# At the Center

Committed to Quality Care & Courteous Service

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## A Message From Pete Delgado, CEO

As many of you already know we are undergoing some sweeping changes ***At The Center*** to transition our existing health system into a more patient centered health care delivery model. The patient centered model is based on the growing recognition of having our patients involved more closely in their day to day care. The outcome of this approach will be a more efficient system for the patient with much better health outcomes.

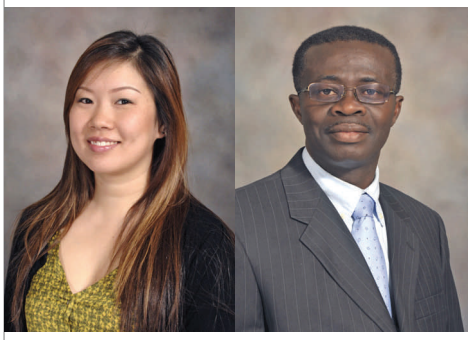
Some of the *Patient Centered Guiding Principles* that we are now incorporating into the daily operations of the hospital are listed. They include: *Welcoming Environment*, this area covers maintaining a clean physical campus and the personal interaction with the patient such as telling them Thank You, asking how they are doing. *Respect for Patients' Values and Expressed Needs*, this entails obtaining preferences and priorities relative to the decisions concerning the patient's care and developing a consistent patient-provider relationship that is open and honest. *Patient Empowerment*, this educates and encourages patients to expand their role in health decisions and self-management. *Socio-cultural Competence*, this encourages the health care team to understand and consider the patient's culture, socio-economic status, family traditions and communicating with them in their preferred language. *Coordination and Integration of Care*, this will assess the need for wrap around services that our patients may require for their team-based care and management. *Comfort and Support*, this emphasizes physical comfort, privacy, emotional support and involvement of family and friends in the patient's care. *Access and Navigation*, this area helps our patients attain the skills to better navigate the various program and services available to them. *Community Outreach*, this entails making proactive efforts to understand and reach out to the local community as an active partner in the health of the community.

We must do our best in adhering to these guiding principles as we move forward in transforming our health care system into a model of care that always puts the patient first!

## National Nurses Week

**By Irene Recendez, RNP, MBA**
Chief Nursing Officer

National Nurse's Week begins each year on May 6th and ends on May 12th, the birth date of Florence Nightingale. It is one of the nation's largest health care events, recognizing the contributions and commitments nurses make in the healthcare profession. In addition, National *Student* Nurse's Day is celebrated each year on May 8th.



Each year during the annual Nursing Recognition Ceremony, three nursing staff are honored and recognized as the best in their disciplines ***At The Center.*** The 2012 recipients are: Todd Franklin, RN. , Joan Park, LVN, and Felix Doe, NA. These winners are true representatives of nurses that advocate, lead and care for their patients.

## Todd Franklin 2011 Nurse of the Year

**By Irene Recendez, RNP, MBA**
Chief Nursing Officer

The Department of Health Services selects one County Outstanding Nurse of the Year from all the nursing departments in the system. The 2011 DHS County Outstanding Nurse of the Year is our very own Todd Franklin!

Todd is a Supervising Staff Nurse I in the Burn Complex where he started his nursing career in 1992. In addition to his supervisory duties, Todd serves as an instructor for the Advanced Burn Life Support Program at our facility and other Burn Centers in Southern California. Todd has also received numerous commendations from our patients and families for the high quality patient care that he and his team delivers.

Please join me in congratulating Todd on a well deserved achievement. In addition, I would like to personally congratulate and thank all of the Nursing Department staff for their dedication and service to our patients.

# EVS ⬆ Patient Experience Scores

**By Phillip L. Moore III, MPA**
Director, Clinical Affairs & Program Development

The Environmental Services Department has worked diligently the past few years to increase their patient experience scores in the facility for room cleanliness. These scores are critical for all departments ***At The Center*** because they are tied to the patient experience requirement for Healthcare Reform that President Obama passed in March 2010. The management team has focused on establishing systems, standards and retraining staff to maintain and exceed the patient's expectations of having a clean room during their stay. The Press Ganey scores for EVS have gone from the low 70% last year to scores in the mid-80%. The goal set for room cleanliness was 80% so the team is exceeding their goal!

**The EVS redesign initiative is a year-round, hospital-wide effort that will bring world-class *cleanliness* standards to the Medical Center. Our goal is to create an environment that is professional, polished, ordered and maintained.**

**-Luis Fonseca**

During the recent Periodic Performance Review in April 2012, the lead surveyor, Kathy Leonard, commented to Allan Gerber, EVS Manager, that she was impressed with the cleanliness of the facility. These were just the words that the EVS Team needed to hear to know that all their efforts in implementing their new practices and procedures were beneficial and being recognized by others in addition to our patients.

# LAC+USC NeuroTrauma Symposium

**By Peter Gruen, M.D.**
Medical Director, Utilization Review, Department of Neurosurgery

The Department of Neurosurgery is organizing a NeuroTrauma Symposium: How to Talk to Patients with Brain and Spinal Cord Injury on June 9th ***At The Center*** in conference room A, Inpatient Tower. The objective of the symposium is to teach the participants techniques of compassionate yet honest communication about traumatic brain injury (TBI) and spinal cord injury (SCI) with patients and their family members.

A multidisciplinary panel of experts will address some of the questions patients and families ask during provider-patient/family discussions about neurotrauma. Each subject matter expert will demonstrate how they explain pathophysiology, workup, management, prognosis, alternatives, complications, etc., to emotionally vulnerable family members.

The introduction of the conference will lay the groundwork on Communication Theory and Principles and Pathophysiology of Brain (TBI) and Spinal Cord Injury (SCI). The subject matter experts will cover topics that include: Life Support, Intracranial Pressure Monitoring, Surgery, Withdrawal of Care, Brain Death, Organ Donation, Persistent Vegetative State & Diffuse Axonal Injury, Post-Concussive Syndrome, Rehabilitation, Reintegration, Pediatric TNI & SCI, Culturally Sensitive Communication and Spiritual & Emotional Support.

Contact Robin Young (royoung@dhs.lacounty.gov) or Rosa Saca (rsaca@dhs.lacounty.gov) for more details.

# I Can Make It

**By Robin Herman, RN, Clinical Nurse Specialist**
Oncology/Hematology

**I** Can Make It is a structured, interactive group educational program for hematology/oncology patients receiving chemotherapy. It is modeled after the I **Can** Cope program from the American Cancer Society (ACS). In 2001, a group of LAC+USC employees were trained by ACS to provide the program to our patients. Dr. Lois Ramer has been the Committee Chairperson for the past 11 years and is responsible for organizing the program. The team consists of Loc Tran and Kin Sin-Rong from Social Work; Elaine Siu from Nutrition; Jackie Carter, the Clinical Pain Specialist; Robin Herman from Oncology and Hematology ; and Father Chris Ponnet, Director of Pastoral Care.

Educational topics include nutrition, symptom management, pain control, social services and spiritual care. All programs in I Can **Make It** are conducted in English and Spanish with a different topic presented for the patients each month. The education classes are provided in the cancer and chemotherapy infusion clinics. Snacks such as bagels, energy bars, yogurt and fruit are provided at all the sessions to encourage healthy eating.

In 2011, the ACS made the program available on the internet instead of the traditional group format. However, our cancer patients have challenges accessing a computer **so** we continue to use the interactive group format for our meetings. The committee also voted to changed the name to "I **Can** Make It" to further indicate a more hopeful outlook for the patient's recovery.

ACS and the Leukemia & Lymphoma Society are key stakeholders in the program and assist us by lettings us utilize their educational materials and making patient referrals to their programs. LAC+USC Medical Center won an award from the ACS in 2011 for the highest number of cancer patient referrals sent to them from patients in our program.

The positive feedback about the program from the patients and the supportive organizations have been very rewarding. Over the last 10 years we have interacted with over 2,000 patients with the last two years of our attendance doubling.

We look forward to expanding the number of classes and to increase attendance for this much needed service. **You** can make a difference is the philosophy that motivates the staff to continue this great work!

(The recently renovated infusion center.)

# Privacy Breaches Decreasing

**By Rebekah Leifer-Rushton, RHIT, HIPAA Privacy Coordinator**
Office of Health Information Management

As one of the largest public hospitals and medical training centers in the nation, an integral part of providing superior care to our patients is protecting the privacy of their Protected Health Information (PHI). LAC+USC is seeing a dramatic decrease in privacy breaches resulting in fines to the organization and disciplinary action to our employees. Dr. Stephanie Hall, Chief Medical Officer, established a multi-disciplinary team in the Winter 2010 to explore new ways of reducing privacy breaches within the hospital to ensure compliance for the organization.

**The Medical Center is again at the fore front of developing *Best Practices* for health care delivery. -Dr. Stephanie Hall**

The Privacy Compliance Committee (PCC) started in Winter 2010 and consists of representatives from Information Systems, Medical Administration, Nursing Administration, County Counsel, Quality Improvement, Regulatory Affairs, Risk Management, Compliance Office, Human Resources, Health Information Management and the HIPAA Privacy Office. LAC+USC is the first and only DHS organization to currently have a PCC. The PCC has efficiently assisted the HIPAA Privacy Office by providing open communication with other areas of the organization and establishing a more unified understanding of the impact of privacy issues for our patients.

As a result of recommendation from the PCC, the LAC+USC HIPAA Privacy Office implemented a new tracking system in 2011 for privacy breach cases to prevent delays in compliance with the 5-day reporting requirement of the California Department of Public Health (CPDH) and the Office of Civil Rights (OCR). The administrative penalties resulting from late reporting were very substantial for the organization and through this experience new processes were developed to ensure full compliance of all reporting obligations. The HIPAA Privacy Coordinator, as part of corrective action and quality monitoring, conducts random and focused audits on a continual basis to examine and survey if there has been any unauthorized access of PHI. The HIPAA Privacy Coordinator conducts a full investigation of those employees that appear on the randomly selected patient record to assess their involvement in the continuum of care for the patient. The findings are then reported to the PCC and appropriate actions are taken if a privacy breach is detected.

*Drop in cases since PCC started!*

The number of cases which met the reporting criteria for CPDH and OCR has greatly decreased since implementation of the PCC. In 2010, there were 18 cases LAC+USC reported to CDPH and and 5 reported to OCR and; in 2011, it has decreased to 7 cases reported to CDPH and 1 reported to OCR.

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In efforts to prevent future privacy breaches, the HIPAA Privacy Coordinator continues to provide ongoing education for employees to promote workforce knowledge and confidence in protecting the privacy of our patients.

The PCC has helped LAC+USC to greatly enhance policy, procedures and monitoring protections to ensure the facility becomes one of the largest protectors of patient privacy. Dr. Hall stated "the reduction of privacy breaches is a direct result of this Committee and the value we place in endearing the trust of our patients and their medical information."

# CARES Child Care Center Playground Completed

**By Weta Mathies**
Vice President, CARES Child and Family Program

After many years of planning, fund raising and designing the Inpatient Child Care Playground was finally completed this Winter. We found out that building a playground on a roof top of a hospital is no easy accomplishment but we succeeded! On April 24, 2012, **CARES** celebrated the Playground Open House. In addition, the Open House for the Clinic Tower Child Care Center was held on October 6, 2011. These playgrounds will serve thousands of children over many years, providing a place where the stress of having loved ones ill and in need of medical care may be alleviated even if it is only for a day. The professional and nurturing staff ensures that each child has a meaningful experience in a safe environment.

**CARES** thus moves forward with another achievement that strengthens its mission "to benefit the patients by adding comfort to their hospital stay and providing services that help both the patients and their families access quality healthcare." **CARES** is proud to be in partnership with the staff of the LAC+USC Medical Center.

The challenge to construct this playground could not have been made possible without the effort of key people to implement the project. Special thanks to Geri Fineroff, from Grounds for Play and her team; DHS-Capital Projects Division John Shubin & Julieta Moncadao, LAC+USC Health Facilities Luis Fonseca & David James as well as Pete Delgado for all the time spent in meetings with the **CARES** team giving us positive words of encouragement as challenges were met.

# Announcements and Upcoming Events

Dr. Shahed Ghanimati received **"Best of the Best"** award from DEM.

Dr. Brian Lee won **"Best Consulting Resident"** award from DEM.

Risk Management Faire June 20th @ Clinic Tower Entrance during **Risk Management Week** June 18-22, 2012. Come check us out!!

**Trauma Survey** scheduled for June 25-26, 2012.

**MEC Annual Dinner** June 28th @ Luminarias Restaurant, 6pm.

LAC+USC designated a **Hospital Emergency Response Team (HERT)** provider effective June 1st.

## Wheelchair Availability on Campus

**By Rose Lizcano, MPA**
Administrator, Patient & Guest Relations

Wheelchairs are a highly sought after necessity ***At The Center.*** Patients often approach staff members who are unable to walk and in need of wheelchair transportation while on campus. In order to assure that we are in compliance with the Fall Prevention Protocol, any patient deemed at risk for falls and/or that expresses the inability to walk must be transported via wheelchair by a staff member. Possible scenarios of patients requiring wheelchair transportation include: outpatients that are here for appointments in the Clinic Tower or in the OPD Building that are experiencing difficulties walking to their appointment and patients that need to be wheeled to the Emergency Department because they cannot walk the distance.

To avoid having staff members scurry around the hospital in search of a wheelchair and to avoid having patients wait too long to be transported, there are two areas that staff should be aware of that provide wheelchairs. The first location is the security post at the main entrance of the Clinic Tower. The security officers at this location are equipped with a wheelchair and will transport upon request. The second area is the Inpatient Tower information desk. The information desk staff members are equipped with two wheelchairs and will also transport. An employee may call the **Information Desk at 323-409-5800 to request a wheelchair.** Through these measures we can ensure that our patients navigate the hospital safely and ultimately help improve patient satisfaction.


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LAC+USC HEALTHCARE NETWORK

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To submit stories, please email Phillip Moore at phmoore@dhs.lacounty.gov


## Joint Commission Visit Summary

**By Victoria Walsh, MSN/ED, RNC, CPHQ**
Director, Accreditation and Policy Management

The Joint Commission Periodic Performance Review (PPR) was held April 25-27, 2012. The survey team comprised a Life Safety Specialist who was on site for the first day and three clinical surveyors that included a registered nurse, a physician and an administrator.

After three days of observations, interviews and review of policies and procedures, the Joint Commission had a total of 22 findings. Nine Direct Impact findings in which we have 45 days to attain compliance and 13 Indirect Impact findings in which we have 60 days to attain compliance. Out of the 22 findings there are seven findings in which we will need to monitor and submit measures of success.

Most importantly, the surveyors had many positive comments for our staff and facility during the site visit. One surveyor noted **"This is a high functioning and a high performing organization."**

## Commission on Cancer Survey

**By Dr. Stephanie Hall**
Chief Medical Officer

LAC+USC also had another survey from the American College of Surgeons Commission on Cancer on May 7th and was preliminarily granted **"ACCREDITATION"** for the next three years.

Dr. Joel Ohslen was the assigned surveyor for the day. During the course of the site visit, Dr. Ohslen met with the Cancer Committee, attended the multi-disciplinary Breast Tumor Board, met with hospital leadership, reviewed charts and toured the facility.

The only deficiencies identified were related to late data submission which occurred due to staff shortages. The leadership team has already corrected the under-staffing in the respective departments that caused these deficiencies.

**. . . extremely PROUD of all our staff in our cancer center program.**
**-Dr. Darcy Spicer**

The cancer program was awarded 6 commendations by Dr. Ohslen. The commendations included the cancer committee leadership; patient outcome analysis and dissemination of data; the significant percentage of patients on clinical trials; the numerous early detection & outreach programs; the participation of cancer registry staff in local, regional and national educational activities and the quality improvement activities currently being conducted to improve the cancer care provided.

Congratulations are in order to thank Drs. Cindy Stotts and Darcy Spicer for their leadership that resulted in the successful outcome of this survey.