Health Services
LOS ANGELES COUNTY

October 13, 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 #21 (Agenda Item #S-1, October 13, 2009)**

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To improve health through leadership, service and education.

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 September 2009.

Census Trending (ADC includes Psychiatric & Newborn Patients)

The Average Daily Census (ADC) for the month of September was 589 out of 671 licensed beds, an estimated 86% utilization rate (88% occupancy). The census for Medical/Surgical units was an estimated 95% utilization rate (97% occupancy) for September 2009.

Emergency Department and Hospital Admission Volume Trending

Attachment 1 demonstrates the trending of ED registration and admissions to both the ED and the hospital. In the last few months, there continues to be slight increases/decreases of 3-4% in these volumes. ED Registration volumes in the last six months have met or exceeded the pre-move average.

Admission workload only reflects admission to LAC+USC and does not take into account an additional 130 -150 patients/month seen in the ED and transferred to other facilities.

Specialty Services

Attachment 2 shows the ADC trends for the specialty areas of OB/GYN, Pediatrics, ICU, Psychiatry, Jail and Burn units. These areas will continue to fluctuate based on the types of patients presenting to the ED. Of particular note is the increase in Jail Ward ADC of up to 40% since July 2009.

Surge Plan and Crowding Score System

As reported to your Board in the LAC+USC Progress Report #19 on September 8, 2009, the Medical Center's Surge Plan is based on the National ED Overcrowding Study (NEDOCS), which is a nationally utilized

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objective scoring system that measures ED and hospital overcrowding. The levels of crowding are determined by a score which is calculated using statistically significant variables, including but not limited to, total patients in the ED, number of patients on respirators and the total number of admits waiting in the ED. As standard procedures, ED overcrowding is assessed at regular intervals (every 2 hours). The NEDOCS score is calculated and personnel, including but not limited to hospital administration, nursing and medical staff, and ancillary services, are notified to implement internal and external institutional responses to reduce crowding. As the crowding increases, the degree of response escalates to prevent or mitigate further overcrowding.

Attachment 3 is a matrix of the Surge Triggers based on the NEDOCS scoring with ranges and averages in the variable categories based on experience in the first months of NEDOCS implementation in the new facility. In addition, Transfer Actions and Other Key Responses are listed indicating those activities that have been moved up earlier in the response matrix (from Red to Orange) to reduce escalation of overcrowding: 1) transfer of patients to private hospitals, and 2) management huddles. Management huddle activation requires reconciliation of all beds and utilization of ward worksheets to determine status of each bed. The last column of this chart reflects the transfer goals LAC+USC will attempt to achieve in its continual efforts to reduce overcrowding.

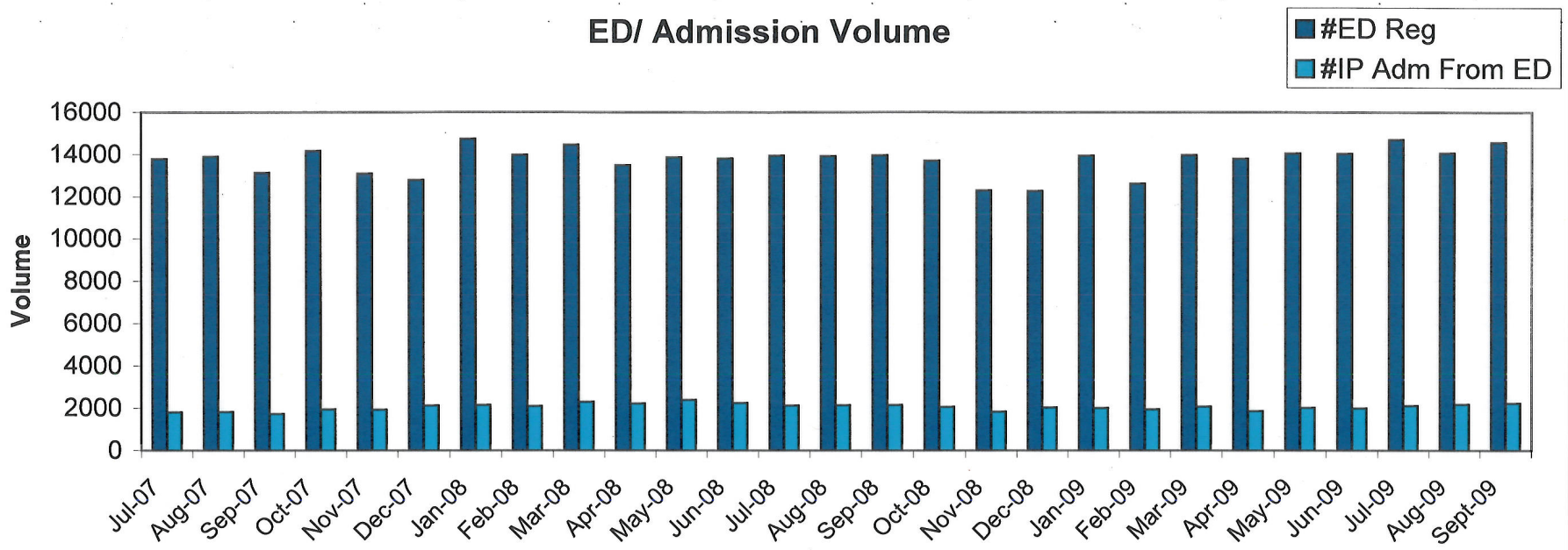
If you have any questions or need additional information please contact Carol Meyer, Chief Network Officer at (213) 240-8370 or me.

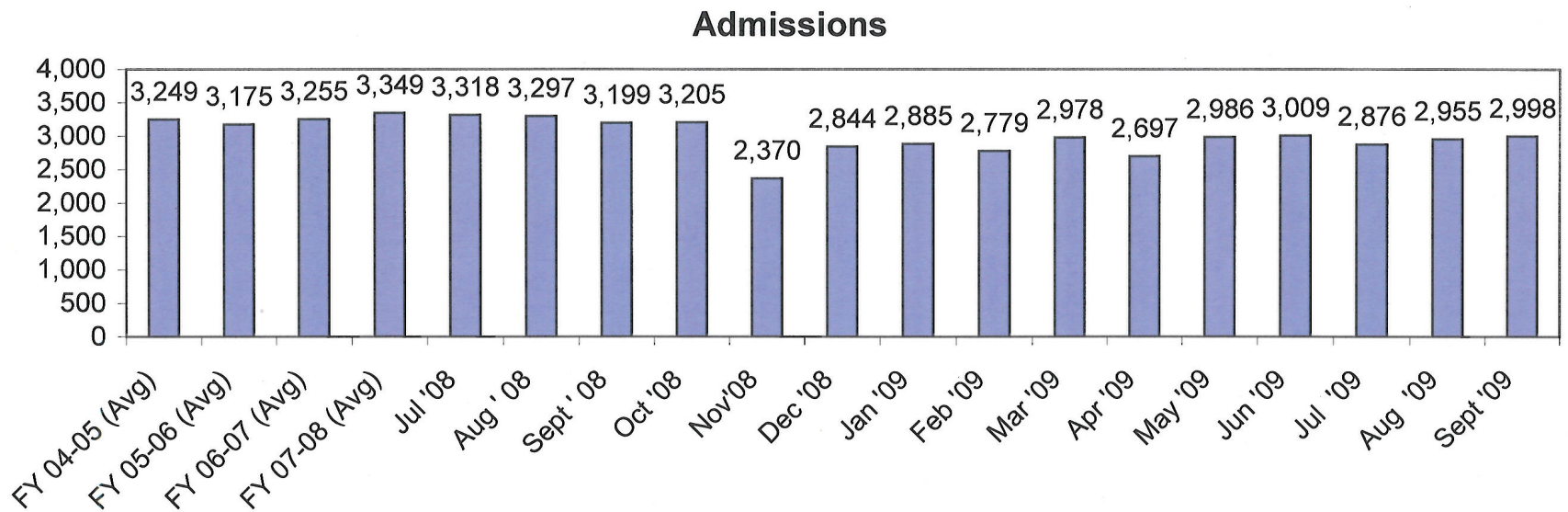
JFS:CM:pm
811:003

Attachments

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

LAC+USC Medical Center
Workload Summary





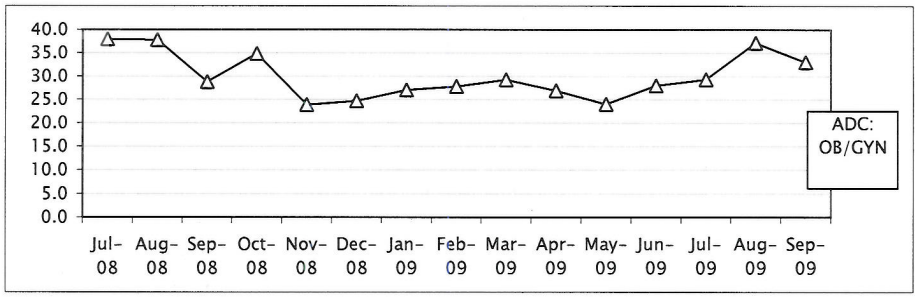
Data Source: Affinity QuadraMed System

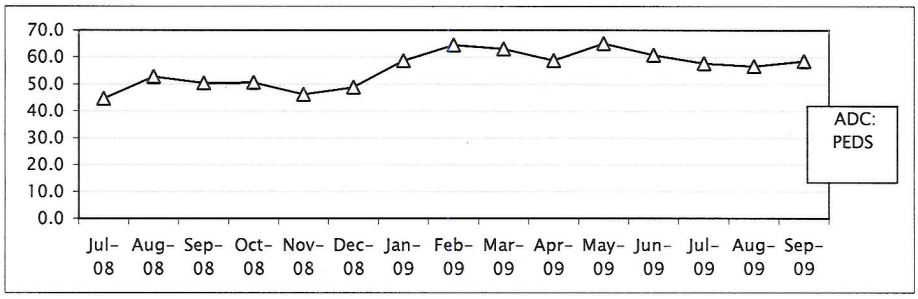
10/8/2009

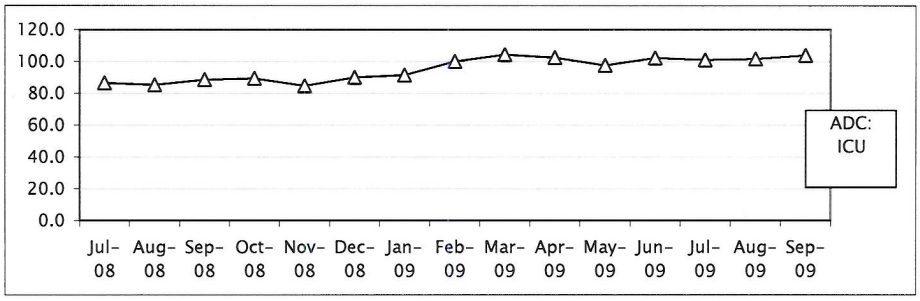
Attachment 1

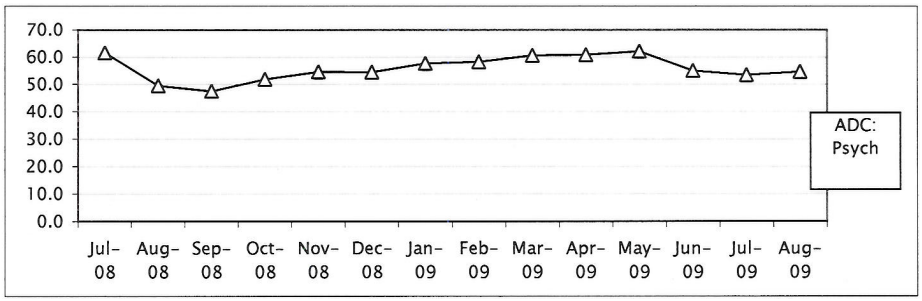
Attachment 2

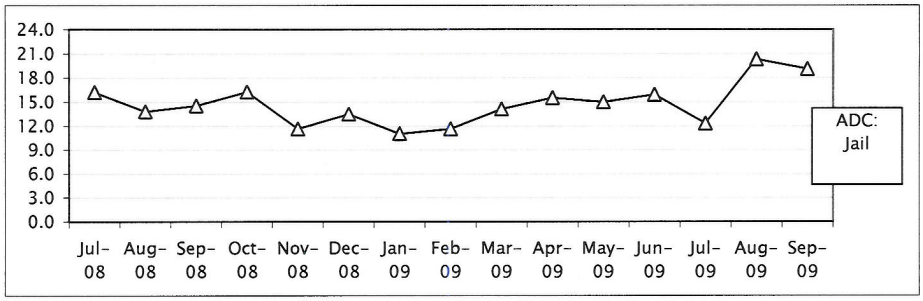
LAC+USC Healthcare Network
Average Daily Census by Nursing Unit Subset, Jul-2008 to Sept-2009
based on Affinity Nursing Unit Statistical Reports

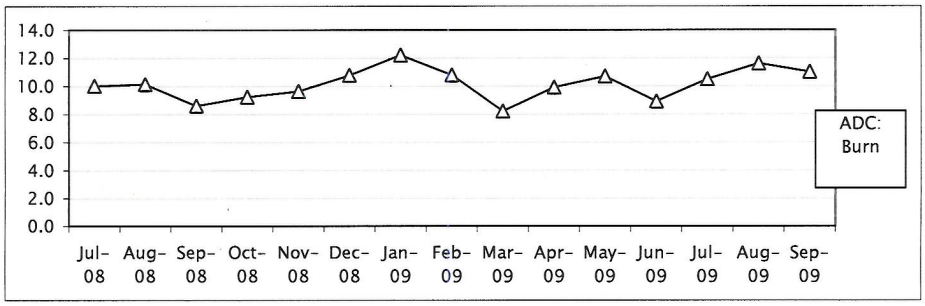












Attachment 3

LAC+USC Medical Center
Surge Triggers

NEDOCS Level		Total Patients in ED	Total Patients in Waiting Room	Wait Room Time for Next (Hours)	Total Admits Boarding in ED	Longest Admit Boarding Time in ED (Hours)	Transfer Actions/ Other Key Responses	Goals to increase transfers during overcrowding
Not Busy								
Busy 21-60								
Extremely Busy 61-100	Range	56-107	1-129	0-8	2-28	1-23	• Initiate transfers to Rancho	Currently transfer an average of 3-4 patients/day
	Average	79	37	3	13	11		
Overcrowded 101-140	Range	67-107	11-194	0-19	0-31	0-24	• Increase ED transfers to Rancho • Initiate transfers to private hospitals and (Medi-Cal and indigent)* • Initiate management bed huddles*	Attempt to increase transfers to 4-5 patients/day
	Average	86	70	8	14	11		
Severely Overcrowded 141-180	Range	74-104	39-135	5-19	6-31	5-25	• Open temporary ED overflow beds	Attempt to increase transfers to 6/day
	Average	89	81	13	19	14		
Dangerously Overcrowded > 180	Range	89-94	62-111	13-18	19-28	18-27	• Divert Paramedic Ambulance Traffic	Attempt to increase transfers to 11/day
	Average	92	87	16	24	23		

Simultanious to transfer actions, various internal actions occur within the hospital at each overcrowding level. This chart primarily indicates external transfer actions but also includes keys internal actions that will expand internal capacity.

* Action moved earlier in the matrix