

**Los Angeles County  
Department of Health Services**



**Annual Report  
2010-2011**

# The Board of Supervisors of the County of Los Angeles



Gloria Molina  
First District



**Health Services**  
LOS ANGELES COUNTY



Mark Ridley-Thomas  
Second District

**William T. Fujioka**  
Chief Executive Officer

## **Los Angeles County Department of Health Services**

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John F. Schunhoff, Ph.D., Chief Deputy Director

Hal Yee, M.D. Chief Medical Officer

Greg Polk, Administrative Deputy

Christina Ghaly, M.D., Strategic Planning Deputy Director

Alexander K. Li, M.D., Ambulatory Care CEO

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

Allan Wecker, Chief Financial Officer

Kevin Lynch, Chief Information Officer

Gerardo Pinedo, Director of Government Relations & Policy



Zev Yaroslavsky  
Third District

## **Acknowledgements**

The 2011 Annual Report Committee would like to thank the following L.A. County hospital and clinic CEOs for their contributions to this publication:

Pete Delgado, Delvecchio Finley, Cynthia Oliver, Carolyn Rhee,  
Beryl Brooks, and Jorge Orozco



Don Knabe  
Fourth District

## **DEDICATION**

**THIS PUBLICATION IS DEDICATED TO THE MORE THAN 700,000  
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 HEALTH CARE THROUGH DIRECT SERVICES  
AT DHS FACILITIES AND THROUGH COLLABORATION WITH OUR  
COMMUNITY AND UNIVERSITY PARTNERS.**



Michael D. Antonovich  
Fifth District

# Message from the Director

## Why an annual report?

When I was first approached about becoming the Director of the Department of Health Services (DHS), I asked to see the annual report. I was surprised when there wasn't one available. Annual reports are important for an organization to feel pride in its achievements, to gauge the progress that has been made since the prior year, and to establish new goals for the following year. In that spirit, I am pleased to share this first (at least in recent years) DHS Annual Report for the Fiscal Year 2010-11.



A cornerstone of DHS's success and commitment to Los Angeles County's safety net is to have a quality and patient-centered ambulatory care delivery system. Under health reform, patients will choose or be assigned a primary care home. While our inpatient hospitals will always be essential in providing diagnostic and inpatient care, patients will be given the opportunity to choose to stay with a specific primary care provider and we want our patients to choose us or one of our Community Partners (community clinics).

To achieve this goal, we launched an aggressive campaign to enroll as many Healthy Way LA patients (future Medi-Cal participants) as we can and created new and more flexible contracts with our Community Partners. This will allow them to enroll as many Healthy Way LA patients as they can. We want their patients, as well as the ones seen in the County's ambulatory care clinics, to choose us for their specialty and inpatient needs. To be sure that our patients have the option of choosing us, in Fiscal Year 2010-11 we also created our first direct contracts with LA CARE; which will enable us retain our patients insured within the Medicaid and Seniors and Persons with Disabilities (SPD) Programs

During the past fiscal year, our hospitals achieved many great successes. We opened an expanded Emergency Department at Olive View-UCLA Medical Center to better meet the needs of residents in the San Fernando Valley. Thanks to dedicated staff, the Harbor—UCLA neonatal unit dramatically decreased the rate of central line associated blood stream infections, going a full year without a single infection. LAC+USC's Breathmobile reached out to asthmatic children resulting in dramatic reductions in hospitalizations, emergency department visits, and missed school days. And for the 21<sup>st</sup> consecutive year, Rancho Los Amigos was ranked as one of the top 20 Rehabilitation hospitals by *U.S. News and World Report*. We achieved these goals while closing the year with a \$13 million surplus, which is evidence of our ability to fulfill our mission while containing costs.

None of these achievements would have been possible without the support of the Los Angeles County Board of Supervisors. I am very grateful to them. I also recognize that all of this work is the proud product of the great people working in DHS, as well as our Chief Executive Officers and our University and Community Partners. I look forward to continuing to work closely with our state and federal legislators, community advocates, and all stakeholders as we continue to improve our health care system.

It was a difficult decision to leave my prior job in San Francisco, to say goodbye to my patients, pack up the house and uproot my family; but because of the people I have met here in Los Angeles, I can say with an open heart—it was so worth it!

A handwritten signature in black ink that reads "Mitchell Katz".

Mitchell Katz, M.D.





Supervisor Antonovich, CEO Fujioka and Commissioner Sullivan Present "Personal Best" to Olive View-UCLA

## 25th Annual Productivity and Quality Awards Program

Under the leadership of the Board of Supervisors and the County Chief Executive Officer, the County's Productivity and Quality Commission encourages all 39 Departments to develop and implement more effective and efficient ways to serve the public. Each year, the Commission invites all departments to share information about their respective programs and operations. The Commission carefully reviews and evaluates all submissions, and then recognizes the most outstanding entries. This year, the Department of Health Services submitted the highest number of entries countywide and received a total of 22 accolades from the Commission, including the very prestigious "Bronze Award" presented to the MLK MACC for its entry "A Redesigned Laboratory Saves Money."

### DHS Awards for 2010-11

**Bronze Award: MLK MACC**

**Top 10 Award: Juvenile Health Services**

**Best Teamwork Award: Health Services**

**Best Service Improvement: Harbor-UCLA/EMS**

**Personal Best: Olive View—UCLA**

**Special Merit Plaque: MLK MACC**

**Special Merit Plaque: Olive View—UCLA**

**Special Merit Plaque: LAC+USC & Rancho**

**Special Merit Plaque: Health Services**

**Two Traditional Plaques: Olive View—UCLA**

**Two Traditional Plaques: Rancho Los Amigos**

**Traditional Plaque: High Desert MACC**

**Traditional Plaque: LAC+USC**

**Certificate of Recognition: Human Resources**

**Certificate of Recognition: Hudson Comp Cntr**

**Two Certificates of Recognition: Harbor-UCLA**

**Certificate of Recognition: High Desert MACC**



Commissioners Leiga and Sullivan; and Director Wong Visit MLK MACC's Lab



Hudson staff receives certificate of recognition



DHS MLK MACC Receives "Bronze Award" at 25th Annual Awards Program

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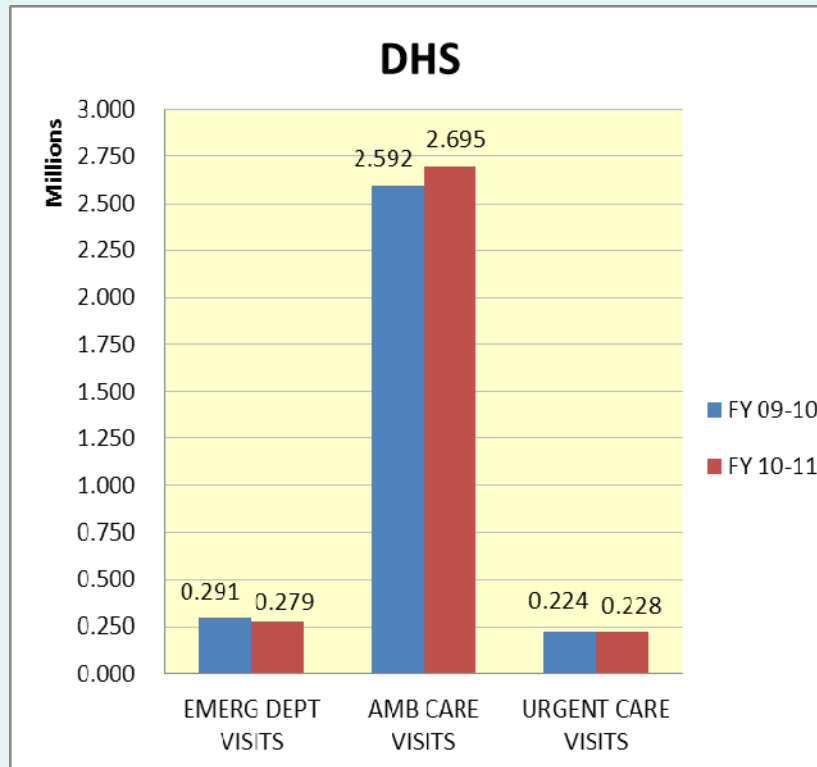
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# Department of Health Services System Snapshot



**During FY 10-11, The DHS system saw nearly 280,000 Emergency visits, 2.7M ambulatory care visits, and 230,000 urgent care visits.**

## **L.A. County's safety net public health system**

- 4 Hospitals
- 2 Multi-Service Ambulatory Care Centers
- 6 Comprehensive Health Centers
- 11 Health Centers
- 161 Community Partner sites
- 730,000 patients treated annually
- 2.7M Outpatient visits annually
- 280,000 Emergency Room visits annually
- 105 Nursing graduates in 2011; 98 in 2010
- Multiple Emergency Medical Services

**COUNTY OF LOS ANGELES**  
**DEPARTMENT OF HEALTH SERVICES**  
**FISCAL OVERVIEW**  
**FISCAL YEAR 2010-11 ACTUAL**

(\$ IN MILLIONS)

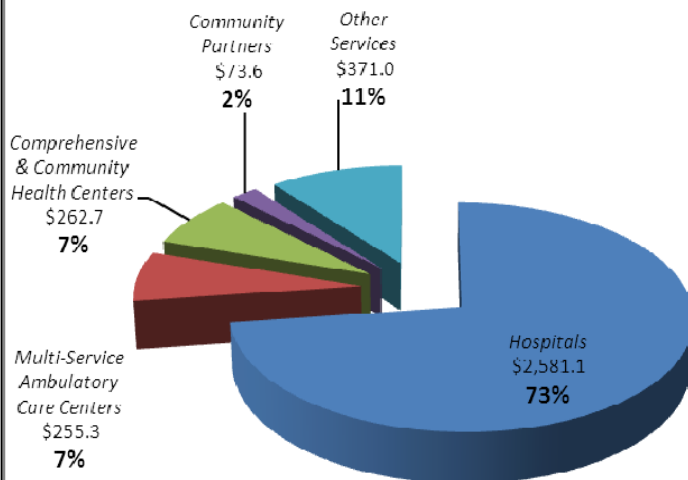
		Ambulatory Care				
	Hospitals <sup>(a)</sup>	Multi-Service Ambulatory Care Centers	Comprehensive & Community Health Centers	Community Partners	Other Services <sup>(b)</sup>	Total Department
Salaries and Employee Benefits	\$ 1,459.8	\$ 126.4	\$ 158.1	\$ -	\$ 174.6	\$ 1,918.9
Services, Supplies, & Other Expenses	1,121.3	128.9	104.6	73.6	196.4	1,624.8
<b>Total Expenses</b>	<b>2,581.1</b>	<b>255.3</b>	<b>262.7</b>	<b>73.6</b>	<b>371.0</b>	<b>3,543.7</b>
Waiver Revenues	1,243.1	101.8	25.7	-	4.6	1,375.2
Other Federal & State Revenues	353.1	29.3	27.2	0.1	14.8	424.5
Managed Care Revenues	108.8	28.0	17.7	-	171.4	325.9
Other Revenues	251.1	33.1	6.7	-	191.3	482.2
<b>Total Revenues</b>	<b>1,956.1</b>	<b>192.2</b>	<b>77.3</b>	<b>0.1</b>	<b>382.1</b>	<b>2,607.8</b>
Funding from County	\$ 625.0	\$ 63.1	\$ 185.4	\$ 73.5	\$ (11.1)	\$ 935.9

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

(b) Includes Juvenile Court Health Services, Office of Managed Care, Emergency Medical Services, and other administrative services.

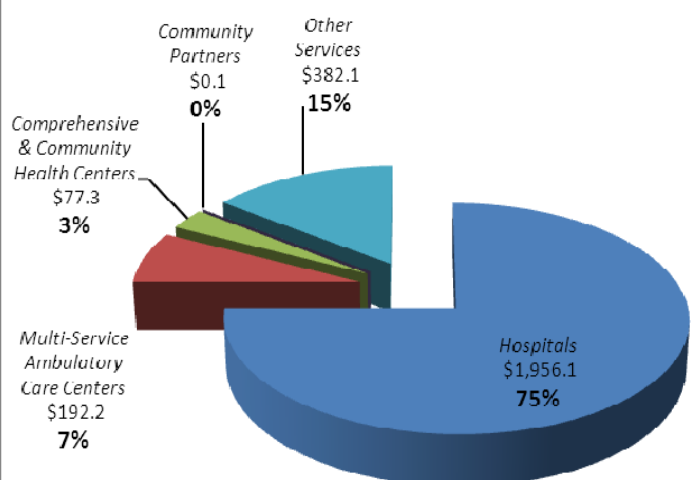
### Total Expenses

(\$ in Millions)



### Total Revenues

(\$ in Millions)



# Ambulatory Care Network



**Alexander Li, M.D.**  
Ambulatory Care CEO



**Nina Park, MD.**  
Ambulatory Care CMO



**Jeffrey Gutterman, M.D.**  
Research and Innovation  
Chief



**James Gerson, M.D.**  
Managed Care Chief

DHS established the Ambulatory Care Network (ACN) in June 2011 to restructure DHS ambulatory and managed care services in preparation for the implementation of healthcare reform in 2014. ACN includes all freestanding DHS outpatient clinics (Multi-Service Ambulatory Care Centers, Comprehensive Health Centers, and Health Centers), the Community Partners program, the Division of Managed Care, and the Division of Research and Innovation (formerly Clinical Resource Management).

Having a robust ambulatory care infrastructure and broad patient-centered and high quality primary care and specialty care services are critical for DHS empaneled patients that includes both insured and uninsured patients. This is critical as we need to change from being a provider of last resort to a provider of choice for our DHS empaneled patients.

It is also essential that we embrace the opportunities of health care reform to develop stronger ties with our Community Partners and L.A. Care. Ultimately, we must vigorously focus on building strong integration and care coordination between primary, specialty and In-patient care services across DHS and its safety-net partners.

One cornerstone of our transformation effort is to establish patient centered “medical homes” and empanelment of patients with primary care providers. The medical homes will be new hubs where patients will seek regular care at a dedicated location and with a designated primary care provider and team. Care will be managed by a provider-led team. This new outpatient model represents a significant shift from the episodic care that has long characterized our County-run health system.

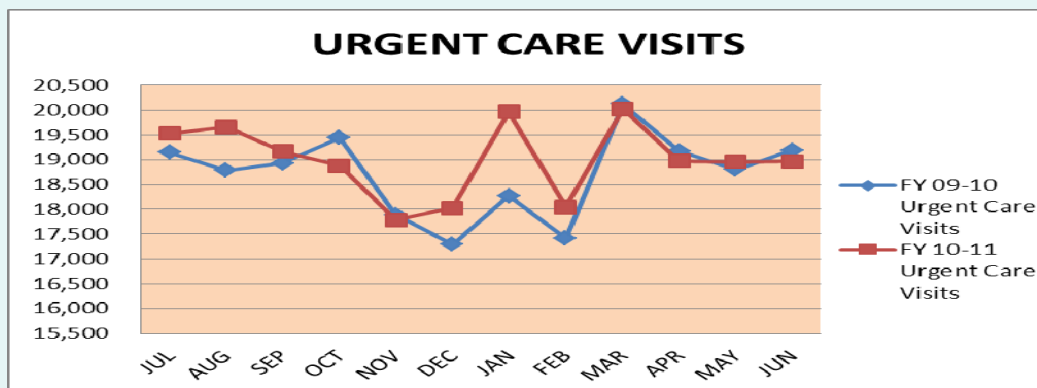
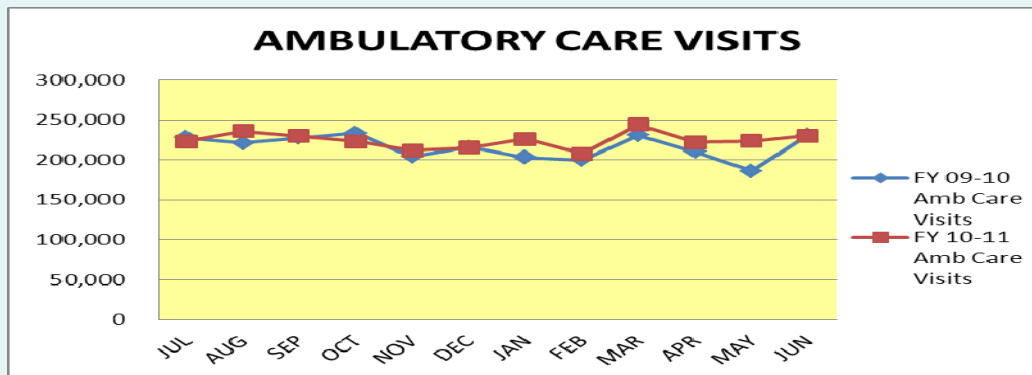
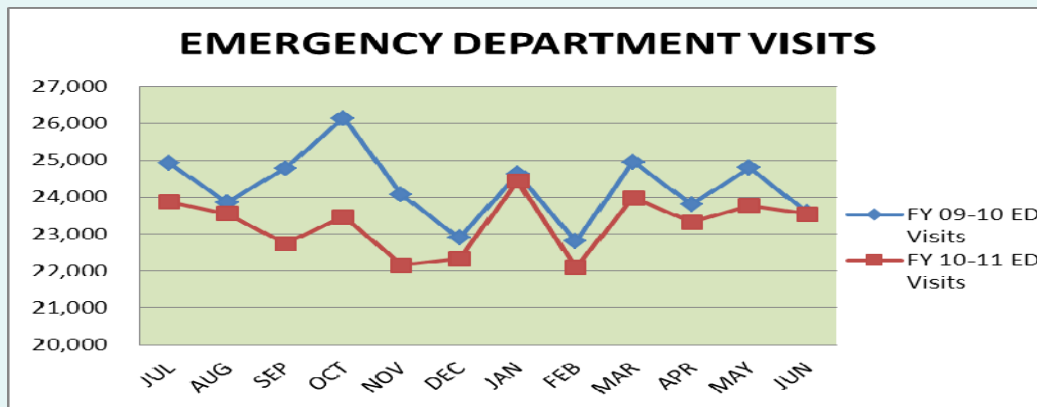
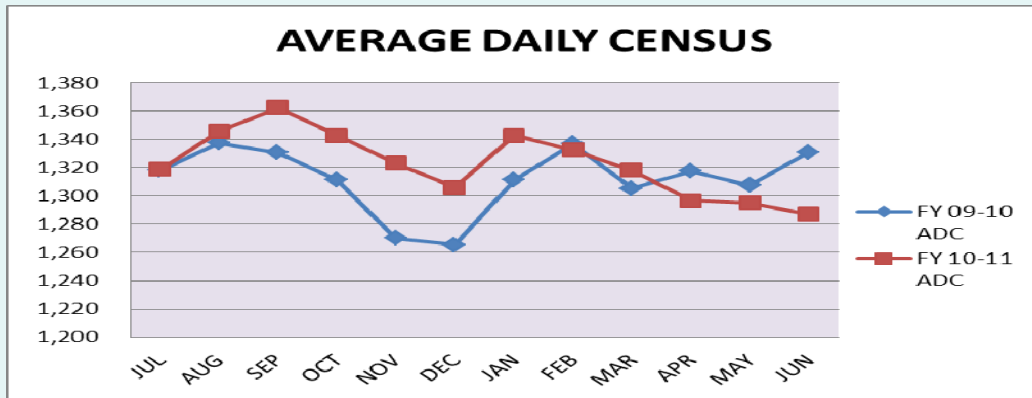
As part of health care reform, our Managed Care (Community Health Plan) unit is in a state of transition and will be primarily tasked with the central focus of supporting care management and coordination for our patients and operating the Healthy Way LA program. We are also re-organizing the managed care infrastructure to ensure that we meet the highest standards of medical care with our contracted health plan and our health plan patients.

This year we began implementing several pilot programs to transform care delivery through proven interventions and clinical practice improvements. We will also place greater emphasis on strategies and innovations that focus on improving access, care, coordination, provider continuity and patient management aided by new information technologies. Together these efforts will improve efficiently and strengthen the provider-patient relationship.



# Department of Health Services

## Census and Visit Summary



## HIGH DESERT MULTI-SERVICE AMBULATORY CARE CENTER



**Beryl Brooks**  
Chief Executive Officer



**Ruth Oren M.D.**  
Chief Medical Officer



**Susan Urbanski, RN**  
Chief Nursing Officer



**Tim Moore**  
Assistant Administrator



**Candy Smith**  
Chief Finance Officer

High Desert Health System (HDHS) is comprised of a Multiservice Ambulatory Care Center (MACC), and four County-operated community-based health centers. In collaboration with a network of Community Partners clinics, the Health System provides access to outpatient health care for residents in an extensive service area that includes roughly one-third of Los Angeles County. Organizationally, within the Department of Health Services, High Desert Health System is part of the ValleyCare network.

The HDHS MACC was established on July 1, 2003, with the closure of High Desert Hospital and its conversion into an ambulatory care center. In addition to the MACC, the Health System includes: Antelope Valley Health Center (AVHC), Lake Los Angeles Community Clinic, Littlerock Community Clinic and South Valley Health Center (SVHC).

The MACC offers a comprehensive array of outpatient services, including primary care for adults and children, women's health, urgent care, medical and surgical subspecialty clinics and an ambulatory surgical center. The MACC also provides ancillary, diagnostic and treatment services including laboratory, pharmacy, radiology, electro-diagnostic testing, respiratory therapy and physical, occupational, and speech therapy. Special programs operated by the MACC include the Foster Care HUB Clinic, the Suspected Child Abuse and Neglect (SCAN) Clinic, the Hope Center HIV/AIDS Clinic, Disease Management clinics for Asthma and Diabetes, a Pediatric Behavior Disorders Clinic, and an Oncology Clinic with chemotherapy infusion center.

### Replacement Facility

In 2010, initial design work was completed on the MACC Replacement Project, replacing the existing fifty-year-old former hospital facility with a new 142,000 square foot ambulatory care center. The new MACC will be located on a 15-acre site in central Lancaster, approximately six miles east of the current MACC. The new MACC will consist of a two-story clinical services building; a building housing materials management, information systems, the central plant, and other support functions, and a building housing the Facilities department.

The new facility will improve patient experience by locating all clinical services in a single building and providing critical space adjacencies such as locating urgent care next to laboratory and Radiology. In the current facility, clinical services are distributed among multiple campus buildings, requiring patients to walk long distances for different services. The new facility will also include a designated clinic area for specialty services. At the current site, specialty services are housed in multiple locations, within the urgent care clinic and the old hospital building. With completion of the new MACC facility, the total number of exam rooms will increase from 42 to 60.

The new MACC replacement facility will incorporate many energy efficient and environmentally-responsible design features with a minimum requirement of Leadership in Energy and Environmental Design (LEED) Silver certification, with the potential for LEED Gold certification. The project will be delivered through a design-build approach. The initial design work has been completed by the architectural firm Lee, Burkhardt, Liu, and the team of Swinerton Builders and Lionakis has been awarded the Design-Built contract to complete the project. The project is expected to be completed in the 1st quarter of 2014.



### **Urgent Care**

HDHS has two Urgent Care clinics, one at the South Valley Health Center in Palmdale and one at the High Desert MACC in Lancaster. Both clinics treat patients with injuries or acute illnesses that require immediate care. In 2010, following numerous patients' complaints about long waiting time, a goal was established to reduce the average patient cycle time by 20% within six months. Various strategies were implemented, including flexible and variable nursing staffing, depending on patient flow (all hands-on-deck), tools to create effective communication among the clinic staff and between the staff and patients, and enforcement of measures to prevent provider tardiness. Cycle time was decreased at both SVHC and HD-MACC, by 40% and 15% respectively.

### **Managed Care Emergency Room Decompression**

HDHS is unique by having a service area that includes ~one-third of Los Angeles County and, at the same time, does not have a County-operated hospital. In efforts to address the increasing out-of-plan cost, which correlated directly with the steady increase in managed care enrollment (up by 21% from July 2009 to December 2010), HDHS set a Case Management goal to reduce Emergency Room (ER) usage rate per member by 5%. Steps included developing comprehensive Case Management and Patient Education plans.

Focus was placed on "High-Utilizer" members, accessing the Emergency Room twice in one month and/or five times in one year. All identified members received a phone call from the Case Manager who tracked reasons for ER access and provided patients with written information on locations and hours of operation of HDHS Urgent Care clinics and access to the centralized Nurse Advice Lines. Staff met with Antelope Valley Hospital (AVH) to improve communications and more effectively manage members who accessed AVH ER. Data analysis demonstrated that in-network fee-for-service expenditures, annualized per member enrollment average, were reduced by 22.5% (from \$63.03 in 2009 to \$48.87 in 2010 monthly average). The average monthly out-of-plan expenditures were reduced to \$1,244,246 in 2010-11 as compared to \$1,307,351 in 2009-10 (4.8%).

### **Retinal Telemedicine**

To better serve patients in the Antelope Valley, HDHS opened its Retinal Telemedicine and Laser Clinic in fiscal year 2010-11. The Retinal Telemedicine program is an innovative way to evaluate for diabetes-related eye disease. This project improves the community's health by enhancing access to timely management of diabetic patients through early detection of diabetic retinopathy. Laser therapy is used to treat diabetic retinopathy, and its early application helps reducing the risk of blindness from diabetes and, therefore, improving the quality of life.

All diabetic patients require an annual eye examination regardless of the level of visual acuity. The Retinal Telemedicine Program utilizes a retinal camera, as an alternative to an in-person exam, to screen and triage all individuals with diabetes. One-time funding for the equipment and Ophthalmologist consultant time were made possible by grants from the Kaiser Permanente Community Benefits Program as well as the LA County Quality and Productivity Commission.

Prior to the clinic opening, patients needing retinal image and laser treatment had to travel over 100 miles round trip to Olive View-UCLA Medical Center or Mid-Valley Comprehensive Health Center. The increased access will enhance compliance with annual retinal examinations, reduce broken appointments, and ensure more timely intervention, preventing blindness and increasing the potential for positive health outcomes.

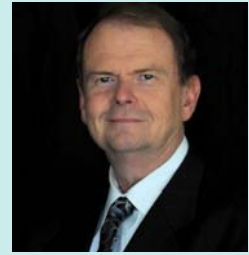


### **KEY STATISTICS FY 2010-11**

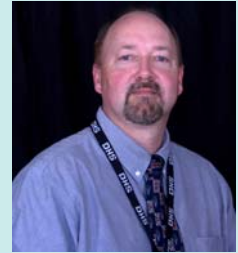
Total Visits – 121,590  
Primary Care: 49,288  
Surgery/Special Procedures: 1,536

Total Unique Patients – 44,081  
Urgent Care: 44,662  
Prenatal/Post Partum: 6,617

Specialty Care: 19,937



**John Grant**  
Chief Information Officer



**George Kolle**  
Personnel Officer

### **HD-MACC Profile**

- Primary Care
- Urgent Care
- Specialty Care
- Ambulatory Surgical Center
- Suspected Child Abuse and Neglect (SCAN)
- Foster Care/HUB Clinic

### **Specialty Care**

- Cardiology
- Chest Medicine
- Disease Management
- Endocrinology
- Gastroenterology
- Gynecology
- Hematology
- HIV/AIDS
- Nephrology
- Neurology
- Oncology
- Orthopedics
- Physical Medicine
- Podiatry
- Pre-op
- Retinal Scan and Laser
- Surgery
- Urology

### **Ancillary & Diagnostics:**

- Laboratory
- Radiology
- Pharmacy
- Respiratory Therapy
- Therapies
- Electrodiagnostics
- Retinal Camera



# MARTIN LUTHER KING, JR. MACC



**Cynthia M. Oliver**  
Chief Executive Officer



**Angela Nossett, M.D.**  
Chief Medical Officer



**Rhonda Bean**  
Chief Executive Officer



**Sharon Arnwine, R.N.**  
Chief Nursing Officer

## Administrator's Message

The Martin Luther King Jr. Multi-Service Ambulatory Care Center (MLK MACC) has continued to experience growth and development since its transformation to an outpatient facility in 2007. The MLK-MACC provides comprehensive outpatient services through approximately 70 primary and specialty clinics, an urgent care clinic, an ambulatory surgery center and programs for special populations such as HIV/AIDS patients, pediatric foster children and elder abuse victims.

Our primary goal is to be a patient-centered facility. As we work toward this goal, this past year has been very rewarding with the implementation of two patient-centered medical homes and the redesign of our Breast Cancer Screening Program. These programs have contributed to improvements in patient care and enhancing the patient's experience. As part of our collaborative efforts to promote careers in health care, we have partnered this year with the UCLA School of Nursing to train students seeking advanced degrees.

Looking ahead, we are embarking upon a labor/management collaborative with management and labor coming together at the unit level to identify ways to improve patient's experiences. We are also very excited about the work that has started on our replacement facility project. We are building a brand new MLK-MACC which is scheduled to be completed by the end of 2013. With a staff of almost 900 employees, exciting things are happening on the MLK campus as we transform into a patient-centered facility.



## Implementation of Medical Homes

On August 19, 2010, leadership at MLK-MACC selected a clinical team to implement the medical home healthcare delivery model in our primary care clinics. This model includes defining all patient demographics and coordination of care that is not dependent on patients actively seeking services. In order to be successful, medical homes must be patient centered.

Accordingly the MLK-MACC Medical Home Administrative Team incorporated Patient Visit Re-design (PVR) principles into our model of care. PVR principals ensure a patient receives efficient and complete care from a team rather than individuals; the team holds the patient at the center of all activity.

This new model of care has been well received by our patients. Defining our patient registry has allowed the clinical teams to manage patient health outcomes. Emphasis has shifted from using visit volume as an indicator of quality to focusing on how well we are caring for the patients in our panel. Our team is utilizing protocols, telephonic outreach, and group visits in an effort to coordinate care for empanelled patients and these non-traditional visits have increased the number of patient contacts and team productivity.

On May 2, 2011, a second medical home team began delivering care under the new model. Future plans are to roll out the model to all primary care areas at MLK-MACC. Working in teams and coordinating care in a logical and efficient manner has invigorated our clinical staff and this energy has been noted by our patients. Patients feel cared for and respected by a new system that is truly patient centered.



## Comprehensive Diagnostic Mammography Program

In the winter of 2010 MLK MACC began the process for redesigning its breast screening program, to be more responsive to the needs of its patients. The end result of this redesign has resulted in a patient centered program that is focused on reducing the interval time between screening and diagnosis. This interval time can determine the percent increase in the number of women who receive a timely cancer diagnosis and treatment.



In the previous process, MLK had minimal coordination between its screening and diagnostic breast programs. There was no system to identify high risk patients and to assist the patients with "Navigating" the process. With the new system, MLK utilizes its highly trained Mammography staff and a multi-disciplinary team of Radiologists, Breast Clinic staff, Care Management, and assigned clerical staff to assist patients. The staff streamlined the process for, Screening Mammograms, Breast Ultrasound, Diagnostic Mammogram and Breast Biopsy to be completed in one visit.

Bridging this "Gap" has helped MLK MACC patients with:

- Timely interventions and improved outcomes
- Improve interaction and communication with healthcare staff and providers
- Streamlining appointments and paperwork
- Decreasing fear and anxiety
- Identifying the appropriate social programs and social services

## UCLA School of Nursing Affiliation

Although MLK-MACC was established in August of 2007, the staff has a long standing commitment to the education of healthcare professionals interested in working with underserved communities. On September 14, 2010, a Memorandum of Understanding was signed by the Los Angeles Board of County Supervisors with the UCLA School of Nursing to allow MLK-MACC to train nursing students seeking advanced degrees. Nursing and medicine have since worked with UCLA to train nurses seeking a master's degree and nurse practitioner students.

Students in the master's program have worked with nursing administration on specific projects. The projects are designed to give the students practical experience that can be utilized in the future. For example, one student was assigned to study and make recommendations for improvements of patient flow and surgical scheduling in Ophthalmology clinic. Another student was asked to assist with the implementation of the ORSOS electronic health records. The quality of the work was of the highest caliber and both students and advisors were significantly enriched by the experience.

Students in the nurse practitioner program have received training in pediatrics by MLK-MACC medical staff. Students rotating in our facility receive exposure to general pediatrics, pediatric subspecialties, and care for patients in the foster care system. The student experience at MLK-MACC exposes students to the extensive needs of underserved communities. Providers in South Los Angeles must meaningfully consider more than primary care and vaccination schedules when providing care. Clinicians must and extensively consider issues like lack of housing, high obesity rates, teen pregnancies, exposure to violence, etc. MLK-MACC has embraced the opportunity to reinvigorate its role in producing trained healthcare professionals who are dedicated to working in underserved communities like ours.

### Other Key Staff

Sharrie Nelson  
Interim CIO

Shelia A. Mitchell  
Admin. Mgd. Care

Venessa Brown  
Asst. Adm.

C. Nwadiogbu  
Capital Projects

Regina Pierre  
Human Resources

### Facility Profile

- Ambulatory Surgery Center
- Cardiology
- Dental
- Dermatology
- Diabetes
- Employee Health Service
- Endocrinology
- Gastroenterology
- General Surgery
- Geriatrics
- Hematology/Oncology
- Internal Medicine
- Neurology
- Ophthalmology
- Orthopedic
- Pathology
- Pediatric
- Pulmonary
- Radiology
- Rehab Services
- Urgent Care
- Women's Health

### Special Programs

- OASIS (HIV/Aids)
- Foster Care/ Peds HUB
- Elder Abuse Program

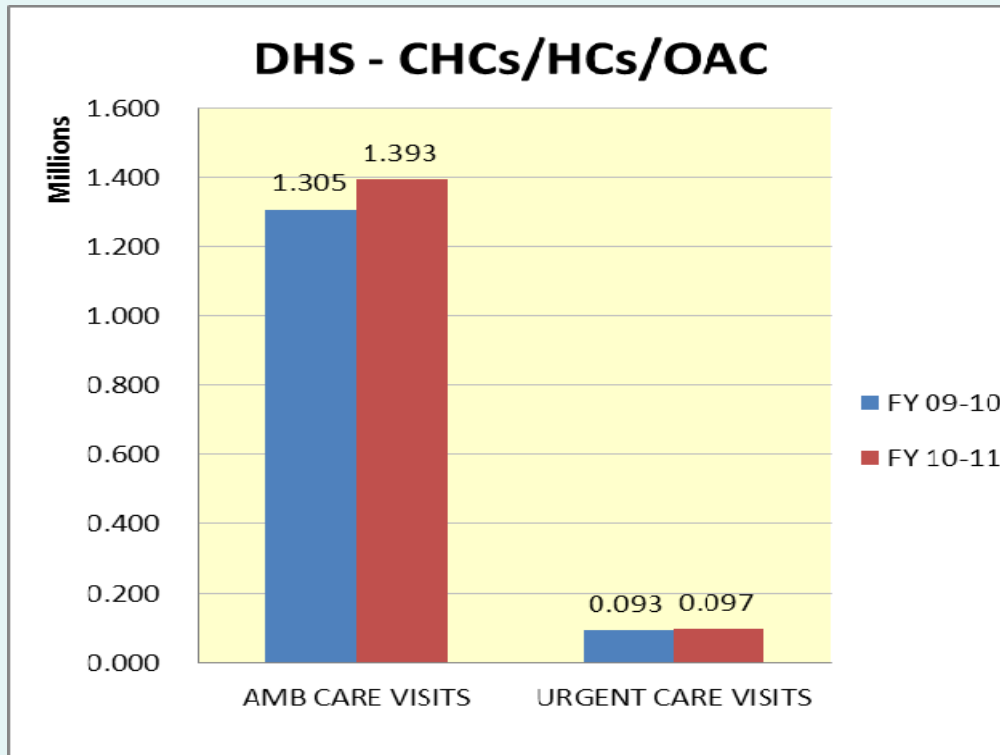
### Key Statistics FY 09-10

Specialty/Primary Care: 130,991  
Urgent Care: 60,802

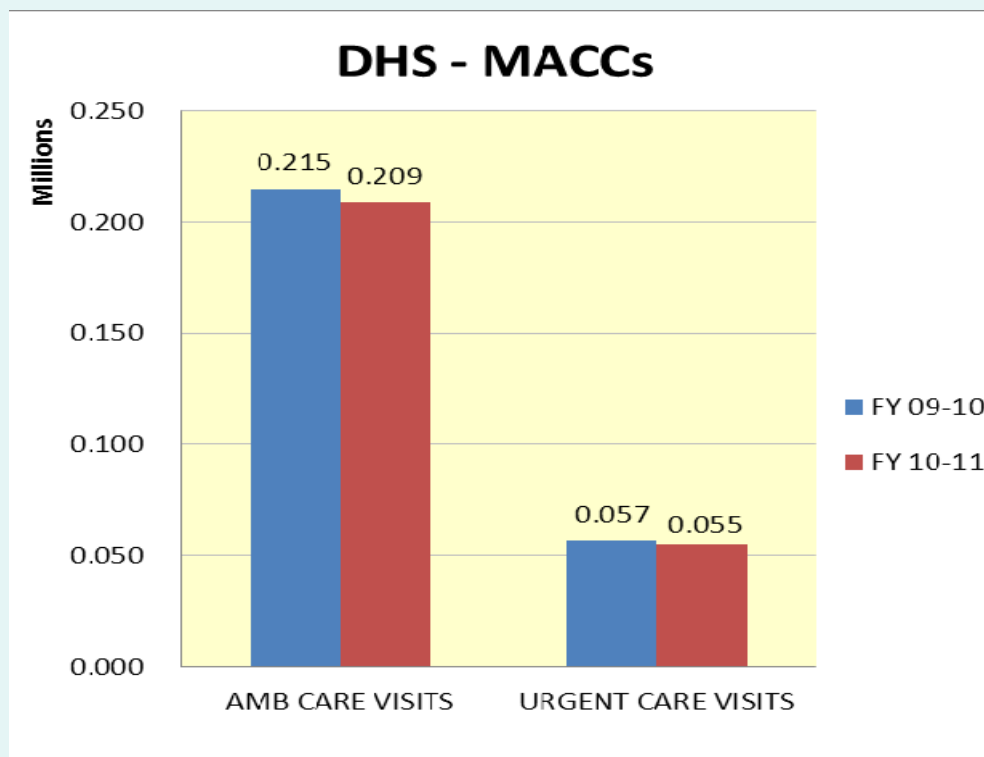
Outpatient Surgeries & Special Procedures  
4,574



# Ambulatory Care Snapshot

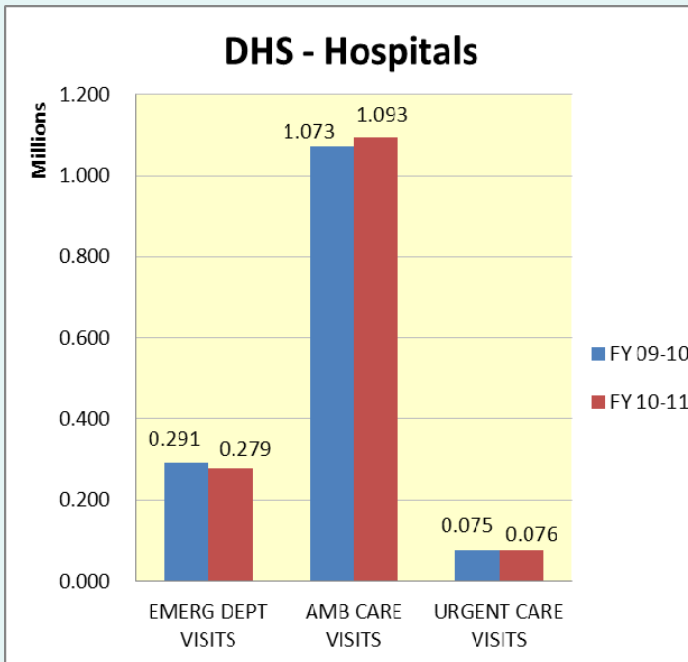


DHS Comprehensive Health Centers (CHCs), Health Centers (HCs), and the Office of Ambulatory Care recorded nearly 1.4 million ambulatory care and nearly 100,000 Urgent Care visits in FY 10-11.

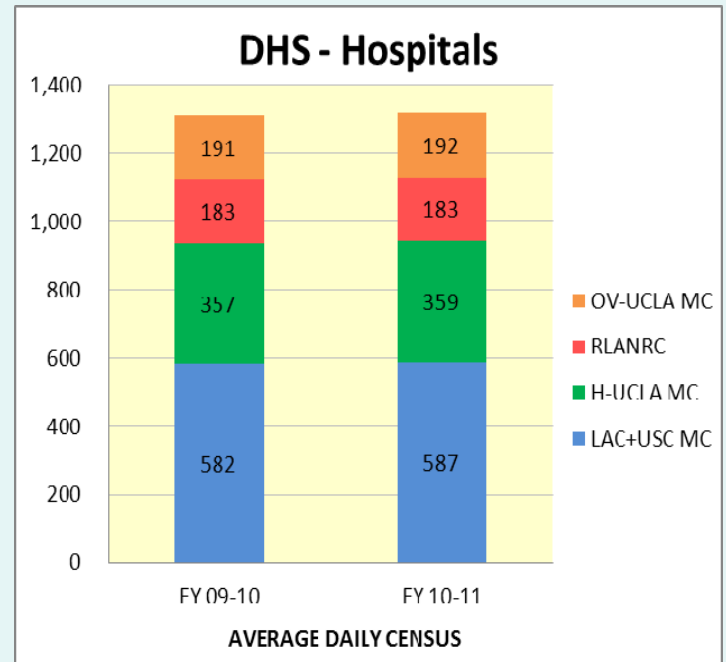


DHS' two Multi-Service Ambulatory Care Centers (MACCs) saw a combined 210,000 ambulatory care and 55,000 Urgent Care visits in FY 10-11.

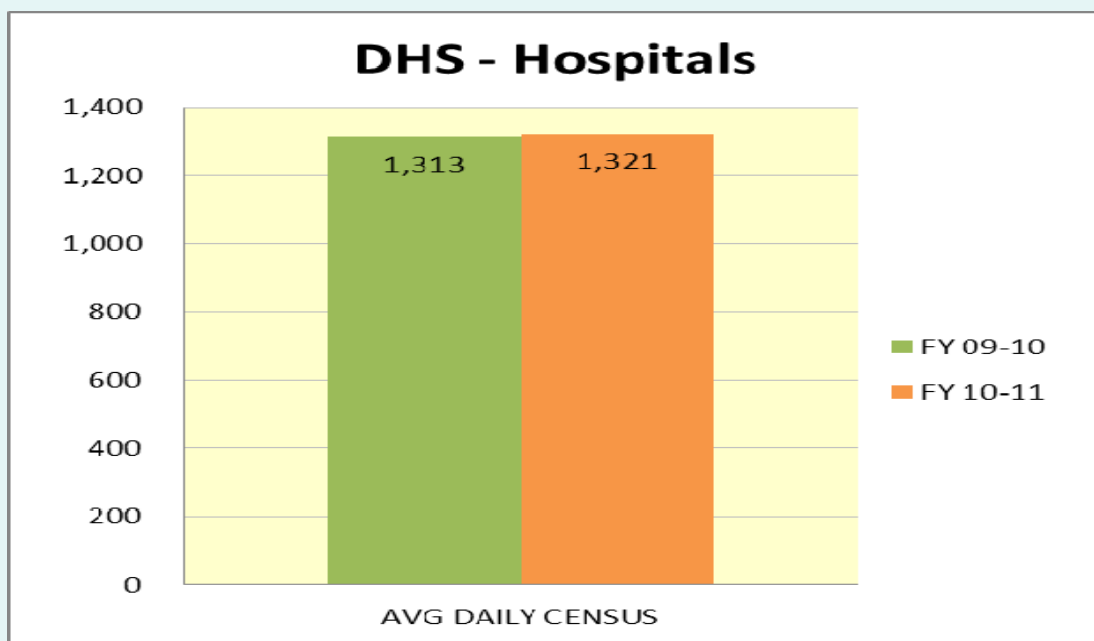
# Hospital System Snapshot



During FY 10-11, DHS hospitals recorded nearly 280,000 Emergency Department visits, 1.1 hospital outpatient visits and 76,000 Urgent Care visits.



During FY 10-11, LAC+USC Medical Center's daily census averaged 587, Harbor-UCLA's averaged 359, Rancho Los Amigos' averaged 183, and Olive View-UCLA's averaged 192.



During FY 10-11, the combined daily census of all DHS inpatient facilities averaged 1,321 patients.

# EL MONTE COMPREHENSIVE HEALTH CENTER



**Ernest Espinoza**  
Administrator



**Cristeta Garan-Martinez RN**  
Nursing Director



**Stanley Leong, M.D.**  
Medical Director

## Quick Facts Stats

- 88,000 yearly patient visits
- 88% Spanish speaking
- 87% Hispanic

## Chronic Conditions

- Diabetes
- Hypertension
- Hyperlipidemia
- Anemia
- Low back pain
- Bronchitis
- Asthma
- Seizure disorder
- 7% Medi-Cal
- 3% Medicare
- 52% HWLA

It was a very busy year for the staff at El Monte Comprehensive Health Center and La Puente Health Center (EMCHC/LPHC). The focus was on providing quality services to meet the increasing health care needs of our community in a safe and efficient manner. Planning efforts emphasized readiness for Health Care Reform and meeting the goals of the 1115 Waiver.

## Ambulatory Care Network

At the beginning of the year, July 2010, Ernest Espinoza assumed the position of administrator after Hugo Almeida's retirement. Karen Dove, Assistant Administrator, capably served in the acting capacity for several months prior to Mr. Espinoza's arrival. Also, Cristeta "Kristy" Garan-Martinez, RN, was appointed Clinical Nursing Director of EMCHC/LPHC in August 2010. Ms. Garan-Martinez, RN, had been serving in the acting capacity for several months prior to her permanent appointment. Mr. Espinoza and Ms. Garan-Martinez, RN, joined Ms. Dove and Stanley Leong, MD, Medical Director, and Linda Maldonado, Facility Manager, to form the EMCHC/LPHC Leadership Team.

The management team is committed to increasing access to primary care, strengthening the medical home team concept, and improving the quality of care provided to our patients.

## Medical Home- Seamless Project

EMCH participated in the Safety Net Institute/California Association of Public Hospitals "Seamless" Learning Collaborative. EMCHC's team received training on medical home concepts and was coached in the implementation of a series of projects to create a medical home. This involved empanelling patients and developing alternative methods of care to improve and maintain our patients' health using team-based concepts, care management techniques, and the use of a disease registry.

## Group Diabetes Clinic

El Monte CHC began work with the CAPH – Safety Net Institute's Medical Home Learning Collaborative in 2010. EMCHC's Medical Home Team decided to include a group model for diabetic patients into its work in an effort to improve patient outcomes and enhance the productivity of current resources.

After studying established group models, including those designed and initiated at Mid-Valley CHC, the EMCHC team developed a hybrid model consisting of physician, nursing, health education assistant, and medical case worker. Patients appreciate the educational and social support of the program which provides interaction with other diabetic patients. The model has also improved the effectiveness of the team's ability to manage their patients' condition.

## Attracting and Retaining Patients Learning Collaborative

An interdisciplinary team from EMCHC was accepted to participate in this LA Care-sponsored learning collaborative. The team received valuable education and coaching on the development of plans to enhance services in the Pediatrics Clinic. This included conducting a marketing assessment; developing a brand image; developing strategies to improve patient satisfaction; and learning techniques to positively address patient grievances.

This collaborative surpassed its goals of increasing patients and improving patient satisfaction. Plans are being developed to spread these concepts to other areas and share the knowledge obtained in collaborating with other teams.

## Community Outreach

EMCH/LPHC made efforts to maintain its presence and involvement in the community. We participated in several important committees, including the Service Planning Area 3 Health Planning Group, the Caminos de Salud Collaborative and Grand Rounds, The Citrus Valley Health Partners Health Planning Group for East San Gabriel Valley, and several school and Head Start committees related to local school districts, including El Monte, La Puente/Bassett, and Rowland. EMCHC/LPHC participated in numerous health outreach and education events, including back-to-school nights, health fairs, parent education events, etc. Also, in an effort to promote our services in the community, we hosted several groups representing community-based agencies, resource centers, crisis centers, homeless advocates, and school-based groups and committees.



Mary Ann Moreno, RN, along with La Puente Health Center staff, La Puente Head Start students, and parents,

## Whooping Cough- Pertussis Campaign

Responding to the Whooping Cough epidemic, the EMCH/LPHC staff organized an outreach campaign to educate patients and community members. Employing guidelines endorsed by the Centers for Disease Control, vaccinations to children and adult care givers were provided. During the nine month campaign, the EMCHC/LPHC team vaccinated more than 8,000 individuals, screening and educating many more. The Los Angeles Business Journal recognized this successful campaign as a finalist in the 2011 Health Care Leadership Awards.

## Community Partnerships

- Service Planning Area 3 Health Plan Group (Ernest Espinoza is Steering Committee member)
- Camino De Salud Network
- Citrus Valley Health Partners
- Carino Family Support Collaborative
- El Monte, La Puente/Basset, and Rowland School Districts Head Start Programs

## Cardinal e-Recovery Program

Staff members at El Monte CHC have been working with Cardinal Health to reduce pharmacy expenditures by taking advantage of various drug companies' patient assistance program. During 2010/11, this program reduced pharmacy expenditures by \$612,717.

## Accreditation and Licensing

In January 2011, the Joint Commission completed its triennial accreditation survey of EMCHC. The survey's outcome was very positive and resulted in three years of accreditation. EMCHC/LPHC also had positive outcomes for many other surveys and inspections that took place this year including LA Care, Immunization Program, State Board of Radiology, and the Office of Managed Care. EMCH's laboratory was surveyed by the College of American Pathologists, which resulted in a perfect score with no deficiencies noted.

## Challenges/ Future Plans/ Goals

- Fully implement the medical home model in primary care clinics
- Maximize enrollment in Health Way LA and Seniors and Persons with Disabilities
- Implement Customer Service training

## Administrators

**Karen Dove**  
Assistant Administrator

**Linda Maldonado**  
Facility Manager

**Patricia Lange, R.N.**  
Risk Manager Officer

## Service Chiefs

**Dennis Wong, M.D.**  
**Henedina Liban, M.D.**  
**Alonzo Fields, M.D.**

**Dental Service Chief**  
**Leandro Arca, D.D.S.**

**Ancillary Service Chiefs**  
**Khanh Le, Pharm.D**  
Pharmacy

**Margarita Montano,**  
Laboratory

**David Duran,**  
Radiology

## Specialty Services

Adult Primary Care

Pediatrics

Woman's Clinic

Walk-In Clinic

Dental

Podiatry

Cardiology

Renal

Pediatric Specialties

## H. CLAUDE HUDSON COMPREHENSIVE HEALTH CENTER



**Michael Mills, MHA**  
Administrator



**John Wong, MD**  
Interim Medical Director



**Tonia Jones, RN PhD**  
Nursing Director

### **Administrators**

Patricia Reed-  
Cunningham, MPA  
Jerri Flowers

### **SERVICE CHIEFS**

John Wong, MD  
Sharon Graham, MD  
Belinda Wu, MD  
Jatin Shah, MD  
Rafat Khan, MD

### **RISK MANAGER**

Ping Luh, RN, PHN

### **NURSE MANAGERS**

Audrey Webb, RN  
Maryann Penn, RN  
Shirlisa Johnson, RN  
Armenui Tellian, RN  
Connie Youn, RN

Hudson CHC is a Joint Commission deemed status facility that has provided comprehensive health care services to the South Los Angeles community for over 33 years. The Center offers a plethora of services, including but are not limited to: Adult and Pediatric, Primary Care, Ambulatory Surgery, Urgent Care, Dental, Women's Services, Family Planning, Ancillary Services and Specialty Care such as Colonoscopy, Colposcopy, Orthopedics, Ophthalmology, Nephrology and Podiatry.

"Our mission is to continue delivering culturally sensitive, patient-centered and high quality fully integrated ambulatory care to the communities we serve. Furthermore, Hudson CHC seeks to be recognized as a Primary Care Center of Excellence within the Southern California region with the capacity to enhance our community image to ensure sustainability with timely access to high quality health care and services", says Michael Mills, Administrator.

Mr. Mills has over 13 years of healthcare experience within the Department of Health Services with an extensive track record in operations, fiscal management, new program development, strategic planning and marketing.

Mr. Mills has dedicated his career to helping at-risk children in foster care and underserved populations in Los Angeles County. He received MHA degree from the University of Southern California.

### **Medical Home/Seamless Care**

The Internal Medicine Clinic at Hudson CHC serves the low-income South Los Angeles adult population. The facility has 7 medical teams consisting of a provider (physician or nurse practitioner), nursing and clerical staff, which assist our patients in managing their chronic medical problems including, but not limited to: Type 2 diabetes mellitus, hypertension, hyperlipidemia, heart disease, chronic kidney disease, asthma, and endocrine disorders such as hypothyroidism, hyperthyroidism, and hyperaldosteronism.

The clinics are managed along the principles of clinic redesign, which facilitates efficiency in providing patient care during clinic visits. Subsequently, there is a process to establish medical homes, wherein a group of patients are affiliated with a specific team of providers that oversee the management of medical issues, as well as, track and facilitate preventive health measures (immunizations, age/gender-specific cancer screening).

In an effort to provide quality health care, a health educator conducts group visits with diabetic patients with an emphasis on general nutrition, exercise guidelines and foot care. Two diabetes nurse educators provide diabetes education (pathophysiology, insulin teaching, glucose monitor teaching) and individual case management. Nutrition counseling with a registered dietician is available; as are podiatric services and optometry evaluation for diabetic and hypertensive patients.

### **Cancer Detection Program leads in Revenue Generation**

In the County of Los Angeles, H. Claude Hudson CHC is a leader in revenue generation for the Cancer Detection Program (CDP) Public education and outreach, breast (mammograms) and cervical cancer screening, follow-up, diagnostic services, case management services, along with re-screening examinations are provided at the clinic to low income uninsured or underinsured women in South Los Angeles. These services target women 40 years and older for breast screening and women 25 years and older for cervical screening. H. Claude Hudson CHC generated 1.5 million dollars during FY July 2009–June 2010 for the CDP program.



## SPECIAL/UNIQUE PROGRAMS

### Weigh -To-Go Program

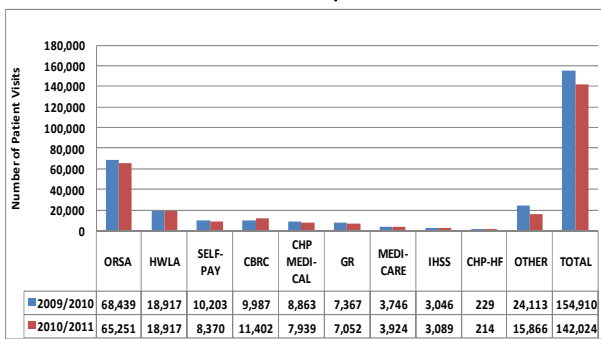
Our Pediatric Clinic currently has a partnership with one of the University of Southern California's oldest, largest and most diverse student philanthropy organizations, Troy Camp. This partnership promotes Hudson's Pediatric Weigh-To-Go Clinic which focuses on the need to combat Childhood Obesity in South Los Angeles. Our goal is to improve the present and future health of school aged children in the Los Angeles Unified School district who are at risk for obesity. All family members have the opportunity to participate in lifestyle changes, including weight management, to improve overall health.



### Greater Avenues for Independence (GAIN)

From 11/2009—9/2010, Hudson CHC was selected as one of the County of Los Angeles facilities to participate in the Greater Avenues for Independence (**GAIN**) - CalWORKs partnership program. The program candidates were paid \$10.00 per hour by the State CalWORKs program and placed at various County facilities. Of the 49 candidates who applied to Hudson, 23 were selected after they were cleared to work by the Department of Health Services. These 23 program participants were then placed throughout our facility to assist with clinical/clerical/secretarial duties or building maintenance assignments. This program provided an opportunity to enhance staffing at no cost to the county during an economic downturn within the Department of Health Services. Subsequently, this generated ~\$350,000 cost saving to the county. The success of the program led to the hiring of two **GAIN** participant that was assigned to the Building Services unit. This is a perfect example of government and the County partnering to put people back to work.

### Financial Class Comparison FY 09-10/10-11



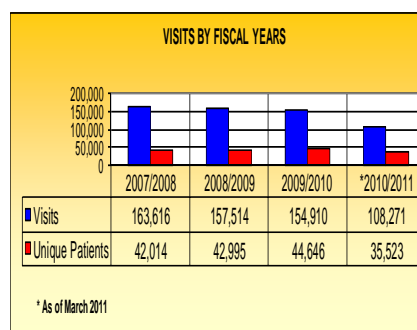
### Capital Project 2010/2011

- Replace/Refurbish Elevator Cars
- Renovate Operating Room #4
- Expand Urgent Care M.D. Office Space
- Laboratory Refurbishment
- Telephone System Refurbishment
- Facility Floor Refurbishment
- Refurbish Lobby Registration
- Satellite Trailer/Behavioral Health
- Upgrade Central Air & Heating Systems
- Public Announcement System
- Pharmacy 2000

### Community Partnerships & Specialty Training Programs

- **University of Southern California:** Physician Affiliation Agreement, Undergraduate Medical Students, Troy Camp
- **John Wesley Institute:** Family Planning clinic
- **Cerritos College School of Dentistry**
- **LA Trade Technical College:** Registered Nursing (RN) Trainee Preceptorship
- **Los Angeles College of Nursing:** Registered Nursing (RN) Trainee Preceptorship
- **LA Unified School District:** West Vernon & 20th Street Elementary School
- **One LA Community Coalition**

### Clinical Operational Overview



### ANXILLARY SERVICE CHIEFS

Sandra Hudson, R.Ph.  
Pharmacy

Dennis Takahashi  
Laboratory

Juan Velasquez  
Radiology

### QUICK FACTS

- Annual operating budget 42M dollars
- 350 + employees
- As of October 2011, assigned 1,565 Seniors/Persons with Disabilities (SPD)
- 7,100 Healthy Way LA patients enrolled
- 650 new patients seen each month
- 154,000 patient visits annually
- 48,000 visits related to Urgent Care clinic
- 300 + patients seek Primary Care appointments monthly
- Patients Predominate Hispanic females,
- Preferred languages: English, Spanish and Asian/Pacific Islander
- LA County DHS 2011 Nursing Attendant of the Year: *Xiomara Blanco*
- LA County DHS 2011 Central Service Technician of the Year: *Denise Simpson*
- LA County 2011 Quality and Productivity Commission Award Recipient

# HUBERT H. HUMPHREY COMPREHENSIVE HEALTH CENTER



Cynthia Nalls  
Administrator



Paula Wauls  
Assistant Administrator



Lakshmi Makam, M.D.  
Medical Director

## Hours of Operation:

Clinics  
8 am—5 pm  
Monday-Friday

## Family Planning Clinic:

8 am-5 pm  
Monday-Thursday  
Friday 7:30 am-8 pm

## Urgent Care

7 days a week  
8-12 am

## Services

The Hubert H. Humphrey Comprehensive Health Center (HHH CHC) is a fully Joint Commission-Accredited Ambulatory Health Care Center. Services offered include primary, specialty and urgent care services. Their mission is “to provide quality health care to the patients we serve in a culturally sensitive manner.” The focus of patient care is tailor-based to the needs of this diverse community. The staff is committed to the continued improvement and expansion of their services.

## History

The Hubert H. Humphrey Comprehensive Health Center opened in 1976 in order to provide primary care and urgent care to patients in the Southwest Region of Los Angeles County (formerly referred to as the Southeast Cluster). The facility covers 3.5 acres with a two story structure that is 143,000 square feet of clinical, office, and assembly space. The Health Center boasts 86 patient exam rooms and adjacent parking spaces that accommodate over 300 vehicles all of which are due to be expanded in Fiscal Year 2012.

## Clinic Leadership

CEO Cynthia Nalls has over 15 years of experience in DHS Ambulatory Care, including five years as Ambulatory Care Administrator in a hospital-based outpatient program. She has provided administrative oversight for grant-funded programs as well as organized and implemented the opening of the Referral Center. This Center serves as the gatekeeper for processing specialty referrals received from Community Partners and Department of Health Services facilities.

CMO Lakshmi Makam, MD has 27 years of experience in Personal and Public Health Systems as both a Pediatrician and CHP Medical Director. She has served in the capacity of Medical Director at HHH CHC since 2003. She pioneered the “Nurse Only” Retinal Photo Clinic for the screening of diabetic patients. She was instrumental in establishing Open Access in the Adult Clinics which decreased the broken appointment rate down to 25%.

## Challenges

40% of the population in the area served by HHH CHC does not have access to healthcare. 50% of whom have to wait a minimum of one month to be seen by a specialist.

As of 2001, according to a study by the Los Angeles County Department of Public Health, the demographic includes more than 15,000 homeless people. Of these homeless people:

- \* 46% were diagnosed with addiction related substance abuse
- \* 5% suffered from mental illness
- \* 13% were diagnosed with both substance abuse and mental abuse problems
- \* 3% were diagnosed with HIV/AIDS
- \* 14% were victims of domestic violence

## Recent Accomplishments

- ◆ March 2009: Accredited by Joint Commission
- ◆ Established a relationship with Sheriff's department, to secure a safe environment surrounding the facility
- ◆ Implemented a Central Appointment System
- ◆ Increased patient visits and positive experiences



## Specialty Clinics

Hubert H Humphrey has enhanced their Specialty Clinic services to include *Diabetes Eye Screening/Retinal Photography*. This is a nurse only service and a non-invasive procedure is used for the early detection of retinal problems and diseases such as those associated with glaucoma, macular degeneration, diabetic retinopathy, and optic nerve damage.

This service was primarily established to provide timely care access to Diabetic patients. More than 35% patients have a primary or secondary diagnosis of Diabetes. Eye diseases can cause partial vision loss or blindness and are detected with Retinal Photography. Other diseases such as high blood pressure and tumors can also be detected.

Podiatry care is another specialty clinic which is available to patients at the clinic. This clinic has five sessions scheduled per week and provides services to improve patient outcomes in compliance with Chronic Disease Management (CRM) guidelines. Some of the most common conditions seen in the Podiatry Clinic are Diabetic Neuropathy, Ingrown Toenails, Bone Spurs, Plantar Faciitis, Fungal Infections, Bunions, Hammer Toes along with follow-up care for sprains and fractures. Additional services provided by the clinic include heel injections for soft tissue injuries, toe nail removal, toe nail trimming for diabetics, wound debridement, and surgical intervention for pain.

These expanded services help to ensure appropriate health care intervention and increases the potential for positive health outcomes.

## Planned Capital Improvements

- ◆ Completion of Board approved Beautification Project, initiated in 2008 by then Supervisor Yvonne B. Burke, portraying a more aesthetic appearance to the center for the community we serve
- ◆ Award of Second Board approved Capital Project for an Urgent Care Expansion Project, construction began in 2010
- ◆ Approval and Award of Capital Project to replace antiquated x-ray equipment
- ◆ Approval and Award of Capital Project to replace roof which is over 35 years old

## Region Demographics

Certified as an ambulatory care center, residents from the communities of Athens, Compton, Crenshaw, Florence, Hyde Park, Lynwood, Paramount and Watts are assisted at this health center

### Ambulatory Care Statistics FY 09/10

- Total annual visits: 127,744
- Dollarhide Visits: 8,101
- UC visits: 33,457
- Number of specialty clinics: 5



## LONG BEACH COMPREHENSIVE HEALTH CENTER BELLFLOWER HEALTH CENTER



**Donna Nagaoka**  
Administrator



**Jeffrey Barbosa, M.D.**  
Medical Director



**Thuy Banh**  
Assistant Administrator

It has been an exciting year for the Long Beach Comprehensive and Bellflower Health Centers. By year-end, we will have provided care for approximately 88,000 patient visits, which equates to over 100,000 charts being pulled; over 423,000 prescriptions filled; over 14,000 radiology tests being performed; and over 50,000 blood draws.

The strength of our clinic has been in being innovative, patient-driven and efficient. To that end, we implemented many programs this past year, such as eRecovery, patient-centered medical home and employee health. We introduced i-Stat, consolidated our laboratory services and welcomed the co-location of the Department of Mental Health. We also received a grant from the Port of Long Beach for the opening of a cardiovascular diagnostic lab and continue to seek projects that strengthen our relationships with other clinics, hospitals, and community partners.

As CEO, I am proud of all the work that is being done but this is only the beginning. As Ambulatory Care becomes the emphasis for the Department of Health Services, we must strive to deliver more patient-centered quality care to our community. Our focus this coming year will be communication and customer service -- both internally and externally. This will become vitally important as we gear up to recruit and retain our Seniors and Persons with Disabilities (SPD) and Healthy Way L.A. (HWLA) patients under the new 1115 Waiver.



### LONG BEACH CHC RECEIVES \$661,000 GRANT FOR CADIOVASCULAR LAB

On April 18, 2011 the Port of Long Beach awarded the Long Beach Comprehensive Health Center (LBCHC) \$661,318 to open a Cardiovascular Laboratory. The grant was offered as part of the Port of Long Beach's Health Care and Senior Facilities Port Mitigation Grant Program. Through a competitive grant process, the grant written by the team of Tyler Seto, M.D., Jeffrey Barbosa, M.D., Thuy Banh, and Donna Nagaoka was selected for full funding. The grant will cover all facets of implementing a cardiovascular laboratory at the LBCHC, including design, construction, equipment and staffing for a period of five years. This will allow LBCHC to offer more timely stress treadmills as well as diagnostic echocardiograms to patients. This will decrease the need for patients to travel to Harbor-UCLA for services and moves LBCHC toward its goal of offering improved patient centered services onsite, while assisting in decompressing some of the specialty needs at Harbor-UCLA for diagnostic services. In addition, the grant will fund a case manager to assist in running the cardiovascular laboratory as well as to implement improved screening and treatment of patients with pulmonary disease who utilize the clinic. This is a great collaborative opportunity for the clinic and the Port of Long Beach to improve the health of the surrounding communities through early detection and treatment of cardiovascular and pulmonary disease.

## LABORATORY CONSOLIDATION / I-STAT

In our ongoing efforts to more efficiently utilize our limited resources, LBCHC reviewed data for laboratory services and determined that expensive and space-consuming lab equipment was being used for an average of 10 STAT labs per month. By collaborating with Harbor-UCLA Medical Center's Laboratory, LBCHC was able to obtain an I-STAT analyzer at no additional cost. The I-STAT provides rapid and accurate blood gas and chemistry results in the clinic at the point of care, thus eliminating the need for expensive and space-consuming lab equipment while maintaining our ability to run STAT labs. By consolidating the remaining laboratory services to Harbor-UCLA, LBCHC will be able to significantly improve and expand patient care services.

## SCOPE OF SERVICE

Primary Care	Specialty Care	Support Services
Adult Medicine Pediatrics Family Medicine Woman's Health --Family Planning Program --Cancer Detection Program Same Day/Walk-in Dental Optometry Healthy Way LA	HIV Ophthalmology Urology Gynecology Dermatology Anticoagulation Health Way LA Diabetic Disease Mgmt Podiatry	Laboratory Pharmacy Radiology (plain films, fluoroscopy, mammography) Social Work Nutrition

\* Accredited by the Joint Commission (No recommendation were given in March 2009 survey)

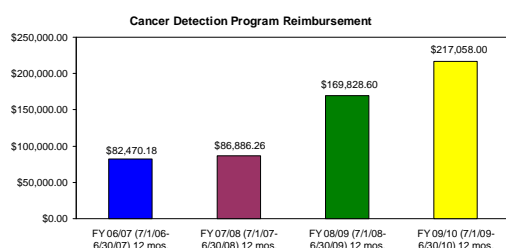
## EMPLOYEE HEALTH PILOT

In April 2011, LBCHC and BHC launched an Employee Health pilot program with the goal of creating a more efficient health clearance process for staff, while also supporting regulatory compliance efforts.

With the support of Erika Sweet, co-chair of the DHS HR/EHS Standardization Committee and Director of Harbor-UCLA's Employee Health Program, local nursing staff were trained on the annual health clearance process including placement/reading of PPD, Fit Testing and maintaining health records through DHS's electronic tracking system for health clearances and flu shots.

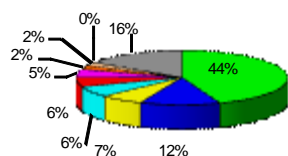
Under this pilot, LBCHC and BHC staff are no longer sent to Harbor-UCLA for their annual health clearances. Instead, they attend on-site clinics run by trained RN's each month, which saves both staff time and resources.

## CLINICAL OUTCOME



Despite decreases in enrollment beginning in 09-10 fiscal year due to cessation of new enrollees, overall reimbursement to LBCHC increased 28% for the Cancer Detection Program.

## PATIENT VISITS BY FINANCIAL CLASS FY 2009-2010



Medi-Cal	12.09%
MediCare	3.26%
Private Ins	9.63%
Uninsured	75.02%

## DEMOGRAPHICS

Community	Patient Population	Top Diagnosis
<u>Zip code</u> 90805, 90813	Black 19% Asian 10% Hispanic 58% Other 1%	Diabetes Hypertension Dental Caries Lower Back Pain Hyperlipidemias
<u>Population</u> 151,287 (2000 Census)	White 12%	HIV Asthma Esophageal Reflux
<u>Poverty level</u> 49,639 33%		

## Administrators

Ruben Mendoza  
Business Office Manager

Peter Allen  
Facilities Management

Sandy Mungovan  
I.T. Director

Harriet Vaughns  
Laboratory Director

Carl Ann Dyer  
Medical Records Supervisor

Michelle Kim, RN  
Nursing Supervisor

Peter Chen, PharmD  
Pharmacy Director

Ella Arevalo, RN  
Quality Improvement

Tomy Thomas  
Radiology Supervisor

Patricia Serna, LCSW  
Social Worker

## Operating Budget

LBCHC - \$19,914,690  
BHC - 3,513,180

Total \$23,427,870



## MID-VALLEY COMPREHENSIVE HEALTH CENTER



Carla Niño  
Administrator



Joseph Blank, MD  
Medical Director



Linda Kim-Fung, RN  
Clinical Nursing Director

**ValleyCare Health Centers** are the arm of the Los Angeles County Department of Health Services providing access to care in SPA-2. Mid-Valley Comprehensive Health Center (MVHCH) offers primary care services for adults, women and children as well as a range of specialty, ancillary, and pharmacy services. The San Fernando Health Center provides primary care and ancillary services, and is the implementation site for our first Medical Home team. Glendale Health Center provides primary care services and Vaughn School Based Health Center focuses on pediatric and teen clinical services.

### Accomplishments: Point Of Care Testing (POCT) Consolidation

Point of Care Testing (POCT), a screening laboratory tool, was performed concurrently across five different units, by five different licensed nurses, daily at MVCHC. Upon evaluation of process effectiveness, nursing leadership consolidated the POCT into one unit staffed by one licensed nurse. This consolidation resulted in a savings of 32 man-power hours per month, equating to \$4,200 monthly salary savings; the equivalent of one full-time Licensed Vocational Nurse. The cost benefit analysis also compared the cost and savings of supplies, equipment, and administrative expenditures. There was a 30% reduction of POCT tests performed per month, mostly associated with test controls performed by the nursing staff. Random time-studies and patient satisfaction surveys were conducted throughout the project and the results revealed no adverse impact on patient care, patient flow and customer service. The process continues to be monitored to ensure timely testing and customer satisfaction.

### Pharmacy eRecovery Program

Many hospitals are deeply involved in the business of providing care to those individuals with little or no ability to pay for the services they receive. Cost control, particularly in pharmaceuticals, is an extremely important initiative. Maximizing access to charity programs is of vital necessity. eRecovery is Cardinal Health's outsourced solution that provides ValleyCare Health Centers with the ability to focus on patient care and pharmacy operations, while Cardinal Health works to recover the cost of medications dispensed in the treatment of uninsured patients. Patient Assistance Programs (PAPs) are charity organizations established by individual pharmaceutical manufacturers whose purpose is to increase indigent access to each manufacturer's medications via an application process. The end result of the process is the receipt of free drug by an indigent patient. In 2009-10, the Mid Valley CHC and San Fernando were reimbursed \$354,847 through the E-Recovery Onsite program. In 2010-11, reimbursements were \$1,136,411, a 70% increase.

### Programs/Affiliations

The adult continuity clinics at MVCHC, under the direction of Dr. Siamak Basiratmand, have remained in the top three outpatient rotations and were rated second among outpatient rotations during the 2010 annual survey by the UCLA-San Fernando Valley internal medicine residents. MVCHC offers residents ample opportunity to provide primary care to their patients over their 3 years of training under supervision of UCLA faculty. In 2010, UCLA Medical students rotated for a two week Medicine continuity rotation as a part of their Ambulatory Care block.

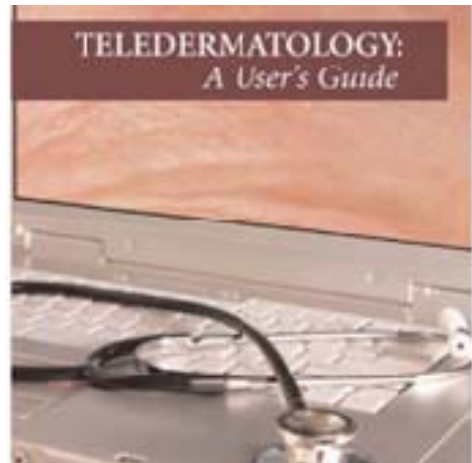
## TEEN FAMILY PLANNING CLINIC



Even though Mid-Valley Comprehensive Health Center (MVCHC) nurses are able to provide teens with information and education about family planning services, there are almost no existing teen patients seeking these services. Teens just want more privacy and nursing staff who are comfortable talking to and working with them. The ValleyCare Health Centers opened a new Teen Family Planning (TFP) clinic in May 2011. The mission of TFP is to empower teens to take charge of their sexual health. Dedicating the old ValleyCare Mobile Health Unit, on Thursday afternoons, teens can be seen on a primarily walk-in basis for all Family Planning services. The Mobile Unit ensures 12-18 year-old clients a private, friendly, and welcoming environment in which to seek confidential services. Teens can come to TFP just for education and counseling purposes, or can receive an exam, contraceptives, or an STI screening. By reaching out to this special population in a unique way, the TFP staff hopes to walk in the shoes of our teen clients and provide them with the best possible customer service! This is truly patient-centered care.

## Teledermatology

Access to dermatology was identified as one the of top five specialty care access needs in the San Fernando Valley. Partnering with the Valley Care Community Consortium, grant funding was obtained from Kaiser Permanente Community Benefits Program to develop interventions to improve access to specialty services. Using this funding, ValleyCare Health Centers implemented a teledermatology project. The project objective is to more appropriately treat certain dermatologic conditions through transmitting scans from the primary care setting to an off-site Dermatologist. While not a real-time consultation, this process provides the primary care provider with treatment options, decreasing the long waits to obtain a face-to-face appointment with a Dermatologist for high acuity patients. Of the scans completed, only 24% required an in-person consultation. Wait time for in-person visit reduced by 63% from May 2010 to May 2011. Referring physicians got feedback on diagnosis and management while the case was still fresh in their minds.



## Valley Care Community Consortium (VCCC)

In 1994 following the Northridge earthquake, the VCCC began meeting as a planning body for key safety-net providers to increase access to services for SPA 2 low-income residents. VCCC strives to create healthier communities in through collaboration, partnership, and implementation of innovative programs. The original partners, including ValleyCare Health Centers, came together with a simple yet bold purpose, to focus on "do-able" projects. One major collaborative project that began in 1998 was the convening of SPA 2 non-profit hospitals to leverage the SB 697 community benefits assessment requirements with the intention of pooling information to create a single document that would track trends and progress while allowing savings to be reinvested into the safety-net system. Since its initial publication, the SPA 2 Community Needs Assessment has continued every three years, expanding to include additional organizations and data. VCCC has developed a reputation for its research and special studies, such as capacity reports and specialized needs assessments.

# Roybal Comprehensive Health Center



Harry Furuya  
Administrator



G. Michael Roybal M.D.  
Medical Director



Joseph Allevato M.D.  
Medical Director



Debbie Duran R.N..  
Nursing Director

The Edward R. Roybal Comprehensive Health Center (ERRCHC), an ambulatory care facility located in the Greater East Los Angeles area, opened on December 10, 1979. The ERRCHC is one of 3 comprehensive health centers (CHC's) that is a part of the LAC+USC Healthcare Network. The LAC+USC Medical Center and one health center along with the 3 CHC's comprises the network. The ERRCHC was funded by the Los Angeles County Board of Supervisors to meet a growing need for primary care services. With an annual workload of about 79,000 visits, the ERRCHC is dedicated to providing quality, cost-effective services to the residents of East Los Angeles and to others who choose us as their health care provider.

## ACCOMPLISHMENTS

At Roybal Comprehensive Health Center(RCHC) many wonderful accomplishments were realized in the past year. Firstly, we were able to provide over 84,000 patient care visits. These visits included walk-in, primary care, women's health, pediatrics, and a multitude of specialty clinics. We were able to offer new services to patients, such as cardiology, stress testing, and a disease management clinic for patient with congestive heart failure. Our Nursing staff started a protocol-driven RN based phototherapy clinic to help consistently provide this service to many of the dermatology patients that need it. The facility also joined forces with the Department of Mental Health to expand their co-located mental health services that were previously limited to persons over 60 years of age to now treat all adults.

The entire staff pride themselves in continually trying to improve the quality of services we provide. Working with the Safety Net Institute, we joined the Seamless Care Initiative, a program designed to implement medical homes and improve the care of chronic diseases. We worked to utilize registries, empanel patients, and expand the team concept in providing care. Group visits to improve patient understanding and peer support for chronic conditions such as diabetes were also expanded. A renovation of the Fluoroscopy lab was started to incorporate more modern equipment. The Roybal Comprehensive Health Center was surveyed by the Joint Commission and was fully accredited. The staff won the best implemented patient safety project award at the annual DHS Patient Safety Conference in October.

The Roybal facility hosted various dignitaries and events throughout the year. Congresswoman Roybal-Allard toured the health center. A Legislative day was hosted by the clinic which allowed 8 political representatives to meet with the health center's leadership and representatives from DHS. An informative discussion regarding the state of health care in the safety net and current political policies developed. Roybal was also the site for the Low Income Health Plan Forum lead by Dr. Katz which brought in numerous patients to discuss how health care reform and Healthy Way LA could work for them.

Community Demographics  
Demographics (Fiscal Year 08/09 Information):

Patient Visits approx. 79,000 visits  
Unique patients = approximately 21,000

Summary by Race:

Hispanic = 89%  
Caucasian = 4%  
Asian = 3%  
Black = 2%

Language Spoken:

Spanish = 63%  
English 24%







## Diabetes Managed Care Program

In January, 2011 a delegation from White Memorial Hospital visited Edward R. Roybal Comprehensive Health Center to learn about the phenomenal work performed by Roybal's physicians, nurses, and staff in the field of diabetes prevention and treatment. Under the leadership of Dr. Anne Peters, a nationally renowned Diabetologist, the Roybal Diabetes Managed Care Program offers team-based comprehensive diabetes preventative care to residents in East Los Angeles and the surrounding San Gabriel Valley communities. The visit from neighboring White Memorial Hospital was prompted by the growing reputation of the excellent care provided at Roybal, and was arranged at the request of U.S. Representative Lucille Roybal-Allard's office — a strong supporter of expanded healthcare and diabetes prevention programs. This program serves as a model for diabetes disease management across DHS and throughout L.A. County. Patients receive all laboratory tests while they are evaluated by a diabetes educator and a diabetes specialist who develops a diabetes management plan. By educating patients about diabetes control, Dr. Peters, Dr. Elizabeth Beale, Administrator Harry Furuya, and the entire Roybal CHC team, work collectively to reduce health complications and improve the lives of our patients. During National Diabetes month, Dr. Peters penned an opinion article advocating more farmer's markets and higher nutritional value choices in East Los Angeles.

Roybal Comprehensive Health clinic is part of a safety net that provides health services to people of all ages residing in Los Angeles County. Child Health Disability Prevention (CHDP) exams; adult primary care, family medicine, family planning, pediatrics, Senior Clinic, Women Services, same day service and immunizations. Referrals are required for specialty services such as colposcopy, dermatology, diabetes management, cardiology, endocrinology, gastroenterology, liver, ophthalmology, podiatry CHDP provides regular, preventive health assessments and developmental assessments for children from birth to age 21 who are Medi-Cal eligible and for children from birth through age 18 whose family income is less than 200% of the federal poverty level. The check-ups are offered at set intervals and may include the required Head Start or State Preschool and pre-first grade exams. The Department of Dermatology provides a broad spectrum of comprehensive outpatient care for patients with diseases of the skin, hair and nails. Three dermatology clinics per week and two dermatology surgery clinics are currently being held.

Patient Visit Redesign was implemented at ERRCHC in March 2005 to eliminate patient waiting time, thereby decreasing the cycle time, increase provider productivity, improve patient flow, and provide a more efficient patient-focused visit. Patients receive care from their provider and nursing team, as well as patient education, and post counseling in the exam room. Prior to the project's inception in 2005, the patient visit baseline cycle time was 103 minutes. Currently, the cycle time averages 53 minutes and the provider productivity averages 2 patients per hour. ERRCHC continues to monitor the cycle times and provider productivity to maintain the improvement.

	May 2005 (Baseline)	October 2005	Jul 2010- Jun 2011	GOAL
Average Cycle Time (mins)	103	45	53	60
Provider's Productivity (per hr)	2	2.6	2	2
<b>July 2010 - June 2011</b>	<b>Target Goal (mins)</b>	<b>Average Cycle Time (mins)</b>	<b>Target Goal</b>	<b>Ave Provider's Productivity</b>
Family Medicine	60.0	60.2	2.0	2.0
Medicine 1	60.0	46.7	2.0	2.0
Senior	60.0	47.9	2.0	2.3
Pediatric	60.0	47.2	2.0	1.3
Medicine 2	60.0	53.7	2.0	2.0
Women's	60.0	64.4	2.0	1.8
	<b>Ave Cycle Time:</b>	<b>53</b>	<b>Ave Productivity:</b>	<b>2</b>

**Crystal Diaz**  
Assistant Administrator

**Teresa Lau**, Pharm D.  
Pharmacy Director

**Elizabeth Fuentes**  
Radiology Supervisor

**Marlene Tong**  
Laboratory Supervisor

**Linda Rosiles**  
Building Coordinator

**Sandra Villabos**  
Safety Officer

**Rizalina Ho**  
Performance  
Improvement Coordinator

**Maria Castro**  
Customer Service  
Supervisor

**Olivia Cuevas**  
Medical Records Director

**Ruth English, DDS**  
Dental Chief

## Clinical Areas

10 service  
modules  
95 medical  
examination  
rooms

## Dental Services include

Fillings  
Cleanings  
Dentures  
Extractions  
Root canals

# HARBOR-UCLA MEDICAL CENTER



**Delvecchio Finley**  
Chief Executive Officer



**Hal Yee MD**  
Acting Chief Medical Officer



**Calvin Kwan**  
Interim Chief  
Operations Officer



**Peggy Nazarey, R.N.**  
Chief Nursing Officer



Harbor-UCLA Medical Center is a licensed 538 bed acute-care facility, owned and operated by the Count of Los Angeles, and affiliated with the UCLA Schools of Medicine, Nursing and Dentistry. The medical center has been providing health care service to the Greater South Bay community since 1946 through its inpatient, emergency, and ambulatory care programs. For more than half a century, Harbor-UCLA Medical Center has been a prime provider of high-quality, cost-effective health care to insured and uninsured Los Angeles County residents, alike. Harbor –UCLA is an integral part of the County's healthcare safety net, a world-class academic medical center, and a major medical research site.

In November of 2010, the Trauma Program at LA County/Harbor UCLA Medical Center was re-verified as a Level 1 Trauma Center by the Committee on Trauma (COT) of the American College of Surgeons (ACS). This Level I designation, the highest possible, recognizes the trauma center's dedication to providing optimal care to injured patients. The Trauma Program represent a cooperative effort by staff from Trauma Surgery, Emergency Medicine, Orthopedics, Neurosurgery, Radiology, Nursing and other disciplines. Additionally, in February of 2011 Harbor UCLA enjoyed the completion of a new 544 space employee parking structure, a critical step in our plans to construct a new building housing our Emergency Department & 16 new operating rooms.

Harbor –UCLA has been affiliated with the UCLA School of Medicine since 1951. Today, the medical center is an important training ground with 310 paid faculty physicians, all with a teaching appointment with UCLA's medical school~ and 665 volunteer faculty. Additionally, for more than half a century, Harbor-UCLA has been affiliated and conducting a broad range of important medical research with LA BioMed (formerly, the Research & Education Institute). Thousands of individuals, Harbor-UCLA patients and others, have directly benefited from this partnership's medical breakthroughs and clinical trials. This collaboration has resulted in the modern cholesterol test, important contributions to treatments for aneurisms, cancer, infectious diseases, pulmonary disorders, and other conditions, as well as major clinical discoveries in perinatal, vaccine, and women's care research.

Led by Chief Executive Officer, Delvecchio Finley, Harbor UCLA Medical Center, with a staff of almost 5,000 employees, serves a diverse community of almost 3.2 million residents. As the nucleus of an integrated, health care delivery system, the medical center continues to excel in patient-centered care, medical education, and research.

## Safety Program Targets Youngest Patients

The Harbor-UCLA Neonatal Intensive Care Unit (NICU) has significantly reduced occurrence of a common hospital infection thanks to participation in a statewide collaborative to decrease the number of Central Line Associated Blood Stream Infections, or CLABSIs. These serious infections can result in prolonged hospital stays, increased medical costs, and higher risks of morbidity.

Since 2008, NICU staff have completely transformed hospital practices to reduce CLABSIs, demonstrating that dramatic improvements are possible by monitoring outcomes, providing continuous feedback to the staff, performing a thorough investigation into each CLABSI, and instituting rapid changes to clinical practice. NICU staff performed "CSI"-style investigations of positive cultures within 48 hours of infection, and began tracking the number of approaches to the central lines for each baby. Through continual analysis, the hospital discovered that very low birth weight infants (less than 750 grams) had a higher rate of CLABSIs. They also determined that CLABSIs usually occurred after a number of line approaches to change intravenous medications, TPN, and IV tubing. An intervention was implemented to change all central line tubing in a single approach using a sterile technique. At the beginning of the project in 2007, rates for CLABSI were 7/1000 line days as reported by the laboratory. As of August, 2011 the NICU had experienced 365 days without a CLABSI.



### Trauma Care for Region



Harbor-UCLA Medical Center was re-verified as a Level I Trauma Center by the Committee on Trauma (COT) of the American College of Surgeons (ACS) in 2010. Level I designation, the highest possible, recognizes the trauma center's dedication to providing optimal care to injured patients.

The Trauma Program represents a cooperative effort by staff from Trauma Surgery, Emergency Medicine, Orthopedics, Neurosurgery, Radiology, Nursing and other disciplines. For the local community, Harbor-UCLA provides access to state-of-the-art trauma care at a moment's notice any time day or

night. The Trauma Program evaluates approximately 2,500 trauma patients annually and over 7,000 emergency surgery patients. It also serves as one of the major academic sites for trainees from the David Geffen School of Medicine at UCLA as well as other institutions. Through its association with the Los Angeles Biomedical Research Institute, Trauma Program staff conduct on-going clinical and basic science research projects.

The Trauma Program includes a full-time injury prevention program, which educates members of the community about child car seat safety, pedestrian safety, fall prevention, and interventions to reduce gang violence in association with local law enforcement agencies. The Trauma Program is also proud to deploy the only Hospital Emergency Response Team (HERT) in Los Angeles County. This specialized three-member team (pictured) can be dispatched anywhere within the County to perform advanced life-saving medical procedures in the pre-hospital setting.



**Susan Black**  
Chief Information Officer



**Jody Nakasuji**  
Chief Financial Officer

### Hospital Child Center Earns Accolades



The Pediatrics Child Crisis Center is a well-established program in child physical and sexual abuse and neglect that was recognized by the District Attorney's Office in 2011 for its outstanding service to victims and witnesses of crime. The Center is a medically based program responsible for evaluating and supporting children who have been the victims of traumas such as physical abuse, sexual abuse, neglect or witness to violent crimes. The Center employs trained staff who conduct forensic medical evaluations and interviews and provide mental health crisis intervention.

### Harbor-UCLA Tests 'Green' Parking



As part of efforts to utilize renewable energy in current and future capital projects, Harbor-UCLA is deploying green technology in a new parking structure to conserve energy. Photovoltaic (PV) is a renewable energy source comprising solar cells that convert sunlight directly into electricity using semiconductors. The panels are located on top of the new parking structure and cover an area of 8,700 square feet.



**Sandy Mungovan**  
Chief Information Officer

### Sexual Assault Response Team (SART)

Harbor-UCLA has received formal designation from the Los Angeles County Emergency Medical Services Agency as a pediatric SART Center. 'SART' stands for 'Sexual Assault Response Team' and the concept has evolved nationwide out of a need to optimize the response of the medical community to the needs of victims of sexual abuse and assault. These needs are multidisciplinary in nature, and the SART designation requires patient access not only to medical services, but also to crisis advocates.

The multidisciplinary team includes social work and mental health professionals that specialize in the assessment of victims of alleged child abuse. Medical providers on the SART team participate regularly in training regarding the assessment and care of pediatric victims of sexual assault, and have also received certification from the California Forensic Medical Training Center in the performance of evidence collection. Team members work closely with professionals from the law enforcement and child protective services communities.

# LAC + USC Healthcare Network



**Pete Delgado**  
Chief Executive Officer



**Stephanie Hall, MD**  
Chief Medical Officer



**Irene Recendez, RN**  
Chief Nursing Officer



**Henry Ornelas**  
Chief Operating Officer

## Outpatient Clinic Building (OPD)



LAC+USC Medical Center (LAC+USC) is a teaching hospital that serves the central region of Los Angeles County. LAC+USC treats more than 28 percent of the region's trauma victims, is one of the largest acute care hospitals in the United States, and the largest single provider of health care in Los Angeles County. LAC+USC is also one of the busiest public

hospitals in the western United States, recording approximately 39,000 inpatient discharges and 1 million ambulatory care visits per year.

The Department of Emergency Medicine has one of the largest patient volume censuses in the world, with approximately 150,000 visits per year. In cases of disaster, it is the major emergency resource for the community. LAC+USC is a referral center for burns, communicable diseases, and other types of severe trauma and illness. The hospital also operates one of only three burn centers in Los Angeles County. In addition, LAC+USC provides inpatient and outpatient services for the most acute cases of mental illness. Through its affiliation with the Keck School of Medicine of the University of Southern California, LAC+USC trains approximately 1,500 medical professionals each day, including more than 870 medical residents in nearly all specialties. The hospital is also the home of the Los Angeles County College of Nursing and Allied Health, which has prepared registered nurses for professional practice since its founding in 1895.

## Violence Intervention Program

Led by Executive Director Dr. Astrid Heppenstal Heger, the Violence Intervention Program (VIP) is a non-profit, hospital-based program at LAC + USC Medical Center which offers medical, mental health, forensic, legal and supportive services to victims of child abuse, domestic violence, sexual assault, elder abuse and dependent adult abuse and their families. VIP acts as an umbrella program that is comprised of 7 different components: Everychild Foundation, Center for the Vulnerable Child, VIP Community Mental Health Center, Inc., Community-Based Assessment and Treatment Center, Adult Protective Team, Sexual Assault Center, 24-Hour Domestic Violence Response Teams and L.A. County Elder Abuse Forensic Center.

## Breath Mobile Drives Good Community Health

The LAC+USC Breathmobile program dispatches fully stocked medical vans out to schools across Los Angeles County to help kids battling asthma. The program, which started in 1995, was designed to reach low-income asthmatic children and their families who cannot afford treatment. The program has led to a 76 percent reduction in hospitalizations, a 62 percent reduction in ER visits, and a 75 percent reduction in missed school days due to asthma. Students are pre-screened by respiratory therapists and Breathmobile staff provide physical examinations, pharmaceutical treatment and free medications to take home. The Breathmobile visits each school every six weeks. Based on its success, The County Board of Supervisors gave the program the "Top 10" award for enhancing citizens' quality of life, and the Quality and Productivity Commission bestowed it with the "Million Dollar Club" award for cost savings.





## Maternal, Child & Adolescent



The mission of the LAC+USC Maternal, Child & Adolescent (MCA) Center is to provide comprehensive, multidisciplinary care to women, children and adolescents with special needs in a culturally sensitive environment. The MCA Center treats pregnant women with HIV infection, and provides care in all aspects of the disease in one setting by a multi-disciplinary team of medical experts.

Program areas include primary and subspecialty medical care, behavioral and mental health, prevention services, clinical research, laboratory research, and ancillary and support services such as case management, childcare, dental screenings, nutrition, education, translation and transportation.

Significant clinical accomplishments include 100% prevention of maternal-child transmission since 1996 in patients who received prenatal care at the MCA; 90% retention in clinical care and research studies; and dramatically reduced rates of morbidity and

mortality of HIV-infected women and children.

The MCA Center conducts research into HIV disease progression and related research areas. The research efforts of the MCA Center have far-reaching public health policy implications in the creation of guidelines for HIV testing of pregnant women, treatment of children, and development as a model of care and training.

## Epilepsy Clinic: Unique Collaboration between LAC+USC and Rancho Los Amigos

The goal of this premier epilepsy center is to provide accessible, customized multidisciplinary care, using the most innovative therapies and research in the quest to cure this disease. Epilepsy is the most common neurologic disorder worldwide. Epilepsy affects 50 million persons worldwide, 3 million in the U.S. and \$17.6 billion annually direct and indirect cost in the U.S. There are 10,000 uninsured or under-insured patients with refractory epilepsy in L.A. County alone. Established in 1991 with members of LAC + USC Medical Center, Keck School of Medicine Department of Neurosciences and Rancho Los Amigos

Rehabilitation Center, the program has since developed a Specialized Intractable Epilepsy clinic, A High Risk OB Epilepsy clinic and the first Pediatric Epilepsy clinic in the county.



## Epilepsy Care Center Accomplishments

- ◆ Highest in U.S. due to 75% increase in case volume for surgical resections for epilepsy compared to 2010
- ◆ First pediatric epilepsy surgery cases at LAC + USC
- ◆ First epilepsy surgery case at RLANRC
- ◆ First electrocorticography-guided resection of epilepsy focus
- ◆ Awarded "Special Merit Plaque" by L.A. County Productivity and Quality program
- ◆ Dr. Charles Liu, Director of Epilepsy Surgery, awarded \$1 M research grant by Rudi Schulte Research Institute
- ◆ Dr. Christie Heck, Director for the Comprehensive Epilepsy Program recognized by National Academies Institute of Medicine panel "Public Health Dimensions of Epilepsy"
- ◆ Dr. David Millett, Director of Epilepsy Program at RLANRC and Dr. Susan Shaw awarded \$300K grant from the National Science Foundation.
- ◆ The establishment of Epilepsy Neurosurgery Fellowship
- ◆ The establishment of two epilepsy neurology fellowships through the Greater L.A. Epilepsy Foundation



- ◆ 600 General Acute licensed beds
- ◆ 130-bed Adult Medical/Surgical Intensive Care Unit
- ◆ 319-bed Medical/Surgical Acute Care Unit
- ◆ 10-bed Burn Acute Care Unit
- ◆ 10-bed Burn Intensive Care Unit
- ◆ 24-bed Jail Unit
- ◆ 10-bed Pediatric Intensive Care Unit
- ◆ 25-bed Pediatric Acute Care Unit
- ◆ 40-bed Neonatal Intensive Care Unit
- ◆ 32-bed Obstetric Unit
- ◆ 76 Acute Psychiatric beds
- ◆ 124 offsite psychiatric services beds

## Region Demographics

Hispanics—56.4%  
Black -11.9%  
Asian—14.3%  
White -16.3%  
Other- 2.1 %

## Hospital Patient Demographics

Hispanic—67%  
Black-14%  
Asian -7 %  
White 12%

## Medical Residents

Interns—152  
Residents—568  
Fellows—158  
Total—858

## Registered Nurses

—900

Nursing support  
—1,700

## Top-5 ED & Admission

### Diagnoses:

Psychiatric  
Diabetes  
Asthma  
Substance Abuse  
Hypertension

# OLIVE VIEW –UCLA MEDICAL CENTER



**Carolyn Rhee**  
Chief Executive Officer



**Rima Matevosian, MD**  
Chief Medical Officer



**Dellone Pascascio, RN**  
Chief Nursing Officer



**Niloo Shahi**  
Chief Operations Officer

Olive View-UCLA Medical Center was established in 1920 devoted to the treatment of tuberculosis. In 1962, Los Angeles County reviewed its Health Services Delivery System Plan and initiated construction of a new 888 bed acute care hospital to meet the growing needs of the community and to replace outdated 1920's buildings. The new facility was completed in 1970 on the present Sylmar site.

On February 9, 1971, a severe earthquake destroyed the hospital. It was demolished and a 576 bed replacement facility was designed. Fiscal constraints and a change in emphasis to outpatient care resulted in a 350 bed replacement facility with increased outpatient services.

In the interim, Olive View operated at three locations: Mid-Valley Hospital, comprised of a 123 bed inpatient facility and office/outpatient clinic facilities; the original Sylmar location in buildings which were not damaged in the earthquake; and in leased space, first at Valley Hospital, subsequently at San Fernando Community Hospital and then at Psychiatric Hospital at LAC-USC Medical Center. The replacement facility, licensed for 377 beds, was completed in May 1987. Olive View– UCLA Medical Center has evolved into a major general acute teaching facility serving the residents of the San Fernando and Santa Clarita Valleys.

Following the January 1994 earthquake, inpatient and outpatient clinic services were temporarily interrupted, though the Medical and Psychiatric Emergency Rooms continued to operate. The earthquake caused major water damage on every floor and general systems failure. Approximately 300 patients were transferred to other facilities or discharged. After a thorough inspection by the Office of State Health Planning and Development (OSHPD), the structure was declared safe. Restoring all services was top priority and facility repairs began immediately. Within 41 hours, on January 18, 1994 at 9:15 p.m., Olive View-UCLA was ready to provide a full scope of services with limited bed capacity.

## New Emergency Room

On February 14, 2011, the official ribbon cutting ceremony to open the new Emergency Room at Olive View took place. The new Emergency Room is 31,000 square feet and has 51 treatment areas including general treatment rooms, trauma/procedure rooms for the sickest patients, treatment rooms specially equipped for orthopedic patients, treatment rooms specially equipped for patients with ophthalmologic problems, treatment rooms for short-term observation of cardiac patients, obstetric-gynecological exam rooms, isolation (negative pressure) rooms to manage patients with infectious diseases, and bays that will be used for rapid medical screening exams (MSE) to expedite the flow of patients seeking care.



## Breast Cancer Patient Navigation Program

The goal of the Avon Cares for Life Program is to ensure timely access to clinical services and community resources for patients diagnosed with breast cancer, reduce the psychological impact of cancer by providing comprehensive psychosocial assessments and counseling, provide quality clinical services in survivorship care, and to facilitate participation in clinical trials. There are five primary program components: patient navigation, psychosocial support services, a high risk program, survivorship, and clinical research. The Program has provided navigation and support services to over 700 unique patients since 2006, reduced time from biopsy to treatment from 53 days to 35 days, and improved treatment compliance from 75% to 97%. Surveillance mammography improved significantly from 52% to 76%, and access to community resources was facilitated resulting in a total of more than \$180,000 in monetary allocations since 2008.





## Affiliations

The mission of the County of Los Angeles Department of Health Services (DHS) is to ensure access to high quality, patient-centered, cost-effective health care through direct services at DHS facilities and through collaboration with community and university partners. The mission of the David Geffen School of Medicine is to prepare its graduates for distinguished careers in clinical practice, teaching, research, and public service. Recognizing that medical school is but one phase in a physician's education, an environment must be created in which students prepare for a future in which scientific knowledge, societal values and human needs are ever changing.

The Medical School Affiliation Agreement at Olive View-UCLA Medical Center provides for physician medical education and patient care services, increasing in the number of house staff. These increases comply with ACGME duty hour restrictions and ACGME workload restrictions, adjust to restructuring of affiliated programs, respond to ACGME or other regulatory findings or requirements, and maintain services despite loss of external subsidy or recruitment difficulties.

Olive View has 25 training programs with 201 University house staff. There are 5 Olive View based training programs and 20 UCLA based training programs. The training programs include: Emergency/Internal Medicine, General Internal Medicine, Hematology/Oncology, Nephrology, and Rheumatology. This training program received an Award of Excellence in Medical Education from UCLA School of Medicine having over 1400 applicants for only 28 positions.

## Palliative Care

There are approximately 13,000 acute adult admissions at Olive View-UCLA Medical Center yearly. Fifty percent of adult admissions are between ages of 30-59 and have little or no access to regular medical care. Patients often present with catastrophic and advanced illnesses. Malignancies and end stage renal disease make up 51% of the top ten discharges by DRG coding. The Palliative Medicine Service, an essential component of the residency program, is addressing the need to decrease the high number of ICU deaths by introducing goals of care discussions earlier in the disease trajectory and by offering families and patients alternative levels of care when curative options have been exhausted.

The biggest impacts are expediting symptom control and management, providing prompt psychosocial interventions, and providing smooth transition of care from the hospital. Palliative medicine is about improving the patient's quality of life when the curative is no longer an option. The Team's focus is always on meeting the patient's multiple and complex mental and physical needs, as well as the family's needs.

## Aurea Jamora, R.N. OVMC'S County Superstar

Aurea Jamora RN, Clinical Nursing Officer, was selected by DHS to receive recognition in the category of Fiscal Sustainability as a 2010 LA COUNTY SUPERSTAR, an annual award bestowed on the best and brightest employees. She was also honored with a Personnel Best Award during the 2011 Productivity and Quality awards Program. In a delicate balancing act of a "mean and lean" approach in resource utilization while maintaining optimal health care delivery, Ms. Jamora reduced overtime and registry usage in the Nursing Department amid the countywide hiring freeze. This was a daunting and complex undertaking, especially with the stringent nursing staffing ratio mandated by the state and confines of labor union MOUs.

Clearly, the success of cost saving through reduction in overtime and registry was not a one-woman show. It required participation of everyone in the department, from the clerical staff, frontline nurses, and nurse managers. However, Ms. Jamora was described as "a nova, shining much more brilliantly than any others, pointing the way, lighting the path and leading other stars to follow." Successful outcomes were realized with the overall reduction of nursing use of temporary personnel hours and dollars by 84% from the December 2008 baseline compared to June 2010 for a monthly savings of \$580, 000. Nursing overtime hours and dollars decreased by 48% from the November 2008 baseline, for a monthly savings of \$324,000.



**Tony Gray**  
Chief Financial Officer



**Susan Aintabian**  
Chief Information Officer



**Tom Beggane**  
Personnel Officer

## Administrators

**Stephanie Johnson**,  
Associate Hospital Administrator

**Azar Kattan**  
Associate Hospital Administrator

**Joe Keys**  
Assistant Hospital Administrator

**Lois Ramirez**  
Assistant Hospital Administrator

**Laura Sarff**  
Chief Quality Director

## RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER



**Jorge Orozco PT MHA**  
Chief Executive Officer



**Mindy Aisen, MD**  
Chief Medical Officer



**Karen Wunch, RN**  
Chief Nursing Officer

Rancho Los Amigos National Rehabilitation Center is proud of its world-class clinical services and is honored to serve one of the most vulnerable and complex populations in Southern California. Its extensive medical and rehabilitation services are designed to ensure that individuals overcome the effects of strokes, spinal cord injuries, traumatic brain injuries, pediatric injuries, and other neuro-muscular disorders and return to vibrant productive lives.

In addition to rehabilitation, Rancho provides quality medical/surgical inpatient and outpatient care to patients transferred from acute hospitals. It has become the center for acute stroke care with more acute stroke admissions than any other center in DHS. Our medical and clinical staffs have propelled Rancho to an outstanding record of 21 consecutive years. Rancho has ranked as the only hospital in California on the US News and World Report top 20 Rehabilitation Hospitals. This year all hospitals in the Los Angeles and Orange County Metro area were ranked by U.S. News and World Report and Rancho Ranked 7th out of 138 hospitals.

Rancho looks forward to a dynamic future and has invested in transforming its clinical and business models to ensure that it will become the provider of choice in Southern California. We have made our operations more efficient and have reduced our cost per patient day to one of the lowest in DHS. We have opened our doors to individuals in Southern California with insurance and have negotiated contracts with eight major health plans that have generated over \$2 million in additional revenue. We are most proud of our developing relationship with the Department of Veterans Affairs. In the last year we have provided quality services to over 300 veterans and hope to continue to be a valued resource to those who have served our Country.



### Best Hospital Ranking for 21 Years!

Rancho ranked 7th of 138 Best Hospitals in LA/OC Metro area by U.S. News & World Report and has been ranked in the top 20 "Best Rehabilitation Hospitals in the U.S." for 21 consecutive years. Rancho also ranked in the top tenth percentile in patient experience scores.

### Transforming the Model of Care

Under the guidance of our world class medical staff and clinicians, Rancho is transforming how care is delivered and focusing on the needs, voice, and experience of the patient and family. We have created a model of rehabilitation in the hospital, home, and community that maximizes recovery while being more affordable. Also we have created specialized medical homes for persons with disability to best meet their primary and specialty care needs in one location. Through all of these efforts we meet our mission to our patients, improve quality of life, and assist them on the road to recovery.





## Day Rehabilitation and Wellness Center



The Day Rehab and Wellness Center (DRWC) provides a unique program for individuals recovering from catastrophic illnesses. Participants of all abilities (patients, community members, and Rancho employees) take part in a wide variety of classes geared toward healthy living strategies. The classes emphasize education, socialization, and fun.

Some of the more popular classes include: Zumba, Toning, Cooking, Pilates, Dance, Holistic alternatives, and much more. The program has registered over 400 participants since January 2010, and is expected to keep growing as the *Life Gym* and additional classes are added in August 2011.



**Robin Bayus**  
Chief Financial Officer

## Language and Culture Resource Center

The Language and Culture Resource Center (LCRC) is the nation's leading program in providing language access to individuals with disabilities. The LCRC is the first program in Los Angeles County to facilitate the provision of high quality linguistic and culturally sensitive healthcare interactions. The LCRC implemented the Video Medical Interpretation technology which allows clinicians and patients to see and hear interpreters who are participating from remote locations throughout the state.

Other services provided by LCRC include the coordination of interpreter services for patients at no cost, written translation services, establishing contracts for interpreter services, provide devices for hearing impaired, maintain clearinghouse of culturally related materials and publications, coordinate diversity lectures and interpreter skills training, and monitors competency of staff interpreters. The LCRC has received numerous awards since its inception in 2000, including two Productivity and Quality Awards and one in the Top Ten category for Los Angeles County.



**Aries Limbaga, RN**  
Chief Clinical Officer

## Brain Injury Rehabilitation

As one of the premier rehabilitation institutions in the U.S., the Adult Brain Injury (ABI) Program continues this tradition of excellence by providing coordinated, case managed, acute inpatient rehabilitation services to persons over the age of 18 with traumatic and non-traumatic brain injuries. As a safety net provided, person having injuries resulting from motor vehicle accidents, blunt trauma, gunshot wounds and anoxia, as well as those combined with spinal injury or orthopedic fractures are eligible for treatment.



**Lilli Thompson, PT**  
Rehabilitation Therapy  
Director

## Health Plan Contracting

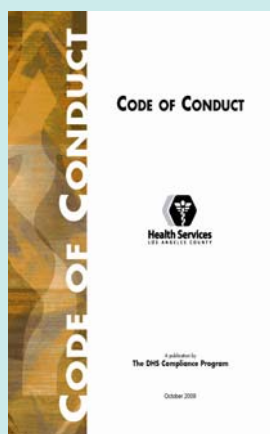
In FY 2010-11 Rancho implemented multiple major health plan contracts that provide health plan members with access to Rancho's world class rehabilitation services. These contracts led to 20% growth in rehabilitation admissions and an additional \$2 million in revenue. Health plan contracts were established with LA Care, Aetna, CalOptima, Cigna, Health Net, Kaiser Permanente, and Department of Veterans Affairs.



## AUDIT AND COMPLIANCE



**Tobi L. Moree**  
Chief Compliance  
Officer and Chief, Audit &  
Compliance Division



### Major Functions

The Audit & Compliance Division (A&CD) investigates allegations of employee and contractor misconduct from sources such as the County Fraud Hotline, the DHS Compliance Hotline, workforce members and others. The types of alleged misconduct include time abuse, privacy breaches, conflicts of interest, theft, misuse of County resources, operational inefficiencies and other types of misconduct and mismanagement. A&CD also manages the compliance program to prevent, detect, and correct inappropriate and illegal conduct. The A&CD develops standards of conduct (e.g., the Code of Conduct), evaluates compliance risks, conducts compliance audits, manages the Compliance Hotline, and develops compliance awareness training. A&CD also oversees contract monitoring activities to assess the quality of the monitoring reviews, and provide DHS facilities and programs with contract monitoring training and assistance. A&CD further administers the health authority law enforcement task force (HALT), a multi-agency task force that includes staff from the Sheriff's Department, the Los Angeles Police Department, and other state and federal agencies. The task force investigates criminal activities including the dispensing of illicit pharmaceuticals without a license, health care providers practicing without a license, and other criminal activity that may harm patients or endanger the public's health.

### Accomplishments in FY 2010/2011

- ◆ Ensured compliance with laws as a result of investigations related to time reporting, use of overtime, personal use of County resources, compliance with billing requirements, acceptance of gifts, compliance with contract terms, patient privacy, outside employment, and overpayments.
- ◆ HALT investigated 99 complaints, made 101 arrests and closed 10 businesses associated with illegal activities. HALT shut down a fraudulent clinic with a large quantity of prescription drugs, investigated a doctor's office that used unlicensed practitioners to treat patients and where prescription drugs were being sold illegally, and participated in a FBI sweep that targeted dozens of individuals involved in healthcare fraud.
- ◆ Identified approximately \$189,000 in overpayments to contractors through contract monitoring quality reviews.

## BOARD RELATIONS



**Wendy Schwartz**  
Director

The mission of the Board Relations Office is to assist the Board of Supervisors in obtaining Department of Health Services information necessary to make critical policy, funding and programmatic decisions and serve constituents. Board Relations works with Board Offices, the County Chief Executive Office, County Counsel, other departments, DHS staff and the public. The Board Relations staff presents information on upcoming departmental initiatives and action items at weekly Health and Mental Health Services Cluster Meetings; responds to questions from Board Offices and other stakeholders; tracks and oversees all communications with Board Offices, including reports and motion responses; and resolves constituent matters referred from Board Offices.

During FY 2010-11, The Board Relations Office implemented a new electronic tracking system to ensure more timely follow up to constituent issues. Board Relations resolved over 300 constituent inquiries during that time. Urgent inquiries are generally addressed in less than 24 hours. The majority of non-urgent inquiries were resolved within six business days.

In the last year Board Relations also managed the development of more than 200 reports and Board letters submitted to the Board on issues ranging from contracting issues to fiscal forecasts and updates on the department's ambulatory care transformation. These reports are also accessible to the community via the County website. In addition, in FY 2010-11 Board Relations oversaw numerous briefings and presentations for Board Offices and the public on critical department issues in areas such as finance, information technology, and patient care.





## COLLEGE OF NURSING AND ALLIED HEALTH



Nancy W. Miller, Ed.D., RN  
Provost

### Deans

Tammy Blass, Ed.D., RN  
Maria Caballero, BSN, RN  
Barbara A. Collier, BSN,  
Med, RN

### Administrators

Doris Dehart, BSN, RN  
Maryam Ibrahim, MSN, RN  
Diana Wagner, MSN, RN



The Los Angeles County College of Nursing and Allied Health is a public community college owned and operated by the County of Los Angeles. A unique and little known gem in the DHS system, the College has graduated over 10,500 remarkably skilled, knowledgeable, and creative entry-level and specialty area nurses for almost 120 years. Founded in 1895, the College mission is to support the educational needs of the LAC + USC Healthcare Network, the Department of Health Services and the entire County health care community by providing learning centered educational programs for healthcare students.

The College offers career development opportunities for students seeking nursing and allied health professions. The fully accredited College offers an Associate Degree of Nursing, continuing education programs for nursing professionals and ancillary staff, and credit and noncredit programs for health personnel.

The two-year Associate of Science Degree in Nursing prepares graduates for the NCLEX-RN exam and the challenges of a nursing career. Clinical experiences are offered at LAC+USC Medical Center, Olive View– UCLA Medical Center, Harbor-UCLA Medical Center, and Rancho Los Amigos Medical Center as well as other DHS facilities. Licensed Vocational Nurses (LVNs) can apply for advance placement and complete the RN program within one year. Under the direction of a Labor Management training Board, the Workforce Development Program within DHS supports the career aspirations of current employees seeking to continue their education by offering scholarships for approved specific skills. The NCLEX-RN pass rates continues to be greater than 98% and generally over 80% are hired by the County.

The College of Education and Consulting Services (EDCOS) unit has grown from providing basic in-service training into a professional development division offering courses that enhance promotional opportunities and provide upper division university credits in critical care, pathophysiology, advanced neonatal pediatric critical care, ER nursing and chemotherapy. Last year, EDCOS offered over 400 classes to more than 8,000 DHS employees at no cost to the employee. The College's Educational Resource Center (ERC) offers a comprehensive library and computer lab boasting more than 600 instructional programs in general nursing practice and specialty areas. The library provides home studies for licensed personnel and a variety of testing services for nurses completing program prerequisite examinations and certification renewals, such as Basic Life Support.



(Left) L.A. County Nursing College students take part in the 2011 "Stair Climb" and (Right) display accolades from the County Board of Supervisors.



# CONTRACT ADMINISTRATION AND MONITORING

## Major Functions/Programs

Contract Administration and Monitoring is provided through two divisions of the Department of Health Services, the Contracts and Grants Division and the Centralized Contract Monitoring Division, with both reporting to Kathy K. Hanks, C.P.M., Director, Contract Administration and Monitoring. The major functions of each division are described below:

### Contracts & Grants Division

**Acquisition Consulting:** The Contracts and Grants Division (C&G) is available to all areas of the Department of Health Services (DHS) to provide consulting services for the development of acquisition strategies for the various services that cannot be otherwise obtained through County resources. These consultations do not always result in a solicitation or contract being issued, as C&G staff work with DHS staff to determine first whether all internal remedies have been explored. The C&G team provides a remarkable portfolio of business professionals, with many years of business, human resources, legal and contracting experience gained in the public, private and non-profit sectors.

**Solicitations:** C&G centrally coordinates and conducts a variety of complex solicitation processes for services, as well as commodity and service combinations that cannot be provided through existing County resources, or otherwise procured through DHS Supply Chain Operations or the County's Internal Services Department. Solicitations require acute attention to detail, organization and planning, in order to comply with Board of Supervisors' policies, County regulations, and many other legal and regulatory requirements. This centralized function is essential to DHS, as contracting policies and practices are ever-evolving.

**Negotiations:** The next area where C&G provides expertise is in contract negotiations. C&G will negotiate on behalf of DHS with a vendor who was recently named the winning proposer during a solicitation process, or a contractor seeking to amend the terms of an existing contract, or to obtain approval from County Counsel and/or the Chief Executive Office for the use of delegated authority.

**Repository:** C&G is the central library of contracts for DHS. All contracts existing within DHS, including memoranda of understanding, should be housed at C&G.

### Centralized Contract Monitoring Division

The Centralized Contract Monitoring Division (CCMD) has established criteria for prioritizing contract monitoring reviews and is responsible for:

- \* Serving as DHS' primary monitoring office with respect to contract monitoring activities and maintenance of contract monitoring data.
- \* Conducting certain Administrative reviews of contractors, including Prop A (compliance with the Living Wage Ordinance) and multi-facility contractors, from the time of contract award and annually through the contract term. These reviews monitor contractors' compliance with standard terms and conditions related to certificates of corporation, insurance status, etc. Facilities may conduct full or partial Administrative reviews with concurrence from CCMD.
- \* Conducting Fiscal monitoring reviews of contractors.
- \* Providing Programmatic Oversight of service-level reviews to ensure consistent application of contract terms among facilities, use of standardized contract monitoring instruments and policies and procedures.



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

### Contracts & Grants Managers

Julio Alvarado  
Peggy Heeb  
Steven Hernandez

### Centralized Contract Monitoring Division Director

Loretta Range

### Message from Kathy K. Hanks

Contract Administration and Monitoring are here to serve the Department of Health Services, Board of Supervisors, and community through the development, implementation, administration and monitoring of Contracts and Grants, in a fair, efficient, responsive, accurate, and ethical manner.



**Nina Vassilian, MPH**  
Associate Director



**Sandra Mange**  
Administrative Assistant

### LEP Administrators

**Fernando Bravo, MPH**  
LAC+USC Medical Center

**Stephanie Johnson**  
Olive View /UCLA Medical Center

**Patricia Reed-Cunningham**  
H. Claude Hudson Comprehensive Health Center

**Yvette DeJesus-Ruiz**  
Harbor-UCLA Medical Center

**Kimberly Thomas**  
MLK, Jr. MACC

**Lily Wong, MA, MBA,**  
Rancho Los Amigos National Rehabilitation Center

DHS participated in a Remote Area Medical (RAM) Los Angeles 2010 Free Clinic held April 27 through May 3, 2010 at the Los Angeles Sports Arena. A fifteen-member volunteer team of qualified VMI Healthcare Interpreters provided interpreter services.

Supervisor Mark Ridley-Thomas presided over the Seventh DHS' Spirit of Diversity Rewards and presented the 2010 Community Partner Award to L.A. Care and its CEO Howard Kahn. The Spirit of Diversity Award was presented to LAC+USC for their new Culture and Linguistic Resource Center. A Lifetime Achievement Award was presented to Miya Iwataki, former Director of ODP. Individual Commendations were presented to the RAM Interpreters.

## OFFICE OF DIVERSITY & CULTURAL COMPTENCY

The Office of Diversity Programs is responsible for administration, implementation and ongoing oversight of the Diversity Program throughout the Department including development of core and advanced diversity training modules for the Department; providing leadership and staff support to the DHS Diversity Operations Council; collaboration with facility/division managers and administrators to design effective, culturally competent health care services; consultation and technical assistance to facility administrators and staff on diversity issues; development of diversity-related program policies, standards and strategies for implementation; developing community/private partnerships outreach programs to link community diversity and cultural competency issues with departmental planning strategies.

### VIDEO MEDICAL INTERPRETATION

In collaboration with L.A. Care and its previously awarded funding for the Interpreter Call Center Pilot Program, DHS has now established a fully operational system for health care interpreter services: a Language Access program with 19 fulltime trained, tested and qualified Healthcare Interpreters (HCIs) who speak six languages: Spanish, Korean, Cantonese, Mandarin, Armenian, and Russian.



DHS is the first and only hospital system in Southern California that has a Video Medical Interpretation (VMI) language interpretation service access program, and is now able to offer ASL-American Sign Language services to the deaf and hard of hearing patients in English and Spanish through VMI technology. The VMI program utilizes state-of-the-art video and phone equipment technology along and an automated call-routing system, creating a "virtual or remote call center" at each site with trained Healthcare Interpreters. It also serves to enhance patient compliance, as well as reduce medical errors or miscommunication.

In light of DHS' commitment to L.A. Care regarding incorporating the VMI program as a guaranteed high priority within DHS' budget, a request was submitted to the LAC CEO for the purpose of allocating a total of 6 Healthcare Interpreter items as County positions. This will result in transitioning the 6 current Grant-funded contract employees into County employment. The VMI program is essential and critical to the mission of DHS and its facilities, due to various regulatory requirements for cultural and linguistic competency, as well as meeting the needs of over 700,000 unique patients who come to DHS for over 1.3 million LEP (limited English-proficiency) patient encounters seeking healthcare services.

### DHS' LANGUAGE 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 the six months of FY '10 - '11, DHS facilities provided healthcare services to a total of 757,996 patient visits with LEP skills, representing 53.8% of our total patient visits (1,409,074). During the same time period, a total of 453,797 unique patients sought healthcare services throughout DHS facilities, 224,304 (49.4%) of whom spoke English and 229,493 (50.6%) spoke other than English. Furthermore, our patient utilization data indicated that over 92 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, Armenian, Korean, Tagalog, Mandarin, Cantonese, Vietnamese, Russian, Farsi, Thai Arabic, and Khmer (Cambodian).







# EMERGENCY MEDICAL SERVICES AGENCY



**Cathy Chidester**  
Director



**William Koenig, M.D.**  
Medical Director

## EMS Agency “Firsts”

- ◆ Los Angeles has the largest multi-jurisdictional EMS system in the nation and was among the first to be developed in the world.
- ◆ The development of the paramedic system was spearheaded by forward thinkers, like Kenneth Hahn and Dr. Michael Criley, who decided to take firefighters and train them to be paramedics; the Paramedic Training Institute was one of the first paramedic training programs in the country, started in 1969 under the direction of Dr. J. Michael Criley

The Emergency Medical Services (EMS) Agency is responsible for coordinating the County's emergency medical services “911” system including hospitals, fire departments, and ambulance companies. In a busy metropolis like Los Angeles, EMS works with both the private and public sectors to provide critical services that protect the health and safety of all 10 million County residents and is the largest multijurisdictional EMS system in the nation and among the first to be developed in the world. The EMS Agency has oversight of the licensing of private ambulance operations and vehicles, and oversees about 4,000 ambulance patient transports per month. EMS also oversees certification of Emergency Medical Technicians (EMTs), and conducts training programs for paramedics. The EMS Commission continuously evaluates policies and standards for emergency medical services throughout the County, and its Hospital Program Operations unit ensures all 911-receiving hospitals meet established standards. The Agency's Hospital Preparedness program works to enhance the County's entire public and private health care system capacities to respond to a major natural or man-made disaster through an all-hazards approach.

## Mobile Medical Systems (MoMS)



To enhance its disaster response capacity and to ensure comprehensive patient care services in the event of a disaster where emergency facilities may be overloaded or completely unavailable, Los Angeles County purchased a Mobile Medical Systems (MoMS) which is made up of two tractor-trailer combinations, a portable field hospital and other emergency vehicles. The 1,000+ square foot “hospital on wheels” comprises two 52 foot “NASCAR-style” trailers—one providing storage space for medical equipment and the other expanding to

more than 1,000 square foot patient treatment unit. The unit features is equipped with 12 patient beds, four of which can monitor heart rates and administer oxygen, and a two-bed operating room. This state of the art unit can provide many of the services available at hospital Emergency Departments, including basic triage, x-rays, ultrasounds, EKGs, and minor surgical procedures. A second tractor and trailer which accompanies the treatment unit, functions as a support unit.

During a disaster situation or in any situation when emergency facilities are not available, have been compromised or have exceeded their capacity to treat patients, the MoMs and associated tent structures with 100 bed capacity can be set-up to take care of ill and injured patients.





## Trauma Readiness 24/7

The EMS Agency in partnership with other local agencies routinely conducts exercises for preparedness purposes. Earlier this year the Agency assisted in a Hospital Emergency Response Team or HERT exercise involving the Los Angeles City Fire Department and Northridge Hospital Medical Center. During this exercise, a HERT response team of trauma physicians from Harbor-UCLA Medical Center was airlifted by the Los Angeles City Fire Department to the incident site to treat a mock trauma

patient in the field, before airlifting the patient to Northridge Medical Center to complete the exercise. Although the event was a practice drill, it is necessary to prepare for a real incident where minutes are precious. The HERT concept was developed in the 1980s to assist fire departments and emergency providers in situations requiring a field amputation to save an entrapped victim's life. Although incidents requiring HERT activation are rare, it was used during the 2008 Chatsworth train derailment incident. Regularly scheduled exercises such as these are essential to maintain readiness levels and monitor and improve response.

## 'SEMI' Centers Save Countless Lives



The EMS Agency is the authoring body for public and private hospitals across Los Angeles County which grants hospitals "STEMI Receiving Centers status. Through a strict approval process, hospitals acquiring this designation have demonstrated that they have the expertise, equipment, facilities and other resources to administer percutaneous coronary intervention (PCI). The acronym STEMI stands for ST-Elevation Myocardial Infarction, which is the clinical term for heart attack. This nationally known EMS-organized network ensures that patients suffering a heart attack to receive a 12-lead ECG in the field and are routed to the closest specialized hospitals preventing the need for subsequent patient transfers and to meet the Agency's motto to "get patients to the right place the first time." There are currently 33 hospitals in the County designated as STEMI hospitals and this innovative program has saved countless lives and has exceeded the goal of less than 90 minutes from ECG to balloon time. A similar program for stroke victims has also been implemented. The success of the program speaks to the close collaboration between EMS, emergency providers and hospital Emergency Departments.

## The role of EMS in Pediatric Emergencies



Parents and children across Los Angeles County can rest a little easier over the Holidays thanks to a unique program that turned 25 years in 2010. The Los Angeles County Emergency Department Approved Pediatrics, or EDAP program, are public and private hospital Emergency Departments that have gone through a rigorous process to be approved to receive pediatric patients through the 911 system. Similar to the STEMI centers pediatric patients who are ill and injured are automatically directed by emergency providers in the field to an EDAP hospital. The EDAP program recognizes that children require specialized medical procedures and equipment that take into account their size and stage of development — equipment that many community hospitals don't have. In order to obtain EDAP designation, hospitals must collaborate with EMS through the application process and site review. If granted, EDAP status is valid for three years. EDAP hospitals have been proven to provide an essential public service that saves the lives of all children of all ages, from neonates to adolescents, by providing specialized pediatric care.

## Administrative Staff

### Kay Fruwirth

Assistant Director, Disaster Programs

### Richard Tadeo

Assistant Director, EMS Programs

### Andree Stecker

Assistant Director, Admin Services

### Kevin Sanderlin

Chief Information Officer

### Deidre Gorospe

Chief, Hospital Programs

### Lucy Adams

Chief, Certification & Programs

### Christine Bender

Chief, Prehospital Care

### Michele Hanley

Director, Paramedic Institute

### James Eads

Chief, Disaster Response

### John Quiroz

Chief, Medical Alert Center

### Roel Amara

Chief, Disaster Services

## EMS Operating Units

- Finance/Admin
- Hospital Program Operations/TEMIS
- Ambulance Programs
- Certification Program
- EMS Commission
- Disaster Services
- Information Tech
- Medical Alert Center
- Pre-hospital Care
- Paramedic Training Institute



## The Emergency Medical Services (EMS Agency) is part of the Department of Health Services

### Responsibilities include:

- \* Coordination and regulatory responsibility of the EMS system throughout Los Angeles County [includes fire department, ambulance companies, paramedics and Emergency Medical Technicians (EMTs)]
- \* Create the medical policies and procedures for patient care and destination to 911 receiving hospitals throughout the county
- \* Monitor data (over 600,000 patient care report from 911 call/year)
- \* Designate and contract with specialty hospitals such as Trauma Centers, STEMI and Stroke Centers
- \* Certification of over 15,000 EMTs , accreditation of over 4,000 paramedics, and 700 specialty nurses
- \* Licensing and monitoring of private ambulance companies
- \* 24/7 of hospital bed availability
- \* Both public and private hospital disaster preparedness, training and response activities







# HUMAN RESOURCES



**Ann Marinovich**  
Director

Message from  
Ann Marinovich:

Human Resources is committed to enhancing the delivery of quality patient care by building and retaining a highly skilled, productive workforce through professionally sound recruitment and selection and programs and services that promote the development of talented employees.

Human Resources services are provided to the Department through the following core functions:

- 1.) Performance Management,
- 2.) Employee Relations,
- 3.) Regulatory Compliance,
- 4.) Operations and Payroll
- 5.) Recruitment and Exams
- 6.) Classification/ Compensation,
- 7.) Training and Development,
- 8.) Facility On-Site staff.

## Accomplishments

- Reorganized Human Resources to enhance communication, streamline operations and provide consistency in implementing County and Department policies and procedures. The reorganization led to the addition of HR generalists at the facilities to serve as first-line human resources specialists to work collaboratively with facility management and corporate DHS Human Resources to enhance customer service, compliance and performance. In addition, most of the corporate HR functions are delivered to the Department by region to provide a team of specialists that are familiar with the specific and unique issues at the facilities.
- DHS Human Resources" Achieving DHS Performance Management Excellence" program was recognized by the County of Los Angeles Quality and Productivity Commission in 2010. Significant improvements were made in performance management which led to a steady increase in favorable outcomes at the Civil Service Commission over the past three years. The following changes were developed and implemented:
  - Revised Discipline Guidelines were disseminated to all employees, supervisors and managers in order to increase the understanding and awareness of the discipline process and Department expectations. Safe and Just Culture is embedded in the Guidelines.
  - Functional Databases to capture pertinent case information, automate reporting functions, and integrate CWTAPPS information.
  - Investigative Guide and staff training for improved implementation of administrative investigations.
  - Fast Track system, whereby supervisors, in conjunction with on-site H.R. staff can quickly address lower level performance issues with pre-populated written counseling, written warning and reprimand memos that mirror the revised discipline guidelines.
- Developed automated systems for tracking grievances, FMLA, Return to Work and Discipline cases to provide managers with information to identify problem areas in their organizations.
- HR centralized the Department of Justice (DOJ) record collection and review process and created two new units, the Background Verification Unit and the Criminal Background Unit, providing dedicated staff to analyze the results. Centralization of the reviews and development of the system dramatically improved the timeliness of employment suitability determination notifications, thereby, significantly expediting the hiring process.
- Collaborated with Local 721 to develop a Labor/Management partnership whereby unit-based teams consisting of union members and supervisors meet to discuss process improvements in the work areas. The partnership included development of and implementation of a labor/management committee at Harbor to discuss the progress of the unit-based teams. A training program was developed and implemented for supervisors and employees participating in the unit-based teams.
- Collaborated with Nursing Affairs to develop and implement competency testing tools for 17 allied health disciplines.
- H.R. staff was recognized at the 2011 Quality and Productivity awards for training and converting all of our employees to the electronic time card.
- Created the new classification of Certified Medical Assistant in support of the Ambulatory Care Network.
- Developed and implemented Customer Service and Cultural Competence in the 21<sup>st</sup> Century training.
- Supported the County's "go green" initiative by transitioning approximately 17,000 users to the on-line pay statement.







# NURSING AFFAIRS



**Vivian Branchick, RN, MS**  
Director

The Office of Nursing Affairs is responsible for providing leadership support and strategic direction for nursing services at DHS hospitals, MACCs, comprehensive health centers, and clinics. The mission of the Office of Nursing Affairs is to implement an infrastructure to support the standardization of nursing standards and practices, policies, procedures, and the provision of quality patient care across the entire DHS spectrum. The Office of Nursing Affairs was established in 2005, and led by Vivian Branchick, RN, MS, Director of Nursing Affairs. The Office of Nursing Affairs is committed to strengthening our communication and support of the more than 8,000 DHS nurses, and in sustaining a collaborative partnership with our nursing community, and labor partners.

## Nurse Recruiters

**Joy Bostic, RN, MSN**  
Harbor-UCLA  
Medical Center  
(323) 222-2512

**Mary Lang, RN, MSN**  
High Desert Health  
MACC  
(661) 945-8585

**Debi Popkins, RN BSN**  
LAC+USC Healthcare  
Network  
(323) 409-4664

**Katherine Cho, RN,  
MSN,**  
MLK/MACC  
(562) 401-6881

**Rindy Stewart, RN,  
MSN,**  
Rancho Los Amigos National  
Rehabilitation Center  
(562) 401-7912

**Katherine Cho, RN, MSN**  
Olive View-UCLA  
Medical Center  
(818) 364-3317

## NURSE RECRUITMENT

The Department of Health Services has a responsibility of ensuring the safety and quality of nursing care provided to our residents. A critical component of safety and quality is a solid nursing infrastructure incorporating an efficient recruitment and retention plan. The infrastructure consists of having on-site Nurse Recruiters to assist applicants and new hires through the in-boarding process.

Recruitment is about bridging the experience, knowledge and skills of the Registered Nurse and other health care professionals, and matching them with the specific patient care needs of the Department of Health Services. It's about inspiring new graduates to begin their nursing careers with the County and convincing an experienced nurse who has tried the rest, to come to "the best". It's about looking at ways to recognize our existing workforce and retain them. Recruiting nursing staff is a 24-hour a day, seven-day a week commitment accomplished by a group of professionals who expertly promote nursing careers. Recruiters attend school and regional job fairs, speak at local nursing schools, and meet with nursing students who are completing clinical rotations at our facilities, to discuss the benefits of County employment. Recruiters offer tours of our facilities, and provide advice to individuals, and elementary and high school students to inspire them into a career in nursing. Recruiters also attend community events to educate the public about the role of nurses. Nurse recruiters plan, prepare, and conduct a variety of nurse recognition activities, including the annual Nurse Recognition Week celebrations in May. The good work of our nurse recruiters is reflected on the reduction of DHS's reliance on registry as evidenced by the dramatic decrease in registry expenses over the years. Nurse Recruiters help shape the quality of patient care for our community. It's a challenging career, but high in job satisfaction! In 2010, DHS hired 152 Registered Nurses into our system.

## NURSING REGISTRY

The Department of Health Services contracts with various Nursing Registries to supplement staffing on as needed basis. The Office of Nursing Affairs tracks and trends Nurse Registry expenditures and the utilization of Traveler and Non-Traveler Nurses throughout all DHS facilities. The Office of Nursing Affairs conducts annual audits of all contracted registry vendors to ensure their compliance with all regulatory requirements related to staff credentials, competency, background checks, health screening, and other mandatory requirements.

## NURSE RETENTION PROGRAMS

The Office of Nursing Affairs has several strategic initiatives to improve and enhance recruitment and retention while ensuring that programs maximize operational efficiencies and adhere to budgetary controls. The key recruitment and retention strategies include the following programs:

1. **Tuition Reimbursement:**

The Tuition Reimbursement initiative aligns with the Nursing Strategic Plan in providing a career ladder for nurses while promoting recruitment and retention for workforce members. Tuition reimbursement is provided to permanent DHS employees for part of the tuition which they have paid after successful completion of approved courses toward a career in nursing. Tuition Reimbursement Program also provides financial assistance to DHS nursing employees who pursue advance degrees.

2. **Employee Referral Award Program (ERAP)**

This initiative aligns with the DHS Nursing Strategic Plan. This incentive award program is based solely on internal DHS referrals and length of employment for eligibility. Eligible DHS employees may receive monetary awards for referring qualified applicants/nurses for employment to fill designated "Hard to Recruit" RN positions DHS.

3. **Relocation:**

Relocation Incentive Program provides financial assistance to Registered Nurses who relocate to La County and work for DHS. This initiative has assisted DHS with recruitment and retention efforts. Relocation expenses are provided to Registered Nurses appointed to a full-time DHS nursing position who resides outside a 200 mile radius of the Los Angeles County geographical boundary. Reimbursement for relocation expenses are in accordance with established LA County policies.

4. **Antonovich Scholarship Nursing Program:**

The Michael D. Antonovich Scholarship Nursing Program is an incentive program which supports recruitment and retention efforts. The scholarship is awarded to students pursuing a career as a Registered Nurse (RN) and who meet specific program requirements. The scholarship also requires the RN to contract with DHS for employment at one of our DHS facilities. Eligible grantees may receive financial assistance when enrolled in and accepted into a two (2) or four (4) year accredited schools of registered Nursing in Los Angeles County, Orange County and /or San Bernardino County. Recipients must apply for the scholarship through the Office of Nursing Affairs and must use the application forms and qualify according to the guidelines prescribed by DHS.

5. **Nurse recognition:**

DHS recognizes our nurses for their professionalism, commitment, dedication, and hard work during its annual National Nurses Week. Nurses nominate one of their peers as an Outstanding Nurse of the Year representing each DHS facility and ambulatory care division, as well as Public Health, Mental Health, EMS, Sheriff and Fire Department. The outstanding nurses are also recognized with a scroll presentation by the LA County Board of Supervisors.

## AB 394

Nurse /Patient Ratio:

The Office of Nursing Affairs collects data to quantify and monitor facility compliance with AB 394. Data related to patient census, targeted and actual staffing data, and variances are collected and trended to demonstrate the department's compliance with AB 394.

## Nursing and Allied Health Competency Assessment and Testing

The Education Compliance Unit was created to assist the Office of Nursing Affairs to comply with the Board of Supervisors (BOS) mandate to coordinate the planning, development, implementation, ongoing oversight and evaluation of a standardized DHS system-wide Annual Nursing and Allied Health Core Competency Testing program. In 2010, a total of 9,269 workforce members completed competency assessment and testing, 7,871 nurses and 1,398 allied health personnel. The Office of Nursing Affairs continues to conduct annual competency assessment and testing for both nursing and allied health.

## Education Compliance

The Education Compliance Unit is responsible for overseeing the development, planning, implementation and evaluation of DHS system-wide programs based on regulatory standards and DHS mandated requirements.

## TUTORING and MENTORING

The Tutoring and Mentoring program provides funding for five (5) local community colleges, Los Angeles Valley Community College, East Los Angeles Community College, Glendale Community College, El Camino College-Compton Community Education Center, and Harbor College. Additional funding by DHS is provided to assist these colleges to implement services to increase enrollment for nursing students in the areas that are needed. This may include additional courses, more teachers, or additional lab simulation programs. The Office of Nursing Affairs conducts programmatic audits of these contracted community colleges to ensure their compliance to the contract provisions.







## HEALTHCARE WORKFORCE DEVELOPMENT PROGRAM (HCWDP)

The Healthcare Workforce Development Program (HCWDP) is a labor/management partnership between DHS and SEIU, Local 721. Our goal is to help ensure that DHS and partnering facilities have a skilled workforce to deliver high quality patient care and that workers can attain the skills and credentials necessary to qualify for high-demand positions and growth occupations. HCWDP partners with community colleges and community-based organizations and customizes programs to the specific needs of DHS and its workers.

This year HCWDP continued “grow-our-own” professional programs and also added new programs for unemployed County residents wanting to enter healthcare professions. As in previous years, core offerings included:

- Professional programs for needed allied health and nursing occupations.
- Basic academic skills courses—math, reading, writing and computers—to prepare workers for professional programs.
- Customized skill enhancement courses for new and existing frontline healthcare workers to improve delivery of care (such as Spanish for Healthcare Settings, and Enrollment and Revenue for Patient Financial Services Workers).
- Support services such as case management, career counseling, skill assessments, and coaching and tutoring to ensure retention and successful completion.

HCWDP piloted two new programs, Medical Assistant and Community Health Outreach Worker, to support the major restructuring of ambulatory and managed care services now underway at DHS. Workers also continued and completed programs such as MRI Technician and Associates Degree in Nursing, including preparation and review for the NCLEX licensure exam. In addition, the program continued to support a pipeline of workers preparing for college-based programs, such as nursing. Participants received reimbursements for science pre-requisites tuition and books and, for those accepted to a program at the LA County College of Nursing, an academic “bridge” course. At LAC+USC Medical Center, HCWDP piloted a green training and education program for Environmental Services Workers with a focus on waste reduction, energy efficiency, infection control, and health and safety.

HCWDP obtained separate outside federal funding during this period to provide entry-level programs to individuals outside DHS, from communities hardest hit by the economic recession. The program served hundreds of un/unemployed job seekers wanting to enter healthcare professions and added a Home Health Aide certificate program to its offerings for these participants.

### Program Profile/Data

Skills or Occupational Programs in FY 2010-2011	Number of Participants 2010-2011	Number of Participants 2002-2011
Basic Academic Skills	61	1,552
Registered Nurse—Associate Degree	52	297
NCLEX Licensure Exam	53	568
Pre-requisite college-level science courses	20	408
MRI: Radiology Tech Specialty	5	5
Green Environmental Services Worker	209	209
Medical Assistant	50	50
Community Health Outreach Worker	48	48
Home Health Aide	127	127
Skill Enhancement Courses	99	2,893
<b>Total</b>	<b>724</b>	<b>6,157</b>



Environmental Service Workers at LAC+USC Medical Center who are part of the “Green Team.” The workers were recognized for their outstanding performance during the last JCAHO survey at the hospital, and the patient satisfaction scores have dramatically increased.



Community Health Outreach Worker Program, including County Community Workers from the Disease Management program, workers from a PPP clinic, and unemployed students.

# PHARMACY



**Amy Gutierrez**  
Chief Pharmacy Director

## Pharmacy Directors

**Peter Chen**  
Long Beach CHC

**Russell Kim**  
MLK/MACC

**Sandra Hudson**  
Hudson CHC

**Brian Joyo**  
Rancho Los Amigos

**Wesley Kamikawa**  
Harbor-UCLA  
Medical Center

**Teresa Lau**  
Roybal CHC

**Steve Lee**  
Olive View-UCLA  
Medical Center

**Khanh Le**  
El Monte CHC

**Sanford Melnick**  
LAC+USC Health Network

**Clementina Rodriguez**  
Humphrey CHC

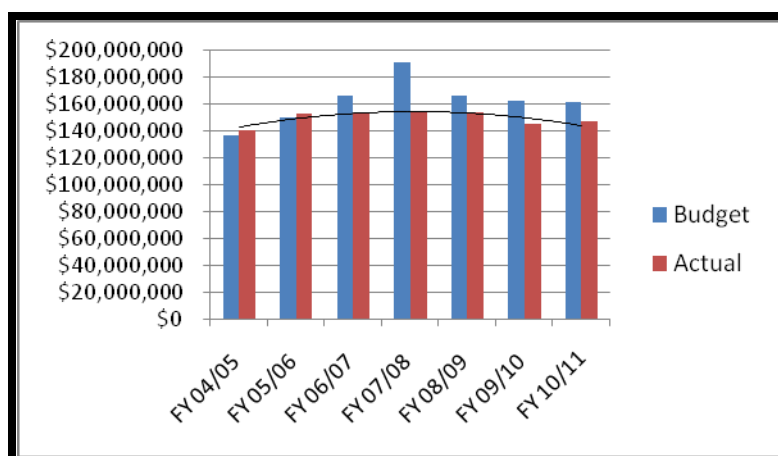
DHS Pharmacy Affairs is a central system-based department focused on promoting and optimizing system-wide pharmaceutical management. Proactive unified formulary management, centralized pharmaceutical purchasing, development of standardized system policies, and tracking of medication use trends are coordinated to ensure that available DHS pharmaceutical resources are utilized in a manner that promotes safe, evidence-based and cost-effective outcomes.

The Los Angeles County Department of Health Services operates inpatient pharmacy dispensing and clinical pharmacy services at our four hospital locations. In addition, approximately 4 million ambulatory care prescriptions are dispensed internally from our 18 ambulatory care pharmacy locations. DHS pharmacists are actively involved in optimizing medication use, and recorded over 60,000 pharmacist interventions in 2010.

Through system-wide collaboration with our medical, pharmacy and nursing facility experts, our team has been successful in maintaining a uniform drug formulary and controlling the pharmaceutical inflation rate, ensuring that annual expenditures are well below the approved fiscal year budget. Centralized collaborative efforts towards pharmaceutical system standardization and cost containment are ongoing, with the impact evident in our positive data outcomes, as identified below. A robust patient assistance program accessing medication for indigent patients augments our efforts, and led to over \$16 million in cost savings in 2010.

DHS expends approximately \$145 million annually in pharmaceutical expenditures, with approximately 2/3 of this total for ambulatory care pharmaceuticals. The DHS Pharmacy Affairs team performs extensive data mining to identify key opportunities and support system decisions. Key metrics are tracked, with benchmarked data shared across the system, promoting the identification of best practices and opportunities at both the system and facility level.

Pharmaceutical management involves active multi-disciplinary involvement in various system committees that are focused on collaboration. The DHS Core Pharmacy & Therapeutics Committee provides a key role in review and oversight of the formulary initiatives, and the DHS Medication Safety Committee provides a forum for system collaboration to promote best practices focused on patient safety improvements. The DHS Pharmacy Directors Committee develops strategic plans for enhancing the provision of pharmaceutical services across our healthcare network.









# QUALITY IMPROVEMENT & PATIENT SAFETY



Kimberly McKenzie RN, MSN  
Director,

## QIPS staff

Kenneth Aaron, M.D.  
Patient Safety Officer

Liz Augusta, RN, MSN,  
Consultant

Ruth Bala, RN, MSN  
Consultant

Christina Tickner, RN,  
MSN  
Consultant

Robin Tyler, RN, MSN  
Consultant

Susan Stein, MD  
Physician Advisor

## Standardized Indicators & Measures

- Heart Attack
- Heart Failure
- Pneumonia
- Pneumonia Prevention
- SCRIP (Surgical Care Improvement Project)
- Intensive Care Unit (ICU)
- ICU Outcomes
- Bed Sores
- Patient Rating
- Patient Recommendation Rating

The Quality Improvement and Patient Safety (QIPS) department is the unit in the Los Angeles County Department of Health Services (LACDHS) that provides leadership in quality improvement, patient safety and clinical risk reduction across the Department's system of hospitals and clinics. QIPS coordinates its activities through the work of committees including the Executive Quality Improvement Committee, Patient Safety Committee, and "Best Practice" groups.

## QUALITY IMPROVEMENT

The Executive Quality Improvement Committee develops reviews and analyzes department-wide quality measures and initiatives. Quality measures and initiatives are designed to improve organizational performance and ensure the delivery of efficient, effective, patient-centered services which result in improved health outcomes supporting wellness and prevention. Measures and initiatives are also designed to meet current regulatory and compliance mandates.

QIPS oversees the clinical application of federally required 'waiver' activities in the hospital setting. These waiver activities secure significant federal funding for the implementation of evidence-based improvements in clinical care which have been shown to decrease mortality and improve patient outcomes.

## BEST PRACTICE GROUPS

The QIPS "Best Practice" groups includes Intensive Care Best Practices, Emergency Department Best Practices, Healthcare Infection Prevention Best Practices, and Anesthesia Best Practices. Each of these groups supports the objectives the Department through partnering across the system to develop and share best practices and protocols thereby impacting patient care through networking and connection of resources. The Best Practices groups also coordinate the implementation of waiver activities in each of the county hospitals.

## PATIENT SAFETY

QIPS believes that patient safety and the provision of quality care, is not just a goal for the Department but it is an organizational culture that caregivers across our clinical spectrum embrace. QIPS and the Department strives to build and maintain this "Safe and Just Culture" through all of their activities. The Patient Safety Committee oversees the implementation of the components of the Safe and Just Culture methodology.

The Patient Safety Committee is also responsible for ensuring the standardized response and application of patient safety measures, assessing the current patient safety climate, and ensuring a system-wide curriculum for patient safety education.

## CLINICAL RISK REDUCTION

Clinical risk reduction occurs as the natural outgrowth of QIPS quality improvement and patient safety activities. However two committees, the Executive Peer Review Committee and the DHS Risk Managers Committee, target areas of actual or potential clinical vulnerability and develop improvement plans to address the identified vulnerabilities. Improvement plans are designed to reduce the frequency and severity of adverse events in terms of human injury and financial loss, and to identify opportunities to prevent these adverse events before they occur.





## SPECIAL PROGRAMS OFFICE



Karen Bernstein  
Director

**Program Managers:**  
SSI Record Retrieval  
Project

Cindy Callado, RN  
Rosanna Clarito, RN

**Mental Health Liaison**  
Melissa Christian

**Access to Housing for  
Health**  
Scott Milbourn

**Homeless Services  
Coordinator**  
Vicki Nagata

**Medical Hubs and SB 474  
Strategic Initiative  
Program**  
Jivaro Ray

**B.E.S.T. Program**  
Leepi Shimkhada

### Special Programs:

- ◆ **Medical Hubs**
- ◆ **SB 474 Strategic Initiative**
- ◆ **Homeless Services Unit**
- ◆ **Access to Housing for Health (AHA)**
- ◆ **Recuperative Care**
- ◆ **Benefits Entitlements Services Team (B.E.S.T.)**
- ◆ **Homeless SSI Outreach Project**
- ◆ **General Relief Record Retrieval Project**
- ◆ **Project 50**

The Special Programs Office coordinates DHS programs and services serving vulnerable populations or requiring extensive collaboration with other County departments or agencies including:

#### Medical Hubs Program

Special Programs provides oversight and coordination for DHS' six Medical Hub Clinics serving children referred by the Department of Children and Family Services (DCFS). The Hubs, located at Harbor-UCLA Medical Center, High Desert MACC, LAC+USC Medical Center, MLK MACC, Olive View-UCLA Medical Center, and an LAC+USC satellite location in El Monte, provide medical examinations for children entering the foster care system, forensic evaluations to assess suspected child abuse and neglect, mental health screening, and ongoing medical care. In FY 2010-2011, the Hubs provided 22,919 patient visits and successfully completed the development and implementation of the E-mHub software application. The E-mHub system automates clinic operations including receipt of electronic referrals from DCFS and sending DCFS appointment status alerts and links to examination results, to improve coordination of care for these vulnerable children.

#### SB 474 Strategic Initiative Program

This program provides funding to 13 Community Partner clinics and 2 Impacted Hospitals within a 10 mile radius of the former MLK-Harbor Hospital to expand primary, specialty and urgent care services to low-income, uninsured South Los Angeles residents. In FY 2010-2011, a total of 44,261 patient visits were provided under this program.

#### Mental Health Liaison

DHS Mental Health Liaison assists with oversight and coordination of DHS psychiatric services from a system-wide perspective. This includes serving as a central point of contact for the Department of Mental Health (DMH) and working with DHS facilities; collecting and analyzing data related to DHS psychiatric emergency and inpatient services. DMH and other agencies to enhance linkages to lower levels of care; and coordinating special projects.

The Homeless Services Unit, located within the Special Programs Office, coordinates programs and services for DHS patients experiencing homelessness. This programs have achieved significant cost avoidance for DHS while improving outcomes for this high-need population. Programs include:

Access to Housing for Health (AHH), which provides Section 8 vouchers for permanent housing, housing locator services and 12 months of intensive case management to homeless patients discharged from DHS hospitals, through a partnership with the Los Angeles County and City Homeless Authorities and Homeless Healthcare Los Angeles. Through June 30, 2011, 116 homeless patients had received permanent housing. Among those enrolled for at least 12 months, there was an 85% reduction in inpatient hospital days and a 77% reduction in ER visits in the year after enrollment, resulting in \$3.2 million in cost avoidance for DHS.

Recuperative Care provides temporary housing and health monitoring in a shelter environment for homeless patients who no longer require hospital care, but need time to convalesce. DHS contracts with JWCH Institute, Inc. for 25 beds serving homeless patients discharged from our hospitals. Over 800 homeless patients have received recuperative care services since April 2008. The cost for recuperative care services is less than 5% of the cost to keep the patient in the hospital, and patients had a 68% reduction in inpatient hospital days in the year after receiving recuperative care services.

B.E.S.T. (Benefits Entitlement Services Team for the Homeless) works to increase the number of eligible homeless individuals in L.A. County receiving SSI disability benefits. Through a contract with JWCH Institute, Inc., a multidisciplinary team provides health, mental health and case management services focused on documenting eligibility for SSI, including obtaining medical records and coordinating the application process. Its innovative approach and close collaboration with the Social Security Administration (SSA) and Disability Determination Services has resulted in an exceptionally high 85% approval rate. The program received an award in April 2011 from the SSA Regional Commissioner and is recognized as a model for potential national replication.

The General Relief (GR) SSI Record Retrieval Project was implemented in August 2011, in collaboration with the Department of Public Social Services (DPSS), the Department of Mental Health and Sheriff's Department, as part of DPSS' GR Restructuring Plan. A team of nurses retrieves and reviews DHS medical records on behalf of eligible GR participants, compiles the most pertinent portions, and develops written healthcare summaries to support and strengthen applications for SSI benefits. As of June 30 2011, records for 674 GR recipients had been submitted to DPSS.



## SUPPLY CHAIN OPERATIONS



To increase efficiencies and enhance cost savings, DHS has shifted from a Materials Management structure to a Supply Chain Operations model facilitating the transition to a more all-inclusive department that carries out major planning and operating functions. Regarded as a strategic asset for the hospital, supply chain operations has assumed community-wide responsibility for better purchasing decisions that enable a higher quality of care in a more cost effective and efficient manner.

Through the joint efforts of DHS, ISD, Auditor/Controller, and the County Chief Executive Office, the Board of Supervisors granted approval to embark on an unprecedented Supply Chain program called Global Health Exchange (GHX) e-Procurement. This program will work in concert with eCAPS to automate and streamline purchasing functions while reducing Supply Chain program costs. As an integral part of the GHX initiative, an associated enterprise-wide Supply Chain Formulary that will standardize products and reduce costs through volume discounts is being developed. This comprehensive data base that analyzes new product opportunities will allow DHS facilities to further reduce costs and provide caregivers with a market basket of high quality medical supply choices intended to optimize patient care delivery.

A comprehensive Supply Chain restructuring package to include centralized purchasing and invoice processing is currently under review by the County Chief Executive's Office. The overall program also includes med/surg value analytics, informatics, warehousing, distribution, inventory control, vendor management, capital projects and other related functions that report through the DHS Health Services Administration, Supply Chain Network offices.

Supply Chain Operations at each of our facilities are working in a continuous improvement mode and will seek to redesign and optimize our processes and procedures with a focus on activities to realize increased efficiencies and cost saving opportunities. The new DHS Supply Chain program is ready and willing to respond to the ever changing health care environment in which we all live. As we continue to move toward "best-in-class" DHS Supply Chain operations we strive to create the highest possible value for those we serve.



**Gary McMann, FACHE**  
Chief, Supply Chain Network

**Teresa Castaneda**  
Assistant Chief

**Todd Bowers**  
Administrator

## COMMUNITY HEALTH PLAN AND OFFICE OF MANAGED CARE

The Community Health Plan (CHP) and the Office of Managed Care (OMC) of DHS had much to celebrate. 2011 marked the 25<sup>th</sup> anniversary of providing managed care services to over 200,000 low income residents of L. A. County. CHP met the regulatory compliance standards of the Department of Managed Health Care and LA Care with regards to ensuring that quality care was accessible for all patients. In addition to receiving an award from the Medical Risk Medical Insurance Board for having a robust adolescent well care program, CHP also received the Community Preferred Provider award for Healthy Families. But perhaps the greatest contribution made by the CHP staff will be the transformation of CHP being a managed care health plan to a managed care services (MCS) organization.

The main goal of the MCS will be to help facilitate the care of DHS empanelled patients that are predominately outside of the DHS clinics and hospitals. This transformation is in compliance with the vision set forth by the Board of Supervisors that called on DHS to take significant steps to prepare for the massive health care delivery changes required by both the California 1115 Waiver and the impending national health reform in 2014.

Below are a few highlights for 2011 where dedicated CHP staff played a significant role in completing the following:

- Negotiated a new contract with L.A. Care on behalf of DHS to serve managed care Medi-Cal Seniors and Persons with Disabilities patients. Also arranged for LA Care to take on the administrative functions for the Healthy Family members
- Completed a new Community Partner Low Income Health Plan/Healthy Way LA contract. Prepared for the anticipated transition of CHP functions to LA Care for Medi-Cal members as of January 1, 2012; for IHSS members as of February 1, 2012.

CHP and OMC will work closely with Community Partners to ensure that we have a more integrated safety-net system for the vulnerable populations in Los Angeles County.



**James Gerson M.D.**  
Chief, Managed Care







**For inquires regarding this publication please contact the  
Office of Government Relations and Communications:**

**Gerardo Pinedo, Editor  
Lisa Finkelstein, Co-Editor  
Suzie Abdou  
Pamela Smith  
Michael Wilson**

**313 N. Figueroa Street, Room 912  
Los Angeles , Ca. 90012  
(213) 240-7948  
(213) 240-7988**



