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To ensure access to high-quality, patient-centered, cost-effective health care to Los Angeles County residents through direct services at DHS facilities and through collaboration with community and university partners.

July 26, 2011

TO: Each Supervisor

FROM: Mitchell H. Katz, M.D.
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 #60 (Agenda Item #S-2, July 26, 2011)**

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 month of June 2011.

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 was an estimated 95% utilization rate (97% occupancy) for June 2011.

Emergency Department (ED) Indicators

Attachment #1 demonstrates decrease in key indicators such as Median ED Boarding Time and Dangerously Overcrowding Level and an increase in Length of Stay (ALOS). The number of patients transferred out this period is 9% less than May 2011.

The ED Wait Time and Left Without Being Seen (LWBS) indicators remained relatively stable during this period.

The Dangerously Overcrowded Level Comparison is 1% for this period, which represents the lowest level since April 2010, and a 92% decrease from last month and same time last year.

If you have any questions or need additional information please contact me or Pete Delgado, LAC+USC Chief Executive Officer at (323) 409-2800.

PD:bh

Attachments

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

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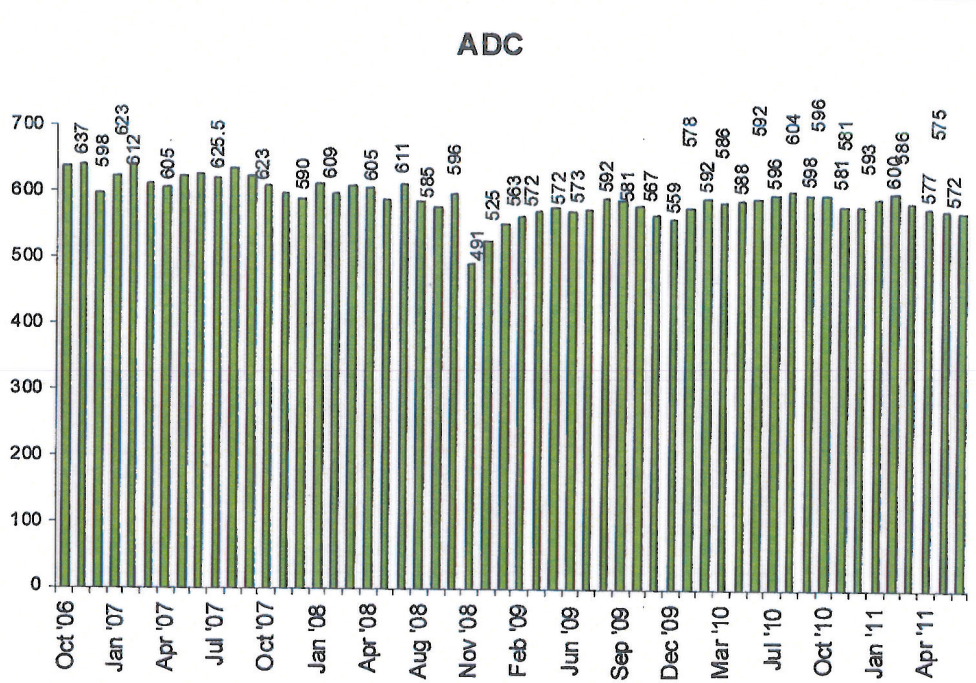
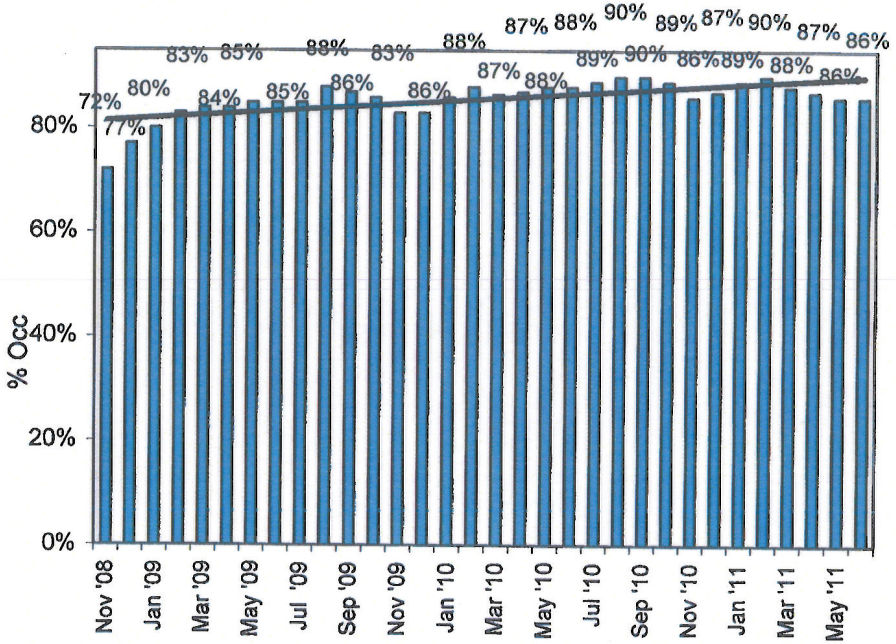
LAC+USC Medical Center
Operational Monitoring Report
Reporting Period – June 2011

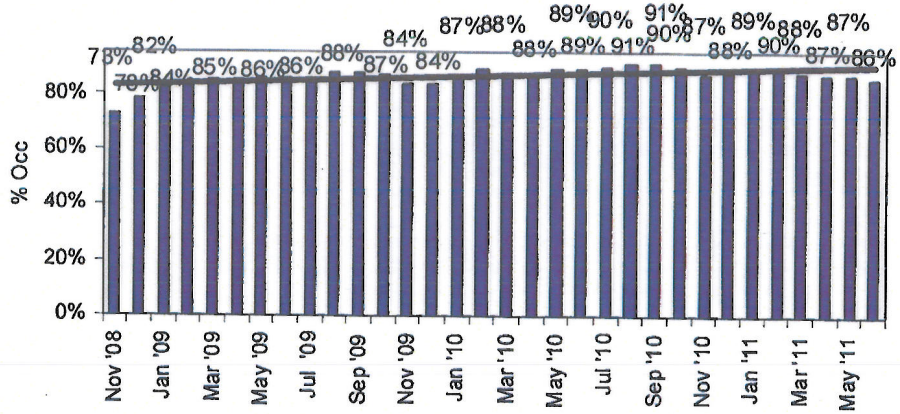
Indicator	Definition	Data	Comments
Indicator #1 – Trends in Average Daily Census and Hospital Operations Metrics			
1a. **Average Daily Census (ADC)**	**ADC:** A measure of the total number of inpatients occupying licensed beds on a daily basis reported as the arithmetic mean. **Calculation:** Total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

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.

Indicator	Definition	Data	Comments

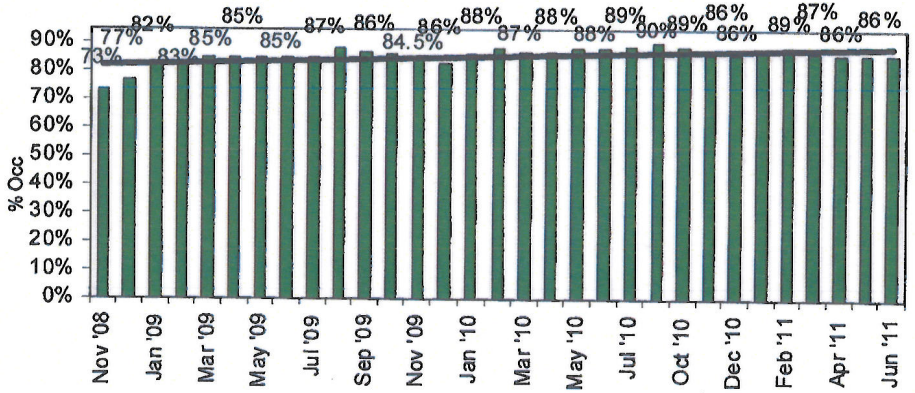
2. Medical Center Licensed Occupancy Rate (including Newborns)

Med Center Census + Newborn /600



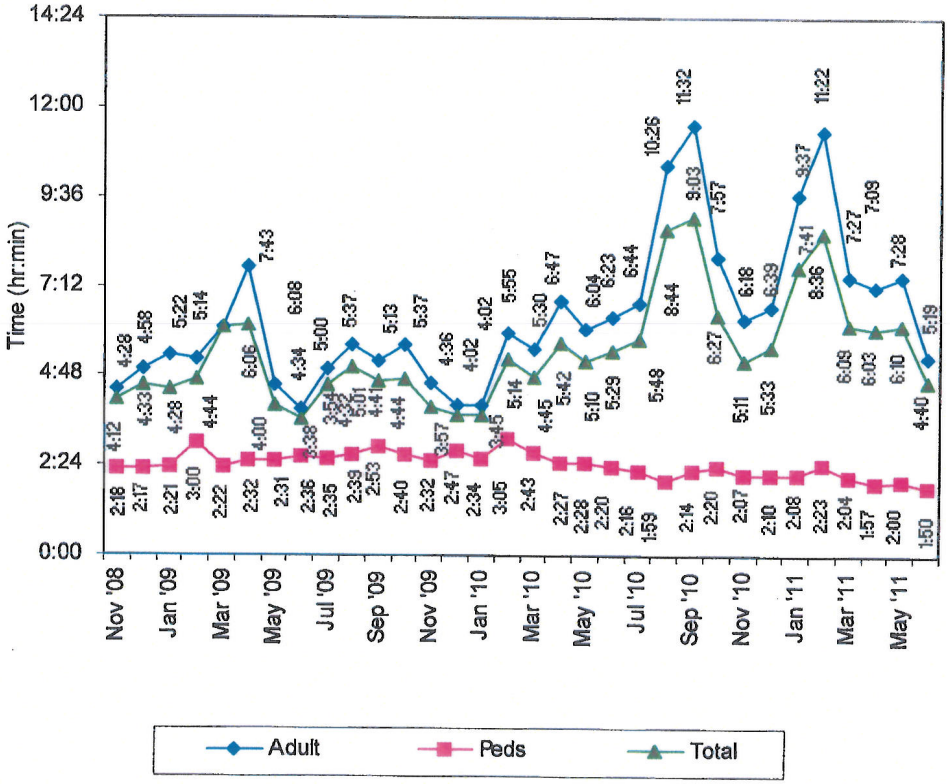
3. Healthcare Network Budgeted Occupancy

Med Center Census + Newborns + Psych Hosp Census / 671



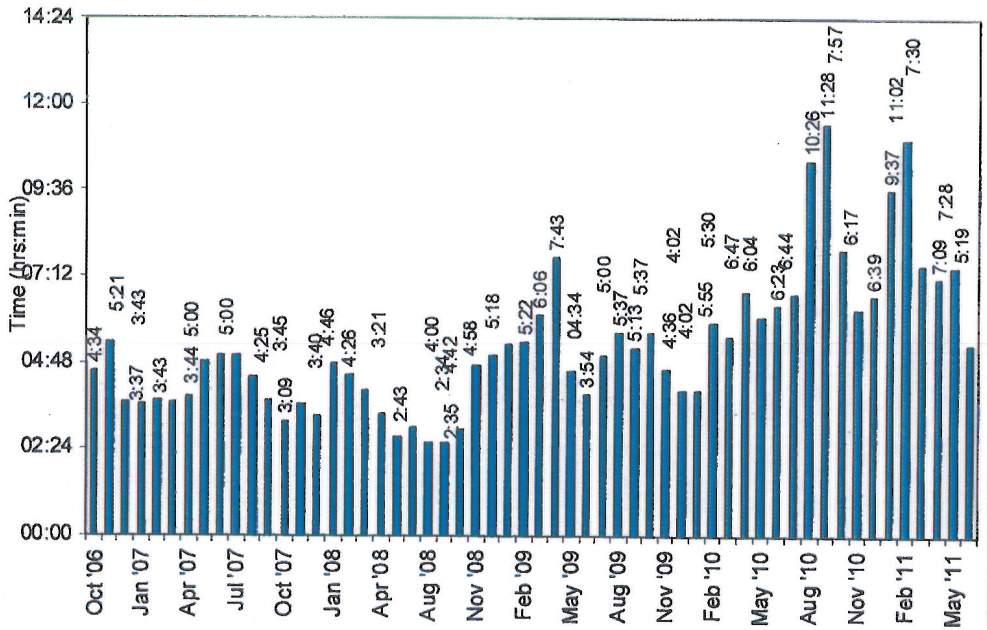
Medical Center = New Facility

Healthcare Network = New Facility + Psychiatric Hospitals

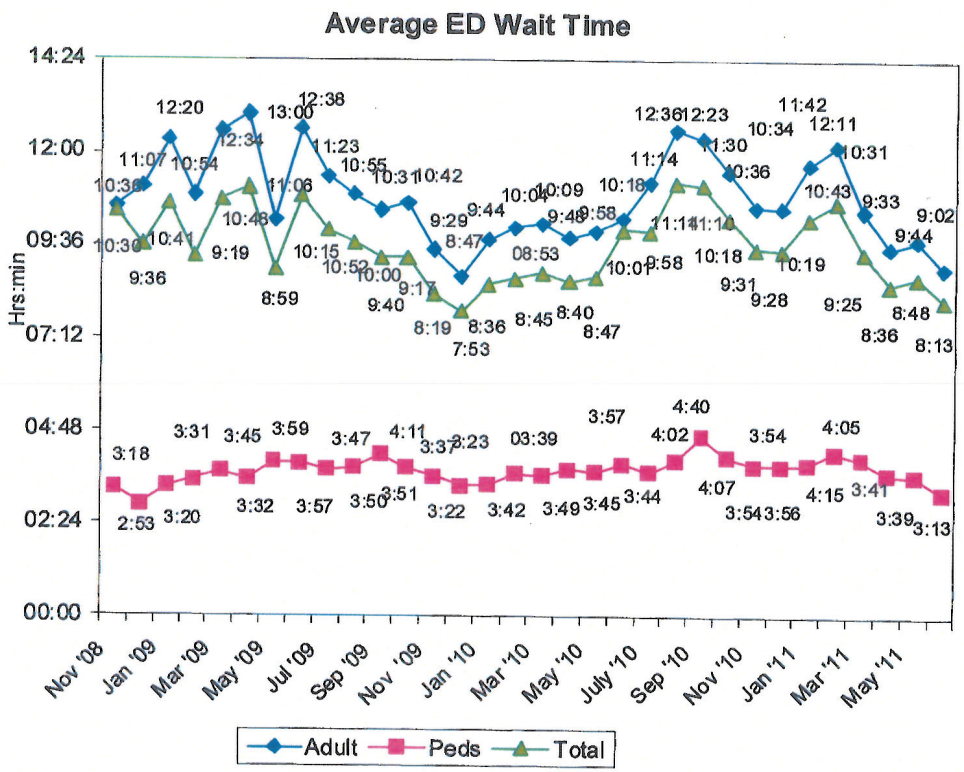
Indicator	Definition	Data	Comments
Indicator #2 - Emergency Department Metrics			
2a. **Median Emergency Department Boarding Time** **(EDBT)** ***Harris Rodde Indicator**	**Boarding Time:** Time from MD Admit time (effective date and time of pre-admit) to time the patient actually leaves the ED en route 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.	**Median EDBT**  June '11 data is Preliminary data	

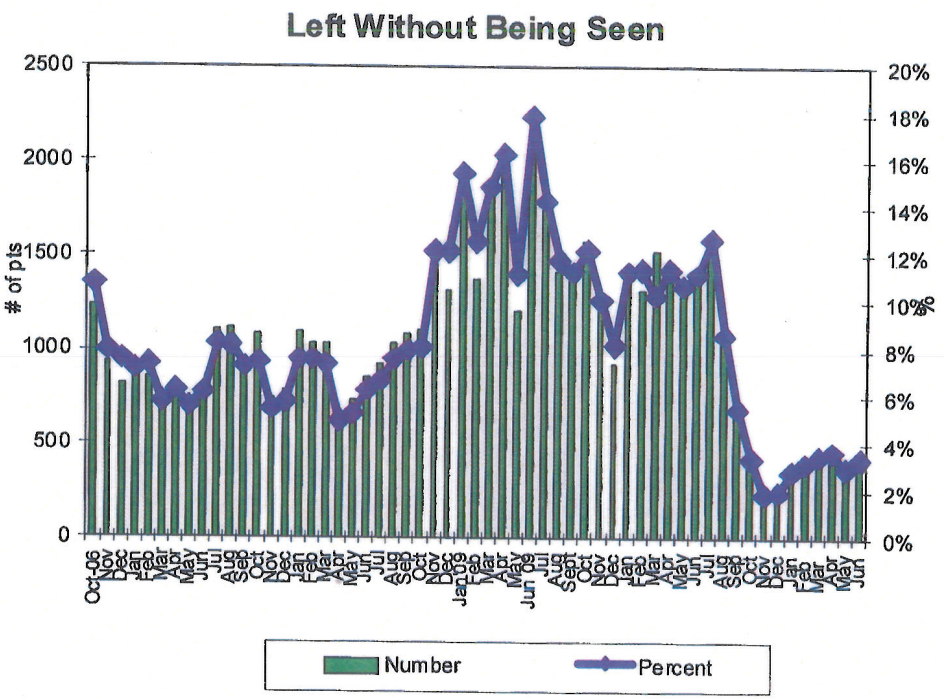
Indicator	Definition	Data	Comments

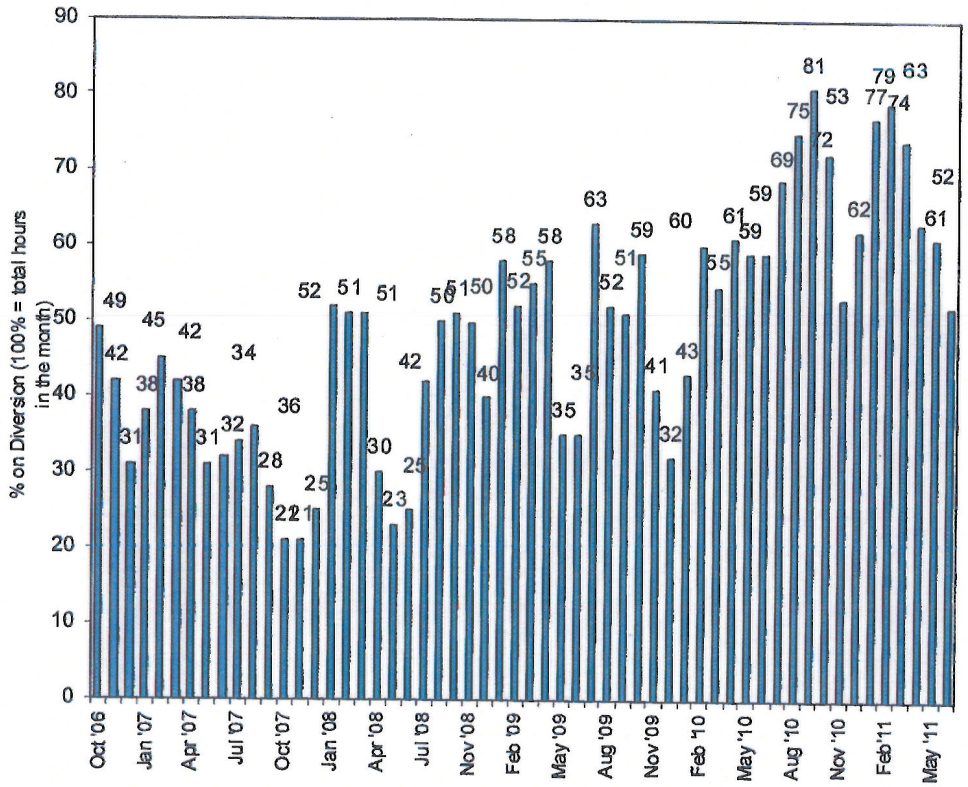
Median Boarding Time (Adult)*

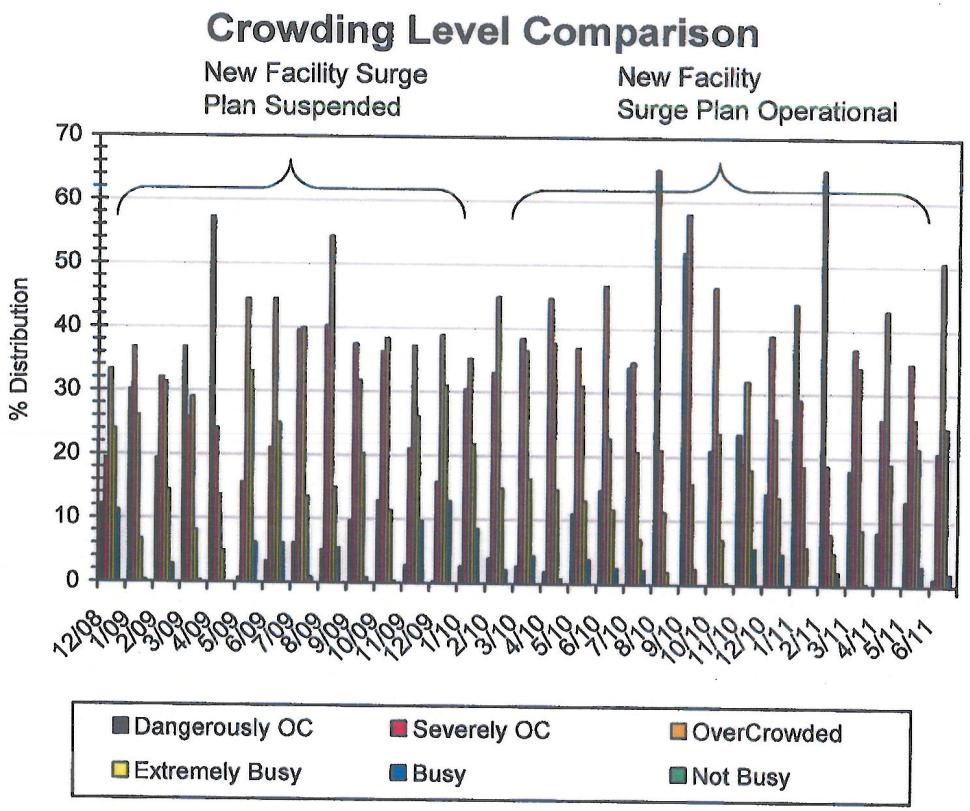


June'11 data is Preliminary data

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 '11 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.	 June '11 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**			

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 June '11

Referrals from ER:

	Med/Surg	Acute Stroke	Total
# Met transfer criteria	40	NA	-
# Referred to RLAH	37	29	66
# Transfers	37	29	66
# Denied	0	NA	-
# Cancelled	3*	NA	-
# Patients refused*	2	NA	-

Referrals from Inpatients:

	Med/Surg	Acute Stroke	Total
# Met transfer criteria	23	NA	-
# Referred to RLAH	23	2	25
# Transfers	19	2	21
# Denied	0	NA	-
# Cancelled	2*	NA	-
# Patients refused*	0	NA	-
Other /Pending	2	NA	-

LAC+USC Medical Center
Operational Monitoring Report
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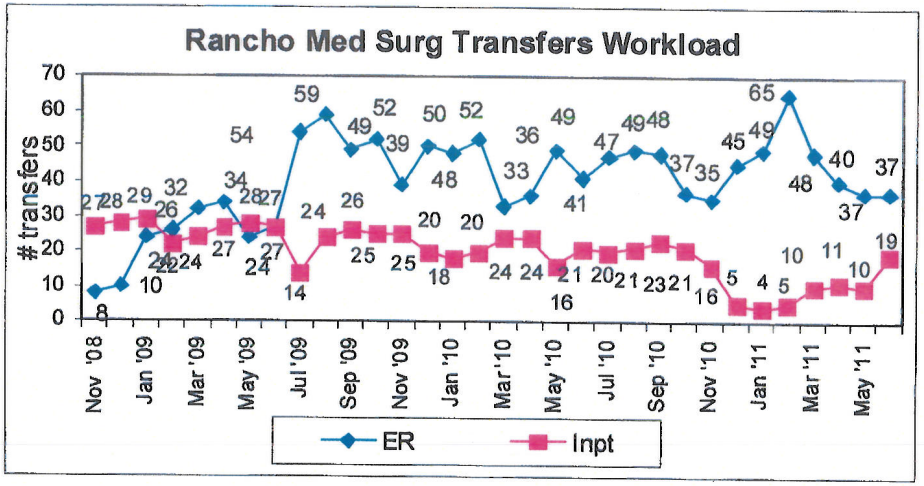
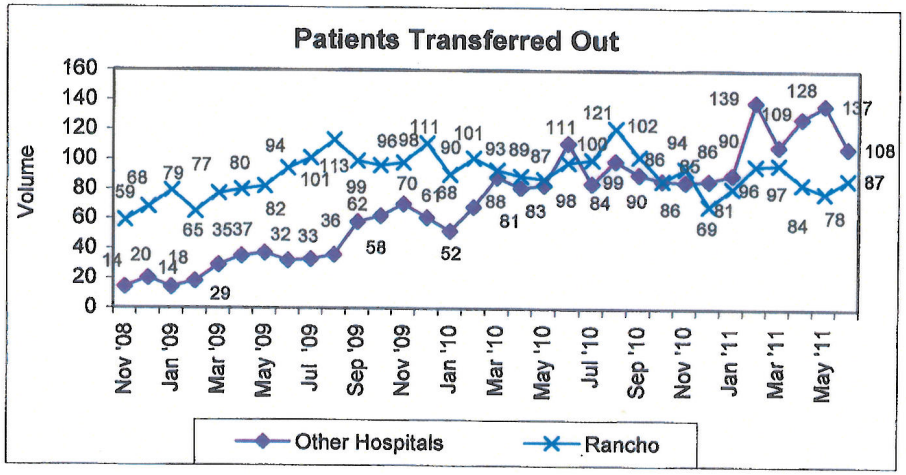
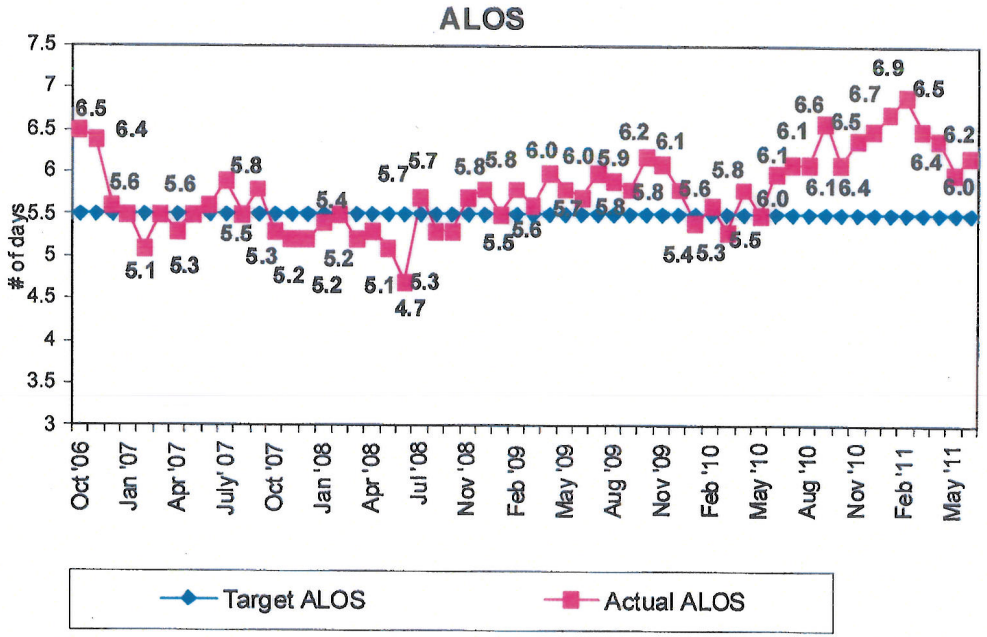
Indicator	Definition	Data	Comments





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**	**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. *As of July 2010 with the consolidation of Ingleside and Hawkins, all psychiatric services are now included. There were 3 patients discharged in June, 2011 with LOS > 100. Without the effect of these 5, ALOS would have been 6.0 rather than 6.2

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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	See table below	

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%
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%
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%
Nov-10	67.5%	48%	50%	70%
Dec -10	62%	60%	50%	65%
Jan -11	55%	60%	70%	70%
Feb -11	57%	68%	80%	80%
Mar- 11	57%	60%	70%	75%
Apr-11	55%	64%	50%	75%
May -11	57%	56%	50%	80%
Jun-11	70%	52%	60%	75%