Health Services
LOS ANGELES COUNTY

los angeles county department of
health services

2013/2014 annual report

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Health Services
LOS ANGELES COUNTY

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Jorge Orozco, CEO, Rancho Los Amigos National Rehabilitation Center

Carolyn Rhee, CEO, Olive View-UCLA Medical Center

Gerardo Pinedo, Director, Government/Board Relations & Policy/Facilities Management

This publication is dedicated to the more than 700,000 Los Angeles County residents whom we serve each year, as well as to the men and women of our department who ensure access to high-quality, patient-centered and cost-effective healthcare through direct services at DHS facilities and through collaboration with our community and university partners.

Don Knabe
Fourth District

Michael D. Antonovich
Fifth District

Message from the Director

Success!

With every challenge comes the moment you succeed or fail. We have been transforming our Department for the past four years for health reform. Many predicted that when low income uninsured persons received Medicaid they would leave our clinics and hospitals, just as seniors left our Department in the 1960s when they were granted Medicare, and pregnant women and children left our system when they were granted Medicaid in the 1990s. Not so this time.

We worked hard to transform our ambulatory system into primary care medical homes. We empaneled our patients so that they can see their own provider consistently. We developed registries to perform panel management. We improved our phone and scheduling systems so that patients would receive great customer service. Most importantly, we enrolled over 300,000 persons into Healthy Way LA, so that when Medicaid was expanded January 1, 2014, our patients seamlessly rolled into the Medicaid program.

And it worked! Our patients did not leave us. They chose to remain enrolled in DHS clinics and hospitals. With them, came sufficient revenue to upgrade our infrastructure and to care for those who remain uninsured. Having successfully enrolled them, our challenge going forward will be to retain our patients in our system. I know we can do it.

A critical element of retaining our patients (and revenue) is having a modern electronic health record. We spent much of the past year building and testing ORCHID, our new system. It will unite, for the first time, all of our clinics and hospitals. It will integrate information from registration, outpatient care, inpatient care, pharmacy, nursing, laboratory, and radiology into a common, state-of-the-art platform that will enable us to take better care of our patients.

The system went live at Harbor and its associated clinics (Long Beach Comprehensive Health Center, Wilmington Health Center, Bellflower Health Center, and Harbor Family Medicine Clinic) in November 2014. That's beyond the scope of this annual report so you will have to wait till next year to hear the report. But if you look at the title at the top of this page, you will get a big hint.

Throughout the report you will read of many other great achievements of DHS, including the opening of a new emergency department and surgical suite at Harbor, opening of the Martin Luther King, Jr. Outpatient Center and the High Desert Regional Health Center, and creation of 379 new units of supportive housing for homeless, medically complicated patients.

I am deeply grateful to the Board of Supervisors, the CEO's Office, our organized labor, community, and university partners for supporting our success. It would be impossible without their help. But I am most proud of the amazing women and men who work for DHS, and I am honored to be the Director of such an amazing Department.

Best wishes,

Mitchell Katz, MD
Director, Health Services

WALK
for
Brain Injury

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Ambulatory Care Network

The DHS Ambulatory Care Network (ACN) staff has a relentless drive to improve our customer and clinical services across all of our venues. Since the start of the Affordable Care Act (ACA), we promoted and advanced our patient-centered medical home (PCMH) care model. PCMH teams across ACN received team-based care and care coordination training. A thorough assessment is underway to map out our next steps. DHS strongly believes that a robust PCMH care model is essential to our future as the ACA compels us to be a system of choice for our empaneled patients. The PCMH's core principles of continuity and coordinated care enables us to strengthen the patient, PCMH provider, and team's relationship as well as work with DHS hospitals, specialists, and county partners like DMH and DPSS within a medical neighborhood model.

In 2014, DHS ACN excelled by:

- Improving our ACN call center time to answer calls faster. Most clinics can now consistently respond to calls in less than 4 minutes and have less than 10% abandonment rate
- Improving access to primary care by ensuring that same and next day appointments are available
- Enhancing our facilities with the opening of High Desert Regional Health Center along with remodeling registration and waiting areas at Hudson and Long Beach Comprehensive Health Centers
- Improving the recruitment and retention of primary care providers and nurses by improving our processes and options with loan repayment and forgiveness programs

In the past year, we formed an Ambulatory Care Network Advisory Board. The board consists of DHS ACN patients, community advocates, and former DHS and County staff. Their primary goal is to serve in an advisory capacity to help DHS ACN be a system of choice. The board meets on a regular basis and has been visiting various DHS ACN clinic sites to learn more about the patients it serves as well as services provided.

November 1, 2014 saw the introduction and implementation of the DHS electronic health record system, ORCHID, and the availability of public wi-fi (DHS Guest) at sites where ORCHID is live. All of us give great thanks for the Bellflower, Long Beach, and Wilmington team staff for their role as the first to adopt ORCHID for the ACN. Many ACN staff also contributed to the enhancement of ORCHID's outpatient module. It was exciting to see Wilmington's guest wi-fi go live.

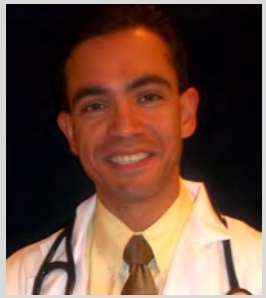
2015 is anticipated to be another busy year with the expected roll-out of ORCHID across ten more ACN clinics. We also plan to expand our clinical services, improve our customer services, and further refine our urgent care model by incorporating the continuing care model (a place for patients without a medical home to receive interim care until they get empaneled to a primary care private provider). More importantly, we will continue to work in coordination with our DHS specialty, emergency room, and inpatient services to be sure that our patients get the right care at the right place and time.

administrative staff

Alexander Li, MD
Chief Executive Officer

Nina Park, MD
Chief Medical Officer

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



Guillermo Diaz, MD
Chief Medical Information Officer

Quentin O'Brien
Chief Operations Officer

David Campa, MD
Director of Primary Care

THE CENTER
FOR YOU!
¡ES TU
CENTRO!

America's Best
METRO RAPID
Nation's Largest Clean-Air Fleet
Metro Rapid
M

High Desert

Antelope Valley - Lake Los Angeles
Littlerock - South Valley

High Desert Health System (HDHS) is comprised of the High Desert Regional Health Center (HDRHC), 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, HDHS provides outpatient health care services to residents in an extensive service area that comprises approximately one-third of LA.

HDRHC offers a comprehensive range of outpatient services, including primary care for adults and children, women's health, urgent care, medical and surgical subspecialty clinics, and an ambulatory surgical center. The RHC 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 RHC include the Pediatric HUB Clinic, the Antelope Valley Hope Clinic, HIV/AIDS clinic, Disease Management clinics for Asthma and Diabetes, a Pediatric Behavior Disorders Clinic, a Pediatric Dental Clinic, and an Oncology Clinic with a chemotherapy infusion center.

The South Valley Health Center (SVHC), located in east Palmdale, provides adult and pediatric primary care, urgent care, and surgical subspecialty clinics. The Antelope Valley Health Center (AVHC), located in east Lancaster, provides primary care, prenatal, and family planning services. Primary care services are also provided at the Lake Los Angeles Community Clinic (LLCC) and the Littlerock Community Clinic (LRCC).

key statistics

Provider Visits – 112,682
Primary Care – 56,496
Surgery / Special Procedures – 1,146
Urgent Care – 32,970
Prenatal/Post-Partum – 6,458
Specialty Care – 15,231
Dental – 381

administrative staff

Beryl Brooks
Administrator

Ruth Oren, M.D.
Medical Director

Susan Urbanski, RN
Nursing Director

replacement facility

Construction of the High Desert Health System Replacement Project was substantially completed in February, 2014. The move to the new facility took place from June 16 – 22, 2014 and services opened at the new building on June 23, 2014. Upon completion of this project, the facility has been renamed the Los Angeles County High Desert Regional Health Center (LACHDRHC). This new, 142,000 square foot, state-of-the-art ambulatory care center is located on a fifteen acre site in central Lancaster, approximately six miles east of the former MACC site. The facility includes a two-story clinical services building, a support services building, and a building housing the facilities department. The building incorporates many energy efficient and environmentally responsible features and is designed to achieve Leadership in Energy and Environmental Design (LEED) Gold certification. Artist Brad Howe was selected through the Civic Arts Commission to create a series of hanging kinetic sculptures named "One Desert Sky", which are suspended in the atrium of the clinical services building. The new facility consolidates all clinical services in a single building and improves critical space. With an increase in exam rooms from 42 to 60, the new building will provide room for additional growth.

pediatric dental clinic

On January 27, 2014, a new Pediatric Dental Clinic was opened at the High Desert Health System. Equipment for the new clinic was funded through a grant from First 5 LA. Although the focus of the clinic is children ages 0 – 5, the clinic sees children up to the age of 17. The clinic provides preventive, educational, and therapeutic dental services. With the opening of this clinic, on-site dental services are now available to patients in both the Pediatric Clinic and the Pediatric Hub Clinic. The clinic is operated through a contract with California Oral Health and Wellness. In its first five months of operation, the new clinic provided 453 visits. In June of 2014, all of the dental equipment was relocated to the new High Desert Regional Health Center site, and the number of treatment rooms increased from 3 to 4.

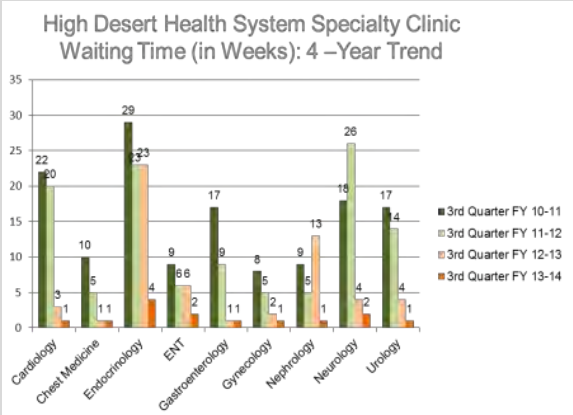
medical home implementation

HDHS has fully implemented the Patient Centered Medical Home (PCMH) model in all its primary care adult, family practice, and pediatrics clinic sites, which include HDRHC, SVHC, AVHC, LRCC, and LLACC. As of June 2014, almost 100% of the appointment slots were booked. This model of care has increased productivity and has been well received by staff and patients. A prime example is the HDHS Internal Medicine Clinic which provided 9,519 clinic visits, an increase of over 500 visits from the previous fiscal year.

Additionally, HDHS implemented a Diabetes Care Management Pilot Program with the goal of delivering evidence based care to diabetic patients in all adult PCMHs. Active diabetic patients with HbA1C > 10.0 were identified and scheduled to see care managers for follow-up and education. This program also provides follow-up for preventive care and immunizations.

specialty clinic decompression

During FY 2013-2014, HDHS continued to sustain and build upon efforts initiated in FY 2012-13 to decompress specialty clinics. The decrease in specialty clinic waiting times can be attributed to DHS-wide implementation and use of eConsult and local measures taken, including the assignment of a nurse practitioner to clinics with long waiting times (Cardiology, Endocrinology and Neurology).

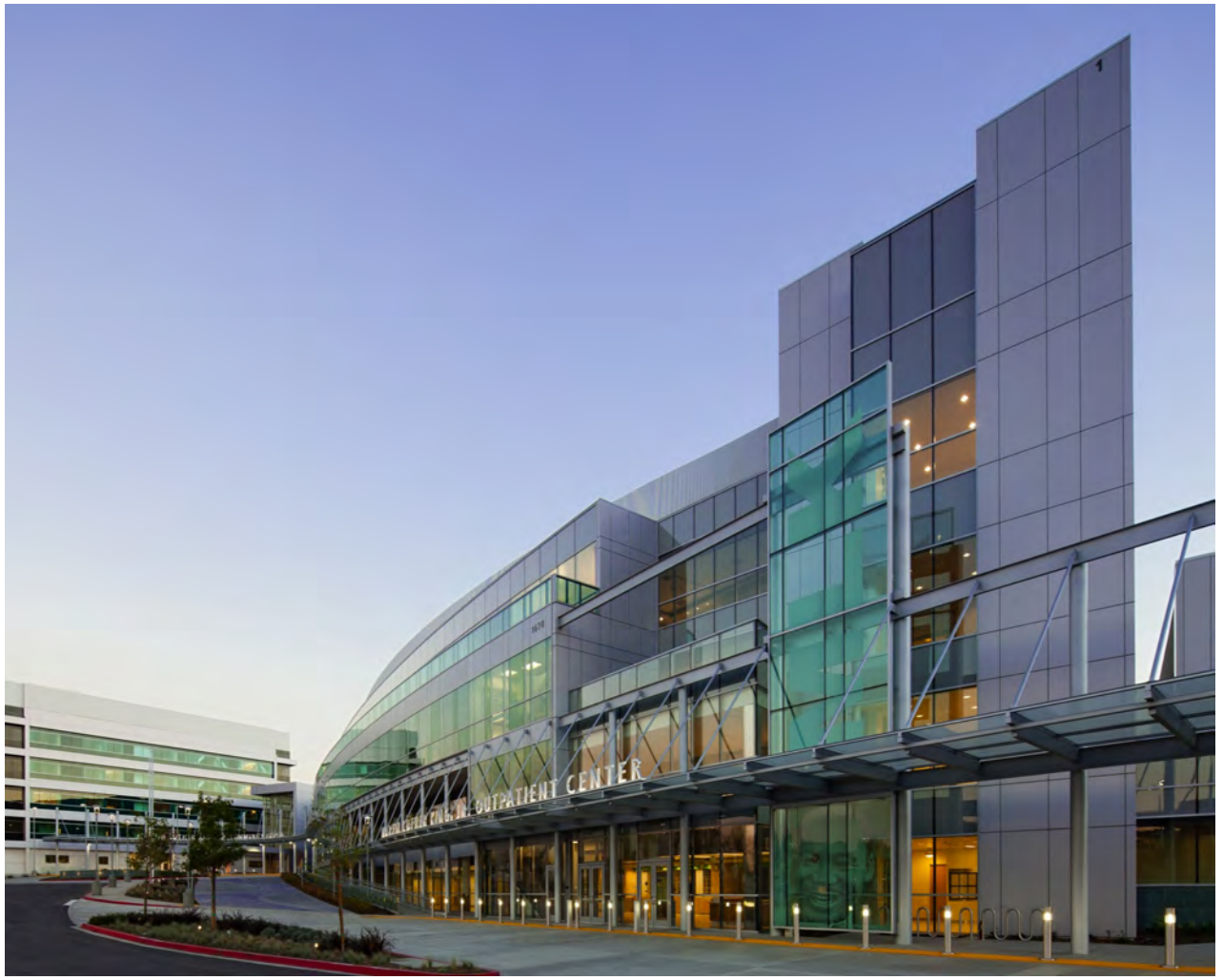


2014/2015 objectives

- Continue to develop our primary care medical homes
- Prepare the infrastructure and train staff for the ORCHID implementation at HDHS sites in August 2015
- Initiate Infusion Services at the HDRHC

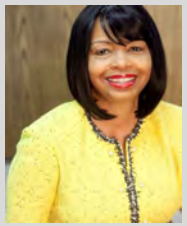
Martin Luther King, Jr. Outpatient Center

The new Martin Luther King, Jr. Outpatient Center opened its doors for patient care on June 17, 2014. The Outpatient Center provides a full range of services with approximately 70 clinics including PCMH for adults and pediatrics, specialty and subspecialty clinics, an Infusion Clinic, and dental services. The Outpatient Center operates an Urgent Care Clinic, 7 days-a-week/16 hours-a-day, and an Ambulatory Surgery Center (ASC) with five state-of-the-art operating rooms where outpatient surgical procedures are performed. The Outpatient Center provides a full range of diagnostic services consisting of comprehensive laboratory services; radiology services including mammography, MRI, CT scan, ultrasound and bone density studies; and a rehabilitation department with physical therapy, occupational therapy, speech therapy and audiology services. Co-located Behavioral Health Clinics are also available for primary care patients. Future plans include a Mental Health Urgent Care Center and a Recuperative Care Center. Additionally, the Martin Luther King, Jr. Community Hospital will open in the Spring of 2015. The Community Hospital, in partnership with the University of California, will serve the community by providing general acute care, labor and delivery, and basic emergency services. The new MLK Jr. Outpatient Center staff is working closely with the Community Hospital Board to ensure integrated, seamless, patient centered care. Our transformation into a patient-centered organization continues to evolve. We continue to pursue ways to improve the patient experience. The Care Improvement Teams seek opportunities to better serve our patients and improve clinic efficiencies. We have whole-heartedly embraced our "HELLO" program, focusing on customer service. We strive to treat our patients as "King" here at the MLK, Jr. Outpatient Center.



administrative staff

Mark Ghaly, MD
Deputy Director
Community Health



Cynthia M. Oliver
Chief Executive
Officer

Ellen Rothman, MD
Chief Medical Director

Rhonda H. Bean
Chief Operations Officer

Lessie Barber, RN
Assistant Nursing
Director

automated hand hygiene monitoring

At the 2013 Patient Safety Conference, MLK Jr. Outpatient Center won $10,000 to implement a pilot study on hand washing. The Infection Preventionist teamed up with the ASC staff to implement an automated electronic system that monitors hand hygiene compliance with standards set by healthcare regulatory agencies. Monitors which are connected to the dispenser have been placed over the twenty beds in the Pre-Op and Post-Op areas. Each employee will wear a badge and the system will monitor hand hygiene before and after patient contact. This is a prime example of the future of infection control.

El Monte—La Puente
Comprehensive Health Center

The staff at El Monte Comprehensive Health Center (CHC) and La Puente Health Center remains committed to providing quality, patient-centered care. This year, our efforts have focused on continuing the transition into a managed care environment and enhancing the function of our Patient-Centered Medical Homes (PCMH) to improve clinical outcomes in an efficient manner. This has been a learning experience for all us, including patients and staff. Previously, many of our patients were accustomed to obtaining episodic health care services in a variety of locations without establishing a relationship with a medical home. We are working hard to change this approach and reinforce the importance of cultivating an ongoing relationship between patient, family, and the clinical team. Fortunately, many of our patients are recognizing the value of an ongoing, consistent relationship with a PCMH.

We are also trying hard to improve the patient experience so that we are the provider of choice. We continue to reinforce customer service principles and emphasize the importance of resolving any patient complaint or concern as soon as possible at the service location. The implementation of the cloud-based, Telax telephone system has had a very positive impact and has greatly improved customer service by reducing time hold times as well as enhancing patients' ability to obtain an appointment. In a cooperative arrangement between DHS and SEIU, three Care Improvement Teams (CITs) were implemented this year which have enhanced services by implementing service enhancements suggested by front-line staff. Our patients have noticed our efforts and many have offered compliments. Also, in Fiscal Year 13/14 we saw a 47% increase in the number of written compliments submitted to our administrative office.

Next year, we will continue to work on process improvements to enhance the patient experience and support the further development of our PCMH.

administrative staff

Ernest Espinoza
Administrator

Stanley Leong, MD
Medical Director

Debra Duran, RN
Nursing Director

special projects & accomplishments

flu outreach clinic in el monte chc

El Monte CHC provided opportunities for our patients to obtain flu shots without having to make an appointment through our annual flu outreach event. Flyers were mailed to our patients to inform them of the flu outreach events on October 23, November 6, and November 13. Thanks to the dedicated staff who assisted with the planning, set-up, gathering of supplies, and administration of the vaccines, the event was a huge success! More than 750 patients received a flu vaccination during this outreach effort.

teleretinal screening program

In collaboration with Dr. Lauren Patty Daskivich and her staff, a Teleretinal Screening Program was implemented in January 2014 at the Ophthalmology and Eye Health Programs. This tremendous service enhancement will help meet the needs of adult diabetic patients who require an annual eye exam. Prior to this implementation, annual eye exam requirements were not met due to the overwhelming demand for services.
Nursing staff members were trained to operate the teleretinal camera in a nursing-directed clinic. This includes educating and preparing the patient for the imaging session and uploading the images using a web-based software platform that our optometrist can read. This has enabled patients to be seen without first seeing an ophthalmologist/optometrist. The El Monte CHC and La Puente medical providers have embraced the new program as a quality enhancement for their PCMH patients and are actively referring patients.

voice recognition in radiology

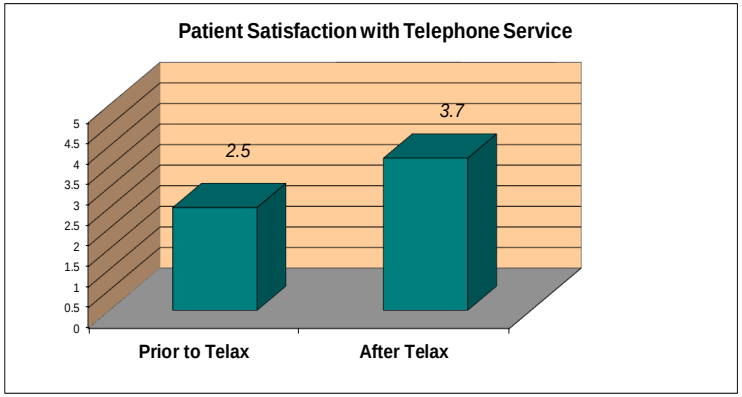
El Monte CHC implemented voice recognition dictation in the Radiology Department in October 2013. This enhancement is being used for all imaging modalities, including Xray, ultrasound, and mammography, which are done on-site. Quality will be enhanced because it greatly reduces the time it takes for a report to be available after a radiologist dictates it and will contribute to a reduction in the error rate in reports. Also, the new technology is a cost saver as it eliminates the need for costly transcription service.

furniture replacement

This year we have been fortunate to be able to replace the furniture in many areas. Worn and dysfunctional task chairs were replaced at El Monte CHC and La Puente HC. Also, the process of upgrading the workstations for all clinical staff was undertaken in the Adult and Pediatric Primary Care Medical Homes. This has provided work stations that are more functional and ergonomically correct. This effort was undertaken to improve the workplace environment and create a more comfortable work place. Plans are already in place to complete the renovation of patient waiting areas.

telax hosted call center

The Telax Hosted Call Center was implemented at El Monte CHC in October 2013 and at La Puente Health Center in January 2014. This new centralized call center has enhanced customer service experiences amongst our patients, physicians, and internal and external customers. The enhanced phone system is contributing to our overall efforts to enhance the patient experience. Calls are now routed to a centralized call center where callers are given several opportunities to select a prompt to be immediately transferred to their desired department. These automatic transfers decrease the waiting time for those callers who want to speak with a call attendant to make, cancel, or change their appointment. An added feature allows patients to leave a call-back number instead of remaining on hold. The system automatically makes three attempts to call the patient back when an attendant is available to provide service.
This new workflow has lowered call waiting times, reduced call abandonment rates, produced efficiencies within our PCMH, and heightened communication between patients and their physicians, generating more effective treatment plans.
Patients have provided many verbal and written compliments since the new phone system was implemented. Before the Telax implementation, the monthly in-house patient satisfaction survey rated the telephone service for PCMH patients at 2.5 on a scale of one to five, with five being the highest. For the months after the Telax implementation, the overall score rose to 3.7 (October 2014 through May 2014).



2014/2015 objectives

- Strengthen Patient-Centered Medical Homes
- Expand Primary Care at La Puente Health Center
- Improve rates for breast and cervical cancer screening
- Enhance the patient experience

H. Claude Hudson
Comprehensive Health Center

In October 2014, H. Claude Hudson Comprehensive Health Center (CHC) celebrated 35 years of making a difference in the health of our community. As we prepare our patients and community to navigate the many challenges associated with the Affordable Care Act (ACA), our patient-centered medical home status demands that we work in partnership with the best specialty care, clinical practices, and technology available. With over 300 dedicated healthcare professionals and support staff, Hudson CHC provides primary, preventive, and specialty healthcare to thousands of people annually in a family-centered environment. This year, Hudson celebrated the grand opening of the Ambulatory Procedure Unit, the expansion of the Optometry Clinic including Teleretinal services, and the addition of a new annex building to support health education and behavioral health intervention services. Our goal is to continue offering the highest level of quality care through expert diagnosis, treatment, maintenance, and restoration of each patient's health.

improving the patient experience

- Equipment & Area Upgrades: Digital Mammography and Urgent Care registration remodel
- Healing through Art
- Transformation of waiting rooms
- Centralized office of patient services (e.g., appointments, member services, satisfaction & complaints, etc.)
- Hudson CHC Annex to support health education and early intervention mental health services

administrative staff

Michael Mills, MHA
Administrator

Rona Molodow, JD, MD
Medical Director

Jerri Flowers
Assistant Administrator

Connie Youn, RN, MBA/HCM
Nurse Manager

optometry & retinal screening program

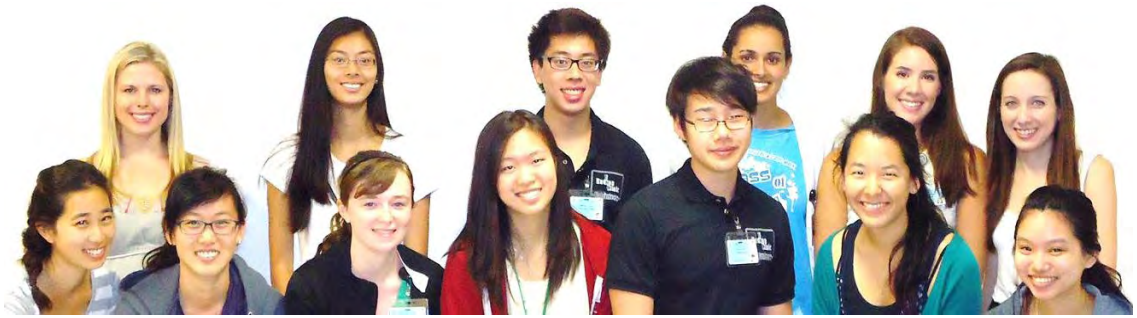
Hudson CHC's Optometry Clinic continues to provide comprehensive eye care to our patients. The clinic is responsible for diagnosing, treating, and managing a variety of eye conditions and improving the visual outcomes of our patients. This year, to better meet the needs of our patients and improve services, the Optometry clinic was relocated to a more expansive area, increasing capacity of the patient waiting room, allowing for additional examination rooms, and providing a dedicated registration area.

Additionally, in early 2013 Hudson piloted the now DHS-wide Teleretinal Screening Program, designed to more effectively provide necessary retinopathy screening for our diabetic patients. The program incorporates the concept of the PCMH, with the primary care provider referring diabetic patients for screening rather than for an appointment with an optometrist or ophthalmologist. The screening is performed

by specially trained nurses and certified medical assistants, who take retinal photographs, which are in turn reviewed by DHS optometrists and ophthalmologists, including Hudson's own optometrist. Results are then returned to the primary care provider, along with recommendations for any necessary interventions. Screening is critical for the early detection of retinopathy in diabetics and, at the same time, this process creates greater access to the optometrist for patients with the most serious eye care needs.

hudson-usc student volunteer program

The Hudson-USC volunteer program collaboration continues to produce both fruitful results for students and DHS. In addition to the opportunity to shadow physicians and nurse practitioners, students have been actively engaged in completing substantive projects aimed at enhancing the patient experience. Some notable projects in the last six months include creating educational materials and brochures for various clinics; mapping local resources for patients and their families (e.g., housing programs, grocery stores, adult and child day care, and other resources necessary for day-to-day living); initiating a proposal to redesign the Pediatric unit; and commissioning other campus students to create personalized artwork for the Adult and Optometry clinics. We are excited to provide the students with a look at the Department's internal operations, as well as, providing them the chance to make meaningful contributions.



ambulatory procedure unit

In August 2013, Hudson opened its Ambulatory Procedure Unit. The Unit was developed in partnership with LA Care, reestablishing the facility's colonoscopy service, aimed at increasing countywide capacity for timely colonoscopy services. Our two board certified gastroenterologists are supported by a dedicated nursing and clerical staff and are able to perform colonoscopies to patients throughout DHS and our community partners. Patients have come from as far away as the Coastal Clinics to receive this important diagnostic test. Thus far, the gastroenterologists have been able to diagnose several serious disorders, including colon cancer, with patients referred to DHS hospitals for further evaluation and treatment as indicated.

hudson health literacy series

This year, Hudson initiated a Health Literacy Series, designed to maximize the health of our patients and their families through a lunchtime educational program. This nurse developed program gives patients the opportunity to learn from a variety of professionals, through monthly sessions which emphasize audience participation. While the series targets patients, staff is also welcome and has eagerly attended. Thus far, topics have including gastrointestinal health, portion control, stress management, a discussion of gluten, and, perhaps most popular, a Physical Therapist led session with the audience on its feet, participating in exercises designed for a variety of fitness levels. Through this ongoing series, we hope to motivate our patients to make healthy lifestyle choices and, ultimately, reduce their health risks through prevention.

2014/2015 objectives

Facility Improvements

- Energy efficient Central Air & Heating system
- Remodel Urgent Care Clinic

Staff Developments

- Franklin Covey: 7 Habits of Highly Effective People Training
- Professional and customer service training

Hubert H. Humphrey

Comprehensive Health Center

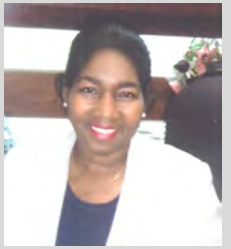
As Humphrey approaches its 40th anniversary, the staff is busy with a series of process and quality improvement efforts to make Humphrey one of the premier clinics in the South Los Angeles community. The staff has led the way with improving operational efforts around pre-registration, call-center response, pharmacy cycle time, and transitioning empaneled patients back to the primary care setting. We are also excited that Humphrey now has it's own team of DHS urgent care providers who have been staffing the services since July 2014.
2015 promises to be another exciting year with the introduction and implementation of ORCHID, remodeling of the waiting room areas, expansion of primary care, and continued efforts to improve customer service and productivity throughout the clinic.

administrative staff

Alexander Li, MD
Interim Administrator

David Campa, MD
Chief Medical Director

Lakshmi Makam, MD
Associate Medical Director



Norma Haye, RN
Nurse Manager

dental clinic

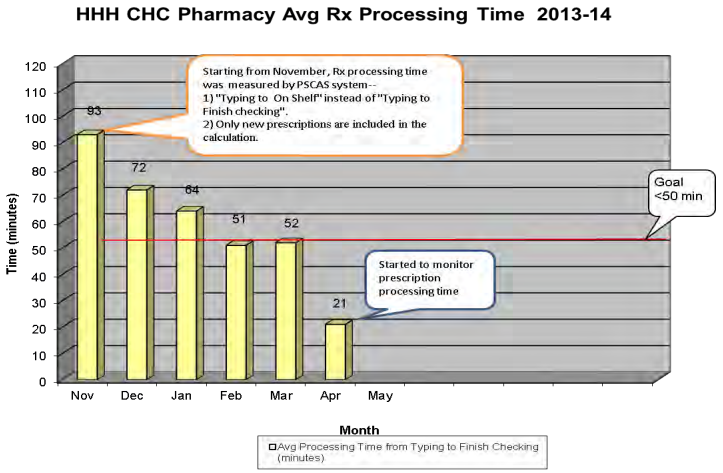
Quick and easy access to adult dental services is a challenge for many LA County residents. The Hubert H. Humphrey dental team is committed to meeting the urgent dental needs of low income and uninsured patients. The dental clinic received 5 new dental chairs, units, and lights which has increased our productivity and efficiency. The dental team strives to meet a patient's most urgent dental care needs (i.e. teeth repair and extractions) by assessing their immediate concerns. This is done by resolving their problems the same day whenever possible and relieving their pain and suffering.

The number of dental surgical procedures has increased by 300% in the past year. The increase in dental surgical procedures has dramatically improved patient satisfaction and addressed the most critical needs of the patients we serve. With the improvements, our dental department has received numerous letters of appreciation from patients. We look forward to providing needed dental services to the community.

pharmacy

In an effort to improve the prescription processing time and decrease patient wait time, the pharmacy monitored outlier prescriptions with processing time greater than 2 hours. The pharmacy reviewed long prescription processing times in order to identify reasons for the delay and address them quickly.

With concerted effort, the Hubert H. Humphrey pharmacy team was able to improve the average prescription processing time to 64 minutes for January, 51 minutes for February, 52 minutes for March, and only 21 minutes for April. The goal for the next fiscal year is to have the average prescription process time to be 15 minutes or less.



registration improvement (gateway) project

The Hubert H. Humphrey Clinic (CHC) focused on transforming and improving the patient experience by implementing the Gateway registration process for primary care appointments. Front line staff and managers worked closely together to identify issues and to improve and standardize processes necessary for patients to see their primary care provider. Gateway processes included appointment setting, pre-registration, registration, changes in insurance, and scheduling patients to their primary care provider. Since the start of the Gateway project in October 2013, the percent of on-time registration has more than doubled. In October 2013, only 28% of patients were registered by their appointment time. By April 2014, 70% of patients were registered timely. In January 2014, the appointment center implemented new processes which included verifying empanelment and assisting with change of empanelment requests. This allowed for the appointment wait time to be reduced by 86%. Humphrey Patient Relations team processed and assisted over eight hundred patients to change their primary care provider.

In regards to improving staff satisfaction, one of the front line staff said, "I've worked here 35 years. We usually don't have a voice…This is my first time being in a group that I had input!" Humphrey's staff continues to work towards process improvement.

laboratory

The Hubert H. Humphrey laboratory is in transition. The laboratory team was recently recognized by the College of American Pathologists as a top 10% performer with respect to quality and efficiency — an achievement that speaks volumes regarding the caliber of the laboratory staff and managers. In an effort to further improve efficiency, the Hubert H. Humphrey on-site laboratory service will change to direct-point-of-care testing and the laboratory staff will be relocated to DHS' new MLK Jr. Outpatient Center, as well as other DHS hospitals. The staff will certainly bring their high performance standards to other DHS laboratories.

2014/2015 objectives

- Register 90% of patients before or at time of appointment
- Ensure patients see their empaneled primary care provider 80% of the time
- Reduce the call center response time to less than 90 seconds
- Improve staff satisfaction

Long Beach—Wilmington Bellflower
Coastal Health Centers

FY 2013-2014 has been a year of significant transformation. As Health Care reform progressed across LA County and the country, many of our patients were given more options for health care coverage. Coastal Health Centers took this opportunity to strive toward becoming the "Provider of Choice" for high quality health care for all of our patients and to those from the surrounding communities.
As part of this transformation, we have focused on developing the infrastructure to be "THE" provider of choice. Efforts include: recruitment and training of qualified staff (Patient Resource Workers, CMA's, LVN's, RN's, NP's and MD's), developing patient centered medical homes that work closely together to provide quality care, utilizing clinic data to drive medical quality and productivity reviews, and assisting our health teams to provide the best possible care to patients. We have started DHS-wide projects such as the Telex Call Center. Our health centers were the first to participate in eConsult and will be the first of the Ambulatory Care Network to initiate the Electronic Health Record system, ORCHID.
At Coastal, we strive to be innovative and efficient and continue to work at being the best that we can be for our patients.

coastal health centers

are 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 focus but we also provide limited specialty, diagnostic, and ancillary services on-site. Each year, we facilitate over 100,000 patient visits.

locations

Bellflower Health Center
10005 Flower St
Bellflower, CA 90744
(562) 804-8112

Long Beach Comprehensive Health Center
1333 Chestnut Ave
Long Beach, CA 90813
(562) 599-2153

Wilmington Health Center
1325 Broad Ave
Wilmington, CA 90744
(310) 518-8800

administrative staff

Jeffrey Barbosa, MD
Director

Thuy Banh
Assistant Administrator

Tyler Seto, MD
Associate Medical Director

Marion Thornton-White, RN
Nurse Manager

leading the way

Coastal Health Centers is proud to be innovators and pioneers in our field. The hosted call center is a recent example of the great work that is done at our sites that has been adopted throughout the ACN.
During FY 13/14, Coastal Health Centers were recognized with a Productivity Award for its development of on-site employee health services that streamlined services, improved staff productivity, and saved an estimated $25,000/year. This program was recently expanded to Bellflower and Wilmington Health Centers.
The Coastal Health Centers received a LA County STARS award for fiscal sustainability for implementing a project to code charts directly into Affinity/ Quantim, eliminating encounter forms, and reducing the time for coding and billing from 3 months to 2 days. This project also allowed for the ability to track provider productivity electronically and saved an estimated $69,000/year. This past year, Wilmington Health Center (WHC) received an additional $75,000 grant from the Harbor Community Benefit Foundation to conduct a community needs assessment focusing on asthma and respiratory illnesses in Wilmington.

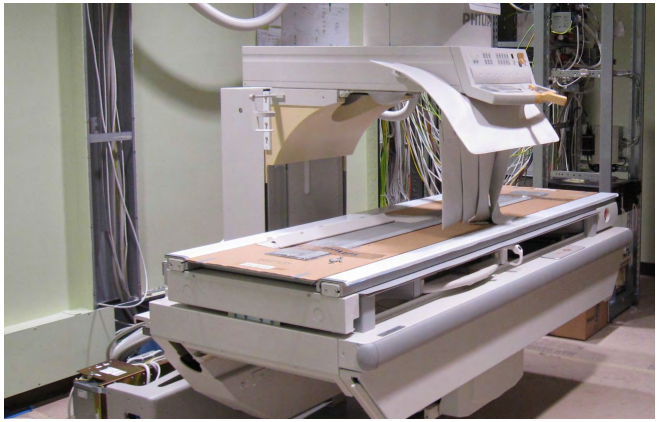
We are also proud to have on-site staff trained in Lean/Six Sigma process improvement methods, which have helped streamline processes in our clinics. WHC has embarked on a 5S project to standardize exam rooms and nursing stations. Bellflower Health Center (BHC) will be implementing a Lean project to reduce patient wait times over the next few months. Using these strategies, Long Beach Comprehensive Health Center (LBCHC) Adult Medicine has been able to reduce its average patient cycle time from 87 minutes to 72 minutes, an improvement of 15 minutes. With the launch of ORCHID, our electronic health record, Coastal Health Centers continue to be at the forefront of DHS-wide changes to improve patient care.

improving services for our patients

On New Year's Day 2014, Coastal Health Centers witnessed the transition of 10,107 of its Healthy Way L.A. patients into Medi-Cal managed care programs. In preparation of Health Care Reform, our health centers enrolled patients, expanded primary care medical homes, and improved cycle times.

Coastal Health Centers is proud to have been able to:

- Provide over 200 echocardiograms and 180 treadmill tests in our grant-funded Cardiovascular Diagnostic Lab at LBCHC, reducing appointment wait times for these services from 6 months to 2 weeks
- Treat over 150 patients in our grant-funded Asthma Clinic at WHC
- Add on-site abdominal, renal, thyroid, and soft-tissue ultrasound services at LBCHC, which allowed us to provide over 200 diagnostic studies. Plans are underway to add pelvic ultrasounds in the coming year
- Financially screen and confirm appointments for all scheduled medical home patients based on a model developed by BHC
- Expand our Patient Relations Office to include billing, recruitment of managed care members, assistance with LA Care and Health Net provider assignments, and processing of primary care referrals for the clinic's uninsured patients
- Expand the hosted call center to BHC and WHC, which includes versatile phone trees, quality metrics, and a call-back system. This system originally launched at LBCHC in 2011 and is now the call center standard across the ACN
- Transition LBCHC and WHC to Cerner Etreby, a new pharmacy software that aims to improve efficiency and safety through real-time inventory, electronic billing, and clinical verification of all medications for allergies, cross-sensitivities, and interactions with appropriate alert levels. LBCHC also installed Parata Mini units which utilize bar code scanners and locking cells for accurate medication dispensing and replenishing



2014/2015 objectives

- Implement ORCHID electronic health record system as part of the first DHS group to go-live (Harbor UCLA and Coastal Health Centers)
- Complete Second Floor Clinic Expansion remodel, including transition of specialty care clinics to the new space and remodel of Second Floor registration and waiting room
- Complete conversion of analog mammography and dental x-ray to digital imaging
- Expand primary care medical homes
- Optimize patient flow to reduce wait times
- Recruit and retain our primary care patients

Mid-Valley

Glendale — San Fernando — Vaughn

Numerous changes were made to improve health care services at the San Fernando Valley Health Centers. Mid Valley CHC provides primary care as well as specialty care. In 2013, services were expanded to include Outpatient Urology, General Surgery Hernia Clinic, Pediatric Dental, and Exercise Treadmill Testing. Ongoing onsite ancillary services include social work, nutrition, health education, laboratory, and pharmacy.

Mid-Valley CHC continues to serve as a primary care training site for Olive View-UCLA Internal Medicine (IMG) residents and UCLA Family Medicine residents. UCLA medical students and UCLA nurse practitioner students also rotate through the health center. Two UCLA Family Medicine residents were awarded the American Academy of Family Medicine Resident Service Award for their proposal to expand the existing Mid-Valley Group Diabetes Clinic. This innovative project will add an art component to the diabetes group visit as a platform to address comorbid depression.

In collaboration with Valley Care Community Consortium, an onsite KP kids program was initiated, to address the unmet needs of our patients. The Family Medicine and Pediatric practices adopted the Reach out and Read model to promote literacy. We became formal participants in the Los Angeles Program and created an ongoing commitment fund through our "Blue Jeans for Books" drive. Multiple patient care processes were implemented in 2013-2014 to reflect ongoing changes in healthcare. These included restructuring care teams to incorporate Certified Medial Assistants (CMA) in the primary care medical home team (PCMH). In addition to LA Care patients, we have expanded our program to include Health Net and General Relief patients.

We incorporated eConsult into our workflow alongside RPS, added a new interpreter phone service, and integrated a Patient Centered Scheduling process.

As Ambulatory Care Network administrators identified empanelment as the cornerstone of the PCMH, our facilities added the New Empanelment Referral Form (NERF) process to assign uninsured patients to primary care providers and the Change Empanelment Referral Form (CERF) process to ensure patients were properly assigned to their PCP. Transfer of care processes were implemented to guarantee continuity of care upon hospital discharge.

administrative staff

Joseph Blank, MD
Director

Siamak Basiratmand, MD
Assistant Medical Director

Jacqueline Cope, MD
Assistant Medical Director

Linda Kim-Fung, RN
Nursing Director

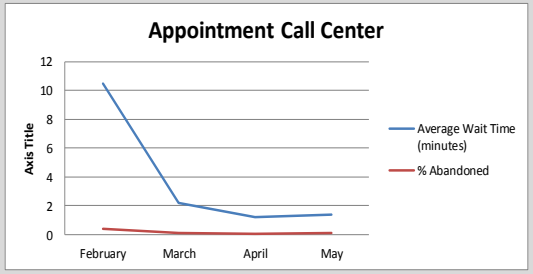
diabetes outcomes

Our nursing staff developed a Diabetes outcomes tracking tool for Care Managers, which was implemented as of April 2013. Care Management Diabetes Management (CMDM) outcomes data revealed a downward trend in glycated hemoglobin (HgA1C) for cases managed by the Care Manager (see Table 1).

Cases	**Outcomes Data of 358 Monitored CM DM Cases**	
Total open DM cases with initial AIC: 563	**Reduced glycated hemoglobin (AIC)**	**Increased glycated hemoglobin AIC**
	81% (291/358) of the cases had AIC reduction in 3 months	19% (67/358) of the cases had AIC increase in 3 months

patient relations and appointment call center

In March 2014 new processes were introduced in the Patient Relations department to improve customer service. The appointment call center was also restructured to reduce the time it took to get an appointment. These changes significantly reduced the abandonment rate.



The 2014 DHS Ambulatory Care Nurse of The Year was awarded to Dahlia Gestopa, BSN, RN.

san fernando family support center

On August 1st , construction began adjacent to Mid-Valley on the San Fernando Family Support Center, a new 212,000 square foot office building, that will house various county departments including Public Social Services, Children and Family Services, Child Support Services, Probation, Public Health, Mental Health, and Health Services. A parking structure, with 1,325 new parking spaces will be added. Following completion of the new building in 2015, the Mid Valley pharmacy and administrative staff will relocate into the new building which will provide additional space for primary care.

cardiology lab

In close partnership with Olive View Medical Center's (OVMC) Cardiology Department, Mid-Valley CHC officially opened their Cardiology Stress Lab in March 2014. Mid Valley CHC is one of the leading referrers to the OVMC Cardiology lab. In the short time since its inception, the Mid Valley Cardio Stress Lab has aided in decreasing wait times for OVMC Exercise Tolerance Test from 1-2 months to one week. To date we have been able to accommodate over 60 patients. Within the next several months, we anticipate expanding this service to include the Glendale and San Fernando Health Centers – further reducing the number of referrals to OVMC.

loan repayment

Two primary care physicians and one nurse practitioner at the San Fernando Health Center were approved for the State of California Loan Repayment Program (SLRP) and Steven M. Thompson Physician Corp. Loan program. Additionally, a certified medical assistant at Mid-Valley was an awardee of the Health Professions Education Foundation – Loan Repayment Program.

2014/2015 objectives

- Expand PCMH access by increasing the number of PCMH teams
- Develop General Relief assessment clinics that decompress PCMH clinics and link to Social Work
- Improve clinic flow and throughput time

Edward R. Roybal
Comprehensive Health Center

The Edward R. Roybal Comprehensive Center is always looking for ways to improve the patient experience. Patients have more options when selecting a medical provider so it is important that our center improve services provided to our patients. We are focused on making patient care services easier to navigate. The information below describes some of our best efforts in meeting this challenge. We implemented patient centered scheduling which measures how we are doing with scheduling appointments for our patients. This scheduling system is monitored across the Ambulatory Care Network. Our care improvement teams (CIT) began meeting this year to improve how we make appointments, register patients, and provide customer service. We also relocated services to the ground floor which centralized departments and prevented the inconvenience of patients having the travel between floors.

administrative staff

Harry Furuya
Administrator

G. Michael Roybal, MD
Medical Director

Debbie Duran, RN
Nursing Director

care improvement teams

The Edward R. Roybal Comprehensive Health Center, in collaboration with SEIU, has established Care Improvement Teams (CITs) in three areas: empanelment, eligibility, and enrollment; appointments; and registration. Each team has a labor and management co-lead coupled with membership and is charged with understanding their current work as it is performed. The team then develops new processes that improve communication in and between work units, remove unnecessary work, and ultimately improve the patient experience. The CITs have succeeded in establishing standardized processes for the pre-registration and financial screening of patients, the booking of appointments for new and return patients, and the registration of patients in clinic. The employees are learning and mastering skills that will be utilized to improve Edward R. Roybal Comprehensive Health Center and enhance our patient's experience and retention.

relocation of departments

Facility leadership realized that there was space available on the ground floor that could be utilized to centralize services. This change would make it easier for patients to access certain services. It was determined that the space in the Senior Service area could be used to centralize the Medi-Cal office, Patient Relations, and the Ability To Pay (ATP) departments. These were services that were in different areas of the building on the second floor making it difficult for patients to locate.

Medi-Cal and Patient Relations moved into their locations first. Mental Health staff were moved to the second floor where they benefited from having their staff centralized. The ATP department was the last phase of the move which took place in June 2014. As a result of the relocations, patients are met with a greeter who is part of the Patient Relations staff. This person directs the patients with any inquiries they may have. This improves the patient experience. We are now in a better position to serve our patients.

patient centered scheduling

The Edward R. Roybal Comprehensive Health Center was one of the first clinics to adopt Patient-Centered Scheduling (PCS) in 2011. We have undergone exciting changes to improve access for our patients and improve our productivity. During the 2013-14 fiscal year, we began to openly report provider data to our patient centered medical home teams (PCMH). In monthly meetings with the entire PCMH team staff present, we review each PCMH team's performance in terms of productivity and broken appointment cancellation rates.

Soon after starting our monthly reporting, we began to notice improvements in our teams' performance. Teams began sharing best practices. Supervisors worked to implement consistent work flow so that the PCS work was done regularly. We even had staff from our different clinic modules cross-train and then share their observations so that areas for improvement could be identified. Our average productivity for adult medicine clinics skyrocketed from 2.15 to a high of 2.49 (a 16% increase from baseline). This meant that, on average, two additional patients per provider per day were seen. Providers improved the percentage of patients from the low ninetieth percentiles to over 100% capacity. Our current challenge is to maintain our improvements, which have stayed above baseline for the past nine months.

2014/2015 objectives

- Continue to refine and improve on the patient centered medical home (PCMH) teams
- Improve on Patient Centered Scheduling data scores
- Complete the hiring and establishment of six PCMH teams
- Improve Press Ganey patient satisfaction scores
- Successfully implement the MediConnect pilot with Care1st and Molina health plans

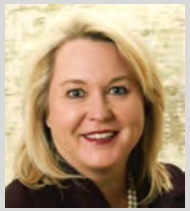
Harbor-UCLA Medical Center

Harbor – UCLA Medical Center has enjoyed an exciting year of significantly historic changes and accomplishments. In January 2014, the public and staff joined LA County officials and other honored dignitaries in an impressive Dedication and Ribbon Cutting Ceremony of Harbor-UCLA Medical Center's new Surgery/Emergency (S/E) building. In an effort to make Harbor- UCLA Medical Center's new addition a more tranquil environment for the patients, over 100 talented artists donated beautiful art pieces which are proudly displayed throughout the S/E building. Along with the Dedication and Ribbon Cutting ceremony, a Celebration of Artists reception was held at the new S/E building to honor these artists who joined Harbor-UCLA Medical Center to provide a more uplifting patient experience. The S/E building's first official patient service day was on April 20, 2014. Another great accomplishment celebrated by Harbor-UCLA Medical Center, was a collaboration with Toyota where the Kaizen "Change for the Better" tools were adapted. This collaboration improved the patient visit cycle time, increased the number of new patients seen each day, and changed the culture of the staff in our eye clinic. In a revolutionary paradigm shift, Harbor-UCLA Medical Center will be the first hospital in the DHS system to go-live with ORCHID, DHS' electronic health record system. This system will impact every aspect of how we deliver patient care. During this fiscal year, Harbor-UCLA Medical Center held it's 1st Annual Employee Services Recognition Ceremony to recognize the staff members that provided exemplary patient care and impacted the efficiency of hospital operations. The outstanding and dedicated staff at Harbor-UCLA Medical Center plans to continue to fulfill the promise of providing the highest level of patient-centered care for our community.

administrative staff

Delvecchio Finley. FACHE
Chief Executive Officer

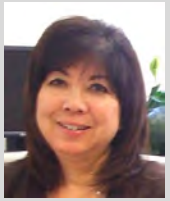
Tim Van Natta, MD
Acting Chief Medical Officer



Kimberly McKenzie, RN, MSN
Chief Nursing Office/
Chief Operations Officer

Calvin Kwan
Chief Administrative Officer

Daniel Castro, MD
President
Professional Staff Association



Jody Nakasuji
Chief Financial Officer

Susan Black, RN
Chief Quality Officer

special projects & accomplishments

- Achieved excellent standing with the Joint Commission, the organization that accredits healthcare organizations
- Improved performance in the Eye Clinic, Emergency Room, Operating Room, and on 6 West through the LEAN program
- Received 3 of 5 DHS Quality and Safety Awards
- Implemented the Zero Patient Harm Project which resulted in a 43% reduction in events causing patient harm
- Opened of a fully-functional Surgery and Emergency Building
- Partnered with DHS' Managed Care Services to increase the number of patients who are now receiving primary care services through patient centered medical homes, including Family Medicine, Internal Medicine, Pediatrics, and HIV Clinics

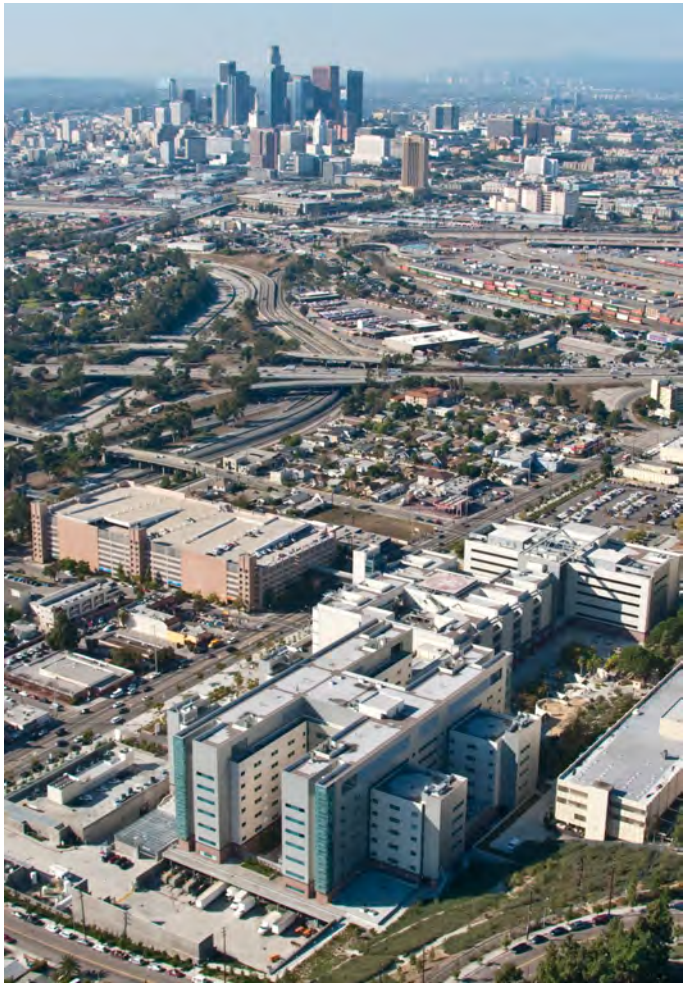
2014/2015 objectives

- Successfully implement ORCHID, the new DHS electronic health record system
- Begin the expansion of the Psychiatric Emergency Room
- Obtain approval of the Campus Master Plan Environmental Impact Report which would include construction of a parking structure to create space for future buildings
- Enhance staff safety by partnering with the Sheriff's Department

LAC+USC Medical Center

LAC+USC enjoyed a great year as it embraced health reform, revealed the all new Wellness Center, and celebrated the great work of our staff and providers. In January, we started off under the Affordable Care Act (ACA) with over 28,000 empaneled managed care lives and have continued to grow ever since. No more than 13 patients in a given month elected to change their PCP to a provider outside of LAC+USC — a testament to the quality, caring, and cultural sensitivity of our providers and staff. This as there's been a strong focus on improving the customer experience, which has led to recognition by the Board of Supervisors. For example, our med-surg 7C unit put together a Grand Resort Team focused on welcoming patients with hotel-like accoutrements, and providing customer-centered service that anticipated the patient's needs. The program was recognized by the Board for Service Excellence and Organizational Effectiveness under the LA County *STARS!* program. Pictured below is the unit 7C nursing team together with nursing administration, the hospital CEO, and Supervisor Don Knabe.

The Daisy Foundation Award was another program our nursing leadership adopted this year. The program celebrates the compassionate care that nurses provide every day, and reinforces role-model behaviors that are consistent with LAC+USC's nursing philosophy, vision, and values. Our first winner this year was Aurea



administrative staff

Daniel Castillo
Chief Executive Officer

Hal F. Yee, Jr, MD
Acting Chief Medical Officer

Isabel Milan, RN
Chief Nursing Officer

Henry Ornelas
Chief Operating Officer

Mark Corbet
Chief Financial Officer

Ascencio, RN, a med-surg unit nurse (top right) with CEO Dan Castillo and CNO Isabel Milan.
Ms. Ascencio was also presented with a "Healers Touch" sculpture, crafted by an artist of Zimbabwe, to depict the embracing relationship nurses have with their patients.
At the Annual Attending Staff Dinner, two of our outstanding providers were celebrated for the passionate work they perform every day. Dr. Arthur Partikian, Medical Director of the Pediatric Neurology program, was recognized for his passion and demonstrated outcomes towards pediatric patients diagnosed with epilepsy. Dr. Partikian is shown in our Medical Village with his all-star team (bottom right).
Dr. Rebecca Trotzky-Sirr is another provider that was recognized at the Attending Staff Dinner in July. She leads our Urgent Care Clinic and the team there has done a fantastic job of decompressing our emergency department. During the first 6 months of this year, they averaged 1,800 visits per month that would otherwise have been treated in the ED. Dr. Trotsky-Surr spends her spare time volunteering to remove tattoos from gang members trying to make a better life for themselves, and she is exemplifying the LAC+USC spirit of loving what you do and making a difference in the lives of our patients. Pictured below is Dr. Trotzky-Sirr and our fantastic Urgent Care team.

Olive View-UCLA Medical Center

The last year brought quite a few changes to Olive View-UCLA Medical Center as the Affordable Care Act was implemented. In September 2013, we opened a new primary care medical home and implemented a Patient Message Center to facilitate communication between patients and their caregivers. The major focus of the hospital's Ambulatory Care Council was reducing outpatient clinic cycle times.

The hospital continues to perform well on key quality indicators. This year we have undertaken a number of performance improvement initiatives, such as redesigning our discharge planning process and improving hand hygiene compliance.

Olive View-UCLA Medical Center also worked with its sister facilities on the development of the new ORCHID electronic medical record. Dozens of staff have participated in the ORCHID build as subject matter or domain experts, lending their time and clinical knowledge to this project.

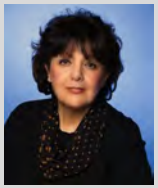
improving the patient experience

Our primary focus was to improve the ambulatory care patient experience. The Ambulatory Care Council spearheaded an initiative that resulted in a reduction of outpatient clinic wait times. The cycle time for primary care clinics was reduced from 150 to 78 minutes and specialty care cycle time from 180 to 85 minutes.

In September, primary care medical home Clinic P was opened, which is designed to foster one-on-one relationships between patients and their providers. In April, a new Patient Message Center was piloted in the Eye/ENT Clinic to improve responsiveness to patient calls for information. By routing patient calls through the call center, patient inquiries are handled more timely. Centralizing this function has allowed the clinic staff to focus on the patients in the clinic, rather than being distracted by phone calls. The hospital launched beautification efforts to improve the care environment by changing the color palate, purchasing new furniture, and hanging art work throughout outpatient clinics.

administrative staff

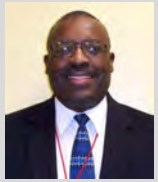
Carolyn Rhee
Chief Executive Officer



Rima Matevosian, MD
Chief Medical Officer

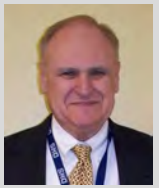
Dellone Pascascio, RN
Chief Nursing Officer

Niloo Shahi
Chief Operations Officer



Anthony Gray
Chief Financial Officer

Susan Aintablian
Chief Information Officer



Thomas Beggane
Personnel Officer

special projects & accomplishments

- Improved early detection and treatment of sepsis by implementing a standardized protocol and reduced sepsis mortality from 29% to 7%
- Redesigned outpatient financial screening processes and reduced patient's wait time for registration prior to clinic visits by 75%
- Increased access to the Sleep Medicine program by expanding services to patients who live in the Antelope Valley
- Implemented the "Code Stroke" initiative to improve timeliness of response through creating a multidisciplinary response team and utilizing telemedicine technology to assess suspected stroke patients
- Hosted an inaugural annual conference for practitioners and community members on "Current Trends in Neonatal Care"
- Received lowest Medi-Cal inpatient psychiatric denied day rate in the state based upon the state Medi-Cal program audit
- Implemented Breast Imaging Fellowship rotation for UCLA to provide clinical experience with underserved populations
- Increased referrals of managed care patients to OB-Gyn and Pediatrics specialty services through new contracts with physician practice plans and increased marketing to community partners
- Completed Medi-Cal Hospital Presumption Eligibility applications for 95% of patients admitted to the hospital

improving patient safety

This year, Olive View-UCLA Medical Center embarked on an initiative to become a clean-hands hospital and achieve 90% hand hygiene compliance among staff. The campaign's theme is "Foam In-Foam Out", a reminder to all staff to make sure to clean their hands before and after coming into contact with the patient.
Hand Hygiene Champions were identified to coach their colleagues on the World Health Organization's "5 Moments of Hand Hygiene" and auditors were trained to assess compliance. The hospital took a page from the restaurant grading system and grades of "A", "B", or "C" were posted on inpatient units to show the level of staff compliance. An "A" grade is awarded to those units with hand hygiene compliance of 90% or above; "B" represents 70% to 89% ; and "C" is below 70%. At the end of June 2014, all but three units had achieved an "A" grade and the remaining units have shown strong improvement and are well on their way to getting an "A".

2014/2015 objectives

Improve Patient Experience

- Improve Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) top box scores for hospital staff responsiveness and hospital environment domains by 10%
- Conduct two patient focus groups to prioritize Clinician and Group Consumer Assessment of Healthcare Providers and Systems (CGCAHPS) domain focus

Improve Patient Safety

- Improve performance on stroke measures
- Increase hand hygiene compliance

Improve Patient Outcomes

- Increase number of patients enrolled in case management

Finance

- Operate within FY 2014-15 allocated budget for salaries, services, and supplies

Rancho Los Amigos
National Rehabilitation Center

As Henry Ford once said, "You can't build a reputation on what you are going to do."
With that in mind, we would like to take this opportunity to look back on a number of important milestones that Rancho has achieved during the 2013/2014 fiscal year. As the healthcare industry continues to change and we face the challenges of transitioning into a new system, Rancho leaders, staff members, and volunteers alike remain focused and unwavering in pursuing our goal to provide the highest quality of care.
While healthcare leaders nationwide continue to lead the charge for change in healthcare, we continue to lead the charge for change here at Rancho. With ORCHID Electronic Health Record implementation right around the corner, we are positioning ourselves for a lustrous and tech-savvy future. As we move forward with our second Brain Computer Interface trial and robotic research at Rancho, we are expanding the Jacquelin Perry Institute (JPI), Outpatient Services Center, and developing a new Wellness and Aquatic Center.

administrative staff

Jorge Orozco, PT, MHA
Chief Executive Officer

Mindy Aisen, MD
Chief Medical Officer

Aries Limbaga, RN
Chief Nursing Officer

Ben Ovando
Chief Operations Officer

Robin Bayus
Chief Financial Officer

Shawn Phipps, PhD
Chief Quality Officer

Wendy Burton
Chief Medical Information Officer

special projects & accomplishments

Rancho's Executive Council partnered with clinical and non-clinical hospital leadership to develop a new, organization-wide strategic plan to position Rancho for success, as a provider of choice, with the implementation of the Affordable Care Act in 2014. Check out the new mission statement, vision statement, and core values:

Mission Statement

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 and Family-Centered Care
- Collaboration
- Integrity
- Quality
- Safety

Results from the 2013 patient satisfaction survey are in and our hard work is showing! Nationally, Rancho is in the top 8% of hospitals for patient satisfaction. Here are some highlights from our results:

Overall hospital rating: 92% satisfaction
Rx communications: 91% satisfaction
Pain management: 90% satisfaction

Of all the patients surveyed, 87% said they would recommend Rancho to family and friends.

2014/2015 objectives

Improve Patient Outcomes

- Optimize patient recovery and participation
- Transform outpatient model of care

Improve Patient Safety

- Decrease polypharmacy
- Decrease falls

Improve Patient and Staff Experience

- Conduct staff engagement survey
- Identify proven strategies to improve patient and staff experience
- Implement ORCHID Electronic Health Record

Business Development

- Update marketing and business plan
- Increase referrals from contracted plans
- Streamline admissions process

LOS ANGELES COUNTY HIGH DESERT REGIONAL H
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. Outpatient Center

photo courtesy of © Benny Chan / Fotoworks

Audit & Compliance

The Audit and Compliance Division performs independent investigations, internal audits, oversight of contract monitoring, and administrative and management studies to ensure that DHS operations conform to established standards.

- The **Administrative Investigations Unit** investigates activity by DHS workforce members, contractors, and vendors that appear to violate applicable laws, rules, policies, or the Code of Conduct
- **Centralized Contract Monitoring Services (CCMS)** conducts administrative and fiscal monitoring of DHS contractors and provides oversight of facility program monitoring
- The **Compliance Unit** manages the DHS Compliance Program, develops Standards of Conduct, evaluates compliance risks, conducts compliance audits, and trainings
- The **DHS Privacy Office** oversees the strategic development, planning, implementation, and maintenance of system-wide privacy compliance programs, and workforce member training, including policies and procedures
- The **Administrative Audit Unit** conducts operational/ compliance audits, and selects high risk, high exposure, and/or high liability issues for review. This unit also conducts contractor related investigations
- **Health Authority Law Enforcement Task Force (HALT)** is a multi-disciplinary task force that conducts criminal and administrative investigations to deter illegal activities that pose a risk to the public's health and safety

administrative staff

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Director
System Planning Improvement & Data Analytics

Tobi L. Moree,
Chief
Audit & Compliance

Leslie L. Mondy
Compliance Manager

Andrew Ellson &
Suellen Ramos
Investigative Managers

Jennifer Papp, RD
DHS Privacy Officer

Loretta Range
Administrative Audit Manager

special projects & accomplishments

Managed 276 complex and sensitive administrative investigations; completed and closed 203 of those cases. 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.

Implemented the HIPAA Omnibus Training and the Privacy and Security Survival Guide Training with a 93% compliance percentage by the September 23, 2013 HIPAA Omnibus rule implementation deadline. Revised the Notice of Privacy Practices, in English and Spanish, which are available to DHS clientele and workforce via the DHS Internet and postings at each DHS facility, as required by law. Revised and implemented a risk assessment tool consistent with the HIPAA Omnibus Rule for the DHS facilities to perform a self-assessment and identify privacy incidents that meet the federal reporting requirements.

Conducted Medicare Medical Necessity compliance audits at four DHS inpatient facilities and confirmed each one consistently applies effective controls for admissions and billing.

Developed Focus Groups based upon contract product/service lines as a communications mechanism to assess the effectiveness of contract monitoring instruments.

special projects & accomplishments (cont'd)

Performed risk assessments of all contracted service categories to assure oversight resources are focused on the "Very High" and "High Risk" contractors; Conducted 12 random contractor audits to assess if contractors were dedicating sufficient resources and appropriate personnel to ensure actual performance versus scheduled and reported performance; Performed risk assessments on all Living Wage and HWLA-CCEP contractors to determine prioritization of fiscal reviews; Fiscal reviews of 14 Living Wage contractors, 9 Community Partners (re: HWLA and CCEP contract requirements) and a 7-year invoice review of Olive View-UCLA's Radiation Therapy contractors.

HALT conducted 110 complaint investigations, made 80 arrests and closed 20 businesses associated with illegal activities. Some of HALT's significant accomplishments include: The shutdown of a pharmacy responsible for diverting expired drugs in a scheme to defraud Medi-Cal and Medicare. HALT also shut down several large distributors of dangerous drugs imported illegally from Central America. Also, to address problems associated with an epidemic of prescription drug deaths, HALT has collaborated with a Ventura County task force, in an effort to eradicate "pill mills" and health care providers engaged in illegal prescribing practices that are affecting the public's health regionally, across counties in Southern California. In one such collaboration, investigators shut down a "pill mill" operating in Los Angeles and a froze nearly $2 million dollars in assets.

2014/2015 objectives

- Publish and distribute revised DHS Code of Conduct
- Revise and implement new hire compliance awareness and workforce compliance update training
- Conduct medical necessity audits at DHS Hospitals as scheduled by the compliance committee
- Validate that all DHS facilities have appropriately posted the revised Notice of Privacy Practices as required by HIPAA and Privacy regulations
- Conduct two focused privacy audits based on identified trends and high risk issues. Make recommendations for improvement which support compliance with State and Federal privacy regulations
- Pilot a new business model for centralized contract monitoring oversight. This model will include performing programmatic, administrative, and invoice monitoring which is aligned with product and service line contracts
- Finalize a risk-based contract monitoring plan which requires additional oversight and monitoring centrally and at the facility level
- Streamline the contractors monthly living wage payroll review as well as the annual audit review process
- Conduct invoice processing reviews involving DHS contracts based upon an assessment of risk, exposure, and liability

Capital Projects

The Capital Projects division is responsible for the development and oversight of projects and improvement programs which support DHS facilities as an integrated health care delivery system. In-house architects and project managers provide initial planning, feasibility study reviews, schematic design, construction documents, cost estimating, and management support services. The Division works closely with each facility to identify improvement needs, establish project priorities, provide budgeting support, and coordinate jurisdictional approvals. We work closely with Public Works, Internal Services, the Chief Executive Office, County Counsel, as well as jurisdictional agencies such as OSHPD (Office of Statewide Health Planning and Development) and Building and Safety.

special projects & accomplishments

Several major capital projects completed including:

- Harbor-UCLA Surgery Emergency Replacement Project
- MLK Jr. Outpatient Center
- High Desert Regional Outpatient Center
- Collaborated with Children and Family Services to develop the new Youth Welcoming Center on the LAC+USC Medical Center campus

administrative staff

Christina R. Ghaly, MD
Deputy Director
Strategy & Operations

John Shubin
Director

2014/2015 objectives

- Infrastructure improvements in support of the new ORCHID electronic health record system
- Rancho Los Amigos National Rehabilitation Center Consolidation Project
- Olive View-UCLA Psychiatric Emergency Room Expansion Project
- Martin Luther King Jr. Recuperative Care Facility
- San Fernando Valley Family Support Center
- Long Beach Comprehensive Health Center Clinic Expansion Project

College of Nursing & Allied Health

The LA County College of Nursing and Allied Health (CONAH) is a public community college that is owned and operated by the County of Los Angeles. Its divisions include the School of Nursing (SON), Education and Consulting Services (EDCOS), Allied Health, and student support services. The College supports the educational needs of LAC+USC Medical Center, LA County DHS, and the LA County healthcare community by providing learning centered educational programs and career development opportunities for healthcare students.
The College is accredited by the Accrediting Commission of Community and Junior Colleges of the Western Association of Schools and Colleges (ACCJC /WASC) to offer an Associate of Science Degree in Nursing. The SON pre-licensure program is approved by the California Board of Registered Nursing (BRN). EDCOS is approved by the BRN to provide continuing education units.
The College supports DHS in meeting its strategic plan goals and its mission. Faced with changing health care, scientific discoveries, and technology, the College provides superior educational programs to meet 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 health fairs, flu immunization clinics, food and toy drives, recruitment events at local schools, and health walks, including the American Heart Association Heart Walk.

administrative staff

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Vivian Branchick, RN
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Nursing Affairs

Barbara Collier, MEd, RN
Interim Provost, Dean
School of Nursing

Jeffrey Anderson, MSN, RN
Director, Educational Resource Center

Tammy Blass, EdD, RN
Dean, Education & Consulting Services

Maria Caballero, BSN, RN
Dean, Administrative & Student Services

Doris DeHart, BSN, RN
Administrator, Financial Aid,
Clinical Affiliations

Herminia Honda, MSN, PNP, RN
Administrator, Acting Research Director

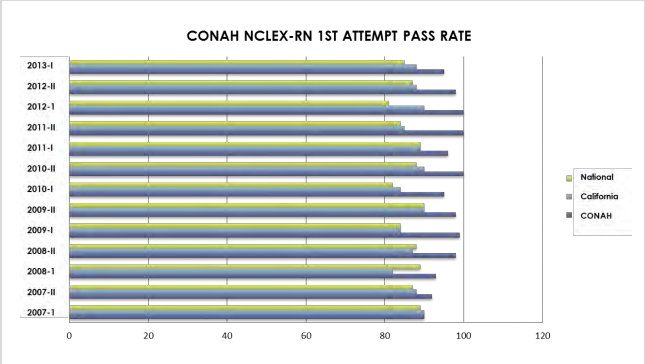
Peggy Nazarey, MSN, RN
Dean, Allied Health

educational resource center

The Educational Resource Center (ERC) includes the library, skills laboratory, and computer laboratory. The library provides an extensive collection of nursing-specific materials in support of college students and medical center nursing staff. Library holdings consist of approximately 4,000 books, over 100 print and electronic journal subscriptions, and approximately 300 videos in the field of nursing and allied health. Students can access electronic databases, e-books, and reference through a link on the College website.
The computer labs consist of 25 stations with Internet and intranet connection. Software programs assist students in learning electronic patient charting, drug and dosage calculations, and critical thinking skills. The ERC has skill lab rooms that allow post-licensure nurses to practice and test in life support programs and for specialty certification. The ERC skill lab allows post licensure nurses to practice cognitive, technical, and behavioral skills. Students are able to apply didactic content to high-fidelity simulation manikins through the use of computerized scenarios.

school of nursing — associate degree nursing program

During the 2013-2014 academic year, eighty-one students including five DHS employees, enrolled through the Workforce Development Program, completed the pre-licensure RN program. The College is very proud of it's students accomplishments and it's ability to provide a highly qualified pool of new nurses for DHS service.
98% of the graduates who took the national licensing exam (NCLEX-RN) passed on their first attempt. 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*."



education and consulting services

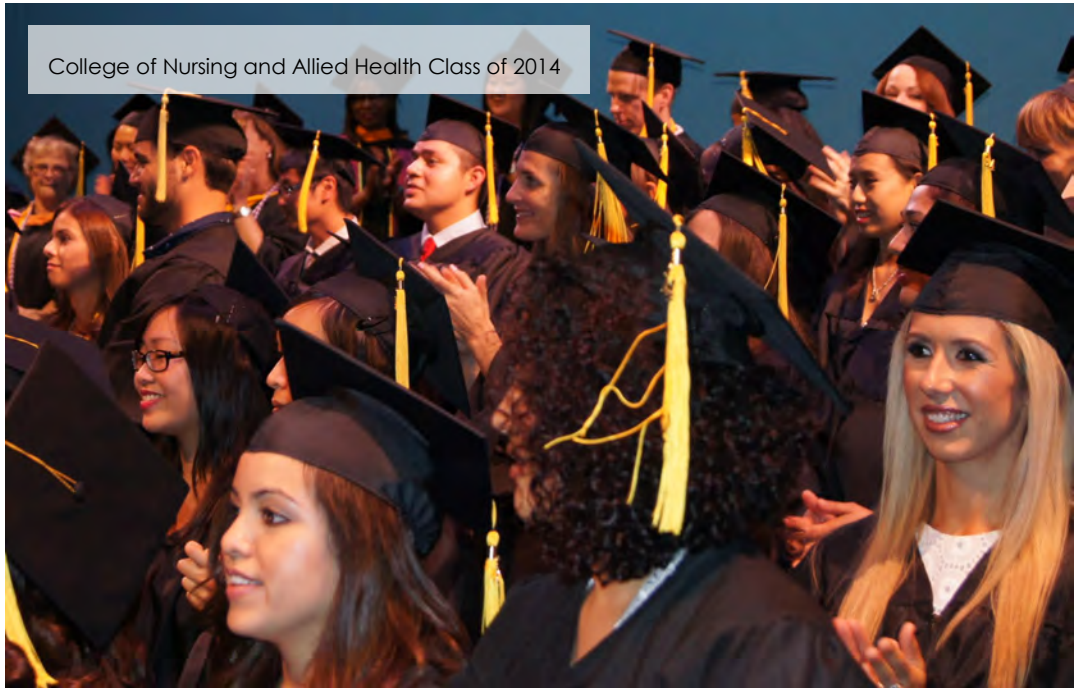
EDCOS is the post licensure, nursing professional development division of the College and DHS. Nurses from DHS acute care facilities receive critical care, emergency, and other specialty certifications through EDCOS courses. In the past year, EDCOS offered over 240 classes and courses to over 6,600 workforce members.

EDCOS coordinated the competency validation for over 3,500 nursing staff and the annual skills validation for over 2,400 nursing staff. Advanced critical care training was given to 101 RNs to enable them to provide exceptional care to critically ill patients.

The EDCOS dean and faculty continue to be active members of the DHS-wide Competency Standardization Committee and Inpatient Competency Subcommittee where they collaborate with the DHS Chief Nursing Officer and DHS educational directors and educators to develop the 2014 Core Competency Validation Program. Faculty members developed study guides, tests, skills performance criteria, instructor tips, and other essential materials. Skills competency videos were created and placed on the LAC+USC Intranet and DHS website.

EDCOS collaborated with LAC+USC nursing and provided continuing education units for a number of educational programs, including Medical/Surgical Nursing, Pediatric and Perinatal updates, RN II, RN III, Assistant Nurse Manager Workshops, and the American Burn Association Burn Life Support Course. The faculty also assisted with County and Statewide disaster drills and participated in the Annual Sidewalk CPR event, in which hundreds of lay persons were trained to perform infant and adult hands-only CPR.

A Telemetry Monitor Technician program for nursing attendants and an EKG review class was created for RNs working in the new telemetry unit. EDCOS faculty also collaborated with Ambulatory Care Nursing Administration to implement a Certified Medical Assistants (CMA) orientation program which included a medication evaluation module and other competency skills checklists.



College of Nursing and Allied Health Class of 2014

special projects & accomplishments

- The College successfully completed the ACCJC WASC accreditation and BRN ongoing approval visits. The College was commended for the Board of Trustees' persistent engagement and vigorous commitment to the mission; the dedicated, committed, and responsive faculty and staff; research capacity and use of data, the extraordinary DHS clinical sites, and for instilling a sense of institutional pride and tradition for employees, students, and the public
- In July 2013, the ACCJC WASC re-affirmed the college accreditation for the next six years
- In September 2013, the college received their continued BRN approval for the next five years
- The College made significant technological improvements to support student learning. These improvements include installing 131 new computers, installing new computer workstations, acquiring a collection of more than 1,300 e-books, acquiring a Nursing Resource Center database, and maintaining progress towards implementing the upgraded student information system database
- Through the generosity of DHS and LAC+USC, the College obtained a second simulation manikin and space for a simulation lab

2014/2015 objectives

The Allied Health division established annual program goals for allied health continuing education. The current focus is education and training of CMAs. These CMAs will play a key role in ambulatory care as DHS transitions to the parameters of the Affordable Care Act.

The College implemented a plan for the newly acquired lab space which will house a dedicated simulation laboratory in support of college students and DHS nursing staff's training needs. The lab is scheduled to open in the Spring of 2015.

College of Nursing and Allied Health Class of 2013

Contracts & Grants

The Contracts and Grants Division (C&G) 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.
C&G plays a fundamental role in DHS' internal operations, by being responsive to our internal clients and supporting the Department's mission of providing high-quality, patient-centered, and cost effective health care through sound contracting efforts.

In FY 2013 -14:

- DHS obtained approval of 92 Board Letters, involving more than $360 million in funds/ transactions and impacting over 140 contracts
- C&G executed 195 Board-approved service contracts worth $32.6 million
- To mitigate DHS's risk exposure, more than 1,200 active contracts were monitored to ensure compliance

administrative staff

Christina R. Ghaly, MD
Deputy Director
Strategy & Operations

Kathy K. Hanks, CPM
Director

Julio Alvarado
Section Manager

Soo Kim
Section Manager

Enrique Sandoval
Section Manager

special projects & accomplishments

Healthy Way LA (HWLA) — Developed and executed over 309 contract amendments to redistribute funds and update terms & conditions

My Health LA (MHLA) — Began developing a Request for Statement of Qualification (RFSQ) which was released in April 2014 for MHLA primary care clinics. In advance of MHLA's launch, DHS negotiated contracts with fifty community clinics to provide primary care to MHLA participants

Clinic Capacity Expansion Project (CCEP) — Developed and executed over 116 various amendments

Supportive Housing Services — Developed and executed eight master agreement work orders to provide continuity of care and housing for homeless patients

Physician and Nursing Medical Services — Executed 20 nurse registries, successor contracts, 40 new physician service contracts, and 416 various contracts for medical personnel

Inmate Care – Executed a contract with USC to provide medical care services to inmates in custody of the LA County Sheriff's Department

Intra-aortic Balloon Pump and Clinical Perfusion — Secured a three year contract extension worth $3 million for services and new equipment integral to cardiac surgeries at Harbor-UCLA Medical Center; negotiated no rate increases

HIPAA Omnibus Final Rule Compliance — To meet the U.S. Dept. of Health and Human Services' compliance deadline, C&G analysts assessed over 1,200 contracts, of which over 6% were amended

Equipment Maintenance — Executed 4 new Board-approved contracts and 11 Board-approved contract amendments involving $51 million in funds and processed 37 administrative amendments to add and delete equipment

special projects & accomplishments (cont'd)

IT Systems — Executed 4 Board-approved contracts worth $13.2 million for IT systems including a Countywide patient safety/risk management system (Safety Intelligence), a web-based specialty care consulting system (eConsult), and a web-based eligibility and enrollment system (One-e-App)

ORCHID related — Garnered Board approval for a $17 million acquisition of Cerner's cardiology solution and delegated authority to amend existing contracts impacted by ORCHID implementation

Information Technology Support Services Master Agreement (ITSSMA) — Processed and/or amended thirty-seven ITSSMA various work orders for DHS; successfully transitioned nine work orders into the new Board-approved master agreement

Fixed Asset Purchases — Facilitated Board approval of ten capital asset purchases, including

- 4 major IT-related purchases worth $15 million for virtual desktop infrastructure at DHS data centers and Fujifilm PACS enterprise-wide consolidation
- 2 major medical equipment purchases worth $9.7 million for Harbor-UCLA Medical Center's surgery and emergency departments

University Affiliations — Administered 103 affiliation contracts, including 9 new contracts, with universities and vocational schools to provide hands-on training to healthcare professionals

Hospital Preparedness/Bioterrorism Program — Disbursed $7.8 million in healthcare preparedness program funds to prepare eighty four acute care hospitals during emergencies and public health threats

Trauma Centers — Administered contracts with 14 designated trauma centers that serve approximately 20,000 trauma patients annually in LA County; developing a solicitation to designate a trauma center in the East San Gabriel Valley

Ambulance Providers — Administered contracts for EMT paramedics, patient overflow transportation, and emergency ambulance transportation

Grants — Facilitated Board approval to accept various grant awards, including

- $1.4 million from the U.S. Dept. of Health and Human Services' National Hansen's Disease Program for outpatient medical services to Hansen's disease patients at LAC+USC Medical Center
- $750,000 from UniHealth Foundation to support ongoing Lean Management implementation at Harbor-UCLA Medical Center

HSA's 10th Floor Cafeteria — Solicited via RFP and awarded in April 2014. Re-opened in July 2014

Figure 1:
New contracts by dollar amount

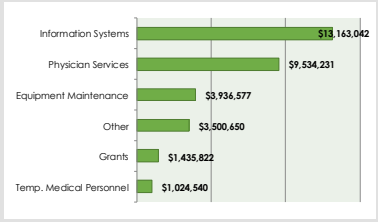
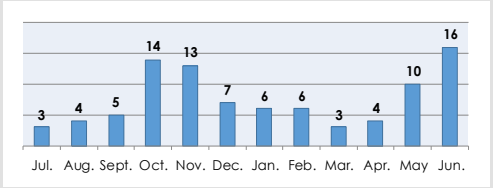


Figure 2:
Volume of board letters per month



major functions

- Acquisition consulting
- Acquisition processes
- Contract development and negotiations
- Board letters and memos (including acceptance of donations and grants)
- Contract repository

2014/2015 objectives

- Continue to streamline departmental acquisition processes and develop creative acquisition alternatives while complying with County contracting requirements.
- Continue to promote and support a culture of professionalism, high standards of conduct, organizational responsibility, and commitment to maintaining the public trust.
- Develop and conduct solicitations, including but not limited to: Proposition A Dietary Services; Landscape Services; Finance Services (including billing, cost Recovery, and EDI); Master Agreements for Home Health and Hospice; Medical Record Coding; Pharmacy Services Administrator for My Health LA (MHLA); Patient Tracking and TEMIS Replacement for EMS

Diversity & Cultural Competency

The Office of Diversity and Cultural Competency (ODCC) was established by the Board of Supervisors (BOS) to provide oversight of DHS's cultural and linguistic competency standards of practice. The mission of this office is to ensure compliance with the Title VI-Civil Rights Act, federal regulation, state policies, as well as accreditation requirements of all regulatory oversight entities and build an effective healthcare interpreter infrastructure at all DHS facilities.

dhs-wide language data report

All DHS facilities identify the preferred language of patients accessing service. According to the language report for FY 13/14, a total of 643,856 unique patients received healthcare at DHS facilities. The preferred langage for 52% of our patients was English and 48% spoke another primary language. Our patient utilization data indicates that although over eighty-six languages are spoken, there are thirteen languages which are heavily utilized. These languages include Spanish, Armenian, Tagalog, Korean, Mandarin, Cantonese, Vietnamese, Russian, Arabic, Thai, Hindi, Khmer (Cambodian), and Farsi.

administrative staff

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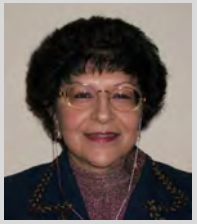
Deputy Director
Strategy & Operations



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Martin Luther King, Jr. Outpatient Center

Stephanie Johnson
Olive View-UCLA Medical Center

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Humphrey CHC

Yvette DeJesus-Ruiz
Harbor-UCLA Medical Center

Lily Wong, MA, MBA
Rancho Los Amigos

Sandra Mange
Staff Assistant

cultural & linguistic competency—health care reform era

"...as our patients may opt into a new place versus stay with us, we want them to choose to stay with us!" - Dr. Mitch Katz

Ensuring cultural and linguistic competency is in alignment with the department's mission to ensure access to high-quality, patient-centered, and cost-effective healthcare, and supports key elements as identified in DHS's strategic plan. Additionally, cultural and linguistic competency assists DHS to meet our "Triple Aim Benchmarks". DHS is able to provide more care with an enhanced patient experience and customer service, better quality by ensuring patient safety, improved adherence with medical regimen, and cost containment by avoiding duplication of services and unnecessary readmissions.
To meet the needs of the uninsured residents of LA County, DHS will continue to be the safety net provider. The need to provide language access services and ensure cultural competency in the delivery of healthcare service has become a critical statutory obligation.

Cultural and linguistic competency plays a key role in the era of Health Care Reform for DHS to remain the provider of choice.

Cultural and linguistic competency improves 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 and customer satisfaction
- Ensure risk management and liability prevention against class action lawsuits, compliance with federal laws and state regulations, and mandatory accreditation requirements

raising the bar in innovation — DHS' video medical interpretation (VMI) call center service

Studies have shown that when medical providers are unable to communicate with limited English proficient (LEP) patients in their own language, patients are less likely to receive appropriate care, less likely to understand care instructions, have increased risk of medical errors, have reduced quality of care, have increased risk of unethical care, and are less satisfied with their care.
The VMI Call Center utilizes state-of-the-art video and phone equipment technology along with an automated call-routing system, creating a "virtual or remote call center" at each site. The VMI Call Center has enabled DHS to develop and implement an innovative video medical interpreter service, increase awareness and usage of qualified Healthcare interpreters, and increase access to healthcare service by DHS' LEP patients.
Language access is an essential service provided by the VMI Call Center. This service recognizes an essential need of our patients and indicates that our facilities are committed to remain the provider of choice. The VMI system provides for an efficient utilization of employees. Staff interpreters assist with approximately 25-30 calls per day which is a substantial increase from last year. Most service requests are routed between DHS facilities within eleven seconds while it takes the telephone vendor an average of one minute.

special projects & accomplishments

A Successfully Implemented DHS' Strategic Priority Initiative Project —VMI Equipment Replacement Project

This year, we spear-headed the development and preparation of the "VMI Equipment Replacement Project". This DHS-wide project provided needed VMI services for our non-English and LEP patients, and the hearing impaired, who comprise 53% of DHS's patient populations. As a direct result of strong collaboration and team-work with DHS Finance Administration, Controller's Office, Supply Chain Operations, DHS IT CIO, ISD, and our vendors, the project was successful. VMI equipment was procured, delivered, and installed through all DHS hospitals and MLK Jr. Outpatient Center earlier this year.
After distributing the brand new "VMI iPad" machines at Rancho, the therapists acknowledged how easy the equipment was to use and expressed their excitement with having new equipment.

Care Harbor Free Clinic — Supported by the Second Supervisorial District

Coordinated Healthcare Interpreter staffing coverage on behalf of DHS at the Care Harbor Free Clinic event was supported by Supervisor's Mark Ridley-Thomas's office. A total of 13 Medical/Healthcare Interpreters staff assisted clinicians and medical personnel. The trained, tested, and qualified full-time interpreters were assigned to areas involving complex medical encounters. Care Harbor Free Clinic was held on October 31 through November 3, 2013.

Cultural Awareness Observances — Diversity Operations Council-Sponsored Events

The Rancho Cultural Diversity Operations Council coordinated cultural awareness celebrations for Black History Month, Asian Pacific Islanders Heritage Month, and Hispanic Month.
Rancho's Language and Culture Resource Center coordinated the "Introduction to Interpreting Ethics and Roles in Healthcare Training". Other culturally competent wellness lectures, such as "Ayurvedic Body Treatments to Manage Pain", and "Aromatherapy Wellness Lecture" were provided.

Life-Long-Healthy Choices Program — A Unique Culturally Competent Childhood Obesity Prevention Program at H. H. Humphrey Comprehensive Health Center

In 2011, about 45-50% of the pediatric patients at Humphrey CHC were identified as either overweight or obese. In light of this disturbing health assessment, Humphrey CHC implemented a child-friendly and family partnership program, entitled "Life-Long-Healthy Choices" (LLHC). The focus of the program is to motivate and empower Hispanic and African-American children between the ages of four to seventeen and their families to increase fruit and vegetable consumptions, physical activity, and water intake with the overall goal of preventing and controlling obesity and other chronic conditions that may lead to premature deaths.
According to experts, it is essential to target people early to prevent unhealthy habits that may lead to obesity later in life rather than trying to break old habits as adults. Unlike adults, children are often dependent on their nutritional environment like churches, homes, schools, and communities for their nourishments, thereby making them vulnerable. At Humphrey CHC, the staff believe that with a culturally competent multi-disciplinary approach, combined by family and community partnerships, we can collectively make significant difference in the lives of these children.

what a healthcare interpreter does

What a Healthcare Interpreter does from a Healthcare Interpreter's own words (by Mikayel Chorekchyan of Rancho Los Amigos):

"As a cultural and linguistic team-member, I close the gap between "being in need of healthcare" and "delivery of health care", by building the bridge of "communication" between the patient and the healthcare provider. Without interpreting a patient's problems and concerns properly, effective delivery of care could not happen. The number one component of bridging the gap of cultural and language barriers between the patient and the healthcare provider, is the ability to build a rapport with the patient and gain their trust. Improvement in health cannot by successful if the patient is not involved in their own healthcare delivery process, as much as the provider is. Thus, closing the language and cultural barrier, facilitates an environment of teamwork where the patient, the healthcare provider, and the interpreter work in unison towards the goal of improving the patient's health and well-being."

What a Healthcare Interpreter does from a patient's own words:

"After my total hip replacement, I wasn't able to walk normally or sit. As soon as Rancho provided me the assistance of Mikayel, a Healthcare Interpreter, I was able to share my thoughts and worries with someone who understood me. Mikayel advised me who to talk to and what my options were. He gave me a direction in dealing with my health situation. Mikayel was able to describe my situation to the physical therapist, and the therapist was able to give me a much speedier appointment. Since starting the therapy, my condition has improved greatly, and as I continue to receive therapy, I continue to improve. Because Mikayel understood my language and my pain, he was able to give me direction and hope, and mediated the situation so that I could receive the appropriate care. I am lucky and grateful for the service of Mikayel and the wonderful help I received at Rancho."

Emergency Medical Services Agency

To ensure timely, compassionate, and quality emergency and disaster medical services

The Emergency Medical Services (EMS) Agency is responsible for the coordination, planning, and regulation of the EMS System. In addition, physician reimbursement for indigent emergency care, ambulance licensing, the coordination of DHS patient transfers and transportation, and healthcare disaster preparedness are all programs managed by the EMS Agency.
Los Angeles' regionalized systems of emergency care includes Trauma, Stroke, STEMI, Pediatric, and Cardiac Arrest patients. These systems are nationally recognized and the program data frequently presented in academic publications or at State and National conferences. We are proud of our accomplishments and successes which are only possible through the hard work and dedication of EMS Agency staff and the support of DHS and the Board of Supervisors.
We strive to "work smarter not harder" and to build more efficient delivery models for our patients while enhancing their lives. Technology has emerged as a significant means to reach this goal. One example is the improvement of services through the use of the computer aided dispatch and global positioning devices utilized in Ambulance Services to dispatch according to location, collect data, and manage personnel and resources. Additionally, we are supporting our EMS providers and hospitals as electronic patient care records in the field setting are emerging as the standard of practice, enhancing both data accuracy and health information exchange.
Alternative delivery models of prehospital care are being proposed and will be studied next year. These models include assisting hospitals in reducing readmissions and reducing the burden on our overcrowded emergency departments by using alternative care sites.
We look forward to 2014-15 and the continual enhancements to the EMS System and our programs brought about by our on-going reports, evaluations, and community input. Undoubtedly, the year will bring welcome changes and challenges to our vibrant EMS System.

AHA mission lifeline® awards los angeles county with highest level recognition

The American Heart Association recently recognized the EMS Agency with the highest level award, EMS Silver, for achievements in STEMI care. This program recognizes the EMS system's commitment and success in implementing specific quality improvement measures for the treatment of patients who suffer a severe heart attack. LA County EMS system met the below criteria 75% of the time or better:

- The individual measures included percentage of patients with non-traumatic chest pain ≥ 35 years of age, treated, and transported by EMS who received a pre-hospital 12 Lead EKG.
- Percentage of STEMI patients transported to a STEMI Receiving Center, with pre-hospital first medical contact to device (PCI) ≤ 90 minutes.

director receives state emergency medical services authority 2013 distinguished service award

On an annual basis the EMS Authority recognizes California emergency medical services providers and associates for exceptional acts of bravery and service to their communities and to the state as part of their EMS Awards program. Dr. Howard Backer, Director of the EMS Authority and Jane Smith, Chair of the State EMS Commission presented the 2013 EMS Awards at a luncheon ceremony in San Francisco December 4, 2013. Cathy Chidester, Director, received the Distinguished Service Award 2013 for more than 30 years of dedicated and sustained EMS service demonstrating a strong passion for training, teamwork, patient advocacy, and statewide leadership. Since 2006, she has served as the Director of Los Angeles County EMS Agency and oversees the daily operations of the largest multi-jurisdictional EMS system in the nation.

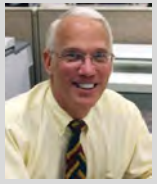
special projects & accomplishments

The LA County EMS System developed nationally recognized data bases for Stroke, STEMI (cardiac) and Cardiac Arrest Care. The EMS Agency was the first in the country to integrate an EMS database for stroke with Get With The Guidelines®, AHA's national database. This integrated approach provides a national model and promotes quality measures for stroke patients.
Multiple journal publications originated this past year utilizing both the Los Angeles County data base for STEMI patients and for Cardiac Arrest victims. The STEMI data includes STEMI patients transferred between hospitals using our 9-1-1 paramedic system. This system provided a novel, national model for the rapid transfer of heart attack patients which resulted in times from door to intervention that are within the AHA guidelines.

administrative staff

Christina R. Ghaly, MD
Deputy Director
Strategy & Operations

Cathy Chidester
Director



William Koenig, MD
Medical Director

Roel Amara
Acting Assistant Director

Kay Fruhwirth
Assistant Director

Richard Tadeo
Assistant Director

special projects & accomplishments (cont'd)

Trained 7,000 people in *Hands Only CPR* in one day.

Migrated the paramedic medical radio channels and VMED28 from wideband to narrowband.

In conjunction with UCLA, the FAST MAG trial investigated the administration of magnesium as a neuro-protective medicine after stroke when administered rapidly by paramedics.

key characteristics

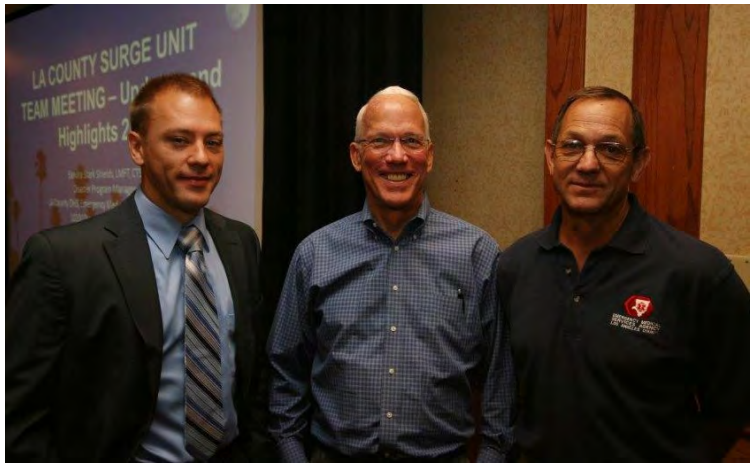
- Development of a nationally recognized prehospital stroke scale
- First prehospital stroke randomized controlled trial
- First trial for any condition employing physician elicited consent in the field
- First trial with 75% of the patients treated within one hour of stroke onset
- First neuro-protective trial with all patients treated within a two hour window
- Established baseline outcome data we continue to use to evaluate stroke regionalization

2014/2015 objectives

- Enhance EMS data through implementation of electronic patient care records
- Designate a Trauma Center in the East San Gabriel Valley
- Renew CoAEMPS Accreditation for Paramedic Training Institution
- Explore on-line application for certification of Emergency Medical Technicians (process 300-500 applications/month)
- Sustain gains made in emergency preparedness with declining grant funding

The EMS Agency's Disaster Medical Services section coordinates emergency preparedness and disaster medical services planning for healthcare facilities in the county. This year, three of its emergency preparedness programs were highlighted at national conferences and serve as best practices for the nation.

The LA County Mass Medical Care Model (MMCM) and Disaster Mental Health programs were presented at the National Healthcare Coalition Preparedness Conference in New Orleans in December 2013. The MMCM was developed to ensure the optimal care of patients, both inpatients and those that result from the incident, in the most appropriate healthcare setting without causing undue hardship on other entities within the healthcare system during a disaster. Disaster mental health programs were developed by the EMS Agency, such as PsySTART Rapid Triage and the Incident Management System. Community based Psychological First Aid and a health responder resilience program highlighted concrete, practical actions to build Improved response to the psychosocial impact of disasters and other community emergencies. In April 2014, LA County's Family Information Center (FIC) Planning Guide for Healthcare Entities was presented at the National Public Health Preparedness Summit in Atlanta. The FIC provides a secure and controlled area for families of patients, removed from medical treatment areas, where information can be obtained to facilitate family reunification and to provide access to support services (mental health, spiritual care, social services). Completed in 2013, the FIC Planning Guide further addresses unaccompanied minors issues, access and functional needs support, and best practices in patient identification. The FIC Planning Guide received a Certificate of Recognition for *Outstanding Services to the Field of Emergency Management* from the California Emergency Services Association Southern Chapter.



Enterprise Health Information Management

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 (formerly medical records). HIM professionals at DHS perform a range of health care facility functions including:

- 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 9th Revision, World Classification of Diseases (ICD-9). ICD9-CM is the official system of assigning codes to diagnoses and procedures associated with hospital and clinic utilization in the United States. Effective October 1, 2015, 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 patient or legal requests (i.e. subpoenas, court appearances, disability claims, insurance claims, etc.)
- Enterprise Master Patient Index (EMPI): Maintain a database that assigns a unique identifier to each individual patient so that his/her medical record is consistent, accurate, current, and complete across all of the clinical and administrative departments throughout DHS. In 2014, DHS implemented a new state-of the art EMPI software which HIM EMPI staff assisted in configuring and installing and was utilized to load DHS patients information into ORCHID at Harbor-UCLA Hospital.

HIM staff across DHS is proud to serve as the bridge that connects clinical, operational, and administrative functions with the objective of providing quality patient information at every touch point in the healthcare delivery cycle. EHIM strives to 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.

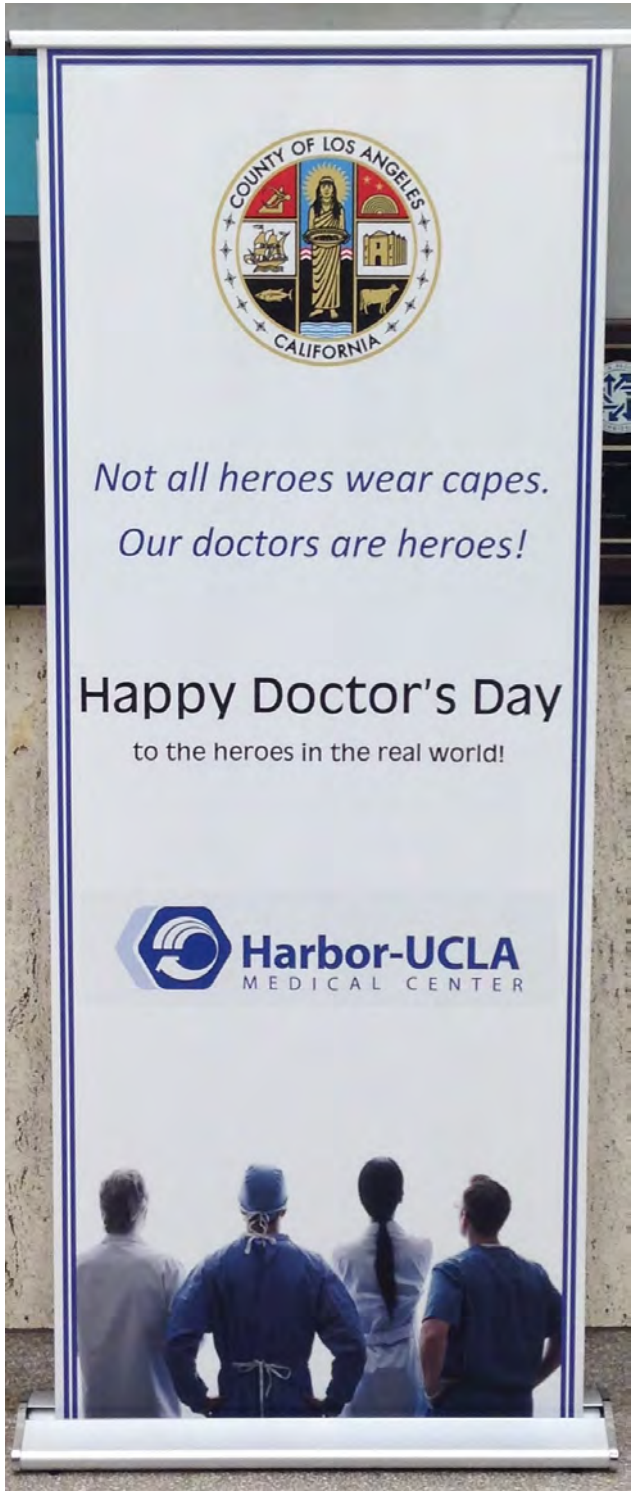
2014/2015 objectives

- Complete ICD-10 training for all LA County Coding staff in DHS by October 1, 2015.
- Decrease coding turn-around-time to 85% completion of Inpatient, Emergency and Ambulatory encounters within 20 days of the service.
- Support each DHS facility in successfully transitioning to ORCHID electronic health record

administrative staff

Anish Mahajan, MD
Director
System Planning
Improvement & Data
Analytics

Harvey Jones
Director
Enterprise Health
Information Management


COUNTY OF LOS ANGELES
CALIFORNIA
Not all heroes wear capes.
Our doctors are heroes!
Happy Doctor's Day
to the heroes in the real world!
Harbor-UCLA
MEDICAL CENTER

Facilities Management

The Facilities Management Division (FMD) is responsible for building operations at the Health Services Administration (HSA) headquarters, administrative offices in Commerce, and management of the following leases to ensure a productive working environment:

Antelope Valley Health Center	335-B E Avenue K-6, Lancaster
Dollarhide Health Center	1108 N Oleander Street, Compton
EMS Administrative Headquarters	10100 Pioneer Boulevard, Santa Fe Springs
EMS Disaster Staging Warehouse	10430 Slusher Drive, Santa Fe Springs
Family Health Center	1403 Lomita Boulevard, Harbor City
Hawaiian Gardens Health Center	22310 Wardham Avenue, Hawaiian Gardens
LAC+USC Medical Center Records Warehouse	2011 N Soto Street, Los Angeles
Lake Los Angeles Community Clinic	8201 Pearblossom Highway, Littlerock
Leavey Center	512-522 S San Pedro Street, Los Angeles
Office of Managed Care	1100 Corporate Place, Monterey Park
OMC Administrative Headquarters	1000 S Fremont Avenue, Alhambra
South Valley Medical Center	38350 40th Street, East Palmdale

Additional major responsibilities include:

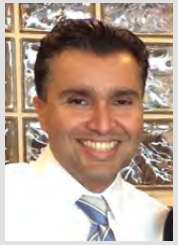
- Representing DHS on the Board-approved Countywide Waste Management Group for a Sustainable Future
- Administration of the parking operations at Figueroa (with ISD) and Ferguson/Commerce Buildings
- Daily management of facilities issues including custodial service, repairs, security, mail operations, deliveries, and building systems
- Management of office space allocations and related strategic planning
- Co-management of onsite cafeteria and vending services for employees and the public

special projects & accomplishments

During Fiscal Year (FY) 2013-2014, FMD completed several new projects to maximize space utilization at headquarters in efficient and cost-effective ways. Projects included:

- Project management of electric vehicle station installations, in conjunction with ISD, to promote energy efficiency and a sustainable future
- Implementation of energy efficient LED lighting system
- Replacing water pump system, main water pipe, and main automated sprinkler system
- Installation of six new control valves through the HSA building to regulate the flow of natural gas to all equipment
- Renovation of the 12th floor utilizing in-house cost-effective resources
- Configuration of new office space to accommodate new personnel within existing resources
- Installation of new boiler system serving buildings 241 and 313
- Coordination with facilities to house electronic health record staff in preparation to launch ORCHID
- Implemented cost effective plan to renovate and maximize office space at Ferguson Complex
- Reopened "healthy options" cafeteria serving employees and the public at 313 Figueroa

administrative staff



Gerardo Pinedo
Director

Marta Garcia Sheffield
Chief
Facilities Planning

Lusine Muradyan
Building Manager,
Ferguson Complex

Glenda Johnson
Office Manager

Andre Harper
Senior Custodian Supervisor

Algenoid Banks
Warehouse Worker
HSA Relocation Coordinator

Tony Hardwell
Senior Clerk
Executive Messenger

Sandra Long
Intermediate Typist Clerk
Mail Room Clerk

2014/2015 objectives

A number of projects are scheduled to be completed in FY 2014-2015, including:

- Cost effective upgrades to the exterior of the Ferguson Complex
- Resurfacing the Ferguson parking lot
- Renovation of a building on the LAC+USC campus to house ORCHID Program employees
- Implementing environmental initiative to decrease the electricity consumption at HSA and Ferguson Complex
- Expansion of Electric Vehicle Charging stations throughout the system

Government/Board Relations, Policy & Communications

The core function of this office is to ensure that DHS is fully responsive and supportive of all elected officials, including our governing body, the Board of Supervisors. We actively advocate for Board-approved health policies in the state legislature and the Congress; respond to all media inquiries and public information requests; develop and implement effective communications for internal and external stakeholders; and support our Department Director. Additionally, we provide support to the Quality and Productivity Commission and the Hospital and Health Care Delivery Commission. We are committed to providing the highest level of customer service.

Our general duties include:

- Liaison to the Board of Supervisors, state, and federal elected officials
- Preparation of all documentation and logistics for Brown Act-regulated meetings of the Health and Mental Health Services Cluster
- Analysis and advocacy of State and Federal legislation
- Testimony at legislative hearings and coordinating advocacy
- Staffing Los Angeles County Hospital and Health Care Delivery Commission, consisting of Board appointed members
- Publication of "Fast Facts from Dr. Katz" and DHS Annual Report
- Response to media inquiries and public information requests
- Maintenance of the new department website
- Serving as Department's Quality and Productivity Manager administering Productivity Investment Funds
- Representing the department at public events hosted by elected officials
- Coordination of nomination applications for awards from the National Association of Counties and the California State Association of Counties

administrative staff

Gerardo Pinedo
Director
Government/Board Relations, Policy & Communications

Rowena Magaña
Assistant Director

Michael Wilson
Communications Director

Josie Plascencia
Senior Management Secretary

Lisa Finkelstein
Staff Analyst

TaNeisha Franklin-Farthing
Staff Analyst

Connie Salgado-Sanchez
Legislative Analyst

Brigitte Santana
Legislative Analyst

Robin Young
Public Information Assistant

Pam Smith
Senior Clerk

Jasmin Quintanilla
Career Development Intern

Current and former staff of Government/Board Relations and Facilities Management

special projects & accomplishments

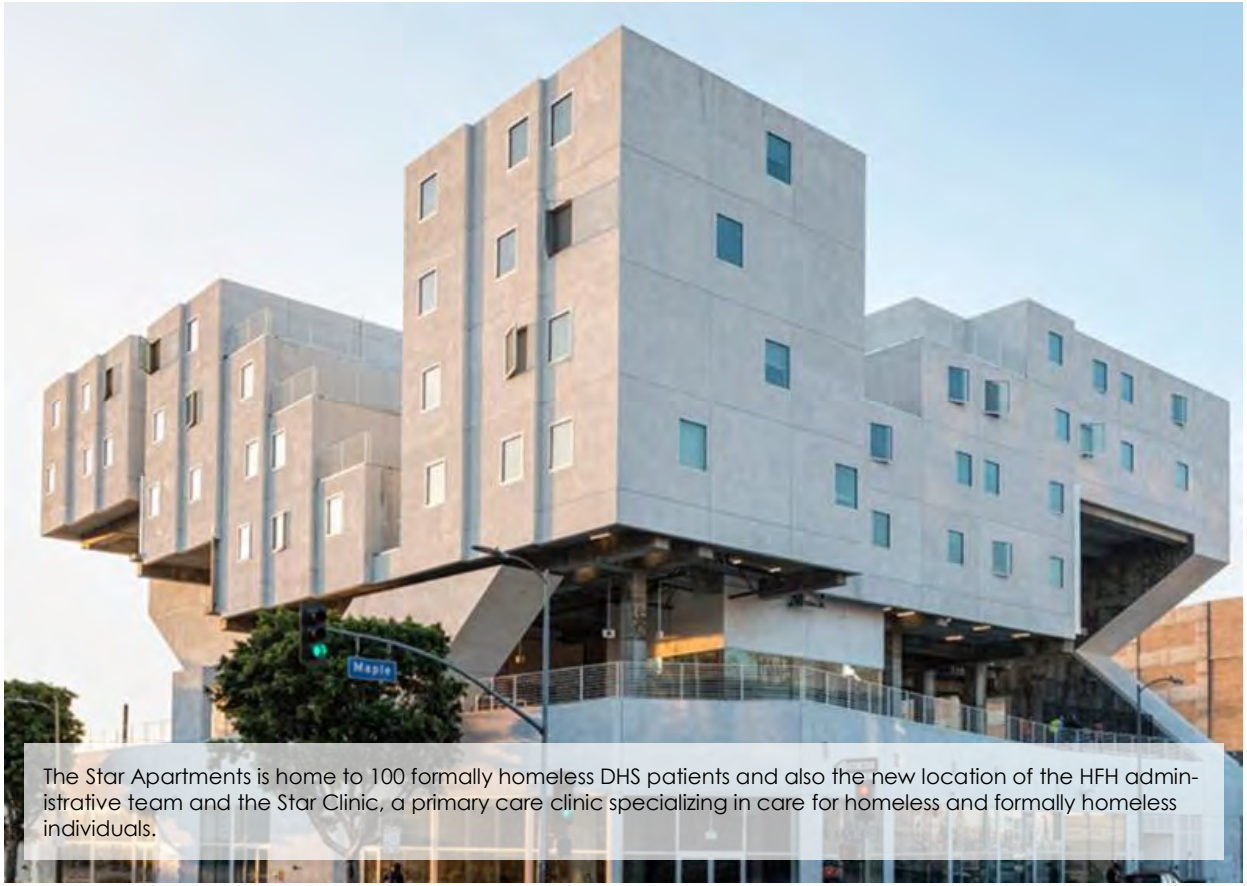
- Assisted 686 constituents referred by the Board Offices, Director's Office, and the DHS website
- Managed the weekly Health and Mental Health Services Cluster meetings, which included processing 297 agenda items for DHS, DMH, DPH, and CEO
- Responded to over 200 media inquiries
- Reviewed 158 DHS board memos and board letters including 30 DHS responses to Board motions
- Reviewed, tracked, and analyzed a combined total of 148 state and federal bills
- Processed 29 Board scroll requests to recognize the contributions of DHS employees
- Supported Los Angeles County Hospital and Health Care Delivery Commission (consisting of Board-appointed members) at 24 meetings and site visits
- Planned and coordinated the first-ever "DHS Virtual Town Hall" with participation from 16 DHS sites across the County
- Coordinated the submission of 14 Quality and Productivity Commission applications (and collaborated on the entry of a multi-department PQA application)
- Published 11 issues of "Fast Facts from Dr. Katz"
- Participated in elected official-sponsored information events and townhalls to inform constituents about DHS services and the Affordable Care Act
- Administered Productivity Investment Fund (PIF) applications and grants
- Hosted legislative delegations and foreign dignitaries
- Coordinated media coverage for department-wide milestones and significant events
- Coordination of nomination applications for awards from the National Association of Counties and the California State Association of Counties
- Designed and published the DHS Annual Report

CAUTION
CAUTION
White Cap

USC TROJANS
USC TROJANS
USC TROJANS

Housing For Health

Housing for Health (HFH) works to end homelessness in LA County, reduce inappropriate use of expensive health care resources, and improve health outcomes for vulnerable populations. We do this by providing permanent supportive housing, interim housing (recuperative care and stabilization housing), and specialized primary care to homeless people with complex physical and behavioral health conditions. Permanent supportive housing, the cornerstone of HFH's approach, includes decent, safe, and affordable housing linked to a flexible array of support services. These on-site or roving supportive services, along with access to medical and behavioral health care, are integral to achieving housing stability, improved health status, and greater levels of independence and economic security.



The Star Apartments is home to 100 formally homeless DHS patients and also the new location of the HFH administrative team and the Star Clinic, a primary care clinic specializing in care for homeless and formally homeless individuals.

administrative staff

Mark Ghaly, MD
Deputy Director
Community Health

Marc Trotz
Director

Cheri Todoroff
Corrin Buchanan
Joe (Wen Kai) Tsai
Leepi Shimkhada
Scott Milbourn
Sony Ta, MD
Susan Partovi, MD
Vicki Nagata
Gavin Tochiki
Adriana Payton

special projects & accomplishments

In February 2014, HFH launched a new supportive housing rental subsidy program called the Flexible Housing Subsidy Pool (FHSP). The goal of the FHSP is to secure decent, safe, and affordable housing for DHS patients who are homeless and have complex physical and behavioral health conditions.

The LA County Board of Supervisors has approved $14 million toward the FHSP over the next four years, including $1 million from the Office of Supervisor Mark Ridley-Thomas and $13 million from DHS. These funds are matched with $4 million from the Hilton Foundation over the next two years. Funding is expected to provide housing subsidies for at least 2,400 persons, who will be linked with wrap-around, intensive case management services to support them in their transition to permanent housing and to achieve long-term housing stability.

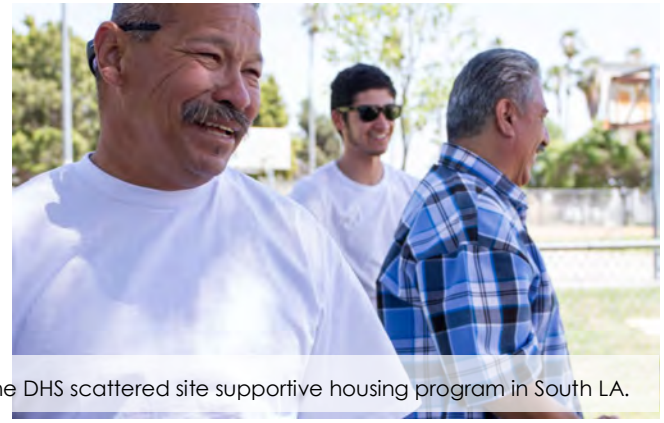
The FHSP draws upon a full range of community-based housing options including nonprofit owned supportive housing, affordable housing, and private market housing. Tenants are linked to physical, mental health, and substance abuse services by roving teams or on-site nonprofit agencies which partner with DHS. Additional services include crisis intervention, individualized case management, assistance with benefits establishment, and connections to educational, employment, and volunteer opportunities.

new recuperative care site opens in South LA

In an effort to respond to a high need for recuperative care services, HFH opened a thirty-eight bed recuperative care site in East Rancho Dominguez in late summer 2014. The site was renovated to serve patients with mobility impairments and provides wheelchair accessible community space indoors and in an open air courtyard. The site is operated by Lamp Community, a non-profit agency with over 25 years of experience providing services to homeless individuals.

outcomes to date

Permanent supportive housing	
# new individuals placed in housing since Nov. 2012	379
# units in housing portfolio	384
Interim Housing (Recuperative Care and Stabilization Housing)	
# new individuals admitted FY 13-14	201



DHS patients share stories and a meal at the first annual picnic of the DHS scattered site supportive housing program in South LA.

patient finds a new home and a new stride

When Sam was referred to HFH he was homeless, having trouble controlling his diabetes, and wheelchair bound due to a leg amputation. The HFH team placed Sam in stabilization housing where his case managers at LAMP Community helped him make his appointments at Rancho Los Amigos, a task that had been difficult before due to lack of transportation. Soon after, Sam received two pieces of good news: he was going to be fitted for a prosthetic leg and he was approved to move into his own subsidized apartment. Sam was placed at a HFH unit at a building with on-site supportive services and was quickly connected to a case manager. This case manager worked with him daily to reach his goals, including to someday walk independently. Within a few months, Sam took his first steps in ten years. Now his stride is getting stronger each day. In addition to walking on his own, Sam is now capable of doing other things he never thought possible, such as participating in community events at his building.

Marc Trotz and others break ground on a pipeline housing project, the Vermont Villas, a 78 unit supportive housing building.

2014/2015 objectives

- Double the capacity to provide permanent supportive housing and interim housing for DHS patients with complex physical and behavioral health conditions.
- Continue to work with DHS hospital partners to identify homeless high-utilizers to prioritize for housing resources.
- Open a new primary care clinic in Skid Row that will specialize in integrated health care for homeless DHS patients.

Human Resources

The Human Resources (HR) Division is committed to supporting DHS' strategic goals by:

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

HR services are provided through the following core areas:

- Classification & Compensation
- Employee Relations
- Facility On-Site Support
- Payroll and Benefits
- Performance Management
- Personnel Services
- Regulatory Compliance
- Recruitment & Examinations
- Training/Organizational Development

special projects & accomplishments

- Collaborated with DHS IT to implement an electronic system to securely process the non-County workforce (contractors, affiliation agreement workforce, students, and volunteers).
- Reached labor agreements with unions (Service Employees International Union [SEIU] Local 721, Union of American Physicians and Dentists [UAPD], Committee of Interns and Residents [CIR]) representing the majority of DHS' employees.
- Obtained approval from the Chief Executive Office Classification & Compensation Division to establish manpower shortage recruitment rates for various classifications based on recruitment and market analysis.
- Successfully reassigned Nursing Attendants to DHS hospitals to support the Ambulatory Care Network staffing model.
- Initiated Phase I of a Performance Evaluation Project to improve consistency and support on-line administration of evaluations.
- Developed employee orientation programs to support the opening of new DHS facilities including Harbor-UCLA Emergency Department, Martin Luther King Jr. Outpatient Center, and the High Desert Regional Health Center.
- Expedited the new employee orientation process for interns and residents through an on-line pilot.

administrative staff

Elizabeth Jacobi
Director
Human Resources

Marilyn Hawkins
Assistant Administrator

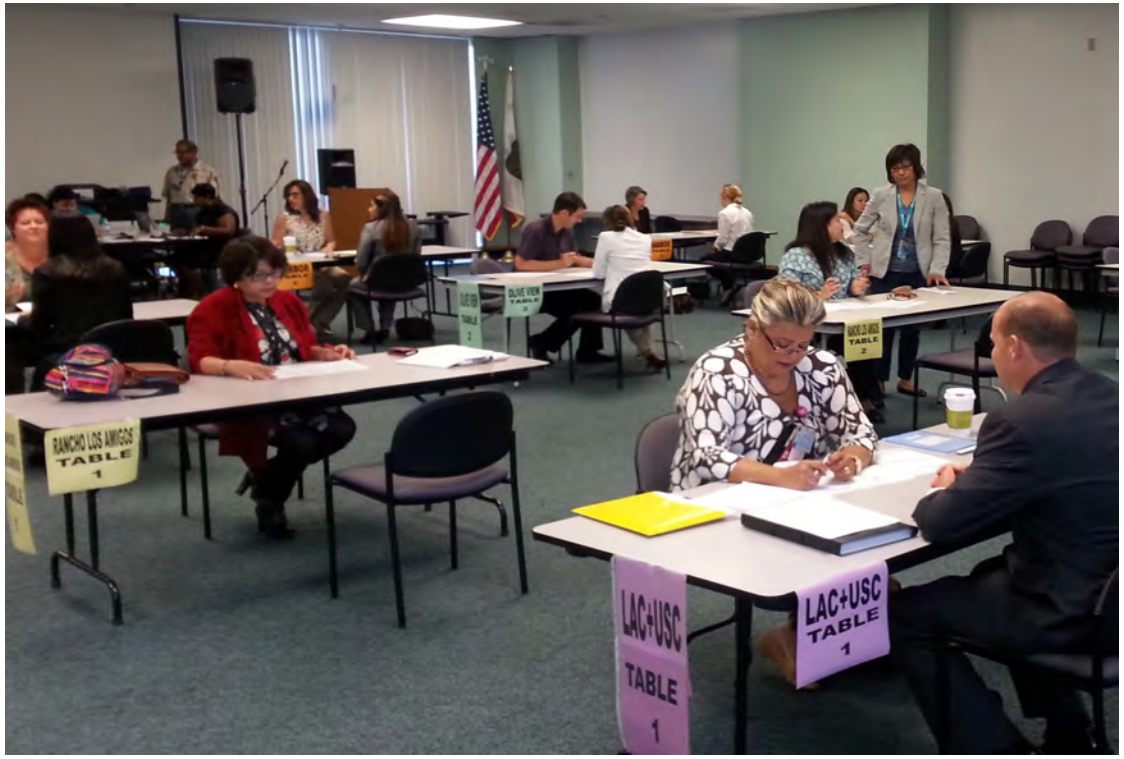
Tim Pescatello
Assistant Administrator

<u>Central Services</u>

Alice Aragonez, Personnel Services
Laura Rinard, Payroll
Donna Lough, Employee Relations
Joi Williams, Performance Management
Sharon Robinson, Regulatory Compliance
Rayette Hernandez, Classification & Compensation
Heberto Sanchez, Exams & Recruitment

<u>On-Site</u>

Karyl Smith, Harbor-UCLA
George Kolle, High Desert
Monique Ortega, LAC+USC
Regina Pierre, Martin Luther King, Jr.
Thomas Beggane, Olive View-UCLA
Anna Carpena, Rancho Los Amigos



2014/2015 objectives

- Partner with the Office of Nursing Affairs to meet recruitment targets for the 2014/2015 Board approved hospital-based nurse staffing plan through exam development, hiring fairs, and assignment plans.
- Develop a training program and on-line resource tools for supervisors regarding performance management, employee relations, and personnel operations
- Expand the FY13-14 pilot to expedite the new employee orientation process for all hires using technological enhancements
- Initiate a DHS-wide employee satisfaction survey
- Augment hiring manager tools by incorporating Physician and RN specialties into the county's employment application process
- Roll-out next phase of the Performance Evaluation Project
- Implement county solutions, such as the Performance Management Tracking System, to improve analytic tools for personnel operations
- Enhance labor-management committees in partnership with SEIU

Information Technology (IT)

DHS Information Technology (IT) leads IT innovations, initiatives, and services to support DHS' strategic goals.

- Goal: Transform DHS from an episodic, hospital focused system into an integrated, high quality delivery system
- Goal: Create a modern IT system that improves the care of our patients and assures efficient user of resources
- Goal: Foster a culture of empowered staff and community, organized labor, and university partners constantly looking for opportunities to improve the services provided to patients

administrative staff

Kevin Lynch
Chief Information Officer

Robert Bart, MD
Chief Medical Information Officer

Pamela Griffith
ORCHID IT Director

Enrique Garcia
Technology Operations

Margaret Lee
Budget & Planning

special projects & accomplishments

- The creation of a modern IT system is central to DHS's transformation. An Online Real-Time Health Information Database (ORCHID) along with an integrated electronic health record (EHR) was developed to enhance quality and efficiency of care
- The ORCHID design, build, and system review was completed. In progress on unit/system/integrated testing. ORCHID implementation will begin at Harbor-UCLA network in November 2014, with other DHS sites to follow
- Rolled out Disease Management Registry, i2i to assist deployment of Patient Centered Medical Homes with empanelment management
- Collaborated with DPSS and various stakeholders to implement "Your Benefits Now" – a web-based enrollment system that interfaces with DPSS LEADER system to streamline healthcare enrollment
- Implemented eConsults, an enterprise specialty care consultation system that achieved over 95,000 specialty care services

special projects & accomplishments (cont'd)

- In advance of ORCHID implementation, with DHS leadership, facility CEO's, CMIOs, subject matter experts, CIOs, ISD and Public Works, DHS accomplished the following IT objectives:
  - QuadraMed Hardware Consolidation
  - Harbor Network Infrastructure
  - MLK Data Center
  - Active Directory
  - Enterprise Data Repository (Phase 1)
  - Centralized Physician Credentialing System (Cactus)
  - Recruitment of critical IT resources (253 FTE, 200 Contractors)
  - Fuji PACs Consolidation
  - LAC+USC Data Center
  - DHS Internet/Intranet Standardization
  - VDI/PC Procurement

2014/2015 objectives

- Implementation of ORCHID will begin at Harbor-UCLA network in November 2014 with other DHS sites to follow.
- Etreby, an outpatient pharmacy system, will be implemented to improve a new prescription and refill management. This system will interface with the Cardinal Central Fill system. Implementation of a mail order refill system will further decrease pharmacy wait times and improve services.
- In progress on Enterprise Service Desk, niche health IT systems that includes the new outpatient pharmacy system, Centralized Physician Credentialing System (Cactus), ICD-10 ramp up, Capital Project Facility based infrastructure upgrades, MLK Data Center, Support of Information Exchange known as Los Angeles Area Network for Enterprise Services (LANES). As of today, LANES has achieved a technical go-live and proof of concept of health information exchange to enable better coordination and safer, high quality patient care delivery.
- Continue to support IT career advancement opportunities through hosted educational workshops with credit certification for PMP and IT best practices seminars.

ORCHID
Online Real-Time Centralized Health Information Database
LOS ANGELES COUNTY

The ORCHID implementation dates are:

- Harbor-UCLA: November 1, 2014
- MLK Jr. Outpatient Center: February 1, 2015
- LAC+USC: May 1, 2015
- High Desert Regional Health Center: August 1, 2015
- Rancho Los Amigos: November 1, 2015
- Olive View-UCLA: February 1, 2016

Integrated Programs

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

NEW programs in FY 2013-2014 included:

AB 109 Program provides for collaboration with the Probation Department, DMH, and DPH to coordinate services for State prison releasees returning to LA County on Probation. A Registered Nurse II and Clinical Social Work Consultant are co-located at the Probation Department's Pre-Release Center to assess releasees' medical needs and coordinate needed health-related services.

The Wellness Center – Integrated Programs supported the development of The Wellness Center at the Historic General Hospital, a new nonprofit center on the LAC+USC campus consisting of 16 co-located public and nonprofit health and social service agencies, serving LAC+USC patients, staff, and the surrounding community. The Center opened in March 2014.

administrative staff

Mark Ghaly, MD
Deputy Director
Community Health

Karen Bernstein
Director

Jivaro Ray
Medical Hubs Program
& SB 474 Strategic
Initiative Program

Melissa Christian
Mental Health Liaison

Cindy Callado
Rosanna Clarito
GR Record Retrieval
Project Managers

Glynnis Mason
Lucedes Bag Aw
AB 109 Program

Substance Abuse Counselors in EDs – a collaboration with DPH's Substance Abuse Prevention & Control Program (SAPC), this program hired two Substance Abuse Counselors (SACs) to conduct Substance Use Disorder (SUD) assessments and brief interventions in the LAC+USC and Harbor-UCLA Emergency Departments with a third SAC recruited for Olive View's ED. SAPC co-located a staff assistant and driver at LAC+USC to navigate identified patients directly to SUD treatment resources. Beds at the Antelope Valley Rehabilitation Center have been set aside for DHS patients from this project.

Inmate Care Services – coordination with the Sheriff's Department, LAC+USC, and USC on the implementation and monitoring of urgent care services and selected specialty care services on-site at the Twin Towers jail facility, to improve access to care and reduce the need for inmate transport to LAC+USC for services.

ONGOING programs include:

Medical Hubs Program - coordination of Medical Hub Clinics at 6 DHS facilities 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 2013-2014, the Medical Hubs provided 28,103 patient visits.

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 LA residents.

General Relief (GR) SSI Record Retrieval Project – to assist the Department of Public Social Services in obtaining SSI disability benefits for eligible GR recipients, a team of nurses reviews DHS medical records, compiles the most pertinent information, and provides written healthcare summaries to be submitted with the SSI applications. In FY 13-14, the record retrieval team completed 1,211 record retrieval requests.

Mental Health Liaison - provides oversight and coordination for DHS psychiatric services on a system-wide level and serves as liaison to DMH.

County-wide Initiatives – Integrated Programs collaborates with other County departments and community agencies on initiatives including Behavioral Health Integration, Family and Children's Index, Integrated School Health Center Project, Baby-Friendly Hospital initiative, Transition Age Youth (TAY) Self-Sufficiency initiative, and Commercially Sexually Exploited Children initiative.

2014/2015 objectives

- At Medical Hub clinics, implement universal medical screening exams for children upon removal from home by DCFS, and expand implementation of a medical home model for continuity care
- Expand partnership with DMH and DPH-SAPC to ensure that patients with co-occurring physical health, mental health, and substance abuse conditions obtain services seamlessly
- Broaden care coordination efforts in collaboration with the Probation Department to include addressing housing needs for medically fragile AB109 releasees requiring residential placement

LOS ANGELES COUNTY
AMBULANCE
60059
LOS ANGELES COUNTY
CA 796

Juvenile Court Health Services

Juvenile Court Health Services (JCHS) is comprised of over 200 dedicated staff who provide care for youth detained at LA County's 14 Probation juvenile detention facilities. JCHS offers primary and preventive medical care services including age-appropriate screenings and immunizations, and we provide referrals to other County medical centers for emergency and specialty care. Other essential health and ancillary services are offered including: general dentistry, optometry, full pharmacy services, point-of-care laboratory testing, and management of our own electronic medical records system. Nearly 2,000 youth are detained in the County on any given day and JCHS strives to meet all of their health needs with effectiveness, efficiency, and compassion. JCHS works closely with the Probation Department, Department of Mental Health, and LA County Office of Education to ensure an environment meant to help and support our youth. JCHS staff are tasked not only with being great healthcare providers and County representatives, but with being supporters and role models to help our youth recognize their potential to be healthy, responsible adolescents.

JCHS clinical sites

Juvenile Halls
Central Juvenile Hall (Los Angeles)
Barry J. Nidorf Juvenile Hall (Sylmar)
Los Padrinos Juvenile Hall (Downey)

Residential Treatment Camps
Challenger Memorial Youth Center [4 camps] (Lancaster)
Camp Clinton Afflerbaugh (La Verne)
Camp Joseph Paige (La Verne)
Camp Glen Rockey (San Dimas)
Camp John Munz (Lake Hughes)
Camp William Mendenhall (Lake Hughes)
Camp David Gonzalez (Calabasas)
Camp Fred Miller (Malibu)
Camp Kenyon Scudder (Saugus)
Camp Joseph Scott (Saugus)
Dorothy Kirby Center (Commerce)

JCHS: primary care services for detained youth

Many of the youth whom we serve in juvenile detention facility clinics have had limited access to healthcare prior to being detained. Furthermore, these youth may be involved in behaviors that place their health at greater risk than other adolescents. It is for these reasons that the primary care provided to them is so important.
JCHS manages approximately 10,000 admissions each year, for whom our staff provide full physical exams, STD screenings, pregnancy tests, tuberculosis screening, immunizations (including HPV vaccine), dental health exams and treatments, and optometry services. In the past year, JCHS has expanded our immunization services so that youth can receive immunizations at all of our facilities. In fact, through coordinated "flu vaccine clinics", JCHS immunized over 95% of detained youth in halls and camps against influenza for the past two flu seasons. All youth are provided with updated copies of their immunization records when they are released. JCHS Optometry services include annual exams and new or replacement eyeglasses; over 1,000 new pairs of eyeglasses are given to youth each year.
JCHS also refers youth to subspecialty medical clinics at other DHS facilities. We work to ensure that all health needs of our youth are met while they are detained and that they are given the encouragement, knowledge, and tools to be healthy adolescents when they return home.

Central Juvenile Hall Staff

Department Heads & Administrative Staff

administrative staff

Mark Ghaly, MD
Deputy Director
Community Health

Raymond Perry, MD, MS
Medical Director

Elena Laurich
Administrator

Ferlie Villacorte, RN, MSN, MPH
Nursing Director

special projects & accomplishments

During the past year, JCHS collaborated with the Probation Department, Department of Mental Health, and LA County Office of Education regarding revitalizing the Probation Aftercare Program, which aims to better prepare youth to transition home from detention camps. The Aftercare Program provides support services — including health education and healthcare referrals— to youth and their families prior to their return home. JCHS implemented a new process to assist families with arranging follow-up medical appointments at DHS clinics in their home communities. JCHS' goal is for youth and their families to recognize the importance of continued primary care, completion of immunization series, ongoing health risk assessments, and the support and resources for overall well-being that are offered by DHS medical clinics. JCHS has also increased efforts to ensure follow-up care for youth with chronic medical conditions.

JCHS has strengthened it's efforts to provide sensitive support to more vulnerable populations in our system– teenage girls, lesbian/gay/bisexual/transgender youth (LGBT), and commercially-sexually exploited children (CSEC). All clinical staff received training on health care for LGBT youth, and later this year, in collaboration with other County departments, we will train our staff on CSEC. In addition to training, we will be working closely with our partnering agencies to enhance and coordinate services to support these youth.

By upholding the value of nurse-patient and provider-patient relationships and by emphasizing the positive impact that our staff have on department-wide and patient-specific outcomes, we have been increasingly successful in recruiting and retaining staff that are dedicated to JCHS' mission. In order to ensure our ability to provide optimal services, JCHS has also been proactive in maintaining our fiscal accountability, effectively managing departmental resources, and upgrading our technical equipment. As healthcare providers for the largest juvenile detention system in the United States, JCHS continues to be a leading and innovative system in correctional health services. JCHS looks forward to continued success in providing high quality, efficient care to detained youth and to connecting the youth with a DHS network that is similarly committed to their health and well being.

2014/2015 objectives

JCHS has several goals for enhancing the care and services provided to youth in the juvenile halls and camps. Our plans include:

- Implement universal rapid HIV screening, to accompany our current chlamydia and gonorrhea testing for all newly admitted youth
- Facilitate and track referrals to DHS community clinics for youth released from juvenile detention camps
- Enhance resources supporting services for youth who identify as LGBT and youth who have been CSEC
- Install new digital radiographic machines to support medical and dental services
- Successfully maintain accreditation by the National Commission on Correction Health Care

Challenger Youth Memorial

Staff from Camps

Barry J. Nidorf Juvenile Hall Staff

Los Padrinos Juvenile Hall Staff

Managed Care Services

The Managed Care Services Division (MCS) functions as the management services organization for the LA County Department of Health Services (DHS). In that role, MCS works with other DHS colleagues to ensure that DHS fulfills it's contractual and regulatory requirements, operates efficiently and effectively, and provides quality care and services to it's managed care patients. MCS further supports DHS' effort to appropriately manage the care of all patients that have a provider and captures and analyzes clinical data in an effort to effectively manage medical care. MCS works closely with DHS facilities to increase managed care quality outcomes. MCS provides utilization management which manages the use of out-of-network providers by DHS patients and the authorization process. Other MCS activities include but are not limited to, processing out-of network provider claims, providing member services, resolving grievances and appeals, operating an appointment scheduling unit, and doing business development. All of these efforts help improve the quality of health care for DHS patients, while ensuring that care is provided in a cost-effective manner.

MCS' patient population includes those who are insured with their care organized through contracted managed care partners, and those who are uninsured. The insured population includes, Medi-Cal managed care and In-Home Supportive Services workers who have a DHS primary care medical home. Its uninsured clients include those enrolled in the Healthy Way LA (HWLA) Matched and Unmatched programs. More than anything, MCS' work in 2013-14 was focused on preparing DHS patients and staff for the January 1, 2014 health insurance expansion component of the Affordable Care Act (ACA). By the end of the fiscal year, DHS' Medi-Cal managed care patients had grown from 72,000 to almost 224,000 – over a 200% increase.

moving from health access to health insurance

What made the managed care population increase possible was DHS' pioneering work under its signature HWLA-Matched program which was led and managed by staff within MCS.

For almost three years, DHS worked with other County agencies, Community Partners (CP), and advocates to create, implement, and operate this health program which identified, enrolled, and provided services to uninsured individuals who would be eligible for Medi-Cal under the ACA. By the end of December 2013, over 300,000 uninsured LA residents had been enrolled in HWLA-Matched and on January 1, 2014, all were instantly enrolled in Medi-Cal (the State's public health insurance program). This was a tremendous achievement for the HWLA-Matched Operations Unit, DHS, the County and its partners. MCS' work resulted in LA County accounting for almost half of all California uninsured residents (300,000 out of 652,000 or 46%) who were enrolled in local county programs and transitioned into Medi-Cal on January 1, 2014.

expanding our managed care presence

One primary goal of MCS is to promote patient retention and enhance patient experience by working in partnership with DHS providers. To the fullest extent possible, DHS wants to retain it's patients as their health insurance status changes, from uninsured to insured, as they change health plans, as their health insurance coverage changes, and/or they move from one part of the County to another.

To promote patient retention, MCS identified and entered into new or expanded contracts with health plans. As a result, DHS is a provider of choice for individuals enrolled in both of the Medi-Cal managed care plans in the County and can provide services to health plan members who have not selected DHS as a provider but are referred to DHS for specialized services. MCS also instituted several managed care committees within DHS. The Managed Care Infrastructure Improvement Workgroup was designed to strengthen DHS' operational infrastructure for managed care contracting. It identifies areas in which deficiencies may exist, standardization is warranted, programmatic modifications are needed, etc. and implements recommendations to improve DHS practices and procedures.

administrative staff

Tangerine M. Brigham
Deputy Director,
Managed Care Services

Amy Luftig Viste, Program Director, My Health LA

Charlotte Piggee, Member Services Director, Patient Relations & Referrals

Dawn Flores, Appointment Service Center Director, Patient Relations & Referrals

Diana G. Vasquez, RN, JD, Quality Management & Clinical Compliance Director, Medical Management

Lauren Simmons, Chief Information Officer, Managed Care Information Systems

Lucy Cruz-Nakamura, Business Development Manager

Nancy Pe Quilino, Provider Network Support & Operations Director

Pamela Ricks-Hawkins, RN, BSN, Utilization Management Director, Medical Management

Peter Balingit, MD, FACP, Interim Chief, Managed Care Services

Rogers Moody, Finance Services Manager Financial Services

Rose Lugo, Human Resources & Facilities Support Manager

Rowena M. Roxas, CPC, MPA, Claims Management Manager, Financial Services

Shari Doi, Healthy Way LA Operations Director

special projects & accomplishments

- On January 1, 2014 MCS successfully transitioned over 300,000 uninsured HWLA-Matched enrollees into Medi-Cal (public health insurance) as part of the historic federal ACA in partnership with the LA County Department of Public Social Services, community partners, and others.
- Led County-wide efforts to promote understanding of, and enrollment in, the ACA through the creation of the "Everyone on Board!" campaign, a coalition of over sixty Countywide organizations, advocacy groups, and County departments. This included the creation of high-visibility campaign materials, the development of a health reform website, and dozens of presentations at health fairs and community events.
- Conducted and continued planning efforts for the development of a restructured program for the remaining uninsured, known as MHLA program. This included a solicitation for new community clinic providers, a web-based eligibility and enrollment system, and development of payment reform methodologies.
- Developed and implemented the MCS Enrollment Dashboard report providing a snapshot of enrollment, disenrollment, and demographic data for the Medi-Cal managed care product line.
- Provided IT project management and coordinated implementation activities in preparation for ORCHID transition.
- Expanded the Appointment Scheduling Center, which is responsible for supporting DHS' eConsult initiative.
- Completed 100% of clinical audits within timeframes at over 200 sites.
- Handled approximately 18,000 to 20,000 calls per month to Member Services from HWLA enrollees.
- Completed audits on 64 CP encompassing 223 sites and exceeded the performance goal of reducing the number of identified deficiencies.
- Quality Management centralized the HEDIS data collection and chart abstraction process by being granted direct access to DHS facility medical records through various electronic data systems.
- Implemented the grievance and appeals process for a new health plan partner and closed all remaining HWLA grievances and State Fair Hearing cases.
- Through a robust repatriation program lead by the MCS UM Unit, 64 % (374 of 583 stable patients) of managed care patients hospitalized in an out-of-network acute hospital were repatriated back into the DHS network.

serving the residually uninsured

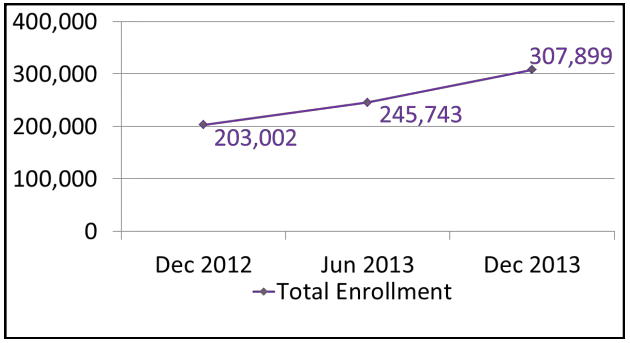
While full implementation of the ACA expanded health insurance to millions of U.S. residents, many remain ineligible and those residually uninsured residents rely on local providers such as DHS and community clinics for health care.
In an effort to ensure that the remaining uninsured continued to have access to health care, MCS, in partnership with community clinics, accelerated it's planning of an organized, comprehensive health access program. The agreed upon core principles were: (1) coordinated, whole-person care, (2) payment reform, (3) improved efficiency and reduced unnecessary costs, (4) access to care and (5) simplified administrative systems. The program is called My Health LA (MHLA) and will be implemented in early Fall 2014. Under MHLA, eligible uninsured LA residents will receive primary care services through a comprehensive program that promotes prevention, medical homes, and participant choice. In addition, they will receive diagnostic, pharmacy, specialty, urgent, emergency and inpatient services, and referrals for behavioral health services. Through this program, DHS will be able to encourage participants to get primary care early in their illness to avoid emergency care later on.

Healthy Way LA

December 31, 2013 signaled the end of the Healthy Way LA Program. Over 300,000 Healthy Way LA members successfully transitioned to Medi-Cal on January 1, 2014. The overall planning and timely execution of this transition was directed by Shari Doi-Hatcher, Healthy Way LA Operations Director.

the future

DHS and Community Partner staff became ambassadors for health care reform and presented Healthy Way LA patients with 2014 health care options.



special projects & accomplishments

Fiscal Year 2013-2014 was the year of transition for the Healthy Way LA Program and it was a time of tremendous achievement for the Healthy Way LA Operations Unit and DHS. The Healthy Way LA Program was ending and DHS was preparing for health care reform.

The Healthy Way LA Program network was comprised of DHS facilities and over 180 contracted Community Partners clinics. It was these entities, in partnership with the Department of Public Social Services (DPSS) that worked diligently to meet Dr. Katz's goal of 300,000 Healthy Way LA members by December 31, 2013.

collaborative innovation & partnership

Much of the work accomplished in Fiscal Year 2013-2014 was a result of the Department's successful collaboration with the DPSS who assisted DHS in achieving the targeted enrollment goal of 300,000*. Deputy CEO - Antonia Jimenez, DPSS Director - Sheryl Spiller, and the DPSS leadership team were committed to this program. Ms. Jimenez, Deputy CEO, led a bi-weekly core Leadership Team to plan and execute the most effective methods of achieving success. Here are some of the results:

- Created a centralized Redetermination Mail-In Unit to process annual renewals that significantly improved compliance and alleviated a tremendous workload from the DHS facilities. This unit was staffed by over 15 DPSS eligibility workers as well as the HWLA Operations clerical and eligibility review staff.
- Dedicated DPSS IT staff automated the annual HWLA renewal process for active General Relief (GR) participants, ensuring no gaps in coverage and creating a seamless transition for GR participants into Medi-Cal in 2014.
- Mobilized over 400 DPSS clerks and DPSS eligibility workers to volunteer for overtime on weekends through the months of February, March, and April to help clear over 60,000 applications.
- DHS & DPSS HWLA partnership began in January 2013.

In addition, several community based, non-profit organizations utilized their networks to conduct outreach and enrollment services to underserved LA County residents who qualified for Healthy Way LA. Their efforts opened doors to those that normally did not receive services at a DHS facility or community partner clinic.

- Providence Little Company of Mary Foundation
- Southern California Education Fund, Inc. (OneLA)
- We Care Enough To Act, Inc. (SEIU-UHW)
- GroundWorks

DHS Delivers Quality, Community-Based Care

The Department of Health Services (DHS) is an integrated health system, so your care is always coordinated and you get the right care at the right place at the right time. Explore our health system and let us be your partner in good health.

Find Care Near You

Enter your address, city, or zip in the field below to find quality care near you.

Enter Address, City, or Zip | Search

Health Services

Select a type of care below to learn more about the health services DHS provides.

Select Type of Care | Go

Coverage Options

Learn about health coverage options to make your care affordable.

View Coverage Options | Go

Office of Nursing Affairs (ONA)

ONA provides support and strategic direction to DHS facilities and supports strategic alliances and partnerships for DHS nursing services.

administrative staff

Christina R. Ghaly, MD
Deputy Director
Strategy & Operations

Vivian Branchick, RN
Director of
Nursing Affairs

nurse recognition

ONA proudly recognizes and celebrates DHS nurses. ONA takes a lead role in organizing the LA County-wide Outstanding Nurse of the Year program. Nurses working in the various County departments were nominated by their peers. This process is standardized throughout the County and the evaluation is based on their excellence in clinical/performance, patient advocacy, leadership/role model, teamwork, education/community service, and professional development.
The Annual LA County Nurse Recognition Week is held in May to recognize and honor all LA County Nurses for their commitment and dedication. The LA County Board of Supervisors proclaimed May 4th through 11th, 2014 as the 31st Annual LA County Nurse Recognition Week. On May 13, 2014, the LA County 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.

At the celebration, Mr. Sherwin Pacampara, RN, 4A Medical/Surgical Unit, was selected as the outstanding nurse of the year. He will be representing all of the DHS facilities for 2014.

education compliance program

The Education Compliance Program coordinates Nursing and Allied Health Competency Testing at all DHS hospitals and clinics, including Juvenile Court Health Services, Emergency Medical Services, and Managed Care Services. In 2013, a total of 9,084 County workforce members, comprised of 6,553 nurses and 2,531 allied health personnel, completed competency assessment and testing. 1,275 non-county workforce members were also tested. During 2013, the DHS systemwide competency program facilitated the learning and assessment process through simulation of performance skills with the use of live models, ensuring patient safety, infection control practices, customer service, and discipline specific measures of competence. Simulation-enhanced technology is utilized to augment competency assessment processes. The Education Compliance Unit works with ONA to provide pre-assessment testing for licensed contract nurses and to improve pre-assignment processes and timely acquisition of contract staff to meet critical patient care needs.

nurse recruitment & retention

This has been a very successful year for the Nurse Recruitment and Retention Department. In 2013, the Nurse Recruiters facilitated hiring a total of 544 Registered Nurses, an increase of 127%. Nurse Recruiters are based in all 4 hospitals to provide convenient on-site services to applicants.

The Nurse Recruiters collaborate with hiring managers to expedite the hiring process. We assist in various civil service examination processes to ensure an adequate pool of applicants for all DHS facilities. Our efforts to bridge the experience, knowledge, and skills of nurses and other health care professionals have been rewarded by increased hiring of nursing staff.

Nurse Recruiters have developed a standardized nurse retention plan to increase the retention of nursing staff. The plan was approved by the ONA and the facility Chief Nursing Officers (CNOs). The team will continue to work diligently to attract and recruit knowledgeable and clinically skilled nursing staff to the system.

special projects & accomplishments

- Continued to partner with the Workforce Development Program to provide training for Nursing Attendants to become Medical Assistants to support patient centered medical homes in hospital-based clinics
- Coordinated the development of a system wide nurse staffing plan to support DHS hospitals and hospital-based clinics
- Coordinated the implementation of an Internal Registry Program to reduce the department's reliance on outside registries
- Recognized by Quality and Productivity Commission for the coordination of a systemwide Fall Prevention Program
- Collaborated with Facility CNOs on the development of a systemwide Nurse Retention Program

The ONA coordinated and presented a countywide nursing seminar on May 5th. This year, Pamela M. Griffith, Elaine Goehner, and Nancy Loos were invited to speak on the topic of "Nurses Leading Transformation". Over 200 Registered Nurses attended this continuing education seminar.

Healthcare Workforce Development Program

Educational Programs to Support Transformation in DHS

The Health Care Workforce Development Program (HCWDP) implemented workshops and programs in support of the transformation of the health delivery model to a preventive and primary care model. HCWDP worked closely with DHS managers and SEIU labor partners to align efforts with the DHS strategic plan, to provide career pathway programs and skill enhancement workshops.

HCWDP finished the Certified Medical Assistant (CMA) educational program for approximately 130 DHS workers, primarily nursing attendants, who will be employed in the Patient Centered Medical Homes (PCMH) in the Ambulatory Care Network (ACN) and Hospital-based clinics.

The Nurse Practitioner (NP) program which concluded in May, prepared twenty DHS Registered Nurses to serve in DHS specialty care clinics with serious chronic conditions.

The Worker Education and Resource Center (WERC) obtained a grant from the US Department of Labor and partnered with Charles Drew University and the DHS Office of Nursing Affairs.

administrative staff

Christina R. Ghaly, MD
Deputy Director
Strategy & Operations

Diane Factor
Director

critical skills building

WERC designed, in close collaboration with the DHS IT department, a basic computer skills program to prepare DHS workers for the ORCHID electronic health record database. The workshop combines an overview of the value of ORCHID, a classroom interactive workshop, and online practice eModules on the DHS Intranet site. WERC trainers completed workshops at Harbor-UCLA Medical Center and the cluster clinics, the first location to go live in 2014. WERC will continue with workshops at LAC+USC Medical Center and the other sites in FY 2014-15.

integrated care and new healthcare coverage

WERC administers a Community Health Worker (CHW) program for peer advocates who volunteer to support clients in the Mental Health Clinics. WERC was awarded a grant from the California Endowment to develop an overall strategy to research, advocate, and educate CHW for integration into new care delivery models. DHS will host the first pilot class for twenty-five new CHW who will be assigned to patient-centered medical homes.

WERC opened a new location at the Wellness Center at the Historic General Hospital, along with nineteen other health-related community organizations. WERC is providing training for community residents who want to become healthcare workers and offers programs that focus on improving health outcomes.

WERC is developing workshops to strengthen team-based care, registration and financial services, and customer service – all in alignment with the strategic goals of DHS as it becomes the healthcare provider of choice.

WELCOME
CARE HARBOR LA
LA Care
Dental

Healthy Way LA
LOS ANGELES COUNTY

Pharmacy Affairs

The LA County DHS, Pharmacy Affairs is a system-based department focused on promoting and optimizing the use of medications. Proactive unified formulary management, centralized pharmaceutical purchasing, development of standardized system policies, medication safety and automation standardization, and tracking of medication use data are coordinated to optimize that DHS pharmaceutical resources are utilized in a manner that promotes safe, evidence-based and cost-effective outcomes. Managed care medication management and prior authorization reviews are centrally coordinated in collaboration with medical leadership. DHS Pharmacy Affairs collaborates with the DHS Core Pharmacy and Therapeutics Committee, DHS Specialty Workgroups, the DHS Pharmacy Directors Committee, and the DHS Medication Safety Committee to support and promote outcome-based and safe patient care.

administrative staff

Hal F. Yee, Jr, MD
Chief Medical Officer

Amy Gutierrez, PharmD
Chief Pharmacy Officer

Kevin Vu, PharmD
Sarah Brody, PharmD
Jeffrey Melnick, PharmD
Tia Nguyen, PharmD

Shane D'Souza, PharmD
Chief, Pharmacy Procurement, Contracting and Data Analytics

Nadrine Balady-Bouziane, PharmD
Pharmacy Chief, Ambulatory Care

Sam Lee, PharmD,
Supervisor, Pharmacy Procurement

Lyra Tompkin, Service Unit Materials Manager, Pharmacy Procurement

Christine Ke,
Data Analytics

Cheryl Ariate,
Data Analytics

special projects & accomplishments

- In 2013-14, DHS replaced the ambulatory care pharmacy system with the goals of increasing operational efficiency and paving the way for accepting electronic prescriptions and online electronic claims submission.
- In 2013, DHS opened a central fill pharmacy to process all outpatient pharmacy prescriptions through a strategically placed high volume automation pharmacy. This central fill pharmacy is now processing over 2,000 refill prescriptions per day, with goals of expanding access to mail service in the next year.
- DHS processed pharmaceutical manufacturer patient assistance program applications valued at over $20 million during 2013-14, providing critical medication access to uninsured patients.

2014/2015 objectives

- Outpatient Pharmacy Customer Improvement Projects
- Implementation of pharmacy mail service program and expansion of central fill operations
- Medication clinical standardization and medication safety enhancement across all settings
- Expansion of pharmacist provider role in ambulatory care settings
- Patient medication adherence strategies for chronic care disease management

Youth
Welcome
Center
GLORIA MOLINA
SUPERVISOR

Automated Hand Hygiene M
Patient Safety
HSA Quality Improvement & Patient Safety Program
Health Services
Martin Luther King - MACC
$ 10,000.00
Ten Thousand Dollars
Memo: Best Patient Safety Pilot Project

TRC NW8F

Planning & Data Analytics

The Office of Planning and Data Analytics (OPDA) helps guide key decision making in DHS. 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 health-care" by using data to lead the way. We also collaborate with and deliver research and analysis to other LA County departments and external stakeholders.

administrative staff

Anish Mahajan, MD
Director
System Planning Improvement & Data Analytics

Irene Dyer, MS, MPH
Director

Toki Sadralodabai, PhD
Chief of Analytical Services

Nicole Bronson, PhD
Research Analyst

Kimberly Brown, MSW
Research Analyst

Cindy Lou Cantu, MA
Research Analyst

Jorge Garcia, MPH
Staff Analyst

Lisa Greenwell, PhD
Research Analyst

Michael Lim, MPH
Epidemiologist

Vichuda Matthews, DrPH
Epidemiologist

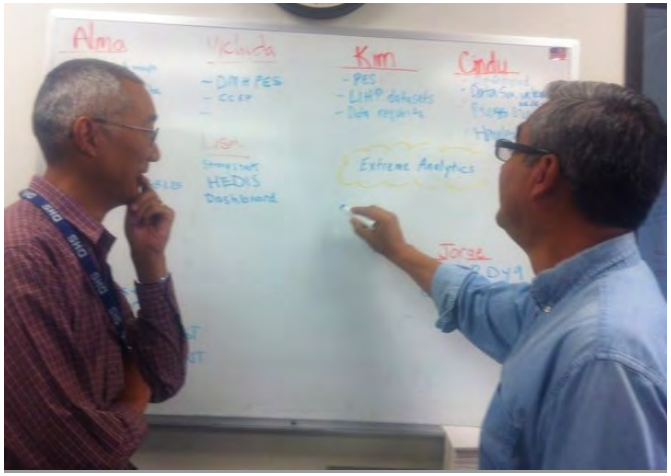
Alma Vazquez, BS
Information Systems Analyst

enterprise patient data repository (EPDR)

The mission of the EPDR project is to provide the data infrastructure that enables DHS to provide higher quality care to more people at lower cost. Our office is the lead on coordinating the implementation of the new EPDR, which 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. The EPDR will help us meet the claiming and reporting requirements of the 1115 Waiver and allow DHS to operate effectively with the coming changes from the Patient Protection and Affordable Care Act. Phase 1 of this project is nearing completion and will enable DHS to produce financial reports as required under the Waiver. Phase 2 will begin in Fall 2014 with the addition of clinical and managed care data. 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.

dhs data governance

Data governance is the basis for any successful healthcare organization. As DHS prepares to implement ORCHID and EPDR successfully, it is imperative to have a formal process for organizing and managing data and information across all DHS functions. As a result, the DHS Data Governance was formed as the formal orchestration of people, processes, and technology to enable our organization to leverage our data as our most strategic asset. The DHS vision is to achieve a superior level of quality, consistency, security, availability, and usability of data system-wide. At the present time, one of the main goals of DHS Data Governance is to improve data quality and confidence by influencing behaviors in the way the data is thought about and used. These changes should result in improving information quality and optimizing data outcomes that in turn will lead to improved business decisions made by DHS. Our office continues to play an essential role in directing and coordinating this effort across DHS through a Data Governance structure that includes an Executive Committee (DHS and Facility Executive Leadership), Steering Committee (Facility and HSA Leadership), Data Stewards (Business Owners), and Data Custodians (IT Owners).



departmental collaborations

We work closely with other program units, other LA County departments, and outside organizations by disseminating data on health care utilization, demographics, disease profiles, and health program memberships. Through our collaboration with MCS, the transition of over 300,000 Low Income Health Program (LIHP) members to Medi-Cal was successfully completed. In addition, our office provides ongoing support for required data for Healthcare Effectiveness Data and Information Set (HEDIS) for DHS managed care patient population. Our office played an integral role in the ACN's completion of empaneling DHS patients to PCMHs. We partnered with HFH to evaluate their programs regarding access to housing. Our office creates utilization data and reports in conjunction with the LA County Chief Executive Office on California's Realignment Act (AB 109) and the Enterprise Linkage Project (ELP).

2014/2015 objectives

- **EPDR Implementation:** Successfully complete the addition of clinical and managed care data to EPDR.
- **Data governance**: Achieve a superior level of quality, consistency, security, availability and usability of data DHS-wide through a centralized Data Governance structure.
- **DSRIP:** Continue our two-fold role; calculating the indicators for the population-focused improvement category as well as completing the DSRIP annual and semi-annual reports through coordination with other offices.

Quality Improvement & Patient Safety (QIPS)

Mission Statement: Our mission is to facilitate DHS in its pursuit of high quality and safe patient care.

QIPS Core Values: Trust, Patient Centeredness, Collaboration, Transparency, Reliability, Integrity, Expertise, Adaptability

The DHS QIPS program 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 DHS-wide Executive Quality Improvement, Patient Safety, and Risk Management Committees, as well as "Effective Practice" groups organized by clinical subject matter. QIPS staff have also served as expert consultants to the ORCHID project in the area of quality, patient safety, and risk management.

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. This year our quality initiatives focused on two areas, 1) inpatient quality initiatives 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"; and 2) Healthcare Effectiveness Data and Information Set (HEDIS®) initiatives. HEDIS measures are designed to allow consumers to compare health plan performance across plans on preventive services such as Breast Cancer screening and disease management including comprehensive diabetes care. 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 and treatment of venous thrombolytic (VTE) events, and acute stroke management.

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 developing and/or standardizing evidence based practices. The Effective Practice groups also coordinate the implementation of the above waiver activities in each of the county hospitals.

administrative staff

Hal F. Yee, Jr, MD
Chief Medical Officer

Arun Patel, MD, JD
Director

Sandra Aleman, RN
Deon Hall, RN, MSN
Liz Augusta, RN, MSN
Nancy Lefcourt, RN, MSN
Mary Ayrapetyan
Olivia Lo
Ruth Bala, RN, MSN
Marife Mendoza, RN, MBA-HCM
Gwen Dupree Pittman
Ronaldo Scotland, MPH
Terry Edmond, RN
Evelyn Szeto, CLS
Sherli Fernandez, RN, BSN CCRN
Christina Tickner, RN, MSN
Graciela Garcia
Lily Wu

special projects & accomplishments

1115 Waiver Project

- Helped to obtain significant DHS funding through the coordination of quality initiatives accomplishing the 1115 Waiver milestones
- Implemented the DHS-wide Atlas Guardian Infection Control System
- Led efforts to reduce the rates of sepsis, surgical site infection, and central line bloodstream infection in all DHS hospitals

Safety Intelligence Project

- Spearheaded the County-wide electronic event reporting system

Patient Safety Conference & Awards Ceremony

- Coordinated two day patient safety conference for 225 DHS staff
- Provided $24,500 in award money to DHS facilities and staff for the completion of cutting edge patient safety projects and recognition of patient safety leaders

2014/2015 objectives

- Decreased mortality of sepsis and stroke patients
- Improved outreach for disease prevention and management
- Implementation of a DHS-wide claims management system
- Implementation of a DHS-wide patient complaint/grievance management system
- Coordination of two day patient safety conference

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 strives to build and maintain "Safe and Just Culture" through guidance and training on the application of Safe and Just Culture concepts. QIPS, through the DHS 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 DHS Patient Safety Conference and Awards Ceremony, a two day event which highlights facility and staff dedication to patient safety efforts. World renowned experts are invited to speak on recent trends and initiatives in patient safety.

clinical risk reduction

Clinical risk is reduced as a result of quality improvement and patient safety activities. The Executive Peer Review Committee and the DHS Risk Managers Committee target areas of actual or potential vulnerability and develop improvement plans to address these issues. Improvement plans are designed to reduce the frequency and severity of adverse events in terms of human injury and financial loss and identify opportunities for preventing these events. 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 all County departments that provide medical services including DHS, Sheriff, Mental Health, Public Health, and Fire.

Risk Management (RMD)

claims & litigation management

RMD is committed to the furtherance of the DHS mission of ensuring access to high-quality, patient-centered, cost-effective health care to LA 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
- Facilitation of employee return to work initiatives related to both industrial and non-industrial matters

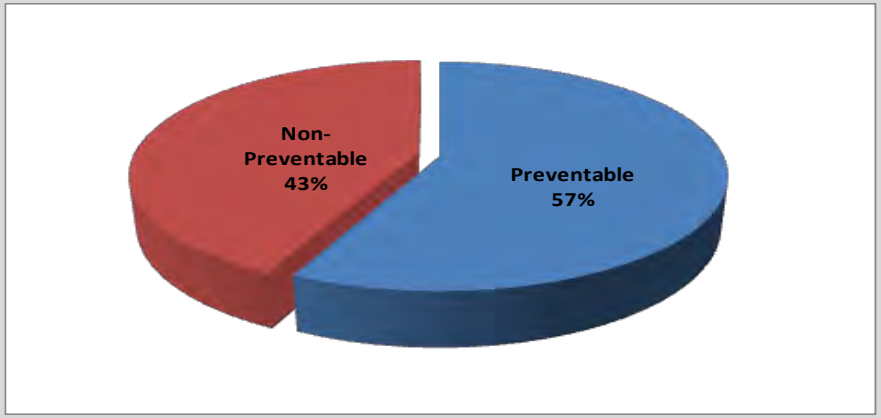
RMD strives to identify and mitigate loss exposures through the practical application of Six Sigma principles, analytics, management science, and causation analysis.

The Claims & Litigation Management Unit worked to streamline backend processes associated with response/defense of government tort claims and non-medical malpractice based litigation. The unit worked collaboratively with both facility and central services groups in the development of initiatives targeted at the reduction of enterprise liability related to employment, general, and automobile lines of exposure.

Motor vehicle safety and defensive driving mandatory training (MVS & DDT)

To ensure the safe operation of the department's owned, leased, and rented motor vehicles, as well as the operation of personal vehicles while on county business, we identified trends in areas of greatest liability. During this fiscal year 972 mileage permittee drivers were trained. 95% of the target population were trained either in-person or through computer based offerings.

Vehicle Accident Review Committee Preventability Determination



administrative staff

Arun Patel, MD, JD
Director

Edgar Soto
Risk Manager

Michelle Merino
Return to Work Manager

Chi Fong
Health, Safety &
Environmental Manager

Karen White
Claims & Operations
Manager

Jacqueline Quarles
Employment Litigation
Analyst

special projects & accomplishments

- 16% decrease in employment litigation and tort claims
- Continued to strive towards 100% participation in the mediation process for employment litigation claims and compliance with the County Policy of Equity
- Resolved most claims through dispositive motions, alternate dispute resolution, and/or mutual settlement agreements
- Liaised directly with Departmental Executive Management, Human Resources, and facility managers to reduce legal exposure and mitigate loss
- Worked collaboratively to modify existing subpoena policies and procedures to create uniform, responses to departmental subpoenas duces tecum and to identify appropriate Custodians of Record

health, safety & environmental

The Risk Management Division Health, Safety & Environmental (RMDHS&E) Unit accomplished the following during FY 2013-14:

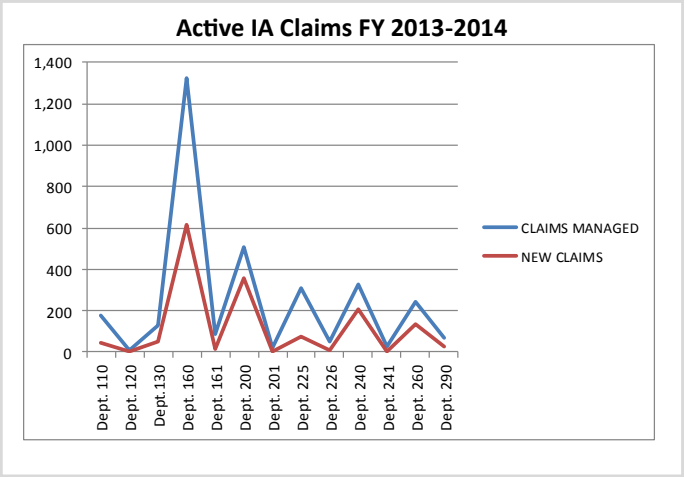
- Completed ergonomic evaluations for one-hundred thirty-three DHS employees. This resulted in saving approximately $80,000 in direct costs related to hiring outside consultants and an estimated $2 MM in future workers' compensation expenses and legal liabilities.
- Provided timely response and guidance to significant construction related health, safety, and environmental issues at two DHS facilities. Coordinated contractor abatement efforts with outside consultants and the operations/facilities team in order to resolve issues and minimize service disruptions. Timely HS&E response/guidance averted an estimated $400,000 in potential remediation costs.
- Performed regulatory required in-services related to hazardous materials and hazardous waste management principles for facility-level personnel resulting in hospital and clinic savings in excess of $10,000.
    - Assisted four DHS facilities in regulatory required report submissions for hazardous materials, hazardous waste, and underground storage tanks via the web-based California Environmental Reporting System.
- Performed seven industrial hygiene assessments and studies to address facility and employee concerns resulting in excess of $40,000 savings when compared to the use of outside consultants.
    - Prior to the establishment of the HS&E Unit in 2011, DHS did not have internal resources/expertise to complete the aforementioned assessments/studies.

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 from an enterprise basis. RTW managed an average of 253 discrete long term leaves per month during the FY not including claims related to employees who are out of service, raising the total to almost 400 active claims.

Notable Statistics

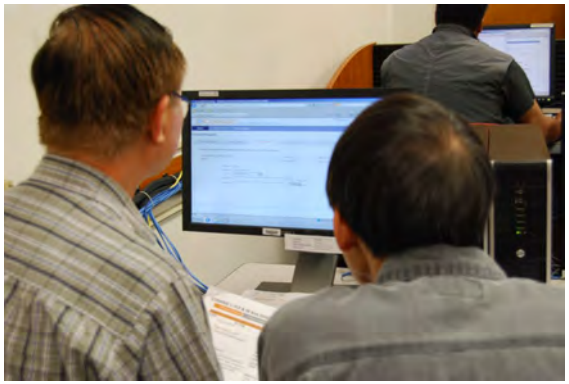
- Management of 3,512 IA claims including 1,546 new claims throughout the FY
- Performance of 1,304 interactive process meetings in accordance with the Fair Employment and Housing Act, Cost of Living Adjustment, and DHS requirements
- Generation of 314 work hardening transitional assignment agreements associated with temporary work restrictions/limitations
- Origination of 192 conditional assignment agreements related to permanent restrictions/ limitations
- Worked collaboratively with the HS&E Unit to reduce fully loaded workers' compensation costs down 6% year over year



Specialty Care Improvement Initiative

The Specialty Care Improvement Initiative made great progress this year in its core programs — **SPC Workgroups**, **Expected Practices** and **eConsult.**

- Our **Specialty-Primary Care (SPC) Workgroups** are the centerpiece of DHS efforts in Specialty Care Improvement. In each clinical discipline, a workgroup comprised of specialists representing our various facilities, together with Primary Care providers, is empowered to make care improvements in a system-wide manner—utilizing the resources currently available to them. We now have twenty-eight SPC Workgroups focused on care improvement.
- **Expected Practices** are documents developed by the SPC Workgroups that articulate a DHS—wide approach to delivering health care that is high quality, patient centered, and cost effective. There are currently over forty Expected Practices posted on the DHS Clinical Care Library website.



special recognitions

NACD 2014 ACHIEVEMENT AWARD WINNER

- "eConsult–Patient Centered Specialty Care"
- "Primary Care-based Teleretinal Diabetic Retinopathy Screening Initiative"
- Special Merit Recipient of the Los Angeles County Productivity and Quality Award

administrative staff

Hal F. Yee, Jr, MD
Chief Medical Officer

Paul T. Giboney, MD
Director
Specialty Care

Ari Padilla, MBA
Assistant Director
Specialty Care

Chris Barragan

Danny Johnson

Monica Soni, MD

special projects & accomplishments

- In 2014, DHS and Community Partner clinics were brought on-board with eConsult - a web-based portal that facilitates clinical communication between primary care and a specialist. There are now over 2,500 participating primary and specialty care providers and more than 260 specialist reviewers using the system. We are pleased to report an average 3 day specialist response rate in the 33 eConsult specialties and over 130,000 requests have been received to date. We intend to onboard the remaining specialties by late 2014/early 2015.
- The Specialty Care Improvement Initiative has partnered with other excellent DHS-wide efforts to improve specialty care delivery including (but not limited to):
    - Primary Care Based Teleretinal Diabetic Retinopathy Screening Initiative led by Dr. Lauren Patty Daskivich.
    - Specialty Nurse Practitioner Program developed in partnership with Charles Drew University and the DHS Department of Nursing.

eConsult user forum 2014

In April, more than 60 eConsult using PCPs and specialists gathered at the California Endowment for an impactful time of face to face dialogue about the best use of eConsult.

"I tell everyone, the (DHS) referral process has truly been transformed!"

- eConsult forum attendee

2014/2015 objectives

- Expand the number of Expected Practices in the DHS Clinical Care Library to over 100
- Implement data tools and dashboards to provide accurate and actionable specialty specific information to SPC workgroups, facilities, and DHS executive leadership
- Improve DHS' ability to apply the shared resources of it's entire system including the tools of eConsult, Expected Practices, ORCHID, and centralized scheduling to reduce wait times, improve quality, facilitate care coordination including transitions of care, and reduce variability in access and clinical approach across our various facilities

Supply Chain Operations Network

celebrating achievement

Over the past three years, Supply Chain Operations (SCO) has built a center-led team dedicated to driving operational efficiency and cost savings. By engaging in continual process improvement initiatives, SCO strives to create value and supply chain excellence for all DHS facilities.
SCO consists of a forward looking Clinical Analytics team proactively researching new innovative medical products and services to improve efficacy in patient care. The purchasing, invoice processing, and warehouse teams support the procure-to-pay practices including warehouse logistics management. Over 100,000 DHS orders are processed each year. The Supply Chain Analytics team focuses on leading cost savings projects, ensuring data quality, and special projects management. The SCO IT team creates, implements, and maintains the supply chain specific software systems used to support the facilities. Our team celebrates the many milestones we have accomplished, from the early stages of organizational development, through the steady progression of achievements, to the strength in execution we enjoy today.

savings statistics

Validated Savings Statistics

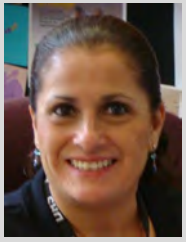
Validated Cost Savings
$2,751,450

Rebates and E–Recovery Program
$6,164,676

administrative staff

Anish Mahajan, MD
Director
System Planning
Improvement & Data
Analytics

Gary McMann
Chief
Supply Chain

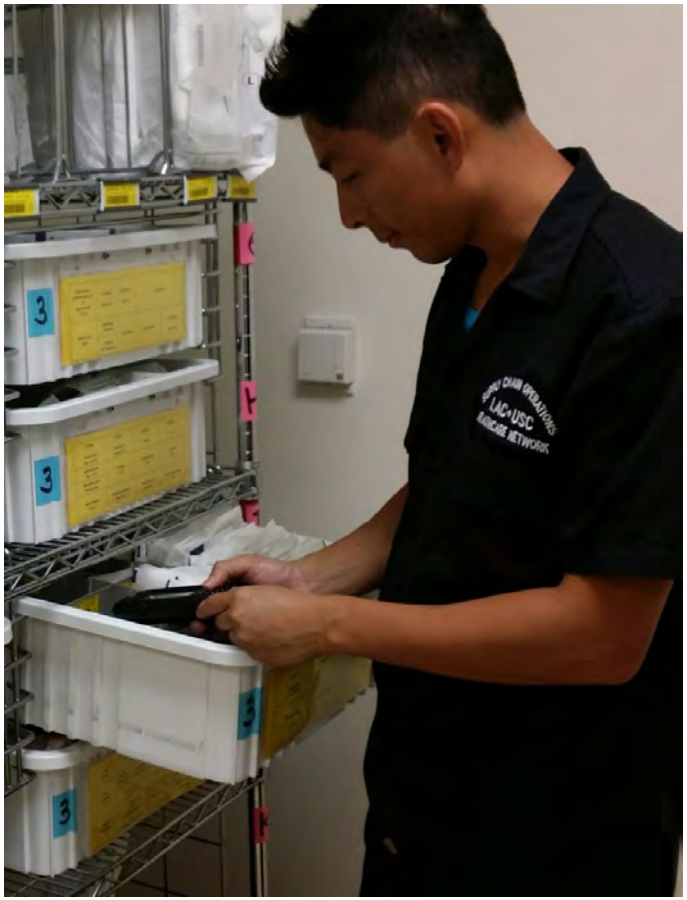


Teresa (Teri) Castaneda
Assistant Chief
Supply Chain

Todd Bowers
Administrator
Clinical Analytics

special projects & accomplishments

- Radiology Replacement and Strategic Priority Projects purchases in excess of $14.4 million including critical care beds, mammography equipment, ultrasound machines, retinal cameras, and a wide variety of x-ray equipment to support quality patient care
- Cerner/ORCHID purchases over $17.6 million including 4,800 computers, laptops, and tablets; a new LAN network; wireless access points; and new server equipment to support our transition to electronic medical records
- An eProcurement Project Team was developed, including a dedicated project manager and full- time support staff to implement eCAPS Procurement and GHX systems
- Supported the purchases for the new County facilities, High Desert Regional Health Center, Martin Luther King Jr. Outpatient Center, and Harbor-UCLA Surgical/Emergency Building
- Preparation for LUMIS Low Unit Measure (LUM) Purchasing System implementation at Rancho Los Amigos National Rehabilitation Center
- Completed defect identification training for all SCO leaders to deploy techniques for process improvement and efficiency management
- Increased delegated authority from ISD up to $15,000 on non-agreement items and autonomy to access Novation agreements for all medical, surgery, and laboratory commodity items



2014/2015 objectives

- Launch new clinical product advisory committees to identify core vendors and align facilities on common medical supplies and equipment
- Strive to achieve incremental growth in validated cost savings, rebates, and e-recovery categories over prior year's savings contributions
- Measure and improve average internal requisition processing period for better speed to order time
- Improve invoice processing time for quick payments to vendors
- Continue to increase med/surg product fill rates with prime distributor
- Implement LUMIS LUM purchasing program at remaining acute care facilities
- FY 14/15 Radiology Replacement and Cerner/ ORCHID equipment purchases
- Develop various SCO in-service training opportunities at each facility
- Promote additional leadership and staff training programs

purchase order statistics

166,582 Purchase Orders

and

1,212,087 Purchase Order Lines

were bought, received, and paid for by the SCO teams

Patricia Soltero
Susan Black
Shanpin Yanchiang

211
LA COUNTY
CALL 2-1-1 for FREE

RN

HARBOR-UCLA MEDICAL CENTER
COUNTY OF LOS ANGELES

Department of Health Services Fiscal Overview

Fiscal Year 2013/2014 Actual

administrative staff

Allan Wecker
Chief Financial Officer

Efrain Munoz
Associate Chief Financial Officer

Larry Gatton
Revenue Services Chief

Mela Guerrero
Controller

Thomas Jewik
Program Audits/Reimbursement Chief

Manal Dudar
Fiscal Services Expenditure Manager

Lily-Wun Nagaoka
Fiscal Programs Chief

COUNTY OF LOS ANGELES

DEPARTMENT OF HEALTH SERVICES

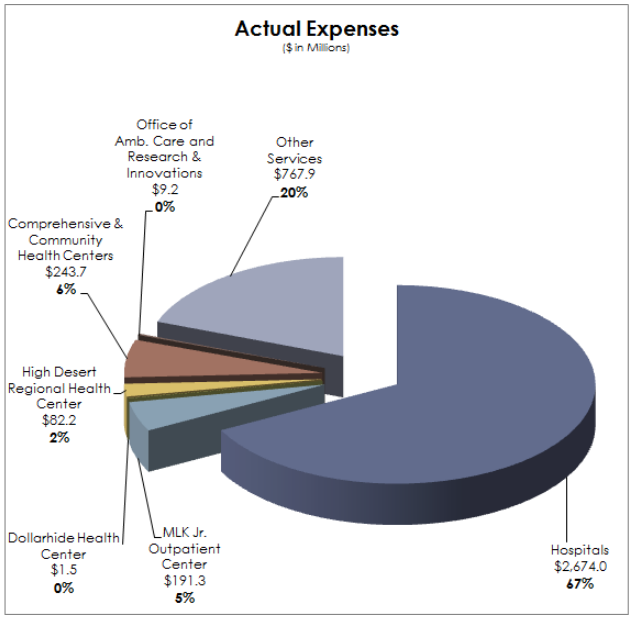
FISCAL OVERVIEW

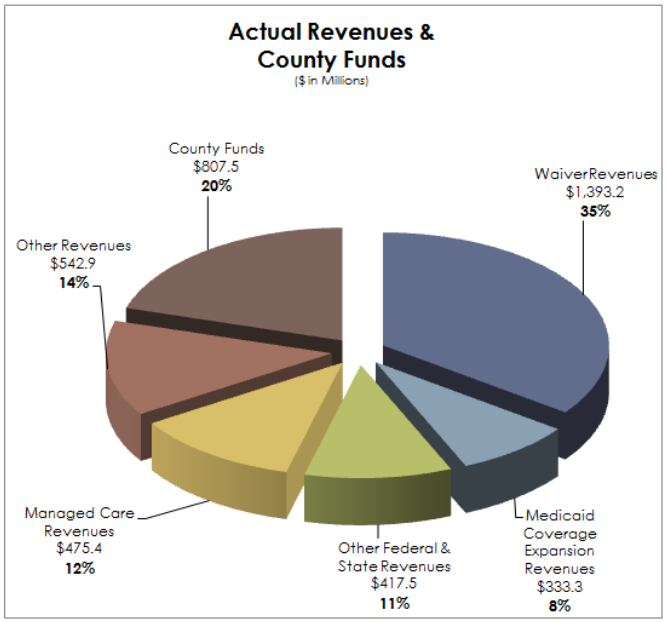
FISCAL YEAR 2013-14

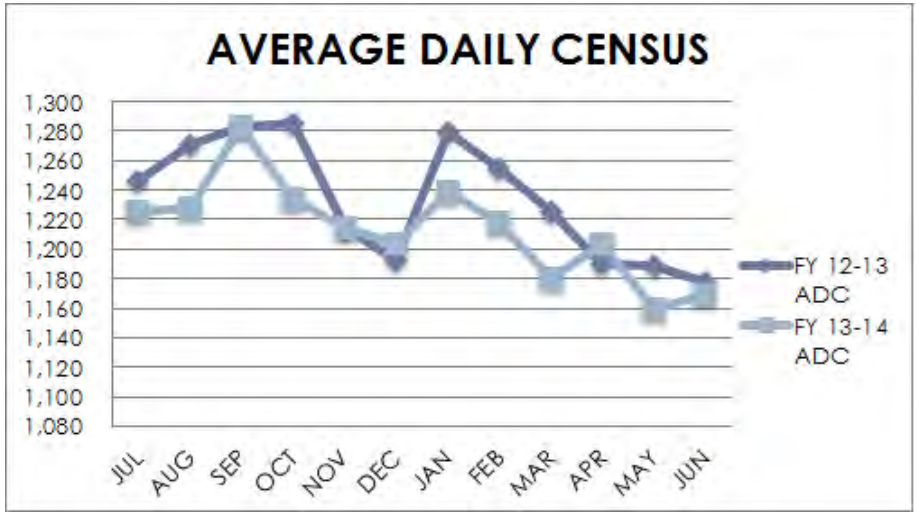
($ IN MILLIONS)

	BUDGET	ACTUAL								SURPLUS / (DEFICIT)
	(A)	Ambulatory Care Network							(B)	(A - B)
	Total Department	Hospitals [a]	MLK Jr. Outpatient Center	Dollarhide Health Center	High Desert Regional Health Center	Comprehensive & Community Health Centers	Office of Amb. Care and Research & Innovations	Other Services [b]	Total Department	Total Department
Salaries and Employee Benefits	$ 2,027.9	$ 1,553.8	$ 66.1	$ 1.3	$ 40.2	$ 151.3	$ 7.0	$ 200.2	$ 2,019.9	$ 8.0
Services, Supplies, & Other Expenses [c]	2,043.0	1,120.2	125.2	0.2	42.0	92.4	2.2	567.7	1,949.9	93.1
Total Expenses	4,070.9	2,674.0	191.3	1.5	82.2	243.7	9.2	767.9	3,969.8	101.1
Waiver Revenues [c]	1,580.0	1,074.4	21.8	0.2	5.1	33.5	-	258.2	1,393.2	(186.8)
Medicaid Coverage Expansion	172.6	138.9	28.4	-	6.9	159.1	-	0.0	333.3	160.7
Other Federal & State Revenues	412.8	347.4	19.9	-	13.3	23.3	-	13.6	417.5	4.7
Managed Care Revenues [c]	352.9	210.9	13.0	4.8	3.0	135.0	-	108.7	475.4	122.5
Other Revenues	553.1	247.3	7.4	-	0.7	4.8	-	282.7	542.9	(10.2)
Total Revenues	3,071.4	2,018.9	90.5	5.0	29.0	355.7	-	663.2	3,162.3	90.9
Funding from County	$ 999.5	$ 655.1	$ 100.8	$ (3.5)	$ 53.2	$ (112.0)	$ 9.2	$ 104.7	$ 807.5	$ 192.0

(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 Persons with Disabilities, and Managed Care Rate Supplement and the associated revenues.






AVERAGE DAILY CENSUS
1,300
1,280
1,260
1,240
1,220
1,200
1,180
1,160
1,140
1,120
1,100
1,080
JUL
AUG
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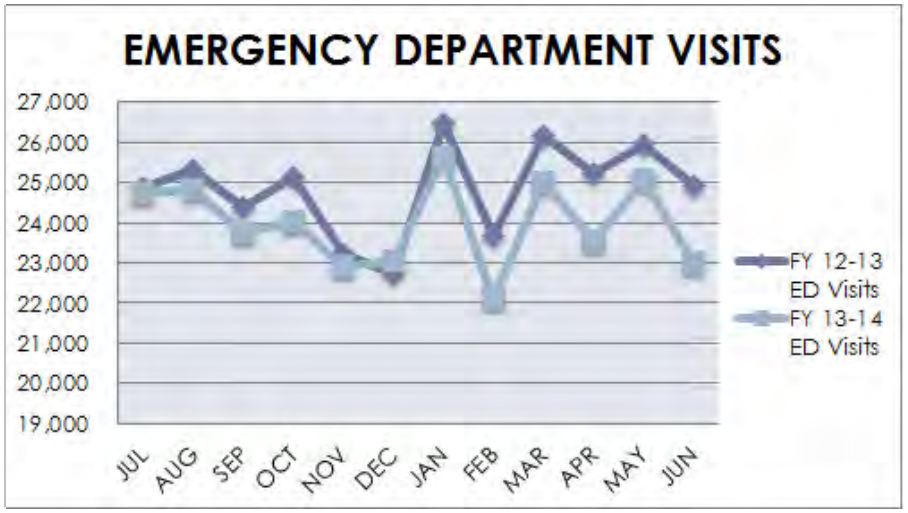
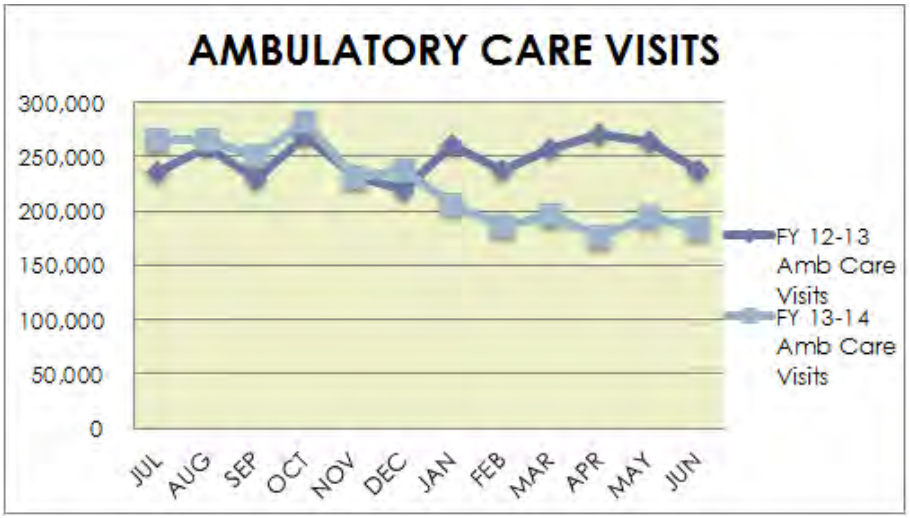
DEC
JAN
FEB
MAR
APR
MAY
JUN
FY 12-13 ADC
FY 13-14 ADC


EMERGENCY DEPARTMENT VISITS
27,000
26,000
25,000
24,000
23,000
22,000
21,000
20,000
19,000
JUL
AUG
SEP
OCT
NOV
DEC
JAN
FEB
MAR
APR
MAY
JUN
FY 12-13 ED Visits
FY 13-14 ED Visits


AMBULATORY CARE VISITS
300,000
250,000
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150,000
100,000
50,000
0
JUL
AUG
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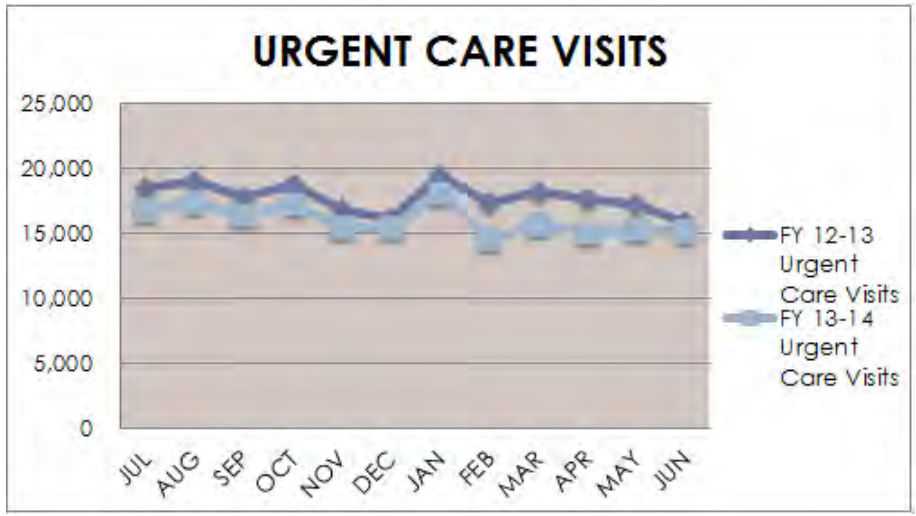
FY 12-13 Amb Care Visits
FY 13-14 Amb Care Visits


URGENT CARE VISITS
25,000
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10,000
5,000
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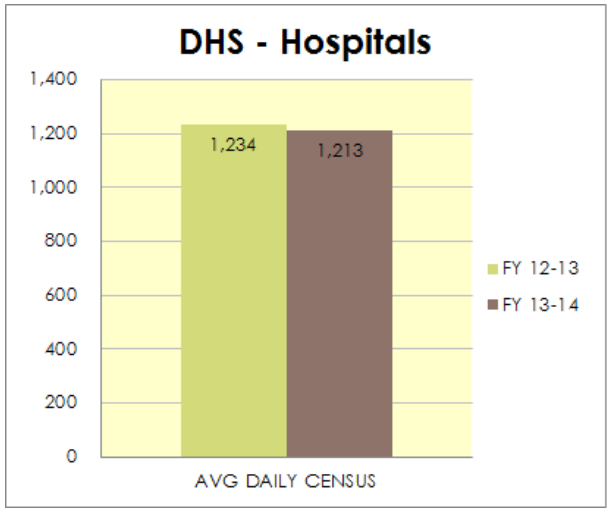
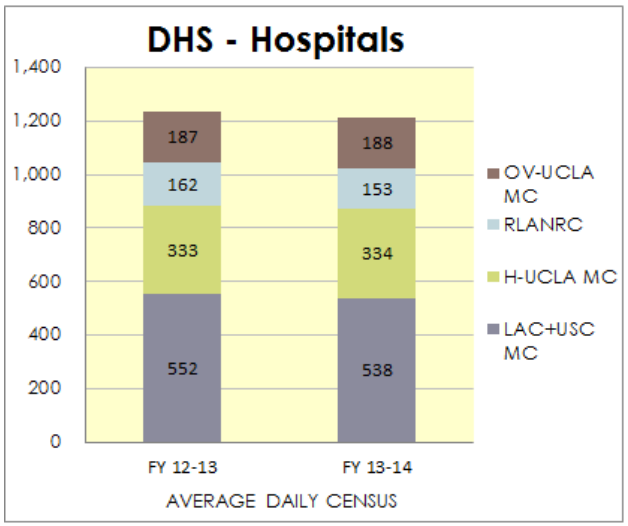
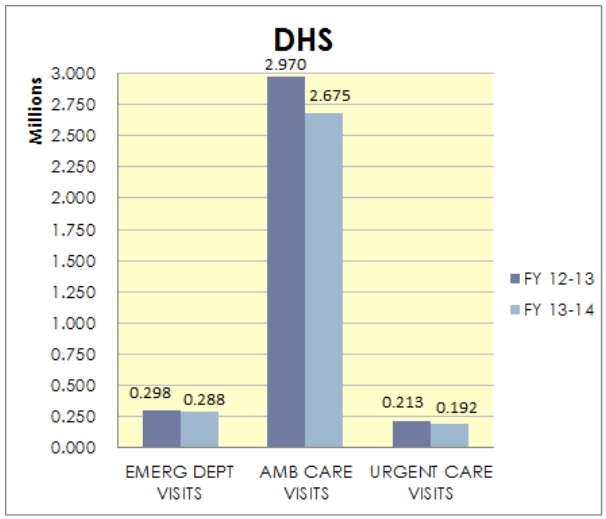
FY 12-13 Urgent Care Visits
FY 13-14 Urgent Care Visits

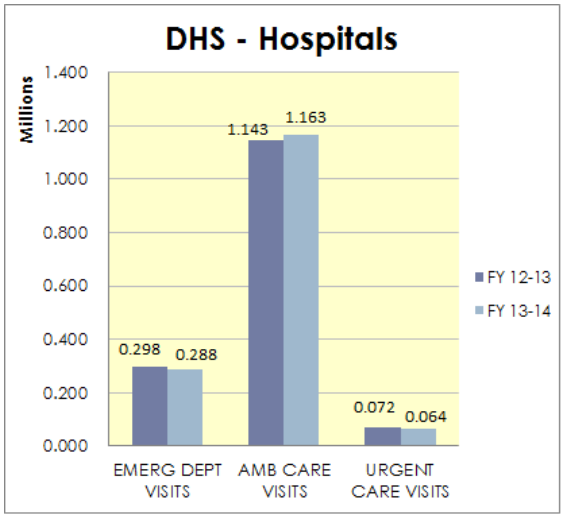
inpatient average daily census

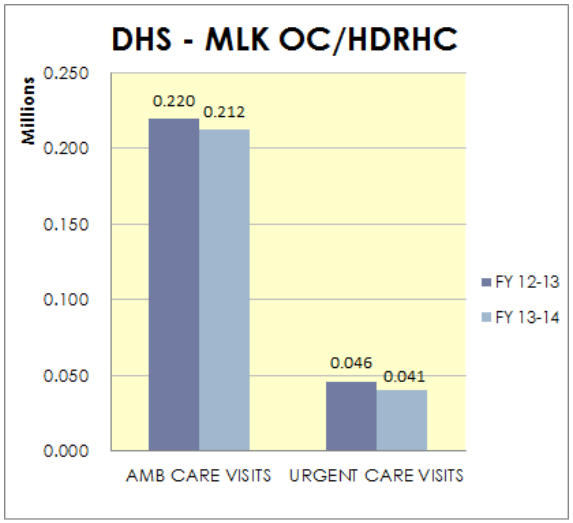


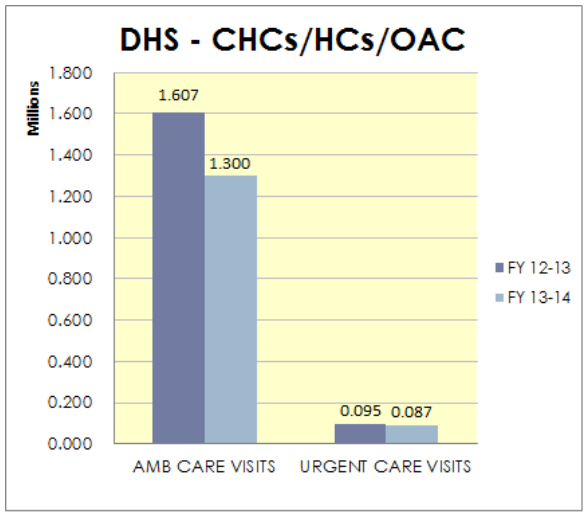


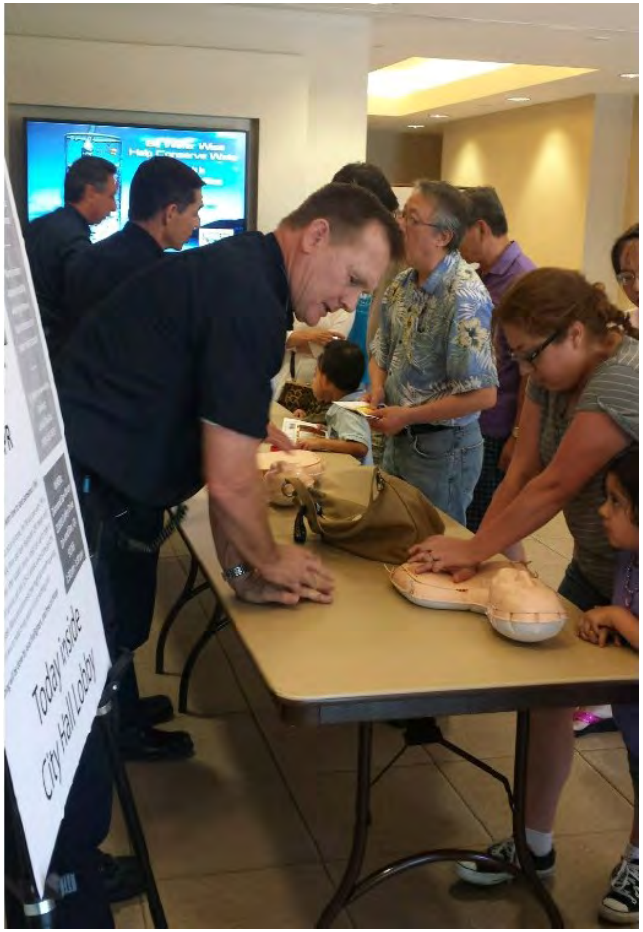
snapshot of patient visits



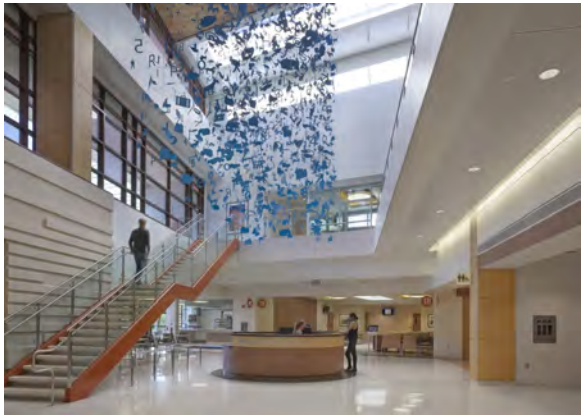


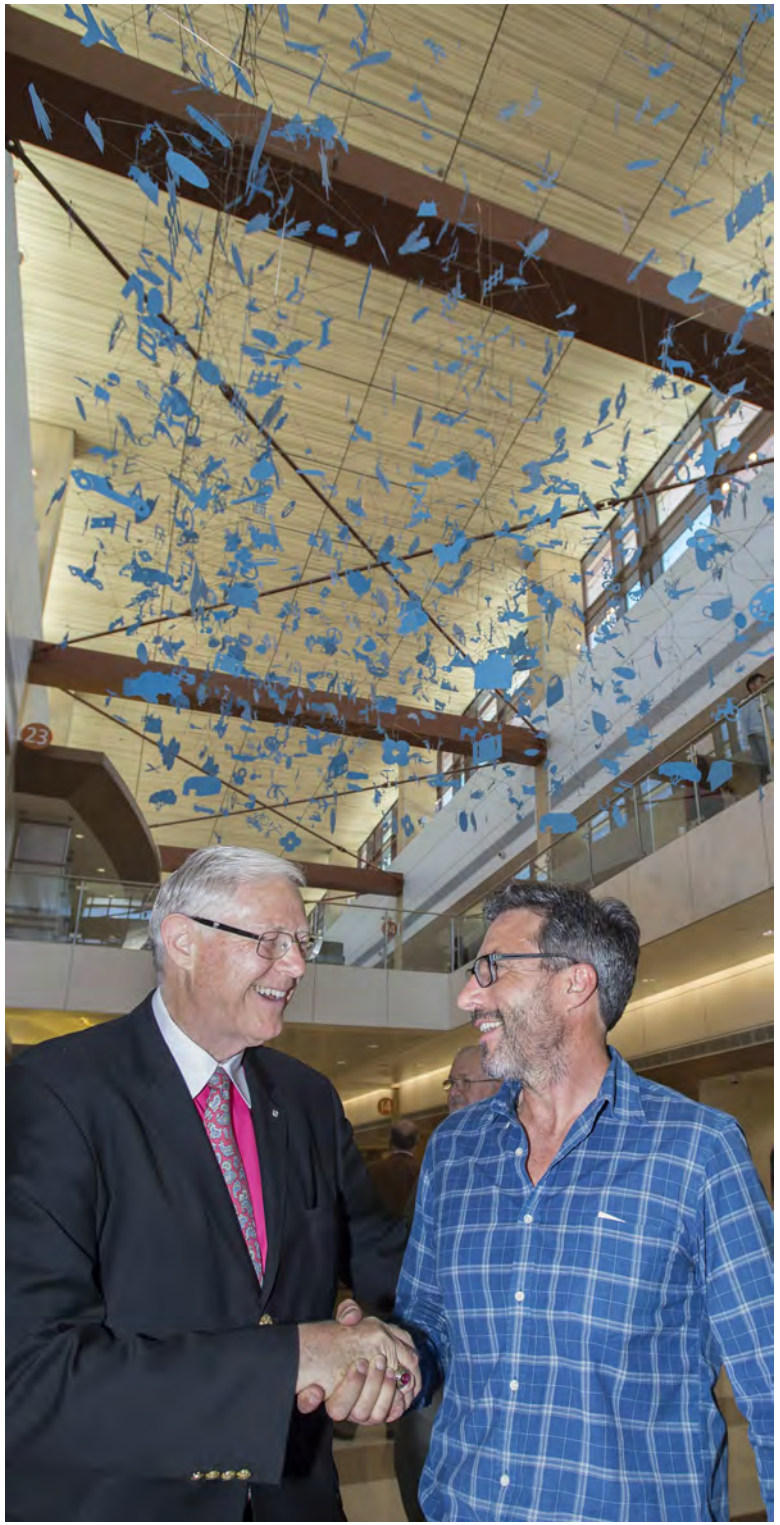





Today Inside
City Hall Lobby

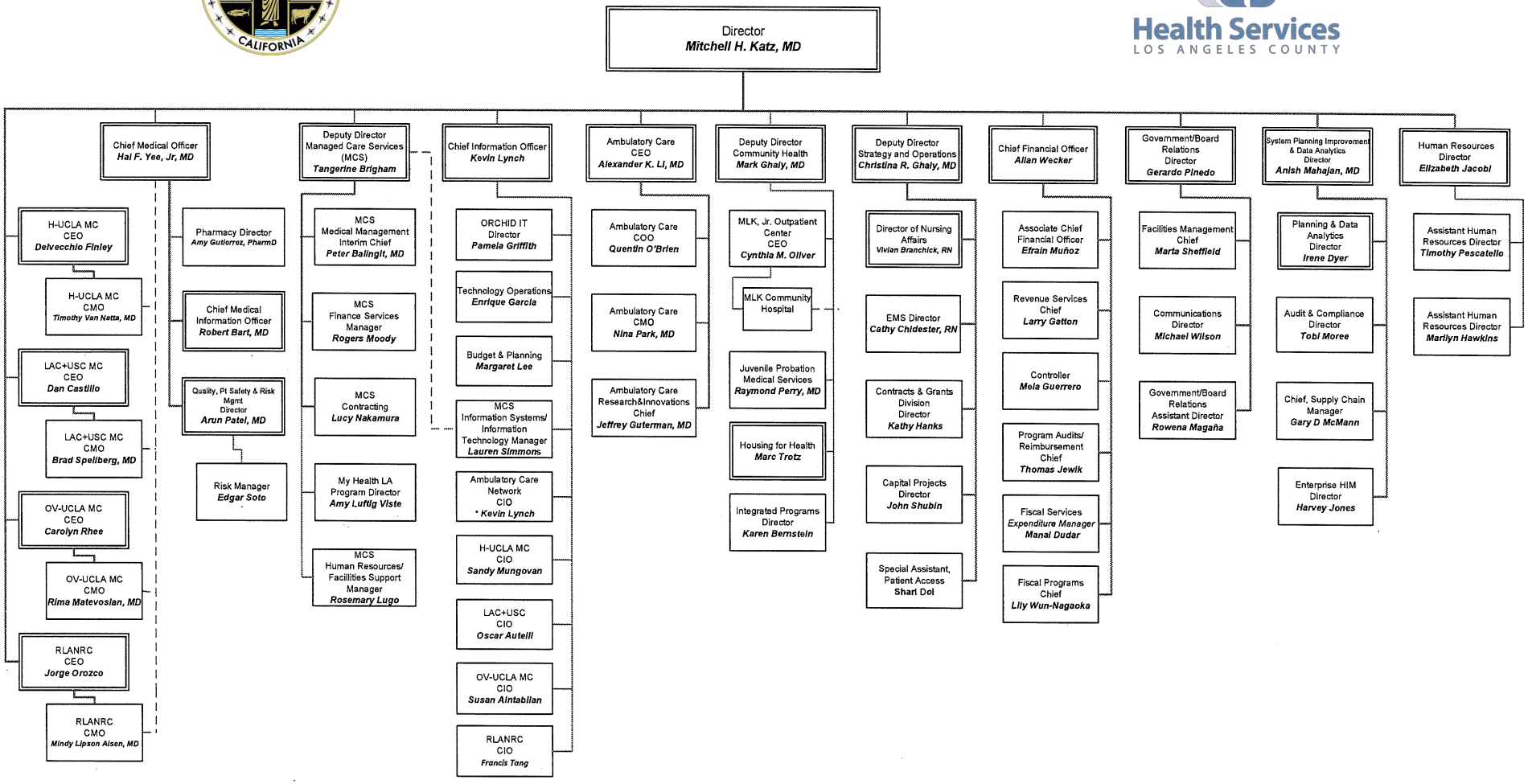
LOS ANGELES COUNTY HIGH DESERT REGIONAL





SUPERVISOR
MICHAEL D. ANTONOVICH
County of Los Angeles
Fifth District
MICHAEL D. ANTONOVICH
SUPERVISOR

Department of Health Services
Organizational Chart



** Interim*
** Vacant*

Mitchell H. Katz, MD
Director

10/27/14
Date

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This publication was designed in house by County employees utilizing existing resources.

to ensure 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

Health Services
LOS ANGELES COUNTY