



COUNTY OF LOS ANGELES
OFFICE OF THE COUNTY COUNSEL

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JOHN F. KRATTLI
Acting County Counsel

May 14, 2012

TO: SACHI A. HAMAI
Executive Officer
Board of Supervisors

Attention: Agenda Preparation

FROM: PATRICK A. WU 
Senior Assistant County Counsel

RE: **Item for the Board of Supervisors' Agenda**
County Claims Board Recommendation
Saint Francis Medical Center v. County of Los Angeles
Los Angeles Superior Court Case No. BC 451 808

Attached is the Agenda entry for the Los Angeles County Claims Board's recommendation regarding the above-referenced matter. Also attached are the Case Summary, the Summary Corrective Action Plans (Sheriff's and Department of Health Services), and the Corrective Action Plans (Sheriff's and Department of Health Services) to be made available to the public.

It is requested that this recommendation, the Case Summary, the Summary Corrective Action Plans, and the Corrective Action Plans be placed on the Board of Supervisors' agenda.

PAW:rfm

Attachments

Board Agenda

MISCELLANEOUS COMMUNICATIONS

Los Angeles County Claims Board's recommendation: Authorize settlement of the matter entitled Saint Francis Medical Center v. County of Los Angeles, Los Angeles Superior Court Case No. BC 451 808, in the amount of \$275,000 and instruct the Auditor-Controller to draw a warrant to implement this settlement from the Department of Health Services' budget.

This lawsuit concerns claims of reimbursement for medical care costs provided by Saint Francis Medical Center.

CASE SUMMARY

INFORMATION ON PROPOSED SETTLEMENT OF LITIGATION

CASE NAME	Saint Francis Medical Center v. County of Los Angeles
CASE NUMBER	BC 451808
COURT	Los Angeles Superior Court - Central District
DATE FILED	December 22, 2010
COUNTY DEPARTMENT	Los Angeles County Sheriff's Department and Department of Health Services
PROPOSED SETTLEMENT AMOUNT	\$275,000 (To resolve all 302 claims.)
ATTORNEY FOR PLAINTIFF	Aleksandra Sarosiek, Esq. Stephenson, Acquisto & Colman
COUNTY COUNSEL ATTORNEY	Robert E. Ragland Principal Deputy County Counsel
NATURE OF CASE	This is a case related to 302 claims for reimbursement for the expenses of medical care provided for prisoners in county jail. Saint Francis is a trauma hospital with an emergency room. The hospital provides emergency and other medical treatment to persons who have been arrested by local law enforcement officers, require medical treatment, and are brought to its emergency room. Some of these arrestees are medically treated by St. Francis prior to being committed into county jail.

PAID ATTORNEY FEES, TO DATE \$83,024

PAID COSTS, TO DATE \$653

Case Name: St. Francis Medical Center v City of Los Angeles and County of Los Angeles



Summary Corrective Action Plan

The intent of this form is to assist departments in writing a corrective action plan summary for attachment to the settlement documents developed for the Board of Supervisors and/or the County of Los Angeles Claims Board. The summary should be a specific overview of the claims/lawsuits' identified root causes and corrective actions (status, time frame, and responsible party). This summary does not replace the Corrective Action Plan form. If there is a question related to confidentiality, please consult County Counsel.

Date of incident/event:	Various dates of medical services.
Briefly provide a description of the incident/event:	Prisoners/inmates who were under custodial arrest were brought to St. Francis Medical Center and provided with medically necessary services, supplies, and equipment. The total charges billed for the medically necessary services were either denied or underpaid.

1. Briefly describe the root cause(s) of the claim/lawsuit:

St. Francis alleges that they were not fully reimbursed for inmate medical treatment.

2. Briefly describe recommended corrective actions:

(Include each corrective action, due date, responsible party, and any disciplinary actions if appropriate)

In January 2012, Medical Services Bureau, Medical Billing Unit revised the "Medical Bills Denial Letter" form to include information regarding the prebook status of arrestees, including the date and time they were committed to County jail (see attached).

Medical Services Bureau will review all incoming billing to determine appropriateness of treatment and verify that patients are committed to the Los Angeles County Sheriff's Department.

Medical Services Bureau will monitor all paramedic transports on a regular basis, including mode of transportation, destination, and appropriateness of transfer. This allows tracking all emergent transport via paramedics to the nearest available hospital versus non-emergent transport to a County Hospital. When it appears that there is a questionable paramedic transport to a private facility, cases which might have been more appropriately transported to a County hospital, Medical Services Bureau-Quality Management Unit will notify the Chief Physician or designee and Facility Clinical Nursing Director in writing for their review and corrective action.

The Emergency Response class will be updated and training for nursing personnel, including staff from the Century Regional Detention Facility will be provided.

A presentation on emergent versus non-emergent transport will be provided to all physicians during the Professional Staff Association meeting.

County of Los Angeles
Summary Corrective Action Plan

3. State if the corrective actions are applicable to only your department or other County departments:
(If unsure, please contact the Chief Executive Office Risk Management for assistance)

- Potentially has County-wide implications.
- Potentially has an implication to other departments (i.e., all human services, all safety departments, or one or more other departments).
- Does not appear to have County-wide or other department implications.

Name: (Risk Management Coordinator)	
ALEXANDER R. Yim	
Signature:	Date:
Alexander R. Yim	4/27/12

Name: (Department Head)	
Paul Tanaka	
Signature:	Date:
Paul Tanaka	4-27-12

Chief Executive Office Risk Management

Name:	
Signature:	Date:



Corrective Action Plan

Department: Los Angeles Sheriff's Department

Case Name: Saint Francis Medical Center v. City of Los Angeles and County of Los Angeles

Case No.: BC 451808

1. General Information

Date CAP document prepared:	April 5, 2012
Department:	Los Angeles Sheriff's Department – Medical Services Bureau
Name of departmental contact person:	Rita Dineros
• title:	Director, Medical Services Bureau
• phone number:	(213) 893-5510
• e-mail:	rcdiner@lasd.org

2. Incident/Event Specific Information

Date of incident/event:	Various dates of medical services.
Location of incident/event:	St. Francis Medical Center.
Event contact person:	Rita Dineros
• phone:	(213) 893-5510
• e-mail:	rcdiner@lasd.org
Claim adjuster: <small>(Third Party Administrator or County Counsel)</small>	N/A
• phone number:	N/A
If claim is in litigation, please complete the following:	
County Counsel Attorney:	Robert E. Ragland
• phone number:	(213) 974-1928

3. Incident/Event Description:

Nature of incident/event:	Payment for emergency medical treatment provided to arrestees.
Provide a brief description of the incident/event:	Plaintiff is alleging that the County of Los Angeles is responsible for paying the emergency medical treatment received by prisoners/inmates at St. Francis Medical Center.

4. Corrective Action Plan Problem Statement

St. Francis Medical Center alleges that they were not fully reimbursed for inmate medical treatment.
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5. Root Cause Analysis

Root Cause Analysis tool:	N/A
Incident/event root causes:	The Los Angeles Sheriff's Department at various times brought patients to St. Francis Medical Center to obtain medical treatment. St. Francis Medical Center alleges that the claims for these patients were either denied or underpaid.

6. Corrective Action Plan Steps



Task number:	N/A
Task name:	N/A
System issue:	<input type="checkbox"/> Process/procedure <input type="checkbox"/> Equipment <input type="checkbox"/> Personnel
Schedule start date:	January 2012
Schedule completion date:	January 2012
Responsible person:	Medical Services Bureau – Medical Billing Unit
Task description:	In January 2012, Medical Services Bureau, Medical Billing Unit revised the "Medical Bills Denial Letter" form to include information regarding the prebook status of arrestees, including the date and time they were committed to County jail (see attached).

County of Los Angeles
 Corrective Action Plan

Task number:	N/A
Task name:	N/A
System issue:	<input type="checkbox"/> Process/procedure <input type="checkbox"/> Equipment <input type="checkbox"/> Personnel
Schedule start date:	May 2012
Schedule completion date:	N/A
Responsible person:	Medical Services Bureau
Task description:	<p>Medical Services Bureau will review all incoming billing to determine appropriateness of treatment and verify that patients are committed to the Los Angeles County Sheriff's Department.</p> <p>Medical Services Bureau will monitor all paramedic transports on a regular basis, including mode of transportation, destination, and appropriateness of transfer. This allows tracking all emergent transport via paramedics to the nearest available hospital versus non-emergent transport to a County Hospital. When it appears that there is a questionable paramedic transport to a private facility, cases which might have been more appropriately transported to a County hospital, Medical Services Bureau-Quality Management Unit will notify the Chief Physician or designee and Facility Clinical Nursing Director in writing for their review and corrective action.</p> <p>The Emergency Response class will be updated and training for nursing personnel, including staff from the Century Regional Detention Facility will be provided.</p> <p>A presentation on emergent versus non-emergent transport will be provided to all physicians during the Professional Staff Association meeting.</p>

7. Review and Authorization

The department has reviewed the incident/event investigation, Root Cause Analysis documentation and Corrective Action Plan and has taken all appropriate corrective actions required.

Review and authorization steps:	Signature:	Date:
Document reviewed by department Risk Management Coordinator:		4/27/12
Document reviewed by department head or designee.		4-27-12



Case Name: St Francis Medical Center v. City of Los Angeles and County of Los Angeles

Summary Corrective Action Plan

The intent of this form is to assist departments in writing a corrective action plan summary for attachment to the settlement documents developed for the Board of Supervisors and/or the County of Los Angeles Claims Board. The summary should be a specific overview of the claims/lawsuits' identified root causes and corrective actions (status, time frame, and responsible party). This summary does not replace the Corrective Action Plan form. If there is a question related to confidentiality, please consult County Counsel.

Date of incident/event:	Various dates of medical services
Briefly provide a description of the incident/event:	The Los Angeles County Sheriff's Department maintains a jail facility in Lynwood, California. The closest hospital to the jail facility is St. Francis Medical Center. When an inmate in the Lynwood Jail requires emergency medical treatment, the ambulance transports the inmate to the nearest emergency room. Over the previous two years, 148 County inmates from the Lynwood Jail facility have been treated by St. Francis Medical Center. St Francis Medical Center refused to accept the rate of payment for these inmates, and has also claimed that the County was legally responsible for payment of treatment costs for individuals that had not yet been committed into a County jail.

1. Briefly describe the root cause(s) of the claim/lawsuit:

The County of Los Angeles is responsible for the cost of medical care provided by private hospitals to prisoners who have been committed into the County jail. The involved hospital was under the impression that the HS-40 In-Custody Medical Treatment (ICMT) Form authorized reimbursement from the County for medical services provided to arrestees who had not yet been committed into the County jail.

2. Briefly describe recommended corrective actions:
(Include each corrective action, due date, responsible party, and any disciplinary actions if appropriate)

SYSTEMS


- On February 29, 2012, the County of Los Angeles Department of Health Services issued a letter to the Patient Finance Office of the involved private hospital which notified them of the discontinuation of the HS-40 ICMT Form for In-Custody billings.

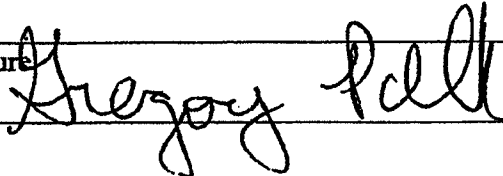
SYSTEMWIDE

- On February 29, 2012, the County of Los Angeles Department of Health Services notified 28 participating private hospitals of the discontinuation of the HS-40 ICMT Form for In-Custody billings.

3. State if the corrective actions are applicable to only your department or other County departments:
(If unsure, please contact the Chief Executive Office Risk Management Branch for assistance)

- Potentially have Countywide implications.
- Potentially has an implication to other departments (i.e., all human services, all safety departments, or one or more other departments).
- Does not appear to have Countywide or other department(s) implications.

Name: (Risk Management Coordinator) <i>Kimberly McKenzie</i>	
Signature: 	Date: <i>4/25/12</i>

Name: (Department Head)	
Signature: 	Date: <i>4/25/12</i>

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Corrective Action Plan

Department of HEALTH SERVICES

Case Name: St. Francis Medical Center v. City of Los Angeles and County of Los Angeles

Case No.: BC 451808 _____ RMIS No.: 10-1082530*001-173

1. General Information

Date CAP document prepared:	April 24, 2012
Department:	Department of Health Services
Name of departmental contact person:	Eva Mora-Guillen
• title:	Interim Chief, Fiscal Services
• phone number:	(213) 240-7875
• e-mail:	eguillen@dhs.lacounty.gov

2. Incident/Event Specific Information

Date of incident/event:	Various dates of medical services
Location of incident/event:	St. Francis Medical Center
Event contact person:	Eva Mora-Guillen
• phone:	(213) 240-7875
• e-mail:	eguillen@dhs.lacounty.gov
Claim adjuster: <small>(Third Party Administrator or County Counsel)</small>	N/A
• phone number:	N/A
If claim is in litigation, please complete the following:	
County Counsel Attorney:	Robert E. Ragland
• phone number:	(213) 974-1928

3. Incident/Event Description:

Nature of incident/event:	Payment for emergency medical treatment provided to arrestees.
Provide a brief description of the incident/event:	The Los Angeles County Sheriff's Department maintains a jail in Lynwood, CA. The closest hospital to the Lynwood jail is St. Francis Medical Center. When an inmate in the Lynwood jail requires emergency medical treatment, the ambulance transports the inmate to the nearest emergency room. Over the previous 2 years, 148 County inmates from the Lynwood jail facility have been treated by St. Francis Medical Center. St. Francis Medical Center refused to accept the rate of payment for these inmates, and also claimed that the County was legally responsible for the payment of the medical treatment costs of arrestees that had not yet been committed into a County jail.

4. Corrective Action Plan Problem Statement

St. Francis Medical Center stated that a signed HS-40 In-Custody Medical Treatment (ICMT) Form was the authorization for reimbursement for the medical services provided to arrestees not yet committed into County jail.

5. Root Cause Analysis

Root Cause Analysis tool used:	N/A
Incident/event root causes:	The County of Los Angeles is responsible for the cost of medical care provided by private hospitals to prisoners who have been committed into the County jail. The involved hospital was under the impression that the HS-40 ICMT Form authorized reimbursement from the County for medical services provided to arrestees who had not yet been committed into the County jail.

6. Corrective Action Plan Steps


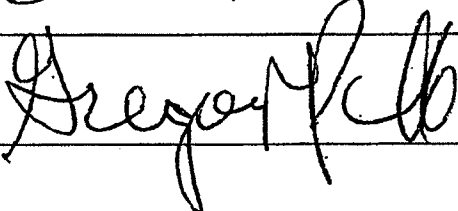
Task number:	N/A
Task name:	N/A
System issue:	<input checked="" type="checkbox"/> Process/procedure <input type="checkbox"/> Equipment <input type="checkbox"/> Personnel

County of Los Angeles
Corrective Action Plan

Schedule start date:	2/29/12
Schedule completion date:	2/29/12
Responsible person:	Eva Mora-Guillen
Task description:	Effective 2/29/12, notification was sent to the private hospitals, including the involved hospital, that the HS-40 ICMT Form had been discontinued.

7. Review and Authorization

The department has reviewed the incident/event investigation, Root Cause Analysis documentation and Corrective Action Plan and has taken all appropriate corrective actions required.

Review and authorization steps:	Signature:	Date:
Document completed by: Eva Mora-Guillen Interim Chief, Fiscal Services		4/25/12
Document reviewed by department head or designee: Gregory C. Polk		4/25/12