



## Director's Desk

Christina R. Ghaly, M.D.  
Acting Director

The DHS vision is to be the most effective and innovative county-run health system in the nation. This month's issue highlights several ways in which

DHS is bringing highly effective and innovative programs and services to our patients.

First, DHS is partnering with the Charles Drew University to restart a Family Medicine residency program that will train new residents dedicated to working in underserved South L.A. These 8 incoming residents, selected from a talented pool of literally hundreds of applicants, will see patients at Harbor-UCLA and the MLK Outpatient Center (MLK OPC) beginning this summer.

This issue also highlights two programs that DHS has steadily grown over the past few years: recuperative care services and teleretinal screening. While these programs may seem to have little in common, they both allow DHS to care for patients in the most effective, effi-

cient, and least costly setting, preserving higher intensity resources for those patients who need them most.

The planned recuperative care beds at Rancho will serve as another location where DHS patients can be discharged when they no longer require inpatient care, but can't or don't have a home to go to. This facility will also serve as a precious resource for the County in addressing the overall homelessness crisis. Tele-retinal screening allows staff within Primary Care clinics to take pictures of the retina of diabetic patients, screening for a common cause of blindness, and allowing affected patients to be referred for definitive care with an ophthalmologist.

And finally, this issue shares two new programs: First, a procedure service at Olive View-UCLA Medical Center, which is critical in improving timeliness of care and patient safety. And second, two farmer's markets on DHS campuses: One at MLK OPC which opened last year, and one at LAC+USC which opened in February. Please visit!!

Thanks to all of you who had a hand in helping to bring these innovative programs to reality. You are instrumental in helping DHS come closer to the future it envisions.

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## Drew residencies create physician pipeline

By Ellen Rothman, MD

Match Day is a day of anticipation -- medical students hope to be selected into competitive training programs, and programs hope to recruit talented young physicians. Match Day 2018 at Charles Drew University (CDU) in South LA was met with even more expectation than usual as attendees waited for announcement of the inaugural class of new Family Medicine and Psychiatry Residency programs.

The programs are the first graduate medical programs to operate on the MLK Campus since the closure of King-Drew Medical Center more than a decade ago. The programs will start in July with an incoming class of 8 Family Medicine interns and 6 Psychiatry residents.

Match Day is the culmination of a process that begins in the fall when fourth-year medical students begin applying to residency programs through the National Resident Matching Program (NRMP). This year, the NRMP expects the 2018 Main Residency Match to be the largest in history, exceeding the more than 43,000 applicants who registered for the 2017 Match and the more than 31,000 positions offered last year.

When King-Drew Medical Center closed in 2007, South Los Angeles lost primary access to inpatient and trauma services. The hospital was the training site for over 200 residents in fully accredited CDU training programs, but without a hospital, the residency programs also had to close. As a result, the pipeline for physicians also dried up, and



Pictured left to right: David Carlisle, President of Charles Drew University, Deborah Prothrow-Stith, Dean of College of Medicine, Charles Drew University, Michael Hochman, MD, Health Deputy for LA County Supervisor Mark Ridley-Thomas, and new resident interns Zeus Fernandez, Jacob J Gutierrez and Joan Choi.



Pictured left to right: New resident interns Zeus Fernandez, Jacob Gutierrez, Joan Choi, and Roquell Laney join Lisa Barkley, Cynthia Freeman, and Deborah Prothrow-Stith.

recruitment and retention of physicians at DHS has suffered. It is estimated that South LA needs at least 1700 more physicians to meet the medical needs of the community.

On September 5, 2017, the Board of Supervisors voted to fund a Family Medicine Residency program at the Martin Luther King, Jr. Outpatient Center (MLK OPC) and Rancho Los Amigos National Rehabilitation Center (Rancho), and a Psychiatry Residency program at the Department of Mental Health (DMH) with CDU as the sponsoring institution.

"These programs will help increase the supply of doctors in communities where they are needed most," said Supervisor Mark Ridley-Thomas, co-author of the motion, "and the residents will gain experience working within our own County facilities."

CDU has partnered with DHS, DMH and various stakeholders to design curricular experiences and develop faculty in both programs that meet the accreditation standards and community needs. The programs were accredited by the Accreditation Council for Graduate Medical Education in April 2017 (for Psychiatry) and February 2018 (for Family Medicine). Combined, the programs received 787 applications for 14 slots.

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DHS interim director Christina Ghaly, MD, expressed pride in bringing the programs back. “This is a wonderful development for the community,” she said. “DHS has made a substantial investment in the program, at an anticipated cost of \$32 million over the first five years.”

The new residents will train in settings across the Health Agency. The Family Medicine residents will divide time between ambulatory rotations in primary and specialty medicine at the MLK OPC and adult inpatient rotations at Rancho. Harbor-UCLA will offer the pediat-

ric experience, while Labor and Delivery and ER rotations will be offered at St. Francis Medical Center. The Psychiatry residents will spend most of their time at the Kedren Acute Psychiatry Hospital and Community Mental Health Center, with rotations at Rancho and other DMH facilities.

## Rancho to add recuperative care beds

By Michael Wilson

The Board of Supervisors voted this month to convert Building 900 on the Rancho campus into a 165-bed recuperative care facility where homeless patients can convalesce after a hospital stay.

Recuperative care fills a critical gap in the care continuum -- patients who are too ill to recuperate independently or in a shelter, but no longer need of an acute care bed. Medical services, like dressing changes, can be provided at a fraction of the cost of a hospital bed and patients can be case-managed and linked to housing and other supportive services while recovering.

The county currently operates 432 respite beds, but health officials said the need is much greater, especially considering growing numbers of homeless in the county. The expansion would bring the total to 597 beds. About 10 homeless individuals are discharged from DHS hospitals each day.

“With nowhere else to go, these patients often end up back on the streets, which creates repeated costly emergency room visits by homeless men and women affected by chronic illnesses,” LA County Supervisor Janice Hahn wrote in her motion.



The building currently houses inpatient beds with space for rehabilitation therapy services. These functions will be relocated to other areas by summer. The cost of the 78,000-square foot remodel is estimated at \$10 million.

## Teleretinal diabetic retinopathy screening program grows

By Michael Wilson

About 27,000 (63%) of DHS empaneled patients with diabetes received their annual retinal screening exam for diabetic retinopathy from January to December of last year, and of those, 19,000 (70%) were done via the DHS teleretinal diabetic retinopathy screening program. Due to the program, there has been an upswing in screenings for at-risk patients to avert potentially devastating eye disease.

Diabetic retinopathy is caused when high blood sugar levels cause damage to blood vessels in the retina, or the back of the eye, causing the blood vessels to swell and leak or grow abnormally and bleed. Sometimes smaller blood vessels can close altogether, stopping blood from passing through. Those with the disease can suffer partial or total vision loss.

The DHS Teleretinal Diabetic Retinopathy Screening Initiative uses an electronic consult platform to link primary care providers and eye specialists. Staff in the primary care setting use a camera to take a high-resolution image of a diabetic patient’s retina, which is sent via the platform to designated readers. If the result is abnormal, a referral to an eye specialist is made.

Lauren Patty Daskivich, MD, MSHS, director of Ophthalmology and Eye Health Programs for DHS, says she now has 57 photographers screening and uploading patient information using the web-based software platform, with 9 certified readers reviewing results for the DHS reading center.

“Our system-wide diabetic retinopathy screening rate has continued to steadily climb thanks to the efforts of our primary care providers, retinal photographers, nurses, and administrators,” said Daskivich. “And collaboration with our IT and Cerner teams has resulted in an interface that now allows for teleretinal diabetic retinopathy screening results to be automatically uploaded into ORCHID every 30 minutes to facilitate a rapid feedback loop.”



The team is working to expand screening volume at all sites to provide excellent comprehensive care for diabetic patients and to help the system to achieve quality improvement measures.

Out of 54,000 total patient encounters where the platform was used, 72% had non-referable disease and did not need to be seen in Eye Clinic, thereby creating more availability for those needing eye care appointments. A total of 9,655 were referred for diabetic retinopathy, and of those, 10% had moderate diabetic retinopathy and 7% had more severe levels of disease that need treatment or close monitoring. The teleretinal screening program is now up and running in 15 locations with 17 cameras.

### Just Culture Update Building a kind and fair workplace

## DHS adopts a just culture

By Marife P. Mendoza, RN

### Pulse Survey

On Feb. 6, 2018, the Health Agency Just Culture Workgroup and Labor Management Transformation Council (LMTC) launched a Just Culture Pulse Survey across the Departments of Health Services, Public Health, and Mental Health. The survey ran through March 20.

The aim of the survey was to obtain workforce members’ assessment of Just Culture as it is being practiced in each department. The data obtained from this survey will serve as a baseline measurement of how each department’s staff perceive fairness of their workplace. The Just Culture Workgroup and LMTC will use the survey results to improve systems and processes that will support and make everyone’s work as reliable, safe, effective, and efficient as possible.

### DHS Just Culture Trainings

Starting last month, several DHS facilities began conducting in-person Just Culture trainings for Managers and Supervisors. It is imperative to get all DHS managers and supervisors trained with Just Culture principles to apply these principles consistently in their work units. It is not uncommon that in some complex situations, it may be difficult to apply Just Culture principles -- if this happens, there are

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facility-based Just Culture co-leads and champions who are available to assist and guide individuals who need additional training or guidance.

On March 27, 2018, the Health Agency launches a [one-hour web-based Just Culture training](#) for all workforce members via the Learning Management Systems (LMS). The Just Culture course offering number is 00421052. This mandatory, one-hour online training will provide a good overview of the Basics of Just Culture, the fundamentals needed to obtain a Just Culture, and an outline of the individuals’ roles and responsibilities to achieve and sustain Just Culture in their work environments.

Remember, the question that drives high performance in a Just Culture is not focused on *who* is responsible for failure, but rather, *what* went wrong and how can it be prevented. At DHS, to start our journey in achieving Just Culture, one must be kind and fair!

If you have any questions about Just Culture, please email [justculture@dhs.lacounty.gov](mailto:justculture@dhs.lacounty.gov) or contact your facility-based just culture champions and co-leads.



## Farmers’ markets offer healthy options



Martin Luther King, Jr. Outpatient Center

The Martin Luther King, Jr. Outpatient Center and LAC+USC Medical Center are sponsoring bustling produce markets each week to help patients, community residents and staff eat healthier and expand access to organically grown produce. Studies have shown urban centers often lack access to healthy food options. The LAC+USC market is open every Monday from 10AM to 2PM in the inpatient tower breezeway. The MLK market is open every Wednesday from 9AM to 2PM. EBT cards are accepted. Both markets feature a range of vendors selling fresh fruits and vegetables, smoothies, salsas and tapenades, sandwiches, baked goods, body products, and more. Help spread the word to patients, visitors and employees.



LAC+USC Medical Center

## Procedure service improves patient access and safety

By Lois Ramirez

Olive View-UCLA Medical Center established an inpatient procedure service over two years ago led by the Department of Medicine, Division of Pulmonary and Critical Care. The goal is to provide timely, efficient, and cost-effective performance of common medical procedures, ensure patient safety and comfort, establish a standardized approach to teaching, performing, and evaluating procedures, and improve house staff training and competency in performing common medical procedures.

Recently, the Department implemented the service in the outpatient setting to improve access to care. Previously, patients either had to wait in the Emergency Department or be admitted to the hospital for common procedures like paracentesis or lumbar punctures. Now, the number of outpatient procedures is steadily increasing, with many patients returning weekly for repeat procedures.

“We get to know our patients’ stories and meet their families,” says Dr. Joanne Martires, director of the procedure service at Olive View-UCLA. “The patients are grateful for the service, and our providers have a solution to address the therapeutic, diagnostic, and palliative procedural needs of our outpatients.”

Available data on patient safety variables indicate that centers with long-term experience have lower complication rates for commonly performed procedures, such as central venous catheterization, thoracenteses, and paracenteses.



Pictured (left to right): Soma Wali MD, Chair of Department of Medicine, Judith Maass, RN, NP, Chief Executive Officer, Nader Kamangar MD, Chief of Pulmonary Critical Care, Lisa Morgan RN,BSN and Vincent Chan MD, the new Director of the Procedure Service.



The Olive View-UCLA Medical Center Medicine Procedure Service providers (First Row: left to Right) Lisa Morgan, RN, BSN; Joanne Martires, MD; Catherine Reyes, ACNP-BC, CNS; (Second Row: left to right) Dennis Yick, MD; Nader Kamangar, MD; Sherwin Hsu, MD; Matthew McCullough, MD; Brian Van Den Burg, MD; Nikhil Barot, MD; Keren Fogelfeld, MD.

Last year, the service performed a total of 677 procedures: 469 inpatients and 208 outpatients (since June). With increased awareness, as well as the introduction of the outpatient service, the number of procedures performed has steadily increased during the past few months. The service expects to perform over 1000 procedures in 2018.

The following procedures are currently provided: *paracentesis, thoracentesis, lumbar puncture, PleurX tunneled catheter insertion, central line, dialysis and mid-line insertion, and U/S-guided peripheral IV insertion.*

A proceduralist (intensivist or hospitalist), nurse and, at times, a nurse practitioner and medical resident, staff both the inpatient and outpatient services. The outpatient procedure service operates Monday through Friday, 9 am to 4 pm.