references, malpractice claims, State license validation, Department Chair's evaluation and 10 peer review cases.

The initial and subsequent privileging process is an intensive hierarchical review and verification process that involves the provider's peers, the department chair, the Credentials Committee, the Medical Executive Committee, and subsequently the Governing Body.

In addition to the above, providers at Martin Luther King-Harbor Hospital are part of a new, ongoing and concurrent peer review process implemented approximately five weeks prior to the CMS Survey that continually assesses their quality of care and performance as outlined in the attachment. Cases that do not meet quality indicators are reviewed and appropriate actions are taken. This process entails oversight and coordination from the Senior Medical Director, Dr. Splawn.

During the recent CMS survey, there were **no** issues identified with respect to the credentialing process including the assessment for competency.

BAC:st

Attachment

c: Robert G. Splawn, M.D.  
Sharon F. Grigsby  
Antionette Smith Epps

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LOS ANGELES COUNTY MLK-HARBOR HOSPITAL  
RISK MANAGEMENT REPORTING FORM

**CONFIDENTIAL**

Attorney-Client Protected Information

Directions: Check the appropriate box and fill in the information section. Immediately give the completed form to QA/Risk Department for processing.

Critical Event (Red Flag): an unexpected serious incident or complication that places the patient or institution at significant risk.

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Accidental burns</li> <li><input type="checkbox"/> Admission as a result of an adverse occurrence in the outpatient setting</li> <li><input type="checkbox"/> Adverse Drug, Contrast, Blood reactions resulting in death or permanent disability</li> <li><input type="checkbox"/> All birth/brain injuries (e.g. diagnosis of hypoxic-ischemic encephalopathy, seizures in the nursery, apgars &lt; 5 at 5 minutes)</li> <li><input type="checkbox"/> Anticipated death associated with health-care acquired infection</li> <li><input type="checkbox"/> Adverse outcome after a procedure (e.g. coma, spinal injury, blindness)</li> <li><input type="checkbox"/> Birth trauma (i.e. erbs palsy)</li> <li><input type="checkbox"/> Development of a neurological deficit not present on admission</li> <li><input type="checkbox"/> Interfacility transfers resulting in disability or death</li> <li><input type="checkbox"/> Intrafacility transfers resulting in disability or death</li> <li><input type="checkbox"/> Jail/custody cases (e.g. alleged civil rights violations, alleged discrimination)</li> <li><input type="checkbox"/> Major disease outbreaks</li> <li><input type="checkbox"/> Major loss of function associated with a health-care associated infection</li> <li><input type="checkbox"/> Maternal deaths</li> <li><input type="checkbox"/> Medical/surgical intervention on the wrong patient</li> <li><input type="checkbox"/> Mistaken amputations</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Other significant clinical events that may subject the Department of Health Services to adverse publicity or liability</li> <li><input type="checkbox"/> Pathology /tissue mismatch resulting in undiagnosed cancer or delay in Diagnosis of cancer</li> <li><input type="checkbox"/> Patient suicide (or attempted suicide)</li> <li><input type="checkbox"/> Procedures performed by unlicensed staff</li> <li><input type="checkbox"/> Significant equipment related injury</li> <li><input type="checkbox"/> Significant patient dissatisfaction</li> <li><input type="checkbox"/> Staff sexual misconduct with patient</li> <li><input type="checkbox"/> Unanticipated deaths</li> <li><input type="checkbox"/> Unanticipated medical and/or surgical complications causing disability</li> <li><input type="checkbox"/> Unanticipated neonatal deaths</li> <li><input type="checkbox"/> Unplanned foreign bodies left in patients</li> <li><input type="checkbox"/> Unplanned nerve damage related to a medical/surgical procedure</li> <li><input type="checkbox"/> Unplanned removal of an organ during surgery</li> <li><input type="checkbox"/> Unplanned injury and/or death related to MLK-II hospital care associated infection</li> <li><input type="checkbox"/> Other: _____</li> </ul> |
|--|--|

Today's Date: _____	Age/Sex: _____ Male: _____ Female: _____
Patient Name: _____	Admit Date: _____
MRUN: _____	Event Date: _____
Location/Room: _____	Nurse Analyst: _____
Attending: _____	

Describe the critical event. Provide as much information as is currently known, even if only partial report can be given.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

QA Office Use Only

Date Received: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

<input type="checkbox"/> Reported to _____ M.D., Hospital Risk Manager (x1234)	Date: _____	Time: _____
<input type="checkbox"/> Reported to _____ R.N., Clinical Risk Management (x1234)	Date: _____	Time: _____
<input type="checkbox"/> Entered in Patient Safety Net (PSN)		
<input type="checkbox"/> Yes	Date: _____	Time: _____
<input type="checkbox"/> No     _____ Already in PSN: ID# _____	Date: _____	Time: _____

Comments: \_\_\_\_\_

**Physicians Performance Improvement Committee  
Indicators - Department of Ancillary Medicine**

Department	Contact Person	QI Nurse Assigned	Volume Indicators	Quality Indicators	Case Review Criteria
Anesthesia.			<ol style="list-style-type: none"> <li>1. # of consultations (including pain)</li> <li>2. # of General Anesthetics</li> <li>3. # of Spinal Anesthetics</li> <li>4. # of Local Anesthetics</li> </ol>	<ol style="list-style-type: none"> <li>1. Did any of the following occur within 24 hours of anesthesia:               <ul style="list-style-type: none"> <li>✓ MI</li> <li>✓ Anesthesia Awareness</li> <li>✓ Cardiac Arrest</li> <li>✓ Respiratory Arrest</li> <li>✓ Re-intubations</li> <li>✓ Corneal Abrasions</li> <li>✓ Dental Trauma</li> <li>✓ Cardiac Arrhythmias requiring intervention</li> </ul> </li> <li>Peripheral Nerve Damage</li> <li>Post Dural Headache within 48 hours</li> </ol>	<ol style="list-style-type: none"> <li>1. All intraoperative deaths</li> <li>2. All post surgical deaths within 24 hours following surgery</li> <li>3. Cardiac or neuro event within 24 hours following surgery</li> <li>4. Any airway manipulation or lost airway subsequently requiring an unplanned tracheostomy</li> <li>5. Intraoperative recall</li> </ol>
Pathology			<ol style="list-style-type: none"> <li>1. Workload (cytology reads, autopsies, etc) per pathologist per month</li> <li>2. Transfusion service clinical consults/transfusion reaction referrals per month</li> </ol>	<ol style="list-style-type: none"> <li>1. surgical pathology turnaround</li> <li>2. surgical frozen section turnaround time</li> <li>3. cytology Non-GYN turnaround time</li> </ol>	<ol style="list-style-type: none"> <li>1. frozen section/permanent section correlation</li> <li>2. department microscopic peer review 2-3 times per week</li> <li>3. 10% random peer review of all pathologist's work</li> <li>4. review of previous cases with current surgical specimens</li> <li>5. review of all cases at request of faculty and residents</li> </ol>
Radiology			<ol style="list-style-type: none"> <li>1. # of studies read</li> <li>2. # of radiographic studies performed</li> <li>3. # of invasive radiographic studies performed</li> </ol>	<ol style="list-style-type: none"> <li>1. blind reads of 1% of all studies read</li> <li>2. # complications of radiographic procedures</li> <li>3. # inconsistencies discovered from blind reads</li> <li>4. Patient deaths related to radiographic interpretation</li> </ol>	<ol style="list-style-type: none"> <li>1. any complication of a radiographic study</li> <li>2. inconsistencies discovered from blind reads</li> <li>3. all patient deaths involving radiographic interpretation</li> </ol>

**Physicians Performance Improvement Committee  
Indicators - Surgery**

Department	Contact Person	QI Nurse Assigned	Volume Indicators	Quality Indicators	Case Review Criteria
Ophth.			<ol style="list-style-type: none"> <li># admissions by physician for top 10 DRGs</li> <li># clinic visits by physician</li> <li># consultations by attending</li> <li># operative and invasive procedures</li> <li># of laser surgeries</li> </ol>	<ol style="list-style-type: none"> <li>% post operative wound infections (<b>Outpatient and Inpatient</b>)</li> <li>% cataract extractions with pre-operative visual acuity documented</li> </ol>	<ol style="list-style-type: none"> <li>Rare and unique case</li> <li>Unplanned return to OR</li> <li>Unexplained complications</li> </ol>
Oral/Surgery			<ol style="list-style-type: none"> <li># admissions by physician for top 10 DRGs</li> <li># clinic visits by physician</li> <li># consultations by attending</li> <li># operative and invasive procedures</li> <li># of conscious sedations</li> </ol>	<ol style="list-style-type: none"> <li>Dental implants redone within 1 year</li> <li>First dose antibiotics on all facial fractures with 2 hrs. of admission</li> </ol>	<ol style="list-style-type: none"> <li>All facial fractures</li> <li>Post operative infections</li> <li>All mandibular nonunions</li> </ol>
Oto. (ENT)			<ol style="list-style-type: none"> <li># admissions by physician</li> <li># clinic visits by physician</li> <li># consultations by attending</li> <li># operative and invasive procedures</li> </ol>	<ol style="list-style-type: none"> <li>% tracheostomies performed (elective &amp; emergent cases)</li> <li># of Trach and to surgery</li> </ol>	<ol style="list-style-type: none"> <li>unusual cases</li> <li>unexpected complications</li> <li>deaths</li> </ol>
Surgery			<ol style="list-style-type: none"> <li># admissions by physician for top 10 DRGs</li> <li># clinic visits by physician</li> <li># operative and invasive procedures</li> <li>LOS by top 5 DRGs</li> </ol>	<ol style="list-style-type: none"> <li>Pre operative antibiotics within 1 hr prior to skin incision</li> <li><b>Pre operative antibiotics within 1 hour to skin incision:</b></li> </ol>	<ol style="list-style-type: none"> <li>unexpected deaths</li> <li>cardiac or neurological events within 24 hours of surgery</li> <li>unplanned returns to surgery/attending</li> </ol>

**Physicians Performance Improvement Committee  
Indicators - Department of Women's & Children's Health**

Department	Contact Person	QI Nurse Assigned	Volume Indicators	Quality Indicators	Case Review Criteria
Obstetrics & Gynecology			<ol style="list-style-type: none"> <li># admissions by physician for top 10 DRGs</li> <li># clinic visits by physician</li> <li># consultations by attending</li> <li># operative and invasive procedures by physician</li> <li># of births/deliveries per physician</li> <li># of low birth weight births</li> </ol>	<ol style="list-style-type: none"> <li>Apgar score less than 7 at 1 to 5 minutes</li> <li>Low birth weight less than 2500 grams</li> <li>3rd and 4th degree lacerations</li> </ol>	<ol style="list-style-type: none"> <li>unexpected death</li> <li>missed diagnosis</li> <li>special or unique case</li> <li>complication during invasive procedure</li> <li>Code Purple / Emergent C-sections</li> </ol>
Peds			<ol style="list-style-type: none"> <li># admissions by physician</li> <li># clinic visits by physician</li> <li># consultations by attending</li> <li>LOS by DRG by attending</li> </ol>	<ol style="list-style-type: none"> <li>Immunizations age appropriate and determined by patient history recorded on their Medical Record</li> <li>Number of revisits by out of control visits by asthma patients</li> </ol>	

# Physicians Performance Improvement Committee

## Indicators - Internal Medicine

Department	Contact Person	QI Nurse Assigned	Volume Indicators	Quality Indicators	Case Review Criteria
Internal Medicine			<ol style="list-style-type: none"> <li>1. # admissions by physician for top 10 DRGs</li> <li>2. # clinic visits by physician</li> <li>3. # consultations by attending</li> <li>4. LOS by DRG by attending</li> </ol>	<ol style="list-style-type: none"> <li>1. DVT Prophylaxis</li> <li>2. Stress Ulcer prophylaxis</li> </ol>	<ol style="list-style-type: none"> <li>1. unexpected death</li> <li>2. missed diagnosis</li> <li>3. special or unique case</li> </ol>



**Health Services**  
LOS ANGELES COUNTY

September 4, 2007

Los Angeles County  
Board of Supervisors

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First District

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Second District

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Third District

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Bruce A. Chernof, MD  
Director and Chief Medical Officer

John R. Cochran III  
Chief Deputy Director

Robert G. Splawn, MD  
Senior Medical Director

TO: Each Supervisor

FROM: Bruce A. Chernof, M.D.  
Director and Chief Medical Officer

SUBJECT: **MLK CLOSURE IMPACT REPORT – VOLUME FOR  
WEEK OF AUGUST 27 – SEPTEMBER 3, 2007**

As requested by your Board, this is to provide you with the weekly  
MLK Closure Impact Report consisting of:

- 1) MLK Urgent Care Volume Report
- 2) PRIVATE Hospital Emergency Room (ER) Impact Report

The following MLK Urgent Care Center (UCC) Report is a full week  
report of the daily census of the UCC at MLK (including both adult and  
pediatric visits):

**MLK UCC VOLUME REPORT**

Mon 8/27	Tue 8/28	Wed 8/29	Thu 8/30	Fri 8/31	Sat 9/1	Sun 9/2
73	61	51	58	53	27	30

This report will continue to be provided on a weekly basis until trends  
are established and understood.

If you have any questions or need additional information, please let me  
know.

BC:cm  
708:004

Attachment

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

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Los Angeles, CA 90012

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**Los Angeles County Emergency Medical Services Agency**  
**DAILY POLL OF HOSPITALS IMPACTED BY CLOSURE OF MLK-HARBOR HOSPITAL**

Hospital	Poll Questions	8/20/2007	8/21/2007	8/22/2007	8/23/2007	8/24/2007	8/25/2007	8/26/2007
CAL: 26 ED Beds	TOTAL ED PTS 2005 Daily Avg. ED Pts = 150 2006 Daily Avg. ED Pts = 108	186	176	167	179	138	164	172
	WALK-IN PTS	128	122	101	117	85	99	85
	MLK WALK-IN pts	45	51	35	45	22	43	32
	9-1-1 TRANSPORTS 2005 Daily Avg. 9-1-1 = 21 2006 Daily Avg. 9-1-1 = 26	54	45	62	56	48	59	72
	MLK 9-1-1 TRANSPORTS	21	13	20	13	15	16	17
	ADMITTED MLK PTS	2	2	7	5	4	6	2
CNT: 36 ED Beds	TOTAL ED PTS 2005 Daily Avg. ED Pts = 105 (CNT) 2005 Daily Avg. ED Pts = 106 (DFH) 2006 Daily Avg. ED Pts = 111 (CNT) 2006 Daily Avg. ED Pts = * (DFH)	171	178	173	157	180	162	171
	WALK-IN PTS	111	112	122	93	124	114	114
	MLK WALK-IN pts	20	30	33	17	21	28	14
	9-1-1 TRANSPORTS 2005 Daily Avg. 9-1-1 = 35 (CNT) 2005 Daily Avg. 9-1-1 = 25 (DFH) 2006 Daily Avg. 9-1-1 = 29 (CNT) 2006 Daily Avg. 9-1-1 = 20 (DFH)	55	61	46	60	63	43	52
	MLK 9-1-1 TRANSPORTS	8	15	9	8	10	9	5
	ADMITTED MLK PTS	7	4	2	3	5	1	0
DCH: 22 ED Beds	TOTAL ED PTS 2005 Daily Avg. ED Pts = 129 2006 Daily Avg. ED Pts = 131	154	133	128	135	143	135	152
	WALK-IN PTS	129	103	102	113	107	110	125
	MLK WALK-IN pts	53	41	42	41	30	49	46
	9-1-1 TRANSPORTS 2005 Daily Avg. 9-1-1 = 18 2006 Daily Avg. 9-1-1 = 18	24	30	21	22	36	27	26
	MLK 9-1-1 TRANSPORTS	8	8	8	12	14	10	13
	ADMITTED MLK PTS	11	11	5	7	11	7	7
DHL: 14 ED Beds	TOTAL ED PTS 2005 Daily Avg. ED Pts = 82 2006 Daily Avg. ED Pts = 97	106	97	*	97	95	84	96
	WALK-IN PTS	87	84	*	94	95	21	85
	MLK WALK-IN pts	0	0	*	0	0	0	0
	9-1-1 TRANSPORTS 2005 Daily Avg. 9-1-1 = 15 2006 Daily Avg. 9-1-1 = 15	19	13	*	3	12	25	11
	MLK 9-1-1 TRANSPORTS	1	0	*	0	3	4	5
	ADMITTED MLK PTS	*	*	*	2	0	0	0
KFB: 45 ED Beds	TOTAL ED PTS 2005 Daily Avg. ED Pts = 225 2006 Daily Avg. ED Pts = 225	232	232	231	233	236	201	237
	WALK-IN PTS	202	195	207	210	216	176	204
	MLK WALK-IN pts	74	65	67	77	68	58	68
	9-1-1 TRANSPORTS 2005 Daily Avg. 9-1-1 = 19 2006 Daily Avg. 9-1-1 = 17	29	37	24	23	18	25	33
	MLK 9-1-1 TRANSPORTS	11	17	13	6	11	6	12
	ADMITTED MLK PTS	5	5	18	15	25	8	18

\* not reported/not available

Date Prepared: 9/4/2007 10:36 AM

**Los Angeles County Emergency Medical Services Agency**  
**DAILY POLL OF HOSPITALS IMPACTED BY CLOSURE OF MLK-HARBOR HOSPITAL**

Hospital	Poll Questions	8/20/2007	8/21/2007	8/22/2007	8/23/2007	8/24/2007	8/25/2007	8/26/2007
LBM: 53 ED Beds	TOTAL ED PTS 2005 Daily Avg. ED Pts = 37 2006 Daily Avg. ED Pts = 37	*	*	*	*	*	*	*
	WALK-IN PTS	*	*	*	*	*	*	*
	MLK WALK-IN pts	*	*	*	*	*	*	*
	9-1-1 TRANSPORTS 2005 Daily Avg. 9-1-1 = 208 2006 Daily Avg. 9-1-1 = 221	*	*	*	*	*	*	*
	MLK 9-1-1 TRANSPORTS	*	*	*	*	*	*	*
	ADMITTED MLK PTS	*	*	*	*	*	*	*
MHG: 10 ED Beds	TOTAL ED PTS 2005 Daily Avg. ED Pts = 62 2006 Daily Avg. ED Pts = 60	77	89	90	68	84	90	72
	WALK-IN PTS	57	69	68	47	67	66	57
	MLK WALK-IN pts	31	32	26	21	34	30	24
	9-1-1 TRANSPORTS 2005 Daily Avg. 9-1-1 = 15 2006 Daily Avg. 9-1-1 = 16	13	12	19	18	13	19	9
	MLK 9-1-1 TRANSPORTS	6	8	8	9	5	6	5
	ADMITTED MLK PTS	6	5	6	3	5	7	1
SFM: 39 ED Beds	TOTAL ED PTS 2005 Daily Avg. ED Pts = 160 2006 Daily Avg. ED Pts = 141	222	194	165	185	168	156	168
	WALK-IN PTS	188	156	137	144	132	128	131
	MLK WALK-IN pts	85	64	73	77	77	70	75
	9-1-1 TRANSPORTS 2005 Daily Avg. 9-1-1 = 34 2006 Daily Avg. 9-1-1 = 31	34	37	28	40	35	28	37
	MLK 9-1-1 TRANSPORTS	10	18	11	17	15	12	9
	ADMITTED MLK PTS	8	10	9	16	19	11	15
WMH: 28 ED Beds	TOTAL ED PTS 2005 Daily Avg. ED Pts = 105 2006 Daily Avg. ED Pts = 90	140	122	104	108	104	109	104
	WALK-IN PTS	126	95	93	102	88	92	97
	MLK WALK-IN pts	12	16	11	12	13	11	6
	9-1-1 TRANSPORTS 2005 Daily Avg. 9-1-1 = 14 2006 Daily Avg. 9-1-1 = 13	14	9	11	6	16	17	7
	MLK 9-1-1 TRANSPORTS	6	4	1	1	2	4	2
	ADMITTED MLK PTS	7	8	0	9	8	4	4
TOTAL for 9 Hospitals	TOTAL ED PTS	1288	1221	1058	1162	1148	1101	1172
	WALK-IN PTS	1028	936	830	920	914	806	898
	MLK WALK-IN pts	320	299	287	290	265	289	265
	9-1-1 TRANSPORTS	242	244	211	228	241	243	247
	MLK 9-1-1 TRANSPORTS	71	83	70	66	75	67	68
	ADMITTED MLK PTS	46	45	47	60	77	44	47

\* not reported/not available

Date Prepared: 9/4/2007 10:36 AM