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August 17, 2010

TO: Each Supervisor

FROM: for 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 #40 (Agenda Item #S-2, August 17, 2010)**

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 and hospital admission volumes and specialty services with trends to include the month of July 2010.

Census Trending (ADC includes Psychiatric & Newborn Patients)

The Average Daily Census (ADC) for the month of July was 596 out of 671 licensed beds, an estimated 87% utilization rate (89% occupancy). The census for Medical/Surgical units was an estimated 96% utilization rate (98% occupancy) for July 2010.

Emergency Department (ED) Indicators and Specialty Services

Attachment #1 demonstrates the trending of ED registration as well as admissions to both the ED and the hospital while Attachment #2 shows the ADC trends for specialty care areas of OB/GYN, Pediatrics, ICU, Psychiatry, Jail and Burn Units with no significant changes.

Additional Information

On July 20, 2010, Supervisor Antonovich requested the Interim Director of Health Services to report back on the following: 1) How the ATEMMS system at OVMC is used to identify patient surges that may result in dangerous levels of overcrowding; 2) Does LAC+USC aggressively manage inpatient flow and discharges at all times, not just when the ER is busy; 3) What specific steps LAC+USC is taking to improve patient flow through the ER, such as rapid medical screening exams or triaging to the same day clinic. Provide a more detailed report back on LAC+USC's ER patient flow activities including the oversight structure established for this effort; and 4) An assessment of how many med/surge beds are occupied by patients who do not meet the criteria for inpatient admission, and what actions, protocols and procedures as well as oversight have been established to address this problem. Provide the Board with quarterly reports on denied days, which should include the reasons for denial.

ED Patient Tracking System at Olive View-UCLA Medical Center (OVMC) -- OVMC utilizes a custom-built patient tracking system called Advanced Triage Emergency Medicine Management System (ATEMMS) to manage the flow of patients through the ED from the point of entry through discharge. The time and location tracking components include: initial contact, vital signs station, triage, sent into clinical area, Medical Screening Examination (MSE), disposition and discharge.

ATEMMS contains triggers that are used to measure and manage when the ED workload surges beyond normal levels. For example, if the number of patients waiting to have vital signs taken or to be triaged exceeds a pre-determined threshold, an indicator at the top of the respective computer screen changes from green to yellow to red, alerting the Charge Nurse of the surge in the number of patients waiting. When this occurs, staff is shifted from other areas of the ED to supplement the vital signs station or to the triage areas to move patients through the screening process.

The ED also has a "Throughput Nurse," whose responsibility it is to assess the flow of patients throughout the area (triage, ED, etc.) and identify the causes of back-up of patients and then work with the charge nurse, attending physician, and/or Bed Control/Patient Flow Office to take steps to move patients through the ED, initiate MSEs, or expedite the discharge of inpatients in order to open beds to admit ED patients. Furthermore, if a patient has been waiting for over one hour to be transported out of the ED to be admitted to an inpatient bed, another flag appears that alerts the Charge Nurse to contact the Administrative Nursing Office regarding necessary steps to facilitate the patient's transfer.

WellSoft, an ED Information System (EDIS) which was implemented at LAC+USC shortly after the move, and is targeted for implementation at Harbor-UCLA Medical Center (H-UCLA) and OVMC this Fall, has all of these features. LAC+USC currently utilizes Phase I of WellSoft and is targeted for Phase II implementation in the Spring of 2011. Full implementation of this EDIS will provide a robust system of patient tracking and patient flow as well as data and reporting capabilities.

LAC+USC Inpatient Flow and Discharges -- The Patient Flow Committee meets twice per month to analyze data and develop process improvements. Recent initiatives have included the use of a white board in each patient room that informs the patient and team of the expected date of discharge, and increased rounding by the nurse managers to identify potential discharges that have not been identified by the physicians, thereby decreasing the turn-around time for discharges.

The clinical management team monitors and manages patient flow and discharges every day by holding bed huddles three times a day. These huddles are multidisciplinary teams that look at the following factors: the number of open beds; the number of patients with discharge orders; the number of patients that could be sent to the Discharge Waiting Unit (DWU); the number of patients needing an ICU bed; the number of patients in the Operating Room; the number of patients in the ED; the number of outpatients in clinics needing an inpatient bed; and the number of CHP patients in outside hospitals needing repatriation.

LAC+USC Steps to Improve Patient Flow through ED -- The hospital has assigned a mid-level provider to screen and refer patients to the Urgent Access Diagnostic Clinic (UADC). In addition, a Utilization Review nurse is assigned to the ED to expedite transfers to outside hospitals daily. The ED administrative team meets regularly to monitor operations and make improvements to the system. The hospital is currently in the process of implementing a Rapid Medical Evaluation component to the ED, similar to implementation at Harbor last year. This will augment the ability to provide MSEs more rapidly as well as to initiate treatment and testing for patients while they are in the triage areas.

Inpatient Admission Criteria and Denied Days -- The numbers of patients who do not meet inpatient criteria are intensively managed by the Utilization Review (UR) team daily. This includes patients that do not meet medical criteria for admission where the UR staff work directly with the physicians in the ED and assist in arranging appropriate diagnostics and clinic appointments to avoid, as much as possible, admissions without medical justification. A weekly review of inpatients is also done by a multidisciplinary team composed of UR, patient financial services, the Department of Medicine and social services. Every effort is made to move these inpatients to a more appropriate facility. Data is collected and reported monthly to the UR Committee, the Network Quality Council and in the Governing Body Report.

A summary of denied days, including information on admissions without medical justification, is being prepared and will be provided to your Board in a separate report.

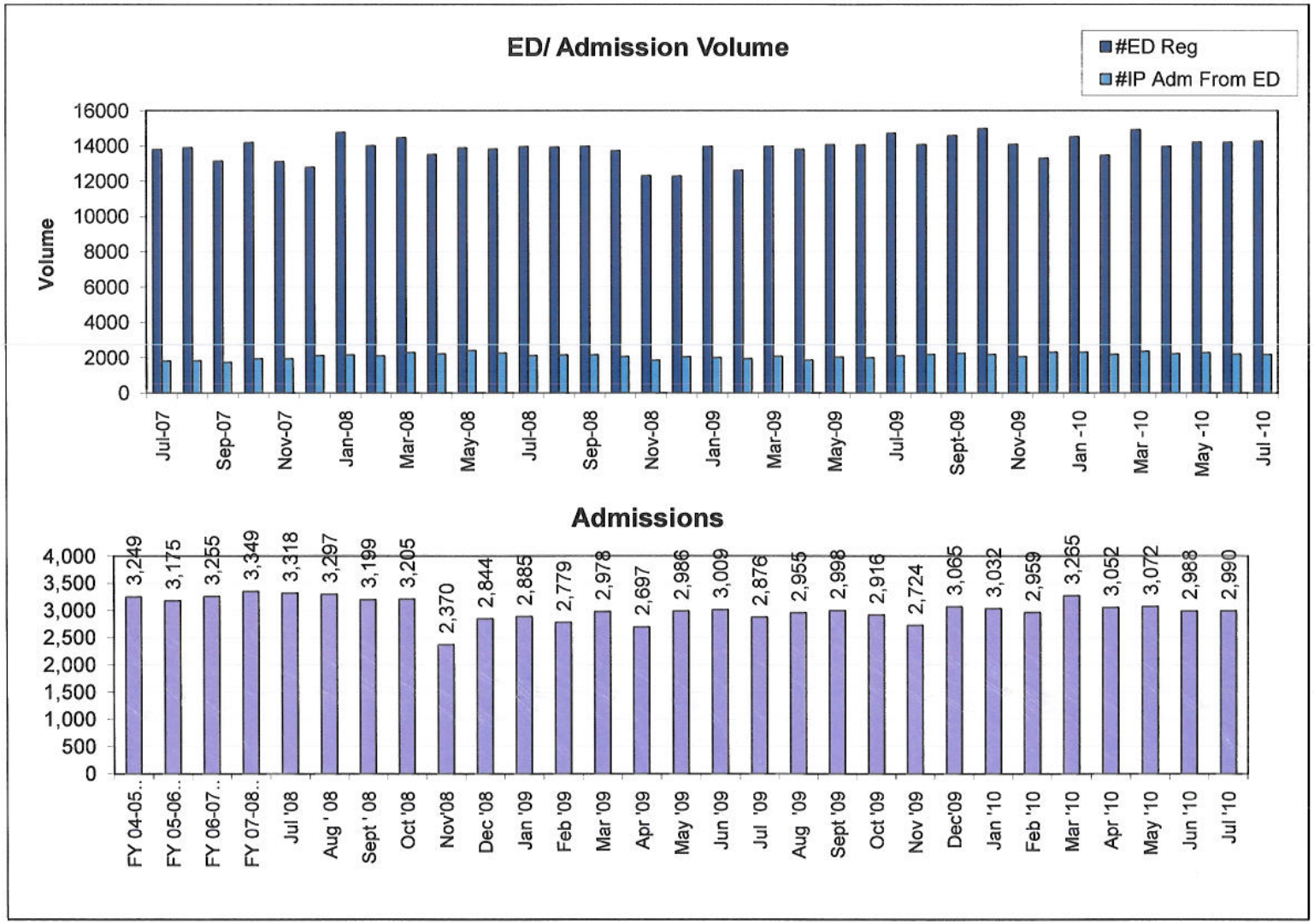
If you have any questions or need additional information please contact me or Carol Meyer, Chief of Operations at (213) 240-8370.

JFS:CM:pm
811:003

Attachments

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

LAC+USC Medical Center
Workload Summary



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
* Women's Walk-in

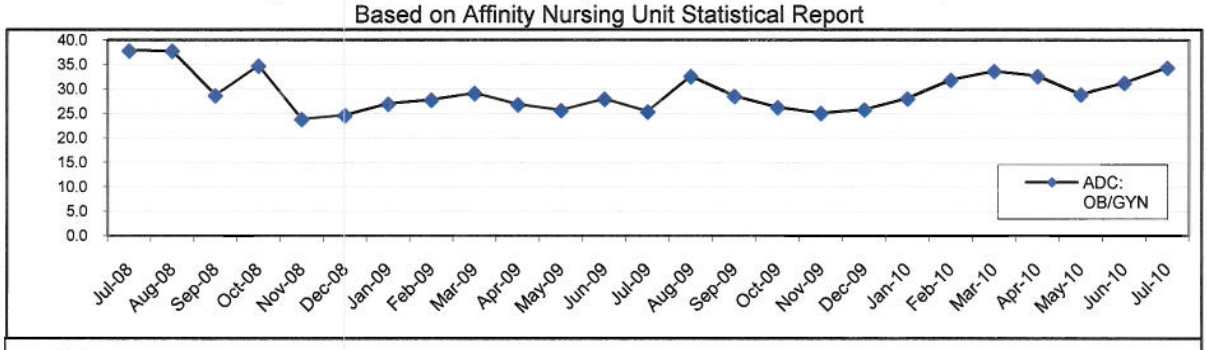
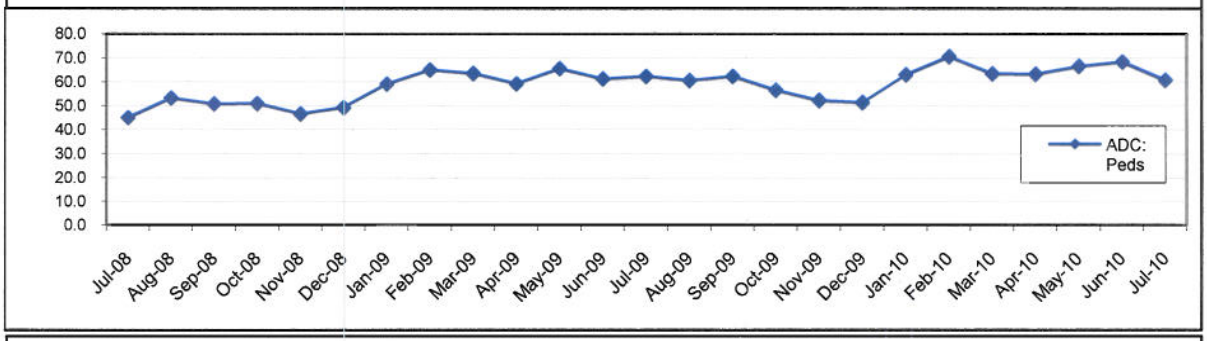
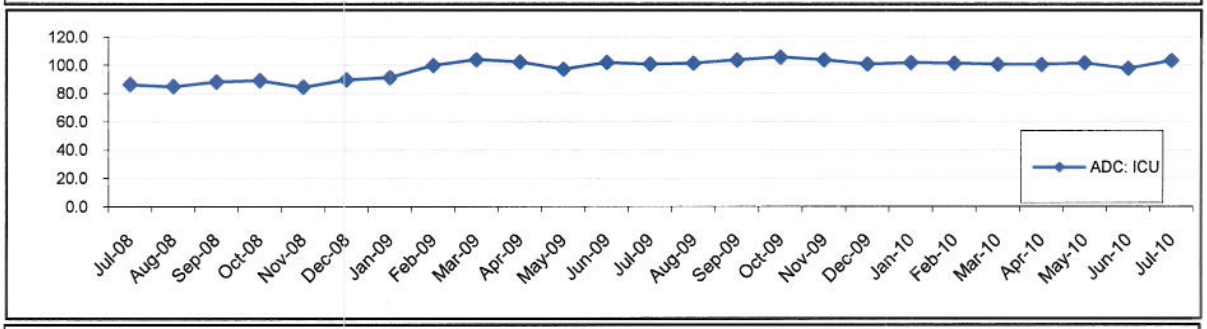
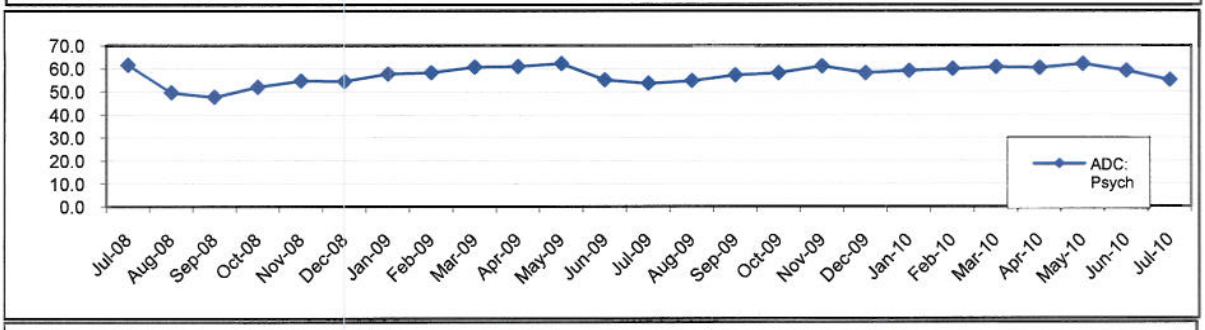
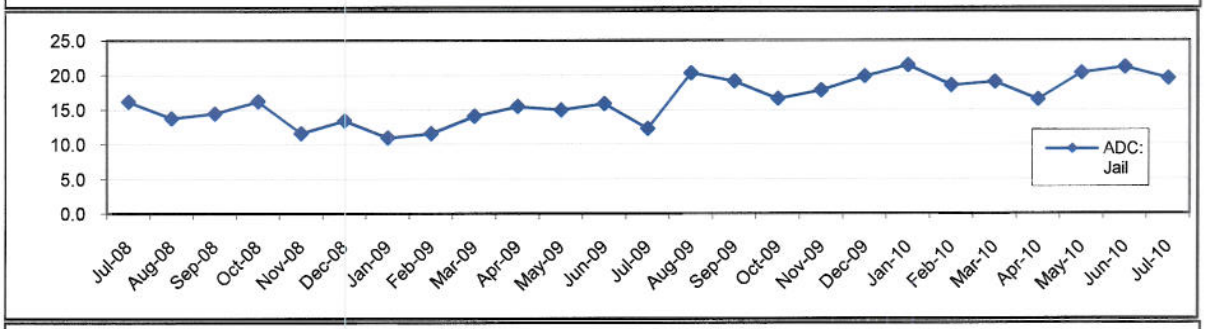
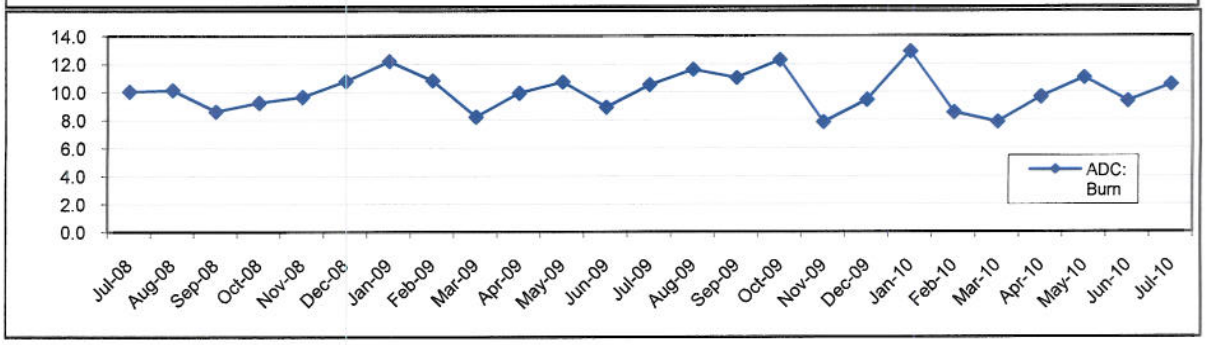
Data Source: Affinity QuadraMed System

8/12/2010

Attachment 1

LAC+USC Healthcare Network

Attachment 2

Average Daily Census by Nursing Unit Subset, July 2008 to July 2010

Based on Affinity Nursing Unit Statistical Report