Health Services
LOS ANGELES COUNTY

July 28, 2009

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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 #16 (Agenda Item #S-1, July 28, 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 June 2009.

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 continues to be high at an estimated 92% utilization rate (95% occupancy).

Emergency Department

With the implementation of the new Surge Plan (excluding hallway beds) which was revised specifically for the new facility and implemented in May 2009, this report now provides a Surge Report in section 2e. The report demonstrates the hours and % of time during the month in which the hospital and its Emergency Department (ED) is on levels of overcrowding in a six-step range beginning with a low level of "Not Busy" to the highest level of "Dangerously Overcrowded". At each level, various activities are implemented to improve patient flow throughout the hospital. Examples are provided in the report.

The ED Wait Time and Left Without Being Seen (LWBS) spiked in June as demonstrated in sections 2b and 2c of the report. The main reason for this is the implementation of the new Emergency Department Information System (EDIS) resulting in delays as staff go through a learning curve and as data issues are reconciled. Ultimately, the EDIS will not only improve documentation but also communication, tracking, data acquisition and patient flow within the ED. The facility is working on various system and procedural improvements during this transition period from paper to electronic processing of the patients in the ED. Other measures, including ED Diversion and Median ED Boarding Time remain stable or have decreased.

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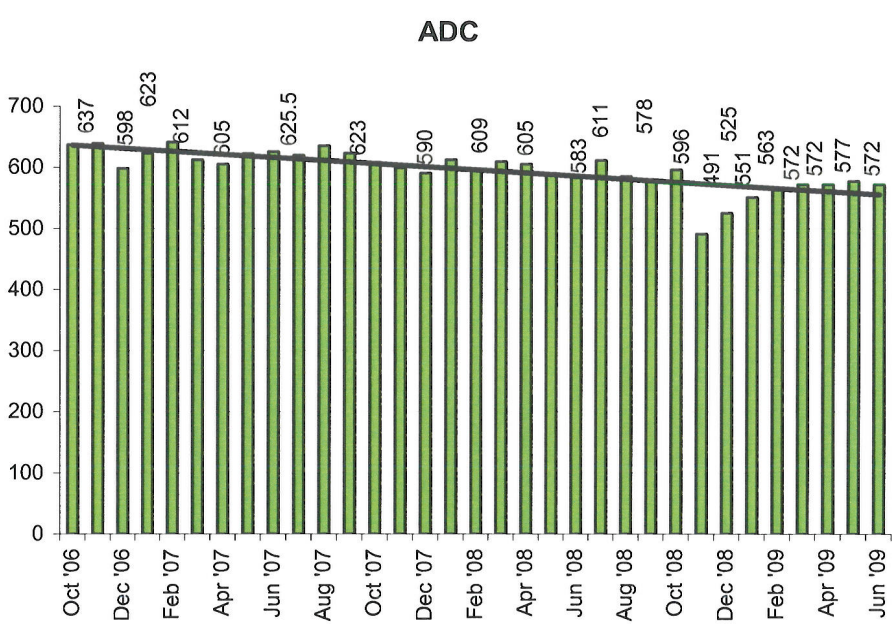
If you have any questions or need additional information, please contact me or Carol Meyer, Interim Chief Network Officer, at (213) 240-8370.

JFS:CM:pm
811:003

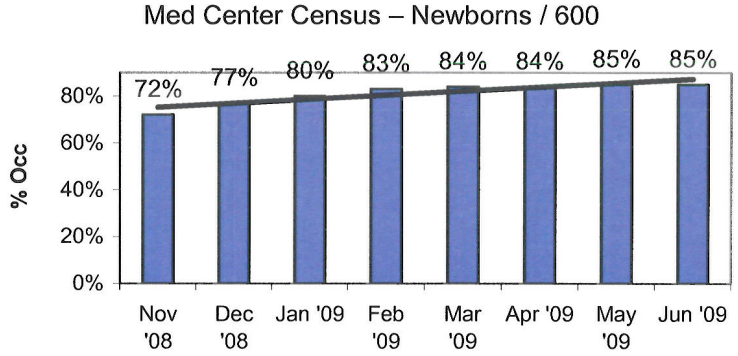
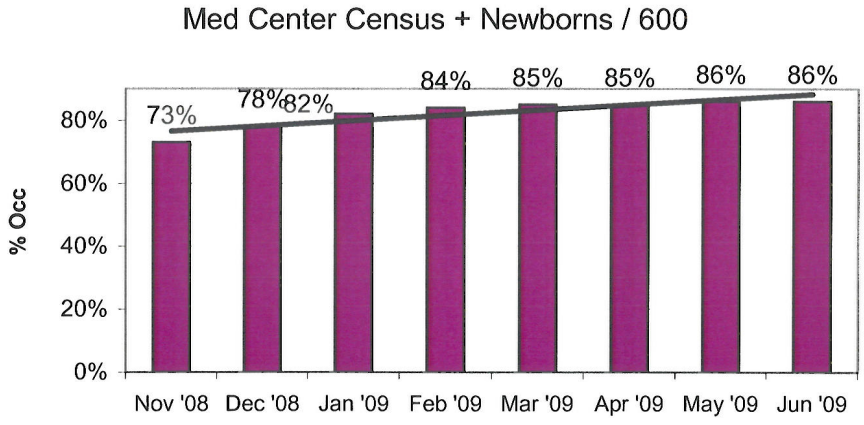
Attachment

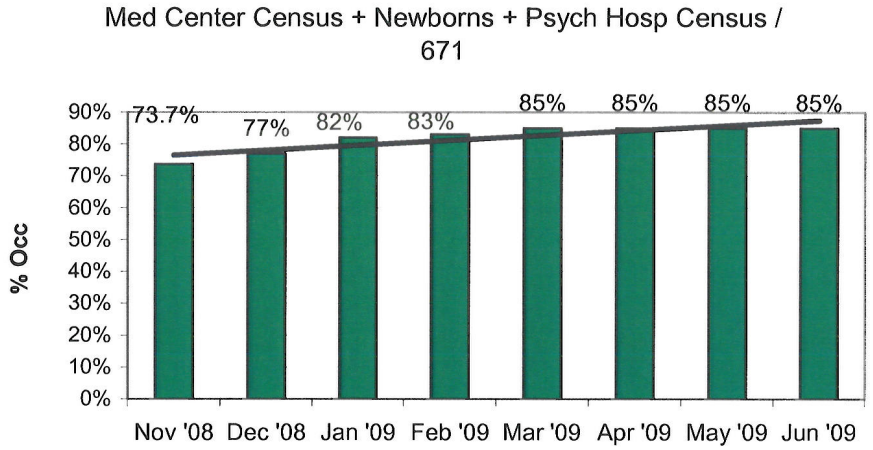
c: Chief Executive Officer
Acting County Counsel
Executive Officer, Board of Supervisors

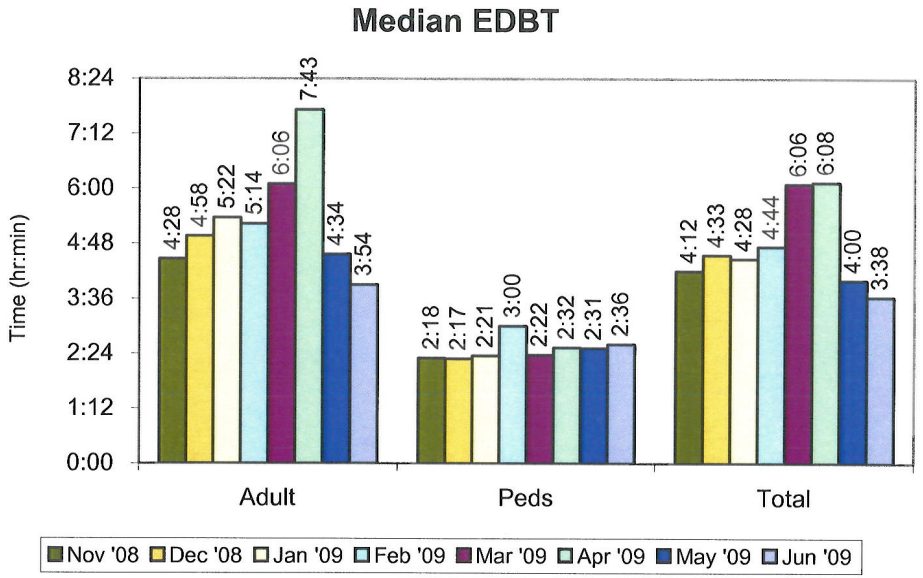
LAC+USC Medical Center
Operational Monitoring Report
Reporting Period – June 2009

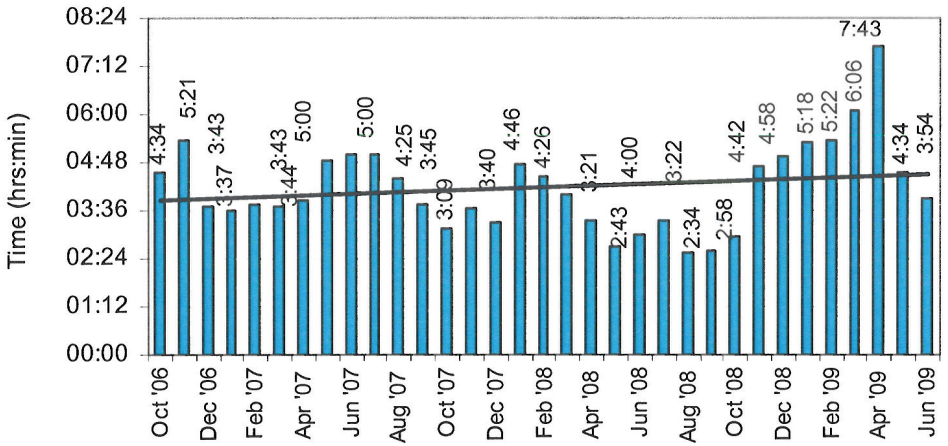
Indicator	Definition	Data	Comments
Indicator #1 – Trends in Average Daily Census and Hospital Operations Metrics			
1a. **Average Daily Census (ADC)**	**ADC:** A measure of the total number of inpatients occupying licensed beds on a daily basis reported as the arithmetic mean. **Calculation:** Total 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	 Note: Average Daily Census number reported includes Medical Center + Psych + Newborns Census.	ADC provided as background information.

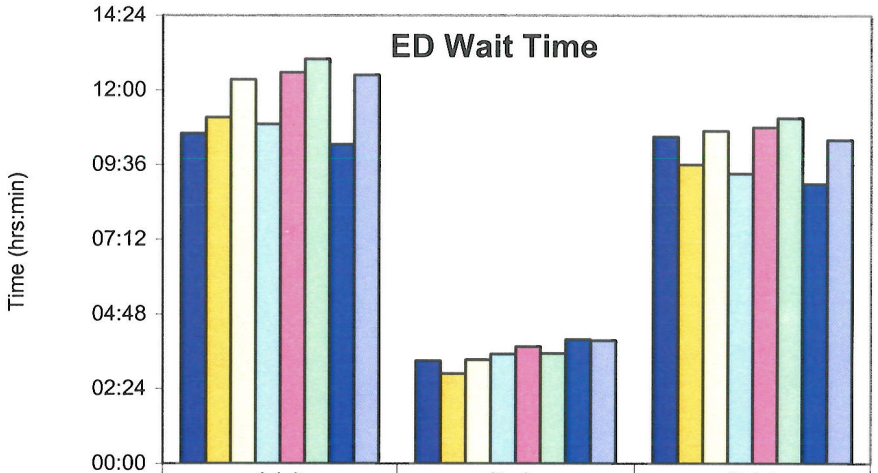
LAC+USC Medical Center
Operational Monitoring Report
Reporting Period – June 2009

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

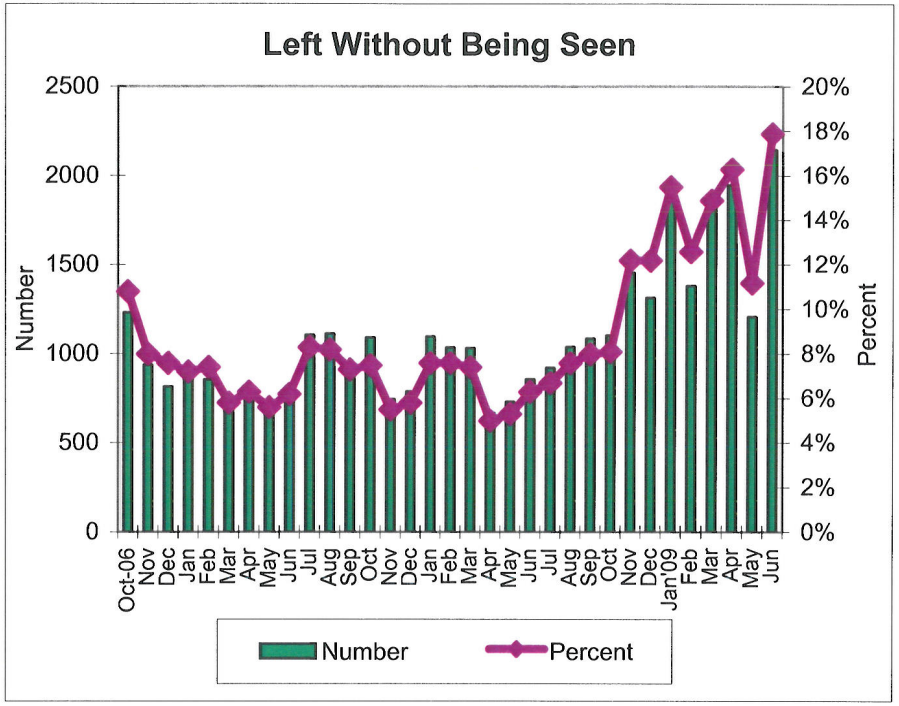
Indicator	Definition	Data	Comments
		2. Healthcare Network Budgeted Occupancy Med Center Census + Newborns + Psych Hosp Census / 671  Medical Center = New Facility Healthcare Network = New Facility + Psychiatric Hospitals	

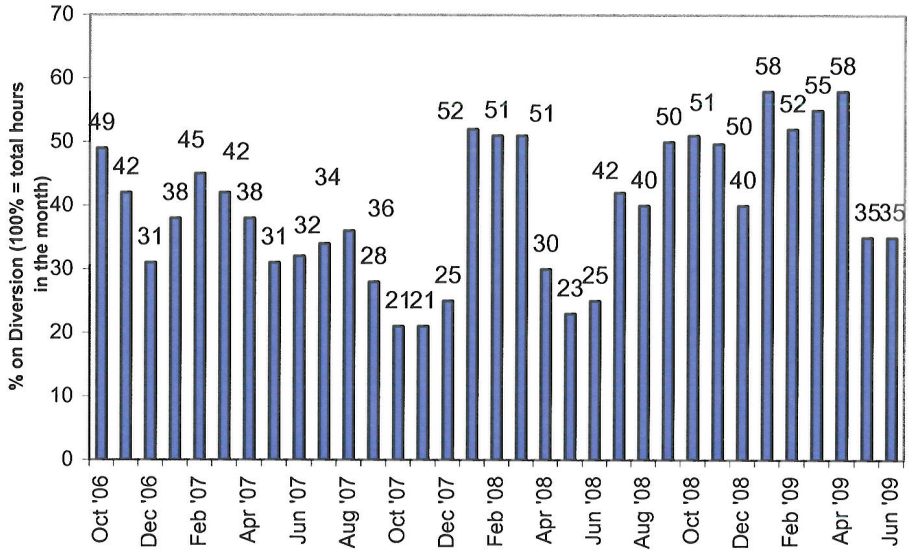
Indicator	Definition	Data	Comments
Indicator #2 - Emergency Department Metrics			
2a. **Median Emergency Department Boarding Time** **(EDBT)** ***Harris Rodde Indicator**	**Boarding Time:** Time from MD Admit time (effective date and time of pre-admit) to time the patient actually leaves the ED en route 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.	 June '09 data is Preliminary data	

Indicator	Definition	Data	Comments
		Median Boarding Time (Adult)*  Jun '09 data is Preliminary data	

Indicator	Definition	Data	Comments
Indicator #2 - Emergency Department Metrics			
2b. **ED Wait Time**	**ED Wait Time:** Measured from time patient is triaged to time patient is either admitted or discharged reported as an arithmetic mean. **Definition:** Sum of all wait time values during the monthly reporting period divided by the total number of values. **Source of Data:** Affinity **Target:** No target value. Lower numbers are better.	 **Adult Wait Time :** *Excludes Psych, Pediatric, Observation Unit, and Jail patients **Total ED Wait time:** *Excludes Psych, Observation Unit, and Jail June '09 data is Preliminary data	

	Adult	Peds	Total
Nov '08	10:36	03:18	10:30
Dec '08	11:07	02:53	09:36
Jan '09	12:20	03:20	10:41
Feb '09	10:54	03:31	9:19
Mar '09	12:34	03:45	10:48
Apr '09	13:00	03:32	11:06
May '09	10:15	03:59	8:59
Jun '09	12:29	03:57	10:24

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.	 June '09 data is Preliminary data	

Indicator	Definition	Data	Comments
Indicator #2 - Emergency Department Metrics			
2d. **ED Diversion**	**ED Diversion:** A percentage measure of the time the ED diverts ambulance traffic away from the ED, reported as a function of the reason for diversion on a monthly basis. **Calculation:** The total number of hours of ED diversion for a specific reason divided by the total number of available hours in a month. **Source of Data:** ReddiNet	**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".

Indicator	Definition	Data	Comments
2e. **Surge Report**		Surge reporting for month of June '09	

Level	% distribution	Hours
Dangerously Overcrowded	3.3%	23.7
Severely Overcrowded	21.1%	151.9
Overcrowded	44.4%	316.8
Extremely Busy	25.0%	180
Busy	6.1%	43.9
Not Busy	0%	0

The first level is Green ("Not Busy"). The level of crowding is self-explanatory. This level mandates standard operational procedures.

Second and third levels are Blue and Yellow ("Busy" and "Extremely Busy", respectively). These levels implement various ED measure to increase patient flow and initiates closure to outside lateral transfers.

The fourth level is Orange ("Overcrowded") which is analogous to being closed to ED Saturation (ambulance diversion). A variety of activities throughout the hospital also occur, such as increasing transfers to Rancho, expediting discharges, etc.

The fifth level is Red ("Severely Overcrowded") which implements advanced bed capacity protocols, transferring patients to other hospitals, hospital leadership notification, bed huddles and other service operation measures.

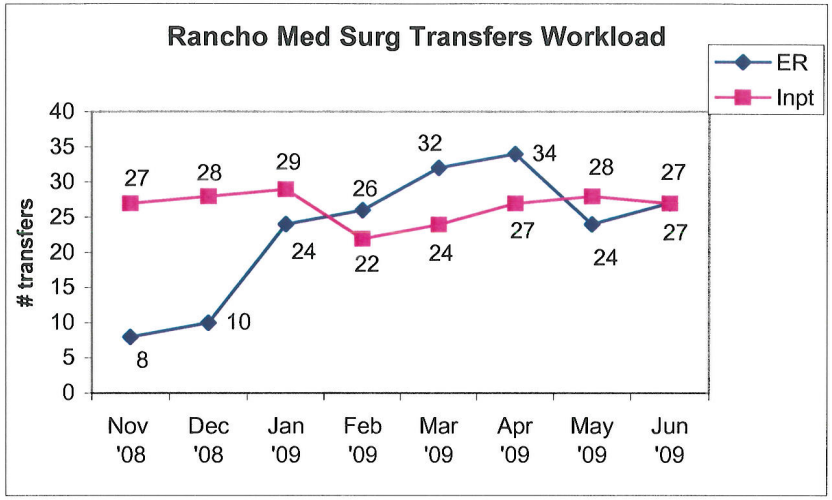
The sixth level is Black ("Dangerously Overcrowded"). This is the highest level of overcrowding. In addition to the all activities in prior levels, this also activates the Temporary ED Overflow Patient Care Area.

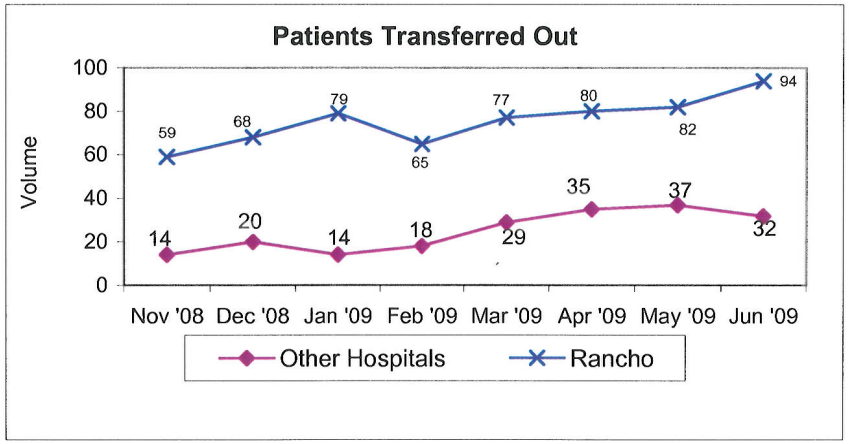
<table>
<tr><th>Indicator</th><th>Definition</th><th>Data</th><th>Comments</th></tr>
<tr><td colspan="4">Indicator #3 – Trends for Patient Diversions and Transfers & #4 – Transfers to Rancho Los Amigos Metrics</td></tr>
<tr><td>3. & 4.
Rancho Los Amigos Hospital (RLAH) Transfers</td><td>Transfers:
The 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 June</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>50</td><td>NA</td><td>-</td></tr>
<tr><td># Referred to RLAH</td><td>31</td><td>31</td><td>62</td></tr>
<tr><td># Transfers</td><td>27</td><td>31</td><td>58</td></tr>
<tr><td># Denied</td><td>4</td><td>NA</td><td>-</td></tr>
<tr><td># Cancelled</td><td>19*</td><td>NA</td><td>-</td></tr>
<tr><td># Patients refused*</td><td>12</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>45</td><td>NA</td><td>-</td></tr>
<tr><td># Referred to RLAH</td><td>37</td><td>9</td><td>46</td></tr>
<tr><td># Transfers</td><td>27</td><td>9</td><td>36</td></tr>
<tr><td># Denied</td><td>10</td><td>NA</td><td>-</td></tr>
<tr><td># Cancelled</td><td>8*</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>NA</td><td>NA</td><td>-</td></tr>
</table></td><td></td></tr>
</table>

Indicator	Definition	Data	Comments

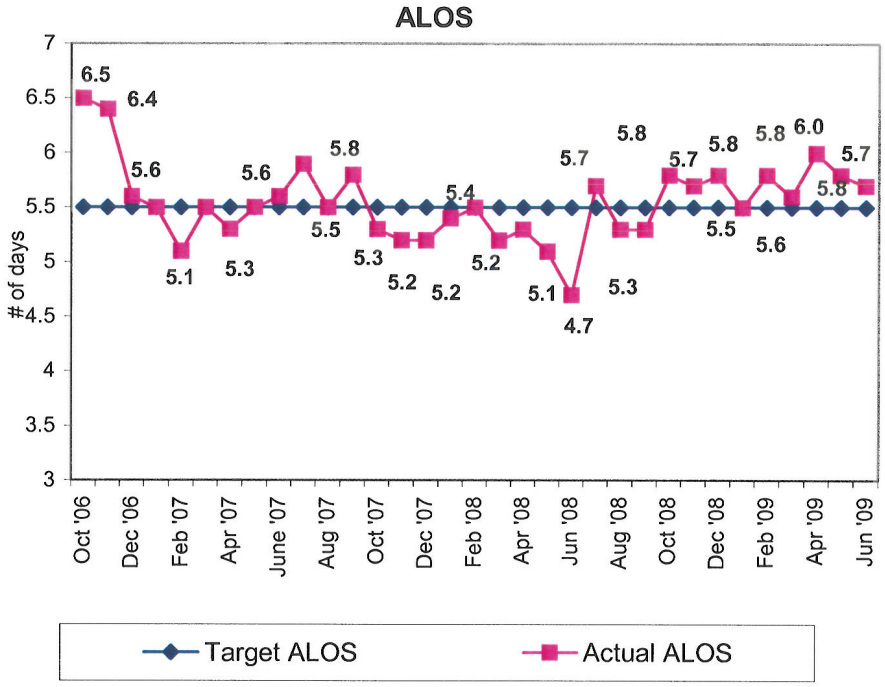


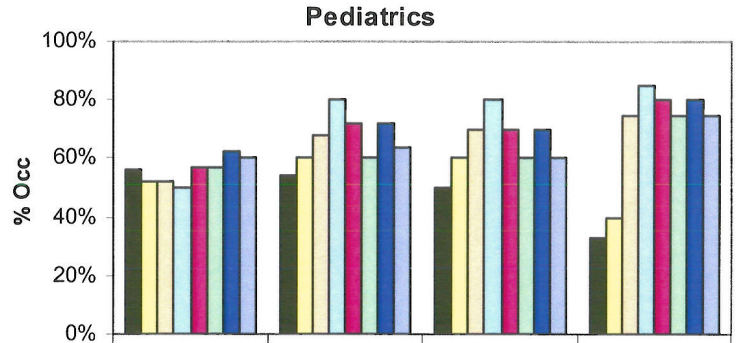


Data was revised to reflect total # of patients (including stroke patients) referred to Rancho

Transfer experience to other private hospitals has gone smoothly.

Total transfers out to Rancho includes 40 stroke patients, in addition to the 54 Med/Surg patients in chart above.

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

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		

	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%
May-09	62%	72%	70%	80%