

2012 - 2013

Annual Report

Los Angeles Department of Health Services



Health Services
LOS ANGELES COUNTY

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Interim CEO, LAC + USC Medical Center

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Gerardo Pinedo, Director of Government/Board Relations & Policy

This publication is dedicated to the more than 800,000 Los Angeles County residents whom we serve each year, as well as to the men and women of our department who ensure access to high-quality, patient-centered and cost-effective healthcare through direct services at DHS facilities and through collaboration with our community and university partners.

Message from the Director

What a great year DHS had!

As you will read in the pages of this annual report, all of our divisions have been working hard to make health reform a success in Los Angeles County.

I am particularly proud of having enrolled over 250,000 patients into Healthy Way LA by the end of the 2012-13 fiscal year (and at the time I am writing this at the end of December we have met our ambitious goal of enrolling 300,000 patients). These patients not only received improved access to health care, but also will automatically move into Medi-Cal without additional application procedures in January, 2014. This success would not have been possible without the collaboration of the Department of Public Social Services and our Community Partners.

The rapid adoption of eConsult has been another big success. Historically, patients have had to wait a long time for specialty care appointments. The problem would have been impossible to fix if we sought only to hire more specialists. Specialty care is very costly, and even if we had the money, it is unclear that there would have been enough specialists interested in working in the public sector.

Instead, we are using a cutting-edge technologic solution. Primary care providers can consult a specialist for a particular patient by sending a computerized, confidential note to a specialist.

Details about the patient's condition are appended to the note from the medical record, including pictures where appropriate. The specialist can provide the primary care provider with the information needed to continue caring for the patient in the primary care setting without a specialty visit (e.g., recommend a change in medications), or can ask the primary care doctor to order certain tests without which a specialty visit would be a waste (e.g., a CT scan is needed prior to the visit), or schedule a visit.

As you can see on page 28, the ramp up has gone very well: we are performing 1,400 eConsults per week in 16 specialties, with over 120 specialty reviewers, and a response time to primary care physicians of less than three days. The system is a win-win-win for DHS. For our patients, it means better access to specialty care often without having to travel. For our primary care providers, it means a rapid and direct communication with the specialist and updates on the best way to treat difficult problems. For our specialists, it means seeing the patients for whom they can add the most value. eConsult is also an important initiative because it encompasses all of DHS as well as our Community Partners.

In the past year, we have also seen a number of great initiatives at our hospitals and across our Ambulatory Care Network. Harbor-UCLA Medical Center has made great progress in reducing healthcare associated infections—a 68% reduction including preventing an estimated 7 deaths. LAC+USC Medical Center was nationally recognized for achieving an 87% reduction in quarterly prevalence of hospital acquired pressure ulcers through its *Transforming Care at the Bedside* program, a nurse-driven quality improvement project. Olive View-UCLA Medical Center decreased patient falls by 35% and cut the wait time for discharge medications in half. Rancho Los Amigos National Rehabilitation Center was once again named one of “America’s Best Hospitals” in Rehabilitation Medicine and California’s top Rehabilitation Medicine facility by *U.S. News and World Report*, and was in the top tenth percentile in patient experience. Meanwhile, our Ambulatory Care Network rolled out 130 patient centered medical homes supported by a brand new hosted call system. Our patients can now schedule their appointments or have their questions answered quickly.

In partnership with organized labor, DHS launched 12 additional care improvement teams (CITs) for a total of 30 teams in multiple clinical sites. These teams consist of front line workers and administrators working together to improve patient care experience in our facilities. For example, at the MLK Multi-Service Ambulatory care Center, the Hematology and Oncology clinic reduced average patient visit times from 108 to 79 minutes, the Women's clinic reduced no-show rates from 53% to 29%, and the Rehabilitation team improved the percent of patients who spend less than 5 minutes scheduling a return appointment from 59% to 92% -- and they've maintained this improvement for the past six months! We plan to continue growing our process improvement efforts throughout the department by spreading CIT efforts and other process improvement initiatives.

Our achievements would not be possible without the leadership of our Board of Supervisors. We are also very grateful for the support of our County Chief Executive, William T. Fujioka and his office, our sister departments, our organized labor colleagues, and our community and academic partners.

I am so proud of the people who work in our department, and I feel certain we will succeed under health reform.

Best wishes,



Mitchell Katz, M.D.
Director, DHS





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Ambulatory Care Network (ACN)



Alexander Li, M.D.
Chief Executive Officer



Nina Park, M.D.
Chief Medical Officer



Jeffrey Guterman, M.D. M.S.
Chief Research &
Innovation Officer

Ambulatory Care Network (ACN) celebrated its second anniversary on June 22, 2013. ACN delivers health care to DHS patients through a network of nineteen health centers with linkages to all DHS hospitals. This new network was created as part of the necessary transformation of DHS with the passage of the Affordable Care Act (ACA). To meet the new standards defined in the ACA, two years ago we created a plan for what we needed to accomplish and I am pleased to say that today, we have achieved most of what we set out to do. This set of goals included building Patient Centered Medical Home teams, rolling-out eConsult, and empaneling primary care patients to improve continuity and comprehensiveness of care.

For the past two years ACN has led the County-wide Healthy Way LA enrollment efforts. I am extremely proud of this effort and thank Department of Health Services, Department of Public Social Services, Department of Mental Health and Community Partner staff for collectively enrolling over 250,000 Healthy Way LA patients by May 2013. In May 2013, we separated the ACN delivery network (non-hospital based outpatient clinics) and Managed Care Services (Managed Care and Healthy Way LA) so that we could focus on the ACN delivery system. As we evolve as a network, more changes will occur that will transform and improve our system. These efforts will ensure that our patients stay with us and to maximize our capacity to care for more uninsured and insured patients.

Our focus for 2013-14 will be to continue to mature our Patient Centered Medical Homes (PCMH) to be more patient-centered and to work as effective teams. We need to strengthen our care transition relationship between the PCMHs and our DHS medical neighborhood (hospital based specialty, emergency room and in-patient services). We also have a number of exciting operational and infrastructure initiatives. Thanks to Long Beach Comprehensive Health Center's telephone pilot effort, we are in the midst of implementing a new cloud-based telephone system across ACN and refining how we answer and schedule appointments for our patients. In addition, High Desert and Martin Luther King, Jr. Multi-Service Ambulatory Care Centers will have two brand new facilities to care for our patients.

We also know that 2014 will mark the start of the implementation of the Online Real-time Centralized Health Information Database (ORCHID), our electronic health record system which will require much attention and focus from everyone.

I am also excited about our partnership with Service Employees International Union (SEIU). Both DHS management and SEIU, have promoted and encouraged a number of Care Improvement Teams across ACN facilities to work on improving business operations for our patients. For example, a number of ACN frontline staff have begun to simplify clinic registration and other business office work processes.

Finally, I want to extend my thanks to all of the ACN staff, DHS hospitals, Board of Supervisors, DMH, DPSS, SEIU Local 721, L.A. Care and countless others who assisted with transforming ACN throughout the year. With the implementation of the Affordable Care Act, we will need to continue to support each other in order to continue providing for as many patients as we can and improving our customer service. Our goal is for patients to remain with us not because they have "no choice" but because they want to.

A handwritten signature in dark ink, appearing to be 'A. Li'.

Alexander K. Li, M.D.
Ambulatory Care Network
Chief Executive Officer

Accomplishments

- ◆ Enrolled over 250,000 Healthy Way LA patients.
- ◆ Streamlined the HWLA redetermination (renewal) process.
- ◆ Created a new HWLA Mail-In Redetermination unit to ensure timely processing of applications.
- ◆ Enhanced outreach to potential enrollees in community-based settings.
- ◆ Created Patient Centered Medical Homes (PCMH) throughout DHS health care facilities which strengthened the doctor/PCMH-patient relationship.
- ◆ Rolled out eConsult across all DHS primary care clinics and added over 10 specialties to the eConsult specialty network.
- ◆ Improved patient's access through Patient Centered Scheduling. Created daily appointment slots and simplified scheduling templates to help reduce patient no show rates.
- ◆ Partnered with SEIU 721 to empower small teams of frontline workers and managers in DHS facilities to implement their own solutions and process changes by establishing Care Improvement Teams (CITs).
- ◆ Initiated secret shopper efforts to assess patients' experiences around customer service, scheduling and information requests.



Quentin O'Brien
Chief Operations Officer



Lauren Simmons CPHIMS, PMP
Chief Information Officer



Guillermo Diaz, M.D.
Chief Medical Information Officer

Section I Multi-Service Ambulatory Care Centers



Martin Luther King, Jr.

12021 S. Wilmington Avenue, Los Angeles CA 90059

est. 1972

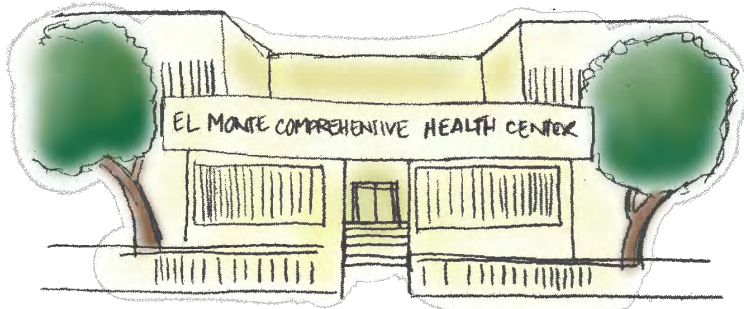


High Desert

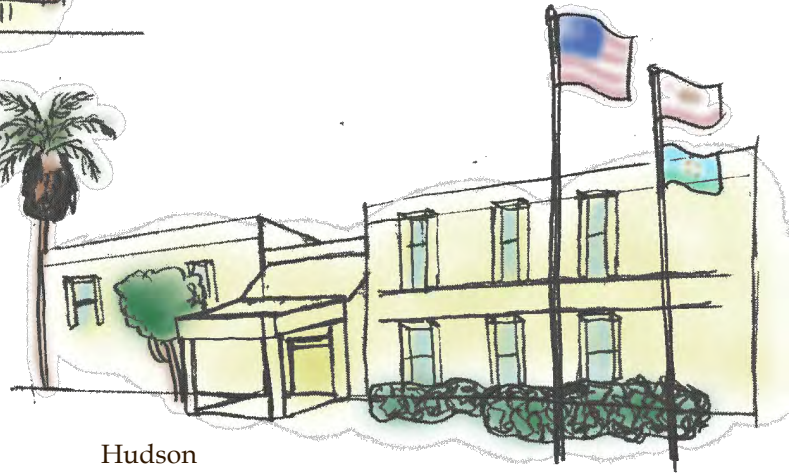
44900 N. 60th Street West, Lancaster CA 93536

est. 1961

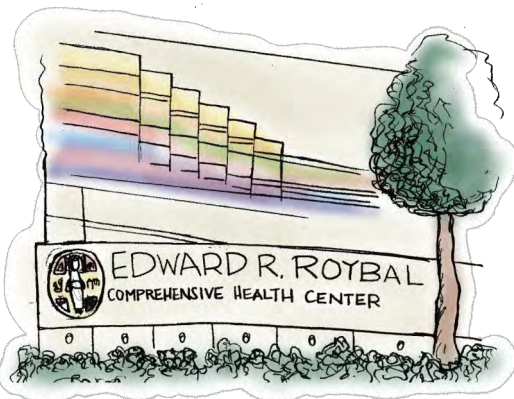
Ambulatory Care Network Comprehensive Health Centers



El Monte
10953 Ramona Boulevard, El Monte, CA 91731
est. 1983



Hudson
2829 S. Grand Avenue, Los Angeles CA 90710
est. 1979



Roybal
245 S. Fetterly Street, Los Angeles CA 90022
est. 1979

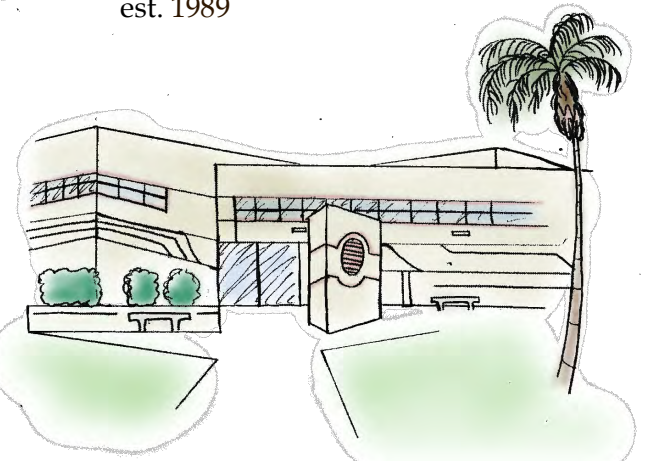


Mid-Valley
7515 Van Nuys Boulevard, Van Nuys CA 91405
est. 1989



Humphrey
5850 S. Main Street, Los Angeles CA 90003
est. 1976

Long Beach
1333 Chestnut Boulevard, Long Beach CA 90813
est. 1986



High Desert Multi-Service Ambulatory Care Center



Beryl Brooks,
Administrator

The High Desert Health System (HDHS) is comprised of the High Desert Multi-Service Ambulatory Care Center (MACC), four County-operated community-based health centers and a dispensary/clinic at the Acton Rehabilitation Center. In collaboration with a network of Community Partner clinics, the Health System provides outpatient health care services for residents in an extensive service area that comprises approximately one-third of Los Angeles County.

The High Desert MACC collaborates with and supports the Antelope Valley Health Center (AVHC), Lake Los Angeles Community Clinic (LLCC), Littlerock Community Clinic (LRCC) and South Valley Health Center (SVHC) to provide services in this large geographic area. The MACC offers a comprehensive array of outpatient services, including primary care for adults and children, women's health, urgent care, medical, 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 at the MACC include the Foster Care HUB clinic, Suspected Child Abuse and Neglect (SCAN) clinic, Hope Center HIV/AIDS clinic, Disease Management clinics for Asthma and Diabetes, Pediatric Behavior Disorders clinic and an Oncology clinic with a chemotherapy infusion center. The SVHC is the second largest site in the Antelope Valley region. Services offered include adult and pediatric primary care, urgent care, and surgical subspecialties.

MACC Replacement Facility

The new HDHS MACC will be located on a 15 acre site in central Lancaster, approximately six miles east of the current MACC. The target occupancy date is April 2014.

Construction is approximately 65% complete (as of May 1, 2013) and work is continuing on the building exterior and interior, as well as on the site. Artist Brade Howe has been commissioned by the Los Angeles County Civic Arts Commission to create original artwork for the new facility.

In preparation for the move, plans are underway for HDHS to become paperless by December 2013. Strategies in progress include use of a Clinical Workstation to view labs, electronic documentation and acknowledge lab and radiology results, implementation of a Quantum electronic document management to scan clinical documents, a virtualized patient accounting file, an electronic operating room scheduling system, and electronic encounter forms.

Medical Home Implementation

All primary care clinics, except for the two pediatric clinics, have fully implemented the Primary Care Medical Home (PCMH) concepts using existing staff. The High Desert MACC Internal Medicine PCMH Clinic participated in the six-month Patient Centered Scheduling (PCS) initiative. Since April 1, 2013, HDHS has initiated the PCMH concept in all Adult and Family Medicine clinics. Prior to implementation, our "No Show" rate across the board was 36%. As of April 30, 2013, our "No Show" rate is down to about 16%, which is a 56% reduction across HDHS. At the same time, our filled appointment slots went from an average of 85% to 108%, which is a 21% increase in patients booked per session.

Surgical Collaboration with Olive View Medical Center and Mid-Valley Comprehensive Health Center

In October of 2012, HDHS embarked on a collaborative project with Olive View Medical Center (OVMC) and Mid Valley Health Center (MVHC) to decrease backlog of hernia repairs. HDHS' general surgeon is now offering surgery clinic at MVHC and schedules new patients for hernia repair to be done at HDHS Ambulatory Surgical Center.



Ruth Oren, M.D.
Medical Director



Susan Urbanski, R.N.
Nursing Director

Specialty Clinic Waiting Time and e-Consult

In preparation for the increased demand for our specialty services as well as the expectation of a timely specialty appointment following a PCP referral, HDHS Referral Department has worked closely with our specialty providers to increase the number of new appointments. In addition, a Nurse Practitioner was assigned to work at specialty clinics with long waiting times, such as Cardiology and Neurology (and more recently, Endocrinology). The various efforts, combined with the introduction of eConsult in various specialties, have resulted in a significant decrease in waiting time for various specialties.

High Desert Health System Anticoagulation Clinic

An Anticoagulation Clinic was added to the array of HDHS clinical services in November 2012. The service is run by a Nurse Practitioner and is available to patients by referral only. From November 2012 through April 2013, the clinic has provided services to 122 patients and has improved patient compliance with medication management and required changes in diet and lifestyles as well as patient satisfaction.

South Valley Health Center Pediatric Clinic

In September 2012, we opened the South Valley Pediatric clinic on the second floor of the building. This move resulted in an increase in the number of Pediatric exam rooms, from four to seven, allowing us to add a third Pediatric Medical Home provider. In addition, we added an observation room equipped to care for sick children who either wait for a transfer to a hospital or are treated and expected to go home. This move also freed up four exam rooms on the first floor, thus providing us with the opportunity to expand and increase the number of Primary Care Medical Homes.

Model e-Health Initiative

HDHS is also a part of the Model eHealth initiative funded by UC Davis as a community partner with L.A. Care. Nursing staff attend virtual meetings through video conferencing from their desks which saved the county on mileage, as well as, kept nursing staff in their clinical areas.

Key Statistics FY 2012-13

Total Provider Visits – 110,172
Surgery/Special Procedures – 1,359
Urgent Care – 36,746

Primary Care – 43,320
Prenatal/Post-Partum – 7,068
Specialty Care – 21,679

MANAGEMENT STAFF

Tim Moore
Assistant Administrator

Candy Smith
Finance Officer

John Grant
Information Officer

George Kolle
Personnel Officer

Lee Dunham
Assistant Nursing Director

SERVICES PROVIDED

Adult
Internal Medicine
Pediatrics
Women's Health

SPECIALTY CLINICS

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

Martin Luther King, Jr. Multi-Service Ambulatory Care Center



Cynthia M. Oliver
Administrator



Ellen Rothman, M.D.,
Interim Medical Director



Lessie Barber, R.N.
Nursing Director

The transformation of Martin Luther King, Jr. Multi-Service Ambulatory Care Center (MLK MACC) into a patient-centered facility continues to evolve and focus on ways to improve the patient experience. The Care Improvement Teams (CIT) established ways at the unit level to improve processes in the respective service areas to meet the patient's needs. The HELLO campaign and program was launched throughout the facility to stress the importance of first greeting the patients with a "HELLO" and training around the HELLO acronym: **H**ello/Introduce **E**xplain reason for visit **L**earn/Listen to patient **L**ength (expected length of time for visit) **O**ffer thanks -- all of which is geared to enhance the patient's experience with their healthcare provider.

Effective January 1, 2013, the facility achieved its goal of joining other health facilities across California and the country to become a smoke-free campus. The former smoking area has been replaced with a "calming garden", specifically designed into a small oasis where patients, visitors, and the workforce may sit and enjoy the surroundings of the campus in serenity.

The opening of the new MLK MACC replacement facility is scheduled for April 2014. Plans are underway for the transition into the new facility. There is also much more to look forward to with the reopening of the MLK, Jr. Community Hospital. The MLK MACC and the new MLK, Jr. Community Hospital will work together to ensure integrated and seamless patient-centered care.

The new MLK MACC facility will provide the necessary upgrades for how health-care is delivered to the community. The project consists of a 136,500 square-foot four-story outpatient service building and site improvements, in addition to renovations of the North Support Administrative Building. The construction project provides for an Ambulatory Surgery Center, Pharmacy, Urgent Care, Radiology and various other medical home and specialty care clinics.

The new facility is designed to replace the existing MLK MACC building and improve the patient experience and operating efficiency with the consolidation of all clinical services in one building. Construction is currently on schedule for substantial completion. In order to successfully transition to the new facility, DHS has engaged the services of a Transition Planning



Consultant to assist the workforce with occupancy planning, personnel preparedness and move management, which will ensure a smooth transition from the current facility into the new facility; safe and timely execution of the move with the least amount of disruption to current operations; secure staging; assembly; delivery of new equipment; and staff orientation to the new environment and equipment. The target opening of the new MLK MACC building for patient care is April 2014.

Patient Centered Scheduling

The MLK MACC Patient Centered Medical Home (PCMH) teams participated in the Patient Centered Scheduling Collaborative. This DHS-wide initiative provided intense training to dramatically reduce the rate of broken appointments. The initiative, built on the theme of teamwork was developed in the PCMH as each team member took on enhanced responsibility for scheduling and patient reminders. The pilot team developed a rigorous tool to anticipate which patients were most likely to keep their appointments – and which were most likely to skip their appointment without calling. In November 2012, we brought our other medical home teams on board. All of our PCMH teams learned to track data and to modify processes to respond quickly. Through their efforts, our staff reduced the no-show rate from 28% to the goal of 10%. Our PCMH adult teams have sustained the momentum, maintaining our no-show rates close to that 10% benchmark. Our efforts have resulted in smoother patient flow, satisfied patients, and happier patient care teams.

Obesity Group Visits

The obesity epidemic has become one of the most important public health concerns in Los Angeles County. Obesity leads to type 2 diabetes, heart disease, certain cancers and osteoarthritis. The prevalence of obesity (BMI > 30 kg/m²) in Los Angeles County has risen from 13.6% in 1997 to 23.6% in 2011 (a 74% increase), with prevalence of diabetes increasing from 6.6% in 1997 to 9.9% in 2011. Because of the volume of patients treated by Los Angeles County Department of Health Services, innovative, high-volume, high-quality, low-cost programs are needed to address the obesity epidemic. Because of the high rates of obesity surrounding MLK MACC, Theodore Friedman, M.D., Ph.D., lead physician - Endocrinology, led efforts to start an obesity group program at MLK MACC in January 2013. The clinic, named the POWER clinic (**P**revent, **O**besity, **W**ith, **E**ating, **R**ight) meets weekly on Monday afternoons with four groups of patients each attending monthly. The program includes an interactive discussion led by Dr. Friedman; a nutrition lecture led by a nutritionist; a 12-minute participatory calisthenics video (*Instant Recess*); and a cooking demonstration led by a non-profit group called "*Champions for Change*". Average attendance is about 20 patients per visit. As of April 2013, there were 165 patient visits, with 11 patients losing at least 5 pounds. Enthusiasm for the clinic is high, with a high rate of return and high evaluations. Each month a different topic such as stress management, calorie counting and reading food labels is discussed. Future topics will be decided by the group.

Diabetes Group Visits

In 2012 MLK MACC completed the roll-out of Diabetic Group visits to all adult primary care medical home teams. Group visits offer patients the opportunity to benefit from peer support and longer face-to-face time with the medical home team for health education. Patients are vaccinated, have their vital signs taken, receive their lab results, and their medication is reviewed by the physician. Patients share the reasons for their successes and failures with each other openly and the same patient cohorts return every three months. In 2013, MLK MACC partnered with the Los Angeles County Department of Public Health Champions for Change. Champions for Change provide cooking demonstrations, healthy recipes, nutritional education, and a snack. Patients have embraced the group visit experience and have given the medical home teams excellent patient satisfaction scores and positive feedback regarding their experience. The MLK MACC clinicians have also enjoyed the experience and have witnessed a definitive improvement in clinical indicators. Recent EDR data taken from Affinity show that MLK MACC achieved excellent quality result for HgbA1C and LDL control for empanelled adults with diabetes and posted the highest control rates in DHS.

MANAGEMENT STAFF

Rhonda Bean
Operations Director

Collins Nwadiogbu
Capital Projects

Regina Pierre
Human Resources

SERVICES PROVIDED

Adult
Internal Medicine
Pediatrics
Women's Health

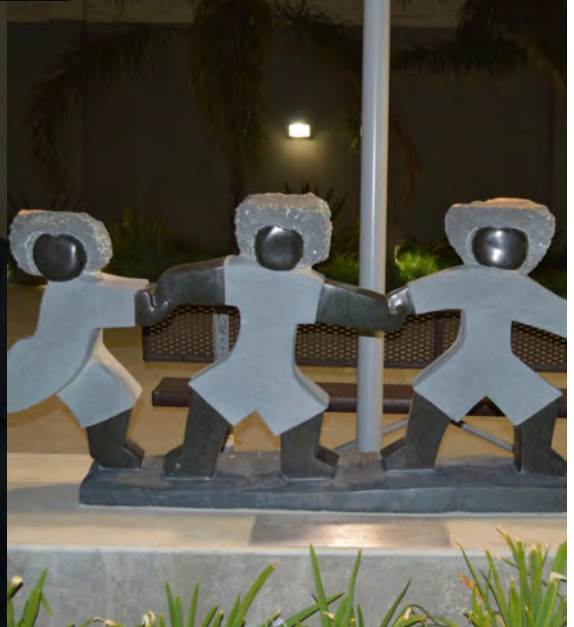
SPECIALTY CLINICS

Ambulatory Surgery Center
Cardiology
Dental/Oral-Maxillo Facial Surgery
Dermatology
Diabetes
Ear, Nose, and Throat
Employee Health Services
Endocrinology
Gastroenterology
General Surgery
Hematology/Oncology
Nephrology
Neurology
Nutrition
Ophthalmology
Orthopedic
Pathology
Pediatrics
Primary Care Medical Homes
Pulmonary
Radiology
Rehab Services
Urgent Care
Urology
Women's Health

SERVING THE COMMUNITY 40+ YEARS

"Continuing the legacy...
Rebirth of the Dream"





El Monte Comprehensive Health Center and La Puente Health Center



Ernest Espinoza
Administrator



Stanley Leong, M.D.
Medical Director



Debbie Duran, R.N.
Nursing Director

This year was another busy year for the El Monte Comprehensive Health Center (CHC)/La Puente Health Center (HC) team. Our focus was to prepare for the upcoming changes related to the implementation of the Affordable Care Act in 2014. This includes enrolling patients into Healthy Way LA and implementing strategies to strengthen good customer service practices; creating cohesive Patient-Centered Medical Home teams; and using proven modalities to enhance clinical outcomes. Successful implementation of these strategies will make El Monte CHC/La Puente HC a provider of choice in the San Gabriel Valley.

One area of focus this year was emphasizing the practice of empanelment among our staff and patients. Patient empanelment was incorporated into the pre-financial screening practice to ensure that we reinforce the relationship between patient and care team at every level of the process. This was also reinforced to patients in patient education and when making appointments. Our goal is to help patients realize that they can achieve better clinical outcomes and have an enhanced patient experience by maintaining a consistent relationship with their clinical team.

The demand for adult primary care services continued to grow. In an effort to meet this need, we continued efforts to recruit qualified staff and reconfigure operations to maximize current resources. The pediatric clinic at El Monte CHC was relocated to the first floor allowing the adult clinic to expand, resulting in six additional exam rooms in contiguous space.

We realize that we still have a lot of work to do in Fiscal Year 2013/14. However, it is reassuring to see that we are receiving more positive comments from our patients who seem to recognize our efforts. The El Monte CHC/La Puente HC team is to be commended for its creativity and dedication to improving services for our patients.

Patient Education to Improve Clinical Outcomes

In an effort to enhance clinical outcomes and support the Primary Care Medical Home, staff at El Monte CHC offered Patient Education in various modalities. The Group Diabetes class proved to be effective with participants showing greater improvements in blood sugar level, blood pressure, and



weight loss than those patients who do not participate in the group clinic. Educational topics include healthy food choices, incorporating physical activity into the patient's daily routine and setting self-management goals. Patients appreciate the support they receive from each other in the group setting as they are able to share strategies that they have found effective, while they support and encourage each other.

In addition to scheduled Healthy Lifestyle and Nutrition classes, which are effective for patients who attend, El Monte staff 'brought the education to the patient' by providing classes in the waiting rooms while patients wait for their appointment or prescription. The Health Education Assistants provide nutritional information ("Rethink Your Drink/Being Sugar Savvy") and other healthy lifestyle tips and information. Patients are always surprised to see how much sugar is in their favorite drink when the Health Education Assistants demonstrate using a food model. Many patients' interest is piqued by the brief waiting room presentation and it encourages them to attend one or more of the full classes that are offered each week.

Patient Messaging Program

In an effort to improve communication between patients and their Patient-Centered Medical Home team members, Nursing Care Managers were provided with an alphanumeric pager. When patients need to speak with their care team for non-urgent matters, the operators at El Monte CHC are able to communicate the patient information (name, medical record number, etc.) and a summary of the issue (question about lab, prescription, etc.) The Nurse Care Manager is able to research the issue and call the patient back. This improved communication will lead to enhanced patient engagement and clinical outcomes.



Medication Refill Reminder

El Monte CHC staff observed that many patients run out of medications and have no more refills left on their prescription. This is very disruptive for the Patient-Centered Medical Home team as they take time from the scheduled patients to review the patient's record and write a new prescription to maintain essential drug regimens to avoid complications and poor clinical outcomes that may lead to Emergency Room utilization and/or hospitalization.

Pharmacy, medical staff and nursing staff



developed the Medication Refill Reminder form to alert patients as to how many refills they have remaining so they can be proactive in getting an appointment to see their provider before they run out of medications. The benefit of this program is that it empowers patients and helps to avoid disruptions to the patient, pharmacy, and Patient-Centered Medical Home team.

This was implemented in May 2013 and is still being evaluated. Initial observations indicate that this will help to improve efficiency in the pharmacy and the medical home. Also, this will help improve the patient experience as they are empowered to manage their clinical needs.

Department of Mental Health Collaborative

El Monte CHC continues to collaborate with our partners from the Department of Mental Health (DMH). The on-site DMH Co-Location service provides our patients with a valuable resource that is conveniently established within the same facility as their Primary Care team. Having the co-located service allows the mental health and primary care team to collaborate to increase the likelihood of a positive clinical outcome. Also, the located operation eliminates the stigma associated with visiting a mental health facility which may keep some patients from receiving needed mental health treatment.

The El Monte CHC leadership team meets on a quarterly basis with the DMH leaders to discuss ways to improve services for our patients. This year, DMH and DHS staff improved the way they conduct joint consultations and identified areas of interest for the primary care providers. Based on these discussions, DMH provided in-service education to the El Monte CHC and La Puente HC Medical Staff on Depression; General Anxiety Disorder; Phobia; Post-Traumatic Stress Disorder and Attention Deficit Disorder in the Adult Population. Also, a DMH psychiatrist was identified to provide consultation to the primary care medical providers. This proved to be very valuable, especially as it relates to psychiatric medication management issues.

Tomando Control De Tu Salud (Taking Control of Your Health)



patient population and were screened to ensure that they would make the commitment to participate for the full six weeks.

Various educational topics were presented each week and the members participated in self-management goal-setting exercises which were reviewed during each session. The concepts and strategies used are based on proven concepts that have been published by the National Council on Aging. The program, "contributes to improvement in both psychological and physical health status, self-efficacy and selected health behaviors." The group dynamic proved to be very valuable as the participants provided support and encouragement to each other.

El Monte CHC/La Puente HC Nursing Director, Debra Duran, R.N., observed some of the program activities and found the program to be "extremely informative, uplifting, and empowering." The facilitators observed that most of the participants achieved health gains such as weight loss, decreased blood sugar levels, and improved blood pressure. They also observed that the participants were more content, less anxious, and felt more empowered about their role in having a positive impact on their health.

MANAGEMENT STAFF

Karen Dove
Assistant Administrator

Linda Maldonado
Facility Manager

Patricia Lange, R.N.
Quality Assurance,
Risk Manager and Safety
Officer

Karen Molezion
Health Information Manager
(Interim)

Alonzo Fields, M.D.
Henedina Liban, M.D.
Nyun Nyun Soe, M.D.
Service Directors

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

Khanh Le, Pharm.D.
Pharmacy

Margarita Montano
Laboratory

David Duran
Radiology

SERVICES PROVIDED

Adult Primary Care
Pediatrics
Walk-In
Women's Health

SPECIALTY CLINICS

Cardiology
Dental
Optometry
Pediatric Specialties
Podiatry
Renal

H. Claude Hudson Comprehensive Health Center



Michael Mills, M.H.A.
Administrator



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



Maria Cristeta Martinez-Garan, R.N., M.S.N.
Nursing Director

H. Claude Hudson Comprehensive Health Center (Hudson CHC) offers the community a diverse range of providers and services that include, but are not limited to, Adult and Pediatric Primary Care, Urgent Care, Dental, Prenatal, Women's Health, and Specialty Care such as Anticoagulation, Colonoscopy, Colposcopy, Endocrine/Diabetes, Orthopedics, Ophthalmology, Nephrology and Podiatry.

At Hudson CHC we believe that every employee is part of a team, has an important role, and that each job performed is critical to our mission of delivering culturally sensitive, high quality, and compassionate care. Mindful of the need to improve the overall patient experience, renew the physical environment and expand services, Hudson celebrated the grand opening of a fully-automated modernized pharmacy, newly remodeled Pediatric waiting room, launched the Urgent Care Fast Track Clinic, established Patient-Centered Medical Homes, and implemented Patient-Centered Scheduling. All of these improvements created and continue to afford opportunities for better and more personal care.

Hudson-USC Student Volunteer Program

In October 2012, H. Claude Hudson partnered with the undergraduate Pre-Health Advisement department at the USC Dornsife College of Letters, Arts, and Sciences to develop a volunteer program. The partnership has allowed students, who are interested in a health care career, to learn more about the day-to-day clinical operations within a public health care setting.

To date, 25 volunteers have worked on various projects and shadowed physicians and other health care providers. The mission of the program is not only practical in providing USC pre-health students easier access to clinical experiences, but it is also addressing the needs of the facility and the community.



Diabetes Education at Hudson CHC

In January 2012, Hudson CHC implemented a nurse-developed one-year group class for Diabetic Patients. Sixteen patients accepted an invitation from their Patient Centered Medical Home providers to participate in the monthly program.

In the first session, each patient received an individualized health status report card, including their HgbA1c, LDL level, and blood pressure, allowing patients a view of their current health status and helping them set goals for improvement. Class topics included goal setting, stress management, reading food labels, healthy cooking (with demonstrations by the Morrison Chefs), exercise, and the pathophysiology of diabetes. While health professionals were guest speakers and moderators, the class focused on patients sharing their experiences and obstacles to living with and managing diabetes.

Family members were also encouraged to participate. Half of the participants graduated in December 2012. Average HgBA1c went from 9.5 to 8.5. A new group of diabetic patients started the class in 2013. There was so much interest in this successful class that this year two classes were created. Three of last year's participants attended the first session to share their positive experiences and discuss the benefits of intragroup dynamics.



Hudson Joins *Reach Out and Read*



In March 2013, pediatricians from Hudson's Department of Pediatrics joined 12,000 medical professionals at 5,000 sites across the country in becoming part of the *Reach Out and Read* team (ROR). The program is designed to promote literacy in young children, especially in low-income communities. Research shows that children who receive care in clinics using ROR, perform three to six months ahead of their non-ROR clinic peers on vocabulary testing. At each Well Child clinic visit

from six-months to five years, the medical provider gives the child a book and discusses literacy and reading aloud with the family. The book is a wonderful way for the provider to simultaneously perform a developmental assessment of the child and educate parents. If a child remains with a ROR clinic for the entire program, he or she starts kindergarten with a library of at least eight to nine books. We are already seeing the excitement for reading as young participants bring their books back on return visits and tell the providers, "I couldn't read before, but now I can."

Annual Health Fair

Hudson CHC held its Annual Health Fair on October 17, 2012. The fair offered free breast health education, family planning information, men's health information, pregnancy testing, blood pressure check, infection control tips, eye care education, HIV testing, WIC education, and much more. The Health Fair also provided an opportunity to increase HWLA enrollments. Accordingly, we had a booth specifically designed to screen and process eligible applicants. As a result, we were able to enroll 150 new members, and educate many others about the benefits of program participation.



Hudson Brings Holiday Cheer to Our Community

In Autumn 2012, Hudson CHC initiated its first Holiday Toy Drive for the children of our community. Hudson staff demonstrated tremendous generosity in contributing hundreds of toys for children 0-18 years of age. On December 21, 2012, the Hudson Auditorium was transformed into a holiday wonderland, complete with a tree and decorations. Over 200 children and their families lined up outside the auditorium and, while the families eagerly awaited Santa's arrival, the sounds of children's voices singing holiday carols filled Hudson's hallways. When the doors to the auditorium opened, the children received gifts, ranging from dolls to toy trucks to i-tune gift certificates and, perhaps most importantly, a family picture with Santa. The kindness and dedication of the staff and the joy of the children were overwhelming and we hope to make this an annual event.

Capital Projects 2013-2014

- ◆ Replace/Refurbish Elevator Cars
- ◆ Free-Standing Modular Building
- ◆ Telephone System Replacement
- ◆ Facility Floor Upgrades
- ◆ Remodel Patient Registration Lobby
- ◆ Upgrade Central Air & Heating Systems

MANAGEMENT STAFF

Jerri Flowers
Assistant Administrator

Sharon Graham, M.D.
Jatin Shah, M.D.
John Wong, M.D.
Belinda Wu, M.D.
Service Directors

Ping Luh, R.N., P.H.N.
Risk Manager

Sandra Hudson, Pharm.D.
Pharmacy

Erin Sams
Laboratory

Juan Velazquez
Radiology

SERVICES PROVIDED

Adult
Internal Medicine
Pediatrics
Women's Health

SPECIALTY CLINICS

Anticoagulation
Breast
Colonoscopy
Colposcopy
Dental
Endocrine/Diabetes
Family Planning
Gynecology
LEEP
Nephrology
Nutrition
Optometry
Outpatient Surgery
Podiatry

Hubert H. Humphrey Comprehensive Health Center



Donna Nagaoka
Administrator



Lakshmi Makam, M.D.
Medical Director



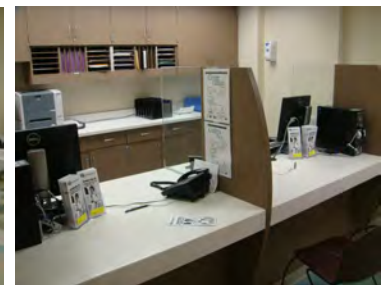
Norma Haye, R.N.
Nurse Manager

Mission: To provide quality health care in a culturally sensitive manner.

Vision: To design and implement a quality, community-based primary care system with an emphasis on intervention and prevention. A system which is caring, compassionate, and competent focusing on the needs of our culturally diverse community as well as ways to continually improve and expand our service.

Urgent Care Ribbon Cutting

On February 21, 2013, Hubert Humphrey Comprehensive Health Center had their Urgent Care Ribbon Cutting Ceremony. Supervisor Mark Ridley Thomas was on hand to celebrate this momentous occasion. The Urgent Care Expansion Project included a brand new waiting room, new four-bed Observation Unit new, Phlebotomy Area, and six additional exam rooms. In addition, the project will modernize the existing exam rooms with new flooring, paint, and ceiling tiles. This new Urgent Care expansion project allows for a more patient friendly environment as well as a much needed improvement of the waiting room. In addition to the Urgent Care Expansion, the outside courtyard will be undergoing a renovation to provide a much more inviting space for patients, visitors and staff to enjoy.



“Access South Central” takes on Patient-Centered Scheduling

As part of the DHS Strategic Plan to increase the Patient Centered Medical Homes, the “Access South Central” team led by Dr. Akhanjee from the Family Medicine Clinic participated in the Collaborative on Patient Centered Scheduling (PCS). The PCS is utilizing different strategies to ensure that each patient is seen at the right time by the right provider. It also ensures an optimal balance of access, continuity and cycle time. The PCS team worked together to improve capacity as well as reduce the no-show rate of the clinic. The team enjoyed the opportunity to hear about the other teams throughout DHS and learned from the experiences. Ambulatory Care Network is now rolling this out to all sites and Medical Home Teams. We are also very proud that Lorraine Perea from our Business Office Team was selected as a Change Agent for this very important process.

Reaching Out

The outreach mobile clinic has been providing health screenings in the community since 1997. Clinical staff and drivers from our Transportation Team are committed to providing these vital screenings to the community and encouraging patients to receive follow-up care at the clinic to ensure that all healthcare needs are met. Blood Glucose Screening, Hypertension Screening, and Immunizations were some of the services provided at the outreach events.



On The Move

Transportation is provided for patients between Harbor-UCLA Hospital, Martin Luther King, Jr. MACC, Hubert H. Humphrey Comprehensive Health Center and Dollarhide Health Clinic with a fleet of five vans. This service is provided to patients who wish to travel to any of the four facilities. Patients often request transportation because they do not own a car, have difficulty driving, or struggle with public transportation. Patients are picked up from their residence and taken to their clinic appointment. The provision of transportation helps to improve the patient experience and plays a vital role in assisting patients to improve their health and well-being. Providing this convenient benefit makes transportation one less thing our patients have to worry about.



MANAGEMENT STAFF

Marvin Nevens
Finance

Omar Jones
Safety and Compliance

Denise Briggs-Thomas
Juana Gonzales
Quita Hackett
Shobha Sharma
Beverly Wheeler
Nursing Supervisors

Shera Boyd
Michelle Clay
Business Office

Denise Chism
Health Information
Management

Linda Chambers
Information Systems

Veronica Kim Pharm.D.
Pharmacy

Lolita Jimenez
Laboratory

Antoinette Good
Radiology

David Hindman
Behavioral Health

Sergeant Michelle Hall
Sheriff

SERVICES PROVIDED

Adult Medicine
Family Medicine
Family Planning
HIV/Main Street Clinic
Pediatric Medicine
Women's Health

SPECIALITY CLINICS

Behavioral Health
Geriatrics
Ophthalmology
Physical Therapy
Podiatry

Long Beach – Wilmington – Bellflower Coastal Health Centers



Donna Nagaoka
Administrator



Jeffrey Barbosa, M.D.
Medical Director



Marion Thornton-White, R.N.
Nurse Manager



Coastal Health Centers is dedicated to providing high-quality, cost-effective, community-based primary and preventative care. Our facilities serve the communities of the South Bay including Long Beach, Wilmington, Lakewood, Harbor City, and Bellflower. Primary care is our main focus but we also provide limited specialty, diagnostic and ancillary services on-site. Each year, we provide over 110,000 patient visits.



Wilmington Health Center Pulmonology Clinic

On March 27, 2013, the Wilmington Health Center welcomed Congresswoman Janice Hahn, Health Deputy Richard Espinoza and the Harbor Community Benefit Foundation (HCBF) to the ribbon cutting of their new pulmonology clinic. The project was funded by a \$190,000 grant from the HCBF which included the addition of two exam rooms, a nursing station and the purchase of clinic equipment. The Chief Executive Office provided \$190,000 in matching funds for Americans with Disabilities Act (ADA) improvements, which included a new wheel chair ramp, handicapped parking, accessible public restrooms, drinking fountains and registration counter. Many of Wilmington's patients come from underserved communities that are at greater risk for pulmonary illnesses due to higher exposure to air pollution. With this new pulmonology clinic, Wilmington hopes to increase access to medical care for these patients. The HCBF grant also funded a waiting room remodel to improve the patient experience, a key component of DHS's efforts to prepare for healthcare reform. Historic photos donated by the San Pedro Bay Historical Society hang on the waiting room walls to reflect the proud heritage of the community. There is also a kids' corner in the waiting room with toys, paint and wall frames purchased through the SEIU 721/DHS Innovation Awards. To celebrate the completion of the new clinic, the HCBF sponsored a health fair at the ribbon-cutting, which drew over 400 people and 50 organizations.



Bellflower's "Team Victory" tackles Patient-Centered Scheduling

Between September 2012 and February 2013, Bellflower Health Center participated in a Patient Centered Scheduling (PCS) collaborative. Team Victory, led by Dr. Alexander Moy's clinic, worked to decrease no show rates, improve patient wait times and eliminate wasted appointments as part of an effort to provide a more patient centered experience. Some of the key tactics used include having all team members make confirmation calls to patients and collecting patient demographics. Other strategies include opening up the schedule to allow all staff to make and cancel appointments to accommodate patient needs, designating a back office appointment cancellation line and ensuring correct phone numbers and addresses at each interaction with their clinic team members. No show rates were reduced from an average of 31% to 17%. At the same time, the teams have been able to identify additional appointments for same day access. PCS improved patient satisfaction, helped the staff become more patient centered and to take ownership of the schedule. Effective PCS strategies are currently being expanded to Long Beach and Wilmington.

Long Beach Heart Station Grand Opening

Valentine's Day 2013 marked the opening of Long Beach's Heart Station. The new lab will greatly improve patient care in our cluster by decreasing the wait time for diagnostic testing of heart and lung disease. It will offer exercise treadmill tests (to diagnose heart disease), spirometry (to diagnose lung disease) and echocardiograms (ultrasounds of the heart). In attendance for the opening celebration were representatives from the Port of Long Beach, Board of Supervisors, Harbor-UCLA Medical Center, and LA Biomedical Research Institute. Funding for the lab came from a generous \$660,000 grant from the Port of Long Beach as part of their Mitigation Grant Program to reduce the effects of pollution. The new lab will initially run 4 sessions a week and is expected to decrease the wait time for many studies from 6 months to 7 days.



Coastal Implements a "Lean" Culture

Lean is a set of principles and behaviors that underlie the Toyota Motor Corporation's managerial approach. It consists of two key areas, continuous improvement and respect for people. A few of the key staff from Coastal attended a class where they learned how to collect data and diagrammed work flow at various units at Harbor-UCLA. The Coastal staff who attended the Lean training then applied their skills to a "5S" project in a procedure room at Wilmington. 5S is a system which reduces workplace waste, ensures safety, cleanliness, and increases quality and efficiency by maintaining an orderly workplace. 5S stands for Sort Out, Set in Order, Shine, Standardize and Sustain. Within a week, staff identified and salvaged unneeded items, rearranged the storage and work space, labeled and organized important forms and supplies and developed a more usable room that is easier and safer for staff and patients. The best part about 5S is that it is a group effort and the front-line staff's ideas and experiences are what make it work!

Other FY 12/13 Accomplishments

Customer (Service)	<p>Smoke Free Campus: In an effort to provide patients, visitors and staff with a healthier and safer environment, Coastal officially became smoke/tobacco-free on Oct 1, 2012.</p> <p>Member Services Office: Long Beach opened a Member Services Office in Jun 2012, which provides assistance to resolve patient issues and concerns including billing, provider assignment, HWLA and others.</p> <p>Community Outreach: Long Beach Pharmacy participated at Care Harbor's Health Fair in Sept 2012 by providing over 5,000 medications for the event. The team worked together to bottle, label and purchase over-the-counter medication all within 4 days.</p>
Quality (Internal Processes)	<p>Dashboards: Coastal recently started weekly dashboards on workload and cycle time based on electronic data. Dashboards are frequently updated reports that are designed to give an easy view of key indicators for clinic operations. Updated weekly, each graph shows the current level, levels for the past 4 weeks and the targets.</p> <p>Medical Home Standardization: To help improve access for patients, new clinic schedules were developed for primary care providers across Coastal, which allow for same-day and next-day appointments. Efforts are continuing to standardize forms and processes within the cluster.</p>
Cost Effective (Financial)	<p>Encounter Form: In Oct 2012, Coastal transitioned from encounter forms to Quantim coding, which saved \$70,000/year and reduced the backlog from 3 months to 1 week.</p>
Staff Development & Support	<p>National Service Corp: Long Beach has been re-certified by the National Health Service Corps, which allows full time primary care staff to apply for student loan repayment of up to \$30,000 a year to assist with recruitment and retention.</p> <p>Awards: Vanessa Garcia was recognized with the DHS Leadership Award during the Annual Health Education Practice Conference. Gina Wang, R.N. was recognized as the Ambulatory Care Network Nurse of the Year. Long Beach received two awards from the 26th Productivity and Quality Commission. The phlebotomy service was awarded a Special Merit Award for decreasing operating costs by more than \$150,000! Long Beach was also recognized for their efforts in implementing a hosted call center.</p>

MANAGEMENT STAFF

Thuy Banh

Assistant Administrator

Tyler Seto, M.D.

Associate Medical Director

Mathew Lombard, M.D.

Alexander Moy, M.D.

Lead Physician

Renee Flores

Safety and Compliance

Irma Bravo, R.N.

Debra Cornelius, R.N.

Michelle Kim, R.N.

Nursing Supervisors

Cynthia Gallardo

Beatriz Herrera

Ruben Mendoza

Business Office/

Medical Records

Peter Chen, Pharm.D.

Pharmacy

Karen Gerales

Laboratory

Tomy Thomas

Radiology

Patricia Serna

Social Work

SERVICES PROVIDED

Adult

Family

Gynecology

Pediatrics

Same Day/Walk-In

Women's Health

SPECIALTY CLINICS

Coumadin Clinic

Dental

Dermatology

Diabetes Program

Ophthalmology

Optometry

Podiatry

Urology

Mid-Valley – San Fernando – Glendale ValleyCare Health Centers



Carla Niño
Administrator

Leadership and staff at Mid-Valley Comprehensive Health Center are committed to ensuring a consistent, positive, and high quality experience in the ambulatory care setting, enhancing the patient experience through a medical home team. Staff is focused on identification and implementation of opportunities to enhance and improve services while maximizing access to care. Collaborating with diverse community-based organizations, Mid-Valley CHC seeks to evaluate and recommend adjustments in the organization, staffing, systems and procedures while providing the public with easy access to quality information and services, improving customer satisfaction and implementing a patient-centered, information-based health services delivery system.

Specialty Services Offered at Mid-Valley Comprehensive Health Center

Hernia Pre-Post Surgery

To help decrease over 600 patients waiting for Hernia surgery at Olive View-UCLA Medical Center a pre/post-surgery clinic was created at Mid-Valley CHC for patients willing to go to High Desert (HD) Multiservice Ambulatory Care Center (MACC) for their surgery. Beginning in December 2012, patients accessed HD MACC for their surgery and Mid-Valley CHC for pre/post visits.



Joseph Blank, M.D.
Medical Director



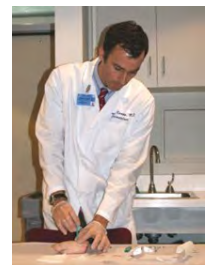
Retinal Camera

Diabetic disease is the leading cause of blindness among working-age Americans. Diabetes is the most prevalent chronic disease in our population. Improving eye care for diabetic patients results in substantial budgetary savings and is a highly cost-effective investment for the system and society. To address the demand for eye exams, Retinal Camera Scan guidelines and a procedure for imaging were implemented. This resulted in a 60% increase in clinical capacity. Previously, referred patients with

progressive eye disease waited four to six months for a laser procedure. Increasing access to the Mid-Valley CHC Retinal Laser Clinic decreased clinic wait-time from more than one-year to approximately four weeks. Patients with progressive eye disease are treated on-site with timely laser procedures preventing costly complications. These restructured services improved clinical efficiencies.

Teledermatology

Per a community needs assessment of access to specialty services, Dermatology was identified as one of the top five in high demand, but less accessible. The Valley Care Community Consortium, Mid-Valley Comprehensive Health Center, and Community Partners worked to reduce the wait times and increase access to Dermatology specialty care through the use of a Teledermatology process. Teledermatology is the remote delivery of dermatological clinical information using telecommunication technology. This practice enables many patients to receive care quickly in the primary care setting and reduces the wait time for 30% of those requiring an appointment with a Dermatologist. With the implementation of Teledermatology, appointment wait times decreased from 64 days in June 2011 to 20 days in May 2012, which was a 69% improvement.



Linda Kim-Fung, R.N.
Nursing Director

E-Recovery

In 2012, a comparison of the e-Recovery for the Comprehensive Health Centers in the Ambulatory Care Network Center showed that MVCHC and SFHC generated \$1,329,427. This is 54% more than the Comprehensive Health Center with the next highest revenue recovery.

Community Health Fair



Mid-Valley Comprehensive Health Center (MVCHC) conducted their first Community Health Fair on October 31, 2012. The Fair increased customers' awareness of common health problems, promoted good health maintenance, provided information on health screening and prevention, informed about access to primary care services and educated regarding patient-centered medical homes, the Affordable Care Act, and insurance programs.

Twenty-two health promotion booths were set-up with interactive demonstrations and approaches that 200 patients and guests enjoyed. Participants received free screenings and information on blood pressure, cancer, family planning, smoking cessation, vision, diabetes, oral care, infection control, BMI, medication safety, energy and water conservation methods and health insurance information. Over 100 free flu vaccinations were given. Aside from the health education/provision booths, fun activities like pumpkin decorating and face painting were offered to children. Healthy refreshments were served to all participants who visited the booths and completed their wellness card.



pressure, cancer, family planning, smoking cessation, vision, diabetes, oral care, infection control, BMI, medication safety, energy and water conservation methods and health insurance information. Over 100 free flu vaccinations were given. Aside from the health education/provision booths, fun activities like pumpkin decorating and face painting were offered to children. Healthy refreshments were served to all participants who visited the booths and completed their wellness card.

Innovation at Work

DHS facilities were given the opportunity to submit Innovation Project ideas for potential grant funding. Over 200 creative innovation projects were submitted. Only five projects from the Ambulatory Care Network were awarded funding; three came from Mid-Valley CHC and health centers.

When patients know their medications and take them correctly they are more satisfied, and clinical guidelines are more easily met. Mid-Valley decided to provide patients taking

three or more daily medications with a pill organizer and small tote bag, in order to improve patient understanding of how to take their medication while reducing medication errors.

Staff anticipated that patients would appreciate the pill boxes and totes; they did not anticipate how much patients appreciated the attention of having a provider take the time to review their medications, discuss each one and how to take it and place the pills in the box. This one-on-one interaction benefitted nurses and physicians as well. Providers shared stories of developing a deeper understanding of the challenges patients have following the often confusing medication instructions.

This has also been a fantastic learning experience for the residents and medical students. A follow-up survey will be conducted to compare pre-implementation survey outcomes to objectively see project impacts. Patients expressed that they feel as if staff care more about them as an individual and not just another patient in clinic for care. Due to the huge success, as soon as additional supplies are received the project will be expanded to all clinics at Mid-Valley CHC, San Fernando Health Center and Glendale Health Center.



MANAGEMENT STAFF

Siamak Basiratmand, M.D.
Jacqueline Cope, M.D.
Associate Medical Director

Dolores Lopez
Safety and Compliance

Lelia Adriano, R.N.
Mary Joan Centina, R.N.
Pamela Contreras, R.N.
Veronica Edillo, R.N.
Maria-Czarina Katalbas, R.N.
Nursing Supervisors

Laura Adlersberg
Carmen Cordero
Business Office Manager

Irene Salas
HWLA/Financial Screening Manager

Chris Lemenager
Health Information Management

Alice Khalil
Pharmacy Chief

SERVICES PROVIDED

Adult
Internal Medicine
Pediatrics
Women's Health

SPECIALTY CLINICS

Family Practice
Prenatal
Family Planning
Dental
Cardiology
Dermatology
Diabetes

Edward R. Roybal Comprehensive Health Center



Harry Furuya
Administrator

Administrator's Message

The Edward R. Roybal Comprehensive Health Center (ERRCHC), also known as the "Clinica de Colores" in the community continues to be a major provider of healthcare to the East Los Angeles area. Fiscal Year 2012-2013 was a year of transformation and change for ERRCHC. The facility staff embraced and aided DHS in creating Patient Centered Medical Home (PCMH) teams. As we continue to improve the way we provide patient care, we will also work towards improving the patient experience.



Major Accomplishments Pediatric Clinic – Environment Enhancement

The Pediatric clinic staff at the Edward R. Roybal Comprehensive Health Center (ERRCHC) wanted to provide a more appealing environment for their pediatric patients. This was not only to enhance the environment but to also prepare for 2014 when patients will have a choice as to where they would like to go for their health care. Dr. Nicolas Campero and his patient care team decided to beautify their clinic using funds obtained through an L.A. Care grant. With the use of these grant monies, they purchased a large screen TV, wall decals, a play rug, and murals.

The murals and decals depict a variety of scenes ranging from Disney cartoon characters in exam rooms to sea life in corridors and jungle animals in the waiting room. The colorful murals and decals make it a fun environment for the children (see photographs). Their hard work and vision paid off as reflected in the most recent Clinician and Group Consumer Assessment of Healthcare Providers and Systems (CGCAHPS) score (9/12 – 2/13) where patients scored the "Cleanliness of Practice" as 100%. We associate the high "Cleanliness of Practice" score to the beautification of the clinic.



G. Michael Roybal, M.D.
Medical Director



Debbie Duran, R.N.
Nursing Director



Nurse Only Clinic

The Edward R. Roybal Comprehensive Health Center launched the Ambulatory Care Network (ACN) pilot Nurse Only clinic on April 1, 2013. The purpose of the Nurse-Only Clinic is to improve patient access through timely services of non-traditional office visits, improve the patient experience and standardize nursing practice within the Nurse-Only Clinics across the ACN facilities.

The Nurse-Only Clinic is a Registered Nurse (R.N.) driven clinic where the R.N. performs independently within his/her scope of practice which will be guided by approved clinical protocols, standardized procedures/standing orders, facility policies and procedures and the California Business and Professions Code. The Nurse Only clinic serves as an extension of the Patient Centered Medical Home team.

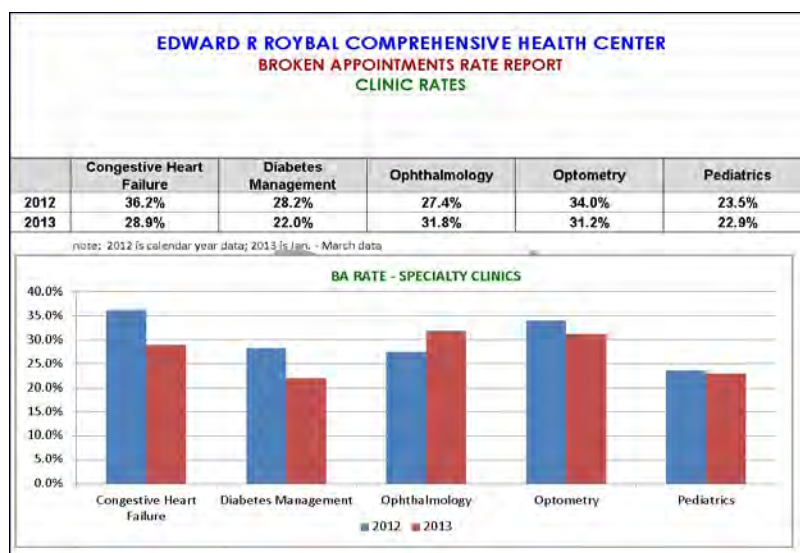
Example of services offered:

- ◆ Assess and address a patient's need according to the reason for the visit utilizing applicable clinical protocols, standardized procedures and/or standing orders.
- ◆ Review and address i2i Tracks database alerts and other relevant information.
- ◆ Identify and resolve any barriers to care.
- ◆ Provide patient education.
- ◆ Discuss outcomes, questions or concerns with the referring provider or designee, including patient's Care Manager, when applicable.
- ◆ Patients seen in the Nurse Only clinic will be referred back to the Patient Centered Medical Home team for future follow up and continuity.

The Nurse Only clinic offers a valuable service to the patient by providing a face to face encounter with a R.N. This allows the PCMH Medical Provider to provide additional access to more patients.

Reminder Calls

ERRCHC was chosen as a technological intervention site for a research program aimed at evaluating whether technology-facilitated care will help in the delivery of patient care to safety net patients. An automated reminder call system was put into place to send reminder calls to patients in the following clinics at ERRCHC: Congestive Heart Failure, Diabetes Management, Ophthalmology, Optometry, and Pediatrics. The reminder calls began in January 2013. With three months of data, four out of the five clinics showed an improvement in their broken appointment rate compared to the prior twelve months (see chart and graph). Although there were only three months of data, it is exciting to see a decrease in the broken appointment rate in four out of the five clinics involved.



MANAGEMENT STAFF

Joseph Allevato, M.D.
Associate Medical Director

Crystal Diaz
Assistant Administrator

Maria Castro
Customer Service

Rita Chen, D.D.S.
Dental

Olivia Cuevas
Health Information
Management (H.I.M.)

Marlene Tong
Laboratory

Rizalina Ho
Performance
Improvement

Teresa Lau, Pharm .D.
Pharmacy

Elizabeth Fuentes
Radiology

Sandra Villalobos
Safety Officer/
Environmental Services

SERVICES PROVIDED

Adult Medicine
Family Medicine
Gynecology
Pediatric
Primary Care
Walk-In

SPECIALTY CLINICS

Anticoagulation
Cardiology
Dental
Dermatology
Diabetes
Endocrine
Family Planning
Gastrointestinal
Liver
Nutrition
Ophthalmology
Optometry
Podiatry

L.A.D.H.S. Specialty Care Improvement Initiative



Hal Yee, M.D., PH.D.
Chief Medical Officer

Our efforts to improve specialty care have 3 major elements

1. Specialty Primary Care (SPC) Workgroups
2. eConsult
3. Clinical Care Library – Expected Practices

SPC Workgroups

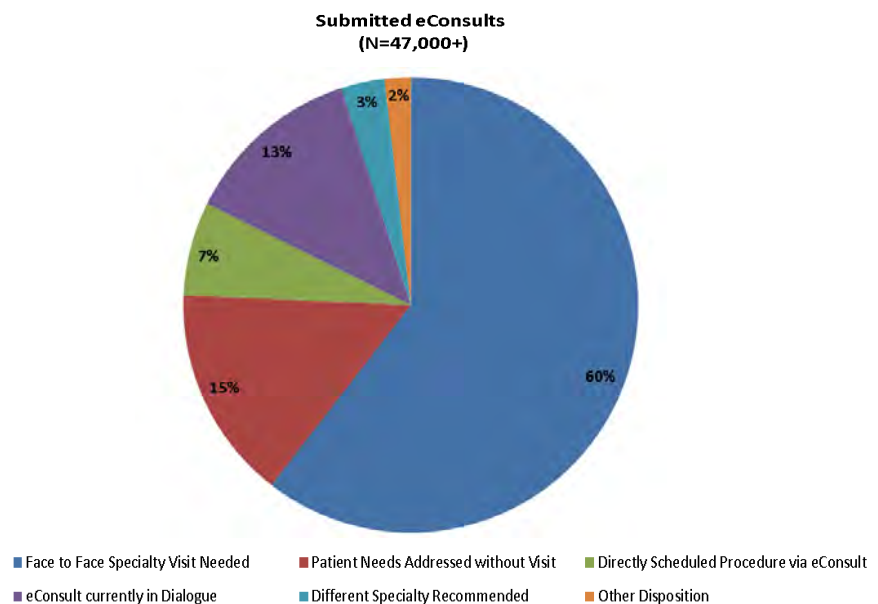
The Specialty Primary Care (SPC) Workgroups are collaborations between specialists across our various facilities and Primary Care providers to create a holistic approach to specialty care improvement. The workgroups are empowered to make system-wide decisions around how best to improve the access to and enhance the quality of services within their given specialty. Currently, we have 19 DHS-wide Specialty Care Workgroups (listed on the following page together with their chairpersons).

eConsult

eConsult is a web-based, HIPAA compliant communication portal that facilitates clinically focused conversation between Primary Care Providers (PCPs) and Specialists for the purpose of providing timely and coordinated services for patients with specialty care needs. It is a critical component of the DHS mission to build a truly integrated delivery network. eConsult has been spreading across the county and will add more specialties and users in 2014.

eConsult by the numbers.....

- a. 47,000+ eConsults (currently about 1,400 per week)
- b. 16 Specialties and 120+ specialty reviewers
- c. Average specialist eConsult response time to initial request for assistance < 2.5 business days (Although it varied by location and specialty -before eConsult patients often waited many months to receive specialty assistance).
- d. 1,400 + PCPs from 151 sites county-wide
- f. 21,000 + patients scheduled by the Appointment Service Center (ASC) using the Patient Centered Specialty Scheduling approach
- g. 13.5% “no show” rate for those scheduled. “No show” means that the patient did not keep their scheduled specialty appointment. (Prior to eConsult and Patient Centered Specialty Scheduling, the “no show” rate in most of our specialties ranged from 25 – 40%)



eConsult experiences

PCP/Patient experiences –

- ♦ “I have a patient from South Valley Health Center who I referred to GI via eConsult for evaluation of rectal bleeding. He underwent prompt colonoscopy in Lancaster and was found to have rectal carcinoma. The tumor was resected in June at OVMC, stage was IB with a greater than 95 per cent cure rate. I saw him recently; he is almost fully recovered. The system worked perfectly and saved a life!... I love the system !”
- ♦ “I needed a Cardiology clearance on a patient undergoing elective shoulder surgery who I believed was medically stable. In the past, it would have required a cardiology clinic appointment and most likely would have resulted in delay in getting the procedure done. It was impressive that within 24 hours I had the answer on e-consult, and patient will now be able to get procedure done as planned with zero delays!!”

Medical Director’s feedback –

- ♦ “eConsult has been a blessing and the providers are thoroughly enjoying the opportunity to learn new patient management strategies from the specialty providers. The best part is our patients aren’t waiting over 6 months for consultations!”
- ♦ “eConsult—great experience with DHS – we had a 21 year old with rectal bleeding and dropping hemoglobin causing anemia, sent to ER and was sent home. Community provider sent eConsult to GI, specialist responded within 2 hours and approved GI visit scheduled for the next week. Patient was seen and a colonoscopy scheduled.”
- ♦ “eConsult is working well for us”.

Specialty Reviewer’s feedback –

- ♦ “It is a great site and I think it is a great way to extend care to patients.”
- ♦ “eConsult is already helping the GI lab run more efficiently.”
- ♦ “I like eConsult better than RPS since I can communicate with the PCP.”
- ♦ “eConsult has been a wonderful new tool for me and the Harbor team.”

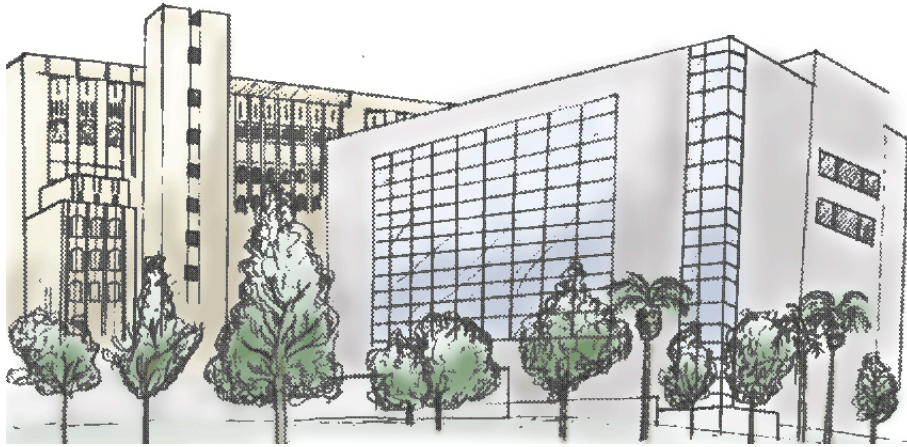
Clinical Care Library and Expected Practices

The new LA County DHS Clinical Care Library is now online. It is maintained by the office of the DHS Chief Medical Officer. This library houses the most up to date information on DHS-wide clinical practices. The resources contained within have been vetted and approved by the pertinent DHS Specialty Primary Care Work groups and committees and are considered the *Expected Practice* for DHS clinical providers. *Expected Practices* are developed to fulfill the DHS mission to ensure access to high-quality, patient-centered, and cost-effective health care. These have been designed to reflect the most effective approach to care delivery in the “real world” environment of L.A .County. More practices will be added in the coming year.

Specialty-Primary Care Workgroups and Chairpersons

Cardiology
Bill French, M.D.
Dermatology
Ron Birnbaum, M.D.
Endocrinology
Theodore Friedman, M.D.
ENT/Otolaryngology
Tamara Brown, M.D.
Gastroenterology
Stanley Dea, M.D.
Hematology
Jeffrey Miller, M.D.
Hepatology
John Donovan, M.D.
Infectious Disease
Glenn Mathisen, M.D.
Nephrology
Sharon Adler, M.D.
Neurology
Mark Morrow, M.D.
Ophthalmology
Lauren Daskivich, M.D.
Orthopedics
Louis Kwong, M.D.
Podiatry
Lester Jones, M.D.
Rehabilitation
Henry Levenson, M.D.
Rheumatology
Sleep Medicine
Jeanne Wallace, M.D.
Surgery
Urology
Jonathan Bergman, M.D.
Women’s Health
Erin Saleeby, M.D.

Section II Hospitals



LAC+USC

1200 N State Street, Los Angeles CA 90033
est. 1885



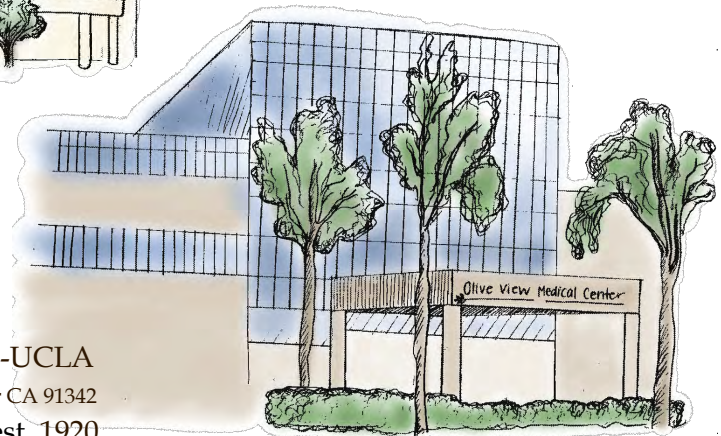
Rancho Los Amigos

7601 E Imperial Highway, Downey CA 90242
est. 1888



Harbor-UCLA

1000 W Carson Street, Los Angeles CA 90509
est. 1943



Olive View-UCLA

14445 Olive View Drive, Sylmar CA 91342
est. 1920



Harbor-UCLA Medical Center



Delvecchio Finley, FACHE
Chief Executive Officer



Tim Van Natta, M.D.
Acting Chief Medical Officer



**Kimberly McKenzie,
R.N., M.S.N.**
Chief Nursing Office/Chief
Operations Officer



Calvin Kwan
Chief Administrative
Officer

Harbor-UCLA Medical Center is a comprehensive County hospital where our dedicated and talented staff aims to provide compassionate, quality healthcare services to our patients and the community.

With the vision of always being patient-centered, and with the support of the DHS leadership, Harbor staff accomplished the following initiatives:

- ◆ Ended the fiscal year with 98% of our core measures achieving >90%.
- ◆ Established a centralized Executive Performance Improvement Committee to oversee hospital-wide quality improvement efforts.
- ◆ Implemented LEAN Management as a new organizational process improvement approach to increase efficiency, identify waste and streamline processes, conducting a value stream mapping and completed three Kaizen improvement weeks.
- ◆ Implemented the Harbor Wellness Committee and completed the main hospital stairwell makeover to encourage staff to take the 10,000 step challenge.
- ◆ Initiated efforts to improve overall employee Culture of Patient Safety through implementation of Just Culture, including the completion of training for leadership, frontline supervisors and staff.
- ◆ Established the Transcatheter Aortic Value Replacement (TAVR) procedure for replacing blocked heart valves, an advanced procedure for extending and saving lives.
- ◆ Launched the Palliative Clinic Service, an interdisciplinary team dedicated to providing comfort and compassion to patients and families with advanced illnesses.
- ◆ Achieved significant Reduction of Healthcare-Associated Infections (HAI), a national public health priority.
- ◆ Created *The Wave of Harbor-UCLA Medical Center*, a bi-monthly newsletter which communicates on-going events, initiatives and proudly recognizes Harbor's talented staff.
- ◆ Successfully transitioned Harbor-UCLA to a *Smoke and Tobacco Free Campus*.

Through the innovative and tireless efforts of our staff, these accomplishments, amongst other important initiatives, served as a strong building block in establishing Harbor's future goals. This coming year we look forward with excitement to implement *ORCHID*, the new DHS electronic health-record system; to Harbor being part the new department-wide redesign of the DHS' patient-centered website; and to celebrating the completion and grand opening of Harbor's new Surgery/Emergency building.

Additionally, with the imminent responsibility of fully implementing the landmark *Patient Protection & Affordable Care Act (ACA)*, we accept our role as a major national healthcare organization to be ever-more vigilant in robustly providing the highest quality healthcare delivery system for all communities. We aim to be the *provider of choice* for our vastly diverse patient population.

Palliative Clinic Services

The new Palliative Clinic Service was launched at Harbor-UCLA in August, 2012. The Palliative Clinic Service is an interdisciplinary team led by medical director Bahman Chavoshan, M.D. An extra layer of medical services along with social services and pastoral services are provided to patients and their loved ones who are living with advanced illnesses. These illnesses can affect many aspects of the patients' and their families' lives, including their physical, emotional, psychological, spiritual, and financial well-being. This unit specializes in treating complex symptoms, speaking with patients and their families about psychosocial and spiritual concerns. The clinic is also available to all medicine and hospitalist patients, regardless of the disease process or treatment course. For patients whose goals are predominantly comfort-oriented, the clinic helps to facilitate the transition from life-prolonging care to hospice care.

Central Line Associated Bloodstream Infections (CLABSI)

Reduction of healthcare-associated infection (HAI) is a national public health priority. In the US, 2,000,000 HAIs with 99,000 associated deaths occur annually. HAIs are reportable to national agencies and publically available; therefore, awareness among the public and legislators has increased dramatically. Harbor-UCLA initiated a multi-disciplinary program to create Awareness and Action for 1) reducing the number of three common HAIs and 2) improving hand hygiene compliance. Many programs were implemented including innovative incentives and procedures for line staff, such as unit-based HAI prevention “competitions”, hospital-wide HAI prevention “celebration and awareness weeks”, and regular face-to-face rounds with staff to share ideas about how to encourage removal of unneeded medical devices. Administration was engaged to perform hand hygiene observation and multi-disciplinary task forces led to centralize progress reporting and feedback from participants. In collaboration with the 5 West ICU medical team, the implementation of the central line bundle checklist improved hand hygiene and the ICU celebrated 351 consecutive days of being CLABSI free. From 1/1/10-12/31/12, Harbor-UCLA reduced the total number of predicted HAIs by 68% (including a predicted 7 deaths) and increased hand hygiene compliance from 34% to 76%, a 124% increase. Prevention of HAIs avoided an estimated \$2,495,771 in healthcare costs (\$1,247,886/yearly) and improved patient safety.

Heart Valve Replacement Without Major Surgery

For frail persons suffering from aortic stenosis, a less-invasive procedure was recently approved by the FDA. The Transcatheter Aortic Valve Replacement (TAVR) procedure improved long-term survival and has an additional positive long-term cost benefit by reducing costs of recurring hospital readmissions from heart failure. In October, 2012, Harbor-UCLA began performing the procedure. TAVR is performed by inserting a new aortic valve across the diseased valve using a catheter-based technology via small incisions through the patient’s leg. For five years prior to FDA approval, clinical trials were rigorously performed. Harbor-UCLA is the only Los Angeles County-run facility offering this procedure, which is both costly and requires an expert team of cardiac surgeons, cardiologists, cardiac interventionists and cardiac anesthesiologists. Dr. Quang Bui, director of Harbor-UCLA’s structural heart disease program, was instrumental in forming a team to roll out the TAVR procedure. According to Dr. Bui, most people diagnosed with aortic stenosis are in their 60s, 70s, and 80s. Often these patients are too frail to undergo heart surgery and without surgery, they only had a 50% chance of living two years after diagnosis. Dr. Bui said 4% of people over the age of 65 are diagnosed with aortic stenosis, and 17% of those over the age of 75 suffer from it. Only three other hospitals in Los Angeles County - Cedars-Sinai Medical Center, Good Samaritan Hospital and Ronald Reagan UCLA Medical Center, are able to perform TAVR.

Harbor-UCLA Gets LEAN

Based upon the Toyota management principles, Harbor-UCLA instituted the LEAN method to increase efficiency, identify waste, and streamline processes. By optimizing the patient flow process, non-value activities were eliminated. Value-Stream mapping was used to identify the value and the waste in the admission to discharge process. Within the lean process, the Japanese Kaizen process was used to organize, standardize, and sustain 6-West supplies to meet the needs of the patients effortlessly and more efficiently. A second Kaizen project was also completed to facilitate the discharge process. The team has attempted to decrease the discharge process from 10 hours to 5 hours with a future goal of less than 1 hour. Harbor-UCLA’s goal is to identify the best process that will produce the most favorable results for patient and staff.

Goals & Objectives for FY 2013-2014

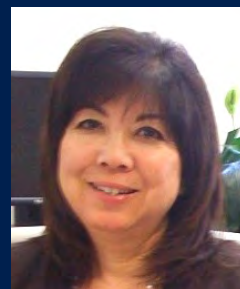
- ◆ ORCHID Pilot program implementation
- ◆ Grand Opening of the new Surgery/Emergency Building
- ◆ Master Plan Public Works Environmental impact

Accomplishments

- ◆ Created Harbor Employee Newsletter “The Wave”
- ◆ Established a Smoke & Tobacco Free Campus
- ◆ Reduction in Central Line Associated Bloodstream Infections (CLABSI)
- ◆ Recipient of two top NACO Awards
- ◆ Recipient of DHS Patient Safety Awards
- ◆ Recipient of Heart Station Echocardiography Laboratory Accreditation Award



Daniel B. Castro, M.D.
President, Professional
Staff Association



Jody Nakasuji
Chief Financial Officer



Susan Black, R.N.
Chief Quality Officer



Christina R. Ghaly, M.D.
Interim Chief Executive Officer



Stephanie Hall, M.D.
Chief Medical Officer



Isabel Milan, R.N.
Chief Nursing Officer



Henry Ornelas
Chief Operating Officer



Mark Corbet
Chief Financial Officer

LAC+USC Medical Center

Progressive Care Unit

On April 13, 2013, the LAC+USC Medical Center opened its Progressive Care Unit (PCU) on 4M. The 4M PCU provides services to patients who have moderate instability or have potentially unstable conditions requiring continuous monitoring and intermediate levels of medical and nursing care. These patients have a lower acuity than the critically ill ICU patients. Nursing and medical care are delivered to meet the needs of patients during the acute phase of their illness and recuperation while receiving diagnostic, therapeutic, medical or surgical interventions. Referrals to the 4M PCU may come from the Emergency Department, Medical-Surgical Units, Post Procedure Areas, e.g. Cardiac Catheterization, other ICUs and the Operating Room. Discharge is dependent on each patient's physiologic stability. The 4M PCU has a multi-disciplinary patient care team who collaborates in the assessment of each patient. Care conferences are routinely scheduled to determine patient priorities and plan care accordingly. The unit also provides patient/family education, information and support to make appropriate health care decisions and to prepare and address patient's discharge planning needs.

Pediatric Medical Center Certification

LAC+USC Medical Center received commendation from the Los Angeles County Emergency Medical Services Agency, the Los Angeles Pediatric Society, and the American Academy of Pediatrics for its commitment to the pediatric population of Los Angeles County. LAC+USC received a three year Pediatric Medical Center (PMC) Certification effective October 2012. A PMC is a licensed acute care hospital approved by the County of Los Angeles to receive critically ill pediatric patients from the 911 system. As a PMC, LAC+USC Medical Center provides an emergency department capable of managing complex pediatric emergencies, a Pediatric Intensive Care Unit (PICU), physicians with pediatric sub-specialties, pediatric critical care consultation for community hospitals, and outreach educational programs for the EMS community.

Highlighted in NAPH Safety Network

The NAPH Safety Network featured LAC+USC Medical Center in its "success story spotlight" featured in the March 2013 issue of The Quality Advocate: News from the NAPH Safety Network. The LAC+USC Medical Center 4A Medical Intensive Care Unit (MICU) set an ambitious goal to reduce hospital acquired pressure ulcers (HAPUs) in their unit by 50% by the end of the year.

The NAPH Transforming Care at the Bedside (TCAB) program is built around nurse-driven quality improvement projects. In 2010, the 4A MICU began participation in the TCAB program. As part of the program, the unit's nurses used the Plan-Do-Study-Act (PDSA) model to conduct a HAPU quality improvement project. They tested four specific HAPU interventions: 1) visual indicators, 2) the "four eyes check", 3) "safety calendar", and 4) staff education. In the first 12 months of the project, the team surpassed its goal of reducing its number of HAPUs by 50%.

Met with such success, Unit 4A's project was implemented in the rest of the ICU's where it continues to produce positive results. From the second quarter of 2010 to the third quarter of 2012, LAC+USC's quarterly HAPU prevalence dropped 86 percent, from 87 HAPUs per quarter to just 12.

The success of this project is attributed to 4A's cohesive Unit Based Team (UBT) and their project strategy. Frontline staff were directly involved in the initiation, design, and carrying out of each intervention. This approach created nurse engagement and individual ownership of the project. It also established a culture of safety for the patients and the nursing staff. The expertise of the wound care nurses was also a valuable resource to frontline staff for their expertise in pressure ulcer management.

Nursing Unit Based Teams

The LAC+USC Medical Center Nursing Department has implemented the Unit Based Team (UBT) model focused on performance improvement. The role of UBT is to bring frontline managers, doctors, nurses, clerical, social services, and other health care providers together to collaborate as partners, and use their expertise as a team in the 1) planning and designing of the patient care process, 2) setting goals and establishing measures, and 3) reviewing team performance for improvement. The UBT process consist of 1) brainstorming ideas, 2) baseline data collection, 3) testing changes utilizing PDSA (Plan/Do/Study/Act), 4) performing follow-up test and data collection, and 5) data review to evaluate change improvement. To date, there are 65 Unit Base Teams that have been initiated in the following project categories: Clinical Improvement (17), Patient Experience (24), Cost Savings/Efficiency (3), Core Measures Waiver (16), and Safety (5). The UBT's have been successful in making "good change" part of the daily routine.

Mural Project Conception

The staff at the Augustus F. Hawkins Mental Health Clinic was influential in fostering contact with Erin Harkey from the L.A. Arts Commission to beautify the patio courtyard at this mental health facility. LAC + USC had an approved budget of \$7,500 so with the support of Board of Supervisor Mark Ridley-Thomas' office and funding from the National Endowment for the Arts and in collaboration with the Los Angeles County Arts Commission, artist Louise Griffin was commissioned to design and construct a positive environment in an area that is used daily by patients and staff. Incorporating the goals of the Recreation Therapists to allow patients to be part of the process and use the painting project as a way to evaluate and help treat patients, the design combined a chain of multicolored mountains with birds soaring over them. This innovative and creative design ensured that patients of all cognitive/physical functional levels were able to participate. Patients were brought out for an one hour sessions of Creative Expression that emphasized developing coping skills to deal with stress, anger, improve self-esteem, while developing social skills and learning new leisure skills all through this creative expressive format. The project was completed



April 15th, 2013. Louise Griffin entered this project in an international competition called the Collaboration of Design + Art (CoD+A) where projects demonstrating the integration of commissioned art into interior and architectural spaces are celebrated. It is fantastic to announce that out of 433 entries submitted from more than 29 countries, this mural won this prestigious art award.

Benefits of Recreation Therapy and Art

- ◆ Improves and enhances physical, mental and emotional well-being
- ◆ Improves behavior
- ◆ Develops interpersonal skills
- ◆ Increases self-esteem, self-awareness
- ◆ Decreases stress, anxiety, depression, anger
- ◆ Promotes growth of self-expression
- ◆ Provides visual approach to cope with traumatic events/emotions which are difficult to verbalize
- ◆ Safe, relaxing and is available to **EVERYONE**

By The Numbers

600 General Acute licensed beds

130-bed Adult Medical/Surgical Acute 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

8,700 full-time and part-time employees

1,500 medical professionals per day

500 full-time faculty members of the USC Keck School of Medicine

Average Daily Census: 549

40,000 inpatient yearly admissions

550,000 outpatient yearly visits

150,000 Emergency Room visits per year

Olive View-UCLA Medical Center



Carolyn Rhee
Chief Executive Officer



Rima Matevosian, M.D.
Chief Medical Officer



Dellone Pascascio, R.N.
Chief Nursing Officer



Niloo Shahi
Chief Operations Officer

During the past year, Olive View-UCLA Medical Center has been working to get ready for 2014 and the advent of health care reform. Activities in which the hospital has engaged include aggressive enrollment of patients in Healthy Way LA, expansion and improvement of coordination of ambulatory care services, and initiatives to improve the patient experience.

Olive View-UCLA Medical Center continues to perform well on key quality indicators, such as Joint Commission Core Measures and continues to enjoy an "A" grade on The Leapfrog Group's Hospital Safety Score index that measures hospital error, accident, and infection rates. The hospital has experienced a 35 percent reduction in falls over the past year and continues to have an extremely low incident of pressure ulcers among its inpatient population. Sepsis mortality rates also have dropped as a result of implementation of a sepsis protocol that identifies patients at risk of sepsis and then immediately administers the sepsis bundle, which includes specific antibiotics.

The hospital's Internal Medicine resident training program also continues to be ranked highly among its competitors, achieving a 100 percent match, with top applicants from around the country choosing Olive View as their program of choice.

Getting Ready for 2014

Olive View-UCLA Medical Center has undertaken a number of initiatives to prepare for health care reform in 2014, some of which are described here.

Improving the Patient Experience

To improve the patient experience, Olive View-UCLA Medical Center staff stepped into the shoes of its patients by shadowing them as they navigated the hospital. Some of the issues identified were: confusing processes to schedule appointments or apply for financial services; long-waits for prescriptions and appointments once patients arrive for visits; and complaints about staff rudeness.

The experience has led to changes in hospital operations. For example, the outpatient pharmacy has redesigned its patient flow to cut the wait time for discharge prescriptions almost in half, decreasing it from 138 minutes to 71 minutes. The financial application process was also evaluated and changed to reduce lines by lessening the number of places that patients have to go to apply for benefits and taking the service to the patient in the clinics.

The hospital also instituted "Customer Service Champions" throughout the organization. The position comes with a job description and is designed to foster a culture of improved sensitivity to patient and visitor perceptions and needs. Staff throughout the hospital also are watching the video "It's a Dog's Life", which compares the patient experience of a man going to the doctor and his dog visiting the veterinarian. The video is then followed by a manager-facilitated discussion as to how customer service can be improved in the area.

Making the Hospital a Quieter Place for Patients – Shhh! Campaign

Research has shown that reducing noise levels in patient care areas is not only an effective way to improve patient satisfaction and perceptions of care, but also has a positive physiologic impact on patient healing. Excessive noise in hospital inpatient areas has also been shown to increase patient anxiety while at the same time decreasing patient confidence in hospital staff competency. High noise levels also have been shown to play a role in heightened patient anxiety, physician and nursing errors, and workforce dissatisfaction.

To address this, Olive View-UCLA Medical Center initiated a pilot project on one of its inpatient units to reduce noise levels. Quiet hours were instituted from 8:00 p.m. to 6:00 a.m., corridor lights are dimmed during quiet hours, patient doors are closed when appropriate, signs were posted to remind staff and visitors to be quiet, comfort kits containing a mask and earplugs were provided to patients to help them sleep, and the use of overhead paging has been strictly limited during quiet hours. The result has been a dramatic improvement in patient satisfaction in the pilot unit, with HCAHPS Patient Experience data showing a more than 60% increase in patient satisfaction scores related to unit noise levels. Top Box rating scores for the pilot unit climbed from 33% in September 2012 to 55% in January 2013. Olive View-UCLA Medical Center is now working to expand this project to other inpatient units.

Improving Ambulatory Care Access

As it prepares for the implementation of health care reform in 2014, Olive View-UCLA Medical Center has been working to improve patient access to ambulatory care services by conducting outreach to high risk patients who may be eligible for clinical management. This includes the creation of group clinics for diabetes and heart failure patients, nurse care visits for blood pressure or glucose checks, and the use of eConsult to expedite the review of specialty care requests.

In January 2013, the Cardiology Division began holding group post-discharge clinic appointments within five business days of discharge. Each two hour, weekly, language-appropriate (English and Spanish) clinic sees up to ten patients at a time, is facilitated by a Nutritionist, and is staffed by a Community Health Worker and a Cardiologist, or Cardiology Nurse Practitioner. The goal of the clinic is to reduce re-admissions for patients recently discharged with a primary diagnosis of heart failure.

The group sessions concentrate on patient fluid status based on symptoms and focused physical examination, heart failure education, and lifestyle/behavior changes for improved cardiovascular status (e.g., exercise; low-salt, low-fat/cholesterol diet). For patients with low health literacy, the Nutritionist uses adult learning techniques: props such as plastic food; question and answer; peer teaching; "teach-back" (the patient teaches back what they have just learned); and patient demonstrations of self-management skills, such as selecting the lower-salt-containing soup when confronted with a choice between two cans.

Heart failure is the most common and expensive cause of admission among patients over age 65. Medicare will not pay for heart failure re-admissions within 30 days of discharge for a prior admission for heart failure. The hospital will be measuring the clinic's success based on a number of factors, including the number of patients seen and their satisfaction, but also by tracking whether the rate of readmission within 30 days among these patients decreases.

Catching and Treating Diabetic Retinopathy Early

With a grant from L.A. Care Health Plan, Olive View-UCLA Medical Center was able to purchase a retinal camera and create a new telemedicine Retinal Scan Clinic to provide early screening and identification of patients with diabetic retinopathy and reduce the number of patients who require referrals to the Ophthalmology Clinic for laser surgery or other procedures.

Since the new clinic opened in May 2012, it has screened over 600 patients. The access to preventive screening has substantially reduced the backlog of patients awaiting a retinal scan. The wait time for an appointment dropped from one year to two weeks and the wait time once the patient arrives in clinic is now less than 20 minutes, greatly improving patient satisfaction. Additionally, because patients are being screened early, there are fewer patients who have to be referred to an Ophthalmologist for laser or other procedures, expediting the scheduling of an appointment for those who do require further interventions.

This grant has been extended by L.A. Care Health Plan through May 2014 and Olive View-UCLA Medical Center will be using the remaining funds to purchase a second retinal camera and start a Retinal Scan Clinic in a second location to increase the capacity to provide preventive screening to these patients.

NICU 25th Celebration



The Olive View-UCLA Medical Center Neonatal Intensive Care Unit and Maternal and Child Health Program celebrated their 25th anniversary this year. Since its opening in 1987, Olive View-UCLA Medical Center has delivered over 65,000 babies, of which over 20,000 received highly specialized care in the hospital's Neonatal Intensive Care Unit. The hospital hosted a picnic celebration that was attended by over 200 graduates of the NICU and their families.



Tony Gray
Chief Financial Officer



Susan Aintablian
Chief Information Officer



Tom Beggane
Personnel Officer

Rancho Los Amigos National Rehabilitation Center



Jorge Orozco, P.T., M.H.A.
Chief Executive Officer



Mindy Aisen, M.D.
Chief Medical Officer



Robin Bayus
Chief Financial Officer



Aries Limbaga, R.N.
Chief Clinical Officer
Interim Chief Nursing Officer

Best Hospital Ranking for 23 Years!

Rancho ranked in the top 20 “Best Rehabilitation Hospitals in the U.S.” for 23 consecutive years. Rancho also ranked in the top tenth percentile in patient experience for patients who “would definitely” recommend Rancho to a friend or loved one and for overall satisfaction for care.

The 20 Centers of Excellence at Rancho Los Amigos include Spinal Cord Injury, Stroke, Traumatic Brain Injury, Neurology, Pediatrics, Gerontology, Alzheimer's Disease Research Center, Diabetes/Limb Preservation and Amputation, Center for Applied Rehabilitation Technology (CART), Dentistry for People with Disabilities, Environmental Health Services, Language and Culture Resource Center, Driver Training, Wheelchair Sports, Adult Day Services, Arthritis and Rheumatology, Pathokinesiology, Post-Polio Program, Vocational Services, Orthotics/Prosthetics, Audiology, Model Home, Pressure Ulcer Management, Project Threshold, and the Seating Center.



Rancho Champions Quality Improvement

For the first time in Rancho's remarkable history, each of the 30 departments within Rancho is engaged in organization-wide quality improvement initiatives. In March of this year, department directors, their selected quality improvement champions, and clinical leadership took part in a workshop to build skills around developing a quality improvement project. Attendees were taught key measures of success, and introduced to 90-day action plans to improve the quality of patient care and experience, and cost-effectiveness as an organization.

Each department completed the first round of 90-day action plans in June, and has moved onto the second round of 90-day action plans to either further implement changes made during the first round or to address a new area for improvement or quality improvement project.

Rancho Receives Neilson Pilot Research Grant

Through its Rancho Research Institute (RRI), Rancho received a two-year, \$300,000 Neilson Pilot Research Grant, to support the development of evidence-based therapies and rehabilitation strategies for preventing the development of shoulder dysfunction and pain. The therapies and strategies developed will help individuals with Spinal Cord Injury, who use a manual wheelchair for mobility, maintain long-term independence and a good quality of life. Rancho was awarded the Neilson Pilot Research Grant by the Neilson Foundation, which marks the first grant received by Rancho from this grant-making organization.

Rancho Adopts New Mission, Vision, and Values

Rancho's Executive Council (EC) is developing a new, organization-wide strategic plan to position Rancho for success, as a provider of choice, moving towards putting into practice the Affordable Care Act in 2014. To begin the strategic planning process, members of EC proposed a new mission and vision statement, along with five critical core values. Immediately following, EC and key physician leaders within Rancho embarked on a second phase of strategic planning, to identify and arrange top initiatives with solid action plans. Rancho's new mission and vision statement, as well as five critical core values follow:

Mission: To restore health, rebuild life, and revitalize hope for persons with a life-changing illness, injury, or disability.

Vision: To be the recognized leader and valued partner in the application of world-class neuroscience and rehabilitation.

Core Values: Patient & Family-Centered Care; Collaboration; Integrity; Quality; Safety

Rancho Receives Prestigious Healthcare Leadership Award

The *LA Business Journal* recognized Rancho with its Healthcare Leadership Award in the Hospital or Medical Center Award category. Healthcare Leadership Awards honor individuals, organizations, and programs making strides in helping Angelenos achieve better healthcare. From hospital CEOs and healthcare company executives, to education leaders, and those offering unique programs benefitting the community – all make up the healthcare industry, which is unlike any other, in the sense that it will always be needed. This recognition is for those who lead the frontlines of healthcare, as well as those who protect the bottom lines.

“I was completely humbled and extremely honored to accept the Healthcare Leadership Award this afternoon, on behalf of all the amazing men and women working at Rancho. Our dedicated staff members make immense strides every day to restore health, rebuild life, and revitalize hope, helping to guarantee that our patients have the confidence needed to successfully achieve their goals of living an independent and satisfying life within their own communities. This award from the *LA Business Journal* acknowledges the Rancho story, which is one of service to people in need by a responsive local government and a compassionate and dedicated staff. It also recognizes that while our history is rich, so is our future, and I’m proud to be a part of the Rancho family as the story continues today.” – Jorge Orozco, CEO

Goals for the Upcoming Year

Increase Patient Safety and Decrease Events Causing Patient Harm

Rancho is committed to improving the safety of its patients, and minimizing harmful events facility-wide.

Improve Patient Experience

Rancho strives to offer the highest level of care, and provide patients with the best experience possible.

Outpatient Services Delivery Redesign

Rancho is determined to redesign specific care delivery components to lower the acute rehabilitation length of stay, utilizing a variety of outpatient services strategies, such as satellite clinics, telemedicine, home visits, and care delivery models that employ more cost-effective strategies.

ORCHID: Electronic Health Record

Subject Matter Experts (SMEs) from Rancho are actively participating in the creation and build-out of the new ORCHID: Electronic Health Record platform for the Department of Health Services System of Care, with Cerner Corporation. Rancho is also in the process of aligning clinical, information technology, and support resources to effectively communicate and educate staff, standardize processes, and prepare to successfully and efficiently implement ORCHID in 2015.

Provider of Choice

Rancho strives to become the provider of choice for patients with disabilities, by improving our clinical coordination of services and expanding access to services through additional health plans.

Quality Improvement

Rancho aims to improve efficiency and decrease operational waste through organization-wide quality improvement projects.

Systems of Care

Rancho has embarked upon a significant organizational change initiative to develop a patient-centered continuum of care that improves quality, optimizes patient experience, and ensures seamless patient transitions across the continuum of care, which includes acute medical services, acute rehabilitation, day rehabilitation, outpatient services, and wellness services. The Stroke System of Care launched in April 2012, the Spinal Cord Injury System of Care launched in September 2012, and the Brain Injury System of Care launched in January 2013.

Transformational Technologies and Neurological Rehabilitation at Rancho

Rancho continues to investigate the benefits of robotic therapy. Although very intense, this type of therapy improves the patient’s brain, strengthening synaptic connections after a major trauma. Rancho is currently piloting Brain Computer Interface (BCI) technology on its campus, in conjunction with California Institute of Technology. Traditional assistive technology and computer input devices depend on small, but reliable muscle movements that patients may lose. BCIs detect small changes in brain signals to provide a path of control for devices that does not depend on muscle movement.



Ben Ovando
Chief Operations Officer



Shawn Phipps, Ph.D.
Chief Quality Officer



Wendy Burton
Chief Medical
Information Officer

Audit & Compliance



Tobin L. Moree
Chief Compliance
Officer and Chief,
Audit & Compliance
Division

The Audit and Compliance Division (A&CD) performs independent internal audits and investigations, oversight of contract monitoring, as well as administrative and management studies to ensure that DHS operations conform to established standards.

Administrative Investigations Unit investigates activity by DHS workforce members, contractors, and vendors that appears to violate applicable laws, rules, regulations, or the DHS Code of Conduct. The majority of infractions investigated by the Administrative Investigations Unit pertain to issues of time abuse, misconduct, compliance, and mismanagement. Audits and investigations conducted by the unit are generally referred from the Auditor-Controller's Office of County Investigations (OCI), the Board of Supervisors, DHS Administration and/or Human Resources, and the DHS Compliance Hotline.

Administrative Audit Unit conducts operational and programmatic contract monitoring audits throughout DHS based upon an assessment of risk, exposure and/or liability. This unit also conducts audits and investigations related to contractor performance.

Centralized Contract Monitoring Unit (CCM) serves as the Department's primary contract monitoring office. CCM conducts administrative and fiscal monitoring of DHS contractors, as well as evaluates and provides oversight on program monitoring conducted by DHS facility staff. CCM became a unit within A&CD during FY 2012-13 as the initial phase of an overall planned reorganization of contract monitoring activities throughout DHS.

Compliance Unit manages the *DHS Compliance Program* which focuses its efforts on preventing, detecting and correcting inappropriate/illegal conduct. The Chief of the Audit and Compliance Division also serves as the DHS Chief Compliance Officer. The Compliance Unit develops standards of conduct (e.g., the Code of Conduct), evaluates compliance risks, conducts compliance audits, manages the Compliance Hotline, develops compliance awareness training and ensures that appropriate remedial and disciplinary action occurs where appropriate.

The DHS Privacy Office is the focal point of privacy and security compliance activities, and is a component of the DHS Compliance Program. The *DHS Privacy Office* oversees the strategic development, planning, design, implementation, and maintenance of system-wide privacy and security compliance programs, workforce member training, and policies and procedures. The DHS Privacy Office also works with management and staff to promote awareness and understanding of ethical and legal principles consistent with the prevention, detection and resolution of instances of conduct that do not comply with applicable patient privacy and security laws and regulations.

The Quality Review and External Audit liaison coordinates and reviews external audits, as well as corrective action plans and related documentation for medical malpractice and general liability litigation to validate the implementation of required actions.

Health Authority Law Enforcement Task Force (HALT) is a multi-disciplinary task force that investigates dangerous underground medical practices. HALT's mission is to deter illegal activity that pose a risk to the public's health and safety by conducting criminal and administrative investigations. HALT raises public awareness through media and community education programs. The task force is managed by DHS and consists of health and law enforcement professionals from DHS, L.A. County Sheriff's Department, Los Angeles

Police Department, California Department of Health Care Services and the United States Department of Health and Human Services. HALT works in conjunction with numerous other state and federal agencies.

HALT has been the recipient of numerous prestigious awards:

- ◆ Los Angeles County Quality and Productivity Commission Grand Award
- ◆ Los Angeles County Quality and Productivity Commission Top Ten Award
- ◆ Washington D.C. Weber Seavey Award for Law Enforcement Excellence
- ◆ Washington D.C. Public Service Employees Roundtable Inter-Agency Award
- ◆ National Association of Special Investigations Units Outstanding Public Service Award

Major Accomplishments during Fiscal Year 2012-2013

- ◆ Managed over 150 complex and sensitive administrative investigations.
- ◆ Initiated the process to establish a vendor affiliation to streamline the reporting of suspected HIPAA/Privacy breaches.
- ◆ Conducted facility audits to ensure compliance with regulatory requirements governing privacy investigation and reporting.
- ◆ *Compliance Update Training 2012* focusing on patient privacy and confidentiality of information was implemented via LMS for improved access to workforce members.
- ◆ Provided management with corrective actions and recommendations to improve DHS operations and compliance with laws, DHS policy and other standards of conduct as a result of investigations and audits.
- ◆ Conducted quality reviews at DHS facilities to determine appropriate controls regarding medical necessity of Medicare patient admissions prior to billing.
- ◆ Conducted administrative audits on approximately 600 DHS contracts; conducted fiscal reviews of all community partners for compliance with HWLA contract requirements; and performed financial viability desk reviews of all living wage contractors.
- ◆ In collaboration with Auditor-Controller and Contracts Administration, developed contract monitoring training specific to DHS and presented 14 training sessions to 375 facility-based contract monitoring staff; developed and distributed an Audit Summary to aid development of contract monitoring best practices; developed and distributed written guidelines for contract monitoring files and developed a risk assessment instrument to determine the risk level of each contract category and for specific contracts.
- ◆ HALT conducted 88 investigations resulting in 48 arrests, confiscation and seizure of illicit pharmaceuticals, and closure of over a dozen businesses associated with illegal activities. HALT has worked closely with state and federal agencies investigating “pill mills,” where health care providers are known to dispense narcotics inappropriately. HALT has interrupted numerous medical business fronts thereby preventing fraudulent billing to Medicare and Medi-Cal programs - saving millions of dollars to those federal and State programs. HALT investigations have also resulted in the successful prosecution of several street vendors peddling illegal drugs.



Capital Projects



John Shubin
Director



The Capital Projects Division is responsible for the development and oversight of the department's capital projects and improvement programs in support of an integrated health care delivery system across our DHS facilities. In-house architects and project managers provide initial planning, feasibility review, schematic design, cost estimating, construction document and support services. The division works closely with each facility to identify improvement needs, provide budgeting support, coordinate jurisdictional approvals, and provide management support services. We work closely with other County departments, such as the Department of Public Works (DPW), the Internal Services Department (ISD), the Chief Executive Office (CEO), County Counsel, Board offices, as well as jurisdictional agencies, including the Office of Statewide Health Planning and Development (OSHDP).

Major Accomplishments:

The division currently oversees over 36 approved capital projects with a total estimated value well over \$1 billion dollars. Below is the list of a few major projects currently under construction with a planned opening date by next fiscal year:

- ♦ Harbor-UCLA Surgery Emergency Replacement Project— the project consists of a 190,300 square foot addition to replace surgery, emergency and central sterile facilities, a new elevated Helistop, and a 3-story, 544-stall parking structures.



Harbor-UCLA Surgery/Emergency Replacement Project

- ♦ Martin Luther King Multi-Service Ambulatory Care Center — the project consists of facilities construction and site improvements for a new, 136,500 square foot four story outpatient services building. The building provides an ambulatory surgery center, pharmacy, walk-in clinic, outpatient imaging, and various other outpatient clinic. This project will include improvement of 34,000 square feet in the existing North Support Building for the administrative services.



MLK-MACC North side

- ◆ High Desert Multi-Service Ambulatory Care Center— the new 142,000 square foot facility consists of a two-story building and two separate one-story services buildings (building crafts and materials management/central plant) with surface parking and other related site and infrastructure improvements.



Other projects under development include:

- ◆ County wide infrastructure improvements to support the new Electronic Health Record implementation (ORCHID)
- ◆ Rancho Los Amigos National Rehabilitation Center Consolidation Project
- ◆ Olive View-UCLA Psychiatric Emergency Room Improvements;
- ◆ Martin Luther King Jr. Recuperative Care Facility
- ◆ Air Quality Management District Central Plant Improvements County wide
- ◆ San Fernando Family Support Center
- ◆ LAC+USC Medical Center Outpatient Building Renovation
- ◆ A multitude of other projects, including building infrastructure improvements, pharmacy improvements, radiology equipment replacements, as well as clinical improvement projects.



LAC+USC Medical Center Outpatient Building Renovation



MLK-MACC Ancillary

College of Nursing & Allied Health



Nancy W. Miller, Ed.D., R.N.
Provost

Jeffrey Anderson, M.S.N., R.N.
Director, Educational Resource
Center

Tammy Blass, Ed.D., R.N.
Dean, Education & Consulting
Services

Maria Caballero, B.S.N., R.N.
Dean, Administrative & Student
Services

Barbara A. Collier, B.S.N., R.N.
Dean, School of Nursing

Doris Dehart, B.S.N., R.N.
Administrator, Financial Aid,
Clinical Affiliations

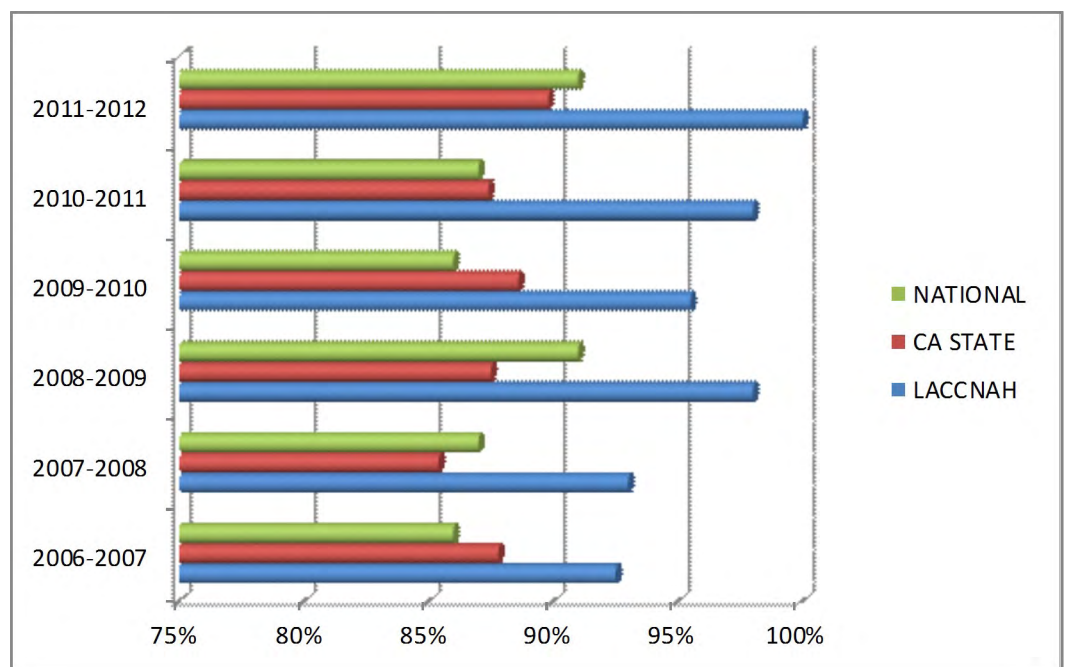
Maryam Ibrahim, M.S.N., R.N.
Administrator, Research
Director

Margaret Nazarey, M.S.N., R.N.
Dean, Allied Health

The College, which includes the School of Nursing (SON), Education and Consulting Services (EDCOS), and student support services, is focused on providing learning centered educational programs and career development opportunities for healthcare students in support of the Los Angeles County Department of Health Services (DHS). The College contributes towards efforts that support DHS in meeting Strategic Plan goals and maintaining excellence in achieving its mission. Faced with changing health care, scientific discoveries and technology, the College continues to work towards ensuring that the quality of its educational programs is superior in meeting the needs of the community. The College had a very productive year. In addition to student achievements, the spirit of community and culture is highly valued; College personnel and students participated in numerous community events such as food and toy drives, health fairs, flu immunization clinics, recruitment events at local elementary schools, and health related walks, including the American Heart Association Heart Walk.

Registered Nursing Training Program

The School of Nursing's pre-licensure RN program graduated 95 students in the 2012-2013 academic year. These graduates included DHS employees enrolled through the Workforce Development Program. One Workforce Development graduate was honored with the 2013 DHS Nurse of the Year award. Another received the faculty achievement award for academic achievement and another for clinical distinction. All of the graduates who took the national licensing exam (NCLEX-RN) passed. The College is very proud of its student achievements and its ability to provide a highly qualified pool of new nurses for DHS service. The College's NCLEX-RN pass rate remains higher than the state and national averages and exemplifies the success of the college in educating future nurses in accordance with our motto, *"There is no education like it in the world."*



Educational Resource Center

The Educational Resource Center (ERC) through the College of Nursing Library provides users both on and off-site electronic access to many journals in the field of nursing and allied health. Access to approximately 4,000 journals is available through the Cumulative Index to Nursing and Allied Health Literature (CINAHL). 700 of these titles are available as full-text and may be printed free of charge. An additional 76 journal titles are available electronically in full text through the College's EBSCO A-to-Z website.

The ERC computer labs consist of 25 stations with Internet and intranet connection. Software programs assist students in learning electronic patient charting, drug/dosage calculations, and critical thinking skills via case study format. The ERC has four skills lab rooms. Two rooms are equipped to support post-licensure nurses to practice and test in life support programs and for specialty certification. Two rooms are equipped to provide opportunities for pre-licensure nursing students to practice semester specific skills. The recent addition of a high-fidelity simulation manikin also allows students to apply didactic content to a simulated patient through the use of computerized scenarios.



Education and Consulting Services

Education and Consulting Services (EDCOS) offered 330 classes and programs for 6,977 work-force members to meet the College mission. The EDCOS dean and faculty continued to be active members of the DHS-wide Competency Standardization Committee and Inpatient Competency Subcommittee. They collaborated with the DHS Chief Nursing Officer, educational directors and educators from the DHS facilities to develop the 2013 DHS Standardized Core Competency Validation Program. Core Competency Testing preparation videos were made available to staff on the LAC+USC and DHS intranet websites. EDCOS coordinated competency program implementation at LAC+USC for over 3,100 medical center nursing staff to date and the Annual Skills Validation for 2,445 nursing staff. 54 nurses across DHS completed the critical care program. 46 nurses from various facilities completed the comprehensive Emergency Nursing program.

EDCOS faculty assisted with planning and implementing the Countywide and Statewide disaster drills, including moulaging, (the art of applying mock injuries) of disaster victims and also participated in the First Annual Sidewalk CPR event, in which 884 lay people were trained to perform infant and adult hands-only CPR. EDCOS faculty also collaborated with the LAC+USC Burn Center to provide American Burn Association (ABA) Burn Life Support Course, as required by the ABA and American College of Surgeons for the LAC+USC Burn Center to retain its status as a verified "Center of Burn Care Excellence". In addition, an EDCOS faculty member co-authored two recent articles on coagulopathy and ECG analysis in hypothermic patients published in *Annals of Emergency Medicine* and *Journal of Emergency Medicine*, respectively.

2012-2013 Accomplishments

The College completed an Institutional Self Evaluation for ongoing accreditation by the Accrediting Commission of Community and Junior Colleges of the Western Association of Schools and Colleges and underwent an accreditation Site Visit, which included 10 visitors over five days. The School of Nursing also completed a Self Study and underwent a two-day Site Visit by the California Board of Registered Nursing for ongoing approval as an RN pre-licensure program. The results of both visits will be distributed and published this summer.

2013-2014 Goals

The College recently hired a Director who will establish the Allied Health Continuing Education division and develop plans to provide student learning support to Allied Health education division. Her focus will be to support DHS as it continues its transition to the Affordable Care Act.

Contracts & Grants



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

Section Managers

Julio Alvarado
Steven Hernandez
Soo Kim

The Contracts and Grants Division serves the Department of Health Services, Board of Supervisors, and community through the development, implementation, and administration of contracts and grants in a fair, efficient, responsive, accurate, and ethical manner.

Major Functions

Acquisition Consulting: The Contracts and Grants Division (C&G) provides its customers with a well-versed portfolio of contracting professionals with many years of business, human resources and contracting experience gained in the public, private and non-profit sectors. C&G's expertise 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 employee resources. Creative solutions are a hallmark of C&G.

Acquisition Processes: C&G centrally coordinates and conducts a variety of often complex acquisition processes for services, including competitive solicitations to establish contracts to meet the needs of the department and its patients. C&G also handles some combination commodity and service acquisitions that cannot be provided through existing County resources, or otherwise procured through DHS Supply Chain Operations and the County's Internal Services Department.

Negotiations and Contract Development: C&G negotiates contracts on behalf of DHS with vendors selected through various acquisition methods, as well as amendments to existing contracts. C&G coordinates and obtains approvals on resultant contracts from County Counsel, Chief Executive Office (CEO), Chief Information Office (CIO) and the Board of Supervisors as appropriate.

Grants and Donations: C&G is available to assist DHS program offices to obtain authority from the Board of Supervisors to accept all grant awards, as well as any donations (intellectual, material or monetary) with a value greater than \$10,000.

Board Letters and Memos: C&G develops all letters to obtain Board of Supervisors' approval of contracts and amendments; coordinates requisite approvals within DHS and other departments, and completes electronic board letter processing with the Board's Executive Office. During FY 2012-13, C&G handled 110 Board letters impacting several hundred contracts. In addition, C&G crafts contract related memos to the Board of Supervisors on behalf of the Director of DHS.

Repository: C&G maintains the official records related to the department's solicitations and contracts in accordance with the County's established record retention requirements.

FY 2012/2013 Major Accomplishments

FY 2012/13 was the "Year of Grants." C&G worked closely with a number of DHS program offices to obtain Board of Supervisors' approval to accept a number of grant awards, often with associated contracts to carry out grant objectives. Examples of such awards include:

- ◆ \$100,000 grant from the California Healthcare Foundation to implement the *Embedding Lean in Public Hospitals Initiative*. This grant funded expert-led training and support will prepare an executive and cross-functional management team to lead system-wide transformation at Harbor-UCLA Medical Center using Lean strategies. Lean strategies, when executed, are designed to move healthcare organization from old business practices to "lean thinking" to eliminate waste, improve quality, reduce cost and eliminate variation.

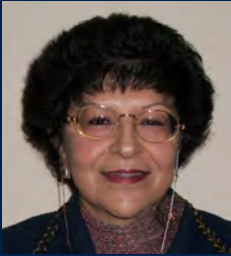
- ◆ \$1.8 million award from the Department of Health and Human Services' Centers for Medicare and Medicaid Service to implement the "Strong Start for Mothers and Newborns Project." The grant is for developing and implementing innovative prenatal care strategies to improve health care to expectant mothers and children in the County of Los Angeles, and focuses on engaging community organizations in the plan of care to enable the creation of a true "neighborhood for health."
- ◆ Under the Supportive Housing Services Master Agreement, C & G developed five Work Orders with contractors for specific projects focusing on providing case management services and obtaining permanent housing for hundreds of homeless patients who have chronic medical and behavioral health conditions. Permanently housing homeless persons with these health conditions results in improved health outcomes and reduced costs to the public health system.
- ◆ Executed a 15-year agreement with Cerner Corporation for the provision of DHS' Electronic Health Record System known ORCHID (Online Real-Time Centralized Health Information Database). The solicitation process was completed without any vendor protests and the recommendation was made to the Board in November 2012, one month earlier than was anticipated at the time our FY 2011-12 Annual Report was published. ORCHID is expected to be phased in during 2014. C&G's Director is a member of the ORCHID Oversight Committee during the project implementation.
- ◆ Conducted an alternative acquisition method to obtain a professional services contract to implement an Enterprise Patient Data Repository (EPDR) in DHS. By collaborating with CIO, CEO, and County Counsel, C&G was able to obtain Board of Supervisor' approval of a \$10.8 million work order under the CIO's master agreement with Oracle in five months from start to finish.

FY 2013/2014 Objectives

- ◆ Continue to streamline departmental acquisition processes and develop creative acquisition alternatives, while complying with County contracting requirements.
- ◆ Participate in the pilot of the County's new Contract Management System that will integrate with eCAPS.
- ◆ Complete solicitation process and award of a contract for a cafeteria at DHS headquarters.
- ◆ Expand innovative contracting efforts in support of DHS' Housing for Health Program.
- ◆ Continue to promote and support a culture of professionalism, high standards of conduct, organizational responsibility, and commitment to maintaining the public trust.



Office of Diversity & Cultural Competency



**Nina Vassilian, M.P.H.,
M.C.H.E.S.**
Associate Director



Sandra Mange
Staff Assistant



Fernando Bravo, M.P.H.
LAC+USC Medical Center



Denise Gordon
MLK Jr. MACC

The mission of the Office of Diversity and Cultural Competency (ODCC) is to support DHS' mission to ensure interpreter service infrastructure throughout DHS facilities.

Role of Cultural & Linguistic Competency in Health Care Reform

Cultural & Linguistic Competency plays a key role in DHS' system transformation in our efforts to prepare for the full implementation of the HEALTH CARE REFORM.

Cultural & Linguistic Competency results in improved outcomes in delivery of healthcare services for DHS patients who represent a wide range of language, ethnicity, and cultural backgrounds. Improved patient care outcomes are identified by the following key elements:

- ◆ Improved quality in the delivery of care
- ◆ Improved patient safety compliance
- ◆ Improved patient adherence with the medical regimen
- ◆ Improved patient experience & customer satisfaction
- ◆ DHS will be in a much better position in our efforts to become the provider of choice as we are getting ready for the full implementation of Health Care Reform in 2014.
- ◆ DHS will ensure Risk Management and Liability Prevention against Class Action Lawsuits, Compliance with Federal Laws and State Regulations, and Mandatory Accreditation Requirements.

DHS-wide Language Data Report

All DHS hospitals, multi-service ambulatory care centers, and comprehensive health center facilities capture the "*preferred language*" of the limited English-proficient (LEP) patients. According to DHS' "Language Report" database for FY 2012-2013, DHS facilities provided healthcare services to a total of 641,691 patient visits with LEP skills, representing 53% of our total patient visits (1,213,768). During the same time period, a total of 437,671 unique patients sought healthcare services throughout DHS facilities, 215,659 (49.3%) of whom spoke English and 222,012 (50.7%) spoke other than English. Furthermore, our patient utilization data indicated that over 86 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).

FY 2012/2013 Major Accomplishments

- ◆ Coordinated the DHS-wide Medical/Healthcare Interpreter Staffing Coverage for Care Harbor Free Clinic that was sponsored by Supervisor Mark Ridley-Thomas' Office. A total of 18 Medical/Healthcare Interpreter staff participated, on behalf of DHS, to assist clinicians and medical personnel. The staff was comprised of trained, tested, and qualified fulltime Medical/Healthcare Interpreters who were assigned to areas involving complex medical encounters. The covered languages were as follows: Spanish, Armenian, Cantonese, Korean, Mandarin, and Russian. Care Harbor Free Clinic was held on September 27 through September 30.
- ◆ By obtaining collaborative support from DHS Contracts & Grants Division, a solicitation process for a "RFSQ for Multiple-Vendors" in the selection of more than one qualified telephonic language interpretation service vendor was pursued for DHS-wide use. This was accomplished by working as a team to develop the details of the "Scope of Work" and "Vendor Qualification Requirement Criteria." DHS' Master Agreement for Telephonic Medical/Healthcare Language Interpretation Service Vendors was approved and executed per Board Motion, dated November 13, 2012. The Master agreement serves as a milestone in DHS' system transformation to get ready for implementation of Health Care Reform and to help DHS become a "Provider of Choice" in 2014.
- ◆ Provided subject matter expert feedback on the revision of three DHS Policies on Linguistic and Cultural Competency: DHS POLICY 314.2, POLICY 318, AND POLICY 405; the revision of "HR's NEW EMPLOYEE ORIENTATION HANDBOOK" section on Cultural & Linguistic Competency; and legislative bill analysis for AB 2392, AB 496, and AB 1263 and their pending impact on DHS.
- ◆ During FY 2012-2013, ODCC staff generated a total of \$79,000 in Medi-Cal Administrative Activities (MAA) revenue.

Video Medical Interpretation (VMI) Units of Service

Bridging the translation gap, a grand total of 530,327 VMI service calls equaling 6,536,112 VMI service call minutes have been handled from inception in July, 2007 through June, 2013. This included a total of 94,499 VMI service calls internally between DHS hospitals, equaling 1,232,778 VMI service call minutes, as well as a total of 200,685 VMI service calls received from hospitals outside of DHS, representing 2,327,672 VMI service call minutes.

Reduced Hospital Costs, Shortened Length Stay & Lowered Readmissions

A recent study just published by the *Journal of General Internal Medicine* confirms that professional healthcare interpreters can reduce costs by shortening the time that a patient spends in the hospital. The study also shows that bringing in professional interpreters reduces the chance that such patients will soon end up back in hospital.

The study's objective was to investigate differences among patients with limited English proficiency (LEP) in their length of stay and 30-day readmission rate associated with their receiving professional interpretation at admission or discharge. The study analyzed the rates of interpretation at admission and discharge of all LEP patients admitted to a tertiary care hospital over a three-year period. The conclusion was that the length of a hospital stay for LEP patients was significantly longer when professional interpreters were not used at admission or both admission/discharge.

Uninsured and the Communities of Color in California

- ◆ Communities of color represent 60% of California's population; comprising 75% of the uninsured.
- ◆ Of the 1.4 million who will be newly eligible under the Medi-Cal expansion, two-thirds (950,000) will be from communities of color.
- ◆ More than one-third (500,000) of the newly eligible speak English with difficulty.

Uninsured in Los Angeles County

- ◆ White: 19.4%
- ◆ African American: 16.9%
- ◆ Asian: 18.8%
- ◆ Native American/Alaska Native: 24.6%
- ◆ Native Hawaiian/Pacific Islander: 21.4%
- ◆ Latino: 31.8%

The following accounts are from Healthcare Interpreters:

- ◆ Wing Suen, a Healthcare Interpreter at Rancho states *"A Mandarin-speaking patient, who had been living in the U.S. for a few years, was in need of interpreter service. He didn't know English, so in addition to serving as an interpreter, I recognized the need to act as a cultural broker and a personal guide to him and his family. Additionally, I explained to the patient where places were and how things worked in the hospital. This was especially important when he came back as an outpatient. Without this type of assistance, the patient and his family would just get lost in the hospital and would not know what to do. At one time, I had to practically look for them in the hospital and personally take them to the right place."*
- ◆ Eunice Koh, a Senior Clinical Social Worker at Harbor-UCLA Medical Center says the following: *"I really appreciate our medical interpreter service at Harbor-UCLA. We have many patients who are monolingual in languages other than English. I use the telephone interpreter service frequently, and in-person interpreters occasionally, when interviewing patients with higher level of needs and more in-depth assessment. Without the interpreter service, I would not be able to have clear picture of my patients' situations and to provide culturally appropriate services and resources. I am aware that the interpreter service office is doing the best to provide devices to as many patient care areas as possible, and I am very appreciative. The medical interpretation program is important so we can to serve our diverse patient populations."*
- ◆ Mikayel Chorekchyan, a Healthcare Interpreter at Rancho declares: *"A few months ago I received a call from Fresno Community Hospital for an elderly Armenian patient. As usual, I introduced myself to her and we proceeded with the session with her doctor. In the middle of the session, the patient became angry and vexed with me. She stated, "... why did you leave me here by myself? Come here and help me." She seemed to have confused me with a family member, and despite several attempts to correct her by reintroducing myself, she continued to be confused. After calming her down, I was able to explain to the doctor that she felt her family had abandoned her at the hospital. This allowed the doctor to understand the situation clearer and better serve her needs."*



Princess Obien, M.P.H.
H.H. Humphrey CHC



Yvette Ruiz
Harbor-UCLA Medical Center



Lily Wong, MA, M.B.A.
Rancho Los Amigos National
Rehabilitation Center



Stephanie Johnson
Olive-View UCLA
Medical Center





Emergency Medical Services (EMS) Agency

EMS Week Celebration Includes Longevity Awards

In recognition for their long-time service in the Emergency Medical Services (EMS) System, nine people were honored during the 2013 EMS Week Celebration. Each of the honorees has been an active participant for over 30 years. On May 15, 2013, a reception was held prior to the EMS Commission meeting and the honorees were all recognized and acknowledged at the meeting. The recipients included the following:

Paramedics

Richard Houle - Los Angeles City Fire Department
Gerald Parker - Santa Monica Fire Department
Russell Chidley - Westmed/McCormick Ambulance Service



Mobile Intensive Care Nurses

Jean Orellana - Methodist Hospital of Southern California
Barbara Garrison - Methodist Hospital of Southern California
Mary Upham - Methodist Hospital of Southern California

Emergency Medical Technicians

Oscar Romero - Schaefer Ambulance Service
Patrick Mulcahy - American Red Cross
David Roberts - Centinela Hospital - recently retired



Cathy Chidester R.N., M.S.N.
Director



William Koenig, M.D.
Medical Director

Kay Fruhwirth, R.N., M.S.N.
Assistant Director

Andree Stecker
Assistant Director

Richard Tadeo, R.N., B.S.N.
Assistant Director

2013 NACo
Achievement Awarded
for Mass Fatality
Management Guide
for Healthcare Entities

Director Serves as President of the EMSAAC

During Fiscal Year 2012-13, EMS Agency Director Cathy Chidester, served as the President of the Emergency Medical Services Administrators Association of California (EMSAAC). EMSAAC was formed in 1992, establishing their mission *To strengthen and promote local Emergency Medical Services (EMS) systems to benefit the public*. EMSAAC supports local EMS administrators and ensures policy and legislative initiatives are consistent with the provision of quality emergency medical services. During her tenure, Ms. Chidester was instrumental in leading the development of EMSAAC's newest Strategic Plan. Other accomplishments that occurred under her leadership included legislative reforms and coordination of a productive annual conference.

SideWalk CPR Day a Huge Success

Rapid, effective cardiopulmonary resuscitation (CPR) performed by bystanders in a witnessed cardiac arrest is a proven lifesaver. Through the adoption of Hands Only CPR, this critical skill can be learned by the general public in less than five minutes. On June 7, 2012, The EMS Agency partnered with the American Heart Association, local hospitals, EMS Provider Agencies and other Southern California EMS Agencies to sponsor the inaugural SideWalk CPR day. The second annual SideWalk CPR day was hosted on June 4, 2013. During this year's event, thousands of residents were trained in the basics of CPR at multiple sites across the County.



EMS Conducts Volunteer Disaster Exercise

On April 26, 2013, the Los Angeles County (LAC) Emergency Medical Services (EMS) Agency conducted a countywide exercise of its Disaster Healthcare Volunteer (DHV) program. LAC DHV is part of a nation-wide, federally funded program of pre-registered, pre-credentialed healthcare volunteers capable of working in hospitals and other clinical and public health settings in the event of disasters and health emergencies.

The exercise was the culmination of a three-year training and exercise program that is unique among counties in California. This full-scale exercise tested the County's ability to respond to a large disaster using its DHV program. "When disaster strikes many healthcare professionals want to help – which is why it is important for healthcare volunteers to sign up in advance of the next disaster," said Sandra Shields, the EMS Agency staff member who manages the LAC DHV-Surge Unit. Although the needs may range from staffing relief at a hospital heavily impacted by an earthquake to providing flu vaccines at a public health clinic, the key to a smooth response is advance registration, planning, and periodic drills and exercises.

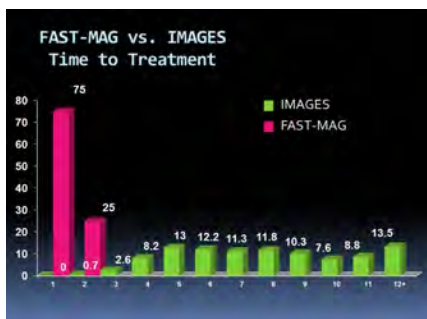
A special thank-you to the 200 volunteers and the healthcare facilities that participated, including California Hospital Medical Center, Henry Mayo Newhall Memorial Hospital, Providence Little Company of Mary San Pedro, PIH Health Hospital, Northridge Hospital Medical Center, Santa Monica - UCLA Medical Center, Venice Family Clinic and Eisner Pediatric & Family Medical Center in making this exercise a huge success. The County's DHV program continues to register volunteers at www.lacountydhv.org.

Pediatric Surge Plan Completed

Los Angeles County in collaboration with Children's Hospital Los Angeles (CHLA) finalized its Pediatric Surge Plan in 2013, which has the potential to double the number of available pediatric inpatient beds. Each hospital was assigned to a Tier level based on the type of pediatric services they currently provide. Each Tier was then assigned a surge target to increase the County's available pediatric beds during a disaster.

The EMS Agency and CHLA provided six training classes for hospitals and developed a modular training for all paramedics and Mobile Intensive Care Nurses as part of EMS Update 2013.

FAST-MAG Study Completed



On December 5, 2012, the 1700th and final patient was enrolled in the FAST-MAG study. It took 7 years, 10 months and 8 days from the first enrollment to the last. FAST-MAG is a clinical research study designed to test whether field administration of IV magnesium sulfate by paramedics improves the outcome of stroke patients when given within two hours of stroke symptom onset. This study is the largest randomized prehospital stroke study ever done

and is a testament to the contribution to stroke and prehospital research by LA and Orange County, the 37 fire based EMS provider agencies and 60 hospitals that participated. Although final analysis of the data is pending, early process results, based on the first 1486 patients enrolled, show the median time to treatment is 49 minutes. This is significantly less, as illustrated in the slide, than traditional imaging studies which typically indicate the time for treatment to be three to four hours.

Enterprise Health Information Management



Harvey Jones
Director

2013/2014 Goals:

ICD-10 Preparation and Training

The Department has committed over \$350,000.00 toward preparation and training for its Coders. Training is scheduled to begin September 2013 and continue through various means (i.e., on-line and classroom/instructor-led training) up to and beyond the October 1, 2014 mandated transition date to phase out ICD-9 and begin the active transition and implementation of ICD-10.

What is Enterprise Health Information Management?

Enterprise Health Information Management (EHIM) is the executive leadership for the Department of Health Services' (DHS) Health Information Management. The EHIM Director is responsible for providing the leadership and the management for all of health information management (*formerly* medical records) throughout DHS. As a DHS strategic partner, the EHIM Director is responsible for:

- ◆ Preparing staff for the mandated transition from ICD-9 to ICD-10 to improve upon quality and accurate documentation of patient care and coding for accurate data submissions and appropriate financial reimbursement for medical services.
- ◆ Moving the medical record operations from the paper format to the electronic format with the adoption of the electronic health record (eHR).
- ◆ Developing quality standards to improve upon the efficiency and competency of its talent management.
- ◆ Creating policies and procedures in-line with these goals that also support existing departmental policies and procedures.

Health information management professionals work in a variety of different settings as noted below. We often serve in bridge roles, connecting clinical, operational, and administrative functions and we affect the quality of patient information and patient care at every touch point in the healthcare delivery cycle. We ensure that DHS has the right information on hand when and where it is needed while maintaining the highest standards of data integrity, confidentiality, and security.

DHS HIM professionals plan and develop health information systems that meet standards of accrediting and regulatory agencies. HIM is also on the front-line in healthcare serving as an advocate for privacy and confidentiality of health information as outlined by the guidelines for the Health Insurance Portability and Accountability Act (HIPAA).

Inpatient and Outpatient Coding—Reviewing medical record documentation and assigning appropriate ICD-9, CPT-4, ICD-0 and HISPIC codes. The ICD-9 codes are based on the World Health Organization's Ninth Revision, Worldwide Classification of Diseases (ICD-9). ICD-9-CM is the official system of assigning codes to diagnoses and procedures associated with hospital utilization in the United States. Effective October 1, 2014, the worldwide standard will be ICD-10.

Tumor Registry—Reviewing, abstracting, and coding clinical cancer information in order to comply with government regulations.

Release of Information—Tracking, processing and evaluating requests for release of medical information as a result of patients' or legal requests (i.e., subpoenas, court appearances, disability claims, insurance claims and Department of the Coroner).

MPI – Management Patient Index—ensuring that all DHS patients have a complete medical record including, but not limited to outpatient visits; hospitalizations; and ancillary tests. This function is critical to the Department's overall strategic direction toward reconciling medical records for migration and implementation toward the electronic health record.

Accomplishments to date:

EHIM employee and management created teams throughout DHS HIM to address quality coding issues and migrate staff toward excellence through networking and communication. These teams meet on a regular monthly schedule.

CMT-I – Coding Managers Team (Inpatient).

CMT-O – Coding Managers Team (Outpatient).

LMP – Labor / Management Partnership (with an operating Charter)

Expanded HIM Director's Team of all HIM Directors from DHS and Sheriff's Dept.



Government / Board Relations & Communications



Gerardo Pinedo
Director



Rowena Magaña
Assistant Director



Michael Wilson
MA, MHA, FACHE (d)
Communications

Lisa Finkelstein
Connie Salgado-Sanchez, M.P.H.
Staff Analysts

Josie Plascencia
Pamela Smith
Staff Assistants

The core functions of this office are to ensure that the Department is fully responsive and supportive of our elected governing body, the L.A. County Board of Supervisors; to actively advocate Board-approved health policies in the Legislature and Congress; to respond to all media and public information requests; to develop and implement effective communications for internal and external stakeholders; and to support our Department Head wherever needed as we continue to prepare for implementation of the Affordable Care Act.

Regular Functions Include:

- ◆ Developing and posting weekly agenda for Health & Mental Health Services Cluster Meeting in accordance with the Brown Act.
- ◆ Review and analyze over 3,500 legislative bills introduced annually for health impacts.
- ◆ Publication of the monthly Fast FACTS newsletter by Dr. Katz, the "MitchKast" video, and the Annual Report.
- ◆ Investigation of constituent inquiries/complaints from elected officials.
- ◆ Testimony at various legislative committee hearings.



Accomplishments

- ◆ Merged the Office of Board Relations with the Office of Government Relations and Policy for greater staff efficiencies and cost savings in January 2013.
- ◆ Successfully cross-trained all staff to perform constituent casework in response to referrals from our governing body: the L.A. County Board of Supervisors.
 - ◆ Reduced initial response time by 300% and improved monitoring and reporting methods for greater accountability.
 - ◆ On average, 39 inquiries/complaints are investigated each month.
- ◆ Actively maintained contact with 26 Assembly, 14 State Senate and 18 Congressional offices throughout the year on health policy matters.
- ◆ Successfully advocated for enactment of AB 506 (Mitchell), which authorizes social workers to provide consent for HIV testing as a routine part of the initial medical examination for infants under one year of age placed in foster care.
- ◆ Effectively advocated for the enactment of AB 512 (Rendon) extending the sunset date of County-sponsored AB 2699, which provides exemptions from State licensing requirements for qualified out-of-state health care practitioners to provide short-term, volunteer medical and dental services, from January 1, 2014 until December 31, 2017.

Housing for Health

The newly created Housing for Health (HFH) division at DHS is focused on creating housing opportunities for homeless patients and clients of DHS who have complex medical and behavioral health conditions. Working in collaboration with support services providers, health care providers, housing finance agencies, housing developers, and philanthropy, HFH aims to ultimately facilitate the creation of thousands of housing units linked to the health system. Accomplishments during FY 2012-23 include:

Neighborhood Stabilization Program (NSP) Project

The NSP project consists of 15 newly renovated properties in South Los Angeles that will provide a total of 56 units of permanent supportive housing to approximately 70 DHS patients who are homeless. NSP is a HUD program that provides funding to purchase and renovate foreclosed or abandoned and vacant properties with the goal of stabilizing and improving neighborhoods. The NSP Project is a collaboration of DHS, the Los Angeles Housing Department (the grantee and administering agency of NSP funds), Restore Neighborhoods LA (a non-profit that acquires and renovates NSP properties), and the Housing Authority of the City of Los Angeles (HACLA) (the provider of Section 8 vouchers for tenants occupying NSP units).

In May 2013, ownership of 11 of the properties was transferred to West Bay Housing, Inc. who will own and manage the properties and the first tenants moved into their units. The tenants are receiving intensive case management services from Housing Works whose staff have a “whatever it takes” approach to engaging our patients and helping them successfully transition into stable housing.

The NSP project also received the support of the Home for Good Funders Collaborative and the Conrad H. Hilton Foundation which provided funding for furniture, household goods, and other forms of move-in assistance.

Home for Good – Scattered Site Section 8 Vouchers

The Home for Good Funders Collaborative provided amazing support to the scattered site housing programs for chronically homeless DHS and DMH patients and clients. Through this effort DHS was able to obtain HACLA Section 8 vouchers and move-in assistance for 125 chronically homeless DHS patients. Some of the Section 8 vouchers are being used by tenants in the NSP Project and the rest were committed to the DHS Scattered Site Housing Consortium. The Scattered Site Housing Consortium includes Homeless Health Care Los Angeles, Housing Works, LA Family Housing, Lamp Community, PATH, and the San Gabriel Valley Services Partnership. These partners are all providing chronically homeless DHS patients with housing location services, assistance compiling documents and completing Section 8 applications, and intensive case management services including home visits, linkage to health and behavioral health services, and assistance with benefits establishment. Over sixty of these individuals have moved into their new homes.

Housing for Health is not even a year old and hundreds of DHS patients who had been struggling with homelessness and complex medical conditions have new homes. Building on these types of partnerships will greatly expand access to safe and affordable housing for some of the most vulnerable members of our community.



Marc Trotz
Director

Cheri Todoroff
Deputy Director

Vicki Nagata
Project Manager

Leepi Shimkhada
Project Manager

Scott Milbourn
Project Manager

Human Resources



Elizabeth Jacobi
Director

Marilyn Hawkins
Administrative Services
Manager III

Keisha Lakey-Wright
Administrative Services
Manager III

Timothy Pescatello
Administrative Services
Manager III

Joi Williams
Chief, Performance
Management

Message from Human Resources

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, selection, programs and services that promote the development of talented employees.

The Department of Health Services (DHS) workforce is its single greatest asset to achieve DHS' mission of ensuring access to high-quality, patient-centered, cost-effective health care to Los Angeles County residents. To support DHS' strategic goals and evolving service needs, the Human Resources Division is committed to:

- ◆ recruiting, engaging and developing a highly skilled, productive workforce;
- ◆ facilitating stable and productive employee relations;
- ◆ supporting a discrimination-free workplace and just culture;
- ◆ streamlining and improving business processes; and,
- ◆ providing responsive, friendly and effective customer service.

Human Resources services are provided to DHS through our divisions/units:

◆ Facility On-Site Support Offices

The Facility On-Site Support Offices are located at each Health Services Hospital and Multi-Service Ambulatory Care Center (MACC) and support hospital and MACC leadership by assisting with emergent personnel matters, on-boarding of contract staff, as well as providing counsel and guidance regarding best employment practices, civil service rules and regulations in partnership with the centralized Human Resources (HR) Divisions.

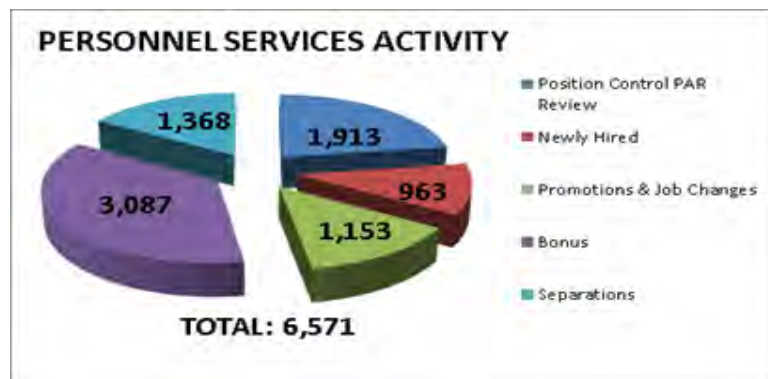
◆ Classification and Compensation Division

The Classification and Compensation Division (Class/Comp) is responsible for administering DHS' job classifications and pay plans according to County guidelines. Class/Comp processed more than 400 requests in FY12/13, including classification studies, salary surveys, reorganizations, budget allocations, bonuses, verification of experience and special step placements as noted in the activity report below.

◆ Personnel Services Division

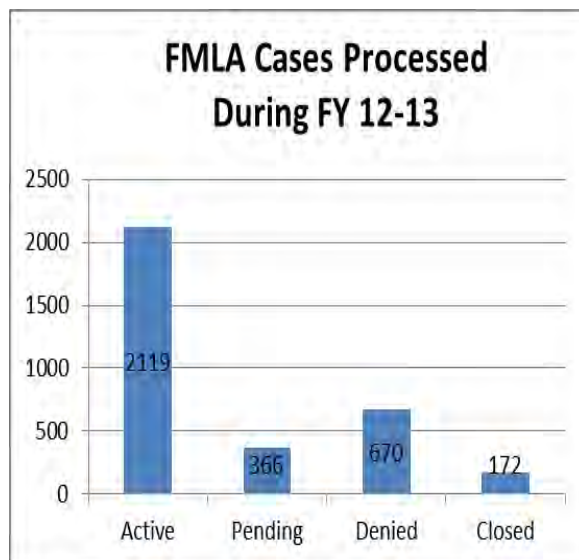
The Personnel Services Division consists of Position Control and Staffing, Selection and Hiring, Termination, Bonus, and Office Support Services Units. This Division is responsible for hiring DHS employees, and ensures all applicable salaries and bonuses are afforded to DHS workforce members as per County Code. Significant accomplishments in FY12/13 included:

- ◆ Streamlined DHS' hiring process via implementation of a new Personnel Action Request (PAR) Database and Workflow. Personnel Services worked to effectively simplify the PAR workflow, developed a user friendly PAR form with electronic request and approval process with the help of our Information Technology partners, and provided on-site training to end-users. This effort has significantly reduced our hiring timelines.
- ◆ Automated DHS' annual Outside Employment reporting process so a project that once called for tens of thousands of multi-page hard copy documents and multiple levels of approval is now condensed to a single electronic page and one supervisor approval for each employee, resulting in a compliance rate of 98% for DHS
- ◆ Expedited hiring for key DHS initiatives including the Ambulatory Care Network Restructuring and the ORCHID project.
- ◆ Implemented the County's Veteran Internship Program, whereby DHS exceeded the County's expectations for hiring military veterans at DHS during FY12-13.



Payroll and Benefits Division

- ◆ The Payroll and Benefits Division is responsible for all employee payroll and benefit processes within DHS. A dedicated time collection help desk and employee training program help to ensure timely and accurate employee compensation. Additionally, the Benefits Unit administers enrollment for four flexible benefit plans to our employees with comprehensive medical, dental and life insurance plans, as well as employee requests pursuant to the Family and Medical Leave Act (FMLA), the California Family Rights Act (CFRA) and the Pregnancy Disability Leave Law (PDL). Significant accomplishments in FY12/13 included:
 - ◆ Developed specialized training classes on how to access and navigate the County's new eHR and Timekeeping application and provided monthly classes at DHS hospitals and HR headquarters to facilitate the needs of DHS employees.
 - ◆ Increased communication to end users resulted in an average of 99% of DHS' 18,300 employee timesheets being submitted and approved online by deadline.
 - ◆ Processed over 3,300 FMLA requests and successfully migrated all active FMLA cases to the County's new Leave Tracking System.



Recruitment and Exams Division

The Recruitment and Examinations Division is responsible for developing recruitment strategies to meet DHS staffing needs within County requirements. Significant accomplishments in FY12/13 included:

- ◆ Processed over 24,000 job applications.
- ◆ Supported the Online Real-time Centralized Health Information Database (ORCHID) Project by developing, receiving County DHR approval, and posting bulletins for critical Information Technology Examinations to support the 86-Board approved recruitments for the project.
- ◆ Completed a DHS Internal Audit of Nursing Examinations in conjunction with the Office of Nursing Affairs and each Facility Chief Nursing Officer, and developed new exams to increase the probability of quality nursing candidates being added to the certification lists and minimize the timeframe of processing recruitments.

H. R. services are provided through the following core divisions:

Performance Management

Employee Relations

Regulatory Compliance

Personnel and Payroll Services

Recruitment and Exams

Classification/Compensation

Training and Organizational Development

Facility On-Site Staff

Employee Relations Division

Employee Relations serves as the lead for DHS in negotiations and productive communications with our labor partners, and represents DHS before the County Equity Oversight Panel (CEOP) on issues of workplace discrimination. Significant accomplishments in FY12/13 included:

- ◆ Successful negotiations in conjunction with the CEO's Office to help secure Electronic Health Records (EHR) incentive funds and eligible provider registration for DHS, as well as a new job classification of Relief Physician to allow flexibility in physician staffing to meet patient demand.
- ◆ A robust communication plan with our labor partners to ensure stakeholders are informed of the rapid changes occurring within DHS due to healthcare reform, including coordinating specialized workgroups with SEIU regarding Staffing, Operations and Cultural Shift.
- ◆ Resolution of various labor concerns to support DHS' ambulatory care restructuring efforts, including the reassignment of staff.

Regulatory Compliance Division

The Regulatory Compliance Division assists DHS' hospitals and healthcare facilities in maintaining compliance with the HR Standards of the Joint Commission (JC), the California Department of Public Health, the federal Centers for Medicare and Medicaid Services (CMS), as well as other regulatory/accrediting agencies

Training and Organizational Development

Training and Organizational Development (T/OD) is responsible for facilitating workforce compliance with DHS' Mandatory Training Requirements (MTR) for over 25,000 workforce members comprised of County employees and non-County workers, including contract staff, students, volunteers and residents in training. Significant accomplishments in FY12/13 included:

- ◆ Developed a MTR tool that identifies all mandatory training courses and the required frequency.
- ◆ Initiated a plan for more efficient dissemination of training by converting educational content into electronic format available on The Learning Net.
- ◆ Approval of a T/OD proposal through the DHS/SEIU Joint Labor Management Committee to utilize up to \$20,000 to support tuition for a Bachelor of Arts Degree in Public Sector Management for 25 employees in classifications represented by SEIU Local 721. A program with California State University Northridge is on track to commence in May 2014.

Performance Management Division

The Performance Management Division (PM) assists management in the investigation and consideration of discipline and performance for employees throughout DHS. During the course of an administrative investigation, PM will verify information received, consult with management, and analyze facts thoroughly and objectively. Prior to providing a recommendation to management and preparing the corrective action, PM considers an employee's intent, past performance, degree of culpability, discipline history, truthfulness, severity of infraction, acceptance of responsibility, potential liability incurred by the County, jeopardy to public safety, and the harm or risk of harm to persons or property.

During FY12/13, PM received 901 requests to investigate allegations of misconduct, poor performance, and violations of DHS and County policy. Of the 901 cases opened during the period, PM closed 886 cases. DHS' final actions are reflected in the activity report below.

PM staff also prepared cases to be presented before the County's Employee Relations Commission, conducted training sessions for DHS managers and supervisors related to PM, and made 789 criminal background determinations and evaluated 179 subsequent arrest reports of DHS workforce members for job nexus to support DHS' mission and patient care



Information Technology



Kevin Lynch
Chief Information Officer

Rick Garcia
Chief Technology
Officer

Steve Saunders
Director of
Applications

Margaret Lee
Director of Budget
& Planning

DHS Information Technology leads IT innovations, initiatives, and services to support DHS' strategic plan goals:

- ◆ Transform DHS from an episodic, hospital focused system to an integrated, high quality delivery system including community based primary care and behavioral health providers focused on prevention, early intervention, and primary care with appropriate referrals for specialized services.
- ◆ Create a modern IT system that improves the care of our patients and assures efficient use of resources.
- ◆ Foster a culture of empowered staff and community, organized labor, and university partners constantly looking for opportunities to improve the services we provide to patients.

2013 IT Initiatives / Technology Services include:

ORCHID (EHR) Design Build	QuadraMed Hardware Consolidation
Active Directory Deployment	DHS PC Refresh project
Enterprise Patient Data Repository (EPDR)	DHS Infrastructure Upgrades
Internet / Intranet Standardizations	MLK Data Center Phase II
Enterprise Service Desk	Ambulatory Care Network Support Model
eConsult	i2i Registry
ICD-10 ramp up	LANES – Health Information Exchange (HIE)
Medquest Radiology Speech Recognition	Physician Database Standardization
Atlas Infection Control	Pharmacy Central Fill Services
Contractor Sponsorship	Managed Print Services

ORCHID (Online Real-Time Health Information Database)

During FY 12-13, a number of milestones were met related to implementing ORCHID (Online Real-Time Health Information Database), the department's new Electronic Medical Record system that will usher in a new era of high efficiency and care delivery across DHS healthcare sites. The vision for this large enterprise project is to procure, deploy, and sustain a uniform, standardized and fully integrated EHR solution that is implemented consistently across care settings, with standardized associated workflow processes and a single, unified data structure.

ORCHID Implementation Timeline:

Design and Build: February 2013 – January 2014

Test and Train: February – June 2014

Go Live First Clusters: Summer – Fall 2014

Go Live remaining clusters: January 2015 – January 2016



Integrated Programs

Integrated Programs coordinates DHS initiatives and services that often involve collaboration with other County departments and serve specific patient populations in need of comprehensive, multidisciplinary approaches to their care. Major programs and functions include:

Medical Hubs Program - coordinates 6 Medical Hub Clinics at DHS hospitals and MACCs serving children referred by the Department of Children and Family Services (DCFS). The clinics provide forensic evaluations to assess suspected child abuse and neglect, medical examinations for children entering foster care, and ongoing medical care. In FY 12-13, a medical home model was established for children in the foster care system at the MLK Medical Hub; a DCFS Child Welcome Center was established adjacent to the LAC+USC Medical Hub for children awaiting placement in out-of-home care; and coordination of care was improved through co-location of DCFS Public Health Nurses and Children's Social Workers at each Hub.

Mental Health Liaison - provides oversight and coordination for DHS psychiatric services on a system-wide level and serves as liaison to the Department of Mental Health. In FY 12-13, Integrated Programs worked with Emergency Medical Services and the 3 DHS Psychiatric Emergency Departments (PEDs) to change police and ambulance routing to enable more patients to be taken to facilities closer to home; established a new DHS-wide tracking system for inpatient psychiatric administrative and denied days; and worked with DMH and DHS facilities to implement strategies for decompressing the PEDs.

SB 474 Strategic Initiative Program - provides funding to 13 Community Partner clinics and 2 Impacted Hospitals within 10 miles of the former MLK-Harbor Hospital to increase primary, specialty and urgent care visits to low-income, uninsured South L.A. residents. In FY 12-13, a total of 41,923 patient visits were provided under this program.

General Relief (GR) SSI Record Retrieval Project – to assist the Department of Public Social Services in obtaining SSI disability benefits for eligible General Relief recipients, a team of nurses reviews DHS medical records, compiles the most pertinent portions, and provides written healthcare summaries to be submitted with the SSI applications. In FY 12-13, the record retrieval team completed 1,088 record retrieval requests.

B.E.S.T. Program (Benefits Entitlement Services Team for the Homeless) - provides coordinated health, mental health and case management services aimed at documenting homeless individuals' eligibility for SSI disability benefits. Through May 2012, a total of 967 participants have been approved for SSI benefits.

Substance Abuse Counselors in EDs – Integrated Programs is coordinating a project to hire 3 Substance Abuse Counselors (SACs) to be located in the LAC+USC ED, Olive View ED and Harbor-UCLA Psychiatric ED. The SACs will provide patients with the evidence-based SBIRT (Screening, Brief Intervention, and Referral to Treatment) intervention. DPH's Substance Abuse Prevention & Control program is making 15 inpatient treatment beds at the Antelope Valley Rehabilitation Center (AVRC) available for use by DHS patients and is providing 2 staff to the project to facilitate referrals and transportation to AVRC and other treatment providers.

County-wide Initiatives – Integrated Programs collaborates with other County departments and community agencies on initiatives including the Integrated School Health Center Project, Family and Children's Index, establishment of The Wellness Center at the Historic General Hospital, and many others.



Karen Bernstein
Director

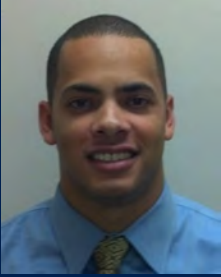
Program Managers

Cindy Callado, R.N.
Rosanna Clarito, R.N.
SSI Record
Retrieval Project

Melissa Christian
Mental Health Liaison

Jivaro Ray
Medical Hubs and
SB 474 Strategic
Initiative Program

Juvenile Court Health Services



Raymond Perry, M.D.
Medical Director



**Ferlie Villacorte,
R.N., M.S.N.**
Nursing Director



Elena Laurich
Acting Administrator

Juvenile Court Health Services (JCHS) provides healthcare to the youth in detention facilities across LA County in concert with the Probation Department and works to improve health awareness of youth. Approximately 2000 adolescents reside in 15 facilities (3 detention halls and 12 residential camps) every day.

Access to a strong system of healthcare for all adolescents in detention is extremely important to their overall well-being. JCHS provides 24/7 direct healthcare services in the three detention halls as well as in the multi-camp facility in Lancaster, and provides 8 to 16 hours per day of on-site coverage in all other outlying camps. JCHS also facilitates access to specialty or higher acuity care at other DHS facilities or other local medical centers when needed.

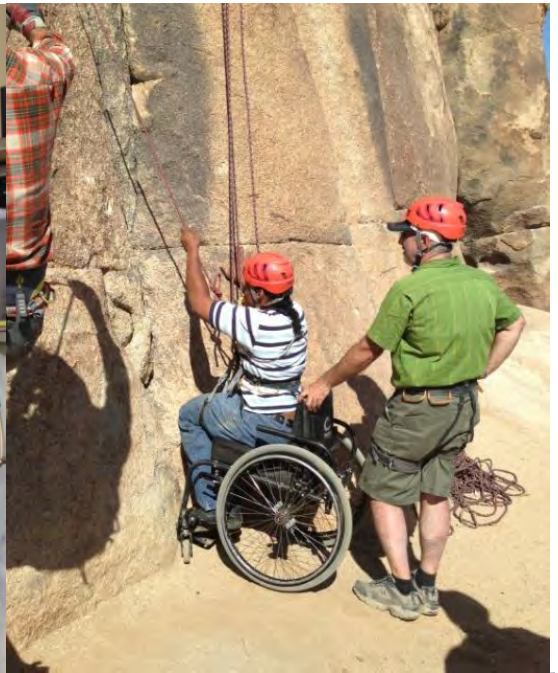
JCHS offers general pediatric care and other important ancillary services by full-time physicians, nurses, dentists, laboratory technicians, pharmacists, pharmacy technicians, optometrist, medical records staff, and many other supporting staff members. JCHS emphasizes the provision of efficient, high-quality medical care in an interdisciplinary environment by working closely with the Probation Department, Department of Mental Health, and Los Angeles County Office of Education to ensure that all of the youths' needs are met during their detention stays. Additionally, a concentrated effort is made to ensure and facilitate follow-up care after youth are released so that their health and access to care remains a priority. Every interaction adolescents have with the health services system is viewed as an opportunity to make a positive difference in their lives and to stress the importance of healthy living.

Accomplishments

- ◆ Improved the utilization and efficiency of a new Probation Electronic Medical Records System.
- ◆ Initiated "flu clinics" in all facilities to improve our flu vaccination rates. By December 2012, over 95% of youth in Probation facilities had been vaccinated!
- ◆ Reduced utilization of emergency room services for management of substance use or non-urgent health issues.
- ◆ Implemented "Girls Health Screen" tool-- developed by the National Girls Health and Justice Institute-- to better understand and meet the needs of adolescent females in detention.

Goals for FY 2013-2014

- ◆ Collaborate with partner agencies and DHS community-based resources to improve access to and utilization of health services after youth have been released from detention facilities.
- ◆ Expand administration of vaccines at outlying residential camps.
- ◆ Partner with DHS Hospitals to facilitate even better access to medical sub-specialty services.
- ◆ Implement automated pharmacy machine services.
- ◆ Collaborative with the ORCHID Project to link our electronic medical records systems and to improve access to important patient health information between JCH.



Managed Care Services



Tangerine Brigham
Deputy Director



**Mary D. Giammona,
M.D., M.P.H.**
Chief Medical Officer



Rogers Moody
Acting Chief Financial Officer



Victoria Jenkins-Richardson
Staff Assistant

Managed Care Services (MCS) works to provide the right care, in the right setting, at the right time to improve quality and ensure care is cost-effective. MCS manages the care of all DHS patients that have a provider and captures and analyzes clinical data to best manage patients' medical care.

The DHS patient population includes those who are insured and have their care organized through contracted managed care partners, and those who are uninsured. The insured population includes members of L.A. Care Health Plan's Medi-Cal, In-Home Supportive Services workers and Healthy Families programs who have a DHS primary care medical home. Uninsured clients include residents enrolled in the Healthy Way LA (matched) program.

MCS works closely with the Ambulatory Care Network and hospital outpatient clinics to increase HEDIS (i.e., managed care health quality measurement) scores. This is done through: (1) identification of ways to improve data collection and quality improvement efforts that support increasing the quality of care and (2) provision of preventive and primary care services.

In the changing field of health care, DHS is enhancing its managed care functions in order to maximize services offered to its patients. MCS provides utilization management that manages out-of-network utilization and authorization of services. This includes repatriating our patients back into our DHS network, claims processing to pay out-of-network providers, member services, grievance and appeals, quality and clinical compliance, central referral unit, contract management and medical administration.

The Healthy Way LA program reached a milestone during this fiscal year with 257,000 actively enrolled in April 2013. Healthy Way LA program (HWLA) is a program that provides comprehensive health services to certain low-income residents who meet federal guidelines. All HWLA enrollees will obtain health care insurance in January 2014 as a result of federal health reform.

MCS also works with other DHS divisions to ensure that staff understand the basics of managed care and deliver an optimal patient experience. This will enable DHS to retain patients, provide high quality of care, meet the contractual requirements of partners such as L.A. Care and Health Net, and succeed in the era of Health Reform. MCS supports DHS in providing a high standard of care while staying ahead in today's competitive health care industry.



Accomplishments

- ◆ Implemented Your Benefits Now (YBN)/ Los Angeles Eligibility Automated Determination Evaluation and Reporting (LEADER) for Healthy Way LA enrollments.
- ◆ Partnered with Department of Public Social Services to assist with Health Way LA redeterminations
- ◆ Established Healthy Way LA Kids to assist the former L.A. Care Healthy Kids enrollees ages 6-18 years
- ◆ Implemented a repatriation program for managed care patients hospitalized out of network, which has led to approximately 65% of eligible patients being transferred back to DHS facilities prior to discharge.
- ◆ Maintained compliance with contractual and regulatory timeframes with 90% or more outpatient pre-authorization requests
- ◆ Developed a standardized clinical quality report card for DHS and Community Partner clinics
- ◆ Met expected Utilization Review turn-around times for the DHS patient populations enrolled in the LIHP
- ◆ Successfully transformed from an L.A. Care Plan Partner to a Participating Provider Group
- ◆ Managed the expansion of the Master Provider Database to support the implementation of patient empanelment across DHS
- ◆ Expanded and further implemented the Central Referral Unit, which is responsible for supporting DHS' eConsult initiative
- ◆ Completed 100% of Clinical Audits within timeframes (over 200 sites)
- ◆ Supported L.A. Care's HEDIS efforts by performing the chart chase required for hybrid measures of DHS patients
- ◆ Handled a 40% increase in patient calls (from 18,000 calls per month to 25,000 calls per month) as more HwLA patients were enrolled over the past year



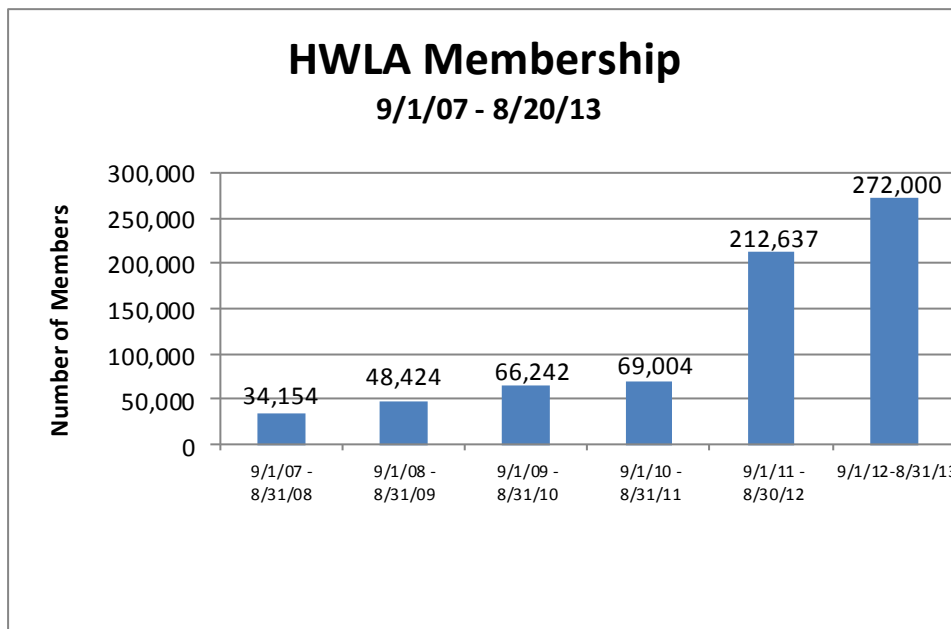
Lucy Nakamura
Contract & Grants



Rose Lugo
Human Resources



Shari Doi
Healthy Way LA





**Vivian Branchick,
R.N., M.S.**
Director

Nurse Recruiters

Katherine Cho, R.N., M.S.N.
Lead Nurse Recruiter
(562) 401-6881

**Joy Bostic, R.N., M.S.N.,
M.P.H. F.N.P.**
Harbor-UCLA Medical Center
(310) 222-2512

**Debi Farris, R.N., B.S.N.,
C.H.C.R.**
LAC/USC Healthcare Network
(323) 409-4664

Richard Guitche, R.N., B.S.N.
Olive View-UCLA Medical
Center
(818) 364-3317

Sharon F. Amwine, R.N., M.S.N.
Rancho Los Amigos
National Rehabilitation
Center
(562) 401-7912

Office of Nursing Affairs

The Office of Nursing Affairs provides support and strategic direction to DHS facilities and supports strategic alliances and partnerships for DHS nursing services.

FY 12-13 Accomplishments

- ◆ In partnership with Workforce Development Program and Charles Drew University, coordinated a Nurse Practitioner Training Program through a grant obtained by the Workforce Development Program from the Department of Labor. Twenty DHS bachelor's degree-prepared RNs are enrolled in the program. The addition of Nurse Practitioners will enhance DHS' ability to provide specialty services to the community we serve.
- ◆ Partnered with Workforce Development Program, Ambulatory Care Network, and hospital based clinics to provide training for existing nursing attendants to become medical assistants. Medical assistants are an integral part of the team in our patient centered medical homes.
- ◆ Coordinated a system-wide education and training for Nursing Education Directors, Nursing Instructors, and Senior Instructors on the use of four purchased stimulated manikins through a grant funded in part by LA Care Health Plan. These manikins will be provided to each DHS hospital and the LA County College of Nursing and Allied Health to be used for training new hires during clinical orientation and nursing students during their clinical rotation.
- ◆ Collaborated with facility nursing leadership on development/revision and implementation of the following policies / procedures:
 - Falls Assessment Policy
 - Pain Assessment Tool Policy
 - After Death Care: Culturally Sensitive Nursing Policy
 - Standardized Non-County nursing pre-assignment testing
 - DHS electronic time recording for Contract Registry Nurses
 - Office of Nursing Affairs Intranet website redesign for easier posting of nursing vacancies

Education Compliance Program

The Education Compliance Unit coordinates Nursing and Allied Health Competency Testing at all DHS hospitals and clinics, as well as Juvenile Court Health Services and Emergency Medical Services. In 2012, a total of 9,455 County workforce members comprised of 7071 nurses and 2370 allied health personnel, completed competency assessment and testing. Non-county workforce members tested in 2012 totaled 1304. During 2012, the DHS system-wide Competency program is facilitating the learning and assessment process through simulation of performance skills with the use of live models where feasible, ensuring Patient Safety, Infection Control practices, Customer Service, and discipline specific measures of competence. Simulation-enhanced technology will be utilized to augment competency assessment processes in 2013. The Education Compliance Unit is working with the Office of Nursing Affairs to provide pre-assessment testing for licensed contract nurses and improve pre-assignment processes and timely acquisition of contract staff where needed to meet critical patient care needs in Nursing.

Nurse Recognition

The Office of Nursing Affairs celebrated Nurse Recognition Week with its annual Los Angeles County-Wide Nurse of the Year celebration. Nurses working in the various County Departments were nominated and considered for the honor of Outstanding Nurse of the Year by each department and were evaluated based on their excellence in clinical/performance, patient advocacy, leadership/role model, teamwork, education/community service, and professional development. The Annual Los Angeles County Nurse Recognition Week is held in May to honor Florence Nightingale's birthday on May 12th. The department acknowledged and celebrated all Los Angeles County nurses for their commitment, dedication, and hard work in serving the communities in their various departments and nursing roles. The Los Angeles County Board of Supervisors proclaimed May 5 through



Ms. Vivian Branchick, Chief Nursing Officer with Ms. Janet Landholm, 2013 DHS Nurse of the Year .

May 11, 2013 as Los Angeles County Annual Nurse Recognition Week. On May 14, 2013, the Los Angeles County Board of Supervisors honored and recognized County nurses. The Board of Supervisors presented thirteen scrolls to outstanding nurses from the following County departments; Department of Health Services, Public Health, Mental Health, Fire Department, Sheriff's Department and Department of Children and Family Services.

The Office of Nursing Affairs coordinated and presented a County-Wide Nurse Recognition Week Seminar promoting nursing retention. This year, Dr. Arun Patel, Director of Quality, Patient Safety, & Risk Management, was invited to speak on the topic of 'Just Culture.' Over 200 nurses attended the continuing education seminar.

At the celebration, Ms. Janet Landholm, RN, from Harbor UCLA, Neonatal Intensive Care Unit, was selected and honored as the second annual Outstanding Department of Health Services Nurse of the Year. She will be representing all DHS facilities for 2013.

Nurse Recruitment

For Fiscal Year 2012/2013, Nurse Recruiters hired 297 new nursing employees: 235 Registered Nurses, 14 Licensed Vocational Nurses, 9 Nursing Attendants/Student Nurse Workers, 26 Certified Medical Assistants, and 13 Surgical Technicians. Nurse Recruiters continued to work hard to ensure an adequate pool of applicants were available for all DHS facilities. The Nurse Recruiters collaborated with hiring managers to identify eligible candidates for participation in selection interviews.

Nurse Recruiters also collaborated with the DHS Human Resources Exams Unit to assist in expediting the hiring process through the restructuring of various Civil Service Examination processes, including the online Work Style Assessment written test for Registered Nurse I / Relief Nurse Civil Service Examination applicants.



Healthcare Workforce Development Program (HCWDP)



Diane Factor
Director

Career Pathway programs to build capacity for the shift to primary care:

The Health Care Workforce Development Program (HCWDP) continued to develop and implement programs in support of the transformation of the health delivery model to a preventive and primary care model. HCWDP provided opportunities for existing nurse attendants to move up the career ladder to serve in the patient-centered medical homes as Medical Assistants through two programs, one with Pasadena City College (30 students) and the other with Boston Reed College (100 students).

The Worker Education & Resource Center (WERC), the non-profit entity that implements HCWDP, was awarded a grant to train twenty existing DHS Registered Nurses to become Nurse Practitioners to serve in DHS Specialty Care clinics with patients with serious chronic conditions. WERC is partnering with Charles Drew University and with the DHS Office of Nursing Affairs. The program will continue into FY 2013-14.

Critical Skills Building

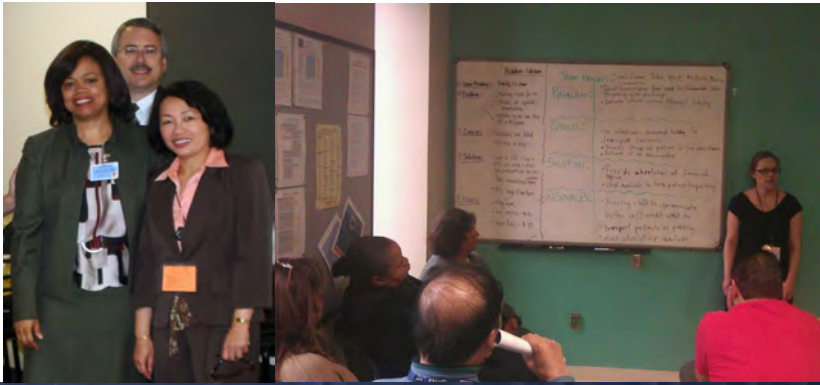
Improving the patient experience in DHS facilities is also a critical factor in the DHS transformation process. WERC developed a customized two-hour workshop covering the basic tenets of the Affordable Care Act and what it will mean for DHS County patients and workers. Included in the workshop were activities to practice communication skills. 8,000 DHS employees with direct patient contact in outpatient settings participated in the workshop, including doctors, nurses, clerks, facility personnel, technicians and patient financial services workers.

WERC is also developing a non-traditional skills building workshop for clinical staff that will interface with the new Electronic Health Record system. Combining classroom, online, and practice sites in the workplace, the program will ensure that workers have the basic computer skills to be able to learn the new software program. In FY 2012-13, the program was piloted at Harbor/UCLA Medical Center, the first site designated to convert to the EHR system.

Integrated Care and New Healthcare Coverage

WERC was invited to join a group of County health-related departments, patient advocates, and public health and wellness programs that will be co-locating at the Wellness Center at the Historic General Hospital. In this innovative approach to holistic and coordinated care, WERC will provide training for community residents who want to become healthcare workers, and offer programs that focus on improving health outcomes in the Boyle Heights Community. The Center will open in FY 2013-14.

WERC also provided training services to two key County departments that are critical to the success of the transformation process: the Department of Mental Health, and the Department of Public Social Services. With separate funding, WERC trained Mental Health Advocates as Community Health Workers, and provided a Communications Workshop similar to the one for DHS, to over 6,000 Eligibility Workers who process Medi-Cal applications, and will be providing information about Covered California, the new health care exchange.



Office of Planning and Data Analytics



Anish Mahajan, M.D.
Director of System
Planning, Improvement
and Data Analytics



Irene Dyer, M.S., M.P.H.
Director



Toki Sadralodabai, Ph.D.
Chief of Analytical Services



Karen Swanson, Ph.D.
Chief of Evaluation and
Reporting Unit

The Office of Planning and Data Analytics helps guide key decision making in the Department of Health Services. We evaluate a wide range of healthcare programs, policies, procedures, and departmental operations. Our goal is to support DHS' mission to "ensure access to high-quality, patient-centered and cost-effective healthcare" by using data to lead the way. We also collaborate with and deliver research and analysis to other Los Angeles County departments and external stakeholders.



Departmental Performance Indicators

To support efficiency and improve delivery of care, we produce several reports that measure the productivity of our health system and satisfaction of our patients. The Productivity and Capacity Report looks at workforce efficiency by examining the primary and specialty care provided by DHS. While the Productivity and Capacity Report provides a quarterly snapshot of DHS' performance, the Hospital Dashboard Report monitors each hospital's average length of stay and bed capacity utilized on a weekly basis. In addition to measuring the performance of our hospitals and clinics, we look at how satisfied our primary patients are with their access to care, provider communication and their experience at their last visit. Both the quality of our care and the efficiency of our health care delivery system are vital to our success and health of our patients. We also produce the semi-annual Delivery System Reform Incentive Pool (DSRIP) report for DHS.

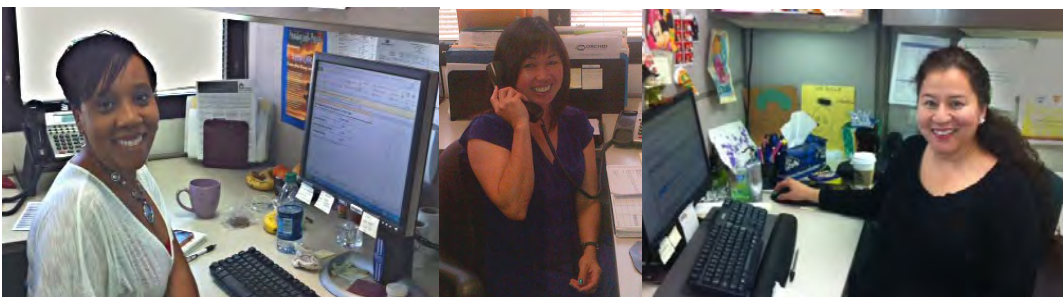
Departmental Collaborations

We work closely with other program units within DHS as well as other LA County departments and outside organizations by disseminating data on health care utilization, demographics, disease profiles, and health program membership. For example, using Geographic Information Systems (GIS) software, we've mapped out DHS and Community Partner facility locations in relation to where our patients live. These maps are provided to Board/Government Relations in order to assist the Board of Supervisors and State and Federal agencies in policy. Through our collaboration with the Ambulatory Care Network, we produced reports for programs including Seniors and Persons with Disabilities (SPD), Low Income Health Program (LIHP), General Relief Auto Enrollment, and Healthcare Effectiveness Data and Information Set (HEDIS). We've worked with Integrated Programs to evaluate the Access to Housing for Health Program, Psychiatric Emergency Services (PES), and Social Security Income (SSI) enrollment. The LA County Chief Executive Office has requested our assistance with California's Realignment Act (AB 109) and the Enterprise Linkage Project (ELP) with creating utilization data and reports.



Enterprise Patient Data Repository (EPDR)

Our office played a key role in obtaining approval from the Board of Supervisors for the Enterprise Patient Data Repository (EPDR). The EPDR will combine our financial, utilization, and clinical databases into one unified data warehouse. The EPDR will provide DHS the ability to analyze and improve our operations, utilization of services and resources, and delivery of health care. As such, the EPDR will help us meet the claiming and reporting requirements of the 1115 Waiver and also allow DHS to operate effectively with the coming changes from the Patient Protection and Affordable Care Act. Phase 1 of this project will enable DHS to produce financial reports as required under the Waiver, and lays the foundation for EPDR with high quality data standards and a common language. Phase 2 will begin next year with the addition of clinical data, and we will continue to contribute to the development of the EPDR. Once in place, the EPDR will be an extremely valuable tool for DHS to analyze and improve the quality and cost-effectiveness of our services.



Office of Planning Team:

Nicole Bronson, Ph.D.
Research Analyst

Kimberly Brown, M.S.W.
Research Analyst

Cindy Lou Cantu, M.A.
Research Analyst

Maria Cardenas, B.S.
Senior Information
Systems Analyst

Jorge Garcia, M.P.H.
Staff Analyst

Lisa Greenwell, Ph.D.
Research Analyst

Bernie Lau, M.S.
Research Analyst

Michael Lim, M.P.H.
Epidemiologist

**Vichuda Matthews,
Dr.P.H.**
Epidemiologist

Alma Vazquez, B.S.
Information Systems Analyst

DHS Pharmacy Affairs



Amy Gutierrez, Pharm.D.
Chief Pharmacy Officer

Facility Pharmacy Directors

Romina Panoussi, Pharm.D.
High Desert Health MACC

Peter Chen, Pharm.D.
Long Beach CHC

Nathaniel Dunn, Pharm.D.
Martin Luther King Jr. MACC

Sandra Hudson, Pharm.D.
H. Claude Hudson CHC

Brian Joyo, Pharm.D.
Rancho Los Amigos National
Rehabilitation Center

Jennie Ung, Pharm.D.
Harbor-UCLA Medical
Center

Alice Khalil, Pharm.D.
Mid-Valley CHC

Teresa Lau, Pharm. D.
Edward R. Roybal CHC

Steve Lee, Pharm.D.
Olive View-UCLA Medical
Center

Khanh Le, Pharm.D.
El Monte CHC

Sanford Melnick, Pharm.D.
LAC+USC Medical Center

Veronica Kim, Pharm.D.
H.H. Humphrey CHC

LA County Department of Health Services, Pharmacy Affairs is a system-based department focused on promoting and optimizing 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 DHS pharmaceutical resources are utilized in a manner that promotes safe, evidence-based and cost-effective outcomes. Managed care medication management is centrally coordinated in collaboration with medical leadership.

The Los Angeles County Department of Health Services operates inpatient pharmacy services at our four hospital locations, servicing over 1300 beds. In addition, DHS outpatient pharmacies service over 700,000 patients per year dispensing over 4 million prescriptions through eighteen outpatient pharmacies. These pharmacies are located within DHS clinic and hospital sites.

DHS has a core pharmaceutical formulary, maintained by key medical leadership from patient care sites throughout our organization. Multiple specialty expert panels provide clinical expertise to this committee via development of medication formulary recommendations and therapeutic use guidelines. DHS Pharmacy also provides support to the system's DHS Medication Safety Committee, which reviews medication safety trends and reports, identifying improvement areas throughout the health care system. Medical, pharmacy and nursing leaders from various DHS sites contribute their expertise to this system effort, issuing "Expected Practices Recommendations: regarding a variety of identified medication safety risks.

Pharmacy Programs

DHS Pharmacy Affairs oversees the system's patient assistance program, optimizing access to pharmaceutical manufacturer patient assistance programs at all DHS sites. During FY 2012/13, this program provided over \$20 million in annual savings to the DHS system.

DHS Pharmacy Affairs oversees annual pharmacy competence assessment. All pharmacists and pharmacy technicians undergo a process to assess base competence in identified high risk patient care areas. The competence assessment areas are identified through various factors, and are focused on ensuring that our pharmacy providers have the necessary skill sets to provide safe and appropriate pharmaceutical care to our patients.

DHS has focused efforts to implement various medication management automation tools to improve the safety and efficiency of operations. DHS sites utilize automated dispensing cabinets, automated inventory carousels, bar-coded pharmacy dispensing technology and automated workflow tools to improve patient safety and enhance operational efficiencies. In late 2013, DHS opened a central fill pharmacy site which will provide medication refills to all DHS outpatient pharmacies.





Arun Patel, M.D., J.D.
Director

QIPs Staff

Sandra Aleman, R.N.

Liz Augusta, R.N., M.S.N.

Mary Ayrapetyan

Ruth Bala, R.N., M.S.N.

Gwen Dupree Pittman

Terry Edmond, R.N., B.S.N.

**Sherli Fernandez, R.N.,
B.S.N., C.C.R.N.**

Graciela Garcia

Deon Hall, R.N., B.S.N.

Nancy Lefcourt, R.N., M.S.N.

Olivia Lo

**Marife Mendoza, R.N.,
M.S.N., M.B.A.**

Debbie Rhodes, R.N., B.S.N.

Ronaldo Scotland, M.P.H.

Evelyn Szeto, C.L.S., (A.S.C.P.)

Christina Tickner, R.N., M.S.N.

Lily Wu

Quality Improvement & Patient Safety

The Quality Improvement and Patient Safety (QIPS) program 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 several DHS committees including the Executive Quality Improvement Committee, Patient Safety Committee, Risk Management Committee, and "Effective Practice" groups.

Quality Improvement

QIPS facilitates system-wide improvement initiatives that are aimed to: promote 'system-ness' and decrease variation in the care provided;; increase transparency and facilitate communication between providers and patients;; and, improve outcomes for our patients. QIPS also oversees the reporting and measurement of standardized quality improvement indicators that are both voluntary and mandated. Measuring quality using standardized indicators also helps to meet regulatory mandates required to operate a healthcare facility. The quality initiatives that we have focused on this year are designed to meet the milestones of the Section 1115 Medicaid Demonstration Waiver which "...embody the principles of health care reform – expanding access to care, enhancing quality, improving population health and containing costs." In our commitment to the 1115 Waiver, we continued to focus on four evidenced-based care measures: prevention and treatment of severe sepsis and septic shock; prevention of central line associated blood stream (CLABSI) infections; prevention of Surgical Site Infections (SSI); and, the prevention and treatment of venous thrombotic (VTE) events. As of December 2012 LACDHS hospitals implemented electronic Clinical Decision Support systems that alert physicians about septic patients in the emergency room; implemented protocols that increased compliance with VTE prevention therapies; increased patient education about prescribed anti-coagulation medications; and created a brochure for the purpose of identifying infections in cardiothoracic surgery patients. Goals for the coming year include implementation of an electronic system that facilitates early identification of infections in hospitalized patients, process improvements to decrease harm to patients, and a decrease in mortality of our sepsis patients.

Effective Practice Groups

The QIPS "Effective Practice" groups are DHS-wide committees specializing in areas of Intensive Care, Emergency Medicine, Infection Prevention, Anesthesia, and other areas, as necessary. Each of these groups supports the mission of DHS in the provision of high quality care by sharing and standardizing evidence based practices and protocols. The Effective Practice groups also coordinate the implementation of the above 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 is an organizational culture that caregivers across our clinical spectrum embrace. QIPS and the Department strive to build and maintain this "Safe and Just Culture" through guidance and training on the application of Safe and Just Culture concepts. QIPS, through the LACDHS Patient Safety Committee, is 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. QIPS sponsors the annual LACDHS Patient Safety Conference and Awards Ceremony, a two day event which highlights facility and staff dedication to patient safety efforts, and invites world renowned experts to speak on recent trends and initiatives in patient safety.

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 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 identify opportunities to preventing these adverse events from happening again. QIPS is currently leading a county-wide project involving the adoption of a clinical risk reduction system which integrates incident reporting, claims management, and complaints management. This system is expected to be implemented in those county departments that provide medical services including DHS, Sheriff, Mental Health, Public Health, and Fire.





Edgar Soto
Risk Manager



Michelle Merino
Return to Work Manager



Chi Fong
Health, Safety and
Environmental Manager



Karen White
Claims & Operations
Manager



Jacqueline Quarles
Employment Litigation
Analyst

Risk Management

Risk Management Division (RMD)

RMD is committed to the furtherance of the DHS' Mission of ensuring access to high-quality, patient-centered, cost-effective health care to Los Angeles County Residents through direct services at DHS facilities and through collaboration with community and university partners. RMD supports the aforementioned mission through provision of the following:

- Claims and litigation management for non-medical malpractice related tort;
- Occupational safety, health, and environmental compliance services;
- Workers' compensation management; and
- Facilitation of employee return to work initiatives related to both industrial and non-industrial matters.



RMD strives to identify—and mitigate—loss exposures through the practical application of data analytics, management science, and causation analysis.

Edgar Soto
Risk Manager, Health Services

Workers' Compensation Investigations and Subpoena Responses

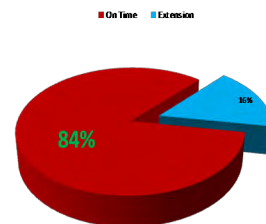
Risk Management's Claims & Operations Unit worked cooperatively RTW and A&C to complete Various Workers' Compensation fraud allegation investigations related to Office of County Investigations Fraud Hotline submissions. These investigations resulted in various determinative findings and played an important role in our goal for continuous improvement and loss reduction/mitigation efforts for the Department.



WC Subpoena Compliance Rate

Facilitation of all workers' compensation subpoenas for DHS employees by Risk Management's Claims & Operations Unit was effectuated during this fiscal year as a proactive measure aimed at streamlining the provision of requested documentation for all DHS locations. The new procedure established January 29, 2013, has since provided timely, accurate and complete production responses related to workers' compensation subpoenas in addition to appropriate extension requests when needed.

WC Subpoena Compliance Rate



Employment Liability

The Risk Management Division worked to take over litigation management initiatives related to employment liability matters during the FY. The change streamlined the CAP/SCAP development process and effectuated significant improvements related to implementation of remedial corrective actions at or near claim inception.

Significant changes from 2012 - 2013

- ◆ Fewer active lawsuits fiscal year over year;
- ◆ Greater success in mediation;
- ◆ Improved defense strategies;
- ◆ Increased departmental/managerial support/participation;
- ◆ Improved enforcement of Departmental policies/procedures; and
- ◆ Corrective action measures implemented, audited, and quality assured at defined intervals.

Vehicle Accident Review Committee (VARC) & Motor Vehicle Safety and Defensive Driving Training

During this fiscal year, the VARC reviewed 33 cases; of which 18 were preventable and 15 non-preventable. Information and data collected from these various incidents/accidents facilitated trend analytics and highlighted areas of focus, identified candidates for training, and allowed RMD to tailor the development of the Motor Vehicle Safety and Defensive Driving Course which was subsequently leveraged to the County at large.

Welcome to

Driver Education



Health Services
LOS ANGELES COUNTY

Our Health, Safety & Environmental Unit accomplished the following in FY 2012-13:

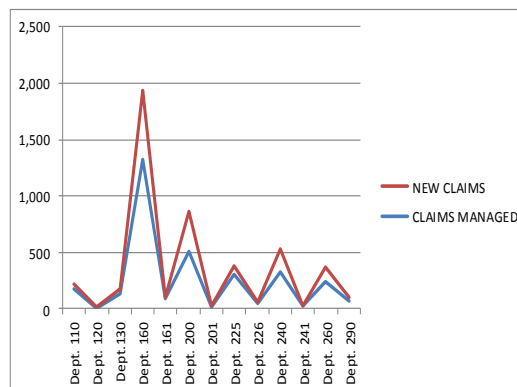
- ◆ Completed seventy-one ergonomic evaluations for DHS employees, saving approximately \$42,000 in direct costs related to hiring outside consultants, and offsetting an estimated \$1.06MM in future workers' compensations expenses and legal liabilities.
 - ◆ Prior to the establishment of the SH&E Unit in 2011, DHS did not have internal resources/expertise to complete the aforementioned evaluations.
- ◆ Coordinated with DPSS to re-distribute surplus ergonomic chairs and keyboard trays to DHS employees. Eighteen ergonomic chairs and 2 keyboard trays from DPSS were provided to DHS resulting in direct cost saving of \$9,400.
- ◆ Performed regulatory required in-services related to Hazardous Materials and Hazardous Waste Management for facility-level personnel resulting in Hospital and Clinic savings in excess of \$6,000.
 - ◆ Previously, outside consultants performed this service for the Department.

Return to Work (RTW)

The RTW Unit liaised directly with all DHS locations to facilitate the central management of industrial accidents (IA), medical leaves of absence (LOA) and reasonable accommodations for the Department as a whole. RTW managed a mean of 253 discrete long term leaves per month during the FY.

Notable statistics for the Unit include:

- ◆ Management of 3,278 IA claims throughout the FY—1,539 of which were new;
- ◆ Performance of 1,022 interactive process meetings in accordance with Fair Employment House Act, COLA, and DHS requirements; and
- ◆ Generation of 445 work hardening transitional assignment and conditional assignment agreements.



Active IA Claims FY 2012-2013

Supply Chain Operations



Gary D. McMann, FACHE
Chief, Supply Chain Network

Supply Chain Operations (SCO) had a banner year when it came to change and formidable challenges. The very dedicated staff throughout the SCO network answered the call to duty when it came to supporting major advances in operational excellence. They are all outstanding examples of the phrase “when the going gets tough...the tough get going”. To enhance services to the entire DHS network, changes were made regarding prime distribution, custom procedure tray distributor, large volume pumps, and a new medical equipment review program was developed.



Teresa Castaneda
Assistant Chief



Building projects currently underway, requiring significant SCO support, include the High Desert Health System Multi-service Ambulatory Care Center (MACC) Replacement Project, the Surgery/Emergency Construction Project at Harbor-UCLA, and the new MLK MACC replacement project. Our staff have also designed, developed, and implemented an improved process to track and account for equipment inventory associated with major moves such as these. This process will provide a timeline that allows for planning and preparation work by affected departmental staff that will ensure accurate assignment and disposition of equipment during and after major moves.

Olive View-UCLA Medical Center, High Desert Health System, and the other North Region Ambulatory Care Network (ACN) facilities went live with eCAPS/Global Healthcare Exchange (GHX) in August 2011. Since then, SCO has been working on upgrading and modifying

several areas related to reporting, and making the GHX requisition process and the eCAPS Procurement systems more user friendly. Approval was received for SCO to establish an eProcurement Implementation Team. For the next two years, this team will be committed to the implementation of the eProcurement system at the remaining facilities within DHS. Remaining implementation sites include those facilities in the Central, Southeast, and Southwest regions. SCO continues to focus our efforts on quality, cost and continuous improvements regarding customer care.



Todd Bowers
Director of Clinical Analytics

The Clinical Analytics division of Supply Chain Operations focuses on Value Analysis activities, with added representation from the ACN and Quality Improvement. The new system-wide structure of a DHS Corporate Value Analysis committee has six Directors of Value Analysis (DVA). There is one (1) DVA assigned to each DHS region (North, Central, Southwest, and Southeast), in addition to a system-wide DVA for laboratory and a system wide DVA for perioperative services. This new approved structure is being implemented to support a DHS Med/Surg Formulary (approved product list) to support the enterprise-wide clinical participation and input into the new subcommittees for patient care, diagnostics, perioperative, and laboratory services. It will also support an evidenced-based and informed decision collaborative process to ensure clinically appropriate at best possible price. Value Analysis is all inclusive to review products, clinical need/specifications, purchasing history, literature, utilization, protocols, best practices, clinical product evaluation, and contracts to maximize clinical outcomes. The management and delivery of appropriate supplies and products, in support of excellence in clinical care provided throughout DHS is the goal.



Department of Health Services Fiscal Overview

Fiscal Year 2012-2013 Actual

Allan Wecker
Chief Financial Officer

Efrain Munoz
Associate Chief
Financial Officer

Larry Gatton
Revenue Services
Chief

Mela Guerrero
Controller

Thomas Jewik
Program Audits &
Reimbursement

Eva Mora-Gullien
Fiscal Services

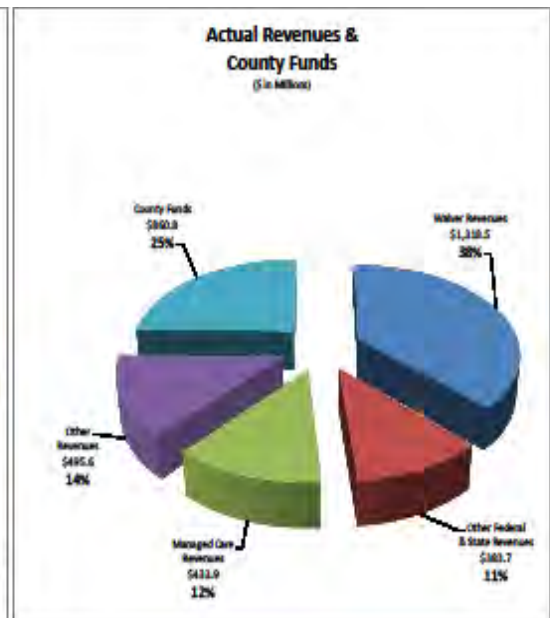
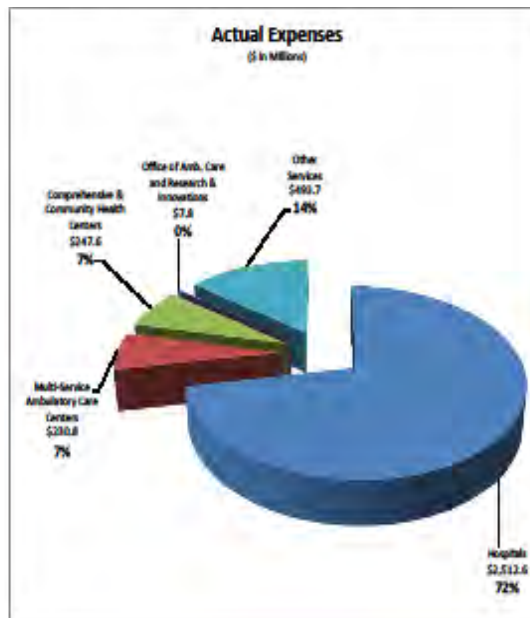
Lily Wun-Nagaoka
Fiscal Program Chief

	BUDGET	ACTUAL						SURPLUS / (DEFICIT)
	(A)	Ambulatory Care Network					(B)	(A - B)
	Total Department	Hospitals ^(a)	Multi-Service Ambulatory Care Centers	Comprehensive & Community Health Centers	Office of Amb. Care and Research & Innovations	Other Services ^(b)	Total Department	Total Department
Salaries and Employee Benefits	\$ 1,975.4	\$ 1,486.3	\$ 104.6	\$ 153.0	\$ 7.0	\$ 179.2	\$ 1,930.1	\$ 45.3
Services, Supplies, & Other Expenses ^(c)	1,701.7	1,026.3	126.2	94.6	0.8	314.5	1,562.4	139.3
Total Expenses	3,677.1	2,512.6	230.8	247.6	7.8	493.7	3,492.5	184.6
Waiver Revenues ^(c)	1,370.9	1,045.4	100.9	38.3	0.0	133.9	1,318.5	(52.4)
Other Federal & State Revenues	454.0	349.6	-	20.6	0.8	12.7	383.7	(70.3)
Managed Care Revenues ^(c)	325.2	212.7	40.4	133.8	3.7	43.3	433.9	108.7
Other Revenues	545.6	242.6	9.6	7.6	0.1	235.7	495.6	(50.0)
Total Revenues	2,695.7	1,850.3	150.9	200.3	4.6	425.6	2,631.7	(64.0)
Funding from County	\$ 981.4	\$ 662.3	\$ 79.9	\$ 47.3	\$ 3.2	\$ 68.1	\$ 860.8	\$ 120.6

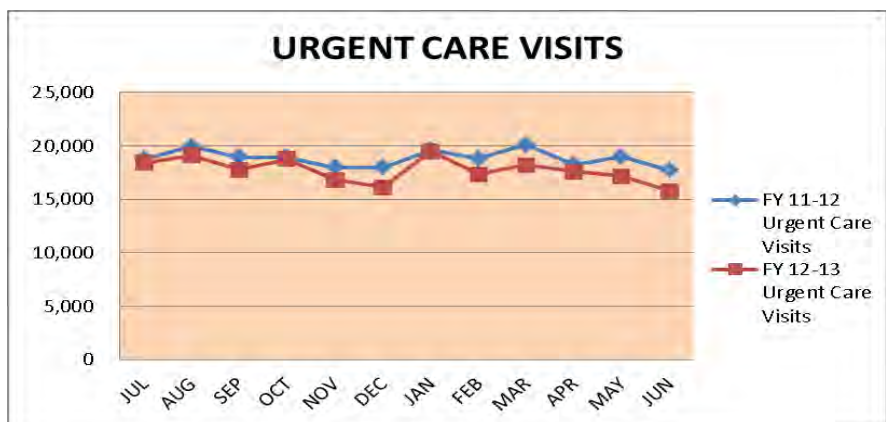
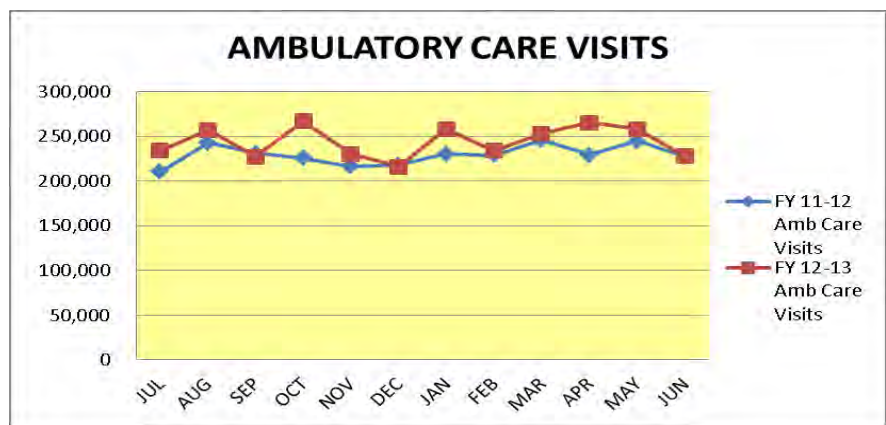
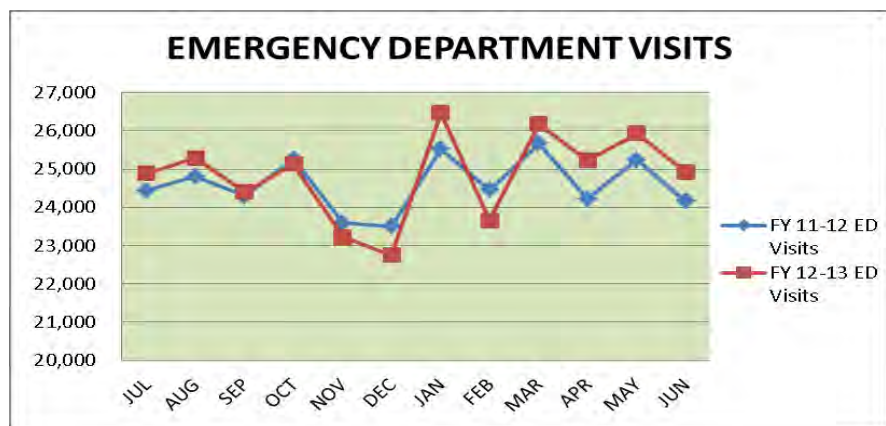
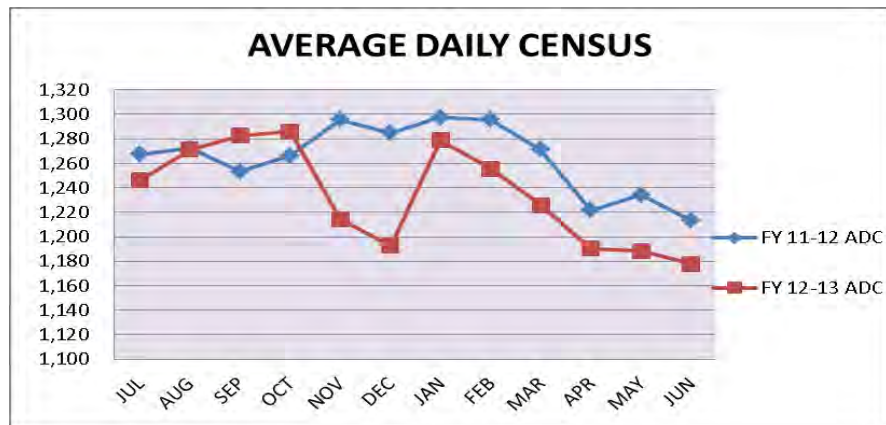
(a) Includes LAC+USC, Harbor-UCLA, and Olive View-UCLA Medical Centers, and Rancho Los Amigos National Rehabilitation Center.

(b) Includes Juvenile Court Health Services, Office of Managed Care, Online Real-time Centralized Health Information Database, Emergency Medical Services, and other administrative services.

(c) Net of Intergovernmental Transfers for Delivery System Reform Incentive Pool, Medi-Cal Managed Care for the Seniors and People with Disabilities, and Managed Care Rate Supplement and the associated revenues.

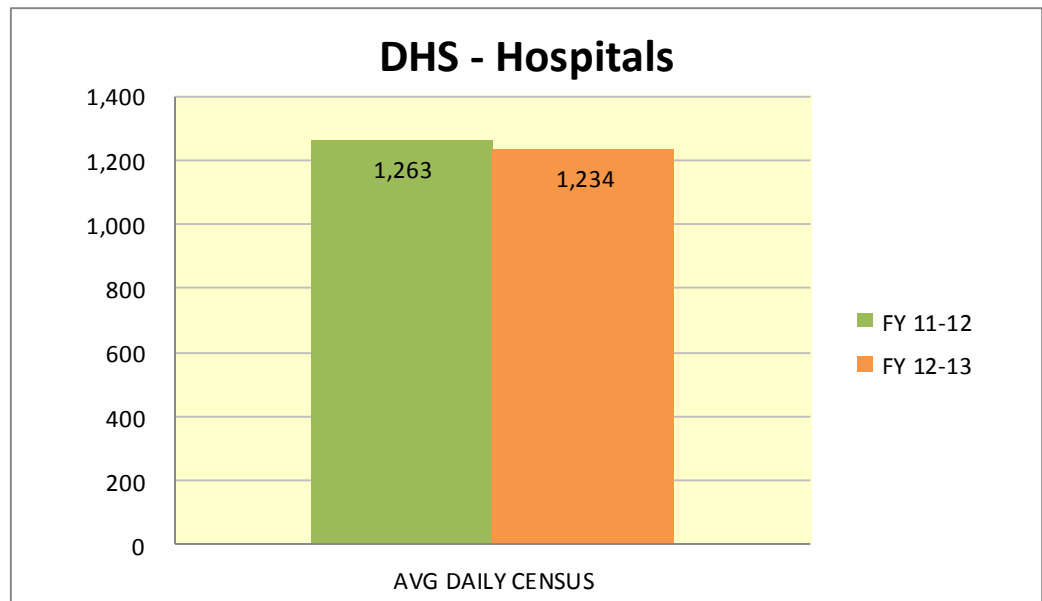


Census and Visit Summaries

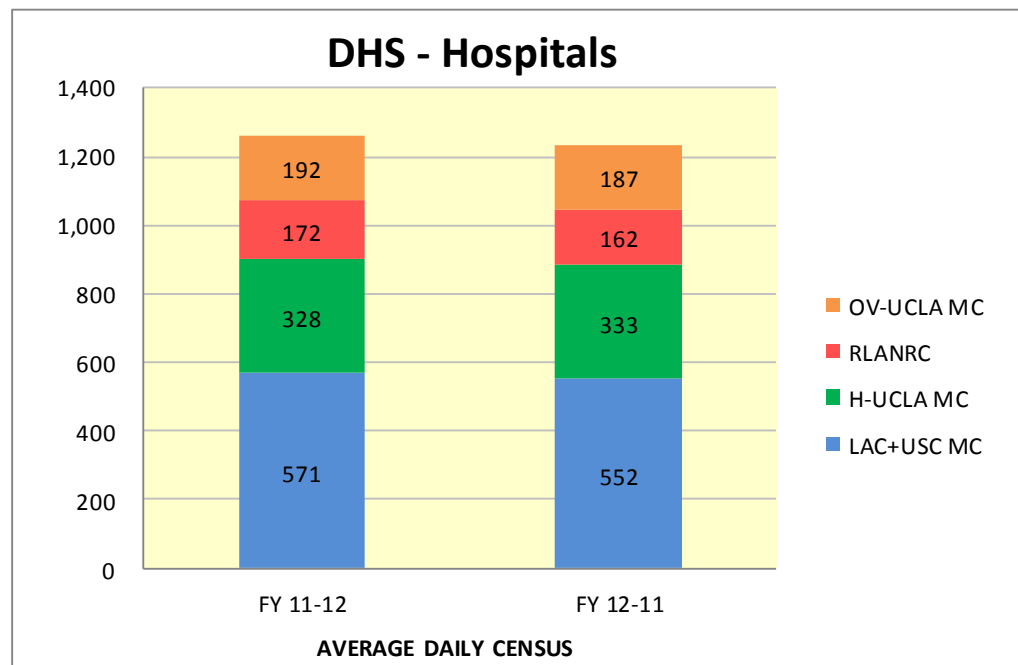


Inpatient Average Daily Census

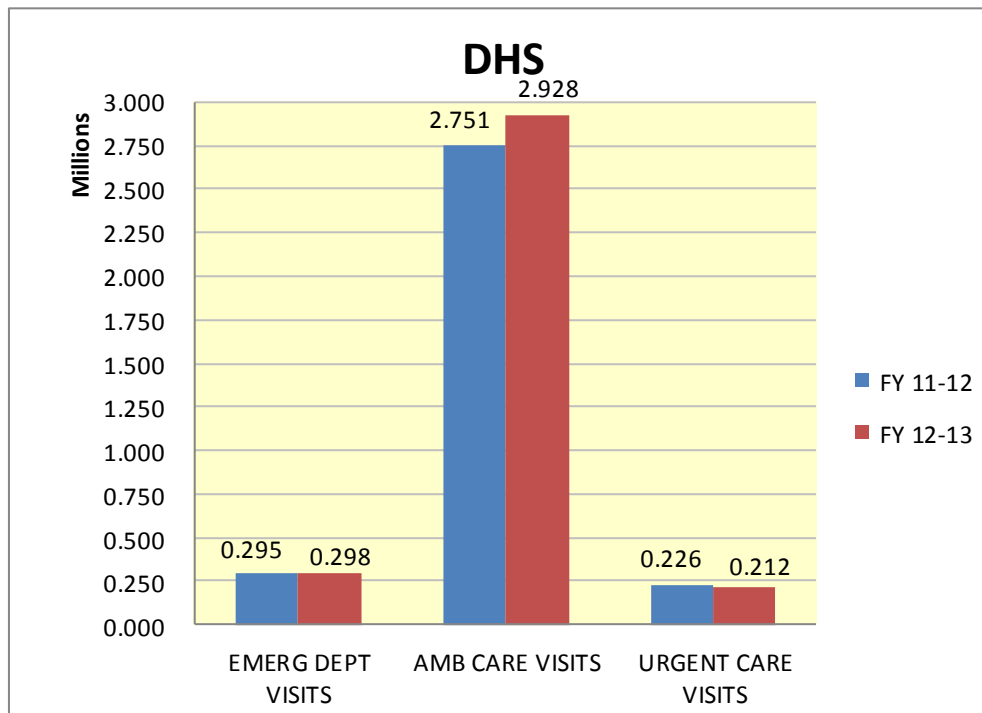
During FY 12-13 the combined daily census of all DHS inpatient facilities averaged 1,234 patients.



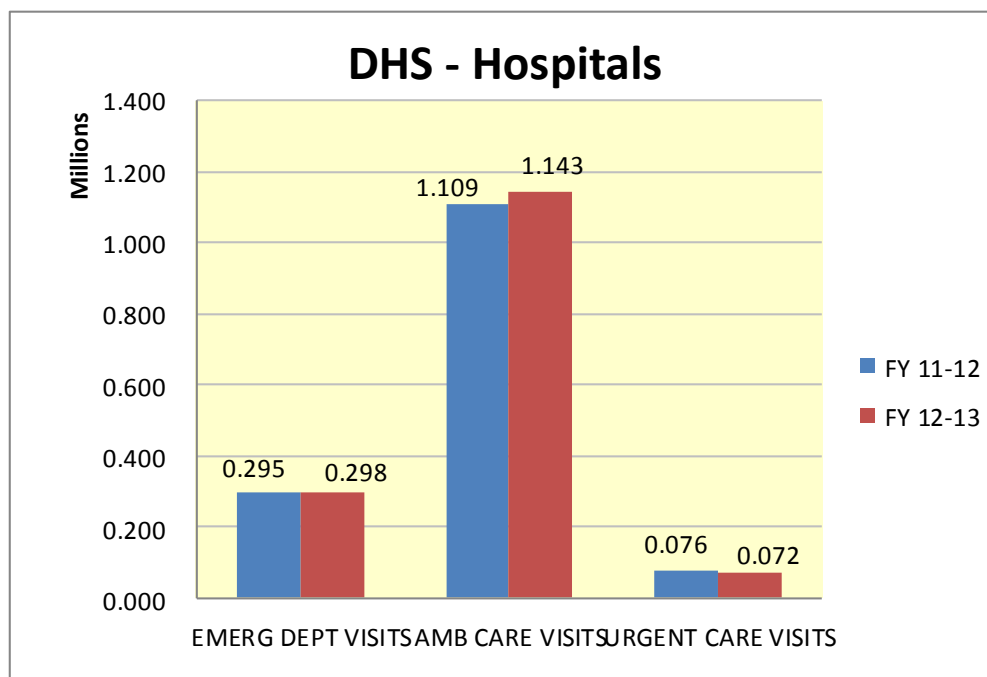
During FY 12-13 LAC + USC Medical Center's daily census averaged 552, Harbor-UCLA's averaged 333, Rancho Los Amigos' averaged 162, and Olive View-UCLA averaged 187.



Snapshot of Patient Visits



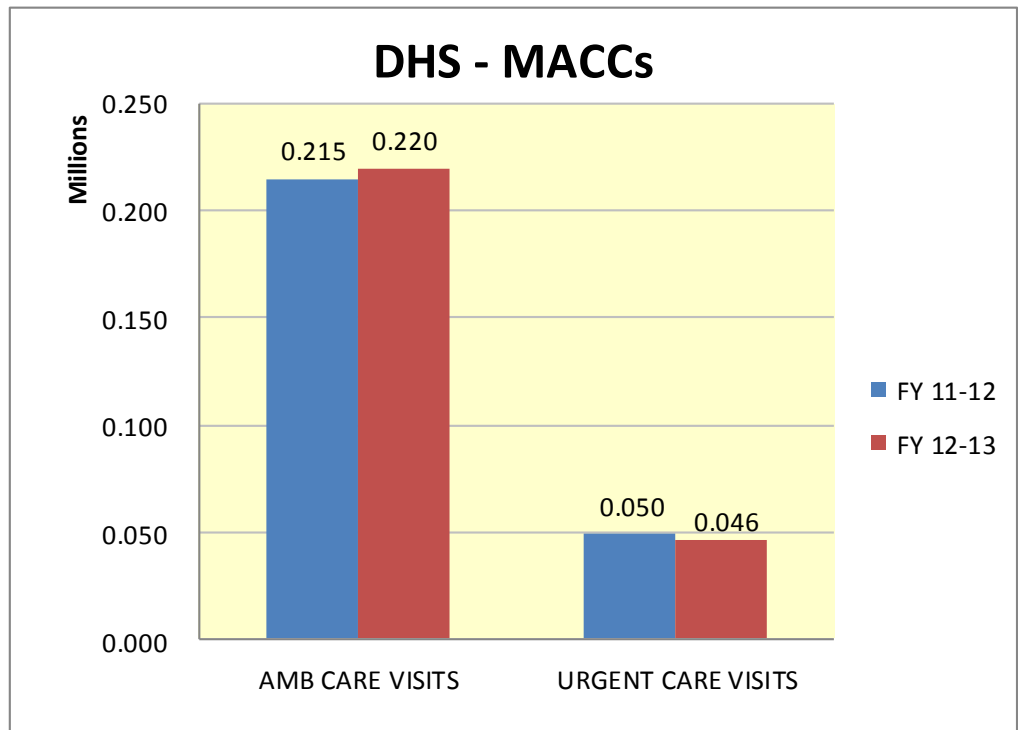
During FY 12-13 DHS system saw almost 300,000 Emergency visit, over 2.9M Ambulatory Care visits and nearly 215,000 Urgent Care visits.



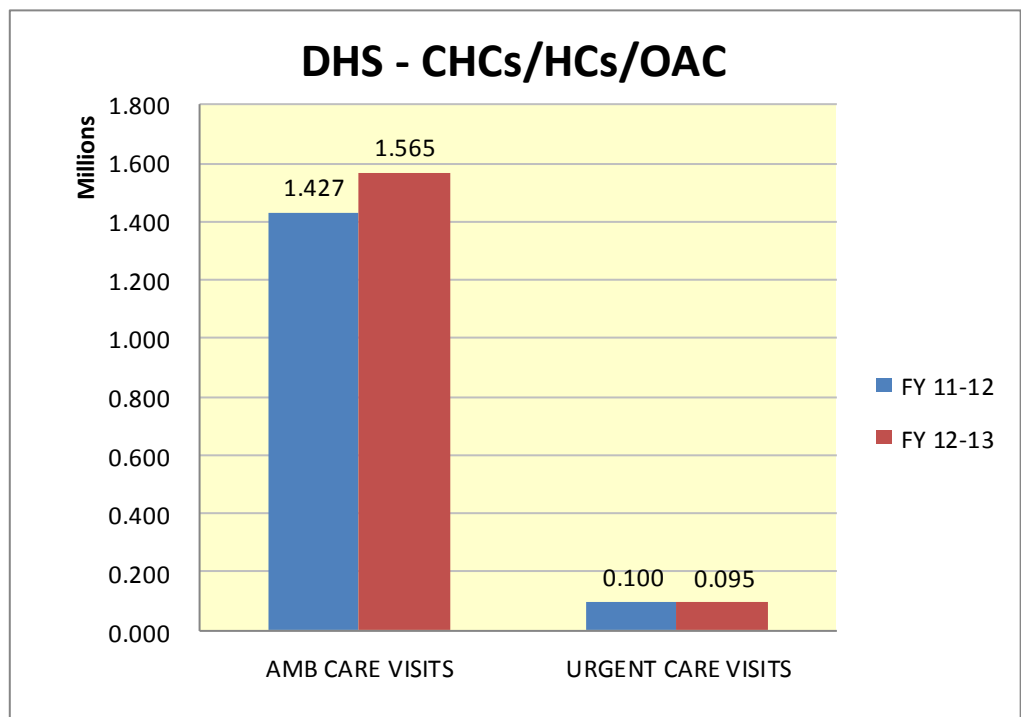
During FY 11-12, DHS hospitals recorded 298,00 Emergency Department visits, 1.1 million Ambulatory Care visits and 72,000 Urgent Care visits.

Ambulatory Care Network Snapshot

DHS' two Multi-Service Ambulatory Care Centers, (MACCs) saw a combined 215,000 Ambulatory Care and 50,00 Urgent Care visits in FY 11-12

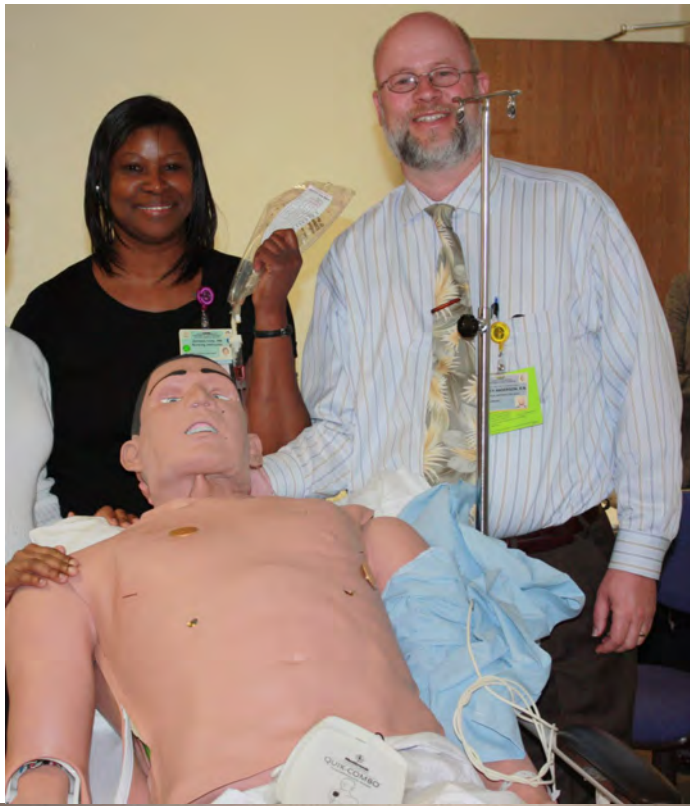


DHS Comprehensive Health Centers (CHCs), Health Centers (HCs), and the Office of Ambulatory Care recorded nearly 1.4 million Ambulatory Care and 100,000 Urgent Care visits in FY 11-12











Shhh....

PATIENT QUIET ZONE





- ❖ Speak Softly
- ❖ Silence Cell Phones & Pagers
- ❖ Close Doors and Dim Lights when Safe
- ❖ Conduct Rounds in Designated Areas Only
- ❖ Offer Comfort Kits (e.g., eye masks, earplugs)

HOSPITAL QUIET HOURS

8 PM – 6 AM



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

**Gerardo Pinedo, Editor
Lisa Finkelstein, Co-Editor
Robin T. Young, Illustrator and Graphic Designer
Rowena Magaña
Josie Plascencia
Connie Salgado-Sanchez
Pamela Smith
Michael Wilson**

**313 N. Figueroa Street, Room 912
Los Angeles, CA 90012
(213) 240-8104
(213) 240-7988**



Health Services
LOS ANGELES COUNTY