Los Angeles County
Department of Health Services

annual report

Health Services
LOS ANGELES COUNTY

2015-2016

Los Angeles County Board of Supervisors

Hilda L. Solis
First District

Mark Ridley-Thomas
Second District

Sheila Kuehl
Third District

Don Knabe
Fourth District

Michael D. Antonovich
Fifth District

Sachi A. Hamai, Chief Executive Officer

Mitchell H. Katz, M.D., Director of Health Agency
Director of Health Services

This publication is dedicated to the more than 800,000 Los Angeles County residents whom we serve each year, as well as to the men and women of our department who ensure access to high-quality, patient-centered and cost-effective healthcare through direct services at DHS facilities and through collaboration with our community and university partners.

Message from the Director

What a great year we had!

When we brought Rancho Los Amigos on to our new electronic health record, known as ORCHID, we accomplished something that five years ago would have been unimaginable: All of our department, on a single system. All of our hospitals, our clinics, our laboratories, our pharmacies, our surgical and diagnostic services; and all of our doctors, our nurses, our pharmacists, our technologists, our therapists, and our registration and eligibility staff. For the first time, the records of a patient being seen in more than one hospital could be read, improving care, and eliminating duplicative care. For our department, ORCHID is much more than a computer system. It defines us as a single system rather than a collection of hospitals and clinics.

Our Department continues to prove that when our patients have choice under the ACA as to where they get their care, they stay with us. They stay with us because they know we care about them. We took care of them when they didn't have insurance and we take care of them now. We also take care of their family members and neighbors who may not have insurance.

Our electronic e-Consult system and our teleretinal diabetic retinopathy screening program have revolutionized how specialty care is provided in our department. We opened the Martin Luther King Jr. Recuperative Care Center to enable homeless persons with complex problems to recover from their illness in a supportive environment. We continue to expand our supportive housing program so we can house chronically homeless persons and give them the dignity that they deserve. And we have done all this while turning our chronic deficits into a flush rainy day fund for the future.

These are just a few of the highlights that you will see in the pages that follow. A big thank you to Gerardo Pinedo and his staff who put it all together. Each annual report is better than the previous years, in graphics and content. And they do it without spending a dime on consultants or paid graphic designers.

I am blessed with the best staff in the world. I love my DHS colleagues. Every day I feel so proud of what we have done together. My gratitude extends to our many collaborators: our organized labor partners, our community provider partners and advocates, our colleagues in philanthropy who have generously supported our efforts, and our University colleagues.

None of this would be possible without the leadership support of the Board of Supervisors, and the CEO and her staff. Thank you. We are grateful.

Enjoy paging through the report.

Best Wishes,

Mitchell H. Katz, M.D.
Director, Health Services

Los Angeles County

Department of Health Services

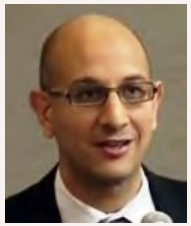
Mitchell H. Katz, M.D.
Director of Health Services

Hal F. Yee, Jr., M.D., Ph.D.
Chief Medical Officer

Gregory C. Polk
Chief Deputy,
Administration and Capital Projects

Christina Ghaly, M.D.
Chief Operations Officer

Tangerine Brigham, M.P.P.
Deputy Director,
Managed Care



Mark Ghaly, M.D.
Deputy Director,
Community Health and
Integrated Programs

Anish Mahajan, M.D., M.S., M.P.H.
Director,
System Planning,
Improvement and
Data Analytics

Gerardo Pinedo
Director,
Government Affairs,
H.I.M., Facilities Management,
Communications

Elizabeth Jacobi
Director,
Human Resources

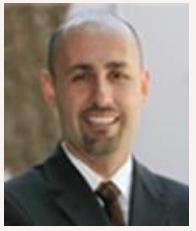
Kevin Lynch
Chief Information Officer

Nina Park, M.D.
Director,
Ambulatory Care

Daniel Castillo
CEO,
LAC+USC Medical Center

Kimberly McKenzie, RN, MSN, CPHQ
CEO,
Harbor-UCLA Medical Center

Carolyn Rhee
CEO,
Olive View-UCLA
Medical Center



Jorge Orozco
CEO,
Rancho Los Amigos
National Rehabilitation
Center

Allan Wecker, Chief Financial Officer

Organizational chart may be found on page 105

Table of Contents

Section I Ambulatory Care Network

7 Ambulatory Care Network
9 High Desert Health System
11 El Monte Comprehensive Health Center
13 H. Claude Hudson Comprehensive Health Center
15 Hubert H. Humphrey Comprehensive Health Center
17 Long Beach Comprehensive Health Center
19 Mid-Valley Comprehensive Health Center
21 Edward R. Roybal Comprehensive Health Center

Section I.11 Martin Luther King, Jr. Outpatient Center

25 Martin Luther King, Jr. Outpatient Center

Section II Hospitals

29 Harbor-UCLA Medical Center
33 LAC+USC Medical Center
37 Olive View-UCLA Medical Center
39 Rancho Los Amigos National Rehabilitation Center

Section III Program Units

43 Audit & Investigation Division
45 Capital Projects
47 Centralized Contract Monitoring Division (CCMD)
49 College of Nursing (CONAH)
51 Contracts & Grants
53 Diversity & Cultural Competency
55 Emergency Medical Services (EMS) Agency
57 Enterprise Health Information Management
59 Facilities Management
61 Government Affairs, Communications & Commissions
65 Housing for Health
67 Human Resources
69 Information Technology (IT)
71 Integrated Programs
73 Juvenile Court Health Services
75 Managed Care Services
77 Office of Nursing Affairs (ONA)
81 Patient Safety & Clinical Risk Reduction
83 Pharmacy Affairs
85 Planning & Data Analytics
87 Privacy & Compliance Programs
89 Risk Management
91 Specialty Care Improvement Initiative
93 Supply Chain Operations Network
95 Teleretinal Diabetic Retinopathy Screening Program
97 Women's Health Programs and Innovation (WHPI)
99 Workforce Development Program
101 Fiscal Review

As Chair of the Board of Supervisors, the Honorable Hilda Solis also chairs events to promote wellness, education, and awareness.

Ambulatory Care Network

Ambulatory Care Network

Two Clinic Co-locations Opened

This year access to care for the patients in Los Angeles County was improved by the Ambulatory Care Network (ACN). Public Health Services were innovatively integrated into our new approach to our healthcare delivery with co-located clinics. Staff worked tirelessly to open two new co-locations with the Department of Public Health (DPH) to prepare the facilities to open by July 1st.
Each new clinic site is staffed with Patient-Centered Medical Home (PCMH) teams. H. Claude Hudson Comprehensive Health Center (CHC) staff will manage Curtis Tucker Health Center located in Inglewood and Long Beach CHC staff will manage Torrance Health Center.

Employee Recognition

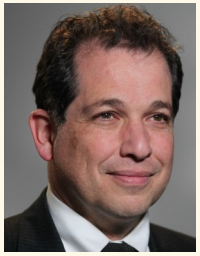
The Employee Recognition Program is a monthly recognition program that serves as a vehicle for staff to appreciate others providing excellent service to our staff and patients. In this program we recognize staff who are consistently achieving ACN's Core Values—Quality, Compassion, Responsibility or Patient-Centeredness.

2015/2016 Accomplishments

- Opened two clinic co-locations: Curtis Tucker & Torrance Health Centers
- Created the ACN Vision & Core Values campaign. Created a new ACN logo
- Care Improvement Team (CIT) received a Quality and Productivity award for improving the Gateway to Primary Care
- ORCHID Go Live was successfully launched at all 17 facilities
- Facilitated Customer Service Trainings for ACN staff
- Developed Patient Experience Champion program
- Replaced and upgraded VOIP telephones in ACN
- Celebrated Hubert H. Humphrey CHC 40th Anniversary
- Improved call wait time at all ACN call centers
- Revised the new employee orientation

Administrative Staff

Nina Park, MD
Chief Executive/Medical Officer



Jeffrey Guterman, MD
Chief Research and Innovation

Quentin O'Brien
Chief Operating Officer

Guillermo Diaz, MD
Chief Medical Information Officer

Candy Smith
Chief Financial Officer

Debra Duran
Chief Nursing Officer

Ambulatory Care Network

HEALTH SERVICES • LOS ANGELES COUNTY

CORE *VALUES*

QUALITY affordable and accessible health care

COMPASSION for patients and each other

RESPONSIBILITY in planning and managing of resources

PATIENT-CENTEREDNESS

CORE *PURPOSE*

Healing and empowering our patients to live healthier and better lives

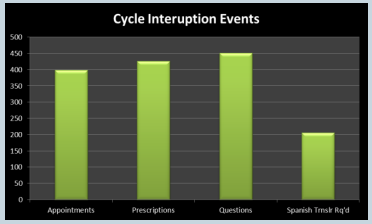
High Desert

Antelope Valley—Lake Los Angeles—Littlerock—South Valley

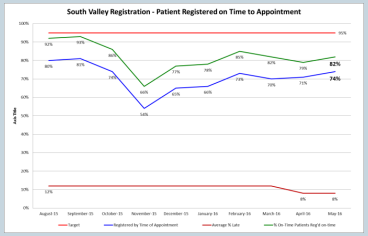
Care Improvement Teams at High Desert

The High Desert Regional Health Center (HDRHC) and SEIU 721 are increasing employee engagement and performance through our CITs. The teams consist of frontline staff, managers, and medical professionals working together to improve our patient's care and the operations in our health care system.

While keeping DHS goals and priorities in mind, CITs use LEAN concepts to review their respective area's processes to identify better methods of performing their daily work. In doing so, our teams work to meet their mission objectives of improving service, quality of care, eliminating waste (unnecessary effort, redundancy, etc.) that drives up costs and most importantly places the patient at the center of every decision to improve the patient experience.



Our team's successes in improving cycle time reduction, patient call wait times and increased productivity are making progress. There are four teams currently operating within our facilities; *Appointment Call Center*, *Enrollment-Eligibility-Empanelment* (E3), *PCMH and Registration*.



The Appointment Call Center has concentrated on improving their average wait times and call abandonment percentages. In the first quarter of 2015, the average wait time for a patient was 26 minutes and 50 seconds. The amount of abandoned calls averaged 60%. Through process reviews and collaboration with other teams to provide call support assistance and redirecting patient calls needing timely responses, todays wait time average is 1 minute, 24 seconds and the abandonment rate is 5%.

Administrative Staff

Beryl Brooks
Administrator

Ruth Oren, M.D.
Medical Director

Susan Urbanski, RN
Nursing Director

Our E3 team has been working to streamline the Medi-Cal application process. Gaps and intra-facility processing steps, which caused delays, were identified and realigned. By providing one access point, the patient's application processing time has been reduced. This team will also begin mapping a standardized work flow process as we implement the new Leaders Replacement System (LRS).

Throughout the day, the PCMH team's daily work-flow is impacted by patient inquires. To understand the impact of these interruptions and provide solutions, these interruptions were tracked for a month. The results indicated that appointment requests, medication refills and general questions (i.e. lab results) were high impact items. Delving into the data, the team found that essentially patients did not know who to contact to obtain an answer or for proper assistance. Currently, the team is providing patient education on who to call for medications and appointments. Additionally, two service phones have been added in the Lancaster facility which provides direct contact with the appointment center. The team is collaborating with the Pharmacy to streamline the refill ordering process to reduce the number of person interactions involved in the overall process. A general patient information packet is being developed. Additionally, with the completion of the new web portal, a reduction in interruptions is expected during the next review cycle.

Our South Valley Registration team's goal is to register 95% of the primary care patients timely. Since the implementation of ORCHID, the team has been working to get back on target. There was a lesson learned while monitoring their metrics. Through their efforts to reduce the no-show and late patient arrival rate, the team's pre-appointment reminder calls reduced the late arrival percentage from 12% to 8%, a good improvement. However, that change affected the overall registration metric. The lesson learned; what you do to one process can affect another. This enlightened the team and provided them with a better understanding of monitoring data.

CITs provide our front line staff with an opportunity to use their creativity, skills, and experience to improve the organization. Working collaboratively with our leadership, members help set goals, performance metrics and monitor team performance. Additionally, they design work processes, resolve problems and issue recommendations to managers. We are seeing a culture change in working together that will ultimately result in making DHS a premier care provider and great place to work.

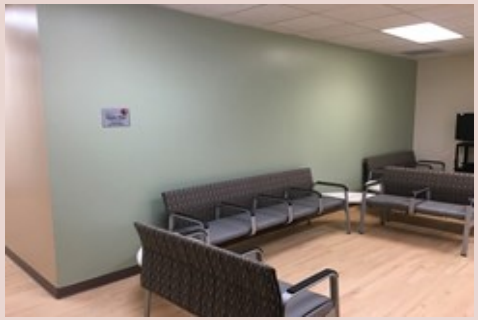
North County Civil Service Examinations

On February 24, 2016, High Desert Health System (HDHS) on-site Human Resources (HR) staff worked with Department of Human Resources (DHR) and DHS Central Examination Unit personnel to administer clerical series civil service examinations for Antelope Valley residents. Due to the distance, it is extremely difficult for residents of the Antelope Valley to participate in examinations at the Los Angeles Convention Center testing location. This limits the number of certified, eligible local candidates when recruiting to fill clerical vacancies at High Desert and other North County facilities.

Testing was conducted at the Antelope Valley Fairgrounds and 135 applicants participated. Over 86% of those tested successfully passed the written component of the examinations. On April 12, 2016, DHR staff conducted the typing component of these examinations at HDRHC and North County certification lists were promulgated for Intermediate Clerk, Intermediate Clerk-Light Typing and Intermediate Typist Clerk. Based upon the geographic location of High Desert facilities, having localized testing and Antelope Valley residents certified for appointment will help considerably in filling hard to recruit, long-term clerical vacancies. Given the overall success of this initial testing, it is High Desert's goal to work with DHS, Central Exams and DHR to open additional North County exams and administer more localized testing.

Renovations at Antelope Valley Health Center

In FY 2015-16, renovations were initiated at the Antelope Valley Health Center to update the appearance of the facility and improve the patient experience. This health center, located in east-Lancaster, is a co-location site, which houses services and staff from both the DHS ACN and the DPH. The health center was opened in the mid-1980s.



DHS ACN and DPH partnered to replace the flooring in public areas throughout the facility, including the lobby, public hallways and patient waiting rooms. In these areas, the dated vinyl composition tile was replaced with a contemporary plank flooring product with a light birch finish. Other work completed in FY 2015-16 included updating the Area 4 clinic with new casework, sinks, light fixtures a new medication room, replacement of doors and doorframes, and new paint including accent walls. New window coverings, ceiling tiles and office furniture will also be added. The reception window will be replaced to comply with Americans with Disability Act (ADA) height requirements.

After the completion of work in Area 4, the Area 2 clinic will be remodeled to support the expansion of primary care. Painting, replacement of light fixtures and new ceiling tiles are planned throughout the facility. Additional work is also planned for the main lobby patient registration and security areas.

ORCHID

On November 1, 2015, High Desert Regional Health System (HDRHS) was the last ACN clinic to implement ORCHID. During the initiating phase, the IT department installed 124 label printers, 5 tracking boards, 109 barcode scanners, 41 eSig Pads, 26 document scanners and other technological devices. Additionally 200 classes were held from skill sharpeners to focused based position training. Just over 500 full time and contracted employees were trained in less than two weeks prior to ORCHID Go Live. With close to 150 super users from HDRHS and assistance from other facilities HDRHS went live with no hiccups.

To date, ongoing training continues for new employees from various departments. Numerous system updates, implementation of additional functionality and template changes continues at a rapid pace, to which HDRHS has been up to the task of getting employees trained.

As part of the Orchid implementation process for HDRHS and its associated health centers, extensive work was completed to integrate medical equipment with the new electronic health record (EHR). Equipment that was successfully integrated with Orchid included physiological monitors, fetal monitors, electrocardiogram (ECG) machines, the holter monitor system, the cardiac stress-test machine the cardiac echocardiography equipment, and pulmonary function test (PFT) equipment. The integration of this equipment with Orchid improves efficiency and accuracy by reducing the need for manual data entry of test results.

Kaiser Grant

In FY 2015-16, HDRHC received a $236,000 grant from the California Community Foundation and Kaiser Foundation Hospitals to purchase equipment to perform cataract surgery in the HDRHC Ambulatory Surgical Center. Two ophthalmologists have been recruited, and preparations are also underway to establish an Ophthalmology clinic for pre and post-surgery care, as well as the assessment and treatment of other Ophthalmologic problems. To assist with establishing the new clinic, the local Kaiser Medical Office donated a surplus eye chair, slit lamp and phoropter refractor.

The new Ophthalmology clinic and cataract surgery programs are expected to become operational in late-2016. The local availability of these services will improve access and reduce patient waiting time.

El Monte/La Puente

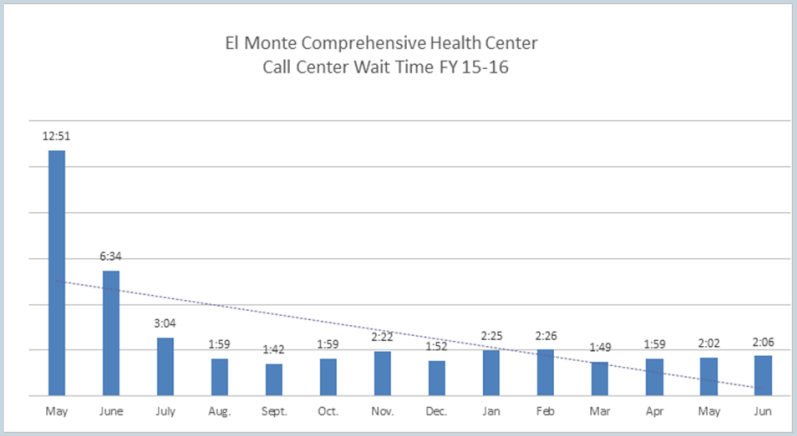
Comprehensive Health Center

The staff at El Monte Comprehensive Health Center (EMCHC) and La Puente Health Center (LPHC) continue to make great strides to meet the needs of our patients by providing quality health care with a positive patient experience. This year, efforts were made to improve our customer services skills, strengthen the PCMH, and improve telephone access. We were also busy with efforts to enhance clinical quality using the National Committee for Quality Assurance (NCQA) recognition process to guide many of our activities, including those required to effectively manage a panel of patients to ensure quality and cost-effectiveness.

To support our clinical efforts, we continued with efforts to enhance work spaces, including combining staff to form a Patient Relations office, and establishing a new area for our Community Health Workers.

We will continue our efforts in the coming year by:

- Improving Healthcare Effectiveness Data and Information Set (HEDIS)
- HEDIS scores
- Reducing cycle times
- Replacing the HVAC system
- Implementing a new signage system throughout the facility



Administrative Staff

Ernest Espinoza
Administrator

J. Michael Allevato, MD
Associate Medical Director

Jorge Urquizu, RN
Nursing Director

Care Improvement Teams (CIT)

EMCHC and LPHC are proud of the contributions of the CITs. In a joint effort with SEIU Local 721 and DHS, the CITs provide an opportunity for front-line staff to address issues and develop improvements that will enhance the workplace for our staff and services for our patients.

CIT Fair – EMCHC thanked the members of the original three CITs: Registration; Empanelment, Eligibility and Enrollment (EEE) and Call Center. They were acknowledged for their accomplishments at the November 2015 "CIT Fair." Staff attended with representatives from SEIU Local 721 and DHS received updates on the CITs' work, offering their support, thanks and congratulations.

The Registration and EEE CITs wrapped up their work after achieving and in many cases, surpassing their goals. Currently there are two active CITs: Appointment Center and Employee and Patient Experience.

- **Appointment Center CIT** focuses on improving the patient experience by enhancing telephone access and services using innovative methods to reduce the amount of time patients have to wait on hold. This team is also working to increase the number of patients having their medical record number available when the agent answers the call.

- **Employee and Patient Experience CIT** acknowledges that job satisfaction supports good customer service. This team's main endeavor relates to improving the discharge process, which includes redesigning the printed patient instructions. The redesign of the follow-up and after-care instructions will increase patient satisfaction and assist staff to confirm that patients have the necessary information for positive clinical outcomes.
- **Coaching** supports staff development by providing the skills needed to strengthen customer service abilities. The EMCHC/LPHC leadership team has embraced the ACN Customer Service Coaching program. Building on the customer service training that all staff received, Karen Dove, Cristina Gomez and Celia Peña developed a facility-based program with training materials, monthly support and educational meetings. A tool-box for managers and supervisors was included enabling them to further develop their own skills and become better coaches to support line-staff through positive coaching experiences.

Presentations, along with positive and supportive coaching is provided at all general staff and individual department meetings to help front-line staff. During April, May, and June 2016, more than 120 coaching sessions were documented by supervisors and managers. Future plans include helping managers and supervisors motivate individuals and enhance communication by understanding and acknowledging the role of perception. Role-playing and practice also provides opportunities to learn from each other's strengths.

EMCHC Welcomes New Medical Director

J. Michael Allevato, M.D., joined the leadership team as the Medical Director in April 2016. Most recently, Dr. Allevato served as the Associate Medical Director at Roybal CHC. He has extensive experience working in community-based ambulatory care settings , successfully implementing initiatives to enhance clinical and operational services.

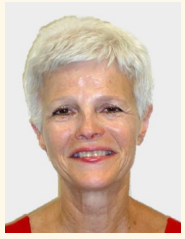
Dr. Allevato attended medical school at UCLA and completed his Family Medicine residency at HUMC. Many of Dr. Allevato's patients have decided to transfer from Roybal CHC to El Monte CHC with him, which is a further confirmation that he has all the qualities of an excellent doctor.

H. Claude Hudson
Comprehensive Health Center

H. Claude Hudson Comprehensive Health Center (CHC) serves as a medical home to over 27,000 empaneled patients assuring access to primary care services for the culturally diverse community of South Los Angeles County. Hudson CHC offers high quality primary care and specialty healthcare services such as urgent care, optometry, podiatry, dermatology, dental, educational and ancillary services. For over three decades, Hudson CHC has maintained a passionate commitment to advancing the health and well being of the patients, families and the community it serves. Technology has played a significant role in our recent success. One year, after implementing ORCHID, our electronic medical record system which allows providers to better manage their patients, we have expanded our ability to provide more integrated care and increased patient satisfaction. Having quick, accurate, up-to-date, complete information about their patients at the point of care became the foundation for improving the overall patient experience. On July 1, our services expanded to include the City of Inglewood with the opening of a primary care clinic at Curtis Tucker H.C. Hudson CHC is proud to continue its mission to grow and deliver culturally sensitive patient-centered high quality health care.

Administrative Staff

Michael Mills, MHA
Administrator


Rona Molodow, JD, MD
Medical Director

Jerri Flowers
Assistant Administrator

Shirlisa Johnson, RN, MS
Clinical Nursing Director

Special Projects & Accomplishments

Professional Staff Development

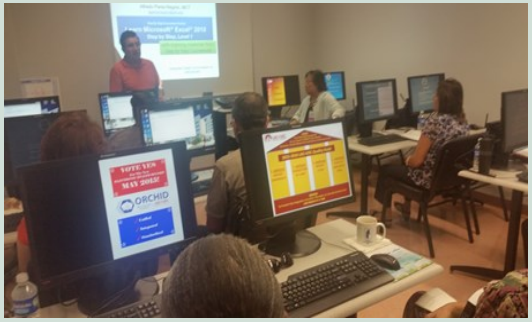
In early 2015, Hudson placed an emphasis on providing professional development training for its staff. As a result, we obtained funds from the L.A. County Training Fund (a joint labor-management program) for staff development. Staff surveys helped identify specific needs and training sessions commenced in August 2015. Thus far, over 130 Hudson employees have participated in Microsoft end-user sessions, focusing on Word, Excel, Access and Outlook. Not only have the courses increased computer literacy but they have enabled staff to be increasingly comfortable in a changing medical landscape.

Volunteer Program

Since its initiation in 2012, the USC-Hudson Volunteer Program has grown to 70 active volunteers. The program is designed to expose undergraduates to the medical field and to allow them to give back to the community that surrounds their University. A highly valued part of the experience is the opportunity to shadow medical providers, giving students a true sense of how medicine is practiced. More importantly, students bring incredible energy to Hudson. Their projects have included redesigning the Optometry clinic, creating and maintaining a Community Resource guide utilized in the clinics, and leading and participating in events ranging from the Weigh-to-Go Program to the Holiday Toy Drive. More recently, the USC Volunteers were the impetus for our new Community Garden, designed to connect patients to on-site fresh fruits and vegetables and bring home the message of healthy eating to a patient population at high risk for diabetes.

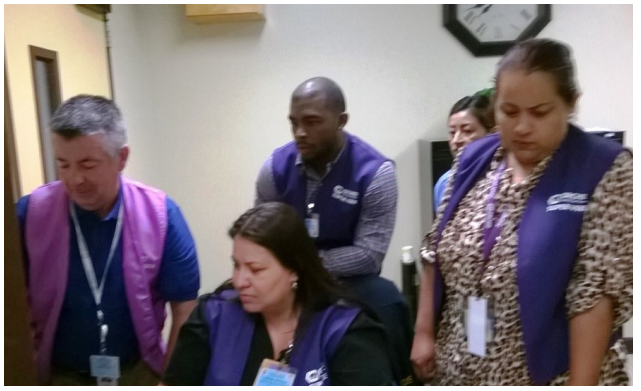
ORCHID Go Live

After months of excitement mixed with anticipation, Hudson went "live" with ORCHID on May 29, 2015. The first weeks were marked not just by purple vested "Super Users" and Cerner staff but by Hudson employees coming together to learn and support each other in use of the new system. After just a few months, Hudson's new "Super Users" supported "Go Lives" in locations as geographically distant as Mid-Valley and High Desert Health Centers. Now, after a year of experience, staff appreciates the ability to view patient visits across all DHS sites and, at the same time, continue to offer ideas on how to make ORCHID even better.



American Red Cross Blood Drive

On Wednesday, April 6, 2016, Hudson hosted its first Blood Drive, staffed by the American Red Cross. The response was amazing from both staff and patients, with at least 40 individuals donating blood that day. Red Cross personnel were so impressed by the turnout that they hope to make this an annual event.



2016/2017 Objectives

- Improve the Patient Experience
- Obtain National Committee for Quality Assurance (NCQA) Site Certification
- Maximize Performance on DHS Prime Objectives
- Remodel the Urgent Care
- Transform Primary Care Clinics
- Continue to Expand Patient-Centered Medical Home
- Meet all Meaningful Use Goals

Hubert H. Humphrey
Comprehensive Health Center

Hubert H. Humphrey Comprehensive Health Center (CHC) celebrated 40 years of service this year! The Humphrey team applauded this milestone by hosting an exciting event in April. Several previous Administrators and Medical Directors came back and spoke about their best memories from Humphrey. Supervisor Mark Ridley-Thomas motivated the audience as he spoke about the vital role that Humphrey plays in South Los Angeles and Health Agency Director Dr. Katz gave an inspiring speech about how the innovations in healthcare can positively impact our patients' lives. With over 300 staff and visitors in attendance, the 40th Anniversary celebration exemplified the excitement and commitment with which the Humphrey team serves the community.

Administrative Staff

Raymond Perry, MD
Director

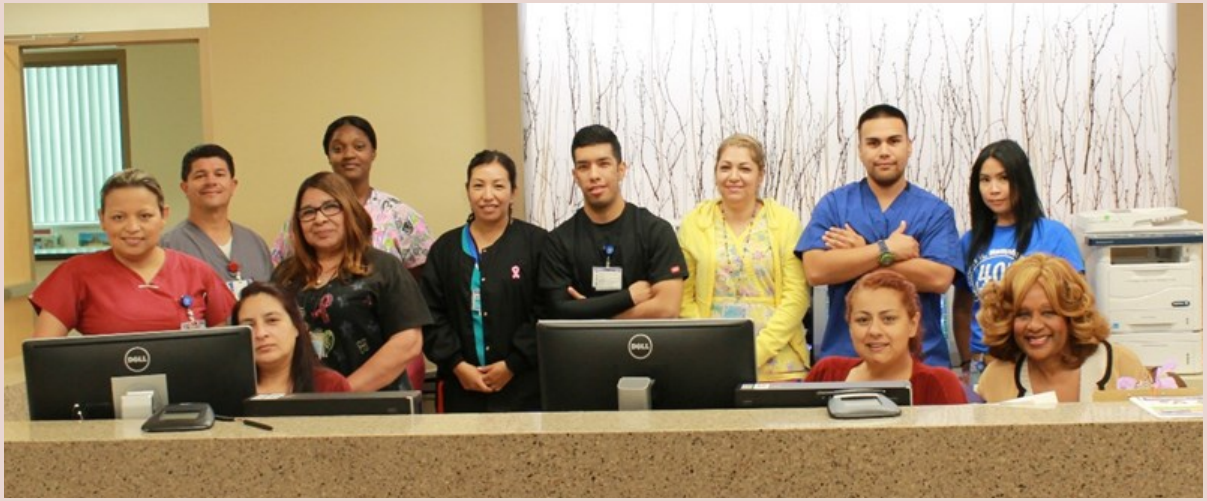
David Bermon, MD
Associate Medical Director

Marion Thornton-White, RN
Nursing Director

Special Projects & Accomplishments

Integrated Behavioral Health Service

Recognizing the importance of addressing mental health issues within primary care settings, Humphrey began a unique service in 2016, offering on-the-spot consultations by our Integrated Behavioral Health (IBH) team. The team consists of a lead psychologist, social workers and case managers, in addition to psychology graduate students. When paged by any of our medical clinics, an on-call IBH team member immediately sees the patient. The IBH team member will assess the patient and will recommend or initiate the appropriate management for any mental health and behavioral health issues. The IBH team also assists with social service needs for any patient. The IBH service has been a tremendous benefit to our primary care clinics, HIV clinic, specialty clinics and urgent care clinic. The IBH service has also helped to strengthen the team-based coordination of physical and mental health needs of our patients.



Care Improvement Teams

CITs are part of the growing collaborative efforts between management, labor and frontline staff. The CIT staff is concentrating on projects to advance the quality of care, improve the work environment and enhance the patient experience. Humphrey has been steadily expanding the activities of its PCMH-CITs and their work has been truly beneficial to patients and staff. Humphrey has a total of eight CITs focused on several aspects of our primary care services, from the clinics to the call center to the registration desk. This year the teams decided to unify their efforts and highlight projects that are centered around improving *access to care* for our patients. By setting goals to improve call center response times, cut the time from arrival to registration, reduce broken appointments, decrease total time of primary care visits and optimize visit intervals, we have been successful in improving our patients' access to the PCMH. In less than six months we made improvements in all of the outcomes that we were tracking. Humphrey is now looking to expand the CIT model to other departments and we look forward to engaging more staff in projects to improve all facets of our service.

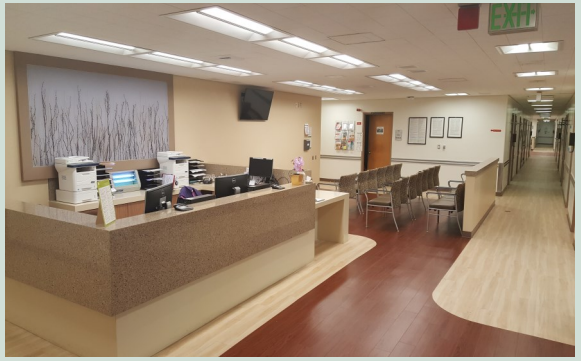
Clinical Pharmacy Clinic

Humphrey's pharmacist-run clinic is at an exciting stage! In addition to providing medication renewals, it will soon assist the PCMH model with onboarding of new patients and management of chronic conditions such as diabetes, dyslipidemia and hypertension. DHS recently approved an ACN-wide protocol placing clinical pharmacists in ambulatory care settings. This is a collaborative effort with the ACN Director of Primary Care, Dr. David Campa and Humphrey's clinical pharmacist, Sandra Pineda. Once integrated and cohesive practices are established, the plan is to expand ambulatory care clinical pharmacists to other ACN facilities.

Patient-Centered Medical Home Renovations

Humphrey completed renovations to the adult primary care clinic in June 2016. This complete revitalization has made the clinic a place where patients feel more comfortable during their visit and where staff are proud to work. The renovation included the registration areas, exam rooms, staff offices and the waiting room area. Humphrey is looking forward to additional renovations to ensure that all patients appreciate the clinic environment as much as they appreciate the compassionate care that our team provides.

With the renovation of the adult primary care clinic, some ancillary services were relocated, making them more accessible to staff and patients. The clinical pharmacy clinic, behavioral health service, nutrition clinic, health education and community health worker programs now have offices in the PCMH. This has helped to highlight our focus on team-based care at Humphrey and has helped us to ensure truly comprehensive health services for our patients.



Long Beach

Comprehensive Health Center

Bellflower — Wilmington

Administrative Staff

Jeffrey Barbosa, MD
Director

Tyler Seto, MD
Associate Medical Director

Marion Thornton-White, RN
Clinic Nursing Director

Debra Cornelius, RN
Interim Nurse Manager

Thuy Banh
Assistant Administrator

Special Projects & Accomplishments

This past year marked many important milestones for the Coastal Health Centers (CHC). As the ORCHID EHR project rolled out to other DHS sites, Long Beach, Bellflower and Wilmington staff worked hard to improve clinic efficiencies and access for patients by reducing wait times and increasing patient visits. In FY 15-16, CHCs saw over 86,000 patients with an average cycle time of under 75 minutes in its primary care clinics. Additionally, CHCs implemented projects to strengthen its equipment, technological infrastructure and space planning efforts to maximize patient access:

- **Clinic expansion project**— remodeled unused laboratory space on 2nd floor to add a new clinic suite and registration area. Specialty clinic services are now consolidated, allowing for primary care clinic expansion on the 1st floor
- **Dexa Scanner** installation at Long Beach, allowing for bone density screenings
- **Eye Photo Screening expansion** to Bellflower Health Center
- **ICD-10** conversion

2016/2017 Objectives

- Patient Centered Medical Home (PCMH) co-location at Torrance Health Center
- National Committee for Quality Assurance (NCQA) Accreditation
- Digital Radiology conversion of X-Ray Room at Long Beach
- Voice-over-IP (VOIP) implementation
- Customer Service/Patient Experience projects
- HVAC system upgrade at Long Beach
- Signage and wayfinding improvement project at Long Beach
- Improving clinic efficiencies and workload through process improvement

Special Projects & Accomplishments (cont'd)

- **Dental Panarex** installation at Long Beach
- **Fire alarm system upgrade** at Long Beach, including ADA parking update
- **CITs** at Bellflower
- **Lean/Six Sigma** green and black belt certifications of staff
- **Clinic equipment upgrades,** including new ECG machines
- **Medical Records archiving** completed at Bellflower and Wilmington
- **Group visits** at Wilmington Health Center

CHC is also proud of this past year's process improvements in Health Information Management (HIM), pharmacy, radiology and laboratory, which reduced waiting time for patients, improved timeliness and accuracy of coding and billing, reduced backlogs and standardized workflows across our three sites.

Mid-Valley
Comprehensive Health Center
Glendale —San Fernando

After a lively ORCHID kick-off party in September 2015, we successfully implemented ORCHID in November 2015. The transition from a fully paper-based medical record to ORCHID, our EHR, was accomplished with incredible teamwork and effort by staff and generous support from all ACN facilities.
On October 8, 2015, the Zev Yaroslavsky Family Support Center had its grand opening. The Family Support Center is located adjacent to Mid-Valley Comprehensive Health Center (MVCHC). The staff are dedicated to provide a seamless coordinated health and human services model that integrates services and supports the overall health and well-being of children, families and community members living in the San Fernando Valley.
The Mid-Valley Pharmacy and Call Center moved to the new building which will allow for the expansion of PCMH at MVCHC.
The CIT are thriving; this year new teams were introduced at MVCHC, San Fernando HC and Glendale HC. The teams boasted improved registration throughput time, dramatically reduced call center patient wait time and improved procedures in our Patient Relations department. Several new services were introduced for patients and staff. Our Nursing Department coordinated with Olive View Employee Health to provide fit testing at MVCHC so that employees did not have to travel to meet their annual requirements. This led to improved employee satisfaction and coverage cost reduction. An outreach effort was implemented in San Fernando HC to contact patients who did not receive their Pneumococcal vaccination. Patients who needed this important preventive measure were contacted by phone and provided same-day access to Nurse Only visits making it easy to obtain.

Mid-Valley Primary Care residency clinic was ranked the highest out of all 14 outpatient rotations by the Olive View-UCLA Internal Medicine residents. Mid-Valley Exercise Stress Lab received an Annual Productivity Quality Award for Primary Care Led Exercise Stress Lab to improve access and capacity.

Administrative Staff

Joseph Blank, MD
Director

Siamak Basiratmand, MD
Assistant Medical Director

Jacqueline Cope, MD
Assistant Medical Director

Debbie Duran, RN
Nursing Director

Special Projects & Accomplishments

Our Dental clinic introduced fluoride varnish to our pediatric patients as part of a joint collaboration with dental , medicine and nursing departments. The varnish is a non-invasive topical application which takes less than a minute to apply to the teeth. Since our patients are at high risk for dental caries, this is a great way to decrease their risk of high cost dental treatment and also to connect the patients that have never seen a dentist with a dental home. Nurses, Certified Medical Assistants and providers were all taught how to apply the fluoride varnish in the Pediatric PCMH thereby facilitating access to a service that would otherwise require a separate dental visit for the patient. The Clinical Pharmacist Group Diabetes Clinic utilizes a multi-disciplinary team composed of a medical provider, clinical pharmacist and care manager to target uncontrolled diabetic patients. Appointments and follow-up phone calls are scheduled with the clinical pharmacist, to ensure medication adherence and rapid insulin titration when necessary. This is currently a pilot project, with the hopes of allowing the clinical pharmacist and care manager to operate the clinic independent of a medical provider, once appropriate protocols and workflows are established. Patient outcome data trends have shown improved HgA1C and medication adherence.

2016/2017 Objectives

Next year two large scale remodels are planned at MVCHC. The area vacated by the pharmacy on the first floor will allow for four additional patient care rooms and a remodel of the third floor under-utilized lab area will also provide four additional patient care rooms. The vacated Mid-Valley Call Center will be converted into a new Exercise Treadmill Testing clinic. Discussions are under way to provide Urgent Care services and for the expansion and addition of PCMH teams allowing access for more patients. Finally, a much needed new air conditioning system will be installed at San Fernando. Additional plans include implementing PCMH team meetings to further improve and develop our PCMH team model as well as standardizing nursing protocols and procedures to improve provider efficiency and patient satisfaction.

Edward R. Roybal

Comprehensive Health Center

At Roybal Comprehensive Health Center (CHC) we continue to strive improving our services by adopting numerous quality improvement projects.

Customer Service Coaching Roll-Out

When a staff delivers a positive patient experience, patients are much more likely to have positive health outcomes. "Customer Service Coaching" was introduced to all the ACN facilities in 2015. The goal is to deliver a positive patient experience by implementing coaching strategies with our staff. Coaching helps our staff improve their customer service skills. At Roybal CHC, monthly customer service coaching meetings are held where supervisors share their coaching strategies, and discuss any problem areas where all employees can improve.

Administrative Staff

G. Michael Roybal, M.D.
Medical Director

Jorge Urquizu, RN
Nursing Director

Continuous Quality Improvement
Patient-Centered Medical Homes (PCMH)
NCQA Accreditation

ACN is participating in the National Committee for Quality Assurance (NCQA) recognition program to demonstrate that we value our patients and that we want to deliver quality health care at the right time. PCMH are transforming the primary care practices into what patients want. It is consumer-driven healthcare with a "Triple Aim"; better quality, patient experience and lower cost. According to Dale Shaller of the California HealthCare Foundation, "Building brand awareness is one of the principal strategies for emotion to capture and retain customers for a given product or service" (Oct 2005). Consumers make their healthcare decisions based on trust through reliable advice from family and friends or through report cards. So, how do we cultivate trust to our patients? How do we project an image as the knowledgeable advisor? One way of doing this is to create credibility and recognition. NCQA PCMH recognition provides our patients and community an objective way to understand the high level of service we provide.
At the May 2016, Roybal CHC Director, Mike Roybal, M.D. provided an overview of the NCQA certification process and requirements including the addition of telephone visits, suggestion boxes, same day telephone message return calls and the implementation of same-day visits for empaneled patients.

ACN Employee Recognition Program

The ACN Employee Recognition Program workgroup was first started on April 28, 2016. The goals of this program are to recognize and appreciate ACN staff for providing service excellence; to empower ACN staff to take ownership of their action by providing a positive and productive workplace environment; and to deliver high quality customer service. This program is the very first ACN-wide monthly Employee Recognition Program and the official kick-off date was June 1, 2016. At Roybal CHC, Ruby Bongcaras, RN was the first employee to be recognized and received the "Responsibility Award."
Ms. Bongcara's nominator stated, "I have no doubt or concerns at any given time about any job that I sent to Ruby to care for. She is on top of her task, to be done within a day despite her busy schedules. I am very lucky to have her in our team as our care manager!"

Martin Luther King, Jr. Outpatient Center

Martin Luther King, Jr. Outpatient Center

The Martin Luther King, Jr. (MLK) Outpatient Center sits on a 36-acre campus with other entities where most carry the same signature name: MLK Recuperative Care Center (DHS); MLK Mental Health Urgent Care Center (DMH); the new private hospital, MLK Community Hospital and across the street from the campus is the MLK Center for Public Health (DPH). Also on the campus is the Augustus F. Hawkins Mental Health building where the DMH Outpatient Services and LAC+USC Psychiatric Inpatient services are housed. The Outpatient Center has developed strong relationships with the new and legacy partners on campus and is now providing integrated, seamless care to the patients in the community.

MLK sponsored their first highly successful First Breast Cancer Awareness Health Fair and Breast Cancer Survivor's Breakfast in partnership with The Denise Roberts Breast Cancer Foundation and the LAC Fire Department on October 31, 2015. We are committed to moving forward and strengthening relationships within the community to make the MLK Outpatient Center become the provider of choice for patients seeking medical care in the underserved communities of South Los Angeles, ensuring each encounter exceeds the patient's expectations.

Administrative Staff

Cynthia M. Oliver
Chief Executive Officer

Ellen Rothman, M.D.
Chief Medical Officer

Lessie Barber, R.N.
Nursing Director

Pediatric Hub Service Expansion

Facilitated by the Blue Ribbon Commission on Child Protection at the Hub, we added a successful DMH co-located service within the Pediatric Hub which has helped to increase screening for mental health conditions and provide linkage to specialty mental health and community-based services. Since the launch, over 300 children under 5 years of age have been screened and approximately 25% of them were connected to DMH services. Physicians have been added to expand access to forensic care. The service hours were extended until 8:00 p.m., Monday through Thursday.

Perioperative Surgical Home (POSH)

The Perioperative Surgical Home (POSH) opened August 17, 2015. POSH coordinates care from the time an operative procedure is requested until the surgery is completed and the patient has returned for routine care. POSH permits same-day access to preoperative screening. Low complexity patients are booked directly to the Operating Room (OR) from POSH while complex patients are referred for a formal preoperative medical evaluation to improve postoperative outcomes. Operating room wait times have been significantly reduced to less than six weeks. There have been over 2,000 patients evaluated since the opening of POSH through June 30, 2016. Preoperative care through POSH has made surgical cases more successful and cancelations have been greatly reduced.

Dollarhide Health Center

1108 North Oleander Avenue
Compton, CA 90222

Jasmine Eugenio, M.D.
Medical Director

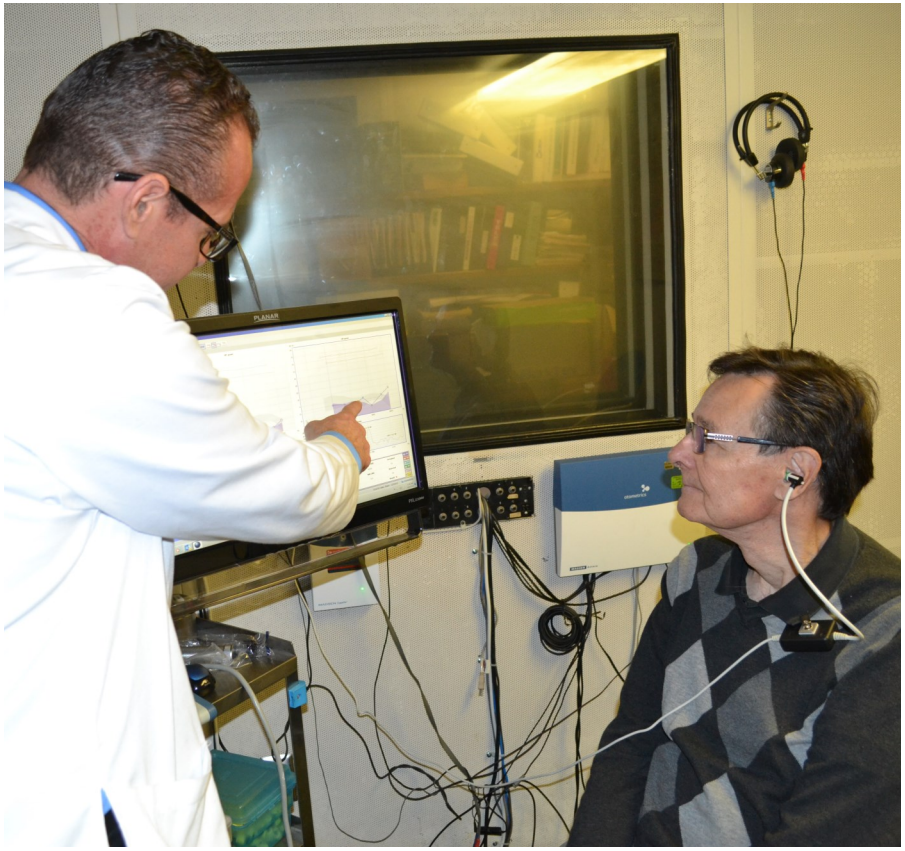
Patients who reside in the city of Compton and surrounding communities receive high quality primary pediatric and adult care in their patient-centered medical homes. The Department of Mental Health is co-located at the clinic to assist in meeting the mental health needs of the patients. Women's health and diabetes education sessions are led by the nursing team to facilitate the patient's understanding of their treatment plans and goals.

Employee Wellness

The Black Women for Wellness Organization partnered with the MLK, Jr. Outpatient Center to offer a diabetes prevention program. Realizing that health is their number one priority, many workforce members have committed to a year-long program of learning new ways of incorporating healthy changes in their eating habits and encouraging more activities such as gardening, cleaning house, grocery shopping and walking pets as part of their exercise routine.

2016/2017 Objectives

- Opening of new Advanced Practice Medical Homes
  - Sickle Cell Disease
  - Individuals with Substance Use Disorder
- Further expansion of our Wellness Program
  - Opening of Campus Gym
  - Weekly Yoga Classes
  - Weekly Farmers Market


PLANAR

STANDBY

Hospitals

Harbor-UCLA Medical Center

Harbor-UCLA Medical Center (HUMC) enjoyed another exciting year as we continue to work to enhance the delivery of quality healthcare to our community. We continued on our journey to transform our culture to that of a Lean hospital, including working with the ThedaCare Institute for Healthcare Quality to identify our "true north" mission and train our leaders on thinking and communication processes.
We continued implementing Lean methodology to improve and standardize work processes. Our efforts to improve the patient experience in the Eye Clinic were recognized in the documentary short "Saving Sight", which premiered in September 2015 at the New York Film institute.

This past year, we also refocused our efforts to strengthen the ambulatory care program with the appointment of a new Ambulatory Care leadership team, which is working to increase capacity in primary care clinics and improve patient access to these services.

With regard to improving the quality and safety of hospital care, the "Team STEPPS" best practice communications model was successfully implemented across the hospital ICUs to improve communication and teamwork skills among our clinical providers.

Thanks to the dedication of our compassionate staff, these are only a few of the initiatives HUMC has implemented to improve the delivery of health care to the community.

Administrative Staff

Kimberly McKenzie, RN, MSN, CPHQ
Chief Executive Officer

Anish Mahajan, M.D., M.S., M.P.H.,
Chief Medical Officer

Patricia Soltero, RN, BSN
Interim Chief Nursing Officer

Azar Kattan
Chief Operations Officer

Jody Nakasuji
Chief Financial Officer

Susan Black, RN
Chief Innovation Officer

Clinton Coil, MD, MPH
Chief Quality Officer

Brant Putnam, MD
President, Professional Staff Association

Special Projects & Accomplishments

- In partnership with DMH and PATH, a Homeless Outreach Work Group, which was created to assist homeless patients seeking services through the ER has resulted in the successful placement of patients into permanent housing.
- A simulated active shooter drill, conducted in cooperation with the Sheriff's and Fire Departments, provided over 50 staff members with hand's-on experience on how to respond in the event of an active shooter.
- Dr. Gilberto Granados was awarded the 2016 Barbara Harris Award for Educational Excellence by the California Academy of Family Physicians (CAFP) Foundation.
- HUMC was awarded the County's *Image Enhancement Award* for its beautification project "*Using Art to Create a Healing Environment*"
- Through the "One Family at a Time" program, which was created this year, hospital staff has committed to "host" 14 patients/families throughout the year

2016/2017 Objectives

Our Patients

- Improve the percent of patients who would recommend Harbor by 10%
- Improve the percent of outpatients who report receiving an appointment as soon as needed by 10%

Our People

- Increase the number of staff who agree or strongly agree that they can say "yes" to the following questions:
  - I feel respected by all members of the Harbor workforce
  - I am given the tools I need to contribute to the organization in a meaningful way
  - Someone recognizes me for what I do
- Increase staff retention by decreasing the number of nurses who leave the organization by 20%

Quality and Safety

- Decrease the number of patients harmed by 10%
- Decrease the number of work-related injuries by 10%

Our Resources

- Decrease the percent of non–reimbursed inpatient days from 18% to <10% (Medi-Cal denied days)
- Ensure all clinic appointments are financially cleared prior to the visit (reduce the number of non-cleared appointments to zero monthly)

Women's Wellness Center

In June, HUMC opened its new Women's Wellness Center. The goal of this integrated program is to bring all the ambulatory services necessary to provide women with whole-person care under the same roof.

This comprehensive clinic provides OB-GYN, primary care, contraception STD screening, behavioral health, nutrition and group education services to women of all ages. The Women's Wellness Center provides care coordination services to link patients to on-site social workers and mental health services to ensure wrap around support for patients.

Also located in the Wellness Center is the MAMA's Neighborhood prenatal care program, which connects low-income expectant mothers to the medical and social services needed to achieve optimal birth outcomes.

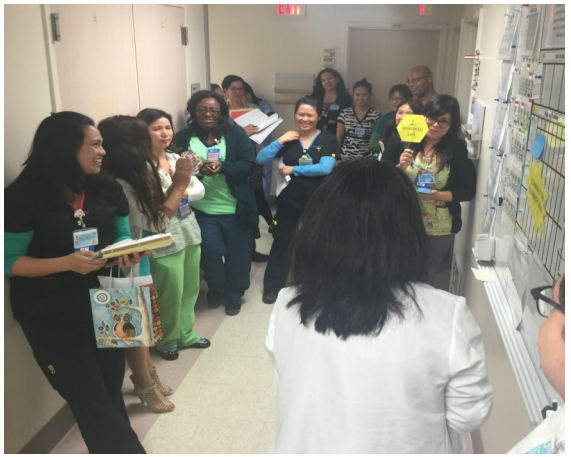
This new care model will improve the patient experience for women seeking care at Harbor.

General Internal Medicine Clinic

As part of its Lean journey, a "model cell" was established in the Adult General Internal Medicine Clinic to improve and standardize processes. During the Clinic's weekly huddles, staff are encouraged to present their improvement ideas for discussion and consideration.

Working together, the staff have implemented close to 20 new ideas for process improvements. The results have been a 25 percent reduction in the clinic's cycle time and a 40 percent drop in the appointment no show rate.

These techniques and improvements will be spread throughout the hospital's Ambulatory Care clinics to improve cycle times and capacity.

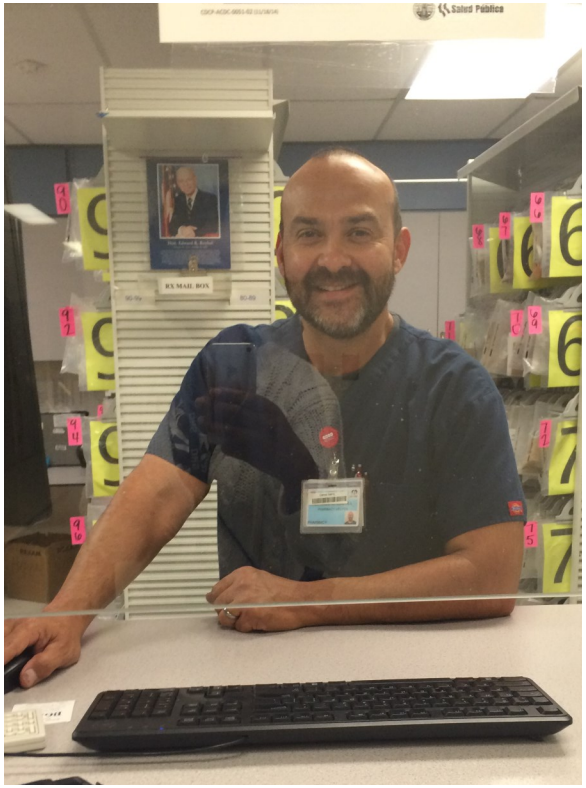


Health Services

40th Anniversary
Ambulatory Care Network
HEALTH SERVICES • LOS ANGELES COUNTY

DON KNABE
SUPERVISOR

Commendation
Nesi Nayod RN



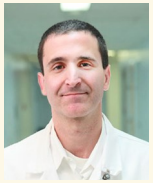
LAC+USC
Medical Center

This past year, we continued our strong commitment toward improving quality and efficiency, promoting a safer environment for our patients, and exploring new ways to improve the patient experience.

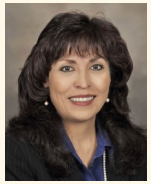
Edgar Lazo, Patient Resource Worker and Dr. Henry Kim, Emergency Physician, receiving their Patient Safety awards at a board meeting

Administrative Staff

Daniel Castillo
Chief Executive Officer



Brad Spellberg, MD
Chief Medical Officer



Isabel Milan, RN
Chief Nursing Officer

Bonnie Bilitch, RN
Chief Clinical Operations Officer/ Interim Chief Operations Officer

Mark Corbet
Chief Financial Officer

Oscar Autelli
Chief Information Officer

Laura Sarff, RN
Chief Quality Officer

Phillip Gruber, MD
Chief Medical Information Officer

About Our Quality Program

LAC+USC's Quality Program is framed as a balanced scorecard, organized around the four pillars of patient experience, improving transitions of care, improving patient flow and improving publicly reported data. Each department/service has identified performance improvement projects aligned within each pillar for a total of 164 PI projects across the campus. LAC+USC Medical Center uses a combination of Lean and the Model for Improvement to further its quality goals. In the last year, two Lean projects have been implemented; one in the Emergency Department where the length of stay for emergency room patients decreased by 50%; and one in the Operating Room with the goal of improving first time starts. In order to build capacity for Quality Improvement, LAC+USC Medical Center started two training programs. The Health Care Scholars Program has 14 senior residents enrolled and a new group starting this fall. The Quality Academy launched in March, enrolling 20 frontline students with Wave 2 starting in September. The overall program goals for this year are to increase the number of frontline staff trained in QI methodologies and to incorporate residents into department/service QI.

Ribbon Cutting for the new Multi-Specialty Hub

HUMAN RIGHTS CAMPAIGN FOUNDATION
2015
LEADER IN LGBT HEALTHCARE EQUALITY
HEALTHCARE EQUALITY INDEX™

2016
WOMEN'S CHOICE AWARD®
AMERICA'S BEST HOSPITALS
PATIENT SAFETY

Modernization of Outpatient Services

LAC+USC celebrated the official opening of the Multi-Specialty Hub with a ribbon cutting ceremony on June 9th. The journey of this newly renovated area took over a year and an investment of $800,000 to update a clinic that was built in the 1960s. The Hub (nicknamed AREA5P1) provides an opportunity to create three resources: Specialty care connect (a dedicated clinical team addressing new patient communication channels through the patient portal), shared group visits (a strategy to reduce specialty care backlog), and *e*Consult co-management (a method to provide non-face to face visits and/or eliminate unnecessary specialty visits). The goal is for six sub-specialty clinics to practice, connect, and innovate differently to meet the modern demands of person-centered care. This location showcases how all clinics are now part of an integrated care system and how all care should be delivered in a collaborative, multidisciplinary model. AREA5P1 will demonstrate how all patients can have social work, pharmacy, and group visits embedded within the standard visit and it will allow for transformative ideas that can be integrated within the DHS care system.

Improving the patient experience is one of our top priorities at LAC+USC and across DHS. In November 2015, the journey began with a Patient Experience Strategic Plan that outlined a strategy to better engage employees, establishing a Patient Advisory Council, embracing long term goals of implementing national recognition programs such as magnet status and patient-centered recognition programs. Since the journey began in November, over 4,000 staff have been trained in how to provide exemplary customer service. We plan to complete the training for the remaining of our 3,000+ staff in 2017.

2016/2017 Objectives

Quality goals

1. To improve the patient experience
2. Positively impact patient flow
3. Improve transitions in care
4. Improve publicly reported data

Safety Goals

1. Improve medication reconciliation
2. Improve hand hygiene
3. Decrease catheter associated UTIs

Robotic Surgery at LAC+USC

LAC+USC will begin robotic surgical procedures in the new fiscal year. The Da Vinci Xi is the latest technology that will help us improve clinical outcomes and decrease the total cost of care by reducing hospital lengths of stay and by reducing surgical site infections through minimally invasive procedures. It will also provide us with a strategic advantage towards improving the patient experience by reducing recovery times as well as help us attract top-tier surgical residents seeking to learn the latest in robotic surgical techniques. On June 29th, the $2.5M total package (robot, 2 surgeon's stations and computer station pictured here) were delivered to OR8. We now have a dedicated nurse team to operate the robot, and we began using the system in August 2016. The Da Vinci Xi will be used for both benign and malignant procedures ranging from prostatectomies and colorectal surgeries to malignant hysterectomies. Our Perioperative Service Director, Dr. Stephen Sener, has been a great leader in proactively bringing the surgeons together to agree on everything from proctoring to which services will operate on given days. This is a great win for our patients, OR teams and our trainees.

During the 9th Annual Trauma Survivors Reunion, titled "Miracles on Marengo Street", patient Brian Stow (at left, center) came back to thank the team that saved his life 5 years ago after his story caught national attention when he was brutally beaten at Dodgers Stadium. Standing behind him from left to right are Trauma Fellows Dr. Brian Gavitt and Dr. Stefan Leichtle, and Trauma Attending Dr. Elizabeth Benjamin (who was also recognized as physician of the year during the CARES Auxiliary annual meeting).

At the age of 28, Patrick never imagined that he would end up being homeless and sick. It's been seven years since he had a home to call his own and he'd been struggling to meet his basic needs ever since. During this time, he found himself in and out of hospitals as he was unable to maintain his health while living on the streets.

In September 2015, Patrick was assaulted with a knife on the streets of Los Angeles, which resulted in internal organ damages and he was rushed to LAC+USC Medical Center. Already a frequent user of the hospital system, he was identified as being eligible for the County's housing safety net program and was referred to Illumination Foundation's Recuperative Care to recover from his injuries.

Patrick entered the program with no forms of identification, no income, and no connection to social services. His Recuperative Care case manager assisted him in obtaining his birth certificate, California ID card, social security card, and connected him to social services for General Relief and food stamps. Patrick also was connected to mental health services and Access transportation to get him to his medical and social service appointments.

As Patrick made a full recovery, staff noticed a major change in his demeanor and outlook as he became more confident and hopeful in his prospects for a better life. In November 2015, he eagerly met with a Housing Navigator, whom would be able to assist him in locating a home through a housing subsidy. Patrick regularly met with his Navigator until he was able to find an apartment in Los Angeles. He beamed with pride while exclaiming and showing staff the key to his new apartment, "See? Here's my key!" On May 25, 2016, Patrick expressed his gratitude and said his farewell to the Recuperative Care team as he made his way to his new apartment excited to start a new life.

Patrick in his new apartment.

Partnering with LA Sheriff's Medical Services Bureau, LAC+USC's Gwendolyn Cooper, Administrator of Inmate Services, and Bonnie Bilitch, Interim Chief Operations Officer, receive the Bronze Eagle Award for the Inmate Care Services Project. (L to R) The Honorable Michael D. Antonovich, Productivity and Quality Commission Chair Rodney C. Gibson, Gwendolyn Cooper, Bonnie Bilitch, Nick Teophilov, Glen Joe and Commission Chair Emeritus Ed McIntyre.

Luisa Chong, RN, 40 years of service, of the Infection Control team pictured with Chief of Staff and Associate Medical Director of Regulatory Affairs and Accreditation Dr. Paul Holtom, CMO Dr. Brad Spellberg and CEO Dan Castillo.

Operating Room Nursing Division with multiple years of service under the leadership of Myrlene Decatur, RN.

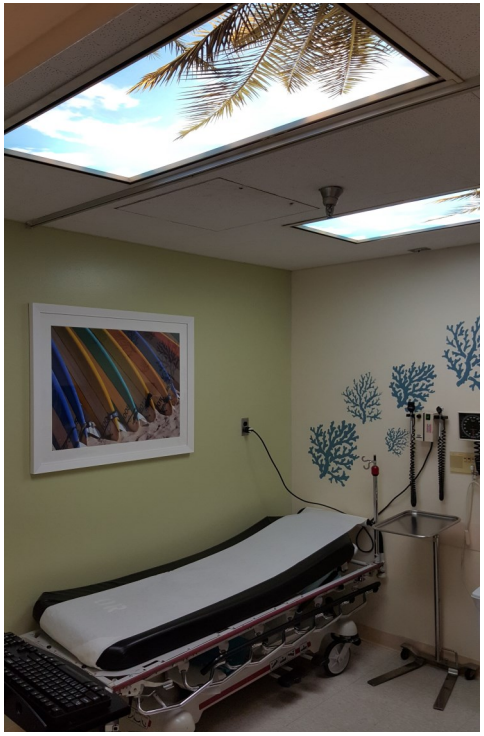
Olive View-UCLA Medical Center

Olive View continues to excel in the Delivery System Reform Incentive Payment (DSRIP) metrics of sepsis surveillance and treatment, prevention of hospital acquired infections and venous thromboembolisms and intervention to reduce the incidence of surgical site infections and central line associated blood stream infections. Planning is underway for all of the new PRIME metrics.

Our Primary Care Medical Home (PCMH) grew larger and more robust, and with the assistance of LA Care, our managed care organization has become more proficient. The successful implementation of ORCHID will be enhanced with the roll out of the patient portal allowing patients to e-mail their care team, make appointments and review their records.

The Patient Experience Committee, a multidisciplinary team, is working on several measures to improve patient satisfaction, including responsiveness, cleanliness, noise reduction and overall appearance of the facility.

A related enhancement includes "Rooms That Rock 4 Chemo (RTR4C)" which transformed Clinic C, into a healing haven for oncology patients. Over one weekend, Olive View staff, families and patients assisted the RTR4C designers, volunteers and artists to renovate the space into a warm, vibrant and peaceful environment through paint and stencil designs. Also included is a "Wall of Courage," which supports patients during treatment and recovery. Each exam room is distinct, consistently providing a calm and healing environment.



Oncology Clinic's Healing Haven

Administrative Staff

Carolyn Rhee
Chief Executive Officer

Anne Robinson
Chief Operations Officer

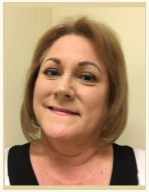
Shannon Thyne, M.D.
Chief Medical Officer

Dellone Pascascio, RN
Chief Nursing Officer

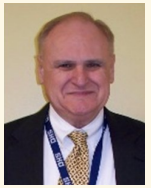
Susan Aintablian
Chief Information Officer

Michael Yoo, M.D.
Chief Medical
Information Officer

Joy Matta, RN
Chief Quality Officer



Lori Saillant, RN
Chief Nursing
Informatics Officer



Thomas Beggane
Personnel Officer

Bob Ross
Facilities Director

Special Projects & Accomplishments

- Opened remodeled Psychiatric Emergency Room, and began providing 24/7 5150 service at the DMH Psychiatric Urgent Care
- Successful Go Live of OR-CHID, the EHR on Nov. 1, 2015
- Teamed up with Rooms that Rock 4 Chemo and transformed the Oncology Clinic into a calm healing environment
- Expanded Primary Care allowing greater access to patient care services
- Implemented year 2 of the 100% Nursing Staffing Plan
- Opened an 8 bed observation unit in May 2016
- Partnered with L.A. Care in the redesign of the Utilization Management (UM) department, focusing on case/care management and transitions of care
- Patient Experience Committee established "Room-A-Day" project aimed at refurbishing and beautifying inpatient rooms
- Quality Services Team launched the 2016 Quiet Campaign focusing on reducing the noise levels in the hospital environment
- Demonstrated the highest employee turn out to date for the 5th Annual Employee Education Fair, with over 700 workforce members attending.
- Initiated a low cost beautification program to install framed art and other décor with the goal of providing a welcoming and healing environment

5th Annual Employee Education Fair

The Lift Team – offers our patients comfort kits, closes patient doors and dims patient room lights when safe during quiet time

2016/2017 Objectives

- Public Hospital Redesign and Incentives in Medi-Cal (PRIME)
- Creation of Utilization Management department and becoming a MCO
- Adult Primary Care expansion and preparation for new residency program
- Increasing non-traditional visits, e.g. telephone visits, nurse visits, and group clinics
- Developing CITs with line staff participation
- Reducing expenses and improving efficiency

Rancho Los Amigos
National Rehabilitation Center

The Don Knabe Wellness Center represents Rancho Los Amigos National Rehabilitation Center's (RLANRC) commitment to lifelong health and wellness for the population we serve. The Wellness Center will offer a variety of classes to individuals with various disabilities, hospital employees, and community members at large. Offerings focus on stress reduction, physical activity, healthy living, and community resource exploration. In addition, this center provides a large array of support groups and educational series led by knowledgeable and experienced instructors.

Highlights include equipment and activities that are open to all. The Center represents an alternative non-medical approach to health; Zumba Fitness, Body Toning, Introduction to Wheelchair Sports, Yoga, Meditation and Alternative Cooking are just a few of the classes offered at the Center and scheduled to open by the end of this year. Rancho Los Amigos continues to innovate and redefine rehabilitation through cutting edge research; such as the 1st stem cell implant into a person with a spinal cord injury, as well as brain-computer interface work with joint efforts to offer hope for recovery and rehabilitation.

Improving the Patient Experience & Safety

- This year RLANRC embarked on an initiative to decrease falls, hospital acquired pressure ulcers, and medication error rates. As a result of interdisciplinary collaboration this year our hospital has reduced falls by 30%, decreased hospital acquired pressure ulcers by 55%, and the medication error rate by 69%.
- One of RLANRCs priority strategic planning goals is to enhance patient experience through the use of AIDET (acknowledge, introduce, duration, explanation, thank you) to improve communication and hourly nurse rounding.

Administrative Staff

Jorge Orozco
Chief Executive Officer

Ben Ovando
Chief Operations Officer

Dr. Hal Yee
Interim Chief Medical Officer

Aries Limbaga
Chief Nursing Officer

Robin Bayus
Chief Financial Officer

Special Projects & Accomplishments

- Rancho acquired two exoskeleton robot devices that enable patients with lower-limb paralysis to walk again. Rancho is the first hospital in the Western United States to acquire the "ReWalk" and one of four hospitals in the nation with this technology
- RLANRC was designated a level 4 epilepsy center by the National Association of Epilepsy Centers (NAEC), which is the highest accreditation level possible
- LGBT Healthcare Equality Leader by the Human Rights Campaign. This recognition is the result of Rancho Los Amigos' policies and practices related to the equity and inclusion of LGBT patients, visitors, and employees
- The Las Floristas Pediatric Scholarship Program at RLANRC has helped to provide more than 60 patients the opportunity to pursue higher education
- Since being awarded a $250,000 grant from LA Care to expand our current KnowBarriers Peer Mentoring Program; ten Peer Mentors have been hired, trained and have began providing community outreach, direct patient support and home visits. Our Peer mentors are utilizing telemedicine, in order to help prevent the incidence of pressure sores, depression, expensive hospitalization and surgical repair for Spinal Cord Injury patients

Campus Renovation and Beautification

It has been over a year since RLANRC began it's campus renovation and beautification project to construct a new Wellness and Aquatics Therapy Center, new outpatient facilities and a new impatient expansion. This renovation will secure our future as one of the top-ranked rehabilitation hospitals in the nation with technologically-advanced facilities.

Mission

To restore health, rebuild life and revitalize hope for persons with a life-changing illness, injury, or disability.

Vision

To be the recognized leader and valued partner in the application of world-class neuroscience and rehabilitation.

2016/2017 Objectives

Improve Patient Outcomes

- Optimize patient recovery and participation
- Transform outpatient model of care

Improve Patient Safety

- Reduce falls and repeat falls
- Reduce medication errors

Improve Patient & Staff Experience

- On-time and successful ORCHID EHR implementation
- Improve nursing communication with patients

Marketing & Business Development

- Increase admissions from DHS and community hospitals

MARIBEL GUARDADO
EdissPA

MARIBEL GUARDADO

Program Units

Audit and Investigation Division

The Audit and Investigation Division (A&ID) performs independent investigations, internal audits and administrative and management studies to ensure that DHS operations conform to established standards.

The Administrative Investigations Unit investigates activity by DHS workforce members, contractors and vendors that appear to violate applicable laws, rules, policies or the Code of Conduct.

The Administrative Audit Unit conducts operational/compliance audits, selects high risk, high exposure, and/or high liability issues for review, conducts contractor-related investigations and serves as the liaison for DHS-related audits conducted by entities external to our Department (i.e. Auditor controller, Civil Grand Jury).

The Health Authority Law Enforcement Task Force (HALT) is a multi-disciplinary task force that conducts criminal and administrative investigations to deter illegal activities that pose a risk to the public's health and safety.

Administrative Staff

Tim Pescatello
Interim Chief

Tobi Moree
Chief
Audit & Investigation

Leslie L. Mondy
Administrative Services Manager III

Andrew Ellson
George Bustamante
Investigative Managers

Loretta Range
Administrative Audit Manager

Special Projects & Accomplishments

Managed 111 complex and sensitive administrative investigations; completed and closed 64 of those cases, with 17 cases having the allegation(s) substantiated. Provided management with corrective actions and recommendations to improve DHS operations and compliance with laws, DHS policies, and other standards of conduct as a result of the investigations and audits.

Researched, developed and distributed an Administrative Investigations Resource handbook to all A&ID investigative staff to assist them with the planning and completion of Office of County Investigation and Internal Administrative investigative cases.

Facilitated targeted training, sponsored by Auditor Controller Office of County Investigations, for A&ID technical analyst and management staff. The training provided techniques on how to convey complex information into cogent reports.

Conducted audits/investigations of DHS Central Supplies and Contract Radiation Oncology Services, and management studies of Automated Dispensing Cabinet (Pyxis Machine) activities, Physician Prescribing Practices and Prescription Controls. The Audit Unit also collaborated with DHS Offices of Pharmacy, Nursing, Patient Safety, Risk Management, and Privacy and Compliance to develop "best practices" and the criteria for use in future risk assessments, audits of anomalous trends and controlled substance diversion prevention monitoring.

Special Projects & Accomplishments (cont'd)

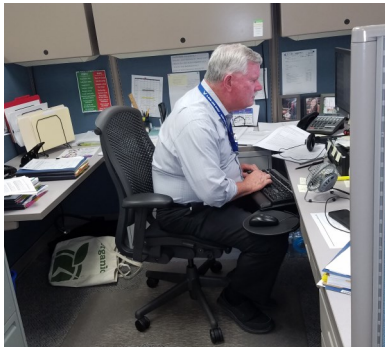
Planned, tested and piloted a new A&ID case management system which will support the A&ID leadership team in real time review, monitoring and tracking of all complaints and audits, referred or internal. System will facilitate efficient measurement of case work and appropriate completion and reporting out of investigative outcomes.

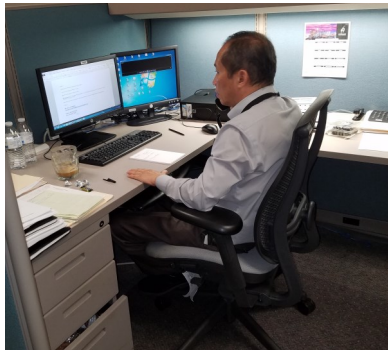
Worked collaboratively with DHS Quality Improvement Compliance and Privacy on facilitating conference and training activity and procurement of mandated regulatory services and materials. Facilitated Just Culture awareness training for A&ID staff to expose them to risk management practices and techniques, which will assist them in their efforts to ensure all reviews and investigations are fair and equitable in their outcomes.

Our HALT team conducted 105 investigations, made 53 arrests and shut down nearly a dozen businesses involved in illegal activities. Some of HALT's significant accomplishments include: shutting down several large scale distributors of illegally imported dangerous pharmaceuticals; being featured in national news reports that highlighted the dangers of illicit pharmaceuticals and participated in conferences aimed at educating other jurisdictions about recent trends in drug diversion.

HALT has been the recipient of numerous prestigious awards including:

- Los Angeles County Quality and Productivity Commission Grand Award
- Los Angeles County Quality and Productivity Commission Top Ten Award
- Washington D.C. Weber Seavey Award for Law Enforcement Excellence
- Washington D.C. Public Service Employees Roundtable Inter-Agency Award
- National Association of Special investigations Units Outstanding Public Service





2016/2017 Objectives

DHS will continue to work collaboratively with HALT to ensure appropriate staffing and resources are in place in anticipation of an increase in the number of prescription fraud investigations as a result of the country's opioid addiction epidemic, and as a result of high demand for brand name and specialty drugs, which are routinely diverted. HALT also anticipates an increase in investigations related to the sales of illegally imported dangerous drugs, which are often peddled to immigrant communities and the uninsured.

Staff Development

Individual Responsibility

- Taking individual responsibility for performance, attitude, professionalism and communication.
- Working effectively and productively in teams and partnerships.
- Taking responsibility for each individual's role in developing and maintaining healthy relationships with internal and external customers/partners.
- Additional resources made accessible for investigators/auditors.

Individual Growth

- Freely sharing knowledge and opportunities for development.
- Committing resources for staff development.
- Recognizing individual strengths and valuing how they contribute to the Division
- Looking creatively at solutions to enhance staff performance at all levels.

Case Screening/Selection & Closures

Develop Triage system

- All cases received from outside sources will be triaged and placed in the appropriate que according to severity levels. (A,B and C). A three tier category system will be established and each incoming complaint will be reviewed by an intake team of senior investigators.
- Develop new Case Closure categories to more accurately represent the results of "issue" findings instead of factual conclusions.

Customer Service

- Develop communication plan with facility leadership to begin training on complaint matters within DHS.
- Focus on staff training to cut down on complaints involving time/fraud abuse.
- Begin monthly meetings with DHS HR units to share case information and streamline resources to aid in quick turnaround time for pending discipline matters.

IT Improvements

- Assign a level/status to new cases which assists with statistical reporting.
- Log Telephone Calls
- Link e-mails to cases
- Create tasks that are pending within the database

Capital Projects

The Capital Projects Division is responsible for the development and oversight of the department's capital projects and improvement programs in support of our DHS facilities and an integrated health care delivery system. In-house architects, project managers and consultants, provide initial planning, feasibility study reviews, schematic design, construction documents, cost estimating and management support services. The Division works closely with each facility to identify improvement needs, establish Department capital project priorities, provide budgeting support as well as coordinate jurisdictional agency approvals, including OSHPD and Building & Safety. We work closely with other supporting County departments and offices, such as Public Works, Internal Services, CEO, County Counsel, and Board offices.

Bird's Eye View

Administrative Staff

John Shubin
Director,
Capital Projects Division

Special Projects & Accomplishments

- Completion of the San Fernando Valley Family Support Center;
- Completion of the Olive View-UCLA Medical Center Child Care Center;
- Completion of the RLANRC Warehouse and Wellness Center Buildings;
- Completion of the specialty clinics at LAC+USC Medical Center
- Completion of the Hubert H. Humphrey CHC Registration and Waiting Area Remodel Project;

2016/2017 Objectives

Completion of the new RLANRC Parking Structure Project and maintain significant progress with the construction of the new Outpatient Facility and JPI Expansion Projects;

- Completion of various improvement projects to DHS' Health Center and CHC s in support of primary care clinical services;
- Master Plan approval for Harbor –UCLA Medial Center;
- Completion of outpatient improvement projects at LAC+USC Medical Center;
- Lab Automation Improvements County wide;
- Continue to replace and modernize radiology systems throughout the County in support of the Department's Radiology Program;
- Completion of other critical projects, including "medical home" improvement projects, building infrastructure improvements, as well as other architectural enhancement and improvement projects.

EAST PARKING

CAMPUS SITE PLAN

Centralized Contract Monitoring Division (CCMD)

Improvement through monitoring, oversight, corrective action and training

CCMD conducts audits and oversight reviews of DHS' contracts to ensure consistency and uniformity of the contract monitoring process at DHS facilities and aids in improving contract performance through the corrective action process. In part, we review:

- Personnel records of non-County Workforce Members
- Assess the quality of goods and services provided and compliance with contract requirements
- Ensure the receipt of timely contract deliverables
- Validate the accuracy and appropriateness of invoices submitted by County contractors.

Additionally, CCMD:

- Reports on local monitoring activities in meeting mandated 100% monitoring of all DHS contracts annually.
- Select and conducts independent audits of very high risk and high risk contracts
- Provides annual oversight of over 1,400 contractor performance reviews (administrative, programmatic, fiscal) areas concerning DHS contractors to ensure proper delivery of goods and services and the accuracy and timeliness of billing and payments
- Provides one-on-one training to enhance the expertise of Facility Contract Monitors (FCMs) and Facility Contract Liaisons (FCLs)

Administrative Staff

Michael W. Clark
CIA & CFE
Division Chief

2016/2017 Objectives

- Increase contract compliance through a combination of auditing and monitoring
- Reorganization and increased efficiencies
- Specialized teams approach
- Facility-based auditing/monitoring
- Improving facility and program monitoring activities through continuous field support and updating/revising monitoring tools

Manual Alderete, Supervisor, Fiscal Audits
Elmer Alfaro, Supervisor, Program Audits
Denise Edison, Supervisor, Desk Reviews
Vera Hepker, Supervisor, Fiscal Audits
Jacqueline Jackson, Supervisor, Program Audits
Timothy Gilroy, Manager, Oversight & Special Audits

Special Projects & Accomplishments

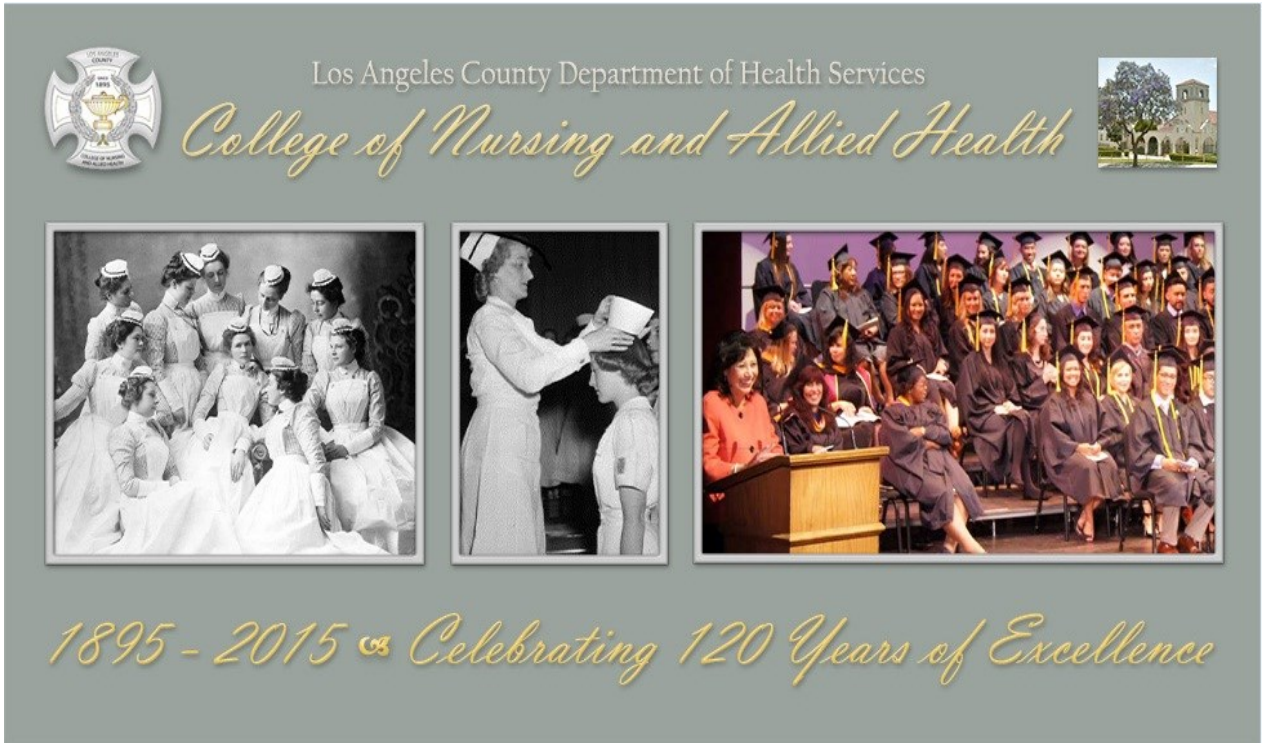
- Restructured teams each including fiscal and programmatic auditors assigned to each facility to improve monitoring oversight and improvement services
- Established a specialized Desk Review Team to expand monitoring oversight to medium and lower risk contractors
- Developed a training unit to provide ongoing training for new FCMs and develop the tools and skills of all FCMs and FCLs
- DHS Status of Contract Monitoring Report
- Risk Assessment and Quality Review
- County-wide Training of FCMs and FCLs
- ISD Contract Report Cards

CPR

Los Angeles County College of Nursing & Allied Health

The Los Angeles County College of Nursing and Allied Health (CONAH) is a public community college that is owned and operated by the County of Los Angeles. Its divisions include the School of Nursing (SON), Education and Consulting Services (EDCOS), Allied Health, and student support services. The College supports the educational needs of LAC+USC Medical Center, LAC DHS and LAC healthcare community by providing learning centered educational programs and career development opportunities for healthcare students.

The College is accredited by the Accrediting Commission of Community and Junior Colleges of the Western Association of Schools and Colleges (ACCJC:WASC) to offer an Associate of Science Degree in Nursing. The SON pre-licensure program is approved by the California Board of Registered Nursing (BRN). EDCOS is approved by the BRN to provide continuing education units



Administrative Staff

Vivian Branchick, MS, RN
Director
Nursing Affairs

Barbara Collier, MEd, RN
Interim Provost, Dean,
School of Nursing

Jeffrey Anderson, M.S.N., RN Director, Educational Resource Center
Tammy Blass, Ed.D., RN Dean, Education & Consulting Services
Maria Caballero, B.S.N., RN Dean, Administrative & Student Services
Doris DeHart, B.S.N., RN Administrator, Financial Aid, Clinical Affiliations
Herminia Honda, M.S.N., PNP, RN Administrator, Acting Research Director
Peggy Nazarey, M.S.N., RN Dean, Allied Health

Special Projects & Accomplishments

- During the 2015-2016 academic year eighty-nine (89) students completed the pre-licensure RN program. The College is very proud of its student achievements and its ability to provide a highly qualified pool of new nurses for DHS service. Nearly 100% of the graduates who took the national licensing exam (NCLEX-RN) passed on the first attempt. The pass rate average on the first attempt since 2011 to 2015 is 96%. The College's NCLEX-RN pass rate remains higher than the state and national averages and exemplifies the success of the college in educating future nurses in accordance with our motto, "*There is no education like it in the world*."
- During the past year, EDCOS offered over 400 classes and courses to over 6400 workforce members fulfilling the College's mission. EDCOS coordinated the LAC+USC competency validation for over 3,000 nursing staff and the annual skills validation for over 2,400 nursing staff. EDCOS, as part of the post-licensure instructional team was responsible for providing theory and clinical instruction to over 100 new DHS RNs enabling them to function safely in high-risk specialty areas of critical care and emergency medicine. The EDCOS dean and faculty continued to be actively involved in the DHS system-wide competency validation.
- The Comprehensive Academic Management System is utilized for new student applications
- Incorporated ORCHID EHR into the curriculum to support student learning

- Participated in ADN-BSN Collaborative project with Cal State L.A. in which four students graduated during the spring and summer of 2016
- EDCOS was approved by the California Department of Public Health (CDPH) as a Certified Nursing Attendant continuing education provider
- Restructured the Basic Adult Critical Care Program to be responsive to the learning needs of today's ICU nurse
- Confirming continued accreditation ,the College 2016 midterm report was accepted by the Accrediting Commission for Community and Junior Colleges

2016/2017 Objectives

- Restructure the current format of the Management of Aggressive behavior training to meet Senate Bill 1299 requirements.
- Incorporate Quality and Safety Education for Nurses throughout the curriculum to provide care which is respectful of and responsive to individual patient preferences, needs, and beliefs, guaranteeing that patient values guide all clinical decisions.

Contracts & Grants

The Contracts and Grants Division (C&G) serves the DHS, Board of Supervisors (BOS) and community through the development, implementation, and administration of contracts and grants in a fair, efficient, responsive, accurate, and ethical manner. C&G plays a fundamental role in DHS' internal operations, by being responsive and supporting the Department's mission to provide high-quality, patient-centered, and cost effective health care through sound contracting efforts.

In Fiscal Year 2015-16:

- DHS obtained approval of 85 Board Letters, including 54 related to contract actions; 6 for acceptance of grant awards and donations
- C&G executed 182 Board-approved service agreements and 623 amendments to existing agreements
- C&G monitored contractors' compliance with insurance requirements for more than 1,400 active contracts to mitigate DHS' risk exposure

Administrative Staff

Kathy K. Hanks, C.P.M.
Director

Julio Alvarado
Section Manager

Sarah Davda
Section Manager

Enrique Sandoval
Section Manager

Special Projects & Accomplishments

Housing for Health (HFH)

Supportive Housing— Developed 19 work orders (WO) to provide intensive case management and permanent supportive housing for homeless patients with chronic medical and behavioral health conditions; Executed 26 administrative WO amendments; Approved 13 new master agreements

Case Management Solution— Developed and released Request for Proposals (RFP) in October 2015; Completed proposal evaluations and executed a $4.8M agreement in March 2016

My Health LA (MHLA)

MHLA— Executed 24 amendments to reallocate unspent funds for dental services through a Request for Information (RIF); processed 106 amendments and 54 change notices; Executed 34 agreements to enable Community Partners (CPs) to obtain 340B drugs for MHLA participants

340B Pharmacy Services Administrator— Executed an agreement worth $180,000 to manage MHLA clinics' contracted 340B pharmacy networks and provide access to a 24/7 pharmacy network

Education and Mentorship

Medical School Affiliations— Executed 4 amendments with UC Regents (UCLA) and University of Southern California (USC) to provide ongoing graduate medical education and clinical care

Training Affiliations— Managed 135 affiliation agreements with universities, military training programs, and Veteran Affairs to provide hands-on training to healthcare providers

Tutoring and Mentoring Programs— Executed 5 amendments worth $872,000 with educational institutions to tutor and mentor nursing students; Extended agreements worth over $400,000 to provide financial assistance to community colleges that offer personalized academic/clinical support for nursing students; Executed 26 amendments for Rancho Los Amigos National Rehabilitation Center's (RLANRC) patient peer mentoring program

Medical and Provider Services

Temporary Medical Services— Managed 382 Specialty Medical Services agreements and 6 Physician Registry Services agreements; Executed 58 new agreements and 332 amendments to extend services through FY 2016-17

Temporary Medical Personnel Services— Executed 23 renewal agreements for service use by DHS, DPH and Sheriff's

Jail Medical Services Transition— Executed 6 new SMS agreements and a $10M medical provider agreement; Extended medical services agreement with USC

Temporary Health Information Management Personnel Services— Secured Board approval to execute successor agreements with 6 firms at an estimated annual cost of $13.65M

Emergency Medical Services (EMS)

Trauma Center— Executed a $4.4M agreement with Pomona Valley Hospital Medical Center to initiate process of designating a new Level II trauma center in the East San Gabriel Valley

Other Agreements— Released solicitation for 911 emergency ambulance transportation services; Extended 80 Hospital Preparedness Program (HPP) agreements with existing hospitals, and executed 6 additional HPP agreements; Extended agreements with 8 impacted hospitals to provide emergency inpatient care in the MLK-Harbor catchment area; Obtained Board approval to amend the County Code to adjust ambulance rates

Information Technology

ORCHID— Obtained Board approval to migrate hosting services for the Outpatient Pharmacy Information System, add $36.6M to the agreement to implement a population health solution, secure consulting services for revenue cycle transformation, and authorize additional pool dollars

Managed Care Core System— Completed negotiations with selected vendor to replace Managed Care Services' legacy Patient Management System

ITSSMA— Executed 7 new WOs worth $2.4M and 6 WO amendments

Other Agreements— Obtained Board approval of 5 amendments to agreements with existing IT vendors, including 4 term extensions worth $9.4M, and expansion of electronic specialty care consults to additional health provider sites, worth over $459,000

Fixed Asset Acquisitions— Facilitated Board approval of 2 IT Capital Fixed Asset purchases worth $4.2M for Virtual Desktop Infrastructure and PACS expansion projects, and radiology and equipment purchases worth $6.6M

Consulting

Executed a $750,000 CEO Master Agreement WO for Lean consulting for Harbor-UCLA Medical Center;

Executed a $603,200 specialized consulting services agreement for MLK;

Expanded multiple agreements for consulting services to support jail medical services transformation, Health Agency integration, implementation of the Section 1115 Medicaid Waiver, and ongoing project oversight of various IT system implementations

Transition Planning— Conducted solicitation for transition planning consulting services for RLANRC and awarded agreement

Other Services

Equipment Maintenance— Executed a new Board-approved agreement and 9 Board-approved amendments involving over $40M in funds; processed 28 administrative amendments

Landscaping — Released RFP for landscaping services at 15 DHS facilities; Executed 13 Board-approved amendments worth $1.1M to temporarily extend services

Healthcare Workforce Development Program— Renewed a joint labor/management education and training partnership agreement with SEIU 721 to provide a Career Pathway and Critical Skills Enhancement Program for DHS Workforce

Blood Recovery and Intra-Aortic Balloon Pump— Released and completed solicitation; executed agreement

Child Care Operator Services— Conducted a RFP and awarded 2 agreements to provide child care centers at 5 DHS facilities.

2016/2017 Objectives

- Continue to streamline departmental acquisition processes and develop creative acquisition alternatives, while complying with County contracting requirements.
- Continue to promote and support a culture of professionalism, high standards of conduct, organizational responsibility, and commitment to maintaining the public trust.
- Develop and conduct solicitations, including but not limited to: Laundry, Landscape, SSI/SSDI, Financial, Medical Record Coding, Level 1 Trauma Center (SPA 6), Housekeeping, Lab Courier, and Radiation Therapy services and Trauma and Emergency Medicine Information System.
- Analyze Agreements to enforce contractor compliance with County insurance requirements.

Major Functions

- Acquisition Consulting
- Acquisition Processes
- Contract Development and Negotiations
- Board Letters and Memos (including Acceptance of Donations and Grants)
- Contract Repository

Office of Diversity & Cultural Competency

The Office of Diversity and Cultural Competency was established per motion by the BOS to develop and provide oversight of DHS' Cultural & Linguistic Competency Standards of Practice. The mission of the Office is to ensure DHS-wide compliance with the mandated requirements of Title VI-Civil Rights Act and Federal regulations, State policies, and accreditation requirements of all regulatory oversight entities, and build effective language access and healthcare interpreter service infrastructure throughout all DHS facilities.

Cultural & Linguistic Competency — Health Agency Strategic Priority

Per motion by Honorable Supervisor Hilda L. Solis on August 11, 2015, "Ensuring culturally competent and linguistically appropriate care in the Health Agency and across all three agencies" was recognized as one of the eight (8) Strategic Priority Areas of the Health Agency.

A Workgroup comprised of members of the three departments of DHS, DMH, and DPH convenes regularly to address the following: "Ensure access to culturally competent and linguistically appropriate services and programs as a means of improving service quality, enhancing customer experience, and helping to reduce health disparities."

Administrative Staff

Vivian Branchick, MS, RN
Director
Nursing Affairs

Nina Vassilian, MPH, MCHS
Acting Director

DHS-wide Language Data Report

All DHS hospitals, multi-service ambulatory care centers, and CHC facilities capture the "*preferred language*" of the limited English-proficient (LEP) patients. According to DHS' "Language Report" database for FY 15–16, DHS facilities provided healthcare services to a total of 1,293,852 patient visits who required LEP skills, representing 53% of our total patient visits (2,457,174). During the same time period, a total of 643,856 unique patients sought healthcare services throughout DHS facilities, 333,133 (52%) of whom spoke English and 310,723 (48%) spoke other than English. Furthermore, DHS patient utilization data indicated that over 86 languages were spoken by LEP patients, including the top 13 languages that are heavily utilized, and therefore, are in much greater need for interpreter (voice/verbal) and translation (written) services. They are as follows: Spanish, Armenian, Tagalog, Korean, Mandarin, Cantonese, Vietnamese, Russian, Arabic, Thai, Hindi, Khmer (Cambodian), and Farsi.

New Rule Issued by USHHS — Non-discrimination, Language Assistance

On May 13, 2016, the U.S. Department of Health and Human Services (HHS) issued a final rule to advance health equity and reduce health care disparities. Under the rule, individuals are protected from discrimination in health care on the basis of race, color, national origin, age, disability and sex, including discrimination based on pregnancy, gender identity and sex stereotyping.

"A central goal of the ACA is to help all Americans access quality, affordable health care. The announcement is a key step toward realizing equity within our health care system and reaffirms this Administration's commitment to giving every American access to the health care they deserve," said HHS Secretary Sylvia M. Burwell.

The final rule also includes important protections for individuals with disabilities and enhances language assistance for people with limited English proficiency by:

- Requiring covered entities to make electronic information and newly constructed or altered facilities accessible to individuals with disabilities and to provide appropriate auxiliary aids and services for individuals with disabilities.
- Requiring covered entities to take reasonable steps to provide meaningful access to individuals with limited English proficiency. Covered entities are also encouraged to develop language access plans.

Our Language Access Services

DHS ensures department-wide compliance with the mandated requirements of Title VI-Civil Rights Act of 1964 and all Federal regulations and Executive Orders, Section 1557 of the Patient Protection & ACA(42 U.S.C. 18116), State laws, mandates and policies, as well as accreditation requirements of all regulatory oversight entities, including the Joint Commission (TJC), the State Centers for Medicaid/Medicare Services (CMS), and the Nat'l Commission on Quality Assurance, to name a few.

All regulatory and accreditation entities mentioned above, require the provision of "Language Access Services". More specifically, DHS is in full-compliance with the following:

- The USHHS' Office of Minority Health-developed "National Standards for Culturally & Linguistically Appropriate Services (CLAS)" #01: Provides effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

- The USHHS' Office of Minority Health-developed "National Standards for Culturally & Linguistically Appropriate Services (CLAS)" #05: Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.

- The Joint Commission Hospital Accreditation Standards "Provision of Care, Treatment, and Services PC.02.01.21" Element of Performance #1: The hospital identifies the patient's oral and written communication needs, including the patient' preferred language for discussing health care. AND, Element of Performance #2: The hospital communicates with the patient during the provision of care, treatment, and services in a manner that meets the patient's oral and written communication needs.

- The Joint Commission Hospital Accreditation Standards "Rights and Responsibilities of the Individual RI.01.01.03" Element of Performance #1: The hospital provides information in a manner tailored to the patient's age, language, and ability to understand. Element of Performance #2: The hospital provides language interpreting and translation services. AND, Element of Performance #3: The hospital provides information to the patient who has vision, speech, hearing, or cognitive impairments in a manner that meets the patient's needs.

In light of the above, all DHS hospitals, outpatient centers, and CHC facilities provide "Language Access Services" for patients with limited English-proficiency skills.

Emergency Medical Services Agency

To ensure timely, compassionate and quality emergency and disaster medical services.

The Emergency Medical Services (EMS) Agency is responsible for the coordination, planning and regulation of the County-wide EMS System. In addition, physician reimbursement for indigent emergency care, ambulance licensing, the coordination of DHS patient transfers and transportation, and healthcare disaster preparedness are programs managed by the EMS Agency.
Los Angeles County's regionalized systems of emergency care include Trauma, Stroke, STEMI, Cardiac Arrest, Pediatric and Disaster care. These systems are nationally recognized and the program data is frequently presented in academic publications or at State and National conferences. We are proud of our accomplishments and successes, which are only possible through the hard work and dedication of EMS Agency staff and the support of DHS and the BOS.

In Fiscal Year 2015-2016 the EMS Agency was very busy carrying out our mission.

4150 EMTs certified/recertified
406 MICNs certified/recertified
353 Paramedics accredited
7 Ambulance Companies licensed
57 Ambulance Vehicles licensed for the first time and 1 Ambulette Vehicle licensed for the first time
3 Hospitals designated as Primary Stroke Centers bringing the total to 43 designated Primary Stroke Centers
80 Graduates from Paramedic Training Institute
7 Provider Agencies implemented ePCR systems bringing the total to 24 out of the 33 public providers using an ePCR
29,920 Transports provided by DHS Ambulance Services
5,240 Transfers coordinated by the Medical Alert Center
730 Hospital Available Beds For Emergencies and Disasters (HAvBED) drills conducted with 90% reporting compliance from 82 acute care hospitals
13 New Contracts entered into, 9 Contracts amended and 3 contracts renewed

2015-2016 Accomplishments

- Coordinated the training of over 7,000 people on June 2, 2016 in Hands-Only CPR
- Expanded the number of available emergency department treatment bays and 9-1-1 Receiving Centers with the opening of Martin Luther King Community Hospital as a Basic Emergency Department
- Coordinated over $1 million in Measure B funding to EMS Provider Agencies to expand and upgrade the use of electronic patient care records
- Awarded a Pre-Trauma Center Designation Services Agreement to Pomona Valley Hospital Medical Center to develop a trauma center in East San Gabriel Valley
- Reviewed the medical dispatch protocals for the 13 EMS Public Provider Agency dispatch centers
- Released the Emergency Ambulance Transportation Services 9-1-1 Response Request for Proposals
- Partnered with Public Health Injury Prevention Program to develop targeted Trauma Prevention strategies based on EMS Agency trauma data
- Launched Community Paramedicine pilot projects: Alternate Destination and CHF readmission
- Reviewed all designated Cardiac Arrest Specialty Centers Targeted Temperature Mangement protocols and developed a template protocol
- Streamlined the process to license ambulance companies
- Updated the methodology used to set maximum public ambulance rates

Emerging Infectious Disease Preparedness and Response Activities

The EMS Agency continues to work with healthcare facilities and EMS providers to prepare the County's medical and health system for emerging infectious disease outbreaks. Through the Hospital Preparedness Program and in partnership with the Centers for Disease Control and Prevention (CDC), LA County designated three Special Pathogens Treatment Centers (Cedars-Sinai Medical Center, Kaiser Los Angeles Medical Center, and Ronald Reagan UCLA Medical Center) and an Assessment Hospital (Children's Hospital Los Angeles). Cedars-Sinai Medical Center is also the United States Region IX Special Pathogens Treatment Center for patients coming from Arizona, Nevada, Hawaii, the Pacific Islands and other areas in California without a treatment center. Additionally, the EMS Agency is working with the State of California Region I Counties (Orange, LA, Ventura, Santa Barbara, and San Luis Obispo) to develop a transportation plan to manage these type of patients across the region.

Administrative Staff

Cathy Chidester
Director

Marianne Gausche-Hill, M.D.
Medical Director

Roel Amara
Assistant Director
Disaster Programs

Kay Fruhwirth
Assistant Director
Administrative Services

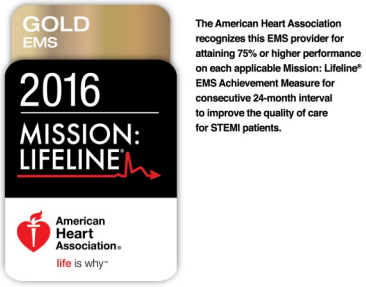
Richard Tadeo
Assistant Director
EMS Programs

Dr. Gausche-Hill joined the EMS Agency as the Medical Director on July 1, 2015. She also holds the positions of Professor of Clinical Medicine and Pediatrics at the David Geffen School of Medicine at UCLA and is the EMS Fellowship Director at Harbor-UCLA Medical Center. Dr. Gausche-Hill also serves on the Board of Directors for the American Board of Emergency Medicine.

Dr. Gausche-Hill is nationally known for her work as an EMS researcher and educator including her leadership in the field of EMS and pediatric emergency medicine. She is best known for her study of pre-hospital airway management for children published in JAMA 2000 and for her work on the National Pediatrics Readiness Project published in JAMA-Pediatrics in 2015.

In addition, Dr. Gausche-Hill has an illustrious career in emergency medicine and has been recognized for her many contributions in this field of medicine, which include:

- In 2004, National Education Award in Emergency Medicine by the America College of Emergency Physicians (ACEP)
- In 2005, Martha Bushore-Fallis APLS award from the American Academy of Pediatrics (AAP)
- In 2007, EMS for Children Heroes Award for Lifetime Achievement by the Health Resources and Services Agency
- In 2008, named one of the Heroes of Emergency Medicine by ACEP
- In 2010, finalist for the Daily Breeze Newspaper's Healthcare Provider of the Year
- In 2011, Honorable Mention Speaker of the Year for ACEP
- In 2012, awarded the Steve Miller Education and Mentorship Award by AAP



Spotlight on Ambulance Licensing

The Ambulance Licensing Section oversees all private ambulance providers operating in LAC. This includes licensing of new operators, monitoring current licensed operators for compliance with the Ambulance Ordinance and monitoring any written agreements the operator may have with the County. Additionally, the section oversees/regulates ambulette providers who operate in the unincorporated communities of the County. As of June 1, 2016, there are thirty seven (37) licensed ambulance providers, six (6) ambulette providers, one (1) air ambulance provider and one (1) special event provider. There are approximately 1,020 ambulance vehicles licensed in the system.

The licensing section works closely with the Treasurer Tax Collector and other County departments in review of the initial licensure application for an ambulance operator. Once all documentation has been reviewed and deemed complete, a public hearing is held with the Ambulance Licensing Hearing Board. This Board has the final decision on whether the company will be licensed to operate within LAC. Once licensed, the company's ambulance vehicles are inspected to ensure all mandatory equipment items are present. In addition to the initial licensure process, annual audits are conducted of all licensed providers to ensure continued compliance with all established standards.

Part of monitoring compliance with the established standards includes an investigation team of two Civilian Investigators (CI) and supported by other staff assigned to the section. The CIs enforce the regulations pursuant to the LAC Ordinance Chapter 7.16: Ambulances and when necessary, issue notices of violation which may carry associated fines. The activities of Ambulance Licensing supports the goal of ensuring quality care and safety of the public utilizing ambulance transport.

Enterprise Health Information Management

Administrative Staff

Gerardo Pinedo, Executive Manager

Harvey Jones, Jr., MA, RHIA
Director, EHIM

Christopher Rodriguez, RHIT
Coding & Auditing Manager

Judy Tan, J.D.
Personnel Management

Sylvia Lumford, CCS
Education Committee Lead

Karyn Ellis
Contracts/Budget/Data

Patricia Solorio
Secretary

What is Health Information Management (HIM)?

Health Information Management (HIM) is comprised of the men and women working throughout our health system at all hospitals, outpatient centers, record storage facilities, and administrative work locations, with the purpose of coding, maintaining, and safeguarding medical records for our patients; supporting our clinicians; and modernizing health information processes.

Services Provided for the Benefit of our Patients:

- **Inpatient and Outpatient Coding:** Using ICD-10, CPT-4, ICD-O and HCPCS coding classifications to translate clinical documentation into the appropriate codes. Diagnostic and procedural codes are used by DHS for state reporting, statistical reporting, and billing purposes.
- **Release of Information:** Evaluating, processing, and tracking requests for protected health information from patients, government agencies, other medical institutions, and/or legal entities (i.e. subpoenas, court appearances, disability claims, insurance claims, search warrants, etc.)
- **Enterprise Master Patient Index (EMPI):** Management of a database of unique identifiers assigned to each individual patient to ensure that a patient's medical records are consistent, accurate, current, and complete across clinical and administrative units.
- **Tumor Registry:** Reviewing, abstracting, and coding clinical cancer information in order to comply with government regulations and statistical reporting requirements.
- **Safeguarding and Storage of Protected Health Information:** Indexing, scanning, storing, and safekeeping protected health information in accordance with County, state and federal laws.
- **Public Information:** HIM staff also fill the important role of welcoming and guiding patients, families, and visitors to our health system in a patient-centered a customer-friendly manner.

Labor-Management Partnership Saturday
Afternoon Coding Class

Accomplishments

- Completed ICD-10 training and transition to ICD-10
- Completed coding of ACN records within 10 days of discharge
- Created Revenue Cycle Committee with DHS Finance and physicians
- Streamlined work queues
- Completed Phase I of coding audits for inpatient/ outpatient quality
- Completed migration of all ORCHID related processes from paper to digital systems

HIM professionals at EMS Agency in Santa Fe Springs

HIM professionals at Harbor-UCLA Medical Center

HIM professionals throughout DHS hospitals and outpatient health centers

Facilities Management

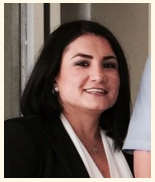
Administrative Staff

Gerardo Pinedo, Executive Manager

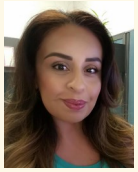
Marta Garcia-Sheffield
Division Chief

Cecilia Galdones
Planner I

Andre Harper
Senior Custodian Supervisor

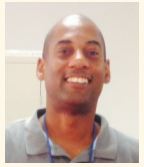


Lusine Muradyan
Building Manager
Ferguson Complex



Alma Altamirano
Assistant Building Manager
Ferguson Complex

Glenda Johnson
Office Manager



Algenoid Banks
Warehouse Coordinator

R. Chambers-McKuen
Sheriff's Security Officer

Tony Hardwell
Senior Clerk & Messenger

Sandra Long
Mail Room Supervisor

Michelle Bolin
Mail Room Clerk

The Facilities Management Division (FMD) is responsible for building operations at the Health Services Administration headquarters, Ferguson Complex, and management of the leases listed below. Additionally, FMD represents DHS on Board-approved Countywide committees including the Workgroup for a Sustainable Future, Water Conservation Workgroup, and the Facility Managers Network. FMD also assists with capital projects and coordinates vehicle fleet management. Leases managed include:

Antelope Valley Health Center	335-B E Avenue K-6, Lancaster
Dollarhide Health Center	1108 N Oleander Street, Compton
EMS Administrative Headquarters	10100 Pioneer Blvd, Santa Fe Springs
EMS Disaster Staging Warehouse	10430 Slusher Drive, Santa Fe Springs
Family Health Center	1403 Lomita Boulevard, Harbor City
Hawaiian Gardens Health Center	22310 Wardham Avenue, Hawaiian Gardens
LAC+USC Medical Center Records Warehouse	2011 N Soto Street, Los Angeles
Lake Los Angeles Community Clinic	8201 Pearblossom Highway, Littlerock
Leavey Center	512-522 S San Pedro Street, Los Angeles
Office of Managed Care	1100 Corporate Place, Monterey Park
OMC Administrative Headquarters	1000 S Fremont Avenue, Alhambra
South Valley Medical Center	38350 40th Street, East Palmdale

Staff at 241/313 Figueroa

2015/2016 Accomplishments

- Successfully implemented new Building Emergency Plan to meet LA City Fire Codes for High-Rise buildings, including creation of a new Emergency Manual, training Building Fire Director, Floor Wardens and tenants. Also passed City Fire Department fire drill inspections.
- Successfully participated in Phase I of the new Continuity of Operations Plan (COOP).
- Successfully completed program for electric vehicle charging stations and completed all state mandated reporting to the South Coast Air Quality Management District (SCAQMD).
- Completed remodel projects of 1st Floor for new Health Agency's Office of Diversion & Re-entry; 11th Floor for Information Technology Division; and 12th Floor substations.
- Successfully updated Ferguson Complex fire alarm system.
- Successfully negotiated lease renewals for Managed Care Services; and completed planning of cost-effective space consolidation for Finance Division and various programs.

Cafeteria water heater replacement project at 313 Figueroa

HVAC repairs at 241 & 313 Figueroa

Plumbing & electrical repairs at 313 Figueroa

Custodial, security, mail, maintenance and building management staff for 241/313 Figueroa and Ferguson Complexes

Government Affairs Communications, Commissions and Workplace Programs

Administrative Staff

Gerardo Pinedo
Director

Rowena Magaña, M.P.A.
Assistant Director

Michael Wilson, M.H.A., FACHE
Communications & LAC+USC PIO

Connie Salgado-Sanchez, M.P.H.
Staff Analyst

Robin T. Young
Public Information

Allen Gomez, M.P.A.
Legislative Analyst

Regina Jemmott
Senior Clerk

Jasmin Quintanilla
Intermediate Clerk
Career Development Intern

Lisa Finkelstein
Constituent Case Coordinator

Hasmik Dirmandzhyan
Scheduling

2015/2016 Accomplishments

Government Relations: Served as liaison to our Department's elected governing body, the L.A. County Board of Supervisors, as well as to elected officials from city councils, the California State Legislature, and the U.S. Congress. The office also worked with Board Deputies, County CEO, and County Counsel, in response to policy questions, budget matters, data requests, legislation, and constituent case inquiries; and liaised with foreign dignitaries visiting our health care system.

Communications: Responded to media inquiries and Public Record Act requests; published the Department's official annual report and the monthly DHS newsletter: "Fast Facts from Dr. Katz"; developed and maintained the Department's website; provided support for the Health Agency virtual town hall meetings and countywide facility broadcasts; and worked with DHS leadership to submit over 50 Board memos in response to various motions in the last year.

Inter-departmental Collaboration: This office maintained a Health Agency SharePoint intranet site for Health Deputies, County Counsel and coordinated the weekly Brown Act-regulated agendas on behalf of the CEO, working closely with Board liaisons from our sister Departments of Public Health and Mental Health. Provided assistance to our sister Departments during peak public communication needs as well as the weekly meetings of the Board of Supervisors.

Quality and Productivity Grants & Staff Recognition: Served as the Department's Productivity Manager working with the Board-appointed Quality and Productivity Commission; assisted hospitals, health centers, and program units with the submittal of quarterly applications to the Productivity Investment Board, and maintained quarterly financial reports for the Productivity Investment Fund; and processed retirement scrolls presented by the Board of Supervisors.

Commission & Committee Support: Provided executive level support to the Hospitals and Healthcare Delivery Commission by coordinating its Brown Act-regulated monthly meetings, planning site visits, preparing meeting minutes, drafting policy reports, and coordinating subject matter expert testimony; staffed the Department's Joint Labor-Management Partnership meetings on a bi-monthly basis to keep minutes.

Workplace Programs: Implemented new workplace programs protocol, working in concert with County CEO, to facilitate charitable giving campaigns and served as the communication hub between County's Office of Workplace Programs and all DHS hospitals, health centers, and program units. Coordinated volunteers; and promoted various Countywide programs, such as the Special Olympics, the March of Dimes and the Heart Walk.

Community Outreach: Provided support in the planning and coordination of public events sponsored by elected officials including health fairs, informational hearings, and public awareness campaigns. Responded to inquiries from non-profit and community-based organizations seeking partnership opportunities with the Department. Responded to small businesses seeking information about procurement opportunities; Responded to inquiries from members of the public seeking guidance and information about available health care programs.

Supervisor Mark Ridley-Thomas and Senior Health Deputy Yolanda Vera

Health Deputies, Deputy County Counsels, and CEO Manager
Front Row (left to right) Angelica Ayala, Dhakshike Wickrema, Angela Yoon, Jo Ann Yanagimoto-Pinedo, Brandi Moore
Back row (left to right) Karla Sayles, Elan Shultz, Richard Espinosa, Sarkis Semerdjyan, James Johnson; Mason Mathews, Ed Morrissey, Lillian Russell

Supervisor Sheila Kuehl, Chair Hilda L. Solis, Supervisor Don Knabe, Supervisor Michael D. Antonovich present Patient Safety Awards

MAMA's
NEIGHBORHOOD
Strong Start for Families
Presents this Certificate of Completion to:
Rodrigo Cabrera
For participating in the 8 session prenatal & resiliency class
MAMA's
NEIGHBORHOOD
Strong Start for Families
Presents this Certificate of Completion to:
Adriana Orozco
For participating in the 8 session prenatal & resiliency class

Housing For Health

Housing for Health (HFH) division provides housing and supportive services to homeless clients with physical and/or behavioral health conditions, high utilizers of public services and other vulnerable populations.

Permanent supportive housing, the cornerstone of HFH's approach, includes decent, safe, and affordable housing linked to a flexible array of support services. These on-site or roving supportive services along with access to medical and behavioral health care are integral to achieving housing stability, improved health status, and greater levels of independence and economic security.

HOUSING FOR HEALTH

Marc Trotz
Director

Permanent supportive housing (as of June 30, 2016)	
# clients placed in housing since Nov. 2012	1780
# of clients currently housed	1608

County, City and Community (C3)

Launched in January 2016, C3 is a comprehensive, multidisciplinary street-based engagement initiative in the Skid Row area of Los Angeles. Each team works to connect individuals who are experiencing street-based homelessness to permanent housing and supportive services. The program includes four multidisciplinary teams that are each responsible for geographic quadrants in Skid Row. The teams engage street-based homeless individuals 5 days a week. Each team includes of a nurse, a mental health specialist, a substance abuse counselor, a LAHSA Emergency Response Team member and two AmeriCorps members.

In the first half of 2016, C3 engaged more than 1,000 people across Skid Row, assisted nearly 600 and assigned over 250 people to permanent supportive housing. The teams have also helped place more than 300 people into interim facilities such as shelters, detox facilities and stabilization housing.

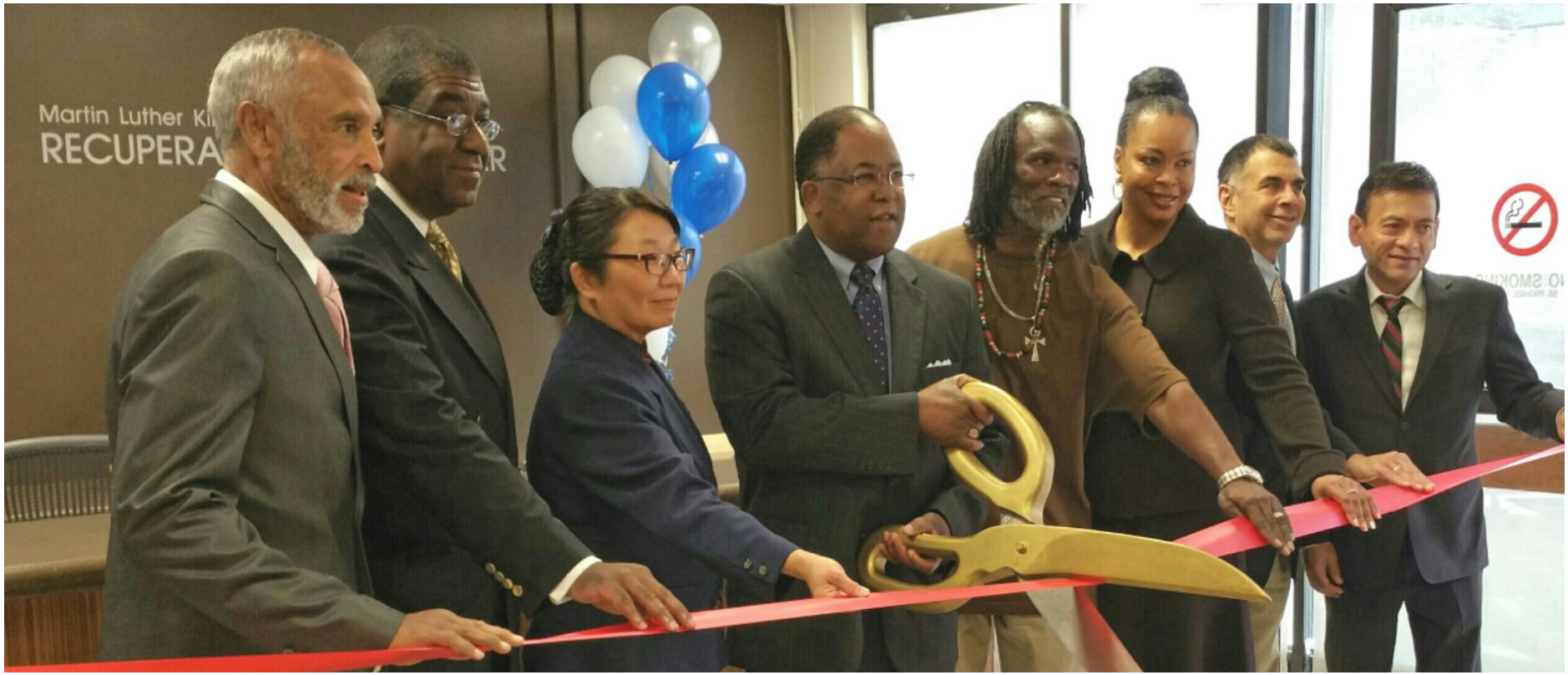
Martin Luther King Jr. Recuperative Care Center

In February 2016, HFH opened the 100-bed MLK Jr. Recuperative Care Center on the campus of the MLK Jr. Outpatient Center in South Los Angeles. Recuperative care is a program that provides interim housing combined with health monitoring for individuals who are homeless and recovering from an acute illness or injury. Clinical oversight addresses the medical needs of these patients whose conditions would be exacerbated by living on the street or in a shelter. For homeless individuals with complex medical and psycho-social conditions, recovering in a stable environment with access to medical care and other supportive services is key to the successful transition into permanent supportive housing. It is the goal of the LAC DHS to discharge homeless people from interim housing directly to the safety of their own permanent housing unit.

DHS staff provides onsite clinical services and overall program management. Our service provider partner, JWCH, provides a range of operational and intensive case management services including 24/7 health monitoring, some assistance with activities of daily living, linkage to health, mental health, and substance use disorder services, benefits establishment, group and social activities, transportation, and coordination with permanent housing providers to support the transition of clients to permanent housing.

2016/2017 Objectives

- Connect more than 4,000 homeless individuals to permanent supportive housing.
- Bring 200 additional interim housing beds online in LAC for clients on the path to permanent supportive housing.
- Partner with other county agencies to implement Homeless Initiative strategies to serve high utilizers of county services, including interim housing, rapid rehousing and permanent supportive housing, County-wide Supplemental Security Income (SSI) advocacy and jail in reach.
- Open a 50-bed sobering center in downtown Los Angeles Skid Row-area to act as an alternative destination for law enforcement, fire departments and C3 teams to send people whose primary presenting issue at the time of contact is severe intoxication. The goal of the sobering centers will be to provide a safe place for chronic alcoholics to sober up and to be linked to interventions that help them break out of the destructive cycle through streets, jails, and hospitals.



Human Resources

The Human Resources (HR) Division is dedicated to maintaining and fostering DHS' diverse workforce and commitment to patient care. The HR Division supports DHS' strategic goals by:

- Recruiting and developing a highly skilled, productive workforce
- Facilitating productive employee relations
- Monitoring compliance with the County and Joint Commission HR standards
- Supporting a discrimination-free workplace and just culture
- Streamlining and improving business processes
- Providing responsive and effective customer service

Central HR administration is located in Commerce and supports the following core areas:

- Classification and Compensation
- Employee Relations
- Examinations and Recruitment
- Payroll, Time Collection and Benefits
- Performance Management
- Personnel Services
- Regulatory Compliance
- Training and Organizational Development

On-site HR units are located at the following DHS sites: Harbor-UCLA, High Desert RHC, LAC+USC, MLK OC, Olive View-UCLA, and Rancho Los Amigos NRC. The on-site HR units serve as local contacts for emergent HR issues at DHS facilities and are responsible for on-boarding non-county workforce.

Special Projects & Accomplishments

- Administered the first DHS-wide Employee Engagement Survey in partnership with labor resulting in over 10,000 employee responses
- Implemented the County's new recruitment system NeoGov for the 224 classifications delegated to DHS for exam administration
- Participated in the County bargaining teams to achieve successor MOUs with the unions representing DHS employees

Administrative Staff

Liz Jacobi
Director
Human Resources

Marilyn Hawkins
Assistant Director

Central Services HR Managers

Lorena Andrade-Guzman: Performance Management
Rayette Hernandez: Classification & Compensation
Donna Lough: Employee Relations
Magaly Vazquez -Ponce: Personnel Services
Laura Rinard: Payroll, Benefits, Time Collection & FMLA
Sharon Robinson: Regulatory Compliance & Training
Heberto Sanchez: Recruitment & Examinations

On-Site HR Managers

Thomas Beggane: Olive View-UCLA
Anna Carpena: Rancho Los Amigos NRC
George Kolle: High Desert RHC
Monique Ortega: LAC+USC
Regina Pierre: Martin Luther King, Jr. OC
Karyl Smith: Harbor-UCLA

Special Projects & Accomplishments (cont'd)

- Supported the hospital-based Nurse Staffing Plan (NSP) Year 2 hiring plan through exam administration, one-stop job fairs and expedited on-boarding
- Planned for the Phase 1 transition of Correctional Health employees to DHS
- Introduced and completed the County's pilot 360 Assessment
- Administered clerical exams in North County to attract residents to High Desert job opportunities
- Developed new training platforms to support clinical initiatives
- Implemented an electronic database in partnership with DHS IT to monitor and provide email notices to staff regarding required licensure, registration, certification and permit renewals

2016/2017 Objectives

- Implement the Phase 1 transfer of over 400 employees from the LASD and DMH to DHS Correctional Health Services,
- Plan for the Phase 2 transition of the LASD Medical Services Bureau to DHS
- Lead an Employee Engagement Initiative for Pathways to Professional Growth
- Support the Nurse Staffing Plan Year 3 hiring plan
- Partner with labor on initiatives regarding Just Culture, Dignity and Respect in the Workplace
- Develop insight tools regarding Physician and Nurse Practitioner recruitment
- Finalize Performance Evaluation work plans for 69 clinical and 47 non-clinical classifications
- Implement a Fast-Track Performance Management Tool for attendance matters

Information Technology

DHS Information Technology (IT) leads IT innovations, initiatives, and services to support DHS' strategic goals.

- Transform DHS from an episodic, hospital-focused system into an integrated, high-quality delivery system
- Create a modern IT system that improves the care of our patients and assures efficient use of resources
- Foster a culture of empowered staff and community, organized labor, and university partners constantly looking for opportunities to improve the services provided to patients

Administrative Staff

Kevin Lynch
Chief Information Officer

Robert Bart, M.D.
Chief Medical Information Officer

ORCHID
Moving Care Forward

The goal of the ORCHID deployment is:

To procure, deploy, and sustain a uniform, fully-integrated EHR solution that is implemented consistently across care settings with standardized workflow processes and a single, unified data structure.

We are proud to announce that the DHS has successfully accomplished the goal of the implementation of a standardized, enterprise EHR across all DHS hospitals and ACN clinics.

On July 1st, 2016, two new Co-location Clinics shared between Health Services and Public Health have been added to the ORCHID environment. The two clinics are Torrance Health Center and Curtis R. Tucker Health Center. Both clinics provide routine primary care services that include Lab and Radiology.

DHS IT has had a productive year. In addition to the successful implementation of our new EHR,ORCHID, DHS IT were successful in the implementation of over 83 separate and unique IT projects. Below is a brief description of some of those successful projects:

Managed Print Services: The latest news in Network Printing is Managed Print Services (MPS)

You may have noticed changes in your work area that your network printers are being upgraded with new printers. As part of the cost-savings plan by the County, the BOS issued a mandate to replace all legacy copiers and desktop printers with new efficient Xerox network printers.

As part of the printer exchange process, MPS offers a new approach to replace and manage office equipment efficiently without requiring new hardware purchase now covered under contract agreement. This agreement includes any combination of new Copiers and Multifunction (MFP) print devices and print cartridges for all your local printing needs.

Special Projects & Accomplishments

- **Voice over Internet Protocol (VoIP):** VoIP is the new technology replacing our older outdated systems which has been in service for over 20 years or more in some facilities. In terms of how VoIP works with respect to your existing telephone, you simply dial any number and talk. The difference is that the call is turned into digital packets and sent over the Internet rather than an analog signal over a copper landline. The Federal Communications Commission (FCC) has mandated network providers transition to IP based technology by 2020. When this project is completed, the conversion to VoIP will impact all DHS employees.
- **Enterprise Consolidated Fuji Synapse Picture Archiving and Communication Software (PACS):** Implementation for ORCHID: The purpose of this project is to centralize six standalone Fuji PACS systems into a single virtual solution within DHS.
- **Comprehensive Enterprise Data & Analytics Repository (CEDAR): Phase I** of the EPDR/CEDAR Project was completed in the Summer of 2015. The focus of Phase 1 was the development of the P14 Data Mart for finance to generate mandatory reports This included data profiling and loading of all data required for the State's P14 Interim Rate Workbook, in addition to data quality remediation activities, development of the required P14 reports, and assistance with the establishment of a data governance structure and process for DHS. Going forward, this Data Mart will allow for the electronic development of the multiple reports required by the State for payment to DHS for services to MediCal patients which represents the single greatest source of revenue to DHS.
- **Virtual Desktop Infrastructure (VDI):** VDI allows DHS clinicians and staff the ability to get to their computer as though it was a web site. Therefore making it securely accessible from any device and from anywhere. In the case of shared workstations in our clinical settings, this technology allows our clinicians the ability to go from workstation to workstation and not have to keep entering their credentials manually. Instead, they can use assigned cards that allow them to "tap in" and "tap out" of the workstation, but still have their personal computer sessions follow them to whatever workstation they are accessing. This saves our clinicians valuable time by not having to re-enter their credentials and by not having to log onto each application again and again.

2016/2017 Objectives

Patient Portal

Description:
DHS is excited to be exploring a patient Portal for its population. A patient portal is a way for patients to communicate with their physicians, doctors, and hospitals online through a website that delivers the ability for the patients to work in or view health information.

Patient portals are available for patients at all hours of the day. This way, if something happens to someone anytime of the day, the patient portal is open for the patient to interact with the application to get whatever necessary information to the right people, quickly.

These portals co-exist with physician portals so that patient information for the healthcare professional is organized and easily accessible.

Empaneled Live Management

Description:

DHS is working hard to develop the HealtheIntent module , also known as ELM, within Cerner Millennium. This module is necessary for all DHS facilities to empanel patients and for all medical homes to manage their panel of patients.

This module will replace the current empanelment algorithm running within the Patient Management System (PMS) an exiting MCS system.

The registry functionalities will be critical in helping the department meet PRIME metrics that are part of the new Waiver.

Prime Metrics tracks, evaluates and compares literally thousands of data sets to quantify and report on hundreds of client customizable metrics.

Integrated Programs

Integrated Programs coordinates DHS initiatives and services that often involve collaboration with other County departments and serve specific patient populations in need of comprehensive, multidisciplinary approaches to their care.
Selected programs and highlights:

AB 109 Program – A DHS registered nurse and social worker are co-located with the Probation Department to assess health needs and coordinate health-related services for State prison releasees returning to LA County on AB109 probation. In FY 15-16, records were assessed for 1,863 individuals and ongoing care coordination was provided for 303 individuals, including linking with medical and social services; assessing and coordinating placements in board and care, skilled nursing and other residential settings; troubleshooting coverage issues; and providing consultation to Probation Department staff.

Medical Hubs Program - Coordinates 6 Medical Hub Clinics at DHS facilities serving children referred by the Department of Children and Family Services (DCFS). Services include medical examinations for children entering foster care, forensic evaluations to assess suspected child abuse and neglect, and provision of ongoing care as a medical home for DCFS-involved children. The clinics provided 32,912 visits in FY 15-16. Recent highlights include expansion of mental health services to all sites through co-location of DMH staff, the addition of medical case workers for care coordination, and participation in County-wide protocols for serving commercially sexually exploited children (CSEC).

EPIC Program – integrates a Substance Abuse Counselor into the LAC+USC and Harbor-UCLA Emergency Departments, along with co-located staff from DPH's Substance Abuse Prevention and Control Program, to identify and navigate patients directly to substance use disorder (SUD) treatment resources, including designated beds at DPH's Antelope Valley Rehabilitation Center (AVRC). A collaboration with DMH has added mental health services for patients with co-occurring disorders being treated at AVRC .

Mental Health Liaison - provides oversight and coordination for DHS psychiatric services on a system-wide level and serves as liaison to the DMH.

Record Retrieval Project – a team of nurses assists the Department of Public Social Services (DPSS) in obtaining SSI benefits for disabled General Relief recipients by reviewing and compiling pertinent DHS medical records and providing written healthcare summaries. In FY 15-16, the team completed 532 DPSS record retrieval requests and 195 additional requests for homeless DHS patients. The team also provides medical and DHS utilization summaries for patients referred to the DHS HFH program, to assist in determining eligibility for HFH services.

County-wide and Health Agency Initiatives – Integrated Programs collaborates with other County departments and community agencies on initiatives including Behavioral Health Integration, Family and Children's Index, Domestic Violence, Baby-Friendly Hospitals, County-wide Homeless Initiative, jail reentry initiatives, and others, and also contributes to Health Agency strategic workgroups on Psychiatric Emergency Services decompression, Substance Use Disorder services, and Vulnerable Children & Transition Age Youth (TAY).

Administrative Staff

Karen Bernstein
Director

Cindy Callado
Rosanna Clarito
Record Retrieval
Project Managers

Glynnis Mason
Venise Burwell
AB 109 Program

Melissa Christian
Mental Health Liaison

Department of
Health Services
TREE OF
HOPE
Share your
PASSION

Juvenile Court Health Services

Juvenile Court Health Services (JCHS) continues to be responsible for providing excellent quality health care to the youth detained through the LA County Department of Probation within all their juvenile detention facilities. These facilities consist of 3 juvenile detention halls and 12 residential treatment camps scattered throughout all of LAC. Our clinical staff consists of 12 full-time pediatricians with 140 nurses, dentists and dental assistants, an optometrist and additional support services with laboratory, pharmacy and soon-to-be, radiology team to provide a more comprehensive total health care for this deserving population of youth. In addition, we work together with the DMH and the Probation Department to address all the youths' health care needs. Not only do we see the typical adolescent with their needs, but also those with high-risk factors like Commercially Sexually Exploited Children (CSEC). Frequently, these high-risk youth do not have the routine access they need for their medical and mental health needs. We often will deal with these needs and provide continued access upon discharge from a detention facility. We have been fortunate to attain most of our goals from last year and continue to add new goals and projects for the fiscal year to come.

Administrative Staff

David Oh, MD
Interim Medical Director

Elena Laurich, CCHP
Administrator

Mary Logan, RN
Interim Nursing Director

Special Projects & Accomplishments

In 2015, JCHS worked actively to complete the Radiology department. We have been able to hire a radiologist and radiology technician, installed a PACS system and trained a new PACS administrator at Fuji Training Site in North Carolina.

We were also able to successfully implement the new training program for Probation staff. This included orientation of services by JCHS, including medication administration and management of youth with diabetes. Because of the success of this Program, we have been asked to be part of the regular curriculum at the Probation Training Academy.

We successfully implemented the universal rapid HIV screening procedure for all our admitted youth.

The Building Emergency plan for our JCHS Headquarters was completed.

Our JCHS Nursing Education staff has received CPR Instructor certification along with the necessary equipment.

We are actively working with our partner agencies to develop the Interagency CSEC procedure to help identify and serve the needs of CSEC youth.

Good results from the Aftercare program have been shown as we continue to monitor and participate with other departments (Probation, DMH, and LACOE).

Trauma training classes were provided at different facilities with a high attendance rate from our staff. The training provided better awareness of our youths' including our colleagues' pasts and how it affects today's interactions.

In March, 2016, the old Online Request (OLR) procurement system was replaced by GHX as part of DHS' upgrading with the purpose of streamlining process and cost efficiency.

To increase awareness and prevention, JCHS staff participated in the Prison Rape Elimination Act training provided by the Department of Probation.

To modernize and provide our staff with a more ergonomic environment, we replaced and standardized the furniture. In addition, we were able to maximize space for our clinic operations.

Continued goals and objectives include:

- Go Live with our new Radiology Services in Q1
- Expansion of the Training Program for Probation to include regular refresher courses for current staff
- Full integration of JCHS in Probation's Disaster Plans in each of the detention facilities
- CPR Classes will Go Live in Q1 once we receive the new American Heart Association updated materials
- Clinical Social Worker — a medical case manager for our staff to coordinate care for our high-risk youth
- Additional training to include improvement in clinical assessments, documentation, and leadership skills will be provided for our staff
- Centralization of immunizations supply
- Intranet/Internet presence for our staff and general public
- New Pyxis machines at camps to continue improvement in patient safety and pharmacy efficiency
- Automated external defibrillators (AED) available for use

Managed Care Services

Mission Statement

To support the LAC DHS by providing managed care expertise to our customers. As an accountable team of subject matter experts, we use innovative ways to educate and enable our customer to maintain managed care clinical, fiscal, operational and programmatic compliance

Managed Care Services: An Overview

DHS is known as a safety net organization because health care services are provided primarily to people who are uninsured or have low-incomes. Within this larger organizational structure, Managed Care Services (MCS) functions as a Managed Service Organization (MSO). As an MSO, we oversee administration, delivery and reimbursement of managed care services for DHS. Our MSO function offers DHS facilities a significant level of autonomy while providing system-wide administrative infrastructure to directly impact healthcare access, utilization, efficiency, quality, and cost.

MCS' work is incredibly important during this era of healthcare reform. The 2010 Patient Protection and Affordable Care Act (ACA) increased the number of insured patients, created a centralized marketplace for consumers to buy lower cost healthcare, and mandated quality standards for all health plans.

To help DHS stay competitive in this new market, MCS works diligently to:

- Retain current safety net patients
- Attract newly insured patients
- Generate needed revenue to safeguard the safety net and ensure continuous high-quality care for all patients

Administrative Staff

Tangerine Brigham, M.P.P.
Deputy Director, Managed Care Services

MCS Management

(From top row, left to right)

Business Development
Lindsey Angelats, Director
Lucy Cruz-Nakamura, Payer Contracting Manager

Finance Services
Rogers Moody, Finance Services Director
Rowena M. Roxas, CPC, MPA,
Claims Management Manager

Human Resources & Facilities Support
Rosemarie Lugo, Manager

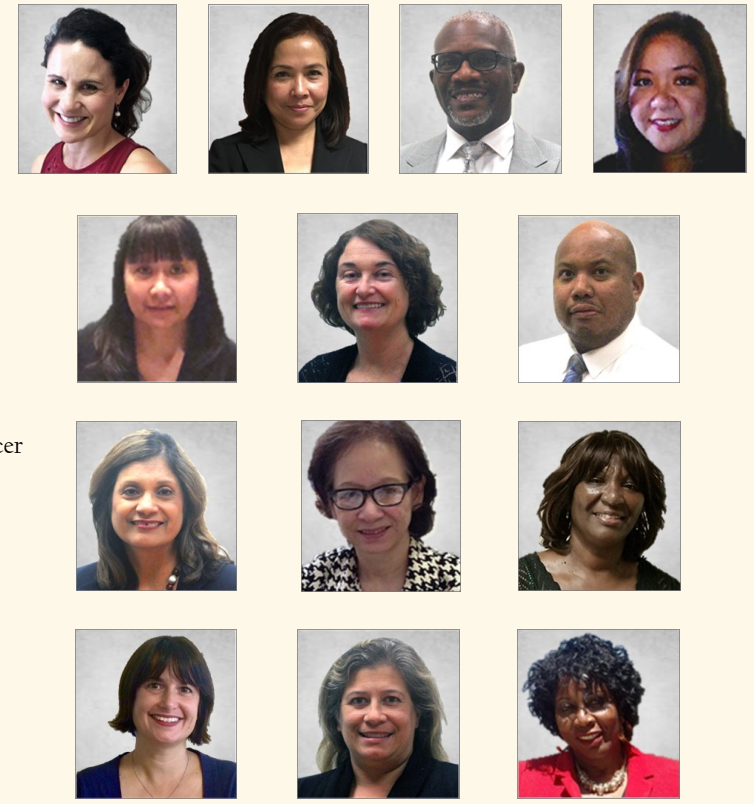
Managed Care Information Technology
Lauren Simmons, Chief Information Officer

Medical Management
Peter Balingit, MD, FACP, Interim Chief Medical Officer
Diana G. Vasquez, RN, JD, Quality Management & Clinical Compliance Director
Nancy Pe Quilino,
Provider Network Support & Operations Director
Pamela Ricks-Hawkins, RN, BSN,
Utilization Management Director

My Health LA
Amy Luftig Viste, Program Director

Patient Relations & Referrals
Dawn Flores, Director

Member Services
Charlotte Piggee, Director



Special Projects & Accomplishments

Business Development

- Unit fully staffed with leadership in contracting, business analytics, and communications & marketing functions
- Contract implementation playbook developed to fully prepare DHS staff (finance, operations, clinical) to serve new patient populations
- Fully negotiated Medicare Part D Stand-Alone Prescription Drug Plan contracts with EnvisionsRX Plus, Humana and OptumRX, allowing DHS to bill and be paid for prescriptions drugs dispensed at DHS outpatient pharmacies
- Fully negotiated revenue contracts with payers (e.g., Cigna, Health Care L.A., Health Net, Heritage) to ensure timely contract renewals and establish new business relationships that provide DHS with additional revenue streams
- Launched first ever commercial fee-for-service agreement with Anthem Blue Cross to provide Los Angeles County Mega-Flex employees and their dependents access to select specialty services at DHS facilities. Conducted trainings at various facilities, reaching 176 staff, with 93% of attendees reporting increased knowledge about contract

Managed Care Information Technology

- Completed solicitation for new managed care core system
- Enhanced House Staff Re-Empanelment tool based on user feedback. Successfully re-empaneled over 18,000 patients in time for 2016-17 residence term

My Health LA (MHLA)

- Implemented largest health access program for the residually uninsured in the United States. A web-based application intake, eligibility determination and system of record for the program is used
- Enrolled 144,040 individuals into the MHLA program
- Successfully prepared for the addition of Substance Abuse Treatment Services to the MHLA program
- Successfully prepared seven MHLA agencies to launch "Pharmacy Phase II," an expanded retail pharmacy network for MHLA participants
- Successfully prepared for the transition of 10,000 children under the age of 19 from MHLA to full scope Medi-Cal before the May 1, 2016 implementation of the enabling legislation SB 75, known as Medi-Cal for All

Patient Relations & Referrals

- Implemented several Member Services' special projects to support DHS goals of patient satisfaction and retention
- Enhanced ASC inbound Call Center provision to quickly respond to patient and provider calls for appointments

Medical Management

Provider Network

- Coordinated managed care certification of Harbor-UCLA and LAC+USC Women's Health Clinics as PCMH
- Included more mid-level staff as Primary Care Physicians (PCP) to increase capacity for managed care patient assignment
- Conducted managed care grievance training and disseminated grievance trend reports

Utilization Management

- Processed over 1,400 requests for medically necessary services not available at DHS or geographically inaccessible, including liver, heart, lung and bone marrow transplant evaluations, pain management, maternal-fetal medicine and complex pediatric specialty care
- Established an intake unit to triage referrals and inpatient admissions for DHS managed care patients to MLK Jr. Community Hospital
- Coordinated follow-up appointments with DHS medical homes for managed care patients admitted to non-DHS hospitals
- Transferred over 220 patients to DHS hospitals for medically complex inpatient care and improved care coordination

Credentialing/Special Projects

- Obtained fully delegated (approved) status for DHS Medi-Cal managed care capitated lines of business with Health Net and L.A. Care
- Coordinated credentialing activities for DHS physicians to provide complex medical services for patients under new fee-for-service contracts with health plans (i.e. Anthem Blue Cross and Molina Healthcare) and Healthcare L.A. IPA
- Developed the Surgical Navigation Access Program (SNAP) to coordinate elective surgical services for patients at impacted DHS surgical sites to other network facilities with greater capacity. Coordinated over 100 cases, eliminating excessive surgery wait times at impacted sites

Quality Management

- Conducted focused Dental Service Reviews (DSR) at Community Partner dental sites with ten or more deficiencies identified during their previous year's annual audit, improving contractual performance by 72%
- Collected quarterly spore testing reports from Community Partner dental clinics to ensure proper function of all sterilization devices used to serve MHLA patients
- Wrote a Women's Health Strategy work plan to improve prenatal/postpartum patient retention and continuity of care, increase encounter data and improve performance compliance
- Hired a full-time Health Educator to ensure DHS compliance with health education, cultural and linguistic requirements (e.g. oversight of translation and interpretation vendor contracts, health plan training mandates)

Office of Nursing Affairs (ONA)

The ONA provides strategic direction and support to nursing services at the four DHS facilities and to our alliances and partners.
ONA oversees the following nursing programs: Education Compliance Unit; Recruitment and Retention; Tutoring and Mentoring; Michael D. Antonovich Scholarship; Nurse Relocation Allowance; Central Education Unit; Healthcare Workforce Development Program; Diversity and Cultural Competency and the College of Nursing and Allied Health.

Administrative Staff

Vivian Branchick, MS, RN
Director
Nursing Affairs

DHS recognizes our nurses for their professionalism, commitment, dedication, and hard work during its annual Nurse Recognition Week. Each year in May, coinciding with Florence Nightingale's birthday, nurses honor one of their peers as an Outstanding Nurse of the Year. The ONA takes a lead role in organizing the Los Angeles County-Wide Outstanding Nurse Program, overseen by Los Angeles County Nurse Recognition Steering Committee. This process is standardized throughout the County and evaluation is based on their excellence in clinical performance, patient advocacy, leadership, role modeling, teamwork, education, community service, and professional development.

Fiscal Year 2015-2016 Special Projects and Accomplishments

- Implemented the second year of the standardized nurse staffing model for patient care areas with mandated AB 394 nurse to patient ratios; continued to work with facility nursing leadership to increase recruitment efforts and reduce nursing registry utilization

- Implemented the Internal Registry Program at the three remaining DHS facilities after successful implementation at LAC+USC Medical Center; the goal is to supplement staffing with internal registry pool of nurses and reduce our reliance on contract labor

- Collaborated with leadership in implementing the Health Resources and Services Administration (HRSA) grant on Inter-collaborative Practice Model. The goal is to support the development of a sustainable inter-professional collaborative practice environment in the primary care clinics. The model was implemented at two Primary Care Medical Homes

- Collaborated with LA Care Health Plan for a grant to implement a centralized Nurse Advice Line in Primary Care Clinics

- Developed a Central Education Unit with the goal of providing standardized education and training for DHS nursing workforce

Participated in Foster Youth Day in collaboration with the Department of Child and Family Services to provide foster youths interested in nursing the opportunities to shadow nursing leaders

The Los Angeles County BOS proclaimed May 1st through 7th, 2016 as the 33rd Annual Los Angeles County Nurse Recognition Week. On May 10, 2016, the Los Angeles County BOS presented 14 scrolls to outstanding nurses from the following County departments; DHS, DPH, DMH,, Fire Department, Sheriff's Department and DCFS.

2016 LA County Outstanding Nurses

LaQuita Whiteside, RN	Harbor-UCLA Medical Center
Dia Vinod, RN	LAC+USC Medical Center
Nesi Napod, RN	Olive View-UCLA Medical Center
Carletta Henderson, RN	Ambulatory Care Network
Pamelah Cania, BSN, RN	Rancho Los Amigos
Loyola M. Gallardo, PHN, RN	California Children's Service, DPH
Shirley Gorospe Garcia, BSN, RN	Mental Health
Shirley Aparicio, RN	Office of Managed Care
Angela Gabrielle Millan, BSN, RN	Glendale Public Health Center
Jacqueline Rifenburg, RN	Emergency Medical Services Agency
Nancy Alvarez, RN	Fire Department
Donnelyn A. Matthews, RN	Central Juvenile Hall
Jennifer Smith, MSN, PHN, RN	Children and Family Services
Lester J. Juarez, RN	Twin Towers Correctional Facility Sheriff's Department

Nurse Recruitment

To support the integration of Mental Health, Public Health, and Correctional Health with DHS, we selected the first ever LA County Nurse of the Year. The honor went to Lester J. Juarez, RN, from the Sheriff's Department.

During Nurse Recognition Week, the ONA offers a County-wide nursing seminar to provide Continuing Education (CE) for County nurses. This years' seminar focused on Women's Health Programs and Innovations. Dr. Erin Saleeby, Director, Women's Health, LADHS, discussed Issues and Interventions. Dannelle Pietersz, NP, MSN, MPH, Family Planning Program Manager, LADHS, presented on 'What's Her Reproductive Life Preference?' and Dr. Susie Baldwin, MD, MPH, STD Controller, Division of HIV and STD Programs, LADPH presented on 'Improving our Response to Human Trafficking Victims in the Health Care Setting.' Additionally, a group of nurses from the LAC+USC shared their Nursing Innovation Program, 'CQI Teams & Interprofessional Collaborative Practice Environment in the Primary Care Setting.' A total of 230 nurses attended the seminar.

HILDA L. SOLIS
FIRST DISTRICT

Health Services
Influenza Vaccination Excellence Award

Patient Safety & Clinical Risk Reduction

The Patient Safety and Clinical Risk Reduction program provides leadership and oversight for patient safety and clinical risk management activities across the Department's system of hospitals and clinics.

Mission Statement: Our mission is to facilitate DHS in its pursuit of high quality and safe patient care.

Core Values: Trust, Patient Centeredness, Collaboration, Transparency, Integrity, Expertise, Adaptability

Patient Safety

Patient safety is not just a goal but is an organizational culture that all DHS workforce members should understand and embrace. We are working to build and maintain a "Safe and Just Culture" through guidance and training on the application of Safe and Just Culture concepts, so that workforce members feel safe and empowered to identify issues that may endanger patient safety and help work to fix them. We also sponsor the annual DHS Patient Safety Conference and Awards Ceremony, a two day event which highlights facility and staff dedication to patient safety efforts and invites world renowned experts to speak on recent trends and initiatives in patient safety. Our program also manages the DHS Patient Safety Committee which is responsible for: assessing the current patient safety climate, implementing system-wide improvements to address areas of potential concern, ensuring pursuit of The Joint Commission's National Patient Safety Goals, and, providing a system-wide curriculum for patient safety education.

Clinical Risk Reduction

Clinical risk reduction occurs as the natural outgrowth of patient safety activities. However two committees, the Executive Peer Review Committee and the DHS Risk Managers Committee, target areas of actual or potential vulnerability and develop improvement plans to address the identified vulnerabilities. Improvement plans are designed to reduce the frequency and severity of adverse events in terms of human injury and financial loss, and identify opportunities for preventing these adverse events from happening again. Safe and Just Culture concepts are built into the assessment plans allowing for a standardized response to personnel behaviors. Aggregate analysis of assessment plans also lead to system-wide improvements in patient safety. Clinical Risk Reduction also strives to quickly respond to patient complaints and claim allegations through a standardized electronic complaints database and by supporting DHS facilities in candid and transparent communication with patients and early resolution of potential claims when appropriate.

Administrative Staff

Arun Patel, MD, JD, MBe
Director
Patient Safety, Risk Management, Privacy and Compliance

Deon Hall, RN, BSN
Liz Augusta, RN, MSN
Mary Ayrapetyan
Evelyn Szeto, CLS
Marife Mendoza, RN, MBA-HCM
Nancy Lefcourt, RN, MSN
Olivia Lo
Gwen Dupree Pitman

Special Projects & Accomplishments

Patient Safety

- Coordinated two day patient safety conference for 225 DHS staff
- Developed Safe & Just Culture algorithm and educational materials
- Implemented standardized 'time-out' tools for the operative and non-operative settings
- Implemented NEWS tool for early recognition of patient decompensation
- Participated in LA County 'Prescription Drug Abuse Task Force' to create a toolkit for the safe prescribing of pain medication in Emergency Departments

Risk Management

- Oversaw management of over 120 claims and adverse events
- Reviewed over 100 improvement plans for system-wide application
- 84% Reduction in aggregate malpractice settlement amount over prior year
- Initiated system-wide improvements related to PCA pump standardization and RFID technology in the Operating Room
- Installed system-wide complaints management database
- Reviewed over 16,000 event reports
- Continued efforts in adverse event related disclosure, apology and early resolution

Special Projects

- Implemented department-wide complaints tracking software and policy.

2016/2017 Objectives

- Formal proactive risk-assessment at facilities
- Launch department-wide re-education and implementation of Safe & Just Culture
- Implementation of system-wide risk management database
- Standardized executive patient safety briefings

Pharmacy Affairs

The LAC DHS Pharmacy Affairs is a system-based department focused on promoting and optimizing the use of medications throughout the system's multiple sites of care. Proactive unified formulary management, centralized pharmaceutical purchasing, development of standardized system policies, medication safety/automation standardization +and tracking of medication use data are coordinated to optimize the use of pharmaceutical resources in a manner that promotes safe, evidence-based and cost-effective outcomes. Managed care medication management and prior authorization reviews are centrally coordinated in collaboration with medical leadership, and are focused on maximizing patient outcomes.

Medication therapy is often the most effective tool to manage chronic and acute diseases. DHS Pharmacy Affairs collaborates with multiple system teams to support and promote the use of safe and effective therapy for our patients.

Administrative Staff

Amy Gutierrez, PharmD
Chief Pharmacy Officer

Sarah Brody, Pharm.D.

Jeffrey Melnick, Pharm.D.

Tony Chou, Pharm.D.

David Odabashyan , Pharm.D.,

Andrea Wang, Pharm.D.
Clinical Pharmacists

Shane D'Souza, Pharm.D.
Pharmacy Chief, Pharmacy Procurement, and Data Analytics

Nadrine Balady-Bouziane, Pharm.D.
Pharmacy Chief, Ambulatory Care

Kevin Vu, Pharm.D.,
Supervisor, Formulary Management and Specialty Pharmaceuticals

Sam Lee, Pharm.D.,
Supervisor, Pharmacy Procurement

Ketan Patell, Pharm.D.,
Supervisor, Medication Safety/Pharmacy Automation

Christine Ke, Data Analytics

Cheryl Ariate, Data Analytics

Andrea Poblete, Data Analytics

Special Projects & Accomplishments

- Increase expansion in the DHS pharmacy mail service program occurred through our offsite central fill prescription process. This central fill high volume automation pharmacy processes over 15,000 prescriptions per week. Over 1000 prescriptions per week are mailed out to DHS patients, a 250% increase over the previous fiscal year.
- DHS processed pharmaceutical manufacturer patient assistance program applications valued at over $5.6 million during 2015-16, a 50% increase over the previous fiscal year, providing critical medication access to uninsured patients
- Establishment of an outpatient pharmacy dashboard that tracks pharmacy performance across all 18 outpatient pharmacy locations
- Establishment of direct patient care pharmacist providers at several DHS ambulatory care sites

2016/2017 Objectives

- Ongoing improvement in customer-focused outpatient pharmacy performance metrics with a focus on increase in access
- Expansion of pharmacy mail service program and central fill pharmacy processing to facilitate access
- Expansion of pharmacist provider role in ambulatory care settings
- Development of a centralized outpatient pharmacy call center focused on patient interventions with automated performance tracking

Planning and Data Analytics

The Office of Planning and Data Analytics helps guide key decision making in the DHS and the Health Agency. We evaluate a wide range of healthcare programs, policies, procedures and departmental operations. Our goal is to support DHS' mission to "ensure access to high-quality, patient-centered and cost-effective healthcare" by using data to lead the way. We also collaborate with and deliver research and analysis to other LAC departments and external stakeholders.

Irene Dyer, M.S., M.P.H.
Director

Toki Sadralodabai, PhD
Chief of Analytical Services

Office of Planning and Data Analytics Staff

Alma Vazquez, BS
Senior Geographic Info Systems Analyst

Annie Luong
Secretary

Arturo Caballero
Assistant Staff Analyst

Cindy Lou Cantu, MA
Research Analyst

Guili Zheng, PhD
Research Analyst

Joan Chen, MPH
Senior Staff Analyst

Jorge Garcia, MPH
Staff Analyst

Kimberly Brown, MSW
Research Analyst

Lisa Greenwell, PhD
Research Analyst

Michael Lim, MPH
Epidemiologist

Vichuda Matthews, DrPH
Epidemiologist

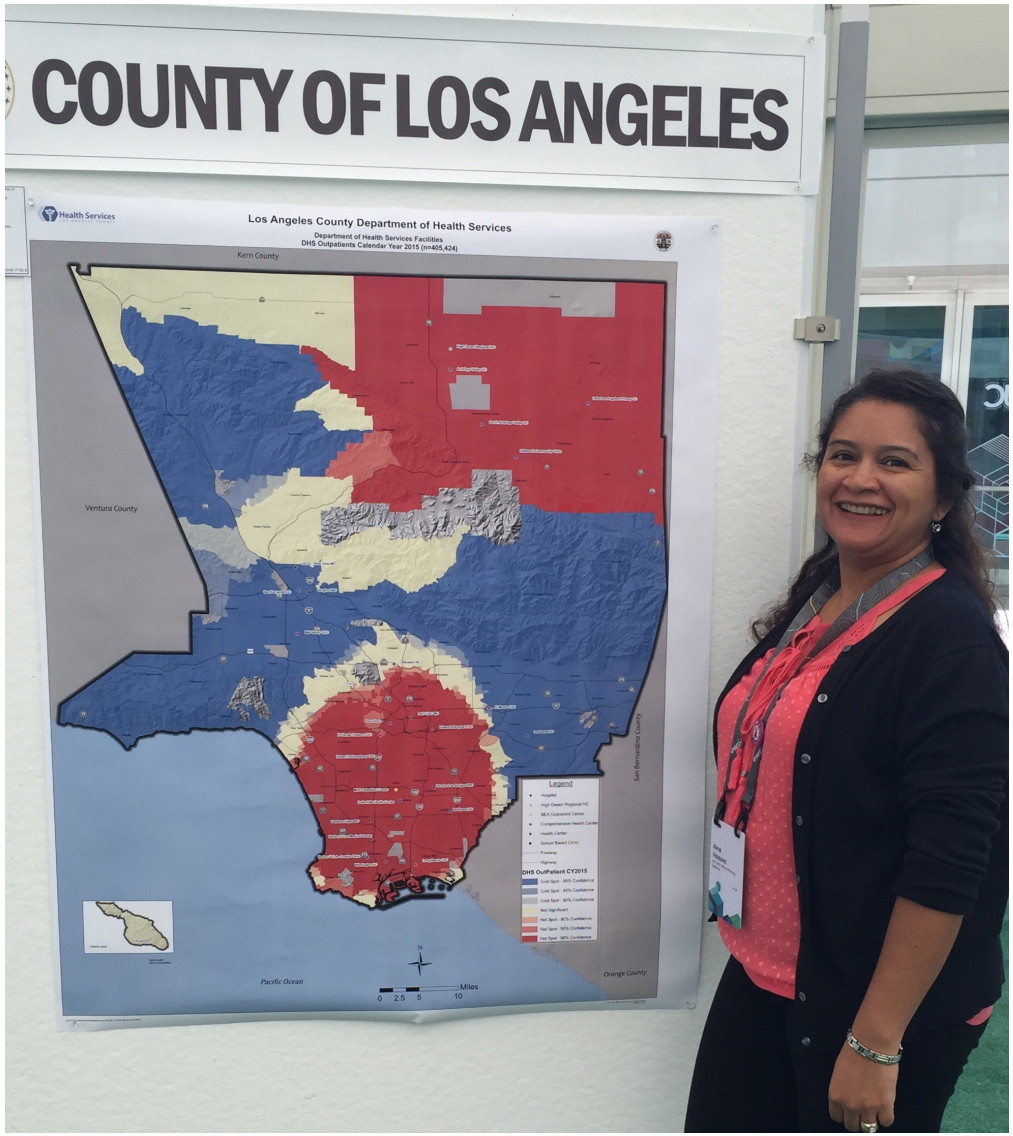
Yuwen Yue, MPH
Research Analyst

Data Governance and Use

- **Data Governance:** The process of organizing and managing data quality and consistency is continuing across DHS. The Data Governance Steering Committee continues to work on standardizing data elements as well as guiding Data Stewards' effort in the process of identifying and monitoring data elements that are essential to clinical and operational needs.
- **Data Use:** Data Use Steering Committee oversees the prioritization of ORCHID report development as well as the management of analytic and report writing resources for all DHS electronic data systems.

Collaborations

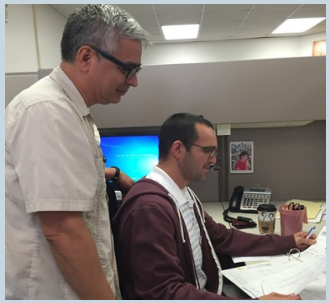
- **DSRIP and PRIME:** Calculating the population-focused improvement indicators as well as completing the DSRIP reports through coordination with other offices
- **HEDIS:** Providing required data for DHS Managed Care population to Health Plans
- **Care Connections Program:** Providing utilization data on the empaneled patients who are deemed to be "high risk"
- **Research collaborations with university partners:** Providing data sets for research studies
- **Strong Start Program:** Processing of participants' intake data, construction of variables and reporting data to a national evaluator on a quarterly basis



CEDAR
COMPREHENSIVE ENTERPRISE DATA & ANALYTICS REPOSITORY

- The mission of CEDAR project (formerly known as EPDR) is to provide the data infrastructure that enables DHS to provide higher quality care to more people at lower cost.
- Phase 2 will enable internal and external reporting for 1115 Waiver (PRIME), HEDIS, managed care, outpatient productivity, and medication management. In addition, DHS staff will be able to access key dashboards for these areas. This phase is slated for completion in early 2017.

2016/2017 Objectives



- To successfully complete the addition of clinical and managed care data (Phase 2) to CEDAR and produce dashboards
- Establish a Business Intelligence Competency Center (BICC) to support user-friendly data analytics and reporting capability (throughout the Health Agency)
- Facilitate collaboration among the LAC Health Agency DHS, DMH and DPH on data sharing initiatives

Privacy and Compliance Programs

DHS Privacy Office

Directs the strategic development, planning, implementation and maintenance of the enterprise-wide privacy compliance program, work-force member training, development of applicable policies and procedures, conducts investigations, audits and supports the DHS facilities in identifying and mitigating privacy breaches. The DHS Privacy Officer and the Departmental Security Compliance team work collaboratively to provide DHS executive management guidance in the design and implementation of an integrated infrastructure that supports patient care while ensuring compliance with the Health Insurance Portability and Accountability Act (HIPAA) and other relevant Federal and State laws.

DHS Compliance Office

Oversees the strategic development and planning of the system-wide Compliance Program including workforce member training, developing and maintaining the Code of Conduct and applicable policies. The Compliance Program also develops risk assessments, coordinates reviews and audits to prevent fraud, waste and abuse and provides guidance to the facility Compliance Officers and other managers. The Compliance Program collaborates with the Audit and Investigation Division in the development of fraud related investigation and audit plans. The Compliance Committee oversees the Program, provides guidance regarding policy development, annual workplans, and serves on various workgroups.

Administrative Staff

Arun Patel, MD, JD, MBe
Director
Patient Safety, Risk Management, Privacy and Compliance

Jennifer Papp, RD, CHPC

Rob Ulrich, CHC

Martha Cortez, Privacy Analyst

2016/2017 Goals and Objectives

- Develop and implement an enterprise-wide HIPAA/privacy risk evaluation tool with the DHS Facility Privacy Coordinators to assess facility/program compliance with privacy regulations.
- Promote personal responsibility and behaviors through focused training to ensure the confidentiality, privacy, security and integrity of patient information.
- Develop a Compliance Risk Analysis tool to minimize risks by developing an audit plan for review and approval by the Compliance Committee and other DHS management.
- Lead the revision of the Conflict of Interest policy.
- Lead the revision of the Outside Employment policy.

Special Projects & Accomplishments

Privacy

- Sustained a 94% training compliance with new hire and ongoing HIPAA/Privacy and Security training.
- Implemented Annual HIPAA/Privacy and Security Awareness workforce member training. Increased training compliance by 15% within the first month of implementation.
- Re-designed the enterprise-wide HIPAA/privacy incident and breach management process.
- Conducted HIPAA Privacy Rule audit of DHS facility compliance with the Notice of Privacy regulations.
- The DHS Privacy Officer successfully passed the certification exam and is now Certified in Healthcare Privacy Compliance (CHPC).

Compliance

- Provided senior management with recommended corrective actions to improve DHS operations and compliance with laws and DHS policies.
- Updated the Code of Conduct in collaboration with the DHS Compliance Committee. The revised content will guide staff regarding personal behaviors, professional expectations, and includes an overview of significant policies. It will be distributed electronically in August 2016.
- Created a new Compliance Awareness Training in collaboration with Training/Operational Development to provide a walkthrough of the Code of Conduct to orient new and transferring workforce members.
- Compliance developed a new Sanction Screening policy to ensure the Department follows federal and State defined best practices prior to onboarding new staff, and monthly thereafter. This will prevent the hiring, retaining, or contracting with individuals or entities who have been excluded by federal or State actions.
- Compliance invited the Compliance Committee members to attended two conferences to expand their awareness of current developments regarding Compliance and Privacy regulations and consequences for non-compliance.
- The Compliance Officer successfully passed the certification exam and is now Certified in Healthcare Compliance (CHC).

SHEILA KUEHL
THIRD DISTRICT

Risk Management

Mission Statement: To support the delivery of high-quality, patient-centered, cost effective health care to LA County residents through delivery of value based (non-clinical) risk mitigation initiatives. The Risk Management Division supports the aforementioned mission through:

- Industrial injury (workers' compensation) management
- Facilitation of enterprise return to work initiatives for industrial and non-industrial matters in compliance with ADA and FEHA requirements
- Government tort claim and litigation management for non-medical malpractice matters
- Professional occupational safety, asbestos, industrial hygiene, and environmental compliance services

Risk Management works directly with DHS facilities to provide said shared services and also worked on enterprise projects related to 1) hospital workplace violence prevention; 2) safe and just culture; and 3) continued support related to hazardous material response and abatement.

Return To Work (RTW)

The RTW Unit supports enterprise management of industrial accidents, medical leaves of absence in excess of six months and reasonable accommodations.

Notable Statistics:

- Completion of 1,615 interactive process meetings in accordance with Fair Employment and Housing Act requirements
- Assisted Employee Health Services with the triaging of all physical clearances in which medical restrictions/limitations were identified
- Managed 1,017 temporary and 38 permanent accommodations based upon medical restrictions/limitations

Further, RTW staff made significant progress with periodic triaging of significant LOA cases with the assistance of County Counsel, and Occupational Health programs to facilitate the return of injured/ill workers to meaningful COLA assignments or in the alternative to assist (when appropriate) with medical separation pursuant to 9.08 (c).

Administrative Staff

Arun Patel, MD, JD, MBe
Director
Patient Safety, Risk Management, Privacy and Compliance

Edgar Soto, MBA, CSP
Risk Manager, Health Services

Michelle Merino
Return to Work Manager

Chi Fong, MSChE, CSP
Health, Safety & Env. Manager

Karen White, JD
Claims & Litigation Manager

Health, Safety & Environmental Unit Accomplishments

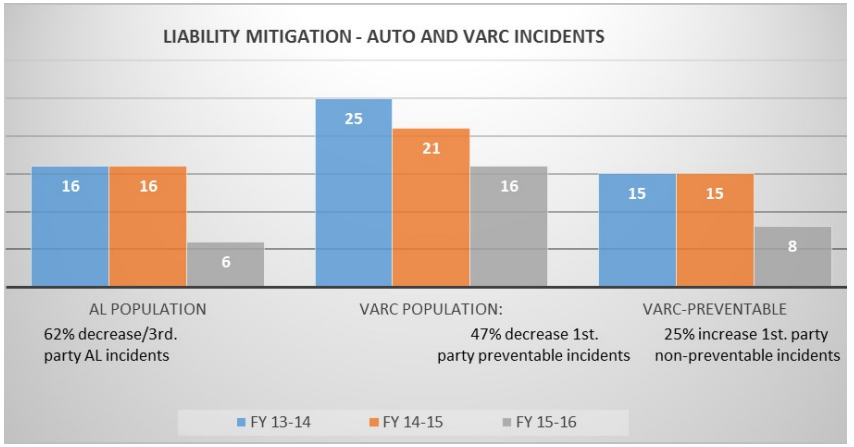
- Completed ergonomic evaluations for 211 DHS employees, saving approximately $100,000 in direct costs related to hiring outside consultants, and offsetting an estimated $3M in future workers' compensations expenses and legal liabilities
- Acquired surplus ergonomics equipment internally and from another County Department for redistribution—including 30 chairs—to meet employees' ergonomic needs, saving over $10,000 in costs to purchase new equipment
- Performed 19 timely industrial hygiene assessments and studies to address facilities' and employees concerns resulting in a minimum of $20,000 savings for outside consultant fees
- Assisted 2 DHS sites in regulatory required report submission for hazardous materials via the web-based California Environmental Reporting System
- Provide consultation to 3 DHS Acute Care Hospitals in their efforts to comply with The Joint Commission's Environment of Care standards and their upcoming accreditation or Intracycle Monitoring surveys
- Coordinated the development of a DHS-wide pharmaceutical hazardous waste list

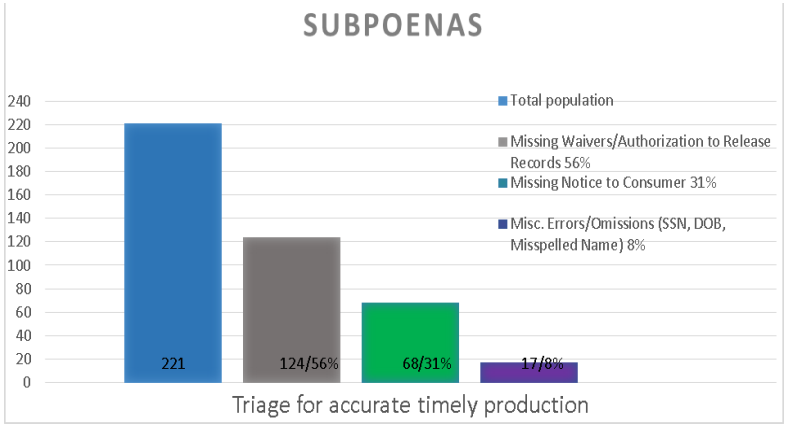
The Claims and Litigation Management (CALM) Unit

Central RM remains committed to cost reduction and comprehensive loss control measures through remedial and proactive efforts. The following initiatives show fiscal year over year progress FY 2015 – 2016:

CALM implemented the Motor Vehicle Safety and Defensive Driving Training three years ago and the proof is in the numbers!

- 62% decrease in 3rd party auto liability
- 47% decrease in 1st party preventable incidents
- 100% successful triaging and production/response to received subpoenas





Specialty Care Improvement Initiative

Leveraging Innovative Tools to Improve Patient Care

- Our Specialty-Primary Care (SPC) Workgroups continue to have significant impact on many DHS-wide patient care improvement efforts. Our SPC workgroups have been instrumental in the development and roll out of ORCHID, eConsult, Expected Practices and now the PRIME program (Medi-Cal 2020 Waiver). Providers in 30 SPC workgroups meet to design innovative care models, standardize practices and address the constantly changing clinical care environment in Los Angeles County.

- The DHS Clinical Care Library now houses over 160 Expected Practices. Expected Practices are documents developed by the SPC workgroups that articulate a DHS—wide approach to delivering health care that is of high quality, patient centered and cost effective. Expected practices are in use in all areas of the DHS Network, including our Community Partner/My Health LA Organizations. As of September 2016, Expected Practices have been downloaded over 20,000 times!

Los Angeles County Health Agency and the Specialty Care Improvement Initiative

Key organizations in the Health Agency have participated in highly valuable ways in SPC Workgroups, Development of Expected Practices and the delivery of coordinated services through eConsult.

Participants have included:

Department of Public Health

Department of Mental Health

Los Angeles County Sheriff's Medical Services Bureau

Juvenile Courts Health Services

Department of Health Services

Some highlights of these collaborations are eConsult portals for Zika Virus, Tuberculosis Control, Mental Health and Substance Abuse Prevention and Control.

eConsult—In 2015-16, our eConsult system facilitated over 16,000 new eConsult requests each month in over 60 specialty services including recently added radiology and advanced diagnostic services for our Community Partners. There are now over 4,000 participating primary and specialty care providers and 500 specialist reviewers using the system. We are pleased to report an average 3.0 day specialist response turnaround time to requests for specialty care assistance.

Administrative Staff

Paul T. Giboney, M.D.
Director,
Specialty Care and PRIME

Stanley Dea, M.D.
DHS Director of eConsult

Specialty Care Initiative

Team Members

Chris Barragan

Nancy Cayasso-McIntosh, MPH

Gary Garcia, MPH

Danny Johnson, MBA

Monica Soni, MD

Evelyn Szeto, BS

Supply Chain Operations

Supply Chain Operations provides Purchasing, Warehouse Operations, Invoice Processing, Clinical Value Analysis, Supply Chain Analytics, and IT support throughout DHS.

Special Projects

Clinical Value Analysis

The newly formed Hospital Value Analysis Committee (HVAC) is already gaining a tremendous amount of traction on clinician vetted standardization of medical supplies and commodities. The facility based teams are reviewing new product requests and emerging technology to continually keep DHS at the forefront of quality patient care. The coordination of clinical trial, product evaluations, standardized best practices and department wide communication is unifying our clinical leaders and providing valuable fact-based product and supplier strategy information to clinical teams fostering better understanding and support of the standardized products.

Technology

The HMMS to eCAPS/GHX conversion project has been approved to move forward after being on hold for a brief period. A project team of functional experts, lead by a DHS IT Director and a dedicated conversion Project Manager, was assembled to assist with conversion preparation, data readiness, training, and on-site support for each facility as they prepare to go live. The successful Juvenile Court Health Services conversion to eCAPS in March of 2016 went smoothly as a result of execution efforts from the new eCAPS Implementation Team. RLANRC is slated for the next facility to come up on eCAPS and GHX in September of 2016. Harbor-UCLA, MLK Outpatient Center, and LAC+USC are planned to be completed within the next two years.

Data Quality

In an effort to support clean, uniform data for eCAPS/GHX, ORCHID, itemized billing, and improved reporting capabilities, the SCO Item Master Team, led by a clinical nurse, has been applying new uniform data standards to medical supplies and commodities in ORCHID and GHX. Additionally, obsolete items are being purged, duplicate items are being removed and items description are being updated based on the new uniform data quality standards. The bulk of the data standards work will be completed by early next year and the maintenance will be on-going.

Upcoming Projects

Vendor Credentialing

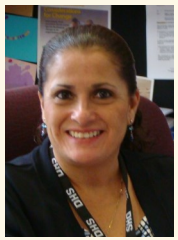
We will be implementing a new vendor credentialing service in the acute care facilities in 2016. Vendors will be required to check-in at kiosks located throughout the facilities and print out a disposable identification badge that verifies they have completed their HIPAA, health clearance and background check requirements.
Non-County Workforce members will not be impacted, they will remain in the EHS system and continue to have DHS badges and access rights.

Operations

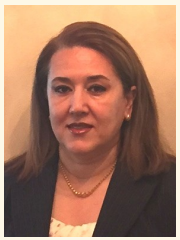
Jail Medical Services Bureau, soon to be known as Integrated Correctional Health Services, will be supported by DHS. Supply Chain will take over procurement and warehousing operations for all seven Correctional Facilities located throughout Los Angeles County. In preparing for this new opportunity, Supply Chain Clinical, Analytical, and IT leaders have visited each correctional facility to understand the unique needs, as well as, the distinctions that make providing healthcare services in a custody situation different than what we are accustomed to at DHS. The transition is estimated to begin fall/winter of 2016.

Administrative Staff

Gary McMann, FACHE
Chief
Supply Chain Network



Teresa Castaneda
Assistant Chief,
Supply Chain
Operations



Mojgan Bashiri, RN,
MSN, MHA
Administrator
Clinical Analytics

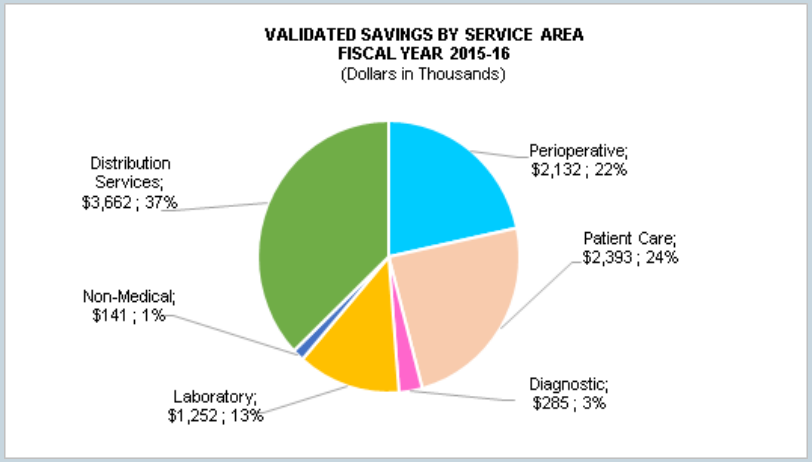
Validated Cost Savings

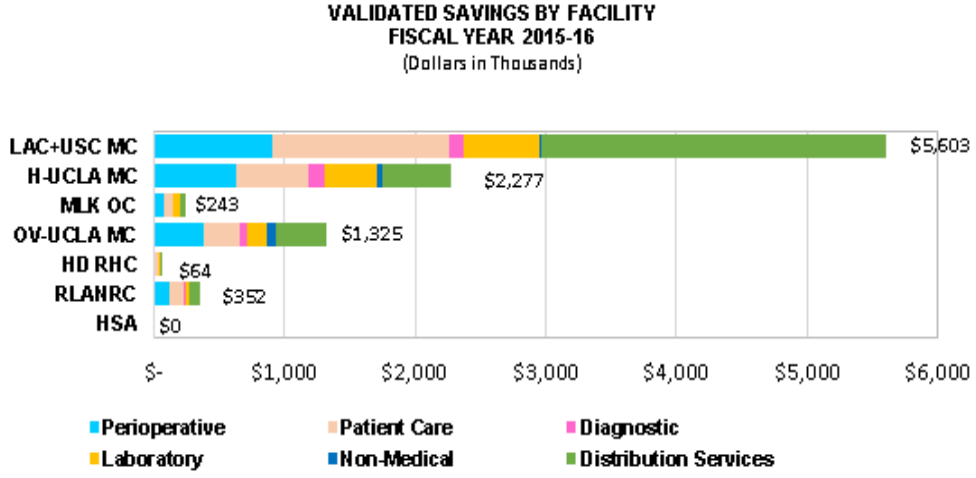
Fiscal year 2015-16 yielded the largest savings since the onset of the program!

Annual cost savings are achieved due to the collaborative efforts of the Directors of Value Analysis, Value Analysis Sub Committees, Hospital Value Analysis Committees, Supply Chain Analytics, Supply Chain Operations Procurement/Warehouse staff and clinicians who aid in adopting the new lower cost supply offerings. Together we work closely to ensure the product categories with the most cost savings potential are analyzed, contracted and converted in a timely manner. Then actual savings are tracked and validated against usage.

The total validated cost savings for fiscal year 2015-16 is $9.9 million. This figure is a combination of incremental savings from the current fiscal year, as well as, savings accrued from past years that still provide savings through the remainder of the contract.

The following graphs identify the validated cost savings for FY 15-16 by service area and by facility.





Teleretinal Diabetic Retinopathy Screening Program

Diabetic retinopathy remains the leading cause of blindness in our LAC DHS patient population, but the Teleretinal Diabetic Retinopathy Screening Program has made great strides in increasing diabetic retinopathy (DR) screening rates since implementation in 2014. This program has placed retinal cameras in primary care/diabetes clinics across DHS to screen patients via retinal photographs, eliminating the need for a separate visit to an eye care provider for those with normal images and allowing those with more advanced disease to be triaged directly to treatment/subspecialty clinics. This has resulted in an increase in the DHS diabetic retinopathy screening rate by 15% in 2015.

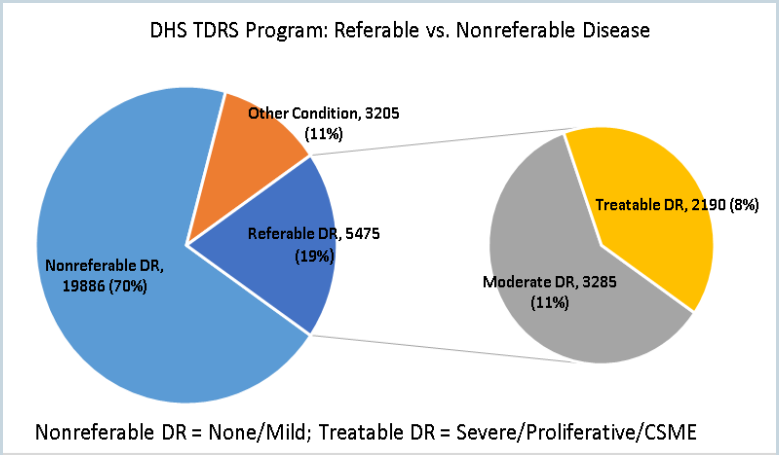
Administrative Staff

Lauren Patty Daskivich, M.D., M.S.H.S.
Director
Ophthalmological Services
and Eye Health Programs

Elizabeth Southern, C.M.A.
TDRS Program Coordinator

Special Projects & Accomplishments

- Expanded the number of retinal cameras and added one additional site. We now have 17 retinal cameras and are imaging patients at 15 DHS facilities
- Trained and certified 53 photographers in taking retinal images and utilizing our web-based DR screening software platform, while 10 primary readers and 3 supervisory readers across DHS interpret the images and make referral recommendations
- With the Ophthalmology Specialty Primary Care Workgroup, created an Expected Practice for Diabetic Retinopathy Screening
- Streamlined the imaging and referral process
- As of June 2016, 28,566 patients have been screened. Of these, 19,886 (70%) did not need a referral to eye clinic, 5475 (19%) required a referral for diabetic retinopathy, and 3205 (11%) were referred for other eye conditions picked up in the screening process

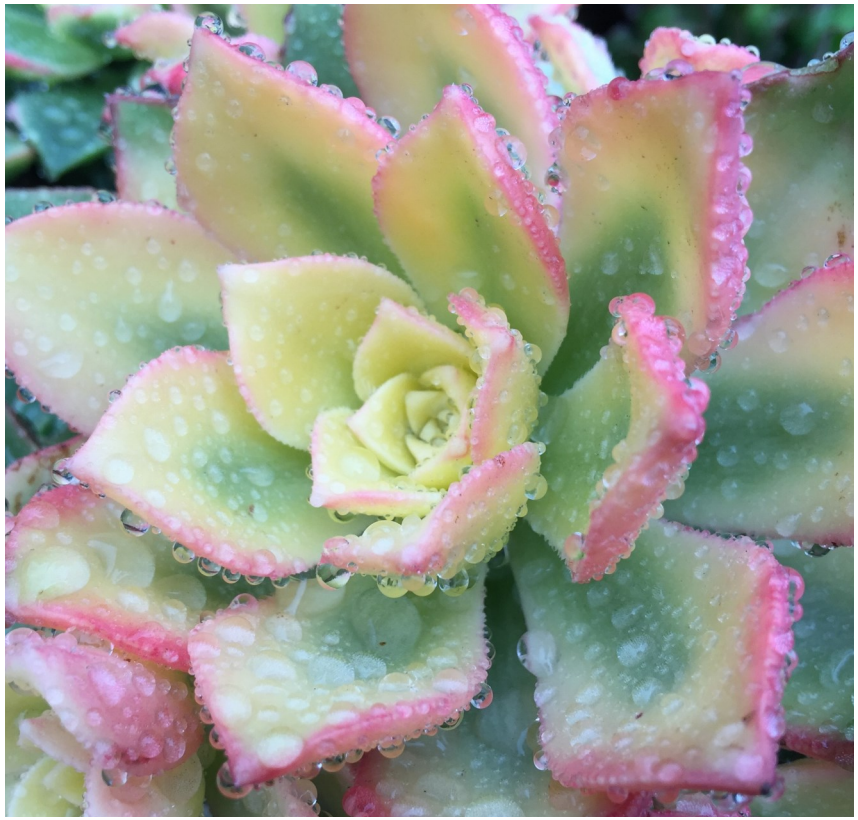


2016/2017 Objectives

- Integrate screening software with ORCHID and eConsult for smoother results delivery and scheduling of follow-up appointments
- Improve access through standardized ORCHID schedules for teleretinal DR screening across all sites
- Partner with DHS facilities to increase outreach and screening volume
- Implement workflows to increase access for Community Partner PCPs

Heritage of Excellence

Teleretinal Diabetic Retinopathy Screening at LAC received a special merit plaque award from the Productivity and Quality Awards Commission. This award recognizes meritorious accomplishments of special programs that have successfully fulfilled departmental and County objectives.



Women's Health Programs & Innovation (WHPI)

The Women's Health Programs and Innovation (WHPI) team works across the DHS Enterprise to ensure our patients have access to high-quality comprehensive women's health care throughout the life course. WHPI works with partners throughout the Health Agency as we expand access to innovative care through programs like our prenatal collaborative care with the DMH and our expanded access to opt-out HIV testing with DPH. Beyond the Health Agency, WHPI engages community-based organizations throughout Los Angeles to provide an integrated and individualized care plan to aid our clients in achieving the best health outcomes possible.

Administrative Staff

Erin Saleeby, MD. MPH
Director
Women's Health
Program and Innovation

Innovations in Prenatal Care

MAMAs Neighborhood: Maternity Assessment, Management, Access and Service (MAMAs) synergy is a prenatal care program that utilizes evidence-based strategies to comprehensively assess clients' strengths and needs at the beginning of pregnancy and develop an individualized care plan to optimize outcomes. In using a risk stratified and team-based approach, MAMAs aligns resources to meet the medical, behavioral and social needs of the population in this important time of family life. MAMAs works with community-based partners to round out the medical care for mothers meeting their psychosocial needs during the perinatal period through a Neighborhood Network of Care. This Network of Care provides support services that address mothers' needs in the areas of food/nutrition scarcity, alcohol and substance use, housing instability, lack of education, mental health and resiliency and family and social support. To date, MAMAs has enrolled over 3000 pregnant mothers since the program began with the assistance of the clinical and care coordinator staff.
The health education classes provided by MAMA's Neighborhood aim to provide relevant prenatal education for expecting moms and their partners or coaches grounded in a framework of resiliency. The prenatal curriculum includes the following topics:

- Nutrition and pregnancy
- Prenatal yoga
- Breastfeeding
- Childbirth and hospital policies, including a maternity tour
- Comfort techniques
- Postpartum care for mom
- Postpartum care for baby

Prenatal resiliency classes are taught once a week, for 8 consecutive weeks. The class is 2.5 hours long, dividing time equally between a prenatal topic (listed above) and a lesson in resiliency. The resiliency curriculum is an evidenced based cognitive behavior therapy model created by several community partners to address low mood, depression and anxiety during pregnancy. The curriculum gives women and their partners/coaches the skills to recognize low mood and strategies to use in order to lessen it in duration, or eradicate it altogether for a healthier pregnancy. One participant commented on the resiliency portion of the class, "It helped me to be aware of my mood and have control over it."

Another key component of the MAMA's Neighborhood Program are the Collaborative Care meetings. MAMA's has implemented the steps of this core model as defined by the AIMS Center, University of Washington, Psychiatry and Behavioral Sciences.
MAMA's Neighborhood offers a new way of providing medical and psychological services to patients. This takes place through Collaborative Care meetings; where primary care and behavioral health providers have defined care team roles, focus on an algorithm of care pathways in which patients are treated with evidenced-based practices, with outcomes followed and analyzed.

This team of professionals work together to ensure that our high risk level prenatal/postpartum patients (medical with high depression and anxiety scores) receive the holistic care needed, with no patient missed by any gaps in services. Primary care and behavioral health providers collaborate effectively by developing shared care plans that revolve around patient goals.

Innovations in Sexual and Reproductive Health

WHPI oversees the provision of high-quality sexual and reproductive health services in our outpatient clinics including: contraceptive services, pregnancy testing, pelvic exams, screening for STDs and HIV, basic infertility services, social services, health education classes and screening for breast & cervical cancer. WHPI staff provides ongoing clinical and nursing staff development to guarantee quality family planning services as well as STD screening and treatment to its population.

In 2015 WHPI was awarded $140,975 additional funds for the targeted area of East Los Angeles (ELA) in response to the Office of Populations Affairs Announcement of Anticipated Availability of Funds for Family Planning Services. This funding is specific to the expansion of access to family planning services in East Los Angeles communities concentrated in Service Planning Area (SPA) 7. The purpose of these funds is to extend medical services and health education and outreach to the Title X eligible clients with an emphasis on adolescents and young adults. The focus of services is to meet the unmet sexual and reproductive health needs of this targeted community, to reduce unintended pregnancy and sexually transmitted disease and increase preventive reproductive health practices. LAC+USC MC Women's Clinic and Roybal CHC were selected as our ELA clinics.

The WHPI federal Family Planning and HIV Integration Grant continued to thrive in 2015. Through the grant, DHS has worked with the DPH Division of HIV and STD Programs (DHSP) to implement HIV opt-out rapid testing services in three Women's Health clinics; Hubert H. Humphrey CHC, Claude Hudson CHC and Harbor-UCLA N28 Women's Clinic (N28).

We have also made efforts to make sure there is no wrong door for sensitive services related to women health. For those patients who are able to and chose to come to DHS for these specific out-of-network services, we have worked with Patient Access to write the Sensitive Services section of the PRW manual so that patients are not turned away when are services are needed the most. We have done several trainings with PRW staff across DHS on providing sensitive services.

2015/2016 Accomplishments:

- 11,654 clients received Family Planning services throughout the DHS network
- An additional 10 staff received advanced training through the Family planning Health Worker course
- 9 trainings on Reproductive Life Plan for ORCHID Nursing Intake and Sexual History provided to 650 staff from High Desert to Torrance
- 3,651 clients received an opt-out HIV test in one of our 3 clinics for an increase of 72%
- 18 Sexual and Reproductive Health related in-services and trainings conducted

WHPI applied for and received a grant from the Kaiser Community Benefits Foundation in partnership with the California Family Health Council and the Worker Education and Resource Center to provide workforce development and skills enhancement training in sexual and reproductive health for the Community Health Workers, Medical Assistants, Nursing and Health Education staff in the Primary Care clinics. This will be the first time at DHS that there will be an integration of contraception, STI and preconception health content in the core curriculum for staff. This grant will help meet the needs of women and families who are more likely to visit their primary care provider than a Women's Health specialty clinic.

Workforce Development Program

Administrative Staff

Vivian Branchick, MS, RN
Director
Nursing Affairs

Diane Factor
Director

Healthcare Workforce Support System Change

The County's Health Care Workforce Development Program (HCWDP), is operated by the non-profit Worker Education & Resource Center (WERC). WERC has a dynamic team of curriculum developers and instructors who collaborate closely with key DHS initiatives. Innovative culture change efforts include:

- Improving patient financial services for the newly covered MediCal patients. Given all the changes since the success of the Affordable Care Act and the new workflows dictated by the implementation of ORCHID – the electronic health record system, patients are learning how to connect to their medical home, and efficiently obtain specialty and hospital services. WERC developed curricula and provided close to 600 employees the nuts and bolts of the new systems, including the overarching concepts to be able to support both the patients and the transformation going on within DHS.

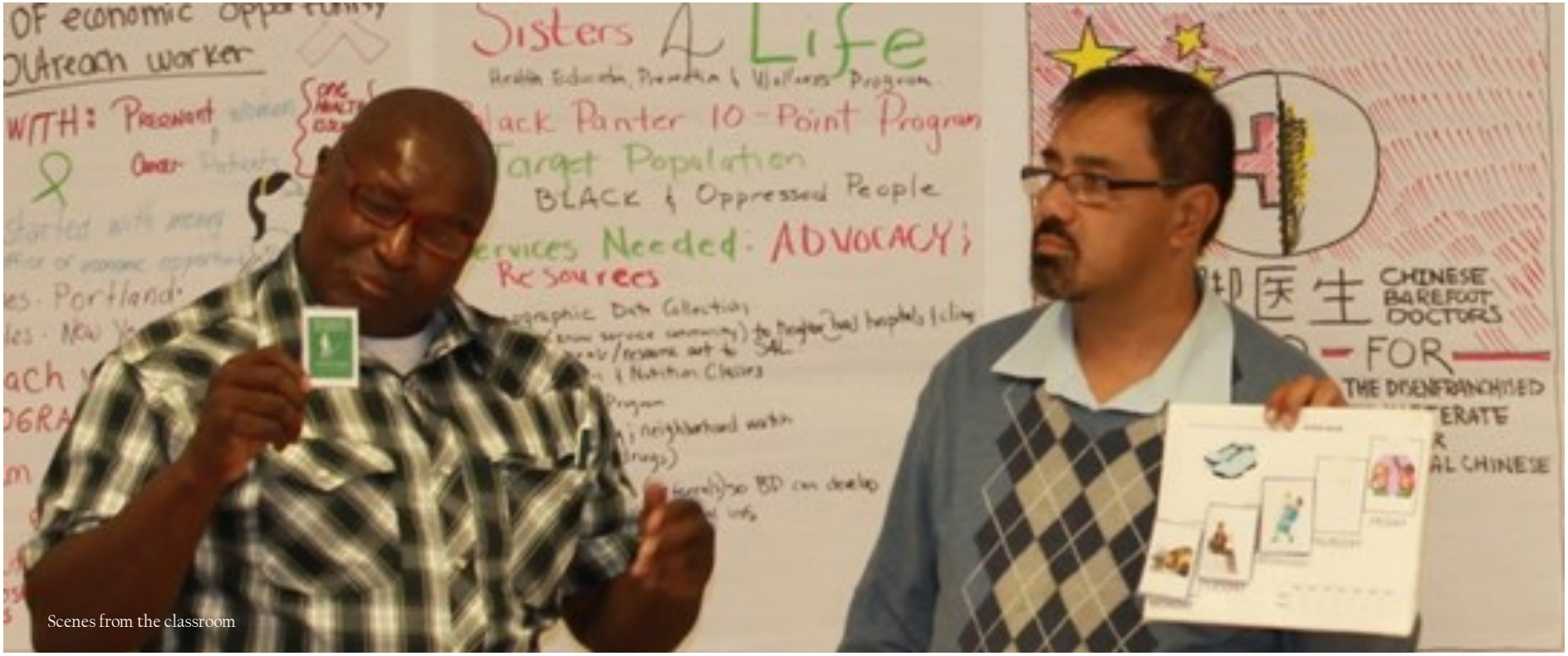
- Designed educational programs to support the Labor Management Transformation Council. The Council enlists non-profit WERC to develop and implement critical educational workshops and programs. In 2015-16 WERC instructors trained close to 6,500 DHS employees in how to improve the patient experience by building listening, empathizing, and other communication skills. WERC provided a companion workshop for supervisors which builds coaching and constructive feedback skills.

- Developed workshops to train facility-based labor and management committees to be effective. In addition WERC trained frontline English speaking staff with basic vocational Spanish language skills to better serve monolingual Spanish speaking patients.

All of these workshops and training efforts are aligned to the overall goal of culture change to a team-based, culturally sensitive healthcare service delivery.

WERC continues to support workforce development by providing monthly continuing education to the first group of 25 Community Health Workers who are located on Patient Centered Medical teams in outpatient care. WERC is assisting in the recruitment and core competency training for a second cohort of Community Health Workers who will expand their services to work with complex patients as they re-enter the community after incarceration.

First Community Health Worker Training Program



Scenes from the classroom

Labor Management Transformation Council

Department of Health Services
Fiscal Overview
Fiscal Year 2015-2016 Actual

Administrative Staff

Allan Wecker
Chief Financial Officer

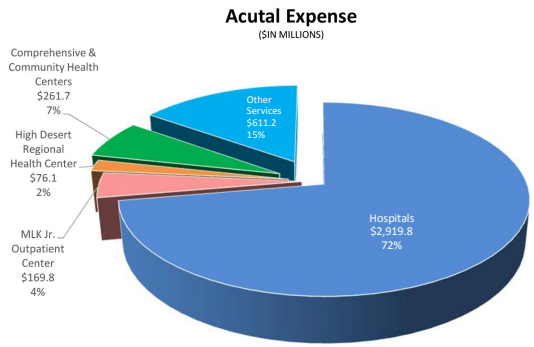
Hitomi Rice
Interim Associate Financial Officer

Arthur Bernal
Chief Financial Manger

Mela Guerrero
Controller

Manal Dudar
Fiscal Services Expenditure Manager

Lily-Win Nagaoka
Financial Systems Chief



COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

FISCAL OVERVIEW

FISCAL YEAR 2015-16

($ IN MILLIONS)

	ACTUAL					
		Ambulatory Care				
	Hospitals [a]	MLK Jr. Outpatient Center	High Desert Regional Health Center	Comprehensive & Community Health Centers	Other Services [b]	Total Department
Salaries and Employee Benefits	$ 1,764.7	$ 75.0	$ 42.3	$ 172.4	$ 252.1	$ 2,306.5
Services, Supplies, & Other Expenses [c]	1,155.1	94.8	33.8	89.3	359.1	1,732.1
Total Expenses	2,919.8	169.8	76.1	261.7	611.2	4,038.6
Medi-Cal Inpatient	394.5	-	-	-	-	394.5
GPP	323.9	50.5	3.7	55.9	62.1	496.1
PRIME	114.0	-	-	-	45.0	159.0
Managed Care - Base	364.4	53.2	5.8	121.6	0.8	545.9
Managed Care - Supplemental	296.9	19.3	2.3	27.3	0.3	346.0
Mental Health	55.0	1.2	-	0.0	(0.0)	56.2
Whole-Person Care	-	-	-	-	-	-
Medi-Cal Outpatient	75.2	-	0.0	0.0	0.0	75.3
Medi-Cal CBRC	113.3	16.2	10.2	22.8	1.1	163.5
Medi-Cal SB 1732	3.0	-	-	-	-	3.0
Hospital Provider Fee	41.1	-	-	-	-	41.1
Federal & State - Other	8.2	0.1	0.0	1.2	16.7	26.2
OCD - Other	19.6	5.0	0.7	2.6	262.2	290.1
Other	289.9	20.0	22.2	92.5	(75.3)	349.3
Self-Pay	7.4	0.3	0.1	0.7	0.0	8.5
ORCHID Incentive Payments	16.8	0.4	0.0	1.0	-	18.3
Medicare	165.0	0.2	0.0	0.3	(0.0)	165.5
Insurance	61.8	0.0	0.0	0.2	(0.0)	62.0
IHSS	18.0	4.0	1.6	108.6	11.8	143.9
AB 85 Redirection	-	-	-	-	(135.1)	(135.1)
Total Revenues	2,368.0	170.2	46.6	434.8	189.6	3,209.2
Funding from County	$ 551.8	$ (0.4)	$ 29.5	$ (173.1)	$ 421.6	$ 829.4

Beginning DHS Designation Balance	$ 350.5
Change	56.5
Ending DHS Designation Balance	$ 407.0

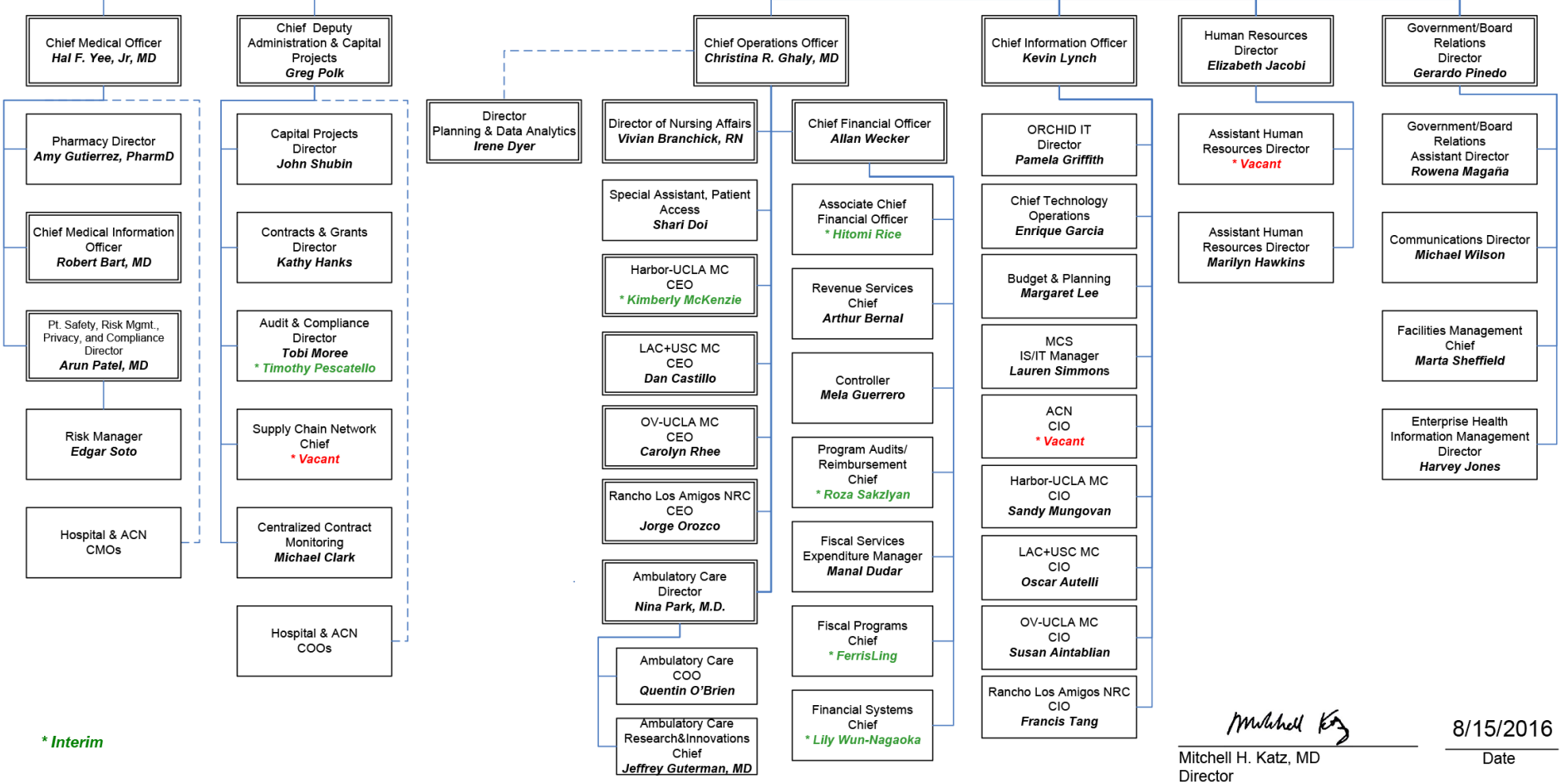
(a) Includes LAC+USC Medical Center, Harbor-UCLA Medical Center, Olive View-UCLA Medical Center, and Rancho Los Amigos National Rehabilitation Center.

(b) Includes Juvenile Court Health Services, Managed Care Services, Online Real-time Centralized Health Information Database, Emergency Medical Services, and other administrative services.

(c) Expenses and revenues are net of intergovernmental transfers and associated revenues for Public Hospital Redesign and Incentives in Medi-Cal, Medi-Cal Managed Care for the Seniors and Persons with Disabilities population, and the Managed Care Rate Supplements.

18
17
16
15
14
13
12
EXIT
20
DONATE LIFE
I support organ, eye and tissue donation
SecureShredding
STOP

DEPARTMENT OF HEALTH SERVICES
Organizational Chart



* Interim

Mitchell H. Katz, MD
Director

8/15/2016
Date

For inquiries regarding this publication please contact the
Office of Government Affairs & Communications

Gerardo Pinedo, Editor
Lisa Finkelstein, Co-Editor
Robin T. Young, Graphic Designer & Illustrator

313 N Figueroa Street, Room 912
Los Angeles, CA 90012
(213) 240-8104
(213) 240-7988

The *Encelia californica*, commonly known as the California Brittlebrush, is a flowering plant which can be found particularly along the coast between Santa Barbara and San Diego. It has been considered and proposed as the official flower of Los Angeles County for its extended bloom period and indigenous nature. We are pleased to have the *Encelia californica* grace the cover of the 2015-2016 DHS Annual Report continuing its rich and strong presence which has been quietly preserved in Los Angeles County.

Special thanks to Frank McDonough, Los Angeles County Arboretum & Botanic Garden Botanical Information Consultant,
Ramiro L. Lopez, Los Angeles Department of Water & Power Gardener Caretaker,
and the keepers of our gardens and landscapes of Los Angeles in the research and development of the artwork for this year's Annual Report.

This publication was designed in house by County employees utilizing existing resources.
Illustrations were hand drawn by Robin T. Young.

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

Health Services
LOS ANGELES COUNTY