Health Services
LOS ANGELES COUNTY

November 9, 2010

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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 #44 (Agenda Item #S-1, November 9, 2010)**

John F. Schunhoff, Ph.D.
Interim Director

Gail V. Anderson, Jr., M.D.
Interim Chief Medical Officer

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

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

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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 contains the full monthly operational report for September 2010 (delayed from last month at request of the Board). Also included is the interim report of Emergency Department (ED) and hospital admission volumes as well as specialty services with trends to include the month of October 2010.

Census Trending (ADC includes Psychiatric & Newborn Patients)

The Average Daily Census (ADC) for the month of October was 596 out of 671 licensed beds, an estimated 88% utilization rate (90% occupancy). The census for Medical/Surgical units was an estimated 98% utilization rate (100% occupancy) for October 2010.

Emergency Department (ED) Indicators and Specialty Services

September 2010 Monthly Operational Report (Attachment 1) -- illustrates increases in ED Boarding Time, Diversion and Average Length of Stay (ALOS) for September 2010. The measures for ED Wait Time, Left Without Being Seen (LWBS), Crowding Level Comparison and Patients Transferred Out have decreased during this reporting period. Of particular note is a 14% reduction in the highest level of overcrowding. The number of patients transferred out in September was consistent with the average number of patients transferred out over the last 4 months since May 2010.

October 2010 Interim Report (Attachments 2 and 3) – these illustrate the trending of ED registration as well as admissions to both the ED and the hospital and specialty care trending. Hospital admissions were 2,817 for October 2010 which represents a 4% increase compared to the 2,709 admissions for September 2010. ED registration volumes were consistent. The ADC trends for specialty care areas of OB/GYN, Pediatrics, ICU, Psychiatry, Jail and Burn Units demonstrated no significant changes.

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Analysis of Trends and Mitigative Actions

As previously reported, a number of changes have been implemented within the physical structure and organization of the ED, with primary emphasis on reduction of time to Medical Screening Examination (MSE). These changes have resulted in significant reductions in LWBS, thereby reducing the percentage of patients leaving the ED without a MSE by more than one half in the last two months. This equates to serving more than 400 patients/month who previously left without a MSE. Efforts to secure additional transfer agreements are underway by the CEO of the hospital. Finally, the ALOS continues to rise as a result of transferring out the least acute patients, leaving the most critical patients in the facility. As previously demonstrated, increases in diversion have little effect on patient destination since the hospitals in the geographic area surrounding LAC+USC are also on diversion simultaneously. Therefore, Emergency Medical Services (EMS) policies require continued transport to the original hospital destination. Past analysis has demonstrated that this only affects an average of one patient in a 24-hour period.

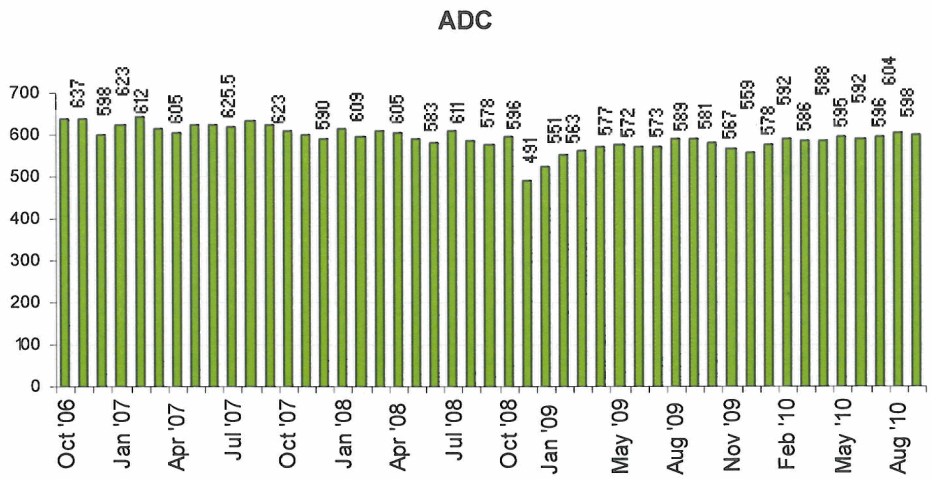
If you have any questions or need additional information, please contact me or Carol Meyer, Chief of Operations at (213) 240-8370.

JFS: CM: pm
811:003

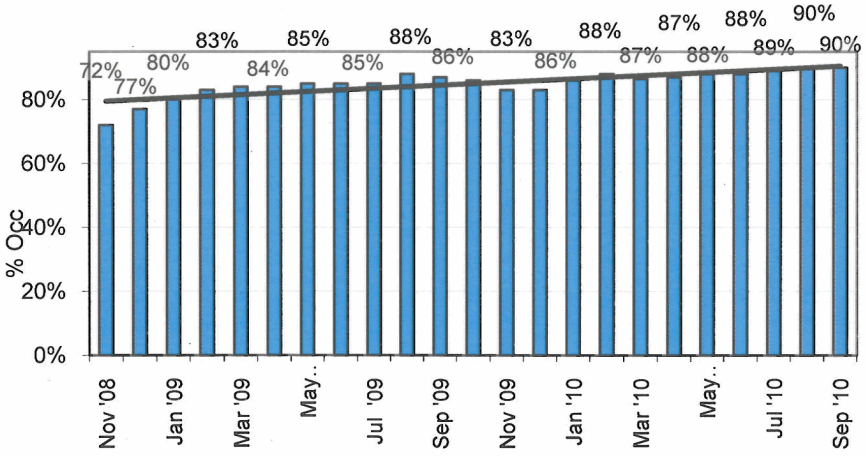
Attachments

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

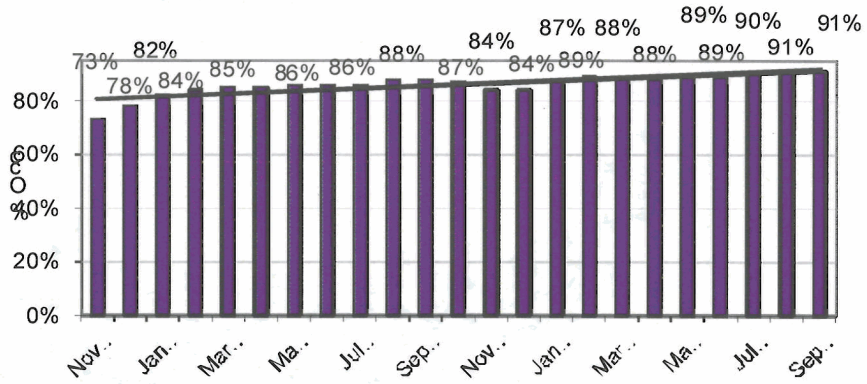
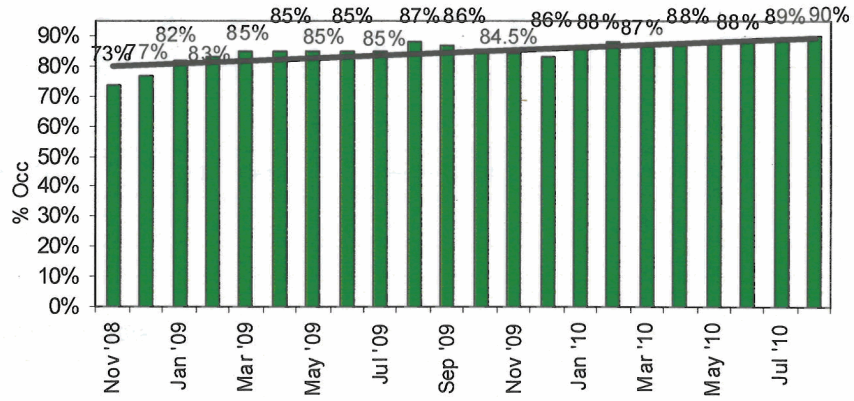
LAC+USC Medical Center
Operational Monitoring Report
Reporting Period – Sept 2010

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.

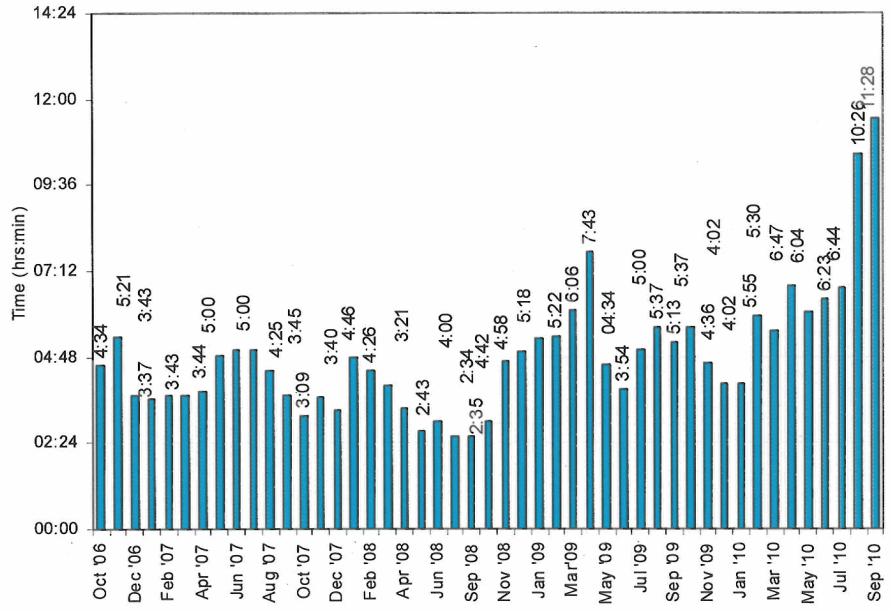
LAC+USC Medical Center
Operational Monitoring Report
Reporting Period – Sept 2010

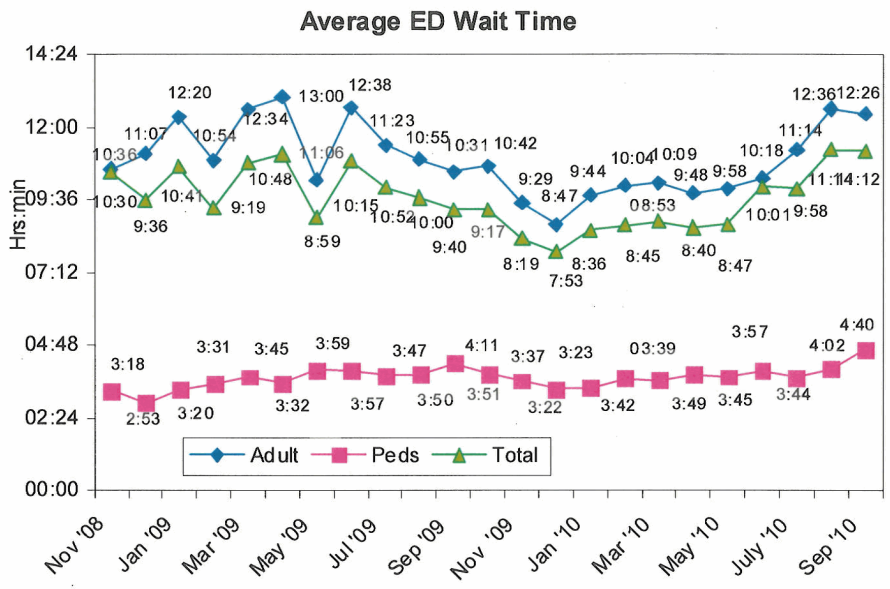
Indicator	Definition	Data	Comments
Indicator #1 – Trends in Average Daily Census and Hospital Operations Metrics			
1b. **Occupancy Rate LAC+USC Medical Center**	**Definition**: A measure of the usage of the licensed beds during the reporting period that is derived by dividing the patient days in the 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  	For comparison, occupancy rates reported in the old facility were reported including newborns and were based on budgeted beds.

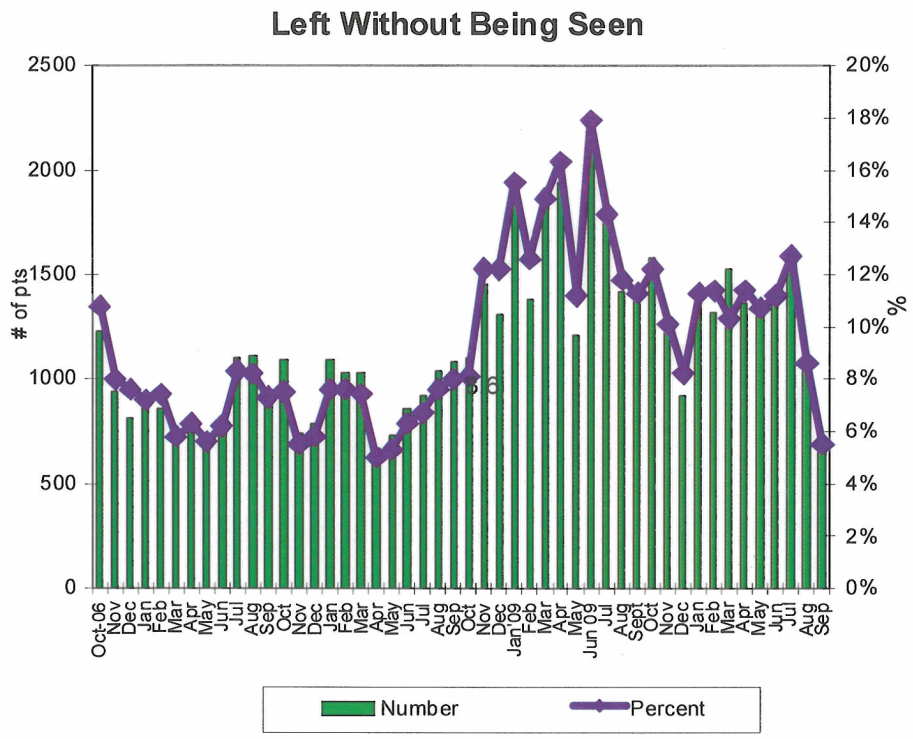
LAC+USC Medical Center
Operational Monitoring Report
Reporting Period – Sept 2010

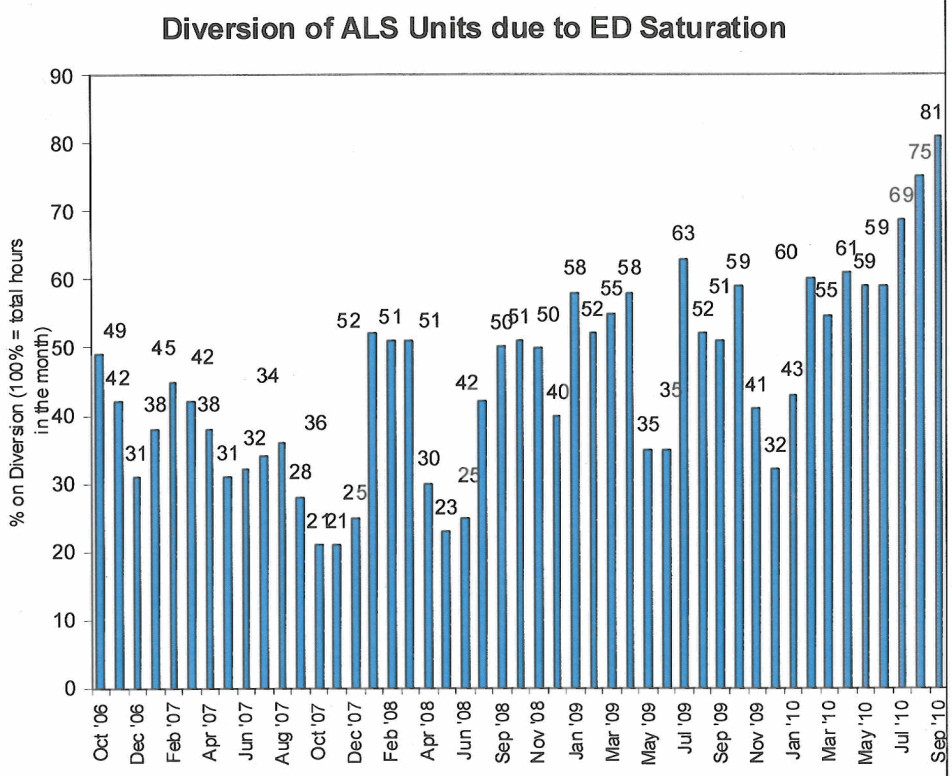
Indicator	Definition	Data	Comments
		2. Medical Center Licensed Occupancy Rate (including Newborns) Med Center Census + Newborn /600  3. Healthcare Network Budgeted Occupancy **Med Center Census + Newborns + Psych Hosp Census / 671**  Medical Center = New Facility Healthcare Network = New Facility + Psychiatric Hospitals	

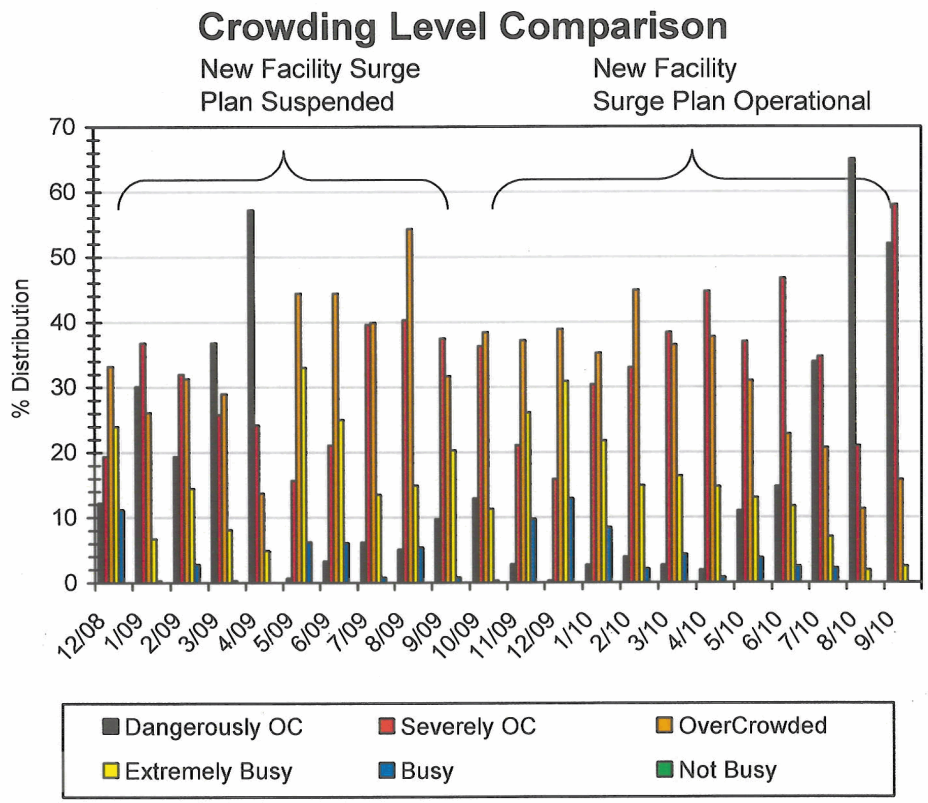
LAC+USC Medical Center
Operational Monitoring Report
Reporting Period – Sept 2010

Indicator	Definition	Data	Comments
		Median Boarding Time (Adult)*  Sept '10 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. **<u>Definition:</u>** 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 Sept '10 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.	 Sept '10 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		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**			

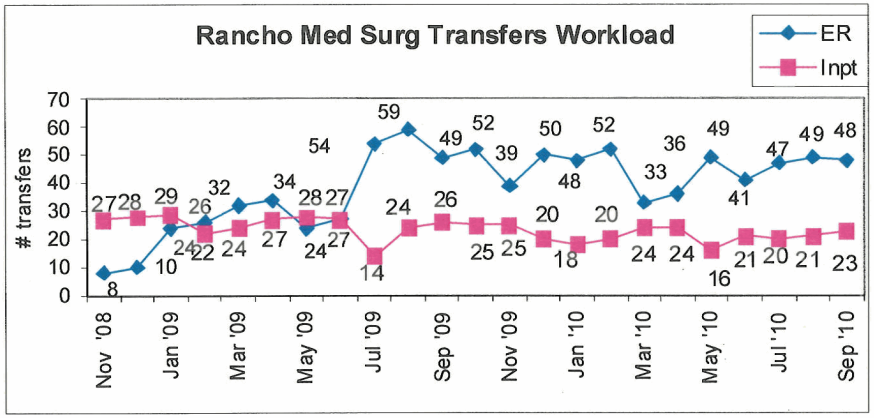
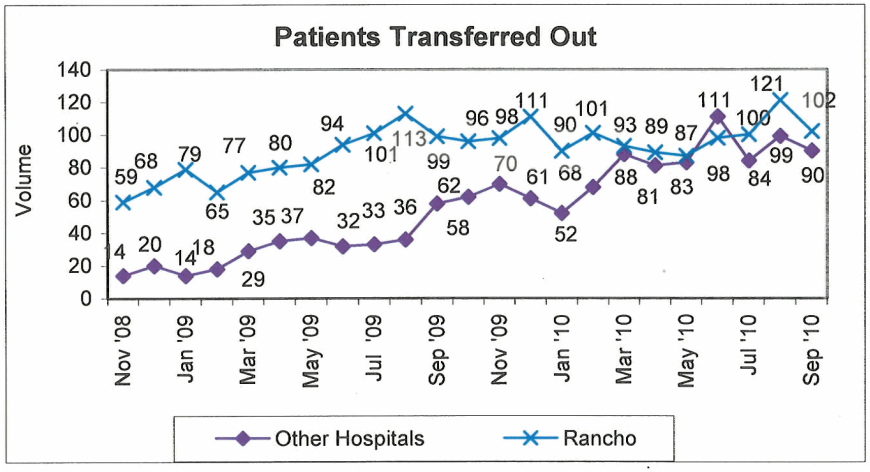
Indicator	Definition	Data	Comments
Indicator #3 – Trends for Patient Diversions and Transfers & #4 – Transfers to Rancho Los Amigos Metrics			
3. & 4. **Rancho Los Amigos Hospital (RLAH) Transfers**	**Transfers:** The volume of patients transferred to RLAH for acute hospitalization from the Emergency Department and from Inpatient Units. **Data Source:** Manual record keeping. Cancelled category includes patients whose condition changed leading to higher level of care or discharge home.	**Month of Sept '10** **Referrals from ER:** **Referrals from Inpatients:**	

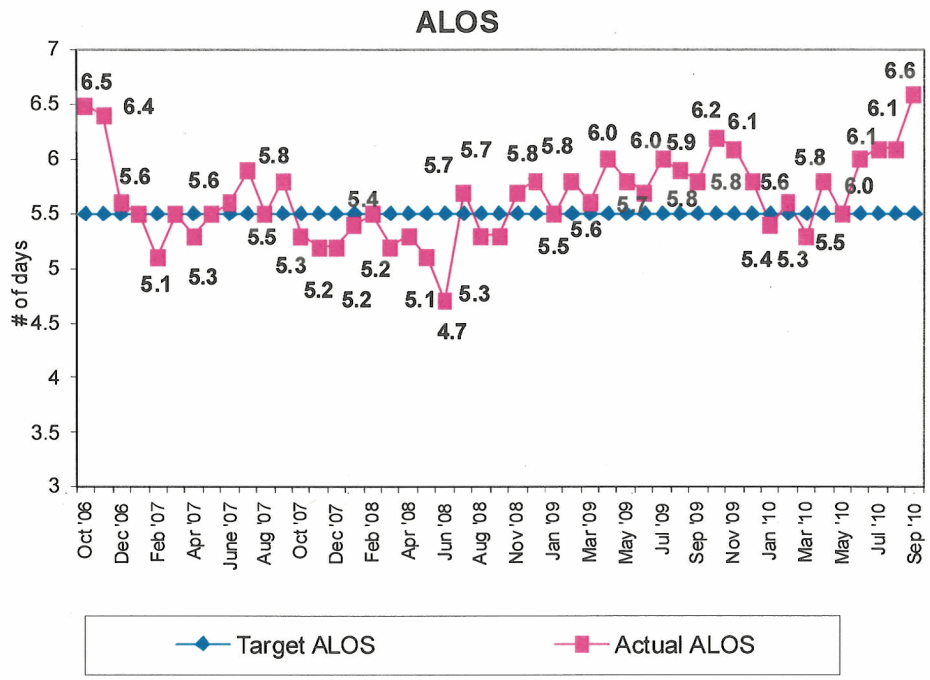
Referrals from ER:

	Med/Surg	Acute Stroke	Total
# Met transfer criteria	53	NA	-
# Referred to RLAH	50	31	81
# Transfers	48	31	79
# Denied	02	NA	-
# Cancelled	3	NA	-
# Patients refused*	2	NA	-

Referrals from Inpatients:

	Med/Surg	Acute Stroke	Total
# Met transfer criteria	46	NA	-
# Referred to RLAH	33	0	33
# Transfers	23	0	23
# Denied	10	NA	-
# Cancelled	12*	NA	-
# Patients refused*	0	NA	-
Other /Pending	1	NA	-

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

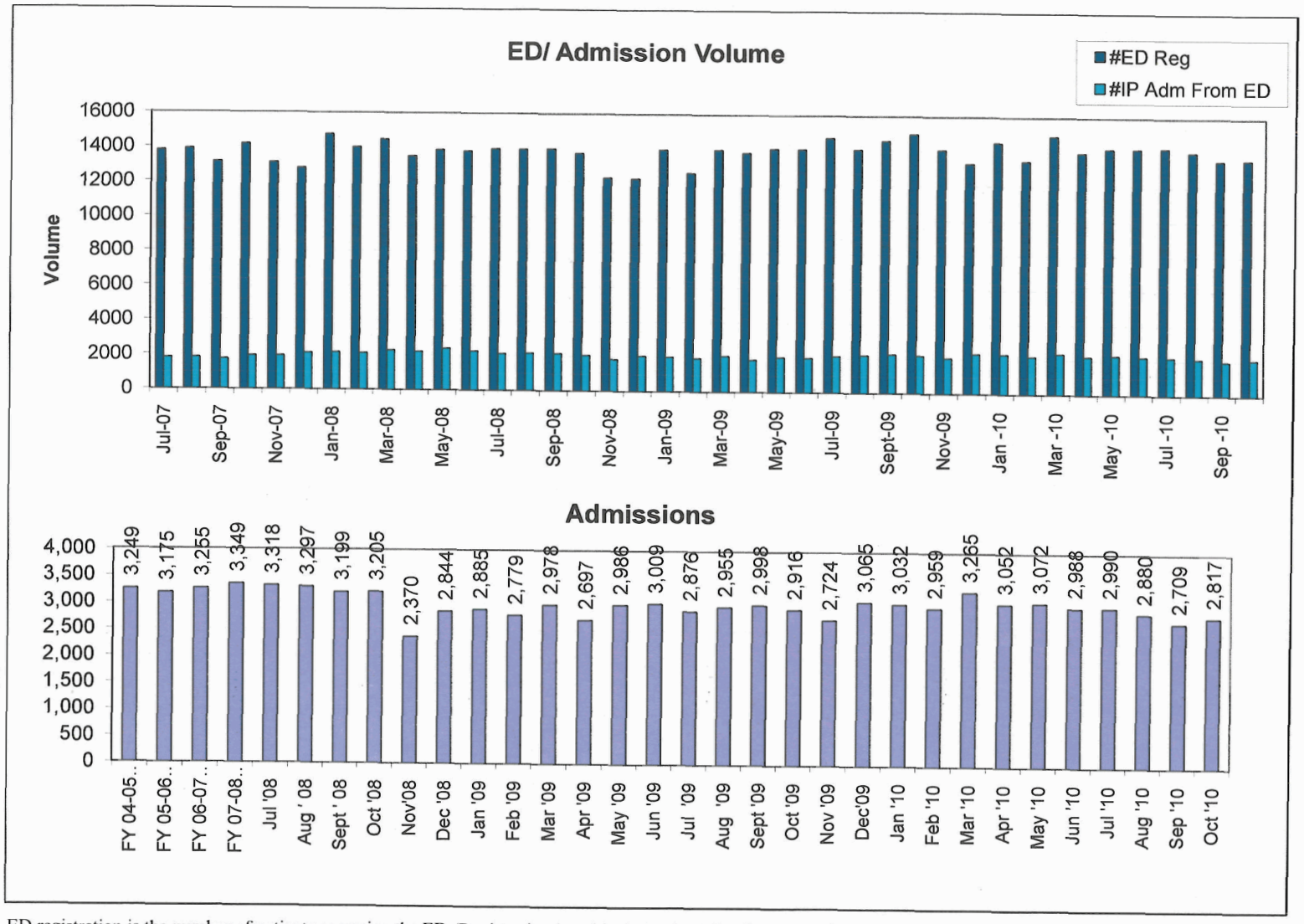
Indicator	Definition	Data	Comments
Indicator #5 – Harris Rodde Indicators			
5. **Average Length of Stay (ALOS)** ***Harris Rodde Indicator**	**<u>LOS:</u>** The difference between discharge date and the admission date or 1 if the 2 dates are the same. **Total LOS:** **<u>Calculation:</u>** ALOS is the 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. *As of July 2010 with the consolidation of Ingleside and Hawkins, all psychiatric services are now included.

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		

Date	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%
Jun-09	60%	64%	60%	75%
Jul-09	57%	72%	60%	80%
Aug-09	55%	64%	60%	80%
Sep-09	55%	68%	70%	80%
Oct-09	45%	60%	60%	80%
Nov-09	35%	64%	70%	70%
Dec-09	40%	64%	70%	65%
Jan -10	60%	68%	70%	70%
Feb -10	65%	84%	80%	80%
Mar -10	65%	68%	60%	75%
Apr-10	60%	64%	60%	80%
May -10	67.5%	68%	80%	80%
Jun -10	65%	64%	70%	80%
Jul -10	60%	68%	80%	85%
Aug -10	62%	68%	60%	85%
Sep -10	72.5%	60%	60%	80%

LAC+USC Medical Center
Workload Summary

ATTACHMENT #2



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

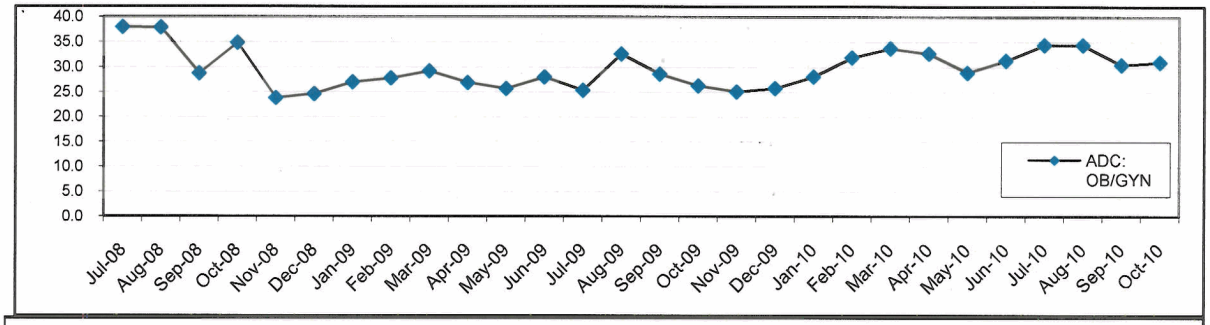
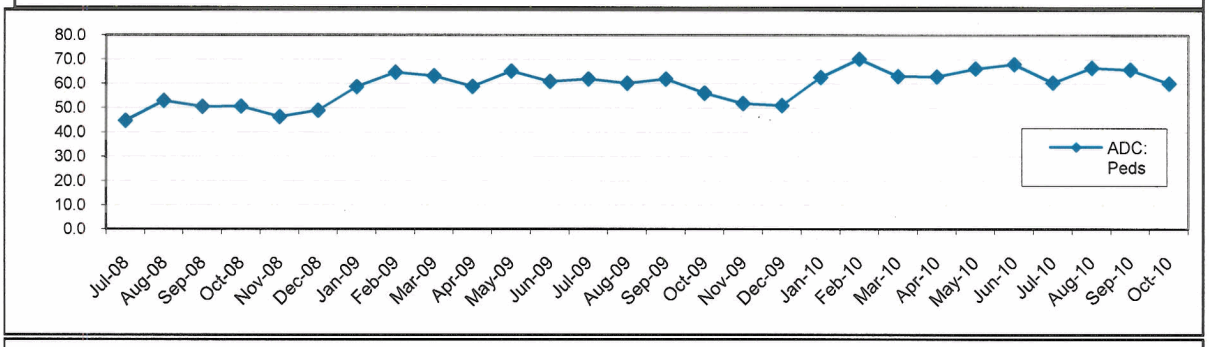
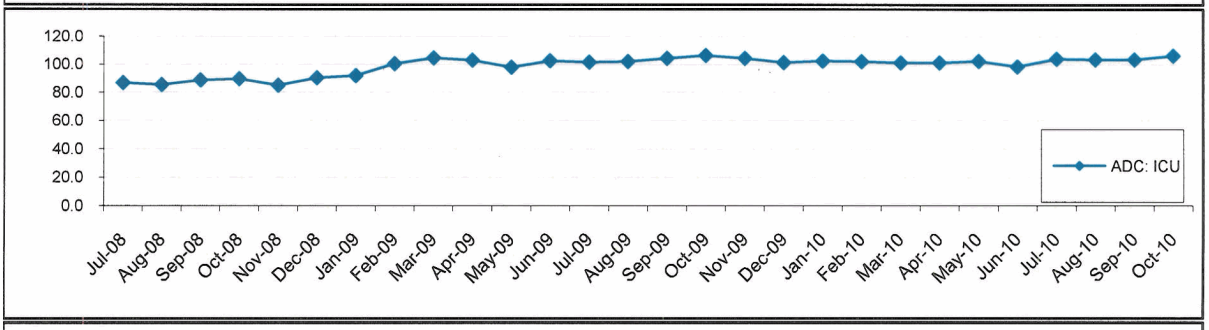
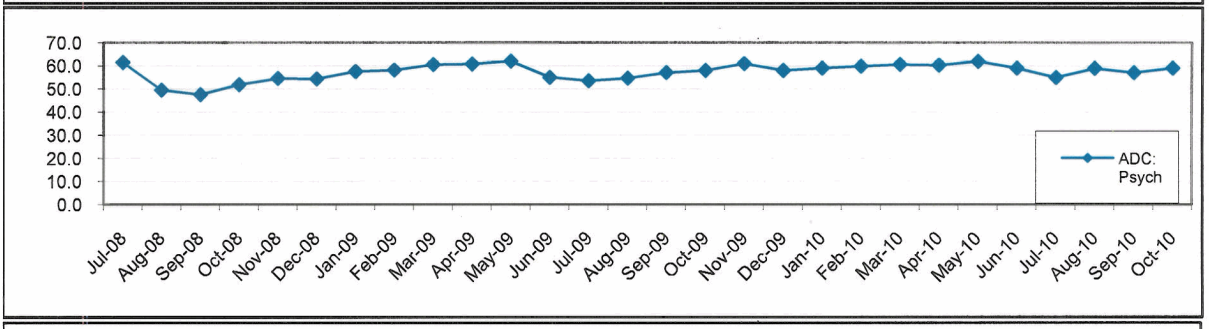
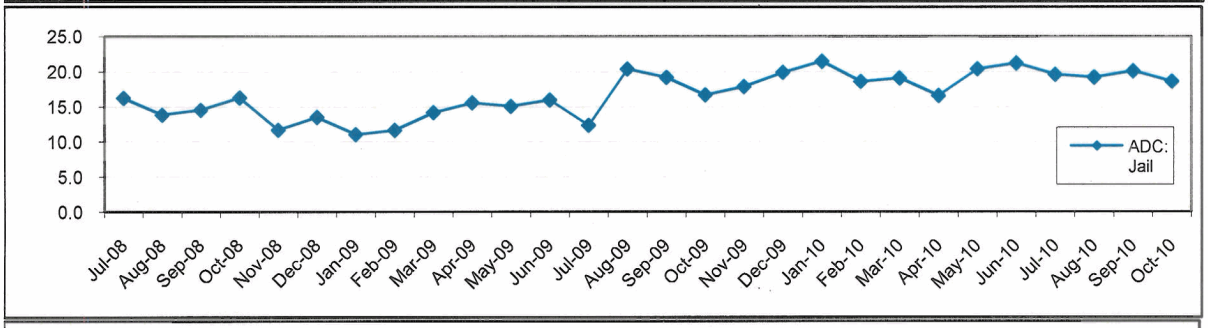
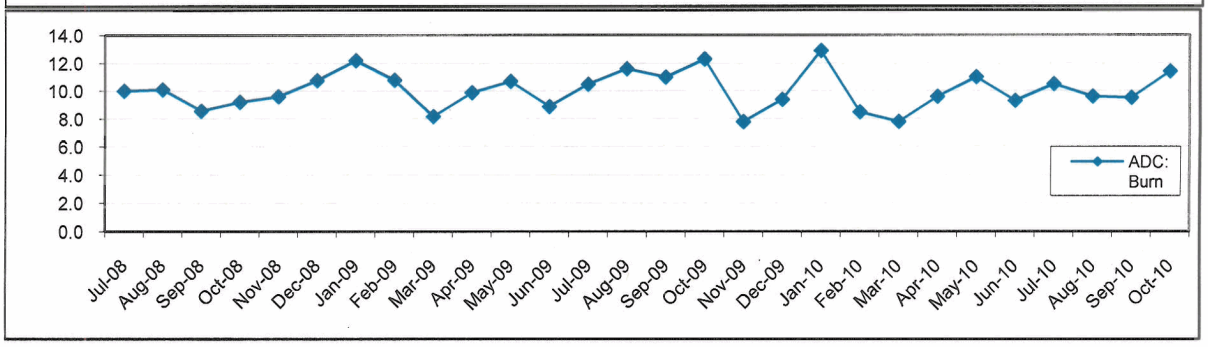
* Left without being seen
* Transferred to the UADC on the same day
* Admitted as an inpatient
* Dispositioned from the ED
* Women's Walk-in

Data Source: Affinity QuadraMed System

11/3/2010

ATTACHMENT #3

LAC+USC Healthcare Network

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

Based on Affinity Nursing Unit Statistical Report