

## LAC+USC Medical Center A Message from Dan Castillo, CEO



Consistent with our goals of improving the patient experience, clinical and operational efficiency, patient safety and quality, and health reform implementation, several activities are already taking shape. For example, we continue our pursuit towards improving primary care access to both managed care and uninsured patients to reduce the overall cost of care. As of February 1<sup>st</sup>, patients assigned to LAC+USC can now call the main hospital line at (323) 226-2622 to schedule an appointment with their PCP. This sets a new precedent for

our historical facility by demonstrating that our Emergency Department is no longer our front door for non-emergent conditions, and it sends a message to our patients that we want to be more patient-centered with a focus on prevention. We have empaneled (assigned to an individual PCP) over 28,000 Medi-Cal adult and pediatric patients to our primary care clinics, and we have another 11,000 uninsured patients in the process of being empaneled. All 39,000 will be able to call LAC+USC their Medical Home. For uninsured patients needing access to primary care and not yet empaneled to a DHS provider, we can direct them to our Urgent Care clinic and/or a nearby community clinic if it's geographically more appropriate to their residence.

Furthering our efforts to becoming more efficient, and providing care in a safer and higher quality manner, a group of 12 likeminded individuals representing emergency medicine, pediatrics, OB, the Cath Lab, Pre-Op, Ophthalmology, Surgical Oncology, ENT, Information Services, Phone Services, and Supply Chain came together last month to learn how to become experts at Process Improvement leveraging the Unit-Based Team model. This is the first of several groups where each participant will pick their own rapid cycle improvement process to sustain within their respective departments. Projects range from reducing no-show rates to reducing the turnaround time it takes us to procure new equipment orders. We look forward to seeing good things come out of this and future cohorts.

Safely discharging patients into home and community based services has been a longstanding challenge for us—especially for those who are homeless with behavioral health needs. Not only is an inpatient hospital no place for a patient who no longer has a medical need to be here, but it drains precious health care resources by taking away a hospital bed from those in need. We aim to reduce unnecessary lengths of stay in a compassionate way, so every Friday morning our management team

discusses hard-to-place patients and opportunities to leverage health plan and community resources. DHS recently celebrated the opening of 56 permanent supportive housing units which have been dedicated to chronically ill patients that frequently use County health resources. I had the pleasure of attending the Grand Opening of the  $10^{\rm th}$  St. location and met some of the residents who were so proud to be able call this newly renovated complex their "home." The following week I had the pleasure of visiting the Star apartments located next to Skid Row. Amazingly, nearly half of this 102-unit apartment complex was housing patients that were safely discharged from LAC+USC. Stable housing is an important determinant of good health, so as new resources come online, we will collaborate and partner with these facilities to provide the best available options for our homeless patients.

Furthering our mission to promote patient safety, our very own Patient Safety Officer Dr. Tonia Jones helped us celebrate Patient Safety Awareness Week on March  $12^{th}$  by hosting a raffle and creating awareness using educational materials presented through staff participation in the campus courtyard—thank you to all who participated!

On March 15<sup>th</sup> we celebrated the Grand Opening of The Wellness Center in the first floor of the old Historic General Hospital. Please take a moment to stop by and visit with our new partners now making our old facility their new home. Participating organizations include Alma Family Services, the American Diabetes Association, the American Heart Association, the Arthritis Foundation, Building Healthy Communities—Boyle Heights, East LA Women's Center, East L.A. YMCA, Jovenes Inc., LA Care, Dept. of Mental Health, Dept. of Public Health, Maternal and Child Health Access, the Mexican American Opportunity Foundation, the National Multiple Sclerosis Society, Neighborhood Legal Services, Proyecto Jardin, the Worker Education & Resource Center, and even a demonstration kitchen to promote healthy cooking. These services will be added to the eConsult platform for easy referrals from our PCPs, and you will start to see mock prescription pads that can be used by our clinical staff (not just physicians) as a quick and easy way to refer interested patients. I hope you feel as I do that we are getting ever closer to connecting the dots to improving population health!

And finally, one of the major provisions of the Affordable Care Act (ACA) brought the Health Benefit Exchange to the marketplace—known as Covered California. March 31st marks the last day for qualifying patients to open-enroll into one of 11 Exchange plans. Although we're not yet a contracted provider with these plans, it's important for us to encourage our uninsured patients with too high an income to qualify for Medi-Cal to gain coverage through the Exchange. For more information or to apply directly, you can refer patients to The Wellness Center where both LA Care and the Maternal and Child Health Access partners can assist, or you can go to the Covered CA website directly: <a href="https://">https://</a>

Black History Month
Is Everyone's History
Let's All Celebrate!!!

## Ventricles, Atrium, Plaque: Oh My!!!

Linda Felix, R.N,

Administrator, Department of Nursing

Hert Attacks occur when blood flow that brings oxygen to the heart muscle is severely reduced or stopped. Second and Prevention (CDC), the leading cause of death is heart disease. A significant number of our patients at our facility are admitted as inpatients for heart related conditions. How can we reduce heart disease among our patients and lower the risk for heart attacks?

Christina Martinez, RN and her multi-disciplinary team of professionals set out to answer this question. Team champions united from the Coronary Care Unit, Cardiac Cath Lab, Cardio Thoracic ICU, Physical Therapy, Pharmacy, Nursing Information Systems, Nutrition, Physicians and Nurse Managers. They had one uniform goal in mind: **Lower the risk of coronary diseases and heart attacks by implementing a consistent and coordinated approach to patient education.** 

When the team began to evaluate the existing patient education approach, they found that the patients lacked knowledge of the disease and generally were dissatisfied with the lack of available educational information. The team found that: 1) educational handouts were fragmented and not updated, 2) the staff had no teaching guidelines, and 3) there was a lack of consistent assessment and documentation related to the effectiveness of patient education.

Now, the team's goal was to develop an organized and standardized **Patient & Family Education Program on Coronary Artery Disease (CAD)** with the expectation of: 1) improved patient outcomes, 2) decreased hospital admissions, 3) improved overall patient experience, and 4) improved, informed care decisions as a result of good education.

Patients in the CCU and Cardiac Thoracic ICU receive cardiac education twice weekly on Monday and Thursday. Feedback from the patients has been very positive and they are extremely grateful for the knowledge and the ability to identify lifestyle changes which sustain them after discharge. Patients understand the benefits of exercise up to 30 minutes a day, decreasing/eliminating fast or fried foods and the importance of taking their medications to manage their disease.

Future steps are to monitor patients and re-evaluate in three months post-discharge to see if any have re-visited the ED or have been readmitted. To accomplish this, the team is working to set up a query-based referral system through Order Management that will identify and track re-admissions.

What has been the patient's responses? "It is a great class because it made me aware of the changes I need to make. Thank you very much this is very informative." "I am extremely grateful for the class, and the nurses for providing me with this information. Very informative and thank you very much." Clearly, the patient's experience has been improved. Great job to the Heart Smart Cardiac Education Team!



At the Center

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## 21st USC Annual National Trauma, Emergency Surgery and Surgical Critical Care Symposium 2014

May 15-16, 2014 @ The Langham Huntington, Pasadena, CA

The Symposium features cutting edge lectures, high caliber plenary sessions, interactive and provocative panel discussions and inspiring keynote addresses by leaders in the field of acute care surgery, trauma and surgical critical care. A balance between evidence-based principles and innovative thought-provoking discussion will be maintained during lively expert debates and video sessions. Keynote speakers include: Leroy Chiao, Ph.D., a former NASA astronaut and Commander of the International Space Station; Scott Dulchavsky, M.D., Ph.D., Chairman of Surgery and Surgeon-in-Chief at the Henry Ford Hospital and Professor of Surgery, Molecular Biology and Genetics at the Wayne State University School of Medicine; and Thomas Scalea, M.D., Physician-in-Chief at The University of Maryland R. Adams Cowley Shock Trauma Center.

The symposium is presented by the Division of Acute Care Surgery and the Office of Continuing Education. E-mail usccme@usc.edu or call 1-800-USC-1119 or 323-442-2533 for questions.