

Los Angeles County **Board of Supervisors**

November 23, 2010

Gloria Molina First District

Mark Ridley-Thomas Second District

> Zev Yaroslavsky Third District

> > Don Knabe Fourth District

Michael D. Antonovich Fifth District

SUBJECT:

FROM:

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TO: Each Supervisor

John F. Schunhoff, Ph.D.

Interim Director

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 #45 (Agenda Item #S-2, November 23, 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 full monthly operational report with trends to include the month of October 2010.

Census Trending (ADC includes Psychiatric & Newborn Patients)

The Average Daily Census (ADC) for the month of October was 596 out of 671 licensed beds, an estimated 88% utilization rate (90% occupancy). The census for Medical/Surgical units was an estimated 98% utilization rate (100% occupancy) for October 2010.

Emergency Department (ED) Indicators

As a result of the implementation of rapid medical evaluation and the performance of a Medical Screening Examination (MSE) on every patient within a goal of one hour of arrival to the ED and the addition of associated staff to perform ED functions, several measures have significantly improved. As shown in attachment #1, the following key indicators should be noted:

ED Boarding Time – the time from physician order for admission to time the patient is transferred to an inpatient bed has been reduced by 2.5 hours on average per patient.

Left Without Being Seen – the number of patients who left the ED without being seen as a percentage of all ED visits has reduced to approximately 3%, the lowest since the move to the Replacement Facility.

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<u>Crowding Level Comparison</u> – the highest level of crowding has been reduced by more than 45% since August 2010.

Less significant reductions were noted in Average Length of Stay, Diversion and Patients Transferred Out. Contract negotiations with additional private hospitals for transfers out are ongoing.

<u>Additional Information Requested</u>

During the Board discussion regarding the LAC+USC progress report at the meeting held on November 9, 2010, Supervisor Antonovich requested that the Department provide a report on the average cost per bed (fixed and variable costs including overhead) for each of the County hospitals. This information will be provided in a separate report within the next two weeks.

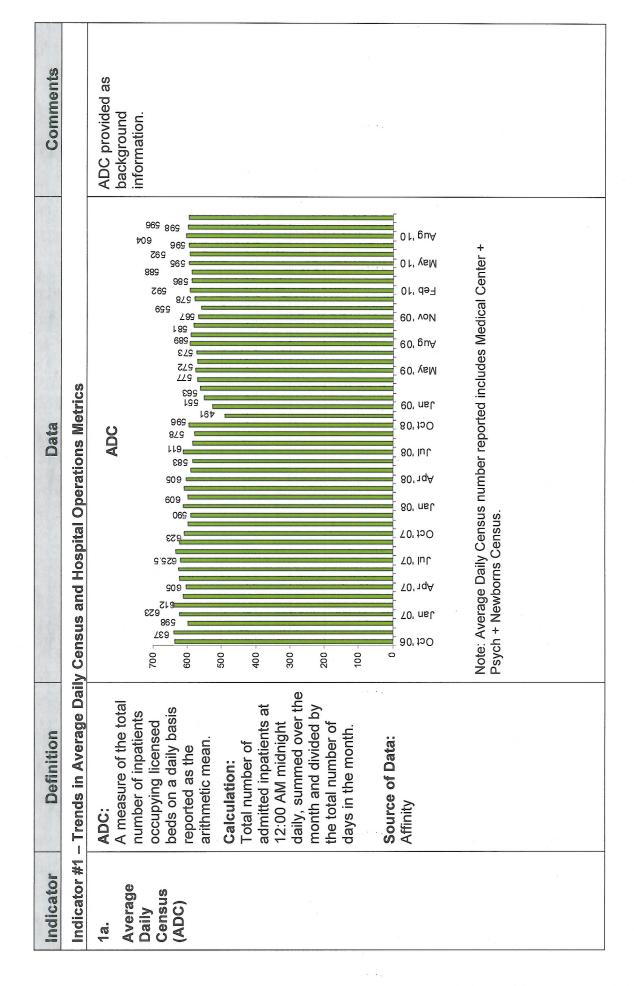
If you have any questions or need additional information regarding this report, please contact me or Carol Meyer, Chief of Operations, at (213) 240-8370.

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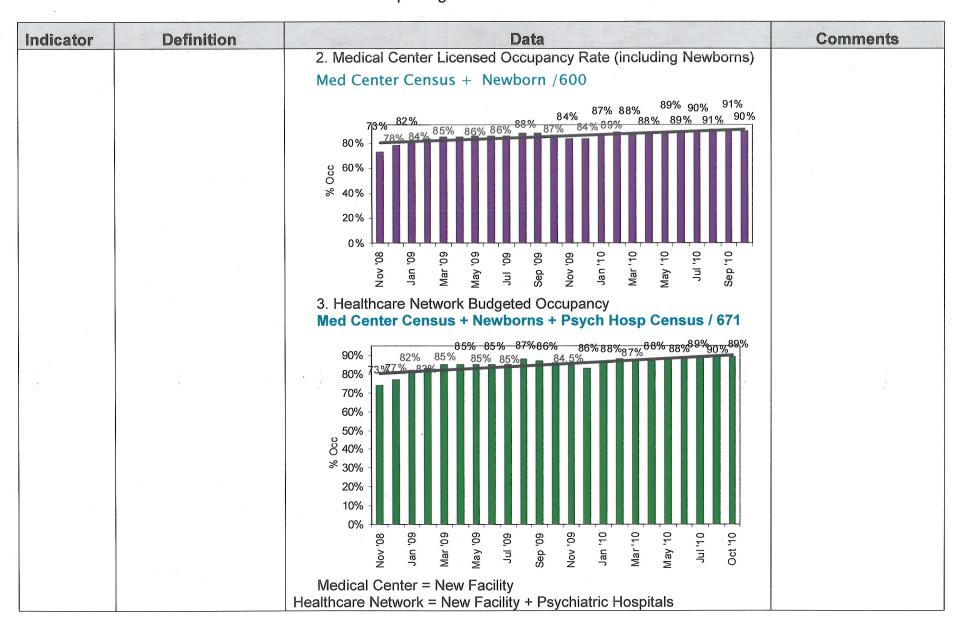
Attachment

c: Chief Executive Office
County Counsel
Executive Office, Board of Supervisors

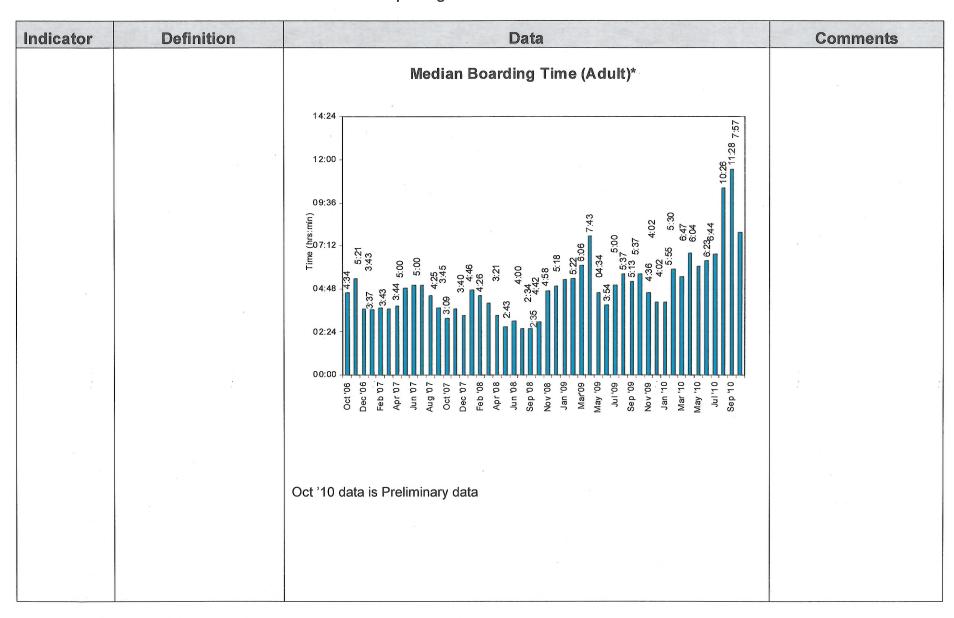
LAC+USC Medical Center Operational Monitoring Report Reporting Period – Oct 2010



ndicator Definition
Ib. 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%



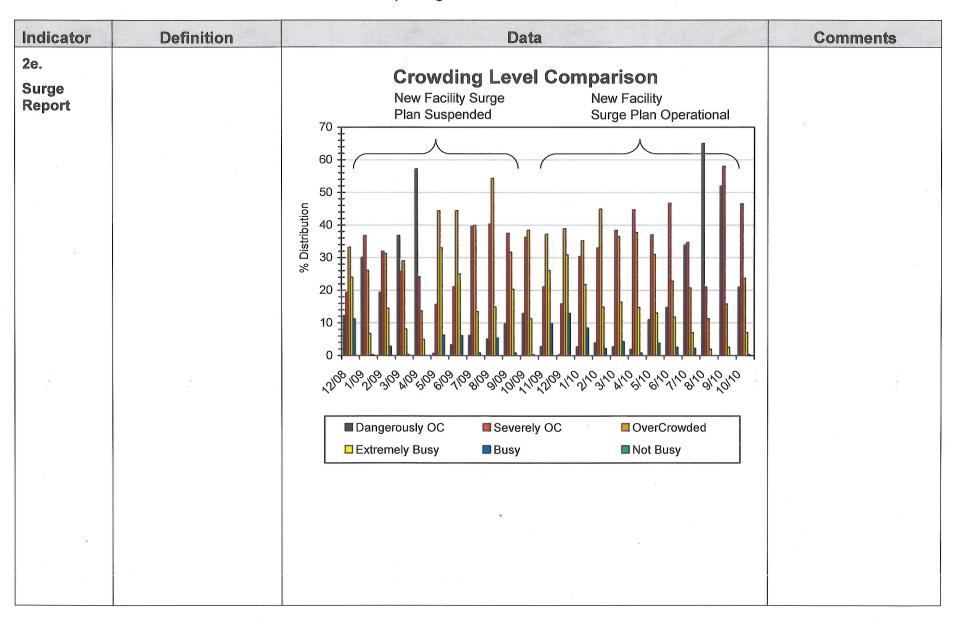
Indicator	Definition	Data	Comments
Indicator #2	- Emergency Departmen	t Metrics	
2a. Median Emergency Department Boarding Time (EDBT)	Boarding Time: Time from MD Admit time (effective date and time of pre-admit) to time the patient actually leaves the ED en route to assigned bed (effective date and time of the ED disposition).	### (firmin) ## (
*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.	Sep '10 Sep	
	Source of Data: Affinity		
	Target: Less than 7 hours.	Oct '10 data is Preliminary data	



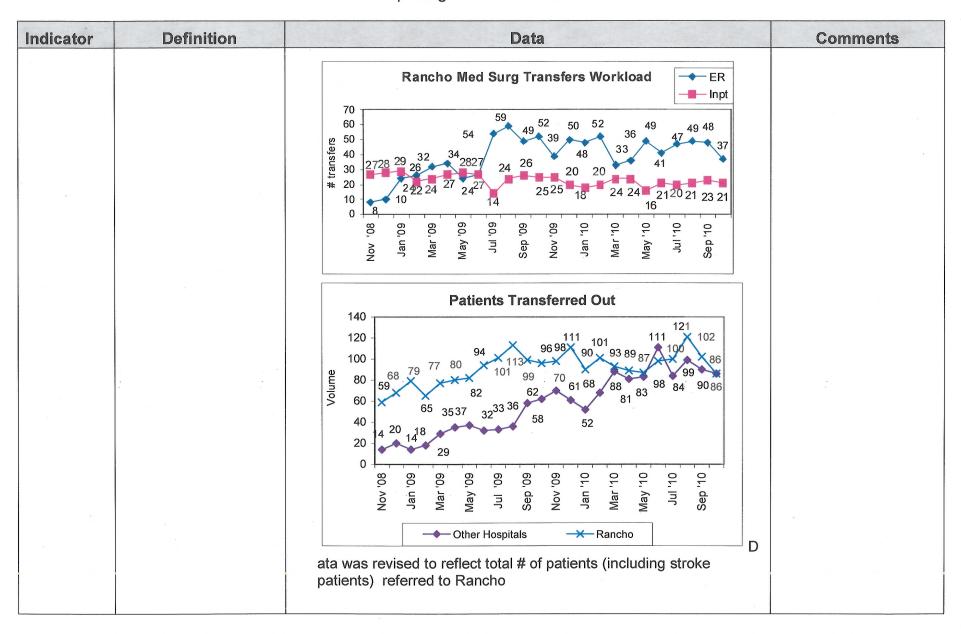
Indicator	Definition	Data	Comments
Indicator #2	- Emergency Departmen	t Metrics	
2b. ED Wait Time	ED Wait Time: Measured from time patient is triaged to time patient is either admitted or discharged reported as an arithmetic mean. Definition: Sum of all wait time values during the monthly reporting period divided by the total number of values. Source of Data: Affinity Target: No target value. Lower numbers are better.	Average ED Wait Time 14:24 12:20 13:00 10:36 12:36 12:36 12:36 12:36 12:36 12:38 12:36 12:38 12:36 12:38 12:36 12:38 12:36 12:38 12:36 12:38 12:36 12:38 12:36 12:38 12:36 12:38 12:36 12:38 12:36 12:38 12:36 12:38 12:36 12:38 12:36 12:38 12:36 12:38 12:36 12:38 12:36 12:38 12:36 12:38 12:36 12:36 12:36 12:36 12:38 12:36 12:36 12:38 12:36 12:36 12:36 12:36 12:36 12:36 12:36 12:36 12:33 10:45 10:40 9:29 9:44 9:49	

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 2000 - 2000 2000 - 2000 - 2000 2000 - 2000 2000 - 2000 2000 - 2000 2000 - 2000 2000 - 2000 - 2000 2000 - 2000 - 2000 2000 - 2000 - 2000 - 2000 2000 - 2000 - 2000 - 2000 - 2000 2000 - 2	
*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.	#1000 - 12% - 10% - 10% - 8% - 6% - 4% - 2% - 0% - 2% - 0% - 2% - 0% - 2% - 0% - 2% - 0% - 2% - 0% - 2% - 0% - 2% - 0% - 0	
	Source of Data: Affinity	Number	
	Target: No target value. Lower numbers are better.	Oct '10 data is Preliminary data	

Indicator	Definition	Data	Comments
Indicator #2	- Emergency Department	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 90 80 70 49 45 42 34 38 38 38 38 38 38 38 38 38	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		Comments			
Indicator #3	- Trends for Patient Dive	ersions and Transfers & #4	l – Transfers	to Rancho Los	Amigos Metrics	6
3. & 4. Rancho	Transfers: The volume of patients transferred to RLAH for	Month of Oct '10 Referrals from ER:				
Los Amigos	acute hospitalization		Med/Surg	Acute Stroke	Total	
Hospital (RLAH)	from the Emergency Department and from	# Met transfer criteria	40	NA	_	
Transfers	Inpatient Units.	# Referred to RLAH	39	26	65	
	Data Carres	# Transfers	37	26	63	
	Data Source: Manual record keeping.	# Denied	2	NA	-	
		# Cancelled	1*	NA	_	
Cancelled category includes patients whose condition changed leading to		# Patients refused*	1	NA	-	
		Referrals from Inpatients				
	higher level of care or discharge home.		Med/Surg	Acute Stroke	Total	:
		# Met transfer criteria	37	NA	• •	
		# Referred to RLAH	33	2	35	
		# Transfers	21	2	23	
		# Denied	12	NA	-	
		# Cancelled	4*	NA	-	
		# Patients refused*	0	NA	-	
		Other /Pending	0	NA		



Indicator	Definition	Data	Comments
Indicator #5	– Harris Rodde Indicator	es e	
Average Length of Stay	LOS: The difference between discharge date and the admission date or 1 if the 2 dates are the	*Healthcare Network ALOS - Preliminary data pending Auditor-Controller validation ALOS 6.6	Overall trend in ALOS for the 2-year period prior to the move reduced to a low range of 4.7 – 5.5 days in 2008. Immediately prior
*Harris Rodde Indicator	Total LOS: Calculation: ALOS is the arithmetic mean calculated by dividing the Total LOS by the Total # of discharges in the monthly reporting period, rounded off to one decimal place.	6.5 6.4 6.1 6.1 6.1 6.1 6.1 6.1 6.1 6.1 6.1 6.1	to the move, the ALOS increased as the lower acuity patients were transferred to other facilities. This trend may continue depending on number of transfers. *As of July 2010 with the consolidation of Ingleside and Hawkins,
	Source of Data: Affinity Target: <5.5 days	Oct o	all psychiatric services are now included.

Indicator	Definition	Data			Comments		
Indicator #6 – F	ediatric Metrics						
6. Pediatric Bed	Census: The total number	Date	NICU (40 Beds)	Peds Ward (25 Beds)	PICU (10 Beds)	Med/Surg Adolescent (20 Beds)	
Census and	admitted pediatric inpatients at 12:00 AM	Nov-08	56%	54%	50%	33%	
Occupancy	midnight of a	Dec-08	52%	60%	60%	40%	
(%)	designated pediatric	Jan-09	52%	68%	70%	75%	
	ward.	Feb-09	50%	80%	80%	85%	
Pediatric ICU	atric ICU Occupancy:	Mar-09	57%	72%	70%	80%	
(PICU)	The total number of	Apr-09	57%	60%	60%	75%	
Neonatal ICU	admitted pediatric	Jun-09	60%	64%	60%	75%	
(NICU)	inpatients divided by	Jul-09	57%	72%	60%	80%	
Pediatric Unit	the total number of licensed beds on that	Aug-09	55%	64%	60%	80%	
	unit and reported as	Sep-09	55%	68%	70%	80%	
Adolescent Unit and reported as percentage.	·	Oct-09	45%	60%	60%	80%	
		Nov-09	35%	64%	70%	70%	
Source of Data:	Source of Data:	Dec-09	40%	64%	70%	65%	
	Affinity	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%	
		Sep -10	72.5%	60%	60%	80%	
		Oct -10	60%	60%	60%	75%	