

November 24, 2009

Los Angeles County **Board of Supervisors**

> Gloria Molina First District

Mark Ridley-Thomas Second District

> Zev Yaroslavsky Third District

> > Don Knabe Fourth District

Michael D. Antonovich Fifth District

John F. Schunhoff, Ph.D. Interim Director

Robert G. Splawn, M.D. Interim Chief Medical Officer

313 N. Figueroa Street, Room 912 Los Angeles, CA 90012

> Tel: (213) 240-8101 Fax: (213) 481-0503

www.dhs.lacounty.gov

To improve health

through leadership,

service and education.

TO:

Each Supervisor

FROM:

Interim Director

SUBJECT:

STATUS REPORT ON KEY INDICATORS OF PROGRESS. **HOSPITAL OPERATIONS, AND OTHER ISSUES RELATED** TO THE TRANSITION TO THE NEW LAC+USC MEDICAL CENTER - PROGRESS REPORT #24 (Agenda Item #S-1,

November 24, 2009)

This is to provide your Board with the bi-monthly report on the status of transitioning to the new LAC+USC Medical Center (LAC+USC). This report is the full monthly operational report with trends to include the month of October 2009.

Census Trending (ADC includes Psychiatric & Newborn Patients)

The Average Daily Census (ADC) for the month of October was 581 out of 671 licensed beds, an estimated 85% utilization rate (87% occupancy). The census for Medical/Surgical units was an estimated 95% utilization rate (97% occupancy) for October 2009. These ADC measures have been consistent within a few percentages for over 6 months.

Emergency Department (ED) Indicators

During the last 6 months, the Median Boarding Time has varied no more than 1 hour and 30 minutes and, at 4 – 5 hours on average, remains well below the target of 7 hours. The Left Without Being Seen indicator has increased by less than a percent but is an area that the facility continues to target as a high priority to reduce. The ED Wait time has remained the same as last month. Because these are average and median measures, it is important to point out that there are outliers in all of the measures where individual patients do wait longer during very busy periods in the ED.

Crowding Level Comparison -- The graph on page 9 of the attachment demonstrates the trending of the Surge Report demonstrating how the overcrowding levels decreased with the implementation of the Surge Plan in May 2009, as compared to the December 2008 through April 2009. While the graph shows slight increases from May 2009 to present, LAC+USC management has implemented various options, as described in detail in the November 10, 2009 report, that are being utilized to mitigate overcrowding. All efforts are being made to reduce the crowding to the Very Busy level as much as possible.

Transfers Out of Hospital -- On pages 10 and 11 of the attachment, the number of transfers out of the facility continues to rise along with efforts to



www.dhs.lacounty.gov

Each Supervisor November 24, 2009 Page 2

reduce ED crowding. For October 2009, the number of transfers has increased to an all time high of 158, with an increasing number of transfers to private hospitals (primarily Medi-Cal). On November 12, 2009, the Department entered into a contract with Silverlake Medical Center to accept at least 15 patients per month for a total of at least 360 patient days in a six month period, utilizing delegated authority given to the Department on September 29, 2009. An additional contract is being negotiated and is targeted for completion in mid-December.

Average Length of Stay (ALOS)

As indicated on page 12 of the attachment, the target of "less than 5.5 days" was essentially achieved prior to the move to the new facility. After the move and with continuing efforts to transfer stable, low level acuity patients to both Rancho and private hospitals, the patients that remain at LAC+USC are unstable, and more acute, such as victims of trauma and complex medical cases. Transferring out the low acuity patients has driven the overall measure of ALOS to an average of 5.8 days over the last year. Efforts to reduce this are ongoing, however, this trend may continue as the hospital admits are limited to higher level, tertiary care patients.

If you have any questions or need additional information please contact Carol Meyer, Chief Network Officer at (213) 240-8370 or me.

JFS:CM:pm 811:003

Attachments

c: Chief Executive Officer
Acting County Counsel
Executive Officer. Board of Supervisors

Operational Monitoring Report Reporting Period – October 2009

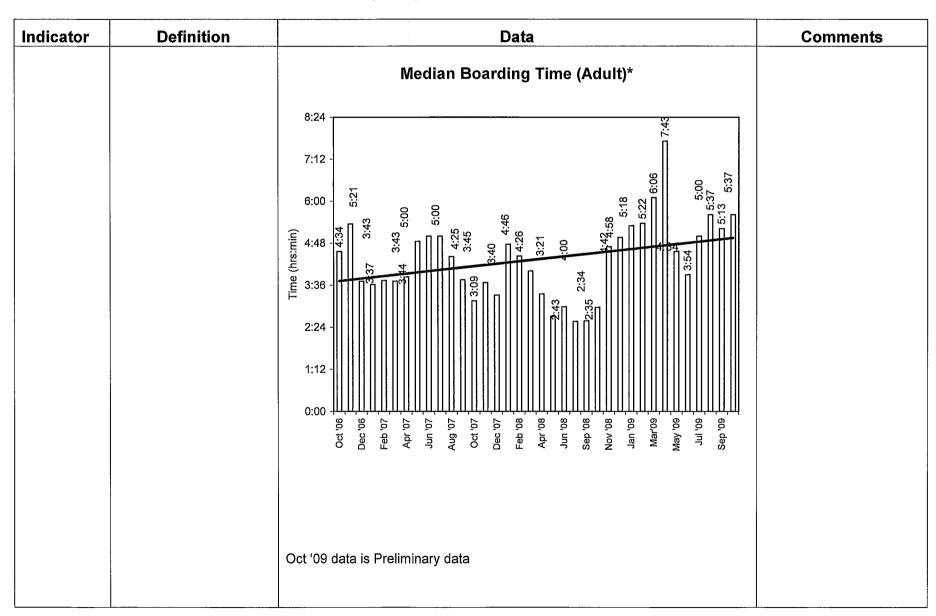
Indicator	Definition	Data	Comments
Indicator #1	– Trends in Average Dai	y Census and Hospital Operations Metrics	
1a. Average Daily Census (ADC)	ADC: A measure of the total number of inpatients occupying licensed beds on a daily basis reported as the arithmetic mean. Calculation: Total number of admitted inpatients at 12:00 AM midnight daily, summed over the month and divided by the total number of days in the month. Source of Data: Affinity	ADC **Processor ADC *	ADC provided as background information.

Page 1 of 13 11/20/2009

Indicator	Definition	. Data	Comments
Indicator #1	– Trends in Average Dail	y Census and Hospital Operations Metrics	
1b. Occupancy Rate LAC+USC Medical Center	Definition: A measure of the usage of the licensed beds during the reporting period that is derived by dividing the patient days in the reporting period by the licensed bed days in the reporting period. Calculation: The total number of admitted inpatients at 12:00 AM midnight, including women in labor, may include normal newborns and psychiatric inpatients divided by licensed or budgeted beds. Source of Data: Affinity Target: 95%	1. Medical Center Licensed Occupancy Rate (excluding Newborns) = Med Center Census – Newborns / 600 80%	For comparison, occupancy rates reported in the old facility were reported including newborns and were based on budgeted beds.

Indicator	Definition	Data	Comments
Indicator	Definition	3. Healthcare Network Budgeted Occupancy Med Center Census + Newborns + Psych Hosp Census / 671 Med Center Census + Newborns + Psych Hosp Census / 671 90% -	Comments

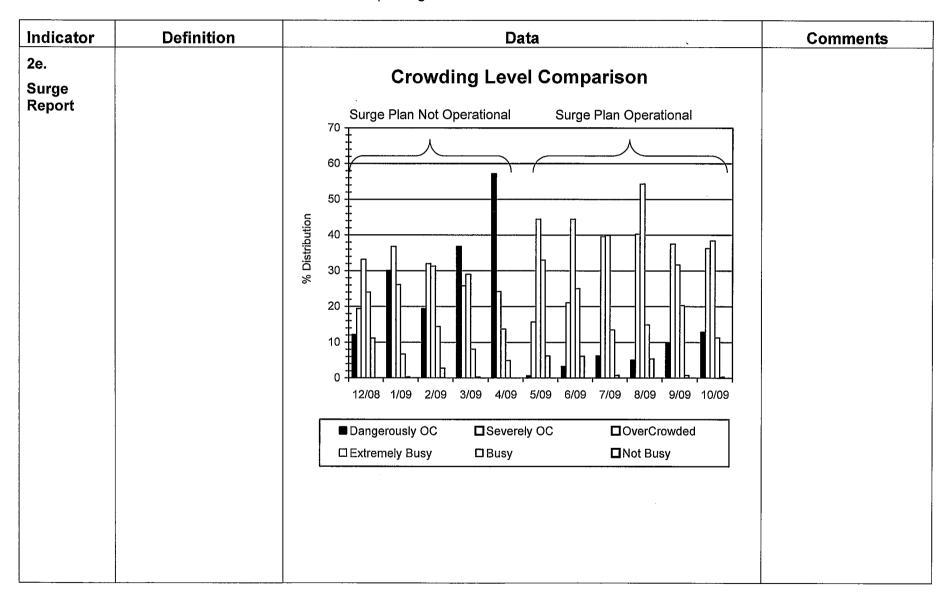
Indicator	Definition	Data	Comments
Indicator #2	- Emergency Departmen	t Metrics	
2a. Median Emergency Department Boarding Time (EDBT)	Boarding Time: Time from MD Admit time (effective date and time of pre-admit) to time the patient actually leaves the ED en route to assigned bed (effective date and time of the ED disposition).	Median EDBT 8:24 7:12 - Median EDBT □ Nov	
*Harris Rodde Indicator	Calculation: The middle value in the set of individual boarding times for the month arranged in increasing order. If there is an even number of values, then the median is the average of the middle two values. Source of Data: Affinity Target: Less than 7 hours.	Compared to the compared to	
		Oct '09 data is Preliminary data	



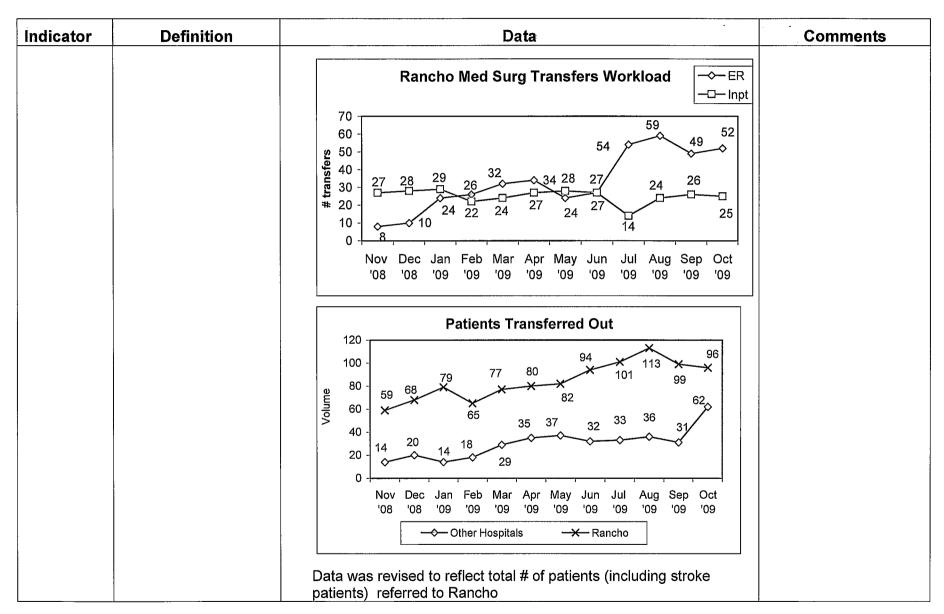
Indicator	Definition	Data	Comments
Indicator #2	- Emergency Department	Metrics	
2b. ED Wait Time	ED Wait Time: Measured from time patient is triaged to time patient is either admitted or discharged	ED Average Wait Time 14:24:00	
	reported as an arithmetic mean. Definition: Sum of all wait time	12:00:00 -	
	values during the monthly reporting period divided by the total number of values.	09:36:00 - ☐ Feb '09 ☐ Mar '09 ☐ Apr '09	
	Source of Data: Affinity Target:	04:48:00 - ☐ May '09 ☐ Jun '09 ☐ Jul '09 ☐ Aug '09	
	No target value. Lower numbers are better.	02:24:00 - ☐ Sep '09 ☐ Oct '09	
		00:00:00 - Adult Peds Total	
		Adult Wait Time: *Excludes Psych, Pediatric, Observation Unit, and Jail patients	
		Total ED Wait time: *Excludes Psych, Observation Unit, and Jail	

Indicator	Definition	Data	Comments
Indicator #2	- Emergency Departmen	t Metrics	
2c. Left Without Being Seen (LWBS)	LWBS: The total number of patients who left the ED without being seen by a physician reported as a percentage of all ED visits.	2500 - Left Without Being Seen 20% - 18% - 16% - 14%	
*Harris Rodde Indicator	Calculation: The total number of patients who left the ED without being seen divided by the total number of ED patient visits on a monthly basis. Source of Data: Affinity Target: No target value. Lower numbers are better.	1500 - 10	

Indicator	Definition	Data	Comments
Indicator #2	- Emergency Departmen	t Metrics	
2d. ED Diversion	ED Diversion: A percentage measure of the time the ED diverts ambulance traffic away from the ED, reported as a function of the reason for diversion on a monthly basis. Calculation: The total number of hours of ED diversion for a specific reason divided by the total number of available hours in a month. Source of Data: ReddiNet	Diversion of ALS Units due to ED Saturation TO 60 49 45 42 34 36 35 55 55 55 55 55 55 55 55	This is slightly lower than the before move diversion history which generally ranged between 50-60%. Key points: Diversion is for paramedic runs only; Basic Life Support ambulances still arrive When diversion is requested but all hospitals in the area are on diversion, patients go to the closest hospital. Therefore, ambulances often arrive while "on diversion".



Indicator	Definition		Data			Comments
Indicator #3	– Trends for Patient Dive	rsions and Transfers & #4	l – Transfers	to Rancho Los	Amigos Metric	s
3. & 4. Rancho	Transfers: The volume of patients transferred to RLAH for	Month of Oct Referrals from ER:				
Los Amigos	acute hospitalization from the Emergency		Med/Surg	Acute Stroke	Total	
Hospital (RLAH)	Department and from	# Met transfer criteria	79	NA	-	
Transfers	Inpatient Units.	# Referred to RLAH	79	17	96	
	D-4- 0	# Transfers	52	17	69	
	Data Source: Manual record keeping.	# Denied	11	NA		
	, •	# Cancelled	16*	NA	-	
	Cancelled category	# Patients refused*	14	NA	-	
	includes patients who's condition changed leading to higher level of care or discharge home.	Referrals from Inpatients	:: Med/Surg	Acute Stroke	Total	
		# Met transfer criteria	57	NA NA	_	
		# Referred to RLAH	57	2	59	
		# Transfers	25	2	27	
		# Denied	12	NA	-	
		# Cancelled	20*	NA	_	
		# Patients refused*	0	NA	-	
		Other /Pending	0	NA	-	
					· · · · · · · · · · · · · · · · · · ·	



Indicator	Definition	Data	Comments
Indicator #5	5 – Harris Rodde Indicator	'S	
5. Average	LOS: The difference between discharge date and the	ALOS 6.5 6.5	Overall trend in ALOS for the 2-year period prior to the move
Length of Stay (ALOS)	admission date or 1 if the 2 dates are the same.	5.5 5.6 5.6 5.8 5.7 5.8 5.8 6.0 6.0 5.9 5.5 5.5 5.6 5.6 5.6 5.8 5.8 5.8 5.8 5.8 5.8 5.8 5.8 5.8 5.8	reduced to a low range of 4.7 – 5.5 days in 2008. Immediately prior to the move, the ALOS
	Total LOS: Calculation: ALOS is the arithmetic mean calculated by dividing the Total LOS	5.5 5.3 5.2 5.2 5.1 5.3 4.7 4.7 4.7 3.5 -	increased as the lower acuity patients were transferred to other facilities. This trend may continue depending on number
*Harris Rodde Indicator	by the Total # of discharges in the monthly reporting period, rounded off to one decimal place.	—\$— Target ALOS ———— Actual ALOS	of transfers.
	Source of Data: Affinity	*Healthcare Network ALOS - Preliminary data pending Auditor-Controller validation	
	Target: <5.5 days		

Indicator	Definition			Data			Comments
Indicator #6 – F	ediatric Metrics						
6. Pediatric Bed Census and Occupancy	Census: The total number admitted pediatric inpatients at 12:00 AM	Date	NICU (40 Beds)	Peds Ward (25 Beds)	PICU (10 Beds)	Med/Surg Adolescent (20 Beds)	
(%)	midnight of a designated pediatric	Nov-08	56%	54%	50%	33%	
	ward.	Dec-08	52%	60%	60%	40%	
Pediatric ICU (PICU)	Occupancy: The total number of	Jan-09	52%	68%	70%	75%	
Neonatal ICU	admitted pediatric inpatients divided by	Feb-09	50%	80%	80%	85%	
(NICU)	the total number of	Mar-09	57%	72%	70%	80%	
Pediatric Unit Adolescent	licensed beds on that unit and reported as	Apr-09	57%	60%	60%	75%	
Unit	percentage.	May-09	62%	72%	70%	80%	
		Jun-09	60%	64%	60%	75%	
	Source of Data: Affinity	Jul-09	57%	72%	60%	80%	
		Aug-09	55%	64%	60%	80%	
		Sep-09	55%	68%	70%	80%	
		Oct-09	45%	60%	60%	80%	