

Los Angeles County
Department of
Health Services



Health Services
LOS ANGELES COUNTY

**2017-
2018**



Health Services
LOS ANGELES COUNTY

Los Angeles County Board of Supervisors



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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 DHS' 2017-2018 Annual Report. We are very proud of the accomplishments and progress we have achieved on our ongoing journey of transformation to becoming a high-quality, cost-effective, and patient-centered health care system for the half a million patients we serve annually.

These achievements have been made possible by the hard work and dedication of our DHS workforce, along with the strong support of our Board of Supervisors and CEO. Some of the signal achievements of the past year include:

- Our newly formed Ambulatory Care Network (ACN) opened two new facilities, the East Los Angeles and West Los Angeles Health Centers. The ACN was also instrumental in the implementation of Empaneled Life Management (ELM) and Empaneled Life Management Analytics (ELMA) to better assist with managing the health of our patients.
- DHS has made high-impact improvements in the health of our population as part of our participation in the California Medicaid waiver, including screening over 116,000 patients for breast, colon and cervical cancer; assessing over 100,000 patients for depression and substance use; and discussing healthy eating and exercise with 4,500 more children and teens than the year before.
- DHS has leveraged additional Medi-Cal funding opportunities to integrate behavioral health clinicians (social workers, drug and alcohol counselors and medical case workers) within DHS' Patient Centered Medical Homes, as part of our integration of behavioral health services into primary care.
- DHS is in the process of expanding the availability of life-saving medications for opioid, alcohol and tobacco use disorders for patients served by our primary care and hospital facility settings. Our intention is to make these services available across the system by 2020.
- Our Pediatric Medical Hubs, which provide core medical services to children in Los Angeles who are involved in the child welfare system, have worked to expand access to children in need of Initial Medical Evaluations, medical clearances, sexual abuse evaluations and forensic evaluations.
- Through our Patient Access teams, we have handled over 1.3 million patient, health plan and other callers who needed appointment scheduling or general information with a 10% reduction in the abandonment rate over the previous fiscal year; initiated and processed 28,000 Medi-Cal applications for uninsured patients seeking services within our facilities; provided substance abuse treatment information to 28,000 callers, and linked 7,500 of those callers to a treatment facility; and linked 10,000 patients into primary care services, most of whom were referred from our Emergency Departments and Urgent Care sites.
- DHS is building upon its patient and family engaged care activities by establishing patient family advisory councils (PFAC) at four hospitals and various ambulatory care centers. The PFAC invites patients and their families to serve on committees where they can share their voice and perspective to better understand their experience with our services. These councils aim to incorporate the patient's voice in the design of care systems that will help improve the patient and family experience.
- We doubled enrollment and engagement in the MyWellness patient portal to 55,000 enrolled patients. MyWellness is a secure website and mobile app where patients can message clinic teams, request appointments and prescription refills, view lab and radiology results and view provider notes.
- Housing for Health (HFH) serves people who are homeless and who have complex health and/or behavioral health conditions, high utilizers of public services and other vulnerable populations. In 2018, HFH deployed 60 multi-disciplinary street outreach teams countywide, operated 1,800 interim housing beds including recuperative care; supported over 6,000 clients in supportive housing and provided 12,000 clients with benefits advocacy services.
- The Office of Diversion and Reentry (ODR) has diverted over 3,000 inmates with mental disorders away from the Los Angeles County jail and into community-based treatment and supportive housing. Through our Reentry programming, we have connected over 2,000 people leaving the jail to a care coordination and service navigation program provided by community health workers who have lived experience in the justice system.

Collaborating with partners continues to be crucial to the success of our mission to provide excellent health care throughout the County of Los Angeles. We are highly appreciative of our relationships with our labor partners, community clinics and university affiliates in helping us fulfill this mission.

The stories and images in this report reflect the deep commitment of our DHS workforce to the patients and communities whom we serve. I hope you take pride and enjoyment in reading about the important work we all do together at DHS. On behalf of everyone at DHS, we thank you for your commitment to excellence in public service that this report highlights.



Christina R. Ghaly, MD
Director, Health Services

Los Angeles County Department of Health Services

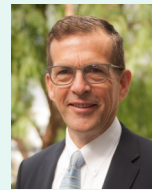
Current Executive Team



Christina R. Ghaly, MD
Director
Health Services



Hal F. Yee, Jr., MD, PhD
Chief Medical Officer
Health Services



Quentin O'Brien
Chief Executive Officer
Ambulatory Care Network



Sue Currin, RN
Chief Nursing Officer



Nina J. Park, MD
Director
Population Health
Management



Elizabeth Jacobi
Chief People Officer



Phillip Franks
Director
System Operations
and Support Services



Michael Owens, MD, MPH,
VFACPE, CPE
Chief Data and Analytics Officer



James W. Brady, PhD
Chief Information Officer



Shari Doi
Director
Office of Patient Access



Cathy Chidester, RN
Director
Emergency Medical Services



Donna Nagaoka
Director
Organizational Development



Kimberly McKenzie, RN, MSN, CPHQ
Chief Executive Officer
Harbor-UCLA Medical Center



Jorge Orozco
Chief Executive Officer
LAC+USC Medical Center



Judith Maass, MSN
Chief Executive Officer
Olive View-UCLA Medical Center



Aries Limbaga, DNP, MBA
Chief Executive Officer
Rancho Los Amigos
National Rehabilitation Center

Allan Wecker, Chief Financial Officer

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Ambulatory Care Network

Ambulatory Care Network

This year Ambulatory Care Network (ACN) administration opened the East Los Angeles and West Valley Health Centers. Mid-Valley Comprehensive Health Center (CHC) Urgent Care is projected to open in 2019. Also, plans were completed for a new Urgent Care/Primary Care at El Monte CHC.

ACN established a budget unit which includes ACN facilities and personnel. We successfully transferred over \$435 million in budget and 2,838 ordinance positions into the newly formed department.

Additionally, ACN was instrumental in the implementation of Empaneled Life Management (ELM) and Empaneled Life Management Analytics (ELMA) to better assist with managing the health of our patients.

A total of \$6.2 million in projects were completed:

- Refurbished clinic elevators at various ACN health centers
- Replaced three mammography units at High Desert Regional Health Center (HDRHC), Hubert H. Humphrey CHC and Mid-Valley CHC
- Installed new X-ray machine at H. Claude Hudson CHC

Acquired \$4.3 million in new equipment for our health centers

- Purchased new dental chairs and equipment
- Remodeled call centers and updated computer monitors



ACN Health Education team

Administrative Staff



Nina Park, MD
Chief Executive
Medical Officer



Quentin O'Brien
Chief Operating Officer



Debra Duran
Chief Nursing Officer



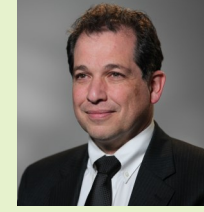
Erick Lopez
Chief Financial Officer



Glen Solomon
Chief Information Officer



Guillermo Diaz, MD
Chief Medical
Information Officer



Jeffrey Guterman, MD
Chief Research
and Innovation

Care Management Training

Conducted a two-phase care management training session for 47 ACN care managers to support a strong clinical foundation related to care management and chronic disease.

ORCHID

Completed Primary Care ORCHID Optimization evaluation and conducted a sampling walk-through of our primary care sites. Provided one-to-one ORCHID documentation coaching sessions for specialty providers across the ACN.

California Immunization Registry (CAIR) Query

Collaborated with the Department of Health Services (DHS) ORCHID team to implement the ability for staff to query CAIR through the ORCHID patient chart and import the vaccination history directly out of CAIR into ORCHID without having to transcribe the vaccines.

Health Education

Presented a refreshing health education program called Eat Healthy, Be Active workshop at seven ACN clinics. The interactive program was open to patients and the surrounding communities we serve. A six-week workshop series was conducted in English and Spanish from January through July at HDRHC, Mid-Valley CHC, El Monte CHC, Edward R. Roybal CHC, H. Claude Hudson CHC, Hubert H. Humphrey CHC and Long Beach CHC. The program included live cooking demonstrations conducted by chefs. Participants enjoyed food samples, naturally flavored water, nutritious recipes, fun physical activities, take home handouts and complementary teaching tools such as, reusable water bottles, totes, lunch bags and pedometers.



2018/2019 Objectives

- Increase nurse-directed visits
- Develop an education and training plan for ACN nursing
- Develop an automated finance dashboard for Health Center Groups to increase transparency and facilitate appropriate management
- Refine the onboarding process for new employees so that they are ready to go on their first day
- Increase the use of ELMA quality improvement efforts
- Expand access to primary care in the San Fernando Valley and East Los Angeles
- Improve quality measures including California Public Hospital Redesign and Incentives in Medi-Cal (PRIME) and HEDIS
- Improve patient experience and access to care by decreasing cycle time and no show rates
- Implement automated reminder calls for all appointments in ACN



Eat Healthy, Be Active Workshop participants

Coastal Health Centers

Long Beach, Bellflower, Torrance, & Wilmington Health Centers

Coastal Health Centers (Costal) focused their key strategic initiatives around the areas of quality & safety, our workforce, services and programs, and our patient care resources

Administrative Staff



Jeffrey Barbosa, MD
Director



Alexander Moy, MD
Associate Medical Director



Marion Thornton-White, RN
Nursing Director



Debra Cornelius, RN
Nurse Manager



Thuy Binh
Assistant Administrator



Our Workforce

Coastal Health Centers were proud to have received the Influenza Vaccination Excellence Award for being the DHS facility with the highest influenza vaccination rate (88%) among its employees for the second year in a row. Coastal also worked to streamline many of its administrative and human resource processes for this year, resulting in a significant improvement in workforce completion of mandatory trainings.

Quality and Safety

To meet quality standards set by HEDIS, NCQA and PRIME, Coastal staff leveraged available tools through ORCHID and the ELM system to improve screening rates for cervical cancer, breast cancer and diabetic eye photos. Expanding Patient-Centered Medical Homes (PCMH) has been a key component for sustaining these efforts. This year, Coastal Health Centers integrated Community Health Workers (CHW) and the Diabetes Management Program into its primary care model and is working on plans to expand the role of social work and outreach workers. To improve staff and patient safety, Coastal Health Centers updated its Building Safety Plans & Hazard Communications plans this year, implemented regular Environment of Care rounds and updated security infrastructure at Long Beach to include improved surveillance, access control and security call buttons.

Our Patient Care Resources

Coastal Health Centers infrastructure projects focused on equipment upgrades to better serve patient needs. A new radiology workstation, PacsCubeCD/DVD burner and ultrasound machine were added to improve onsite radiology services. The Eye and Dental clinics received new exam chairs, visual field equipment and pediatric vision screening equipment to improve patient care. Pharmacy, Nursing and Lab received new refrigerators and freezers for storage of medications, vaccines and specimens. Long Beach continued its remodeling efforts with upgrades to its elevator and reconfiguration of unused medical record file room space for expansion of patient services.

Through continuous improvement efforts, Coastal Health Centers strives to be a model for high-quality, compassionate and cost-effective services for patients.

Services & Programs

Coastal clinics continue to increase overall workload through improved workflows and efficiencies and provide 86,000 total patient visits yearly. The Long Beach Pharmacy has one of the fastest prescription processing times of 10 minutes, while also maintaining high productivity and quality. This year, Long Beach improved access by starting a procedure clinic for minor procedures as well as adding additional dermatology and ophthalmology sessions. To improve the patient experience, Coastal Health Centers implemented new digital media/health education screens, "Happy or Not" customer service kiosks and offered healthy cooking classes for nutrition counseling to further enhance patient services.

2018/2019 Objectives

- Patient Centered Medical Home expansion
- Patient Access Center re-design
- Improve clinic efficiencies and workload through process improvement
- Improve performance on quality measures
- Standardize warehouse and supply chain processes
- Signage and way-finding improvement
- Expand point-of-care testing
- Additional patient care and safety infrastructure at health centers



Healthy Cooking Classes for Patients



Employee Flu Vaccination Award



Repurposed Medical Records Storage Space

Edward R. Roybal

Comprehensive Health Center & East Los Angeles Community Service Center

The ACN is opening its newest health center in East Los Angeles. The new East Los Angeles Health Center is nestled in the heart of East Los Angeles at 133 North Sunol Drive at the corner of First Street and Sunol Drive. It is a part of the Edward R. Roybal Comprehensive Health Center's efforts to expand patient access within the East Los Angeles community.

The clinic is situated in the East Los Angeles Community Service Center operated by Los Angeles County Office of Workforce Development Aging and Community Service Center (WDACS) and DPH and the Department of Mental Health (DMH). The new co-located clinic site will augment the existing adult and senior citizen services at the East Los Angeles Community Service Center by focusing on providing Adult Primary and Geriatric Care to the neighboring community. DPH will ascertain necessary services to address the needs of the neighboring communities affected by lead contamination from the Exide Technologies plant while the DMH located staff support the Whole Person Care program at the site.



Administrative Staff



G. Michael Roybal, MD
Medical Director



Crystal Diaz
Assistant Administrator



Jorge Urquiza
Nursing Director



Transition of Care

Transition of Care, also known as “clinical handovers” or “warm handoffs”, are the transfer of care from one healthcare professional to another. Transition of care encompasses transitions of patients involving different venues. Examples include transitioning from inpatient hospital to outpatient facility, from specialty to primary care providers or simply between healthcare settings in the same facility such as the aging of patients from Pediatric to Adult clinics. Transition of Care is an integral part of the patient's journey throughout the healthcare system and comprehensive planning is very important.

The absence of a clear process to transition pediatric patients who turned 21 years old into an Adult Clinic has led to the inability to retain these patients.

Dr. Geetha Ramaswamy, Chief of Pediatric and Specialty Care Clinics, spearheaded the “Transition of Care” project in May 2018.

The project's multidisciplinary team includes providers and nursing staff from both Pediatric and Adult Clinics, the Performance Improvement Coordinator, the Patient Relations Department staff and the Roybal CHC Transforming Clinical Practice Initiative coach. The team intervention is synonymous to a famous proverb that says: “It takes a village to raise a child.” And for us, “it takes an entire team to make a successful transition.” Our goals are to improve the transition of care process, improve patient satisfaction and improve patient retention. It involves communication, collaboration and coordination.

The complexity of the transition requires the team to prepare the youth/teen to move from a family-centered interaction in the Pediatric clinic to a patient-centered interaction in the Adult clinic. The youth transitioning requires the support, resource navigation and planning from both the Pediatric and the Adult team. Without care coordination, care can become fragmented.

To accomplish the transition in Care Team, we developed a process for transitioning Pediatric patients to Adult clinics. We provided education to the Pediatric and Adult providers, we established ongoing team meetings to formalize the transition process and we identified patients to be transitioned.

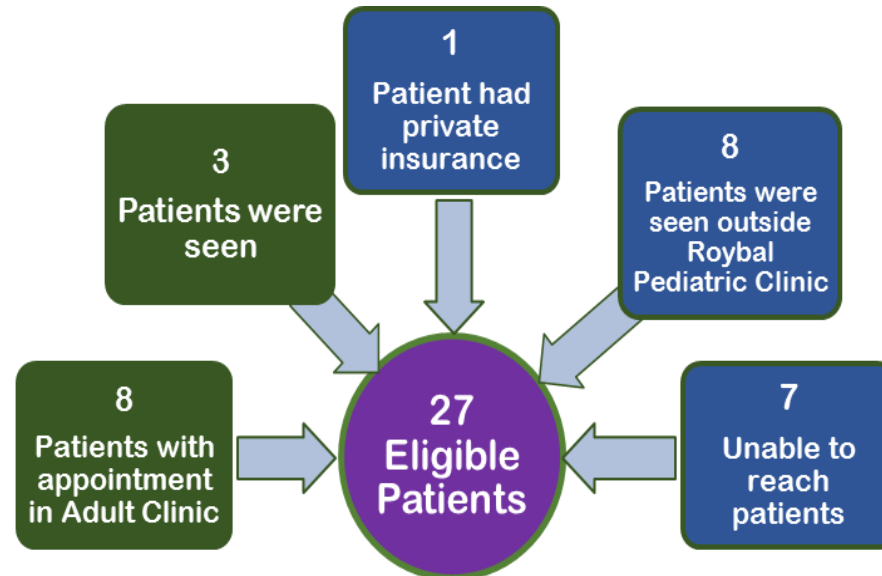
In June 2018, we identified 27 patients who were eligible to transition from Pediatric to Adult clinic. Out of the 27 patients, 8 patients received an appointment and 3 patients were already seen by our Adult providers. For the remaining 16 patients, 1 patient had private insurance, 8 patients were seen outside of Roybal's Pediatric clinic and 7 patients could not be contacted. At the patient's initial visit with the Adult provider, the patient receives a “Welcome” orientation

packet and completes the satisfaction survey prior to discharge.

Dr. Ramaswamy spoke with one of the patients after the patient's first visit with the Adult provider in June 2018 and asked, “How do you like the transition process?” Patient responded, “I am satisfied with the transition process from my Pediatric provider to my Adult provider and it was a smooth

transition. I had a positive experience with my Adult provider's visit today.”

Although our Transition of Care process is still at the beginning stage, we have developed a process that we hope will provide Pediatric patients, many of whom have complex medical problems, a successful transition into the Adult clinic.



H. Claude Hudson

Comprehensive Health Center & Curtis Tucker Health Center

This year, H. Claude Hudson Comprehensive Health Center (CHC) has continued to work hard at meeting our goals, while adhering to our core values and mission. H. Claude Hudson CHC is dedicated to providing high quality medical care in a caring and compassionate environment. Our team of physicians, nurse practitioners, nurses and support staff offer specialized and attentive medical care to all patients and their families. In a rapidly changing and challenging healthcare environment, H. Claude Hudson CHC is focused on improving access, quality of care and treating the whole person. We have successfully improved access to primary care, urgent care and specialty care. Additionally, we have increased access points to DPH, DMH and social services, which collectively offer a truly comprehensive healthcare experience. H. Claude Hudson CHC takes tremendous pride in providing integrated multidisciplinary patient-centered care.



Urgent Care Services:

On July 1, 2017, via restructuring of the Urgent Care clinic, H. Claude CHC was able to increase access to medical care for our patients. Providers who formerly worked under the LAC+USC Medical Center Affiliation Agreement (MCAA) with USC, became full time county employees. During this transition, the clinic was able to sustain seeing a high volume of patients, significantly decrease cycle time, enhance staff morale and improve patient satisfaction.

Administrative Staff



Michael Mills, M.H.A.
Administrator



Jerri Flowers
Assistant Administrator



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



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



Special Projects & Accomplishments

Ella Fitzgerald Foundation Partnership

The Ella Fitzgerald Foundation, established in 1993 by the late American jazz singer, Ella Fitzgerald, supports at-risk and disadvantaged individuals and families in Los Angeles County and the surrounding area. The Foundation supports medical research in diabetes, heart disease, vision/eye problems and childhood illnesses. They also provide education opportunities for at-risk youth through "A Book Just for Me!," a book give-away program. H. Claude Hudson CHC is thrilled to be recognized as the newest Ella Fitzgerald Reading Corner community member. This partnership allows our staff to give every child and teenager a new book after their medical appointment that will entertain and inspire for years to come.

Patient Loyalty Wall

In recognition of our patients, the H. Claude Hudson CHC proudly presents the Patient Loyalty wall. The Patient Loyalty wall is an exhibit of our long term patients of 20 years or more. In 2018, with signed consent, we recognized five patients that we've had the privilege and honor of providing healthcare treatment services to for 20 to 40 years. Additionally, the Patient Loyalty wall is seen as an impressive reflection of the culturally diverse community surrounding H. Claude Hudson CHC in the Downtown Los Angeles area.

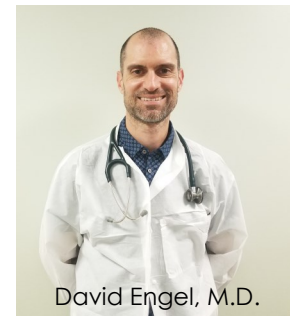
2018/2019 Objectives

- Maintain Primary Care National Committee for Quality Assurance Recognition
- Improve Patient Satisfaction
- Meet all PRIME targets
- Improve HEDIS scores
- Improve ELM scorecard performance
- Urgent Care Re-model
- Renovate Patient Exam Rooms
- Implement Teen Clinic
- Increase Community Outreach

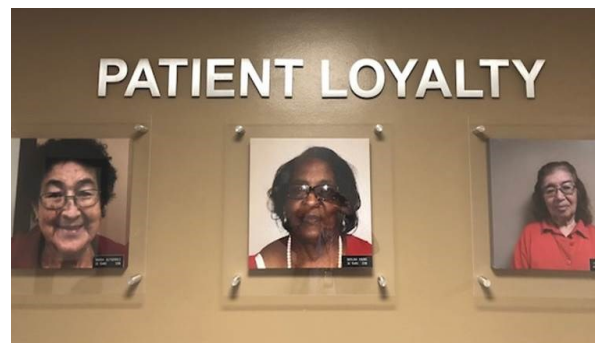


County Kids Place

Soon after I joined DHS in 2014, I stumbled upon County Kids Place while taking a noontime walk around the H. Claude Hudson CHC where I serve as a physician. As the father of three month-old twins I was highly interested in the services they offer and called them that day. My kids have been there four years now, moving from the infant daycare program all the way up to pre-kindergarten. We couldn't be more pleased. County Kids Place is bright and clean with wonderful, caring teachers. County Kids Place is fully accredited by the National Association of Education for Young Children (NAEYC) and offers a stimulating curriculum. And it is very reasonably priced for County employees! My wife and I feel so lucky so have found County Kids Place.



David Engel, M.D.

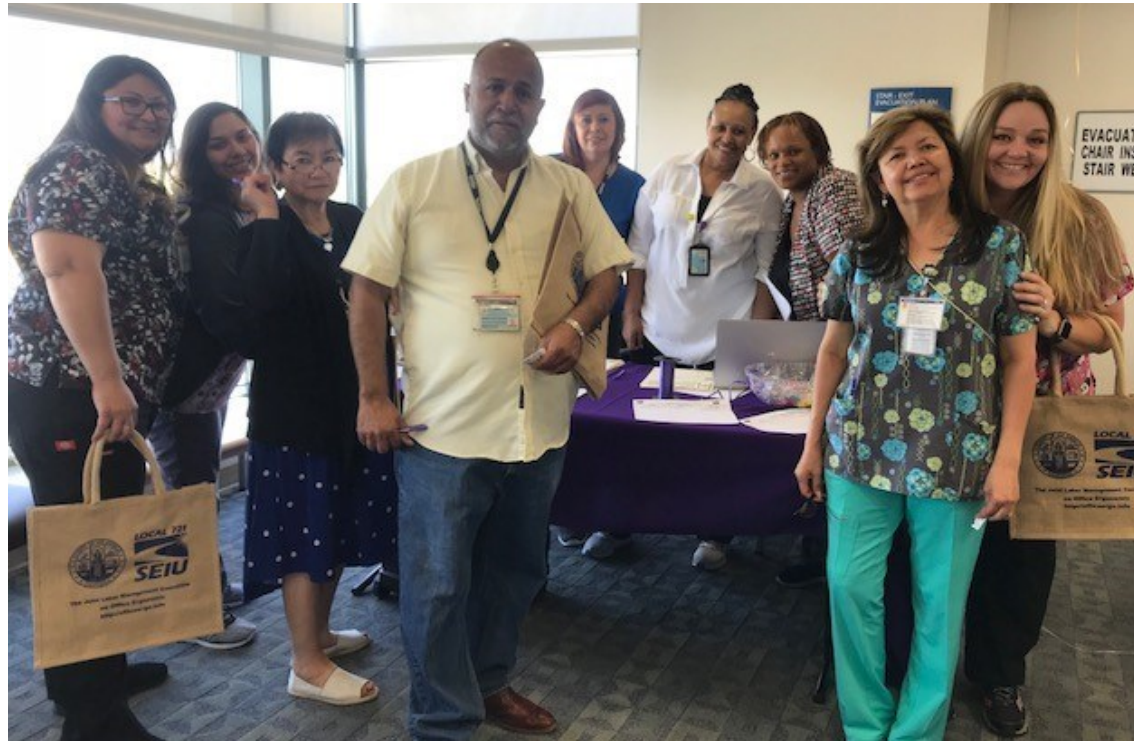


High Desert

Antelope Valley—Lake Los Angeles—Littlerock—South Valley

The High Desert Health Center Group (HDHCG) is comprised of a network of clinics offering comprehensive outpatient health services to the residents of the Antelope Valley in northern Los Angeles County. HDHCG includes High Desert Regional Health Center (HDRHC), Antelope Valley Health Center (AVHC), Lake Los Angeles Community Clinic (LACC), Littlerock Community Clinic (LRCC) and South Valley Health Center (SVHC).

HDRHC offers primary care along with ancillary, diagnostic and treatment services. Additional services include women's health, urgent care, medical and surgical sub-specialty clinics and an ambulatory surgical center. Special programs offered by HDRHC include a Positive Care Clinic, an Oncology/Hematology Clinic, a Pediatric Dental Clinic and the Pediatric Hub Clinic which addresses the special needs of children in foster care. AVHC, LACC and LRCC offer primary care services. SVHC offers primary care, a limited number of surgical specialty clinics, urgent care and on-site x-ray and laboratory services.



Administrative Staff



Beryl Brooks
Administrator



Timothy Moore
Administrator



Ruth Oren, M.D.
Medical Director



Susan Urbanski, RN
Nursing Director



Antelope Valley Health Center

In 2017-18, the DHS ACN continued efforts to remodel and refresh the appearance of the AVHC, which is a co-located site with the Department of Public Health (DPH). Over the past year, the Medical Records area was repurposed and additional office space was made available where patient charts were previously stored.

South Valley Health Center Engagement Fair

The fair took place on May 8, 2018 at our Palmdale Clinic in the Antelope Valley. Employees were encouraged to attend the fair to learn more about available employee benefits and other DHS affiliated programs. Labor partners and DHS Human Resources (HR) representatives were on-site to provide information and to answer questions regarding each of the programs they offer. The following representatives were available onsite; DHS HR Exams/Recruitment, DHS HR Training/Organizational Development, DHS Payroll, HDRHC-ACN Care Improvement Team (CIT) representatives, LACERA, Horizon's, Kaiser, United Health Care, Zenith and Local SEIU 721. There was a Just Culture booth, CIT booth and a Labor Manager booth. We had many raffles and prizes were given away through an opportunity drawing for those who attended. Employees from the ACN South Valley site were very appreciative and excited to participate and said that they were already looking forward to next year's fair. The team effort from all of the DHS and Labor partners made this a successful fair!

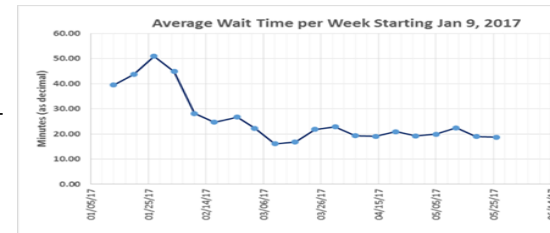
Ophthalmology Program

The new HDRHC Ophthalmology Clinic was opened in FY 2016-17 with the assistance of grants from the California Community Foundation and Kaiser Foundation Hospitals and a donation from the High Desert Health System Auxiliary. It has continued to grow in its second year of operation. In FY 2017-18, the clinic provided a total of 1,038 clinic visits. The clinic is now operating two to three days per week. In addition, a total of 68 cataract surgeries and other eye surgeries were performed in FY 2017-18 at the HDRHC Ambulatory Surgical Center for patients referred from the Ophthalmology Clinic. To further expand the capabilities of the Ophthalmology Clinic, an A/B Scanner, Ophthalmic ultrasound, was added in September 2017 and a new Visual Field machine was added in June 2018. In addition, new eye chairs and stands were ordered to replace older equipment that was donated by Kaiser for the start-up of the clinic. With the addition of this clinic, comprehensive eye services are now available at HDRHC and DHS patients in the Antelope Valley area no longer need to travel outside of the area for clinic appointments or surgeries.

Pharmacy Continuous Improvement Team

This past year, the High Desert Pharmacy team has worked to improve the patient experience by continuing to refine their medication pick-up cycle time for waiting patients (known as "waiters"). Last year, their 'Red Basket' project reduced the wait-time of patients checking-in to pick-up their medication from 40 minutes to 19 minutes.

Building on that success, it was noted that patients who check-in and wait for prescriptions make up approximately 30% of the pharmacy's population. These patients are waiting for new and controlled prescriptions. The CIT believed that was a major inconvenience for their patients and concluded that it was time to examine their "Pharmacy Workflow" to determine how to better meet the patients' needs. The pharmacy workflow was changed by filling prescriptions as they were received, regardless if the patient checked in. This change reduced the number of actual waiters to 17%. Effectively, this means that 13% of waiters no longer have a wait time. Their medication was provided to them at the counter when they arrive. This reset the wait metric, which now only monitors wait-times for the 17% of patients that are walk-ins or are waiting for controlled medications, which take more time to fill because of State and federal requirements. The new cycle time is 21 minutes. In improving our workflow and patient wait time, the team noticed that their associates have to run from one end of the pharmacy to the other to fill each prescription. This resulted from not having an organized stock structure. Utilizing the "Spaghetti Map" tool, the team determined that each of their pharmacy associates would walk 10,000 to 12,000 steps in an eight hour shift. A plan was created to rearrange and reorganize the Pharmacy. Shelving was added, the medications were centralized in the work area, categorized by physical composition (pill, liquid, etc) and then alphabetized, resulting in improved efficiency.



Hubert H. Humphrey Comprehensive Health Center



Hubert H. Humphrey Comprehensive Health Center (HHHCHC) took time this year to revise our mission statement and include what we feel better embodies our culture and the service we provide: "HHHCHC is a leader and model for excellent healthcare delivery in L.A. County and embraces a facility-wide culture of continuous improvement and innovation. At HHHCHC, we deliver high quality, patient-centered care in a welcoming setting where our patients trust us as their source of care. We work together to create a supportive environment in which all staff are empowered to proudly and responsibly serve our community."

Administrative Staff



Raymond Perry, MD
Director



Elise Hulsebos, MPH
Assistant Administrator



Marion Thornton-White, RN
Nursing Director



New Quality Improvement Program

This year marked the revival of our Quality Improvement Program (QIP). The goal has been to implement line-staff driven process improvement teams in each department throughout the facility, so that we can spread the excitement and success started by CIT in our PCMH primary care clinics. Currently, there are seven departments running continuous interventions, with projects including: daily team huddles in Environmental Services, reducing broken appointments in Women's Health and Radiology, improving the referral process for Physical Therapy and improving the scheduling process in the Dental clinic. Each project is developed and conducted by the line staff, with active support from the department heads. All interventions are data driven, with the QIP physician and nurse leads providing coaching, data support and strategic guidance. These projects have improved multiple access and efficiency measures, as well as, staff and patient satisfaction. Teams present project updates, share ideas and get feedback from other departments at monthly QIP meetings. In the future, the QIP plans to involve more departments and focus on opportunities for cross-disciplinary projects.

New and Exciting Initiatives

- The Pharmacy clinic continues to collaborate with the primary care teams to optimize chronic disease management. Rapid insulin titration will soon become an integral part of the clinic to address specific needs of our patients with diabetes.
- Administration successfully centralized the ordering processes for office supplies and high-use clinical supplies. Our goals are to be more responsive to supply needs in all departments, to shift certain supply-monitoring duties away from clinical staff, to optimize storage space throughout the facility and ultimately to be more cost-efficient.
- HHHCHC hosted the second annual CalFresh Awareness event and Synergy Health Fair to promote good nutrition, healthy living and local community resources. We also offer patients healthy cooking workshops, complete with guest chefs, in addition to other popular health education classes.
- HHHCHC is leading efforts with DPH and DPSS to address food insecurity among our patients through a clinic-based screening and referral process.
- HHHCHC welcomed students from USC School of Pharmacy and Charles Drew University School of Medicine to rotate with our clinical providers. We are looking forward to more educational partnerships in the future.



Care Improvement Teams

HHHCHC held our first CIT fair in October 2017. The fair highlighted the innovative work of our PCMH staff as they continue to make significant and beneficial changes to the workflow and the patient experience.

Projects include:

- Improving the process for obtaining out-of-network hospital records
- Increasing breast and colorectal cancer screenings
- Reducing visit cycle times
- Increasing the number of patients who have an advanced directive
- Standardizing the process of chart “scrubbing” (pre-visit preparation)



2018/2019 Objectives

- Achieve National Committee for Quality Assurance (NCQA) Level 3 Accreditation
- Expand team-based quality and process improvement projects to all areas
- Develop more staff engagement and staff wellness programs
- Achieve PRIME targets
- Improve facility-wide emergency preparedness
- Enhance our patient experience efforts

Martin Luther King, Jr. Outpatient Center

It has been another busy year at the Martin Luther King, Jr. Outpatient Center (MLK-OPC) in the delivery of ambulatory services. Fourteen graduate medical residents in family medicine and psychiatry were welcomed for the first time in more than a decade. The Ambulatory Surgical Center was reopened after a nearly year-long renovation and 72% of the surgeries now start on schedule -- reversing a previous trend. Social Services have expanded by more than 100% and enhanced the ability to address the complex needs of persons with substance use disorders. A culturally sensitive patient wellness campaign using educational media has been launched and it is played on TV monitors in the patient waiting rooms. Investment into the workforce is demonstrated through staff appreciation day, employee of the quarter recognition and retreats in each clinic. Professional development includes guest speakers at lunch-time talks and staff training on Just Culture, LGBT sensitivity and immigration rights. Focus on employee and patient wellness has been coordinated through the launching of the Farmers' Market and weekly yoga classes.

Communication at MLK OPC has dramatically improved through a new SharePoint website where all staff can easily access quality reports, meeting minutes, DHS enterprise-wide announcements and campus updates. MLK OPC continues to experience extensive capital projects with the opening of a new 1400-space parking structure that includes 70 charging stations, an interactive historical timeline and a new family childcare center. The sweeping capital developments coming to the MLK OPC campus during the next fiscal year include the new 500,000 square foot Behavioral Health Center, the new Foster Care Hub, a new replacement lab and a new medical office building.

A newly developed Campus Leadership Council has been launched to better coordinate campus services and communication. The Council includes leadership from the MLK Community Hospital, DMH and DPH, Sheriff's Department, Exodus Recovery, Charles Drew University, the local magnet high school and the new local library.

For the past 45 years, MLK OPC 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. We look forward to a very busy 2018-2019!



Administrative Staff



Yolanda Vera
Chief Executive Officer



Ellen Rothman, M.D.
Chief Medical Officer



Lessie Barber, R.N.
Nursing Director

Partnerships

MLK Campus Homeless Task Force

MLK campus partners, MLK Outpatient Center, DHS Housing for Health, and Homeless Outreach Program Integrated Care System (HOPICS) created a collaborative effort to help people struggling with homelessness. The task force was created to help coordinate targeted homeless outreach and placement efforts on campus. Collectively, the MLK OPC, HOPICS and MLK Community Hospital task force worked on referring clients for permanent, temporary and recuperative care services. During the first six months, 413 referrals and 330 placements occurred.

Integrated Behavioral Health and Substance Use Services

MLK OPC significantly expanded its Social Services Department and is actively building out an infrastructure to seamlessly integrate with PCMH providers and DMH partners.

Medical Legal Partnership

In partnership with Whole Person Care-LA and the Legal Aid Foundation of Los Angeles (LAFLA), MLK OPC launched the County's only integrated medical legal clinic. Through this partnership, MLK OPC providers can directly refer their patients to co-located LAFLA attorneys to screen and support DHS patients with their legal needs. Since launching in March, 2018 there have been:

- 281 walk-ins
- The opening of 214 individual cases for brief to extended legal assistance cases include housing, SSI Benefits, evictions and immigration

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.



PRIME

MLK OPC has made great strides in patient quality by improving our flu vaccination rate by 22% over the prior year and achieving our PRIME metric goals. We continued our Continuous Improvement Program with more than 23 teams. Accomplished goals included reducing no-show rates in women's health, improved compliance with DHS surgical time out, decreased cycle time in the anti-coagulation clinic and improved vaccination rates.

Farmers Market

To encourage wellness and healthy eating, MLK OPC opened a Farmers Market located in front of the Outpatient facility. The new year-round Farmers' Market, thanks to the generous support from the 2nd District, opened Wednesday August 9, 2017 and operates every Wednesday from 9 a.m. to 2 p.m. The market enhances access to fresh quality produce and food and accepts EBT cards.



2018/2019 Objectives

- MLK Campus Child Care Center
- 500,000 square foot Behavioral Health Center
- Medical Office Building
- New Foster Care Hub
- New Replacement Lab
- Graduate Medical Education Program

San Fernando Valley Health Centers

Mid-Valley CHC, Glendale HC, San Fernando HC

The San Fernando Valley Health Center Group (SFVHCG) which includes Mid-Valley CHC, Glendale HC and San Fernando HC is committed to providing our patients high-quality clinical care delivered with compassion. During this last year, SFVHCG achieved service enhancements including a new Family Medicine practice at San Fernando HC, the addition of a Podiatry clinic, expanded retinal camera services, a new mammography machine and execution of a new "Eat Healthy, Be Active" group health education class. Facility upgrades at Mid-Valley CHC included new paint and furniture, elevator modernization and the start of our first floor renovation for future Urgent Care services.



Special Projects & Accomplishments

Opening of the West Valley Health Center

In February 2018, SFVHCG opened a new adult primary care clinic in Chatsworth. This ACN clinic is co-located with the DMH West Valley Mental Health Center, to effectively provide integrated care. Additionally, this clinic improves access to DHS services for community patients in the western San Fernando Valley.

CIT Fair

Our CIT held their first fair to showcase improvement projects including improving colorectal cancer screening rates, improving medication reconciliation, decreasing cycle time and standardizing front office and back office communication. All PCMH clinics gave presentations and participated in a poster fair.



Administrative Staff



Jennifer Chen, MD, MPH
Director



Celia Pena, MBA
Assistant Administrator



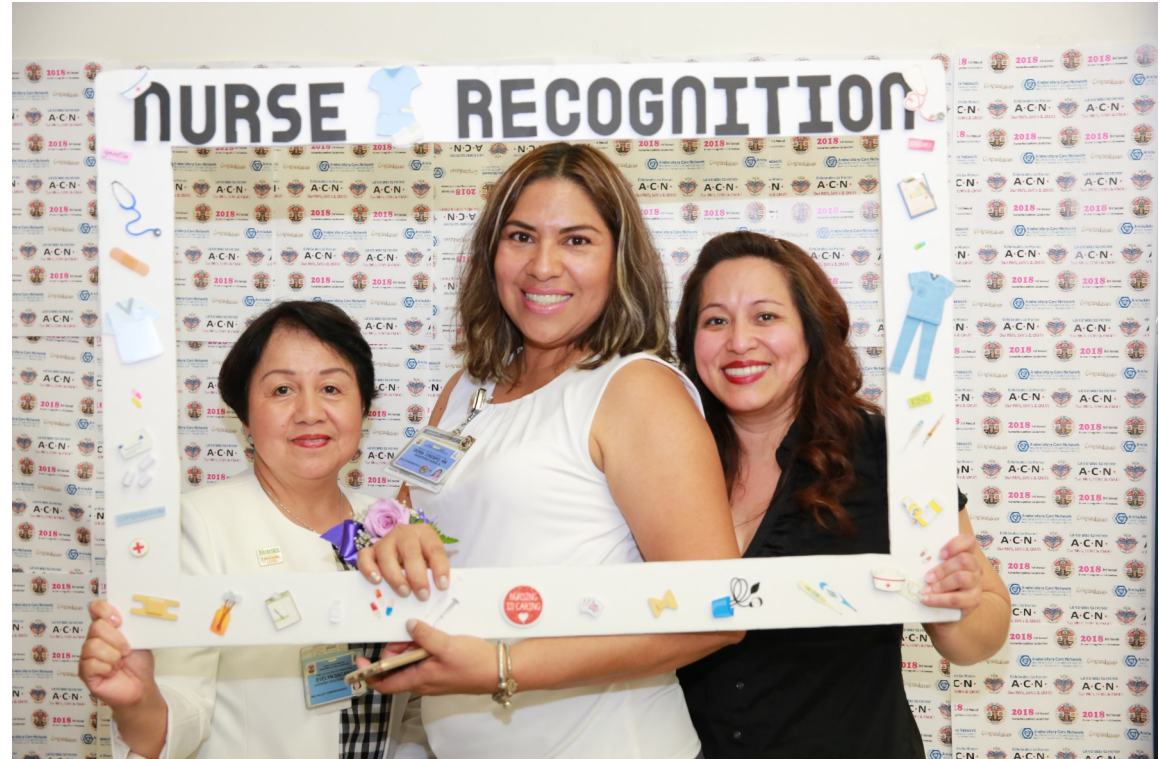
Armenui Telliyan, RN, MSN/ED
Nursing Director

Call Center Centralization

This year we centralized the SFVHCG call center team from staffing each health center to a single location for greater efficiency, achieving lower wait times and call abandonment rates. Adopted from a Glendale CIT project, call center staff also implemented standardized processes for communication of messages to PCMH teams.

Our Staff

SFVHCG is proud of all our staff for the dedication and caring they bring to their jobs every day. In particular, Dora Crespo, RN, a care manager at San Fernando HC, won 2018 ACN Nurse of the Year and the Board of Supervisors' 3rd District's 2018 Nurse of the Year award. Congratulations, Dora!



2018/2019 Objectives

- Improve performance in PRIME metrics
- Optimize Patient Experience
- Expand Employee Engagement program and projects
- Expand operations at West Valley Health Center
- Improve team communication in our PCMHs
- Expand radiology services
- Open Urgent Care program
- Increase integration of behavioral health resources
- Increase community outreach

San Gabriel Valley Health Centers

El Monte CHC and La Puente

The staff from the San Gabriel Valley Health Center (SGVHC) Group which includes El Monte CHC, La Puente HC and the East San Gabriel Valley Health Center (ESGVHC) take pride in their efforts over the previous year to continuously improve the services we provide our patients, including customer service and enhanced cycle times. Our patients have noticed the efforts we have made and have commented on the enhanced customer service and efficiency in operations. In an effort to continuously improve quality, we implemented a comprehensive Quality Improvement program this year, with each area of the organization having its own project.

Our PCMH teams made great strides in using techniques to manage the health care of our empaneled patients and are actively using the Empaneled Life Management (ELM) system to prioritize health maintenance activities such as immunizations and diagnostic procedures. Our clinical staff in primary care embraced ELM as a useful tool and this has resulted in very favorable scores that reflect on the quality of care we are providing to our patients.

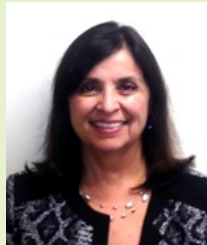
Next year's goals will involve continuing to focus on improving service and quality, including enhancing cycle times and implementing capital projects to improve services.



Administrative Staff



Ernest Espinoza
Administrator



Karen Dove
Assistant Administrator



Joseph Allevato, MD
Medical Director



Jorge Urquizu
Nursing Director

2018/2019 Objectives

- PRIME Goals
- Implement Bone Density Screening Service
- Remodel Adult Clinic Registration and Lobby
- Update Emergency Preparedness Planning
- HVAC Replacement Project

Medi-Cal Managed Care Certification for East San Gabriel Valley Health Center

The ESGVHC was opened in June 2017 as a co-location at the DMH facility in Covina. This co-location is providing primary care services to DMH's active patients. The co-location provides an excellent opportunity for primary care and mental health providers to collaborate on the treatment of this patient population, focusing on the continuum of care and achieving clinical outcomes. In February 2018, the primary care facility received full Medi-Cal Managed Care primary care certification.



Sidewalk CPR

In June 2018, El Monte CHC provided "Sidewalk CPR" in which staff provided potentially life-saving information and training on "hands only" CPR. The event was very successful as it allowed individuals to stop by and informally receive training and practice. This was open to patients and staff alike; 120 individuals stopped by the "Sidewalk CPR."

Staff and Patient Engagement CIT

This CIT organized three successful noon-time events. The group members identified the benefit of providing a casual event for staff to enjoy some "down time" together during their lunch break. The three events took place outdoors and staff enjoyed a catered lunch, games, music and an opportunity to relax with each other.



Additional Ultrasound Machine

El Monte CHC's Radiology Department was pleased to install a second ultrasound machine to help meet the needs of our patient population. As the number of empaneled primary care patients continues to grow, the demand for this diagnostic service began to create a backlog. The additional ultrasound machine ensures timely diagnostic procedures for patients, including OB/Gyn referrals, to support the medical staff's professional practice.

Cycle Time Improvement Program

This year, El Monte CHC successfully undertook efforts to enhance the cycle times to improve customer service and efficiency. This project began with one PCMH provider team and included assessment, review, implementation of Rapid Cycle Projects and spread to other PCMH provider teams. In typical El Monte CHC fashion, the team members contributed to the significant improvements. The average cycle time in October 2017 was 91.2 minutes; the May 2018 average cycle time was 74.6 minutes.

Cervical Cancer Screening

Staff made a concerted effort to make improvements on the percentage of empaneled women who have received the recommended cervical cancer screening procedure. Clinical teams incorporated this review to prepare for patient appointments and conducted outreach to encourage compliance. It was noted that access to Pap screening was one barrier to care. To address this, a women's health Nurse Practitioner was reassigned two days a week to provide Pap smears. This increased access, combined with the clinical teams' efforts to encourage women to receive the screening, contributed to significant improvement in compliance. SGVHCG ended the year with a 71.7% compliance rate for Pap smears among empaneled patients.

Pharmacy Service Enhancements

This year, El Monte CHC implemented a process in which patients with pharmacy refill issues were transferred directly to the Pharmacy. The Pharmacy dispenses refills and, if necessary, a Pharmacist issues a new prescription by protocol. This service enhancement decreases the interruptions to clinic staff and helps patients receive service expeditiously. This enhancement has had a direct, positive impact on cycle time. Another service enhancement the Pharmacy implemented is to activate in-house prescriptions as soon as providers submit them. This has significantly reduced the waiting time for prescriptions to be filled. These enhancements will have a direct, positive impact on efficiency, patient satisfaction, and quality.







Hospitals

Harbor-UCLA Medical Center

Over the past year, Harbor-UCLA Medical Center (HUMC) has continued on its Lean Transformation journey to change the organizational culture to be one of putting patients first, continuous improvement, teamwork and respect. Key to this journey are the True North competencies of Our Patients, Our People, Quality and Safety and Our Resources. Key performance indicators are updated each year to advance the Hospital's Mission.

Our Patients

We will put patients first and improve their experience.

Our People

We will support a culture of problem solvers
and lifelong learners.

Quality and Safety

We will prevent harm to patients and staff.

Our Resources

We will use our resources wisely.



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

HUMC Leadership has made a commitment to increasing our use of Lean philosophy and A3 thinking. Our Kaizen Office has started a new training academy to teach managers not only how to use A3 thinking in their work, but also to learn how to coach and teach others in this important technique.

A key achievement in 2018 was the opening of our Adolescent Psychiatric Emergency Room, one of only a few psychiatric emergency rooms in the country dedicated specifically to the care of adolescents. Harbor-HUMC staff celebrated the opening of the new Adolescent Psychiatric Emergency Room in a ceremonial ribbon cutting event. Supervisors Mark Ridley-Thomas and Janice Hahn, DHS Director Christina Ghaly, MD and DMH Director Jonathan Sherin, MD were present to commemorate the opening of this innovative program. The new Adolescent Psychiatric Emergency Room was developed in response to a growing awareness of the severity and prevalence of child and adolescent psychiatric illness and suicide. This new space will improve the patient experience for youth with behavioral and psychiatric emergencies and will provide higher quality, patient-centered care to adolescents.



Adolescent Psychiatric Emergency Room

Special Projects & Accomplishments

At the 31st Annual Productivity and Quality Awards Ceremony, Harbor-UCLA's Department of Emergency Medicine received the County's highest recognition – the Gold Eagle Award, for their project titled "Team Triage in the ER...Why Wait?" This project, which addresses the problem of long ER patient wait times, received the Mega Million Dollar Award for generating the most cost savings, cost avoidance and/or revenue and was also a Top Ten Awardee. In addition, four other HUMC teams and projects were presented with plaques or certificates of merit, further spotlighting some of the innovative work taking place at HUMC.

In February, HUMC implemented the Tell Me More Campaign. This program, which is sponsored by the Arnold P. Gold Foundation, aims to promote compassion and humanism in health care. The campaign's focus is on communication interaction between the patient and their care team and will serve to enable any member of the healthcare team to form an immediate connection with patients by engaging with them on topics that are most important to them.

February also saw the long awaited reopening of Harbor's Hospital Gift Shop. The redesigned shop opened with a brand new look, feel and operating vendor, Lori's Gifts. Patients, visitors and staff now have access to a wide array of items for purchase, including jewelry, greeting cards, inspirational books, reading glasses, small electronics and chargers, cosmetics, snack items and beverages.



Store Manager Nickie greets customers



The "Team Triage in the E.R...Why Wait" project members (L to R) Jeremy Ramon, RN; Joy Lagrone, RN; Dr. Andrea Wu; Judy Nguyen, RN; Sharon Mazeriegos, RN; CNO Pattie Soltero Sanchez; Project Manager Dr. Bradley Chappell; Martee King, RN; Lori Fields, RN; Francisco Reyes, USA; Keisha Belmaster, Productivity Manager; CMO Dr. Anish Mahajan; Dr. Michael Peterson; Rick Garita, LVN; Ciro Correa, LVN; CEO Kim McKenzie.



(Left to Right): Dr. Susan Stein, Osahon Ekhaese, Mark Redulla, Patricia Soltero Sanchez, Kimmalo Wright, Janet Bagano, Laura Santana.

Special Projects & Accomplishments

During National Nurses Week this year Harbor –UCLA commemorated the contributions of our great Nursing staff through a week of activities, including thematic apparel. Visitors and staff saw nurses wearing dress white uniforms reminiscent of hospitals before the 1970s, superhero costumes, tropical Hawaiian shirts, groovy tie dye prints and even sports team jerseys. Essay and poster board competitions also highlighted the commitment of Harbor-UCLA's Nursing staff to their profession.

In May, we held our 2nd Annual Trauma Survivor Celebration to recognize former trauma patients and their families. HUMC evaluates and treats over 4,000 trauma patients each year. This year's event, organized by the Trauma Program highlighted the stories of 10 trauma survivors. We were pleased to have Supervisor Mark Ridley-Thomas attend and provide his support to this important program.

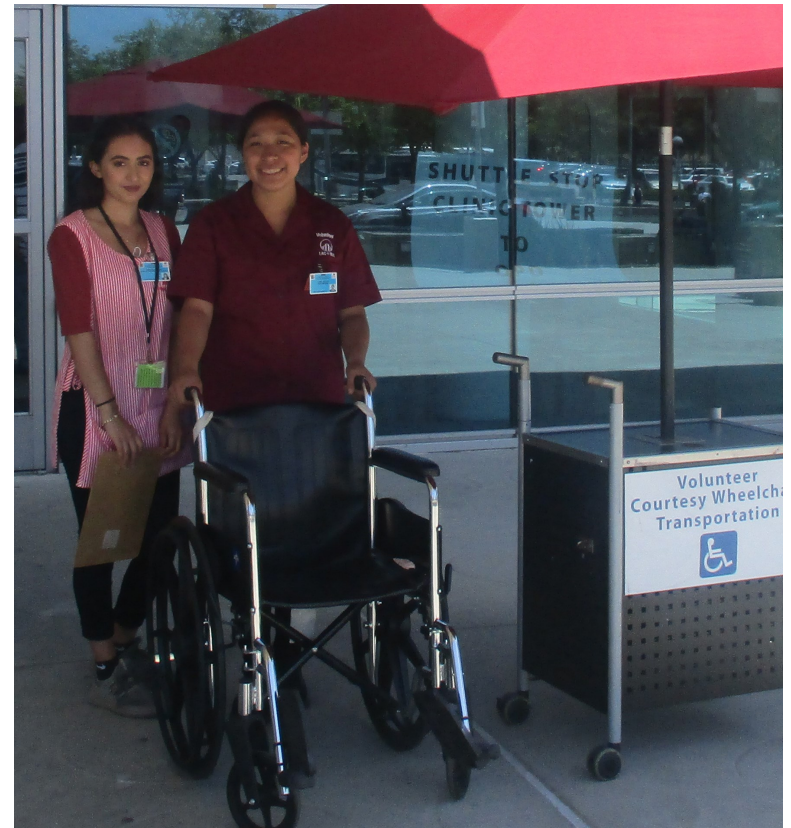
In early December as we celebrated the holiday season, HUMC had the pleasure of having five members of the LA Opera provide our patients and workforce with an enjoyable afternoon of carol singing. The five Opera members brought the holiday spirit with them as they sang vibrantly and dazzled spectators. Creating a great joyful holiday atmosphere throughout the hospital. HUMC continues to partner with the LA Opera to bring music to the patients throughout the year.



Harbor –UCLA Medical Center Nurses Celebrating National Nurses Week



2nd Annual Trauma Survivor Celebration





LAC+USC Medical Center

Our Mission:

To provide fully integrated, accessible, affordable, and culturally sensitive care, one person at a time

Our Vision:

To be nationally recognized for our superior patient care, medical education, clinical research and contributions to community health

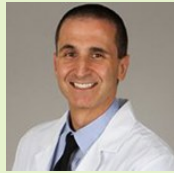


Enhancing patient care for all our community is a priority here at LAC+USC Medical Center. The 2017-18 fiscal year brings many changes. With the help of staff, efforts to revitalize and provide a welcoming and safe place for everyone continues as we advance in becoming a leader in healthcare. Our reputation for medical excellence, breakthrough clinical education and research while contributing to community outreach would not be possible without our sincere commitment to the health and well-being of everyone we serve.

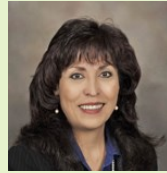
Administrative Staff



Jorge Orozco
Chief Executive Officer



Brad Spellberg, MD
Chief Medical Officer



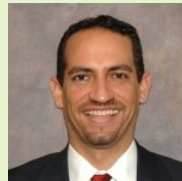
Isabel Milan
Chief Nursing Officer



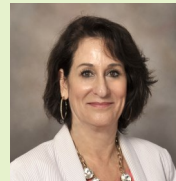
Efrain Munoz
Chief Financial Officer



Oscar Autelli
Chief Information
Officer



Phillip Gruber, M.D.
Chief Medical Information
Officer



Laura Sarff, R.N.
Chief Quality Officer

2017/2018 Accomplishments

- Restorative Care Village plans approved — LAC+USC's focus is to create a holistic healthcare environment concept, covering a full range of services.
- Weekly "Food Oasis" committed to providing education on maintaining good nutrition and encouraging healthy lifestyles with a variety of produce, Mondays, 10 a.m.—2 p.m.
- New courtesy shuttle service provides campus and parking structure transportation to improve campus accessibility.
- LAC+USC family partnered with local community agencies to offer healing in a different way, through a fresh and clean shower for the homeless.

Special Projects & Accomplishments

- **Ranked #1 in all of LA County in STEMI door to balloon**—When minutes are a matter of life and death, LAC+USC is where you want to be! The medical center had a 41 minute time from when patients with heart attacks arrive at the hospital to the time they are in the cath lab and balloon has been inflated to pop open their artery. We are faster than any other hospital in LA that receives these patients from EMS!
- **No More CODE BLACK...**What does “Code Black” mean? It used to be a way of life for many decades to describe the overcrowding of patients in the ED. Good news is this term is no longer used at LAC+USC! A team of experts made up of doctors, nurses and administration, worked hard to find solutions to reduce patient wait-times and overcrowding. This has led to major improvements and proves that even at a large public hospital with a chronic history of overcrowding, team work can make great things happen for our patients.
- **LAC+USC H3 Team**— Launched to provide support to staff affected by second victimization. Second victims are healthcare providers who are involved in an unanticipated adverse patient event, medical error and/or a patient related injury and become victimized in the sense that the provider is traumatized by the event. The mission is to increase awareness of second victim syndrome, destigmatize suffering and seeking help, and provide support to staff through 1:1 peer support, group debriefs and mental health specialists.
- **Campus Beautification Initiative**— Quality health care is top priority at LAC+USC and so is creating a campus that makes a welcoming impression, gives pride and creates a sense of unity with everyone that visits. Flowerbeds, outdoor plaza seating, public elevators and signage replacements are all projects in the works.
- **Community Care Innovation**— Community care outreach efforts by executives and clinical team visiting local communities and educating on new community-care models delivering care beyond our campus and into the community to provide primary care services.



2018/2019 Objectives

OUR Patients

- Enhance patient experience
- Hire additional interpreters
- Improve campus accessibility

OUR People

- Establish an employee wellness program
- Improve staff safety

OUR Care

- Implement a communications and public relations initiative
- Expand innovative care models that are community-based
- Improve key care/quality metrics

OUR Resources

- Establish unit specific budgets and accountability
- Increase capacity of patient volumes in high needed areas
- Reduce surgical length of stay

Olive View-UCLA Medical Center

In 2017, under the leadership of our CEO, Judith Maass, Olive View-UCLA Medical Center Executive, Administrative, Clinical Leadership and staff started an interdisciplinary journey to align our organization's strategy with the needs of our community and the Health Agency's mission. We identified fourteen initiatives covering domains under Quality, Resources, Services and People. Workgroups were convened with milestones, measures of successes established and tactics to support them. Some of these initiatives are highlighted below.



DHS Director Dr. Christina Ghaly, Director of DHS' Community Health and Integrated Programs Dr. Mark Ghaly, Health Deputies Erik Matos (5th District) and Elan Shultz (3rd District), join OV-UCLAMC's Dr. Alex Kopelowicz (Chair, Psychiatry) and CEO Judith Maass, RN, MN, NP at OV-UCLA MC's 6C Ribbon Cutting.

Administrative Staff



Judith Maass, NP
Chief Executive
Officer



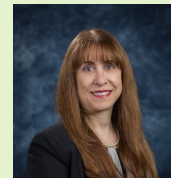
Shannon Thyne, MD
Chief Medical
Officer



Bonnie Bilitch, RN
Chief Nursing
Officer



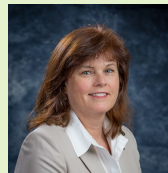
Frank Colbert
Safety Officer



Susan Aintablian
Chief Information
Officer



Alex Villarruz
Chief Operating
Officer



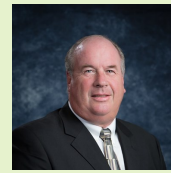
Cynthia O'Donnell
Interim Chief
Financial Officer



Joy Matta
Quality Office



Anne Robinson
Compliance
Officer



Michael Hedgecock
Facility Manager



Sachin Gupta, OV-UCLA Anesthesiologist

Just Culture

In 2017, the LA County Health Agency implemented Just Culture in partnership with Labor. Olive View-UCLA Medical Center (OV-UCLA MC) fully embraced this initiative. We began training at OV-UCLA MC on February 1, 2018. We achieved our Strategic Initiative goal of having 100% of managers and supervisors at OV-UCLA MC trained by July 1, 2018. Our program was so successful that we were asked to share our process during the Just Culture Implementation Team Co-Lead monthly webcast on February 28, 2018. We also welcomed Just Culture trainers from other DHS facilities and recently welcomed a trainer from DPH.



Dr. Leslie Carranza (OVMC Patient Safety) at OV-UCLAMC's 2018 Patient Safety Fair and teaching one of many Just Culture seminars.

Office of Diversion and Reentry Inpatient Psychiatry Unit and Emergency Generator Project Milestones

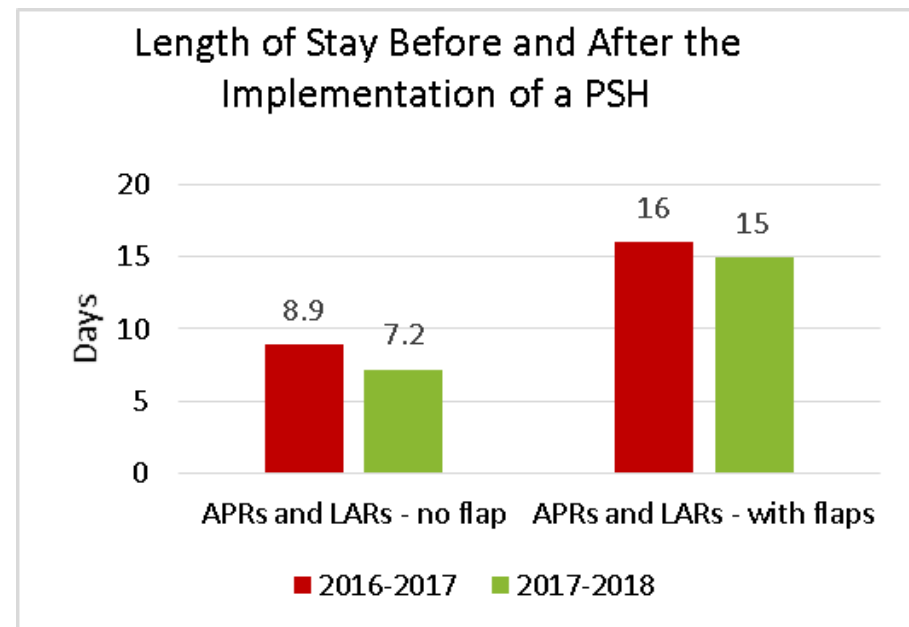
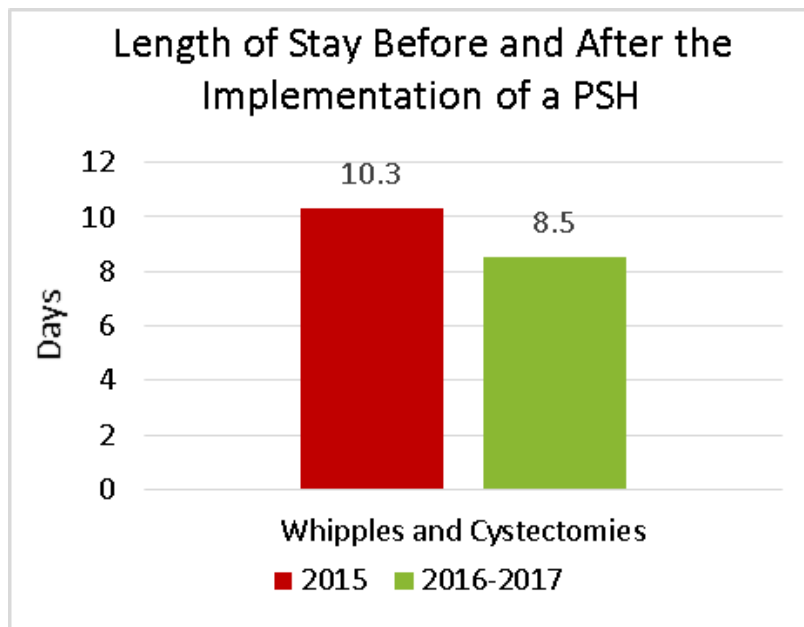


Health Deputies Erik Matos (5th District) and Elan Shultz (3rd District), tour OV-UCLAMC's new state of the art Emergency Generator system with Alex Villarruz, COO.

On May 17, 2018, we celebrated two significant milestones after years of interdisciplinary planning and inter-agency collaboration. We opened our 6C Unit in partnership with the DHS Office of Diversion and Reentry. We also completed our long-standing Emergency Generator Project. Our new emergency generator has two 2-megawatt (MW) diesel engine generators contained within acoustical enclosures, above ground fuel tanks and a permanent load bank. The state of the art generators meet the current emissions requirements by the South Coast Air Quality Management District (SCAQMD) and has significantly increased emergency power capacity compared to the old generators. We have also included additional space within the new generator yard for another 2MW generator to meet future needs and expansions. Our celebration was a big success, attendees included: DHS Director Dr. Christina Ghaly, Dr. Mark Ghaly from the CEO, Health Deputies Erik Matos (5th District) and Elan Shultz (3rd District), Harbor-UCLA-MC CEO Kimberly McKenzie, Lorena Gomez (LA County CEO), Andy Moey (LA-DPW), other County leaders and OV-UCLA MC staff.

Olive View UCLA Perioperative Surgical Home (PSH)

The Department of Anesthesiology implemented a Perioperative Surgical Home (PSH) to provide a more rigorously coordinated and integrated management of complex surgical patients and improve the quality of care and outcomes, while reducing costs. Under the leadership of Dr. Rima Matevosian and working with our Surgical colleagues, Pharmacy, Physical Therapy, Nursing and other divisions, a robust protocol using Enhanced Recovery After Surgery (ERAS) principles was developed and implemented for patients undergoing Pancreatic duodenectomy (Whipple procedure) and radical cystectomies. Using this protocol, average pain scores were reduced by approximately 80%, 75% and 60% on postoperative days 1, 2 and 3 respectively. Inpatient length of stay was reduced by 1.8 days over this time frame. We also developed a protocol for colectomies and have reduced the inpatient length of stay by 1 to 1.4 days for selected major colon resections.



Nursing Patient Satisfaction Project

Recognizing the importance of treating the patient and each other with courtesy and respect, and in line with our Health Agency's commitment to a Safe and Just Culture, our Nursing Services, under the leadership of Bonnie Bilitch (CNO), piloted our RESPECT program to enhance our care delivery. Patterned after Virginia Mason's Health System's program and philosophy, we piloted within and engaged Nursing front line staff on modeling specific behaviors and actions and implementing situational scenarios for treating each other and our patients and their families with "RESPECT". The ten (10) components for our RESPECT program encompass the following: 1.) Listening to understand, 2.) Keeping promises, 3.) Being encouraging, 4.) Connecting with others, 5.) Expressing gratitude, 6.) Sharing information, 7.) Speaking up, 8.) Walking "in their shoes", 9.) Grow and develop/continuous learning and 10.) Teamwork.

Committee Redesign Project

Leveraging regulatory and operational requirements and practice, we identified key domains to support more seamless information sharing, decision making and accountability, and aligned our committees under these to enhance reporting structures up through our Medical Executive Committee and the Governing Body.

Deferred Maintenance and Equipment Procurement

Through the collaborative commitment from our Clinical and Administrative leads including Alex Villarruz (COO), Paula Siler (CND), Cynthia O'Donnell (Interim CFO), as well as our Supply Chain and Facilities leads and staff, OV-UCLA MC was able to complete the procurement of much needed clinical equipment, furniture and infrastructure upgrades. These included street paving, various patient care and support area (corridors, lobby, elevator doors, visitor bathrooms) remodels and security enhancement to our hospital and grounds. We repaired our cottage roofs and addressed other long standing deferred maintenance, in order to ensure a safe and comfortable campus environment.



Psychiatric Services Residency

We are proud of our newly formed Olive View-UCLA MC Psychiatry Residency Training Program, a joint venture between DHS and DMH designed to train psychiatric residents in a philosophical model that balances the biologic, dynamic and behavioral conceptual viewpoints coupled with the acquisition of technical excellence in therapeutic skills. We are the primary teaching hospital with additional training sites at the UCLA/Semel Institute & Resnick Psychiatric Hospital, San Fernando Mental Health Center and Olive View-UCLA MC Urgent Community Mental Health Center. Six residents per year gain experience and training in comprehensive psychiatric services, providing both inpatient and outpatient care.

Rancho Los Amigos

National Rehabilitation Center

The new Outpatient building (OPB) and Jacquelin Perry Institute (JPI) are currently under construction and scheduled to be completed by the end of 2018. A ribbon cutting ceremony for both buildings occurred in September. One of the amazing amenities of the new building is the Therapy Garden.

The existing Rancho Los Amigos Restorative Gardening Program was developed in February 2010 by Occupational Therapists. Therapists use the program to promote healthy living, productivity, instilling self-worth and well-being for all participants by teaching them how to garden, eat healthy and produce items of visible value such as potted plants, decorative pots, herbs and vegetables. The new garden space will operate in the same manner and new casual seating and meditative areas have been added for reflection and healing.

Rancho Los Amigos National Rehabilitation Center, one of the top-ranked rehabilitation centers in the nation, is undergoing a \$418 million renovation. The needed seismic updates will uphold Rancho Los Amigos' future as a gem of the LAC healthcare system.



Administrative Staff



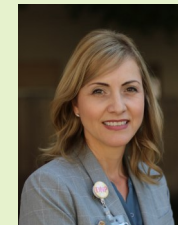
Aries Limbaga
Chief Executive
Officer



Ben Ovando
Chief Operations
Officer



Barry Jordan, MD
Chief Medical
Officer



Michelle Sterling
Interim Chief Nursing
Officer



Robin Bayus
Chief Financial
Officer

Special Projects & Accomplishments

- Rancho Los Amigos hosted a grand opening for its Farmers Market in May. We are excited to offer our patients, staff and the surrounding community healthier food options. It's befitting as Rancho Los Amigos operated as an LA County Poor Farm in the 1920's. The homeless and destitute could work on the farm in exchange for room and board. The Farmers Market is held in the Don Knabe Plaza every Thursday, rain or shine.
- Can Communicate! is a cell phone app created by a collaborative team of experts in the field of Augmentative and Alternative Communications in the Center for Applied Rehabilitation Technology (CART) at Rancho. The app is currently available for Android devices and is a powerful full-featured app for individuals who have augmentative and alternative communications needs. English and Spanish text to speech output is also available. The development of this app was possible through a grant from the Disability Fund.
- The National Association of Epilepsy Centers (NAEC) recently re-accredited Rancho's epilepsy center as a Level 4 Center for 2018-2019. Level 4 is the highest level and means that we have "the professional expertise and facilities to provide the highest-level medical and surgical evaluation and treatment for patients with complex epilepsy". Rancho houses the only Epilepsy Monitoring Unit in DHS and has built a robust program that seamlessly integrates into the DHS system.



Rancho's new Therapy Garden was incorporated in the building design to provide physical, occupational and horticultural therapy for patients, visitors and staff. Nature in health care facilities play a significant role in disease prevention and health promotion.

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.

2018/2019 Objectives

1. Improve patient access to quality services
2. Define and prioritize our core services
3. Improve data integrity and data analytics
4. Improve operations
5. Improve organizational-wide communications
6. Improve employee engagement and human resources







Program Units

Audit & Compliance

The Audit & Compliance Division (A&CD) performs independent investigations, internal audits and administrative and management studies to ensure that DHS operations conform to the highest standards. The Administrative Investigations Unit investigates DHS workforce members, and vendors that appear to violate applicable laws, rules, policies and the Code of Conduct. The Audit Unit conducts operational/compliance audits and selects high risk, high exposure and/or high liability issues for review. This unit also conducts contractor related investigations and serves as the liaison for DHS related audits conducted by external entities (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 and illegal underground medical practices.

Administrative Staff



Edgar Soto, MBA, CSP
Interim Chief



Loretta Range, MPA
Audit Unit



Andrew Ellson
Investigative Manager



Special Projects & Accomplishments

During FY 2017-18, the Investigation and Forensics Unit managed 97 administrative investigations and completed and closed 135, which included cases from previous fiscal years. As in previous years, time abuse was the highest reported allegation representing 26% of all cases. A&CD calls from the DHS Compliance Hotline varied from time abuse to inappropriate behavior. Thirty-five percent of all cases investigated were substantiated. A&CD provided management with corrective actions and recommendations to improve DHS operations and ensure compliance with laws, DHS policies and other standards of conduct as a result of the investigations.

Special Projects & Accomplishments (cont'd)

The Audit Unit conducted Corrective Action Plan (CAP) Validation Reviews of DHS' medical malpractice and litigation cases; commenced internal audits of DHS Central Services, Expenditure Management and Grant activities; finalized GAP Analysis criteria for future drug diversion risk assessments of the DHS workforce and worked collaboratively with DHS facility and program management to present corrective action updates to the County Audit Committee. We implemented the Auditor-Controllers (A-C's) new audit and recommendation follow-up processes. The Audit Unit also served as liaison for A-C audits of the DHS Nurse Registry System, DHS Clinic DPH Division of HIV and STD Program MOUs, Board Information Technology and Policy reviews and Supply Chain Operations – Purchasing, Capital Assets and Warehouse reviews.

February 2019 will mark HALT's 20th year in existence. Since inception, HALT has conducted over 2,200 investigations, arrested more than 1,500 individuals associated with health care crimes and confiscated tons of contraband medications. During FY 2017-18, HALT conducted 48 investigations, made 30 arrests and shut down nearly a dozen businesses involved in illegal activities. Among investigations involving the sales of illicit pharmaceuticals, HALT saw an increase in the number of confiscated drugs suspected as counterfeit. A major accomplishment this year was working closely with the Los Angeles City Attorney's Office to seek civil enforcement actions against distributors of illicit pharmaceuticals. This new approach, separate from criminal prosecution, is an attempt to reduce recidivism among repeat offenders. HALT also collaborated with the U.S. Drug Enforcement Administration (DEA) and California State Board of Pharmacy (BOP), in training pharmacists to effectively address the opioid epidemic. Through interactive instruction and case studies, HALT equipped community and hospital pharmacists with methods to properly confront issues related to prescription medication fraud and drug abuse.



Confiscated prescription pharmaceuticals



HALT presenting to pharmacists during a training program

2018/2019 Objectives

- Continue to work with staff on investigative techniques and incorporate aspects of the County's Resource Guide for Investigations to ensure County-wide uniformity and meet the Board of Supervisors (BOS) 90-day investigation requirement
- Conduct risk assessments and operational audits of DHS pharmacies, as well as a review of Health Information Management operations
- Continued collaboration with DHS internal and external stakeholders to ensure implementation of efficient and effective processes in DHS operations and in the performance of administrative support services, while minimizing patient care service delivery disruptions
- HALT anticipates continued focus on investigations related to the sales of illegally imported dangerous drugs; as well as investigations of unlicensed health care providers who target immigrant communities and persist in exploiting the uninsured. HALT is also prepared to work closely with DPH in educating the health care consumer about the dangers of underground medical practices

Capital Projects



The Capital Projects Division is responsible for the development and oversight of the department's capital projects and improvement programs in support of DHS facilities, including the integration of mental health, public health and community health programs and services.

The Division provides initial planning, feasibility reviews, schematic design, construction documents, cost estimating and management support services. We work closely with each facility to identify improvement needs, establish capital project priorities, provide budgeting support as well as coordinate jurisdictional agency approvals. The Division also works closely with other supporting County departments and offices, including the Department of Public Works, Internal Services Division, CEO, County Counsel and Board offices.

Administrative Staff



John Shubin
Director
Capital Projects Division



Special Projects & Accomplishments

- Completion of RLANRC Outpatient Building and JPI Expansion/Remodel projects
- Completion of the renovation work within the Medical Family Inc. Building to house the Hub clinical services at Harbor-UCLA MC
- Completed planning for the development of a new child care facility on the LAC+USC MC Campus
- Completed various infrastructure improvements including MLK North Support Building Air Handler Unit, MLK Outpatient Central Sterile Upgrade and LAC+USC MC New Modular Chiller Plant
- Completion of the new MLK parking structure, adding over 1,400 parking stalls
- Obtained Board approval for multiple projects including updating the OV-UCLA MC Fire Alarm and Nurse Call System, Harbor-UCLA and LAC+USC Fire Alarm Expansion, OV-UCLA MC Women and Children Medical Home Program Modular Building, LAC+USC MC Parking Structure 10 East Stairway Replacement, El Monte CHC registration and HVAC refurbishment and various site Improvement projects for Harbor-UCLA MC, MLK-OPC and LAC+USC MC



Special Projects & Accomplishments (cont'd)

- Support the Radiology Replacement Program including the installation of a new Nuclear SPECT Scan at Harbor-UCLA MC, angiography/Interventional Radiology Suite units and general radiology at Olive View-UCLA MC
- Completion of the new Olive View-UCLA MC Emergency Generator facility
- Construction of the new MLK Child Care facility
- Completion of the LAC+USC MC Core Lab Project, which consists of modification of the utility infrastructure to accommodate the installation of new robotic analyzers to automate and standardize laboratory chemistry and immunology analyzer equipment



2018/2019 Objectives

- Continue to pursue and develop improvement projects that support agency collaboration and integration of DHS, DMH and DPH services
- Continue to pursue improvement projects such as Recuperative Care and Crisis Residential Services throughout the County in support of the County's mission to "establish superior services through inter-departmental and cross-sector collaboration that measurably improves the quality of life for the people and communities of Los Angeles County" in collaboration and integration of DHS, DMH and DPH services
- Completion and full operation of the new RLANRC Outpatient and JPI Inpatient Facilities, in compliance with State SB1953 Seismic Standards. These new state-of-the-art facilities will improve the delivery of services, consolidate inpatient and outpatient services on the campus and allow RLANRC to operate a fully compliant 158-bed facility beyond 2019. 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 Harbor-UCLA MC, MLK, Jr. Outpatient Center, RLANRC, LAC+USC MC and Olive View-UCLA MC, in compliance with the new USP 800 licensing standards
- Obtain Master Planning approval and initiate design services to replace inpatient and outpatient facilities in response to mandated State Seismic requirements at Harbor-UCLA MC
- Initiate and complete a department wide infrastructure improvement and deferred maintenance program

Centralized Contract Monitoring

The Centralized Contract Monitoring Division (CCMD) serves the Board of Supervisors, DHS and the community through the monitoring of contracts to ensure DHS receives the requested goods and services. CCMD provides direct monitoring support on-site at DHS facilities to ensure that they receive the full benefits and value of their contracts through monitoring, corrective action and training. CCMD conducts monitoring 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 the:

- Quality of services received, and compliance with contract requirements
- Timely receipt of contract deliverables
- Accuracy and appropriateness of invoices submitted by County contractors
- Personnel records of non-County Workforce Members
- Living Wage Ordinance Compliance

Additionally, CCMD:

- Provides annual review of over 1,400 Contractors to determine compliance with their Agreement requirements
- Reports on the monitoring activities of DHS facilities and programs to meet the BOS' Annual Contract Monitoring Mandates
- Selects and conducts independent review of very high-risk contracts



Administrative Staff



Tryphenia V. Funches, Division Chief

Manuel Alderete, Manager, Fiscal Monitoring,
Ferguson Complex and Olive View-UCLA MC
Jacqueline Jackson, Manager, Contract Monitoring,
Ferguson Complex and Olive View-UCLA MC
Vera Hepker, Supervisor, LAC+USC MC and ACN
Denise Edison, Supervisor, RLANRC and ACN
April Johnson, Supervisor, MLK OPCC and ACN
Elmer Alfaro, Supervisor, Harbor-UCLA MC and ACN
Denise McQuinn, Supervisor, Living Wage



Special Projects & Accomplishments

- DHS completed the transition of approximately 20 CCMD staff to the facilities to provide direct monitoring support on-site
- Provided Contract monitoring reviews at 13 DHS health facilities, including:
 - 273 service reviews
 - 252 fiscal/invoice processing contract review
 - 747 non-County Workforce Members' personnel files
 - 157 facility contract monitors trained
 - 1,344 Living Wage Compliance reviews
 - 21 Home Health and Hospice Agencies' personnel file reviews
 - Significant investment in the cross-training of CCMD staff
- Created a CCMD e-mail repository to streamline the process, reduce the back and forth for the request for completed monitoring instruments and documents and to meet the deadlines to comply with Board Policies

2018/2019 Objectives

- Analyzing (non-facility based service category) contract monitoring requirements for the Community Health Programs, which includes Integrated Correctional Health Services (ICHS), Home Health and Hospice, Housing for Health, Office of Diversion and Re-entry, to assist in the monitoring of varied new service providers and training program staff
- Continue to develop and streamline monitoring instruments and routine tools to ensure compliance with County contracting requirements
- Continue to train facility contract monitors and assist with the development of monitoring procedures
- Continuing the development of monitoring priorities based on contractors' risk assessment
- Continue working closely with internal stakeholders (i.e. C&G, Supply Chain Organization and Hospital Chief of Operations Officers) to establish requirements for the development of a scalable relational database that will not only function as an enterprise contract, amendment and Certificate of Insurance repository but digitize the monitoring workflow and permit for granular assignment, tracking and reporting capabilities
- Continue to promote and support a culture of professionalism, high standards of conduct, organizational responsibility and commitment to maintaining the public trust

Los Angeles County College of Nursing & Allied Health

The Los Angeles County College of Nursing and Allied Health (CONAH) is a public community college that is owned and operated by Los Angeles County (LAC). 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, DHS and LAC healthcare community by providing 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

Joan Kohl, MSN, RN, Dean, School of Nursing

Sarah Granger, MSN, RN, Dean, College Operations and Student Support Services

Herminia Honda, MSN, RN Dean, Institutional Effectiveness, Research, and Planning

Tammy Blass, EdD, RN Dean, Education and Consulting Services

Frances Cervantes, MSN, RN, Director, Office of Educational Services

Ruby Griggs-Gabbedon, DNP, MSN, Director, Educational Resource Center



Accomplishments

- In 2018, RegisteredNursing.org ranked CONAH as one of the best nursing schools in California, ranking number 19 out of 131 nursing programs. Nursing programs were assessed on several factors, which represent how well a program supports students towards licensure and beyond, including past and present National Council Licensure Examination (NCLEX) Registered Nurse pass rates. In the 2017-2018 academic year, one hundred (100) students completed the pre-licensure RN program and graduated with an Associate of Science degree in Nursing. The college is very proud of its student achievements and its ability to provide a highly qualified pool of new nurses for DHS hospitals and clinics. Nearly 100% of the graduates who took the NCLEX-RN passed on the first attempt. The pass rate average on the first attempt from 2013 to 2017 is 95.7%. 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 June of this year, the SON completed a two-day site visit by the BRN and received a 5-year continuing approval for the nursing program.

Accomplishments (cont'd)

- EDCOS dean and faculty continued to be actively involved in the DHS system-wide competency validation for 3,380 LAC+USC nursing staff
- EDCOS instructional team continued to provide theory and clinical instruction for new DHS RNs to function safely in high-risk specialty areas of critical care and emergency medicine
- Continued to lead the standardization of ICU and ER nursing training programs
- EDCOS instructors provided assistance with implementation of Just Culture training
- Continued to collaborate in Associate Degree in Nursing (ADN) to Bachelor's Degree in Nursing Collaborative project with California State University Los Angeles
- 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 while ensuring that patient values guide all clinical decisions



2018/2019 Objectives

- Ensure a successful accreditation survey with the Accrediting Commission for Community and Junior Colleges (ACCJC) at the scheduled March 2019 visit.
- Explore a pathway to move the direction of the College from an ADN to a Bachelor's Degree program.



Contracts & Grants

The Contracts and Grants Division (C&G) serves the Health Agency, DHS, Board of Supervisors (BOS) and the 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 2017-18:

- DHS obtained approval of 69 Board Letters, including 60 related to contract actions.
- C&G executed 316 Board approved service agreements and 933 amendments to existing agreements.
- C&G monitored contractors' compliance with insurance requirements for more than 1,200 active contracts to mitigate County risk exposure.



Administrative Staff



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

Julio Alvarado, Section Manager
Sarah Davda, Section Manager
Christopher Kinney, Section Manager
Enrique Sandoval, Section Manager

Whole Person Care (WPC) – Developed and released a Request for Applications (RFA) for Medical Legal Services and executed a Master Agreement with Neighborhood Legal Services of Los Angeles County for \$500,000. Executed an Immediate Needs Transportation Program Participation Agreement with the International Institute of Los Angeles; 9 Training Services Master Agreements; and 15 work orders to provide Intensive Case Management Services (ICMS) for WPC.

Office of Diversion and Re-entry (ODR) – Developed a work order solicitation for re-entry ICMS and executed 12 work orders to provide ICMS. Executed a new Training Service Master Agreement with Public Defender Association. Executed an agreement for the Just in Reach Pay for Success Program to reduce recidivism.

Housing for Health (HFH) – Executed 33 work orders to provide ICMS and permanent supportive housing for homeless clients with chronic medical and behavioral health conditions. Executed 45 new master agreements with Supportive Housing Services contractors.

Medical School Affiliations – Executed 2 Board approved amendments to agreements with The Regents of the University of California and University of Southern California to provide ongoing graduate medical education and clinical care at DHS hospitals.

Training Affiliations — Managed 140 affiliation agreements with schools, military training programs, and Veteran Affairs to provide hands-on training to non-County healthcare providers.

Visiting Team Medical Liaison Agreements (VTMLs) – Executed 9 VTMLs with National Football League teams to provide medi-

cal support services for out-of-state visiting teams for the Los Angeles Chargers home games.

Registry Master Agreements – Executed 44 amendments to provide critically needed additional medical staffing services to DHS Facilities.

Specialty Medical Services (SMS) & Physician Registry Services – Executed 98 extension amendments to the SMS agreements and 83 new agreements with physician specialists.

Comprehensive Stroke System (CSS) – Developed and released a RFA and obtained Board approval to execute 19 agreements with various hospitals for designation of EMS CSS, to provide an advanced level of services for 9-1-1 stroke patients.

My Health LA (MHLA) – Executed 42 Change Notices for the MHLA agreements and 117 amendments to the 340B Contract Pharmacy Services.

Hospital Preparedness Program (HPP)-Obtained Board approval for \$6.7M and executed 78 agreements with various hospitals for their participation in the HPP grant to build and sustain health care preparedness capabilities.

Mobile Stroke Unit (MSU) Pilot – Executed an agreement with The Regents of the University of California for a MSU pilot program to deliver time-critical treatment for stroke patients in the field.

Non-Emergency Medical Transportation (NEMT) – Developed and released a Request for Statement of Interest to explore alternative means of managing NEMT services to enhance health care access for patients.

Transportation Overflow – Obtained Board approval to extend 17 as-needed Transportation Overflow Services Master Agreements for 7 years at an annual estimate of \$5M.

Cerner Contracts – Executed 6 Change Orders and obtained Board approval to: increase the maximum agreement sum of the Jail Health Information System agreement by \$17M and transfer

management of the agreement from the Sheriff's Department to the Health Agency; expand the Etreby Outpatient Pharmacy Information System (OPIS) to Integrated Correctional Health Services and add \$1M to the OPIS contract sum.

QuadraMed Affinity – Obtained Board approval for a successor agreement with QuadraMed Affinity for \$43.525M for a Patient Accounting system and Legacy Clinical Record system.

Other IT Agreements – Obtained Board approval for a successor agreement with Gartner for \$5.956M for specialized information technology consulting services. Executed 2 amendments and 10 Change Orders with Eccovia for WPC's care management platform and HFH's case and housing management system. Executed a Board approved amendment with Safety Net Connect for \$5.177M to extend the term for the eConsult system.

Equipment Maintenance – Released 2 solicitations for Equipment Repair and Maintenance Services and obtained Board approval to execute 4 Master Agreements. Obtained Board approval for a new agreement with GE Healthcare at an annual estimate of \$2.8M. Executed 14 Board approved amendments; processed 7 delegated authority amendments

and 30 administrative amendments.

Revenue – Conducted a Survey of Capabilities (SOC) for Out-of- State Payer Identification and Billing Services and obtained Board approval of an agreement with Great Lakes Billing Services. Released a SOC for Health Care Plan and Commercial Insurance Safety Net Service and obtained Board approval to award agreements to Health Advocates and CompSpec.

Substance Use Disorder (SUD) Services – Executed 12 new Drug Medi-Cal agreements and processed 171 amendments and 39 Change Notices for the SUD Services Agreements.

Grants - Accepted 9 grant awards valued at approximately \$1,144,212 for various studies and services for DHS.



2018/2019 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: Housekeeping Services; Equipment Maintenance; Consulting; Clinical Documentation Improvement; Shuttle Bus Services; Prosthetics and Orthotics; OB/GYN Services and Pediatric Dentistry for High Desert Regional Health Center; Supportive Housing Services and Delinquent Account Collections.

Major Functions

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



Diversion and Reentry

The goals of Office of Diversion and Reentry (ODR) are to reduce the number of inmates with mental and/or substance use disorders in the Los Angeles County Jails, reduce recidivism and improve the health outcomes of justice involved populations who have serious underlying health needs.

OFFICE OF DIVERSION
AND REENTRY



March 1, 2018 Youth Diversion & Development Summit, Carson Community Center. Photo by Maria Rios.

Administrative Staff



Judge Peter Espinoza
Director



Kristen Ochoa, MD
Medical Director

Reentry Intensive Case Management Services (R-ICMS)

In April 2018, ODR launched a care coordination program to deliver wrap-around case management and systems navigation support for justice involved individuals. R-ICMS agencies use the Community Health Worker model by hiring staff with lived experience of incarceration as peer mentors to connect clients to health care treatment, benefits, housing and employment/educational services

INVEST

In January 2018, ODR launched a collaboration between the Probation Department, Workforce Development Aging and Community Services and ODR to pave a pathway for living wage employment for adult felony probationers through employment services and training

Youth Diversion and Development

ODR's Youth Diversion and Development Division was created to divert youth to community-based services at the point of arrest and will launch the first set of programs in the fall of 2018

Naloxone Distribution

ODR is working with DHS's Whole Person Care program to distribute naloxone, an opioid overdose reversal medication, to clients leaving the jail and to ODR clients across programs who are at risk for opioid overdose

Jail-Based Diversion

ODR diverted an estimated 2,000 individuals from custody through two jail-based diversion programs: *Misdemeanor Incompetent to Stand Trial- Community Based Restoration (MIST-CBR)* and *ODR Housing*. Clients are removed from custody and connected to housing programs and case management services. In February 2018, BOS charged ODR with the diversion of pregnant women from county jails. In the first four months of programming, 24 females have been diverted and placed into supportive housing and treatment.

Community Diversion

ODR has served over 100 individuals through LEAD (Law Enforcement Assisted Diversion) - an innovative community diversion program that offers harm reduction and housing-first model services in lieu of arrest in the Long Beach area. Law enforcement and case management staff assist people who would otherwise be charged with drug related or commercial sex work offenses. The photo below showcases the LEAD team which includes the County of Los Angeles and City of Long Beach law enforcement and prosecution and community agencies.



Collaborative agencies of the LEAD program.



A new housing site for MIST-CBR clients.



An ODR Housing case manager picking up clients from jail. Photo by Irfan Khan, LA Times.

New Program Highlights

- **Olive View-UCLA MC Psychiatric Unit**
An 18-bed acute psychiatric inpatient unit opened July 2018 for ODR referrals from the jail. This adds an important resource to the continuum of care.
- **Felony Incompetent to Stand Trial-Community Based Restoration (FIST-CBR)**
Like the MIST-CBR program, ODR will place clients in community-based restoration to reduce the length of time spent in jail for those facing felony charges who are incompetent to stand trial.
- **Community Reentry Centers**
ODR, in collaboration with the Probation Department, is designing Los Angeles County's first Community Reentry Centers which will open in 2019. Adult felony probationers, their families and the community will be able to access the center for health care services, referrals, legal support and recreational activities.

Diversity & Cultural Competency

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



Administrative Staff



Gerardo Pinedo, JD
Director of Strategic
Operations



Nina Vassilian, MPH, MCHS
Acting Director

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 Fiscal Year 2017–2018, DHS facilities provided healthcare services to a total of 1,222,556 patient visits with LEP skills, representing 53% of our total patient visits (2,308,934). During the same time period, a total of 487,542 unique patients sought healthcare services throughout DHS facilities, 258,266 (53%) of whom spoke English and 229,276 (47%) spoke other than English. Furthermore, our patient utilization data indicated that 107 languages were spoken by our LEP patients, including the top 12 languages that are heavily utilized, and therefore, are in much greater need for interpreter (voice/verbal) and translation (written) services. They are as follows: Spanish, Mandarin, Korean, Tagalog, Armenian, Cantonese, Vietnamese, Russian, Arabic, Thai, Farsi and Khmer (Cambodian).

FY '17-'18 Major Accomplishments

Health Agency-wide Activities

In collaboration with DPH, a presentation was provided by ODCC Director during the "DPH Annual Nurse Leadership Summit" on December 12, where a total of 80 nurse managers were present. The theme of the summit was "Center for Health Equity" and the presentation focused on the "Initiative: Cultural and Linguistic Competency".

As the "Health Agency Call Center" went live as of July 1, 2017 ODCC coordinated the connectivity of the telephonic healthcare interpretation service to the "Call Center" in order to be able to have access to the interpretation service, upon need, during the hours of operation. During the period from July 1, 2017 through March 31, 2018, a total of 2,128 calls and 24,221 minutes of interpretation service were accessed. In addition, DHS coordinated the translation of the "Health Agency Call Center – Greeting Script" into the following threshold languages: Armenian, Cantonese, Mandarin, Farsi, Korean, Russian, Spanish, Tagalog, Vietnamese and Cambodian.

At the request of the "Health Agency Whole Person Care Program", ODCC coordinated the connectivity of the telephonic healthcare interpretation service to the community worker staff via their mobile phones while working in the field. This was arranged so that staff would be able to have access to the interpretation service, upon need, during their outreach activities. During the period from mid-September through March 31, 2018, a total of 191 calls and 2,240 minutes of interpretation service were accessed.

ODCC coordinated the establishment and connectivity of the telephonic healthcare interpretation service for "Correctional Health Services" during late December.

ODCC responded to a number of requests for written translation of various forms, consent forms, and other documents from Health Agency divisions, including the following: Office of Diversion & Re-entry, Whole Person Care and Substance Abuse Prevention and Control.

DHS-wide Activities

ODCC coordinated the Medical/Healthcare Interpreter staffing coverage for Care Harbor Free Clinic that is sponsored annually by the Honorable Supervisor Mark Ridley-Thomas' Office. A total of 8 Medical/Healthcare Interpreter staff participated to assist clinicians and medical personnel at the Care Harbor Free Clinic. The staff was comprised of professionally trained Medical/Healthcare Interpreters who were assigned to areas involving complex medical encounters. The covered languages were Korean and Spanish. Care Harbor Free Clinic was held November 17 through November 19.

RLANRC 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 Month (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)

"DHS Appointment Service Center" received 5,252 calls and provided 45,062 minutes of interpretation service, during the period from December 1, 2017 through March 31, 2018.

ODCC coordinated the written translation of various forms for posting on ORCHID's MyWellness Patient Portal





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

Administrative Staff



Cathy Chidester
Director



Marianne Gausche-Hill, MD
Medical Director



Roel Amara
Assistant Director
Disaster Programs



Kay Fruhwirth
Assistant Director
Admin. Services



Richard Tadeo
Assistant Director
EMS Programs



Nicole Bosson, MD
Assistant Medical
Director



2017-2018 Accomplishments

- Implemented Comprehensive Stroke Centers (CSC)
- Program and designate CSCs (see article on next page)
- Established Measure B Advisory Board to prioritize and make recommendations to the Board on how to allocate unspent Measure B funds
- Development of adult and pediatric treatment protocols and revision of Medical Control Guidelines based on EMS provider impressions
- Assisted in establishing Olive View-UCLA MC's Adult Advance Life Support and Critical Care Transport program
- Developed Allocation of Scarce Resources Guide to provide direction and guidance to Department Operations Centers
- Multiple deployments of Hospital Emergency Response Teams to perform out-of-hospital surgical interventions
- One of the five jurisdictions in the country that participated in the US DHHS Assistant Secretary for Preparedness and Response's Regional Ebola Treatment Center full-scale exercise
- Approved the deployment of a Mobile Stroke Unit to provide higher level prehospital stroke care

2017-2018 Activities

- 1,802 Emergency Medical Technicians (EMT) certified and 2,292 recertified
- 61 Mobile Intensive Care Nurses (MICN) certified and 265 recertified
- 355 Paramedics accredited and 1,888 reaccredited
- One private ambulance company licensed for a total of 34 ambulance companies licensed to operate in LA County
- 3 Primary Stroke Centers (PSC) (designated for a total of 31 PSCs)
- 19 Comprehensive Stroke Centers (CSC) designated
- One STEMI Receiving Center (SRC) designated for a total of 34 SRCs
- 110 Paramedic Training Institute graduates
- Four provider agencies implemented electronic patient care record (ePCR) for a total of 32 out of 33 public provider agencies using ePCR
- 30,795 ambulance/medical van transports provided by DHS Ambulance Services
- 9,892 patient transfer requests processed by the Medical Alert Center (MAC) with 4,747 patients transferred
- 730 Hospital Available Beds for Emergencies and Disasters (HAvBED) drills conducted with 77 acute care hospitals and 93% compliance
- Convened the EMS Commission public hearing and completed the impact evaluation report related to the closure of Community Medical Center Long Beach



CSC Implementation

Stroke is one of the top five leading causes of death and is a leading cause of serious long-term disability in adults in the United States. Research has shown that the sooner a patient is identified as suffering a stroke, the sooner they can receive potentially life-saving treatment and avoid or diminish debilitating results. Patients treated in stroke systems of care have improved outcomes and those with the most severe



strokes who receive advanced levels of stroke care and comprehensive follow-up treatment have lower mortality rates and experience increased median survival rates.

The stroke systems of care in Los Angeles (LA) County began in 2009 with the BOS' authorization for the EMS Agency to designate certified Primary Stroke Centers (PSC) as 9-1-1 Approved Stroke Centers (ASC). This enabled prehospital care providers to transport 9-1-1 patients with signs and symptoms of an acute stroke directly to an ASC that has the specialized training and medical equipment for a faster time to definitive diagnosis and treatment. The rapid advancements in stroke care, such as thrombectomy, allowed the expansion of LA County's stroke system with the designation of Comprehensive Stroke Centers (CSC) on January 8, 2018.

This two-tiered system allowed the direct transport of 9-1-1 patients with severe stroke symptoms (such as paralysis on one side of the body) to be taken directly to a CSC that has the 24/7/365 capability to provide advanced stroke care. This also allowed the development of interfacility transfer processes to transport severe stroke patients from referral facilities to CSCs. The LA County stroke systems of care relies on the 31 PSCs and the 19 CSCs to provide specialized stroke care for the citizens of Los Angeles County.



**Before
Thrombectomy**
(clot removal)



**After
Thrombectomy**
(showing perfusion)



SideWalk-CPR LA County EMS System



Enterprise Health Information Management

Administrative Staff

Gerardo Pinedo, JD,
Director of Strategic Operations



Christopher Rodriguez, RHIT
Information Management



Judy Tan, J.D.
Admin Affairs Director

Cristina Gomez, RHIT
LAC+USC Medical Center

Jose Cardona RHIT
Harbor-UCLA Medical Center

Tillie Acosta
Olive View-UCLA Medical Center

Annette Simmons, CCS
Rancho Los Amigos National
Rehabilitation Center

Martin Sandoval, MPA
Director, Budget/Contracts

Admin Support

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. The HIM Divisions within DHS provide the following services:

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.

Medical Records Files Management: Maintains and secures paper medical records stored at DHS facilities and responsible for tracking records that are sent to off-site storage.

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

DHS-HIM 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.

DHS-HIM also supports Health Services Administration and DHS facilities by serving as Subject Matter Experts (SMEs) on medical coding, ICD-10, CPT-4, HCPCS, HIPAA and regulatory standards.

Accomplishments:

- Hired 35 Veteran interns, 11 of the interns were subsequently hired to permanent LA County positions
- Hired 3 Veteran intern program interns outside of DHS and offered permanent positions within DHS
- Successful in opening examinations for Medical Records Director series and HIM coding positions
- Recipient of two 2018 National Association of County (NACo) Awards
 - Veteran Opportunities for Success in Health Information Management
 - Health Information Management Division Modernizes Medical Record System



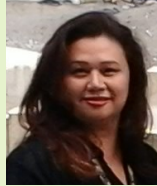
Facilities Management

Administrative Staff

Gerardo Pinedo, Executive Manager



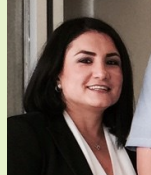
Marta Garcia-Sheffield
Division Chief



Cecilia Galdones
Planner I



Andre Harper
Senior Custodian Supervisor



Lusine Muradyan
Building Manager
Ferguson Complex



Algenoid Banks
Warehouse Coordinator



Glenda Johnson
Office Manager

Support staff

Tony Hardwell
Michelle Bolin
David Delfin
Joey Kiamco
Brigitte Santana
Joseph Maldonado
Rebecca Loew



R. Chambers-McKuen
Sheriff's Security Officer

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
LAC+USC Medical Center Records Warehouse	2011 N Soto Street, Los Angeles
Lake Los Angeles Community Clinic	8201 Pearlblossom 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 FMD is dedicated to providing high quality and cost-effective management of DHS' administrative sites - both directly County-owned as well as leased commercial space.

Daily duties of FMD staff include the management of administrative office space, parking, maintenance and custodial support. Among its many accomplishments throughout the past year, FMD oversaw the installation of new boilers and chillers for the central plant at Figueroa, as well as a single chiller replacement at Ferguson. In addition, FMD staff worked closely with other parts of the Department to identify and meet space needs of multiple program units. During this past year, FMD facilitated the Managed Care Services move from Monterey Park to Alhambra, a partial Human Resources move from Ferguson to 5701 Eastern in Commerce and located new office space for Audit and Compliance in room 106.

FMD employees consistently strive to provide the best customer service possible and we look forward to continuing to improve efficiency in our building management daily operations.

2017-2018 Achievements

- Completion of installation of new boilers and chillers for the central plant at Figueroa
- Completion of single chiller replacement at Ferguson
- MCS move from Monterey Park to Alhambra
- A portion of HR moved from Ferguson to 5701 Eastern, 4th Floor, Commerce
- New office space for Audit & Compliance in room 106





Finance

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

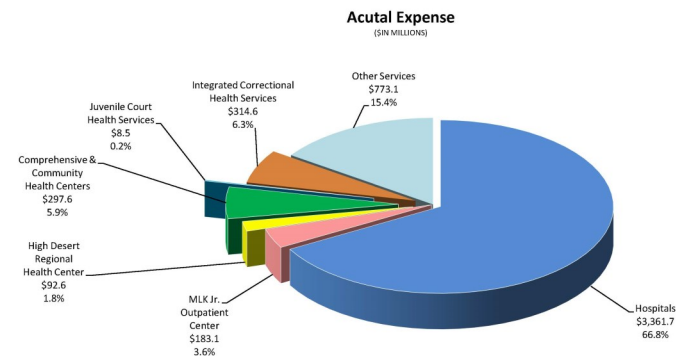
Virginia Perez
Chief, Consolidated Billing Office

Ferris Ling
Interim Chief, Fiscal Programs

Roza Sakzlyan
Interim Chief, Program Audits
and Reimbursement

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES FISCAL OVERVIEW ^(a) FISCAL YEAR 2017-18 (\$ IN MILLIONS)

	ACTUAL							
	Hospitals ^(b)	MLK Jr. Outpatient Center	High Desert Regional Health Center	Comprehensive & Community Health Centers	Juvenile Court Health Services	Integrated Correctional Health Services	Other Services ^(c)	Total Department
Net Expenditures								
(1) Salaries and Employee Benefits	\$ 1,983.1	\$ 81.0	\$ 48.2	\$ 195.8	\$ 31.2	\$ 244.1	\$ 257.3	\$ 2,840.7
(2) Net Services & Supplies	1,258.7	87.5	32.0	97.4	4.3	70.9	496.1	2,046.9
(3) Other Charges - Debt Services	31.4	11.5	8.8	0.6	-	-	-	52.3
(4) Other Charges - Others	24.2	1.2	2.3	0.3	2.0	-	8.4	38.4
(5) Capital Assets	64.3	1.9	1.3	3.4	0.2	1.3	12.9	85.3
(6) Other Expenses and Intrafund Transfer	-	-	-	0.1	(29.2)	(1.7)	(1.6)	(32.4)
(7) Total Net Expenditures	\$ 3,361.7	\$ 183.1	\$ 92.6	\$ 297.6	\$ 8.5	\$ 314.6	\$ 773.1	\$ 5,031.2
Net Revenues								
(8) Medi-Cal Inpatient	\$ 397.1	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 397.1
(9) Global Payment Program (GPP)	312.6	46.8	4.7	59.4	-	-	-	504.3
(10) PRIME (Formerly DSRIP)	108.3	-	-	-	-	-	41.6	149.9
(11) Enhanced Payment Program (EPP)	218.3	10.9	12.9	149.5	-	-	-	391.6
(12) Quality Incentive Program (QIP)	54.9	4.1	1.6	9.0	-	-	-	69.6
(13) Managed Care	525.3	21.8	19.4	160.9	-	-	-	727.4
(14) Mental Health	58.5	1.1	-	-	-	-	-	59.6
(15) Whole-Person Care	-	-	-	-	-	-	64.5	64.5
(16) Medi-Cal Outpatient - E/R	101.9	-	-	-	-	-	-	101.9
(17) Medi-Cal CBRC	145.9	19.2	16.9	25.6	0.9	-	-	208.5
(18) Hospital Provider Fee	14.7	-	-	-	-	-	-	14.7
(19) Federal & State - Other	9.4	0.1	-	1.2	-	29.1	18.8	58.6
(20) OCD - Other	17.2	4.7	0.7	2.3	-	-	351.9	376.8
(21) Other	61.0	3.6	1.4	1.4	-	0.2	18.3	85.9
(22) Operating Trf In/Measure H	-	-	-	-	-	0.1	56.2	56.3
(23) Self-Pay	6.8	0.2	0.1	1.1	-	-	-	8.2
(24) ORCHID Incentive Payments	3.8	0.1	-	0.5	-	-	-	4.4
(25) Medicare	220.9	0.2	-	0.4	-	-	-	221.5
(26) Hospital Insurance Collection	95.0	-	-	-	-	-	-	95.0
(27) In-Home-Supportive-Services (IHSS)	69.0	4.0	1.0	61.9	-	-	11.2	147.1
(28) AB 85 Redirection	-	-	-	-	-	-	(231.1)	(231.1)
(29) Total Net Revenues	\$ 2,420.6	\$ 116.8	\$ 68.7	\$ 473.2	\$ 0.9	\$ 29.4	\$ 412.2	\$ 3,511.8
(30) Net Cost - Before Prior Year	\$ 941.1	\$ 66.3	\$ 33.9	\$ (175.6)	\$ 7.6	\$ 285.2	\$ 360.9	\$ 1,519.4
(31) Prior Year Surplus/Deficit	437.5	1.1	5.4	(68.8)	0.4	0.1	94.6	470.3
(32) Net Cost after Prior Year	\$ 503.6	\$ 65.2	\$ 28.5	\$ (106.8)	\$ 7.2	\$ 285.1	\$ 266.3	\$ 1,049.1
(33) Operating Subsidy								
(34) Sales Tax & VLF	455.6	48.3	14.4	(135.1)	-	-	(1.6)	381.7
(35) County Contribution	88.1	9.9	11.9	45.5	7.2	285.1	203.8	651.3
(36) Operating Trf In/ Measure B	208.5	-	-	-	-	-	2.7	211.2
(37) Tobacco Settlement	65.5	7.0	2.2	(19.5)	-	-	0.2	55.3
(38) Total Operating Subsidy	\$ 817.7	\$ 65.2	\$ 28.5	\$ (109.1)	\$ 7.2	\$ 285.1	\$ 204.9	\$ 1,299.5
(39) Surplus / (Deficit) = (38)-(32)	\$ 314.1	\$ -	\$ -	\$ (2.3)	\$ -	\$ -	\$ (61.4)	\$ 250.4
Beginning DHS Designation Balance	\$ 661.4							
Change	250.4							
Ending DHS Designation Balance	\$ 911.8							



Notes:

- (a) Net of Intergovernmental Transfers (IGTs).
 (b) Includes LAC+USC Medical Center, Harbor-UCLA Medical Center, and Rancho Los Amigos National Rehabilitation Center.
 (c) Includes Managed Care Services, Capital Projects, IHSS-DHS CC-To-DPSS, Emergency Medical Services, and other Administrative Services.

Finance - Controller's Division

The Controller's Division (Division) is the one division within DHS Finance that is responsible for directing, planning, developing and implementing the fiscal management and budgeting of the DHS over \$5.1 billion in net appropriations, \$3.6 billion in net revenues and a total of 25,181.0 budgeted positions. The Division manages the corporate level fiscal analysis of the Department's financial status including the multi-year financial forecast incorporated into the DHS Fiscal Outlook report, that is presented to the Board of Supervisors twice each fiscal year as the Budget Committee of the Whole Report and the management and completion of DHS' annual fiscal year-end closing process. Additionally, the Division centrally manages the preparation and determination of the department's annual budget request to the County Chief Executive Office (CEO) through the three budget phases: Recommended, Final Changes (FNC) and Supplemental Budget Resolution (SBR). This includes the fiscal evaluation of complex Departmental programmatic and operational needs, and handles the challenging budgetary coordination to ensure the department's budget reflects these needs within available resources.



Special Projects & Accomplishments

- Successfully closed FY 2017-18 with an operating surplus of \$250.5 million, resulting in an increase to DHS' Designation Balance to \$911. million.
- Implemented in FY 2017-18 a centralized corporate financial forecast. The first quarter financial forecast report was successfully completed and used as the basis for the DHS Fiscal Outlook presentation to the Board of Supervisors on January 16, 2018.
- Created the new Ambulatory Care Network (ACN) budget unit within the DHS by separating out the comprehensive health centers/health centers, High Desert Regional Health Center, and ACN administration from the existing, various budget units/networks in DHS. This required the management and coordination of ACN Finance, DHS Finance, CEO Budget and Class and the Auditor-Controller.
- Successfully negotiated the FY 2018-19 Adopted Budget, approved by the Board of Supervisors on June 25, 2018. Some highlights of the changes approved in the FY 2018-19 budget funded within DHS resources are: approval of various Contract Conversions to County Positions; new Nursing – Care Companions positions and various program expansions, including additional Patient-Centered Medical Homes.

Finance - Financial Systems Management

Financial Systems Management is a new division within DHS Finance. With the focus of promoting efficiency, consistency and standardization, this section was created to centrally support DHS Finance and the facilities' needs. The support provided includes financial reporting, analytics, financial trend analysis, billing denial management, financial system support and implementation of automated solutions. Additionally, the division provides fiscal data integrity management, financial data re-engineering, DHS Patient Accounting Systems maintenance, ORCHID and Revenue Cycle Operations Charge Description Master management. During FY17-18, the Financial System Division has been actively engaged in the Department of Public Health's ORCHID implementation and ORCHID Enterprise charge description master build, leading and coordinating the efforts in Patient Accounting System M15 Release. The Division also developed and implemented a department-wide financial application to support the Department's claiming, such as AB85, GPP, OSHPD and P14. Financial Systems Management will continue the efforts in centralizing and providing innovative solutions to mandated federal and State reporting, along with the goal of maximizing the Department's revenue stream.



Finance - Community Health Services

Community Health Services (CHS) is a new section within the DHS Finance Division dedicated to providing responsive, effective and reliable financial management to the Housing for Health (HFH) and Office of Diversion and Re-Entry (ODR) programs. It is the goal of CHS to establish a financial structure to support the missions of HFH and ODR programs which will enable them to accomplish their programmatic objectives successfully.



Finance - Fiscal Services

Fiscal Services serves Los Angeles County DHS hospitals, Comprehensive Health Centers, Managed Care Services, Special Fund Programs, Whole Person Care, Correctional Health Services, Juvenile Court Health Services and grants by managing and coordinating the daily accounting and financial operations. In addition, Fiscal Services collaborates with other Departments to automate and streamline the invoice validation process.

Special Projects & Accomplishments

- Streamlined and automated Quest Diagnostics lab invoice validation of thousands of records throughout DHS by electronically validating 100% of prices and over 97% of services. This is the result of a collaborative effort between Fiscal Services and other Departments.
- Obtained the State's approval for the Whole Person Care program Year 2 rollover budget totaling \$95 million, collected \$115 million of revenue, developed the financial monitoring framework for 17 programs and infrastructures with an annual appropriation of \$255 million.
- Achieved full implementation of the Remote Deposit Service for DHS Finance and the County hospitals, engaging secure electronic deposits of checks received from the County's many payor sources and minimizing the potential for lost or stolen checks transported manually.



Government Affairs Communications, Commissions and Workplace Programs

Administrative Staff



Gerardo Pinedo
Director



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



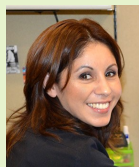
Robin T. Young
Public Information
Officer



Esther Aguilera, MPA
Legislative Analyst



Allen Gomez, MPA
Staff Analyst



Rosa Perez
Assistant Staff Analyst



Regina Jemmott
Senior Clerk

Lisa Finkelstein
Constituent Case
Coordinator

Roxana Topete
Management Analyst

Our mission is to liaise and respond to our governing body, the Los Angeles BOS and to elected officials at the local, State and federal levels to ensure they receive accurate timely information and support as they advocate on behalf of the health safety net of Los Angeles County. We provide data and other information at community forums and events, testimony at hearings and staff booths at health fairs. We also investigate constituent case referrals from elected officials and advocate as appropriate. We work closely with the Board Deputies, the CEO, County Counsel and other County Departments and divisions regarding policy issues, budget matters, data requests and legislation.

We track legislation to identify bills that have the potential to affect our service delivery programmatically or fiscally. We advise on the annual Los Angeles County Legislative Agenda and work collaboratively with the CEO, our hospitals, community health centers, clinics and programs to produce pertinent legislative analyses and counsel to the Board.

We fulfill our Department's Communication needs by responding to media inquiries from radio, print and television organizations. We also relay information to organizations and members of the public who seek information on our programs and services. We provide high-quality original graphic design work and coordinate information from various units and stakeholders to produce print and virtual publications like "The Pulse". Prospective articles of interest should be submitted to our Public Information Officer.

The Office of Government Affairs provides executive level support to the Hospitals and Healthcare Delivery Commission, which provides valuable oversight and strategic input to our leadership. This year, they have identified three priority area to focus on: 1) the patient experience; 2) DHS workforce recruitment and retention and 3) the successful implementation of Whole Person Care.

The office identifies subject matter experts in response to Board Motions and convenes the work of different DHS units and County Departments to ensure that responses to Board Motions are timely and appropriate.

We partner with the County's CEO and other departments to ensure that volunteer and other workplace programs are administered efficiently system wide in support of the priorities of our BOS. Staff from this office serve as Quality and Productivity Managers for DHS, vetting and submitting all departmental applications for the annual Productivity and Quality Awards, ensuring recognition for the innovative work going on throughout the Department. Government Affairs partners with national organizations like the National Association of Counties, sharing information about opportunities for national recognition, editing and submitting applications to ensure that model programs are recognized and can share best practices. The award recipients are lauded by the BOS.



Hospitals and Health Care Delivery Commission

The Los Angeles County Hospitals and Health Care Delivery Commission consults with and advises the BOS and DHS on all matters pertaining to health care policies and programs of the County Hospital system. These include appropriate utilization of County Health Services, facilities, and equipment, Human Resources policies and practices, strengthening the relationships between County Health Services and other health care providers both public and private.

The Commission invites guest speakers from multiple disciplines to its monthly meetings to gain an understanding of current health care policies and issues. Guest speakers included: DHS Director Christina R. Ghaly, MD; LA County Sheriff Jim McDonnell; Director of Office of Diversion and Reentry Judge Peter Espinoza; Office of Homeless Initiative Director Phil Ansell; Public Health Director Barbara Ferrer, PhD, MPH, Med.



Commission Recommendations

In an effort to ensure County residents receive the highest level of service and care within the DHS system, the Commission highlights areas of improvement and puts forth a set of recommendations annually.

The most recent set of recommendations have focused on “Network Adequacy” and “Human Resources”.

- Network Adequacy: the Commission recommended DHS concentrate efforts to address the patient experience, primary care capacity, specialty care access and improvements to facilities
- Human Resources: the Commission supports DHS' efforts on recruiting and retaining primary care physicians and other key health personnel especially in the High Desert and Antelope Valley region

Commissioners

Rosemary C. Veniegas, PhD. Chair

Hildegard B. Aguinaldo, Esq.

Charles Aronberg, MD

Stacy R. Bratcher, Esq.

Diane Factor,

Lucia Galante Johnson

William N. (Guy) McCloud, FACHE

Claude C. Martinez, JD

Elisa Nicholas, MD

Corinne Sanchez, Esq.

Margaret Farwell Smith

Barbara Siegel, Esq.

Geraldine Tevrizian

Stanley M. Toy Jr., MD

2017-2018 Accomplishments

- Identified strategic priorities for the Commission
- Revised Bylaws to be consistent with the Los Angeles County Code and Chapter
- Conducted 10 site visits to Ambulatory Care Network and County Hospitals
- Revised site visit format to focus on Commission priorities
- Developed summary of Human Resources recommendations needed to advance the Department's goals
- Met with Commission Chairs from the Alcohol and Other Drugs Commission, Mental Health Commission and Public Health Commission as well as the Integration Advisory Board to explore behavioral health priorities



Housing For Health

Administrative Staff

Cheri Todoroff
Director

The 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 subsidies (project-based and tenant-based vouchers) as well as a locally funded rental subsidy program called the Flexible Housing Subsidy Pool. 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.

The expansion of funding sources, including local dollars from the passage of Measure H, has allowed HFH to open our doors to more referral sources and to serve a wider range of homeless clients throughout Los Angeles County.

HFH receives applications from the DHS facilities, Intensive Case Management Services (ICMS) partner agencies, the Office of Diversion and Reentry (ODR), the Coordinated Entry System (CES), street-based engagement outreach teams, private hospitals and clinics, mental health treatment facilities, substance use disorder treatment facilities and various County departments. HFH contracts with community-based organizations to provide ICMS to all HFH clients. Currently, HFH contracts with 40+ ICMS provider agencies throughout Los Angeles County. ICMS providers use a client-centered approach that is sensitive to the challenges that 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. In Fiscal Year 2017-2018, HFH added approximately 3,000 permanent supportive housing slots (2,500 dedicated to Measure H and 500 dedicated to the ODR clients exiting the criminal justice system). In Fiscal Year 2018-2019, HFH aims to add an additional 3,450 slots (2,950 dedicated to Measure H and 500 dedicated to the ODR).

Infusing high-quality clinical care and consultations is fundamental to HFH service delivery model. Given the complexity of the physical and behavioral health conditions many homeless people face, having primary care doctors, psychiatrists, nurse practitioners, registered nurses, 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.

In addition to housing and clinical program components, Housing for Health is working to remove client level barriers to accessing mainstream benefits. The Countywide Benefits Entitlements Services Team (CBEST), launched in March 2017, is a program model designed to remove 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). As of June 2018, CBEST has screened and enrolled more than 8,000 clients, linked more than 1,900 clients to physical health care, and linked more than 1,400 clients to mental health care.

Housing for Health Highlight – Street Based Outreach and Engagement

Based on the LAHSA Homeless Count, approximately 75% of the homeless population in the Los Angeles Continuum are individuals that sleep on the street. To meet this need and ensure services are reaching the most vulnerable, HFH has been working to develop a coordinated street-based engagement system that reaches all corners of the County. In January 2016, in response to the incredible health crisis in the Skid Row area of downtown, Housing for Health created C3. C3 is a multidisciplinary street-based engagement effort that began as four outreach teams in Skid Row. Multidisciplinary Teams (MDTs) provide street-based homeless outreach and engagement services with a goal of linking homeless individuals to housing and supportive services throughout Los Angeles County. MDTs respond to reports of homeless individuals or encampments as well as case find by driving/walking a targeted area to regularly engage and assist homeless individuals by developing trusting relationships over time.

The components of a MDT include the following specialties: mental health clinician, substance abuse counselor, healthcare professional, general case manager/outreach worker, an individual with lived homeless, mental health and/or substance use experiences. The teams practice collaboratively with the spirit of “whatever it takes” to build relationships with the most vulnerable people living on the streets and to partner with each individual on their journey towards housing stabilization. The effort has since grown into a Countywide operation

HFH's initial C3 efforts paved the way for the County's most ambitious street engagement expansion to date. Drawing on HFH's Skid Row experience since the launch of C3, and in partnership with the Los Angeles Homeless Services Authority, HFH has been working to grow street based outreach interventions into a Countywide system using the MDT model. The expansion is funded largely through the County's Homeless Initiative and Measure H, and also includes funding from other sources such as DHS, Los Angeles County Metropolitan Transportation Authority and City Council District offices. With the support of increased funding, HFH is in the process of launching MDTs across the County. In 2017, HFH and community partners launched 36 MDTs. By the end of Fiscal Year 2018-2019, there will be more than 50+ MDTs and 20 public space Generalist Outreach Teams throughout Los Angeles County. This includes an expanded presence in settings such as parks, libraries, beaches and harbors, and Metro transit lines and stations.

More than 10,000 individuals were enrolled into a DHS Services Street-Based Outreach program in FY 17-18, representing more than one quarter of the estimated number of unsheltered individuals experiencing homelessness in Los Angeles on any given night. 7,500 of those individuals received services and more than 300 individuals connected through an outreach referral pathway moved into permanent supportive housing.

Housing for Health Supportive Housing Outcomes	Permanent Supportive Housing 11/ 2012 to 6/2018	Existing Permanent Supportive Housing* 7/ 2017 to 6/2018	Rapid Rehousing 1/ 2016 to June 2018)
Total # of clients who have attained housing (as of June 30, 2018)	4799	769	1217
Total # of clients who are housed (as of June 30, 2018) in HFH's system and who are receiving a housing subsidy	4096	733	723
*Existing PSH represents PSH projects that were not originally established by HFH but have services that are now funded through HFH.			

RAND Evaluation of Housing for Health

In 2017, RAND published a quantitative analysis and evaluation of 890 HFH clients with the goal of determining what impact supportive housing has on service utilization patterns of clients who were housed. The study looks at outcomes one year pre- and post-housing through the HFH program. The evaluation suggests that permanent supportive housing is significantly associated with reductions in all DHS services (emergency room, inpatient services and outpatient visits). Key findings of the study are outlined below. A full copy of the evaluation is available online.

Key Findings:

- 83% of HFH clients included in the analysis met HUD's definition of chronically homeless
- 88% of HFH clients included in the analysis had a co-occurring medical and mental health or substance use condition
- More than 96% of HFH clients included in the analysis were stably housed for at least one year
- Decreases in Service Utilization:
 - 76% reduction in inpatient medical services the year after housing placement
 - 67% reduction in emergency medical services the year after housing placement
 - 59% reduction in crisis stabilization services the year after housing placement

Demonstrated Cost Savings:

- The average public service utilization cost per participant the year before housing totaled \$38,146. In the year after receiving housing and services, the total cost per participant totaled \$15,358
- Taking permanent supportive housing costs into account, this represents a 20% net-cost savings to the county

2018/2019 Objectives

- Connect an additional 2,500 individuals experiencing homelessness to supportive housing, bringing the total number of individuals connected to supportive housing to 10,000 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
- Sustain 50+ multidisciplinary teams across LAC that include health, mental health, substance abuse experts and peers with lived experience providing case management

Client Story

Dan* is a 58-year old male who had been homeless for over 6 years when an Exodus Recovery street-based outreach team began to engage with him. He had been encamped on the grounds of a church in Highland Park as part of an arrangement made between a local non-profit and the pastor of the church. Dan holds a bachelor's degree in geography and aspires to be a teacher. He believed, however, that because of an Attention Deficit Disorder (ADD) diagnosis he would be unable to successfully work.

The team initially engaged Dan in February of 2018. After consistent visits, they built rapport and trust, and in late March he accepted a referral for primary physical and mental health services. In April, he was linked to Showers of Hope, received a haircut and obtained identification from the DMV. His mental and physical health continued to improve as he consistently kept his health care appointments through the support of the team.

Dan was referred to permanent supportive housing by his outreach team. Housing for Health matched him to an appropriate unit and, after the team assisted him in obtaining the needed documents, he moved into an apartment in June. The day after his move-in, Dan began volunteering at the Showers of Hope. He states that he is given hope by a professional in his new life who also has ADD and is able to work serving the homeless in Los Angeles County.

*Name Changed





Human Resources

DHS' 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 a highly skilled workforce
- Facilitating productive employee relations
- Monitoring compliance with County and Joint Commission HR standards
- Supporting a discrimination-free workplace and just culture
- Developing employee engagement programs
- Advising DHS supervisors on employment matters
- Providing responsive and effective customer service



Administrative Staff



Liz Jacobi
Director
Human Resources



Marilyn Hawkins
Assistant Director

Special Projects & Accomplishments

- On-boarded 2,126 hires
- Reduced Performance Management caseload by 20%
- Supported Employee Engagement Benefit Fairs and activities at DHS facilities

LA Dodgers Healthcare Appreciation Night



Thank you to all the Harbor-UCLA employees and their families who joined in on all the baseball fun Friday, August 25, 2017!!!

Central Services

Lorena Andrade-Guzman: Performance Management
Rayette Hernandez, Payroll, Benefits, Time Collection & FMLA
Gwen Jones: Employee Relations
Tonia Moore: Recruitment & Exams
Sharon Robinson: Regulatory Compliance & Training
Heberto Sanchez: Personnel Services
Latosha Thomas: Classification & Compensation
Karen Wunch: Education Compliance

On-Site HR Managers

Anna Carpena	Rancho Los Amigos NRC
Latania Vernon	High Desert RHC
Monique Ortega	LAC+USC
Regina Pierre	Martin Luther King, Jr. OC
Steve Poon	Olive View - UCLA
Karyl Smith	Harbor - UCLA
Beverly Williams	Correctional Health Services

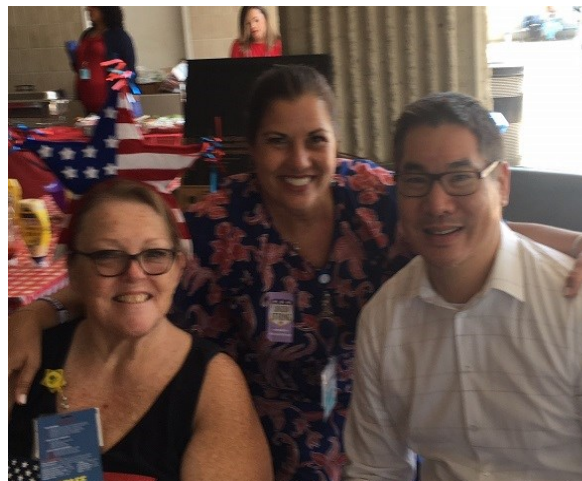
(Special Projects & Accomplishments cont'd)

- Created recruitment tools to contract-in Nursing Assistants, Respiratory Therapy and HIM work
- Developed new Nurse Practitioner exam to expedite the hiring process
- Successfully managed six unannounced surveys at DHS hospitals for the HR standards
- Served as co-chair for multiple Health Agency Labor Management Transformation Committees
- Annual Competency testing for Nursing and Allied Health provided via electronic platform with self-study guides



2018/2019 Objectives

- Complete successful labor negotiations
- Hire employees from High Road workforce pipeline projects for DHS vacancies
- Educate staff regarding Implicit Bias, Cultural Competency and PRIDE (anti-bullying)
- Lead a DHS-wide Employee Engagement Survey Campaign
- Incorporate Just Culture principles into New Employee Orientation
- Participate in the County's electronic Personnel File project
- Rebadge DHS' workforce to support security
- Initiate a Time and Attendance project
- Deliver a dashboard measuring productive time, non-productive time and the costs of employee versus contracted resources
- Create Physician Recruitment concierge services



Information Technology

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

- Goal: Transform DHS from an episodic, hospital focused system into an integrated, high-quality health delivery system
- Goal: Create a modern IT system that improves the care of our patients and assures efficient use of resources
- Goal: Foster a "Just Culture" of empowered staff and community, and organized labor, through fair accountability, increased transparency and examination and improvement of existing systems.

Administrative Staff



Dr. Hal Yee,
DHS CMO



Pamela Griffith,
Interim DHS CIO



Enterprise Application Management Office: While the ORCHID rollout to DHS facilities was completed in March 2016, the ORCHID team has continued to optimize the system by adding functionality, improving use, sustainability and extending to new locations. As the team's work expanded throughout 2017, adding additional enterprise application systems and staff for PACS, ANSOS/ OneStaff, etc., the team's name also evolved to reflect their expanded scope. The official name is now the Enterprise Application Management Office (EAMO). The new name also dovetails with the Enterprise Project Management Office (EPMO), which helps with governance, initiation and delivery of the projects that the EAMO carries out.



ELM and ELM Care Management: Empaneled Life Management (ELM) is a new population health management solution that DHS will use for two important functions: (1) population health for all empaneled patients and (2) achieving our targets for PRIME. ELM combines data from ORCHID, health plans and several other source systems into a single big data platform. These combine structured and unstructured data and algorithms together to:

- Empanel patients to the care of specific primary care providers at PCMH sites
- Assign patients to appropriate chronic disease and preventive care registries
- Display dashboards and reports for PCMH teams to proactively manage their patient panels by identifying and closing specific care gaps
- Display a longitudinal health record (in ORCHID and ELM) of clinical information across multiple sites and data sources

ELM Care Management is a person-centric solution for proactive identification of high risk patients in need of complex care management. The solution provides a space for care managers to document and manage their caseload of high-risk patients and facilitates care through the exchange of pertinent information and care planning across the entire team. ELM Care Management is accessed through ORCHID, but uses the algorithmic capabilities of ELM to identify patients needing care management and assign them to the Care Manager aligned with the patient's primary care provider.

Special Projects & Accomplishments

- **ORCHID Extension to DPH:** The ORCHID Electronic Health Record was extended to DPH Community Health Clinics unifying DHS and DPH on one electronic health record (EHR) system and enabling a more holistic view of a patient's care. For the first time in history, 14 DPH Health Clinics and over 600 DPH staff are documenting patient care in an electronic health record. DPH and DHS staff can now see the records of all patients as they move through DHS and DPH. This extension supports the vision of the Los Angeles County Health Agency working together to streamline access and enhance the customer experience for those who need services from more than one department or specialty area.
- **MAPLE:** This large scale, integrated platform replaced the legacy Patient Management System to provide a more comprehensive, integrated core managed care system for streamlining functional workflow processes and a central location for data and information storage throughout Managed Care Services (MCS).
- **HEMS:** The Hospital Equipment Management System (HEMS) is a Facilities and Biomedical Maintenance system currently being implemented across DHS. It serves as a database for Facilities and Biomedical equipment inventory to streamline operational costs and service contract management. The application provides broader, comprehensive service ticket management, equipment tracking/recall management, cost management and preventative maintenance through all phases of the equipment lifecycle: onboarding costs and asset tagging, department assignment and end-of-life salvaging. DHS-wide reports and dashboards can be produced for DHS Leadership, Clinical Staff and Medical Technicians with relevant, actionable information.
- **EPCS:** The Electronic Prescription of Controlled Substances (EPCS) project was successfully implemented throughout DHS to accurately electronically prescribe controlled substances and improve patient safety and quality of care. The objective of the project was to curtail written prescription of opioids and controlled substances. Prior to EPCS, practices were leading not only to greater prescription expenses, but health implications. Electronic prescribing has been shown to make the management of controlled substances considerably more safe and effective.
- **JHIS:** DHS assumed responsibility for the Jail Health Information System (JHIS) in October 2017, renegotiating and extending the affected Cerner agreement. This decreased JHIS license fees by 90%, resulting in a reduced JHIS operating cost of approximately \$1.3 million annually.
- **HipaaBridge:** The implementation of the HipaaBridge project enables DHS a safe, HIPAA-secure communication platform for use between Providers throughout DHS. HipaaBridge went live January 2018 and is currently utilized by over 5,000 providers throughout DHS facilities, with plans to expand the scope of use to cover nurses, therapists and more.

2018/2019 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 Mental Health and LANES
- Strengthen the use of business analytics and business intelligence tools to provide organizationally coherent data for the Health Agency
- Enhance digital communication strategy across the Health Agency

Deployment of strategic DHS enterprise systems

- LILAC - Line Item Level Accounting Control to be completed in the 4th Quarter of 2018
- Teletracking Bed Capacity Management System to complete enterprise-wide deployment by end of 2018
- Alaris Pump Deployment with ORCHID Integration is planned for 2018/2019
- Cerner Clairvia and Electronic Time Capture planned to kick-off in 2019

Improve Project Governance and Project Management Best Practices

- Improve benefits realization through continuous involvement of the DHS Governance and Committee Processes
- Establish Project Management Best Practices, Methodologies and Standards to ensure successful delivery of IT projects

Integrated Correctional Health Services

Integrated Correctional Health is the nation's largest county-run system with a focus on social justice medicine, compassionate whole-person care, community partnerships and professional growth. We strive to improve healthcare for a uniquely underserved population through community partnerships and academic collaborations.

Currently, there is an average jail census of 16,500-17,000 individuals, of those, approximately 10,000 individuals receive comprehensive medical care.



Administrative Staff



Jackie Clark- Weissman, RN, MSN
Director



Sean Henderson, MD
Interim Medical Director

Edward Matzen, MSN
Clinical Nursing Director

Timothy Belavich,
Program Director,
Mental Health

Special Projects & Accomplishments

- Expanded Correctional Health (CH) Urgent Care services from 2 to 24 beds
- Streamlined the Inmate Reception Center (IRC) intake process yielding positive outcomes in RN triage assessments and reduced patient wait time to be seen by nursing/provider. The Inmate Reception Area receives a daily intake of 350 inmates and 65-70% are diagnosed with either a medical or mental health disorder
- Facilitated Care Management trainings CH Jail-system wide to bridge knowledge gaps and promote consistency of practice among nursing and medical providers
- Implemented a 24-hour medically monitored withdrawal management housing unit for alcohol dependency, with a capacity of 28 beds, treating an average of 20 plus patients per day
- Implemented the reporting of ongoing quality improvement measures including guidelines for nurse interventions, assessing potential utility of Prediction of Alcohol Withdrawal Severity Scale (PAWSS) for monitoring, and review of alcohol withdrawal related hospital transfers
- Expanded the 200 Moderate Observation Housing (MOH) for 400 patients who are now being cared for at the North Facility. Collaborative efforts are underway to expand MOH housing in Men's Central Jail in development of the HOPE dorm. The HOPE dorm was created to assist those mentally ill patients who otherwise would take the route of self-harm as a solution. The dorm setting enables patients, custody, and health care staff direct observation at all times therefore, developing stronger rapport with patients



Special Projects & Accomplishments (cont'd)

- Implemented the Century Regional Detention Facility (CDRF) Primary Care Medical Home Model. Patients are being seen by the same Provider and their health issues are identified shortly after intake
- Increased the number of inmates by revising the medical screening criteria therefore increasing qualifying individuals for fire camps job training during the months of March 2018 to May 2018 from 20% to 28% and steadily increasing every quarter. This skill set provides inmates an opportunity to train and work with Cal-Fire and California Department of Corrections Rehabilitation (CDCR). This newly funded program clears inmate workers to train/work in the Fire Camps across the State



Correctional Health Family Nurse Practitioner Update

The Integrated Correctional Health higher education collaboration with California State University Los Angeles (CSULA) consists of two very structured educational components. The first is an 18 month accelerated Family Nurse Practitioner (FNP) academic partnership with CSULA. The program began in the Spring of 2018. All twenty students began taking a wide range of courses covering health assessment, pharmacology and diagnostic and treatment of psychiatric health disorders. The students have completed their first rounds of clinical rotation assignments in the areas of Primary Care, Women's Health & Pediatrics, Family Practice, Adult Gerontology Primary Care I & Internal Medicine, Adult Gerontology Primary Care II & Internal Medicine and Emergency Room procedures. All of the students have and are currently gaining extensive medical experience as frontline medical providers at various clinical locations within the DHS hospitals and ACN. Other locations include Olive View-UCLA Medical Center, Mid-Valley Comprehensive Health Center, High Desert Regional Health Center, LAC+USC Medical Center, Hubert Humphrey Medical Center, H. Claude Hudson Comprehensive Health Center and Torrance Health Center. The students also receive didactic instruction while working as front line providers in Correctional Health. The students will graduate December 2019 and remain committed to serving as NPs for Correctional Health. The second component consists of a one-time, 10-15 week psychiatric course titled "Individual Diagnosis and Treatment across the Lifespan". This four unit course has been designed for psychiatric training in neurological assessment, anxiety disorders, affective disorders, bipolar, depression, schizophrenia spectrum, restraints, drug therapies, psychotherapy, antidepressants and other identified topics to increase the overall skills of providers working the frontline of patient care within Integrated Correctional Health. This ongoing staff development will ultimately increase the knowledge and skill set of our nursing structure while increasing quality of care to the special needs of the Integrated Correctional Health patients.

Juvenile Court Health Services

Juvenile Court Health Services (JCHS) has been given the responsibility of providing excellent quality health care to the youth detained by the LA County Department of Probation within all their juvenile detention facilities. These facilities consist of 3 juvenile detention halls and 7 residential treatment camps scattered throughout Los Angeles County. Our clinical staff consists of 12 pediatricians, 140 nurses, dentists, dental assistants and an optometrist. Additional support services including laboratory, pharmacy and radiology provide comprehensive health care for this deserving population of youth. Additionally, we work with DMH to address the youths' mental health care needs. Even though the goal is to have fewer youth detained within the detention facility, those that are with us, tend to be high-risk with very special needs.



Administrative Staff



Elena Laurich, CCHP
Administrator



David Oh, MD
Interim Medical Director



Mary Logan, RN
Interim Nursing Director

Special Projects & Accomplishments

- JCHS along with the Juvenile Justice Mental Health Programs (JJMHP) and the Probation Department prepared for the National Commission on Correctional Health Care's (NCCHC) accreditation site visit. NCCHC establishes nationally recognized clinical standards to maintain excellent health care for the patients we serve.
- Expansion of our emergency/disaster program - JCHS established building emergency plans for all of the Probation facilities with emergency preparation subcommittees with liaisons from each facility. This allows for better representation on the local level. Equipment for emergency situations like emergency carts and automated emergency devices were obtained to standardize equipment throughout all 10 facilities.
- Infection control practices were improved through training and education regarding the use of newly acquired cleaning wipes. We increased the numbers and accessibility of hand sanitizers and hand lotions through the medical areas to increase compliance with hand hygiene requirements. New dental water filtration systems were installed to provide clean water for dental patients.
- Expanded sexually transmitted disease counseling for youth by adding universal testing for HIV and Syphilis to our previous screening for Chlamydia and Gonorrhea. With this addition, we can better inform and educate the youth on their sexual health.
- Re-introduction of digital x-ray services at Central Juvenile hall. This will allow for radiology tests to be performed with a quicker turnaround time and safer patient movements.
- Improved employee influenza vaccination rates. There was an 11% increase from 2017 to 2018 in total compliance (vaccination/declination) and a 10% increase from 2017 to 2018 in vaccination rates.
- Establishment of safety committee meetings with the other partner agencies and Probation at the local facility level and at the executive level to review the successes and necessary improvements for overall staff safety.
- Continue to work with Probation and other partner agencies (JJMHP and Los Angeles County Office of Education) in the Youth in Custody Practice Model (YICPM) to address the special needs of high-risk youth during their stay in the probation facilities and the best methods to integrate these strategies into practice.
- Continue to improve the integration of discharged youth back into community health services through programs such as Whole Person Care.
- Improved communication with staff through newsletters and intranet presence.
- Continue to add Pyxis machines at Probation facilities for patient safety and pharmacy efficiency.
- Continued work on the interface between the electronic health record and the radiology system for patient safety and to reduce the possibility of transcription error.
- Expansion of the training program for Probation to include regular refresher courses for current staff.
- Expansion of Quality Improvement projects to include partner agencies for better integration of services for the youths.
- Standardization of supply chain and warehouse processes for efficiency and cost-savings.

Managed Care Services

Mission Statement

To support the Los Angeles County Department of Health Services by providing managed care expertise to our customers.

As an accountable team of subject matter experts, we use innovative ways to educate and enable our customers to maintain managed care clinical, fiscal, operational and programmatic compliance.

Managed Care Services: An Overview

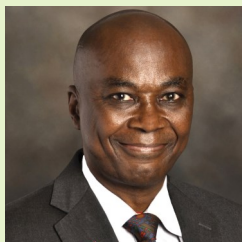
DHS is known as a safety net organization because we provide health services to people who are uninsured or low-income. Within this larger organizational structure, Managed Care Services (MCS) functions as a Managed Service Organization (MSO). As an MSO, we oversee administration, delivery and reimbursement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

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

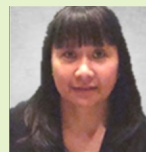
To help DHS stay competitive in this new market, MCS works diligently to:

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

Administrative Staff



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

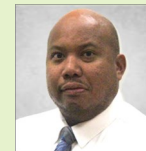


MCS management staff cont'd
(top row, left to right)

FINANCE SERVICES

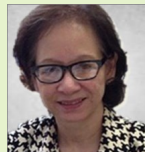
Chau Lam, Director

Rowena M. Roxas, CPC, MPA, Claims
Management Manager



HUMAN RESOURCES & FACILITIES SUPPORT

Rosemarie Lugo, Manager

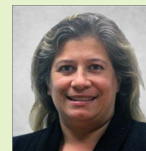


MANAGED CARE INFORMATION TECHNOLOGY

Lauren Simmons, Chief Information
Officer

MARKETING & COMMUNICATIONS

Mary Mercado, MA, Senior Marketing
Analyst



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, MPH, Director of
Managed Care Customer
Support Services

MANAGED CARE CONTRACTING- Revenue & Expense Agreements

Shelly L. Myers, MPA, Director
(not pictured)

Special Projects & Accomplishments

MANAGED CARE INFORMATION TECHNOLOGY

- Implemented Managed Care Core System Replacement Project with Allscripts/Citra in June 2018. The project is known as Membership Administration and Payment Linkage Environment, or MAPLE. Phase II kicked off in September 2018 and will include Dental Claims, Electronic Data Interchange to allow business partners to exchange files with DHS, among other functions.

MARKETING AND COMMUNICATIONS

- Led organizational change management strategies for MAPLE launch. Developed marketing materials to support training and go-live.
- Contributed to the improvement of Health Effectiveness Data Information Set (HEDIS) and Value Initiative for IPA Performance (VIIP) measures by creating marketing materials to reduce emergency room visits and increased cervical cancer screenings.

MY HEALTH LA (MHLA)

- Received a NACo award called "Medicine for the Uninsured: Building a Pharmacy Network for Patients Without Insurance" in honor of the groundbreaking retail pharmacy network created for all MHLA patients to improve access to medically necessary medications.
- Worked in partnership with the Office of Patient Access to develop new, streamlined process to link uninsured patients at DHS hospitals with primary care providers at MHLA clinics.
- Successfully transitioned all 50 Community Partners to a retail pharmacy network, expanding pharmacy access for almost

150,000 MHLA patients.

- As of June 30, 2018, MHLA has 147,433 participants enrolled in 212 community partner clinic sites throughout LA County.
- Established a "Behavioral Health Workgroup" bringing together DMH, DPH, community clinics and advocacy groups to understand and streamline access to behavioral health services to uninsured MHLA participants.

FINANCE SERVICES

- Successfully automated Hepatitis C and Maternity Kicker data process to receive reimbursement from Health Plans.
- In collaboration with MCS-IT, successfully loaded all capitation data into Data Warehouse and completed capitation and eligibility data reconciliation for Capitation Data Store (Cap ODS).



Medical Management

PROVIDER SUPPORT AND OPERATIONS

- Key role in MAPLE go live was to ensure that DHS providers were appropriately loaded in CACTUS in a timely and accurate manner.
- Successfully coordinated with Health Plans and DHS facility staff the activation of new clinics for increased capacity: DHS West Valley Health Center, DHS East San Gabriel Health Center, DHS East Los Angeles Health Center and DHS Olive View UCLA MC HUB Clinic.

QUALITY MANAGEMENT (QM) and CLINICAL COMPLIANCE PROGRAM (CCP)

- Submitted supplemental data for three HEDIS measures: Cervical Cancer Screening (CCS), Monitoring Patients on Persistent Medications (MPM) and Breast Cancer Screening (BCS). Based on this submission, BCS compliance rate increased by 24%.
- QM and CCP Audit Team completed 100% of My Health LA (MHLA) programmatic audits for 50 Community Partners (CP), encompassing over 200 sites. The Team identified MHLA CPs with repeat deficiencies over the past four consecutive years for Facility Site Reviews and/or Medical Record Reviews.
- In order to improve HEDIS measures related to prenatal and postpartum care, QM & CCP staff coordinated five baby showers at the following DHS Facilities: Harbor-UCLA MC, High Desert Regional Outpatient Center, LAC+USC MC and Olive View-UCLA MC. The baby showers were conducted in collaboration with Health Net Health Education Program.

UTILIZATION MANAGEMENT

- Hosted the second annual Case Management Workshop, honoring National Case Management Week. The workshop provided a networking opportunity for DHS nurses coordinating patient care in various sites and settings. Included Continued Education for nurses, poster presentation and a vendor fair - representing home health, hospice and durable medical equipment health plan contracted vendors.
- Provided 30+ MAPLE training sessions for Creating Authorization to DHS end users.

Nursing Affairs

Office of Nursing Affairs (ONA) 2017-2018

The Office of Nursing Affairs (ONA) continues to provide strategic direction and supports nursing practice across DHS to improve clinical operations for our patients and staff. ONA collaborated with the DHS Chief Nursing Officer (CNOs) to develop and implement five (5) Nursing Task Forces to redesign and strengthen the nursing infrastructure with the emphasis on Recruitment and Retention, Nursing Affiliation Agreements, DHS Nursing Staffing Model, Nursing Attendant I Care Companion Program and the Collaboration Alliance for Nursing Outcomes (CALNOC). The Nursing Task Forces' short and long-term objectives were aligned with the DHS Key Strategic initiatives.

Administrative Staff



Sue Currin, RN
Director Nursing Affairs

Los Angeles County - Nurse Recognition Steering Committee

Los Angeles County-Nurse Recognition Steering Committee recognized LA County Registered Nurses (RNs) for their Nursing Professional Practice during National Nurses' Week in May 2018. Thirteen (13) outstanding RNs throughout LA County were acknowledged for their extraordinary professionalism, dedication and commitment to quality care provided to LA County residents. Amongst the 13 Outstanding Nurses of the Year, Violeta Perez, RN, Intensive Care Unit from LAC+USC Medical Center was selected as the Los Angeles County Outstanding Nurse of the Year 2018.

On May 7, 2018, DHS hosted its annual Nurse Recognition Event at the California Endowment in honor of the 13 outstanding LA County RNs. Christina Ghaly, MD, DHS Director and Susan Currin, DHS CNO presented the opening remarks and congratulated all LA County nurses. The conference included speakers on scholarship, evidence-based practice, leadership and Rancho Los Amigos National Rehabilitation Center's Journey to Excellence and Professional Practice Model. The conference was well attended with over 235 participants from DPH, Department of Children and Family Services, DMH, LA County Fire Department and DHS: LAC+USC MC, Harbor-UCLA MC, Olive View-UCLA MC, Rancho Los Amigos National Rehabilitation Center, Emergency Medical Services, Juvenile Court Health Services, Ambulatory Care Network, Managed Care Services and Correctional Health Services.

The LA County BOS honored the LA County Nurses on Tuesday May 8, 2018 at the Kenneth Hahn Hall of Administration, Los Angeles, CA. The 13 outstanding nurses received a scroll presented by the BOS. The nurses were accompanied by their family members, colleagues and supervisors.





2018 County of Los Angeles Outstanding Nurse of the Year

LAC+USC Medical Center

Violeta Perez, RN

Ambulatory Care Network

Dora Crespo, RN

Department of Mental Health

Michael Wand, RN

Harbor-UCLA Medical Center

Cliff Resurreccion, RN

Correctional Health Services

Keith Carrillo, RN

Olive View-UCLA Medical Center

Maria De Lourdes Moreno, RN

Public Health Department

Ana Lopez, RN

Rancho Los Amigos National Rehabilitation Center

Angelina Vega, RN

Emergency Medical Services

Paula Rashi, RN

Juvenile Court Health Services

Lili Nian, RN

Los Angeles Fire Department

Shane Cook, RN

Managed Care System

Christopher G. Elorde, RN

Public Health Department

Beatriz Navarro, RN, PHN

2018 County of Los Angeles Outstanding Support Staff of the Year

As all nurses celebrated the National Nurses Week during the week of Florence Nightingale's birthday, LA County DHS nurses also celebrated and recognized outstanding nursing support staff. The week-long celebration consisted of poster contests, educational/certification fairs, essay contests, and other activities both at the facility and DHS level. The nursing support staff of the Year 2018 winners were acknowledged for each category that included Licensed Vocational Nurse (LVN), Certified Medical Assistant (CMA), Nursing Attendant (NA), Clerk, Leadership Award and Honorary Awards for non-nursing staff who made an impact to patient care.

Rancho Los Amigos National Rehabilitation Center

Celia Iniguez, NA
Rocio Calderon, Fiscal Officer
Earl Johnson Jr., Warehouse Worker Aid

Harbor-UCLA Medical Center

Erwin Yson, Nurse Practitioner
Vernalyn Villamarin, RN, Preceptor
Janet Arellano-Burguen, LVN
Lawrence Neal, EKG Technician
Linda Bogan, CMA
Imelda Yu, NA
Brenda Sanchez, Clerk

Olive View-UCLA Medical Center

Christina Gonzalez, LVN
Carlos Cruz, NA
Alexander Gutierrez, Clerk

LAC+USC Medical Center

Esmeralda Corona, LVN
Chelsea Poorman, Surgical Tech
Dynasty Batts, CMA
Tirist Demisse, NA
Mary Lopez, Clerk

Ambulatory Care Services

Ana Young, LVN
Stephanie Lopez, LVN
Joseph Hernandez, LVN
Princess Momo, LVN
Adrian Ramos, LVN
Susana Martinez, LVN
Stella Honvo, LVN
Evelyn Decanay, LVN

Luisa Rodriguez, CMA
Veronica Tenorio, CMA
Melory Rodriguez, CMA
Ester Zapata, CMA
Gricelda Sanchez-Lopez, CMA
Cynthia Suenaga, CMA
Victor Pine, CMA
Eva Sandoval, CMA

Special Projects & Accomplishments

DHS Nurse Recruitment and Retention Task Force

Nurse Recruitment and Retention: The Nurse Recruiters coordinated 4,028 nursing interviews resulting in 938 new hires by conducting 212 job fairs throughout Los Angeles County; 15 open house events at the Medical Centers; student fairs at local community colleges and universities and 4 Nursing education/certification events. During these events, the recruiters showcased nursing employment opportunities and provided instructions on how to navigate and submit applications online through the DHS HR website.

Nursing Exit Survey/Survey Monkey: In March 2018, DHS Nursing Exit Survey Project was implemented via Survey Monkey. The exit employment survey allows the nursing leadership team to have timely access to feedback from nurses leaving LA County employment. Information gathered through the survey will be used to develop nursing retention strategies.

Daisy Award Program: The Daisy Award Program is a partnership between the Daisy Foundation and over 3,000 healthcare organizations and nursing schools in all 50 States and 17 other countries. The DAISY Award recognizes the clinical skills and compassionate care given to patients and families. The strategic impact of the program on nurses and their organizations is profound, affecting nurses' job satisfaction, retention, teamwork, pride, organizational culture, healthy work environment and more. Daisy Awards were presented to 28 DHS RNs during this fiscal year through the support of the DAISY Foundation®.

L.A. County Nursing Team – Facebook Website: ONA developed a Facebook page called L.A. County Nursing Team to showcase DHS nursing activities. Each month one of the DHS CNOs will highlight events, celebrations and milestones on the site.
<https://www.facebook.com/LACountyNursingTeam/>.

Student Worker Nursing Program: ONA collaborated with DHS HR to revise the Student Nurse Worker (SNW) policy to include the transition of a student nurse to a RN position within LA County. The policy now allows a six (6) month extension of the student nurse payroll classification upon graduation from a pre-licensed RN training program. This new process allows the student nurse time to complete their CA State Board exam and the DHS application process, including the online testing. The Nurse Recruiters follow up with all student nurses and support the students by assisting them with the application process. ONA is developing a budget proposal to increase the number of SNW items. The goal is to expedite the hiring process of the SNW to RN items by decreasing the onboarding time for RN from six months to less than four months.

DHS Nursing Affiliation Agreements Task Force/Clinical Placement: The ONA has subscribed to HealthImpact, a Nursing Resource Center that provides a one-stop online tool for clinical student placements. The tool brings schools, hospitals and other clinical agencies together through an online portal called a Centralized Clinical Placement System (CCPS). This new DHS systematic approach to nursing clinical placements will allow DHS hospitals/clinics and affiliated Nursing School faculties, to place students within the CCPS portal. The implementation of this CCPS tool will streamline the clinical placement process, assist DHS staff in identifying and recruiting qualified nurses and maximize our ability to fill available clinical rotation opportunities. This new centralized approach to clinical placement also will allow our current Affiliation Agreement contracted schools to streamline their process by simplifying their search when placing students within DHS.

Special Projects & Accomplishments (cont'd)

DHS Nursing Staffing Model Task Force: DHS CNOs implemented standard reports for Staffing Overtime, Registry and Hours per Patient Day (HPPD). The DHS CNOs also decreased Registry orientation and training from 14 days to 6 days and updated the Registry Medication Calculation Pre-assignment Test.

Nursing Attendant I Care Companion Program Task Force: On April 18, 2017, the BOS authorized DHS and Workforce Development, Aging and Community Services (WDACS) to develop a two-year plan to hire 305 County clients into the new Nursing Attendant I Care Companion Program for the Medical and Surgical areas at three DHS hospitals. Care Companions serve the important role of remaining at the bedside of patients to conduct close observation and care due to altered mental state or extreme risk of falls or accidental injury. By the end of Fiscal Year (FY) 2017-18, DHS successfully hired and began training 153 new Nursing Attendants for the Care Companion Program.

Collaboration Alliance for Nursing Outcomes (CALNOC) Task Force: The ONA has extended their subscription with the Collaborative Alliance for Nursing Outcomes (CALNOC), a nationwide "Nurse Sensitive" Registry to include DHS Ambulatory Care. ONA works in partnership with High Desert Regional Health Center and H. Claude Hudson Comprehensive Health Center to collect and benchmark data on Depression and Body Mass Index (BMI) specific to nurse sensitive indicators in the outpatient settings. As a member of CALNOC, data for these outpatient facilities is tracked and benchmarked to guide decisions to improving patient care. DHS currently is benchmarking inpatient data on Hospital Acquired Pressure Injuries and will add two additional nurse sensitive indicators on Patient Falls and Medication Administration at each hospital.

Office of Nursing Affairs (ONA) Recruitment and Retention Programs

Michael D. Antonovich RN Scholarship Program: During Fiscal Year 2017-2018, ONA provided Antonovich scholarship funding to 34 RN students from various community colleges throughout Los Angeles County. This scholarship opportunity allows students who are enrolled in an accredited RN program to apply for a \$4,000 scholarship with a commitment to work for DHS after graduation.

Tuition Reimbursement (TR) Program: A total of 60 DHS RN received Tuition Reimbursement to support their continued education in a Bachelor's, Master's or Doctorate degree nursing programs.

Tutoring and Mentoring Program: DHS partnered with community-based schools to offer nursing students educational assistance through the DHS Tutoring and Mentoring Program. This program recruited a total of 136 students from the following community colleges; Glendale Community College, East Los Angeles Community College, Los Angeles Valley Community College, El Camino College, Compton Community Education Center and Los Angeles Harbor Community College. Upon graduation and licensure as an RN, these nurses are encouraged to apply for DHS RN positions

DHS Correctional Health Services: DHS Correctional Health (CH) Nursing, in collaboration with ONA and Cal State University Los Angeles, developed the accelerated DHS Family Nurse Practitioner (FNP) program. 23 DHS RN's with Bachelor of Science Nursing Degree (BSN) were enrolled in the FNP program. The FNP program started in January 2018 and will be completed December 2019.

The CH FNP students are currently working in CH as RNs and attending classes weekly. The curriculum for this program offers a unique approach in learning. The approach is designed to enrich their education and clinical practice by working with the CH Lead NP in the work environment while attending FNP classes. The students focus on the prevention and treatment of various acute and chronic diseases, psychological disorders and polysubstance dependencies. As the FNP students transition into the FNP Advanced Nursing Practice role, population structured learning tools are used such as case studies, case scenarios, quizzes and differential diagnosis. The FNP students are partnered with Medical Doctors and NP to meet the specific needs of the underserved population during their clinical rotations in a variety of care settings. Upon completion of the program, students will be equipped with the knowledge, skills and resources to increase patient satisfaction and continue CH employment as FNP Advanced Practice RNs.

Patient Access

The Office of Patient Access (OPA) was officially established in early 2017 with two primary functions:

- 1) To directly operate a centralized call center that facilitates patient access into a range of services and programs (see table)
- 2) To provide leadership and direction for the facility Patient Access divisions or centers (PACs) and Patient Financial Services (PFS) through development of policies and procedures, standard workflows, metrics, trainings and other tools.

Administrative Staff

Shari Doi, Director OPA

Fiorella Arcidiacono, Manager, OPA Call Center

Myra Garcia, Manager, Specialty Care Linkage (OPA Call Center)

Maria Gomez, Manager, Primary Care linkage (OPA Call Center)

Vanna Tran, Manager, Training & Quality

Frank Albert, Chief, Patient Financial Services

Sofia Hurtado, Manager, PFS Eligibility and Provider Services



Program	Contact	Purpose	Key Dates	Volume (FY17-18)
Specialty Care Linkage, formerly called "ASC"	855-521-1718	Central scheduling for eConsults	September 2017 (transitioned to OPA)	129,574 calls
Mama's Neighborhood line	844-37-MAMAS (844-376-2627)	Links pregnant women with pre-natal care and other care coordination services	June 2018—first launched	29 calls
Primary Care Linkage unit, formerly called "EMU"	844-804-0055	Supports access to primary care for DHS patients, through empanelment, assignment and MHLA linkage	June 2018— new 800 number launched	500+ calls
MyWellness Enrollment Assistance	MyWellnessHelp@DHS.LACounty.gov	To help patients self-enroll into the portal	July 2017— first launched	500+ emails
Substance Abuse Service Helpline	844-804-7500	A 24/7 line to link low income residents in LA County to substance abuse services	July 2017— first launched	24,885 calls
Whole Person Care referral line	844-804-5200	A 24/7 line to link eligible, high-risk individuals in LA County to care coordination	July 2017—first launched	1,783 calls

Key Milestones for Patient Access

- Created a career pathway for Patient Access staff DHS-wide through a Board approved reorganization, impacting over 800 staff
- Created a set of principles for all Patient Access staff DHS-wide with a 6-week roll out and discussions across all facilities:



Patient-Centered

We know patients have a choice in their healthcare provider so we strive to provide patient access service in a way that ensures an excellent patient experience.



Visit-Ready Patients

We strive to ensure all patients are correctly scheduled, financially cleared, and fully registered ahead of their visit to allow timely, easy check-in.



One Health System

We operate as one, integrated system and one team, treating every patient as "our patient" regardless of which facility they usually visit.



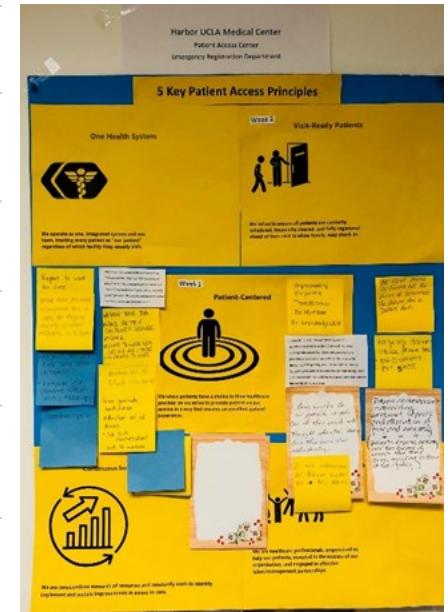
Engaged Employees

We are healthcare professionals, empowered to help our patients, invested in the success of our organization, and engaged in effective labor/management partnerships.

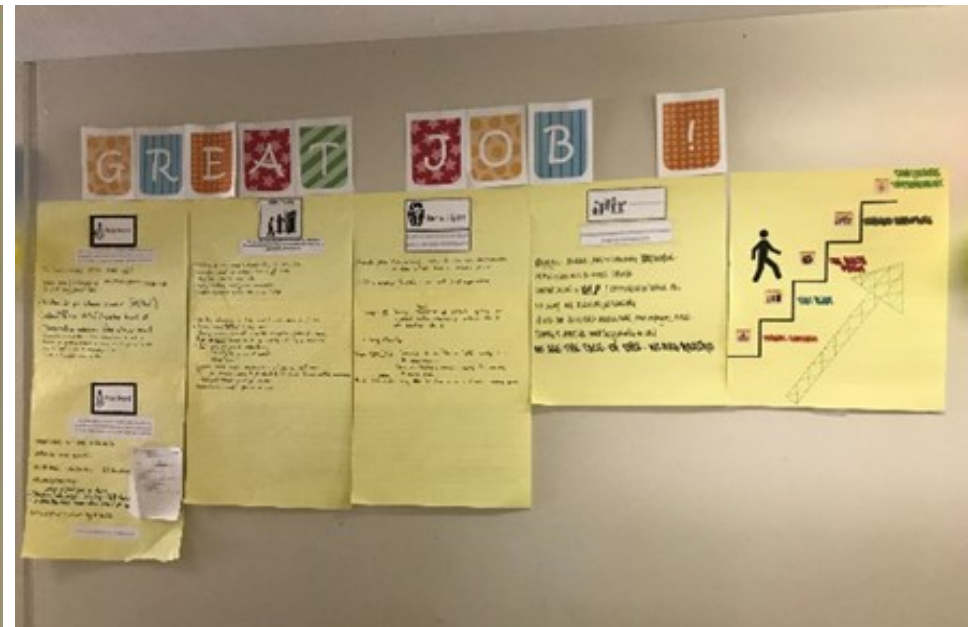
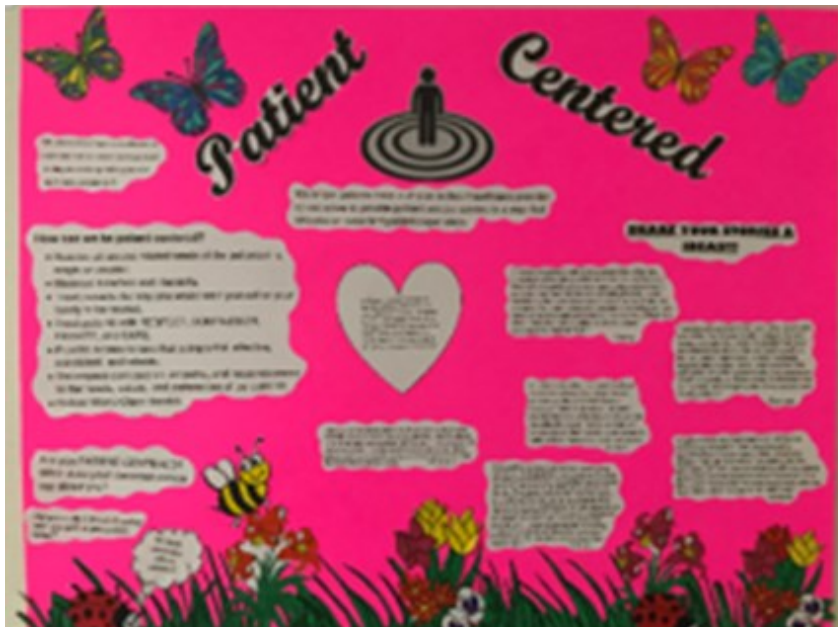


Continuous Improvement

We are conscientious stewards of resources and constantly work to identify, implement and sustain improvements in access to care.



(Below and right) Patient Access Principles — Story boards from MLK OPC, Rancho Los Amigos and Harbor-UCLA MC



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, it is an organizational culture that all workforce members should recognize and embrace. Most of the work of the DHS Patient Safety Program is done through the DHS-wide Patient Safety Committee (PSC), which includes facility patient safety officers and staff. At an organizational culture level, the program reinforces the tenet that patient safety is a priority and supports activities that ensure that we can effectively identify and address problems. In 2017, the patient safety program worked with the Labor-Management Transformation Council to develop materials and a plan to adopt Just Culture in our organization, which promotes the transparency and fairness necessary to identify and address problems. The PSC has also focused on implementing system-wide improvement to address more specific areas of concern, such as those identified in the Joint Commission's National Patient Safety Goals. Finally, the program supports ongoing patient safety related education by providing webinars and lectures and by presenting the annual Patient Safety Conference which allows DHS staff to interact with and learn from, world-class experts in patient safety.

Clinical Risk Reduction

Clinical risk reduction occurs as the natural outgrowth of patient safety activities. Like patient safety, it works to proactively identify potential risks for harm and liability, decreasing the potential for events to occur and limit their significance if they do. The Clinical Risk Management (CRM) program also works to efficiently manage claims and lawsuits alleging medical malpractice. CRM works with the Executive Peer Review Committee to ensure that when significant events do occur, or when claims are filed, they are reviewed, analyzed and effective corrections/improvements are identified and implemented. The CRM program also works with the DHS-wide Risk Managers Committee to identify potential problem areas and proactively address them. The program supports and uses tools such as the Safety Intelligence event reporting system to trigger improvement plans and assess the frequency and severity of other similar events. Trends in event report types are used to drive system-wide corrective actions.

Over the last several years, DHS has experienced a notable decline in the number of malpractice claims/lawsuits and their associated costs. A key aspect of clinical risk reduction is to identify and quickly respond to adverse events and patient complaints. To that end, we continue to implement tools that allow us to track complaints and responses more easily, and work with facilities to employ early resolution through acceptance of responsibility and provision of remuneration when appropriate.

Administrative Staff



Arun Patel MD, JD, MBe
Director

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

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

Special Projects & Accomplishments

Patient Safety

- Implemented DHS-wide Just Culture survey of all DHS workforce members
- Worked with Health Agency departments' leadership, Just Culture Health Agency Committee, DHS-wide Just Culture Implementation co-leads and labor union groups to train and educate all DHS employees about Just Culture principles, Health Agency & Department Just Culture Policies and application of Just Culture principles to real-life scenarios
- Coordinated two-day patient safety conference focused on Just Culture for over 600 Health Agency and other LA County staff
- Reviewed and updated the Employee Risk Management and Patient Safety Handbook as a resource for DHS workforce members
- Collaborated with DHS Patient Safety Officers to improve publicly reported patient safety scores
- Worked with DHS facility leadership to implement Helping Healers Heal (H3) teams to support staff after traumatic events
- Led development of the Sepsis Core Measure Infrastructure which includes automated alerts, standardized IV bolus definition, order sets and customized ORCHID documentation for early recognition and treatment of patient decompensation related to possible sepsis

Risk Management

- Managed over 100 claims and adverse events and review associated corrective action plans for system-wide application
- Reviewed over 20,000 event reports
- Hosted monthly Risk Management education webinars
- Joined California Hospital Patient Safety Organization
- Consolidated multiple DHS Risk Management Policies
- Received National Association of Counties Achievement Award
- Received Los Angeles County Quality and Productivity Award for: A "Dose" of Patient Safety Every Day
- Published bi-annual Risk Management Alerts for DHS Staff

2018/2019 Objectives

- Complete system-wide re-education and application of Just Culture principles and the Just Culture System and Behaviors Response Guide
- Complete implementation and roll out of the H3 program across all DHS facilities



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

Administrative Staff



Donna Nagaoka
Director of PI



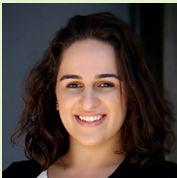
Nicole Moore
Director of CITs



Nicole Hostettler



Miguel Renteria



Bahar Basseri



Dominic Rivera

Debbie Cervantes

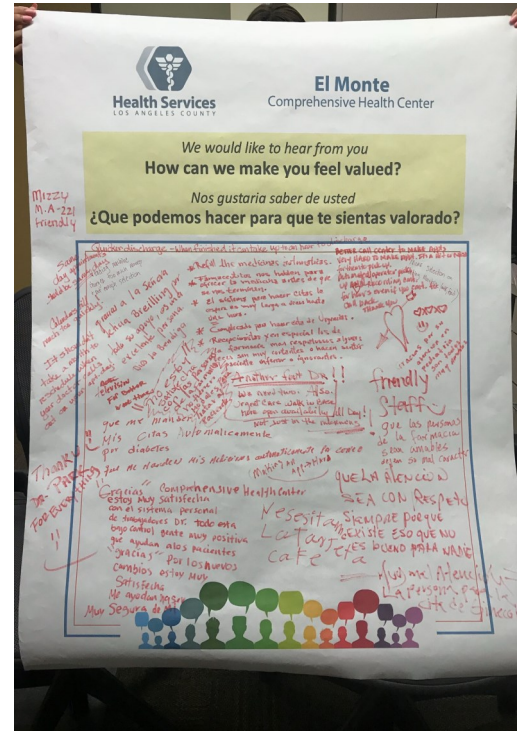


In 2011, shortly after the passage of the Affordable Care Act, nurses, providers, clerks and other union members approached managers, with the idea that working together, clinic by clinic, we could improve our system for patients. From those early efforts grew Continuous Improvement Teams (CITs) – a labor/management partnership project where small teams led by co-leads – a frontline staff member 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. “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 50 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 formed and are improving patient flow, patient access, as well as PRIME measures.
- New CIT programs have started at Olive View-UCLA MC and within DPH and DMH. At Curtis Tucker in DPH, their CIT has already seen improvement in cycle time and staff communication. At the San Fernando Mental Health, the children’s team has reduced staff stress by 50% through an improvement in scheduling.

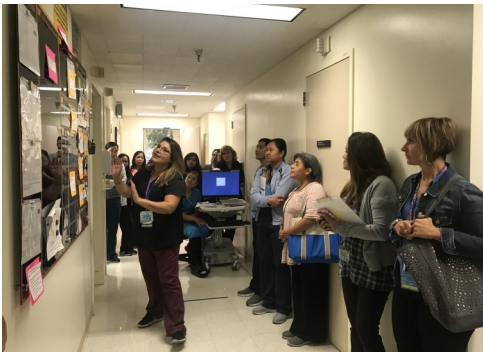
The DHS Patient Experience Committee recently completed two campaigns, the Patient Experience Workforce Survey and Patient Engagement Walls. The goal of both campaigns was to obtain the workforce and the patient's voice to define the patient experience at DHS. Combined, these campaigns had over 1,000 respondents and entries. Common themes identified by both patients and workforce members included providing and receiving timely care, trust in the quality of care, feeling welcomed, valued, cared for and respected. A committee workgroup is now evaluating the information collected from both patients and the workforce members to develop the DHS-wide Service Standard model and define what the patient experience means at DHS.



El Monte CHC Patient Engagement Wall Poster

2018/2019 Objectives

- Implement Consumer Assessment of Healthcare Providers and System (CAHPS) patient experience survey programs for Ambulatory Surgery Centers and Emergency Departments
- Establish Patient Family Advisory Councils across DHS
- Establish a DHS Service Standard Model
- Drive higher CAHPS survey response rates
- Create and monitor standardized DHS CAHPS dashboard
- Pilot continuous improvement, problem solving and goal setting curriculum in DHS Management Development Program
- Support continued work in the use of visual management boards using the Guiding Principles of Improvement
- Support DHS strategic initiatives through sharing Guiding Principles of Improvement thinking
- Support continuous improvement work in the Whole Person Care program
- Improve the ability of our partnership CIT Program to deliver improvements across the Health Agency, while developing the skills and leadership of all people involved



Special Projects & Accomplishments: Improvement

With the support of DHS PI, Olive View-UCLA MC primary care clinics A and P furthered their journey toward a culture of continuous improvement this past year by learning and applying the guiding principles of improvement. In the continuous improvement session, the staff learned the guiding principles and listed actions they could take to incorporate continuous improvement into their daily work. The clinics also implemented a visual management board where staff can make suggestions to improve the clinic and can view performance data for the clinic. The staff practice the guiding principles by gathering weekly to consider new ideas suggested by staff, discuss data for key performance indicators and show appreciation for each other. Olive View-UCLA MC is excited to spread this concept to other clinics and units!

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



Jean Pallares,
Pharm.D.
Chief Pharmacy
Officer

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

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
Services



Special Projects & Accomplishments

- Increased the DHS pharmacy mail delivery program through our offsite central refill prescription process. The central refill pharmacy mails out over 15% of all refill prescriptions processed. Over 2,500 prescriptions per week are mailed out to DHS patients, a 43% increase from last fiscal year
- DHS processed pharmaceutical manufacturer patient assistance program applications valued at over \$16 million during 2017-2018, a 33% increase in overall recovery from last fiscal year. This provides no cost medications for uninsured patients
- Implementation of hospital pharmacy 340b split billing software at Olive View-UCLA Medical Center and Rancho Los Amigos National Rehabilitation Center to improve compliance with 340b regulations
- Implementation of Meducation®, a translation software to assist with educating patients on their medication in their preferred language. Pharmacy can provide educational material to DHS patients in over 20 different languages
- Implementation of a centralized outpatient pharmacy call center focused on patient experience and remote support for onsite DHS pharmacies

2018/2019 Objectives

- Replacement of medication management automated dispensing cabinets to assist with safe and efficient medication dispensing near the patient bedside
- Replacement of medication infusion pumps at DHS hospitals and clinics to enhance patient safety and provide integration with ORCHID
- Expansion of pharmacists as independent providers in the ambulatory care settings with the new Advanced Practice Pharmacist license for California
- Expanding 340b access to the Integrated Correctional Health Services pharmacy department for cost-effective medication for their patients



Planning and Data Analytics

The Office of Planning and Data Analytics helps guide key decision making in the Department of Health Services 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, MS, MPH
Director



Toki Sadralodabai, PhD
Chief of Analytical Services

Joan Chen, MPH

Program Evaluation, PRIME Unit Manager

Amy Wohl, PhD

Program Evaluation, WPC Unit Manager

Shant Gharibi

Business Intelligence Competency Center Architect

Benjamin Uminsky, MA

Business Intelligence
Competency Center Project Manager

Praveen Gadde

Business Intelligence Competency Center Application Development

Data Use/Reporting and Governance

- **Data Use and Reporting:** The DHS Data Use and Reporting Steering Committee (DURSC) 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 DHS Data Governance Steering Committee continues to work on standardizing data elements as well as guiding the process of identifying and monitoring data elements that are essential to clinical and operational needs.
- ## 2018/2019 Objectives
- Provide metric analyses to DHS facilities to facilitate achievement of the California Department of Health Care Services (DHCS) target rate for all 93 PRIME and QIP metrics.
 - Conduct more in-depth health care utilization analyses before and after WPC participation to assess the impact of the WPC program on client health outcomes and care utilization.
 - Provide business intelligence analytic capability to DHS through the Business Intelligence Competency Center (BICC), by developing the needed dashboards and reports that support user-friendly data analytics and reporting capability.
 - 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.

The mission of the CEDAR project is to provide the data infrastructure that enables DHS to provide higher quality care to more people at lower cost. CEDAR aggregates patient information from ORCHID, ELM, Etreby, Managed Care Services and other data sources into a single place. With the near completion of Phase 2, the following Dashboards and reports are currently available on the DHS Intranet. Users can access reports on demand from their computer browser:



Enrollment and Demographics: Empanelment and Enrollment by facility/PCMH; Disenrollments by member assignment type and disenrollment type; Empaneled patient demographics; Newly assigned managed care enrollees by assignment type; New enrollees who left DHS within 6 months of enrollment

Managed Care Access, Capacity & Utilization: Primary Care Provider (PCP) engagement among patients with chronic conditions; Timeliness of initial specialty visit; Timeliness of Initial Health Assessment; Active vs. inactive empaneled patients; Inpatient bed days rate per 1,000; Primary care visit rate per 1,000; Specialty care visit rate per 1,000; Urgent care visit rate per 1,000; Outpatient surgery rate per 1,000; Ancillary services rate per 1,000; Nurse visits rate per 1,000; Provider phone visits rate per 1,000

Specialty Care: Visit counts include Procedure counts; New patient visit percentage; Empaneled specialty care patients with no PCP encounters; Non-empaneled, non-MHLA specialty care patients with no PCP visits; Disposition of appointments; Completed visits by type; Timeliness of initial eConsult appointment; Timeliness of initial visit

Continuing Care: Provider visit counts include; Unique patients seen; Phone encounters; Continuing Care Clinic (CCC) encounters with subsequent acute care encounter; New CCC patients with prior acute care encounters; Empanelment or MHLA enrollment after initial CCC encounter

Urgent Care: Provider visit counts include (MHLA patients empaneled and non-empaneled); Unique patients seen; Empaneled and MHLA patients seen during business hours; Annual visits per patient

Other dashboards coming soon include: Opioid Utilization; Primary Care; Outpatient Medication Management; Inpatient; HEDIS Application

Special Projects and Accomplishments

PRIME:

As part of the Medi-Cal 2020 waiver program, PRIME (Public Hospital Redesign and Incentives in Medi-Cal) helps us serve our patients by prioritizing high impact patient care improvements and obtaining critical federal and state funding for our services. There are dozens of improvement projects in the PRIME program across three large domains: Outpatient Delivery System Transformation and Prevention, High Risk or High Cost Populations and Resource Utilization Efficiency. The projects will make a meaningful difference in the health of our patients in areas such as cancer screening, tobacco cessation, medication use, inpatient and maternity care, specialty care, palliative care, chronic disease management, obesity and primary care. Last year, DHS met 73 out of 74 metrics, which resulted in DHS receiving over \$200,000,000. In addition to providing data analytic and data coordination for this project, we created monthly and quarterly dashboards to monitor each individual metric.

Whole Person Care:

We provided data analytic and program evaluation support to the Whole Person Care - Los Angeles (WPC-LA) project during Fiscal Year 2017-2018. Accomplishments included the creation and dissemination of a monthly enrollment dashboard that summarizes WPC-LA client enrollment that is used to track project progress and target areas in need of improvement. In addition, dashboards were created to monitor weekly client enrollment by individual community health worker, the percent of clients who are WPC-LA Medi-Cal eligible by WPC-LA program, and the client services that are billable to DHCS. Furthermore, program staff developed infographics, summaries of the demographics and needs of clients as well as health care utilization rates and chronic conditions by WPC-LA program. In total, almost 26,000 clients have been enrolled into WPC-LA through April 2018 and have been delivered over 270,000 person months of services. During Fiscal Year 2018-2019, staff will continue to generate WPC-LA dashboards and reports and will also conduct more in-depth health care utilization analyses before and after WPC-LA participation to assess the impact of the WPC-LA program on client health outcomes and care utilization.

Business Intelligence Competency Center:

The new DHS Business Intelligence Competency Center (BICC) is responsible for providing business intelligence analytic capability to DHS, and is the implementation arm of the DHS Data Use and Reporting Steering Committee (DURSC). BICC oversees the development of reports and dashboards from start to finish from ORCHID, CEDAR and ELM. In addition, the BICC is responsible for communication of reporting definitions, processes and access.

Privacy Program

The DHS HIPAA/Privacy Compliance Program directs and oversees enterprise-wide privacy compliance, including the development, implementation and maintenance of applicable policies and procedures, work-force member training, conducts audits and investigations, and supports 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 leadership 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.

Administrative Staff



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

Jennifer Papp, RD, CHPC Privacy Officer
Martha Cortez, Privacy Manager
Alma Altamirano, Privacy Analyst
Denise Nagaoka, Privacy Analyst

Special Projects & Accomplishments

In conjunction with the Health Agency Information Security Compliance team, the Privacy Program:

- Implemented e-mail encryption to mitigate risk of impermissible and inadvertent disclosure of patient information
- Developed and implemented privacy and security reminders to enhance workforce member awareness (e.g. screensavers, posters, guidance handouts)
- Integrated a privacy and security incident response process to enable efficiency and efficacy within investigations and resolutions
- Provided technical expertise and guidance to Senior/Departmental Management and Project/Program Managers to promote quality of care through effective and compliant patient/client information sharing among the DHS, DMH and DPH
- Collaborated with HIM and the Patient Portal team to provide patients with enhanced access to their health information
- Developed and distributed to DHS facilities, a department HIPAA/Privacy Reference Manual, which provides information and guidance on conducting investigations, risk assessments, interviews, breach notification, documentation, regulatory requirements, etc., to ensure consistent application across the enterprise
- Maintained a 97% - 98% training compliance with new hire and ongoing HIPAA/Privacy and Security training





DHS Privacy and Security Committee members

Special Projects & Accomplishments (cont'd)

- Achieved 95% training compliance, within six months of implementation, for the 2017 annual privacy and security awareness training for the Health Services Administration and Managed Care Services divisions of DHS
- During Calendar Year 2017, the HIPAA/Privacy Compliance Program staff conducted or managed the completion of 170 privacy related investigations, of which 123 (72%) were substantiated events. Corrective actions were implemented to minimize the risk of future occurrences and/or breaches. The categories of the substantiated cases included, but were not limited to:
 - Inappropriate access of Protected Health Information (PHI)
 - Disclosure of PHI to unverified recipient(s)
 - Loss or theft of PHI or electronic PHI
 - Lack of physical safeguards
 - Violations of the privacy and/or information security policy violations
 - Unauthorized posting of PHI on social media sites
- Led the development and implementation of an expedited process for on-boarding vendors who interact with our Los Angeles County patients/clients

2018/2019 Goals & Objectives

- Provide technical expertise and consultation to the Health Agency Information Security Compliance team to:
 - Proactively audit and identify anomalies of access to ORCHID and other applications to ensure the integrity, confidentiality and availability of patient information
 - Support the enterprise-wide Security Risk Assessment to ensure the inclusion of privacy components into the risk analysis process
 - Ensure a robust privacy and security compliance program through active participation of the Health Agency Information Security Committee and the Health Agency Privacy and Security Awareness workgroup
- Continue to work with DMH and DPH to develop interagency policies, procedures and workflows necessary to ensure a seamless flow of patient information, which is minimally burdensome and compliant with privacy laws
- Enhance performance improvement methodologies, metrics and dashboards to identify gaps and improve the efficiency and efficacy of the program
- Implement the revised HIPAA/privacy and security workforce training to educate and/or enhance awareness on technological threats, reporting requirement, and behavioral expectations when working with PHI to safeguard and minimize the risk of breaches
- Cultivate and provide a comprehensive role-based training for the facility privacy managers to enrich the investigative process



DHS Privacy and Security Committee members

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 Americans with Disabilities Act (ADA) and California Fair Employment and Housing Act (FEHA) requirements
- Government tort claim and litigation management for non-medical malpractice matters
- Professional occupational safety, asbestos, industrial hygiene and environmental compliance services

Risk Management works directly with DHS facilities to provide said shared services and also work on enterprise projects related to 1) hospital workplace violence prevention; 2) hazardous material response/abatement; and 3) triaged safety intelligence system to facilitate non-clinically based follow-up and corrective actions.

The Claims and Litigation Unit continues to make advancements in cost containment and comprehensive loss control via proactive assessments, determinative interventions and claim life-cycle management efforts.

2017/ 2018 Accomplishments

- 11 non-employment claims - inclusive of auto liability - were disposed of via dispositive motion, defense verdict or initial denial
- Approximately 2/3 of all 1st party auto liability claims were determined to be non-preventable by the Vehicle Accident Review Committee (VARC)
- Received, assessed, triaged and provided responsive documents for 242 subpoenas – exclusive of worker's compensation (WCAB) matters
- Identified a 31% subpoena error rate for initial submissions from requesting parties
- Researched and developed guidelines related to patient versus employee parking needs and addressed accessibility issues that arose at our acute care and ambulatory care centers

Administrative Staff



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



Health, Safety & Environmental Unit

The Health, Safety, and Environmental 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.

- Completed ergonomic evaluations for over 430 DHS employees (including reasonable accommodation cases), saving approximately \$250,000 in direct costs related to hiring outside consultants and offsetting an estimated \$6 M in future workers' compensation expenses and legal liabilities
- Performed 74 timely industrial hygiene assessments and studies to address facilities' and employees' concerns, resulting in over \$150,000 in savings in consultant fees
- Provided consultation regarding hazardous materials in demolition/renovation projects and managed asbestos abatement projects, saving the Department over \$90,000 in consultation and project management expenses
- Conducted training sessions on a number of topics—including asbestos awareness, ergonomics, fire/life safety, tram safety, hazard communication, and hazardous waste management, for DHS personnel at various facilities to promote safety and comply with statutory/regulatory requirements
- Provided consultation on the Joint Commission's Environment of Care standards. Provided support to DHS facilities for California Department of Public Health's annual medical waste inspection
- Assisted covered DHS facilities in complying with Cal/OSHA's "Workplace Violence Prevention in Health Care" regulation, including timely online reporting of incidents



Return to Work (RTW)

The Return to Work Unit provides enterprise management of industrial accidents, medical leaves of absences (in excess of six months) and coordination of reasonable accommodations.

Notable Fiscal Year 2017-2018 statistics include:

- Completion of 1,221 interactive process meetings (IPM) in accordance with FEHA requirements
- Placed 453 employees on temporary work hardening agreements to facilitate recovery while providing services to bridge them to full duty assignments
- Medically separated 23 employees
- Assisted Employee Health Services with the triage of all new hire physical clearances with identified medical restrictions/limitations

Specialty Care Improvement Initiative

Optimizing eConsult

New eConsult platform enhancements in the past year:

- Appointment Service Center's Okay to Overbook feature
- "Tip of the Week" features helpful tips about the program
- "Pop Quiz" tests user's knowledge of Expected Practices

Collaborations Promote Learning

DHS is collaborating with UCLA, USC and Harvard to better understand how we can improve the quality of eConsults thanks to generous grants by the Blue Shield of California Foundation and the California Healthcare Foundation

Specialty providers are evaluating eConsult dialogues for clinical appropriateness as well as the use of relationship-building language and completeness/clarity of the dialogue

Extended interviews with primary care providers are used to assess the benefits, challenges and opportunities of using eConsult in their practices.



Paul Giboney, MD, Natalie Young, Chris Barragan, Amelia Chavez, Nancy Cayasso-McIntosh, MPH, Stanley Dea, MD
Not Pictured: Lauren Daskivich, MD, Evelyn Szeto

New Specialty Care Access Portals on eConsult Addiction Medicine - Substance Use Disorder Treatment:

This advice-only portal provides initial addiction management that includes screening, assessment, counseling and medication management

Dermatology Tattoo Removal for Special Populations:

This portal is to facilitate re-entry into the community or workforce by removing tattoos received as a result of human or sex trafficking, slavery, gang activity or abuse

Geriatric Medicine Resources: This portal connects providers with a navigator to help patients receive geriatric services. The navigator will use a toolkit created by the LA County Geriatrics Workgroup to address the needs of older adults

Plastic Surgery—Pressure Ulcer Management: This portal is used to access the Pressure Ulcer Management & Reconstructive Plastic Surgery Program at Rancho Los Amigos, which is internationally known for its innovative management of pressure ulcers

Administrative Staff



Hal F. Yee, MD, PhD
Chief Medical Officer



Paul T. Giboney, MD
Director
Specialty Care and
PRIME



Stanley Dea, MD
DHS Director of eConsult

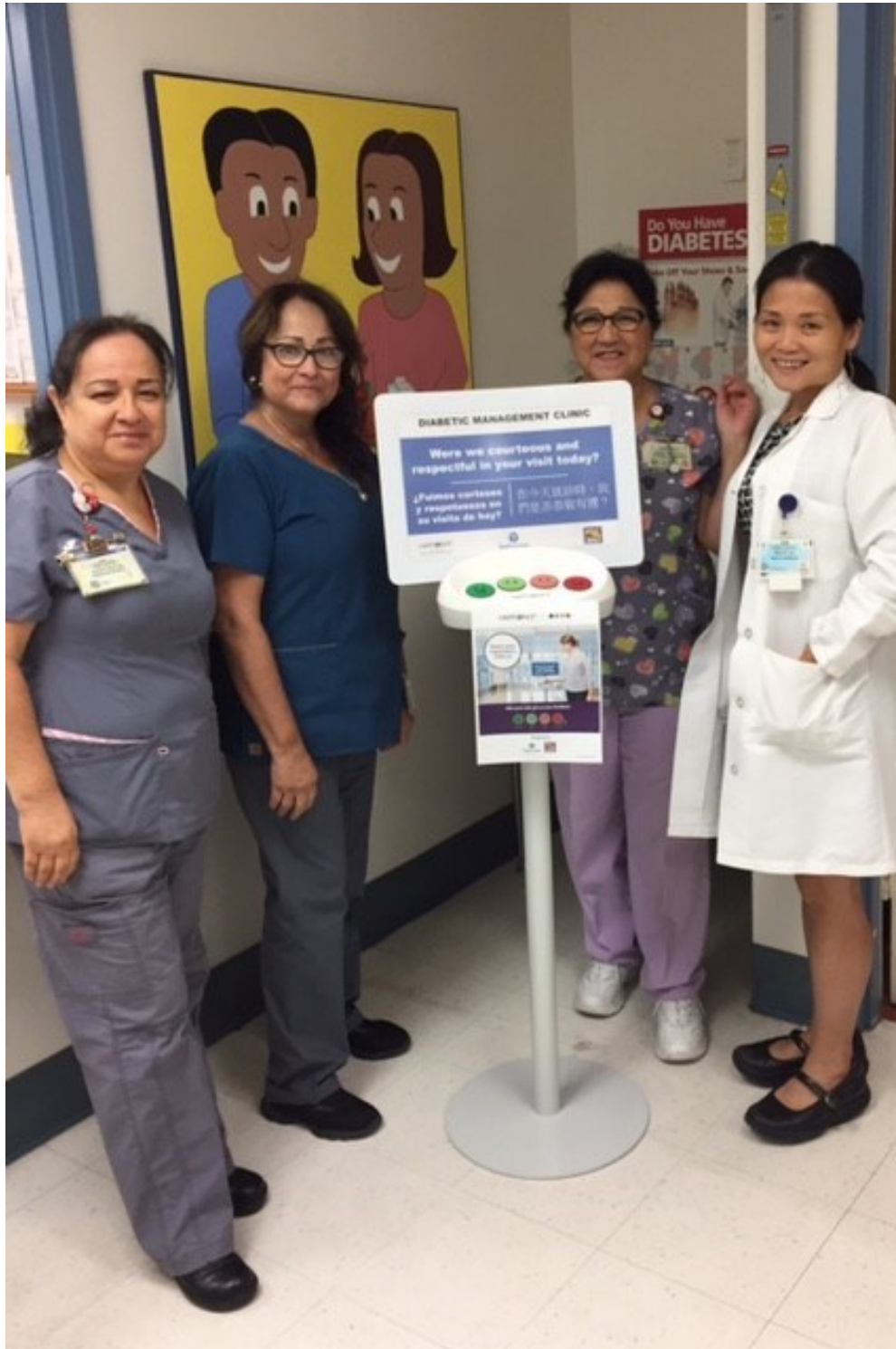


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Specialty Care Initiative

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Supply Chain Network

Administrative Staff



Hal F. Yee, Jr., MD, PhD
Chief Medical Officer

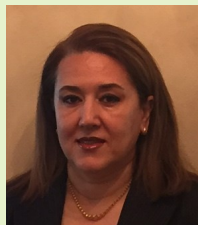


Phillip Franks
Director of Strategic Planning and
System Operations



Jason Ginsberg
Chief, Supply Chain Network

Value Analysis Leadership



Mojgan Bashiri, RN, MSN, MHA
Administrator Value Analysis



e-CAPS/GHX

The 2017-18 fiscal year was a success for the GHX/eCAPS eProcurement Systems project. LAC+USC Medical Center, Roybal Comprehensive Health Center, H. Claude Hudson Comprehensive Health Center, El Monte Comprehensive Health Center and La Puente Health Center went live on October 16, 2017 with no major issues. This concluded phase 2 of the eProcurement project.

Supply Chain is on the same procurement and inventory systems across DHS. This will allow Supply Chain, as well as the facilities we support, 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.

Phase 3 of the eProcurement project is to receive and process invoices electronically. Supply Chain has purchased a new application from GHX called OnDemand AP which will allow DHS to receive and process invoices electronically. DHS will be the first LA County department to submit purchase orders electronically to vendors and process invoices electronically.

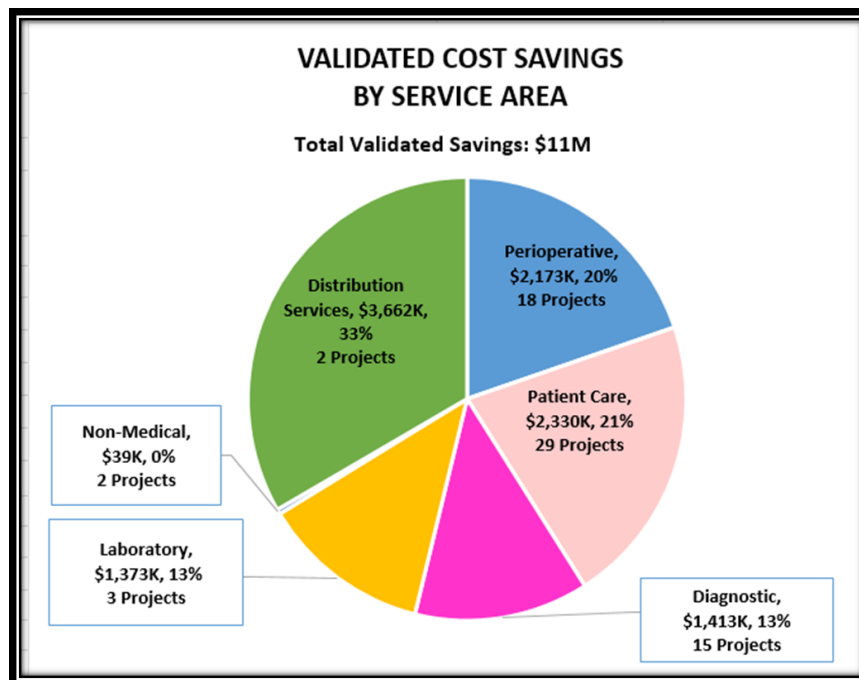
Clinical Value Analysis

The Clinical Value Analysis (VA) team incorporates a collaborative team approach for the standardization of medical products, equipment and supplies that are clinically efficacious and provide the highest care and safety to our patients in the most cost-effective manner. The team reviews and evaluates new/emerging medical equipment/product technologies using an evidence based best practice approach to determine best-valued product in terms of cost and quality. For Fiscal Year 2017-2018, \$10,990,517 was yielded in implemented value analysis savings. Savings by Value Analysis Committee or grouping included: Distribution Services \$3,661,858; Patient Care \$2,329,775; Perioperative \$2,173,208; Diagnostic \$1,413,805; Laboratory \$1,373,100 and Non-Medical \$38,771.

The Value Analysis Subcommittees (Perioperative, Diagnostic, Radiology, Patient care and Laboratory) focus in high supply cost areas to improve patient care. Examples of projects within the Value Analysis Subcommittees included Craniomaxillofacial (CMF) that yielded \$1,028,555 in annual cost savings and Cardiac Rhythm Management (CRM) that yielded \$1,270,674 in annual cost savings. Additionally, for FY 2017-18 cost avoidance was achieved in the purchasing of new equipment, examples included defibrillators that yielded \$2,039,338 and patient beds that yielded \$509,885.

Value Analysis Upcoming Projects

- 1) DHS wide Implementation of BD Alaris Pumps
- 2) Drive system wide Medical Product/Equipment Standardization



Supplemental Funding Project

This year, the DHS capital and non-capital purchases resulted in a tremendous amount of activity for Supply Chain. Due to the supplemental funding project, FY 2017-18 was quite an extraordinary year in terms of record breaking equipment purchase volume combined with aggressive year-end deadlines. The project entailed executing an enterprise-wide multi-disciplinary coordination between many functional groups, both corporately and at each facility.

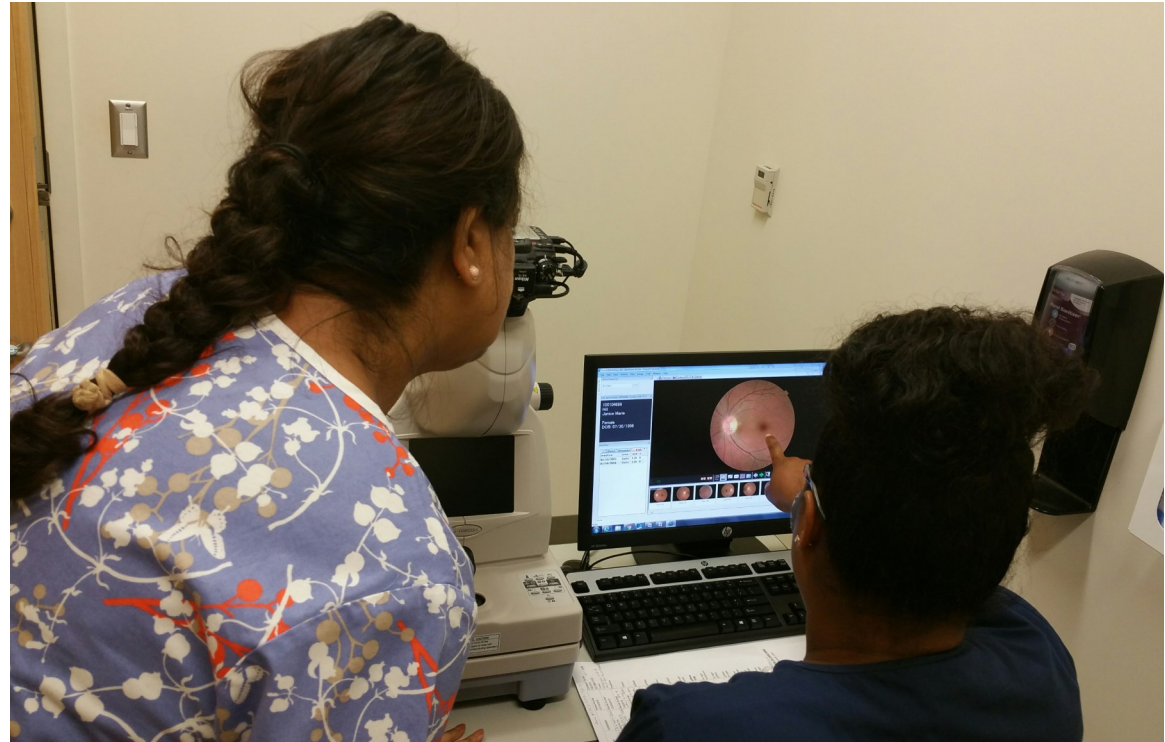
In the first quarter of 2018, Supply Chain worked with the Facility COOs to thoroughly review and prioritize over 700 system-wide requests to access the supplemental funds. Some of the top vetting criteria was urgency of need, organizational priority, and ability to purchase/deliver in the necessary timelines. The requests for the supplemental project totaled over \$94 million, the purchase orders issued totaled \$80 million, not including the annual capital items and usual year-end rush purchases.

Overall results for the supplemental purchases yielded \$75.4 million received prior to June 30, 2018.

Teleretinal Diabetic Retinopathy Screening Program

The LAC DHS Teleretinal Diabetic Retinopathy (DR) Screening program has continued to grow since its inception in 2014. Utilizing 17 retinal cameras in primary care clinics across DHS to screen patients for diabetic retinopathy via retinal photographs, we are able to eliminate unnecessary in-person appointments in eye clinic for DR screening. This allows for faster triage of patients with DR who need treatment and monitoring as well as improving access to eye clinic for patients with other ocular conditions. Ongoing collaboration between Primary/Diabetes Care, Ophthalmology and Optometry providers continues to further our mission 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, Harbor-UCLA Family Medicine Clinic, MLK, Jr. OC, HDRHC, RLANRC, LAC+USC MC, Harbor-UCLA MC and Olive View-UCLA MC.



Administrative Staff



Lauren Patty Daskivich, MD, MSHS
Director,
Ophthalmological Services and
Eye Health Programs

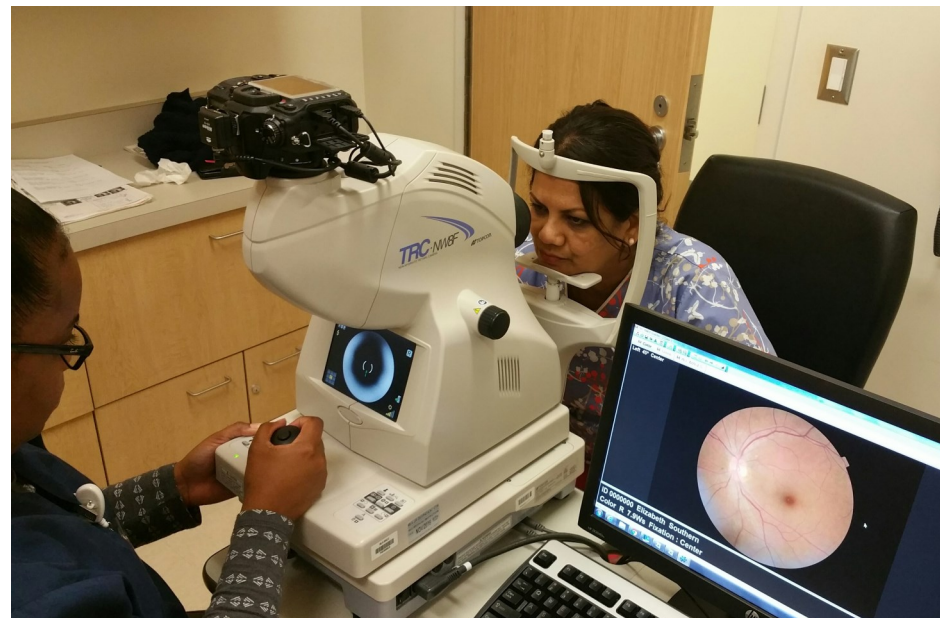
Elizabeth Southern, CMA
TDRS Program Coordinator

2018/2019 Objectives

- Continue our work on algorithms to target those at highest risk for diabetic retinopathy and implement outreach efforts aimed at increasing DR screening rates in that patient population
- Improve coding/billing capture and accuracy, in alignment with overall DHS goals and continue increasing volume to help meet quality improvement measures
- Expand to additional clinics within DHS, including Correctional Health

Special Projects & Accomplishments

- We currently have 61 trained and certified photographers actively taking retinal images and using our web-based DR screening software platform, while 11 primary readers and 4 supervisory readers across DHS interpret the images and make referral recommendations
- This year brought integration of our screening software with ORCHID through a direct interface, allowing for screening results to be automatically uploaded into ORCHID every 30 minutes to facilitate a rapid feedback loop
- We continue to refine and update our workflows and protocols, including a more streamlined incorporation of Community Partner patients referred solely for DR screening
- Over 63,000 patients have been screened and LAC DHS DR screening rates have now increased 26% since the program began



Whole Person Care - Los Angeles (WPC-LA)

WPC-LA is a 5 year (2016-2020) pilot program designed to improve the health and well-being of Los Angeles County residents. WPC-LA serves Medi-Cal eligible community members who are homeless, justice-involved, pregnant, have serious mental illness, substance use disorders or chronic health conditions.

Vision: To ensure the most vulnerable individuals living in Los Angeles County have the resources and support they need to thrive.

Mission: Build an integrated health system that delivers seamless, coordinated services to the highest risk LA County residents.

WPC-LA Goals:

- 1) Increase coordination and access to care for our target populations
- 2) Increase integration and collaboration among county agencies, health plans, providers and entities
- 3) Improve data collection and sharing among local agencies to support care coordination/case management efforts, as well as strategic program improvement.

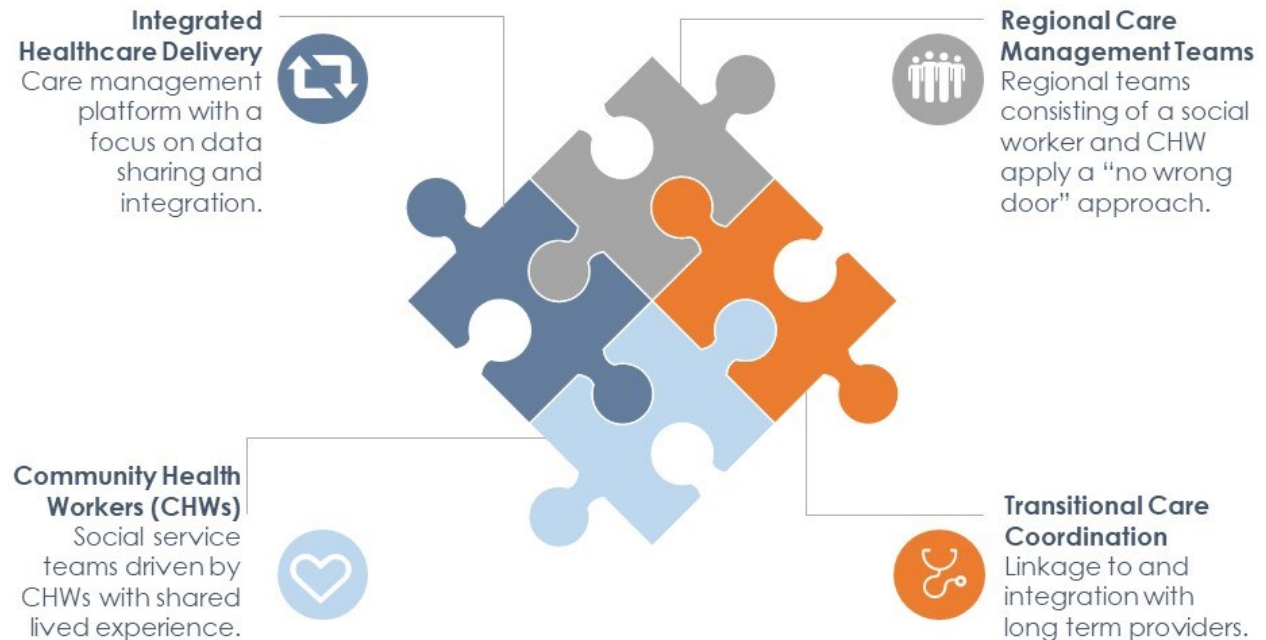
Administrative Staff

Clemens Hong, MD, MPH
Executive Director

Belinda Waltman, MD, MPH
Medical Director

Lesley Blacher,
Chief Operating Officer

WPC-LA Program Highlights



2017/2018 Accomplishments

- Launched several WPC-LA programs to coordinate the medical, behavioral, and social-economic needs of people with complex medical and social challenges in an integrated manner
- Developed, in partnership with the HR, a redesigned Community Health Worker (CHW) bulletin, to increase the capacity of WPC-LA care teams to meet the complex needs of WPC-LA's growing participant population
- Created multidisciplinary training curricula based on Popular (People's) Methodology for CHWs
- Launched, "One Degree," a web-based community resource portal to share and gain knowledge concerning community resources and organizations
- Built the Comprehensive Health and Accompaniment Management Platform (CHAMP) and the WPC-LA care coordination/case management platform. CHAMP will become the unified platform for care management information for WPC-LA, Housing for Health,



Top Left - A community health worker providing WPC-LA participant with community resources.
Top Right - The Medical Legal Community Partnership Program providing legal assistance to participants.
Bottom - Dr. Clemens Hong leading a discussion with the WPC-LA Team.

Stats



28,687 unique clients served



268,407 months of services provided



4,856 homeless WPC-LA participants linked to housing services



99.7% of housed participants were still housed at 6-months



2,656 participants attended the Sobering Center



63.5% of 455 homeless medical recuperative care patients linked to permanent housing



2,329 mental health patients received Residential Bridging Care services



3,867 participants enrolled in the Reentry (Pre-Release) community navigation services



692 substance using participants received care navigation services

Women's Health Programs & Innovation



The Women's Health Programs and Innovation (WHPI) team works across the DHS enterprise to ensure our patients have access to high quality comprehensive women's health care throughout the life course.

Special Projects

MAMA'S Neighborhood has enhanced and expanded its services to include home visitation services via DHS' Whole Person Care initiative, called, "MAMA'S Visits." Mobile Care Teams for Visits include a Public Health Nurse, Licensed Clinical Social Worker and Community Health Worker who together support pregnant and parenting mothers with: home-based chronic disease management, progesterone administration, social care linkages, therapy and psychiatric consultation, parenting and monitoring for infant milestones achievement. To date, 282 patients are a part of this expansion, with 12% reporting serious mental illness, 10% homelessness, 26% at risk of homelessness and 5% justice system-involved.

Administrative Staff



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Program and Innovation



Dannelle Pietersz, NP, MPH



Moraya Moini, MPH



Ashaki Jackson, MFA, PhD

Paula Binner, LCSW





Special Focus for 2017/18 Mental Health Aims

Mental health is a special focus to perinatal health services efforts of WHPI. With the growing numbers of mothers suffering from perinatal depression, anxiety, bipolar depression, schizophrenia and psychosis, MAMA'S Neighborhood and Visits aims to aggressively integrate, treat and support mothers during and between pregnancies. The primary behavioral health goal of MAMA's Neighborhood and MAMA's visits is to improve overall health outcomes for mother and her baby by strengthening mental health and decreasing emotional stress. In order to do this, our specific goals are:

- To consistently and appropriately screen for mental and behavioral health concerns throughout the perinatal period
- To provide psychoeducation on perinatal mental health that is relevant, culturally competent and timely
- To provide psychotherapy and other forms of psychosocial support
- To link the extremely high-risk women to mental health and substance use resources, including medication management, where appropriate

2017/18 Accomplishments

- Family planning and interconception care services were delivered to a total of 15,003 women and men throughout the DHS Network, with 98.7% delivered to women. Women of three age groups were in the majority and included 790 teen women aged 15-19; 6,985 women aged 20-34; and 7,228 aged 35 and above¹
- Four series of Prenatal Education and Resiliency building classes were taught at 5 DHS sites, serving 372 pregnant mothers, a 30% increase from last year. Mothers are showing a decrease in depressive and anxious symptoms and an increase in self-efficacy after attending these supportive classes.
- \$220,260 worth of essential baby items (e.g. diapers and wipes, strollers, clothes, blankets, car seats, baby carriers, etc.) were received for redistribution to pregnant and parenting mothers throughout 5 MAMA'S Neighborhood DHS sites.
- MAMA'S Neighborhood served 3,142 pregnant women as part of its 3 year innovation grant with Centers for Medicare & Medical Service, which used a multidisciplinary risk stratified collaborative care model to address the negative effects of toxic stress on birth outcomes. DHS has integrated this model as the standard of care for perinatal health and continues to serve thousands of pregnant women enterprise wide.
- Actively working with Women's Healthcare providers at all of the medical centers to ensure smooth and real-time referrals for our most vulnerable mothers, especially those who present to the Emergency Rooms and/or Labor and Delivery with little or no prior care, who are homeless and have complex medical comorbidities.



¹All teens (women and men) under 15 years of age represented 0.5% of the total population served.

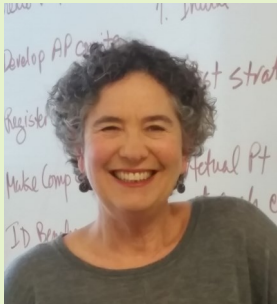
Workforce Development Program



worker education & resource center, inc.

The Worker Education and Resource Center creates high quality, customized educational programs to support culture change and process improvement in DHS.

Administrative Staff



Diane Factor
Director

Tom Bailey
Program Manager





Scenes from the classroom

2018/2019 Objectives

- Create a self-guided online curriculum about preventing bullying at work
- Provide skills training workshops for 8 Labor-Management committees
- Develop a training program to change to a Just Culture
- Prepare new hires for intermediate clerk and custodial positions

Special Training Initiatives

- PRIDE training video
- Just Culture training modules
- Labor-Management Committees
- New hires to fill Clerical and Custodial positions using the high road training partnership model





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Health Services
LOS ANGELES COUNTY

High Quality
Patient Centered
Cost-Effective