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September 28, 2010

TO: Each Supervisor

FROM: John F. Schunhoff, Ph.D.  
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 #42 (Agenda Item #S-2,  
September 28, 2010)**

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 combination of the interim report of Emergency Department (ED) and hospital admission volumes and specialty services as well as the full monthly operational report with trends to include the month of August 2010.

**Census Trending** (ADC includes Psychiatric & Newborn Patients)

The Average Daily Census (ADC) for the month of August was 604 out of 671 licensed beds, an estimated 89% utilization rate (91% occupancy). The census for Medical/Surgical units was an estimated 98% utilization rate (100% occupancy) for August 2010.

**Emergency Department (ED) Indicators and Specialty Services**

Attachment #1 demonstrates the trending of ED registration as well as admissions to both the ED and the hospital. Admissions have decreased about 4% compared to July 2010.

Attachment #2 shows the ADC trends for specialty care areas of OB/GYN, Pediatrics, ICU, Psychiatry, Jail and Burn Units with no significant changes.

Attachment #3 is the Operational Monitoring Report for the month of August, 2010. While the Left Without Being Seen (LWBS) indicator demonstrated a significant decline from 13% in July to slightly over 8% in August, there were increases in ED Boarding Time, ED Wait Time, Crowding Levels, and Average Length of Inpatient Stay. As previously reported, increased patient acuity has contributed to these increases. Furthermore, in direct correlation with these increases, there was a 16% increase in number of Patients Transferred Out to both Rancho and private hospitals.

**Factors Contributing to Changes in Indicators**

As reported on September 3, 2010, LAC+USC have implemented a new series of measures to reduce the time before patients receive a Medical Screening Exam (MSE) and the time between reassessments after triage.

These measures were taken in response to findings in a recent Centers for Medicare and Medicaid Services survey and include moving medical providers and support staff from patient treatment areas to the triage area. By performing the MSE in the triage area, the patient obtains an initial screening examination by a physician or nurse practitioner earlier in the ED course. They determine if an emergency medical condition exists, initiate pain medications when appropriate, and order radiology and laboratory studies that can be completed prior to being placed in a treatment bay in the ED where a final diagnosis is made and treatments are administered. Furthermore, the providers performing the MSE in the triage area can make quick diagnoses and discharge decisions for patients with very low acuity.

This MSE and triage restructuring was implemented on August 9 and the facility is already seeing positive results. For example, the turnaround time from triage to MSE went from a median of 238 minutes in early August to a median of 75 minutes by late August and, as previously indicated, the LWBS reduced by 5%. The significant improvement in the LWBS indicator means that more patients are receiving the MSE earlier and are not leaving prior to an initial examination. However, the results of these robust gains in the MSE and reduced LWBS are now affecting the treatment areas of the ED where more patients are being seen with fewer providers. As such, some patients are remaining longer before being discharged, admitted or transferred. These patients represent a significant variable in the formula used to calculate the ED Crowding Level Comparison and, as a result, this indicator rose sharply in August.

#### **Actions to Mitigate ED Trends**

LAC+USC executive management has put into place various mitigation activities since the move to the Replacement Facility in November 2008, in order to address trends in various indicators. A full listing of these measures can be found in Attachment #4.

The next effort is to reduce the backlog in the ED treatment areas which has increased because there are fewer providers in the treatment areas and more patients are being seen as described above. This will be accomplished by backfilling the providers that have been moved to the MSE area. In addition, LAC+USC intends to convert one ED pod to a non-teaching area which will be manned only by attending staff and will result in quicker work-ups for Level Three (intermediate acuity) patients. These efforts are being temporarily resolved with registry staff and overtime as well as through part-time specialty medical services agreements with physicians and nurse practitioners. The Department is working closely with the Chief Executive Office to execute a plan, proposed by the hospital executive team, to hire permanent physician, nursing, ancillary and support staff to meet the needs of the ED treatment areas.

To reduce the ED Boarding Time, several additional measures are being initiated. Several areas outside the ED are being considered for conversion into observation and overflow for boarded patients waiting for an inpatient beds which will require additional State California Department of Public Health approval. This will result in a total of 20 additional beds to relieve ED Boarding Time; eleven observation and nine overflow beds. The Department is also in final negotiations with an additional hospital that has more specialty services for transfers of County-responsible patients.

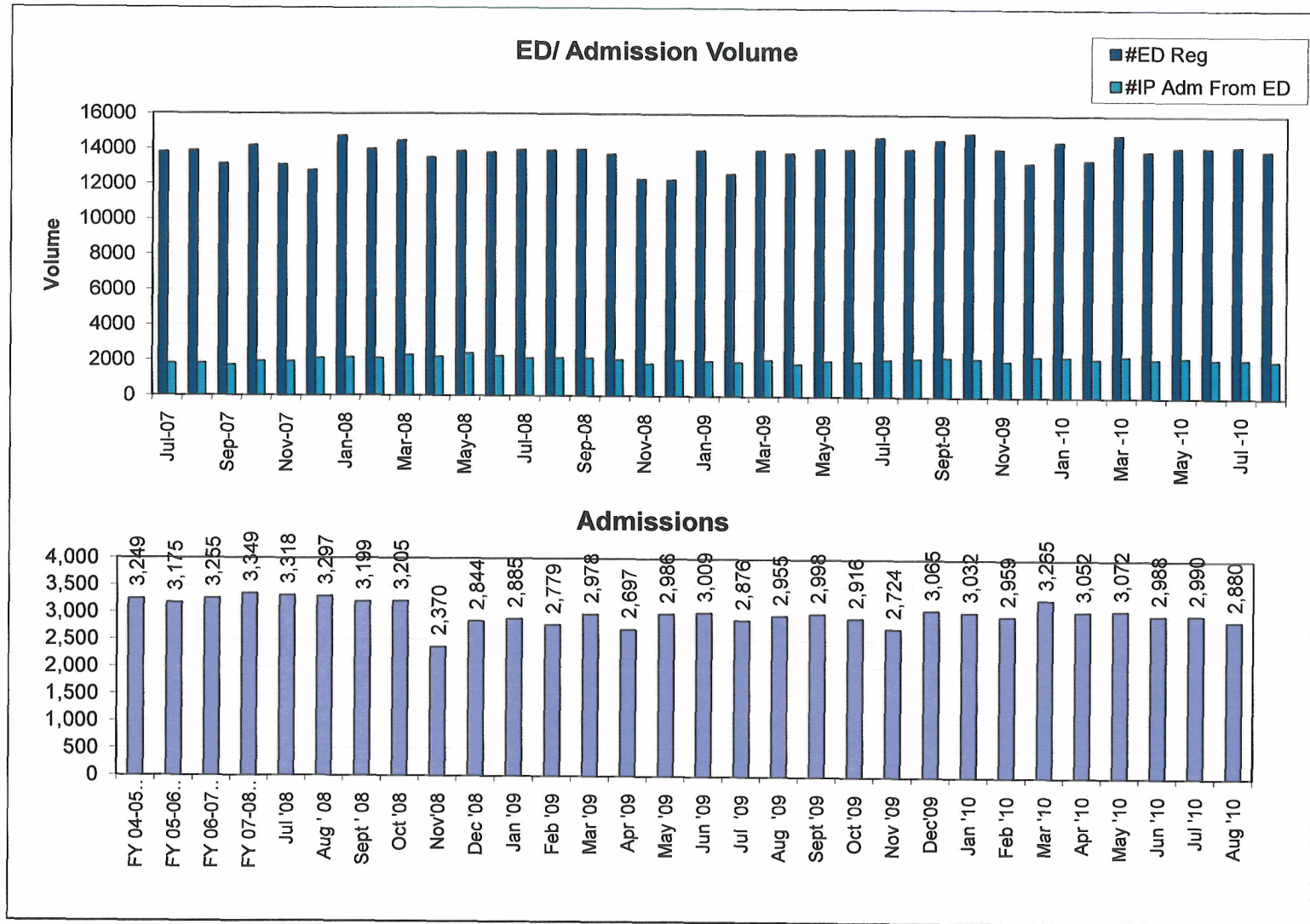
If you have any questions or need additional information please contact me or Carol Meyer, Chief Network Officer at (213) 240-8370.

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Attachments



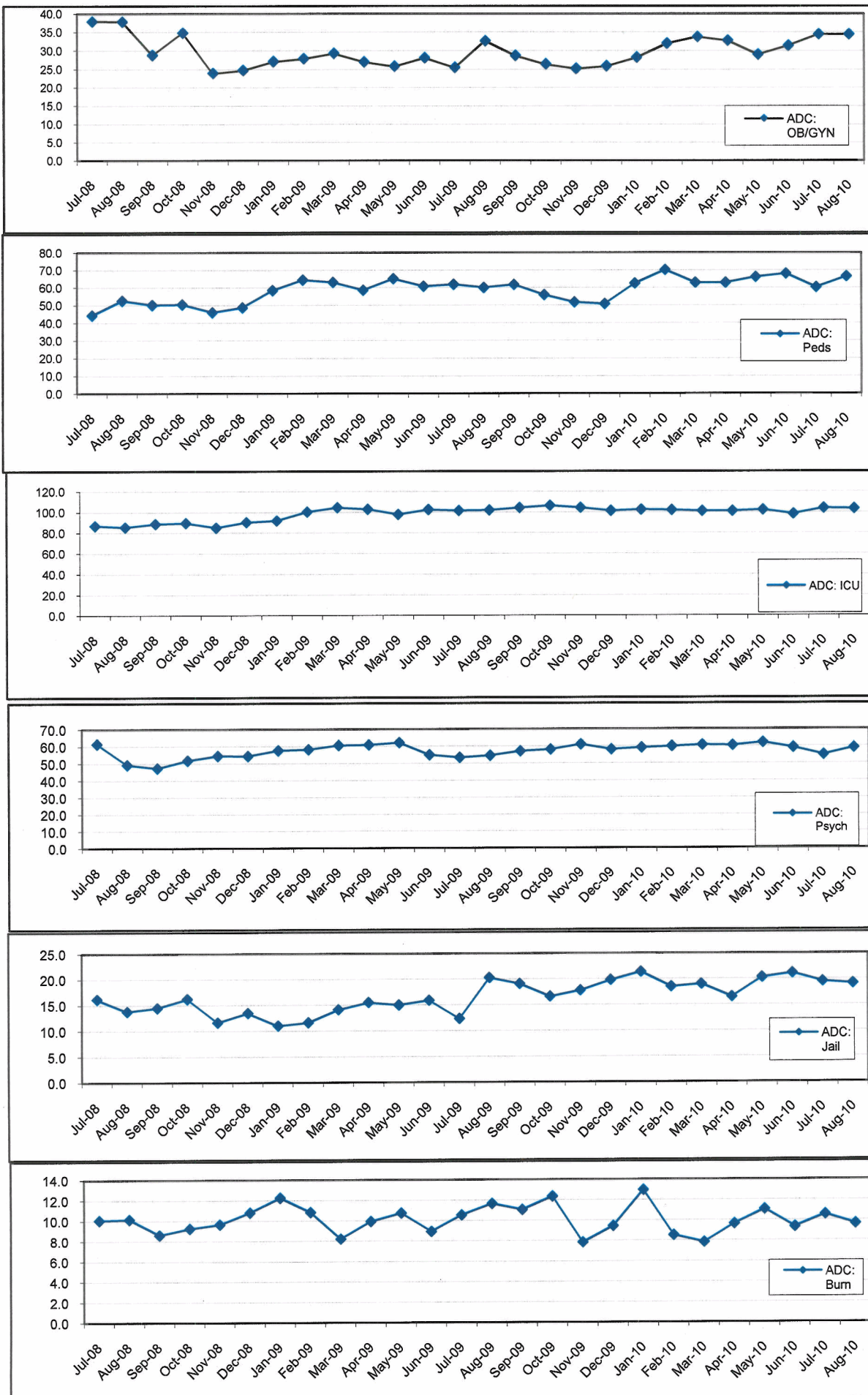
# LAC+USC Medical Center Workload Summary



ED registration is the number of patients accessing the ED (Registrations) and includes the following categories:

- \* Left without being seen
- \* Transferred to the UADC on the same day
- \* Admitted as an inpatient
- \* Dispositioned from the ED
- \* Women's Walk-in

Average Daily Census by Nursing Unit Subset, July 2008 to Aug 2010  
Based on Affinity Nursing Unit Statistical Report





**LAC+USC Medical Center**  
**Operational Monitoring Report**  
**Reporting Period – Aug 2010**

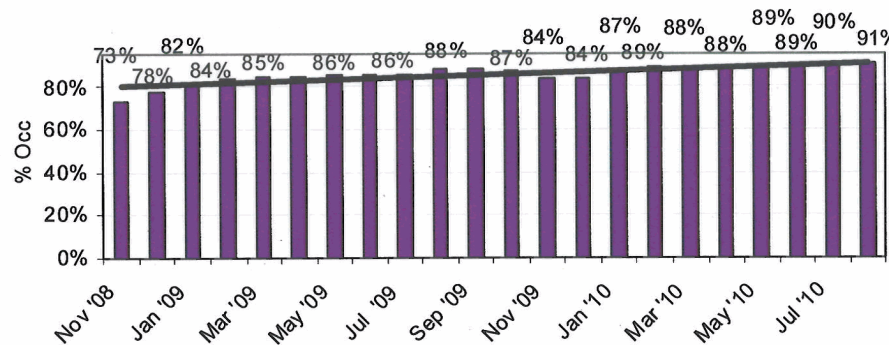
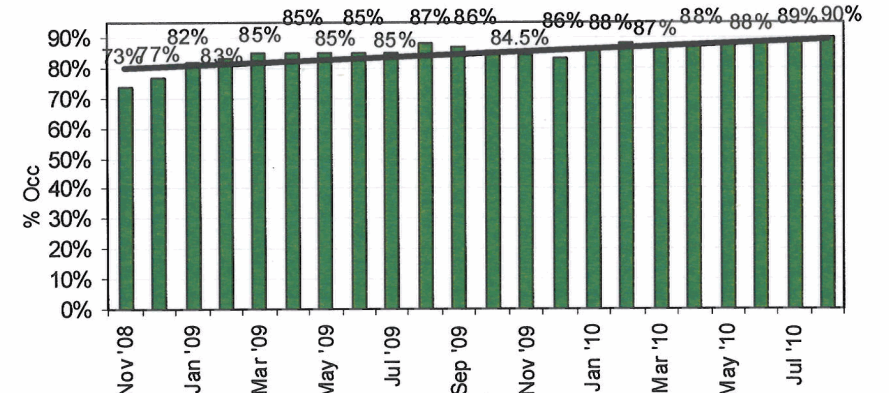
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1a.  Average Daily Census (ADC)	<p><b>ADC:</b> A measure of the total number of inpatients occupying licensed beds on a daily basis reported as the arithmetic mean.</p> <p><b>Calculation:</b> Total number of admitted inpatients at 12:00 AM midnight daily, summed over the month and divided by the total number of days in the month.</p> <p><b>Source of Data:</b> Affinity</p>	<p style="text-align: center;"><b>ADC</b></p> <table><tr><th>Month</th><th>ADC</th></tr><tr><td>Oct '06</td><td>637</td></tr><tr><td>Nov '06</td><td>598</td></tr><tr><td>Dec '06</td><td>623</td></tr><tr><td>Jan '07</td><td>612</td></tr><tr><td>Feb '07</td><td>605</td></tr><tr><td>Mar '07</td><td>625.5</td></tr><tr><td>Apr '07</td><td>623</td></tr><tr><td>May '07</td><td>590</td></tr><tr><td>Jun '07</td><td>609</td></tr><tr><td>Jul '07</td><td>605</td></tr><tr><td>Aug '07</td><td>583</td></tr><tr><td>Sep '07</td><td>611</td></tr><tr><td>Oct '07</td><td>578</td></tr><tr><td>Nov '07</td><td>596</td></tr><tr><td>Dec '07</td><td>491</td></tr><tr><td>Jan '08</td><td>525</td></tr><tr><td>Feb '08</td><td>563</td></tr><tr><td>Mar '08</td><td>572</td></tr><tr><td>Apr '08</td><td>577</td></tr><tr><td>May '08</td><td>572</td></tr><tr><td>Jun '08</td><td>573</td></tr><tr><td>Jul '08</td><td>592</td></tr><tr><td>Aug '08</td><td>589</td></tr><tr><td>Sep '08</td><td>581</td></tr><tr><td>Oct '08</td><td>567</td></tr><tr><td>Nov '08</td><td>559</td></tr><tr><td>Dec '08</td><td>578</td></tr><tr><td>Jan '09</td><td>592</td></tr><tr><td>Feb '09</td><td>586</td></tr><tr><td>Mar '09</td><td>588</td></tr><tr><td>Apr '09</td><td>595</td></tr><tr><td>May '09</td><td>592</td></tr><tr><td>Jun '09</td><td>596</td></tr><tr><td>Jul '09</td><td>604</td></tr><tr><td>Aug '09</td><td>604</td></tr></table> <p>Note: Average Daily Census number reported includes Medical Center + Psych + Newborns Census.</p>	Month	ADC	Oct '06	637	Nov '06	598	Dec '06	623	Jan '07	612	Feb '07	605	Mar '07	625.5	Apr '07	623	May '07	590	Jun '07	609	Jul '07	605	Aug '07	583	Sep '07	611	Oct '07	578	Nov '07	596	Dec '07	491	Jan '08	525	Feb '08	563	Mar '08	572	Apr '08	577	May '08	572	Jun '08	573	Jul '08	592	Aug '08	589	Sep '08	581	Oct '08	567	Nov '08	559	Dec '08	578	Jan '09	592	Feb '09	586	Mar '09	588	Apr '09	595	May '09	592	Jun '09	596	Jul '09	604	Aug '09	604	ADC provided as background information.
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1b.  Occupancy Rate LAC+USC Medical Center	<p><b>Definition:</b> 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.</p> <p><b>Calculation:</b> 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.</p> <p><b>Source of Data:</b> Affinity</p> <p><b>Target:</b> 95%</p>	<p>1. Medical Center Licensed Occupancy Rate (excluding Newborns) = <math>\text{Med Center Census} - \text{Newborns} / 600</math></p> <table><caption>Medical Center Licensed Occupancy Rate (excluding Newborns)</caption><thead><tr><th>Month</th><th>Occupancy Rate (%)</th></tr></thead><tbody><tr><td>Nov '08</td><td>72%</td></tr><tr><td>Dec '08</td><td>77%</td></tr><tr><td>Jan '09</td><td>80%</td></tr><tr><td>Feb '09</td><td>83%</td></tr><tr><td>Mar '09</td><td>84%</td></tr><tr><td>Apr '09</td><td>85%</td></tr><tr><td>May '09</td><td>85%</td></tr><tr><td>Jun '09</td><td>85%</td></tr><tr><td>Jul '09</td><td>88%</td></tr><tr><td>Aug '09</td><td>86%</td></tr><tr><td>Sep '09</td><td>83%</td></tr><tr><td>Oct '09</td><td>86%</td></tr><tr><td>Nov '09</td><td>88%</td></tr><tr><td>Dec '09</td><td>87%</td></tr><tr><td>Jan '10</td><td>87%</td></tr><tr><td>Feb '10</td><td>88%</td></tr><tr><td>Mar '10</td><td>88%</td></tr><tr><td>Apr '10</td><td>89%</td></tr><tr><td>May '10</td><td>89%</td></tr><tr><td>Jun '10</td><td>89%</td></tr><tr><td>Jul '10</td><td>90%</td></tr></tbody></table>	Month	Occupancy Rate (%)	Nov '08	72%	Dec '08	77%	Jan '09	80%	Feb '09	83%	Mar '09	84%	Apr '09	85%	May '09	85%	Jun '09	85%	Jul '09	88%	Aug '09	86%	Sep '09	83%	Oct '09	86%	Nov '09	88%	Dec '09	87%	Jan '10	87%	Feb '10	88%	Mar '10	88%	Apr '10	89%	May '10	89%	Jun '10	89%	Jul '10	90%	<p>For comparison, occupancy rates reported in the old facility were reported including newborns and were based on budgeted beds.</p>
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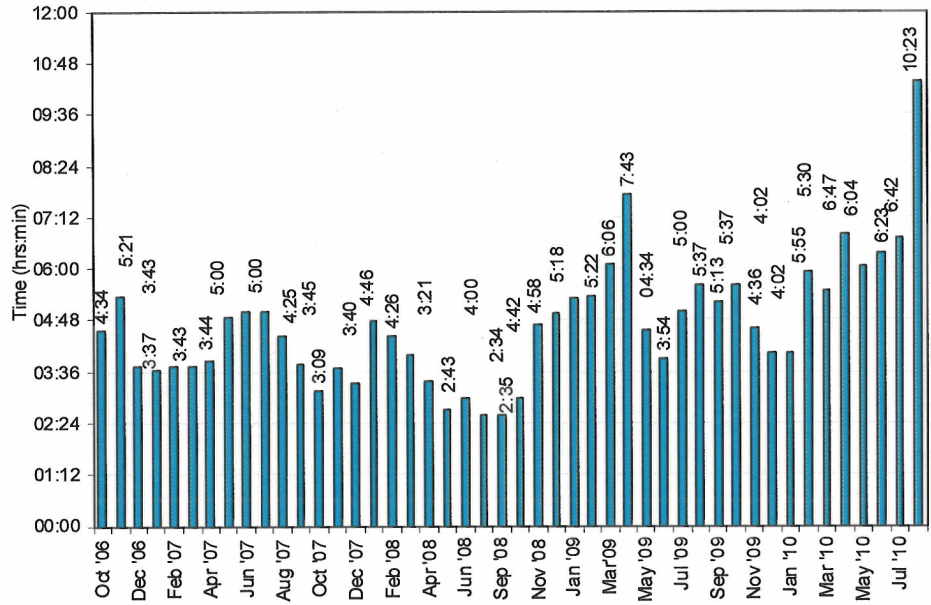
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<b>2a.</b> <b>Median Emergency Department Boarding Time (EDBT)</b>  <b>*Harris Rodde Indicator</b>	<p><b>Boarding Time:</b>  Time from MD Admit time (effective date and time of pre-admit) to time the patient actually leaves the ED en route to assigned bed (effective date and time of the ED disposition).</p> <p><b>Calculation:</b>  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.</p> <p><b>Source of Data:</b>  Affinity</p> <p><b>Target:</b>  Less than 7 hours.</p>	<p style="text-align: center;"><b>Median Boarding Time</b></p> <table border="1"> <caption>Median Boarding Time Data (Hrs:min)</caption> <thead> <tr> <th>Month</th> <th>Adult</th> <th>Peds</th> <th>Total</th> </tr> </thead> <tbody> <tr><td>Nov '08</td><td>4:28</td><td>2:18</td><td>4:12</td></tr> <tr><td>Dec '08</td><td>4:58</td><td>2:17</td><td>4:33</td></tr> <tr><td>Jan '09</td><td>5:22</td><td>2:21</td><td>4:28</td></tr> <tr><td>Feb '09</td><td>5:14</td><td>3:00</td><td>4:44</td></tr> <tr><td>Mar '09</td><td>6:06</td><td>2:22</td><td>6:06</td></tr> <tr><td>Apr '09</td><td>7:43</td><td>2:32</td><td>6:06</td></tr> <tr><td>May '09</td><td>6:08</td><td>2:31</td><td>4:00</td></tr> <tr><td>Jun '09</td><td>4:34</td><td>2:36</td><td>3:38</td></tr> <tr><td>Jul '09</td><td>5:00</td><td>2:35</td><td>3:54</td></tr> <tr><td>Aug '09</td><td>5:37</td><td>2:53</td><td>4:32</td></tr> <tr><td>Sep '09</td><td>5:13</td><td>2:39</td><td>4:44</td></tr> <tr><td>Oct '09</td><td>5:37</td><td>2:40</td><td>4:41</td></tr> <tr><td>Nov '09</td><td>4:36</td><td>2:32</td><td>3:57</td></tr> <tr><td>Dec '09</td><td>4:02</td><td>2:47</td><td>3:45</td></tr> <tr><td>Jan '10</td><td>5:55</td><td>2:34</td><td>5:14</td></tr> <tr><td>Feb '10</td><td>5:30</td><td>3:05</td><td>4:45</td></tr> <tr><td>Mar '10</td><td>6:47</td><td>2:43</td><td>5:42</td></tr> <tr><td>Apr '10</td><td>6:04</td><td>2:27</td><td>5:10</td></tr> <tr><td>May '10</td><td>6:23</td><td>2:28</td><td>5:29</td></tr> <tr><td>Jun '10</td><td>6:42</td><td>2:20</td><td>5:48</td></tr> <tr><td>Jul '10</td><td>10:23</td><td>2:16</td><td>8:40</td></tr> <tr><td>Aug '10</td><td></td><td>1:58</td><td></td></tr> </tbody> </table> <p style="text-align: center;"> <span style="color: blue;">◆</span> Adult    <span style="color: pink;">■</span> Peds    <span style="color: green;">▲</span> Total </p> <p>Aug '10 data is Preliminary data</p>	Month	Adult	Peds	Total	Nov '08	4:28	2:18	4:12	Dec '08	4:58	2:17	4:33	Jan '09	5:22	2:21	4:28	Feb '09	5:14	3:00	4:44	Mar '09	6:06	2:22	6:06	Apr '09	7:43	2:32	6:06	May '09	6:08	2:31	4:00	Jun '09	4:34	2:36	3:38	Jul '09	5:00	2:35	3:54	Aug '09	5:37	2:53	4:32	Sep '09	5:13	2:39	4:44	Oct '09	5:37	2:40	4:41	Nov '09	4:36	2:32	3:57	Dec '09	4:02	2:47	3:45	Jan '10	5:55	2:34	5:14	Feb '10	5:30	3:05	4:45	Mar '10	6:47	2:43	5:42	Apr '10	6:04	2:27	5:10	May '10	6:23	2:28	5:29	Jun '10	6:42	2:20	5:48	Jul '10	10:23	2:16	8:40	Aug '10		1:58		
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2b. ED Wait Time	<p><b>ED Wait Time:</b> Measured from time patient is triaged to time patient is either admitted or discharged reported as an arithmetic mean.</p> <p><b>Definition:</b> Sum of all wait time values during the monthly reporting period divided by the total number of values.</p> <p><b>Source of Data:</b> Affinity</p> <p><b>Target:</b> No target value. Lower numbers are better.</p>	<p style="text-align: center;"><b>Average ED Wait Time</b></p> <table border="1"> <caption>Approximate data from Average ED Wait Time graph</caption> <thead> <tr> <th>Month</th> <th>Adult (Hrs:min)</th> <th>Peds (Hrs:min)</th> <th>Total (Hrs:min)</th> </tr> </thead> <tbody> <tr><td>Nov '08</td><td>10:36</td><td>3:18</td><td>10:30</td></tr> <tr><td>Dec '08</td><td>11:07</td><td>2:53</td><td>9:36</td></tr> <tr><td>Jan '09</td><td>12:20</td><td>3:20</td><td>10:41</td></tr> <tr><td>Feb '09</td><td>10:54</td><td>3:31</td><td>9:19</td></tr> <tr><td>Mar '09</td><td>12:34</td><td>3:45</td><td>10:48</td></tr> <tr><td>Apr '09</td><td>13:00</td><td>3:32</td><td>8:59</td></tr> <tr><td>May '09</td><td>12:38</td><td>3:59</td><td>10:15</td></tr> <tr><td>Jun '09</td><td>11:23</td><td>3:47</td><td>10:52</td></tr> <tr><td>Jul '09</td><td>10:55</td><td>3:50</td><td>10:00</td></tr> <tr><td>Aug '09</td><td>10:31</td><td>4:11</td><td>9:17</td></tr> <tr><td>Sep '09</td><td>10:42</td><td>3:37</td><td>8:19</td></tr> <tr><td>Oct '09</td><td>9:29</td><td>3:22</td><td>7:53</td></tr> <tr><td>Nov '09</td><td>9:44</td><td>3:23</td><td>8:36</td></tr> <tr><td>Dec '09</td><td>10:04</td><td>3:42</td><td>8:45</td></tr> <tr><td>Jan '10</td><td>10:09</td><td>3:39</td><td>8:40</td></tr> <tr><td>Feb '10</td><td>9:48</td><td>3:49</td><td>8:47</td></tr> <tr><td>Mar '10</td><td>9:58</td><td>3:45</td><td>9:15</td></tr> <tr><td>Apr '10</td><td>10:18</td><td>3:57</td><td>9:58</td></tr> <tr><td>May '10</td><td>11:11</td><td>3:44</td><td>11:07</td></tr> <tr><td>Jun '10</td><td>12:29</td><td>4:00</td><td>11:07</td></tr> </tbody> </table> <p><b>Adult Wait Time :</b> *Excludes Psych, Pediatric, Observation Unit, and Jail patients</p> <p><b>Total ED Wait time:</b> *Excludes Psych, Observation Unit, and Jail</p> <p>Aug '10 data is Preliminary data</p>	Month	Adult (Hrs:min)	Peds (Hrs:min)	Total (Hrs:min)	Nov '08	10:36	3:18	10:30	Dec '08	11:07	2:53	9:36	Jan '09	12:20	3:20	10:41	Feb '09	10:54	3:31	9:19	Mar '09	12:34	3:45	10:48	Apr '09	13:00	3:32	8:59	May '09	12:38	3:59	10:15	Jun '09	11:23	3:47	10:52	Jul '09	10:55	3:50	10:00	Aug '09	10:31	4:11	9:17	Sep '09	10:42	3:37	8:19	Oct '09	9:29	3:22	7:53	Nov '09	9:44	3:23	8:36	Dec '09	10:04	3:42	8:45	Jan '10	10:09	3:39	8:40	Feb '10	9:48	3:49	8:47	Mar '10	9:58	3:45	9:15	Apr '10	10:18	3:57	9:58	May '10	11:11	3:44	11:07	Jun '10	12:29	4:00	11:07	
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<b>2c.</b>  <b>Left Without Being Seen (LWBS)</b>  <b>*Harris Rodde Indicator</b>	<p><b>LWBS:</b> The total number of patients who left the ED without being seen by a physician reported as a percentage of all ED visits.</p> <p><b>Calculation:</b> 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.</p> <p><b>Source of Data:</b> Affinity</p> <p><b>Target:</b> No target value. Lower numbers are better.</p>	<p style="text-align: center;"><b>Left Without Being Seen</b></p> <p style="text-align: center;">Aug '10 data is Preliminary data</p>	

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2d. ED Diversion	<p><b>ED Diversion:</b> 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.</p> <p><b>Calculation:</b> The total number of hours of ED diversion for a specific reason divided by the total number of available hours in a month.</p> <p><b>Source of Data:</b> ReddiNet</p>	<p><b>Diversion of ALS Units due to ED Saturation</b></p> <table><thead><tr><th>Month</th><th>% on Diversion</th></tr></thead><tbody><tr><td>Oct '06</td><td>49</td></tr><tr><td>Nov '06</td><td>42</td></tr><tr><td>Dec '06</td><td>31</td></tr><tr><td>Jan '07</td><td>38</td></tr><tr><td>Feb '07</td><td>45</td></tr><tr><td>Mar '07</td><td>42</td></tr><tr><td>Apr '07</td><td>38</td></tr><tr><td>May '07</td><td>31</td></tr><tr><td>Jun '07</td><td>32</td></tr><tr><td>Jul '07</td><td>34</td></tr><tr><td>Aug '07</td><td>28</td></tr><tr><td>Sep '07</td><td>21</td></tr><tr><td>Oct '07</td><td>21</td></tr><tr><td>Nov '07</td><td>25</td></tr><tr><td>Dec '07</td><td>52</td></tr><tr><td>Jan '08</td><td>51</td></tr><tr><td>Feb '08</td><td>51</td></tr><tr><td>Mar '08</td><td>30</td></tr><tr><td>Apr '08</td><td>23</td></tr><tr><td>May '08</td><td>25</td></tr><tr><td>Jun '08</td><td>42</td></tr><tr><td>Jul '08</td><td>50</td></tr><tr><td>Aug '08</td><td>51</td></tr><tr><td>Sep '08</td><td>50</td></tr><tr><td>Oct '08</td><td>40</td></tr><tr><td>Nov '08</td><td>58</td></tr><tr><td>Dec '08</td><td>52</td></tr><tr><td>Jan '09</td><td>55</td></tr><tr><td>Feb '09</td><td>58</td></tr><tr><td>Mar '09</td><td>35</td></tr><tr><td>Apr '09</td><td>35</td></tr><tr><td>May '09</td><td>63</td></tr><tr><td>Jun '09</td><td>52</td></tr><tr><td>Jul '09</td><td>51</td></tr><tr><td>Aug '09</td><td>59</td></tr><tr><td>Sep '09</td><td>41</td></tr><tr><td>Oct '09</td><td>32</td></tr><tr><td>Nov '09</td><td>43</td></tr><tr><td>Dec '09</td><td>60</td></tr><tr><td>Jan '10</td><td>55</td></tr><tr><td>Feb '10</td><td>61</td></tr><tr><td>Mar '10</td><td>59</td></tr><tr><td>Apr '10</td><td>59</td></tr><tr><td>May '10</td><td>59</td></tr><tr><td>Jun '10</td><td>69</td></tr><tr><td>Jul '10</td><td>75</td></tr></tbody></table>	Month	% on Diversion	Oct '06	49	Nov '06	42	Dec '06	31	Jan '07	38	Feb '07	45	Mar '07	42	Apr '07	38	May '07	31	Jun '07	32	Jul '07	34	Aug '07	28	Sep '07	21	Oct '07	21	Nov '07	25	Dec '07	52	Jan '08	51	Feb '08	51	Mar '08	30	Apr '08	23	May '08	25	Jun '08	42	Jul '08	50	Aug '08	51	Sep '08	50	Oct '08	40	Nov '08	58	Dec '08	52	Jan '09	55	Feb '09	58	Mar '09	35	Apr '09	35	May '09	63	Jun '09	52	Jul '09	51	Aug '09	59	Sep '09	41	Oct '09	32	Nov '09	43	Dec '09	60	Jan '10	55	Feb '10	61	Mar '10	59	Apr '10	59	May '10	59	Jun '10	69	Jul '10	75	<p>This is slightly lower than the before move diversion history which generally ranged between 50-60%.</p> <p><b>Key points:</b></p> <ul style="list-style-type: none"><li>-- Diversion is for paramedic runs only; Basic Life Support ambulances still arrive.</li><li>-- 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".</li></ul>
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Indicator	Definition	Data	Comments
2e. Surge Report		<p align="center"><b>Crowding Level Comparison</b></p> <p align="center">New Facility Surge Plan Suspended      New Facility Surge Plan Operational</p> <p>The chart displays the percentage distribution of crowding levels over time. The 'New Facility Surge Plan Suspended' period (12/08 to 9/09) shows a significant peak in 'Dangerously OC' (black bars) in early 2009, reaching nearly 60%. The 'New Facility Surge Plan Operational' period (10/09 to 8/10) shows a more stable distribution, with 'OverCrowded' (orange bars) and 'Severely OC' (red bars) being the most common categories, generally staying between 30% and 50%. 'Extremely Busy' (yellow bars) and 'Busy' (blue bars) levels are consistently lower, typically below 20%.</p>	

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Indicator	Definition	Data	Comments																																																												
<b>Indicator #3 – Trends for Patient Diversions and Transfers &amp; #4 – Transfers to Rancho Los Amigos Metrics</b>																																																															
<b>3. &amp; 4.</b>  <b>Rancho Los Amigos Hospital (RLAH) Transfers</b>	<b>Transfers:</b> The volume of patients transferred to RLAH for acute hospitalization from the Emergency Department and from Inpatient Units.  <b>Data Source:</b> Manual record keeping.  Cancelled category includes patients whose condition changed leading to higher level of care or discharge home.	<p><b><u>Month of Aug ‘10</u></b></p> <p><b><u>Referrals from ER:</u></b></p> <table border="1"> <thead> <tr> <th></th><th>Med/Surg</th><th>Acute Stroke</th><th>Total</th></tr> </thead> <tbody> <tr> <td># Met transfer criteria</td><td>50</td><td>NA</td><td>-</td></tr> <tr> <td># Referred to RLAH</td><td>49</td><td>45</td><td>94</td></tr> <tr> <td># Transfers</td><td>49</td><td>45</td><td>94</td></tr> <tr> <td># Denied</td><td>0</td><td>NA</td><td>-</td></tr> <tr> <td># Cancelled</td><td>1</td><td>NA</td><td>-</td></tr> <tr> <td># Patients refused*</td><td>0</td><td>NA</td><td>-</td></tr> </tbody> </table> <p><b><u>Referrals from Inpatients:</u></b></p> <table border="1"> <thead> <tr> <th></th><th>Med/Surg</th><th>Acute Stroke</th><th>Total</th></tr> </thead> <tbody> <tr> <td># Met transfer criteria</td><td>44</td><td>NA</td><td>-</td></tr> <tr> <td># Referred to RLAH</td><td>26</td><td>6</td><td>32</td></tr> <tr> <td># Transfers</td><td>21</td><td>6</td><td>27</td></tr> <tr> <td># Denied</td><td>5</td><td>NA</td><td>-</td></tr> <tr> <td># Cancelled</td><td>17*</td><td>NA</td><td>-</td></tr> <tr> <td># Patients refused*</td><td>0</td><td>NA</td><td>-</td></tr> <tr> <td>Other /Pending</td><td>1</td><td>NA</td><td>-</td></tr> </tbody> </table>		Med/Surg	Acute Stroke	Total	# Met transfer criteria	50	NA	-	# Referred to RLAH	49	45	94	# Transfers	49	45	94	# Denied	0	NA	-	# Cancelled	1	NA	-	# Patients refused*	0	NA	-		Med/Surg	Acute Stroke	Total	# Met transfer criteria	44	NA	-	# Referred to RLAH	26	6	32	# Transfers	21	6	27	# Denied	5	NA	-	# Cancelled	17*	NA	-	# Patients refused*	0	NA	-	Other /Pending	1	NA	-	
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Indicator	Definition	Data	Comments																																																																																																																																										
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Indicator	Definition	Data	Comments
Indicator #5 – Harris Rodde Indicators			
5.  Average Length of Stay (ALOS)  			

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Indicator	Definition	Data					Comments
Indicator #6 – Pediatric Metrics							
6.  Pediatric Bed Census and Occupancy (%)  Pediatric ICU (PICU)  Neonatal ICU (NICU)  Pediatric Unit  Adolescent Unit	<b>Census:</b> The total number admitted pediatric inpatients at 12:00 AM midnight of a designated pediatric ward.  <b>Occupancy:</b> The total number of admitted pediatric inpatients divided by the total number of licensed beds on that unit and reported as percentage.  <b>Source of Data:</b> Affinity	Date	NICU (40 Beds)	Peds Ward (25 Beds)	PICU (10 Beds)	Med/Surg Adolescent (20 Beds)	
		Nov-08	56%	54%	50%	33%	
		Dec-08	52%	60%	60%	40%	
		Jan-09	52%	68%	70%	75%	
		Feb-09	50%	80%	80%	85%	
		Mar-09	57%	72%	70%	80%	
		Apr-09	57%	60%	60%	75%	
		May-09	62%	72%	70%	80%	
		Jun-09	60%	64%	60%	75%	
		Jul-09	57%	72%	60%	80%	
		Aug-09	55%	64%	60%	80%	
		Sep-09	55%	68%	70%	80%	
		Oct-09	45%	60%	60%	80%	
		Nov-09	35%	64%	70%	70%	
		Dec-09	40%	64%	70%	65%	
		Jan -10	60%	68%	70%	70%	
		Feb -10	65%	84%	80%	80%	
		Mar -10	65%	68%	60%	75%	
		Apr-10	60%	64%	60%	80%	
		May -10	67.5%	68%	80%	80%	
		Jun -10	65%	64%	70%	80%	
		Jul -10	60%	68%	80%	85%	
		Aug -10	62%	68%	60%	85%	

**Prior LAC+USC Emergency Department Mitigation Activities**

LAC+USC executive management has put in place various mitigative activities since the move to the Replacement Facility in November 2008. These activities have included:

1. Assessment of ADC by hospital administration daily to ensure maximal inpatient bed utilization for Specialty Care Beds.
2. Expansion of Urgent Access Diagnostic Center (UADC) hours and treatment rooms to decompress ED low acuity patients and assign mid-level providers to screen and refer patients to the UADC.
3. Increasing patient transfers to Rancho Los Amigos and to private hospitals to address patient surges.
4. Heightened patient flow activities including expediting discharges and rapid housekeeping bed turnover times.
5. Obtaining Program Flexibility from the California Department of Public Health to use 10 ICU beds as medical/surgical level beds to meet patient demand for ward beds.
6. Utilization of temporary overflow medical/surgical beds in the Diagnostic and Treatment Tower when there is an increased boarding time for patients.
7. Re-implementation of the ED Surge Plan to identify levels of ED Crowding and define various measures based on the degree of overcrowding.
8. Implementation of an ED Information System (WellSoft) to improve documentation, communication, tracking and data acquisition in processing patients in the ED.
9. Management “huddles” by clinical teams to reconcile all beds and utilization of ward worksheets to determine the status of each bed.
10. Continued regular meetings of the Patient Flow Committee to analyze patient data and review process improvements that include use of white boards in the patient room and increased rounding by Nurse Managers to identify potential patients for discharge.
11. Continued daily meetings of the Utilization Review Team to review criteria for inpatient admissions. Patients not meeting medical criteria for admission are assisted in arranging for appropriate diagnostic and clinic appointments.
12. Contracting with a private community hospital to transfer indigent patients when beds are unavailable at LAC+USC or Rancho.