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December 5, 2008

**REVISED**

**Los Angeles County  
Board of Supervisors**

**Gloria Molina**  
First District

**Mark Ridley-Thomas**  
Second District

**Zev Yaroslavsky**  
Third District

**Don Knabe**  
Fourth District

**Michael D. Antonovich**  
Fifth District

**John F. Schunhoff, Ph.D.**  
Interim Director

**Robert G. Splawn, M.D.**  
Interim Chief Medical Officer

TO: Each Supervisor

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

SUBJECT: **STATUS REPORT ON KEY INDICATORS OF PROGRESS,  
HOSPITAL OPERATIONS, AND OTHER ISSUES  
RELATING TO THE TRANSITION TO THE NEW LAC+USC  
MEDICAL CENTER PROGRESS REPORT #2: NOV. 2008**

On November 5, 2008, your Board instructed the Department of Health Services (DHS) and the Chief Executive Office (CEO) to provide bi-monthly written reports to the Board on hospital operation status, and any other issues relating to the transition of the new LAC+USC Medical Center, along with weekly verbal reports. A written report was provided on November 18; verbal reports were provided on November 12, 18 and 25. On November 25, 2008, Supervisor Molina amended her motion and instructed DHS to report verbally and in writing on a bi-monthly basis.

The last written report, provided on November 18, utilized October data as well as data from the first week of the move, November 8 through 13. This report provides monthly data for November as compared to prior months. Key indicators are summarized as follows:

- Emergency Department (ED) saturation diversion averaged 50% for the month of November. A high of 80% diversion during the first week has dropped down to an average of 33.6% during the last week of November. There has been no diversion related to trauma since the hospital move.
- The Average Daily Census (ADC) for the month of November was 436 (excluding psychiatric patients) or 72% occupancy which includes the first week at the old facility. Pediatric census is described in detail in the attachment.

Patient flow has significantly improved as hospital staff implemented new procedures to accommodate the facility's environment and technology.

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

JFS:cm

Attachment

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

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

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

[www.dhs.lacounty.gov](http://www.dhs.lacounty.gov)

*To improve health  
through leadership,  
service and education.*



**LAC+USC Medical Center**  
**Operational Monitoring Report**  
**Reporting Period – November 2008**

Indicator	Definition	Data	Comments																														
<b>1a.</b> <b>Average Daily Census (ADC)</b>	<b>ADC:</b> A measure of the total number of inpatients occupying licensed beds on a daily basis reported as the arithmetic mean.  <b>Calculation:</b> 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.  <b>Source of Data:</b> Affinity	<p style="text-align: center;"><b>ADC</b></p> <table border="1"> <caption>ADC Data</caption> <thead> <tr> <th>Month</th> <th>ADC</th> </tr> </thead> <tbody> <tr><td>Oct '06</td><td>637</td></tr> <tr><td>Dec '06</td><td>598</td></tr> <tr><td>Feb '07</td><td>623</td></tr> <tr><td>Apr '07</td><td>612</td></tr> <tr><td>June '07</td><td>605</td></tr> <tr><td>Aug '07</td><td>625.5</td></tr> <tr><td>Oct '07</td><td>623</td></tr> <tr><td>Dec '07</td><td>590</td></tr> <tr><td>Feb '08</td><td>609</td></tr> <tr><td>Apr '08</td><td>605</td></tr> <tr><td>Jun '08</td><td>583</td></tr> <tr><td>Aug '08</td><td>611</td></tr> <tr><td>Oct '08</td><td>578</td></tr> <tr><td>Oct '08</td><td>491</td></tr> </tbody> </table> <p>Note: Average Daily Census number reported includes Medical Center + Psych + Newborns Census.</p>	Month	ADC	Oct '06	637	Dec '06	598	Feb '07	623	Apr '07	612	June '07	605	Aug '07	625.5	Oct '07	623	Dec '07	590	Feb '08	609	Apr '08	605	Jun '08	583	Aug '08	611	Oct '08	578	Oct '08	491	ADC provided as background information.  Data under development for future monthly reporting and trending.  See cover memo for census from first six days after move.
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<p><b>Indicator #1 – Trends in Average Daily Census and Hospital Operations Metrics</b></p> <p><b>1b. Occupancy Rate LAC+USC Medical Center</b></p>	<p><b>Definition:</b> 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.</p> <p><b>Calculation:</b> 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.</p> <p><b>Source of Data:</b> Affinity</p> <p><b>Target:</b> 95%</p>	<p>1. Medical Center Licensed Occupancy Rate (excluding Newborns) for period of Nov 9 -30<sup>th</sup> = 72% <b>Med Center Census – Newborns / 600</b></p> <p>2. Medical Center Licensed Occupancy Rate (including Newborns) for period of Nov 9 -30<sup>th</sup> = 73 % <b>Med Center Census + Newborns / 600</b></p> <p>3. Healthcare Network Budgeted Occupancy Rate for period of Nov 9 -30<sup>th</sup> = 73.7 % <b>Med Center Census + Newborns + Psych Hosp Census / 671</b></p> <p>Medical Center = New facility Healthcare Network = New facility + Psychiatric Hospitals</p>	<p>For comparison, occupancy rates reported in the old facility were reported including newborns and were based on budgeted beds.</p>

**LAC+USC Medical Center**  
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<p><b>Indicator #2 - Emergency Department Metrics</b></p> <p><b>2a. Median Emergency Department Boarding Time (EDBT)</b></p> <p><b>*Harris Rodde Indicator</b></p>	<p><b>Boarding Time:</b> 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).</p> <p><b>Calculation:</b> 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.</p> <p><b>Source of Data:</b> Affinity</p> <p><b>Target:</b> Less than 7 hours.</p>	<p style="text-align: center;"><b>Median Boarding Time (Adult)*</b></p> <table border="1"> <caption>Median Boarding Time (Adult) Data</caption> <thead> <tr> <th>Month</th> <th>Median Boarding Time (hrs:min)</th> </tr> </thead> <tbody> <tr><td>Oct 06</td><td>5:21</td></tr> <tr><td>Nov 06</td><td>4:34</td></tr> <tr><td>Dec 06</td><td>3:43</td></tr> <tr><td>Jan 07</td><td>3:37</td></tr> <tr><td>Feb 07</td><td>3:43</td></tr> <tr><td>Mar 07</td><td>3:44</td></tr> <tr><td>Apr 07</td><td>5:00</td></tr> <tr><td>May 07</td><td>5:00</td></tr> <tr><td>Jun 07</td><td>4:25</td></tr> <tr><td>Jul 07</td><td>4:25</td></tr> <tr><td>Aug 07</td><td>3:45</td></tr> <tr><td>Sep 07</td><td>3:09</td></tr> <tr><td>Oct 07</td><td>3:40</td></tr> <tr><td>Nov 07</td><td>4:46</td></tr> <tr><td>Dec 07</td><td>4:26</td></tr> <tr><td>Jan 08</td><td>4:00</td></tr> <tr><td>Feb 08</td><td>3:21</td></tr> <tr><td>Mar 08</td><td>2:43</td></tr> <tr><td>Apr 08</td><td>3:22</td></tr> <tr><td>May 08</td><td>2:34</td></tr> <tr><td>Jun 08</td><td>2:34</td></tr> <tr><td>Jul 08</td><td>3:22</td></tr> <tr><td>Aug 08</td><td>2:58</td></tr> <tr><td>Sep 08</td><td>4:42</td></tr> <tr><td>Oct 08</td><td>4:42</td></tr> </tbody> </table> <p><b>Adult :</b> Median Boarding time for the month of November = <b>4:42 (hrs:mins)</b></p> <p><b>Pediatrics:</b> Median Boarding time for the month of November = <b>2:18 (hrs:mins)</b></p> <p><b>Total ED:</b> Median Boarding time for the month of November = <b>4:12 (hrs:mins)</b></p> <p>*Preliminary data pending auditor controller validation</p>	Month	Median Boarding Time (hrs:min)	Oct 06	5:21	Nov 06	4:34	Dec 06	3:43	Jan 07	3:37	Feb 07	3:43	Mar 07	3:44	Apr 07	5:00	May 07	5:00	Jun 07	4:25	Jul 07	4:25	Aug 07	3:45	Sep 07	3:09	Oct 07	3:40	Nov 07	4:46	Dec 07	4:26	Jan 08	4:00	Feb 08	3:21	Mar 08	2:43	Apr 08	3:22	May 08	2:34	Jun 08	2:34	Jul 08	3:22	Aug 08	2:58	Sep 08	4:42	Oct 08	4:42	
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**LAC+USC Medical Center**  
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Indicator	Definition	Data	Comments
<b>Indicator #2 - Emergency Department Metrics</b>  <b>2b. ED Wait Time</b>	<b>ED Wait Time:</b> Measured from time patient is triaged to time patient is either admitted or discharged reported as an arithmetic mean.  <b>Definition:</b> Sum of all wait time values during the monthly reporting period divided by the total number of values.  <b>Source of Data:</b> Affinity  <b>Target:</b> No target value. Lower numbers are better.	<b>Adult:</b> Average ED Wait time for the month of November = <b>10:36 (hrs:mins)</b>  *Excludes Psych, Pediatric and Observation Unit patients  <b>Pediatrics:</b> Average ED Wait time for the month of November = <b>3:18 (hrs:mins)</b>  <b>Total ED:</b> Average ED Wait time for the month of November = <b>10:30 (hrs:mins)</b>	

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<p><b>Indicator #2 - Emergency Department Metrics</b></p> <p><b>2c. Left Without Being Seen (LWBS)</b></p> <p><b>*Harris Rodde Indicator</b></p>	<p><b>LWBS:</b> The total number of patients who left the ED without being seen by a physician reported as a percentage of all ED visits.</p> <p><b>Calculation:</b> 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.</p> <p><b>Source of Data:</b> Affinity</p> <p><b>Target:</b> No target value. Lower numbers are better</p>	<p style="text-align: center;"><b>Left Without Being Seen</b></p> <table border="1"> <caption>Estimated Data for Left Without Being Seen</caption> <thead> <tr> <th>Month</th> <th>Number (Green Bars)</th> <th>Percent (Purple Line)</th> </tr> </thead> <tbody> <tr><td>Oct-06</td><td>1500</td><td>11.5%</td></tr> <tr><td>Nov</td><td>1400</td><td>10.5%</td></tr> <tr><td>Dec</td><td>1300</td><td>9.5%</td></tr> <tr><td>Jan</td><td>1200</td><td>8.5%</td></tr> <tr><td>Feb</td><td>1100</td><td>7.5%</td></tr> <tr><td>Mar</td><td>1000</td><td>6.5%</td></tr> <tr><td>Apr</td><td>900</td><td>5.5%</td></tr> <tr><td>May</td><td>800</td><td>4.5%</td></tr> <tr><td>Jun</td><td>700</td><td>3.5%</td></tr> <tr><td>Jul</td><td>600</td><td>2.5%</td></tr> <tr><td>Aug</td><td>500</td><td>1.5%</td></tr> <tr><td>Sep</td><td>400</td><td>0.5%</td></tr> <tr><td>Oct</td><td>300</td><td>0.5%</td></tr> <tr><td>Nov</td><td>200</td><td>0.5%</td></tr> </tbody> </table>	Month	Number (Green Bars)	Percent (Purple Line)	Oct-06	1500	11.5%	Nov	1400	10.5%	Dec	1300	9.5%	Jan	1200	8.5%	Feb	1100	7.5%	Mar	1000	6.5%	Apr	900	5.5%	May	800	4.5%	Jun	700	3.5%	Jul	600	2.5%	Aug	500	1.5%	Sep	400	0.5%	Oct	300	0.5%	Nov	200	0.5%	
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<b>Indicator #2 - Emergency Department Metrics</b>  <b>2d. ED Diversion</b>	<b>ED Diversion:</b> 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.  <b>Calculation:</b> The total number of hours of ED diversion for a specific reason divided by the total number of available hours in a month.  <b>Source of Data:</b> ReddNet	<p style="text-align: center;"><b>Diversion of ALS Units due to ED Saturation</b></p>	<p>This is slightly higher than the before move diversion history which generally ranged between 50-60%.</p> <p><b>Key points:</b></p> <ul style="list-style-type: none"> <li>-- Diversion is for paramedic runs only; basic life support ambulances still arrive.</li> <li>-- 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".</li> </ul>
<b>2e. Surge Report</b>		Surge reporting suspended during move weeks. Data not available. Will provide when reinstated.	

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<p><b>3. &amp; 4. Rancho Los Amigos Hospital (RLAH) Transfers</b></p>	<p><b>Transfers:</b> The volume of patients transferred to RLAH for acute hospitalization from the Emergency Department and from Inpatient Units.</p> <p><b>Data Source:</b> Manual record keeping.</p> <p>Cancelled category includes patients who's condition changed leading to higher level of care or discharge home.</p>	<p><b>Month of November</b></p> <p><b>Referrals from ER:</b></p> <table border="1" data-bbox="771 682 1144 1606"> <thead> <tr> <th></th> <th>Med/Surg</th> <th>Acute Stroke</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td># Met transfer criteria</td> <td>29</td> <td>N/A</td> <td>-</td> </tr> <tr> <td># Referred to RLAH</td> <td>13</td> <td>16</td> <td>29</td> </tr> <tr> <td># Transfers</td> <td>8</td> <td>16</td> <td>24</td> </tr> <tr> <td># Denied</td> <td>5</td> <td>N/A</td> <td>-</td> </tr> <tr> <td># Cancelled</td> <td>10</td> <td>N/A</td> <td>-</td> </tr> <tr> <td># Patients refused</td> <td>6</td> <td>N/A</td> <td>-</td> </tr> </tbody> </table> <p><b>Referrals from Inpatients:</b></p> <table border="1" data-bbox="292 682 722 1606"> <thead> <tr> <th></th> <th>Med/Surg</th> <th>Acute Stroke</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td># Met transfer criteria</td> <td>47</td> <td>N/A</td> <td>-</td> </tr> <tr> <td># Referred to RLAH</td> <td>35</td> <td>10</td> <td>45</td> </tr> <tr> <td># Transfers</td> <td>27*</td> <td>10</td> <td>37</td> </tr> <tr> <td># Denied</td> <td>8</td> <td>N/A</td> <td>-</td> </tr> <tr> <td># Cancelled</td> <td>9</td> <td>N/A</td> <td>-</td> </tr> <tr> <td># Patients refused</td> <td>1</td> <td>N/A</td> <td>-</td> </tr> <tr> <td>Other /Pending</td> <td>2</td> <td>N/A</td> <td>-</td> </tr> </tbody> </table>		Med/Surg	Acute Stroke	Total	# Met transfer criteria	29	N/A	-	# Referred to RLAH	13	16	29	# Transfers	8	16	24	# Denied	5	N/A	-	# Cancelled	10	N/A	-	# Patients refused	6	N/A	-		Med/Surg	Acute Stroke	Total	# Met transfer criteria	47	N/A	-	# Referred to RLAH	35	10	45	# Transfers	27*	10	37	# Denied	8	N/A	-	# Cancelled	9	N/A	-	# Patients refused	1	N/A	-	Other /Pending	2	N/A	-	<p>List of 21 lower level of care (LLOC) patients was submitted to Rancho -- 5 patients were reviewed—1 patient was accepted for transfer.</p>
	Med/Surg	Acute Stroke	Total																																																												
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\*Note = Includes 1 Lower Level of Care (LLOC) transfer

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<b>Indicator #5 – Harris Rodde Indicators</b>  <b>5.</b> <b>Average Length of Stay (ALOS)</b>  <b>*Harris Rodde Indicator</b>	<p><b>LOS:</b>          The difference between discharge date and the admission date or 1 if the 2 dates are the same.</p> <p><b>Total LOS:</b></p> <p><b>Calculation:</b>          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.</p> <p><b>Source of Data:</b>          Affinity</p> <p><b>Target:</b> &lt;5.5 days</p>	<p style="text-align: center;"><b>ALOS</b></p> <table border="1"> <caption>ALOS Data Points</caption> <thead> <tr> <th>Month</th> <th>Actual ALOS</th> <th>Target ALOS</th> </tr> </thead> <tbody> <tr><td>Oct '06</td><td>6.5</td><td>5.5</td></tr> <tr><td>Dec '06</td><td>6.4</td><td>5.5</td></tr> <tr><td>Feb '07</td><td>5.1</td><td>5.5</td></tr> <tr><td>Apr '07</td><td>5.3</td><td>5.5</td></tr> <tr><td>June '07</td><td>5.6</td><td>5.5</td></tr> <tr><td>Aug '07</td><td>5.8</td><td>5.5</td></tr> <tr><td>Oct '07</td><td>5.3</td><td>5.5</td></tr> <tr><td>Dec '07</td><td>5.2</td><td>5.5</td></tr> <tr><td>Feb '08</td><td>5.2</td><td>5.5</td></tr> <tr><td>Apr '08</td><td>5.2</td><td>5.5</td></tr> <tr><td>Jun '08</td><td>4.7</td><td>5.5</td></tr> <tr><td>Aug '08</td><td>5.3</td><td>5.5</td></tr> <tr><td>Oct '08</td><td>5.7</td><td>5.5</td></tr> </tbody> </table> <p style="text-align: center;">*Preliminary data pending Auditor-Controller validation</p>	Month	Actual ALOS	Target ALOS	Oct '06	6.5	5.5	Dec '06	6.4	5.5	Feb '07	5.1	5.5	Apr '07	5.3	5.5	June '07	5.6	5.5	Aug '07	5.8	5.5	Oct '07	5.3	5.5	Dec '07	5.2	5.5	Feb '08	5.2	5.5	Apr '08	5.2	5.5	Jun '08	4.7	5.5	Aug '08	5.3	5.5	Oct '08	5.7	5.5	<p>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.</p>
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**Reporting Period –November 2008**

Indicator	Definition	Data	Comments
<p><b>Indicator #6 – Pediatric Metrics</b></p> <p><b>6. Pediatric Bed Census and Occupancy (%)</b></p> <p><b>Pediatric ICU (PICU)</b></p> <p><b>Neonatal ICU (NICU)</b></p> <p><b>Pediatric Unit Adolescent Unit</b></p>	<p><b>Census:</b> The total number admitted pediatric inpatients at 12:00 AM midnight of a designated pediatric ward.</p> <p><b>Occupancy:</b> The total number of admitted pediatric inpatients divided by the total number of licensed beds on that unit and reported as percentage.</p> <p><b>Source of Data:</b> Affinity</p>	<p style="text-align: center;"><b>Pediatric Occupancy Rate by Unit</b></p> <p style="text-align: center;">Data period: Nov 8 –30, 2008</p>	



**Health Services**  
LOS ANGELES COUNTY

December 31, 2008

**Los Angeles County  
Board of Supervisors**

**Gloria Molina**  
First District

**Mark Ridley-Thomas**  
Second District

**Zev Yaroslavsky**  
Third District

**Don Knabe**  
Fourth District

**Michael D. Antonovich**  
Fifth District

**TO:** Each Supervisor

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

**SUBJECT: STATUS REPORT ON KEY INDICATORS OF  
PROGRESS, HOSPITAL OPERATIONS, AND OTHER  
ISSUES RELATING TO THE TRANSITION TO THE  
NEW LAC+USC MEDICAL CENTER -- PROGRESS  
REPORT #3 (Agenda Item # S-1, January 6, 2009)**

**John F. Schunhoff, Ph.D.**  
Interim Director

**Robert G. Splawn, M.D.**  
Interim Chief Medical Officer

This is to provide your Board with the bi-monthly report on the status of transitioning to the new LAC+USC Medical Center. This report is not a full monthly report but an interim operational report and also addresses questions posed by Supervisor Antonovich at the December 9, 2008 Board meeting. The data report for the full month of December will be provided in the next bi-monthly report in two weeks.

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

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

[www.dhs.lacounty.gov](http://www.dhs.lacounty.gov)

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service and education.*

**Census Trending**

The Average Daily Census (ADC) from December 1 – 28, 2008 was 454 (excluding psych), an estimated 74% utilization rate (76% occupancy). This is up from an ADC of 436 (excluding psych) for the prior month. Although the census for Med/Surg is at near capacity, an estimated 91% utilization (92% occupancy), census in some specialty areas continues to be low due to lack of specialty patients presenting to the facility. Detailed census by specialty is provided in the Census by Specialty Service chart on page 2.

**Diversion Data**

Emergency Department saturation diversion averaged 39% for the month of December (as of December 29) which is a decrease of 11% diversion from the month of November, 2008. There was no trauma diversion during this period.

**Questions Raised at the December 9, 2008 Board Meeting**

Supervisor Antonovich asked questions regarding the census for various services, physician hiring related to the Medical School Operating Agreement (MSOA) and status of the air-conditioning system. Details are provided as follows:



[www.dhs.lacounty.gov](http://www.dhs.lacounty.gov)

- **Census by Specialty Service**

<b>Units</b>	<b>Beds</b>	<b>Patient Days</b>	<b>ADC</b>
Med/Surg	299	7603	271.5
ICUs	130	2519	90.0
Burns (incl ICU)	20	304	10.8
Jail	24	371	13.3
OB/GYN	32	544	19.4
NICU	40	587	21.0
Pediatrics	25	415	14.8
Peds ICU	10	162	5.8
Med/Surg Adolescent	20	216	7.7
Psych	71	1519	54.25

- **MSOA Hiring**

The MSOAs were approved by your Board on November 25, 2008. The Chief Medical Officer of the hospital is coordinating a meeting with USC on recruitment and selection of physicians for new MSOA positions. More detail will be provided in the next report.

- **Status of Air Conditioning System**

The replacement facility Inpatient Tower, Diagnostic and Treatment Building, and the Clinic Tower is designed with a state of the art Heating, Ventilation and Air Conditioning (HVAC) system that utilizes a computer automated energy management system to maintain space comfort levels, air change and room pressure requirements for regulatory compliance. The HVAC system is monitored by engineering staff in the central plant 24/7. System evaluations are ongoing to maximize efficiency and enhance performance to produce the best environment possible. According to our central plant engineers, the HVAC has been functioning as designed and they have not noted any malfunctions. However, there can be temperature fluctuations in a particular patient care area, as a result of a request from staff or patients for a warmer or cooler environment. When technicians are made aware of these issues, they respond and make immediate corrections to adjust the temperature for the appropriate comfort level. These types of temperature fluctuations are particularly common during seasonal transitions.

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

JFS:pm  
811:003

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



**Health Services**  
LOS ANGELES COUNTY

January 23, 2009

**Los Angeles County  
Board of Supervisors**

**Gloria Molina**  
First District

**Mark Ridley-Thomas**  
Second District

**Zev Yaroslavsky**  
Third District

**Don Knabe**  
Fourth District

**Michael D. Antonovich**  
Fifth District

TO: Each Supervisor

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

SUBJECT: **STATUS REPORT ON KEY INDICATORS OF  
PROGRESS, HOSPITAL OPERATIONS, AND OTHER  
ISSUES RELATED TO THE TRANSITION TO THE  
NEW LAC+USC MEDICAL CENTER – PROGRESS  
REPORT #4 (Agenda Item #S-1, January 27, 2009)**

**John F. Schunhoff, Ph.D.**  
Interim Director

**Robert G. Splawn, M.D.**  
Interim Chief Medical Officer

This is to provide your Board with the bi-monthly report on the status of transitioning to the new LAC+USC Medical Center (LAC+USC). This is a full monthly report with trends to include the period of December 1 to 31, 2008.

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

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

Key indicators are summarized as follows:

**Census Trending** – ADC includes Psychiatric & Newborn Patients

The Average Daily Census (ADC) from December 2008 was 525 out of 671 licensed beds, an estimated 76% utilization rate (78% occupancy). This is an increase from an ADC of 491 for the prior month. The census for Medical/Surgical (Med/Surg) is at capacity, an estimated 94% utilization (96% occupancy) during the week of January 18, 2009. Census in specialty areas continues to improve. Detailed analysis of specialty bed trends will be provided in the next report as directed by your Board.

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**Diversion Data**

Emergency Department (ED) saturation diversion averaged 40% for the month of December 2008 which is a decrease of 10% from the month of November 2008. There continues to be no diversion to trauma patients. Based on the Base Hospital Logs, an average of 1 patient per day is diverted from LAC+USC during the period that ED diversion is requested by the hospital.

In response to your additional request related to Harbor-UCLA Medical Center (Harbor), an average of 2 patients per day are diverted from Harbor during the period that the ED is on diversions, as reflected by an analysis of the Base Hospital Logs.

[www.dhs.lacounty.gov](http://www.dhs.lacounty.gov)



Each Supervisor  
January 23, 2009  
Page 2

Your Board also raised questions regarding diversion, central base station, specialty services and residency training which will be addressed in the next bi-monthly report.

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

JFS:pm

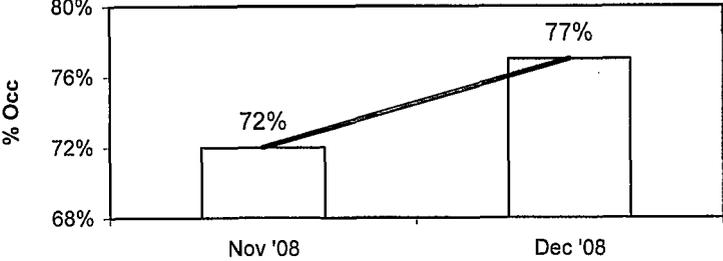
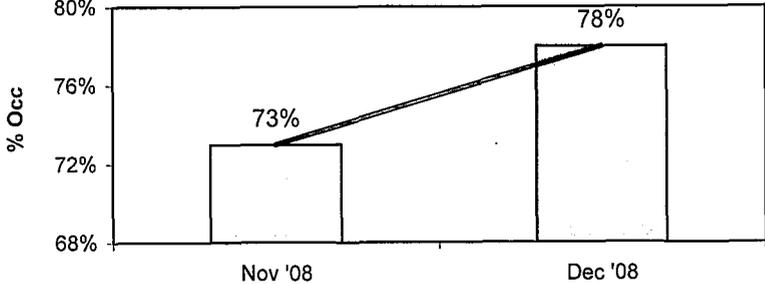
#### Attachments

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

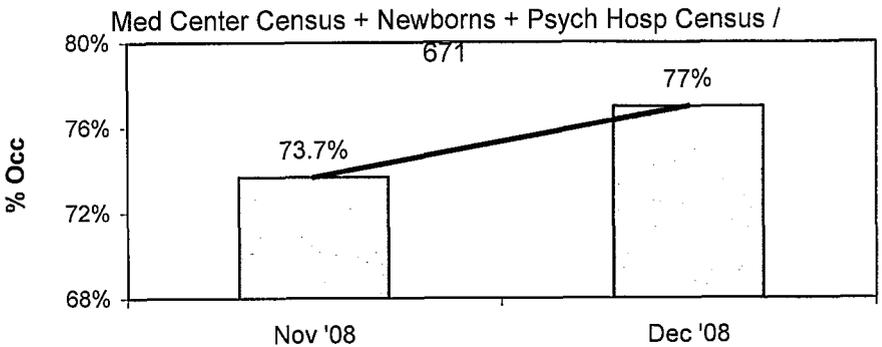
**LAC+USC Medical Center**  
**Operational Monitoring Report**  
**Reporting Period –Dec 2008**

Indicator	Definition	Data	Comments																														
<b>Indicator #1 – Trends in Average Daily Census and Hospital Operations Metrics</b>																																	
<p><b>1a.</b> <b>Average Daily Census (ADC)</b></p>	<p><b>ADC:</b> A measure of the total number of inpatients occupying licensed beds on a daily basis reported as the arithmetic mean.</p> <p><b>Calculation:</b> 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.</p> <p><b>Source of Data:</b> Affinity</p>	<p style="text-align: center;"><b>ADC</b></p> <table border="1" style="margin-left: auto; margin-right: auto;"> <caption>ADC Data Points</caption> <thead> <tr> <th>Month</th> <th>ADC</th> </tr> </thead> <tbody> <tr><td>Oct '06</td><td>637</td></tr> <tr><td>Dec '06</td><td>598</td></tr> <tr><td>Feb '07</td><td>612</td></tr> <tr><td>Apr '07</td><td>605</td></tr> <tr><td>June '07</td><td>625.5</td></tr> <tr><td>Aug '07</td><td>623</td></tr> <tr><td>Oct '07</td><td>590</td></tr> <tr><td>Dec '07</td><td>609</td></tr> <tr><td>Feb '08</td><td>605</td></tr> <tr><td>Apr '08</td><td>583</td></tr> <tr><td>Jun '08</td><td>611</td></tr> <tr><td>Aug '08</td><td>578</td></tr> <tr><td>Oct '08</td><td>596</td></tr> <tr><td>Dec '08</td><td>491</td></tr> </tbody> </table> <p>Note: Average Daily Census number reported includes Medical Center + Psych + Newborns Census.</p>	Month	ADC	Oct '06	637	Dec '06	598	Feb '07	612	Apr '07	605	June '07	625.5	Aug '07	623	Oct '07	590	Dec '07	609	Feb '08	605	Apr '08	583	Jun '08	611	Aug '08	578	Oct '08	596	Dec '08	491	<p>ADC provided as background information.</p>
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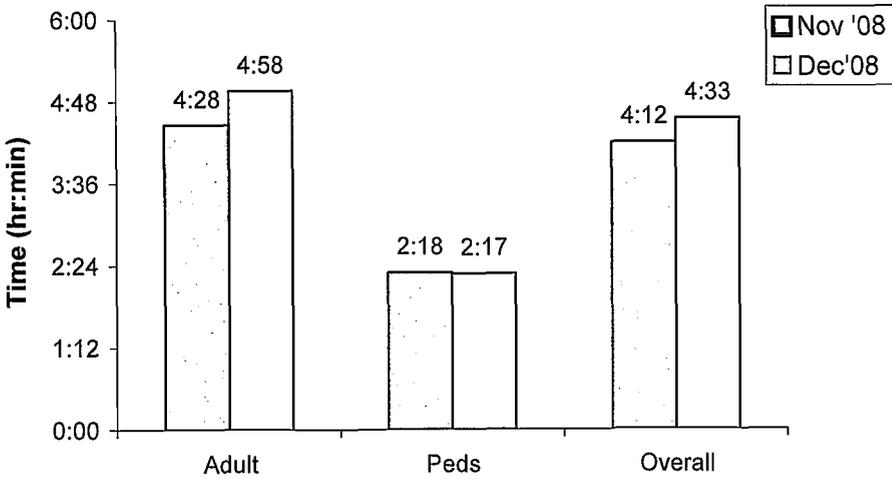
**LAC+USC Medical Center**  
**Operational Monitoring Report**  
**Reporting Period –Dec 2008**

Indicator	Definition	Data	Comments												
<b>Indicator #1 – Trends in Average Daily Census and Hospital Operations Metrics</b>															
<p><b>1b.</b>  <b>Occupancy Rate LAC+USC Medical Center</b></p>	<p><b>Definition:</b>            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.</p> <p><b>Calculation:</b>            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.</p> <p><b>Source of Data:</b>            Affinity</p> <p><b>Target:</b>            95%</p>	<p>1. Medical Center Licensed Occupancy Rate (excluding Newborns) = <math>\text{Med Center Census} - \text{Newborns} / 600</math></p> <p style="text-align: center;"><math>\text{Med Center Census} - \text{Newborns} / 600</math></p>  <table border="1"> <caption>Medical Center Licensed Occupancy Rate (excluding Newborns)</caption> <thead> <tr> <th>Month</th> <th>% Occ</th> </tr> </thead> <tbody> <tr> <td>Nov '08</td> <td>72%</td> </tr> <tr> <td>Dec '08</td> <td>77%</td> </tr> </tbody> </table> <p>2. Medical Center Licensed Occupancy Rate (including Newborns) = <math>\text{Med Center Census} + \text{Newborns} / 600</math></p> <p style="text-align: center;"><math>\text{Med Center Census} + \text{Newborns} / 600</math></p>  <table border="1"> <caption>Medical Center Licensed Occupancy Rate (including Newborns)</caption> <thead> <tr> <th>Month</th> <th>% Occ</th> </tr> </thead> <tbody> <tr> <td>Nov '08</td> <td>73%</td> </tr> <tr> <td>Dec '08</td> <td>78%</td> </tr> </tbody> </table>	Month	% Occ	Nov '08	72%	Dec '08	77%	Month	% Occ	Nov '08	73%	Dec '08	78%	<p>For comparison, occupancy rates reported in the old facility were reported including newborns and were based on budgeted beds.</p>
Month	% Occ														
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**LAC+USC Medical Center**  
 Operational Monitoring Report  
 Reporting Period –Dec 2008

Indicator	Definition	Data	Comments						
		<p>3. Healthcare Network Budgeted Occupancy            Med Center Census + Newborns + Psych Hosp Census / 671</p> <p style="text-align: center;">Med Center Census + Newborns + Psych Hosp Census /</p>  <table border="1" style="margin-left: auto; margin-right: auto;"> <caption>Healthcare Network Budgeted Occupancy Data</caption> <thead> <tr> <th>Month</th> <th>% Occ</th> </tr> </thead> <tbody> <tr> <td>Nov '08</td> <td>73.7%</td> </tr> <tr> <td>Dec '08</td> <td>77%</td> </tr> </tbody> </table> <p>Medical Center = New facility            Healthcare Network = New facility + Psychiatric Hospitals</p>	Month	% Occ	Nov '08	73.7%	Dec '08	77%	
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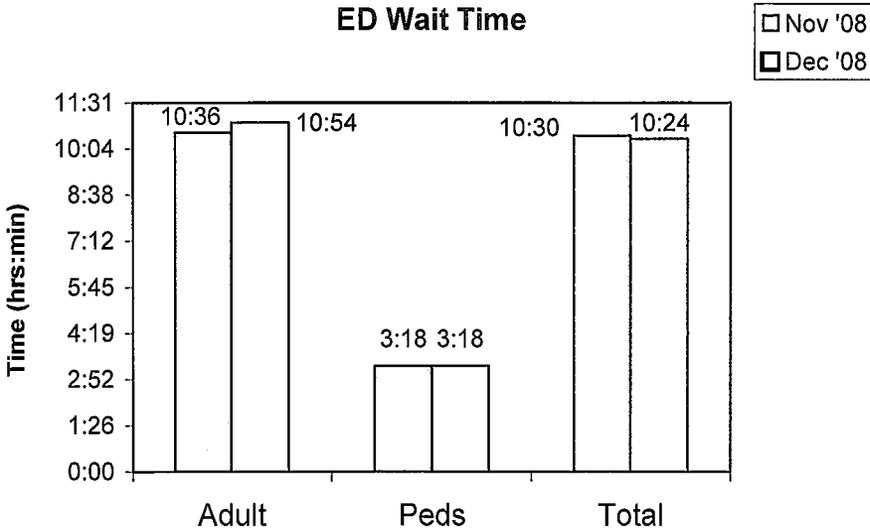
**LAC+USC Medical Center**  
 Operational Monitoring Report  
 Reporting Period –Dec 2008

Indicator	Definition	Data	Comments												
<b>Indicator #2 - Emergency Department Metrics</b>															
<p>2a.  <b>Median Emergency Department Boarding Time (EDBT)</b></p> <p><b>*Harris Rodde Indicator</b></p>	<p><b>Boarding Time:</b>            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).</p> <p><b>Calculation:</b>            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.</p> <p><b>Source of Data:</b>            Affinity</p> <p><b>Target:</b>            Less than 7 hours.</p>	<p style="text-align: center;"><b>Median Boarding Time</b></p>  <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th>Category</th> <th>Nov '08</th> <th>Dec '08</th> </tr> </thead> <tbody> <tr> <td>Adult</td> <td>4:28</td> <td>4:58</td> </tr> <tr> <td>Peds</td> <td>2:18</td> <td>2:17</td> </tr> <tr> <td>Overall</td> <td>4:12</td> <td>4:33</td> </tr> </tbody> </table>	Category	Nov '08	Dec '08	Adult	4:28	4:58	Peds	2:18	2:17	Overall	4:12	4:33	
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**LAC+USC Medical Center**  
**Operational Monitoring Report**  
**Reporting Period –Dec 2008**

Indicator	Definition	Data	Comments																																												
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**LAC+USC Medical Center**  
**Operational Monitoring Report**  
**Reporting Period –Dec 2008**

Indicator	Definition	Data	Comments												
<b>Indicator #2 - Emergency Department Metrics</b>															
<p><b>2b.</b> <b>ED Wait Time</b></p>	<p><b>ED Wait Time:</b> Measured from time patient is triaged to time patient is either admitted or discharged reported as an arithmetic mean.</p> <p><b>Definition:</b> Sum of all wait time values during the monthly reporting period divided by the total number of values.</p> <p><b>Source of Data:</b> Affinity</p> <p><b>Target:</b> No target value. Lower numbers are better.</p>	<p style="text-align: center;"><b>ED Wait Time</b></p>  <table border="1" style="margin-left: auto; margin-right: auto;"> <caption>ED Wait Time Data</caption> <thead> <tr> <th>Category</th> <th>Nov '08 (hrs:min)</th> <th>Dec '08 (hrs:min)</th> </tr> </thead> <tbody> <tr> <td>Adult</td> <td>10:36</td> <td>10:54</td> </tr> <tr> <td>Peds</td> <td>3:18</td> <td>3:18</td> </tr> <tr> <td>Total</td> <td>10:30</td> <td>10:24</td> </tr> </tbody> </table> <p><b>Adult Wait Time :</b> *Excludes Psych, Pediatric and Observation Unit patients</p> <p><b>Total ED Wait time:</b> *Includes Psych, Pediatric and Observation Unit, Jail and adult patients</p>	Category	Nov '08 (hrs:min)	Dec '08 (hrs:min)	Adult	10:36	10:54	Peds	3:18	3:18	Total	10:30	10:24	
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**LAC+USC Medical Center**  
**Operational Monitoring Report**  
**Reporting Period –Dec 2008**

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<p><b>2c.</b></p> <p><b>Left Without Being Seen (LWBS)</b></p> <p><b>*Harris Rodde Indicator</b></p>	<p><b>LWBS:</b>            The total number of patients who left the ED without being seen by a physician reported as a percentage of all ED visits.</p> <p><b>Calculation:</b>            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.</p> <p><b>Source of Data:</b>            Affinity</p> <p><b>Target:</b>            No target value. Lower numbers are better</p>	<p style="text-align: center;"><b>Left Without Being Seen</b></p> <table border="1"> <caption>Estimated Data for 'Left Without Being Seen' (Oct-06 to Dec 2008)</caption> <thead> <tr> <th>Month</th> <th>Number (Approx.)</th> <th>Percent (Approx.)</th> </tr> </thead> <tbody> <tr><td>Oct-06</td><td>1250</td><td>12.5%</td></tr> <tr><td>Nov</td><td>900</td><td>9.0%</td></tr> <tr><td>Dec</td><td>850</td><td>8.5%</td></tr> <tr><td>Jan</td><td>800</td><td>8.0%</td></tr> <tr><td>Feb</td><td>850</td><td>8.5%</td></tr> <tr><td>Mar</td><td>700</td><td>7.0%</td></tr> <tr><td>Apr</td><td>750</td><td>7.5%</td></tr> <tr><td>May</td><td>650</td><td>6.5%</td></tr> <tr><td>Jun</td><td>700</td><td>7.0%</td></tr> <tr><td>Jul</td><td>1000</td><td>10.0%</td></tr> <tr><td>Aug</td><td>1050</td><td>10.5%</td></tr> <tr><td>Sep</td><td>900</td><td>9.0%</td></tr> <tr><td>Oct</td><td>1000</td><td>10.0%</td></tr> <tr><td>Nov</td><td>700</td><td>7.0%</td></tr> <tr><td>Dec</td><td>750</td><td>7.5%</td></tr> <tr><td>Jan</td><td>1050</td><td>10.5%</td></tr> <tr><td>Feb</td><td>1000</td><td>10.0%</td></tr> <tr><td>Mar</td><td>1000</td><td>10.0%</td></tr> <tr><td>Apr</td><td>600</td><td>6.0%</td></tr> <tr><td>May</td><td>700</td><td>7.0%</td></tr> <tr><td>Jun</td><td>850</td><td>8.5%</td></tr> <tr><td>Jul</td><td>900</td><td>9.0%</td></tr> <tr><td>Aug</td><td>1000</td><td>10.0%</td></tr> <tr><td>Sep</td><td>900</td><td>9.0%</td></tr> <tr><td>Oct</td><td>1200</td><td>12.0%</td></tr> <tr><td>Nov</td><td>1400</td><td>14.0%</td></tr> <tr><td>Dec</td><td>1350</td><td>13.5%</td></tr> </tbody> </table>	Month	Number (Approx.)	Percent (Approx.)	Oct-06	1250	12.5%	Nov	900	9.0%	Dec	850	8.5%	Jan	800	8.0%	Feb	850	8.5%	Mar	700	7.0%	Apr	750	7.5%	May	650	6.5%	Jun	700	7.0%	Jul	1000	10.0%	Aug	1050	10.5%	Sep	900	9.0%	Oct	1000	10.0%	Nov	700	7.0%	Dec	750	7.5%	Jan	1050	10.5%	Feb	1000	10.0%	Mar	1000	10.0%	Apr	600	6.0%	May	700	7.0%	Jun	850	8.5%	Jul	900	9.0%	Aug	1000	10.0%	Sep	900	9.0%	Oct	1200	12.0%	Nov	1400	14.0%	Dec	1350	13.5%	
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**LAC+USC Medical Center**  
**Operational Monitoring Report**  
**Reporting Period –Dec 2008**

Indicator	Definition	Data	Comments																																																								
<b>Indicator #2 - Emergency Department Metrics</b>																																																											
<p><b>2d.</b> <b>ED</b> <b>Diversion</b></p>	<p><b>ED Diversion:</b> 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.</p> <p><b>Calculation:</b> The total number of hours of ED diversion for a specific reason divided by the total number of available hours in a month.</p> <p><b>Source of Data:</b> ReddiNet</p>	<p style="text-align: center;"><b>Diversion of ALS Units due to ED Saturation</b></p> <table border="1" style="display: none;"> <caption>Diversion of ALS Units due to ED Saturation Data</caption> <thead> <tr> <th>Month</th> <th>% on Diversion</th> </tr> </thead> <tbody> <tr><td>Oct '06</td><td>49</td></tr> <tr><td>Nov '06</td><td>42</td></tr> <tr><td>Dec '06</td><td>31</td></tr> <tr><td>Jan '07</td><td>38</td></tr> <tr><td>Feb '07</td><td>45</td></tr> <tr><td>Mar '07</td><td>42</td></tr> <tr><td>Apr '07</td><td>38</td></tr> <tr><td>May '07</td><td>31</td></tr> <tr><td>Jun '07</td><td>32</td></tr> <tr><td>Jul '07</td><td>34</td></tr> <tr><td>Aug '07</td><td>36</td></tr> <tr><td>Sep '07</td><td>28</td></tr> <tr><td>Oct '07</td><td>21</td></tr> <tr><td>Nov '07</td><td>21</td></tr> <tr><td>Dec '07</td><td>25</td></tr> <tr><td>Jan '08</td><td>52</td></tr> <tr><td>Feb '08</td><td>51</td></tr> <tr><td>Mar '08</td><td>51</td></tr> <tr><td>Apr '08</td><td>30</td></tr> <tr><td>May '08</td><td>23</td></tr> <tr><td>Jun '08</td><td>25</td></tr> <tr><td>Jul '08</td><td>42</td></tr> <tr><td>Aug '08</td><td>40</td></tr> <tr><td>Sep '08</td><td>50</td></tr> <tr><td>Oct '08</td><td>51</td></tr> <tr><td>Nov '08</td><td>50</td></tr> <tr><td>Dec '08</td><td>40</td></tr> </tbody> </table>	Month	% on Diversion	Oct '06	49	Nov '06	42	Dec '06	31	Jan '07	38	Feb '07	45	Mar '07	42	Apr '07	38	May '07	31	Jun '07	32	Jul '07	34	Aug '07	36	Sep '07	28	Oct '07	21	Nov '07	21	Dec '07	25	Jan '08	52	Feb '08	51	Mar '08	51	Apr '08	30	May '08	23	Jun '08	25	Jul '08	42	Aug '08	40	Sep '08	50	Oct '08	51	Nov '08	50	Dec '08	40	<p>This is slightly lower than the before move diversion history which generally ranged between 50-60%.</p> <p><b>Key points:</b></p> <ul style="list-style-type: none"> <li>-- Diversion is for paramedic runs only; Basic Life Support ambulances still arrive.</li> <li>-- 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".</li> </ul>
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**LAC+USC Medical Center**  
**Operational Monitoring Report**  
**Reporting Period –Dec 2008**

Indicator	Definition	Data	Comments																																												
2e. Surge Report		Surge reporting suspended during move weeks. Data not available. Will provide when reinstated.																																													
<b>Indicator #3 – Trends for Patient Diversions and Transfers &amp; #4 – Transfers to Rancho Los Amigos Metrics</b>																																															
3. & 4. Rancho Los Amigos Hospital (RLAH) Transfers	<p><b>Transfers:</b> The volume of patients transferred to RLAH for acute hospitalization from the Emergency Department and from Inpatient Units.</p> <p><b>Data Source:</b> Manual record keeping.</p> <p>Cancelled category includes patients who's condition changed leading to higher level of care or discharge home.</p>	<p><b>Month of Dec</b></p> <p><b>Referrals from ER:</b></p> <table border="1" data-bbox="665 745 1580 1128"> <thead> <tr> <th></th> <th>Med/Surg</th> <th>Acute Stroke</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td># Met transfer criteria</td> <td>24</td> <td>N/A</td> <td>-</td> </tr> <tr> <td># Referred to RLAH</td> <td>10</td> <td>28</td> <td>38</td> </tr> <tr> <td># Transfers</td> <td>10</td> <td>28</td> <td>38</td> </tr> <tr> <td># Denied</td> <td>0</td> <td>N/A</td> <td>-</td> </tr> <tr> <td># Cancelled</td> <td>8</td> <td>N/A</td> <td>-</td> </tr> <tr> <td># Patients refused</td> <td>6</td> <td>N/A</td> <td>-</td> </tr> </tbody> </table> <p><b>Referrals from Inpatients:</b></p> <table border="1" data-bbox="665 1179 1562 1407"> <thead> <tr> <th></th> <th>Med/Surg</th> <th>Acute Stroke</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td># Met transfer criteria</td> <td>37</td> <td>N/A</td> <td>-</td> </tr> <tr> <td># Referred to RLAH</td> <td>33</td> <td>2</td> <td>35</td> </tr> <tr> <td># Transfers</td> <td>28</td> <td>2</td> <td>30</td> </tr> </tbody> </table>		Med/Surg	Acute Stroke	Total	# Met transfer criteria	24	N/A	-	# Referred to RLAH	10	28	38	# Transfers	10	28	38	# Denied	0	N/A	-	# Cancelled	8	N/A	-	# Patients refused	6	N/A	-		Med/Surg	Acute Stroke	Total	# Met transfer criteria	37	N/A	-	# Referred to RLAH	33	2	35	# Transfers	28	2	30	
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**LAC+USC Medical Center**  
**Operational Monitoring Report**  
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Indicator	Definition	Data				Comments
		# Denied	5	N/A	-	
		# Cancelled	2	N/A	-	
		# Patients refused	0	N/A	-	
		Other /Pending	2	N/A	-	

**Indicator #5 – Harris Rodde Indicators**

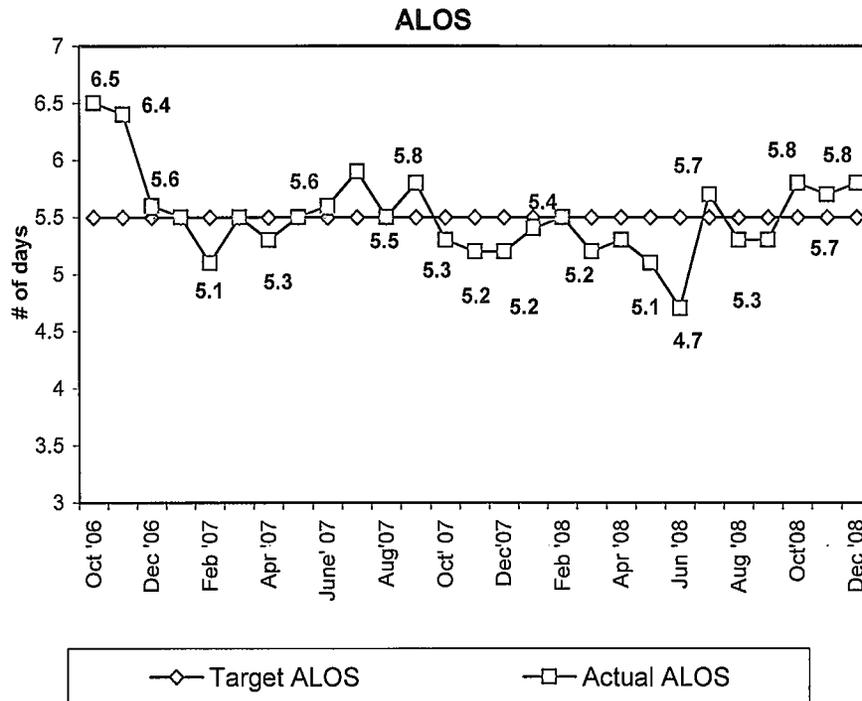
**5.**  
**Average Length of Stay (ALOS)**

**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.

**\*Harris Rodde Indicator**



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.

**LAC+USC Medical Center**  
Operational Monitoring Report  
Reporting Period –Dec 2008

<b>Indicator</b>	<b>Definition</b>	<b>Data</b>	<b>Comments</b>
	<b>Source of Data:</b> Affinity  <b>Target:</b> <5.5 days	*Preliminary data pending Auditor-Controller validation	

**LAC+USC Medical Center**  
**Operational Monitoring Report**  
**Reporting Period –Dec 2008**

Indicator	Definition	Data	Comments															
<b>Indicator #6 – Pediatric Metrics</b>																		
<p><b>6. Pediatric Bed Census and Occupancy (%)</b></p> <p><b>Pediatric ICU (PICU)</b></p> <p><b>Neonatal ICU (NICU)</b></p> <p><b>Pediatric Unit</b></p> <p><b>Adolescent Unit</b></p>	<p><b>Census:</b> The total number admitted pediatric inpatients at 12:00 AM midnight of a designated pediatric ward.</p> <p><b>Occupancy:</b> The total number of admitted pediatric inpatients divided by the total number of licensed beds on that unit and reported as percentage.</p> <p><b>Source of Data:</b> Affinity</p>	<table border="1"> <caption>Pediatric Bed Census and Occupancy Data</caption> <thead> <tr> <th>Unit</th> <th>Nov-08 (%)</th> <th>Dec-08 (%)</th> </tr> </thead> <tbody> <tr> <td>NICU (40 Beds)</td> <td>56%</td> <td>52%</td> </tr> <tr> <td>Peds Ward (25 Beds)</td> <td>54%</td> <td>60%</td> </tr> <tr> <td>PICU (10 Beds)</td> <td>50%</td> <td>60%</td> </tr> <tr> <td>Med/Surg Adolescent (20 Beds)</td> <td>33%</td> <td>40%</td> </tr> </tbody> </table>	Unit	Nov-08 (%)	Dec-08 (%)	NICU (40 Beds)	56%	52%	Peds Ward (25 Beds)	54%	60%	PICU (10 Beds)	50%	60%	Med/Surg Adolescent (20 Beds)	33%	40%	
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**Health Services**  
LOS ANGELES COUNTY

February 6, 2009

**Los Angeles County  
Board of Supervisors**

**Gloria Molina**  
First District

**Mark Ridley-Thomas**  
Second District

**Zev Yaroslavsky**  
Third District

**Don Knabe**  
Fourth District

**Michael D. Antonovich**  
Fifth District

TO: Each Supervisor

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

SUBJECT: **STATUS REPORT ON KEY INDICATORS OF  
PROGRESS, HOSPITAL OPERATIONS, AND OTHER  
ISSUES RELATED TO THE TRANSITION TO THE  
NEW LAC+USC MEDICAL CENTER – PROGRESS  
REPORT #5 (Agenda Item #S-1, February 10, 2009)**

This is to provide your Board with the bi-monthly report on the status of transitioning to the new LAC+USC Medical Center (LAC+USC). This report is not a full monthly report but an interim operational report and includes additional information in response to the questions posed by your Board at the meeting held on December 9, 2008.

**John F. Schunhoff, Ph.D.**  
Interim Director

**Robert G. Splawn, M.D.**  
Interim Chief Medical Officer

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

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

**Census Trending (ADC includes Psychiatric & Newborn Patients)**

The Average Daily Census (ADC) for the month of January 2009 was 548 out of 671 licensed beds, an estimated 80% utilization rate (82% occupancy). This is an increase from an ADC of 525 for the prior month. The census for Medical/Surgical (Med/Surg) units continues to grow with an estimated 93% utilization rate (95% occupancy) for January 2009.

**Emergency Department and Admission Volume Trending**

All trends are clearly indicating that the census is returning to pre-move levels. This will also be described in the Analysis of Patient Specialty Services section below.

To evaluate the census trends, we also conducted analyses of Emergency Department (ED) registration volumes, admissions from the ED, and total hospital admissions. Attachment 1 demonstrates the trending of ED registration volume with a minimal 3-6% reduction in volume for the months of October through December 2008, as compared to the same months in 2007. A similar reduction occurred in admissions from the ED in November and December 2008 as compared to the prior year. Both volumes of ED registration and admissions from the ED for January 2009, have nearly reached parity with the prior year. On average, 15.6% of the patients seeking care at LAC+USC ED are admitted for inpatient care.

The total hospital admissions in November 2008 were 41% lower than November 2007 as a result of census decompression prior to the move; ambulance diversion during the move; and necessary time to return to normal activity after the move, i.e., elective surgeries, acceptance of transfers, etc.

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through leadership,  
service and education.*

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In the following month, December 2008, the total hospital admissions were significantly higher but still 14% lower than December 2007. By January 2009, the total hospital admissions had recovered to within 9% of the prior year.

### **Medical School Operating Agreement**

In a previous Board meeting, Supervisor Antonovich inquired as to the progress of implementing the physician hiring within the Medical School Operating Agreement (MSOA) that was approved by your Board in November 2008. Approximately 80% of the MSOA service agreement physician staffing is currently on board. This includes positions for the Accreditation Council for Graduate Medical Education (ACGME) Program Directors, General Medicine, Medical Specialties, Emergency Medicine, Intensive Care Unit, Psychiatry and others. There will be some positions that will not be recruited until mid-year as new graduates from various programs become available and seek positions.

### **Additional Information Requested**

On January 6, 2009, DHS and the Chief Executive Office were instructed by your Board to report back in March on the following: 1) detailed information on the diversion process, including data on the number of ambulances and patients being diverted from Harbor/UCLA Medical Center and LAC+USC and if the diversion procedure is resulting in people being underserved; 2) progress on DHS' long-range plan to establish a central base station in order to track all ambulances; 3) analysis of patient specialty services and the actions being taken to address any census or staffing issues identified; 4) are the residents receiving the necessary training experience as required by the ACGME; 5) what is being done to evaluate the impact on residents' specialty training programs for both LAC+USC and residents rotating from other programs with regard to the inpatient training experience; and 6) plans for how the specialty beds could be utilized to serve patients other than what they were originally designed for.

Accordingly, in an effort to keep your Board informed in a timely manner, the requested update is provided below without delay.

### **Hospital Diversion Process**

The requests and criteria for diversion are defined by DHS' Emergency Medical Services (EMS) Agency Policy, Reference 503, Guidelines for Hospitals Requesting Diversion of Advanced Life Support (ALS) Patients and is recorded in a central data base system called ReddiNet. The request for ED saturation diversion is made by the ED, from both public and private hospitals, with prior approval of the hospital administrator or designee.

Hospitals that receive patients from the 911 system may request that patients requiring ALS (critical care) and accompanied by a paramedic be diverted to other facilities. Basic Life Support (non-critical) ambulances continue to transport patients to the closest hospital regardless of diversion.

Diversion allows a hospital to request that more critical patients are sent to the next closest hospital when the ED staff and equipment are fully committed and not available. When more than one hospital in a geographic location is on diversion, the policy defines the allowed travel time for paramedics to transport to alternate hospitals. When all hospitals in a geographic area are on diversion, patients are transported to the closest facility.

In response to your inquiry about diversion at County hospitals and based on an analysis of multiple months, an average of two patients per day are diverted from Harbor-UCLA Medical Center during the period the ED is on diversion; an average of one patient is diverted from LAC+USC during the period the ED requests diversion.

Patients are not underserved as a result of diversion policies. The diversion to ED saturation policy was developed to ensure that patients arrive at facilities with resources and capability to handle them and to prevent a single facility from being overwhelmed by critical patients. In essence, this is a safety net procedure of the 911 system.

### **Establishment of a Central Base Station**

There are several factors that are leading to the development of a Central Base Station. Currently, there are 20 hospitals, both public and private, that are designated by DHS' EMS Agency to function as paramedic base stations with the responsibility of providing medical direction to field paramedics over the radio or telephone. In the beginning of EMS system development, there were nearly 40 of these base stations. Due to the significant financial commitment to perform this vital function, hospitals over the years have chosen to withdraw from the base station system. Therefore, DHS is concerned that resources for this function will continue to decline. In addition, such a system of multiple hospitals leads to lack of standardization, despite system policies and protocols. Finally, there is currently no central entity that can monitor the whole system in real time and provide EMS system status management.

The EMS Agency has begun an extensive process to establish a Central Base Station within the Agency to provide this online medical direction. Steps that have been accomplished include:

- Researched models of prehospital medical control.
- Indicated the direction for the establishment of an EMS Agency base station within the Trauma Centers agreements.
- Communicated with the State EMS Authority and requested a review of the EMS Agency base station proposal and interpretation of the Health and Safety Code, 1798.100 defining base stations. A meeting to discuss regulatory issues with the State EMS Authority was held January 20, 2009.
- Identified a funding source and obtained an initial allocation of positions to staff the EMS Agency base station.
- Hired a staff position to develop programmatic requirements and define phases of implementation and integration within the EMS system.
- Identified a location within the EMS Agency Coordinated Communication Center to establish the base operations.
- Initiated discussions with LAC+USC Emergency Medicine residency program to determine the feasibility of developing an education rotation for the medical residents through the base station.

Once the regulatory issues are resolved, the EMS Agency plans to move forward with a phased implementation. As stated at the Board meeting of January 6, 2009, there are existing constraints with the current paramedic communication system due to reliance on line of sight transmission. Until the Los Angeles Regional Interoperable Communication System (LA-RICS), the County's interoperable communication plan for law, fire and health, is fully implemented over the next four to five years, the plan to move communication with paramedic units to the Central

Base Station will be determined based on need and ability to establish reliable communication.

### **Analysis of Patient Specialty Services**

Attachment 2 demonstrates the ADC trends for the specialty areas of OB/GYN, Pediatrics, ICU, Psychiatry, Jail and Burn inpatient services. The areas of OB/GYN, Pediatrics, ICU, Psychiatry and Burn services have shown an increase in census since the move to the new facility. In particular, Burn services at an ADC of 12 in January 2009 is at the highest point this fiscal year.

The initial reduction in pediatric ADC is consistent with reduction in census by all specialties as a result of the move and to date the pediatric census is consistently growing to near pre-move levels. Discussions with Children's Hospital Los Angeles (CHLA) have revealed that the decrease in pediatrics at LAC+USC has not resulted in a respective increase in ADC at that facility. This is significant because CHLA would be the most likely alternative to LAC+USC for pediatric patient care. Several measures are being taken to ensure maximal utilization of pediatric services at LAC+USC. Effective in January, LAC+USC was placed on a CHLA transfer list along with several other facilities to receive ED transfers. In addition, DHS' Office of Managed Care (OMC) is analyzing outreach activities to ensure that assigned pediatric patients are using LAC+USC services. Other options for full utilization are being explored.

The Jail service shows a slight census decrease. This unit is totally dependent on the needs of law enforcement and can not be used for any other patient population.

### **ACGME Program Status**

A question was posed as to whether medical residents are receiving necessary training experience as required by the ACGME if there are census impacts. Residency training experience is assessed based on multiple variables including, but not limited to, inpatient encounters, outpatient encounters, didactics and scholarly activities and other measures. The minimal variance in inpatient specialty service census as described above has to date had no measurable negative impact on the stability of the residency training programs. Attesting to this, four Recent Residency Review Committee site surveys occurred, within very close proximity to the move and after the move, and resulted in highly favorable outcomes of accreditation and cycle length with the granting of several five year maximum program terms. Programs that were granted five year terms include Pediatrics, Dermatology and Urology; while the Orthopedic Hand Surgery program received a four year approval which was an increase from its previous three year approval.

Initial evaluations appear positive for the residency training, although it is still very early to determine if there is any effect from census variations. In fact, resident interviews and recruitment activities have provided highly positive feedback from candidates as a result of the outstanding improvements at the Replacement Facility.

### **Evaluating Resident Rotation in Specialty Training Programs**

The Director of Graduate Medical Education in conjunction with the Graduate Medical Education Committee are planning intensive and comprehensive mid-cycle reviews for 17 resident training programs to evaluate and ensure quality resident training experiences. Additionally, an intensive survey of every resident training program is scheduled for May-June 2009 that includes evaluation of resident patient experience and resident procedure logs.

### **Specialty Bed Utilization**

Assessment of ADC is conducted daily to ensure appropriate and maximal inpatient bed utilization. On January 6, 2009 admissions to the Adolescent Unit were expanded to include eligible adults when beds are available to decompress the adult Med/Surg admissions waiting in the ED. This has effectively doubled the ADC on this unit without impacting access or waiting times for adolescent patients. As previously stated, pediatric transfers from CHLA have been actively facilitated and are increasing. Other options for full utilization of specialty beds are being explored.

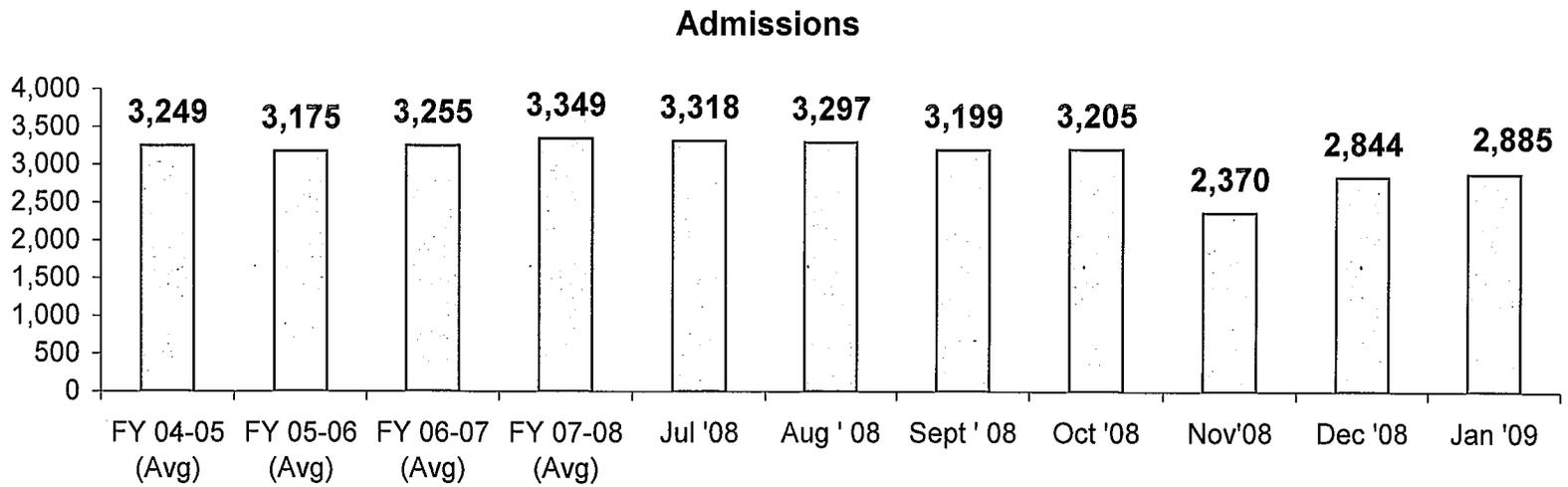
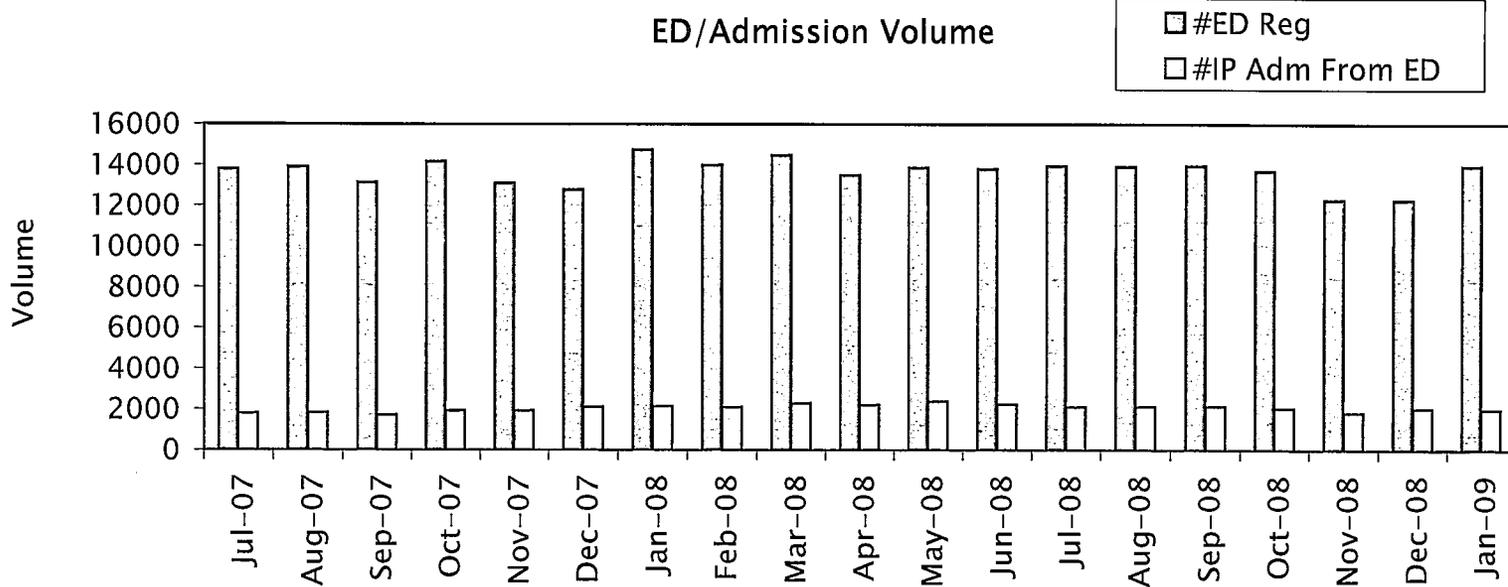
If you have any questions or need additional information, please contact me or Carol Meyer, Interim Chief Network Officer at (213) 240-8370.

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811:003

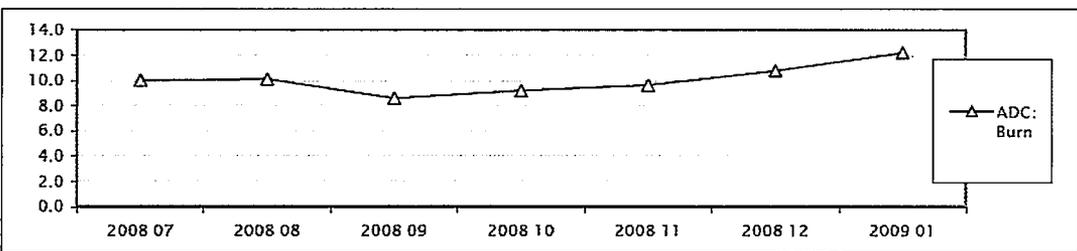
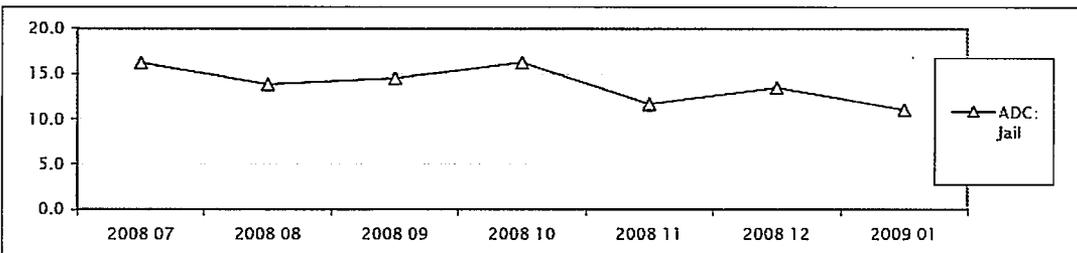
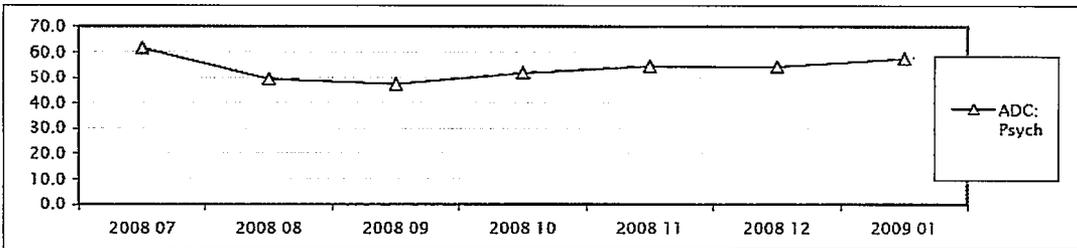
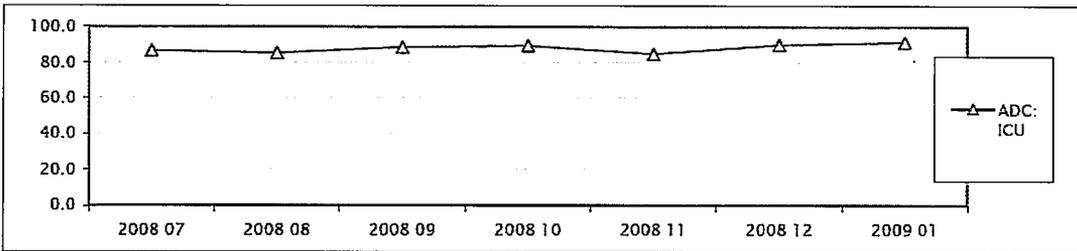
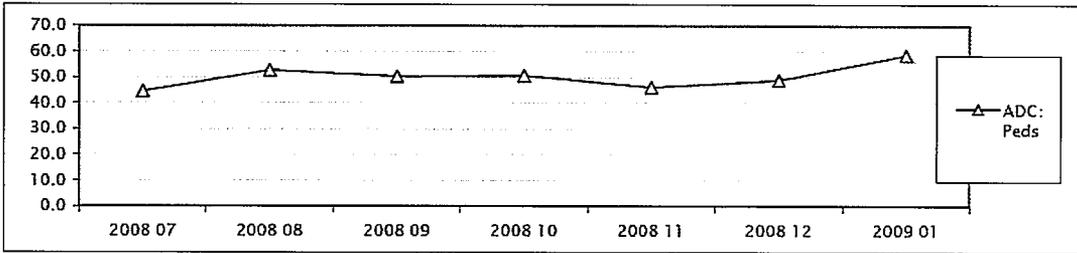
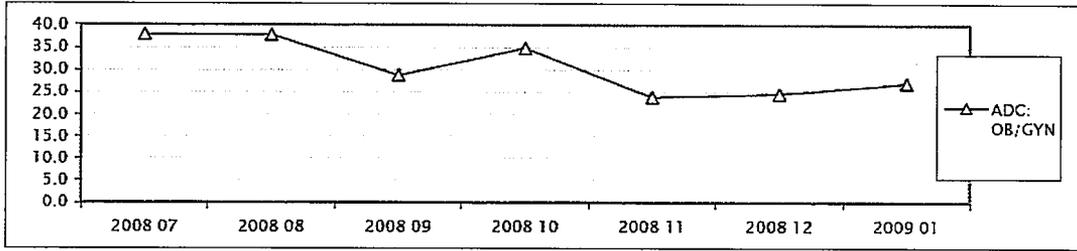
#### Attachments

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

## LAC+USC Medical Center Workload Summary



LAC+USC Healthcare Network  
 Average Daily Census by Nursing Unit Subset  
 Jul-2008 to Jan-2009 (Med/Surg and Newborn Excluded)





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Los Angeles, CA 90012

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

February 20, 2009

TO: Each Supervisor

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

SUBJECT: **STATUS REPORT ON KEY INDICATORS OF PROGRESS,  
HOSPITAL OPERATIONS, AND OTHER ISSUES RELATED  
TO THE TRANSITION TO THE NEW LAC+USC MEDICAL  
CENTER – PROGRESS REPORT #6 (Agenda Item #S-1,  
February 24, 2009)**

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

**Census Trending (ADC includes Psychiatric & Newborn Patients)**

The Average Daily Census (ADC) for the month of January 2009 was 551 out of 671 licensed beds, an estimated 80% utilization rate (82% occupancy). This is an increase from an ADC of 525 for the prior month. The census for Medical/Surgical units continues to grow with an estimated 93% utilization rate (95% occupancy) for January 2009.

**Diversion Data**

Emergency Department (ED) saturation diversion averaged 58% for the month of January 2009, an increase of 18% over the prior month. The hospital was also briefly on Internal Disaster diversion the night of January 10, 2009, when ED radiology service was temporarily disrupted because of technology issues, and was quickly resolved.

**Additional Information Requested**

On February 10, 2009, the Department of Health Services and the Chief Executive Office were instructed by Supervisor Knabe to report back on the length of time people wait to be seen in the ED and the number of patients who leave without being seen. The ED Boarding and Wait Times and Left Without Being Seen are included in the attached report and will be included regularly as part of the Operational Monitoring Report.

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

JFS:CM:pm  
811:003

Attachment

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

[www.dhs.lacounty.gov](http://www.dhs.lacounty.gov)

*To improve health  
through leadership,  
service and education.*

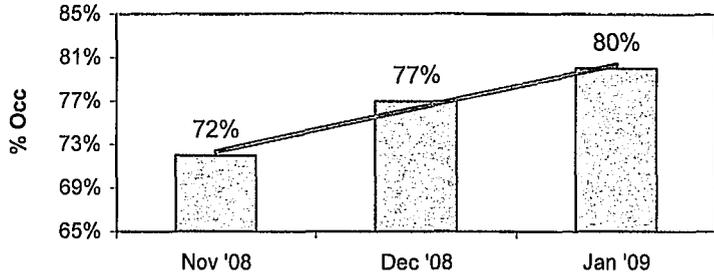
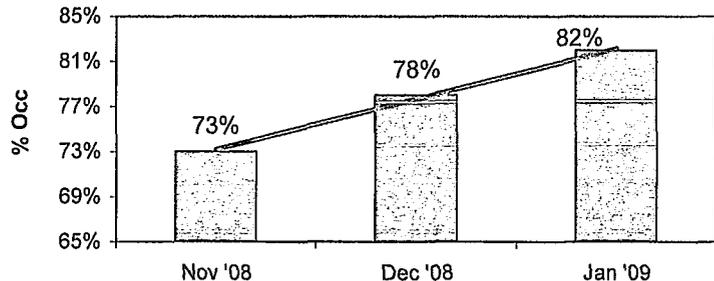
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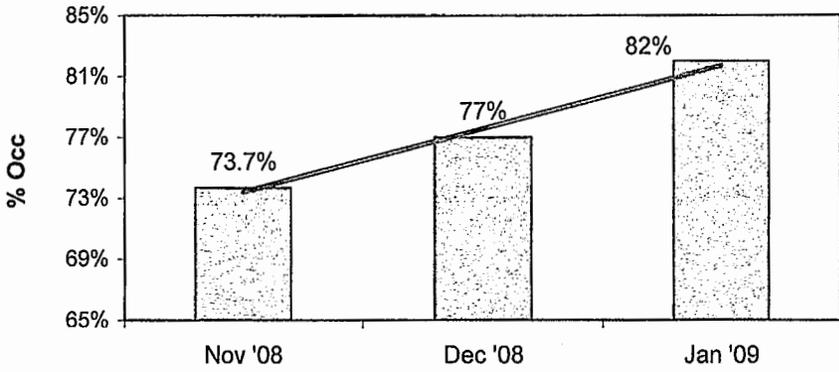
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Indicator	Definition	Data	Comments																																				
<b>Indicator #1 – Trends in Average Daily Census and Hospital Operations Metrics</b>																																							
<p>1a. Average Daily Census (ADC)</p>	<p><b>ADC:</b> A measure of the total number of inpatients occupying licensed beds on a daily basis reported as the arithmetic mean.</p> <p><b>Calculation:</b> 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.</p> <p><b>Source of Data:</b> Affinity</p>	<p style="text-align: center;"><b>ADC</b></p> <table border="1" style="margin-top: 10px;"> <caption>ADC Data Points</caption> <thead> <tr> <th>Month</th> <th>ADC</th> </tr> </thead> <tbody> <tr><td>Oct '06</td><td>637</td></tr> <tr><td>Nov '06</td><td>598</td></tr> <tr><td>Dec '06</td><td>623</td></tr> <tr><td>Jan '07</td><td>612</td></tr> <tr><td>Feb '07</td><td>605</td></tr> <tr><td>Mar '07</td><td>625.5</td></tr> <tr><td>Apr '07</td><td>623</td></tr> <tr><td>May '07</td><td>590</td></tr> <tr><td>Jun '07</td><td>609</td></tr> <tr><td>Jul '07</td><td>605</td></tr> <tr><td>Aug '07</td><td>583</td></tr> <tr><td>Sep '07</td><td>611</td></tr> <tr><td>Oct '07</td><td>578</td></tr> <tr><td>Nov '07</td><td>596</td></tr> <tr><td>Dec '07</td><td>525</td></tr> <tr><td>Jan '08</td><td>491</td></tr> <tr><td>Feb '08</td><td>551</td></tr> </tbody> </table> <p>Note: Average Daily Census number reported includes Medical Center + Psych + Newborns Census.</p>	Month	ADC	Oct '06	637	Nov '06	598	Dec '06	623	Jan '07	612	Feb '07	605	Mar '07	625.5	Apr '07	623	May '07	590	Jun '07	609	Jul '07	605	Aug '07	583	Sep '07	611	Oct '07	578	Nov '07	596	Dec '07	525	Jan '08	491	Feb '08	551	<p>ADC provided as background information.</p>
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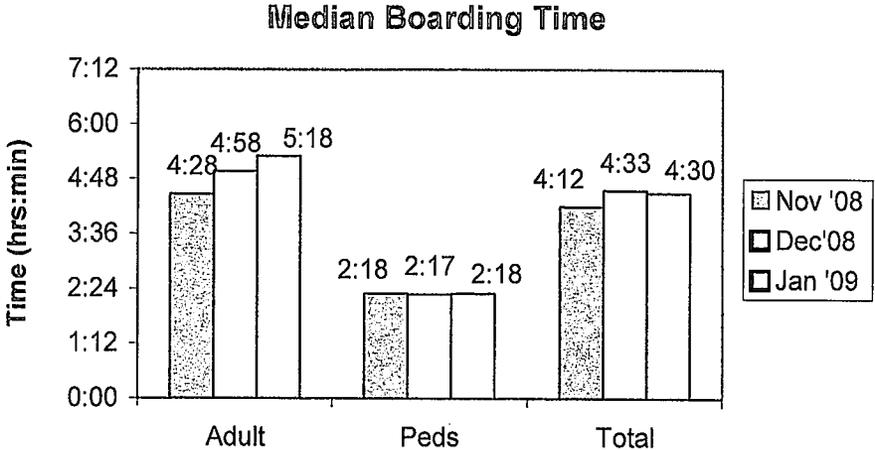
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Indicator	Definition	Data	Comments
<p><b>1b.</b>  <b>Occupancy Rate</b>  <b>LAC+USC Medical Center</b></p>	<p><b>Definition:</b>            A measure of the usage of the licensed beds during the reporting period that is derived by dividing the patient days in the reporting period by the licensed bed days in the reporting period.</p> <p><b>Calculation:</b>            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.</p> <p><b>Source of Data:</b>            Affinity</p> <p><b>Target:</b>            95%</p>	<p>1. Medical Center Licensed Occupancy Rate (excluding Newborns) = <math>\text{Med Center Census} - \text{Newborns} / 600</math></p> <p style="text-align: center;">Med Center Census – Newborns / 600</p>  <p>2. Medical Center Licensed Occupancy Rate (including Newborns) = <math>\text{Med Center Census} + \text{Newborns} / 600</math></p> <p style="text-align: center;">Med Center Census + Newborns / 600</p> 	<p>For comparison, occupancy rates reported in the old facility were reported including newborns and were based on budgeted beds.</p>

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		<p>3. Healthcare Network Budgeted Occupancy            Med Center Census + Newborns + Psych Hosp Census / 671</p> <p style="text-align: center;">Med Center Census + Newborns + Psych Hosp Census / 671</p>  <table border="1" style="margin-left: auto; margin-right: auto;"> <caption>Healthcare Network Budgeted Occupancy Data</caption> <thead> <tr> <th>Month</th> <th>% Occ</th> </tr> </thead> <tbody> <tr> <td>Nov '08</td> <td>73.7%</td> </tr> <tr> <td>Dec '08</td> <td>77%</td> </tr> <tr> <td>Jan '09</td> <td>82%</td> </tr> </tbody> </table> <p>Medical Center = New facility            Healthcare Network = New facility + Psychiatric Hospitals</p>	Month	% Occ	Nov '08	73.7%	Dec '08	77%	Jan '09	82%	
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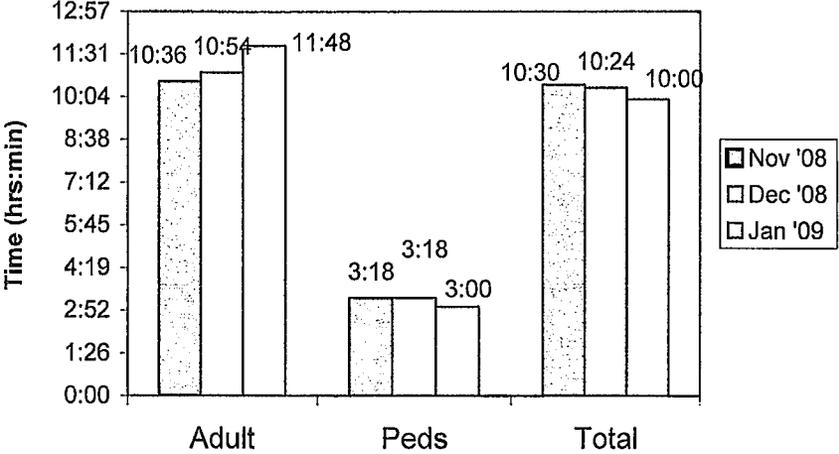
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<p><b>2a.</b>  <b>Median Emergency Department Boarding Time (EDBT)</b></p> <p><b>*Harris Rodde Indicator</b></p>	<p><b>Boarding Time:</b>  Time from MD Admit time (effective date and time of pre-admit) to time the patient actually leaves the ED en route to assigned bed (effective date and time of the ED disposition).</p> <p><b>Calculation:</b>  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.</p> <p><b>Source of Data:</b>  Affinity</p> <p><b>Target:</b>  Less than 7 hours.</p>	<p style="text-align: center;"><b>Median Boarding Time</b></p>  <table border="1" style="margin-left: auto; margin-right: auto;"> <caption>Median Boarding Time Data</caption> <thead> <tr> <th>Category</th> <th>Nov '08</th> <th>Dec '08</th> <th>Jan '09</th> </tr> </thead> <tbody> <tr> <td>Adult</td> <td>4:28</td> <td>4:58</td> <td>5:18</td> </tr> <tr> <td>Peds</td> <td>2:18</td> <td>2:17</td> <td>2:18</td> </tr> <tr> <td>Total</td> <td>4:12</td> <td>4:33</td> <td>4:30</td> </tr> </tbody> </table>	Category	Nov '08	Dec '08	Jan '09	Adult	4:28	4:58	5:18	Peds	2:18	2:17	2:18	Total	4:12	4:33	4:30	
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<p><b>2b.</b> <b>ED Wait Time</b></p>	<p><b>ED Wait Time:</b> Measured from time patient is triaged to time patient is either admitted or discharged reported as an arithmetic mean.</p> <p><b>Definition:</b> Sum of all wait time values during the monthly reporting period divided by the total number of values.</p> <p><b>Source of Data:</b> Affinity</p> <p><b>Target:</b> No target value. Lower numbers are better.</p>	<p style="text-align: center;"><b>ED Wait Time</b></p>  <table border="1" style="margin-left: auto; margin-right: auto;"> <caption>ED Wait Time Data</caption> <thead> <tr> <th>Category</th> <th>Nov '08</th> <th>Dec '08</th> <th>Jan '09</th> </tr> </thead> <tbody> <tr> <td>Adult</td> <td>10:36</td> <td>10:54</td> <td>11:48</td> </tr> <tr> <td>Peds</td> <td>3:18</td> <td>3:18</td> <td>3:00</td> </tr> <tr> <td>Total</td> <td>10:30</td> <td>10:24</td> <td>10:00</td> </tr> </tbody> </table> <p><b>Adult Wait Time :</b> *Excludes Psych, Pediatric and Observation Unit patients</p> <p><b>Total ED Wait time:</b> *Includes Psych, Pediatric and Observation Unit, Jail and adult patients</p> <p>Jan data is Preliminary data</p>	Category	Nov '08	Dec '08	Jan '09	Adult	10:36	10:54	11:48	Peds	3:18	3:18	3:00	Total	10:30	10:24	10:00	
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<p><b>2c.</b>  <b>Left Without Being Seen (LWBS)</b>   <b>*Harris Rodde Indicator</b></p>	<p><b>LWBS:</b>  The total number of patients who left the ED without being seen by a physician reported as a percentage of all ED visits.</p> <p><b>Calculation:</b>  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.</p> <p><b>Source of Data:</b>  Affinity</p> <p><b>Target:</b>  No target value. Lower numbers are better</p>	<p style="text-align: center;"><b>Left Without Being Seen</b></p> <table border="1"> <caption>Estimated Data for Left Without Being Seen</caption> <thead> <tr> <th>Month</th> <th>Number</th> <th>Percent</th> </tr> </thead> <tbody> <tr><td>Oct-06</td><td>1200</td><td>10%</td></tr> <tr><td>Nov</td><td>1000</td><td>8%</td></tr> <tr><td>Dec</td><td>900</td><td>7%</td></tr> <tr><td>Jan</td><td>1000</td><td>8%</td></tr> <tr><td>Feb</td><td>900</td><td>7%</td></tr> <tr><td>Mar</td><td>800</td><td>6%</td></tr> <tr><td>Apr</td><td>800</td><td>6%</td></tr> <tr><td>May</td><td>800</td><td>6%</td></tr> <tr><td>Jun</td><td>900</td><td>7%</td></tr> <tr><td>Jul</td><td>1100</td><td>9%</td></tr> <tr><td>Aug</td><td>1100</td><td>9%</td></tr> <tr><td>Sep</td><td>1000</td><td>8%</td></tr> <tr><td>Oct</td><td>1000</td><td>8%</td></tr> <tr><td>Nov</td><td>800</td><td>6%</td></tr> <tr><td>Dec</td><td>900</td><td>7%</td></tr> <tr><td>Jan-09</td><td>1000</td><td>8%</td></tr> <tr><td>Feb</td><td>1000</td><td>8%</td></tr> <tr><td>Mar</td><td>1000</td><td>8%</td></tr> <tr><td>Apr</td><td>700</td><td>5%</td></tr> <tr><td>May</td><td>800</td><td>6%</td></tr> <tr><td>Jun</td><td>900</td><td>7%</td></tr> <tr><td>Jul</td><td>900</td><td>7%</td></tr> <tr><td>Aug</td><td>1000</td><td>8%</td></tr> <tr><td>Sep</td><td>1000</td><td>8%</td></tr> <tr><td>Oct</td><td>1100</td><td>9%</td></tr> <tr><td>Nov</td><td>1600</td><td>12%</td></tr> <tr><td>Dec</td><td>1400</td><td>10%</td></tr> <tr><td>Jan-09</td><td>2300</td><td>16%</td></tr> </tbody> </table>	Month	Number	Percent	Oct-06	1200	10%	Nov	1000	8%	Dec	900	7%	Jan	1000	8%	Feb	900	7%	Mar	800	6%	Apr	800	6%	May	800	6%	Jun	900	7%	Jul	1100	9%	Aug	1100	9%	Sep	1000	8%	Oct	1000	8%	Nov	800	6%	Dec	900	7%	Jan-09	1000	8%	Feb	1000	8%	Mar	1000	8%	Apr	700	5%	May	800	6%	Jun	900	7%	Jul	900	7%	Aug	1000	8%	Sep	1000	8%	Oct	1100	9%	Nov	1600	12%	Dec	1400	10%	Jan-09	2300	16%	
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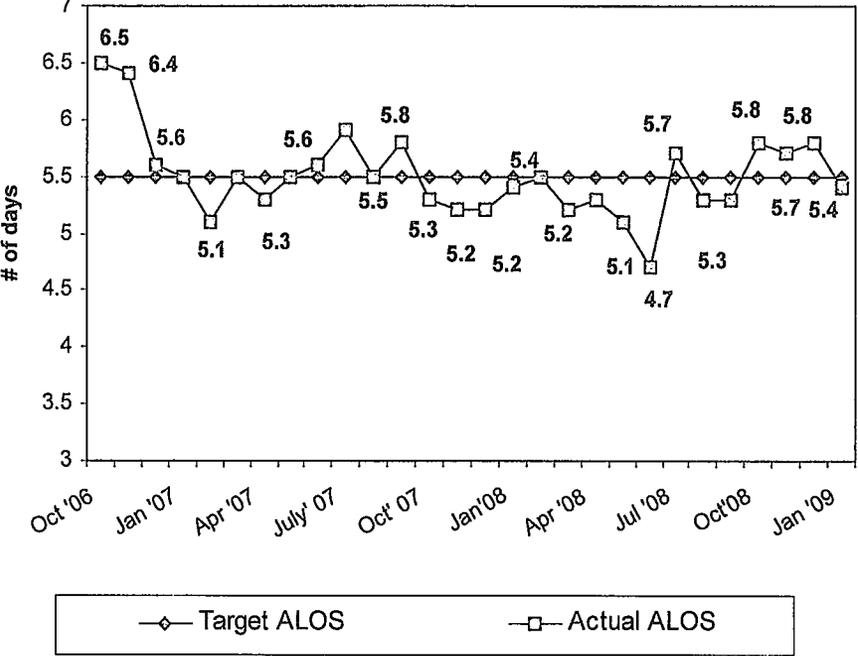
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<p><b>2d.</b> <b>ED Diversion</b></p>	<p><b>ED Diversion:</b> A percentage measure of the time the ED diverts ambulance traffic away from the ED, reported as a function of the reason for diversion on a monthly basis.</p> <p><b>Calculation:</b> The total number of hours of ED diversion for a specific reason divided by the total number of available hours in a month.</p> <p><b>Source of Data:</b> ReddiNet</p>	<p style="text-align: center;"><b>Diversion of ALS Units due to ED Saturation</b></p> <table border="1" style="display: none;"> <caption>Data for Diversion of ALS Units due to ED Saturation</caption> <thead> <tr> <th>Month</th> <th>% on Diversion</th> </tr> </thead> <tbody> <tr><td>Oct '06</td><td>49</td></tr> <tr><td>Dec '06</td><td>42</td></tr> <tr><td>Feb '07</td><td>31</td></tr> <tr><td>Apr '07</td><td>38</td></tr> <tr><td>Jun '07</td><td>45</td></tr> <tr><td>Aug '07</td><td>42</td></tr> <tr><td>Oct '07</td><td>38</td></tr> <tr><td>Dec '07</td><td>31</td></tr> <tr><td>Feb '08</td><td>34</td></tr> <tr><td>Apr '08</td><td>36</td></tr> <tr><td>Jun '08</td><td>28</td></tr> <tr><td>Aug '08</td><td>21</td></tr> <tr><td>Oct '08</td><td>21</td></tr> <tr><td>Dec '08</td><td>25</td></tr> <tr><td>Feb '09</td><td>52</td></tr> <tr><td>Apr '09</td><td>51</td></tr> <tr><td>Jun '09</td><td>51</td></tr> <tr><td>Aug '09</td><td>30</td></tr> <tr><td>Oct '09</td><td>23</td></tr> <tr><td>Dec '09</td><td>25</td></tr> <tr><td>Feb '10</td><td>42</td></tr> <tr><td>Apr '10</td><td>40</td></tr> <tr><td>Jun '10</td><td>50</td></tr> <tr><td>Aug '10</td><td>51</td></tr> <tr><td>Oct '10</td><td>51</td></tr> <tr><td>Dec '10</td><td>40</td></tr> <tr><td>Feb '11</td><td>58</td></tr> </tbody> </table>	Month	% on Diversion	Oct '06	49	Dec '06	42	Feb '07	31	Apr '07	38	Jun '07	45	Aug '07	42	Oct '07	38	Dec '07	31	Feb '08	34	Apr '08	36	Jun '08	28	Aug '08	21	Oct '08	21	Dec '08	25	Feb '09	52	Apr '09	51	Jun '09	51	Aug '09	30	Oct '09	23	Dec '09	25	Feb '10	42	Apr '10	40	Jun '10	50	Aug '10	51	Oct '10	51	Dec '10	40	Feb '11	58	<p>This is slightly lower than the before move diversion history which generally ranged between 50-60%.</p> <p><b>Key points:</b></p> <ul style="list-style-type: none"> <li>-- Diversion is for paramedic runs only; Basic Life Support ambulances still arrive.</li> <li>-- 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".</li> </ul>
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<b>3. &amp; 4.</b> <b>Rancho Los Amigos Hospital (RLAH) Transfers</b>	<p><b>Transfers:</b>  The volume of patients transferred to RLAH for acute hospitalization from the Emergency Department and from Inpatient Units.</p> <p><b>Data Source:</b>  Manual record keeping.</p> <p>Cancelled category includes patients who's condition changed leading to higher level of care or discharge home.</p>	<p><u>Month of Jan</u></p> <p><u>Referrals from ER:</u></p> <table border="1" data-bbox="671 459 1580 844"> <thead> <tr> <th></th> <th>Med/Surg</th> <th>Acute Stroke</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td># Met transfer criteria</td> <td>37</td> <td>NA</td> <td>-</td> </tr> <tr> <td># Referred to RLAH</td> <td>37</td> <td>21</td> <td>58</td> </tr> <tr> <td># Transfers</td> <td>24</td> <td>21</td> <td>45</td> </tr> <tr> <td># Denied</td> <td>2</td> <td>NA</td> <td>-</td> </tr> <tr> <td># Cancelled</td> <td>11</td> <td>NA</td> <td>-</td> </tr> <tr> <td># Patients refused</td> <td>NA</td> <td>NA</td> <td>-</td> </tr> </tbody> </table> <p><u>Referrals from Inpatients:</u></p> <table border="1" data-bbox="671 946 1562 1389"> <thead> <tr> <th></th> <th>Med/Surg</th> <th>Acute Stroke</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td># Met transfer criteria</td> <td>47</td> <td>NA</td> <td>-</td> </tr> <tr> <td># Referred to RLAH</td> <td>36</td> <td>5</td> <td>41</td> </tr> <tr> <td># Transfers</td> <td>29</td> <td>5</td> <td>34</td> </tr> <tr> <td># Denied</td> <td>4</td> <td>NA</td> <td>-</td> </tr> <tr> <td># Cancelled</td> <td>6</td> <td>NA</td> <td>-</td> </tr> <tr> <td># Patients refused</td> <td>1</td> <td>NA</td> <td>-</td> </tr> <tr> <td>Other /Pending</td> <td>9</td> <td>NA</td> <td>-</td> </tr> </tbody> </table>		Med/Surg	Acute Stroke	Total	# Met transfer criteria	37	NA	-	# Referred to RLAH	37	21	58	# Transfers	24	21	45	# Denied	2	NA	-	# Cancelled	11	NA	-	# Patients refused	NA	NA	-		Med/Surg	Acute Stroke	Total	# Met transfer criteria	47	NA	-	# Referred to RLAH	36	5	41	# Transfers	29	5	34	# Denied	4	NA	-	# Cancelled	6	NA	-	# Patients refused	1	NA	-	Other /Pending	9	NA	-	
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**LAC+USC Medical Center**  
**Operational Monitoring Report**  
**Reporting Period –Jan 2009**

Indicator	Definition	Data	Comments																																	
<b>Indicator #5 – Harris Rodde Indicators</b>																																				
<p>5.</p> <p><b>Average Length of Stay (ALOS)</b></p> <p><b>*Harris Rodde Indicator</b></p>	<p><b>LOS:</b> The difference between discharge date and the admission date or 1 if the 2 dates are the same.</p> <p><b>Total LOS:</b></p> <p><b>Calculation:</b> 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.</p> <p><b>Source of Data:</b> Affinity</p> <p><b>Target:</b> &lt;5.5 days</p>	<p style="text-align: center;"><b>ALOS</b></p>  <table border="1" style="margin-top: 10px;"> <caption>ALOS Data Points</caption> <thead> <tr> <th>Date</th> <th>Actual ALOS</th> <th>Target ALOS</th> </tr> </thead> <tbody> <tr><td>Oct '06</td><td>6.5</td><td>5.5</td></tr> <tr><td>Jan '07</td><td>6.4</td><td>5.5</td></tr> <tr><td>Apr '07</td><td>5.1</td><td>5.5</td></tr> <tr><td>July '07</td><td>5.3</td><td>5.5</td></tr> <tr><td>Oct '07</td><td>5.3</td><td>5.5</td></tr> <tr><td>Jan '08</td><td>5.2</td><td>5.5</td></tr> <tr><td>Apr '08</td><td>5.2</td><td>5.5</td></tr> <tr><td>Jul '08</td><td>4.7</td><td>5.5</td></tr> <tr><td>Oct '08</td><td>5.3</td><td>5.5</td></tr> <tr><td>Jan '09</td><td>5.4</td><td>5.5</td></tr> </tbody> </table> <p style="text-align: center;">*Preliminary data pending Auditor-Controller validation</p>	Date	Actual ALOS	Target ALOS	Oct '06	6.5	5.5	Jan '07	6.4	5.5	Apr '07	5.1	5.5	July '07	5.3	5.5	Oct '07	5.3	5.5	Jan '08	5.2	5.5	Apr '08	5.2	5.5	Jul '08	4.7	5.5	Oct '08	5.3	5.5	Jan '09	5.4	5.5	<p>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.</p>
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**LAC+USC Medical Center**  
**Operational Monitoring Report**  
**Reporting Period –Jan 2009**

Indicator	Definition	Data	Comments																				
<b>Indicator #6 – Pediatric Metrics</b>																							
<p><b>6.</b></p> <p><b>Pediatric Bed Census and Occupancy (%)</b></p> <p><b>Pediatric ICU (PICU)</b></p> <p><b>Neonatal ICU (NICU)</b></p> <p><b>Pediatric Unit</b></p> <p><b>Adolescent Unit</b></p>	<p><b>Census:</b> The total number admitted pediatric inpatients at 12:00 AM midnight of a designated pediatric ward.</p> <p><b>Occupancy:</b> The total number of admitted pediatric inpatients divided by the total number of licensed beds on that unit and reported as percentage.</p> <p><b>Source of Data:</b> Affinity</p>	<table border="1"> <caption>Pediatric Bed Census and Occupancy (%) Data</caption> <thead> <tr> <th>Unit</th> <th>Nov-08</th> <th>Dec-08</th> <th>Jan-09</th> </tr> </thead> <tbody> <tr> <td>NICU (40 Beds)</td> <td>56%</td> <td>52%</td> <td>52%</td> </tr> <tr> <td>Peds Ward (25 Beds)</td> <td>54%</td> <td>60%</td> <td>68%</td> </tr> <tr> <td>PICU (10 Beds)</td> <td>50%</td> <td>60%</td> <td>70%</td> </tr> <tr> <td>Med/Surg Adolescent (20 Beds)</td> <td>33%</td> <td>40%</td> <td>75%</td> </tr> </tbody> </table>	Unit	Nov-08	Dec-08	Jan-09	NICU (40 Beds)	56%	52%	52%	Peds Ward (25 Beds)	54%	60%	68%	PICU (10 Beds)	50%	60%	70%	Med/Surg Adolescent (20 Beds)	33%	40%	75%	
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**Health Services**  
LOS ANGELES COUNTY

March 6, 2009

**Los Angeles County  
Board of Supervisors**

**Gloria Molina**  
First District

**Mark Ridley-Thomas**  
Second District

**Zev Yaroslavsky**  
Third District

**Don Knabe**  
Fourth District

**Michael D. Antonovich**  
Fifth District

TO: Each Supervisor

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

SUBJECT: **STATUS REPORT ON KEY INDICATORS OF PROGRESS, HOSPITAL OPERATIONS, AND OTHER ISSUES RELATED TO THE TRANSITION TO THE NEW LAC+USC MEDICAL CENTER – PROGRESS REPORT #7 (Agenda Item #S-1, March 10, 2009)**

**John F. Schunhoff, Ph.D.**  
Interim Director

**Robert G. Splawn, M.D.**  
Interim Chief Medical Officer

This is to provide your Board with the bi-monthly report on the status of transitioning to the new LAC+USC Medical Center (LAC+USC). This report is not a full monthly report but an interim operational report and includes additional information in response to questions posed by your Board at the meeting held February 24, 2009.

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

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

**Census Trending (ADC includes Psychiatric & Newborn Patients)**

The Average Daily Census (ADC) for the month of February 2009 was 563 out of 671 licensed beds, an estimated 82% utilization rate (84% occupancy). This is an increase from an ADC of 551 for January 2009. The census for Medical/Surgical units remained the same as the prior month with an estimated 93% utilization rate (95% occupancy) for February 2009.

**Emergency Department and Admission Volume Trending**

Attachment 1 demonstrates the trending of ED registration volumes, admissions from the ED, and total hospitals admission. For February, the ED Volume and Total Admissions were down slightly which can be attributed to the shorter numbers of days in February. Overall, census has increased and admission volume from the ED was stable.

Attachment 2 is the ADC Specialty Bed census for February 2009. Most of the services are showing a continual trend upwards with the exception of the Burn Unit. It is expected that there will be normal fluctuations in census for all of these specialty areas over time.

**Diversion Data**

ED saturation diversion averaged 52% for the month of February 2009 which is a slight decrease from the month of January 2008 which was 58%.

**Additional Information Requested**

On February 24, 2009, DHS and the Chief Executive Office were instructed by Supervisor Molina to report back on any impacts the hours of operation for

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the Urgent Access Diagnostic Center (UADC) may have on the Left Without Being Seen (LWBS) patients. The following is a review of the UADC status, plans for expansion and correlation analysis:

#### Urgent Access Diagnostic Center (UADC)

The UADC operates Monday - Friday, 8am - 8pm and Saturday, 9am - 5:30pm, utilizing nine treatment rooms. The approximate square footage is 7,425 square feet which includes the waiting room, nursing stations and work areas.

An average of 85 patients are currently seen on a daily basis; 33 slots/day come from ED referrals as next day appointments. LAC+USC is planning to expand the 33 ED slots to 43 slots in the near future.

#### UADC Expansion Plan

LAC+USC has a two-phased plan for expanding the UADC over the next six months. Phase One of the UADC expansion will increase the Saturday hours from 8am - 8pm with an implementation date in approximately two weeks, pending final staffing arrangements.

Phase Two of the UADC expansion will increase the total treatment rooms to 18 by renovating additional space and adding 2, 225 square feet. Beginning July 2009, LAC+USC management will start minor remodeling and renovation including, but not limited to, refinishing benches, front counter extension, patchwork, painting, and floor refinishing. These are estimated to take 60 days with plans to finalize the expansion in September 2009.

After completion of both phases, it is estimated that the current number of patient visits will double.

#### Correlation Between UADC Hours and ED LWBS

LAC+USC management has evaluated the possible correlation between the UADC hours and ED LWBS patients. Although there was a 6% increase in patients LWBS in January 2009, there appears to be no relationship between the UADC hours of operation and the patients leaving. In fact, the largest numbers of patients that leave the facility are at 5am and 5pm. Additional analysis of chief complaints is being conducted; however, all patients are low acuity. The Department will continue to trend and follow these indicators and apprise the Board of further findings.

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

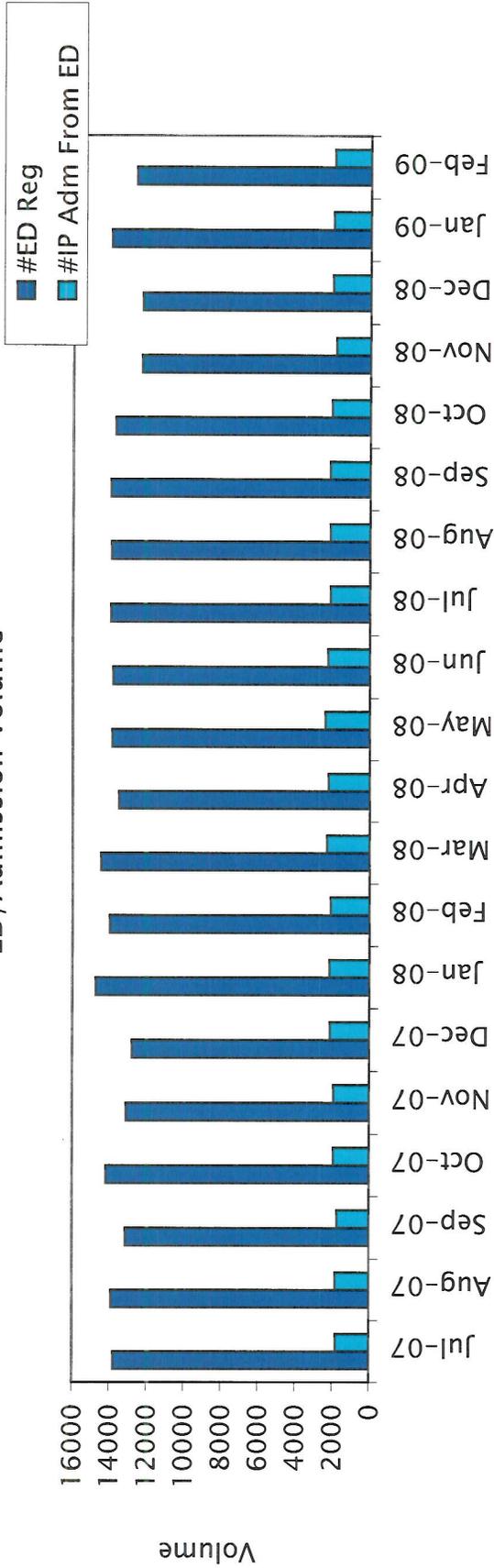
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#### Attachments

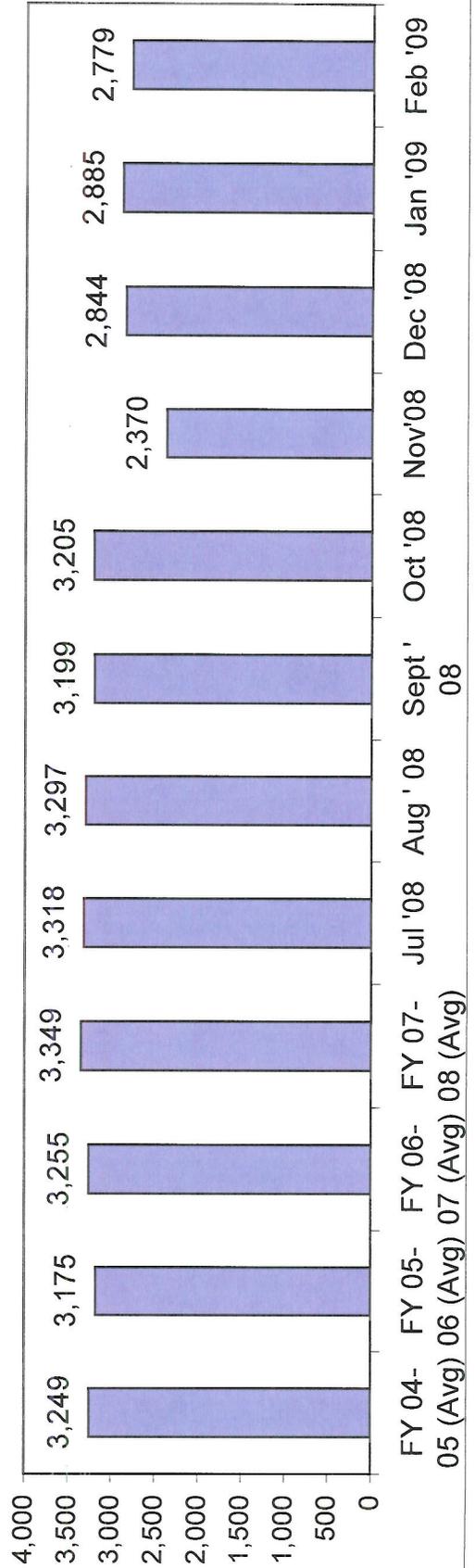
c: Chief Executive Officer  
County Counsel  
Executive Officer, Board of Supervisors

# LAC+USC Medical Center Workload Summary

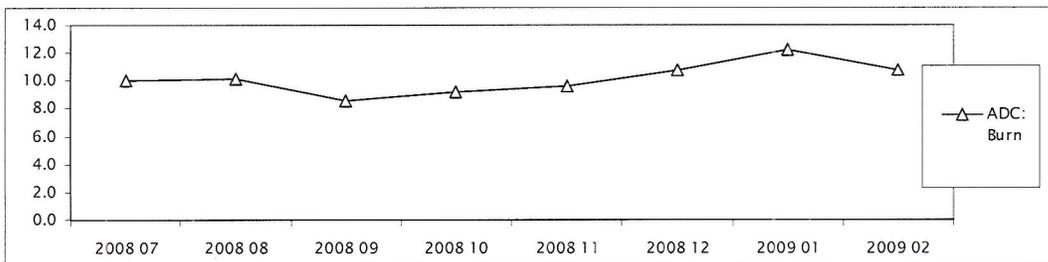
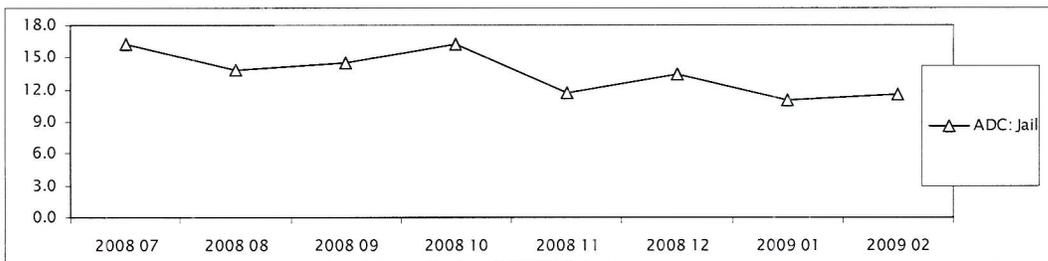
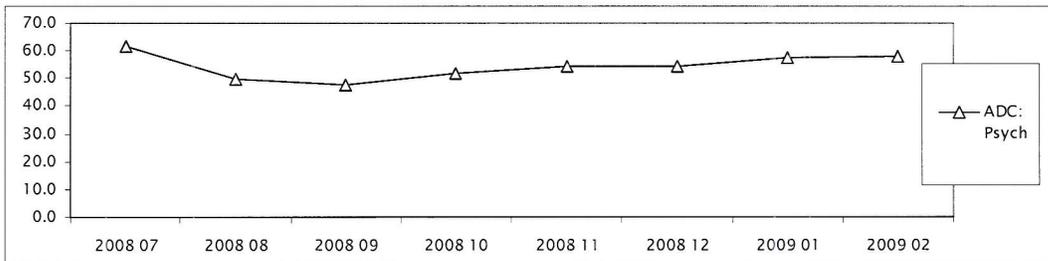
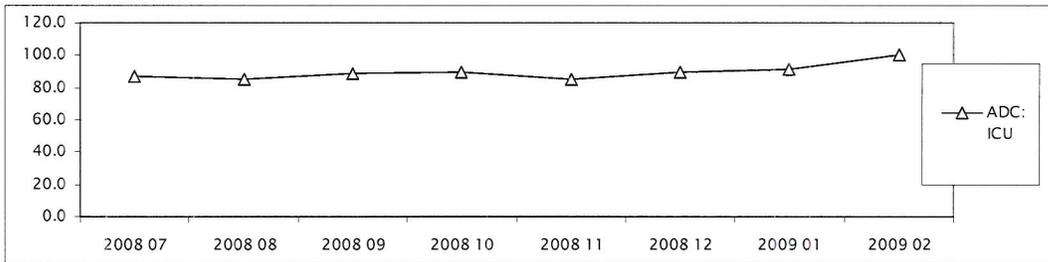
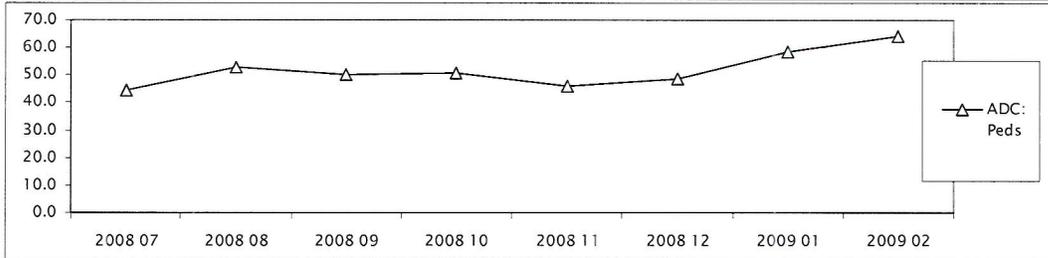
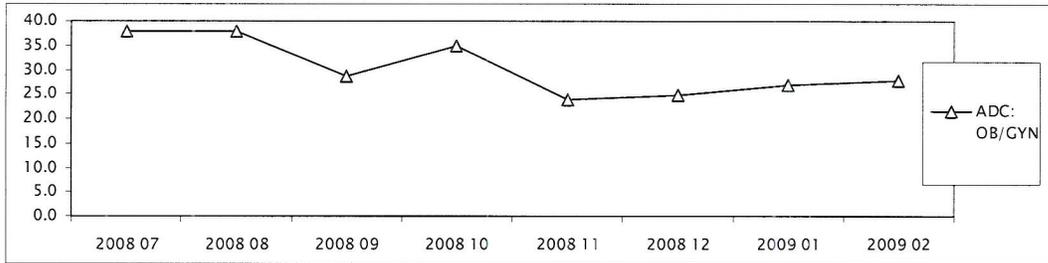
ED/Admission Volume



Admissions



LAC+USC Healthcare Network  
 Average Daily Census by Nursing Unit Subset, Jul-2008 to Feb-2009  
 based on Affinity Nursing Unit Statistical Reports





April 10, 2009

Los Angeles County Board of Supervisors

Gloria Molina  
First District

Mark Ridley-Thomas  
Second District

Zev Yaroslavsky  
Third District

Don Knabe  
Fourth District

Michael D. Antonovich  
Fifth District

TO: Each Supervisor

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

SUBJECT: **STATUS REPORT ON KEY INDICATORS OF PROGRESS, HOSPITAL OPERATIONS, AND OTHER ISSUES RELATED TO THE TRANSITION TO THE NEW LAC+USC MEDICAL CENTER – PROGRESS REPORT #9 (Agenda Item #S-1, April 14, 2009)**

John F. Schunhoff, Ph.D.  
Interim Director

Robert G. Splawn, M.D.  
Interim Chief Medical Officer

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

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

This is to provide your Board with the bi-monthly report on the status of transitioning to the new LAC+USC Medical Center (LAC+USC). This report is not a full monthly report but an interim operational report with focus on emergency department (ED) and admission volumes as well as specialty services trending. Also incorporated herein is further detail and follow-up to the February 6, 2009 report specific to staffing of specialty services and adequacy of residency training programs based on census (questions posed by Supervisor Antonovich).

**Census Trending (ADC includes Psychiatric & Newborn Patients)**

The Average Daily Census (ADC) for the month of March 2009 was 572 out of 671 licensed beds, an estimated 83% utilization rate (85% occupancy). This is an increase from an ADC of 563 for February 2009. The census for Medical/Surgical units was an estimated 94% utilization rate (96% occupancy) for March 2009.

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**Emergency Department and Admission Volume Trending**

Attachment 1 demonstrates the trending of ED registration volumes, admissions from the ED, and total hospital admissions. For the month of March, the ED Volume (11% increase), ED Admissions (7% increase), and Total Admissions (7% increase) have all exceeded the February volumes. In the past four weeks, the ED has experienced two significant surges of patients presenting both by ambulance and walk-in. In both cases, patients boarding in the ED pending admission have exceeded sixty patients at one time (normally peaks at 20-30 range) during a 24-hour period. Actions taken during these surges include increased transfers to Rancho Los Amigo Rehabilitation Center and private hospitals as well as heightened patient flow activities within the facility, e.g., expediting discharges, rapid housekeeping bed turn over, etc.



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Hospital administration is in the final stages of revising and implementing the ED Surge Plan, a plan that predicts and measures the potential levels of ED overcrowding. Each level will define action steps necessary to mitigate increasing surge, such as those described above. The highest level will include temporarily admitting patients to inpatient hallways during peak levels of ED volume.

The cause of these surges is unknown although the hospital tends to have an increased ED volume during summer months. Harbor-UCLA and Olive View Medical Centers are also reporting increases in ED and clinic patients describing loss of medical insurance coverage due to job loss and the economic environment.

### **Urgent Access Diagnostic Center Expansion Plan Update**

The expansion from 33 to 43 appointments directly from the ED, has been implemented. In addition, the UADC expansion of Saturday hours from eight to twelve hours begins this Saturday, April 11, 2009. This should also reduce ED surges and ED wait times for lower acuity patients.

### **Analysis of Patient Specialty Services**

Attachment 2 shows the ADC trends for the specialty areas of OB/GYN, Pediatrics, ICU, Psychiatry, Jail and Burn. All specialty areas have demonstrated increases in census since the move into the Replacement Facility with the exception of Burn census; however, fluctuations up and down exist.

Adequate staffing for all specialty services is consistent with both census fluctuations and appropriate nurse-patient ratios, primarily by using County workforce, supplemented by registry personnel as needed. During periods of reduced census, registry personnel are minimized and staff is redeployed to areas of need elsewhere in the facility.

The Department, through the Director of the Office of Managed Care, is negotiating with health plans to admit or transfer patients to LAC+USC for higher level of care, such as, OB/GYN, pediatric, NICU, and burn patients where capacity exists. Pediatric transfers from Children's Hospital of Los Angeles (CHLA) have been reduced for this period due to a decreased census at CHLA, as reported by the Chief Executive Officer of CHLA.

Assessment of bed utilization is conducted daily to ensure appropriate and maximal inpatient bed utilization. On January 6, 2009 admissions to the Adolescent Unit were expanded to include eligible adults when vacancies exist to decompress the adult admissions waiting in the ED. This has effectively maximized the average daily census on this unit without impacting access or waiting times for adolescent patients.

### **Evaluating Resident Rotation in Specialty Training Programs**

A question was posed as to whether medical residents are receiving necessary training experience as required by the Accreditation Council for Graduate Medical Education (ACGME) if there are census impacts.

Residency training experience has been assessed and analyzed based on multiple variables including, but not limited to, inpatient and outpatient encounters, didactic, and clinical activities and other measures depending on the unique specialty. Because of the recovery in census after the first month of the move, the census in specialty programs is adequate to meet residency training needs. The minimal variance in inpatient specialty service census over the first several months had no measurable negative impact on the stability of the residency training programs.

Initial evaluations by residents and the ACGME program appear positive for all residency training. In fact, resident interviews and recruitment activities have provided highly positive feedback from candidates as a result of the environment and technology improvements in the new Replacement Facility.

The Director of Graduate Medical Education in conjunction with the Graduate Medical Education Committee are planning intensive and comprehensive mid-cycle reviews for 17 resident training programs to evaluate and ensure quality resident training experiences. Additionally, an intensive survey of every resident training program is scheduled for May-June 2009 that includes evaluation of resident patient experience and the addition of procedure logs.

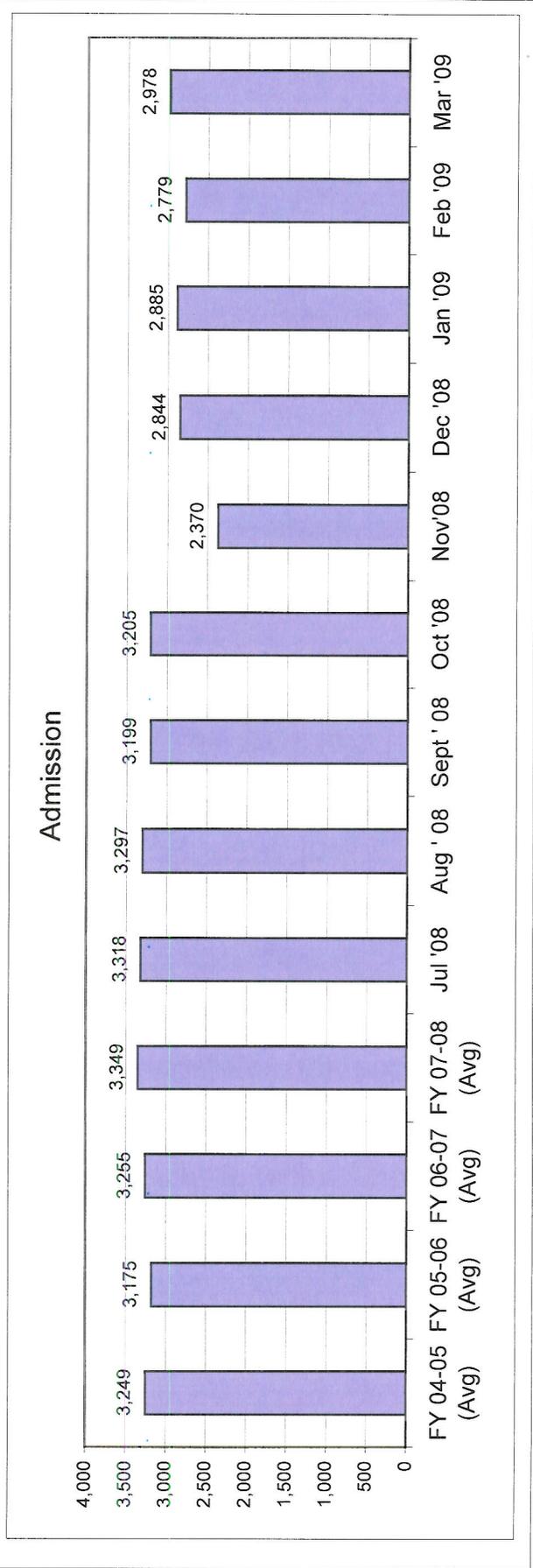
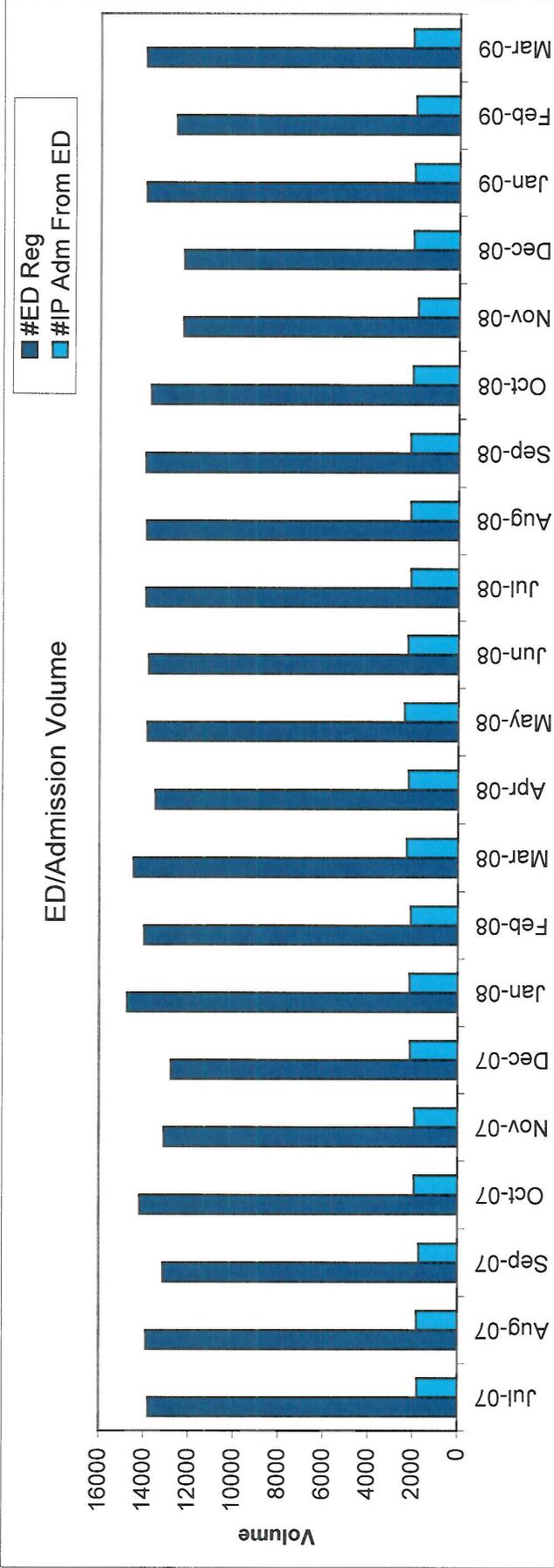
If you have any questions or need additional information, please contact me or Carol Meyer, Interim Chief Network Officer at (213) 240-8370.

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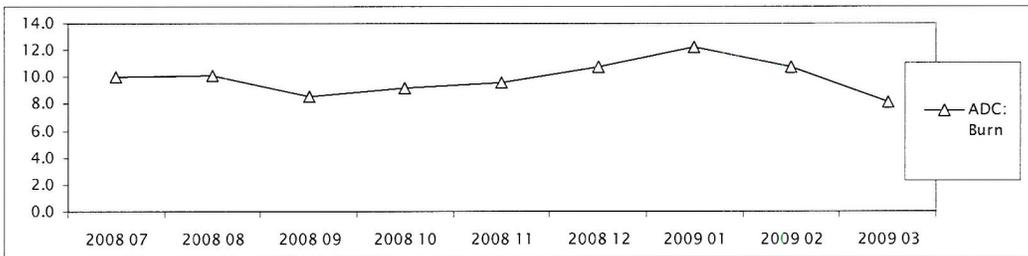
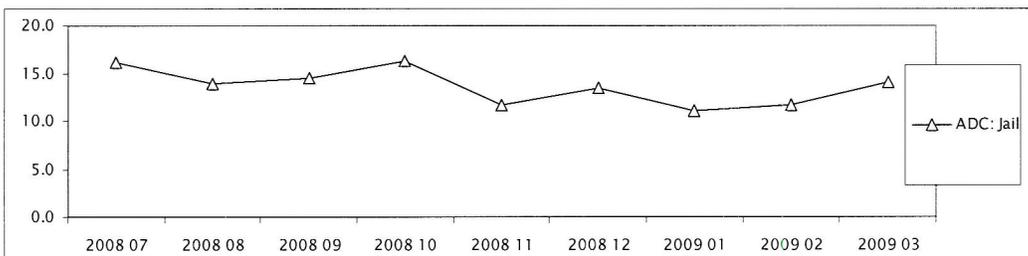
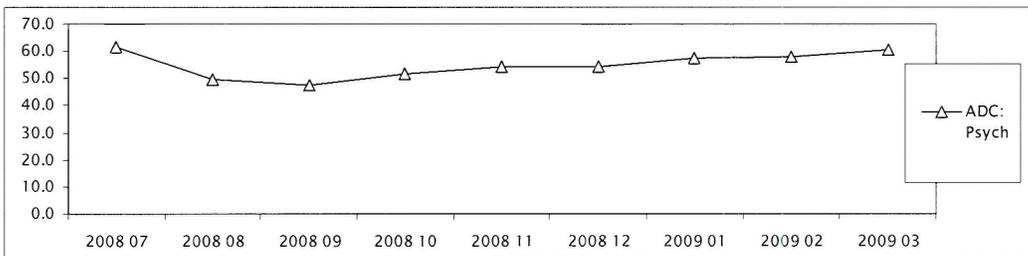
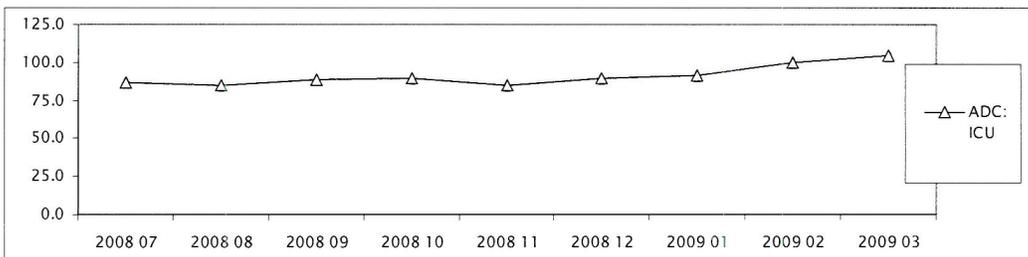
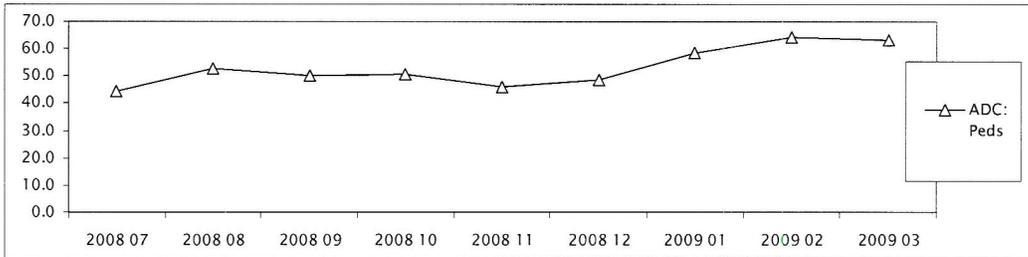
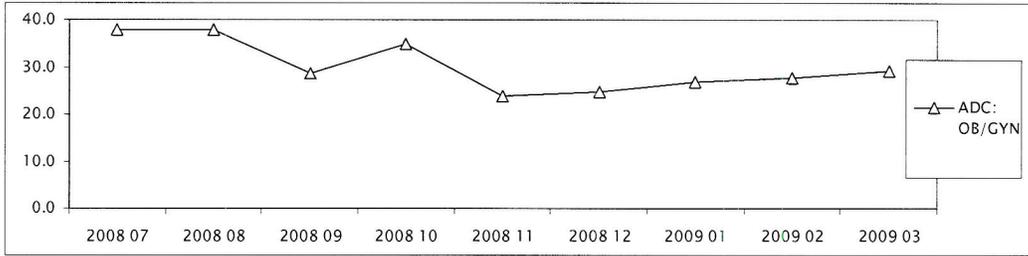
#### Attachments

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

# LAC+USC Medical Center Workload Summary



LAC+USC Healthcare Network  
 Average Daily Census by Nursing Unit Subset, Jul-2008 to Mar-2009  
 based on Affinity Nursing Unit Statistical Reports





April 24, 2009

Los Angeles County  
Board of Supervisors

Gloria Molina  
First District

Mark Ridley-Thomas  
Second District

Zev Yaroslavsky  
Third District

Don Knabe  
Fourth District

Michael D. Antonovich  
Fifth District

TO: Each Supervisor

FROM: John F. Schunhoff, Ph.D. *R. Splawn for JS*  
Interim Director

SUBJECT: **STATUS REPORT ON KEY INDICATORS OF PROGRESS, HOSPITAL OPERATIONS, AND OTHER ISSUES RELATED TO THE TRANSITION TO THE NEW LAC+USC MEDICAL CENTER – PROGRESS REPORT #10 (Agenda Item #S-1, April 28, 2009)**

John F. Schunhoff, Ph.D.  
Interim Director

Robert G. Splawn, M.D.  
Interim Chief Medical Officer

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

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

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

**Census Trending (ADC includes Psychiatric & Newborn Patients)**

The Average Daily Census (ADC) for the month of March 2009 was 572 out of 671 licensed beds, an estimated 83% utilization rate (85% occupancy). This is an increase from an ADC of 563 for February 2009. The census for Medical/Surgical units was an estimated 94% utilization rate (96% occupancy) for March 2009.

**Diversion Data**

ED saturation diversion averaged 55% for the month of March 2009 which is a slight increase from the month of February 2009 which was 52%.

**Emergency Department**

LAC+USC is targeted to begin implementing the ED Surge Plan on April 21, 2009. The Surge Plan is a unit by unit specific plan and has been revised to reflect the footprint of the new facility. The Department reported in Progress Report Update #9 that a component of the highest levels of crowding would be temporarily admitting patients to inpatient hallways during peak levels of ED volume. After re-evaluation of the ED Surge Plan, DHS will implement other available options to address potential surge at the facility.

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

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811:003

**Attachments**

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

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service and education.*

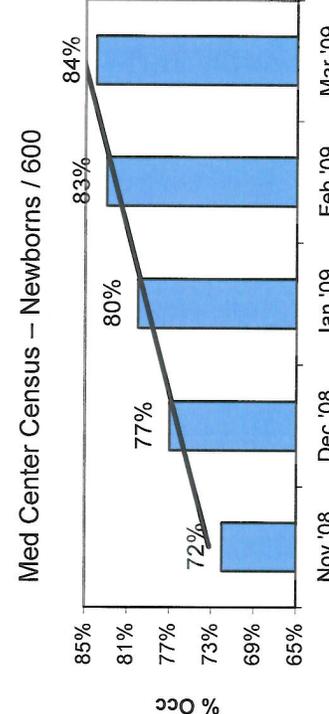
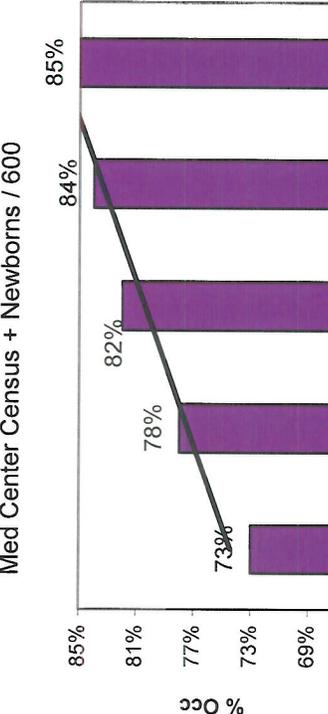
[www.dhs.lacounty.gov](http://www.dhs.lacounty.gov)



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Indicator	Definition	Data	Comments
<p><b>Indicator #1 – Trends in Average Daily Census and Hospital Operations Metrics</b></p> <p><b>1a. Average Daily Census (ADC)</b></p>	<p><b>ADC:</b> A measure of the total number of inpatients occupying licensed beds on a daily basis reported as the arithmetic mean.</p> <p><b>Calculation:</b> 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.</p> <p><b>Source of Data:</b> Affinity</p>	<p style="text-align: center;"><b>ADC</b></p> <p>Note: Average Daily Census number reported includes Medical Center + Psych + Newborns Census.</p>	<p>ADC provided as background information.</p>

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<p>1b. Occupancy Rate LAC+USC Medical Center</p>	<p><b>Indicator #1 – Trends in Average Daily Census and Hospital Operations Metrics</b></p> <p><b>Definition:</b> 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.</p> <p><b>Calculation:</b> 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.</p> <p><b>Source of Data:</b> Affinity</p> <p><b>Target:</b> 95%</p>	<p><b>1. Medical Center Licensed Occupancy Rate (excluding Newborns) = <math>\frac{\text{Med Center Census} - \text{Newborns}}{600}</math></b></p>  <table border="1"> <caption>Medical Center Licensed Occupancy Rate (excluding Newborns)</caption> <thead> <tr> <th>Month</th> <th>Rate (%)</th> </tr> </thead> <tbody> <tr> <td>Nov '08</td> <td>72%</td> </tr> <tr> <td>Dec '08</td> <td>77%</td> </tr> <tr> <td>Jan '09</td> <td>80%</td> </tr> <tr> <td>Feb '09</td> <td>83%</td> </tr> <tr> <td>Mar '09</td> <td>84%</td> </tr> </tbody> </table> <p><b>2. Medical Center Licensed Occupancy Rate (including Newborns) = <math>\frac{\text{Med Center Census} + \text{Newborns}}{600}</math></b></p>  <table border="1"> <caption>Medical Center Licensed Occupancy Rate (including Newborns)</caption> <thead> <tr> <th>Month</th> <th>Rate (%)</th> </tr> </thead> <tbody> <tr> <td>Nov '08</td> <td>73%</td> </tr> <tr> <td>Dec '08</td> <td>78%</td> </tr> <tr> <td>Jan '09</td> <td>82%</td> </tr> <tr> <td>Feb '09</td> <td>84%</td> </tr> <tr> <td>Mar '09</td> <td>85%</td> </tr> </tbody> </table>	Month	Rate (%)	Nov '08	72%	Dec '08	77%	Jan '09	80%	Feb '09	83%	Mar '09	84%	Month	Rate (%)	Nov '08	73%	Dec '08	78%	Jan '09	82%	Feb '09	84%	Mar '09	85%	<p>For comparison, occupancy rates reported in the old facility were reported including newborns and were based on budgeted beds.</p>
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	<p>3. Healthcare Network Budgeted Occupancy            Med Center Census + Newborns + Psych Hosp Census / 671</p>	<p>Med Center Census + Newborns + Psych Hosp Census / 671</p> <table border="1"> <thead> <tr> <th>Month</th> <th>Occupancy %</th> </tr> </thead> <tbody> <tr> <td>Nov '08</td> <td>73.7%</td> </tr> <tr> <td>Dec '08</td> <td>77%</td> </tr> <tr> <td>Jan '09</td> <td>82%</td> </tr> <tr> <td>Feb '09</td> <td>83%</td> </tr> <tr> <td>Mar '09</td> <td>85%</td> </tr> </tbody> </table> <p>Medical Center = New Facility            Healthcare Network = New Facility + Psychiatric Hospitals</p>	Month	Occupancy %	Nov '08	73.7%	Dec '08	77%	Jan '09	82%	Feb '09	83%	Mar '09	85%	
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<p><b>Indicator #2 - Emergency Department Metrics</b></p> <p><b>2a. Median Emergency Department Boarding Time (EDBT)</b></p> <p><b>*Harris Rodde Indicator</b></p>	<p><b>Boarding Time:</b> 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).</p> <p><b>Calculation:</b> 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.</p> <p><b>Source of Data:</b> Affinity</p> <p><b>Target:</b> Less than 7 hours.</p>	<p style="text-align: center;"><b>Median EDBBoarding Time</b></p> <table border="1"> <caption>Median EDBBoarding Time Data</caption> <thead> <tr> <th>Category</th> <th>Nov '08</th> <th>Dec '08</th> <th>Jan '09</th> <th>Mar '09</th> </tr> </thead> <tbody> <tr> <td>Adult</td> <td>4:28</td> <td>4:58</td> <td>5:14</td> <td>5:22</td> </tr> <tr> <td>Peds</td> <td>2:18</td> <td>2:17</td> <td>3:00</td> <td>2:22</td> </tr> <tr> <td>Total</td> <td>4:12</td> <td>4:33</td> <td>4:28</td> <td>4:44</td> </tr> </tbody> </table> <p>March '09 data is Preliminary data</p>	Category	Nov '08	Dec '08	Jan '09	Mar '09	Adult	4:28	4:58	5:14	5:22	Peds	2:18	2:17	3:00	2:22	Total	4:12	4:33	4:28	4:44	
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<p><b>Indicator #2 - Emergency Department Metrics</b></p> <p><b>2c. Left Without Being Seen (LWBS)</b></p> <p><b>*Harris Rodde Indicator</b></p>	<p><b>LWBS:</b> The total number of patients who left the ED without being seen by a physician reported as a percentage of all ED visits.</p> <p><b>Calculation:</b> 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.</p> <p><b>Source of Data:</b> Affinity</p> <p><b>Target:</b> No target value. Lower numbers are better.</p>	<table border="1"> <caption>Left Without Being Seen Data (Estimated)</caption> <thead> <tr> <th>Month</th> <th>Number</th> <th>Percent</th> </tr> </thead> <tbody> <tr><td>Oct-06</td><td>1200</td><td>12.0%</td></tr> <tr><td>Nov-06</td><td>1100</td><td>11.0%</td></tr> <tr><td>Dec-06</td><td>1000</td><td>10.0%</td></tr> <tr><td>Jan-07</td><td>1100</td><td>11.0%</td></tr> <tr><td>Feb-07</td><td>1000</td><td>10.0%</td></tr> <tr><td>Mar-07</td><td>1100</td><td>11.0%</td></tr> <tr><td>Apr-07</td><td>1000</td><td>10.0%</td></tr> <tr><td>May-07</td><td>1100</td><td>11.0%</td></tr> <tr><td>Jun-07</td><td>1000</td><td>10.0%</td></tr> <tr><td>Jul-07</td><td>1100</td><td>11.0%</td></tr> <tr><td>Aug-07</td><td>1000</td><td>10.0%</td></tr> <tr><td>Sep-07</td><td>1100</td><td>11.0%</td></tr> <tr><td>Oct-07</td><td>1000</td><td>10.0%</td></tr> <tr><td>Nov-07</td><td>1100</td><td>11.0%</td></tr> <tr><td>Dec-07</td><td>1000</td><td>10.0%</td></tr> <tr><td>Jan-08</td><td>1100</td><td>11.0%</td></tr> <tr><td>Feb-08</td><td>1000</td><td>10.0%</td></tr> <tr><td>Mar-08</td><td>1100</td><td>11.0%</td></tr> <tr><td>Apr-08</td><td>1000</td><td>10.0%</td></tr> <tr><td>May-08</td><td>1100</td><td>11.0%</td></tr> <tr><td>Jun-08</td><td>1000</td><td>10.0%</td></tr> <tr><td>Jul-08</td><td>1100</td><td>11.0%</td></tr> <tr><td>Aug-08</td><td>1000</td><td>10.0%</td></tr> <tr><td>Sep-08</td><td>1100</td><td>11.0%</td></tr> <tr><td>Oct-08</td><td>1000</td><td>10.0%</td></tr> <tr><td>Nov-08</td><td>1100</td><td>11.0%</td></tr> <tr><td>Dec-08</td><td>1000</td><td>10.0%</td></tr> <tr><td>Jan-09</td><td>1100</td><td>11.0%</td></tr> <tr><td>Feb-09</td><td>1000</td><td>10.0%</td></tr> <tr><td>Mar-09</td><td>1100</td><td>11.0%</td></tr> </tbody> </table>	Month	Number	Percent	Oct-06	1200	12.0%	Nov-06	1100	11.0%	Dec-06	1000	10.0%	Jan-07	1100	11.0%	Feb-07	1000	10.0%	Mar-07	1100	11.0%	Apr-07	1000	10.0%	May-07	1100	11.0%	Jun-07	1000	10.0%	Jul-07	1100	11.0%	Aug-07	1000	10.0%	Sep-07	1100	11.0%	Oct-07	1000	10.0%	Nov-07	1100	11.0%	Dec-07	1000	10.0%	Jan-08	1100	11.0%	Feb-08	1000	10.0%	Mar-08	1100	11.0%	Apr-08	1000	10.0%	May-08	1100	11.0%	Jun-08	1000	10.0%	Jul-08	1100	11.0%	Aug-08	1000	10.0%	Sep-08	1100	11.0%	Oct-08	1000	10.0%	Nov-08	1100	11.0%	Dec-08	1000	10.0%	Jan-09	1100	11.0%	Feb-09	1000	10.0%	Mar-09	1100	11.0%	<p>March '09 data is Preliminary data</p>
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<p><b>Indicator #2 - Emergency Department Metrics</b></p> <p><b>2d. ED Diversion</b></p>	<p><b>ED Diversion:</b> 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.</p> <p><b>Calculation:</b> The total number of hours of ED diversion for a specific reason divided by the total number of available hours in a month.</p> <p><b>Source of Data:</b> ReddiNet</p>	<p><b>Diversion of ALS Units due to ED Saturation</b></p>	<p>This is slightly lower than the before move diversion history which generally ranged between 50-60%.</p> <p>Key points:</p> <ul style="list-style-type: none"> <li>-- Diversion is for paramedic runs only; Basic Life Support ambulances still arrive.</li> <li>-- 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".</li> </ul>
<p><b>2e. Surge Report</b></p>		<p>Surge reporting suspended during move weeks. Data not available. Will provide when reinstated.</p>	

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Indicator #3 – Trends for Patient Diversions and Transfers & #4 – Transfers to Rancho Los Amigos Metrics																																																															
3. & 4. Rancho Los Amigos Hospital (RLAH) Transfers	<p><b>Transfers:</b> The volume of patients transferred to RLAH for acute hospitalization from the Emergency Department and from Inpatient Units.</p> <p><b>Data Source:</b> Manual record keeping.</p> <p>Cancelled category includes patients who's condition changed leading to higher level of care or discharge home.</p>	<p><b>Month of March</b></p> <p><b>Referrals from ER:</b></p> <table border="1" data-bbox="451 491 824 1415"> <thead> <tr> <th></th> <th>Med/Surg</th> <th>Acute Stroke</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td># Met transfer criteria</td> <td>61</td> <td>NA</td> <td>-</td> </tr> <tr> <td># Referred to RLAH</td> <td>61</td> <td>19</td> <td>80</td> </tr> <tr> <td># Transfers</td> <td>32</td> <td>19</td> <td>51</td> </tr> <tr> <td># Denied</td> <td>1</td> <td>NA</td> <td>-</td> </tr> <tr> <td># Cancelled</td> <td>2</td> <td>NA</td> <td>-</td> </tr> <tr> <td># Patients refused</td> <td>26</td> <td>NA</td> <td>-</td> </tr> </tbody> </table> <p><b>Referrals from Inpatients:</b></p> <table border="1" data-bbox="927 512 1360 1415"> <thead> <tr> <th></th> <th>Med/Surg</th> <th>Acute Stroke</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td># Met transfer criteria</td> <td>30</td> <td>NA</td> <td>-</td> </tr> <tr> <td># Referred to RLAH</td> <td>30</td> <td>2</td> <td>32</td> </tr> <tr> <td># Transfers</td> <td>24</td> <td>2</td> <td>26</td> </tr> <tr> <td># Denied</td> <td>2</td> <td>NA</td> <td>-</td> </tr> <tr> <td># Cancelled</td> <td>3</td> <td>NA</td> <td>-</td> </tr> <tr> <td># Patients refused</td> <td>0</td> <td>NA</td> <td>-</td> </tr> <tr> <td>Other /Pending</td> <td>1</td> <td>NA</td> <td>-</td> </tr> </tbody> </table>		Med/Surg	Acute Stroke	Total	# Met transfer criteria	61	NA	-	# Referred to RLAH	61	19	80	# Transfers	32	19	51	# Denied	1	NA	-	# Cancelled	2	NA	-	# Patients refused	26	NA	-		Med/Surg	Acute Stroke	Total	# Met transfer criteria	30	NA	-	# Referred to RLAH	30	2	32	# Transfers	24	2	26	# Denied	2	NA	-	# Cancelled	3	NA	-	# Patients refused	0	NA	-	Other /Pending	1	NA	-	
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<b>Average Length of Stay (ALOS)</b>	<p><b>LOS:</b> The difference between discharge date and the admission date or 1 if the 2 dates are the same.</p> <p><b>Total LOS:</b></p> <p><b>Calculation:</b> 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.</p>	<p><b>ALOS</b></p> <table border="1"> <caption>ALOS Data Points (Estimated from Graph)</caption> <thead> <tr> <th>Month</th> <th>Target ALOS</th> <th>Actual ALOS</th> </tr> </thead> <tbody> <tr><td>Oct 06</td><td>5.5</td><td>5.5</td></tr> <tr><td>Dec 06</td><td>5.5</td><td>5.6</td></tr> <tr><td>Feb 07</td><td>5.5</td><td>5.1</td></tr> <tr><td>Apr 07</td><td>5.5</td><td>5.3</td></tr> <tr><td>June 07</td><td>5.5</td><td>5.5</td></tr> <tr><td>Aug 07</td><td>5.5</td><td>5.8</td></tr> <tr><td>Oct 07</td><td>5.5</td><td>5.3</td></tr> <tr><td>Dec 07</td><td>5.5</td><td>5.2</td></tr> <tr><td>Feb 08</td><td>5.5</td><td>5.4</td></tr> <tr><td>Apr 08</td><td>5.5</td><td>5.2</td></tr> <tr><td>Jun 08</td><td>5.5</td><td>5.1</td></tr> <tr><td>Aug 08</td><td>5.5</td><td>5.3</td></tr> <tr><td>Oct 08</td><td>5.5</td><td>5.7</td></tr> <tr><td>Dec 08</td><td>5.5</td><td>5.8</td></tr> <tr><td>Feb 09</td><td>5.5</td><td>5.8</td></tr> </tbody> </table>	Month	Target ALOS	Actual ALOS	Oct 06	5.5	5.5	Dec 06	5.5	5.6	Feb 07	5.5	5.1	Apr 07	5.5	5.3	June 07	5.5	5.5	Aug 07	5.5	5.8	Oct 07	5.5	5.3	Dec 07	5.5	5.2	Feb 08	5.5	5.4	Apr 08	5.5	5.2	Jun 08	5.5	5.1	Aug 08	5.5	5.3	Oct 08	5.5	5.7	Dec 08	5.5	5.8	Feb 09	5.5	5.8	<p>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.</p>
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<b>*Harris Rodde Indicator</b>	<p><b>Source of Data:</b> Affinity</p> <p><b>Target:</b> &lt;5.5 days</p>	<p><b>*Healthcare Network ALOS - Preliminary data pending Auditor-Controller validation</b></p>																																																	

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

Indicator	Definition	Data	Comments																														
<b>6. Pediatric Bed Census and Occupancy (%)</b>  <b>Pediatric ICU (PICU)</b> <b>Neonatal ICU (NICU)</b> <b>Pediatric Unit Adolescent Unit</b>	<b>Census:</b> The total number admitted pediatric inpatients at 12:00 AM midnight of a designated pediatric ward.  <b>Occupancy:</b> The total number of admitted pediatric inpatients divided by the total number of licensed beds on that unit and reported as percentage.  <b>Source of Data:</b> Affinity	<p style="text-align: center;"><b>Pediatrics</b></p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th></th> <th>NICU (40 Beds)</th> <th>Peds Ward (25 Beds)</th> <th>PICU (10 Beds)</th> <th>Med/Surg Adolescent (20 Beds)</th> </tr> </thead> <tbody> <tr> <td>Nov-08</td> <td>56%</td> <td>54%</td> <td>50%</td> <td>33%</td> </tr> <tr> <td>Dec-08</td> <td>52%</td> <td>60%</td> <td>60%</td> <td>40%</td> </tr> <tr> <td>Jan-09</td> <td>52%</td> <td>68%</td> <td>70%</td> <td>75%</td> </tr> <tr> <td>Feb-09</td> <td>50%</td> <td>80%</td> <td>80%</td> <td>85%</td> </tr> <tr> <td>Mar-09</td> <td>57%</td> <td>72%</td> <td>70%</td> <td>80%</td> </tr> </tbody> </table>		NICU (40 Beds)	Peds Ward (25 Beds)	PICU (10 Beds)	Med/Surg Adolescent (20 Beds)	Nov-08	56%	54%	50%	33%	Dec-08	52%	60%	60%	40%	Jan-09	52%	68%	70%	75%	Feb-09	50%	80%	80%	85%	Mar-09	57%	72%	70%	80%	
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**Health Services**  
LOS ANGELES COUNTY

May 8, 2009

**Los Angeles County  
Board of Supervisors**

**Gloria Molina**  
First District

**Mark Ridley-Thomas**  
Second District

**Zev Yaroslavsky**  
Third District

**Don Knabe**  
Fourth District

**Michael D. Antonovich**  
Fifth District

TO: Each Supervisor

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

SUBJECT: **STATUS REPORT ON KEY INDICATORS OF  
PROGRESS, HOSPITAL OPERATIONS, AND OTHER  
ISSUES RELATED TO THE TRANSITION TO THE  
NEW LAC+USC MEDICAL CENTER – PROGRESS  
REPORT #11 (Agenda Item #S-1, May 12, 2009)**

**John F. Schunhoff, Ph.D.**  
Interim Director

**Robert G. Splawn, M.D.**  
Interim Chief Medical Officer

This is to provide your Board with the bi-monthly report on the status of transitioning to the new LAC+USC Medical Center (LAC+USC). This report is not the full monthly operational report but an interim operational report of Emergency Department and hospital admission volumes and specialty services trending for the period of April 2009.

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

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

[www.dhs.lacounty.gov](http://www.dhs.lacounty.gov)

**Census Trending (ADC includes Psychiatric & Newborn Patients)**

The Average Daily Census (ADC) for the month of April 2009 was 572 out of 671 licensed beds, an estimated 83% utilization rate (85% occupancy). This is the same ADC of 572 for March 2009. The census for Medical/Surgical units was an estimated 94% utilization rate (96% occupancy) for April 2009.

*To improve health  
through leadership,  
service and education.*

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

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811:003

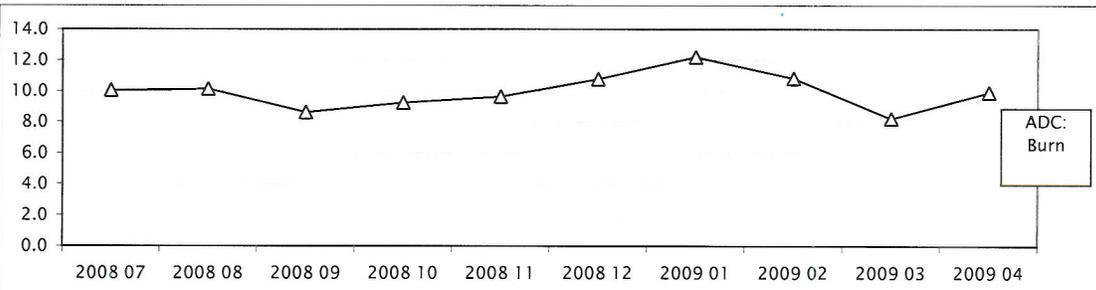
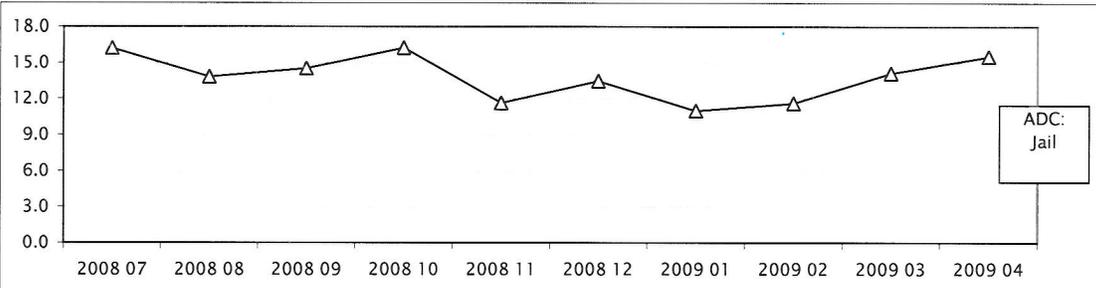
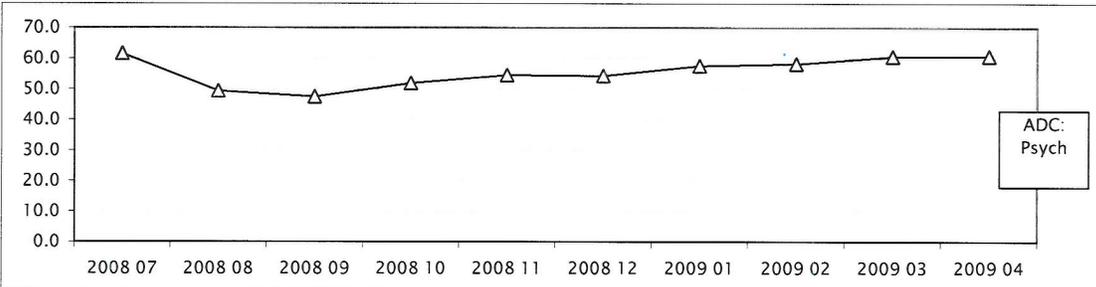
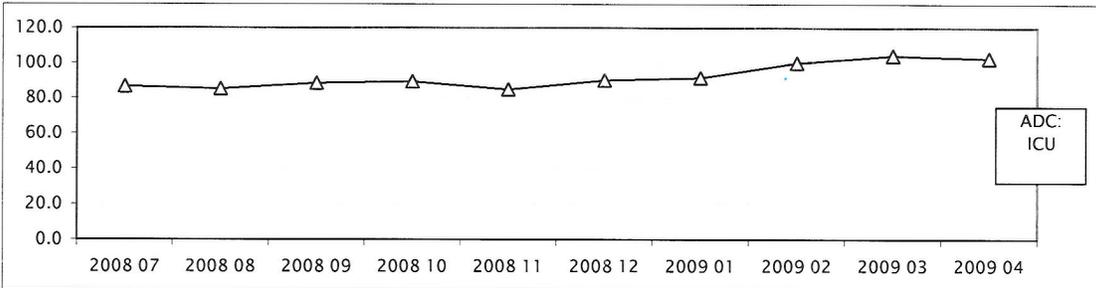
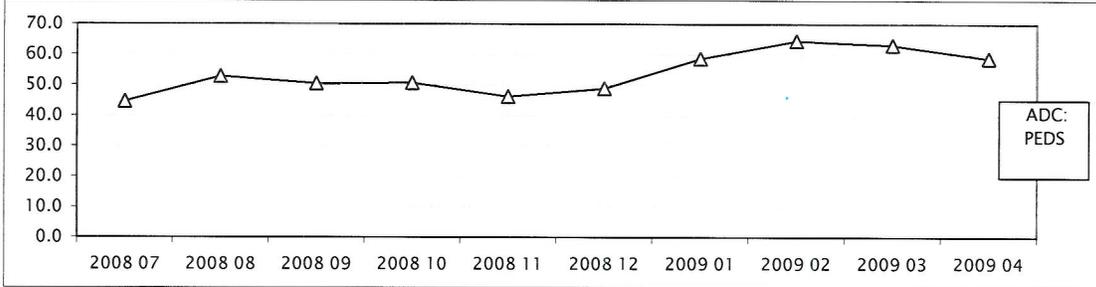
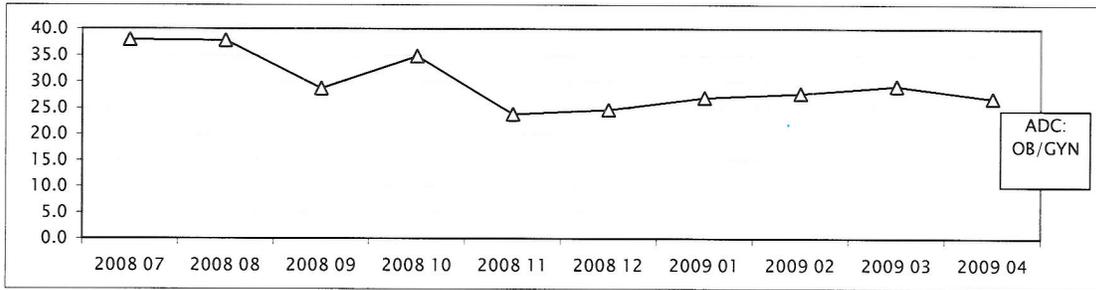
**Attachments**

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



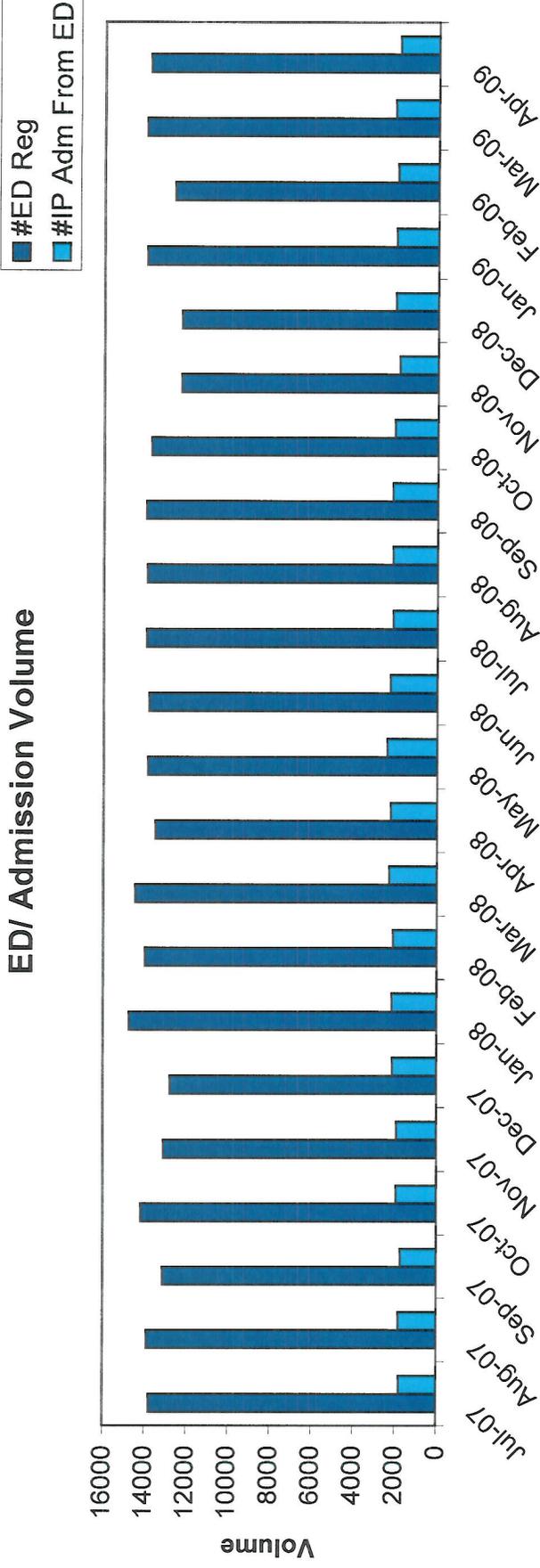
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LAC+USC Healthcare Network  
 Average Daily Census by Nursing Unit Subset, Jul-2008 to Apr-2009  
 based on Affinity Nursing Unit Statistical Reports

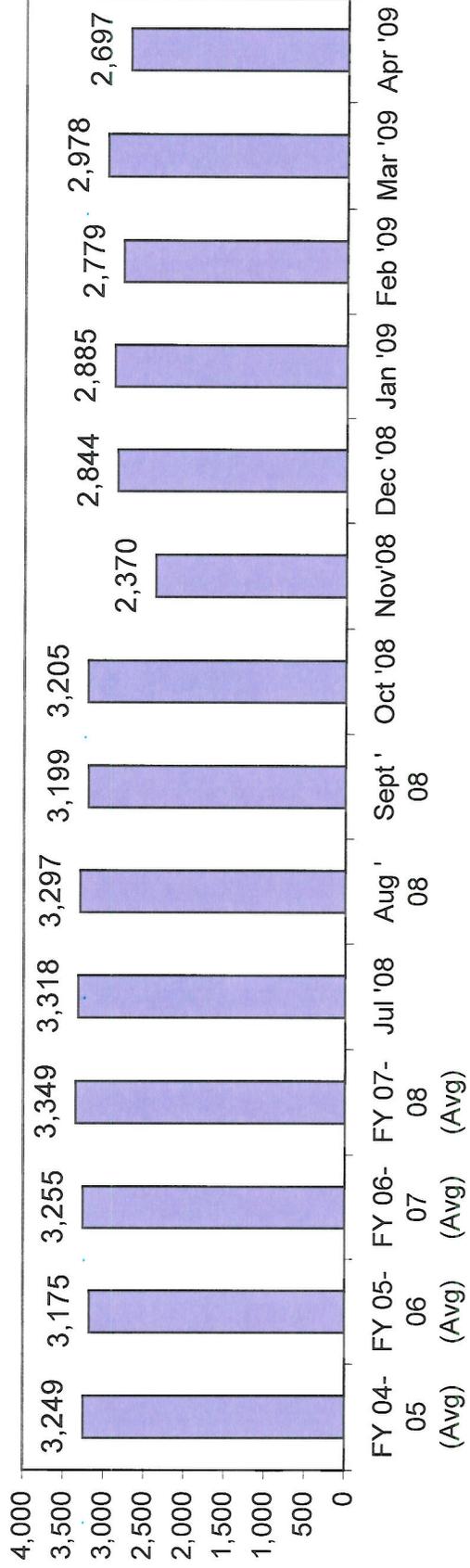


# LAC+USC Medical Center Workload Summary

## ED/ Admission Volume



## Admissions



May 22, 2009

**Los Angeles County  
Board of Supervisors**

**Gloria Molina**  
First District

**Mark Ridley-Thomas**  
Second District

**Zev Yaroslavsky**  
Third District

**Don Knabe**  
Fourth District

**Michael D. Antonovich**  
Fifth District

TO: Each Supervisor

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



SUBJECT: **STATUS REPORT ON KEY INDICATORS OF PROGRESS, HOSPITAL OPERATIONS, AND OTHER ISSUES RELATED TO THE TRANSITION TO THE NEW LAC+USC MEDICAL CENTER – PROGRESS REPORT #12 (Agenda Item #S-1, May 26, 2009)**

**John F. Schunhoff, Ph.D.**  
Interim Director

**Robert G. Splawn, M.D.**  
Interim Chief Medical Officer

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

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

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

**Census Trending (ADC includes Psychiatric & Newborn Patients)**

The Average Daily Census (ADC) for the month of April 2009 was 572 out of 671 licensed beds, an estimated 83% utilization rate (85% occupancy). This is the same ADC as March 2009, the highest level since the November move. The census for Medical/Surgical (Med/Surg) units was an estimated 94% utilization rate (96% occupancy).

**Diversion Data**

ED saturation diversion averaged 58% for the month of April 2009, a slight increase from the month of March 2009.

**Patient Flow Updates**

In an effort to manage increasing ED boarding times (EDBTs) and associated patient flow issues, several major initiatives have been implemented:

Licensing Program Flexibility -- On May 15, 2009, the California Department of Public Health (CDPH) approved LAC+USC's application for program flexibility with respect to 10 intensive care unit (ICU) beds. The facility requested that CDPH authorize the use of 10 ICU beds as Med/Surg ward level beds in an attempt to better meet patient care needs. Currently, there is a greater need for inpatient ward beds as opposed to ICU beds. ICU capacity remains sufficient for patients needing a higher level of care.

The approval allows the facility to staff the beds according to Med/Surg standards (1 nurse to 5 patients) instead of ICU ratios (1 nurse to 2 patients). These beds were opened and staffed on May 18, 2009. The beds can be reverted back to ICU status if there is a need; staffing would be adjusted accordingly.

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Temporary Overflow Med/Surg Beds -- LAC+USC has identified a patient care area of the Diagnostic and Treatment Tower that can be utilized on a temporary basis when the boarding time of patients waiting to be admitted becomes problematic due to lack of inpatient capacity. This overflow area is fully equipped and, when used, is appropriately staffed to manage patients as if assigned to a permanent bed as an interim measure until a bed is made available.

Transfers for Admission -- LAC+USC continues to arrange for transfers of eligible, consenting Med/Surg patients to Rancho Los Amigos Rehabilitation Center for admission. In addition, efforts to transfer patients to private facilities are increased when in-house Med/Surg capacity is maximized. For April 2009, 61 patients were transferred out for admission to Rancho and 35 were transferred to other hospitals for a total of 96 transfers.

The Department continues to look for additional options to decompress the ED during peak periods of activity and increase admission capacity as needed.

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

JFS:CM:pm  
811:003

#### Attachments

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

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

Indicator	Definition	Data	Comments																																		
<b>Indicator #1 – Trends in Average Daily Census and Hospital Operations Metrics</b>  <b>1a. Average Daily Census (ADC)</b>	<p><b>ADC:</b> A measure of the total number of inpatients occupying licensed beds on a daily basis reported as the arithmetic mean.</p> <p><b>Calculation:</b> 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.</p> <p><b>Source of Data:</b> Affinity</p>	<p style="text-align: center;"><b>ADC</b></p> <table border="1"> <caption>ADC Data Points</caption> <thead> <tr> <th>Month</th> <th>ADC Value</th> </tr> </thead> <tbody> <tr><td>Oct 06</td><td>637</td></tr> <tr><td>Dec 06</td><td>598</td></tr> <tr><td>Feb 07</td><td>623</td></tr> <tr><td>Apr 07</td><td>612</td></tr> <tr><td>Jun 07</td><td>605</td></tr> <tr><td>Aug 07</td><td>625.5</td></tr> <tr><td>Oct 07</td><td>623</td></tr> <tr><td>Dec 07</td><td>590</td></tr> <tr><td>Feb 08</td><td>609</td></tr> <tr><td>Apr 08</td><td>605</td></tr> <tr><td>Jun 08</td><td>583</td></tr> <tr><td>Aug 08</td><td>611</td></tr> <tr><td>Oct 08</td><td>578</td></tr> <tr><td>Dec 08</td><td>491</td></tr> <tr><td>Feb 09</td><td>563</td></tr> <tr><td>Apr 09</td><td>572</td></tr> </tbody> </table>	Month	ADC Value	Oct 06	637	Dec 06	598	Feb 07	623	Apr 07	612	Jun 07	605	Aug 07	625.5	Oct 07	623	Dec 07	590	Feb 08	609	Apr 08	605	Jun 08	583	Aug 08	611	Oct 08	578	Dec 08	491	Feb 09	563	Apr 09	572	<p>ADC provided as background information.</p>
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Note: Average Daily Census number reported includes Medical Center + Psych + Newborns Census.

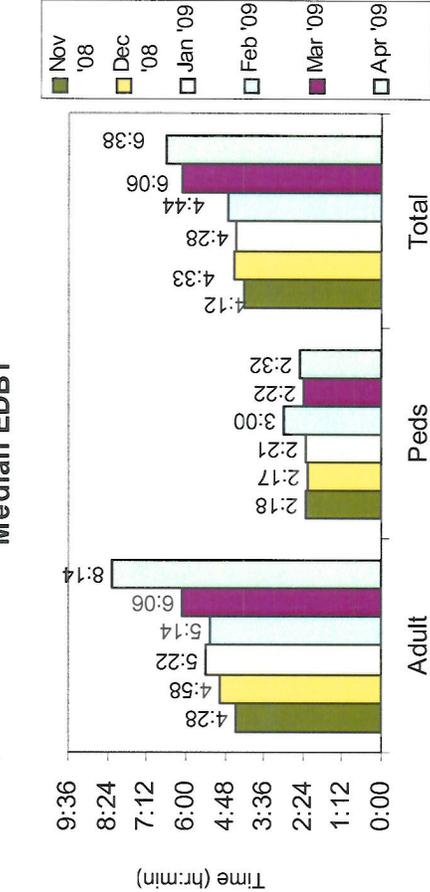
LAC+USC Medical Center  
Operational Monitoring Report  
Reporting Period – April 2009

Indicator	Definition	Data	Comments
<b>Indicator #1 – Trends in Average Daily Census and Hospital Operations Metrics</b>  <b>1b. Occupancy Rate LAC+USC Medical Center</b>	<p><b>Definition:</b> 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.</p> <p><b>Calculation:</b> 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.</p> <p><b>Source of Data:</b> Affinity</p> <p><b>Target:</b> 95%</p>	<p><b>1. Medical Center Licensed Occupancy Rate (excluding Newborns) = <math>\frac{\text{Med Center Census} - \text{Newborns}}{600}</math></b></p> <p><b>2. Medical Center Licensed Occupancy Rate (including Newborns) = <math>\frac{\text{Med Center Census} + \text{Newborn}}{600}</math></b></p>	<p>For comparison, occupancy rates reported in the old facility were reported including newborns and were based on budgeted beds.</p>

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

Indicator	Definition	Data	Comments														
		<p>2. Healthcare Network Budgeted Occupancy            Med Center Census + Newborns + Psych Hosp Census / 671</p> <p>Med Center Census + Newborns + Psych Hosp Census / 671</p> <table border="1"> <caption>Healthcare Network Budgeted Occupancy Data</caption> <thead> <tr> <th>Month</th> <th>Occupancy (%)</th> </tr> </thead> <tbody> <tr> <td>Nov '08</td> <td>73.7%</td> </tr> <tr> <td>Dec '08</td> <td>77%</td> </tr> <tr> <td>Jan '09</td> <td>82%</td> </tr> <tr> <td>Feb '09</td> <td>83%</td> </tr> <tr> <td>Mar '09</td> <td>85%</td> </tr> <tr> <td>Apr '09</td> <td>85%</td> </tr> </tbody> </table> <p>Medical Center = New Facility            Healthcare Network = New Facility + Psychiatric Hospitals</p>	Month	Occupancy (%)	Nov '08	73.7%	Dec '08	77%	Jan '09	82%	Feb '09	83%	Mar '09	85%	Apr '09	85%	
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LAC+USC Medical Center  
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<b>Indicator #2 - Emergency Department Metrics</b>  <b>2a. Median Emergency Department Boarding Time (EDBT)</b>  <b>*Harris Rodde Indicator</b>	<p><b>Boarding Time:</b> 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).</p> <p><b>Calculation:</b> 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.</p> <p><b>Source of Data:</b> Affinity</p> <p><b>Target:</b> Less than 7 hours.</p>	<p style="text-align: center;"><b>Median EDBT</b></p>  <table border="1" style="margin-left: auto; margin-right: auto;"> <caption>Median EDBT Data</caption> <thead> <tr> <th>Month</th> <th>Adult (hr:m)</th> <th>Peds (hr:m)</th> <th>Total (hr:m)</th> </tr> </thead> <tbody> <tr> <td>Nov '08</td> <td>4:28</td> <td>2:18</td> <td>4:12</td> </tr> <tr> <td>Dec '08</td> <td>4:58</td> <td>2:17</td> <td>4:33</td> </tr> <tr> <td>Jan '09</td> <td>5:22</td> <td>2:21</td> <td>4:28</td> </tr> <tr> <td>Feb '09</td> <td>5:14</td> <td>3:00</td> <td>4:44</td> </tr> <tr> <td>Mar '09</td> <td>6:06</td> <td>2:22</td> <td>6:06</td> </tr> <tr> <td>Apr '09</td> <td>8:14</td> <td>2:32</td> <td>6:38</td> </tr> </tbody> </table> <p style="text-align: center;">April '09 data is Preliminary data</p>	Month	Adult (hr:m)	Peds (hr:m)	Total (hr:m)	Nov '08	4:28	2:18	4:12	Dec '08	4:58	2:17	4:33	Jan '09	5:22	2:21	4:28	Feb '09	5:14	3:00	4:44	Mar '09	6:06	2:22	6:06	Apr '09	8:14	2:32	6:38	
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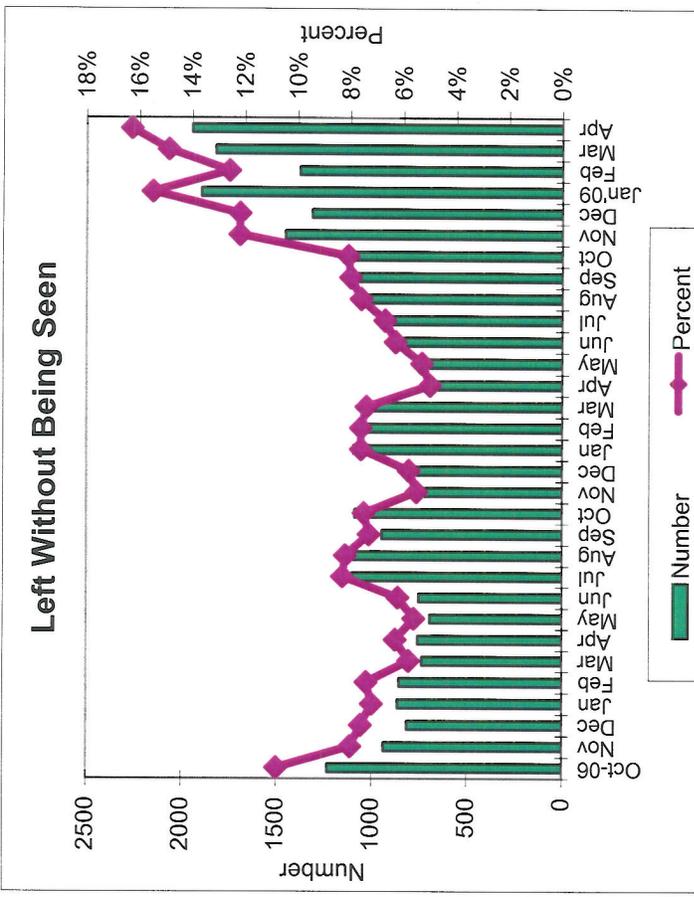
LAC+USC Medical Center  
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2b. ED Wait Time	<p><b>ED Wait Time:</b> Measured from time patient is triaged to time patient is either admitted or discharged reported as an arithmetic mean.</p> <p><b>Definition:</b> Sum of all wait time values during the monthly reporting period divided by the total number of values.</p> <p><b>Source of Data:</b> Affinity</p> <p><b>Target:</b> No target value. Lower numbers are better.</p>	<p style="text-align: center;"><b>ED Wait Time</b></p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th></th> <th>Adult</th> <th>Peds</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>Nov '08</td> <td>10:36</td> <td>3:18</td> <td>10:30</td> </tr> <tr> <td>Dec '08</td> <td>11:07</td> <td>2:53</td> <td>09:36</td> </tr> <tr> <td>Jan '09</td> <td>12:20</td> <td>3:20</td> <td>10:41</td> </tr> <tr> <td>Feb '09</td> <td>10:54</td> <td>3:31</td> <td>9:19</td> </tr> <tr> <td>Mar '09</td> <td>10:18</td> <td>3:18</td> <td>12:12</td> </tr> <tr> <td>Apr '09</td> <td>12:18</td> <td>3:15</td> <td>10:18</td> </tr> </tbody> </table>		Adult	Peds	Total	Nov '08	10:36	3:18	10:30	Dec '08	11:07	2:53	09:36	Jan '09	12:20	3:20	10:41	Feb '09	10:54	3:31	9:19	Mar '09	10:18	3:18	12:12	Apr '09	12:18	3:15	10:18	
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LAC+USC Medical Center  
Operational Monitoring Report  
Reporting Period – April 2009

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

**LAC+USC Medical Center**  
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Indicator	Definition	Data	Comments
<p><b>Indicator #2 - Emergency Department Metrics</b></p> <p><b>2d. ED Diversion</b></p>	<p><b>ED Diversion:</b> 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.</p> <p><b>Calculation:</b> The total number of hours of ED diversion for a specific reason divided by the total number of available hours in a month.</p> <p><b>Source of Data:</b> ReddiNet</p>	<p style="text-align: center;"><b>Diversion of ALS Units due to ED Saturation</b></p>	<p>This is slightly lower than the before move diversion history which generally ranged between 50-60%.</p> <p>Key points:</p> <ul style="list-style-type: none"> <li>-- Diversion is for paramedic runs only; Basic Life Support ambulances still arrive.</li> <li>-- 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".</li> </ul>
<p><b>2e. Surge Report</b></p>		<p>Surge reporting suspended during move weeks. Data not available. Will provide when reinstated.</p>	

**LAC+USC Medical Center**  
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<b>Indicator #3 – Trends for Patient Diversions and Transfers &amp; #4 – Transfers to Rancho Los Amigos Metrics</b>																																																															
<b>3. &amp; 4.</b>																																																															
<b>Rancho Los Amigos Hospital (RLAH) Transfers</b>	<p><b>Transfers:</b> The volume of patients transferred to RLAH for acute hospitalization from the Emergency Department and from Inpatient Units.</p> <p><b>Data Source:</b> Manual record keeping.</p> <p>Cancelled category includes patients who's condition changed leading to higher level of care or discharge home.</p>	<p style="text-align: center;"><b>Month of April</b></p> <p><b>Referrals from ER:</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Med/Surg</th> <th>Acute Stroke</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td># Met transfer criteria</td> <td style="text-align: center;">59</td> <td style="text-align: center;">NA</td> <td style="text-align: center;">-</td> </tr> <tr> <td># Referred to RLAH</td> <td style="text-align: center;">59</td> <td style="text-align: center;">15</td> <td style="text-align: center;">74</td> </tr> <tr> <td># Transfers</td> <td style="text-align: center;">34</td> <td style="text-align: center;">15</td> <td style="text-align: center;">49</td> </tr> <tr> <td># Denied</td> <td style="text-align: center;">6</td> <td style="text-align: center;">NA</td> <td style="text-align: center;">-</td> </tr> <tr> <td># Cancelled</td> <td style="text-align: center;">19*</td> <td style="text-align: center;">NA</td> <td style="text-align: center;">-</td> </tr> <tr> <td># Patients refused*</td> <td style="text-align: center;">12</td> <td style="text-align: center;">NA</td> <td style="text-align: center;">-</td> </tr> </tbody> </table> <p><b>Referrals from Inpatients:</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Med/Surg</th> <th>Acute Stroke</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td># Met transfer criteria</td> <td style="text-align: center;">40</td> <td style="text-align: center;">NA</td> <td style="text-align: center;">-</td> </tr> <tr> <td># Referred to RLAH</td> <td style="text-align: center;">40</td> <td style="text-align: center;">4</td> <td style="text-align: center;">44</td> </tr> <tr> <td># Transfers</td> <td style="text-align: center;">27</td> <td style="text-align: center;">4</td> <td style="text-align: center;">31</td> </tr> <tr> <td># Denied</td> <td style="text-align: center;">6</td> <td style="text-align: center;">NA</td> <td style="text-align: center;">-</td> </tr> <tr> <td># Cancelled</td> <td style="text-align: center;">7*</td> <td style="text-align: center;">NA</td> <td style="text-align: center;">-</td> </tr> <tr> <td># Patients refused*</td> <td style="text-align: center;">1</td> <td style="text-align: center;">NA</td> <td style="text-align: center;">-</td> </tr> <tr> <td>Other /Pending</td> <td style="text-align: center;">-</td> <td style="text-align: center;">NA</td> <td style="text-align: center;">-</td> </tr> </tbody> </table>		Med/Surg	Acute Stroke	Total	# Met transfer criteria	59	NA	-	# Referred to RLAH	59	15	74	# Transfers	34	15	49	# Denied	6	NA	-	# Cancelled	19*	NA	-	# Patients refused*	12	NA	-		Med/Surg	Acute Stroke	Total	# Met transfer criteria	40	NA	-	# Referred to RLAH	40	4	44	# Transfers	27	4	31	# Denied	6	NA	-	# Cancelled	7*	NA	-	# Patients refused*	1	NA	-	Other /Pending	-	NA	-	
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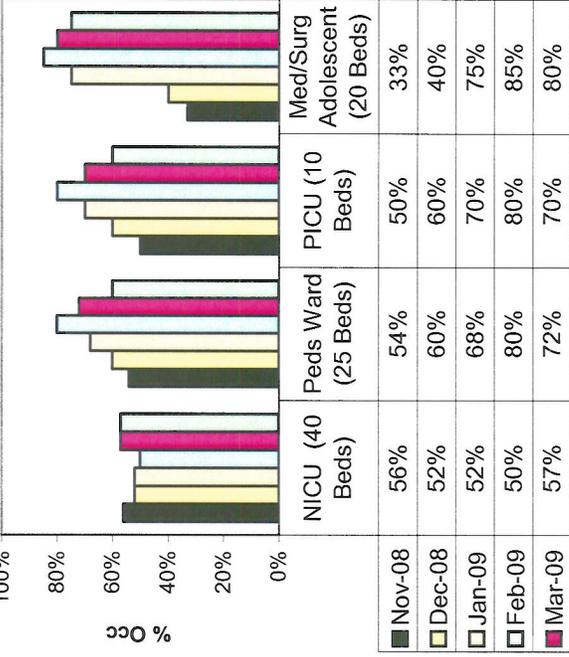
LAC+USC Medical Center  
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Indicator	Definition	Data	Comments																																										
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<p><b>Indicator #5 – Harris Rodde Indicators</b></p> <p><b>5.</b></p> <p><b>Average Length of Stay (ALOS)</b></p> <p><b>LOS:</b> The difference between discharge date and the admission date or 1 if the 2 dates are the same.</p> <p><b>Total LOS:</b></p> <p><b>Calculation:</b> 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.</p> <p><b>*Harris Rodde Indicator</b></p>	<p><b>ALOS</b></p> <table border="1"> <caption>ALOS Data Points (Estimated from Graph)</caption> <thead> <tr> <th>Month</th> <th>Target ALOS</th> <th>Actual ALOS</th> </tr> </thead> <tbody> <tr><td>Oct 06</td><td>5.5</td><td>5.6</td></tr> <tr><td>Dec 06</td><td>5.5</td><td>5.6</td></tr> <tr><td>Feb 07</td><td>5.5</td><td>5.1</td></tr> <tr><td>Apr 07</td><td>5.5</td><td>5.3</td></tr> <tr><td>June 07</td><td>5.5</td><td>5.6</td></tr> <tr><td>Aug 07</td><td>5.5</td><td>5.5</td></tr> <tr><td>Oct 07</td><td>5.5</td><td>5.8</td></tr> <tr><td>Dec 07</td><td>5.5</td><td>5.2</td></tr> <tr><td>Feb 08</td><td>5.5</td><td>5.2</td></tr> <tr><td>Apr 08</td><td>5.5</td><td>5.4</td></tr> <tr><td>June 08</td><td>5.5</td><td>5.1</td></tr> <tr><td>Aug 08</td><td>5.5</td><td>5.7</td></tr> <tr><td>Oct 08</td><td>5.5</td><td>5.8</td></tr> <tr><td>Dec 08</td><td>5.5</td><td>5.7</td></tr> <tr><td>Feb 09</td><td>5.5</td><td>5.8</td></tr> <tr><td>Apr 09</td><td>5.5</td><td>6.0</td></tr> </tbody> </table> <p><b>*Healthcare Network ALOS - Preliminary data pending Auditor-Controller validation</b></p>	Month	Target ALOS	Actual ALOS	Oct 06	5.5	5.6	Dec 06	5.5	5.6	Feb 07	5.5	5.1	Apr 07	5.5	5.3	June 07	5.5	5.6	Aug 07	5.5	5.5	Oct 07	5.5	5.8	Dec 07	5.5	5.2	Feb 08	5.5	5.2	Apr 08	5.5	5.4	June 08	5.5	5.1	Aug 08	5.5	5.7	Oct 08	5.5	5.8	Dec 08	5.5	5.7	Feb 09	5.5	5.8	Apr 09	5.5	6.0	<p>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.</p>
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**LAC+USC Medical Center**  
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Reporting Period – April 2009

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<b>Indicator #6 – Pediatric Metrics</b>  <b>6. Pediatric Bed Census and Occupancy (%)</b>  <b>Pediatric ICU (PICU)</b>  <b>Neonatal ICU (NICU)</b>  <b>Pediatric Unit Adolescent Unit</b>	<p><b>Census:</b> The total number admitted pediatric inpatients at 12:00 AM midnight of a designated pediatric ward.</p> <p><b>Occupancy:</b> The total number of admitted pediatric inpatients divided by the total number of licensed beds on that unit and reported as percentage.</p> <p><b>Source of Data:</b> Affinity</p>	<p style="text-align: center;"><b>Pediatrics</b></p>  <table border="1" data-bbox="483 703 1052 1360"> <thead> <tr> <th></th> <th>NICU (40 Beds)</th> <th>Peds Ward (25 Beds)</th> <th>PICU (10 Beds)</th> <th>Med/Surg Adolescent (20 Beds)</th> </tr> </thead> <tbody> <tr> <td>Nov-08</td> <td>56%</td> <td>54%</td> <td>50%</td> <td>33%</td> </tr> <tr> <td>Dec-08</td> <td>52%</td> <td>60%</td> <td>60%</td> <td>40%</td> </tr> <tr> <td>Jan-09</td> <td>52%</td> <td>68%</td> <td>70%</td> <td>75%</td> </tr> <tr> <td>Feb-09</td> <td>50%</td> <td>80%</td> <td>80%</td> <td>85%</td> </tr> <tr> <td>Mar-09</td> <td>57%</td> <td>72%</td> <td>70%</td> <td>80%</td> </tr> <tr> <td>Apr-09</td> <td>57%</td> <td>60%</td> <td>60%</td> <td>75%</td> </tr> </tbody> </table>		NICU (40 Beds)	Peds Ward (25 Beds)	PICU (10 Beds)	Med/Surg Adolescent (20 Beds)	Nov-08	56%	54%	50%	33%	Dec-08	52%	60%	60%	40%	Jan-09	52%	68%	70%	75%	Feb-09	50%	80%	80%	85%	Mar-09	57%	72%	70%	80%	Apr-09	57%	60%	60%	75%	
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SACHI A. HAMAI  
EXECUTIVE OFFICER

# COUNTY OF LOS ANGELES BOARD OF SUPERVISORS

KENNETH HAHN HALL OF ADMINISTRATION  
500 WEST TEMPLE STREET, ROOM 383  
LOS ANGELES, CALIFORNIA 90012  
(213) 974-1411 • FAX (213) 620-0636

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MARK RIDLEY-THOMAS

ZEV YAROSLAVSKY

DON KNABE

MICHAEL D. ANTONOVICH

April 17, 2009

TO: John F. Schunhoff, Ph.D.  
Interim Director of Health Services

FROM: Sachi A. Hamai   
Executive Officer

SUBJECT: REPORT ON SERVICES RELATING TO THE TRANSITION OF  
LAC+USC TO THE NEW LOS ANGELES COUNTY MEDICAL CENTER

At the Board of Supervisors' meeting held April 14, 2009, the Board discussed Agenda Item No. S-1, relating to the transition to the new Los Angeles County Medical Center. During the discussion, Supervisor Antonovich requested you to:

- Report back quarterly on specialty services and residency training programs;
- Report back on findings as LAC+USC moves forward with its comprehensive mid-cycle reviews of the resident training programs; and
- Provide a status report on the negotiations by the Office of Managed Care to establish agreements with health plans for the transfer and admission of patients to the specialty services.

SAH:ag

c: Each Supervisor

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**Health Services**  
LOS ANGELES COUNTY

June 5, 2009

**Los Angeles County  
Board of Supervisors**

**Gloria Molina**  
First District

**Mark Ridley-Thomas**  
Second District

**Zev Yaroslavsky**  
Third District

**Don Knabe**  
Fourth District

**Michael D. Antonovich**  
Fifth District

TO: Each Supervisor

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

SUBJECT: **STATUS REPORT ON KEY INDICATORS OF PROGRESS, HOSPITAL OPERATIONS, AND OTHER ISSUES RELATED TO THE TRANSITION TO THE NEW LAC+USC MEDICAL CENTER – PROGRESS REPORT #13 (Agenda Item #S-1, June 9, 2009)**

**John F. Schunhoff, Ph.D.**  
Interim Director

**Robert G. Splawn, M.D.**  
Interim Chief Medical Officer

This is to provide your Board with the bi-monthly report on the status of transitioning to the new LAC+USC Medical Center (LAC+USC). This report is not the full monthly operational report but an interim operational report for the period of May 2009.

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

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

**Census Trending (ADC includes Psychiatric & Newborn Patients)**

The Average Daily Census (ADC) for the month of May was 577 out of 671 licensed beds, an estimated 84% utilization rate (86% occupancy). This is a slight increase in ADC from April 2009. The census for Medical/Surgical units was an estimated 92% utilization rate (94% occupancy) for May 2009. Attachment 1 demonstrates the trending of ED registration volumes, admissions from the ED, and total hospitals admissions.

**Additional Information Requested**

On April 14, 2009, DHS was instructed by Supervisor Antonovich to report back quarterly on specialty services and residency training programs; findings from the mid-cycle reviews of the residency training programs and a status on the negotiations by the Office of Managed Care (OMC) to establish agreements with health plans for the transfer and admission of patients to the LAC+USC specialty services. The report on each of these areas is as follows:

Specialty Services -- Since the February 6, 2009 Operational Report #9, DHS has provided the ADC trending for the specialty beds at LAC+USC on a monthly basis. We will continue to provide these reports as demonstrated by Attachment 2 to this report.

Residency Training Programs and Mid-Cycle Residency Reviews -- In the April 10, 2009 Operational Report #9, DHS addressed questions related to the LAC+USC residency training programs. The Director of Graduate Medical Education (GME) in conjunction with the GME Committee reported they would be implementing intensive and comprehensive mid-cycle

[www.dhs.lacounty.gov](http://www.dhs.lacounty.gov)

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through leadership,  
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reviews beginning May 2009 for the seventeen resident training programs. Mid-cycle reviews are performed internally in preparation for Accreditation Council for Graduate Medical Education (ACGME) site visits to evaluate and ensure quality resident training experiences. Since the April report, LAC+USC has completed seven mid-cycle reviews and has had five ACGME site visits. None of the reviews or visits identified a measurable negative impact on residency training as a result of the move to the new facility; in fact, resident interviews have provided highly positive feedback as a result of the outstanding improvements with a Replacement Facility.

Health Plan Agreements -- OMC has developed an action plan that will guide the contracting and marketing activities needed to promote the specialty care services at LAC+USC. LAC+USC is in the process of developing informational materials for potential health plan entities to describe the valuable services available and how referrals will be made. After these materials are developed, OMC will schedule tours with managed care organizations and will commence contracting efforts. Several physician groups have expressed specific interest in LAC+USC's high risk OB program as well as in the outpatient and inpatient pediatric services. Under delegated authority OMC has completed successful negotiations with Kaiser for burn services for a three year contract with annual increased reimbursement rates throughout the term and will be informing the Board upon contract execution.

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

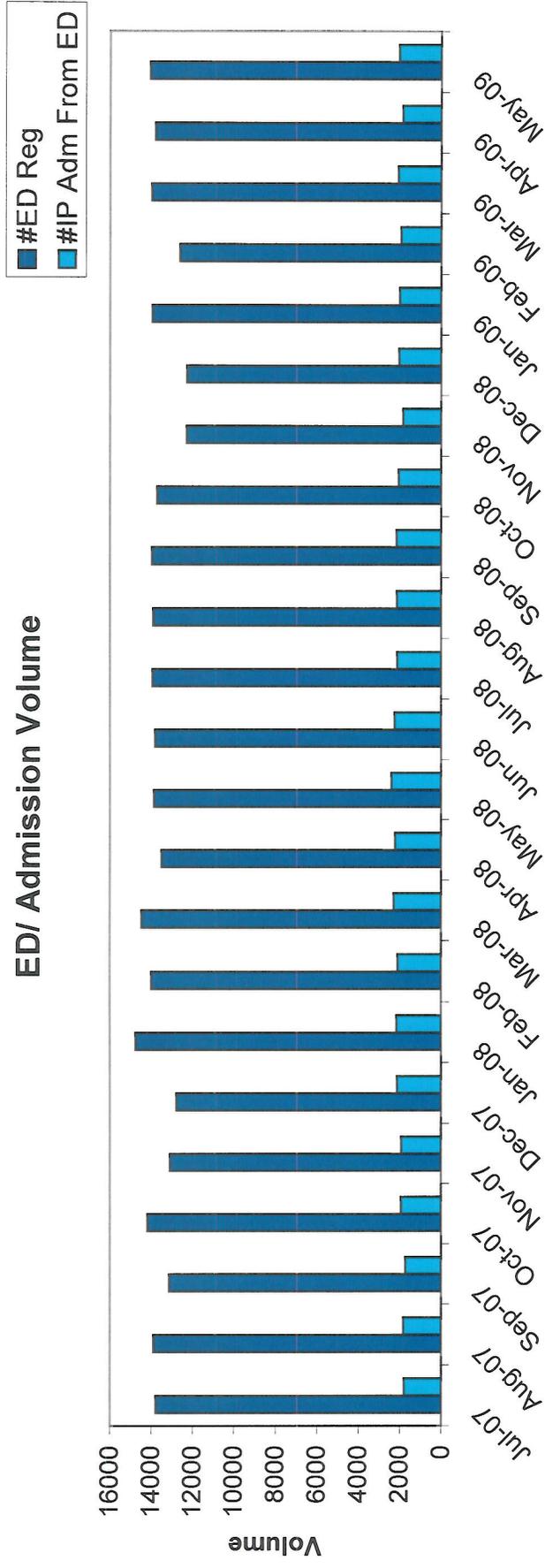
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#### Attachments

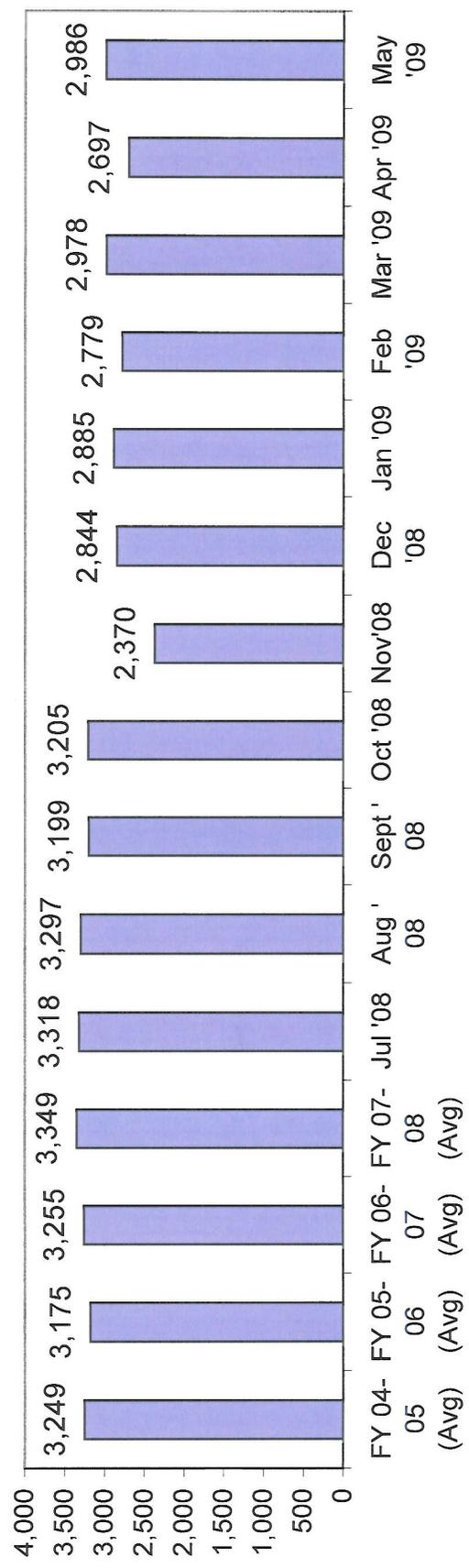
c: Chief Executive Officer  
County Counsel  
Executive Officer, Board of Supervisors

# LAC+USC Medical Center Workload Summary

## EDI Admission Volume

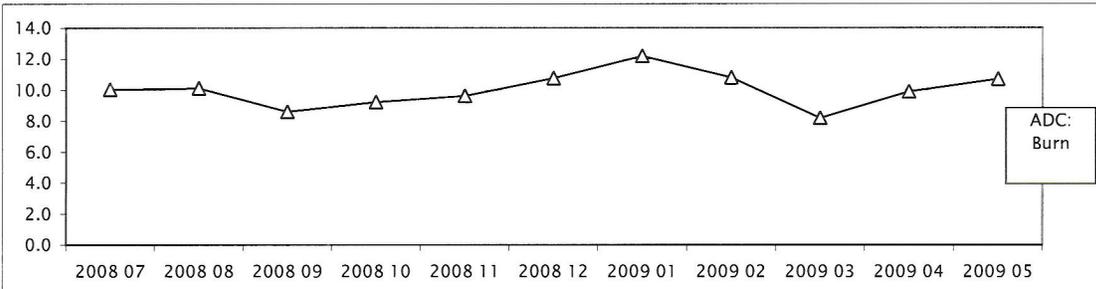
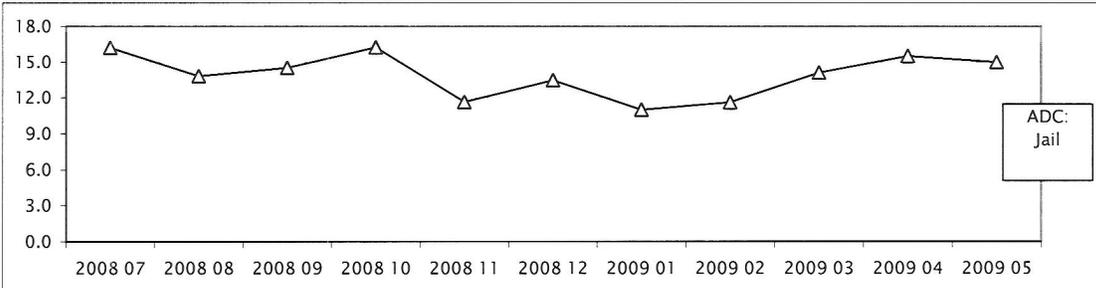
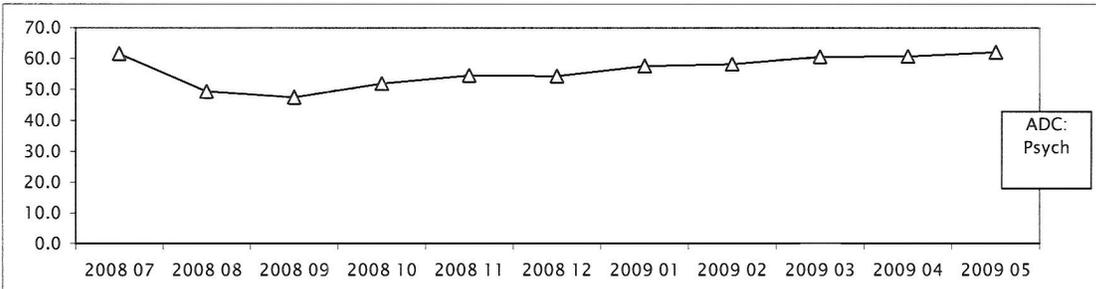
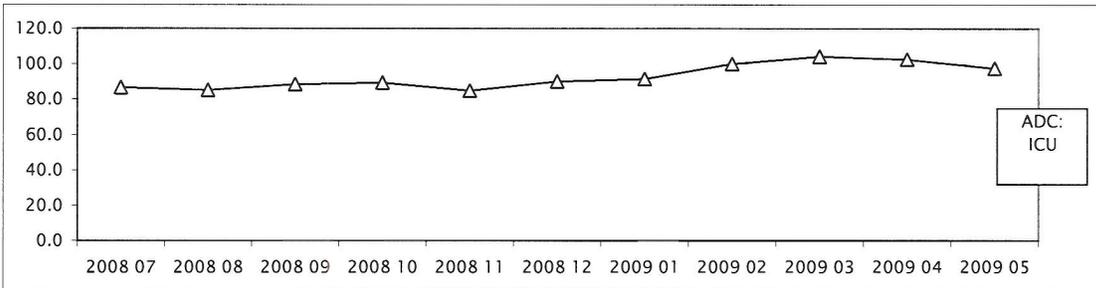
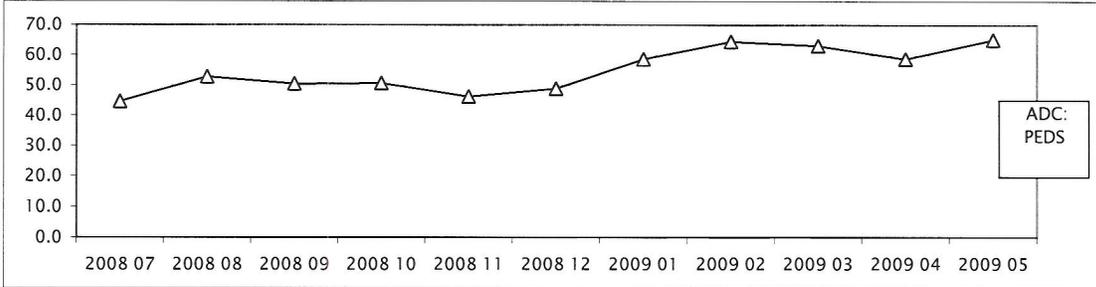
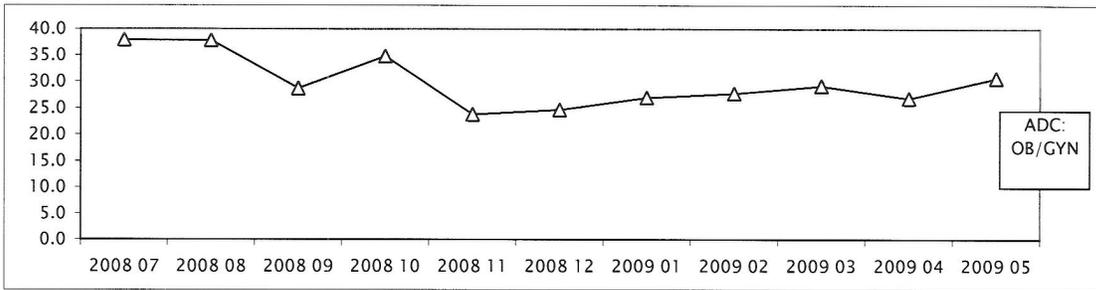


## Admissions



LAC+USC Healthcare Network  
 Average Daily Census by Nursing Unit Subset, Jul-2008 to Apr-2009  
 based on Affinity Nursing Unit Statistical Reports

Attachment II





July 14, 2009

Los Angeles County Board of Supervisors

Gloria Molina  
First District

Mark Ridley-Thomas  
Second District

Zev Yaroslavsky  
Third District

Don Knabe  
Fourth District

Michael D. Antonovich  
Fifth District

TO: Each Supervisor

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

SUBJECT: **STATUS REPORT ON KEY INDICATORS OF PROGRESS, HOSPITAL OPERATIONS, AND OTHER ISSUES RELATED TO THE TRANSITION TO THE NEW LAC+USC MEDICAL CENTER – PROGRESS REPORT #15 (Agenda Item #S-1, July 14, 2009)**

John F. Schunhoff, Ph.D.  
Interim Director

Robert G. Splawn, M.D.  
Interim Chief Medical Officer

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

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

This is to provide your Board with the bi-monthly report on the status of transitioning to the new LAC+USC Medical Center (LAC+USC). This report is not the full monthly operational report but an interim report of Emergency Department (ED) and hospital admission volumes and specialty services trending for the period of June 2009. The new hospital has been fully operational for nine months.

**Census Trending (ADC includes Psychiatric & Newborn Patients)**

The Average Daily Census (ADC) for the month of June was 572 out of 671 licensed beds, an estimated 83% utilization rate (85% occupancy). The census for Medical/Surgical units was an estimated 92% utilization rate (95% occupancy) for June 2009.

**Emergency Department and Hospital Admission Volume Trending**

Attachment 1 demonstrates that the trending of ED registration and admissions from the ED have stabilized at approximately 14,000 and 2,000, respectively. Hospital admissions have increased, primarily due to the opening of ten additional Medical/Surgical beds through State licensure flex approval as described in the prior June 23, 2009 Board memo.

The overall hospital admission rate for the month of June was 92% of the pre-move admission rate (based a six month average of admissions prior to the move). With the additional average of 64 ED patients transported to Rancho and other private hospitals on a monthly basis, the overall admission rate is increased to 94% of the pre-move admission rate.

**Specialty Services**

Attachment 2 shows the ADC trends for the specialty areas of OB/GYN, Pediatrics, ICU, Psychiatry, Jail and Burn. These areas will continue to fluctuate, primarily based on types of patients presenting to the ED.

[www.dhs.lacounty.gov](http://www.dhs.lacounty.gov)

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Each Supervisor  
July 14, 2009  
Page 2

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

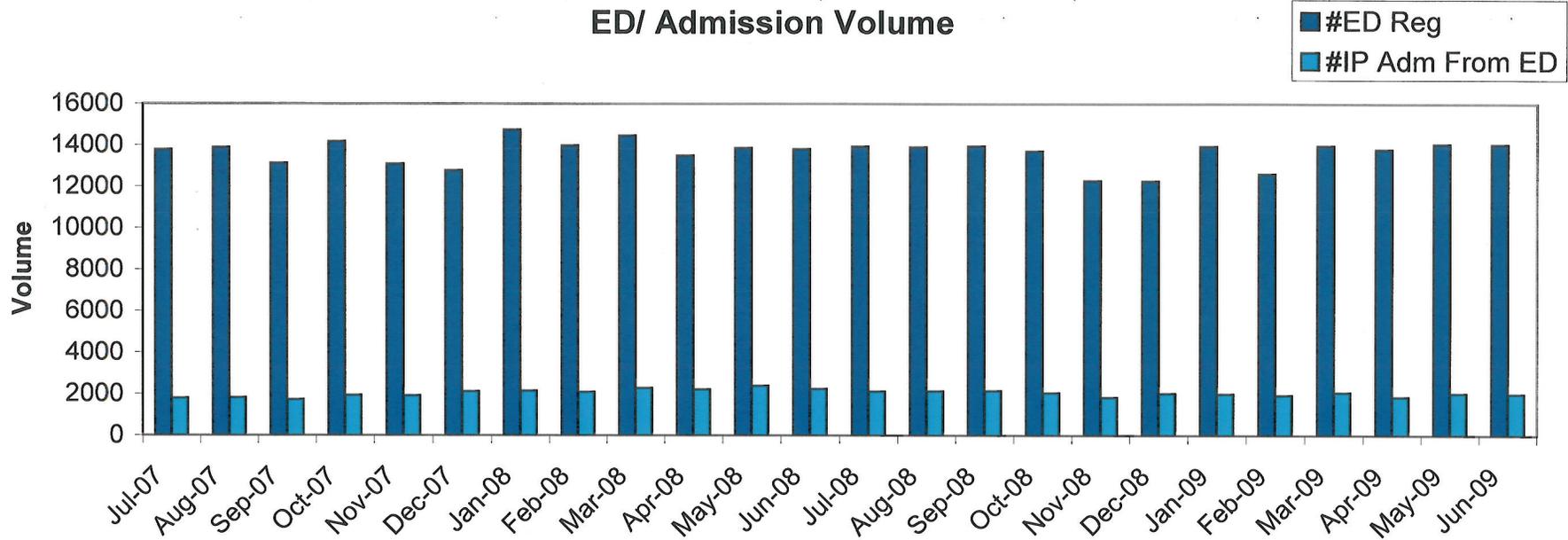
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#### Attachments

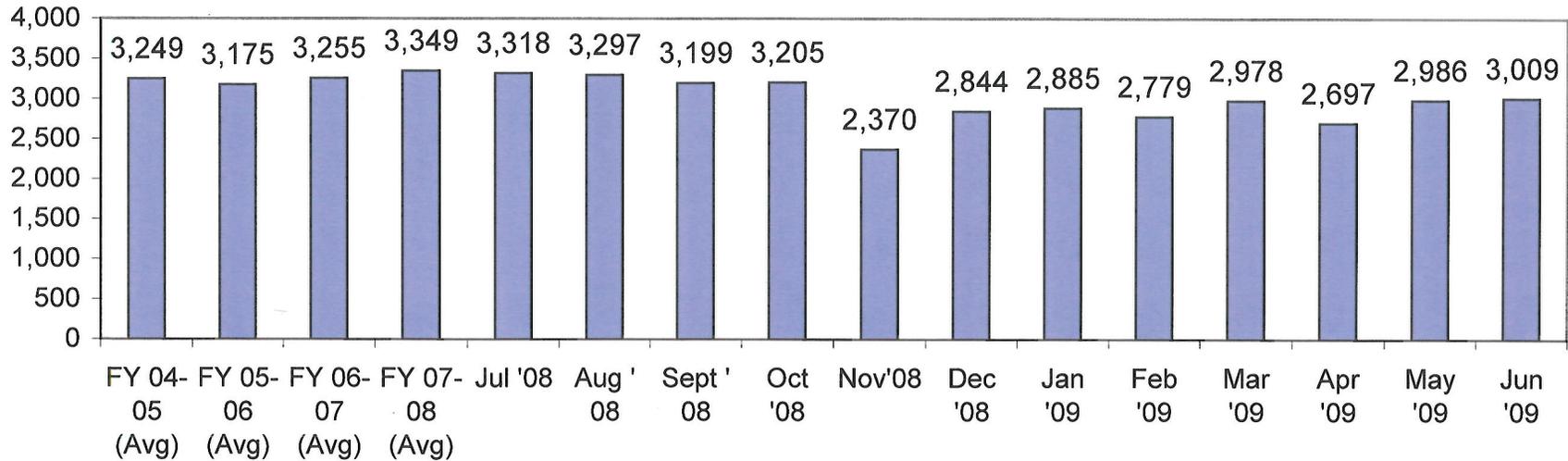
c: Chief Executive Officer  
Acting County Counsel  
Executive Officer, Board of Supervisors

# LAC+USC Medical Center Workload Summary

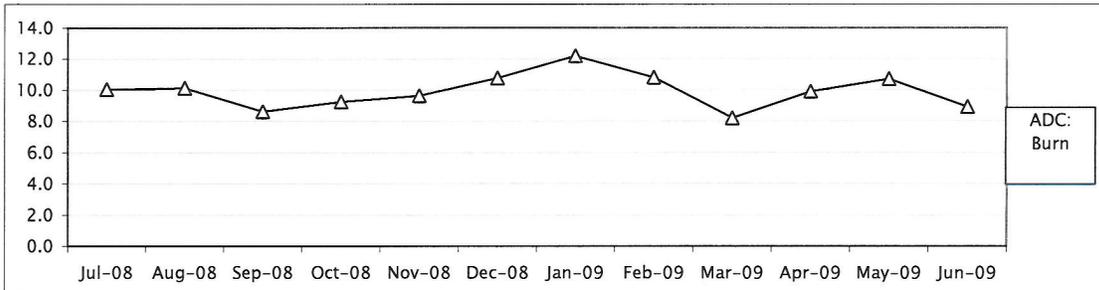
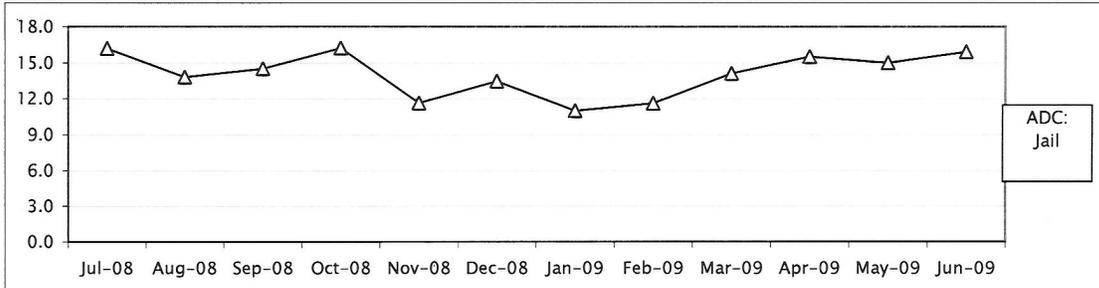
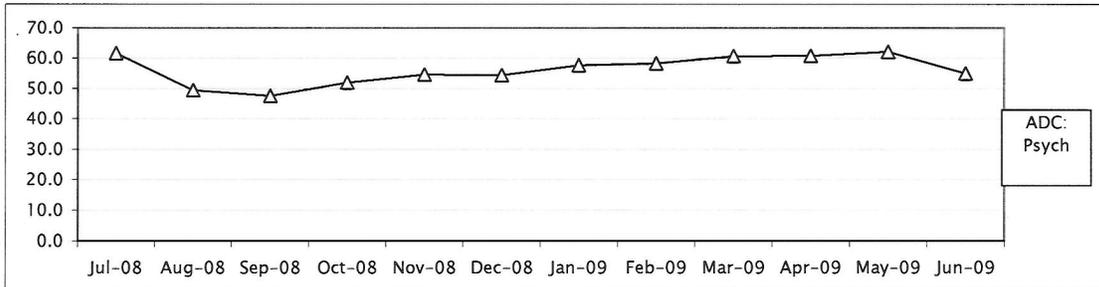
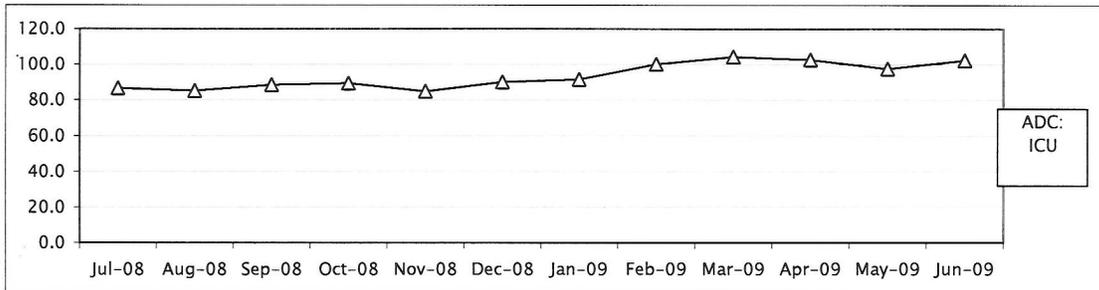
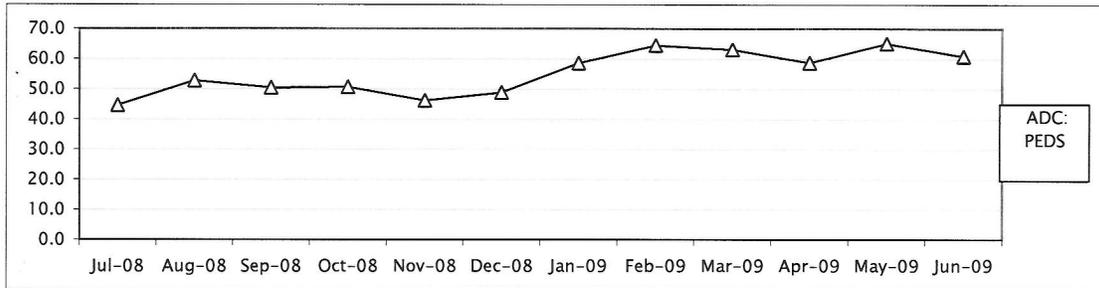
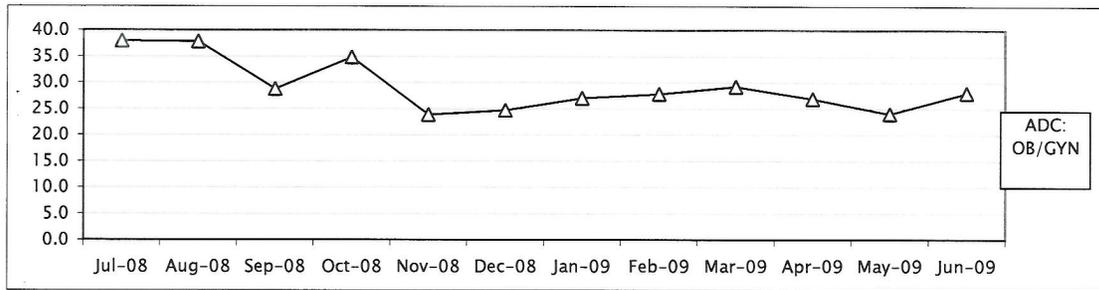
## ED/ Admission Volume



## Admissions



LAC+USC Healthcare Network  
 Average Daily Census by Nursing Unit Subset, Jul-2008 to Jun-2009  
 based on Affinity Nursing Unit Statistical Reports





August 11, 2009

Los Angeles County  
Board of Supervisors

Gloria Molina  
First District

Mark Ridley-Thomas  
Second District

Zev Yaroslavsky  
Third District

Don Knabe  
Fourth District

Michael D. Antonovich  
Fifth District

TO: Each Supervisor

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

SUBJECT: **STATUS REPORT ON KEY INDICATORS OF PROGRESS, HOSPITAL OPERATIONS, AND OTHER ISSUES RELATED TO THE TRANSITION TO THE NEW LAC+USC MEDICAL CENTER – PROGRESS REPORT #17 (Agenda Item #S-1, August 11, 2009)**

John F. Schunhoff, Ph.D.  
Interim Director

Robert G. Splawn, M.D.  
Interim Chief Medical Officer

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

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

This is to provide your Board with the bi-monthly report on the status of transitioning to the new LAC+USC Medical Center (LAC+USC). This report is not the full monthly operational report but an interim report of emergency Department (ED) and hospital admission volumes and specialty services trending for the period of July 2009.

**Census Trending (ADC includes Psychiatric & Newborn Patients)**

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

**Emergency Department and Hospital Admission Volume Trending**

Attachment 1 demonstrates the trending of ED registration and admissions.

[www.dhs.lacounty.gov](http://www.dhs.lacounty.gov)

**Specialty Services**

Attachment 2 shows the ADC trends for the specialty areas of OB/GYN, Pediatrics, ICU, Psychiatry, Jail and Burn. These areas will continue to fluctuate, primarily based on the types of patients presenting to the ED.

*To improve health  
through leadership,  
service and education.*

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

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Attachments

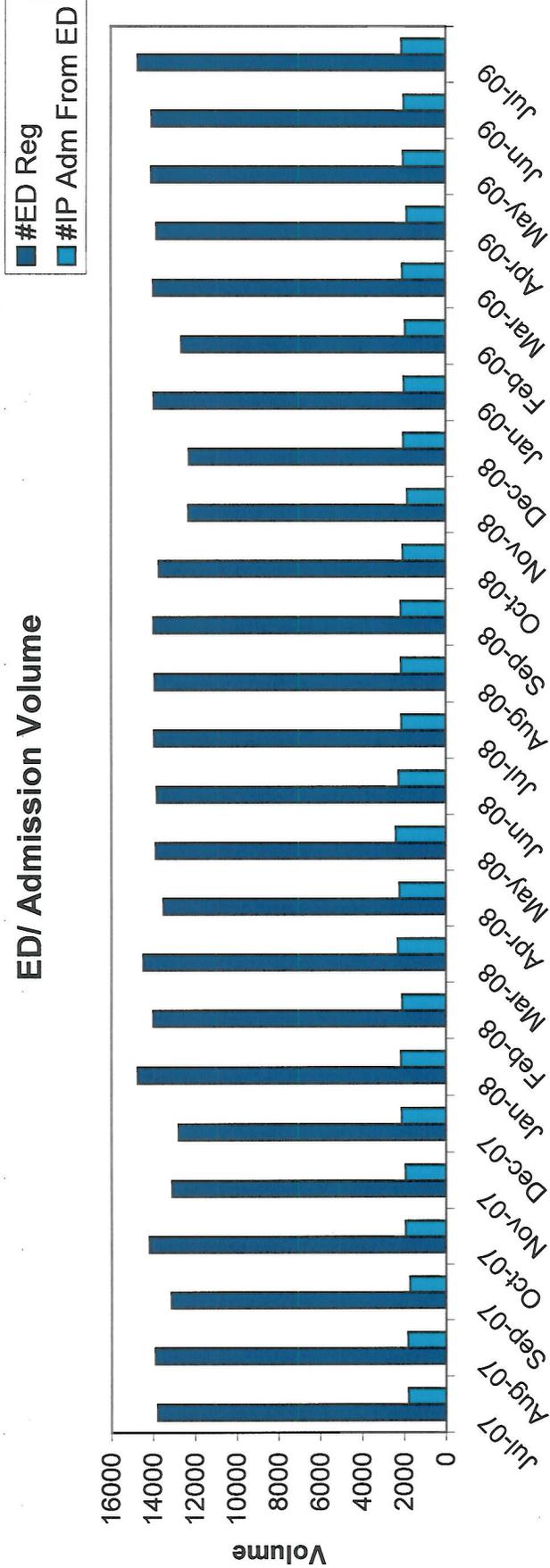
c: Chief Executive Officer  
Acting County Counsel  
Executive Officer, Board of Supervisors



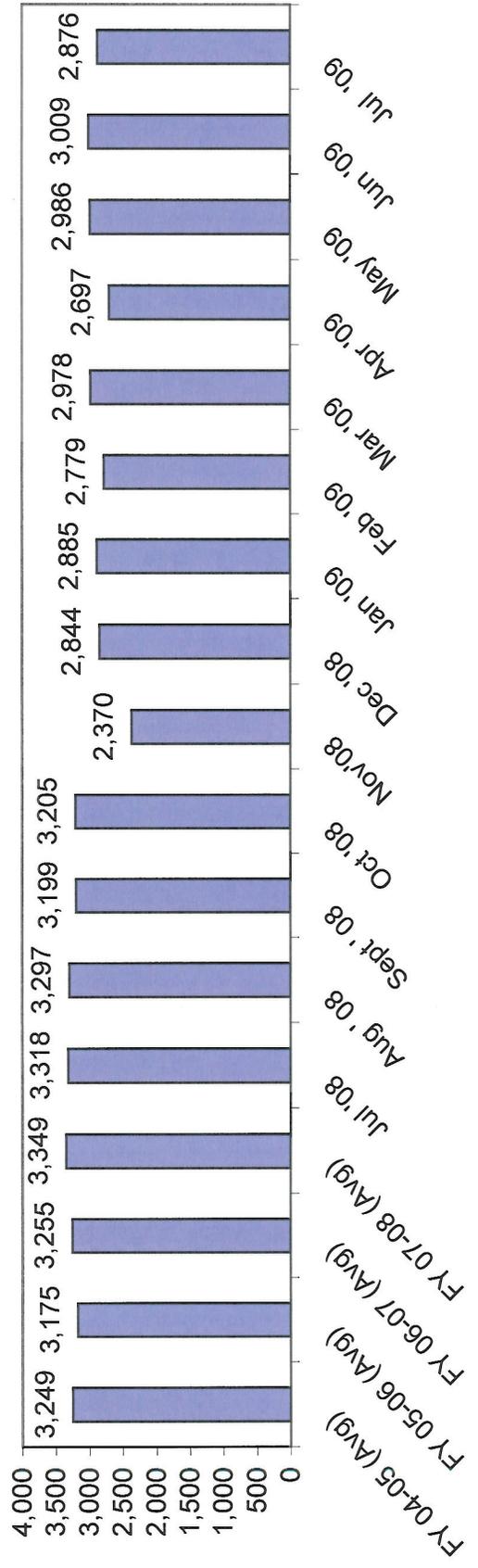
[www.dhs.lacounty.gov](http://www.dhs.lacounty.gov)

# LAC+USC Medical Center Workload Summary

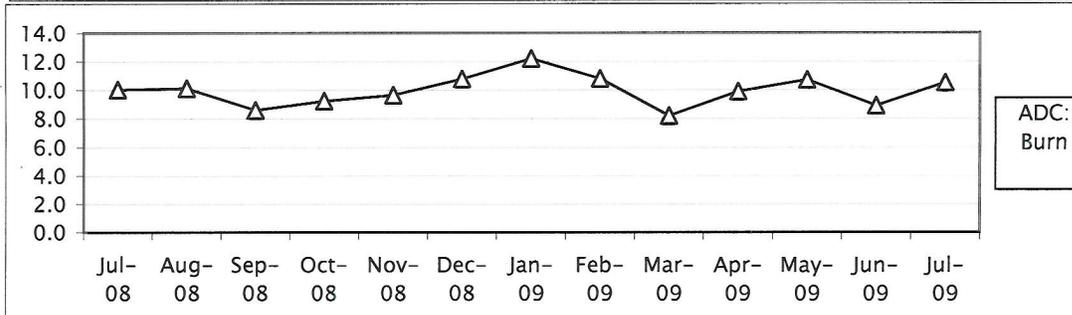
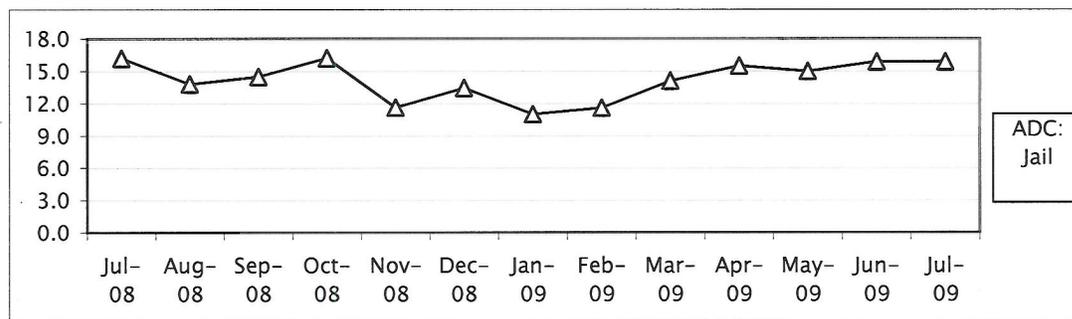
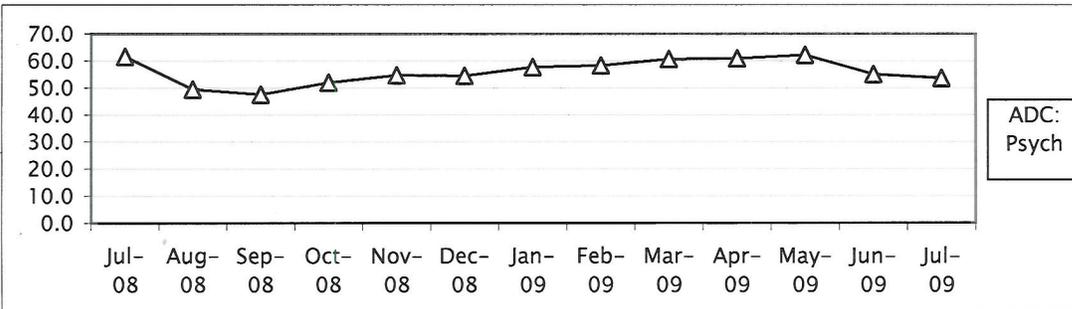
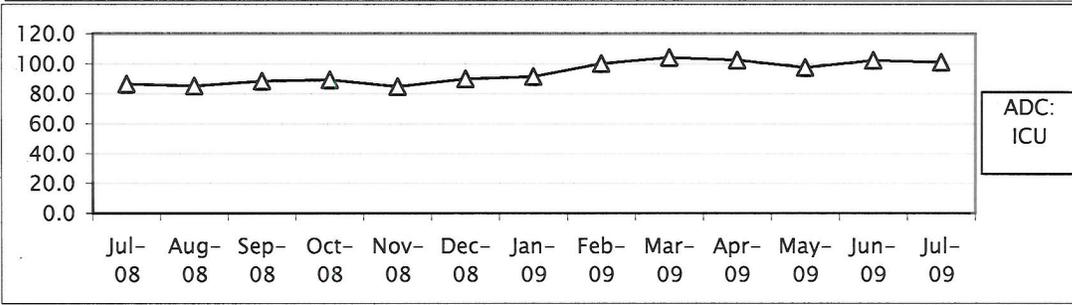
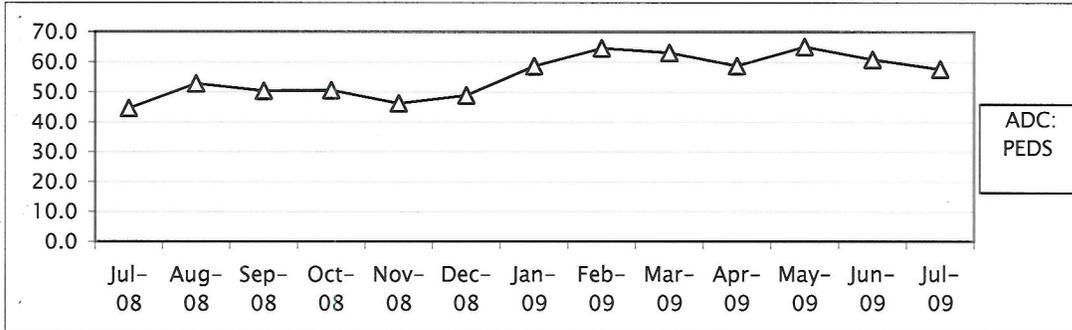
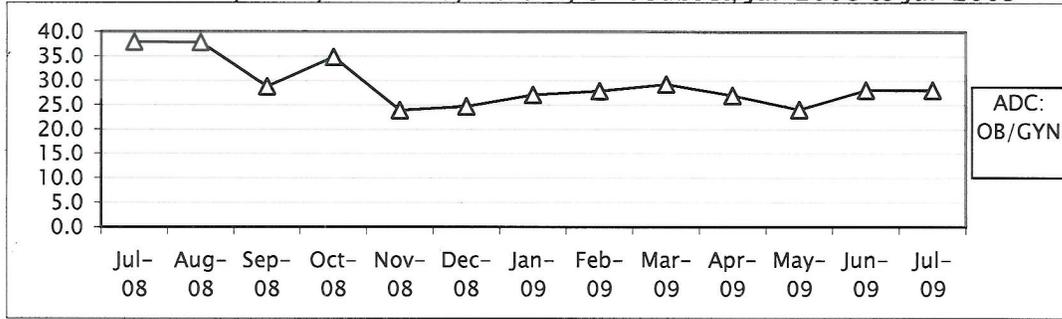
## ED/ Admission Volume



## Admissions



Average Daily Census by Nursing Unit Subset, Jul-2008 to Jul-2009





**Health Services**  
LOS ANGELES COUNTY

January 12, 2010

**Los Angeles County  
Board of Supervisors**

**Gloria Molina**  
First District

**Mark Ridley-Thomas**  
Second District

**Zev Yaroslavsky**  
Third District

**Don Knabe**  
Fourth District

**Michael D. Antonovich**  
Fifth District

TO: Each Supervisor

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

SUBJECT: **STATUS REPORT ON KEY INDICATORS OF PROGRESS, HOSPITAL OPERATIONS, AND OTHER ISSUES RELATED TO THE TRANSITION TO THE NEW LAC+USC MEDICAL CENTER – PROGRESS REPORT #27 (Agenda Item #S-1, January 12, 2010)**

**John F. Schunhoff, Ph.D.**  
Interim Director

**Robert G. Splawn, M.D.**  
Interim Chief Medical Officer

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

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

This is to provide your Board with the bi-monthly report on the status of transitioning to the new LAC+USC Medical Center (LAC+USC). This report is not the full monthly operational report but an interim report of Emergency Department (ED) and hospital admission volumes and specialty services with trends to include the month of December 2009.

**Census Trending (ADC includes Psychiatric & Newborn Patients)**

The Average Daily Census (ADC) for the month of December was 559 out of 671 licensed beds, an estimated 82% utilization rate (84% occupancy). The census for Medical/Surgical units was an estimated 91% utilization rate (93% occupancy) for December 2009. As with the hospital industry in general, a reduction in inpatient utilization is common during the month of December.

[www.dhs.lacounty.gov](http://www.dhs.lacounty.gov)

**Emergency Department (ED) Indicators/Hospital Admissions**

*To improve health  
through leadership,  
service and education.*

Attachment 1 demonstrates the trending of ED Registration and Admissions from the ED as well as total Hospital Admissions volume. Although overall ED Registration volume decreased, Hospital Admissions were up by 9% from November. These are reflective of seasonal variances and as well as a reduction in Average Length of Stay (ALOS) which was down to 5.84 days per patient for December 2009; ALOS will be trended in the next report. The December 2009 Hospital Admissions volume is the highest one-month experience since the move to the new hospital.

**Specialty Services**

Attachment 2 shows the ADC trends for the specialty areas of OB/GYN, Pediatrics, ICU, Psychiatry, Jail and Burn Units; with



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Each Supervisor  
January 12, 2010  
Page 2

increases in the OB/GYN, Jail and Burn censuses. These areas will continue to fluctuate based on the types of patients presenting to the ED.

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

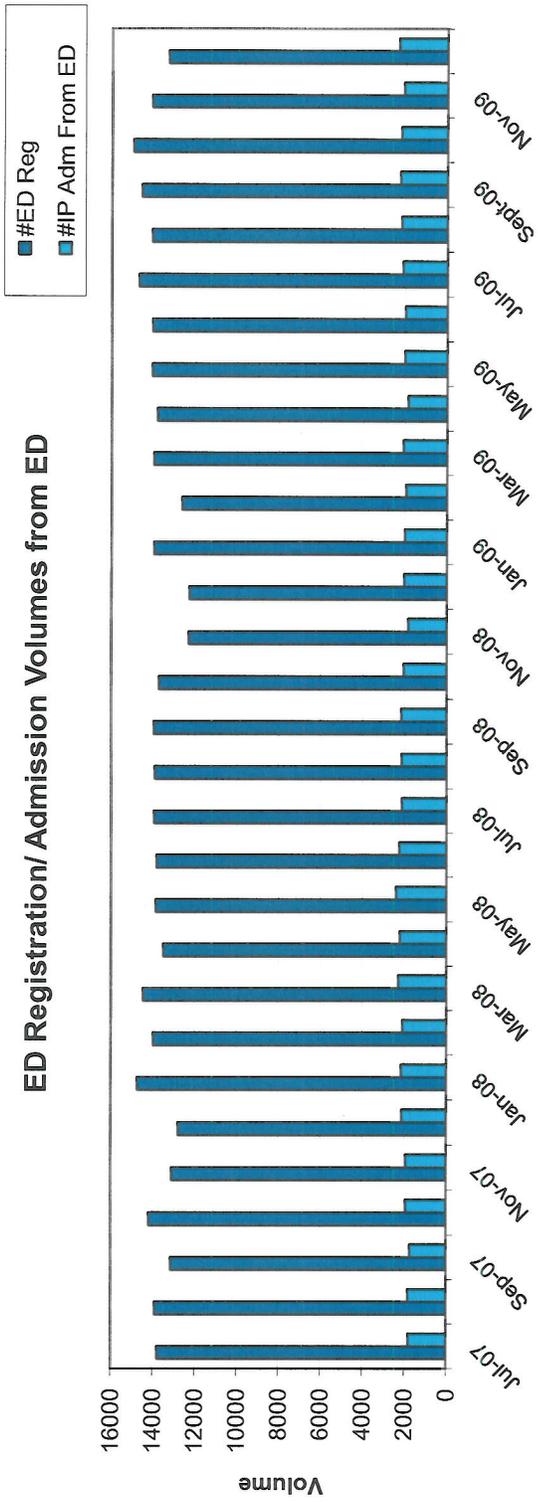
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#### Attachments

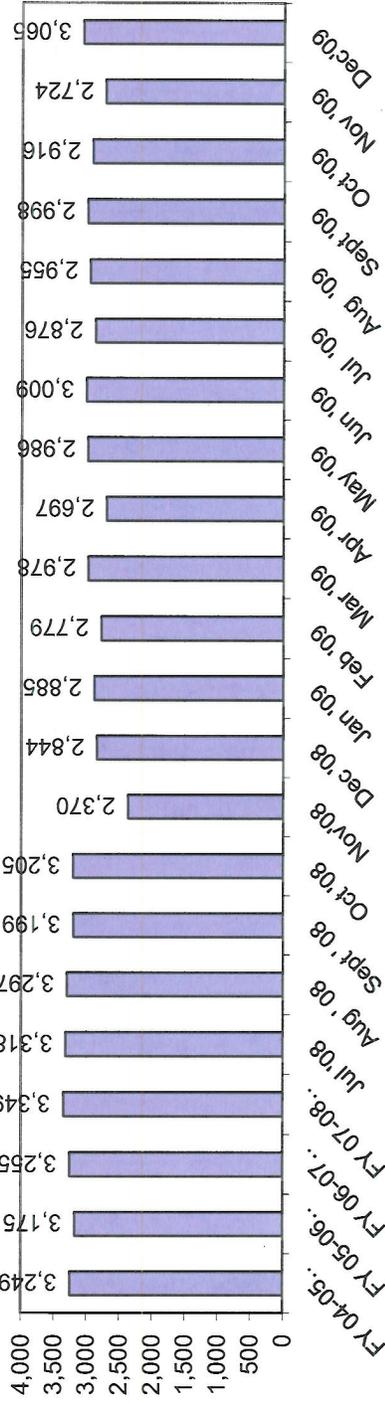
c: Chief Executive Officer  
Acting County Counsel  
Executive Officer, Board of Supervisors

# LAC+USC Medical Center Workload Summary

## ED Registration/ Admission Volumes from ED



## Hospital Admissions

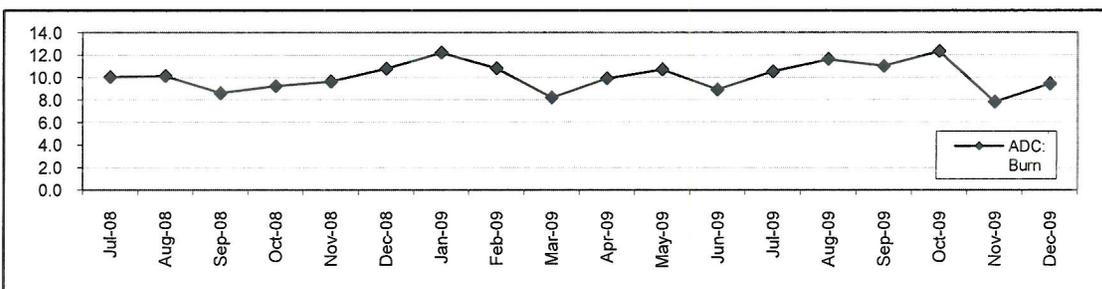
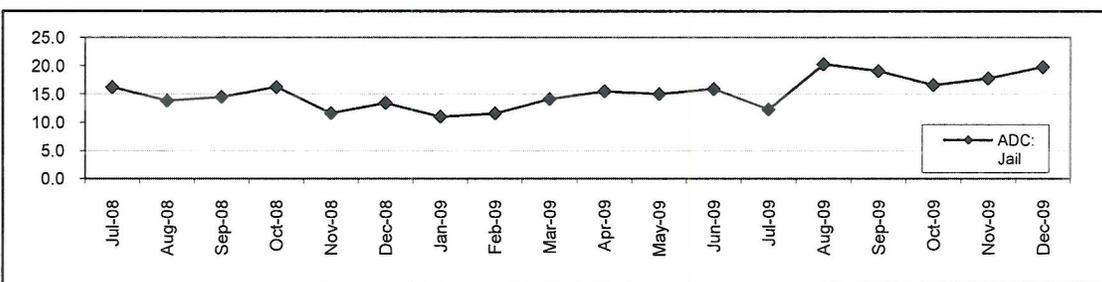
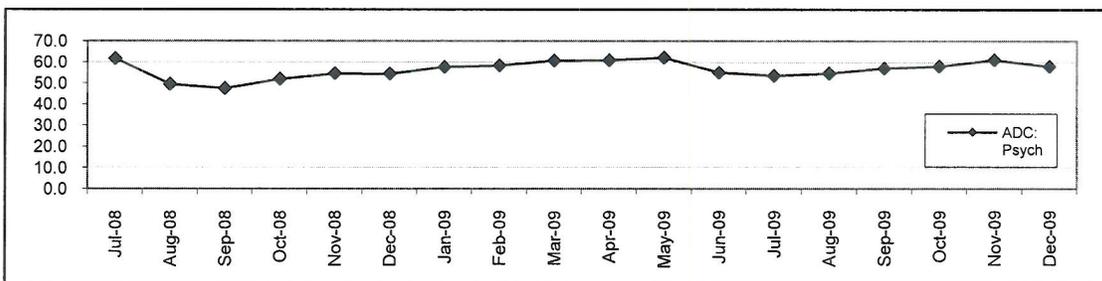
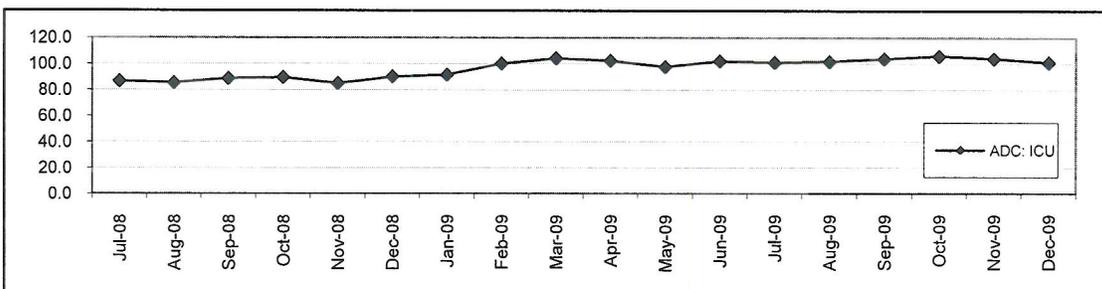
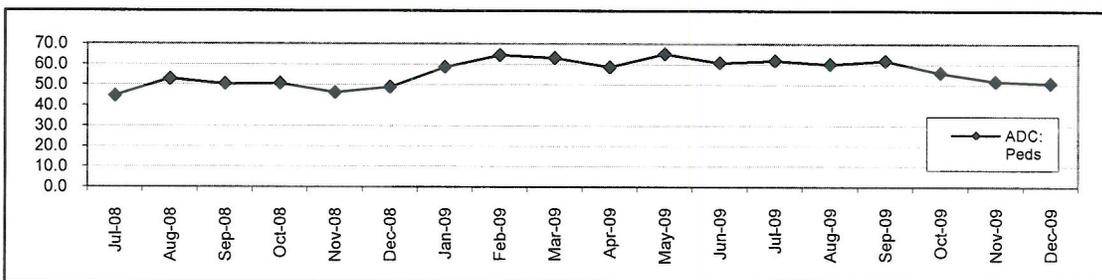
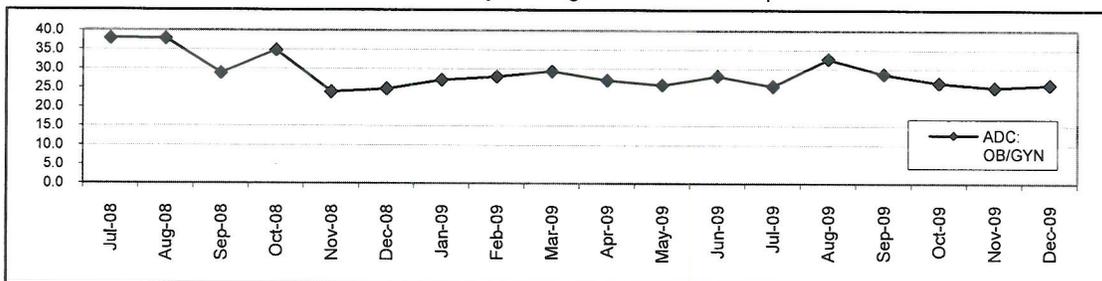


ED registration is the number of patients accessing the ED (Registrations) and includes the following categories:

- \* Left without being seen
- \* Transferred to the UADC on the same day
- \* Admitted as an inpatient
- \* Dispositioned from the ED

### LAC+USC Healthcare Network

Average Daily Census by Nursing Unit Subset, July 2008 to Dec 2009  
Based on Affinity Nursing Unit Statistical Report





**Health Services**  
LOS ANGELES COUNTY

October 15, 2012

**Los Angeles County  
Board of Supervisors**

**Gloria Molina**  
First District

**Mark Ridley-Thomas**  
Second District

**Zev Yaroslavsky**  
Third District

**Don Knabe**  
Fourth District

**Michael D. Antonovich**  
Fifth District

TO: Each Supervisor  
FROM: Mitchell H. Katz, M.D.  
Director

SUBJECT: **AVERAGE DAILY CENSUS, HOSPITAL-BASED  
OUTPATIENT VISITS (EMERGENCY DEPARTMENT),  
AND HOSPITAL-BASED OUTPATIENT VISITS  
(AMBULATORY CARE) QUARTERLY REPORT –  
FOURTH QUARTER ENDING JUNE 30, 2012 FINAL**

As requested, this is to provide you with a report of the Department of Health Services' Average Daily Census (ADC), Hospital-Based Outpatient Emergency Room (ER) visits, and Hospital-Based Outpatient Ambulatory Care (Amb Care) visits for the Fourth Quarter ending June 30, 2012 Final.

Each detailed report for ADC, ER, and Amb Care is provided in two attachments. Attachment I reflects Year-to-Date (YTD), Month-to-Date (MTD), and Full-Year Actual data, plus comparative budget and prior year information. Attachment II displays: (a) a 12-month history, by hospital, for last fiscal year, (b) an actual table for the current fiscal year, by hospital, and (c) a graph that provides a quick snapshot view of our overall trends.

The June actual census of 1,213 is 261 less than the June 2012 census budget of 1,474, and 74 less than the actual ADC for June 2011 of 1,287. We will continue to closely monitor hospital census and its effect on financial performance of our facilities.

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

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**Attachments**

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

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

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

[www.dhs.lacounty.gov](http://www.dhs.lacounty.gov)

*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.*

[www.dhs.lacounty.gov](http://www.dhs.lacounty.gov)



**AVERAGE DAILY CENSUS**  
**COUNTY OF LOS ANGELES**  
**DEPARTMENT OF HEALTH SERVICES**  
**MONTHLY OCCUPANCY REPORT**

**FOR THE FOURTH QUARTER ENDING JUNE 30, 2012 FINAL**

	(1)	(2)	(3)	(4)	(5)	(6)
	FY 11-12 BUDGET	FY 11-12 YTD BUDGET	JUN/12 BUDGET	MTD ACTUAL	FY 11-12 ACTUAL	FY 10-11 ACTUAL
LAC+USC MEDICAL CENTER	671	671	668	547	571	587
H-UCLA MEDICAL CENTER	373	373	373	322	328	359
RLA NATIONAL REHAB. CENTER	219	219	219	152	172	183
OV-UCLA MEDICAL CENTER	213	213	214	192	192	192
<b>TOTAL</b>	<b>1,476</b>	<b>1,476</b>	<b>1,474</b>	<b>1,213</b>	<b>1,263</b>	<b>1,321</b>

**NOTES:**

- (1) Per the Fiscal Year (FY) 2011-12 Final Budget.
- (2) YTD budget developed based on the census level necessary to achieve each facility's FY 2011-12 Final Budget.
- (3) Monthly budget developed for the report month based on the census level necessary to achieve each facility's FY 2011-12 Final Budget.
- (4) The aggregate number of actual census days for the report month, averaged on a per-day basis.
- (5) FY 2011-12 actual is based on facility's June 2012 Final/Verified workload report.
- (6) Actual average daily census averaged for the 12-month period of FY 2010-11 based on facility's June Final/Verified 2011 workload report.

**AVERAGE DAILY CENSUS**  
 COUNTY OF LOS ANGELES  
 DEPARTMENT OF HEALTH SERVICES  
 MONTHLY OCCUPANCY REPORT  
 FISCAL YEARS 2010-11 AND 2011-12

ACTUAL													YTD
	JUL.	AUG.	SEPT.	OCT.	NOV.	DEC.	JAN.	FEB.	MAR.	APR.	MAY	JUNE	Actual
LAC+USC Medical Center	594	603	597	594	580	581	593	600	586	577	575	572	587
H-UCLA Medical Center	350	360	374	358	364	360	376	361	355	358	348	356	359
RLA National Rehabilitation Center	177	190	189	196	190	180	188	181	178	177	186	161	183
OV-UCLA Medical Center	198	192	203	195	190	185	186	191	199	184	186	198	192
<b>TOTAL</b>	<b>1,319</b>	<b>1,345</b>	<b>1,363</b>	<b>1,343</b>	<b>1,324</b>	<b>1,306</b>	<b>1,343</b>	<b>1,333</b>	<b>1,318</b>	<b>1,296</b>	<b>1,295</b>	<b>1,287</b>	<b>1,321</b>

FISCAL YEAR 2010-11 (1)  
 LAC+USC Medical Center  
 H-UCLA Medical Center  
 RLA National Rehabilitation Center  
 OV-UCLA Medical Center  
 TOTAL

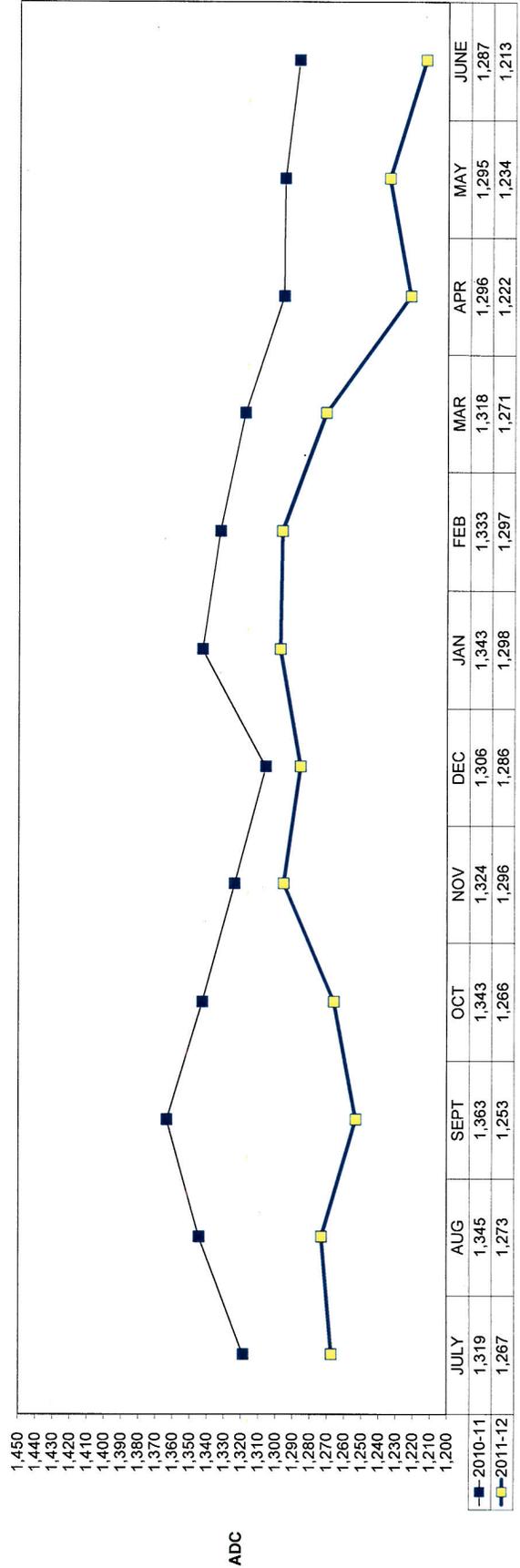
(1) Per facility's June Final/Verified 2011 workload report.

ACTUAL													YTD
	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.	JAN.	FEB.	MAR.	APR.	MAY	JUNE	Actual
LAC+USC Medical Center	569	579	561	575	587	580	583	580	572	561	558	547	571
H-UCLA Medical Center	331	336	330	334	338	328	331	336	328	308	321	322	328
RLA National Rehabilitation Center	179	168	163	165	180	185	190	179	181	168	161	152	172
OV-UCLA Medical Center	189	190	199	192	191	192	194	201	190	185	194	192	192
<b>TOTAL</b>	<b>1,267</b>	<b>1,273</b>	<b>1,253</b>	<b>1,266</b>	<b>1,296</b>	<b>1,286</b>	<b>1,298</b>	<b>1,297</b>	<b>1,271</b>	<b>1,222</b>	<b>1,234</b>	<b>1,213</b>	<b>1,263</b>

FISCAL YEAR 2011-12 (2)  
 LAC+USC Medical Center  
 H-UCLA Medical Center  
 RLA National Rehabilitation Center  
 OV-UCLA Medical Center  
 TOTAL

(2) Per facility's June Final/Verified 2012 workload report.

**MONTHLY OCCUPANCY REPORT**  
 AVERAGE DAILY CENSUS



**HOSPITAL-BASED OUTPATIENT VISITS - EMERGENCY DEPARTMENT**  
**COUNTY OF LOS ANGELES**  
**DEPARTMENT OF HEALTH SERVICES**  
**FOR THE FOURTH QUARTER ENDING JUNE 30, 2012 FINAL**

	(1)	(2)	(3)	(4)	(5)	(6)
	FY 11-12	FY 11-12	JUN/12	MTD	FY 11-12	FY 10-11
	BUDGET	YTD	BUDGET	ACTUAL	ACTUAL	ACTUAL
LAC+USC MEDICAL CENTER	143,957	143,957	11,679	12,745	155,152	144,727
H-UCLA MEDICAL CENTER	80,481	80,481	6,477	6,329	77,656	80,636
RLA NATIONAL REHAB. CENTER			NA			
OV-UCLA MEDICAL CENTER	52,987	52,987	3,926	5,083	62,336	53,852
<b>TOTAL</b>	<b>277,425</b>	<b>277,425</b>	<b>22,082</b>	<b>24,157</b>	<b>295,144</b>	<b>279,215</b>

**NOTES:**

- (1) Per the Fiscal Year (FY) 2011-12 Final Budget.
- (2) YTD budget developed based on the number of Visits necessary to achieve each facility's FY 2011-12 Final Budget.
- (3) Monthly budget developed for the report month based on the number of Visits necessary to achieve each facility's FY 2011-12 Final Budget.
- (4) The aggregate number of actual Visits for the report month.
- (5) FY 2011-12 actual is based on facility's June 2012 Final/Verified workload report.
- (6) Actual number of Visits for the 12-month period of FY 2010-11 based on facility's June Final/Verified 2011 workload report.

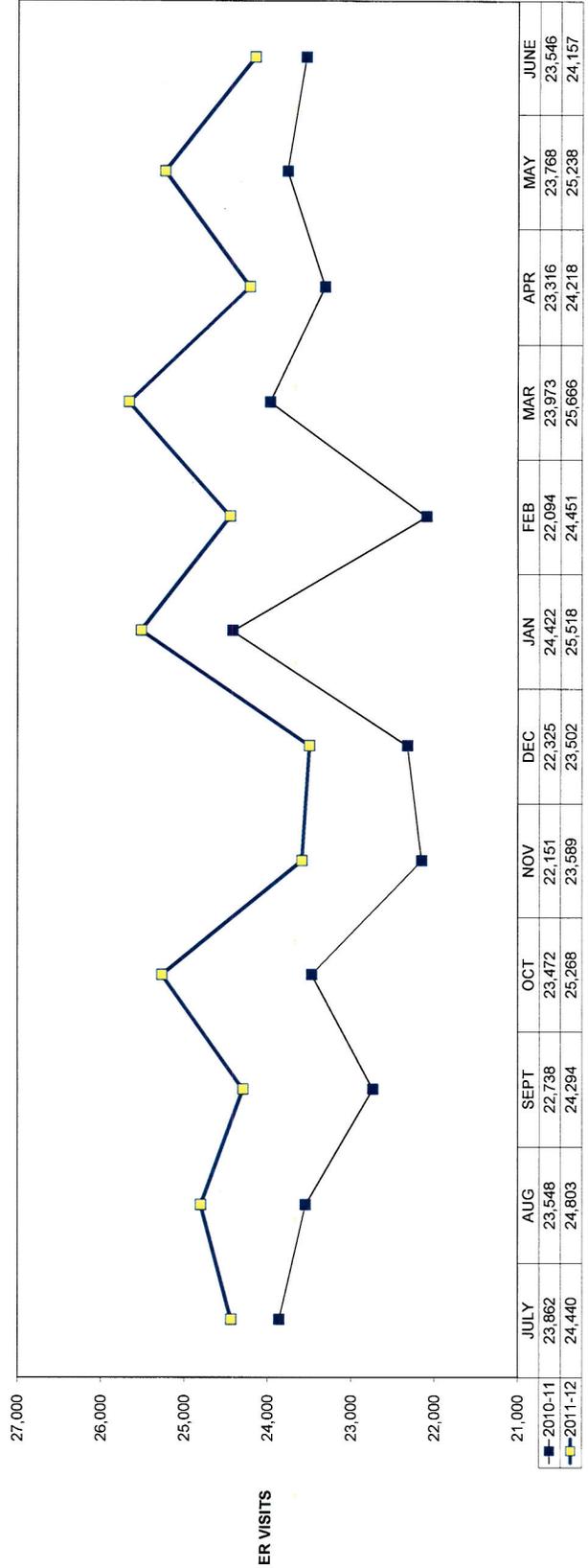
**HOSPITAL-BASED OUTPATIENT VISITS - EMERGENCY DEPARTMENT**  
 COUNTY OF LOS ANGELES  
 DEPARTMENT OF HEALTH SERVICES  
 FISCAL YEARS 2010-11 AND 2011-12

	ACTUAL												Actual	
	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.	JAN.	FEB.	MAR.	APR.	MAY.	JUN.		
<b>FISCAL YEAR 2010-11 (1)</b>														
LAC+USC Medical Center	12,675	12,090	11,732	11,844	11,320	11,427	12,680	11,174	12,548	12,369	12,442	12,426	144,727	
H-UCLA Medical Center	6,790	6,868	6,654	7,053	6,387	6,531	7,024	6,526	6,877	6,567	6,733	6,626	80,636	
RLA National Rehabilitation Center	4,397	4,590	4,352	4,575	4,444	N/A	4,718	4,394	4,548	4,380	4,593	4,494	0	
OV-UCLA Medical Center	23,862	23,548	22,738	23,472	22,151	22,325	24,422	22,094	23,973	23,316	23,768	23,546	53,852	
<b>TOTAL</b>													279,215	

	ACTUAL												Actual	
	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.	JAN.	FEB.	MAR.	APR.	MAY.	JUN.		
<b>FISCAL YEAR 2011-12 (2)</b>														
LAC+USC Medical Center	12,584	12,912	12,891	13,283	12,464	12,295	13,301	12,652	13,609	12,924	13,492	12,745	155,152	
H-UCLA Medical Center	6,781	6,567	6,495	6,723	6,151	6,423	6,734	6,605	6,495	5,888	6,465	6,329	77,656	
RLA National Rehabilitation Center	5,075	5,324	4,908	5,262	4,974	N/A	5,483	5,194	5,562	5,406	5,281	5,083	0	
OV-UCLA Medical Center	24,440	24,803	24,294	25,268	23,589	23,502	25,518	24,451	25,666	24,218	25,238	24,157	62,336	
<b>TOTAL</b>													295,144	

(1) Per facility's June Final/Verified 2011 workload report.  
 (2) Per facility's June Final/Verified 2012 workload report.

**MONTHLY HOSPITAL-BASED OUTPATIENT  
 EMERGENCY DEPARTMENT  
 VISITS REPORT**



# HOSPITAL-BASED OUTPATIENT VISITS - AMBULATORY CARE

## COUNTY OF LOS ANGELES DEPARTMENT OF HEALTH SERVICES FOR THE FOURTH QUARTER ENDING JUNE 30, 2012 FINAL

	(1)	(2)	(3)	(4)	(5)	(6)
	FY 11-12 BUDGET	FY 11-12 YTD BUDGET	JUN/12 BUDGET	MTD ACTUAL	FY 11-12 ACTUAL	FY 10-11 ACTUAL
LAC+USC MEDICAL CENTER	518,830	518,830	43,287	45,197	551,578	541,814
H-UCLA MEDICAL CENTER	337,673	337,673	28,527	28,656	332,750	337,799
RLA NATIONAL REHAB. CENTER	76,509	76,509	5,994	6,533	80,771	76,509
OV-UCLA MEDICAL CENTER	212,341	212,341	17,892	19,188	220,506	212,775
<b>TOTAL</b>	<b>1,145,353</b>	<b>1,145,353</b>	<b>95,700</b>	<b>99,574</b>	<b>1,185,605</b>	<b>1,168,897</b>

**NOTES:**

- (1) Per the Fiscal Year (FY) 2011-12 Final Budget.
- (2) YTD budget developed based on the number of Visits necessary to achieve each facility's FY 2011-12 Final Budget.
- (3) Monthly budget developed for the report month based on the number of Visits necessary to achieve each facility's FY 2011-12 Final Budget.
- (4) The aggregate number of actual Visits for the report month.
- (5) FY 2011-12 actual is based on facility's June 2012 Final/Verified workload report.
- (6) Actual number of Visits for the 12-month period of FY 2010-11 based on facility's June Final/Verified 2011 workload report.

ATTACHMENT I-C

# HOSPITAL-BASED OUTPATIENT VISITS - AMBULATORY CARE

COUNTY OF LOS ANGELES

DEPARTMENT OF HEALTH SERVICES

FISCAL YEARS 2010-11 AND 2011-12

	ACTUAL												
	JUL.	AUG.	SEPT.	OCT.	NOV.	DEC.	JAN.	FEB.	MAR.	APR.	MAY	JUNE	Actual
<b>FISCAL YEAR 2010-11<sup>(1)</sup></b>	44,097	46,593	45,218	45,314	42,742	43,237	45,039	41,973	50,818	44,999	44,717	47,067	541,814
LAC+USC Medical Center	28,496	29,121	28,142	27,892	26,213	27,655	28,608	26,054	31,015	27,925	28,028	28,650	337,799
H-UCLA Medical Center	6,012	6,808	6,701	6,558	6,405	5,964	6,583	5,798	6,959	6,228	6,499	5,994	76,509
RLA National Rehabilitation Center	17,846	19,179	17,846	16,729	16,013	17,085	17,631	16,564	20,189	17,633	17,740	18,320	212,775
OV-UCLA Medical Center	96,451	101,701	97,907	96,493	91,373	93,941	97,861	90,389	108,981	96,785	96,984	100,031	1,168,897
<b>TOTAL</b>													

	ACTUAL												
	JUL.	AUG.	SEP.	OCT.	NOV.	DEC.	JAN.	FEB.	MAR.	APR.	MAY	JUNE	Actual
<b>FISCAL YEAR 2011-12<sup>(2)</sup></b>	42,772	49,950	47,114	44,681	42,864	43,953	45,799	45,210	48,174	46,963	48,901	45,197	551,578
LAC+USC Medical Center	26,863	29,431	28,093	26,862	26,609	27,307	26,905	26,301	28,749	27,527	29,447	28,656	332,750
H-UCLA Medical Center	6,059	7,669	6,965	7,101	6,472	6,237	6,823	6,598	7,043	6,643	6,628	6,533	80,771
RLA National Rehabilitation Center	16,703	19,609	18,329	17,859	16,902	17,169	18,573	18,135	19,032	18,755	20,252	19,188	220,506
OV-UCLA Medical Center	92,397	106,659	100,501	96,503	92,847	94,666	98,100	96,244	102,998	99,888	105,228	99,574	1,185,605
<b>TOTAL</b>													

(1) Per facility's June Final/Verified 2011 workload report.  
 (2) Per facility's June Final/Verified 2012 workload report.

## MONTHLY HOSPITAL-BASED OUTPATIENT AMBULATORY CARE VISITS REPORT

