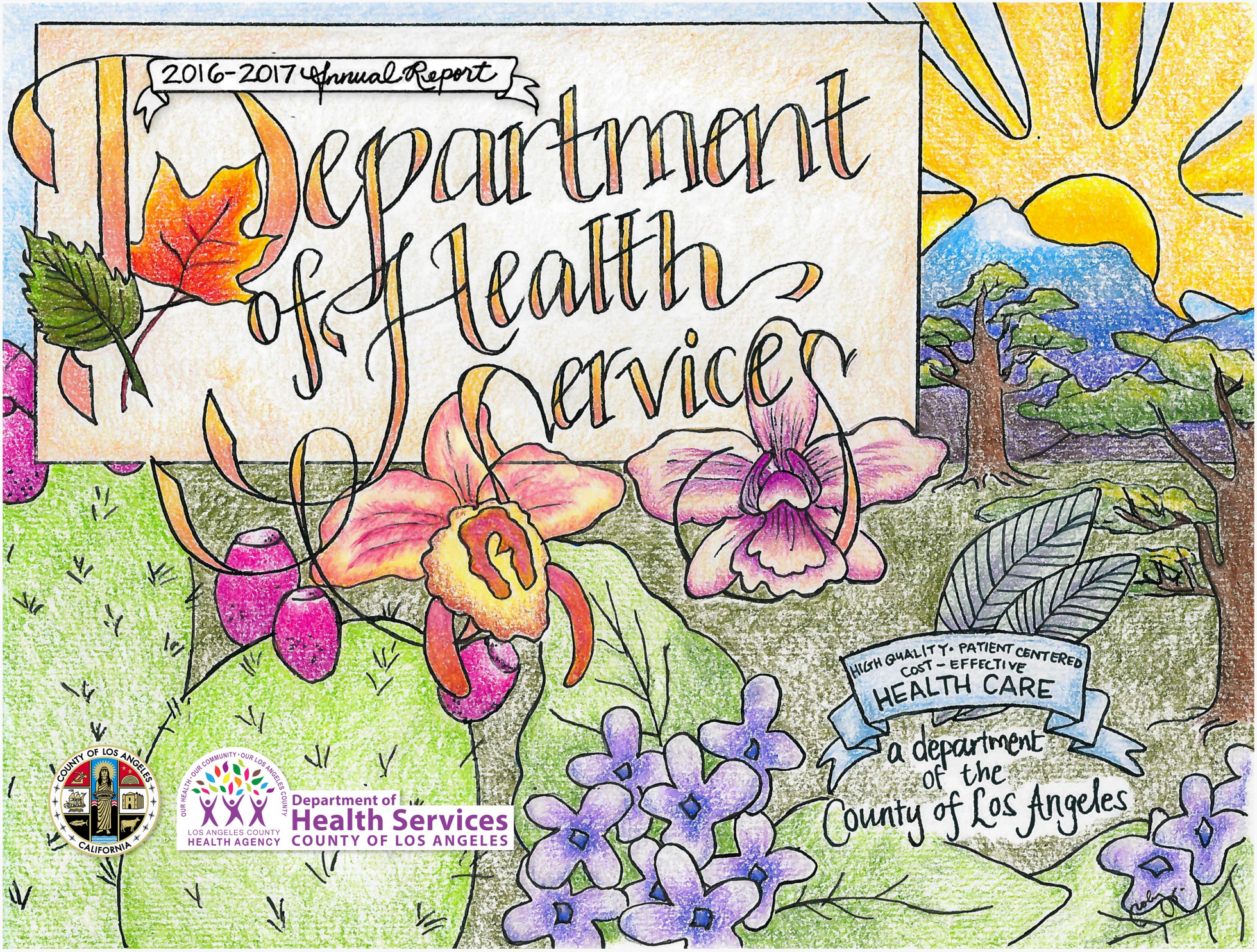
2016-2017 Annual Report

Department of Health Services



HIGH QUALITY • PATIENT CENTERED
COST – EFFECTIVE
HEALTH CARE

a department of the County of Los Angeles

COUNTY OF LOS ANGELES · CALIFORNIA

OUR HEALTH · OUR COMMUNITY · OUR LOS ANGELES COUNTY
LOS ANGELES COUNTY HEALTH AGENCY

Department of Health Services
COUNTY OF LOS ANGELES

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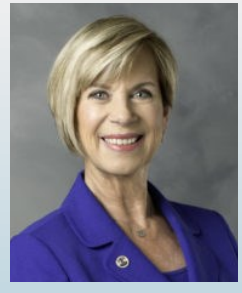
Mark Ridley-Thomas
Second District

Sheila Kuehl
Third District



Janice Hahn
Fourth District

Kathryn Barger
Fifth District

Sachi A. Hamai, Chief Executive Officer

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

Christina R. Ghaly, M.D., Acting 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

I am pleased to present to you DHS' 2016-17 Annual Report. What a tremendous year! As you read through each section, you'll see numerous examples of how we have collectively continued to transform our hospitals and health centers into a high quality, cost-effective, and patient-centered health care system for the 500,000 patients we serve each year.

Our Health Agency Director and previous DHS Director, Dr. Mitch Katz, brought all of us together and helped to establish and bring to reality a vision of DHS serving as an integrated system of choice for our patients as they gained insurance coverage and the ability to choose their providers under the Affordable Care Act.

With very strong support from our Board of Supervisors and County CEO, our DHS workforce members have built success upon success, including:

- The successful diversion of 1,400 patients to rehabilitative medical and supportive services;
- Housing for Health's placement of more than 4,000 individuals and the provision of more than 3,000 rental subsidies;
- A comprehensive specialty care referral system in which we have successfully completed over 700,000 eConsults;
- A broadening and deepening of our primary care-based health system and a successful transition;
- The achievement of nearly 100% of our PRIME targets which brings much needed revenue into our system while simultaneously shaping our health care delivery practices for excellent patient care;
- In partnership with the Sheriff's Department, jail medical services has been transitioned to our Department, allowing for streamlined processes and improved health outcomes.
- Continued development and implementation of our information technology systems which help us to better serve our patients. Our annual report cover art this year proudly features the icons representing our IT successes, including CACTUS, CEDAR, ELM, LILAC, MAPLE, and our overall electronic health record system, ORCHID.

Our relationships with labor organizations, community clinics, and our university affiliates continue to be central to the success of our mission to provide excellent health care throughout the County of Los Angeles. We are grateful for these partnerships and the improved work environment and patient outcomes that they facilitate.

Of note, our Labor Management Partnership has led the roll-out of the Health Agency's "Just Culture" initiative, and helps with uniting managers and frontline staff around shared aims of improved communication and customer service so that we can ensure both staff and patients have a positive experience within DHS.

As you can see throughout this report, we are very fortunate to have a highly talented and skilled workforce that is deeply committed to continuing our system transformation. I hope you will enjoy reading the stories and viewing the photographs throughout this report which call attention to the great work performed every day by the men and women of DHS. Thank you for your proud commitment to excellence in public service that this report highlights.

Best wishes to you in the new year.

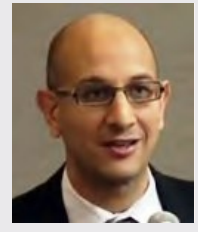
Christina R Ghaly, MD

Los Angeles County
Department of Health Services

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

Christina R. Ghaly, M.D.
Acting Director of Health Services
Chief Operations Officer

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



Mark Ghaly, M.D.
Deputy Director,
Community Health

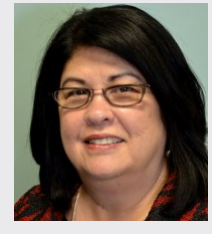
Gregory C. Polk
Chief Deputy,
Adm. and Capital Projects

Gerardo Pinedo, J.D.
Director,
Strategic Operations

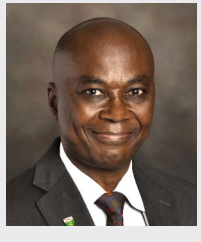
Elizabeth Jacobi, J.D.
Director,
Human Resources

Kevin Lynch
Chief Information Officer

Nina Park, M.D.
Director,
Ambulatory Care

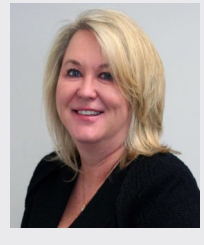


Sue Currin, R.N.
Director Nursing Affairs

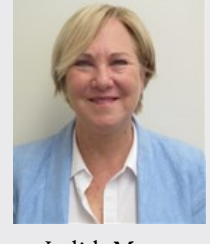


Michael Owens, MD, MPH,
VFACPE, CPE
Interim Director, CMO
Managed Care Services

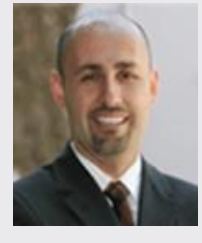
Donna Nagaoka
Interim CEO,
LAC+USC Medical Center



Kimberly McKenzie, RN, M.S.N.,
CPHQ
CEO,
Harbor-UCLA Medical Center



Judith Maass
CEO,
Olive View-UCLA
Medical Center



Jorge Orozco
CEO,
Rancho Los Amigos
National Rehabilitation
Center

Allan Wecker, Chief Financial Officer

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Want to stay healthy? Limit portions to these sizes

Photo courtesy of Jeff Schenkel/La Nueva Voz, Pomona

Ambulatory Care Network

Ambulatory Care Network

Ambulatory Care Network (ACN) clinic sites received the National Committee for Quality Assurance (NCQA) Recognition for their Patient-Centered Medical Homes (PCMHs). NCQA is an independent, non-profit organization that manages numerous voluntary accreditations, certifications and recognition programs of medical groups and health plans. The PCMH Recognition Program is designed to assess whether clinician practices are functioning as medical homes and recognize them for these efforts. The standards emphasize the use of systematic, patient-centered, coordinated care that supports access, communication and patient involvement. To earn recognition, which is valid for three years, these ACN clinics had to demonstrate the ability to meet the program's key elements, embodying characteristics of the medical home.

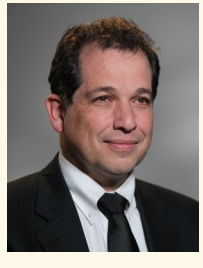
Congratulations to the following ACN facilities:

Antelope Valley Health Center
Bellflower Health Center
El Monte Comprehensive Health Center
Glendale Health Center
High Desert Regional Health Center
H. Claude Hudson Comprehensive Health Center
Humphrey Comprehensive Health Center
Lake Los Angeles Health Center
La Puente Health Center
Littlerock Health Center
Long Beach Comprehensive Health Center
Mid-Valley Comprehensive Health Center
Edward R. Roybal Comprehensive Health Center
San Fernando Health Center
South Valley Health Center
Wilmington Health Center

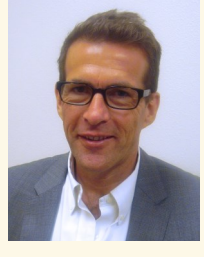
RECOGNIZED NCQA PATIENT-CENTERED MEDICAL HOME

Administrative Staff

Nina Park, M.D.
Chief Executive/Medical Officer



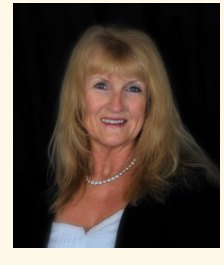
Jeffrey Guterman, M.D.
Chief Research and Innovation



Quentin O'Brien
Chief Operating Officer

Guillermo Diaz, M.D.
Chief Medical Information Officer

Glen Solomon
Chief Information Officer



Candy Smith
Chief Financial Officer

Debra Duran, RN
Chief Nursing Officer

2016/2017 Accomplishments

Employee Relations Initiatives

- Created and conducted monthly new employee trainings.
- Piloted the "Happy or Not" program at Edward R. Roybal Comprehensive Health Center.
- Recognized over 300 staff with the quarterly ACN Employee Recognition Program.
- Created an online ACN employee store.

Informatics

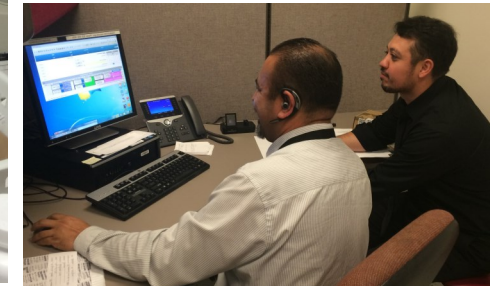
- Assisted with creating the DHS Empanelment Life Management (ELM) system.
- Responsible for data reporting for the NCQA Quality Improvement project.

Nursing

- Filled Nursing Leadership vacancies to complete a team of five Nursing Lead Directors that serve all ACN facilities.
- Created the Nursing Professional Practice Committee responsible for reviewing, revising and developing standardized ACN nursing policies, procedures and standards of care.

Operations

- Installed a New Voice Over Internet Protocol (VOIP) telephone system at ACN facilities.
- Installed new heating, ventilation and air conditioning (HVAC) units at San Fernando, Humphrey and Long Beach health centers.
- Installed new digital x-ray machines at El Monte, Humphrey and Long Beach health centers.
- Remodeled Humphrey Comprehensive Health Center Adult Medicine clinic.



(Accomplishments cont'd)

Research & Innovation

- DHS Providers received over $650,000 annually in loan repayment for serving in Health Profession Shortage Areas.
- Led the development of primary care protocols to ensure that staff deliver care at the top of their license.

Co-Locations

The Department of Health Services (DHS) ACN collaborated with the Department of Public Health (DPH) to open two new primary care clinics at DPH's Torrance Health Center and Curtis Tucker Health Center in Inglewood.

These co-located sites represent the integration efforts of leadership from both departments working together to achieve a common goal under the Health Agency to increase consumer access and enhance the patient experience.

By utilizing existing DPH infrastructure, the expansion of primary care to geographical areas not presently served by DHS sites allows the department to increase access to patient communities. Additionally, the sites offer patients an opportunity to seek care closer to home or a chance to interact with DHS for the first time.

High Desert

Antelope Valley—Lake Los Angeles—Littlerock—South Valley

Antelope Valley Department of Health Services – Department of Public Health Collaboration

In 2016-17, the DHS ACN and the DPH continued collaborative efforts to improve and expand services at Antelope Valley Health Center (AVHC). The first steps toward establishing a consolidated business office were taken with the temporary relocation of DHS ACN and DPH registration staff while renovations are completed for a new consolidated business office. The consolidated business office will improve efficiency for both departments by providing a customer-friendly single point of registration for all clinics.

Other projects undertaken in 2016-17 included the remodeling of Area 2 by the High Desert Regional Health Center (HDRHC)Facilities Division to enable the expansion of primary care services. Additionally, DPH completed the remodeling of Area 1 to house Immunization, STD and Communicable Disease triage services.

During FY 2017-18 remodeling efforts at AVHC will be completed, breathing new life into the clinic and positioning DHS and DPH to provide services for many years into the future.

Annual Holiday Party for High Desert Homeless Clientele

HDRHC 2016 Holiday Patient Party coined the slogan "Friends are the Family We Choose." Since 2014, High Desert Health System (HDHS) Patient Educators have coordinated a holiday patient party for their homeless patients. The objective is to provide a hot holiday prepared meal where they are lavished with attention and many gifts. Some of the gifts our homeless patients receive are household appliances, DVDs, robes, blankets and gift cards. At the culmination of the event, each patient has the opportunity to select winter clothing. The party and clothing is made available by contributions from the staff and community partners.

Administrative Staff

Beryl Brooks
Administrator

Timothy Moore
Administrator

Ruth Oren, M.D.
Medical Director

Susan Urbanski, RN
Nursing Director

Care Improvement Team Accomplishments High Desert

In partnership with SEIU 721, HDRHC continues to increase the awareness of Care Improvement Teams (CIT) throughout our facilities. This past year, our sponsors, co-leads and many representative group members have attended CIT 101 classes.
By providing information regarding the CIT concepts and goals along with instruction on the basic tools, we have strengthened our knowledge base and support for continuous improvement initiatives.

A new CIT at the HDRHC is Pharmacy. The first improvement effort was to tackle the wait time for patients who chose to wait in-house for medications. In February, the average time was 45 minutes. After reviewing their process, a new flow with a visual control was tested. Using red baskets to identify orders for patients waiting for their medications has improved the wait time. By March, the time was 30 minutes. In May, a patient waited an average of 19 minutes.

HDRHC Labor Management Committee

In August 2017, HDRHC held its first Labor Management Committee (LMC) meeting. The LMC is comprised of representatives from management and line staff. The purpose of the LMC is to work together collaboratively on issues affecting staff from effectively performing their jobs or impacts their quality of life. Several initiatives have been implemented to improve labor-management relations:

- In October 2017, an Employee Benefits Fair was held with representatives from SEIU, DHR, LACERA, Horizons and others. Over 200 employees attended the fair.
- Established a campus wide notification of all County promotional opportunities.
- Established a sub-committee to provide managers with ways to offer helpful recommendations to staff to enhance their ability to promote into higher classifications at HDRCH, other DHS facilities and other County Departments. The first informational session was held late this year.

Ophthalmology Program

With the assistance of a $236,000 grant from the California Community Foundation and Kaiser Foundation Hospitals, along with a $33,000 donation from the HDRHC System Auxiliary, a comprehensive Ophthalmology program was started in June, 2017. The program includes both a new Ophthalmology Clinic and the ability to perform cataract and other Ophthalmologic surgeries at the HDRHC Ambulatory Surgical Center (ASC).
The Kaiser grant funds were used to purchase equipment for both the clinic and the ASC. The Lancaster Kaiser Medical Office donated two examination chairs, with slit lamps and phoropters. The Auxiliary purchased a new Optical Coherence Tomography (OCT) machine for the clinic. Establishing this new service and providing local access to Ophthalmology services was made possible through the generous support of these two partner organizations.
Prior to starting the new clinic, Ophthalmology services at HDRHC were limited to retinal screening for diabetic patients and a limited laser procedure clinic. The new clinic will provide timely access for local comprehensive eye care eliminating the need for patients in the Antelope Valley to travel outside of the area to DHS hospitals for clinic appointments or surgeries.
The new Ophthalmology program is an example of an innovative use of grant funds and donations from partner organizations to acquire capital equipment and confirm DHS' ability to address a critical local need.

Coastal Health Centers

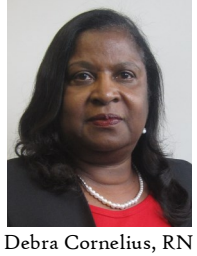
Long Beach, Bellflower, Torrance, & Wilmington Health Centers

Administrative Staff

Jeffrey Barbosa, MD
Director

Alexander Moy, MD
Associate Medical Director

Marion Thornton-White, RN
Nursing Director



Debra Cornelius, RN
Nurse Manager

Thuy Banh
Assistant Administrator

Special Projects & Accomplishments

Coastal Health Centers celebrated many important milestones this past year. On July 1, 2016, Torrance Health Center joined our cluster as one of the first DHS and DPH co-locations. With this partnership, we were able to expand PCMH and primary care services to a larger geographic area and begin leveraging each departments' unique expertise to provide coordinated services to our patients.
This past year, Coastal Health Centers received NCQA recognition for its PCMH program along with other ACN locations. The cluster was proud to receive the Influenza Vaccination Excellence Award for being the DHS facility with the highest influenza vaccination rate (86%) among its employees.
Coastal Health Centers continues to increase overall workload, working to improve workflow and efficiencies and currently provides over 88,000 total patient visits each year. Additionally, Pharmacy has focused on improving customer service excellence and currently has an average 14 minutes prescription processing time, while maintaining high productivity.

Special Projects & Accomplishments (cont'd)

Additionally, Coastal Health Centers focused on infrastructure updates to strengthen technological infrastructure and implemented space planning efforts to maximize patient access and improve the customer experience:

- **Voice-Over-IP (VoIP)** was installed at Long Beach, Bellflower and Wilmington allowing for better phone outreach to patients and improved communication between PCMH team members.
- A new **Digital Radiology Unit** was installed to replace outdated general X-Ray equipment making all radiology equipment at Long Beach digital.
- The **Laboratory** at Bellflower Health Center was relocated to improve workflow and reduce waiting time for patients, improving laboratory services.
- **Clinic equipment upgrades** included new dental chairs and a retinal photo machine.
- **VDI/Imprivata implementation** allowed improvements to provider workflow and decrease wait time for patients by improving sign in and sign out procedures for providers.
- **HVAC system replacement** at Long Beach to improve comfort.
- **Patient education and group visits** at Wilmington Health Center.

Coastal Health Centers continues to strive for high quality, patient-centered services with process improvement efforts to reduce waiting time for patients, improve provider documentation, reduce backlogs and standardize workflows across our four sites. This past year, Long Beach transitioned a new dental clinic provider group to provide more comprehensive dental care. Additionally, the implementation of standardized schedules for eye photo and the Anti-Coagulation clinic allows for better appointment access, decreased wait times and improved customer service.

2017/2018 Objectives

- Patient Centered Medical Home (PCMH) expansion
- Implementation of DHS-wide initiatives including ELM, MAPLE and CEDAR
- Installation of a mammography reading station at Long Beach
- ORCHID and VoIP implementation at Torrance Health Center
- Customer Service/Patient Experience projects
- Improving clinic efficiencies and workload through process improvement
- Standardize warehouse and supply chain processes
- Signage and wayfinding improvement
- Minor procedure clinic for patients

East Los Angeles Health Centers

Edward R. Roybal Comprehensive Health Center

Employee Well-Being Committee

The Employee Well-Being Committee at Edward R. Roybal CHC started this fiscal year with a bang! The first event started with a delightful array of breakfast hors d'oeuvres, extraordinary raffles, employee as well as department recognition including most notably Roybal's Walking Group who bear the motto: Live Healthy, Feel Healthy, Be Healthy!

Steadfast on health and well-being, the committee plans and executes health and well-being events on an ongoing basis throughout the year, with attention to detail and customer satisfaction. Suggestions and comments are frequently requested from the employees and encouraged throughout the year.

Employee and Department recognitions kicked off the celebrations, followed by LA Dodger Raffles, a Thanksgiving Employee Feast and the 2nd Annual Holiday Party, in addition to Super Bowl Smart-TV Raffles, Chinese New Year, Jersey Day, Black History Month, a Valentine Festivity, March Madness, a 5 de Mayo Fiesta and raffles recognizing both Mother's & Father's Day; to name a few.

Most recently the facility launched a new Star of the Week and Star of the Month Employee Recognition Wrist-Band Program. Every nomination equals a wrist-band. Employees who receive a wrist-band join the Star of the Week Squad and have their names announced over the PA system and at the Facilities monthly meeting. The employee with the most wrist bands by month's end is announced over the PA system and at the Facilities monthly meeting, receives a gift card and their very own Star of the Month parking spot for one month.

Administrative Staff

G. Michael Roybal, MD
Medical Director

Crystal Diaz
Assistant Administrator

Jorge Urquizu
Nursing Director

Nurse Pre-Screening Clinic

There is no one size fits all approach in preparing for the clinic day. The primary care visit is becoming more complex for patients and physicians. Recalling the finite details to complete a patient encounter is complicated by the additional requirements to meet new outcome measures required by PRIME, NCQA and HEDIS.

Pre-screening or pre-visits are not new to the healthcare industry. Pre-planning visits have been proven to improve office practices by reducing inefficiencies. At Edward R. Roybal CHC, we adopted this concept with PRIME, NCQA and HEDIS measures in mind.

The Nurse Pre-screening visit project was spearheaded by Dr. Theodore Shu in collaboration with Nursing, Health Information Management and Quality Improvement staff. The project goals are to reduce the no show rate for the Adult Clinics, increase the care team efficiency and meet PRIME, NCQA and HEDIS requirements.

New patients are scheduled with a trained RN for pre-screening before their upcoming appointment with the primary care provider. The RN is allowed to order laboratory, radiology and vaccines following "Standardized Procedures for Orders." These include blood tests, preventive measures and blood pressure check. The nurse also enters the patient history such as allergies, surgeries and medications into ORCHID. If a patient comes in with a history of diabetes, the pertinent results are available by the time the patient sees the provider. The patient and the provider can then forge a treatment plan together.

Prior to the implementation of the Nurse Pre-screen visit, the laboratory, radiology or vaccine orders were usually ordered by the provider at the end of the new patient's visit. Now our facility requires patients to perform these preventive measures prior to their first primary care visit. This saves time for the providers and allows the provider time to become acquainted with the patient.

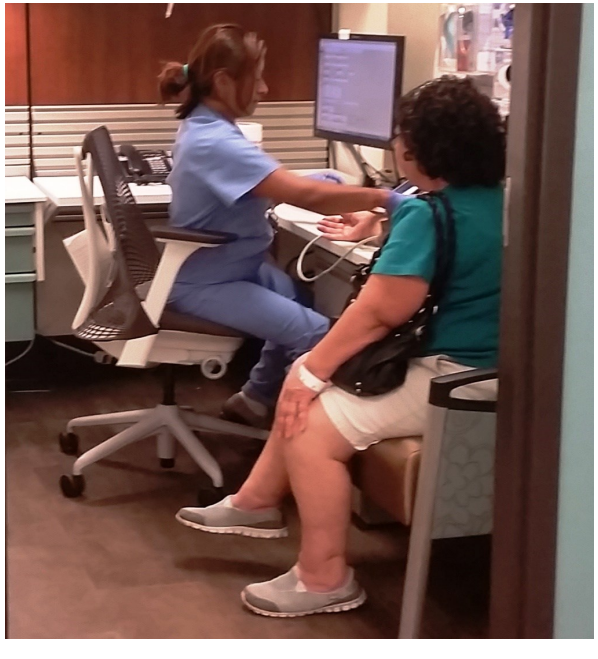
Planning for the Nurse Pre-Screening clinic started in September 2016 and the project began in January 2017. It was piloted in Medicine 2 (Dr. Theodore Shu) and Medicine 3 (Dr. Raul Reyes) clinics. It was rolled out in February 2017 with the rest of the providers in the primary care clinics. Our primary care clinics' average broken appointment (BA) rate was 18% from July 2016 to January 2017. The Nurse Pre-screening visit was rolled out in February 2017 with all the providers. In May of 2017, the BA rate for the providers was reduced to 14.8%. We are waiting for ELM to roll out before we capture the positive effect with PRIME measures.

The overall results of the Nurse Pre-Screen Clinic include:

- Improved communication with patients
- Streamlined scheduling of appointments
- Augmented care team efficiency
- Enhanced patient experience and satisfaction

H. Claude Hudson
Comprehensive Health Center

To strategically align Hudson CHC to meet the ever changing healthcare environment and technological advancements, a new electronic health information system and patient portal was implemented across DHS last year. Patients now have the ability to access certain personal health information through a secure portal via the internet. Last summer, our services were expanded to include the City of Inglewood by opening a primary care clinic at Curtis Tucker HC. For over three decades, Hudson CHC has maintained a passionate commitment for advancing the health and well-being of the patients, families and the community we serve. Hudson CHC is proud to continue its mission to grow and deliver culturally-sensitive, patient-centered, high-quality health care.



Administrative Staff

Michael Mills, M.H.A.
Administrator

Jerri Flowers
Assistant Administrator

Rona Molodow, M.D., J.D.
Medical Director

Shirlisa Johnson, RN, M.S.
Clinical Nursing Director

Special Projects & Accomplishments

NCQA Recognition. The NCQA, founded in 1990, is a private, 501(c)(3) not-for-profit organization designed to improve health care quality. The NCQA quality seal is a widely recognized symbol that represents well-managed organizations, delivering high quality care and service. The initial pathway to achieving NCQA recognition is a rigorous, comprehensive review, followed by annual performance reporting.

The DHS ACN applied for NCQA PCMH recognition in June 2016. In preparation for the ACN sites to meet the NCQA PCMH standards, seven ACN facility Director-led teams worked tirelessly toward maintaining and improving 1) Patient-Centered Access, (2) Team-based Care, (3) Population Health Management, (4) Care Management and Support, (5) Care Coordination and Care Transitions, (6) Performance Measurement and Quality Improvement and (7) Data Reporting.

On December 12, 2016, as a result of the hard work and dedication of ACN leadership, facility Director-led teams, and Hudson CHC staff, the facility was recognized by NCQA as a Level 3 (the highest level of recognition) PCMH.

2017/2018 Objectives

- Optimize the Patient Experience
- Maintain Level 3 NCQA Certification Standards
- Maximize Performance on DHS Prime Objectives
- Renovate Primary Care Clinics
- Expand Patient-Centered Medical Homes
- Meet all Meaningful Use Goals
- Reopen eye clinic at new location

The Good Catch Award. This spring the Hudson CHC Patient Safety Committee created the "The Good Catch Award." This award is given to individuals who demonstrate their commitment to keeping patients safe by "speaking up" to prevent potential harm to a patient. It is because of actions taken every day by dedicated professionals like the "Good Catch Award" honorees that H. Claude Hudson CHC continues to deliver safe care to our patients. On March 21, 2017, the first award was given to Sandra Hudson, PharmD., Pharmacy Chief.

Curtis Tucker Adult Primary Care Clinic. On July 1, 2016, DHS in collaboration with DPH, opened two new primary care clinics: DPH Torrance Health Center Adult Clinic and Curtis Tucker Health Center Adult Clinic in Inglewood, California. These new co-location sites represent the integrated efforts of leadership staff from both Departments working together to achieve a common goal under the Health Agency: increasing consumer access and enhancing the patient experience. By utilizing the existing DPH infrastructure, the expansion of primary care to various geographical areas not presently served by DHS sites has allowed DHS the ability to provide additional access to many communities. This allows patients the opportunity to seek care closer to home or the chance to interact with DHS for the very first time.

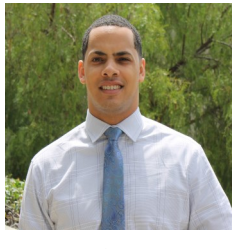
Hubert H. Humphrey
Comprehensive Health Center

Hubert H. Humphrey Comprehensive Health Center (HHHCHC) is proud to earn recognition for our PCMH by the NCQA. This achievement demonstrates our staff's ongoing commitment to providing excellent health care and customer service, working as a team, and striving for innovation.

Humphrey Synergy Initiative

Humphrey has been excited to lead a new collaborative effort called the Humphrey Synergy Initiative. This was started by representatives from Humphrey and DPH with a goal of combining resources and energies to improve health outcomes in our community. The Synergy group has grown to include members from DMH and the Department of Public Social Services (DPSS), as well as over 15 community-based organizations, including local schools, social support agencies, health organizations such as American Cancer Society and the American Heart Association, the Los Angeles Public Libraries, Women, Infant and Children (WIC) program, 211LA and more. In May 2017, we held a successful health fair and CalFresh Awareness Kick-Off event at Humphrey, with 20 vendors offering a wide variety of information and resources to community members. The Synergy Initiative has also focused on addressing food insecurity among the families in our clinic through a screening and intervention project.

Administrative Staff



Raymond Perry, M.D.
Director

David Bermon, M.D.
Interim Associate
Medical Director

Marion Thornton-White, RN
Nursing Director

New and Exciting Services

- The Pharmacy Clinic now has an Advanced Practice Pharmacist who collaborates with our primary care teams and provides individualized chronic disease medication management for patients. This service has been a boost to help patients achieve their health goals (such as better control of blood pressure and diabetes) and better understand their treatment plans. The pharmacist also helps providers track patient progress, monitor labs, and expedite medication renewals.
- The Radiology Department has installed a new DEXA machine and digital x-ray machine so that more diagnostic studies may be performed on-site, which is convenient for patients and allows providers to develop efficient treatment plans.
- We continue to explore innovative ways to integrate specialty services (Diabetes Clinic, Physical Therapy, Dental Clinic, Eye Clinic, Women's Health, etc.) more directly with our primary care teams.

Care Improvement Teams

Our PCMH staff have made significant and beneficial changes to workflow and the patient's experience through projects, including:

- Teleretinal photography scheduling, result notification, and follow-up for patients with diabetes
- Standardized process for "scrubbing charts" in advance of patient visits
- More effective appointment reminder call system
- Increasing flu vaccination rates
- Empanelment change process

Goals for 2017/2018

- Achieve PRIME targets
- Expand team-based quality and process improvement projects across clinical and non-clinical departments
- Implement staff wellness programs
- Enhance staff safety trainings and emergency preparedness
- Increase community outreach

San Fernando Valley Health Centers

Mid-Valley CHC, Glendale HC, San Fernando HC

The San Fernando Valley Health Centers (Mid-Valley CHC, San Fernando HC and Glendale HC) collectively provide about 4,400 primary care visits monthly for more than 52,000 empaneled patients. Services at the Mid-Valley CHC are provided in conjunction with the UCLA Family Medicine Program with 36 residents annually and the Olive View-UCLA (OV-UCLA) Medical Center Internal Medicine Program with approximately 75 residents each year. Mid-Valley CHC also provides the following specialty services: cardiology, dental, dermatology, urology, ophthalmology, optometry, and women's health.

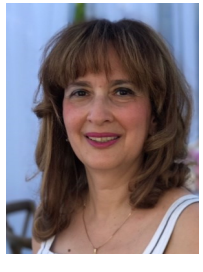
This year has been a transitional year for the San Fernando Valley Health Centers (SFVHCs) which is marked, at least partially, by a name change to better reflect the service area of the current health centers and the anticipated addition of a co-location with DMH at the West Valley Mental Health Center by the end of the year.

Administrative Staff

Quentin O'Brien
Interim Director

Celia Pena
Assistant Administrator

Jennifer Chen, MD
Medical Director



Armenui Telliyan, RN
Nursing Director

2017/2018 Goals

- Open the West Valley Mental Health Center co-location with DMH
- Complete remodel of first floor
- Open new Urgent Care service in Spring 2018
- Sustain and refine Quality Improvement efforts with a focus on HEDIS, PRIME and NCQA
- Engage all PCMH team members in improvement efforts

Special Projects & Accomplishments

NCQA Certification The SFVHCs were very pleased to join the other ACN sites in being awarded recognition by the NCQA PCMH program which emphasizes the use of systematic, patient-centered, coordinated care that supports access, communication and patient involvement.

My Wellness Portal Enrollment Part of being patient-centered is to provide patients alternative ways to get the services they need. One of the great system-wide achievements for the DHS this year, was the implementation of the patient portal which provides access to visit summaries, medications, lab reports and the ability to request refills and appointments. SFVHCs is proud that five of its staff members are in the top ten for enrolling the most patients into the My Wellness Portal.

Employee Engagement Multiple activities have been revived or initiated to support the engagement of SFVHC employees in their worksite. One of the most popular was the revival of the annual Halloween Costume Contest at Mid-Valley CHC but many other successful fundraising and engagement activities have also taken place. More formally, the SFVHCs initiated a quarterly All Staff meeting to provide an opportunity for all employees to come together on a regular basis to hear about major strategic initiatives, get updates on recent activities and celebrate the achievements of their co-workers.

Care Improvement Teams (CITs) which are a join labor-management effort with our SEIU 721 and UAPD partners, were successfully implemented in the SFVHCs for front-office functions and, this year, were initiated in the PCMH. Teams have been provided dedicated time to work together to improve their own work processes and quality outcomes . We are excited to see the results over the next several months.

San Gabriel Valley Health Centers
El Monte CHC and La Puente

The El Monte CHC (EMCHC) and La Puente HC (LPHC) team looks back on the past year with satisfaction for all the hard work and achievements that were made to strengthen the PCMH model which provides quality, patient-centered care. In addition to regular review of operations and implementing systemic improvements, we were able to achieve many service enhancements. This includes the opening of a Dermatology Clinic and expanding Podiatry access to evenings and Saturdays.
The team was happy to receive positive recognition for its hard work and dedication from the NCQA. Both EMCHC and LPHC received Level 3 Recognition.

East San Gabriel Valley Health Center

In June 2016, a primary care clinic was implemented as a co-location with the LAC-DMH at the West San Gabriel Valley Health Center. The team is extremely enthusiastic about the opportunities to improve clinical outcomes for the vulnerable patient population with mental health challenges. This will be achieved through enhanced access to primary care and collaboration between primary care and mental health providers.

Care Improvement Teams (CITs)

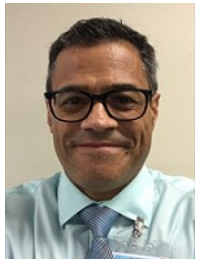
EMCHC is proud of the collaborative efforts and contribution our CITs continue to make to enhance services and the experiences for our patients and staff.

Administrative Staff

Ernest Espinoza
Administrator

Karen Dove
Assistant Administrator

Joseph Allevato, MD
Medical Director



Jorge Urquizu, RN
Nursing Director

Call Center CIT —continues to work on improving the patient experience through enhancements to communication and service levels as measured by call waiting time and abandonment rate. In February 2017 the El Monte Call Center Department implemented the Call Classification Pilot. This pilot will be used to structure the transition to a paperless management system which will enhance our ability to disposition phone calls, expediting quality service. Data will be collected and analyzed to improve procedures.

Employee and Patient Experience CIT—works collaboratively to address systems issues to make improvements for both staff and patients. This year, this CIT recognized that the current discharge process was cumbersome for staff and patients. Frequently, patients were confused about their follow-up appointments, medications and orders for diagnostic studies. The CIT revised the discharge form with input from staff and patients. This resulted in a process that is easier for staff and the patient's understanding is enhanced. The revised discharge form is being reviewed by DHS administration for system-wide implementation through ORCHID.

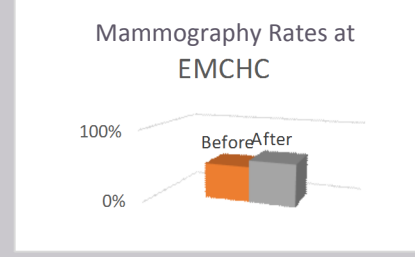
Goals for 2017/2018

- Decrease cycle time
- Achieve PRIME measures
- Complete plans to implement an Urgent Care Center
- Enhance Patient Satisfaction
- Improve HEDIS scores

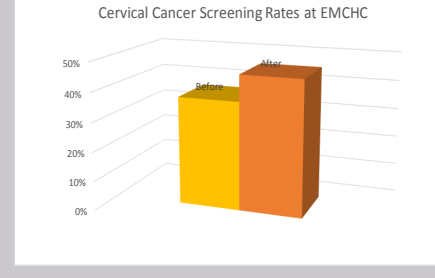
PRIME

Our team places strong emphasis on achieving the PRIME measures. Two examples of successful initiatives are:

Breast Cancer Screening— To improve breast cancer screening rates, a program was started that allows primary care providers to directly order screening mammograms without having to refer patients to the Women's Clinic for a clinical breast exam. Additionally, Nursing developed and implemented a protocol which enables CMAs and Nurses to order screening mammograms. During the first four months of implementation, rates of compliance improved from 49.87% to 59.06% for EMCHC PCMHs and from 37.8% to 47.4% for LPHC PCMHs, creating a significant increase in demand for mammography from the EMCHC Radiology Department. We anticipate this trend will continue to increase over the next six months.



Cervical Cancer Screening— A dedicated Pap smear clinic was implemented in the EMCHC Women's Clinic to facilitate access for empaneled patients. This provided a good resource for primary care providers who need to get screening for the patients. Also, CMAs and Nurses were enabled to schedule patients for pap smears using Nursing protocols. Through these efforts, we have seen cervical cancer screening rates improved from 37% to 46% per PCMH team at EMCHC from January through April 2017. Similarly, LPHC improved from 30.6% to 41.3%



External Pharmacy Prescription Renewal Process

Another opportunity for improvement was seen in the way we processed prescriptions from outside pharmacies. Previously, prescriptions were processed by clerical staff with no medical expertise. The volume of renewals exceeds 200 requests per week. To improve patient safety, a decision was made to have each request reviewed by clinical personnel to determine the urgency of each 1renewal and to have each request processed through ORCHID. In July 2016, our Director of Nursing, Jorge Urquizu, R.N., spearheaded a multidisciplinary initiative to implement a process to achieve these goals.

COUNTY OF
LOS ANGELES
#WomenRiseLA

Martin Luther King, Jr. Outpatient Center

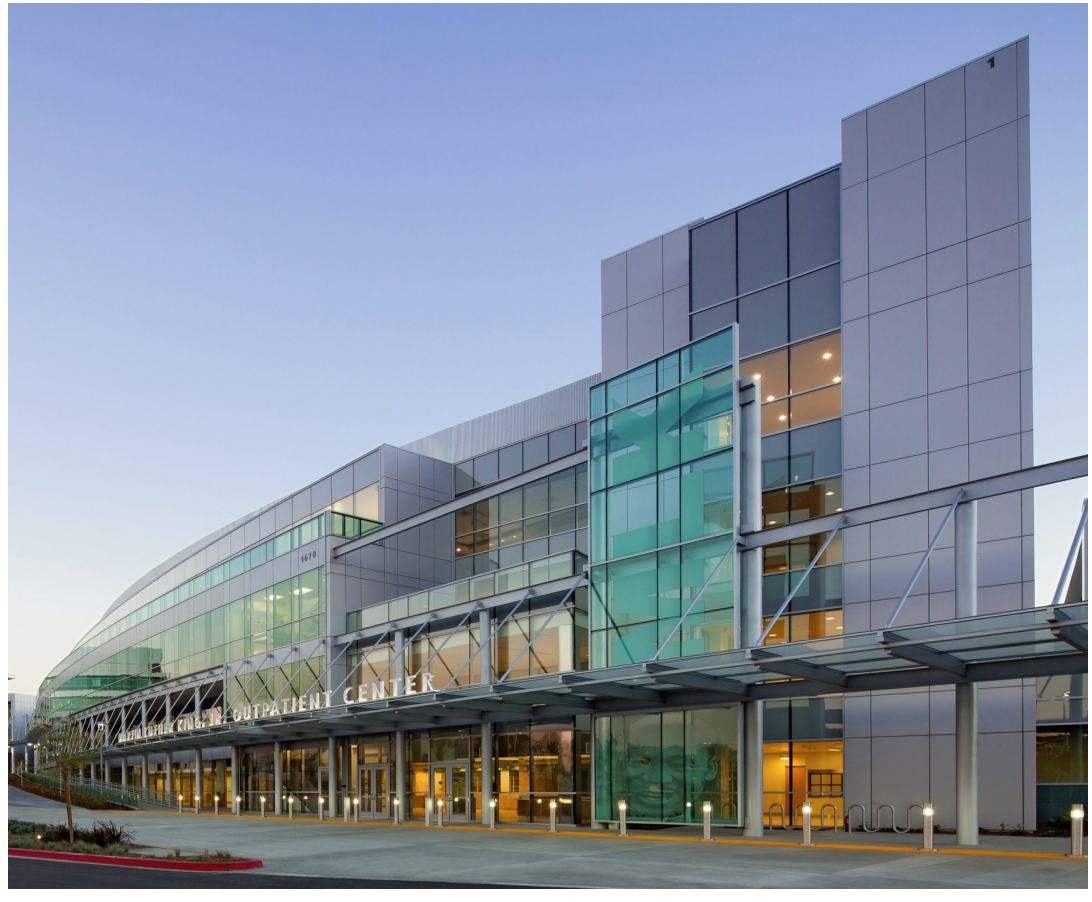
Martin Luther King, Jr. Outpatient Center

It has been a busy year of innovation at the Martin Luther King, Jr. Outpatient Center in the delivery of ambulatory services. Highlights include expanding evening hours in primary care, HUB pediatrics, and in Cardiology for echocardiograms; our Saturday morning Spa program for cancer prevention in women's health and a new integrated care delivery system to address the needs of adults with complex health problems.

We opened a new clinic to address the needs of adults with sickle cell disease. The clinic offers integrated primary care and hematology care, behavioral health through partnership with co-located DMH social workers, and complementary therapies of acupuncture and yoga. The clinic benefits from strong partnerships with the Sickle Cell Disease Foundation of Southern California and the Center for Inherited Blood disorders, who sponsor community health workers and a nurse educator to round out the clinic. The clinic concept was recognized with a Brilliance Award from NACo.

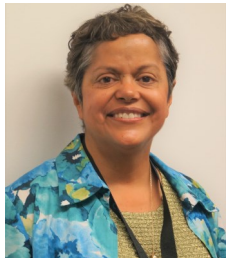
MLK, Jr. Outpatient Center continues to focus on the core DHS mission. We were honored to win Patient Safety Awards in the categories of Best Implemented Project for our Transitions of Care Program; Best Patient Safety Video and our own Nurse Care Manager, Debbie Perry, was honored as the Patient Safety Advocate. Our PCMH- CIT demonstrated strides in meeting our cancer prevention screening PRIME goals and clinic hours have been expanded to offer evening hours to better serve our patients.

For the past 45 years, Martin Luther King, Jr. Outpatient Center has stood in the community as a patient-centered facility. Our focus on "Patients First" has set the tone for our patients to know that the quality and improvement of their health is our number one priority.



Administrative Staff

Mark, Ghaly, M.D.
Deputy Director



Yolanda Vera
Chief Executive Officer

Ellen Rothman, M.D.
Chief Medical Officer

Lessie Barber, R.N.
Nursing Director

Wellness/Women's Health

Breast Cancer Awareness Health Fair and Breast Cancer Survivors' Breakfast

For the second year in a row, MLK, Jr. sponsored another highly successful Breast Cancer Awareness Health Fair and Breast Cancer Survivor's breakfast in partnership with the Denise Roberts Breast Cancer Foundation and the Los Angeles County Fire Department. The Charles R. Drew Saturday Science Academy's Let's Move program became a first-time partner by starting off the day with a 3K/5K run-walk prior to the health fair opening and incorporated additional activity at the health fair's children's corner.

Spa Day

MLK, Jr. was thrilled to gain the assistance of the Pink Pony Foundation to support the Saturday Morning Spa, providing an opportunity for women to participate during the weekend in a more relaxed atmosphere, to receive pap smears, mammograms and colorectal cancer screening. Women were offered a massage and a yoga class as well as other educational opportunities to improve wellness.

Post-Partum Depression Screening

MLK, Jr. implemented a postpartum depression screening program in the pediatrics clinic that connects women's health, pediatrics and DMH in an effort to improve detection and treatment of this serious but under-recognized health condition.

The October 2017 opening of the Haven Clinic helped to serve adults with substance use disorder and adults transitioning from incarceration. The clinic team offers both medication-assisted therapy to address the substance use disorders and primary care to improve overall health status. The clinic was the focus of attention during Senator Kamala Harris' visit to promote her war on drug addiction policy.

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, integrated wellness through the support of the DMH co-located clinic, women's clinic and diabetes educational sessions led by the nursing team to ensure that patients understand their treatment plans and goals. Patients see the same provider at every visit. The service is patient-centered, coordinated and is provided in a caring and safe environment.

2017/2018 Objectives

- Further expansion of our Wellness Program
  - Opening of a Campus Gym
  - Weekly Farmers Market
- Completion of the parking structure
- MLK, Jr. Campus Child Care Center
- Medical Office Building
- Willowbrook Beautification Street Project

LOS ANGELES COUNTY
HEALTH AGENCY

Hospitals

Harbor-UCLA Medical Center

Over the past year, Harbor-UCLA Medical Center (HUMC) has taken some significant steps in its journey to transform our culture to that of a Lean hospital. We spent much of this past year developing and rolling out our "True North," across the organization. Like a compass, our True North provides us with the unifying direction that aligns the work that we do. We have identified as our core competencies Our Patients, Our People, Quality and Safety, and Our Resources. This concise set of ideas defines the core of who we are and what we value at HUMC.

Among the achievements we enjoyed over the past year was the placement of over 100 homeless patients into permanent or transitional housing through our multidisciplinary Homeless Task Force. The Harbor-UCLA Limb Alliance (HULA) has improved patient care and dramatically reduced the number of diabetic patients who require amputations due to foot infections. And we've continued our implementation of the TeamSTEPPS program into the Emergency Department and OR Trauma Rooms, Labor and Delivery and Level II Nursery, resulting in improved staff engagement and satisfaction. All of these initiatives are aligned with our True North goals

We've also moved forward with our campus master plan to replace the current hospital by 2030. The Environmental Impact Report was approved in December 2016 and this spring we held a series of workshops with an outside medical planner to confirm the size of the replacement hospital and ambulatory care building. The campus-wide architect came on board this spring and has begun the scoping work for the new campus buildings.

Administrative Staff

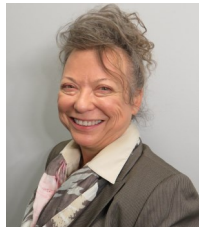
Kimberly McKenzie, RN, MSN, CPHQ
Chief Executive Officer

Anish Mahajan, MD
Chief Medical Officer

Patricia Soltero, RN, BSN
Chief Nursing Officer

Azar Kattan
Chief Operations Officer

Jody Nakasuji
Chief Financial Officer



Susan Black, RN
Chief Innovation Officer

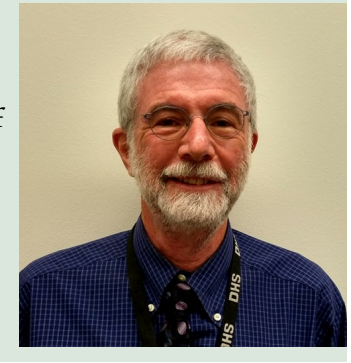
Clinton Coil, MD, MPH
Chief Quality Officer

Brant Putnam, MD
President, Professional Staff Association

Special Projects & Accomplishments

Creation of the Patient Access Center (PAC). The PAC will serve to better coordinate all of the scheduling/call center, registration, financial/insurance verification, and customer service functions under a single department. The integration of these services is an important step in our journey to improve the patient experience.

Campus wide implementation of Spring Cleaning Project. To enhance workspace organization and cleanliness and facilitate the removal of unwanted equipment, furniture and other supplies a campus-wide cleaning project was established. The coordinated efforts by Environmental Services, Facilities Management, Supply Chain Operations and Hospital Administration resulted in better organization of workspaces, greater staff efficiency, safer working environment and $112,000 in revenue from the sale of recycled furniture and equipment.



Department of Psychiatry selection. Ira Lesser MD, Chairman, Department of Psychiatry was selected as the 2017 UCLA Exceptional Physician. UCLA Health System honored Dr. Lesser with the "Exceptional Physician" award during festivities to celebrate "National Hospital Week," on May 11, 2017.

Pet Therapy program initiation in January. This initiative brings a Pet Therapist and her therapy dog to visit pediatric patients in the emergency room and admitted to the hospital.

Special Projects & Assignments (cont'd)

Establishment of the HULA by the Department of Surgery. The Alliance strives to address the high rate of amputations among patients with diabetic foot infections by facilitating integrated care for these patients. Since its inception, the number of patients who required a major (below the knee) or Transmetatarsal amputation (of the forefoot), dropped from 21.7 percent to 9.6 percent.

U.S. Senator Kamala Harris and the Fight for Care Coalition held a rally on campus in support of the expansions of health care access that has occurred under the Affordable Care Act. Speakers included Chief Medical Officer Dr. Anish Mahajan, Director of the Health Agency Dr. Mitchell Katz, Nurse Practitioner Jenny Veliz-Urzua, Dr. Alex Nguyen, U.S. Senator Kamala Harris, Supervisor Mark Ridley-Thomas, and SEIU Local 721 President Bob Schoonover. Over 150 people, including members of the Coalition, SEIU and HUMC staff, attended the rally that highlighted the importance of Medi-Cal and health care expansion to HUMC and the patients we serve.

The first annual Trauma Survivor Celebration was held at HUMC to honor and celebrate trauma survivors who have been treated at HUMC. The event recognized 14 trauma patients and their families. Several survivors shared their personal accounts of how their experience has changed their lives. The celebration honored these remarkable patients, their families and the contributions of staff engaged in their care from all departments.

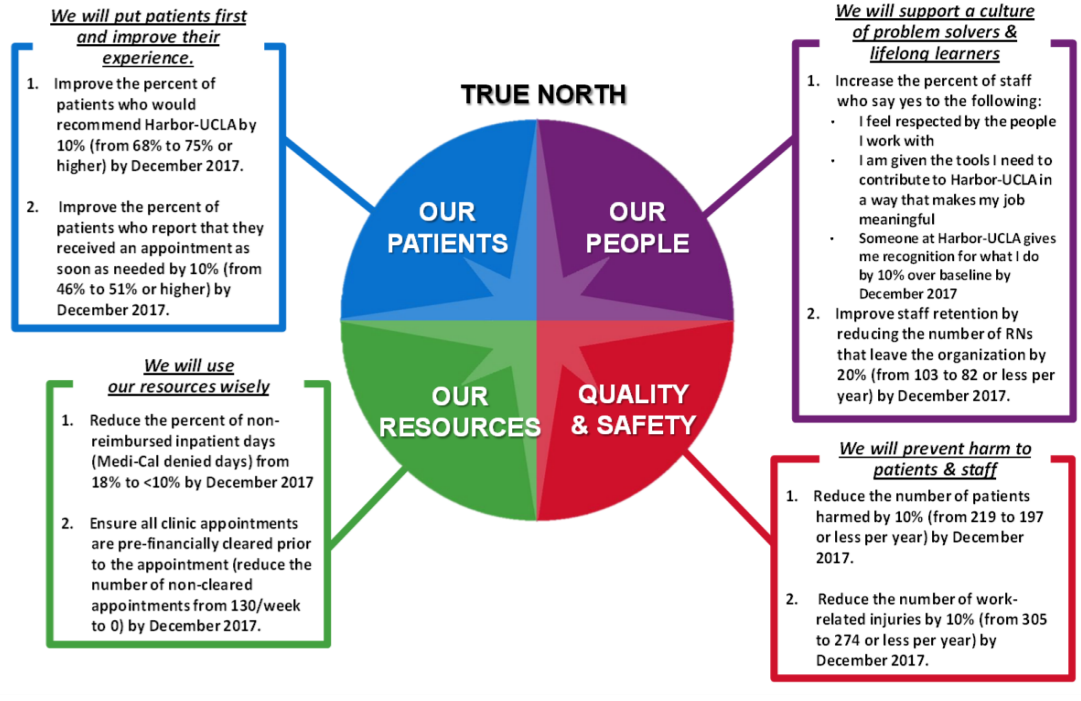
U.S. Senator Kamala Harris and the Fight for Care Coalition Rally

TeamSTEPPS Program Participants

Harbor's Trauma Program: Trauma Survivor Celebration

2017/2018 Objectives

Harbor-UCLA Medical Center's mission is to put patients first and provide exceptional patient-centered care with the compassion and respect we would want for our loved ones, regardless of the ability to pay



LAC+USC Medical Center

The 2016-17 fiscal year was a remarkable one in our quest to be the high quality provider of choice for our patients.

We proudly opened the first clinic to serve the special needs of LGBTQ-identified persons in DHS. Los Angeles County + University of Southern California (LAC+USC) Medical Center has been designated a 'Leader in LGBTQ Healthcare Equality' by the Human Rights Campaign Foundation.

An executive-led "Perioperative Task Force" continues a process improvement project for "first- start" surgery cases to improve operating room efficiency and patient experience.

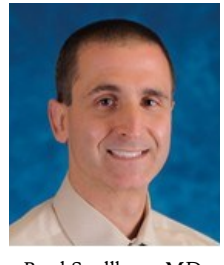
We launched a new peer-support program, 'Helping Healers Heal (H^3)," which offers help for staff facing stress and burnout from adverse events or unexpected patient outcomes.

A new Medical Innovation Incubator was also opened to measure great ideas from staff and patients across the health system.

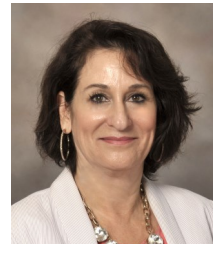
None of our accomplishments could happen without the support, engagement and dedication of our 9,000 strong employee family and we thank each and every one of them.

Administrative Staff

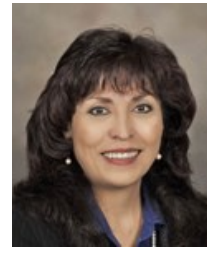
Donna Nagaoka
Interim CEO



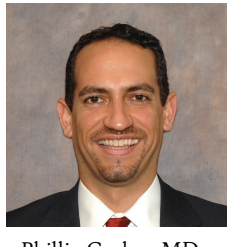
Brad Spellberg, MD
Chief Medical Officer



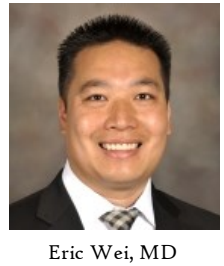
Laura Sarff, RN,
Interim Chief
Operations Officer



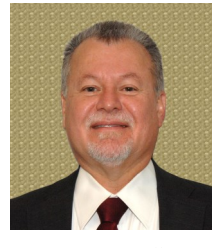
Isabel Milan, RN
Chief Nursing Officer



Phillip Gruber, MD
Chief Medical
Information Officer



Eric Wei, MD
Interim Chief
Quality Officer
Chief Quality Officer



Oscar Autelli
Chief Information Officer

Carolina Albert
Controller

LAC+USC Medical Center is eliminating unnecessary care by adopting recommendations from the national *Choosing Wisely* initiative. Nearly 500 common medical tests and procedures that may not have a clear benefit for patients have been identified through the national effort. Unnecessary preoperative tests for routine cataract surgery patients have been eliminated, including blood tests, chest x-rays and electrocardiograms — freeing up staff and providing six additional months of improved vision to patients by shortening wait time for surgery. The Choosing Wisely approach was launched in 2012 by the American Board of Internal Medicine Foundation to encourage doctors to talk with patients about the appropriateness of certain diagnostic tests and treatments. Patients waste less time undergoing testing that does not improve their care or taking medications that will not help.

LGBTQ Health Clinic Opened

In early 2017, LAC+USC opened the first clinic geared to the needs of the LGBTQ population in the DHS system. The clinic offers primary and specialty services. Providers adhere to evidence-based practices and provide medical care in a welcoming, inclusive setting. LAC+USC is one of 300 health organizations in the country that has been designated as a "Leader in LGBTQ Healthcare Equality" by the Human Rights Campaign Foundation. A majority of lesbian, gay, bisexual and transgender patients have experienced discrimination in healthcare.

2017/2018 Objectives

Our Patients

- Improve Patient Experience
- Improve Access

Our People

- Just Culture
- Improve Employee Wellness
- Improve Employee Engagement

Our Care

- Improve Quality
- Improve Patient Safety
- Improve Patient Flow

Our Resources

- Maximize Resources

Perioperative Task Force Improving Operating Room Efficiency

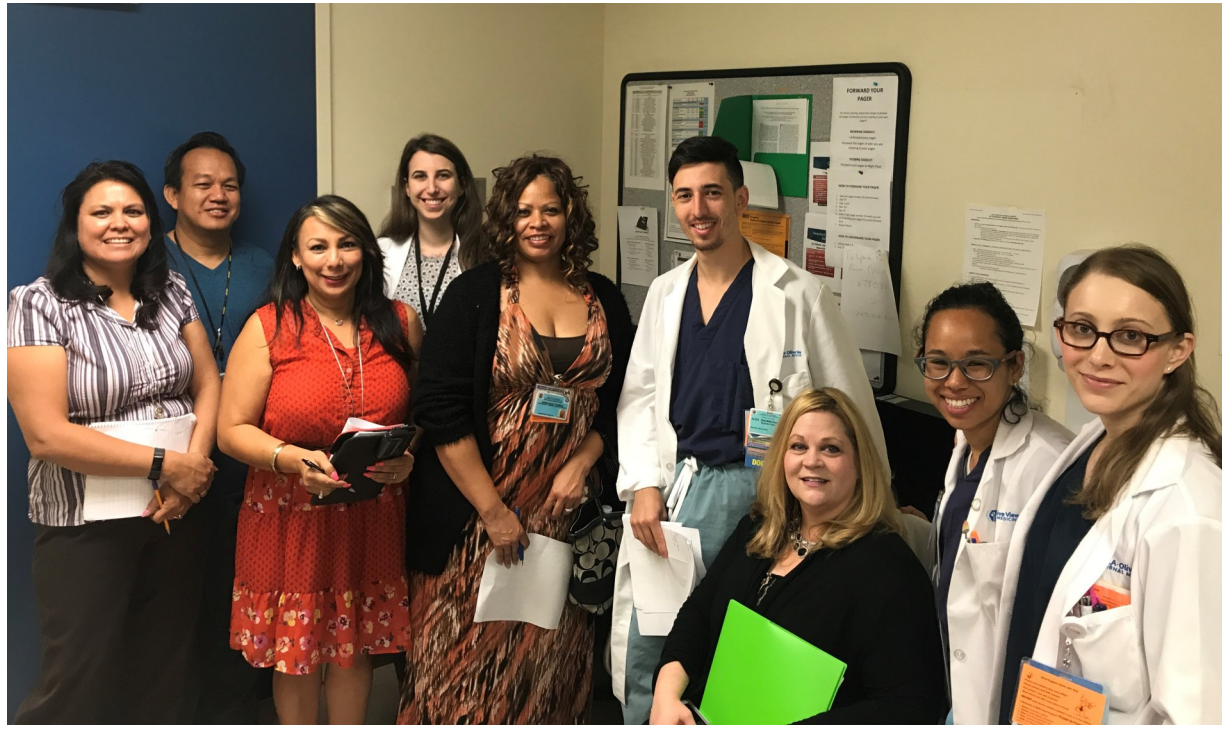
Medical Innovation Incubator Created to Scale Ideas

H³ Program Supports Employees in Crisis

LAC+USC Medical Center has implemented a new peer-support program to provide emotional and professional help to staff dealing with workplace stress. Called Helping Healers Heal, or H³, the new program is modeled off the 'Second Victim' concept to address the fear, stress, anxiety and burnout employees can face in the wake of an adverse patient event, medical error and/or patient-related injury. These employees can be 'second victims' by virtue of being traumatized by an event. LAC+USC is the recipient of a two-year, $20K grant from the Productivity and Quality Commission to develop a peer support structure and expand the effort across the DHS health system. The grant will fund train-the-trainer education to develop support peers or champions, onsite consultative services from a second victim expert and creation of a comprehensive support program to include confidential, individualized services for staff.

Olive View-UCLA Medical Center

This year we welcomed Judith Maass, NP as our new CEO, Bonnie Bilitch, RN as our new CNO and transformed our executive leadership into a more collaborative, unified team focused on strengthening our management staff, cultivating informed decision-making processes and providing clear direction and listening pathways between and across all levels of staff about our facility goals and objectives. We implemented a leadership meeting model which enables our Department Service Chiefs, Nursing Directors and Administrative leadership to regularly discuss hospital matters and plans together as a group. Our new way of doing business has translated to enhanced communication, better project results and ultimately improved patient care.



Administrative Staff

Judith Maass, NP
Chief Executive Officer

Shannon Thyne, MD
Chief Medical Officer

Bonnie Bilitch, RN
Chief Nursing Officer

Alex Villaruz
Chief Operations Officer

Anne Robinson
Compliance Officer

Susan Aintablian
Chief Information Officer

Thomas Beggane
Personnel Officer

Michael Yoo, MD
Chief Medical Information Officer

Joy Matta, RN
Chief Quality Officer

Bob Ross
Facilities Director

Special Projects & Accomplishments

- The Department of Pathology became the sole institution in DHS to have a framework for telepathology and digital transmission of slides and high-resolution images of specimens to the UCLA laboratory in Westwood. This initiative provided for a long-term, no-cost loan of technology and equipment to expand opportunities for collaboration in academics, research and clinical care.
- Using LEAN methodologies, redesigned Utilization Review (UR) to the new Utilization Management (UM) Department organized into three (3) pillars: Utilization Review, Outpatient Service Coordination (OPSC) and Discharge Coordination (DC). By implementing OPSC and DC in the emergency room, urgent care and observation unit, we have decreased Length of Stay by 25%. Additionally, by restructuring our daily Collaborative Care Rounds and adding disciplines such as Nutrition and Pharmacy, we have increased interdepartmental communication, enhanced our discharge planning processes and improved screening county transportation authorization requests (redirected $60K to insurance carriers in just two (2) months).
- Reduced average Outpatient Pharmacy wait times from 75 minutes (May 2016) to 23 minutes (June 2017), a 70% decrease. The 23 minute wait time is the lowest of all DHS facilities.
- Successfully completed first Clinical Learning Environment Review (CLER), a site visit conducted by the Accreditation Council on Graduate Medical Education (ACGME) to evaluate the non-clinical aspects of medical training, including transitions of care, fatigue management, patient safety and professionalism.

Special Projects & Accomplishments (cont'd)

- The Department of Obstetrics and Gynecology received the County of Los Angeles Quality & Productivity Commissioner's Legacy "Top 10" Productivity & Quality Award for developing a successful patient navigation program for women undergoing therapy for cervical cancer. The program has served over 100 patients delivering improved clinical outcomes and an enhanced care experience.
- Implemented a Daily Operational/Safety Executive (DOSE) Briefing where staff from all departments/units share a quick overview of major issue(s) affecting operations and staff/patient safety. We have improved communication across departments and positively impacted safety culture and teamwork.
- Initiated a Clinical Documentation Improvement (CDI) effort to improve the quality/content of clinical documentation. In collaboration with our Health Information Management (HIM), we conducted coding audits, training events, and created job aids/reference materials in order to improve the quality of patient care while simultaneously ensuring fiscal viability.
- Launched the Patient Access Center (PAC), a one-stop-shop for patient appointment scheduling/rescheduling/canceling, pre-financial clearance, and resource program eligibility.
- Expanded access and hours of Clinical Social Work Department to provide more timely services and support for patients and staff.

2017/2018 Objectives

Quality & Safety

- Meet DHS PRIME target in 90% of measures for DY13 (FY17-18)
- Improve use of the Safety Intelligence (SI) reporting system to manage safety events
- Create a monthly dashboard for key initiatives

Our People

- Improve staff engagement through participation/communication
- Partner with Labor Management to initiate Care Improvement Teams (CIT)
- Develop and educate all hospital staff on Safe and Just Culture

Services & Programs

- Identify clinical space
- Address the current opioid crisis
- Increase patient satisfaction scores by 2%
- Develop Medicare/Geriatrics Program
- Develop Outpatient Dialysis Program

Our Resources

- Reduce Tuberculosis (TB) denied insurance days
- Reduce transportation costs for insured patients
- Reduce overtime, contract and registry costs
- Implement Supply Chain efficiencies in clinics

Rancho Los Amigos
National Rehabilitation Center

Phase I of Rancho's $418 million dollar renovation project is well underway. The new Outpatient Building (OPB) is currently under construction and is scheduled to open in March 2018. The new facility will be located adjacent to the Don Knabe Wellness Center and Plaza. The highly anticipated OPB will feature some of the most innovative therapy equipment currently available. In addition, outpatient clinical services will be centralized.

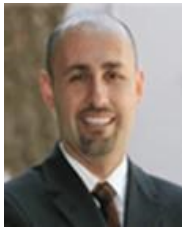
The much needed renovation secures Rancho Los Amigos' future as one of the top-ranked rehabilitation facilities in the nation with technologically-advanced facilities, expansion of clinical and research initiatives and increased accessibility for patients in the surrounding community.

The Jacquelin Perry Institute (JPI) Renovation and Expansion is in progress as well. The highly anticipated grand opening for both buildings will be hosted in 2018.

Improving the Patient Experience & Safety

- This year Rancho Los Amigos embarked on an initiative to reduce the incidence of preventable pressure ulcers and untreated depression in the spinal cord injury patient population through the use of a PCMH through the utilization of an innovative community-based peer educator model.
- One of Rancho Los Amigos' strategic goals is to increase the Functional Independence Measure (FIM) score of our patients at 3 months post discharge to 3.0. We've been tracking this data since 2010 when the physical activity score was 1.8. In 2016 the score was 2.4 and the 2017 scores indicates that we are continuing to trend upwards.

Administrative Staff



Jorge Orozco
Chief Executive Officer

Ben Ovando
Chief Operations Officer

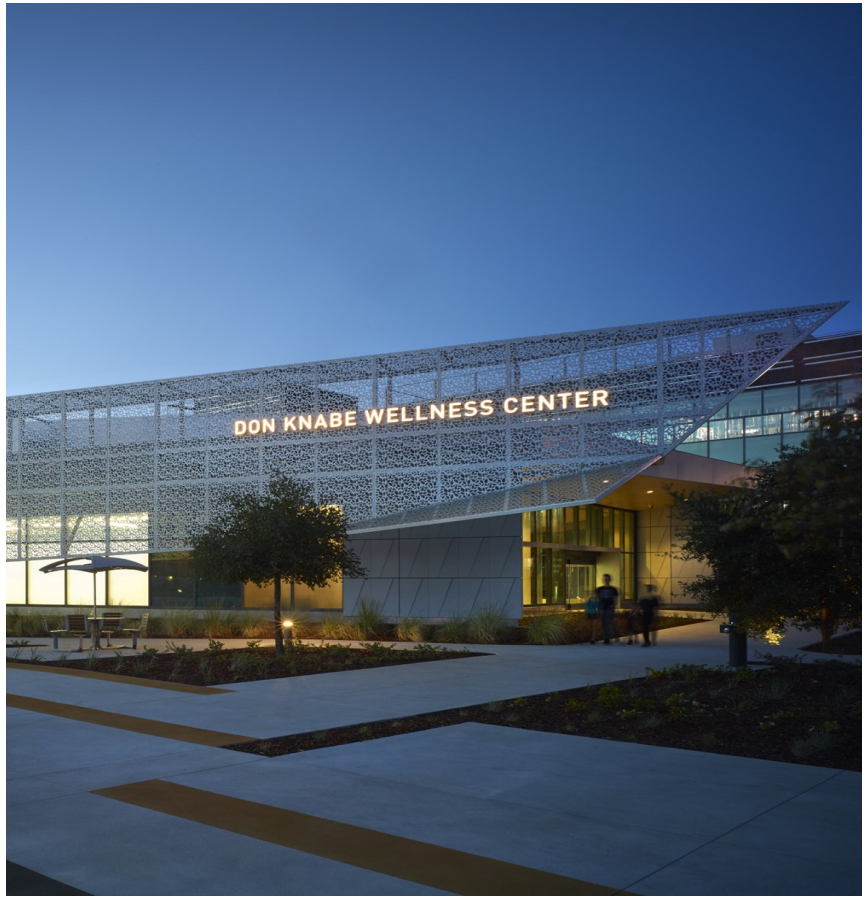
Hal F. Yee, Jr., M.D., Ph.D.
Interim Chief Medical Officer

Aries Limbaga
Chief Nursing Officer

Robin Bayus
Chief Financial Officer

Special Projects & Accomplishments

- Rancho Los Amigos, in conjunction with the University of Southern California, has been awarded the National Science Foundation (NSF) Cyber-physical Systems Frontiers Award. The award included funding that will be used to create a brain-machine-interface system to restore walking after a complete spinal cord injury.
- Two pediatric patient's art designs were selected by Michaels Craft Stores to be used for their summer tote bag series. The tote bags are currently on display in all Michaels stores.
- The National Association of Counties (NACo) announced the winners for the 2017 Achievement Awards. Three out of the four winners for Health Services were from Rancho Los Amigos.
- The 2017 National Wheelchair Basketball Tournament was held in March. This tournament is the world's largest single-sporting event for athletes with disabilities. The juniors basketball team finished 14th in the nation and our adult team finished 8th in the nation.
- The Rancho Los Amigos Wellness Center was recently awarded the American Institute of Architects Pasadena & Foothill (AIAPF) Design Award for Sustainability. The new Wellness Center celebrates Southern California climate and building performance by taking advantage of outdoor spaces for therapy programs while employing efficient systems for the indoor spaces.



Campus Renovation & Beautification

When the Wellness Center opened in October 2016, active gym memberships were reported at 297. Today, there are 515 active memberships, noting a 73% increase since the grand opening. Our beautiful plaza is the hot spot for all types of events and the Wellness Center recently hosted its first movie screening entitled "Coming To My Senses".

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.

2017/2018 Goals

Improve Patient Outcomes

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

Improve Patient Safety

- Reduce falls
- Reduce opioid prescriptions

Improve Patient & Staff Experience

- Successful Empaneled Life Management implementation
- Improve nursing communication with patients

Marketing & Business Development

- Increase admissions from other DHS Hospitals and community hospitals

Health Services
LOS ANGELES COUNTY

Program Units

Audit and Compliance

The Audit and Compliance Division (A&CD) 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 performs 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 performed by external entities to the Department (i.e. Auditor Controller, Civil Grand Jury, etc.).
The Health Authority Law Enforcement Task Force (HALT) is a multi-disciplinary task force that investigates dangerous underground medical practices.

Administrative Staff

Edgar Soto, MBA, CSP
Interim Chief

Loretta Range
Administrative Audit Manager

Leslie L. Mondy
Administrative Services Manager III

Andrew Ellson
Investigative Manager

Investigations & Forensics Unit

The Investigations & Forensics Unit managed a multitude of administrative referrals from the Auditor Controllers Office of County Investigations (OCI), hotline calls and through internal channels. 86 matters were investigated and closed during the fiscal year, which resulted in 17 substantiations. Topics covered included—but were not limited to—the following:

- Contractor misconduct
- Nepotism
- Time card fraud
- Theft and other forms of financial malfeasance
- Inappropriate use of County resources
- Conflict of Interest

The Unit also provided enterprise services for electronic-discovery, media de-identification efforts and special project support to HR's Performance Management Unit by processing and/or providing closure on approximately 100 disciplinary cases.

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Capital Projects

The Capital Projects Division is responsible for the development and oversight of the department's capital projects and improvement programs at DHS facilities, including the integration of mental health, public health and community health programs and services.
In-house architects, project managers and consultants provide initial planning, feasibility studies, schematic design, construction documents, cost estimating and management support services. The Division works closely with each facility to identify needed improvements, establish capital project priorities, provide budgeting support, as well as coordinate jurisdictional agency approvals. The Division also works closely with the Board of Supervisors (BOS), Chief Executive Office (CEO) and other County departments, such as County Counsel and the Departments of Public Works and Internal Services.

Administrative Staff

John Shubin
Director
Capital Projects
Division

Luis Gomez
Senior Staff

Julio Ribeiro
Architect

Mandy Hua
Management Secretary

Special Projects & Accomplishments

- Completion and opening of the first phase of development on the campus of the Rancho Los Amigos National Rehabilitation Center (RLANRC), including the new Don Knabe Wellness Center (pictured above), Warehouse and Parking Structure projects.
- Renovation of the East Los Angeles Sunol Drive Facility to establish a community-based primary care clinic that will also provide integrated services with the Department of Mental Health (DMH) and DPH.
- Obtained Board approval to establish numerous capital projects countywide, including improvements to expand inpatient psychiatric services at OV-UCLA Medical Center and improve medical hub clinical services at HUMC as well as numerous infrastructure improvements at DHS facilities.
- Completion of the LAC+USC Medical Center Outpatient Building 4th Floor Adult Clinic Renovation Project to improve the delivery of adult medicine ambulatory care services that continue to support the Patient-Centered Medical Home care model system-wide.

Special Projects & Accomplishments (cont'd)

- Completion of several radiology improvement projects, including the installation of new general radiology units at Long Beach, Hubert H. Humphrey and El Monte Comprehensive Health Centers; new nuclear medicine unit and general radiology units at H-UCLA. There is also planning in progress to install new general radiology, nuclear specialty CT and angiography units at H-UCLA and OV-UCLA.
- Completion of the Baroda Wall Art Project at the outdoor plaza of LAC+USC that showcases multiple sculptures designed by artist Brad Howe and donated by philanthropist David C. Bohnett.
- Groundbreaking for the new multi-level parking structure and child care facility (pictured below) on the MLK, Jr. Outpatient Center campus. The parking structure will add over 1,400 parking spaces. The 9,180 square feet child care center, with a 7,875 square feet outdoor playground, has a capacity for approximately 100 children for both MLK, Jr. staff and the community.

2017/2018 Objectives

- Continue to pursue and develop improvement projects that support Health Agency co-location and integrated services, such as the establishment of a Health Agency clinic on the grounds of the existing North Hollywood and the Curtis Tucker Health Centers

- Continue to embark on a countywide effort to create Restorative Villages that support an innovative environment to provide County residents with access to a new, comprehensive, whole person approach to the interrelated and complex issues that lead to homelessness, substance abuse, mental illness, unemployment and underemployment, unstable housing and medical co-morbidities in a community-like setting. These Restorative Villages are proposed for all four hospital campuses and would be the nation's first mental health and well-being campuses dedicated to addressing the continuum of needs of America's most vulnerable populations

- Complete the new RLANRC Outpatient and JPI Inpatient Facilities in compliance with State SB-1953 Seismic Standards to allow for full operation. These new state-of-the-art facilities will improve the delivery of services, consolidate both inpatient and outpatient services on the campus and allow RLANRC to operate a fully compliant 158-bed facility beyond 2020. The new ambulatory care facility will house clinical and therapy support services in an enhanced environment, including appropriate outdoor therapy and recreational programs

- Establish and complete needed pharmacy improvements at H-UCLA, MLK, Jr., RLANRC, LAC+USC and OV-UCLA in compliance with new USP-800 licensing standards that ensure the safety of consumers receiving compounded drugs in California

- Obtain Master Planning approval and initiate design services to replace inpatient and outpatient facilities in response to mandated State seismic requirements at H-UCLA

- Complete planning and obtain jurisdictional approvals to develop a new child care facility on the LAC+USC campus

- Initiate and complete a department wide infrastructure improvement and deferred maintenance program

Centralized Contract Monitoring Division (CCMD)

Provides support to DHS facilities to ensure that they receive the full benefit and value of their contracts 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 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 received and compliance with contract requirements
- Ensure the timely receipt of contract deliverables
- Validate the accuracy and appropriateness of invoices submitted by County contractors

Additionally, CCMD:

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

2017/2018 Objectives

- Assign full-time, facility-based contract monitors to increase contract compliance
- Standardize monitoring tools across DHS facilities and program offices for multi-facility contractors
- Determine monitoring priorities based on contractors' risk assessment
- Reorganization of division staff to increase efficiencies
- Work with Contracts & Grants to acquire an enterprise-based contract management and monitoring platform

Accomplishments & Special Projects

- Provided oversight monitoring at 13 DHS health facilities, including:
  - 241 programmatic/service contract reviews
  - 214 fiscal/invoice processing contract reviews
- Reviewed personnel file compliance for over 2,000 non-County Workforce Members.
- Reviewed living wage compliance for 1,024 non-County Workforce Members.
- Facilitated six training sessions and trained 101 FCMs and FCLs.
- Conducted on-site contractor reviews of 22 Home Health/ Hospice agencies and six reviews for the Supportive Housing program.
- In addition, DHS facilities and program offices self-reported a 20% increase in contract monitoring.

Administrative Staff

Edgar Soto, MBA, CSP
Interim Chief
Audit & Compliance

Tryphenia V. Funches
Division Chief

Manuel Alderete, Supervisor, Fiscal Audits
Vera Hepker, Supervisor, Fiscal Audits
Jacqueline Jackson, Supervisor, Program Audits
Denise Edison, Supervisor, Living Wage Reviews
Timothy Gilroy, Supervisor, Oversight & Special Audits

Los Angeles County College of Nursing

The Los Angeles County College of Nursing and Allied Health (College) 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 Provost
Leonece Myers, DNP, MSN, RN Interim 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
Herminia Honda, M.S.N, PNP, RN Dean, Institutional Effectiveness, Research and Planning
Lori Saillant, M.S.N., RN Director Allied Health

- During the 2016-2017 academic year, ninety (90) 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 from 2012 to 2016 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*"
- In the past year, EDCOS offered over 400 classes and courses to 6,600 workforce members, including competency validation for 3,500 nursing staff and Annual Skills Validation to 2,400 nursing staff. As part of the post-licensure, the EDCOS instructional team was responsible for providing theory and clinical instruction for over 88 new DHS RNs 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
- Increased the number of Non-violence crisis intervention initial and refresher courses and Code Gold classes from biennial to annually
- Led the standardization of ICU and ER nursing training programs
- Comprehensive Academic Management System is utilized for new student applications and registration. Beginning in Spring 2017, student portals were utilized by the students
- Incorporated ORCHID electronic health record into the curriculum to support student learning
- Participated in ADN-BSN Collaborative project with CSULA with nine students graduating spring of 2017

2017/2018 Objectives

- Collaborate with Correctional Health in planning and implementing an Emergency Response Team program
- Ensure continued approval by the BRN at the scheduled March 2018 visit
- Explore a pathway to move the direction of the College from an ADN to a Bachelor's Degree program

- Incorporated Quality and Safety Education for Nurses throughout the curriculum to provide care which is respectful of and responsive to individual patient preferences, needs and values to ensure that patient beliefs guide all clinical decisions.
- Hired a permanent Allied Health director to develop continuing education programs.

Contracts & Grants

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

In FY 2016-17:

- DHS obtained approval of 106 Board Letters, including 84 related to contract actions and 8 for acceptance of grant awards and donations.
- C&G executed 167 Board-approved service agreements and 1,206 amendments to existing agreements.
- C&G monitored contractors' compliance with insurance requirements for more than 1,000 active contracts to mitigate County 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

Board of Supervisor's Strategic Initiatives — C&G obtained Board approval of $630.200 million in Federal funding for Whole Person Care Program (WPC) over the five year WPC pilot program; as well as $5.900 million for the Office of Diversion and Re-Entry (ODR) Law Enforcement Assisted Diversion (LEAD) program and $20.000 million for implementation of Proposition 47. DHS also received delegated authority to create and implement innovative, inclusive and streamlined contracting processes and methods to support all facets of the Board's Homeless Initiatives, and programs for WPC, ODR, Proposition 47, and a Pay for Success Program for reduction of recidivism in Los Angeles County.

Housing for Health — Developed 22 work orders to provide intensive case management services and permanent supportive housing for homeless DHS patients with chronic medical and behavioral health conditions; executed 4 administrative work order amendments and approved 10 new master agreements. Developed Request for Proposals (RFP) for Benefits Advocacy Services, completed solicitation, and received Board approval of agreements totaling $4.800 million in March 2016.

Grants — Accepted 8 grant awards valued at $1.237 million to provide community support services throughout DHS such as: the Child Care Center at MLK, Jr. Outpatient Center; the development of Performance Improvement services; the support of Integrating Sexual+ Reproductive Health services; the support of community involvement in caring for adults with Sickle Cell Disease; for cancer prevention and early detection awareness programs; and for family planning services.

My Health LA (MHLA) — Managed 60 MHLA Agreements, that provide primary health care at no cost to eligible residents of Los Angeles County; execution of Enrollment Waiver Letters as a result of SB75, that waves the eligibility age for children found in the MHLA Agreements; and 53 Change Notices for MHLA agreements.

340B Pharmacy Services Administrator — Executed 3 agreements for MHLA clinics' 340B pharmacy network and provided access to a 24/7 pharmacy network.

Medical School Affiliations — Executed amendments to Agreements with The Regents of the University of California; Regents and University of Southern California (USC) to provide ongoing graduate medical education and clinical care.

Training Affiliations — Managed 236 affiliation agreements with universities, military training programs, and Veteran Affairs to provide hands-on training to non-County healthcare providers.

Mentoring Programs — Managed 71 Peer Mentoring - Life Coaching Agreements, a program that allows alumni of Rancho Los amigos National Rehabilitation Centre (RLANRC) to use their lived experience and training through the RLANRC Know Barriers Program to serve as mentors and life coaches to patients at RLANRC; and 5 Tutoring and Mentoring Agreements with community colleges that offer personalized

Special Projects & Accomplishments (cont'd)

academic/clinical support for nursing students.

Specialty Medical Services & Physician Registry Services — Executed 293 extension amendments to the Specialty Medical Services (SMS) agreements; 6 extension amendments to the Physician Registry Services (PRS) agreements; and 27 new agreements with physician specialists.

Temporary Medical Personnel Services — Managed 45 Temporary Medical Personnel and Temporary Nursing agreements used by DHS, Department of Public Health (DPH) and Sheriff's Department; executed 13 amendments to Temporary Medical Personnel Services agreements and 23 amendments to Temporary Nursing Personnel Services.

Trauma Center — Executed 15 Board approved Amendments to Trauma Services Agreements to add payment provisions for FY 16/17 and extensions through June 30, 2018; approval of Pomona Valley Trauma Center Designation Agreement; managed 81 Emergency Ambulance Services Agreements.

Other Emergency Medical Services (EMS) Agreements – Completed RFP process for Emergency Ambulance Transportation Services 9-1-1 Response and obtained Board Approval of Agreements for EOA's 1, 6, 7, 8 and 9 – on November 29, 2016 and Exclusive Operating Areas (EOA's) 2, 3, 4 and 5 on June 13, 2017.

ORCHID — Executed 5 Amendments to Agreement with Gartner for Consulting Services to support ORCHID implementation at DPH and DHS, and for WPC; obtained Board approval to amend Cerner agreement to expand ORCHID to DPH clinics, and to license and implement an interface engine to enhance interoperability capabilities between DHS systems and ORCHID at a cost of $3.600 million.

Other IT Agreements – Executed 2 Board-approved Amendments to implement three additional software modules and two interfaces for radiology transcription with MMODAL, at an estimated annual cost of $1.035 million.

Membership Administration & Payment Linkage Environment (MAPLE) — Completed RFP Process and obtained Board approval for a $21.200 million, 10-year agreement with Allscripts to replace a legacy Patient Management System and support administrative and clinical operations at Managed Care Services.

Sage — Executed a $49.200 million, 15-year agreement with Netsmart to implement an IT system to support Substance Abuse Prevention and Control's **(SAPC)**'s transformation into a managed care health plan for substance use disorder services.

WPC — Conducted a Survey of Capabilities to select an existing County contractor to provide a care management platform to support WPC and amend the Agreement with ClientTrack (dba Eccovia, Inc.) to add $9.230 million to implement, license and support the WPC platform.

Miscellaneous/Other

Child Care Operator Services — Managed 3 Child Care Services agreements to provide child care centers at 5 DHS facilities.

Correctional Health — Executed a $3.800 million, 2-year agreement with Liberty Healthcare Corporation for Correctional Health Services support at Pitchess Detention Center, North Facility.

Equipment Maintenance — Executed 1 new Board-approved agreement and 8 Board-approved amendments; processed 36 administrative amendments to add/remove equipment and as needed services.

Landscaping Services — Executed 6 new Proposition A Agreements for Landscape Maintenance Services for 15 DHS facilities.

2017-2018 Objectives

- Develop streamlined 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: Financial Services, Landscape, Health Information Management, Housekeeping Services, Lab Courier Services, Level One Trauma Center in SPA 6, Equipment Maintenance, Temporary Medical Services, Supportive Housing and Radiation Therapy.

Major Functions

- Acquisition Consulting
- Acquisition Processes
- Contract Development and Negotiations
- Board Letters and Memos (including acceptance of donations and grants)
- Contract Repository

Diversity & Cultural Competency

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 this 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 while building an effective language access and healthcare interpreter service infrastructure throughout all DHS facilities.

DHS-wide Language Data Report

All DHS hospitals, multi-service ambulatory care centers, and comprehensive health center facilities capture the "*preferred language*" of the limited English-proficient (LEP) patients. According to DHS' "Language Report" database for FY '16 – '17, DHS facilities provided healthcare services to a total of 1,195,180 patient visits with LEP skills, representing 52% of our total patient visits (2,291,001). During the same time period, a total of 487,079 unique patients sought healthcare services throughout DHS facilities, 267,003 (55%) of whom spoke English and 220,076 (45%) spoke other than English. Furthermore, our patient utilization data indicated that 107 languages were spoken by our LEP patients, including the top 12 languages which are heavily utilized, and therefore, are in much greater need for interpreter (voice/verbal) and translation (written) services. The top 12 languages include: Spanish, Cantonese, Mandarin, Korean, Tagalog, Armenian, Vietnamese, Russian, Arabic, Farsi, Thai and Khmer (Cambodian).

Gerardo Pinedo
Director of Strategic Operations

Nina Vassilian, MPH, MCHS
Director

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.

Goal: Assess consumer experience with cultural and linguistic services delivered at the Health Agency clinics by end of CY 2017

DHS hospitals, outpatient centers, and comprehensive health center facilities conduct the **"Consumer Assessment of Healthcare Providers & Systems (CAHPS® Survey)"** on an on-going basis. DHS-wide surveys with three (3) **"Custom Questions"** related to cultural competency were administered at all of the **43 DHS facilities' outpatient primary care clinics, during the period of November 1st 2016 to May 31st 2017**.

DHS findings for the three ((3) cultural competency patient satisfaction questions are as follows:

- **80%** of patients, out of **3,661** patients who responded to the question, agreed or strongly agreed that staff were sensitive to their cultural background
- **97%** of patients, out of **3,803** patients who responded to the question, stated that they were provided services in their language
- **95%** of patients, out of **3,539** patients who responded to the question, stated that written information was available in their language

DHS-wide Activities:

- Three (3) Mandarin-English-fluent staff (one Healthcare Interpreter and two volunteers) was assigned to provide oral interpretation and written translation service during the **"Resource Fair at Rowland Heights Mobile Estates"** on Saturday, April 1. This community outreach event was sponsored by our 4th District Supervisor, the Honorable Janice Hahn.

- Rancho hosted a number of **"Cultural Diversity Celebrations"** in observance of the events highlighted below. These activities engaged staff from various disciplines, as well as patients and their families. Each event featured celebrating the diversity of the multi-ethnic communities we serve, promoting employee engagement and fostering a culture of teamwork:
    - Celebration of Black History (February)
    - Armenian History Month Celebration (April)
    - Asian American Pacific Islander Heritage Month Celebration (May)
    - Hispanic Heritage Month Celebration (September)
    - American Indian Month Celebration (November)
    - Holidays Around the World Celebration (December)
- In collaboration with **"PALS for Health"**, a language access advocacy organization and a provider of oral interpretation and written translation services, a survey of translation needs at DHS' five (5) **"HIV/AIDS Clinics"** was conducted. As a result, a total of ten (10) documents and patient notification forms were identified and translated at no cost, per a courtesy offer from PALS for Health.

Interpreters Day / Translators Day – History & Origins

Every year on September 30th, we pause momentarily to celebrate the vast contributions of our translators. **International Translation Day** began in 1953 when members of the Federation of International Translators (FIT) decided their profession deserved a day of recognition – and rightly so! Not coincidentally, September 30th is also the Catholic Church's feast of St. Jerome, the patron saint of translators, librarians and encyclopedists. St. Jerome, who lived during the latter part of the 4th century, famously translated the Old Testament into Latin directly from Hebrew text. To that end, the International Translation Day remains a completely secular holiday. In 1991, the FIT campaigned for its official recognition, and today, it is celebrated around the world."

2016/2017 Accomplishments

Health Agency-wide Activities:

- Six (6) Healthcare Interpreter staff were assigned to the Command Center sites for the **"Exide Community Health Outreach"** that was held on Saturday, June 10th . They assisted with special activities that required oral interpretation, written translation of flyers and special communication, as well as interactions with the elected officials and dignitaries.

- With the establishment of a **"Health Agency Call Center"** July 1st. efforts have been initiated to coordinate the availability of the telephonic healthcare interpretation service in the call center to provide interpretation service in all threshold languages other than English:

"Health Agency Call Center – Greeting Script" was translated into the following threshold languages: Armenian, Cantonese, Mandarin, Farsi, Korean, Russian, Spanish, Tagalog, Vietnamese, Cambodian.

- With the establishment of **"Health Agency Whole Person Care (WPC)**, the following requests for written translation were fulfilled:

  - ***WPC Opt-in Form – Agreement to participate in Medi-Cal Whole Person Care Program (Spanish, Armenian, Cantonese, Mandarin, and Korean)***
  - ***WPC -- Authorization for the Use and Disclosure of Information (Spanish)***
  - ***WPC – Consent Companion for Data Authorization (Spanish)***

- With the roll-out of the Health Agency as of May 4, the "***Notice of Privacy Practices" (NOPP) and Joint NOPP were translated into Spanish.***

Special Projects

Working towards a "Healthier Hubert H. Humphrey Community" -- A Unique Culturally Competent Program at H. H. Humphrey CHC *(by Princess Obienu, MPH)*

At H. H. Humphrey CHC, cultural competency & diversity was integrated into all aspects of our care and operations. This was accomplished through strategic planning, multidisciplinary PCMH team efforts, community in-reach and outreach, tailored patient education and interventions and workforce development. Various multi-components and multidisciplinary health education interventions include but are not limited to: Diabetes Health Education, High Blood pressure, Lifelong Healthy Choices; nutrition and physical activity interventions for overweight and obese children, ages 4 to 17 and Healthier Options Chronic Diseases and Conditions self-management health education program for adult patients and their families. All of these programs have been planned and implemented based on an assessment of the unique needs of patients and the community.

To augment our nutrition education and services, and address food insecurity issues, we partnered with many local public health departments and agencies and Community Based Organizations (CBOs) including DPSS-CalFresh, DPSS Health and Nutrition Mobile Unit, DPSS Toy Loan Program, Humphrey Medical/Financial Services, Humphrey Dental, and Champions for Change (DPH) to host the Synergy Health Fair & CalFresh Kick-off event on May 3, 2017. This effort was in support of the CalFresh month that is observed during the month of May. Other partners that participated in the Synergy event were DPH Nutrition & Physical Activity, DPH Environmental Health (Humphrey), 211 L.A. County, WIC, Morrison's (healthy foods), Hunger Action L.A., American Cancer Society, American Heart Association, L.A. Public Libraries, Department of Business and Consumer Affairs, Harbor-UCLA BioMed, American Diabetes Association, Blue Shield of California/ Covered CA, MLK, Jr. Community Outreach, American Red Cross, and Charles Drew University of Science & Medicine HIV Mobile.

The May 3, 2017 Humphrey Synergy efforts attracted the attention of many Hubert Humphrey patients and community members, community partners and health professionals. It also gained the support of key stakeholders, the media and politicians. It further helped in improving awareness and increasing access to free healthier food options. With this effort, the Synergy FI Taskforce has progressed to studying the FI trend among our pediatric patients and families, and to improve and maximize timely access to healthier and quality nutrition options.

Office of Diversion & Reentry

The **Office of Diversion and Reentry** (ODR)- a new division under DHS offers new service models for the under-served, vulnerable criminal justice-involved population by reducing the number of defendants who are incarcerated in Los Angeles County jails who have a mental health and/or substance use disorder(s) including those who are homeless. Since 2016, this newly created office has been a part of the larger county-wide initiative to end homelessness and recidivism through permanent supportive housing efforts. Clients served through ODR are diverted from custody into coordinated housing placement and case management services in close collaboration with the County's Housing For Health division.

OFFICE OF DIVERSION AND REENTRY

Administrative Staff

Judge Peter Espinoza
Director

Kristen Ochoa, MD, MPH
Medical Director

Ella's House, located in South Los Angeles, is one of the supportive housing projects ODR operates for the MIST population. The home includes 19 beds and has 24/7 on-site staff as well as a dedicated case manager who coordinates with client's treatment providers from DMH supporting client's medical and mental health needs. The staff also provides a daily schedule of recreational and social supportive activities.

MIST–CBR Program

The *Misdemeanor Incompetent To Stand Trial Community Based Restoration (MIST-CBR) Program*– was the launching diversion program under ODR that commenced in May 2016.

Traditionally, defendants in Los Angeles County facing misdemeanor charges who were found mentally incompetent to stand trial remained in jail until their maximum sentence date or until they were restored to competency. The MIST population includes some of the most impaired inmates in the jail system who are chronically homeless persons with severe mental disorders. MIST-CBR now reduces the amount of time that the MIST population remains in jail by diverting these individuals from custody into community mental health treatment including outpatient and inpatient settings for supportive services under court order.

MIST-CBR collaborates with several County Departments, including the Mental Health Department 95 Court, DMH Countywide Resource Management, Jail Mental Health, the Public and Alternate Public Defender's Office, the District Attorney, and the Sheriff to divert MIST patients into community housing and mental health programs.

ODR Housing

On August 1, 2016, ODR launched innovative diversion efforts targeted at low-level criminal offenders using a "housing-first model". ODR Housing, a new permanent supportive housing program, is a two-component community intervention comprised of both housing and Intensive Case Management Services (ICMS) for defendants in custody who are homeless and have a mental health and/or substance use disorder. The program is offered to both the countywide reentry population who are already sentenced and pretrial defendants who have criminal felony cases in the Central District jurisdiction.

Eligible persons who choose to participate in the ODR Housing program are provided jail in-reach services, transitional housing, permanent housing, and ongoing ICMS through partnering DHS community service providers. The providers serve as the client's central point of contact for coordination of all their medical, mental heath and substance use treatment plan, housing and other supportive needs creating seamless continuity of care across the client's journey from custody to community. Inmates are connected to interim housing after exiting from incarceration and then transitioned to permanent homes either independently or together with their families. The ODR Housing program offers defendants a motivating opportunity to actively participate in their medical and mental health care treatment programs and to remain outside of custody to maintain their housing.

Sobering Center

The Dr. David L. Murphy Sobering Center opened in 2017 as an alternative to an emergency room or incarceration for persons who are intoxicated on alcohol or drugs. ODR operates this new center which is open 24 hours a day and has the capacity to serve 50 people at a time. Clients are able to rest and recover at the center catalyzing a prime opportunity to link them to substance use treatment and other community services upon their discharge.

Client served as of June 26 , 2017	
# of MIST-CBR Clients	416
# of ODR Housing Clients	652

Upcoming ODR Programs

- **Law Enforcement Assisted Diversion (LEAD)-** Harm reduction program that diverts low level drug offenders and commercial sex workers into case management and community services in lieu of arrest.
- **Pay for Success (PFS)-** Los Angeles County's first PFS initiative aimed at reducing recidivism and improving housing stabilization for homeless persons in jail through an innovative social impact contracting model.
- **Proposition 47**– ODR is a recent grantee of Prop 47 funding to expand wrap around services to improve health and employment outcomes for persons rehabilitating their lives from incarceration.
- **SB678**– Clinical and ancillary reentry programs specialized for offenders on probation with mild mental health and substance use disorders using evidence-based correction practices and interventions.

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 all 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 are 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 the EMS Agency staff and the support of DHS and the BOS.

Fiscal Year 2016-2017 Activity:

- 1,730 EMTs certified and 2,117 recertified
- 68 MICNs certified and 341 recertified
- 253 Paramedics accredited and 1,886 reaccredited
- 8 Ambulance Companies licensed with 356 Ambulance vehicles licensed for the first time and 1 Ambulette company licensed with 8 vehicles licensed for the first time
- 5 Hospitals designated as Primary Stroke Centers bringing the total to 48 designated Primary Stroke Centers
- 1 hospital designated as a Pediatric Medical Center bringing the total to 11 Pediatric Medical Centers
- 79 Graduates from the Paramedic Training Institute
- 4 Provider Agencies implemented electronic patient care record (ePCR) systems bringing the total to 28 out of the 33 public providers using an ePCR
- 34,290 ambulance/medical van transports provided by DHS Ambulance Services
- 5,175 Transfers coordinated by the MAC
- 730 Hospital Available Beds For Emergencies and Disasters (HAvBED) drills conducted with 93% reporting compliance from 81 acute care hospitals

2016-2017 Accomplishments

- Coordinated the training of over 5,000 people on June 1, 2017 in Hands-Only CPR.
- Coordinated over $4.4 million in Measure B funding payments to Pomona Valley Hospital Medical Center as part of the Pre-Trauma Center Designation Services Agreement to Pomona Valley Hospital Medical Center to develop a trauma center in East San Gabriel Valley.
- Pomona Valley Hospital Medical Center designated as a Level II Trauma Center on March 1, 2017.
- Participated with DHS Contracts and Grants division to score all proposals submitted under the Emergency Ambulance Transportation Services 9-1-1 Response Request for Proposals and awarded contracts to provide this service in all Exclusive Operating Areas.
- Received the American Heart Association 2017 Mission: Lifeline EMS Recognition Gold Award.

Prehospital Care of Patients with Mental Health and Substance Use Emergencies

At the July 15, 2015 EMS Commission meeting, a motion was approved to establish an Ad Hoc Committee to address the significant issues identified in the prehospital care of behavioral emergencies. The ad hoc committee was comprised of representatives from constituent groups who have a vested interest in the care of patients exhibiting mental health and/or substance abuse emergencies. The Ad Hoc Committee met on numerous occasions and developed process maps to highlight the issues in prehospital care for this patient population. Based on the issues identified, the committee issued the *Ad Hoc Committee on Prehospital Care of Mental Health and Substance Abuse Emergencies Final Report* (Report), which highlights nine (9) recommendations for change to the mental health/substance abuse field response, care and disposition by EMS and law enforcement.

Over the next several years, the EMS Agency, with support from the EMS Commission, will work with the appropriate stakeholders to implement many of the recommendations cited in the report.

Administrative Staff

Cathy Chidester RN, MSN
Director

Marianne Gausche-Hill, M.D.
Medical Director

Roel Amara, RN
Assistant Director
Disaster Programs

Kay Fruhwirth, RN, MSN
Assistant Director
Administrative Services

Richard Tadeo, RN
Assistant Director
EMS Programs

Spotlight on the Medical Alert Center

The Medical Alert Center, otherwise known as the "MAC" is the 24/7 Communication and Coordination Center for LAC DHS and the EMS Agency.

The MAC's primary mission is the coordination of patient transfers from DHS clinics and private hospitals into a DHS hospital or between DHS facilities. On an annual basis, the MAC processes approximately 10,000 patient transfers, most of which are patients who need to be moved because the patient requires treatment that is unavailable at their current location. The MAC also assists DHS' Managed Care Services with coordinating transfers of their members from out-of-network hospitals into a DHS operated hospital.

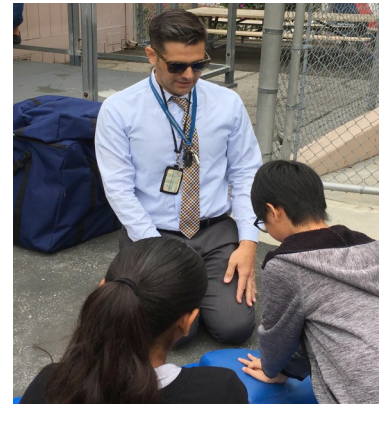
Along with hospital transfer activities, the MAC assists EMS providers with certain 9-1-1 responses when they require assistance with hospital destination and air ambulance transportation arrangements. This involves the coordination of transporting medical staff and patients to and from the Catalina Island Hyperbaric Chamber, which is a highly specialized facility operated to treat scuba diving and decompression incidents. These patients usually require emergency helicopter transportation from Catalina Island to the mainland following their treatment and the MAC works with the hyperbaric chamber personnel and Los Angeles County Fire Department to fulfill these specialty EMS missions.

Another critical 9-1-1 EMS mission for the MAC is to assist EMS personnel responding to the scene of a major incident with multiple victims, such as a train derailment, to direct hospital destination for the patients based on the type and severity of their injuries. MAC personnel provide field responders with emergency department availability and hospital level of care information to help ensure patients are transported to a hospital that has the services the patient needs. The MAC handles approximately 25 of these multi-casualty incidents and drills each month.

MAC is also responsible for monitoring the "Diversion" status of the 73 9-1-1 Receiving Facilities in the County. The diversion status can vary from having a very busy emergency department (ED Saturation) to trauma, stroke and STEMI diversion to a full blown "internal disaster" meaning the hospital cannot accept any patients except for walk-ins. MAC assists hospital personnel to process the various "Diversions" and provide the related critical notifications in order to coordinate 9-1-1 patient hospital destinations of our system. This is critical to ensure that patients who are treated by paramedics are transported to a hospital that has the resources to care them.

Finally, the MAC supports the EMS Agency's role as the Medical and Health Operational Area Coordinator for LA County and the Regional Disaster Medical and Health Coordinator for Region I (Orange, LA, Ventura, Santa Barbara, and San Luis Obispo counties) by serving as the initial point of contact and coordinating entity to support healthcare facilities within LA County and other counties in Region I.

SideWalk-CPR
LA County EMS System



Color Code Drug Doses—LA County Kids

Drug dosing errors in children are common in emergency settings occurring in as many as 35% of drug administrations. The EMS Agency developed a standardized formulary and associated Color-Coded drug dosing for children based on kilogram body weight to be used during the emergency care of pediatric patients (ages 0-14 years). This system which utilizes a color-coded length-based resuscitation tape to determine weight and then the standardized formulary to pre-calculate dose in milliliters was recently updated to reflect current evidenced-based practices and is predicted to eliminate more than 90% of errors.

The EMS Agency recently received a grant to develop a smart device application *LA County Kids*, which will allow over 6,000 Base Hospital personnel to order and the almost 4,000 paramedics to confidently and *safely* administer the *correct* dose of life saving medication to the pediatric patient suffering a medical emergency without having to calculate drug doses during a stressful pediatric emergency call.

6 Kg	Length 59.5 – 62 cm			3-4 months			PINK
	Normal Vital Signs:	Heart Rate: 100-160		Respirations: 30-60	Systolic BP: >70		
	Cardioversion:	6 joules		12 joules	12 joules		
	Defibrillation:	12 joules		24 joules	24 joules		
	Medication	Dose	mLs	Medication	Dose	mLs	
	Adenosine	0.6mg	0.2mL	Fentanyl IV/IM	6mcg	0.12mL	
	Albuterol NEB	2.5mg	3mL	Fentanyl IN	9mcg	0.18mL	
	Amiodarone	30mg	0.6mL	Glucagon IM	0.5mg	0.5mL	
	Atropine	0.12mg	1.2mL	Lidocaine 2% IO	3mg	0.15mL	
	Calcium Chloride	120mg	1.2mL	Midazolam IV/IM/IN	0.6mg	0.12mL	
	Dextrose 10% slow IV	30mL	30mL	Morphine Sulfate IV	0.6mg	0.15mL	
	Diphenhydramine IV/IM	6mg	0.12mL	Naloxone IV/IM/IN	0.6mg	0.6mL	
	Epinephrine 0.1mg/mL IV	0.06mg	0.6mL	Normal Saline IV Bolus	120mL	120mL	
	Epinephrine 1mg/mL IM	0.06mg	0.06mL	Sodium Bicarbonate	6mEq	6mL	
	Epinephrine 1mg/mL NEB	2.5mg	2.5mL				

7 Kg	Length 62 – 66 cm			5-6 months			PINK
	Cardioversion:	7 joules		14 joules	14 joules		
	Defibrillation:	14 joules		28 joules	28 joules		
	Medication	Dose	mLs	Medication	Dose	mLs	
	Adenosine	0.7mg	0.23mL	Fentanyl IV/IM	7mcg	0.14mL	
	Albuterol NEB	2.5mg	3mL	Fentanyl IN	10.5mcg	0.21mL	
	Amiodarone	35mg	0.7mL	Glucagon IM	0.5mg	0.5mL	
	Atropine	0.14mg	1.4mL	Lidocaine 2% IO	3.5mg	0.18mL	
	Calcium Chloride	140mg	1.4mL	Midazolam IV/IM/IN	0.7mg	0.14mL	
	Dextrose 10% slow IV	35mL	35mL	Morphine Sulfate IV	0.7mg	0.17mL	
	Diphenhydramine IV/IM	7mg	0.14mL	Naloxone IV/IM/IN	0.7mg	0.7mL	
	Epinephrine 0.1mg/mL IV	0.07mg	0.7mL	Normal Saline IV Bolus	140mL	140mL	
	Epinephrine 1mg/mL IM	0.07mg	0.07mL	Sodium Bicarbonate	7mEq	7mL	
	Epinephrine 1mg/mL NEB	2.5mg	2.5mL				

Enterprise Health Information Management

Administrative Staff

Gerardo Pinedo, Director of Strategic Operations
Harvey Jones, RHIA, Director of HIM System

Christopher Rodriguez, RHIT
Coding & Auditing Manager

Judy Tan, J.D.
Director, Admin Affairs

Cristina Gomez, RHIT
LAC+USC Medical Center

Alma Smith, RHIT
Harbor-UCLA Medical Center

Tillie Acosta
Olive View-UCLA

Annette Simmons, CCS
Rancho Los Amigos National

Martin Sandoval, MPA
Director, Budget/Contracts

Verselia "Sally" Biggers

Miriam Andrade

Patricia Hammond

The Health Information Management Division (HIM) is responsible for processing and maintaining medical records for all patients who are seen throughout all hospitals and health centers in the DHS system, including:

Inpatient and Outpatient Coding: Utilizes ICD-10, CPT-4, ICD-O and HCPCS coding classifications to translate clinical documentation into the appropriate codes. The diagnostic and procedural codes are used for billing, statistical reporting for internal use, state & federal reporting.

Release of Information (ROI): Evaluates, processes and tracks requests for protected health information from patients, government agencies, other medical institutions, and/or legal requests (i.e. subpoenas, court appearances, disability claims, insurance claims, search warrants, etc.).

Enterprise Master Patient Index (EMPI): Manages a database of clinical information, patient demographics, and unique patient identifiers assigned to each individual patient to ensure that a patient's medical records are consistent, accurate, current, and complete across DHS clinical and administrative units and divisions.

Tumor Registry: Reviews and abstracts coding clinical neoplasm information in order to comply with government regulations.

EHIM and each local HIM division's goal is to provide correct and dependable data to the various clinical, operational, and administrative units/divisions across DHS. HIM professionals in DHS work to provide quality patient information while maintaining the highest standards of data integrity, confidentiality and security.

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HEALTH · OUR COMMUNITY
LOS ANGELES COUNTY
HEALTH AGENCY

Facilities Management

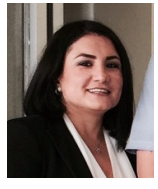
Administrative Staff

Gerardo Pinedo, Executive Manager

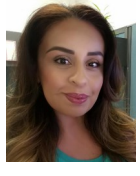
Marta Garcia-Sheffield
Division Chief

Cecilia Galdones
Planner I

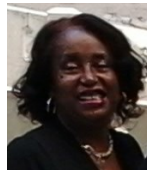
Andre Harper
Senior Custodian Supervisor



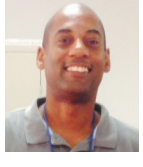
Lusine Muradyan
Building Manager
Ferguson Complex



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 (HSA) headquarters, administrative offices in Commerce, and management of the following:

Antelope Valley Health Center	335-B E Avenue K-6, Lancaster
Dollarhide Health Center	1108 N Oleander Street, Compton
EMS Administrative Headquarters	10100 Pioneer Boulevard, 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

Additional major responsibilities include:

- Representing DHS on the Board-approved Countywide Waste Management Group for a Sustainable Future
- Administration of the parking operations at Figueroa (with ISD) and Ferguson/Commerce buildings
- Daily management of facilities issues including custodial service, repairs, security, mail operations, deliveries and building systems
- Management of office space allocations and related strategic planning
- Co-management of on-site cafeteria and vending services for employees and the public
- Strategic planning and execution of multiple office space moves to accommodate new and innovative programs.
- Representing DHS on the Board-approved Countywide Water Conservation Working Group

The men and women working in our Facilities Management Division are dedicated toward providing high quality and cost-effective management of our administrative sites — both directly County-owned as well as leased commercial space. The daily duties of this important division include the management of administrative office space, parking, maintenance and custodial support. In addition, this Division works closely with other parts of the Department to identify and meet space needs of multiple program units serving all residents of the County of Los Angeles.

Among its many accomplishments throughout the past year, the Facilities Management Division partnered closely with the Health Information Management Division to plan and implement the large scale paper medical records consolidation project which successfully freed up over 200,000 square feet of valuable real estate for ongoing cost-savings and efficiencies throughout the entire DHS system.

The employees in the Facilities Management Division constantly strive toward providing the absolute best customer service possible; and we look forward to continuing to achieve greater efficiencies in our daily operations as well as in the way in which we manage our buildings so that our fellow County employees can in turn provide excellent customer service to the public.

WASH YOUR HANDS

Government Affairs, Communications,
Commissions and Workplace Programs

Administrative Staff

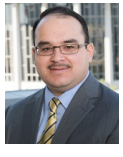
Gerardo Pinedo
Director

Rowena Magaña, M.P.A.
Assistant Director

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

Robin T. Young
Public Information Officer

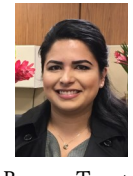
Esther Aguilera, M.P.A.
Legislative Analyst



Allen Gomez, M.P.A.
Staff Analyst

Regina Jemmott
Senior Clerk

Rosa Perez
Assistant Staff Analyst



Roxana Topete
Administrative Assistant

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

Lisa Finkelstein
Constituent Case Coordinator

Our mission is to be responsive to our governing body, the L.A. County Board of Supervisors, and to our elected officials in the state Legislature and the U.S. Congress, to ensure that they receive timely information and support as they advocate on behalf of the County's health safety net. We provide testimony at hearings, staff booths at health fairs and we investigate constituent case referrals from our elected officials.

We are also happy to fill our department's communication needs by responding to media organizations and members of the public who seek information about our programs and services; and we are especially proud to be able to support our County commissions as they explore ways to help us improve care and services for patients.

Our goal is to provide the best customer service possible in an expeditious manner to all people at all times.

We serve as executive staff for the Hospitals and Health Care Delivery Commission which provides valuable oversight and advisory input to the leadership of the Department on important policy and budgetary matters with the goals of constantly improving and innovating in the delivery of health care services to the public,

Whenever needed, we fully support all facilities and program units of the Department in addressing requests from the County's Audit Committee to ensure that DHS is in full compliance with all policy and fiscal requirements, program reviews, and requests from the Board-appointed members of the Audit Committee.

We coordinate requests from the County's CEO and other departments to ensure that volunteer and other workplace programs are administered widely and effectively throughout the Department in order to always uphold the vision of our Board of Supervisors.

Housing For Health

Administrative Staff

Marc Trotz
Director

The LAC DHS Housing for Health (HFH) division provides housing and supportive services to homeless clients with physical and/or behavioral health conditions, high utilizers of county 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 supportive services. These on-site or roving, field-based 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. DHS supportive housing projects use a variety of community-based housing options including non-profit owned supportive housing, master leased buildings and scattered site housing. HFH relies on both federal rental subsides (project-based and tenant-based vouchers) as well as a locally funded rental subsidy program called the Flexible Housing Subsidy Pool (FHSP). In addition to supportive housing, HFH manages a portfolio of interim housing and recuperative care beds to serve as a bridge for clients on the path to permanent housing.

HFH receives client referrals from DHS facilities, Intensive Case Management Services (ICMS) partner agencies, the Office of Diversion and Reentry (ODR), the Coordinated Entry System (CES) and various County departments. HFH contracts with community-based organizations to provide ICMS to all clients. Currently, HFH contracts throughout Los Angeles County. ICMS providers use a client-centered approach that is sensitive to the challenges homeless persons with a range of medical and behavioral issues face as they move into and maintain permanent supportive housing. They employ a "whatever it takes approach" to assist clients in their transition from homelessness to permanent housing. HFH staff are consistently expanding work orders with ICMS providers to increase the permanent housing inventory.

Infusing high-quality clinical care and consultation are fundamental to HFH's service delivery model. Given the complexity of the physical and behavioral health conditions many homeless people face, having MDs, Psychiatrists, NPs, RNs, and Social Workers providing direct services or consulting with our ICMS providers has greatly increased the effectiveness and reach of our work. Clinical services are woven into all HFH programs. The Star Clinic, located in the heart of Skid Row, acts as the hub of our clinical services.

Highlight HFH Program 1 — CBEST

HFH launched a benefits advocacy services program called the Countywide Benefits Entitlement Services Team (CBEST) in March 2017. The program is modeled after DHS' former Benefits Entitlement Services Team (B.E.S.T) pilot project which removed barriers for homeless disabled adults by providing coordinated health and mental health evaluations, case management and benefits advocacy to homeless adults applying for Supplemental Security Income/Social Security Disability Insurance (SSI/SSDI).

The CBEST program also draws upon national best practice models including the SSI/SSDI Outreach and Recovery (SOAR) and the Homeless Outreach Projects and Evaluation (HOPE) projects. CBEST lead partners include the LA County Sheriff's Department, LA County Department of Military and Veterans Affairs, and LA County DPSS. The targeted population is Medi-Cal eligible adults who are homeless and at risk of homelessness who may be eligible for SSI, SSDI or Cash Assistance for Immigrants (CAPI) benefits, homeless veterans and veterans at risk of homelessness applying for Department of Veterans Affairs benefits or related services and inmates in jail facilities who may be eligible for SSI, SSDI, or CAPI benefits. CBEST services are in community based locations within each Service Planning Area, co-located in 14 DPSS offices Countywide, and in all Los Angeles County jail facilities. HFH has contracted with 7 organizations to provide these services Countywide.

CBEST services include working closely with outreach and engagement teams in each SPA, coordination and integration with existing systems of care including the Coordinated Entry System, gathering and summarizing current and historical health and mental health records, linking clients to health and mental health services to document their disability(ies), completing and submitting applications, coordinating and advocating with the Social Security Administration, California Department of Social Services Disability Determination Services and Department of Veterans Affairs regarding pending applications, maintaining regular communication with clients on application status and developing and implementing a program exit plan including an assessment and documentation of warm hand off to community providers.

CBEST goals include achieving a minimum of an 80% approval rate on all benefits applications and ensuring that 75% of clients are linked to and have access to health, mental health and substance use disorder services.

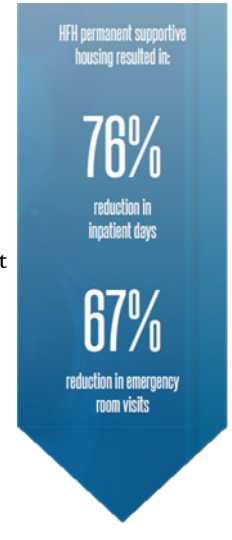
Data Pop-out:

Supportive Housing (as of September 30, 2017)	
# of clients placed into housing from Nov. 2012—Sept. 2017	3968
# of clients currently housed	3572

2017/2018 Objectives

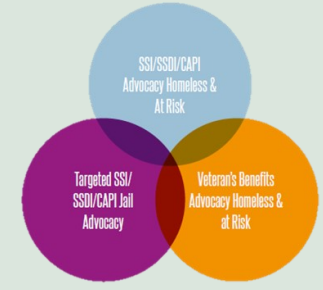
- Connect an additional 2,500 individuals experiencing homelessness to supportive housing, bringing the total number of individuals connected to supportive housing to 6,500 since HFH's inception.
- Bring 500 additional Interim Housing beds online in LAC for clients on the path to permanent housing.
- Screen 15,000 individuals to determine eligibility for SSI/SSDI benefits and Veteran's benefits.
- Implement 10 additional multidisciplinary teams across LAC that includes health, mental health, substance abuse experts, and peers with lived experience providing case management.

In April 2017, RAND quantitatively analyzed and evaluated 787 HFH clients with the goal of determining what impact supportive housing has on service utilization patterns of clients who were housed. The study looked at outcomes one year pre- and one year post-housing through the HFH program. The preliminary analysis* suggests that permanent supportive housing is significantly associated with reductions in all DHS services (emergency room, inpatient services, and outpatient visits). Most significantly, the number of inpatient days dropped from 6,065 to 1,471 and the number of emergency room visits dropped from 1,826 to 594. This represents a 75% reduction in inpatient days and a 67% reduction in emergency room visits. A full report of the evaluation will be available in late 2017.



*A RAND report on permanent supportive housing through HFH with complete and final data will be released Summer 2017. The data elements in this report are subject to change once all datasets and modeling decisions are finalized. Results are not cleared for release or citation beyond this report.

Highlight HFH Project – Mosaic Garden: Willowbrook



Project Type: Affordable Housing
Neighborhood: Willowbrook
Target Population: Families and Single Adults
Units: 61 (31 for DHS referrals)
Opened: April 2017
Owner/Developer: LINC Housing
Service Provider: The People Concern

The 61-units Mosaic Gardens at Willowbrook has more than half of its units designated for formerly homeless residents in the HFH program. The other homes are for families earning up to 60 percent of the area median income for Los Angeles County, as established by HUD. The 31 HFH-connected families calling Willowbrook home utilize Housing Authority of the County of Los Angeles Project-Based Vouchers with wraparound ICMS provided by The People Concern.

"Homelessness and affordable housing are top concerns for the Willowbrook community," said Rebecca Clark, LINC Housing's president and CEO. "We work side-by-side with county leaders, our partners and this community to bring solutions that will improve people's lives and transform the neighborhood."

The architecture and landscape at Mosaic Gardens at Willowbrook has a ranch-style feeling that evokes the neighborhood's pride of "country living in the city." It also incorporates many features for healthy living. The buildings are interconnected by open space to encourage walking and socialization. Community gardens are available for families to grow their own food and the community room has space for educational classes about healthy living as well as a kitchen where residents can learn and share recipes on how to prepare the food they've grown. A tot lot and small field provide children a safe environment for physical activity. The large community space also includes multipurpose space to house a variety of resident programs as well as a computer lab, fitness room, manager's office and private meeting space for service providers and case managers. Within a half mile of the property, residents of this community have access to many amenities including an elementary school, public transportation, retail shopping, pharmacies and other service opportunities. The property is within a mile of the MLK, Jr. Outpatient Center and the Willowbrook/Rosa Parks Metro Station.

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 a 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 services within DHS:

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

Education Compliance is located at H.S.A. and provides services to all DHS facilities.

On-site HR units are located at the following DHS sites: Harbor-UCLA, High Desert RHC, LAC+USC, MLK, Jr. OC, Olive View-UCLA, and RLANRC. The on-site HR units track local workforce compliance, provide support for emergent HR issues and are responsible for on-boarding non-county workforce.

Special Projects & Accomplishments

- Implemented the Phase I and II transfer of over 1,500 employees from DMH and the County of Los Angeles Sheriff's Department to the new Integrated Correctional Health Services Division in DHS with services provided by all centralized HR sections.
- Developed specialty exams to support the WPC Initiative.
- Launched a fast track for performance management attendance issues.

Administrative Staff

Liz Jacobi
Director
Human Resources

Marilyn Hawkins
Assistant Director

Central Services HR Managers

Lorena Andrade-Guzman: Performance Management
Marilyn Hawkins (interim): Payroll, Benefits, Time Collection & FMLA
Rayette Hernandez: Classification & Compensation
Donna Lough: Employee Relations
Sharon Robinson: Regulatory Compliance & Training
Heberto Sanchez: Recruitment & Examinations
Magaly Vazquez Ponce: Personnel Services
Karen Wunch: Education Compliance

On-Site HR Managers

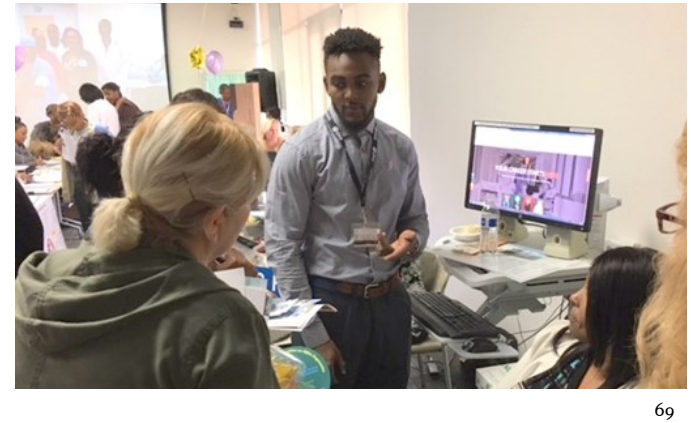
Thomas Beggane: Olive View - UCLA
Anna Carpena: Rancho Los Amigos NRC
Latania Vernon: High Desert RHC
Monique Ortega: LAC+USC
Regina Pierre: Martin Luther King, Jr. OC
Karyl Smith: Harbor - UCLA

Special Projects & Accomplishments (cont'd)

- Collaborated with DHS' labor unions to host Employee Engagement/Benefit Fairs at DHS facilities and provided a program on Pathways to Professional Growth.
- Created a forum with SEIU Local 721 to address dignity and respect in the workplace through the PRIDE (Professionalism, Respect, Integrity, Dignity and Employee Rights) taskforce.
- Successfully implemented a new online model for competency testing, with 7000 employees tested in the first year.
- Expanded the existing DHS labor-management transformation committee to include all three departments of the Health Agency and all labor unions representing Health Agency employees.
- Co-led a project with the Union of American Physicians and Dentists (UAPD) and the SEIU Committee of Interns and Residents (CIR) to enhance physician recruitment.

2017/2018 Objectives

- Lead Strike Teams for recruitment and hiring to onboard 400 new employees for Correctional Health Services.
- Develop new Nursing exams to support contracting in initiatives.
- Co-lead Health Agency labor-management projects about provider recruitment and bilingual bonuses.
- Launch two new performance management Fast Tracks
- Create project plan to develop work plans for the roles in Correctional Health Services
- Prepare for the 2018 labor negotiation cycle
- Develop a PRIDE training video
- Train HR staff as Just Culture coaches



Information Technology

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

Goal: Transform DHS from an episodic, hospital focused system into an integrated, high quality delivery system

Goal: Create a modern IT system that improves the care of our patients and assures efficient use of resources

Goal: 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
Health Agency CIO

Charles Coffey, MD
DHS CMIO

Health Agency

Our Health, Our Community, Our Los Angeles County

The goal of Information Technology within the Health Agency is:

To leverage IT strengths and capabilities across the Health Agency to produce clear added value for our communities, the Health Agency and the County.

The Departments of Health Services, Public Health and Mental Health have banded together to form collaboratively the Integration Management Office (IMO). The IMO has been tasked with improving care coordination across the Agency, while also enhancing productivity and reducing costs through economies of scale.

The Health Agency IMO duties include:

- Identifying current and new Health Agency IT projects that are critical to addressing the Health Agency Strategic Priorities
- Establishing Agency-wide Synergy Teams to facilitate and enhance communication, collaboration and completion of priority Agency IT projects
- Serving as a resource for sharing best practices among all Health Agency IT organizations

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.***

Enterprise Health Record (EHR) – ORCHID Optimizations:

- Evolve the governance model to include appropriate stake holders within DHS to strategically decide and prioritize requested changes and customizations to the Enterprise ORCHID environment.

Special Projects & Accomplishments

- **Whole Person Care:** WPC is a five-year program that will serve five areas of high-risk: homelessness, justice involvement, substance use disorder, mental health and medical complexity. In order to provide seamless and integrated care coordination, complex care management teams, including community health workers (CHWs), Medical Case Workers (MCWs), psychiatric social workers (SWs) and supervising SWs will need mobile devices (including mobile smart phones and tablets/laptops), allowing secure access to custom built IT platforms including a care management platform.

- **Integrated Correctional Health Services (ICHS):** In 2015, the BOS approved the transfer of Correctional Health and Jail Mental Health services from the Sheriff and DMH to DHS. Roughly 2,000 employees were transferred to the newly formed Integrated Correctional Health Services (ICHS) department.

- **Empaneled Life Management (ELM—HealthE Intent):** The ELM project is a module within Cerner Millennium that is necessary for all the DHS facilities to empanel patients and for all medical homes to manage their panel of patients. This will serve as the standard empanelment algorithm for DHS. The registry functionalities will be critical in helping the department meet PRIME metrics that are part of the new waiver.

- **Health Agency Enterprise Help Desk:** the Enterprise Help Desk (EHD) is driven to provide a customer focused, single, unified point of contact for all IT Services and ensure high availability access to all systems by leveraging teamwork, technology, professionalism and commitment to excellence. The EHD has become a central hub for the Health Agency as they have recently absorbed IT support services for DPH and ICHS, with Mental Health slated to join later this year. In a continued effort to provide exemplary support, EHD is also undergoing a system-wide upgrade from Footprints to Cherwell (Service Request Creation & Tracking System).

2017/2018 Objectives

Health Agency IT Initiatives:
Advance interoperability of appropriate clinical data to be shared between other Los Angeles County Departments and partners that provide clinical patient/client/custodian care, including Sheriff, Probation, Public Health, Mental Health, LANES, and MLK, Jr. Community Hospital. The interoperability tools will vary for each of these entities.

Deployment of strategic DHS enterprise systems

- ELM – Empaneled Lives Management to go live on summer 2017 for Empanelment, Registries, and PRIME Reports;
- LILAC – Line Item Level Accounting Control to go live by December 31, 2017.
- MAPLE – Member Administrative & Linkage Payment Environment to go live by December 31, 2017
- CEDAR – Enterprise Patient Data Repository Phase 2 go live by August 31, 2017
- ORCHID Extension to DPH – go live by December 31, 2017

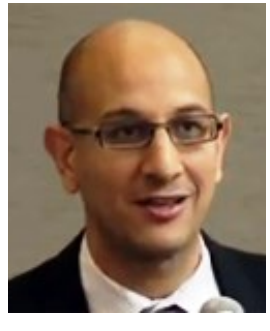
Improve Patient engagement capabilities

- Improving DHS's patient portal functionality to include self-enrollment, eClipboard, eVisits, and the presentation of Lab, Radiology, Pathology reports & clinical reports.
- Improve Patient engagement to the Portal by improving the number of those who visit the site, increasing the duration of time each patient stays on the portal and increasing the number of return visits to the portal.

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 the juvenile detention facilities. These facilities consist of 3 juvenile detention halls and 13 residential treatment camps scattered throughout Los Angeles County. Clinical staff consists of 13 pediatricians with 140 nurses, dentists and dental assistants, an optometrist and additional support services with laboratory, pharmacy and radiology to provide comprehensive total health care for this deserving population of youth. In addition, they work with DMH and the Probation Department to address all the youths' health care needs. They see adolescents with typical needs, and those with high-risk factors like Commercially Sexually Exploited Children (CSEC) and transgender youth. Frequently, these high-risk youth do not have access to essential medical and mental health services. They often deal with these needs and provide continued access upon discharge from a detention facility.

Administrative Staff



Mark Ghaly, MD
Deputy Director
Community Health

Elena Laurich, CCHP
Administrator

David Oh, MD
Interim Medical Director

Mary Logan, RN
Interim Nursing Director

Special Projects & Accomplishments

JCHS successfully re-opened the Radiology Department with a new x-ray machine. This allows quicker turnaround results for plain film x-rays with better safety for youth, better use of staff resources and overall improved patient care.

JCHS continued with the goal of staff development by providing Microsoft Office training. Another training offered to the Department Head, Managers and Supervisors was the Leadership at the Point of Care training. This experiential type of training was meant to foster team building and develop new mission and values.

JCHS has worked closely with the Probation Department to develop and implement the LA Model for a new facility for probation youth in Malibu—Campus Kilpatrick. This newly redesigned campus will focus on youth rehabilitation through the small-group treatment model with partner agencies and community organizations working together for the youth.

Nursing development including the hiring of additional supervisors and expansion of the relief pool continues to be a focus for JCHS. Work was done to standardize the nursing orientation for these new hires with the customization of material based on different roles and locations. Through better preparation, the goal is for staff to be able to work with other staff members for the health of the youth.

JCHS was able to offer regularly scheduled CPR classes for staff. This service was done in-house and allowed a convenience to the staff for certification/recertification.

JCHS started a new phase with the Girls Health Screening. This tool allows for identification of high-risk females and communication between different departments regarding the coordination of services. Females who have high-risk medical and mental health needs may be readily identified through means that may be perceived as non-threatening to the youth.

JCHS has expanded their Training Program for newly hired Probation staff to include additional information about high-risk medical situations.

2017/2018 Objectives

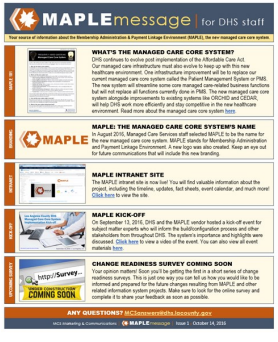
Continued goals and objectives include:

- Expansion of the Training Program for Probation to include regular refresher courses for current staff.
- Full integration of JCHS in Probation's Disaster Plans at each of the detention facilities.
- Better development of integrating discharged youth back into the community through the WPC program.
- Intranet/Internet presence for our staff and general public.
- New Pyxis machines at camps to continue improvement in patient safety and pharmacy efficiency.
- Working with Probation for the redesign of the Camp Scott Probation facility.
- Electronic interface between the electronic health record and the radiology system.
- Improvement of nursing assessment skills through training sessions.

Managed Care Services

Mission Statement

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.


MAPLEmessage | for DHS staff

Your source of information about the Membership Administration & Payment Linkage Environment (MAPLE), the new managed care core system.

WHO'S IN

WHAT'S THE MANAGED CARE CORE SYSTEM?
DHS continues to evolve post implementation of the Affordable Care Act. Our managed care infrastructure must also evolve to keep up with this new healthcare environment. One infrastructure improvement will be to replace our current managed care core system called the Patient Management System or PMS. The new system will streamline some core managed care-related business functions but will not replace all functions currently done in PMS. The new managed care core system alongside improvements to existing systems like ORCHID and CEDAR, will help DHS work more efficiently and stay competitive in the new healthcare environment. Read more about the managed care core system here.

WHAT'S IN A NAME

MAPLE: THE MANAGED CARE CORE SYSTEM'S NAME
In August 2015, Managed Care Services staff selected MAPLE to be the name for the new managed care core system. MAPLE stands for Membership Administration and Payment Linkage Environment. A new logo was also created. Keep an eye out for future communications that will include this new branding.

WHAT'S UP?

MAPLE INTRANET SITE
The MAPLE intranet site is now live! You will find valuable information about the project, including the timeline, updates, fact sheets, event calendar, and much more! Click here to view the site.

KICK-OFF

MAPLE KICK-OFF
On September 17, 2015, DHS and the MAPLE vendor hosted a kick-off event for subject matter experts who will inform the build/configuration process and other stakeholders from throughout DHS. The system's importance and highlights were discussed. Click here to view a video of the event. You can also view all event materials here.

YOU'VE HEARD ABOUT

CHANGE READINESS SURVEY COMING SOON
Your opinion matters! Soon you'll be getting the first in a short series of change readiness surveys. This is just one way you can tell us how you would like to be informed and prepared for the future changes resulting from MAPLE and other related information system projects. Make sure to look for the online survey and complete it to share your feedback as soon as possible.

http://Survey... Change Readiness Survey COMING SOON

ANY QUESTIONS? MCIsanswers@dhs.lacounty.gov

MCS Marketing & Communications MAPLEmessage Issue 1 October 14, 2015

DHS—Managed Care Services
Medical Management
Cordially Invites You to ...

Case Management Workshop

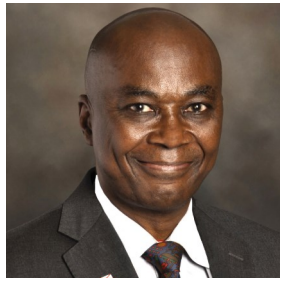
- Inservice with 1 CE on Stress Management
- Update on Managed Care
- Meet with contracted Vendors
- Greet Colleagues Face to Face
- Enjoy Networking Activities
- Lunch provided

Please R.S.V.P. by September 30, 2016
To Maria Molina (Marilu)
molina@dhs.lacounty.gov
call 626-299-5547
With your Name, Employee #, Work Location, Phone Number

Wednesday, October 26, 2016 (10:30am to 2pm)
Rancho Los Amigos National Rehabilitation Center
SSA Building, Room 1150, 7601 E Imperial Hwy, Downey, CA 90242

Celebrating Case Management Week!!

Administrative Staff



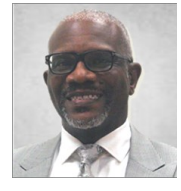
Michael Owens, MD, MPH, VFACPE, CPE
Interim Director, CMO
Managed Care Services

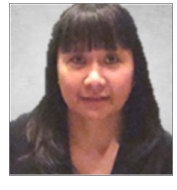
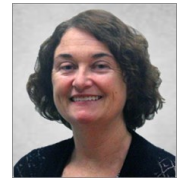
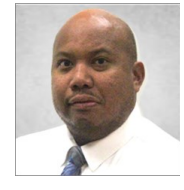
Managed Care Services: An Overview

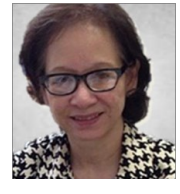
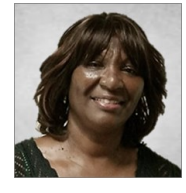
DHS is known as a safety net organization because we provide health services to people who are uninsured or have low-income. Within this larger organizational structure, Managed Care Services (MCS) functions as a Managed Service Organization or MSO. As an MSO, we oversee administration, delivery and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

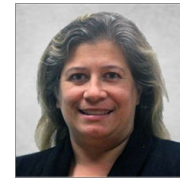
To help DHS stay competitive in this new market, MCS works diligently to:

- 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





MCS management staff cont'd
STARTING FROM TOP ROW, LEFT TO RIGHT
BUSINESS DEVELOPMENT
Lindsey Angelats, MS, FACHE, Director

FINANCE SERVICES
Rogers Moody, Chief Financial Officer
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, Senior Physician
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
Susana Mendoza, MD
Assistant Physician Medical Director

MY HEALTH LA
Amy Luftig Viste, Program Director

PATIENT RELATIONS & REFERRALS
Dawn Flores, Director

Special Projects & Accomplishments

BUSINESS DEVELOPMENT

- Developed and launched campaign to promote mail order pharmacy program to improve patient access to care.
- Maintained and expanded contracting relationships with 11 health plans to diversify our payor mix and attract new revenue to support the safety net.
- Developed Managed Care Ambassadors program to educate DHS staff on our purpose as a best-in-class provider of Medical Managed Care services.
- Established first Business Analytics Department to identify opportunities for new services and support efforts to determine opportunities to promote appropriate utilization.

MANAGED CARE INFORMATION TECHNOLOGY

- Kicked off Managed Care Core System Replacement Project with Allscripts/Citra in September 2016. The project, known as Membership Administration and Payment Linkage Environment — Maple, is currently underway and expected to go live in Fall 2017.
- Successfully completed all legacy Empanelment activities to prepare for the ELM implementation.
- Implemented recommendations from Optum Health to improve encounter capture and reporting to health plans.

MY HEALTH LA (MHLA)

- Awarded the County Image Enhancement Award by the BOS and the Quality and Productivity Commission.
- Added and expanded no-cost comprehensive Substance Use Disorder (SUD) services for all MHLA participants in collaboration with Public Health, Substance Abuse Prevention and Control (SAPC) Division.
- Successfully transitioned 32 Community Partners to a retail pharmacy network, expanding pharmacy access to almost 100,000 MHLA patients.
- As of May 2017, MHLA has 144,659 participants enrolled in 212 community partner clinic sites throughout the County.

October 2016: MHLA Accepting the County Image Enhancement Award

- Successfully responded to over 115,000 patient and provider inquiries regarding My Health LA (MHLA), Medi-Cal Managed Care, Mama's Neighborhood and Initial Health Assessment (IHA) exams.
- Reached milestone of booking over a quarter million eConsult specialty care appointments.
- Conducted Patient Satisfaction phone surveys with over 1,500 Medi-Cal Managed Care members who had an initial health exam with a DHS primary care provider.
- Successfully implemented a new project to increase member retention by calling DHS patients who recently lost their Medi-Cal benefits; outreach conducted to over 18,000 patients.

FINANCIAL SERVICES

- Expanded reporting of out of network utilization for senior leadership.
- Kicked off electronic claims payment system development (MAPLE), in conjunction with IT.

Medical Management

PROVIDER NETWORK

- Coordinated certification of Primary Care Medical Homes for increased managed care capacity at DHS Torrance, DHS Curtis Tucker, DHS Rand Schrader PC and DHS Rancho PC.
- Active participant in transitioning managed care providers into CACTUS.
- Presented to MCS QI Committee managed care Grievance and Appeals tracking and trending reports.
- Validated DHS managed care provider directory for SB137 compliance with contracted Health Plans.

QUALITY MANAGEMENT & CLINICAL COMPLIANCE PROGRAM

- Initiated a Cervical Cancer Screening (CCS) Incentive project to improve HEDIS and PRIME CCS rates.
- Completed My Health LA (MHLA) Program audits for 51 Community Partners (CP), encompassing almost 200 sites, including Credentialing, Facility Site Reviews, Medical Record Reviews, Dental Record Reviews and Dental Service Reviews.
- Worked with the Department of Human Resources to place Screening, Brief Intervention and Referral to Treatment (SBIRT) training on Learning Net, an approach for screening for alcohol misuse and early intervention for substance use disorders according to California Department of Health Care Services (DHCS) regulations.

UTILIZATION MANAGEMENT

- Met Health Net's annual audit criteria for continued full delegation of Utilization Management under the Provider Participating Agreement between LAC DHS and Health Net.
- Provided in-service training to DHS ACN and Hospital-based service coordinators/care managers and Utilization Review Nurses on Linked and Carved Out Services — California Children's Services (CCS) and Regional Center Developmental Disabilities Services Program.
- Hosted the first annual Case Management Workshop, honoring National Case Management Week. The workshop provided a networking opportunity for DHS nurses coordinating patient's care in various sites and settings. Included Continuing Education for nurses, poster presentation and vendor fair — representing home health, hospice and durable medical equipment health plan contracted vendors.

Office of Nursing Affairs (ONA)

The Office of Nursing Affairs (ONA) provided strategic direction and supported nursing practice across the DHS enterprise. The ONA collaborated with our alliances and partners to improve clinical operations for our patients and staff. ONA programs were redesigned to strengthen the nursing infrastructure, align projects with the DHS Key Strategic initiatives and focus on nursing performance measures.

Administrative Staff

Sue Currin, R.N.
Director Nursing Affairs

The ONA oversees management of $988,000 for the following programs:
Tutoring & Mentoring, (TM) Antonovich Scholarship Program, Nurse Relocation Program, Tuition Reimbursement (TR) and the Employee Reward Award Program (ERAP). The ONA reinstated the Tuition Reimbursement (TR) and the Employee Referral Award Program (ERAP) to all DHS nursing workforce who qualify. These two recruitment and retention programs support the robust outside recruitment efforts while offering the current nurse workforce compensation for ongoing professional development.

In collaboration with Correctional Health Services and the Contracts & Grants Division, the ONA released a DHS solicitation to identify an accredited Masters of Science Family Nurse Practitioner (FNP) program to prepare 20 incumbent DHS RN's to become FNPs or Psychiatric NPs. The RNs will complete the program in 18 months and make a commitment to work as NPs in Correctional Health Services for a minimum of 3 years. The program will also provide a Psychiatric refresher course to Correctional Health RN's. This program will significantly increase the number of health care providers and enhance mental health services provided within Correctional Health Services.

FY 2016-17 Special Projects and Accomplishments

- Implemented the third year of the standardized Nurse Staffing Plan (NSP) to meet mandated AB 394 nurse-to-patient ratios, provide RN break relief coverage, redesign the staffing model in hospital based clinics and Ambulatory Care Network (e.g. Primary Care Medical Homes, Specialty and Procedure Clinics), provide mental health sitters for close patient observation, create Patient Lift and Transport teams, and restructure Nursing Management, Employee Health Services and Nursing Education. A total of 1,212 new budgeted positions allocated for the NSP were hired.
- Utilized 100 County Relief Nurses through the Internal Registry Program, at our 4 County Hospitals to reduce the reliance on nursing overtime and registry contract personnel.
- Partnered with 69 Affiliated Colleges and Universities to offer students observation and practical clinical experience at our four teaching hospitals, eight Comprehensive Health Centers and two outpatient departments. Students include Registered Nurses, Nurse Practitioners, Vocational Nurses, Medical Assistants, Surgical Technicians and Central Service Technicians.
- Coordinated 2,996 nursing interviews resulting in 1,336 new hires through the efforts of the Nurse Recruitment staff. This was accomplished by holding 124 job fairs throughout Los Angeles County, 23 Career Fairs at Colleges and 4 Open Houses at the Medical Centers. ONA continues to work with nursing leadership to enhance recruitment efforts and reduce reliance on nursing overtime and registry contract personnel.

County of Los Angeles Nursing Recognition Steering Committee

Nurse Recognition Steering Committee worked collaboratively with 14 Los Angeles County Departments to recognize our best nurses for their clinical performance, professionalism, patient advocacy, leadership, teamwork, educational certification accomplishments, community service and professional development. The 14 Outstanding Nurses were selected from 460 nominees and awarded a scroll by the BOS. Amongst the 14 Outstanding Nurses of the Year, Eric Garganera from Rancho Los Amigos National Rehabilitation Center was selected as the Los Angeles County Outstanding Nurse of the Year. The hospitals and clinics honored and identified Certified Nursing Attendants, Certified Medical Assistants, Licensed Vocational Nurses and Clerical staff as the "Nursing Support of the Year" for their service excellence, patient advocacy, teamwork and community services.

On May 11, 2017, a seminar on Homeless and Healthcare was presented to 230 participants representing nursing across many LA County departments. ONA thanks the California Endowment for offering their venue so we could recognize the outstanding work of our extraordinary nurses. Each hospital and clinic led celebrations recognizing the contribution of nurses to healthcare and to the patients we serve. The Nurse Recognition events included unit poster contests, essay contests, educational fairs and recognition of Daisy Award winners. Management staff demonstrated their appreciation by providing snacks, ice cream and cake to employees. A collection of Nurse Week celebration photos are prominently displayed on the facility websites, outside the Nurse Recruitment and Retention offices and on the ONA website.

2017 County of Los Angeles Outstanding Nurse of the Year

Rancho Los Amigos National Rehabilitation Center
Eric Garganera RN II, BSN

Ambulatory Care Network
Iceland Gallardo, RN

Department of Mental Health
Francis Mullnix, RN

Harbor-UCLA Medical Center
Natalie Estrada, RN

LAC+USC Medical Center
Jennifer Quintero, RN

Los Angeles Sheriffs Department
Jeffrey Dedeles RN, BSN

Public Health Department
Youghaper Bornazyan, RN, BSN

Olive View-UCLA Medical Center
Theresa Moses, RN

Department of Children and Family Services
Fayomi Agboola, RN, BSN, PHN

Emergency Medical Services
Christy Preston, RN

Juvenile Court Health Services
Efrain Munoz, RN

Los Angeles Fire Department
Paula Park, RN

Managed Care System
Naomi Chan, RN, MSN

Public Health Department
Talar Kamali, RN, PHN

2017 County of Los Angeles Outstanding Support Staff of the Year

LAC+USC Medical Center
Graciela Montes, LVN

Sonia Calderon, Nursing Attendant
Shaffie Khan, Clerical Support
Miguel Hernandez, Certified Medical Assistant
Jose Alvarado, Central Service Technician

Olive View-UCLA Medical Center
Violeta Ortega, LVN (LVN/CMA of the Year)
Premadasan Velayudhan
(Nursing Attendant/USA of the Year)

Harbor-UCLA Medical Center
Shery Abraham, LVN

Yadira Murillo, Nursing Attendant
Rhea Pearsall, Clerical Support
Kathy Hiehle, Cardiac Sonographer
Shamesha Castle, Surgical Technician

Rancho Los Amigos National Rehabilitation Center
Leopoldo Bingcang, LVN
Jose Coronilla, Nursing Attendant II

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, rather it is an organizational culture that all DHS workforce members should understand and embrace. Our program strives to build and maintain a "Just Culture" through guidance and training on the application of Just Culture principles. As part of this we proudly 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 compliance of The Joint Commission's National Patient Safety Goals and providing a system-wide curriculum for patient safety education.

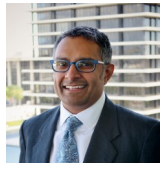
Clinical Risk Reduction

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.

The improvement plans are created to summarize the event, identify causal factors, and determine applicable corrective action to prevent future loss in terms of human injury and financial expense. Events reported in the Safety Intelligence (SI) online event reporting system serve as the trigger for creating improvement plans and/or assessing the frequency and severity of other similar events. Trends in event report types then drive any system-wide corrective actions. Just Culture concepts are built into the improvement plans allowing for a standardized response to personnel behaviors. Aggregate analysis of assessment plans also leads to system-wide improvements in patient safety.

Clinical Risk Reduction also strives to quickly respond to patient complaints and claim allegations through a standardized, system-wide, electronic complaints database and by supporting DHS facilities in early resolution and remuneration of patient claims.

Administrative Staff



Arun Patel, MD, JD, MBe
Director
Patient Safety,
Clinical Risk Management,
Pharmacy, Privacy

Deon Hall, RN, BSN
Liz Augusta, RN, MSN
Olivia Lo
Marife Mendoza, RN, MBA-HCM

Lily Wu
Nancy Lefcourt, RN, MSN
Evelyn Szeto, CLS

Special Projects & Accomplishments

Patient Safety

- Implemented standardized 'time-out' checklist and DHS policy for the non-operative setting to prevent wrong-person, wrong-procedure and wrong-site surgery.
- Worked with Health Agency departments and their respective unions to update the Just Culture Policy, create a new Just Culture algorithm and plan agency-wide education of Just Culture.
- Led development of Sepsis Core Measure Infrastructure which includes automated alerts, order sets and customized ORCHID documentation for early recognition and treatment of patient decompensation related to possible sepsis.
- Coordinated two day patient safety conference for over 200 DHS staff.
- Developed Employee Risk Management & Patient Safety Handbook as a resource for DHS workforce members.
- Implemented standardized daily operational and executive safety briefings.

Risk Management

- Oversaw management of over 100 claims and adverse events.
- Reviewed over 65 improvement plans for system-wide application.
- Reviewed nearly 18,000 event reports system-wide.
- Completed system-wide improvements related to PCA pump standardization.
- Coordinated formal pro-active risk assessment at several DHS facilities.
- Installed system-wide claims management database.

2017/2018 Objectives

- Consolidate DHS Risk Management policies
- Complete system-wide re-education and application of Just Culture principles and Just Culture algorithm
- Develop standardized PCA prescribing education program for residents

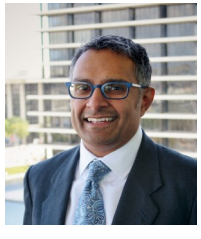
AED

Pharmacy Affairs

LAC DHS Pharmacy Affairs is an enterprise-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 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



Arun Patel, MD, JD, MBe
Interim Director
Patient Safety,
Clinical Risk Management,
Pharmacy, Privacy

Shane D'Souza, Pharm.D.
Interim Pharmacy Services Chief

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

Ketan Patell, Pharm.D.
Supervisor, Medication Safety

Sam Lee, Pharm.D.
Supervisor, Pharmacy Procurement

Rabeah Elbanna, Pharm.D.
Supervisor, Outpatient Pharmacy Application and Central Fill

Andrea Wang, Pharm.D.
Pharmacist, Automation and Regulations

Special Projects & Accomplishments

- Increased the DHS pharmacy mail delivery program through our offsite central refill prescription process. Central refill now mails out over 1,700 prescriptions per week, which represents nearly 10% of all refill prescriptions processed and is a 160% increase from last fiscal year.
- Improvement in DHS outpatient pharmacy patient wait times to nearly 30 minutes. Over a 25% reduction from last fiscal year.
- DHS processed pharmaceutical manufacturer patient assistance program applications valued over $12 million during 2016-2017, double the recovery from last fiscal year. This provides no cost medication to uninsured patients.
- Migrated hosting of the DHS outpatient pharmacy information system to improve overall application performance.
- Established a multi-disciplinary approach to cost-effectively managing hepatitis C patients.

2017/2018 Objectives

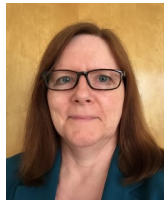
- Replacement of hospital medication management carousels to assist with inventory management and medication dispensing
- Implementation of outpatient pharmacy medication will-call cabinets for secure storage of prescriptions and efficient retrieval, improving the patient experience
- Expansion of pharmacists as independent providers in the ambulatory care settings with the new Advanced Practice Pharmacist license for California
- Implementation of a centralized outpatient pharmacy call center focused on patient experience and remote support for onsite DHS pharmacies
- Expanding central refill access to the correctional health pharmacy department for cost-effective medication fulfillment

PROCUREMENT SAVINGS
GOAL

Planning and Data Analytics

The Office of Planning and Data Analytics helps guide key decision making in 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 Los Angeles County departments and external stakeholders.

Administrative Staff



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

Toki Sadralodabai, PhD
Chief of Analytical Services

Alma Vazquez, BS
Sr Geographic Info Systems Analyst
Amirah Abdullah, DrPH
Research Analyst
Annie Luong
Secretary
Arturo Caballero
Assistant Staff Analyst
Cesar Sanchez, MPA
Research Analyst
Cindy Lou Cantu, MA
Research Analyst
Guili Zheng, PhD
Epidemiologist
Joan Chen, MPH
Sr Staff Analyst

Jorge Garcia, MPH
Staff Analyst
Kimberly Brown, MSW
Research Analyst
Kimberly Work, MPH
Epidemiology Analyst
Lisa Greenwell, PhD
Research Analyst
Vichuda Matthews, DrPH
Epidemiologist
Xiaomei Tong, MS
Research Analyst
Yuwen Yue, MPH
Epidemiologist

Data Use/Reporting and Governance

- **Data Use and Reporting:** Data Use and Reporting Steering Committee oversees the prioritization of report development, standardization of report definitions and management of analytic and report writing resources for all DHS electronic data systems.
- **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.

Collaborations

- **PRIME:** Calculating the population-focused improvement metrics as well as completing the PRIME reports through coordination with other offices
- **HEDIS:** Providing required data for DHS Managed Care population to Health Plans
- **Whole Person Care:** Providing enrollment data analysis and evaluation on the enrolled WPC cohort
- **Health Agency Dashboard:** Providing metrics with focus on board approved strategic priorities
- **Research collaborations with university partners:** Providing data sets for research studies
- **Health Agency Service Locator:** This is a cooperation between Public Health, Mental Health, and Health Services to have a central location with all three departments' facility sites and locations.

CEDAR
COMPREHENSIVE ENTERPRISE DATA & ANALYTICS REPOSITORY

The mission of CEDAR project is to provide the data infrastructure that enables DHS to provide higher quality care to more people at lower cost. Pulling data is getting easier with the launch of CEDAR's Phase 2, which includes the addition of clinical and managed care data to the repository.

With the completion of phase 2, CEDAR aggregates patient information from ORCHID, Affinity, Etreby, Managed Care services and other data sources into a single place. Dashboards and reports are available with a simple point and click interface to do customized queries. Users can access the dashboards and reports on demand from their computer browser. The dashboards are completely self-service, eliminating the need to submit a request and the data can be sliced in many different ways (e.g. clinic, SPA). With a few clicks, an employee at any DHS facility can quickly see how many patients have been assigned to an individual clinic, or how many patients have dis-enrolled. This is a big step forward for DHS as a organization, since it provides the ability to quickly access a wealth of system data from the employees' workstations. The intuitive interface makes data reporting and performance analysis much easier and more productive.

2017/2018 Objectives

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

Privacy Program

Special Projects & Accomplishments

DHS Privacy Program

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 and conducts investigations, audits and supports the DHS facilities in identifying and mitigating privacy breaches. The DHS Privacy Program and the DHS Information Security Compliance teams 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.

- Developed and implemented the Health Agency Notice of Privacy Practices and information sharing policy in collaboration with the Auditor-Controller and Privacy Officers from DMH and DPH.
- Maintained a 96-98% training compliance with new hire and ongoing HIPAA/Privacy and Security training.
- Increased training compliance of annual reorientation, which includes HIPAA/Privacy and Security Awareness, from 75% to 85%.
- Developed and implemented annual privacy and security awareness training for Health Services Administration and Managed Care Services.
- During Calendar Year 2016, conducted and/or managed the completion of 149 privacy related investigations and identified corrective actions to minimize risk of breaches.
- Re-designed the enterprise-wide HIPAA/privacy compliance evaluation tool with the DHS Facility Privacy Coordinators to assess facility/program compliance with privacy regulations.

Administrative Staff

Arun Patel, MD, JD, MBe
Director
Patient Safety,
Clinical Risk Management,
Pharmacy, Privacy

Jennifer Papp, RD, CHPC Privacy Officer

Martha Cortez, Privacy Analyst

Dominic Rivera, Privacy Analyst

2017/2018 Objectives

- In collaboration with the DHS Information Security Compliance team, develop and implement an enterprise-wide HIPAA/privacy and security risk assessment and audit plan
- Continue to work with DMH, DPH and Health Information Management divisions to develop inter-agency policies, procedures and workflows necessary to ensure seamless flow of patient information that is minimally burdensome and compliant with privacy laws
- Develop and implement privacy and security awareness training and/or guidance tailored for the expansion programs such as WPC, Housing for Health and Correctional Health.

EXIT
wesley
Health Centers
JWCH INSTITUTE
MD

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 has been directly involved with 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.

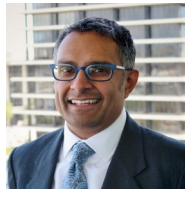
Health, Safety & Environmental Unit

The Health, Safety, and Environmental (HSE) unit provides technical support to DHS facilities to ensure timely response to employee concerns, prevention of accidents, and regulatory compliance in the areas of health, safety and environmental.

FY 2016-17 Accomplishments:

- Completed ergonomic evaluations for 421 DHS employees, saving approximately $200,000 in direct costs related to hiring outside consultants, and offsetting an estimated $6 MM in future workers' compensation expenses and legal liabilities.
- Performed 66 timely industrial hygiene assessments, studies and consultation to address facilities' and employees' concerns resulting in a minimum of $150,000.
- Conducted training sessions on a number of topics–including asbestos awareness, fire/life safety, tram safety and hazardous waste management –for DHS personnel at various facilities to promote safety and comply with statutory/regulatory requirements.
- Participated in mock survey at 2 DHS Acute Care Hospitals to provide consultation on The Joint Commission's Environment of Care standards and preparation for upcoming accreditation surveys.
- Coordinated department-wide efforts to comply with California's new "Workplace Violence Prevention in Health Care" regulation.

Administrative Staff



Arun Patel, MD, JD, MBe
Director
Patient Safety,
Clinical Risk Management,
Pharmacy, Privacy

Edgar Soto, M.B.A., 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

Return to Work (RTW)

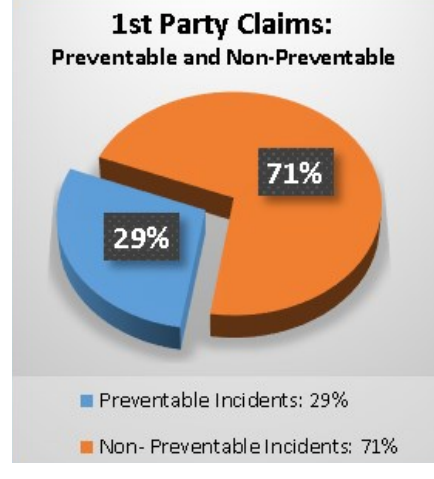
The Return to Work (RTW) unit provides enterprise management of industrial accidents, medical leaves of absences (in excess of six months) and coordination of reasonable accommodations. Notable FY 16-17 statistics include:

- Completion of 1561 interactive process meetings in accordance with Fair Employment and Housing Act requirements
- Returned 116 injured/ill employees to full duty
- Assisted Employee Health Services with the triage of all physical clearances in which medical restrictions/limitations were identified

Claims & Litigation Management

The Claims & Litigation Unit continued efforts related to cost containment and furtherance of comprehensive loss control through on-going assessment, early intervention and claim life-cycle management efforts. Accomplishments for FY 2016-2017 include*:

- 44% fiscal year over year *reduction* of employment, general and auto liability claims
- 52% fiscal year over year reduction of total indemnity payments and a 27% reduction in legal fees and costs netting savings of $906,572.20 and $963,638.88 respectively
- Received, triaged and assessed in excess of 220 subpoenas—exclusive of workers' compensation (WCAB) matters
- The Unit identified a 38% error rate with initial submissions from requesting parties
- Reviewed all 1st party auto liability claims for preventability through established Vehicle Accident Review Committee and determined that 71% of the events were considered non-preventable



* Financial information is based on July 1, 2017 CEO Tort Liability Data Run

Specialty Care Improvement Initiative

Optimizing eConsult

We reached a **new milestone** in total eConsults with over 650,000 to date and currently have over 18,000 submissions per month. Despite the high numbers, our 550+ reviewers have a 3.1 day average response time.

- The **eConsult platform** has undergone several enhancements in the past year.
- Nearly all **welcome pages** have undergone a facelift to improve readability and standardization. Links to **Expected Practices** have led to an increase in their usage and adoption
- New **job aids** provide step-by-step instruction for common tasks
- A **"Tip of the Week"** features helpful tips about using the program including a new **"Pop Quiz"** that tests users' knowledge of DHS Expected Practices

Administrative Staff

Hal F.Yee, MD, Ph. D
Chief Medical Officer

Paul T. Giboney, MD
Director
Specialty Care and PRIME

Stanley Dea, MD
DHS Director of eConsult

Specialty Care Initiative

Team Members

Chris Barragan
Nancy Cayasso-McIntosh, MPH
Lauren Daskivich, MD
Gary Garcia, MPH
Danny Johnson, MBA
Monica Soni, MD
Evelyn Szeto, BS

Right Place, Right Time, Right Service

The eConsult platform was implemented quickly and has resulted in significantly decreased wait times for specialty care. This was highlighted in an article published in the March 2017 edition of *Health Affairs*. The article documented the transformation of specialty care access at DHS between 2012 and 2015.

The conclusion at the end of the article was that "eConsult systems are a promising and sustainable intervention that could improve access to specialist care for underserved patients."

DHS Specialty-Primary Care (SPC) Workgroups

We continue to expand the number and scope of the DHS SPC workgroups. There are currently 30 workgroups with almost 200 participants. Although originally convened to create Expected Practices, many workgroups have broadened their role to make system-wide decisions regarding their specialties. Examples include:

- DHS wide ordering of equipment/supplies
- Using the entire DHS Network to address capacity issues and backlogs
- ORCHID Order Sets and Standardized Procedures
- Identifying opportunities to collaborate between facilities

DHS Expected Practices

- Expected Practices are documents developed by the SPC Workgroups that articulate a DHS—wide approach to delivering health care that is high quality, patient centered and cost effective.
- There are currently over 175 Expected Practices (EPs) posted on the DHS Clinical Care Library website; with over 2,000 downloads/month and over 30,000 downloads to date.
- Based on a study by Dr. Monica Soni, 46% of the ~3,100 primary care providers on eConsult have used an Expected Practice at least once. In addition 31% of the PCPs were repeat users of the EPs.
- We have improved access to the EPs through a DHS SharePoint repository as well as direct links on the eConsult submission welcome pages.

Elective Surgery Access Improves!

The Surgery Specialty Primary Care Workgroup has used eConsult, ORCHID, Expected Practices and available Operating Room (OR) capacity at select facilities to reduce the wait times for patients in need of elective surgery for gallstones or hernias. We have seen a 75% reduction in the backlog of patients waiting for surgery clinic appointments and, if surgery is needed, patients are scheduled to the OR more rapidly than in prior years.

Diabetes Day

The 3rd Annual Diabetes Day was held on October 2, 2016 at the California Endowment. DHS and community providers including physicians, nurses and physician assistants attended. Talks highlighted the social determinants of health, cultural and linguistic barriers, co-occurring mental health disorders and the personal and family issues that affect treatment.
Endocrinologist and workgroup chair Theodore Friedman, MD, PhD highlighted the success of diabetes group visits at the MLK Outpatient Center and Humphrey Clinic and the planned expansion of obesity group visits across the system.

Supply Chain Network

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

GHX/eCAPS eProcurement Systems Implementation Update

The 2016-2017 fiscal year was a success for the GHX/eCAPS eProcurement Systems project. Rancho Los Amigos went live on September 1, 2016 with no major issues.

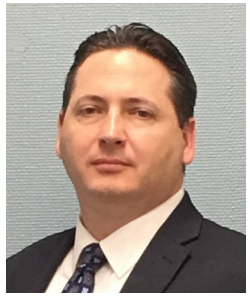
Harbor-UCLA Medical Center, MLK Jr. Outpatient Center, Long Beach Comprehensive Health Center, Hubert H. Humphrey Comprehensive Health Center, Bellflower Health Center, Dollarhide Health Center, and Wilmington Health Center successfully went live on March 1, 2017.

On May 1, 2017 Integrated Correctional Health Services (ICHS) came up on the system. The implementation at ICHS differed from the DHS conversions because they previously were not using any electronic system for requisitioning and the warehouse was not using a perpetual inventory system. Despite the added complexities, the go live was a success.

Supply Chain is looking forward to the 2017-2018 fiscal year when LAC+USC Medical Center, Roybal Comprehensive Health Center, Hudson Comprehensive Health Center, El Monte Comprehensive Health Center and La Puente Health Center are scheduled to go live.

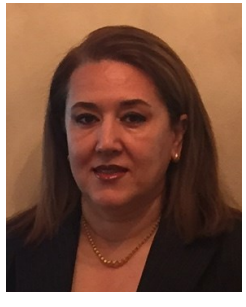
With this last wave of facilities converting to GHX/eCAPS, Supply Chain will be on the same procurement systems enterprise-wide. This will allow Supply Chain to benefit from upgraded item and purchasing data, improved ability to execute and monitor standardization efforts and increased capability to identify additional cost saving opportunities.

Administrative Staff



Jason Ginsberg
Administrator
Supply Chain Operations

Teresa Castaneda
Assistant Chief
Supply Chain Operations



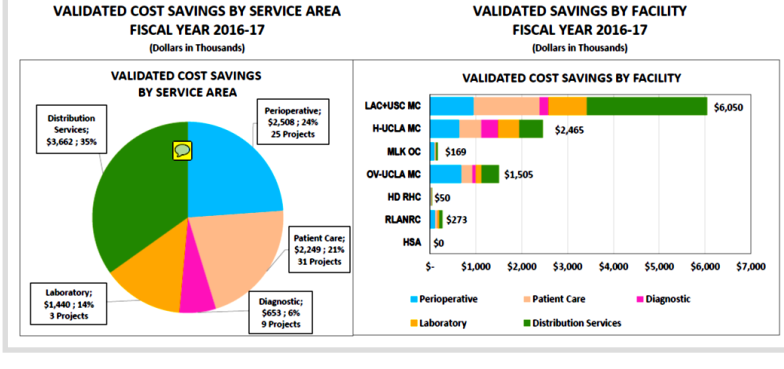
Mojgan Bashiri, RN, MSN, MHA
Administrator
Clinical Analytics

Projected Cost Savings —Fiscal year 2016-17 yielded $10.5 million in projected annual savings!

This savings figure is a combination of incremental new savings from the current fiscal year, as well as savings accrued from past years that continue to provide savings through the remainder of the contract. The primary incremental new savings achieved this fiscal year were related to the following product conversions: germicidal wipes ($537,000), personal protective equipment ($410,000), and drapes & gowns ($71,000).

Annual cost savings are achieved due to the collaborative efforts of the Directors of Value Analysis, Value Analysis Sub Committees, Regional Value Analysis Committees, Supply Chain Analytics, Supply Chain Operations and Clinicians who aid in adopting the new lower cost and higher quality supply offerings. Together, we work closely to ensure the product categories along with the most cost savings potential are analyzed, contracted and converted in a timely manner. Actual savings are then tracked and validated against usage.

The following graphs identify the projected 2016-17 cost savings by service area and facility.



Special Projects & Accomplishments

Integrated Correctional Health Services

On May 1, 2017 DHS took over the supply chain functions for medical and laboratory commodities for Integrated Correctional Health Services (ICHS) at all of the Sheriff Department's correctional facilities. The operational integration included the conversion and training of staff, GHX/eCAPS system implementation, commodities contract and product standardization, physical inventory, year-end equipment buy, conversion of the warehouse to a perpetual inventory system and implementing the prime medical distributor program. Future plans include moving to a new warehouse location within Twin Towers and establishing a Low Unit of Measure (LUM) replenishment program similar to the one used enterprise-wide.

This integration posed a significant change for DHS and ICHS. The integration has already brought and will continue to bring product, pricing and contract synergies for both organizations.

Upcoming Projects

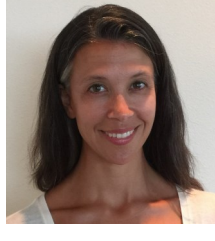
- Recall Management Program
- Vendor Credentialing
- Invoice Processing Automation
- Business Associate Agreement Document Manager
- Medical Products Formulary

DHS Teleretinal Diabetic Retinopathy Screening Program

The LAC DHS Teleretinal Diabetic Retinopathy (DR) Screening Program uses retinal cameras in primary care clinics across DHS to screen patients for diabetic retinopathy via retinal photographs, eliminating the need for a separate visit to an eye care provider for those with normal images. This allows those with more advanced disease to be triaged directly to treatment/subspecialty clinics. The program began in early 2014 and has continued to grow in size and volume, helping us achieve our goal of earlier detection of sight-threatening disease and reduction of blindness due to diabetic retinopathy in LA County.

Current sites include: H. Claude Hudson CHC, El Monte CHC, Roybal CHC, H. H. Humphrey CHC, Mid Valley CHC, Long Beach CHC, Wilmington HC, Bellflower HC, HUMC Family Medicine Clinic, MLK Jr. OPC, High Desert HS, RLANRC, LAC+USC MC, HUMC and OV-UCLA

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

- We now have 54 trained and certified photographers actively taking retinal images and utilizing our web-based DR screening software platform, while 9 primary readers and 4 supervisory readers across DHS interpret the images and make referral recommendations.
- We have continued to refine and update our workflows and protocols with Nursing, the ORCHID Ambulatory Workgroup, and the Ophthalmology Specialty Primary Care Workgroup, including standardizing ORCHID schedules for improved ease of scheduling and increased access for Community Partner patients.
- Data analysis from the first 2 years of the program showed:
    - An increase in the DR screening rate of 16.3%
    - Decrease in wait time to DR screening of 89.2%
    - Elimination of the need for over 14,000 eye clinic visits
- The above results were published in a JAMA Internal Medicine article in March 2017, and the program was profiled in a story in the LA Times.

2017/2018 Objectives

- Continue work on integration of our screening software with ORCHID and eConsult to facilitate results delivery and streamline technological interfaces for greater efficiency
- Improve coding/billing capture and accuracy, in alignment with overall DHS goals
- Develop algorithms to target those at highest risk for diabetic retinopathy and implement outreach efforts aimed at increasing DR screening rates in that patient population

Women's Health Programs & Innovation (WHPI)

Women's health is an important marker of the health of a society. With WHPI services, women are treated with respect, willingness to serve and without judgment. Its mission is to expand and enhance access, navigation and utilization of medical and psychosocial health services to high risk, low resource women through high quality comprehensive, coordinated, compassionate care that is women-centered and well rounded.

Administrative Staff

Erin Saleeby, M.D., M.P.H.
Director
Women's Health
Program and Innovation

Moraya Moini, MPH
Dannelle Pietersz, NP, MPH
Ashaki Jackson, MFA, PhD
Paula Binner, LCSW

Special Projects & Accomplishments

- 67 DHS staff members attended certified family planning training and treated 16,414 patients with interconception care in Title X clinics.
- 269 staff trained on reproductive life preferences and evidence-based contraception counseling.
- Provided in-depth resiliency focused prenatal care education to 257 pregnant women.
- Conducted 10 provider trainings on "*How to Ask the Reproductive Life Preferences (RLP) in a culturally aware & consistent manner to promote shared decision making*".
- Served over 2,250 pregnant women using a multidisciplinary risk stratified collaborative care model to address the negative effects of toxic stress on birth outcomes improving health behaviors through a "mother readiness to change" framework.

Special Projects & Accomplishments (cont'd)

Mother-Centered Model of Care

- Trained 10 Care Coordinators to be mother-centered, empathic & solution-focused care managers who proactively address psychosocial influences causing adverse stress through linked resources in WHPI's Neighborhood Networks of Care.
- Expanded to offer specialized therapy such as CBT, IPT & reproductive psychiatry for pregnant women with a priority on warm hand offs & being trauma informed.
- Developed a set of five metrics to track women's health patient outcomes across DHS sites.
- Promoted Women's Health Week in May 2017 at 5 hospitals/clinics.

2017/2018 Objectives

- Expand MAMA'S Neighborhood program to include home and community visitation services to high risk mothers via LA County's WPC initiative –***MAMA'S Visits*** aims to improve outcomes in women's perinatal health, infant social-emotional development and mother-baby attachment
- Utilize evidence based models of improvement to ensure care is measurable, efficient and effective
- Coordinate IT platforms of clinical and care management to support care continuity and women's wellness
- Provide comprehensive perinatal and interconception care that actively links women to MAMA'S Neighborhood's psychosocial resources
- Improve ambulatory care staff knowledge and practice of how to conduct reproductive life preferences counseling with patients
- Educate and redirect power back to pregnant and parenting mothers to build resilience and resourcefulness by addressing their psychosocial stressors, promoting knowledge gain and supporting family strengthening
- Capture site-specific and system-wide patient access, utilization and outcomes data to promote CQI and measure impact of services on women's health indicators

Worker Education & Resource Center (WERC)

The County's Health Care Workforce Development Program (HCWDP), is operated by the non-profit Worker Education & Resource Center (WERC) as a partnership with SEIU 721. WERC's educational workshops provide workers skills to improve the patient experience, provide excellent care and improve the working environment.

Administrative Staff

Diane Factor
Director

- WERC continued its efforts from last year in helping to transform DHS into a truly patient-centered culture by delivering excellent customer service. This year 5,600 employees participated in a 3.5 hour workshop to build their communication skills in active listening, empathy and de-escalation. The training emphasizes the importance of creating a human-to-human connection with patients.
- Over 150 employees were trained in the Care Navigation for Patient Financial Services workshop. This two-part workshop was designed to reinforce individual's understanding of new systems and workflows, improve communication and ultimately the patient experience.
- The Labor Management and Partnership Skills workshop continued its work at Rancho Los Amigos and began working with the RN Labor Management Committee (LMC) at Harbor-UCLA. Partnering with members, WERC helps to create a committee that is inclusive, productive, efficient and responsive.

WERC also assisted in the recruitment, selection and training for Community Health Workers taking part in the WPC program. Training sessions delved into patient engagement, behavior modification, case planning, harm reduction and more, using a whole-person care approach.

Upcoming Projects

- Continuing to support the work of the LMCs by designing customized curricula to suit the needs of each committee, conducting skill training and providing ongoing coaching and support for committees
- Producing educational tools to increase the understanding of the Safe and Just Culture concept and the efforts to transform DHS into this model
- Developing a Respect and Anti-bullying online curriculum and training video to help increase respect in the workplace and reduce bullying
- Contributing to the Leadership Development Program by creating curricula around leadership competencies including: accountability & responsibility, interpersonal skills, mentoring & coaching, effective communication and self-awareness & learning

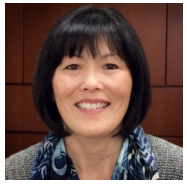
Performance Improvement

The Performance Improvement (PI) Unit serves to support and guide performance improvement efforts throughout DHS. Our goal is to create a culture of continuous improvement by practicing our guiding principles:

- ***Patients First***, we will keep our patients at the center in everything that we do
- **Workforce *Engagement***, we will ensure that all levels of staff are actively involved
- ***Respect*,** we will treat others the way we would want to be treated
- ***Continuous Improvement***, we will never stop improving what we do
- ***Data Matters***, we will use accurate data to measure our improvements and help guide our decisions
- ***Communicate***, we will ensure that we listen to our patients and staff and keep them informed

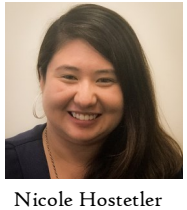
Olatokumbo Thomas, CIT Coach from the MLK-Outpatient Center, explains the DHS CIT program to SEIU union members from across the country at an SEIU Quality Fair.

Administrative Staff

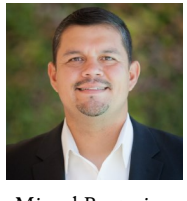


Donna Nagaoka
Director of DHS PI

Nicole Moore
Director of CITs



Nicole Hostetler
DHS PI



Miguel Renteria
DHS PI

Special Projects & Accomplishments: Care Improvement Teams

In 2011, shortly after the passage of the Affordable Care Act, nurses, providers, clerks and other union members approached managers, with the idea that working together, clinic by clinic, we could improve our system for patients. From those early days grew a program called Care Improvement Teams (CITs) – a labor/management partnership project where small teams led by co-leads – a frontline staff and a supervisor – work with co-workers to identify ways to improve care.

"Those of us who do the work usually know the biggest problems for our patients, but we don't usually have the time to figure out how to fix those problems," said Michelle Clay, co-lead of the Registration CIT at Hubert H. Humphrey CHC. "CITs give us time to understand a problem, and try out new ideas – our own ideas – to see if we can fix the problem. We've had a lot of success!" "The patients love it when they see the improvements. So do our co-workers," said Danny Chinchilla, CIT Coach from the High Desert facilities. This year, CITs saw some incredible growth in teams and improvements:

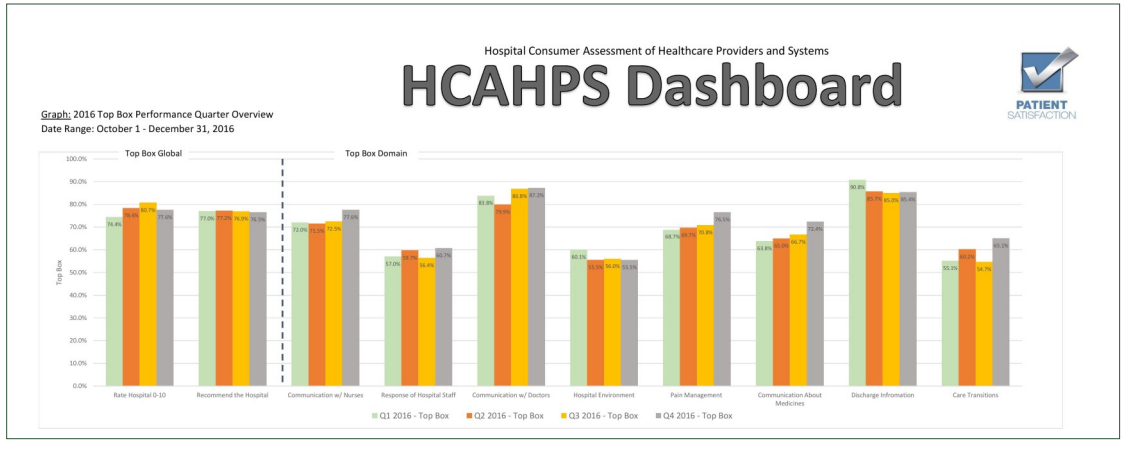
- MLK-OPC and the ACN now have more than 60 teams, and have seen great success in areas of patient access, safety, quality of care, and patient flow. Fourteen new CIT teams in primary care clinics were created to improve patient flow and patient access.
- New CIT teams started work at Olive View-UCLA Medical Center and LAC+USC Medical Center.
- New CIT teams started within the Departments of Public Health and Mental Health as part of the Health Agency collaboration. At Curtis Tucker in DPH, their CIT has already seen improvement in cycle time and staff communication.

Special Projects & Accomplishments: Patient Experience

A DHS Patient Experience (PX) Committee was established this year. This committee is made up of members from each of the four DHS hospitals, Ambulatory Care Network, Patient Safety, Managed Care Services, Human Resources, Patient Access Center, and other key areas. The committee has established a 5-pillar framework that aligns with CAHPS family survey performance scores: Access, Customer Service, Process, Timeliness, and Outcomes. These include quality and operational indicators that will help gauge patient experience across our system. A Patient Experience Values Statement was developed to frame the 5-pillars and elevate the importance of patient experience (see below). The committee also established an HCAHPS dashboard to be used as a DHS wide dashboard to track HCAHPS performance scores.

DHS Patient Experience Committee Values Statement

PXC Members - Quentin O`Brien, Cindy Lou Cantu, Donna Nagaoka, Karla Angulo-Tovar, Susan Currin, Lori Quince, Dr. Arun Patel, Adjoa Jones, Osahon Ekhaese, Shawn Phipps, Fernando Bravo, Juan Ortega, Miguel Renteria. Members not pictured - Rochelle Conger, Dr. Anshu Abhat, Joselin Escobar, Beryl Brooks, Kamina Smith, Nicole Hostetler, Steve Poon.



Standard DHS Hospital HCAHPS Dashboard

2017/2018 Objectives

- Implement Consumer Assessment of Healthcare Providers and System (CAHPS) patient experience survey programs for Ambulatory Surgery Centers and Emergency Departments
- Adopt a definition for Patient Experience
- Conduct system wide CAHPS assessment
- Create and monitor standardized DHS CAHPS dashboard
- Develop continuous improvement, problem solving, and goal setting curriculum for DHS Management Development Program
- Conduct a current state analysis of PI framework at facilities
- Implement Huddle Boards at Olive View Primary Care Clinics
- Identify DHS Quality and Performance Initiatives
- Improve the ability of our partnership CIT Program to deliver improvements across the Health Agency, while deepening the skills and leadership of all people involved.

Finance

Department of Health Services Fiscal Overview
Fiscal Year 2016-2017 Actual

Administrative Staff

Allan Wecker
Chief Financial Officer

Hitomi Rice
Associate Chief Financial Officer

Lily-Wun Nagaoka
Chief, Financial Systems

Mela Guerrero
Controller

Manal Dudar
Chief, Fiscal Services

Frank Albert
Chief, Patient Financial Services

Virginia Perez
Chief, Consolidated Billing Office

Ferris Ling
Interim Chief, Fiscal Programs

Roza Sakzlyan
Interim Chief, Program Audits and Reimbursement

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

FISCAL OVERVIEW

FISCAL YEAR 2016-17

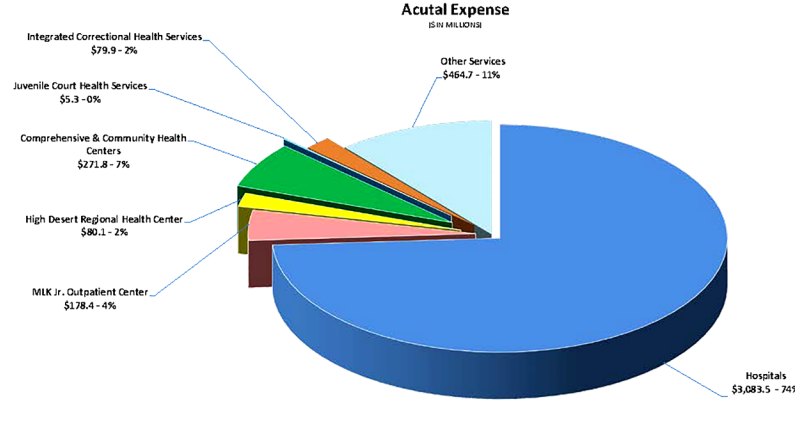
($ IN MILLIONS)

	ACTUAL							
		Ambulatory Care						
	Hospitals [a]	MLK Jr. Outpatient Center	High Desert Regional Health Center	Comprehensive & Community Health Centers	Juvenile Court Health Services	Integrated Correctional Health services	Other Services [b]	Total Department
Expenses								
Salaries and Employee Benefits	$ 1,865.1	$ 78.5	$ 44.4	$ 181.1	$ 30.4	$ 85.9	$ 229.6	$ 2,515.0
Services, Supplies, & Other Expenses [c]	1,218.4	99.9	35.7	90.7	(25.1)	(6.0)	235.1	1,648.7
Total Expenses	$ 3,083.5	$ 178.4	$ 80.1	$ 271.8	$ 5.3	$ 79.9	$ 464.7	$ 4,163.7
Revenues								
Medi-Cal Inpatient	$ 401.6	$ -	$ -	$ -	$ -	$ -	$ -	$ 401.6
Global Payment Program (GPP)	289.0	43.4	3.5	51.2	-	-	65.9	453.0
Public Hospital Redesign and Incentives in Medi-Cal (PRIME)	124.4	-	-	-	-	-	23.7	148.1
Managed Care - Base	280.1	27.5	8.9	340.5	-	-	-	657.0
Managed Care - Supplemental	241.5	20.7	14.7	93.0	-	-	-	369.9
Mental Health	57.5	1.1	-	-	-	-	-	58.6
Whole-Person Care	-	-	-	-	-	-	75.0	75.0
Medi-Cal Outpatient	75.9	-	-	-	-	-	-	75.9
Medi-Cal CBRC	149.5	20.8	15.7	23.9	0.9	-	-	210.8
Medi-Cal SB 1732	-	-	-	-	-	-	-	-
Hospital Provider Fee	24.9	-	-	-	-	-	-	24.9
Federal & State - Other	8.2	-	-	1.0	-	14.9	16.4	40.5
OCD - Other	20.2	4.1	0.8	2.1	-	-	276.8	304.0
Other	50.6	3.3	1.5	1.1	-	-	8.7	65.2
Self-Pay	7.2	0.2	0.1	0.9	-	-	-	8.4
ORCHID Incentive Payments	14.4	0.3	-	1.0	-	-	-	15.7
Medicare	198.3	0.3	-	0.4	-	-	-	199.0
Insurance	83.7	0.1	-	0.1	-	-	-	83.9
IHSS	17.3	6.0	1.5	112.8	-	-	11.2	148.8
AB 85 Redirection	-	-	-	-	-	-	(200.8)	(200.8)
Total Revenues	$ 2,044.3	$ 127.8	$ 46.7	$ 628.0	$ 0.9	$ 14.9	$ 276.9	$ 3,139.5
Funding from County	$ 1,039.2	$ 50.6	$ 33.4	$ (356.2)	$ 4.4	$ 65.0	$ 187.8	$ 1,024.2
Beginning DHS Designation Balance	$ 407.0							
Change	254.4							
Ending DHS Designation Balance	$ 661.4							

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

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

(c) Expenses and revenues are net of Intergovernmental transfers and associated revenues for PRIME, Medi-Cal Managed Care for the Seniors and Persons with Disabilities population, Whole Person Care, and the Managed Care Rate Supplements.



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FIFTH DISTRICT

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Helpful Hints

My Wellness Productions

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EXIT
LOS ANGELES COUNTY
HEALTH AGENCY

CUNIKA'ABE WELLNESS CENTER

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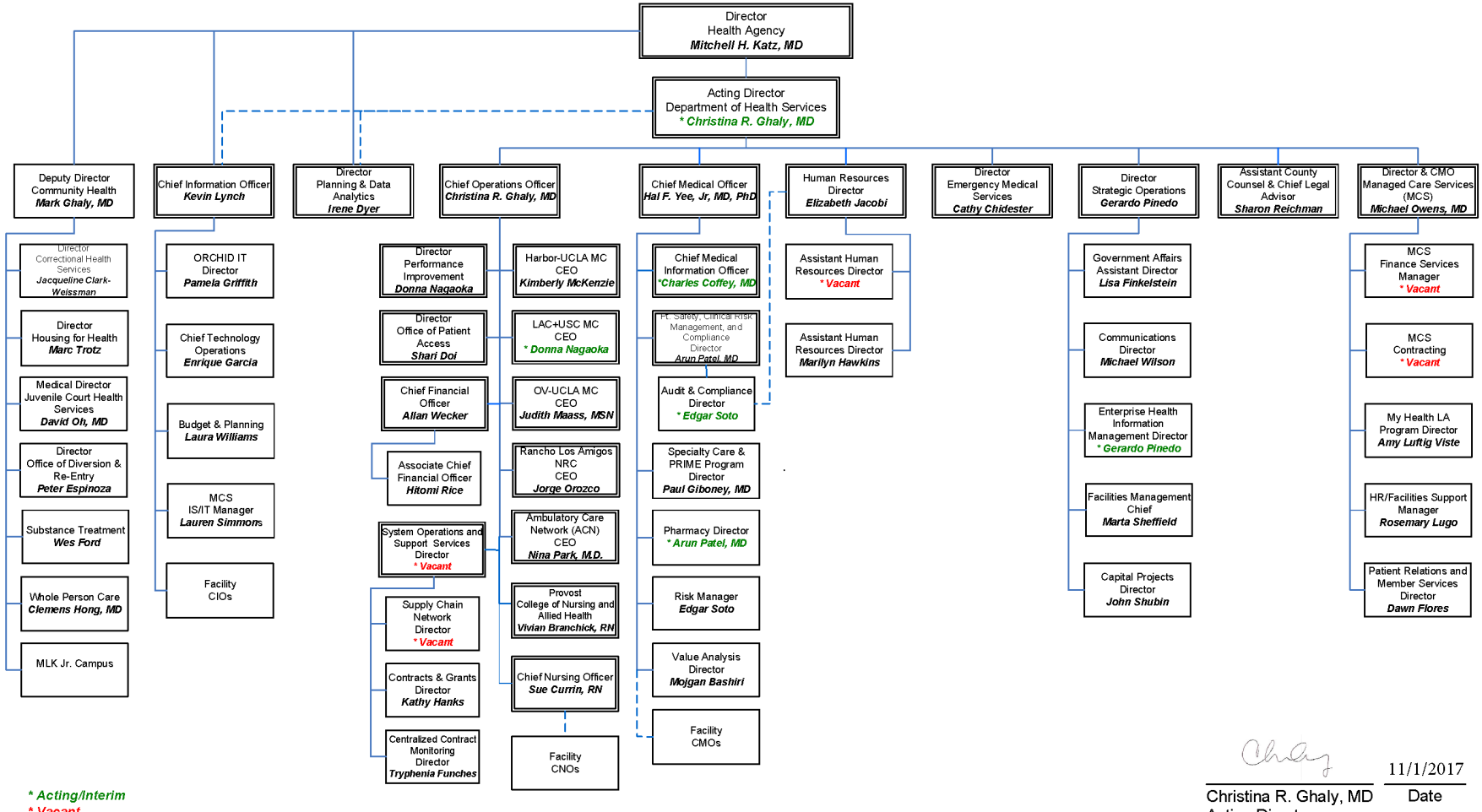
DEPARTMENT OF HEALTH SERVICES
Organizational Chart



** Acting/Interim*
** Vacant*

Christina R. Ghaly, MD
Acting Director

11/1/2017
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

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This publication was designed in house by County employees utilizing existing resources.
Hand drawn illustrations and botanical imagery by Robin T. Young.

COUNTY OF LOS ANGELES · CALIFORNIA

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LOS ANGELES COUNTY HEALTH AGENCY

Department of Health Services
COUNTY OF LOS ANGELES