the Pulse

LOS ANGELES COUNTY HEALTH AGENCY

Health Services
LOS ANGELES COUNTY

March 13, 2020

Director's Desk

Christina R. Ghaly, MD
Director

In the midst of the growing coronavirus outbreak, DHS has been intently preparing for a potential rise in the number of patients with COVID-19 (the disease caused by the virus). As our sister department, the Department of Public Health, takes the lead on county-wide containment and preparedness, we have assembled a multi-faceted DHS team to guide preparations within our system. This team is covering a wide gamut of topics: clinical protocols, hospital surge plans, employee health concerns, personal protective equipment supplies, virus testing procedures and equipment, and communication to name a few. You can find continuously updated information and frequently asked questions on the DHS intranet and SharePoint site.

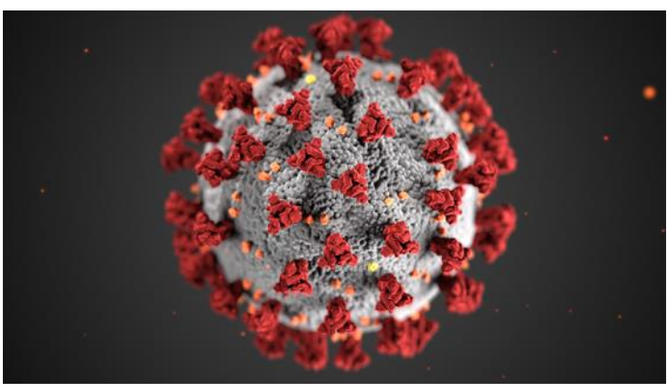
As important as our professional preparations are, it is equally important that we take time to prepare ourselves personally. This includes practicing good infection control practices (frequent hand-washing, reducing direct physical contact with others such as through hand-shakes, avoiding touching your face), making plans for managing potential school or business closures, re-considering future optional travel plans, and reducing exposure to crowds and large events. And as always, if you are have a fever (over 100 degrees F) or respiratory symptoms, consider also staying home.

DHS is staffed with highly trained professionals, each with our own role in caring for our patients, communities, and one another. By working together and leveraging our unique talents and areas of expertise, we can put DHS' best foot forward as we address the threats before us. As always, if you have suggestions for how DHS can do things better or any other questions about COVID-19, please raise these with your management or leadership or at: questionsaboutcovid-19@dhs.lacounty.gov.

In This Issue

News

Coronavirus Basics



Q. What is Novel Coronavirus or COVID-19?

A. COVID-19 is an infection caused by a new virus known as 2019 Novel Coronavirus. There is currently a global outbreak of COVID-19 that originated in Wuhan, China and has now spread to many countries around the world. The infection is similar to, but more serious than the flu, with the mildest cases just causing minor cold symptoms, and the most severe cases causing severe pneumonia and even death. As of March 13, 2020, there are about 140,000 cases worldwide, with most of the cases still in China. The United States currently has just over 1700 cases, with 237 in California. Elderly and chronically ill are particularly at risk.

Q. What are the signs and symptoms of COVID-19 and when do they appear?

A. Symptoms may appear anywhere from 2 – 14 days after exposure. The most common symptoms are fever and cough. Other symptoms may include:

- Shortness of breath
- Sore throat
- Headache
- Muscle or joint pain
- Nausea or vomiting
- Congestion

Q. How is COVID-19 spread and what is the risk of exposure?

A. People in close contact with individuals who have COVID-19 are at the highest risk of contracting COVID-19 themselves. COVID-19 spreads from person to person by respiratory droplets produced when an infected person coughs or sneezes, or between people who are in close contact with one another (within about 6 feet). COVID-19 can also be spread by contact with infected objects or surfaces, followed by touching of the eyes, nose or mouth. Most of the time, COVID-19 is spread when someone has symptoms of the infection, however, it can also be spread when people do not have significant signs and symptoms.

Q. How can we prevent the spread of COVID-19?

A. Standard hygiene practices, such as:

- Washing hands often with soap and water for 20 seconds. Using an alcohol-based hand sanitizer if soap and water are unavailable.
- Covering nose and mouth with the elbow or a tissue when coughing or sneezing.
- Avoiding touching eyes, nose and mouth.
- Limiting close contact, like kissing and sharing cups or utensils, with people who are sick.
- Practicing "social distancing" (keeping 6 feet away from people to the extent possible).
- Not gathering in large groups.

For healthcare workers, wearing appropriate Personal Protective Equipment (PPE) such as N95 respirator or surgical masks, gloves, eye shields and gowns, when delivering direct patient

(See '**CORONAVIRUS**' on 2nd page)

care to infected individuals. Consider using a powered air-purifying respirator (PAPR) for procedures that might generate aerosols, such and intubation or bronchial lavage whenever feasible.

Q. How is DHS Organizing to prepare for COVID-19?

A. DHS has assembled a COVID-19 Oversight Committee (COC) with clinicians, nursing, HR, operations, risk, communications, finance, IT, employee health and emergency management. The committee meets daily to address operational and policy issues related to COVID-19 preparedness and response. In addition, facilities have local groups that are working to address COVID-19 needs. Finally, the COC has a daily huddle with facilities and leaders to provide situational awareness and ensure effective communication between facilities and the COC.

Q. What kinds of things is the COC working on?

A. Recent activities by the COC have included ensuring adequate supplies of PPE and other necessary supplies, expanding testing capability, reviewing hospital surge plans, creating policies and procedures for limiting visitors to facilities, directing self-isolation of employees who have traveled to other countries or have been in contact with people who have COVID-19, and creating communication plans, just to name a few.

Q. What steps is DHS taking to limit the spread of COVID-19?

A. In addition to ensuring that patients who may have COVID-19 are isolated as recommended by the CDC, DHS is working to limit the number of visitors who enter DHS facilities to those who are necessary. People who do enter DHS facilities are instructed to request and wear a surgical mask if they have symptoms such as fever, cough, runny nose sore throat, etc.

Prevent the spread of COVID-19 with standard hygiene practices

Q. What should I do if I have a fever or cough?

A. Staff who have fever and cough should not come to work. If you are having mild symptoms contact your supervisor for direction about when you should come to work. It is not necessary to seek testing at this time as there are limited tests available and they are being reserved for severely ill patients or those at risk for severe illness. Should you have other concerns, you should call your primary doctor. If you have more severe symptoms such as difficulty breathing, you should seek immediate medical care.

Q. If someone has recently traveled to another country that has COVID-19, should they stay home and not come to work?

A. Staff traveling from potentially impacted areas must notify their supervisor and contact their DHS Employee Health Services representative below prior to returning to work. Employee Health will work with HR to determine the appropriate measures to be taken prior to the employee's return to work, which might include telework during a self-monitoring period. Staff should carefully review the CDC website for the most recent list of high-risk countries prior to departure, as they may be subject to quarantine upon their return.

Q. Does DHS have enough masks and N95 respirators?

A. This is an evolving situation. Although there is concern locally and nationally about the availability of masks and respirators, especially the N95 respirators that health care professionals are currently advised to wear, currently DHS has enough of each to last several weeks and there are emergency stockpiles that are available to us if supplies get low. Just to be sure, DHS facilities have also been advised on how to conserve masks and respirators by limiting use only to situations in which they are necessary, and by engaging in extended use and reuse as recommended by the CDC.

Q. What other PPE is required? Does DHS have enough of those?

A. Eye shields, gloves, gowns, and personal air-purifying respirators (PAPRs) for aerosol generating procedures. Currently, we don't have concerns about the supply of these items.

Q. If there is a large outbreak in LA County, will the current healthcare system be able to treat surges of patients?

A. All hospitals across the County and State have been asked to assess their "surge" capacity and ensure that they have plans in place to deal with large numbers of infected or possibly infected patients. All DHS hospitals are reviewing their surge plans and preparing for a potential increase in patients.

Q. Is there a treatment for COVID-19?

A. There is no FDA approved treatment for COVID-19. Instead, treatment is focused on managing symptoms and providing respiratory support, including being put on a ventilator, to maintain oxygen status until the patient recovers. Recovery from COVID-19 depends on good supportive care and the patient's immune response.

Q. I read that individuals 60 years old and older or who have underlying health conditions, such as immunosuppression, may be at a higher risk for adverse health complications from coronavirus. Who should I contact if I seek leave or reasonable accommodation in the workplace?

A. Of course, employees may wish to consult with their own healthcare provider. Should you seek a workplace accommodation, please notify your supervisor of your concern. Supervisors who have questions about making appropriate accommodations can contact Return to Work.

Q. I'm worried that a patient in my facility has COVID-19 and might get me sick. Can I look at the patient's chart to see whether they have COVID-19 and what is happening with them?

A. No, you are only permitted to access a patient's chart if you need to do so to provide care or services to that patient or perform certain administrative functions. DHS audits workforce members' access to ORCHID. Looking in the chart of a patient without a clear care, service or administrative need may be a violation of HIPAA, California privacy law and DHS policy.

Q. What if I have other questions about COVID-19?

A. Visit the DHS COVID-19 Sharepoint site, the Department of Public Health website, or send an email to: questionsaboutcovid-19@dhs.lacounty.gov

Mid-Valley CHC Urgent Care Clinic Now Open

MVCHC UCC staff

By Kyle Ragins, MD, MBA and Jennifer Chen, MD

The Mid-Valley Comprehensive Health Center (MVCHC) in Van Nuys is excited to announce the opening of LA County DHS's 12th urgent care clinic. MVCHC is one of LA County DHS's 24 facilities of the Ambulatory Care Network (ACN), and the flagship facility of the San Fernando Valley Health Center Group (SFVHCG). The facility has been home to primary care and specialty clinics, but has recently undergone a remodel, allowing the facility to open an urgent care clinic (UCC) on its first floor. This is the 9th UCC in the ACN. There are also 3 hospital-based UCCs in DHS. This new UCC will play an integral role in DHS's efforts to improve access to care across all of Los Angeles County for patients and provides new options for unscheduled and urgent care outside of the emergency department. In addition, the UCC is open to the community and serves as a bridge to primary care and the DHS integrated healthcare system for uninsured patients.

Ribbon Cutting Ceremony speakers, L to R: Dr. Christina Ghaly, Director, DHS, Quentin O'Brien, CEO, ACN Elan Shultz, 3rd District Health Deputy

MVCHC's new UCC has 9 exam rooms and 2 observation beds with capabilities including medication administration, medical oxygen, cardiac monitoring, ECG, x-ray, ultrasound and point-of-care lab testing. The UCC staffing includes nursing, nurse practitioners and physicians able to care for pediatric and adult patients. The official opening date was March 2, 2020 and the facility is open 8 AM to 7 PM, 5 days a week, with plans for phased expansion of hours from 8 AM to Midnight, 7 days a week. Capacity allows for care of up to 100 patients per day, matching the busiest UCCs in DHS in volume, and providing a valuable new resource to patients seeking care in the San Fernando Valley. Service Planning Area 2 (SPA 2), which includes San Fernando Valley, is the most populous SPA in LA County. Prior to this UCC opening, the next closest LA County DHS UCC was at Olive View-UCLA Medical Center, around 15 miles away.

Urgent Care Clinic at Mid Valley Comprehensive Health Center

On February 20, 2020, SFVHCG held a Ribbon-Cutting Ceremony and Open House to celebrate the upcoming opening of the UCC. Dr. Christina Ghaly, Director of the Department of Health Services, Elan Shultz, Health Deputy to the 3rd District's Board Supervisor, Sheila Kuehl, and Quentin O'Brien, CEO of the DHS Ambulatory Care Network, were among the distinguished guests who gathered to commemorate this opening. Guests had an opportunity to walk through the new clinical space and talk with the UCC staff. Mid-Valley's new UCC is a welcome addition for DHS patients in need of unscheduled and after-hours access to care, and is sure to make a positive impact in the San Fernando Valley.

Initiatives

DHS 2nd Annual Specialty Primary Care Chair Retreat

By Sophia Monica Soni, MD and Nancy Cayasso-McIntosh

On February 7th, the 2nd annual Specialty Primary Care (SPC) Workgroup Chair Retreat was held at the California Endowment. The theme of the morning was, "Systems Thinking for Health System Integration, Cost Reduction and Collaboration". Twenty-seven workgroups were represented by 33 workgroup chairs in attendance. Dr. Hal Yee, the Chief Deputy Director of Health Services, Clinical & Medical Affairs kicked the morning off with a rousing call to action to the leaders in the room to reduce the low value, potentially harmful care that is pervasive across the nation. He highlighted some specific accomplishments of the SPC workgroups that have helped DHS move closer to its new vision of being recognized nationally as a model integrated system. Some examples included:

- Bulk purchasing arrangements
- Optimizing use of 340B price savings

(See '**SPC**' on 3rd page)

('**SPC**')

- Cross-facility scheduling to use all available clinic capacity
- Shared call pools

The participants reviewed new materials from finance on fiscal responsibility and financial sustainability and had a spirited discussion. The group brainstormed ways to increase productivity with existing resources, maximize reimbursement for services currently provided and reduce eight types of waste: defects, overproduction, waiting, non-utilized talent, transportation, inventory, motion and extra-processing.

Yvonne Banzali and Josh Rutkoff from the DHS Management Development Team then facilitated a team building exercise, "Breaking Bread" which allowed the Chairs to synthesize the topics of the retreat. The chairs each tackled a scenario where systems thinking was required to fully collaborate and drive the DHS strategic plan forward.

The SPC chairs will continue to grow their knowledge base and refine their skill set with additional data analytics and finance trainings, which are scheduled for the coming months.

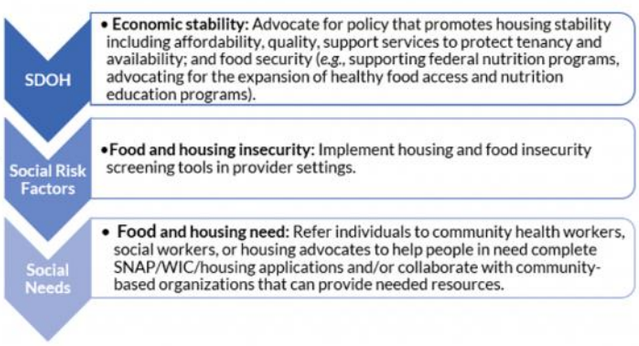
Social Behavioral Determinants of Health Integration Project

By Charmaine Dorsey, MSW, LCSW

In July of last year, DHS kicked off a Social and Behavioral Determinants of Health (SBDOH) Integration Project. This 18-month enterprise-wide planning and deployment process has a goal to address the overwhelming food, housing and transportation insecurities of our patient population by proactively screening our patients, helping identify social risk factors that negatively influence their lives and engaging with our community to provide tangible support and stability where and when our patients need assistance.

The executive sponsor is Nina Park, MD, DHS's Director of Population Health, with project leadership from Charmaine Dorsey, MSW, LCSW and contract project support from Jim Meyers, DrPH, MHA - a SBDOH Operational Integration Subject Matter Expert and senior leader coach. This implementation initiative was preceded by the diligent work done in collaboration with subject matter experts from DHS, DMH and DPH in creating a validated screening tool.

Determinants of Health Framework for Addressing Food and Housing Insecurity



Source: Katie Green, Megan Zook, *When Talking About Social Determinants, Precision Matters*, Health Affairs Blog, 10/29/2019, 10.1377/hblog20191025.776011

Addressing basic social needs of our patients is not new. Our caregivers have always reached out to help our patients when and where we can. Unfortunately, our help is often fragmented and unorganized. The goal now is to build system-wide support for standardized screening, navigating and serving our patients' needs across our entire care system. The graph accompanying this article is an example of the basic framework for addressing food and housing insecurity.

Project Milestones

The SBDOH has four significant milestones:

1. Screen each patient by choosing the proper screening tool/staff, screen for SBDOH insecurities such as food, transportation, and housing using standardized questions and capture results in ORCHID.

2. Provide each patient with assistance as needed at each visit by risk stratifying each patient, by providing immediate resources on site as needed, by providing community resources information as needed, by helping patient navigate the system (warm handoff) as needed, and by annotating in ORCHID.

3. Leverage existing support in our community by partnering with community resources for efficient and effective connections to services, by considering an electronic community resource connection platform and by providing resources and 24/7 information via HealtheLife, our DHS Patient Portal.

4. Close the loop by creating follow-up protocols before the next visit and during the next visit for each patient, and by completing capture of SBDOH need assistance actions in ORCHID.

To provide both diverse professional and cultural perspectives across our multiple care settings, several care location workgroups and support teams were identified along with action items to help keep the initiative moving forward. These are intra-professional teams that represent our DHS hospitals and ACN Clinics. The patient perspective is central in our deployment processes as we step through each milestone. The SBDOH Steering Committee meets monthly and, as a reminder of the patient voice, starts each meeting with a Patient Story.

Leaders for the workgroups and support teams have already accomplished some of the action items including identifying a Community Resource Platform, starting the build in ORCHID for the screening questions, engaging community partners and identifying proposed workflows, to name a few. Our next steps include patient and family advisory council engagement, exploring technology options including use of tablets for screening, evaluation efforts and continued stakeholder engagement.

If you are interested in joining one of the Support Teams, or have questions, please contact Charmaine Dorsey cdorsey@dhs.lacounty.gov for more information.

Just Culture Corner

By Antoinette Roth, M.D., Alina Mendizabal, and Cindie Magdaleno

The Just Culture journey has begun and Olive View-UCLA Medical Center (OVMC) is committed to the cause - for our patients, co-workers and the communities we serve!

2020 brings OVMC exciting opportunities to build on this Just Culture journey. OVMC's Labor and Management Partnership Teams are truly committed and dedicated in creating a Just Culture work environment - For All. Partnership is critical to the success of our Just Culture journey so as we like to say at OVMC, "Be Kind, be Fair…and be Brave."

OVMC provides a small class size 3-4 hour in-person Just Culture Training for Managers and Supervisors periodically. We believe that a small group setting is critical for training participants to have the opportunity to speak (confidentially) about their personal experiences, ask questions, understand Just Culture tools and materials and engage each other. OVMC's senior executives, labor union leadership and Just Culture co-leads, who have an unyielding commitment to Just Culture, are involved in our training sessions.

In addition, OVMC hosts a theme-focused Patient Safety Fair every year with several booths for approximately 600 attendees. Previously, we had Dr. Seuss, Harry Potter and Star Wars themes. On March 12, our Patient Safety Fair theme takes us into the magical world of Alice in Wonderland. There will be a Just Culture booth during the event that provides answers to any Just Culture-related questions, materials, resources, tools and other inquiries. Fair attendees may receive amazing prizes in selected booths. We hope to see you there!

Lastly, OVMC is excited about the newly released fun and interactive "Just Culture eLearning Game" and the new Just Culture toolkit, developed by the LMTC Just Culture Oversight Committee. In anticipation, OVMC reserved computer work spaces for staff to use for the eLearning Game, on County time. DHS Registered Nurses get 1 hour free Continuing Education Credit provided by the DHS Office of Nursing Affairs for participating in the Just Culture eLearning Game and the corresponding evaluation via survey monkey. To access the eLearning Game:

- Log in to your Learning Net
- Search box: type in **eLearning Game** or **00454409** (you can pause the game at any time and finish the module at your convenience)

OVMC looks forward to sharing our continued 2020 Just Culture successes.

For any questions about OV's Just Culture Program, please email justculture@dhs.lacounty.gov.

Around DHS

Rancho Los Amigos Hosts Black History Month Celebration

By Lily Wong, MA, MBA

On February 19, 2020, Rancho Los Amigos hosted the Black History Month celebration with the theme of "African Americans and the Vote" commemorating the 150th Anniversary of the passage of the 15th Amendment to the United States Constitution, giving black men the right to vote and the 55th anniversary of the Voter's Act of 1965, which prohibits racial discrimination in voting. Los Angeles County also celebrated the 100th Anniversary of the passage of the 19th amendment to the United States Constitution, which gave women the right to vote. The event was sponsored by the Rancho Cultural Diversity Operations Council. Rancho Los Amigos Chief Operating Officer, Ben Ovando provided a welcome speech and Dr. Sylvia Shaw presented on the history of voting rights. The Los Angeles County Registrar-Recorder's Office also participated with a demonstration of the new electronic ballot marking device. The Performing Arts of Rancho Los Amigos provided music and entertainment.

DHS SPOTLIGHT

Expected Practices

February 2020

Why are Expected Practices Important?

Variation in clinical practice is a common challenge in all health systems and is associated with poorer health outcomes, increased costs and disparities in care. Substantial national attention has been given to reducing unnecessary differences in practice patterns. Despite these efforts, practice variation has been difficult to overcome.

The Los Angeles County Department of Health Services (DHS), the nation's second largest public health care system, is afflicted with these same challenges. With 4 hospitals, 20 community-based clinics, 3 associated medical schools and over 195 affiliated community-partner clinics, even disseminating one message can feel insurmountable. In a large, historically siloed health care system, it is a perpetual challenge to ensure every patient receives not only high-quality care, but the same care regardless of where they enter the system or which provider they see. However, as a mission-oriented safety net system serving approximately 400,000 primarily uninsured or Medicaid-insured empaneled patients, an innovative approach was called for to reduce practice variation.

What is an Expected Practice?

Starting in 2013, a novel method was taken to reduce clinical practice variation across the DHS through development and implementation of Expected Practices (EPs) that systematically address key barriers. The following steps were taken:

1) Establishment of Specialty-Primary Care (SPC) workgroups who function as subject matter experts and provide front line expertise

2) Development of system-wide EPs by these workgroups

3) Vetting of the EPs by a Governance Committee and a Primary Care Advisory Council

4) Dissemination and reinforcement via electronic specialty consultations, a web-based Clinical Care Library, integration into the electronic health record and a regular e-newsletter

The SPC workgroups are comprised of representative clinically active specialist and primary care practitioners from each of our facilities and focus on a single specialty content area. We have 31 workgroups which include fields such as Orthopedics, Dermatology, Neurology and other key specialties. The workgroups are tasked with operational issues such as cross-facility scheduling or formulary issues, but also create EPs. The presence of front-line clinicians ensures the real-world feasibility of the EPs in our local eco-system of DHS. The participation of primary care on the groups also guarantees that the viewpoints are balanced and will be accepted widely across clinical environments.

The term "expected practice" is used because it is expected that physicians and other health care professionals will follow this standard approach except in rare cases with a compelling justification in the medical record to deviate based on a specific patient's clinical situation. EP topics, such as diabetes-related kidney disease, thrombocytosis, use of brain-type natriuretic peptide and clinical breast examination are developed to address important and common clinical conditions. The SPC

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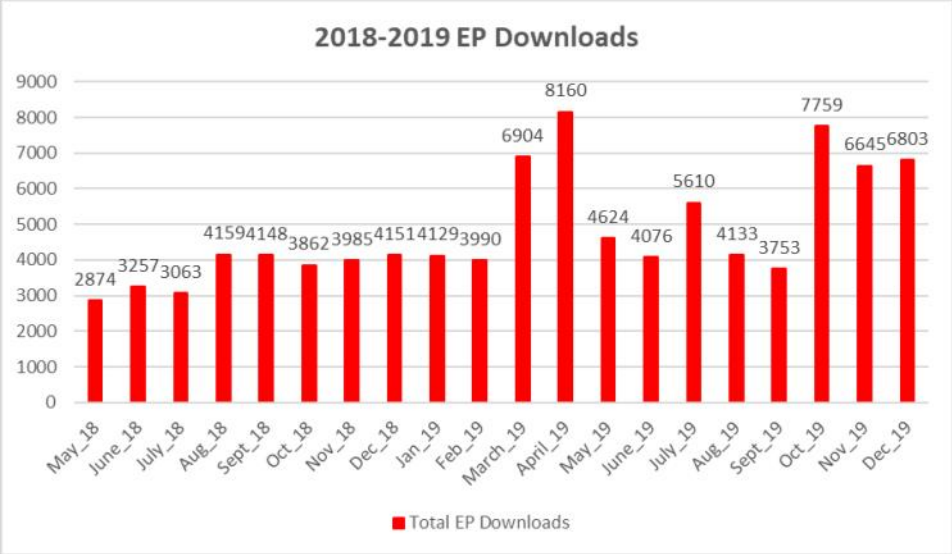
workgroups are instructed to weigh evidence from primary literature, medical association guidelines, and knowledge of real-world practice conditions within the health care system (e.g., patient circumstances and clinic resources). An EP is neither a policy nor a guideline.

What is the impact?

Specialists have embraced the creation of EPs with over 250 now live and posted on our Clinical Care Library. Similarly, in surveys, primary care providers report them to be useful for their own patients on a daily basis and also helpful teaching tools for interns and residents who are still learning.

We have analyzed the number of EPs downloaded and have found that several thousand downloads occur on a monthly basis and the use continues to rise. We have additionally performed qualitative surveys in person, over the phone and web-based that confirmed that primary care providers often use the EPs daily. A survey from the initial deployment showed that nearly 50% of our total primary care provider pool of 3000 has used an EP at least once with approximately 30% using ten times or more.



Data from Clinical Care Library and eConsult

Where do we go from here?

Inability to reduce clinical practice variation has contributed to inconsistent, inequitable, ineffective and inefficient care, which has worked against achieving the triple aim of better care, better health and lower cost. To achieve standardization, the clinician-driven process created at DHS to create EPs has been informed by feasibility and equity and is a cornerstone of care in our system.

Our next task will be to measure overall quality metrics in Specialty Care. Additionally, the Specialty Care team is assessing ways to link EPs to other clinical decision support tools to make it easier to follow the recommendations. Finally, targeted educational webinars are being organized around new EPs to help with adoption and dissemination.

Acknowledgments

The high-quality of the EPs could not be achieved without multiple sets of brains, eyes and hands. Thank you to the participants of the Specialty Primary Care Workgroups, the Primary Care Advisory Council and the Governance Committee for their time and dedication. Thanks to Gary Garcia who built the first Clinical Care Library and helped with the dissemination campaign. A big shout-out to Nancy Cayasso-McIntosh and Chris Barragan for making sure the EPs are processed in a timely manner and keeping the Clinical Care Library up to date. Without the support and vision of Drs. Paul Giboney and Hal Yee, the EPs would not have been invented. Dr. Monica Soni serves as the Director of Specialty Care and the lead for DHS Expected Practices.