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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.

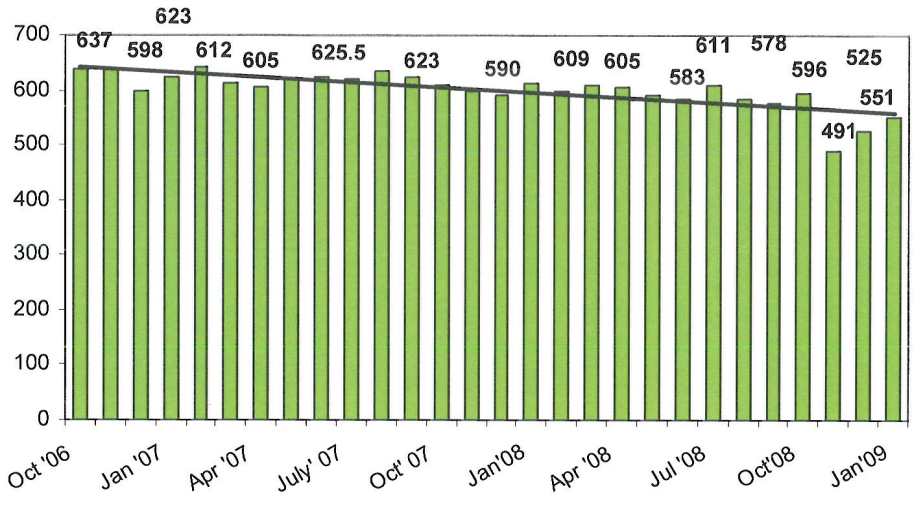
If you have any questions or need additional information, please contact me or Carol Meyer, Interim Chief Network Officer at (213) 240-8370.

JFS:CM:pm
811:003

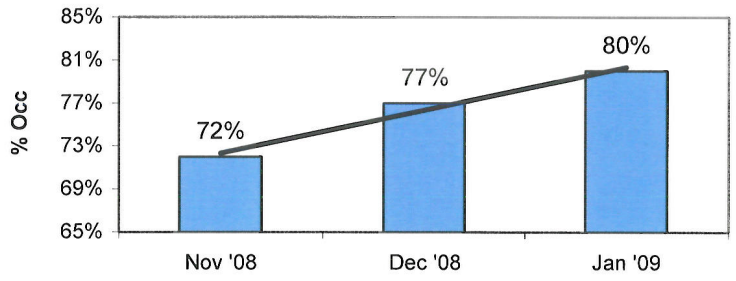
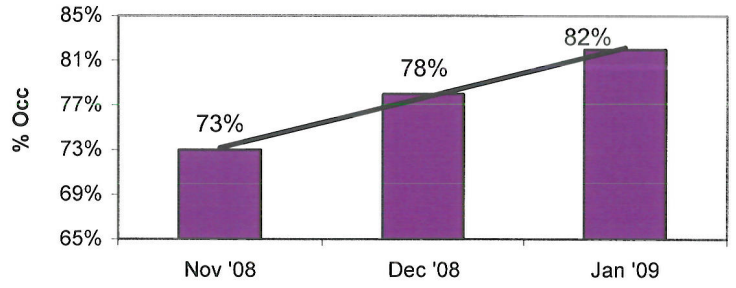
Attachment

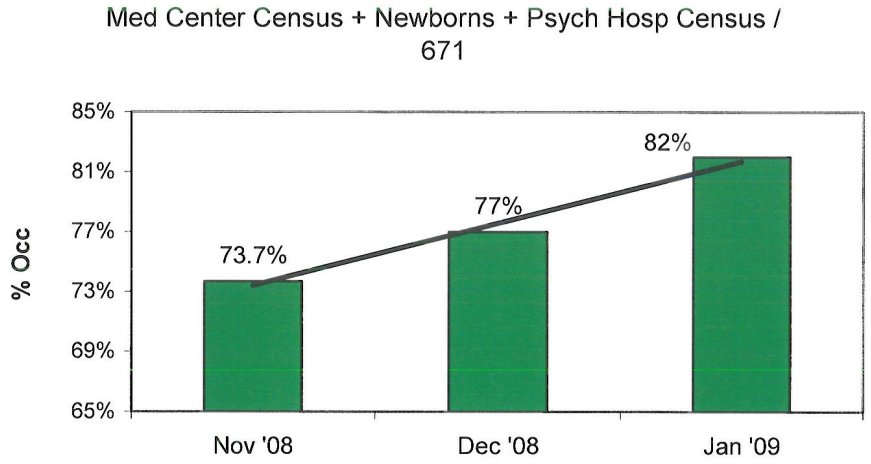
c: Chief Executive Officer
County Counsel
Executive Officer, Board of Supervisors

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

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

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

Indicator	Definition	Data	Comments
1b. **Occupancy Rate LAC+USC Medical Center**	**Definition**: A measure of the usage of the licensed beds during the reporting period that is derived by dividing the patient days in the reporting period by the licensed bed days in the reporting period. **Calculation:** The total number of admitted inpatients at 12:00 AM midnight, including women in labor, may include normal newborns and psychiatric inpatients divided by licensed or budgeted beds. **Source of Data:** Affinity **Target:** 95%	1. Medical Center Licensed Occupancy Rate (excluding Newborns) = Med Center Census - Newborns / 600 Med Center Census – Newborns / 600  2. Medical Center Licensed Occupancy Rate (including Newborns) Med Center Census + Newborns / 600 Med Center Census + Newborns / 600  	For comparison, occupancy rates reported in the old facility were reported including newborns and were based on budgeted beds.

Indicator	Definition	Data	Comments
		3. Healthcare Network Budgeted Occupancy Med Center Census + Newborns + Psych Hosp Census / 671  Medical Center = New facility Healthcare Network = New facility + Psychiatric Hospitals	
Indicator #2 - Emergency Department Metrics			

LAC+USC Medical Center
Operational Monitoring Report
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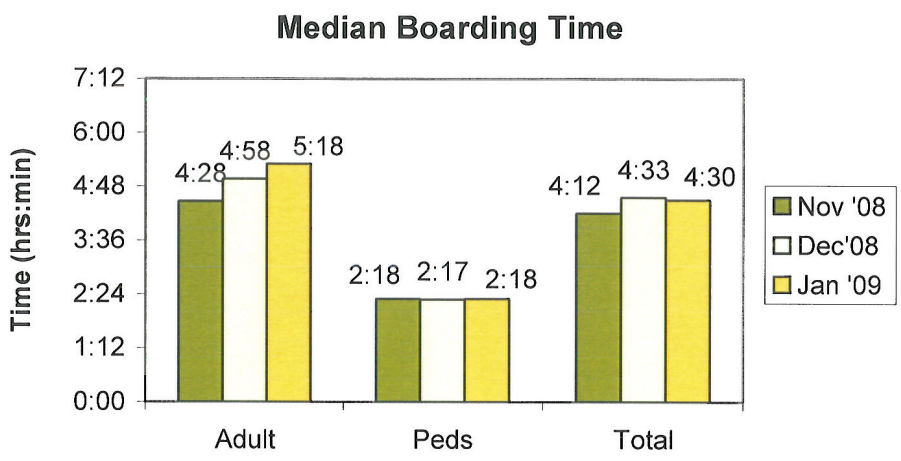
Indicator	Definition	Data	Comments
2a. **Median Emergency Department Boarding Time** **(EDBT)** ***Harris Rodde Indicator**	**Boarding Time:** Time from MD Admit time (effective date and time of pre-admit) to time the patient actually leaves the ED en route to assigned bed (effective date and time of the ED disposition). **Calculation:** The middle value in the set of individual boarding times for the month arranged in increasing order. If there is an even number of values, then the median is the average of the middle two values. **Source of Data:** Affinity **Target**: Less than 7 hours.		

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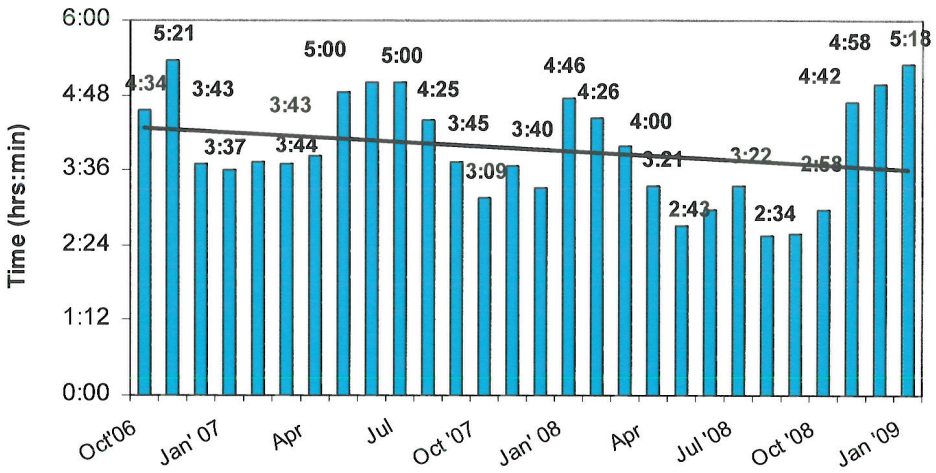
Indicator	Definition	Data	Comments
		Median Boarding Time (Adult)*  Jan data is Preliminary data	

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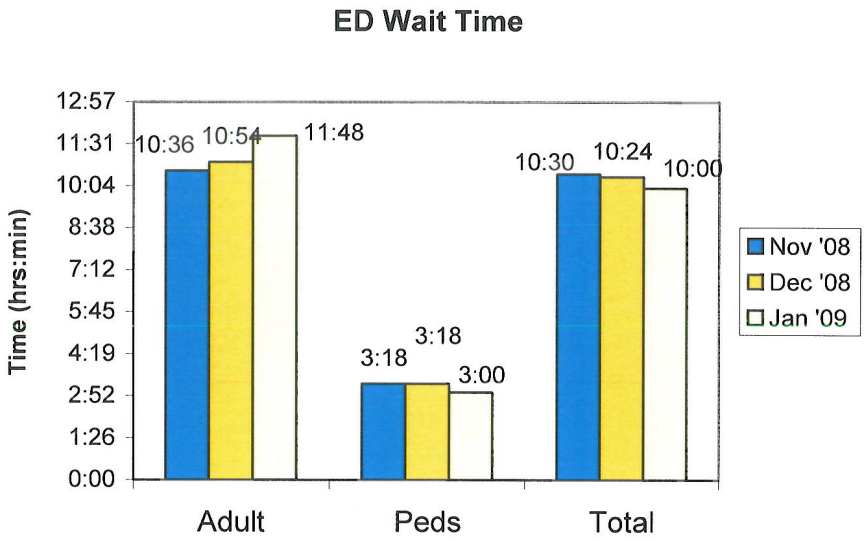
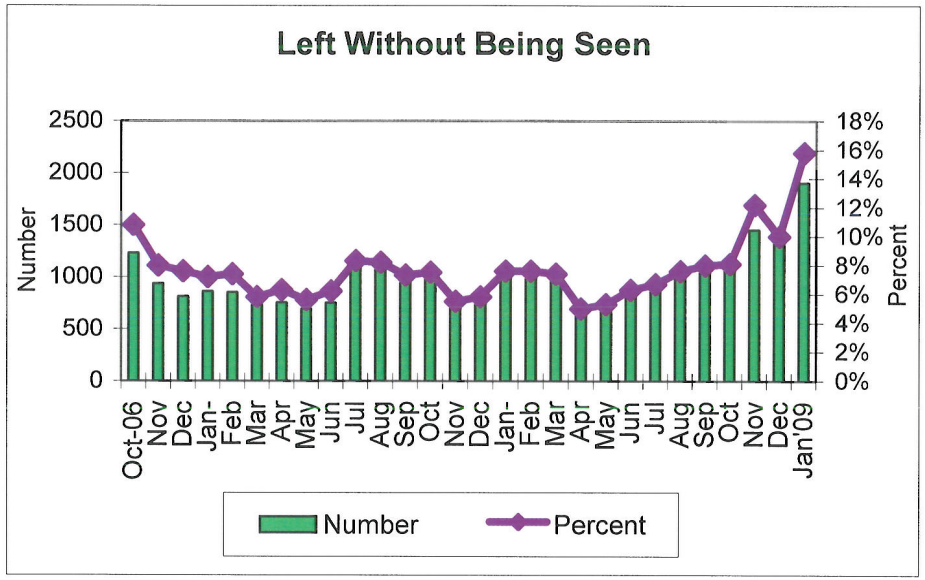
Indicator	Definition	Data	Comments
Indicator #2 - Emergency Department Metrics			
2b. **ED Wait Time**	**ED Wait Time:** Measured from time patient is triaged to time patient is either admitted or discharged reported as an arithmetic mean. **Definition:** Sum of all wait time values during the monthly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

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

LAC+USC Medical Center
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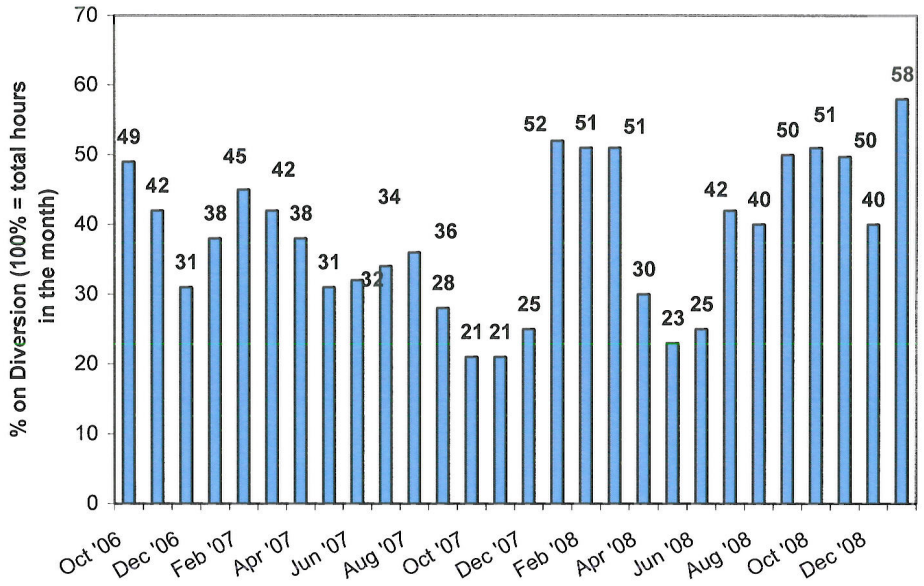
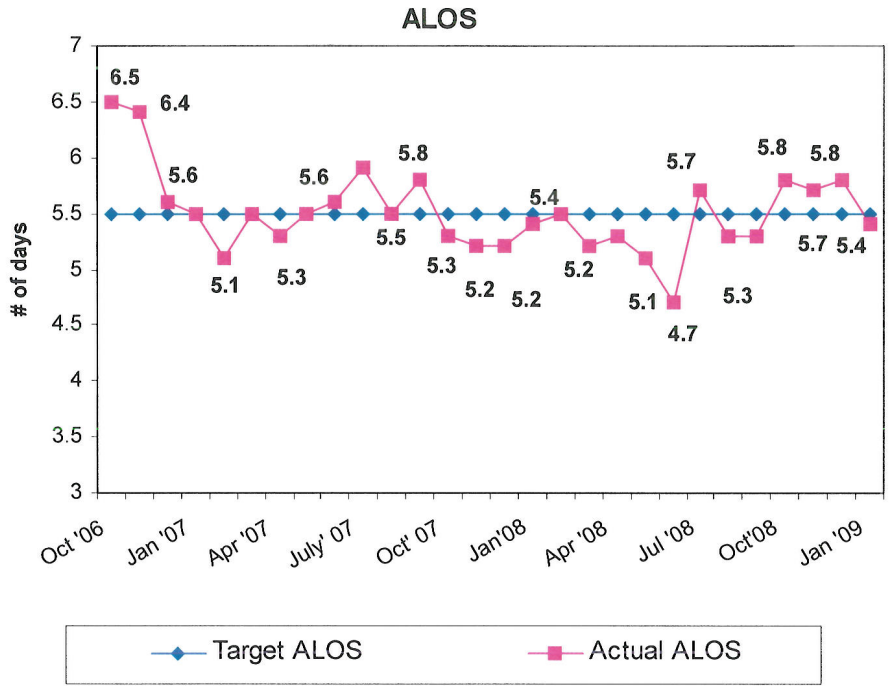
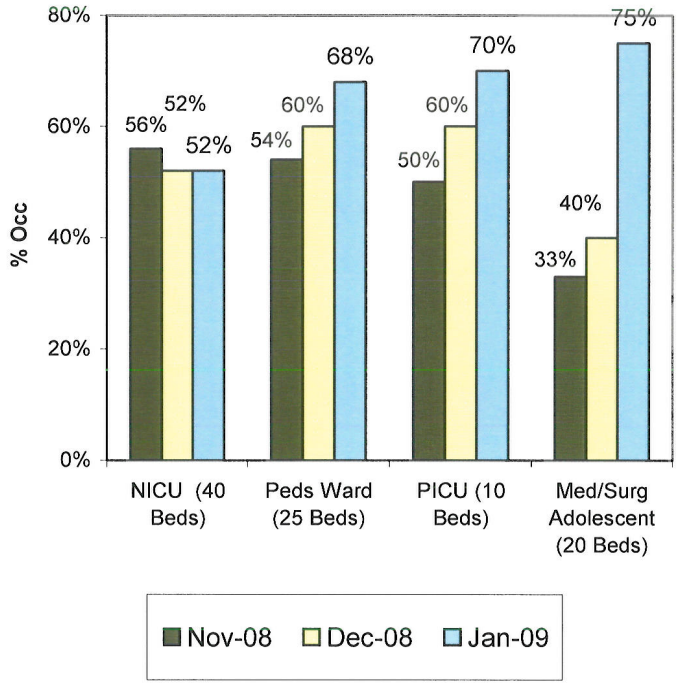
Indicator	Definition	Data	Comments
Indicator #2 - Emergency Department Metrics			
2d. **ED Diversion**	**ED Diversion:** A percentage measure of the time the ED diverts ambulance traffic away from the ED, reported as a function of the reason for diversion on a monthly basis. **Calculation:** The total number of hours of ED diversion for a specific reason divided by the total number of available hours in a month. **Source of Data:** ReddiNet	**Diversion of ALS Units due to ED Saturation**  	This is slightly lower than the before move diversion history which generally ranged between 50-60%. Key points: -- Diversion is for paramedic runs only; Basic Life Support ambulances still arrive. -- When diversion is requested but all hospitals in the area are on diversion, patients go to the closest hospital. Therefore, ambulances often arrive while "on diversion".
2e. **Surge Report**		Surge reporting suspended during move weeks. Data not available. Will provide when reinstituted.	

<table>
<tr><th>Indicator</th><th>Definition</th><th>Data</th><th>Comments</th></tr>
<tr><td colspan="4">Indicator #3 – Trends for Patient Diversions and Transfers & #4 – Transfers to Rancho Los Amigos Metrics</td></tr>
<tr><td>3. & 4.
Rancho Los Amigos Hospital (RLAH) Transfers</td><td>Transfers:
The volume of patients transferred to RLAH for acute hospitalization from the Emergency Department and from Inpatient Units.

Data Source:
Manual record keeping.

Cancelled category includes patients who's condition changed leading to higher level of care or discharge home.</td><td><u>Month of Jan</u>
<u>Referrals from ER:</u>
<table>
<tr><th></th><th>Med/Surg</th><th>Acute Stroke</th><th>Total</th></tr>
<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>
</table>
<u>Referrals from Inpatients:</u>
<table>
<tr><th></th><th>Med/Surg</th><th>Acute Stroke</th><th>Total</th></tr>
<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>
</table></td><td></td></tr>
</table>

Indicator	Definition	Data	Comments
Indicator #5 – Harris Rodde Indicators			
5. **Average Length of Stay (ALOS)** ***Harris Rodde Indicator**	**LOS:** The difference between discharge date and the admission date or 1 if the 2 dates are the same. **Total LOS:** **Calculation:** ALOS is the arithmetic mean calculated by dividing the Total LOS by the Total # of discharges in the monthly reporting period, rounded off to one decimal place. **Source of Data:** Affinity **Target**: <5.5 days	 *Preliminary data pending Auditor-Controller validation	Overall trend in ALOS for the 2-year period prior to the move reduced to a low range of 4.7 – 5.5 days in 2008. Immediately prior to the move, the ALOS increased as the lower acuity patients were transferred to other facilities. This trend may continue depending on number of transfers.

Indicator	Definition	Data	Comments
Indicator #6 – Pediatric Metrics			
6. **Pediatric Bed Census and Occupancy (%)** **Pediatric ICU (PICU)** **Neonatal ICU (NICU)** **Pediatric Unit** **Adolescent Unit**	**Census:** The total number admitted pediatric inpatients at 12:00 AM midnight of a designated pediatric ward. **Occupancy:** The total number of admitted pediatric inpatients divided by the total number of licensed beds on that unit and reported as percentage. **Source of Data:** Affinity