*** NOTE: TO RETURN TO THIS PAGE, CLICK ON THE COUNTY SEAL ***

CLICK HERE FOR DIRECTOR OF HEALTH SERVICES' REPORT DATED NOVEMBER 2, 2012

CLICK HERE FOR DIRECTOR OF HEALTH SERVICES' REPORT DATED NOVEMBER 30, 2012

CLICK HERE FOR DIRECTOR OF HEALTH SERVICES' REPORT DATED JANUARY 3, 2013

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CLICK HERE FOR DIRECTOR OF HEALTH SERVICES' REPORT DATED DECEMBER 2, 2013

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CLICK ON HERE FOR THE DIRECTOR OF HEALTH SERVICES' REPORTS FOR 2014



November 2, 2012

Los Angeles County **Board of Supervisors**

Gloria Molina

First District

Each Supervisor

Director

Mark Ridley-Thomas Second District

FROM:

TO:

Mitchell H. Katz, M.D.

Zev Yaroslavsky

Don Knabe

Third District

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 #82

Fourth District

Michael D. Antonovich Fifth District

Mitchell H. Katz, M.D. Director

Hal F. Yee, Jr., M.D., Ph.D. Chief Medical Officer

Christina R. Ghaly, M.D. Deputy Director, Strategic Planning

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

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

www.dhs.lacounty.gov

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.

This is to provide your Board with the 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 September 2012.

Census Trending (ADC includes Psychiatric & Newborn Patients) The Average Daily Census (ADC) for the month of September was 585 out of 676 licensed beds, an estimated 84% utilization rate (86% occupancy). The census for Medical/Surgical units was an estimated 94% utilization rate (96% occupancy) for September 2012.

Emergency Department (ED) Indicators

Attachment #1 demonstrates increase in key indicators such as Median ED Boarding, Average Length of Stay (ALOS), and Dangerously Overcrowding. ED Wait Time and Left Without Being Seen (LWBS) for this period remained the same. There was an increase in the number of patients transferred out.

The Dangerously Overcrowding Level Comparison for this period was 25.6%, compared to 10% in August 2012. Since the last report to the Board, two additional nurses have been hired, for a total of 20 nurses. Four nurses already had ED experience; 15 nurses started the ED Nurse Training Program on September 25, 2012; and one nurse will start the next ED Nurse Training Program in April 2013.

If you have any questions or need additional information please contact me or Pete Delgado, LAC+USC Chief Executive Officer, at (323) 409-2800.

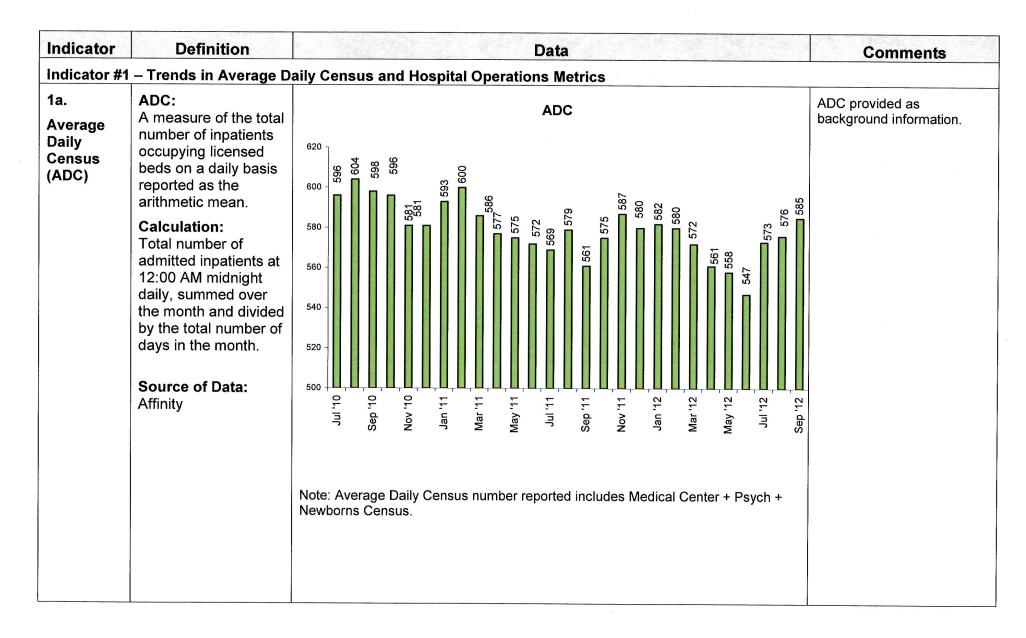
PD:bh

Attachments

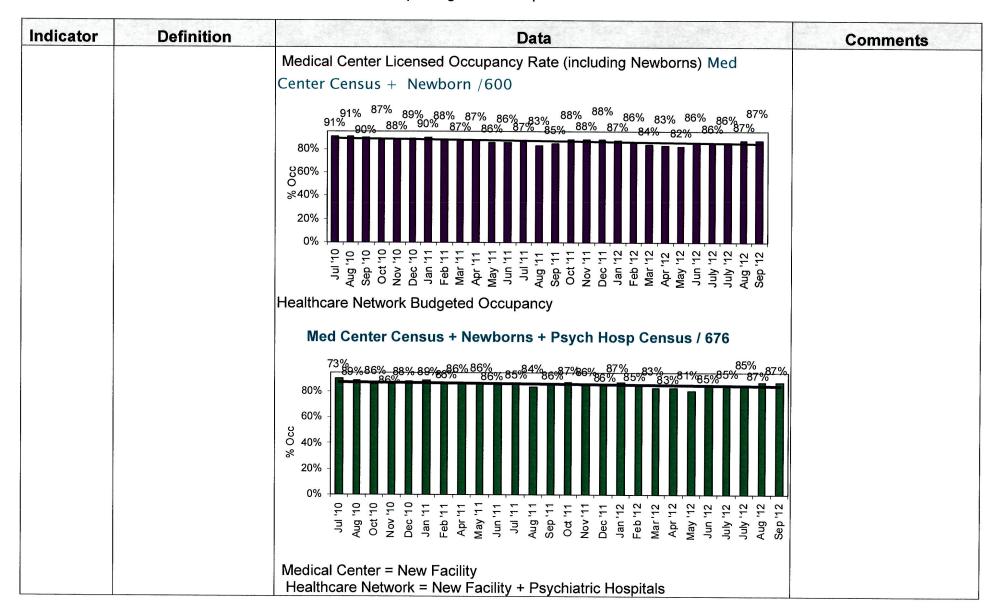
Chief Executive Office C: County Counsel Executive Office, Board of Supervisors



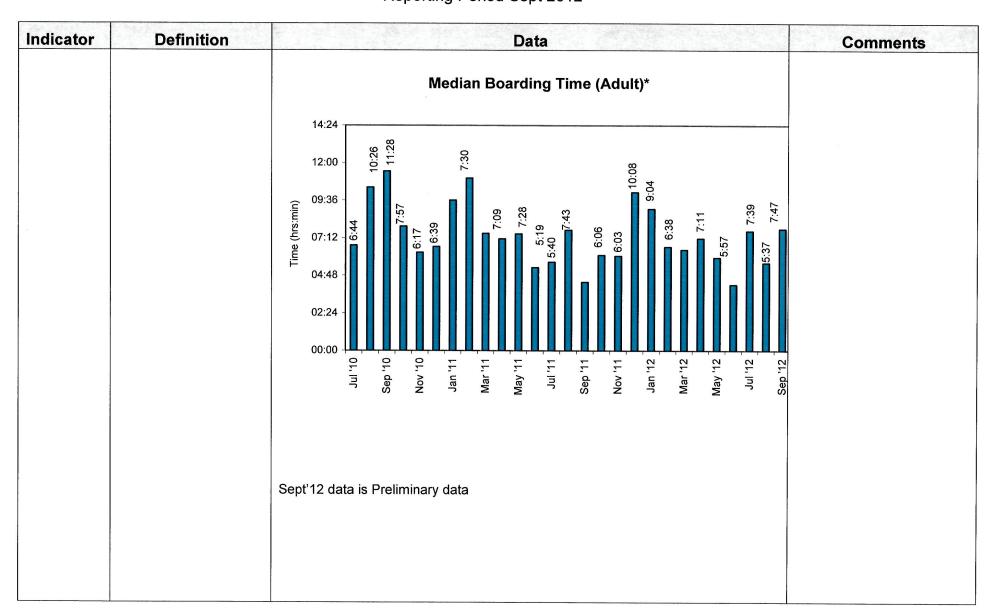
www.dhs.lacounty.gov



Indicator	Definition	Data	Comments
Indicator #1	- Trends in Average Da	aily Census and Hospital Operations Metrics	
1b. Occupanc y 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 90% 89% 89% 88% 86% 85% 86% 86% 86% 86% 86% 86% 86% 86% 86% 86	For comparison, occupancy rates reported in the old facility were reported including newborns and were based on budgeted beds.



Indicator	Definition	Data	Comments
Indicator #2	- Emergency Departme	ent Metrics	
2a. Median Emergenc y Departmen t 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	14:24 12:00 6:09 6:09 6:09 6:09 6:09 6:09 6:08 6:09 6:08 6:09 6:08 6:08 6:08 6:08 6:08 6:08 6:08 6:08	
*Harris Rodde Indicator	disposition). 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.	2:24 9:00 9:10	





November 30, 2012

FROM:

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 TO: Each Supervisor

Mitchell H. Katz, M.D.

Director

STATUS REPORT ON KEY INDICATORS OF PROGRESS, SUBJECT:

> HOSPITAL OPERATIONS, AND OTHER ISSUES RELATED TO THE TRANSITION TO THE NEW LAC+USC MEDICAL

CENTER – PROGRESS REPORT #83

Mitchell H. Katz, M.D. Director

Hal F. Yee, Jr., M.D., Ph.D. Chief Medical Officer

Christina R. Ghaly, M.D. Deputy Director, Strategic Planning

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

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

www.dhs.lacounty.gov

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.

This is to provide your Board with the 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 2012.

Census Trending (ADC includes Psychiatric & Newborn Patients)

The Average Daily Census (ADC) for the month of October was 572 out of 676 licensed beds, an estimated 83% utilization rate (85% occupancy). The census for Medical/Surgical units was an estimated 92% utilization rate (94% occupancy) for October 2012.

Emergency Department (ED) Indicators

Attachment #1 demonstrates decrease in key indicators such as Median ED Boarding, ED Wait Time, Left Without Being Seen (LWBS), and Dangerously Overcrowding. Average Length of Stay (ALOS) for this period remained the same. There was a decrease in the number of patients transferred out.

The Dangerously Overcrowding Level Comparison for this period was 4% compared to 25.6% in September 2012.

If you have any questions or need additional information, please contact me or Dr. Christina Ghaly, Interim LAC+USC Chief Executive Officer, at (323) 409-2800.

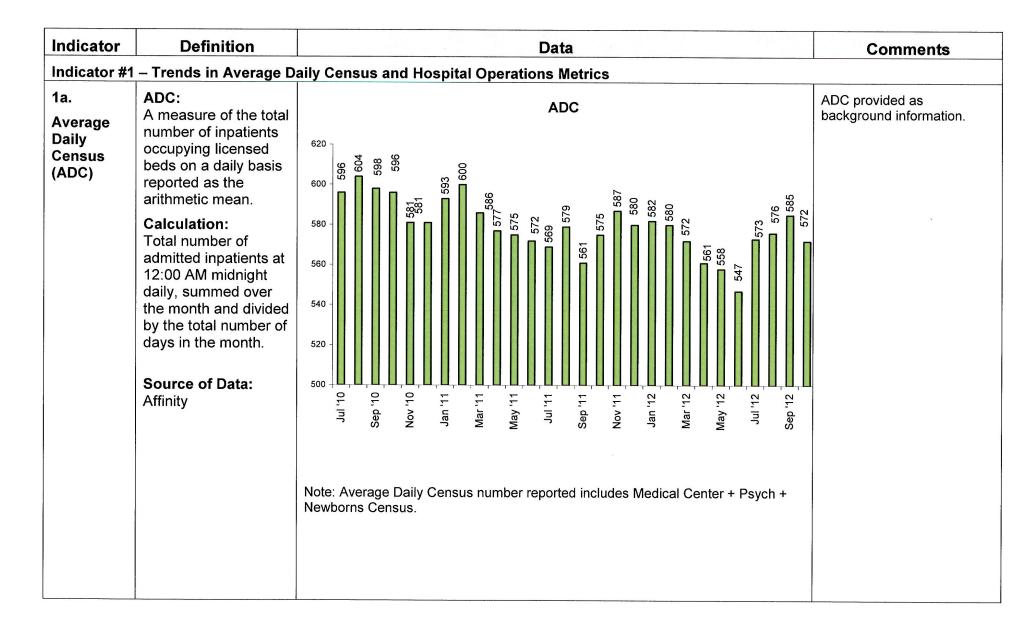
PD:bh

Attachments

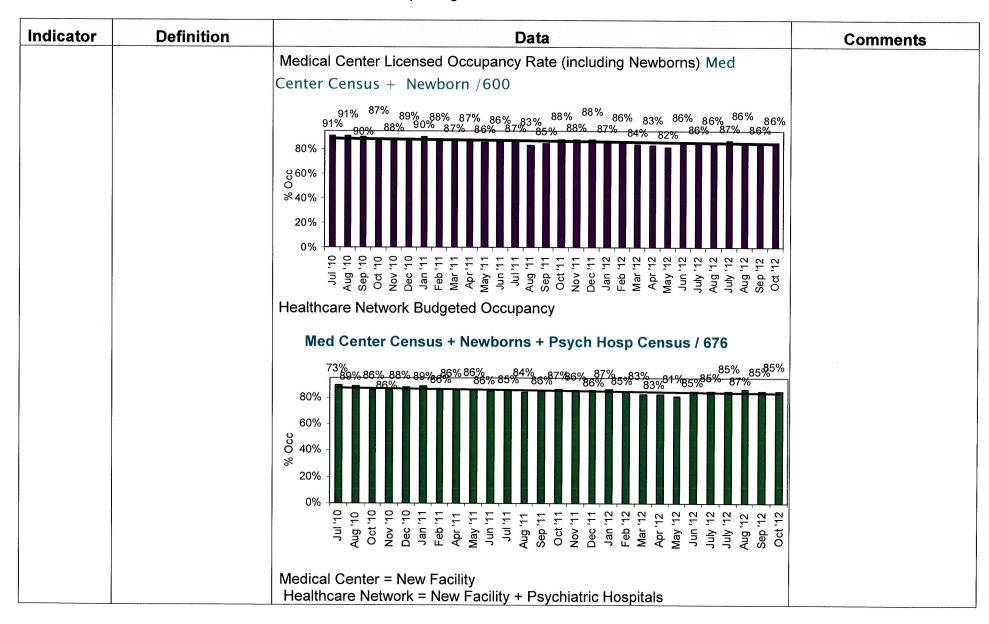
Chief Executive Office C: County Counsel Executive Office, Board of Supervisors



www.dhs.lacounty.gov

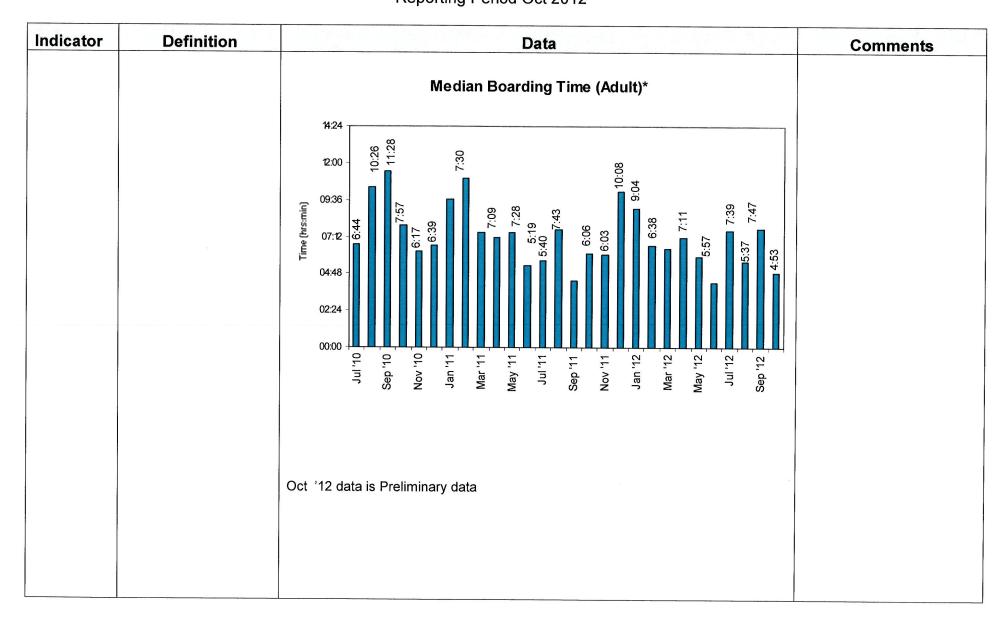


Indicator	Definition	Data	Comments
Indicator #1	– Trends in Average Da	aily Census and Hospital Operations Metrics	
1b. Occupanc y Rate LAC+USC Medical Center	Definition: A measure of the usage of the licensed beds during the reporting period that is derived by dividing the patient days in the reporting 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 90% 86% 89% 88% 86% 86% 86% 86% 86% 86% 86% 86% 86	For comparison, occupancy rates reported in the old facility were reported including newborns and were based on budgeted beds.

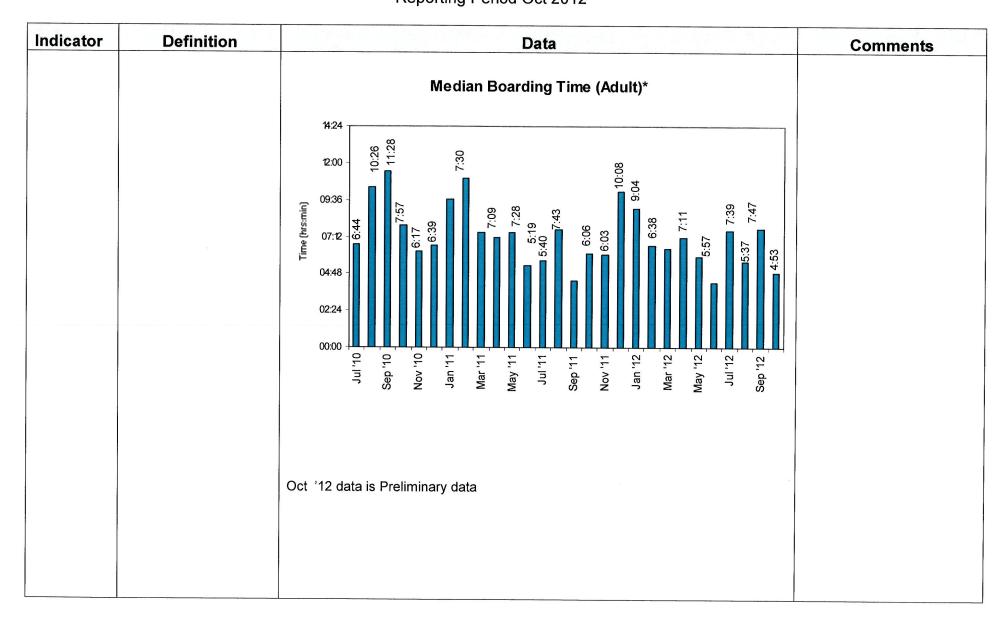


Indicator	Definition	Data	Comments
Indicator #2	- Emergency Departme	ent Metrics	
2a. Median Emergenc y Departmen t Boarding Time (EDBT)	Boarding Time: Time from MD Admit time (effective date and time of pre-admit) to time the patient actually leaves the ED en route to assigned bed (effective date and time of the ED disposition).	14:24 12:00 14:28 14:48 25:26 26:08 27:47 28:38 29:09 29:09 20:00 20	
*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.	Oct 12 data is Preliminary data	

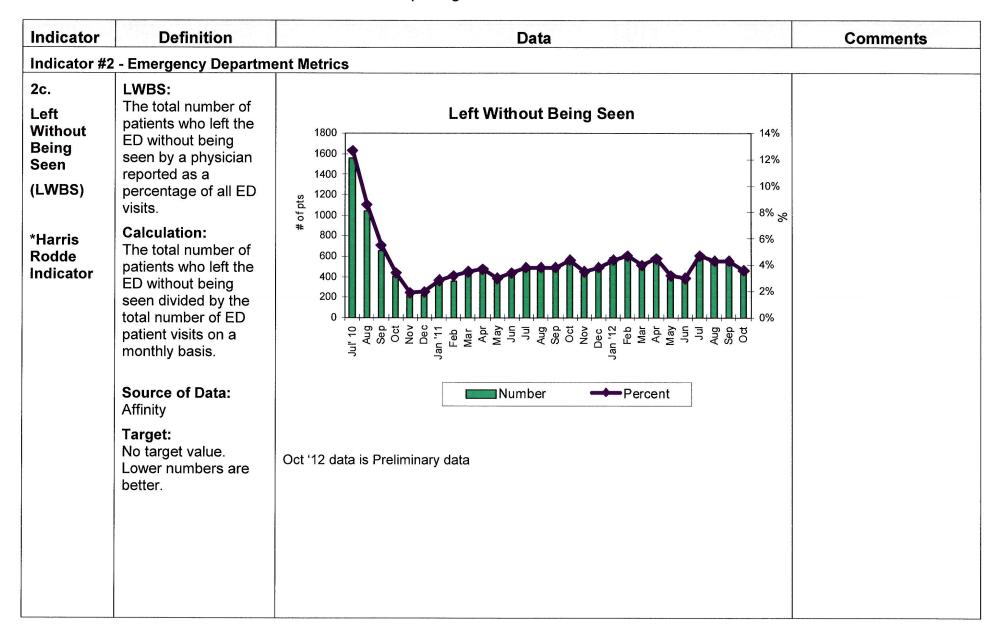
Indicator	Definition	Data	Comments
Indicator #2	- Emergency Departme	ent Metrics	
2a. Median Emergenc y Departmen t Boarding Time (EDBT)	Boarding Time: Time from MD Admit time (effective date and time of pre-admit) to time the patient actually leaves the ED en route to assigned bed (effective date and time of the ED disposition).	14:24 12:00 14:28 14:48 25:26 26:08 27:47 28:38 29:09 29:09 20:00 20	
*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.	Oct 12 data is Preliminary data	



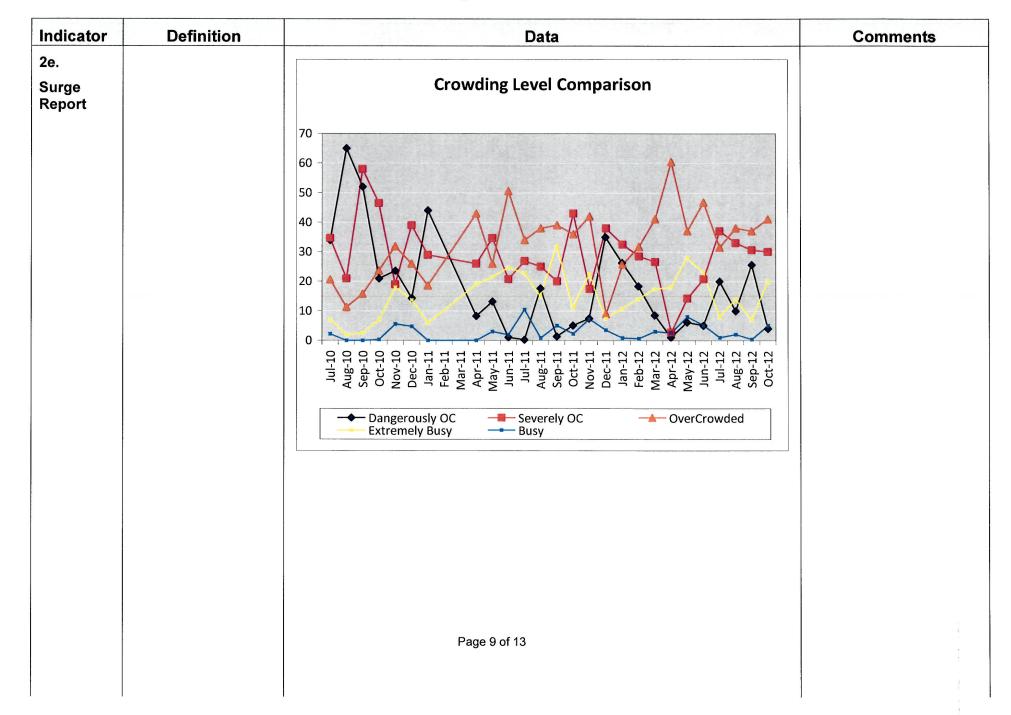
Indicator	Definition	Data	Comments
Indicator #2	- Emergency Departm	ent Metrics	
2b. ED Wait Time	ED Wait Time: Measured from time patient is triaged to time patient is either admitted or discharged reported as an arithmetic mean. Definition: Sum of all wait time values during the monthly reporting period 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 12:00 09:36 10:00 0	



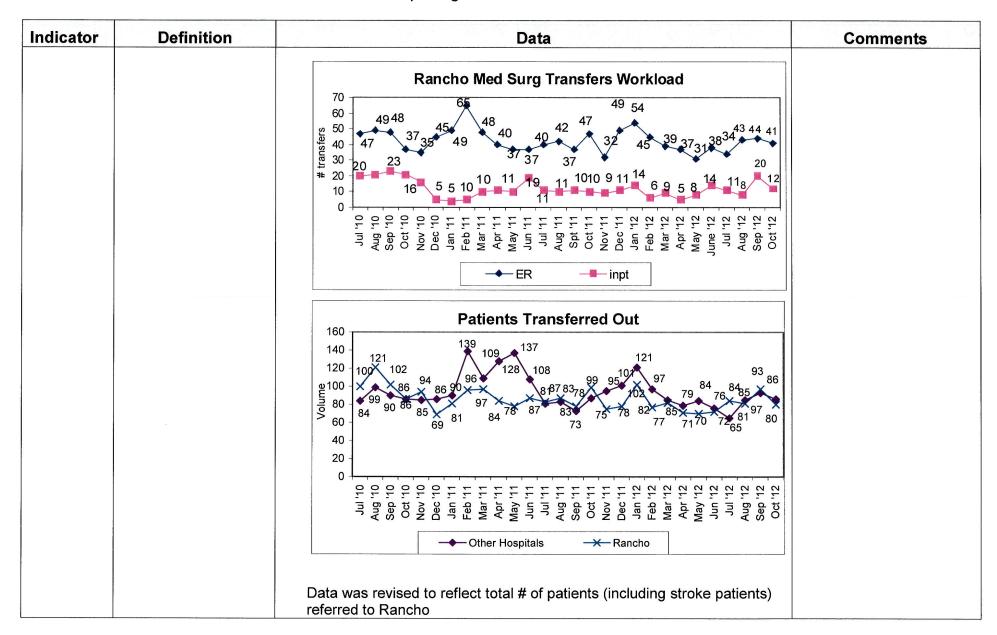
Indicator	Definition	Data	Comments
Indicator #2	- Emergency Departm	ent Metrics	
2b. ED Wait Time	ED Wait Time: Measured from time patient is triaged to time patient is either admitted or discharged reported as an arithmetic mean. Definition: Sum of all wait time values during the monthly reporting period 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 12:00 09:36 10:00 0	

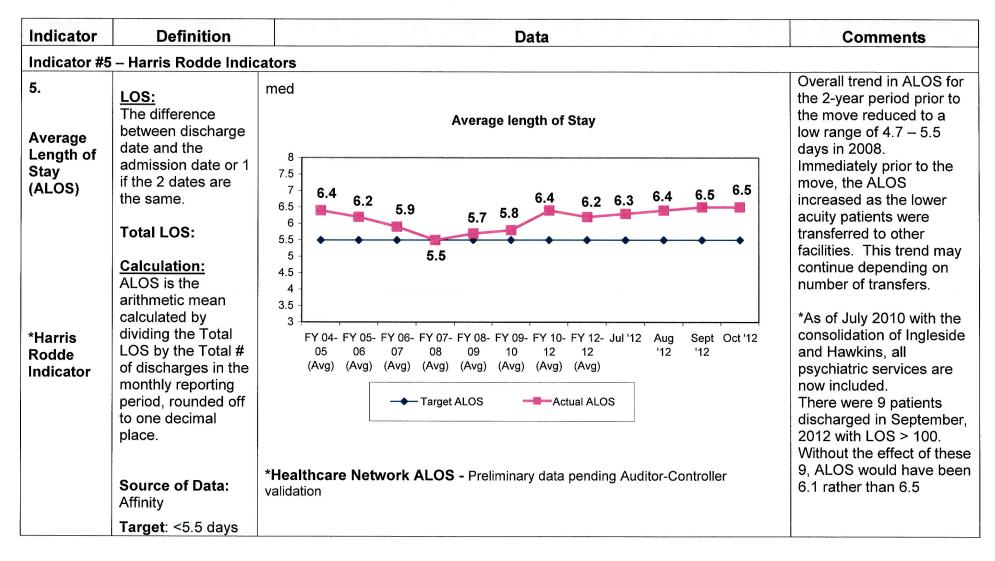


Indicator	Definition	Data	Comments
Indicator #2	- Emergency Departme	ent Metrics	
2d. ED Diversion	ED Diversion: A percentage measure of the time the ED diverts ambulance traffic away from the ED, reported as a function of the reason for diversion on a monthly basis. Calculation: The total number of 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 81 77 79 74 63 61 62 65 65 65 65 65 65 65 65 65	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 Di	versions and Transfers &	& #4 – Trans	fers to Rancho	Los Amigos	s Metrics
3. & 4. Rancho	Transfers: The volume of patients transferred to	Month of Oct '12 Referrals from ER:				
Los Amigos	RLAH for acute		Med/Surg	Acute Stroke	Total	
Hospital (RLAH)	hospitalization from the Emergency	# Met transfer criteria	43	NA	-	
Transfers	Department and from Inpatient Units.	# Referred to RLAH	41	24	65	
	impatient Offits.	# Transfers	41	24	65	
	Data Source:	# Denied	0	NA	-	
	Manual record	# Cancelled	2 *	NA	-	
	keeping.	# Patients refused*	2	NA	-	
inclu	Cancelled category includes patients whose condition	Referrals from Inpatient	ts:			
	changed leading to		Med/Surg	Acute Stroke	Total	
	higher level of care or discharge home.	# Met transfer criteria	18	NA	_	
		# Referred to RLAH	14	3	17	
		# Transfers	12	3	15	
		# Denied	2	NA	-	
		# Cancelled	4*	NA		
		# Patients refused*	0	NA	-	
		Other /Pending	0	NA	-	





Indicator	Definition			Data			Comments
Indicator #6 – Pe	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	Jul -10	60%	68%	80%	85%	
Occupancy (%)	inpatients at 12:00 AN midnight of a	Aug -10	62%	68%	60%	85%	
	designated pediatric	Sep -10	72.5%	60%	60%	80%	
Pediatric ICU	ward.	Nov-10	67.5%	48%	50%	70%	
(PICU)	Occupancy:	Dec -10	62%	60%	50%	65%	
Neonatal ICU	The total number of	Feb -11	57%	68%	80%	80%	
(NICU)	admitted pediatric	Apr-11 May -11	55% 57%	64% 56%	50% 50%	75% 80%	
Pediatric Unit	inpatients divided by the total number of	Jul -11	58%		50%	70%	
	licensed beds on that			44%	7.00.00	and the factor	
Adolescent	unit and reported as		58%	44%	40%	75%	
Unit	percentage.	Sep -11	58%	40%	50%	75%	
		Nov-11	62%	60%	70%	75%	
	Source of Data:	Dec-11	65%	40%	60%	70%	
	Affinity	Jan -12	60%	52%	60%	75%	
	, ,	Feb-12	55%	56%	60%	70%	
		Mar-12	55%	64%	50%	75%	
		Apr- 12	53%	48%	50%	65%	
		May -12	42%	40%	50%	70%	
		Jun-12	37.5%	44%	50%	60%	
		Jul -12	45%	48%	60%	80%	
		Aug -12	57%	48%	50%	75%	
		Sep -12	62.5%	56%	50%	80%	
		Oct -12	57.5%	64%	60%	70%	



January 3, 2013

Los Angeles County **Board of Supervisors**

> Gloria Molina First District

TO:

Each Supervisor

Mark Ridley-Thomas Second District

FROM:

Mitchell H. Katz, M.D. A Wahay War

Director

Zev Yaroslavsky Third District

> Don Knabe Fourth District

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 #84

Michael D. Antonovich Fifth District

Mitchell H. Katz, M.D. Director

Hal F. Yee, Jr., M.D., Ph.D. Chief Medical Officer

Christina R. Ghaly, M.D. Deputy Director, Strategic Planning

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

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

www.dhs.lacounty.gov

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.



This is to provide your Board with the 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 November 2012.

Census Trending (ADC includes Psychiatric & Newborn Patients)

The Average Daily Census (ADC) for the month of November was 534 out of 676 licensed beds, an estimated 77% utilization rate (79% occupancy). The census for Medical/Surgical units was an estimated 85% utilization rate (87% occupancy) for November 2012.

Emergency Department (ED) Indicators

Attachment #1 demonstrates decrease in key indicators such as Median ED Boarding, ED Wait Time and Left Without Being Seen (LWBS), Average Length of Stay (ALOS), and Dangerously Overcrowded. There was a decrease in the number of patients transferred out.

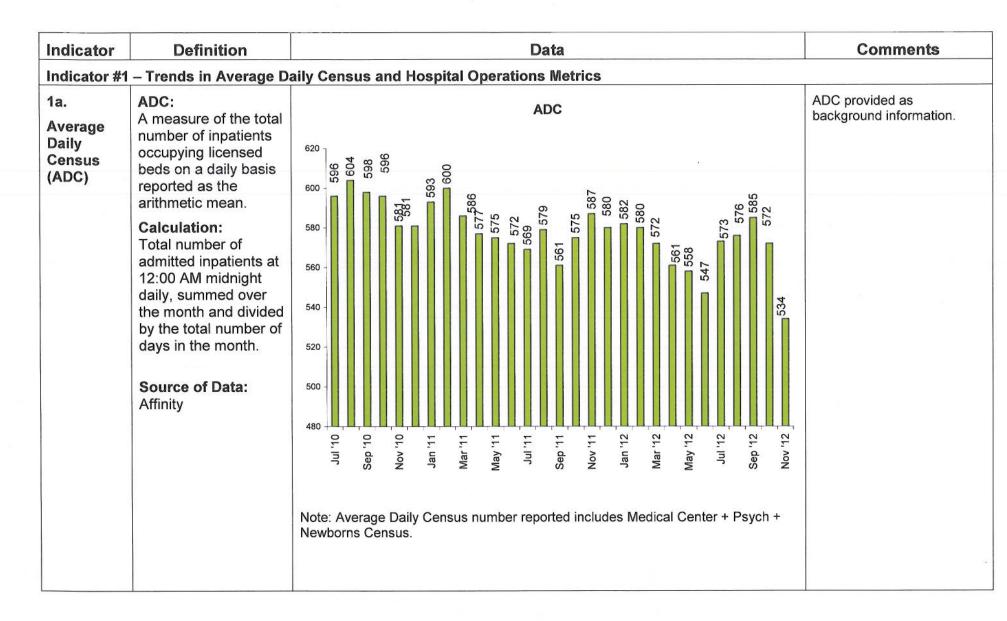
The Dangerously Overcrowded Level Comparison for this period was 0%, compared to 4% in October 2012. ED and hospital overcrowding decreased secondary to implementation of new operational policies and procedures, including those related to the implementation of the TAR-free process using InterQual, a evidence-based tool used to help determine whether acute care hospitalization is medically indicated. The implementation of InterQual has resulted in fewer patients being admitted and more rapid discharge of admitted patients with corresponding improvement in operational indicators (e.g., ED Boarding Time) and a decline in inpatient census.

If you have any questions or need additional information, please contact me or Christina R. Ghaly, Interim Chief Executive Officer, LAC+USC, at (323) 409-2800.

CRG:bh

Attachment

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



Operational Monitoring Report Reporting Period Nov 2012

Indicator #1 - Trends in Average Daily 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.

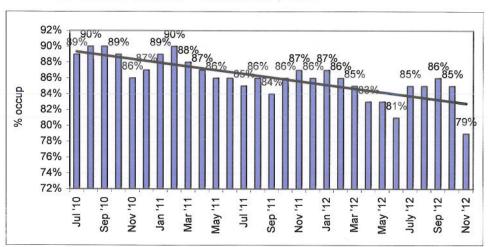
Source of Data:

Affinity

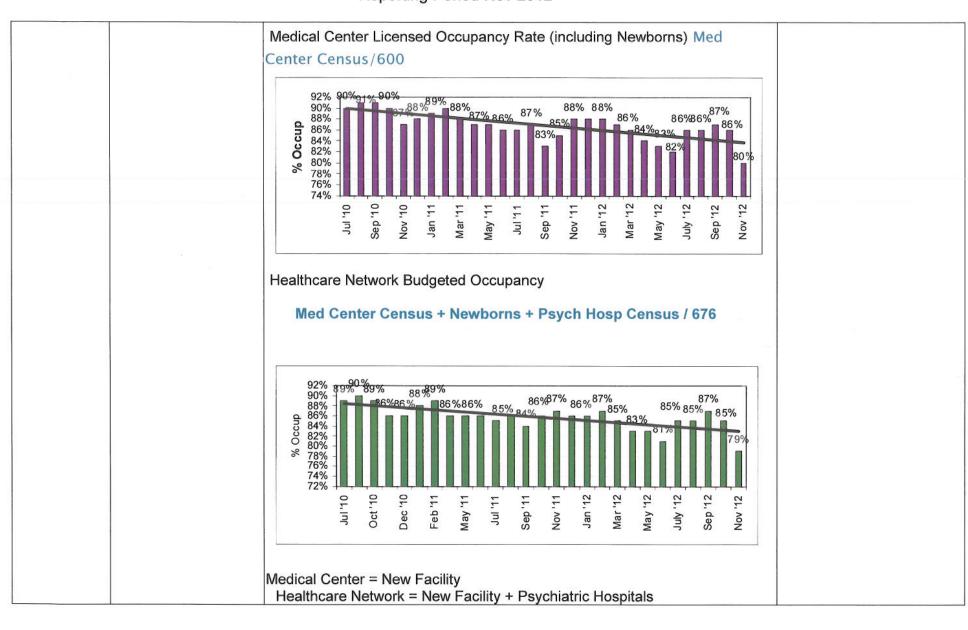
Target: 95%

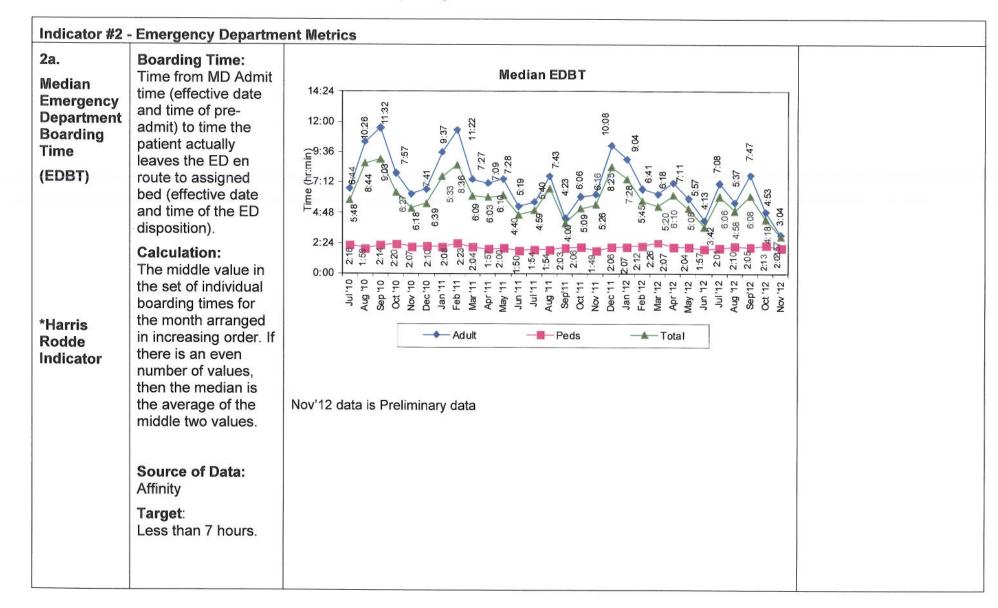
Medical Center Licensed Occupancy Rate (excluding Newborns) =

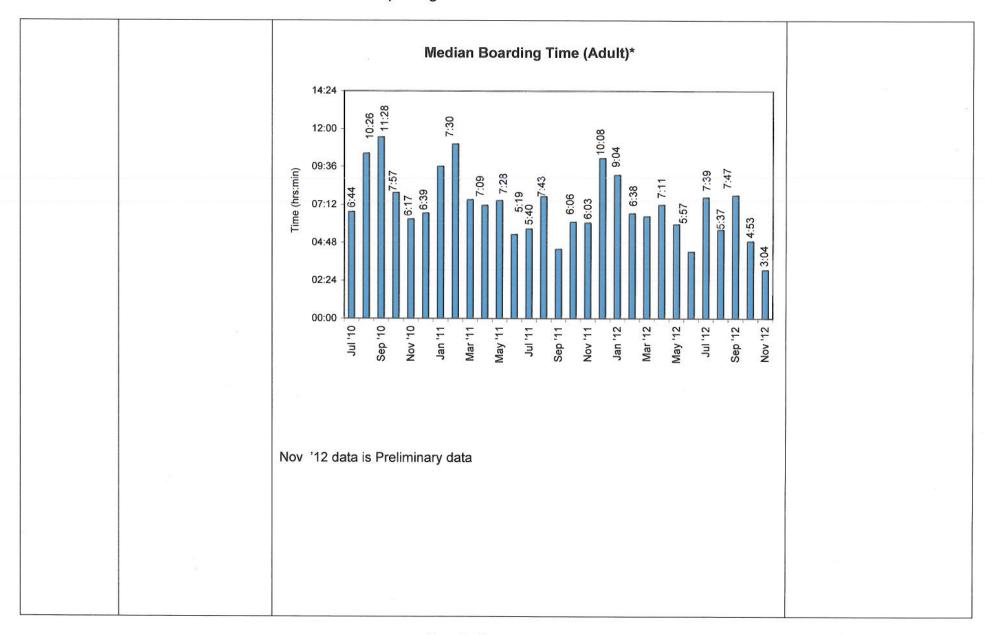
Med Center Census - Newborns / 600



For comparison, occupancy rates reported in the old facility were reported including newborns and were based on budgeted beds.







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 reported as an arithmetic mean.

Definition:

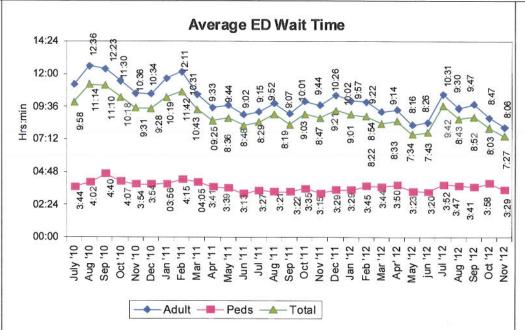
Sum of all wait time values during the monthly reporting period divided by the total number of values.

Source of Data:

Affinity

Target:

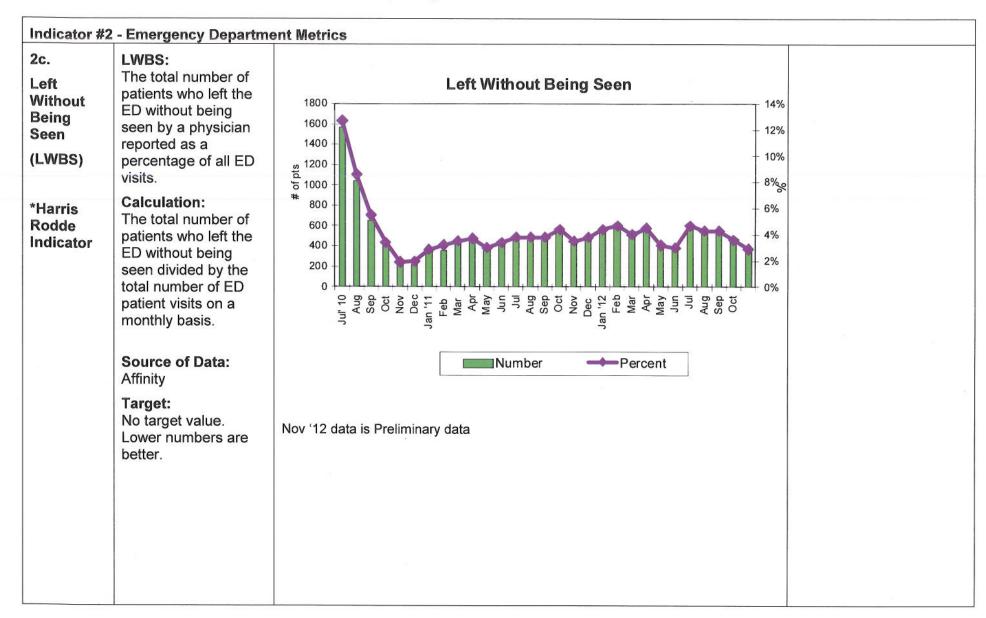
No target value. Lower numbers are better.



Adult Wait Time: *Excludes Psych, Pediatric, Observation Unit, and Jail patients

Total ED Wait time: *Excludes Psych, Observation Unit, and Jail

Nov'12 data is Preliminary data





2d. ED Diversion

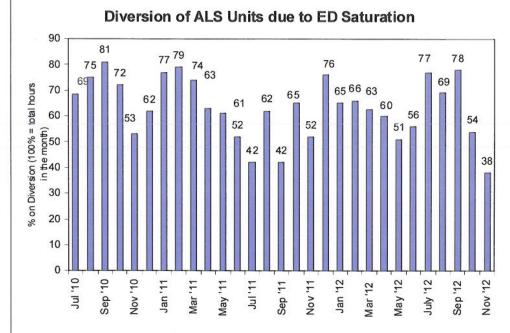
ED Diversion:

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

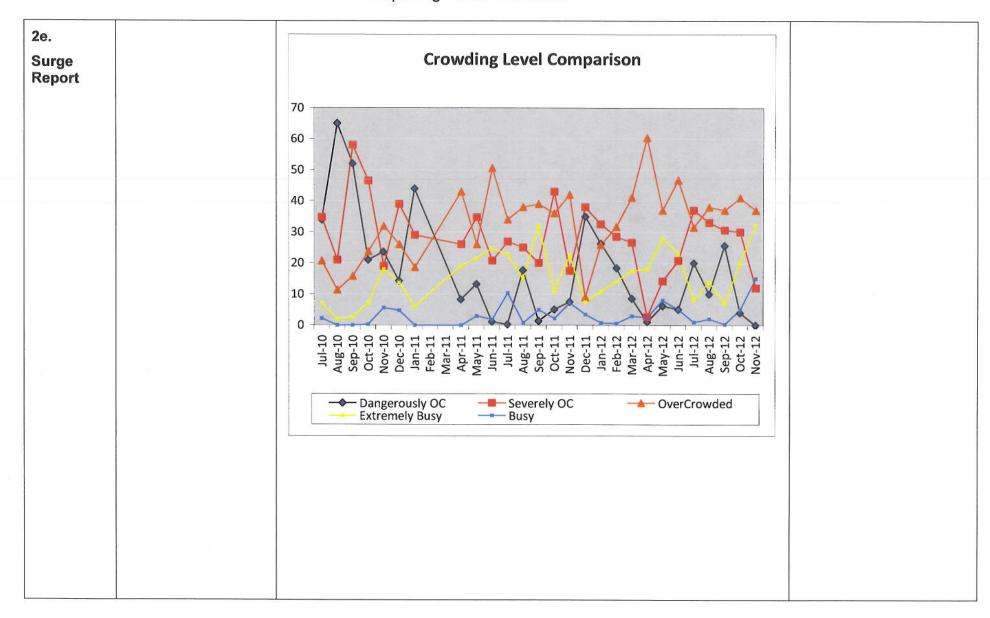


This is slightly lower than the before move diversion history which generally ranged between 50-60%.

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".



Operational Monitoring Report Reporting Period Nov 2012

Indicator #3 – Trends for Patient Diversions and Transfers & #4 – Transfers to Rancho Los Amigos Metrics
--

3. & 4.
Rancho
Los
Amigos
Hospital
(RLAH)
Transfers

Transfers:
The volume of
patients transferred to
RLAH for acute
hospitalization from
the Emergency
Department and from
Inpatient Units.

Data Source: Manual record keeping.

Cancelled category includes patients whose condition changed leading to higher level of care or discharge home.

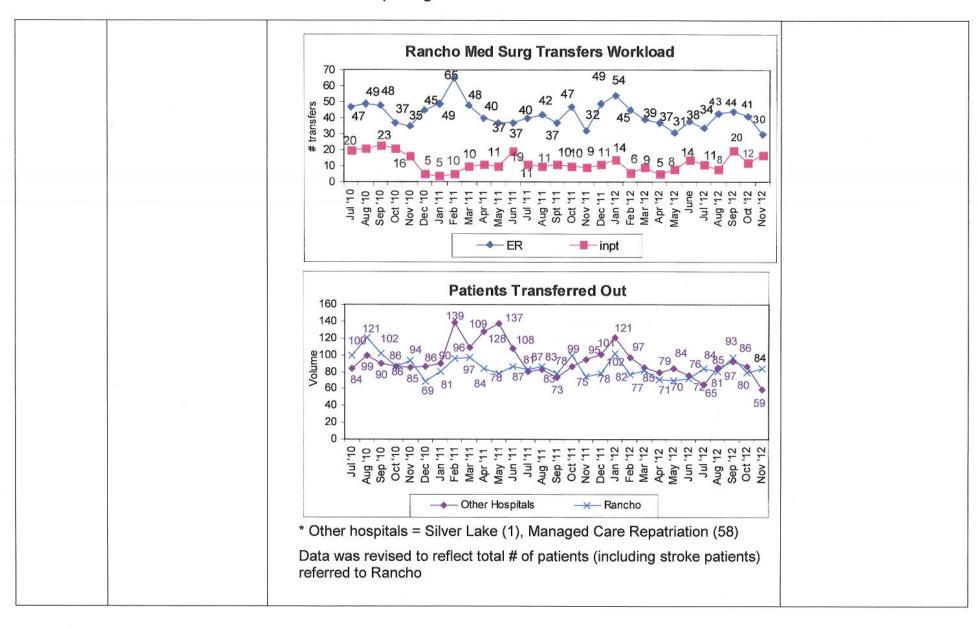
Month of No '12

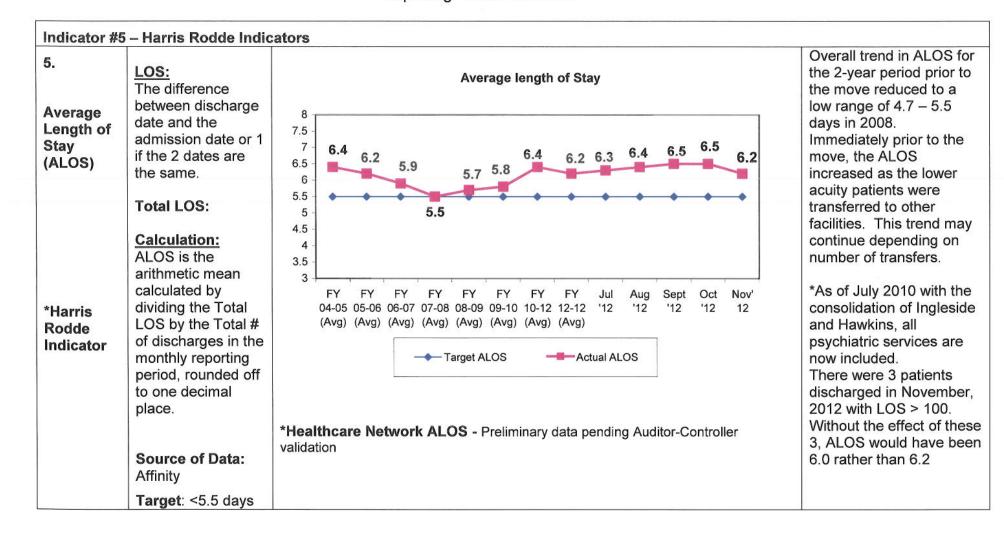
Referrals from ER:

	Med/Surg	Acute Stroke	Total
# Met transfer criteria	31	NA	-
# Referred to RLAH	30	33	63
# Transfers	30	33	63
# Denied	0	NA	-
# Cancelled	1 *	NA	-
# Patients refused*		NA	1-

Referrals from Inpatients:

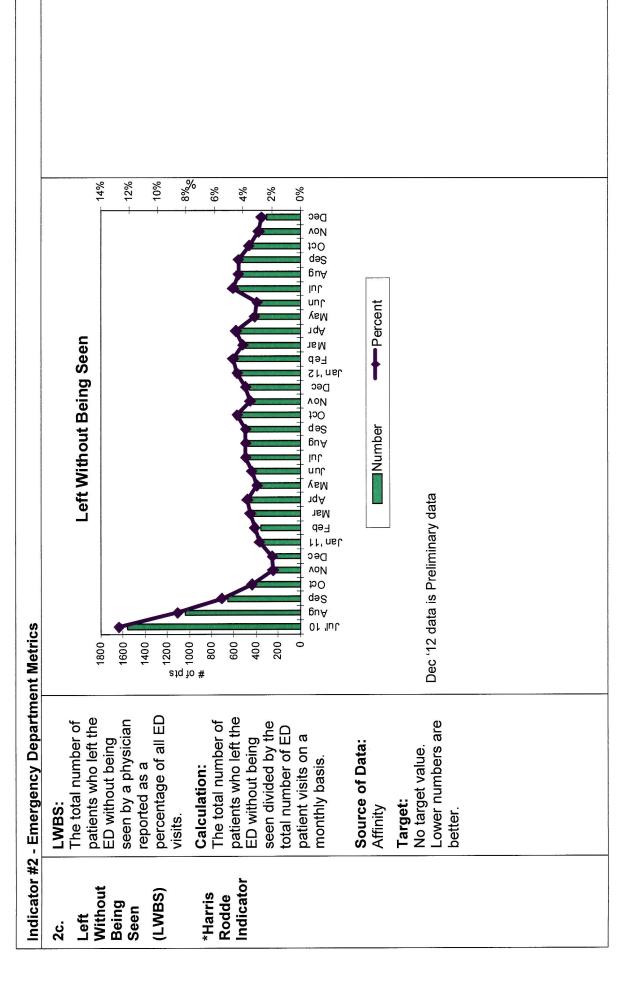
	Med/Surg	Acute Stroke	Total
# Met transfer criteria	20	NA	-
# Referred to RLAH	17	4	21
# Transfers	17	4	21
# Denied	0	NA	-
# Cancelled	3*	NA	
# Patients refused*	0	NA	
Other /Pending	0	NA	-

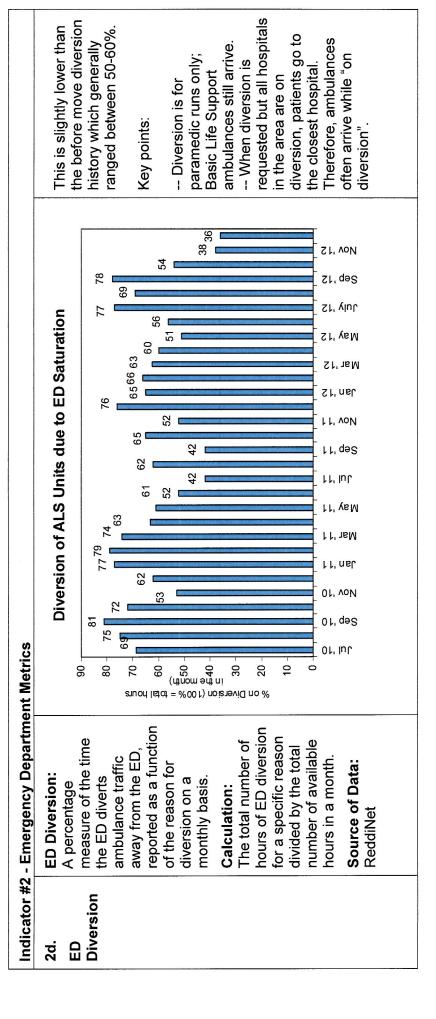




Indicator #6 – Pe	diatric Metrics	/4					
6. Pediatric Bed	Census: The total number	Date	NICU (40 Beds)	Peds Ward (25 Beds)	PICU (10 Beds)	Med/Surg Adolescent (20 Beds)	
Census and	admitted pediatric	Jul -10	60%	68%	80%	85%	
Occupancy (%)	inpatients at 12:00 AM midnight of a	Aug -10	62%	68%	60%	85%	
	designated pediatric	Sep -10	72.5%	60%	60%	80%	
Pediatric ICU	ward.	Nov-10	67.5%	48%	50%	70%	
(PICU)	Occupancy:	Dec -10	62%	60%	50%	65%	
Neonatal ICU	The total number of	Feb -11	57%	68%	80%	80%	
(NICU)	admitted pediatric	Apr-11	55%	64%	50%	75%	
52.9	inpatients divided by	May -11	57%	56%	50%	80%	
Pediatric Unit	the total number of	Jul -11	58%	44%	50%	70%	
Adolescent	licensed beds on that unit and reported as	Aug- 11	58%	44%	40%	75%	
Unit	percentage.	Sep -11	58%	40%	50%	75%	
		Nov-11	62%	60%	70%	75%	
	Source of Data:	Dec-11	65%	40%	60%	70%	
	Affinity	Jan -12	60%	52%	60%	75%	
		Feb-12	55%	56%	60%	70%	
		Mar-12	55%	64%	50%	75%	
		Apr- 12	53%	48%	50%	65%	
		May -12	42%	40%	50%	70%	
		Jun-12	37.5%	44%	50%	60%	
		Jul -12	45%	48%	60%	80%	
		Aug -12	57%	48%	50%	75%	
		Sep -12	62.5%	56%	50%	80%	
		Oct -12	57.5%	64%	60%	70%	
		Nov - 12	62.5%	44%	50%	45%	

7.	Census:	Date	Med Surg	Jail	ICUs	Burn*	OB/GYN
Med Surg / ICU Bed Census	The total number admitted pediatric	Date	(309 beds)	(24 Beds)	(120 Beds)	(20 Beds)	(32 beds)
and Occupancy (%)	inpatients at 12:00 AM midnight of a	Nov - 12	87%	83%	83.5 %	51%	87%
Medical	designated pediatric ward.	* D	D 4 173	100	(10)		
Surgical Unit	Occupancy:	* Burn=	Both ward ((0) and ICU	s (10)		
(Med Surg)	The total number of admitted inpatients divided by the total						
Jail Unit (Jail)	number of licensed beds on that unit and						
ICUs (Excluding Burn ICUs)	reported as percentage.						
	Source of Data:						



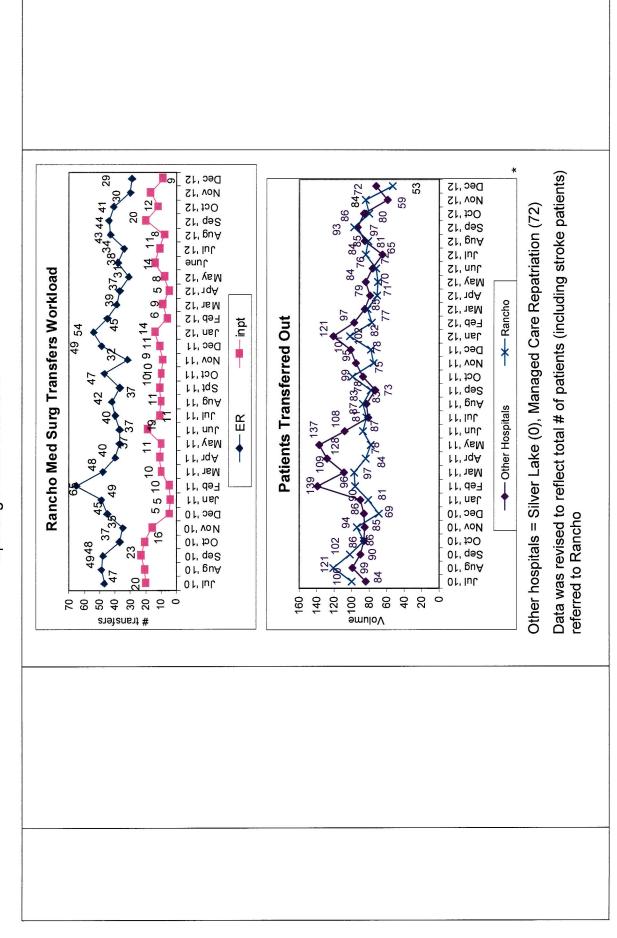


Operational Monitoring Report Reporting Period Dec 2012

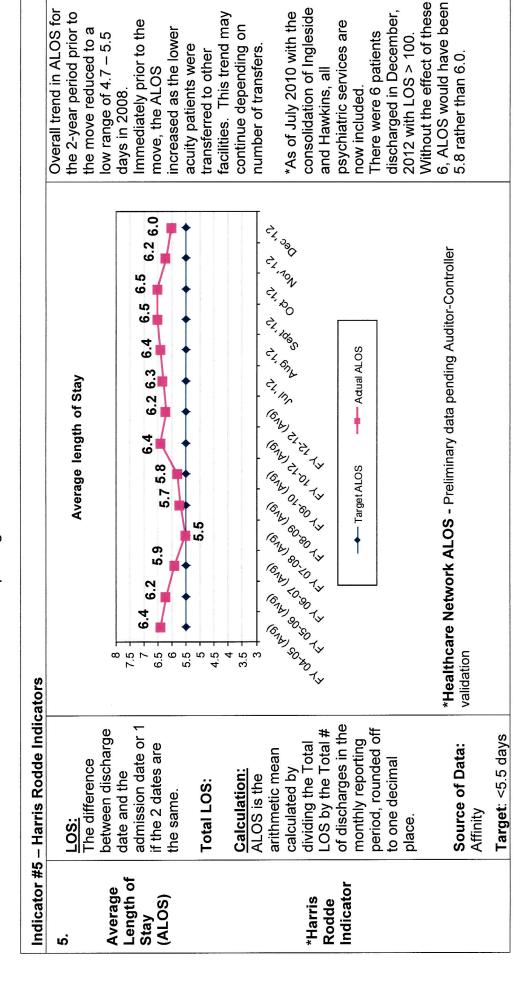
LAC+USC Medical Center

Page 9 of 14

and Iransters & #4 - Iransters to Kancho Los Amigos Metrics			Total	1	43	43	ı	ı	ı			Total	1	13	10		ı	•	1	
fers to Kancho			Acute Stroke	NA	41	41	Ϋ́	Ϋ́	NA			Acute Stroke	NA	_	_	AN	AN	AN	AN	
k #4 - I rans			Med/Surg	29	29	29	0	*		<u>.</u>	S:	Med/Surg	12	12	6	_	2*	0	0	
versions and Transfers &	Month of Dec '12	Referrals from ER:		# Met transfer criteria	# Referred to RLAH	# Transfers	# Denied	# Cancelled	# Patients refused*	en citation of classical of	Referrals from Inpatients:		# Met transfer criteria	# Referred to RLAH	# Transfers	# Denied	# Cancelled	# Patients refused*	Other /Pending	
Indicator #3 - Trends for Patient Diversions	Transfers:	The volume of patients transferred to	RLAH for acute	nospitalization from the Emergency	Department and from	inpatient Omes.	.000	Manual record	keeping.	Cancelled category includes patients	whose condition	changed leading to	higher level of care or discharge home.							
Indicator #3 -	3. & 4.	Rancho	Los Amigos		(RLAH) Transfers															



Page 11 of 14



	20									I																
	Med/Surg Adolescent (20 Beds)	85%	85%	%08	%02	%59	%08	75%	%08	%02	75%	75%	75%	%02	75%	%02	75%	%59	%02	%09	80%	75%	%08	%02	45%	20%
	PICU (10 Beds)	%08	%09	%09	20%	20%	%08	20%	20%	20%	40%	20%	%02	%09	%09	%09	20%	20%	%09	%09	%09	20%	20%	%09	%09	%09
	Peds Ward (25 Beds)	%89	%89	%09	48%	%09	%89	64%	26%	44%	44%	40%	%09	40%	25%	26%	64%	48%	40%	44%	48%	48%	26%	64%	44%	36%
	NICU (40 Beds)	%09	62%	72.5%	67.5%	62%	21%	25%	21%	28%	28%	28%	62%	%59	%09	25%	%55	23%	42%	37.5%	45%	21%	62.5%	27.5%	62.5%	72.5%
- 1	Date	Jul -10	Aug -10	Sep -10	Nov-10	Dec -10	Feb -11	Apr-11	May -11	Jul -11	Aug- 11	Sep -11	Nov-11	Dec-11	Jan -12	Feb-12	Mar-12	Apr- 12	May -12	Jun-12	Jul -12	Aug -12	Sep -12	Oct -12	Nov - 12	Dec-12
diatric Metrics	Census: The total number		inpatients at 12:00 AM midnight of a	designated pediatric	ward.	Occupancy:	The total number of	admitted pediatric	inpatients divided by	the total number of	licensed beds on that	unit and reported as percentage.		Source of Data:	Affinity	•										
Indicator #6 – Pediatric Metrics	6. Dodiotrio Bod	Census and	Occupancy (%)	,	Pediatric ICU	(PICU)		Neonatal ICU	(NICO)	Pediatric Unit	Adolescent	Unit														

maicatol # / = Med Suig / ICO / Ob/OT / M							
7.	Census:		,	;			
Med Sura / ICU	The total number	Date	Med Surg (309 beds)	Jail (24 Beds)	ICUs (120 Beds)	Burn* (20 Beds)	OB/GYN (32 beds)
Bed Census	admitted pediatric						
and Occupancy (%)	inpatients at 12:00 AM midnight of a	Nov - 12	87%	83%	83.5 %	51%	87%
	designated pediatric	Dec-12	%88	71%	83%	44%	83%
Medical Surgical Unit	Occupancy:						
(Med Surg)	The total number of admitted inpatients	* Burn= I	3oth ward (Burn= Both ward (10) and ICUs (10)	^s (10)		
Jail Unit (Jail)	divided by the total number of licensed						
:	beds on that unit and reported as						
ICUs (Excluding Burn ICUs)	percentage.						
OB/GYN Unit	Source of Data: Affinity						



March 1, 2013

Los Angeles County Board of Supervisors

> Gloria Molina First District

TO:

FROM:

Each Supervisor

Mark Ridley-Thomas

Second District

Mitchell H. Katz, M.D. Allahurn

Director

Zev Yaroslavsky

Third District

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 #85

Don Knabe Fourth District

Michael D. Antonovich Fifth District

Mitchell H. Katz. M.D. Director

Hal F. Yee, Jr., M.D., Ph.D. Chief Medical Officer

Christina R. Ghaly, M.D. Deputy Director, Strategic Planning

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

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

www.dhs.lacounty.gov

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.

This is to provide your Board with the 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 January 2013.

Census Trending (ADC includes Psychiatric & Newborn Patients)

The Average Daily Census (ADC) for the month of December was 573 out of 676 licensed beds, an estimated 83% utilization rate (85% occupancy). The census for Medical/Surgical units was an estimated 93% utilization rate (95% occupancy) for January 2013.

Emergency Department (ED) Indicators

The attachment demonstrates an increase in the key indicator Average Length of Stay (ALOS), Median ED Boarding, ED Wait Time, Left Without Being Seen (LWBS), and Dangerously Overcrowding for this period. There was also an increase in the number of patients transferred out. The Dangerously Overcrowding Level Comparison for this period was 33%, compared to 1% in December 2012. However, this increase is similar to Dangerously Overcrowding levels observed in January 2012 at 26.3% and January 2011 at 44%. The drastic change in the key indicators from November and December 2012 to January 2013 can potentially be attributed to the increased presentation of influenza like illness towards the end of the month.

If you have any questions or need additional information please contact me or Christina Ghaly, LAC+USC Interim Chief Executive Officer, at (323) 409-2800.

CG:ab

Attachment

C:

Chief Executive Office County Counsel

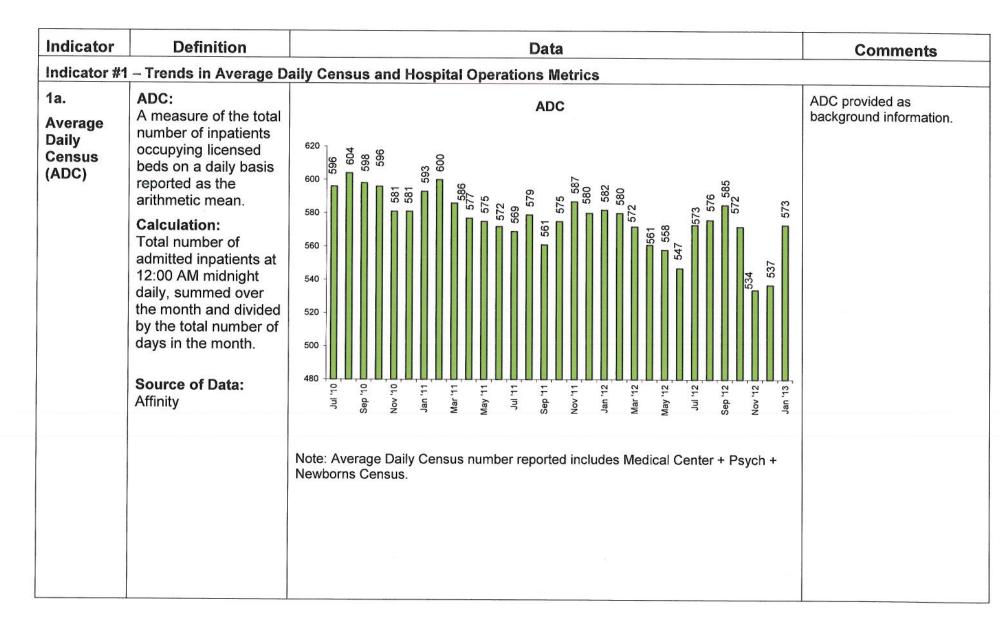
Executive Office, Board of Supervisors



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LAC+USC Medical Center

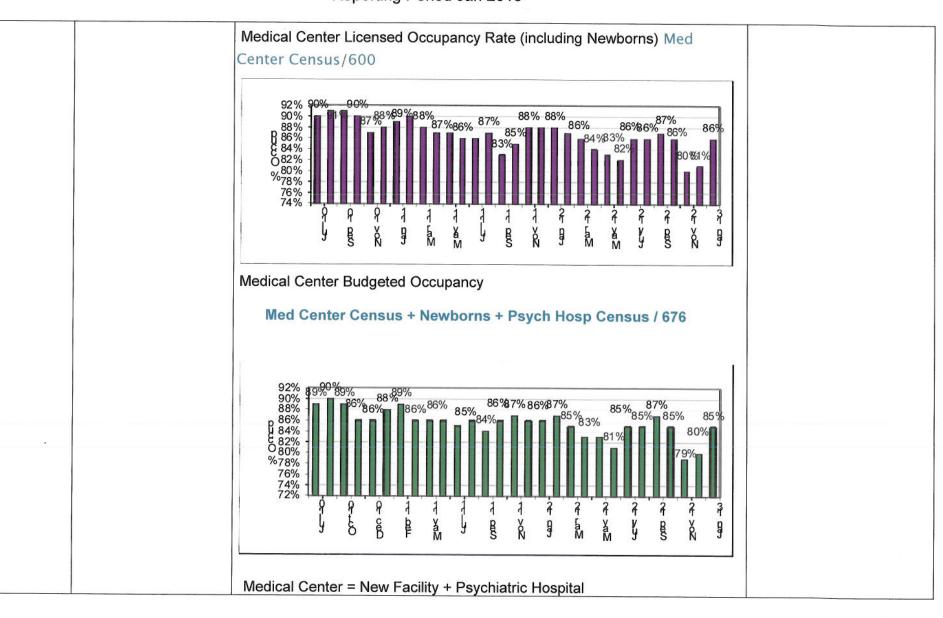
Operational Monitoring Report Reporting Period – Jan 2013



LAC+USC Medical Center

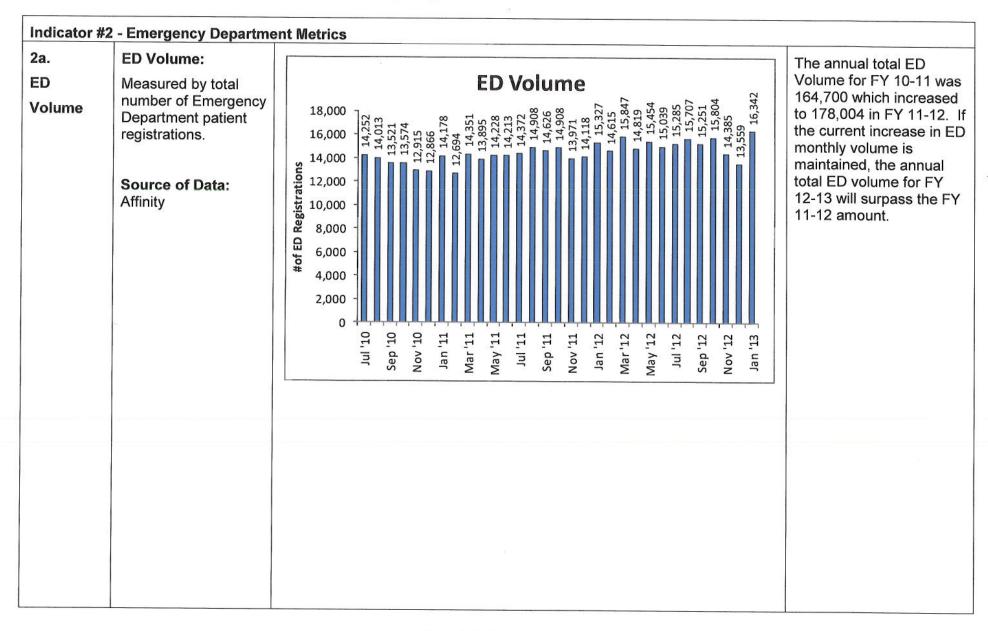
Operational Monitoring Report Reporting Period Jan 2013

Indicator #1 - Trends in Average Daily Census and Hospital Operations Metrics 1. Medical Center Licensed Occupancy Rate (excluding Newborns) = 1b. Definition: For comparison. Med Center Census - Newborns / 600 A measure of the occupancy rates reported Occupancy usage of the licensed in the old facility were Rate beds during the reported including LAC+USC reporting period that Medical 90% newborns and were is derived by dividing based on budgeted beds. 88% Center the patient days in the 86% reporting period by 84% the licensed bed days 82% in the reporting 80% period. 78% 76% Calculation: 74% The total number of admitted inpatients at Mar '11 Jan '12 Mar '12 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%

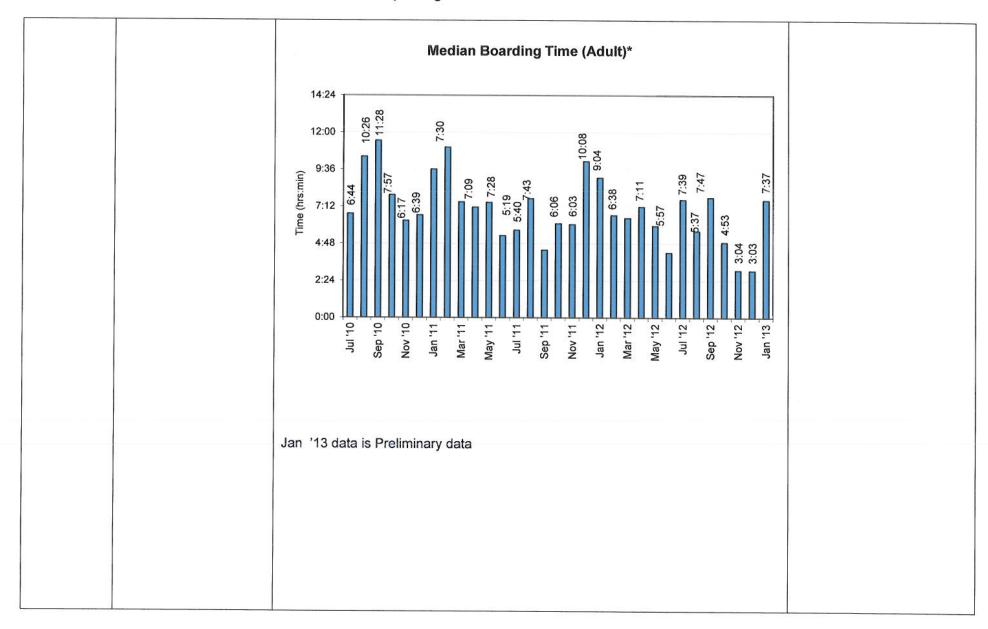


LAC+USC Medical Center

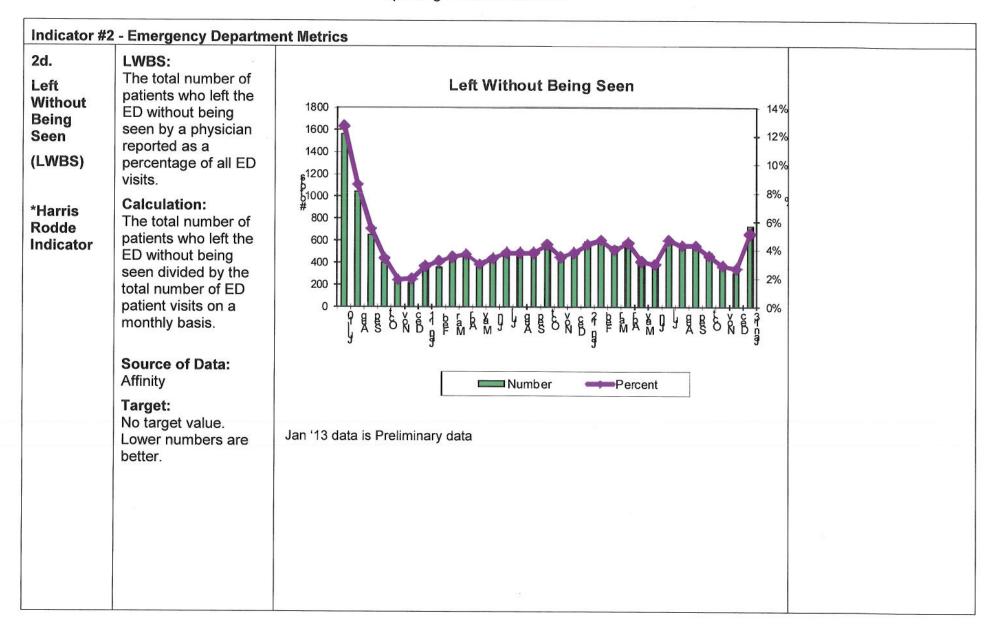
Operational Monitoring Report Reporting Period Jan 2013

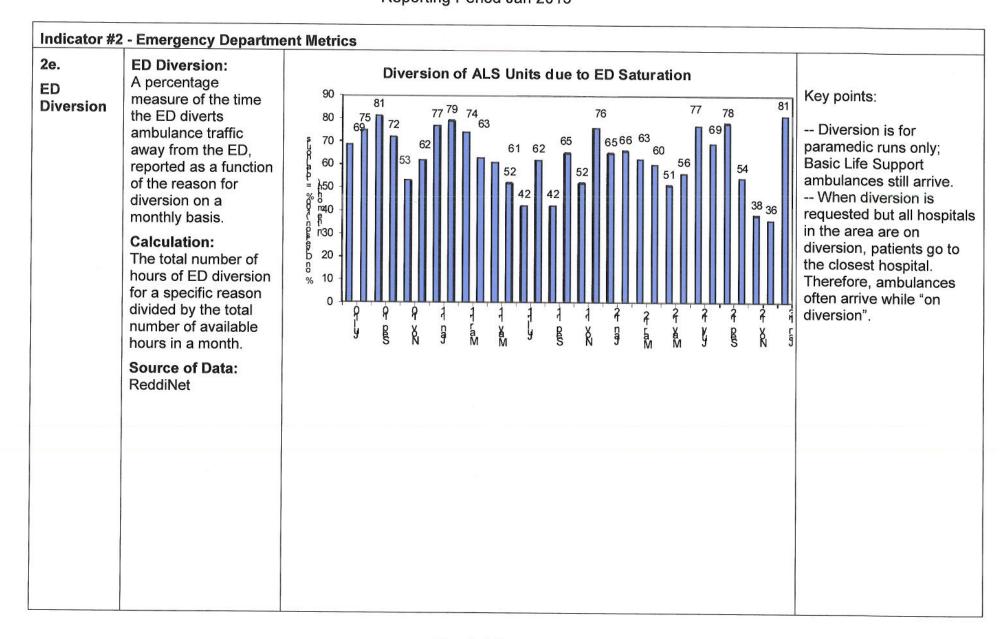


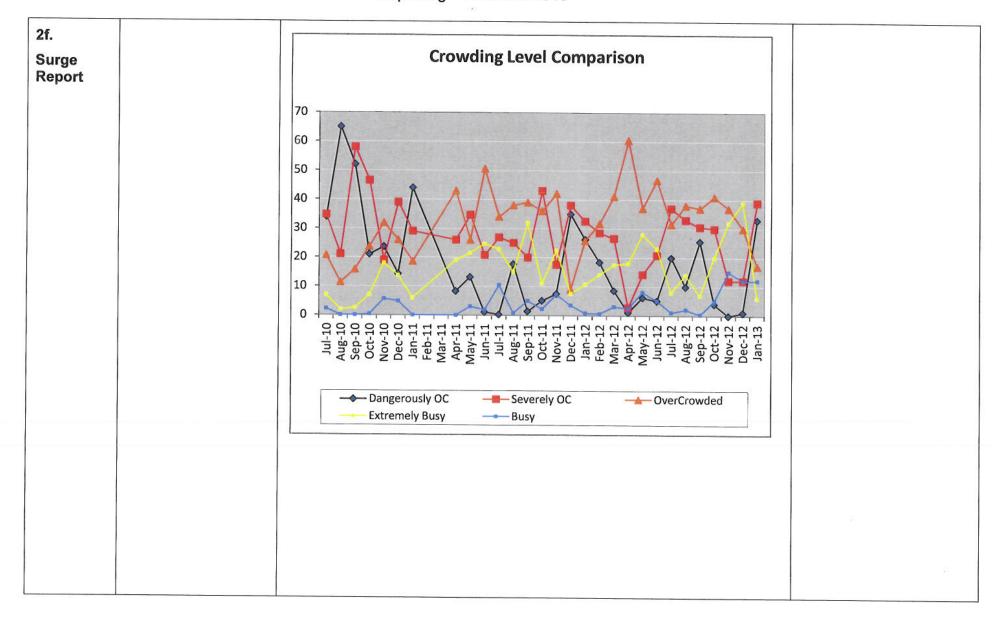
2b. Median Emergency Department Boarding Time (EDBT) *Harris Rodde Indicator	Boarding Time: Time from MD Admit time (effective date and time of pre-admit) to time the patient actually leaves the ED en route to assigned bed (effective date and time of the ED disposition). Calculation: The middle value 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.	14:24 12:00 9:36 m 17:12 03 9:36 03 9:36 03 9:36 03 9:36 03 9:36 03 03 03 03 03 03 03 03 03 03 03 03 03	
	Source of Data: Affinity Target: Less than 7 hours.		



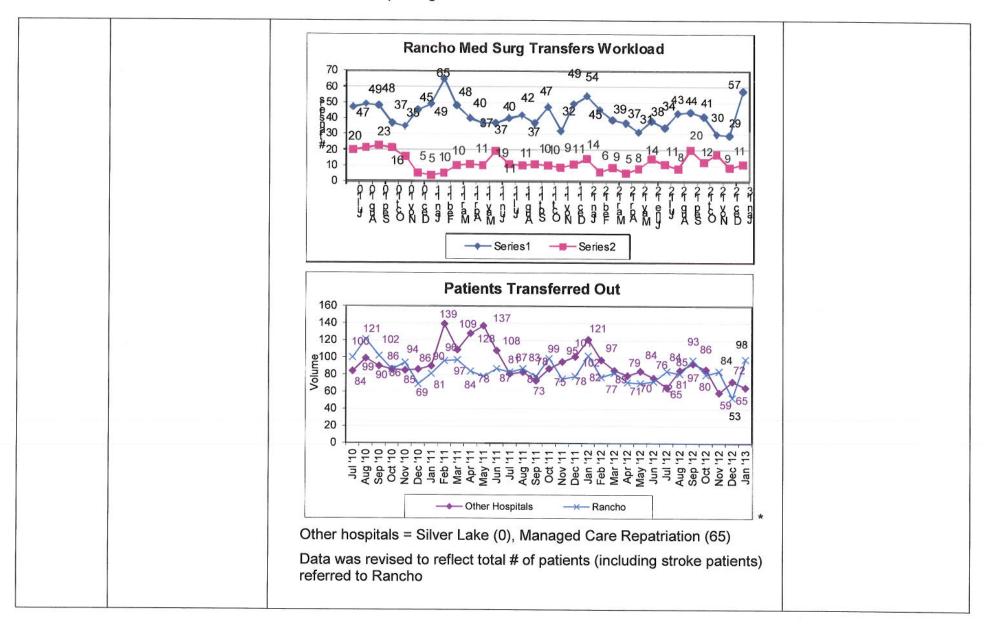
2c. ED Wait Time: Measured from time	Average ED Wait Time
Time patient is triaged to time patient is either admitted or	12:00 - 12:00 -
discharged reported as an arithmetic mean.	P 9:36 -
Definition: Sum of all wait time values during the	4:48 - 2:24 - 4 0 4 5 3 3 3 4 4 3 3 3 3 3 3 3 3 3 3 3 3 3
monthly reporting period divided by the total number of values.	
Source of Data: Affinity	Adult ——— Peds ——— Total
Target: No target value.	Adult Wait Time: *Excludes Psych, Pediatric, Observation Unit, and Jail patients
Lower numbers are better.	Total ED Wait time: *Excludes Psych, Observation Unit, and Jail
	Jan '13 data is Preliminary data

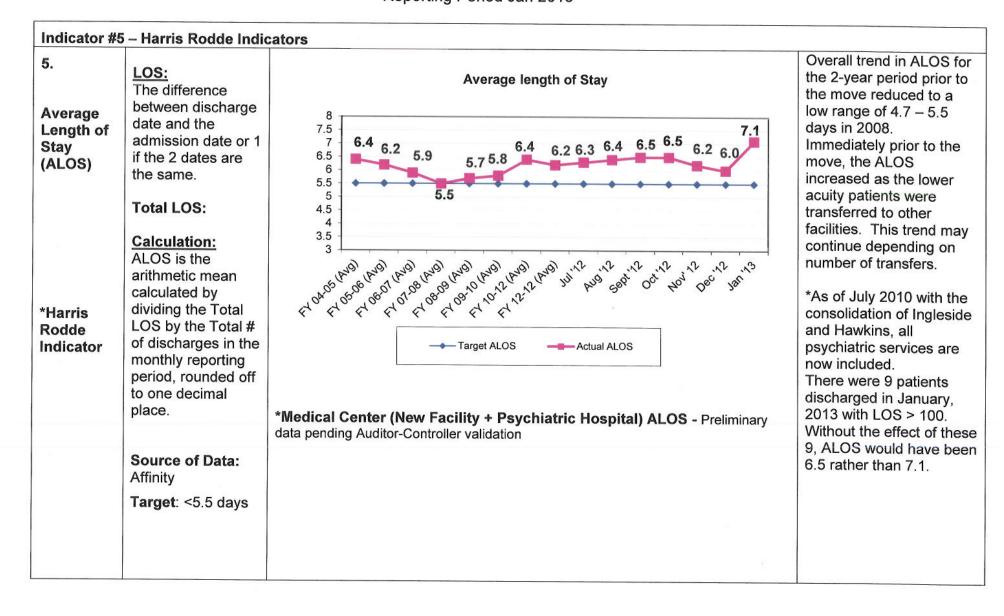






3. & 4.	Transfers:	Month of Jan '13			
Rancho	The volume of patients transferred to	Referrals from ER:			
Los Amigos	RLAH for acute		Med/Surg	Acute Stroke	Total
Hospital (RLAH)	hospitalization from the Emergency	# Met transfer criteria	58	NA	
Transfers	Department and from Inpatient Units.	# Referred to RLAH	58	24	82
	inpatient offits.	# Transfers	57	24	81
	Data Source:	# Denied	0	NA	-
	Manual record	# Cancelled	1*	NA	-
	keeping.	# Patients refused*		NA	-
	Cancelled category includes patients whose condition	Referrals from Inpatient	ts:		
	changed leading to		Med/Surg	Acute Stroke	Total
	higher level of care or discharge home.	# Met transfer criteria	14	NA	-
		# Referred to RLAH	14	6	20
		# Transfers	11	6	17
		# Denied	2	NA	
		# Cancelled	1*	NA	-
		# Patients refused*	0	NA	-
		Other /Pending	0	NA	-





6.	Census:	Date	NICU (40 Beds)	Peds Ward (25 Beds)	PICU (10 Beds)	Med/Surg Adolescent (20	
Pediatric Bed	The total number				Bodoj	Beds)	
Census and	admitted pediatric	Jul-10	60%	68%	80%	85%	
Occupancy (%)	inpatients at 12:00 AM	Aug-10	62%	68%	60%	85%	
. , ,	midnight of a	Sep-10	72.5%	60%	60%	80%	
	designated pediatric	Nov-10	67.5%	48%	50%	70%	
Pediatric ICU	ward.	Dec-10	62%	60%	50%	65%	
(PICU)	Occupancy:	Feb-11	57%	68%	80%	80%	
Neonatal ICU	The total number of	Apr-11	55%	64%	50%	75%	
(NICU)	admitted pediatric	May-11	57%	56%	50%	80%	
\$ P	inpatients divided by	Jul-11	58%	44%	50%	70%	
Pediatric Unit	the total number of	Aug-11	58%	44%	40%	75%	
Adolescent	licensed beds on that unit and reported as	Sep-11	58%	40%	50%	75%	
Unit	percentage.	Nov-11	62%	60%	70%	75%	
		Dec-11	65%	40%	60%	70%	
		Jan-12	60%	52%	60%	75%	
	Source of Data: Affinity	Feb-12	55%	56%	60%	70%	
	Annity	Mar-12	55%	64%	50%	75%	
		Apr-12	53%	48%	50%	65%	
		May-12	42%	40%	50%	70%	
		Jun-12	37.5%	44%	50%	60%	
		Jul-12	45%	48%	60%	80%	
	I de	Aug-12	57%	48%	50%	75%	
		Sep-12	62.5%	56%	50%	80%	
		Oct-12	57.5%	64%	60%	70%	
		Nov-12	62.5%	44%	50%	45%	
20		Dec-12	72.5%	36%	60%	50%	
		Jan-13	62.5%	48%	70%	70%	

LAC+USC Medical Center

Operational Monitoring Report Reporting Period Jan 2013

`.	Census:	Date	Med Surg	Jail	ICUs	Burn*	OB/GYN
fled Surg / ICU Bed Census	The total number admitted pediatric	Date	(309 beds)	(24 Beds)	(120 Beds)	(20 Beds)	(32 beds)
nd Occupancy %)	inpatients at 12:00 AM midnight of a	Nov-12	87%	83%	83.5 %	51%	87%
	designated pediatric ward.	Dec-12	88%	71%	83%	44%	83%
ledical Jurgical Unit	Occupancy:	Jan-13	95%	73%	85%	55%	98%
ail Unit (Jail) CUs (Excluding Burn ICUs) OB/GYN Unit	admitted inpatients divided by the total number of licensed beds on that unit and reported as percentage. Source of Data: Affinity	* Burn=	Both ward (1	10) and ICU	s (10)		



April 2, 2013

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

TO:

Each Supervisor

FROM: Mitchell H. Katz, M.D.

^{)v}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 #86

Guldegan

Mitchell H. Katz, M.D.

Director

Hal F. Yee, Jr., M.D., Ph.D. Chief Medical Officer

Christina R. Ghaly, M.D. Deputy Director, Strategic Planning

313 N. Figueroa Street, Suite 912

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

Los Angeles, CA 90012

www.dhs.lacounty.gov

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www.dhs.lacounty.gov

This is to provide your Board with the 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 February 2013.

Census Trending (ADC includes Psychiatric & Newborn Patients)

The Average Daily Census (ADC) for the month of February was 563 out of 676 licensed beds, an estimated 81% utilization rate (83% occupancy). The census for Medical/Surgical units was an estimated 91% utilization rate (93% occupancy) for February 2013.

Emergency Department (ED) Indicators

The attachment demonstrates a decrease in the following key indicators: Average Length of Stay (ALOS), Median ED Boarding, ED Wait Time, Left Without Being Seen (LWBS), and Dangerously Overcrowding for this period. There was also a decrease in the number of patients transferred out. The Dangerously Overcrowding Level Comparison for this period was 19%, compared to 33% in January 2013.

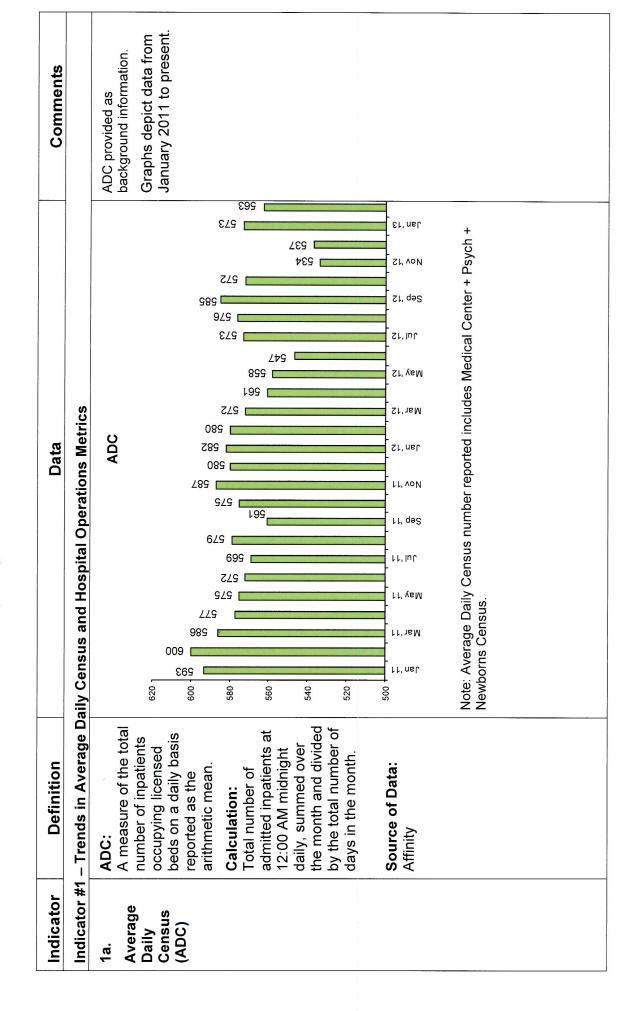
If you have any questions or need additional information, please contact me or Christina Ghaly, LAC+USC Interim Chief Executive Officer, at (323) 409-2800.

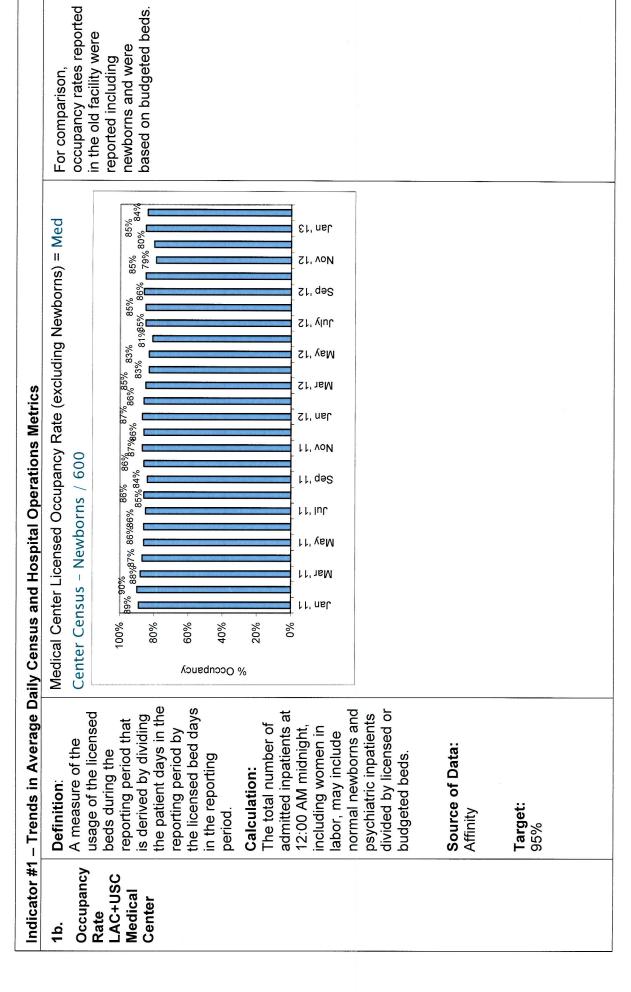
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Attachment

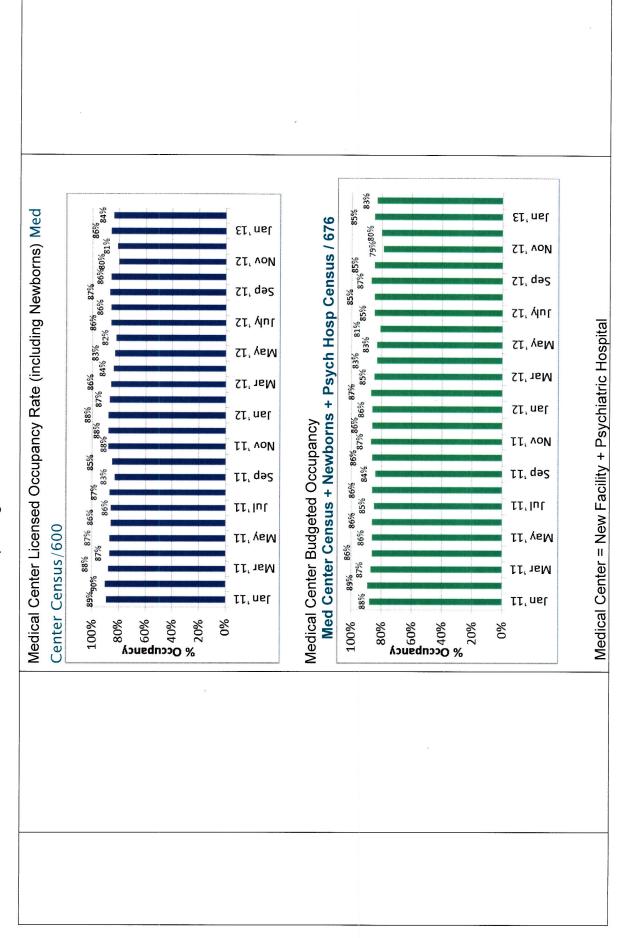
c: Chief Executive Office County Counsel Executive Office, Board of Supervisors

4/2/2013



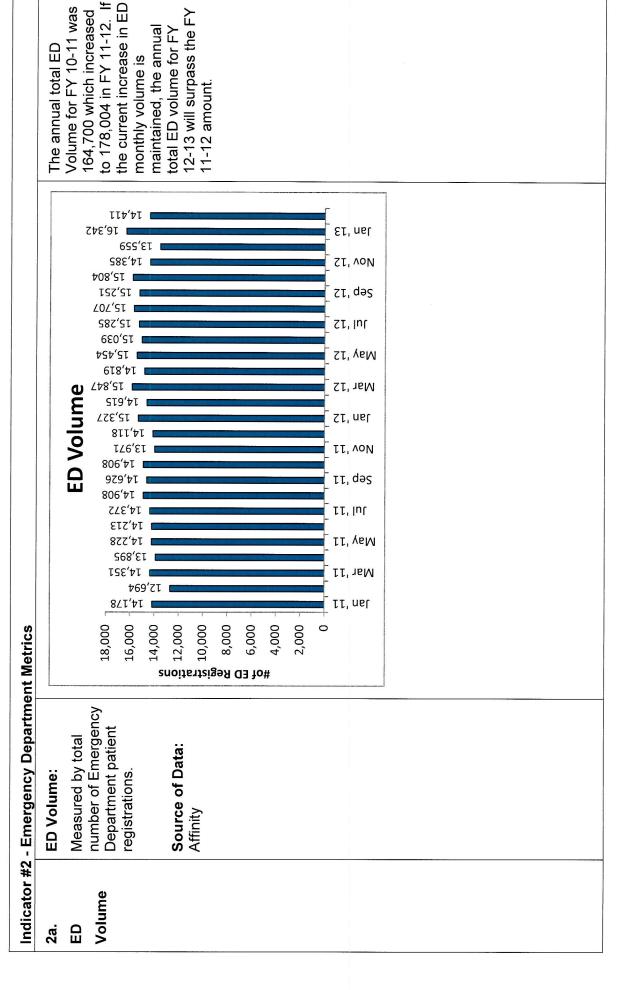


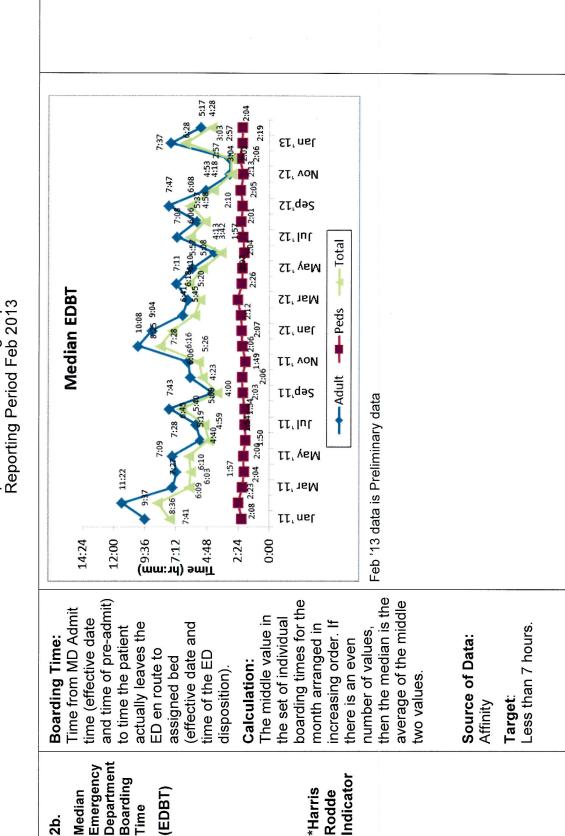
LAC+USC Medical Center
Operational Monitoring Report
Reporting Period Feb 2013



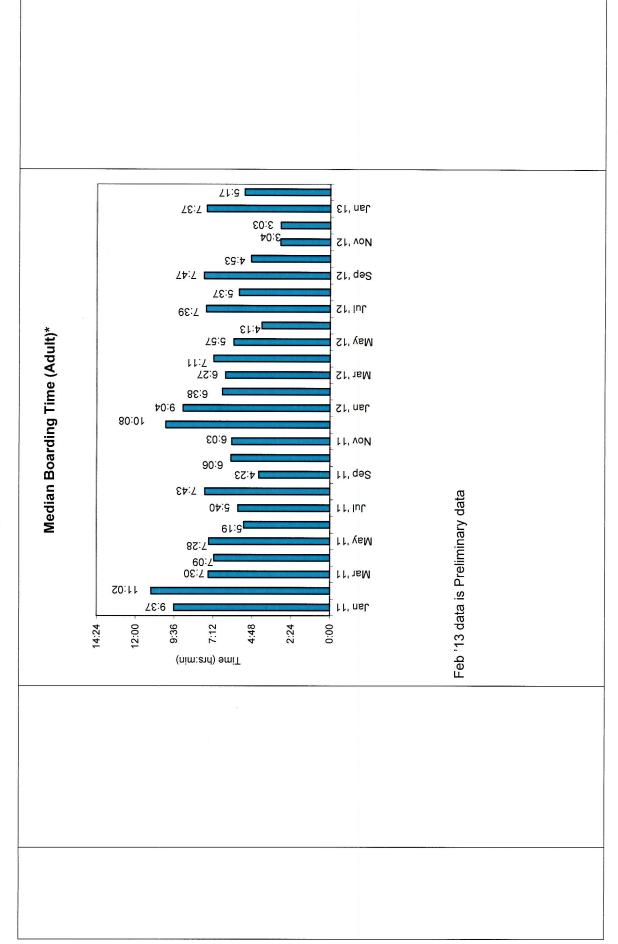
Page 3 of 15

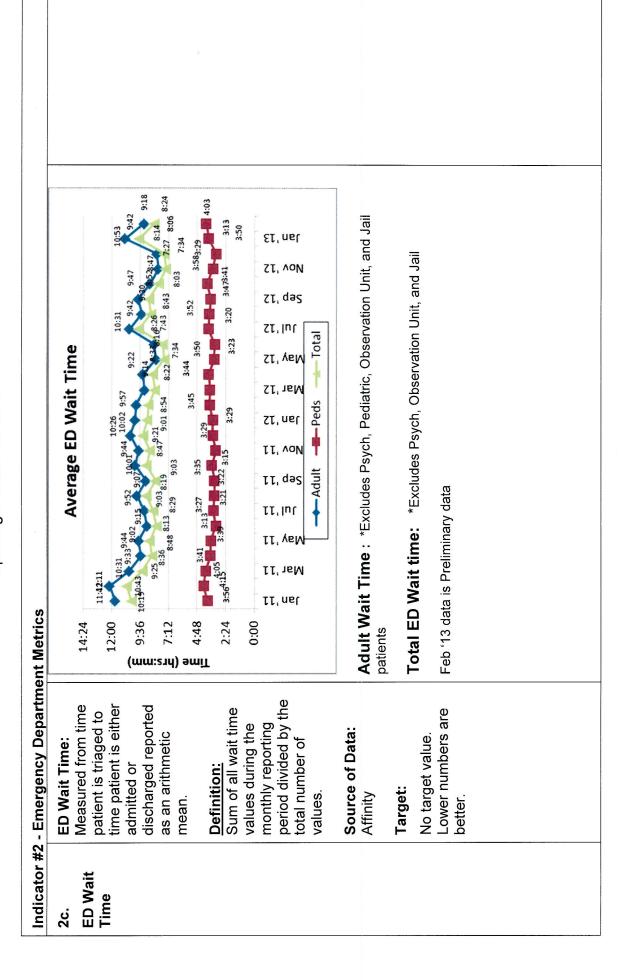
LAC+USC Medical Center Operational Monitoring Report Reporting Period Feb 2013

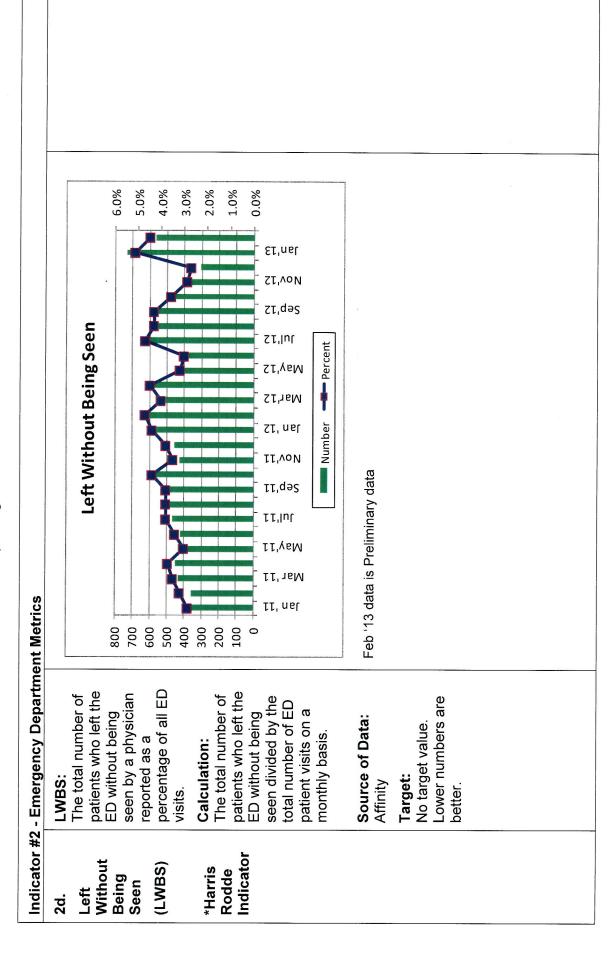


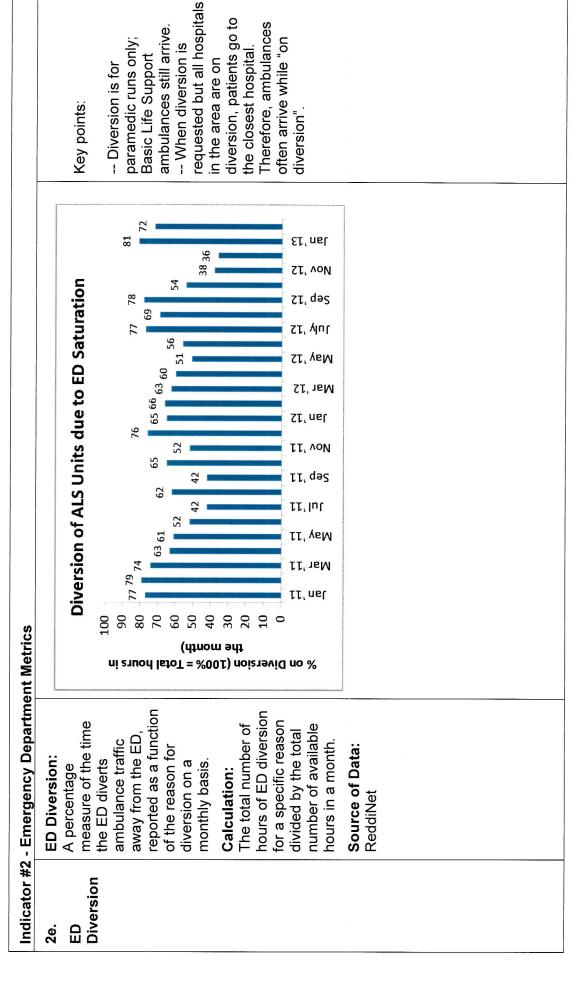


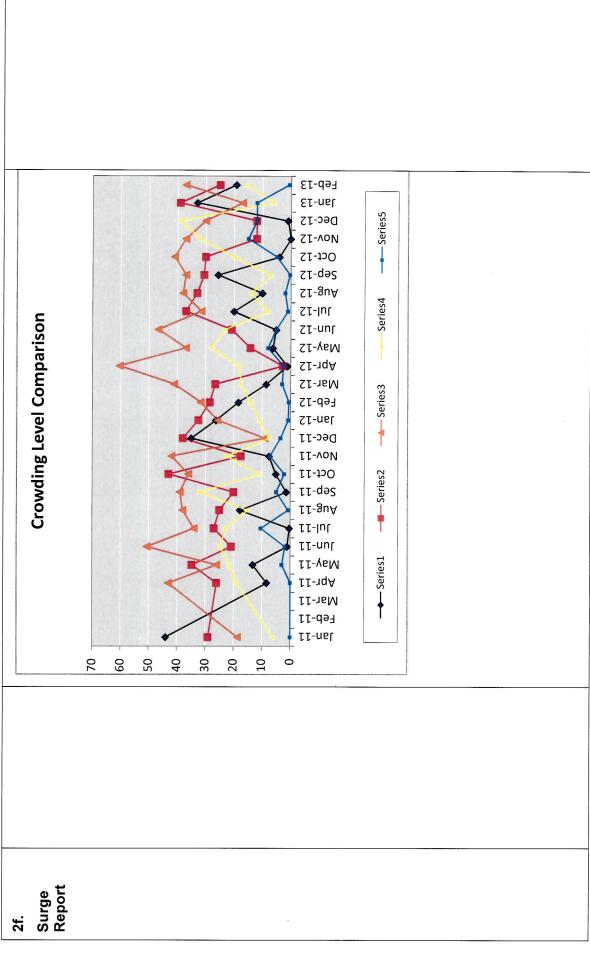
LAC+USC Medical Center
Operational Monitoring Report
Reporting Period Feb 2013





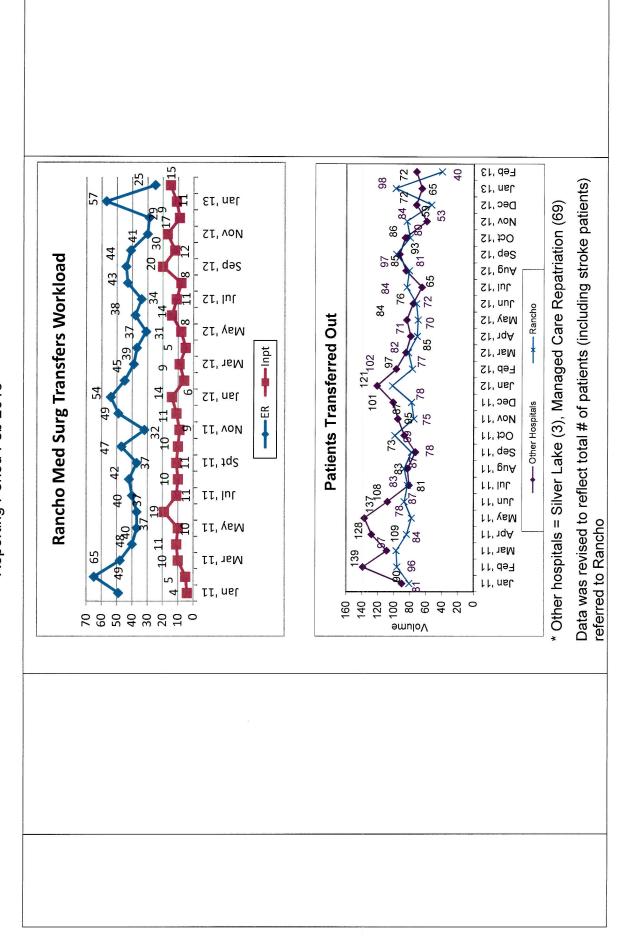




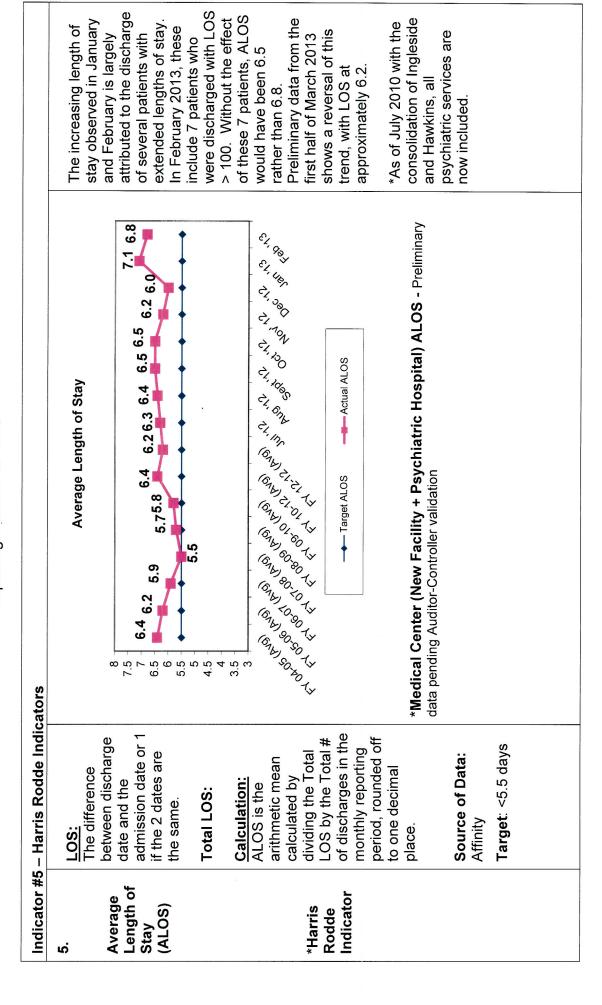


I ransters: The volume of	Month of Feb '13 Referrals from ER:			
RLAH for acute		Med/Surg	Acute Stroke	Total
nospitalization from the Emergency	# Met transfer criteria	9	ΝΑ	ı
Department and from	# Referred to RLAH	9	19	25
inpatient Offics.	# Transfers	9	61	25
Data Source:	# Denied	0	ĄZ	1
Manual record	# Cancelled	*0	Ą	ı
keeping.	# Patients refused*	50	NA	ı
Cancelled category includes patients	Referrals from Inpatients:	is:		
wnose condition changed leading to		Med/Surg	Acute Stroke	Total
higher level of care or discharge home.	# Met transfer criteria	14	NA	ı
	# Referred to RLAH	14	5	19
	# Transfers	10	5	15
	# Denied	က	Ą	ſ
	# Cancelled	*	Ą	ı
	# Patients refused*	0	Ą	1
	Other /Pending	0	₹ Z	,

LAC+USC Medical Center
Operational Monitoring Report
Reporting Period Feb 2013



Page 12 of 15



	0				<u> </u>			I	I					1		T											T
	Med/Surg Adolescent (20 Beds)	%02	80%	75%	75%	80%	75%	%02	75%	75%	%02	75%	%02	75%	%02	75%	%59	%02	%09	%08	75%	%08	%02	45%	20%	%02	75%
	PICU (10 Beds)	%02	%08	%02	20%	20%	%09	20%	40%	20%	%09	%02	%09	%09	%09	20%	%09	20%	20%	%09	20%	20%	%09	20%	%09	%02	%02
	Peds Ward (25 Beds)	%09	%89	%09	64%	%95	52%	44%	44%	40%	52%	%09	40%	25%	26%	64%	48%	40%	44%	48%	48%	26%	64%	44%	36%	48%	48%
	NICU (40 Beds)	25%	21%	21%	25%	21%	%02	28%	28%	28%	22%	62%	%59	%09	25%	25%	53%	42%	37.5%	45%	%29	62.5%	27.5%	62.5%	72.5%	62.5%	20%
	Date	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13
diatric Metrics	Census: The total number		inpatients at 12:00 AM	midnight of a	designated pediatric	ward.	Occupancy:	The total number of	admitted pediatric	inpatients divided by	licensed beds on that	unit and reported as	percentage.)		Source or Data:											
Indicator #6 – Pediatric Metrics	6. Dodistric Rod	Census and	Occupancy (%)	(ar) farmdinas		Pediatric ICU	(PICU)	Noneth Internation		ric Unit		Adolescent	Unit														

7.	Census:	Date	Med Sura	<u></u>	al C	***************************************	NA5/80	
Med Surg / ICU Bed Census	The total number admitted pediatric		(309 peds)	(24 Beds)	(120 Beds)	(20 Beds)	(32 beds)	
and Occupancy (%)	inpatients at 12:00 AM midnight of a	Nov-12	87%	83%	83.5 %	51%	87%	
	designated pediatric ward.	Dec-12	%88	71%	83%	44%	83%	
Medical Surgical Unit	Occupancy:	Jan-13	%56	73%	85%	25%	%86	
(Med Surg)	The total number of admitted inpatients	Feb-13	93%	%69	%28	61%	95%	
Jail Unit (Jail)	divided by the total number of licensed beds on that unit and	* Burn=	* Burn= Both ward (10) and ICUs (10)	10) and ICU	s (10)			
ICUs (Excluding Burn ICUs)	reported as percentage.							
OB/GYN Unit	Source of Data: Affinity							
u.								



May 1, 2013

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

TO:

Each Supervisor

FROM:

Mitchell H. Katz, M.D. Mahuyur

√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 #87

Mitchell H. Katz, M.D.

Director

Hal F. Yee, Jr., M.D., Ph.D.
Chief Medical Officer

Christina R. Ghaly, M.D. Deputy Director, Strategic Planning

report is the full monthly operational report with trends to include the month of March 2013.

transitioning to the new LAC+USC Medical Center (LAC+USC).

This is to provide your Board with the monthly report on the status of

Census Trending (ADC includes Psychiatric & Newborn Patients)

The Average Daily Census (ADC) for the month of March was 545 out of 676 licensed beds, an estimated 79% utilization rate (81% occupancy). The census for Medical/Surgical units was an estimated 89% utilization rate (91% occupancy) for March 2013.

Los Angeles, CA 90012

To ensure access to high-quality,

health care to Los Angeles County

residents through direct services at DHS facilities and through collaboration with community and

patient-centered, cost-effective

313 N. Figueroa Street, Suite 912

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

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Emergency Department (ED) Indicators

The attachment demonstrates a decrease in the following key indicators: Average Length of Stay (ALOS), Median ED Boarding, and Dangerously Overcrowding for this period. There was an increase in ED Wait Time, Left Without Being Seen (LWBS), and the number of patients transferred out. The Dangerously Overcrowding Level Comparison for this period was 11.6%, compared to 19.3% in February 2013.

If you have any questions or need additional information, please contact me or Dr. Christina Ghaly, LAC+USC Interim Chief Executive Officer, at (323) 409-2800.

CG:ab

Attachment

C:

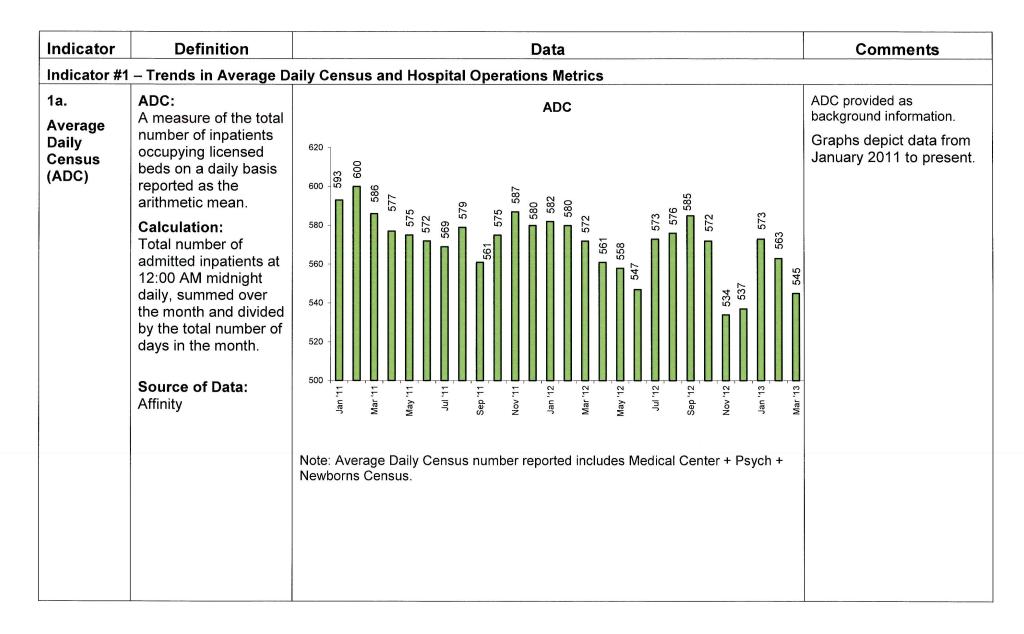
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Executive Office, Board of Supervisors

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Operational Monitoring Report Reporting Period: Mar 2013



Page 1 of 15 5/1/2013

Operational Monitoring Report Reporting Period: Mar 2013

Indicator #1 – Trends in Average Daily 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:

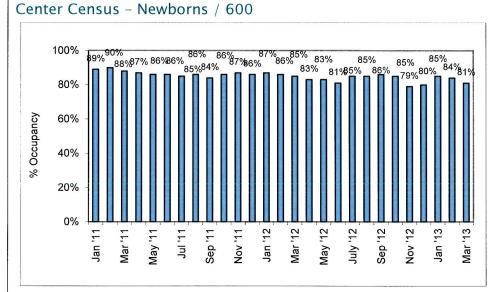
The total number of admitted inpatients at 12:00 AM midnight, including women in labor, may include normal newborns and psychiatric inpatients divided by licensed or budgeted beds.

Source of Data:

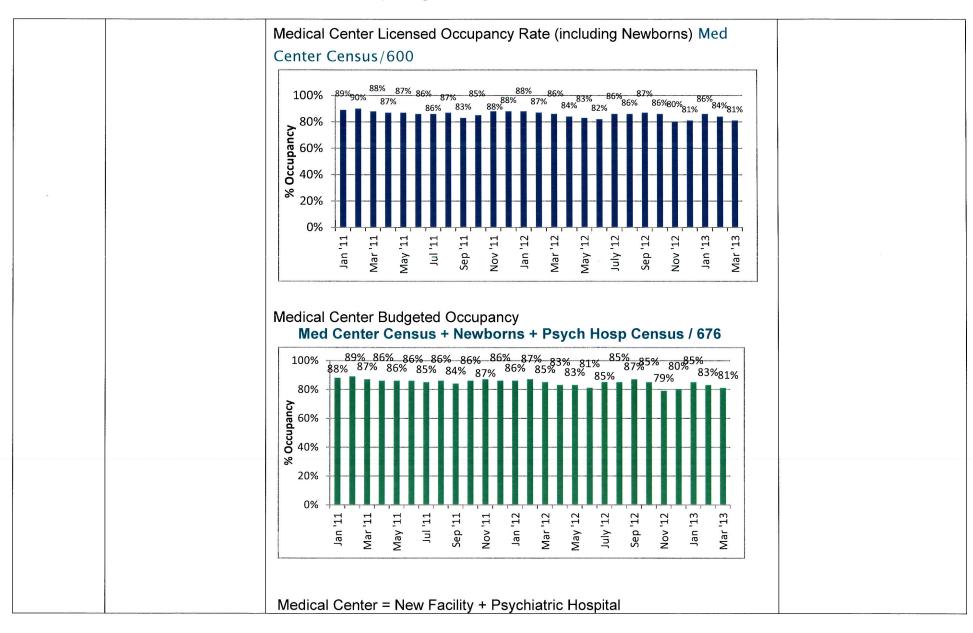
Affinity

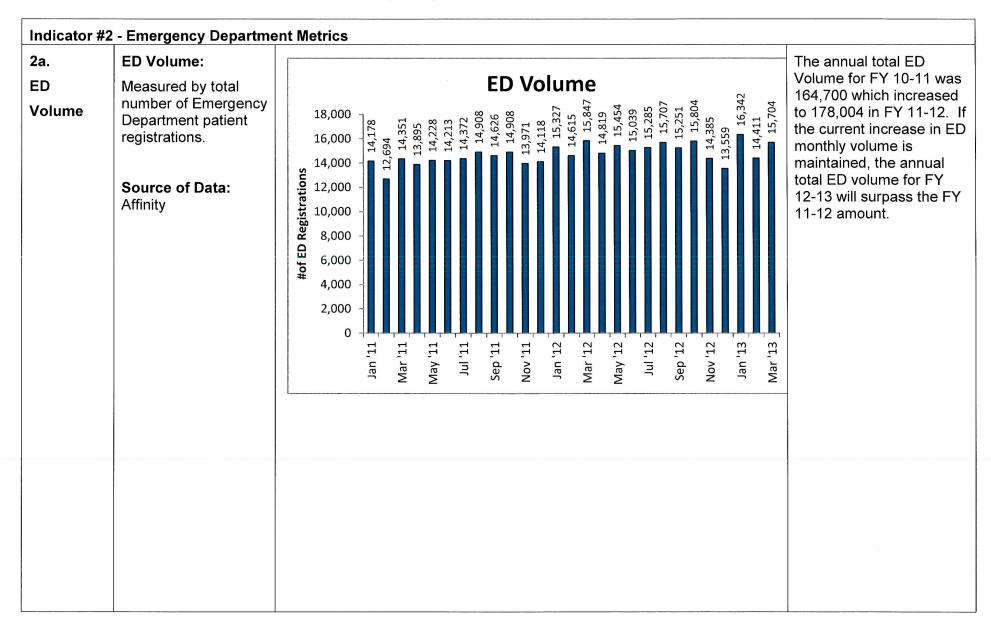
Target: 95%

Medical Center Licensed Occupancy Rate (excluding Newborns) = Med

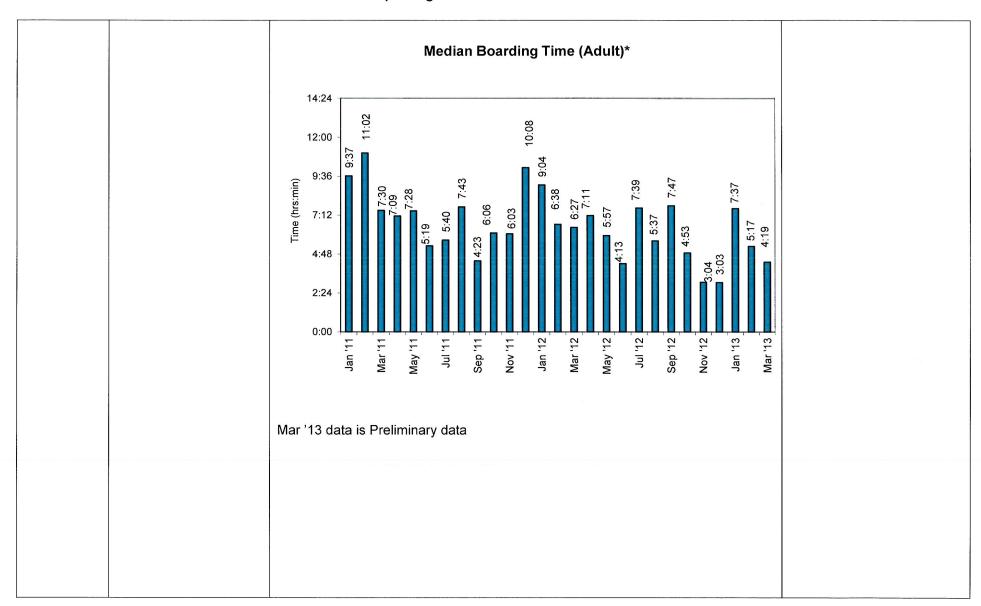


For comparison, occupancy rates reported in the old facility were reported including newborns and were based on budgeted beds.





2b. 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). Calculation:	14:24 12:00 (p9:36 w:-7:12 9 au 4:48 2:24	 11:22 7 7 7:29 6:03 6:03 1:57	4:	7:4 19 ⁵ :40 5:60 5:9	5 :06	10:00 8 25 5 7:28 6:16 5:26	8 9:04 6:41 5:45	7:11 :125:10 ₅ :20 5:20 5	7 5:57 6:08 4:13 4:13 1:57 2:04 2	2:08 5:06 5:37 4:58 2:10	2:47 3:08 4:53 4:18 3:05 2:13	7:37 6:2 2:57 _{3:03} :04 2:5:	8 5:17 4:19 7 4:28 3:47 2:15 9 2:04	7			
*Harris Rodde Indicator	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.	0:00 Mar '13 c	emanuscul di SIAMA di numerosa di		PP Sep'11	Nov '11 _	Jan '12 _	Mar '12	May '12 _	- T, Inf	Sep'12	Nov '12 _	Jan '13 _	Mar '13 _				



Operational Monitoring Report Reporting Period: Mar 2013

Indicator #2 - Emergency Department Metrics

2c.

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:

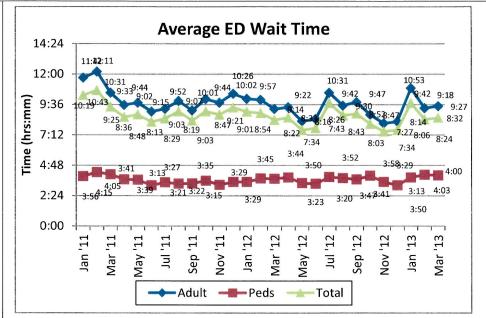
Sum of all wait time values during the monthly reporting period divided by the total number of values.

Source of Data:

Affinity

Target:

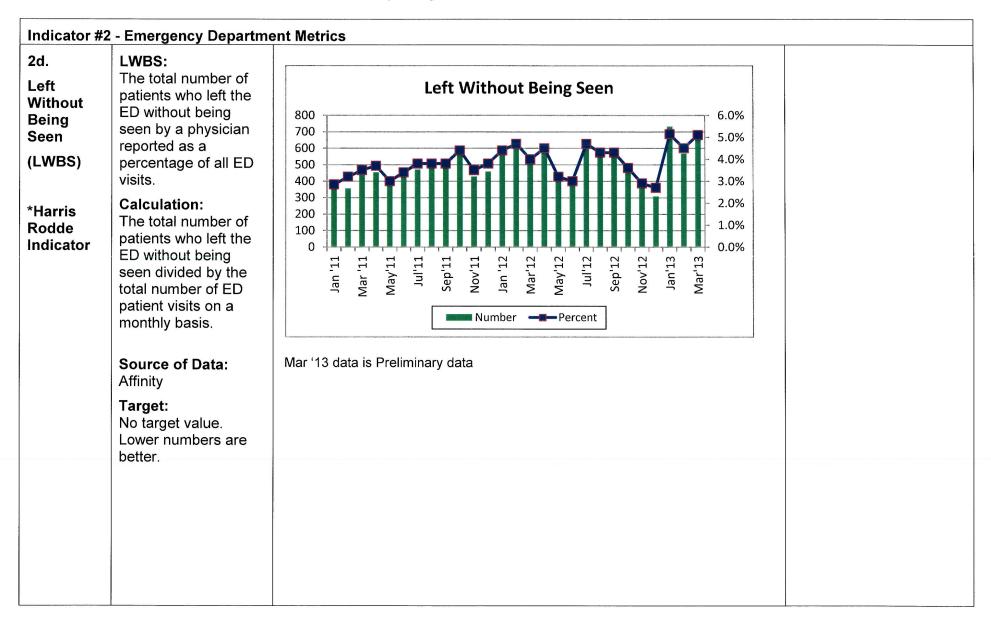
No target value. Lower numbers are better.



Adult Wait Time: *Excludes Psych, Pediatric, Observation Unit, and Jail patients

Total ED Wait time: *Excludes Psych, Observation Unit, and Jail

Mar '13 data is Preliminary data



Operational Monitoring Report Reporting Period: Mar 2013

Indicator #2 - Emergency Department Metrics

2e.

ED Diversion

ED Diversion:

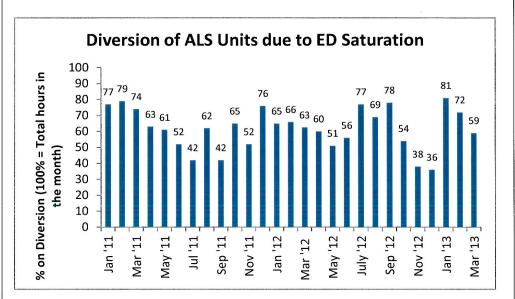
A percentage measure of the time the ED diverts ambulance traffic away from the ED, reported as a function of the reason for diversion on a monthly basis.

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:

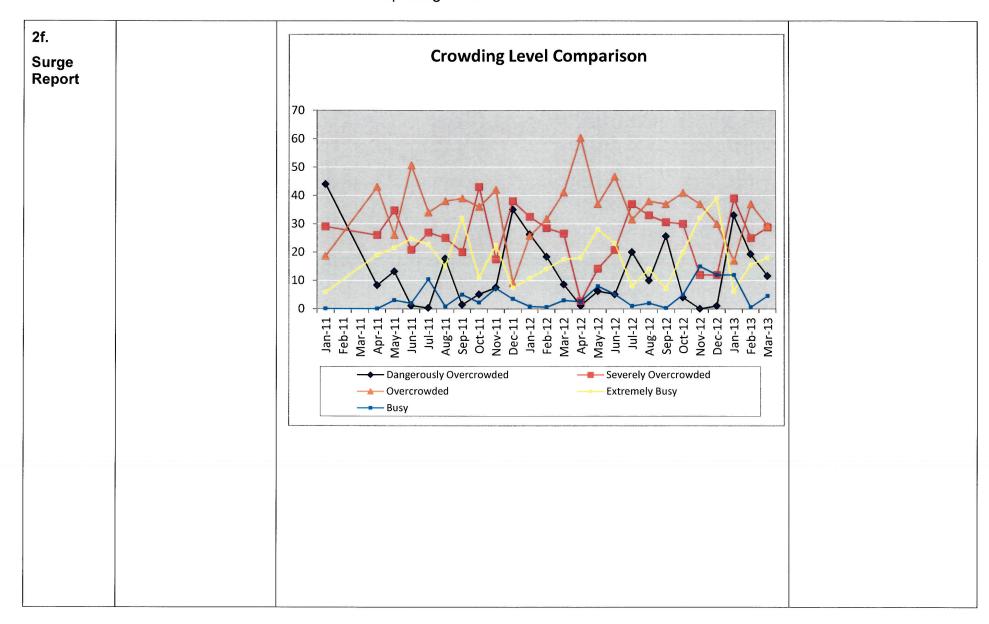
ReddiNet



Key points:

diversion".

-- 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



Operational Monitoring Report Reporting Period: Mar 2013

3. & 4. Rancho Los Amigos Hospital (RLAH) Transfers

Transfers:

The volume of patients transferred to RLAH for acute hospitalization from the Emergency Department and from Inpatient Units.

Data Source:

Manual record keeping.

Cancelled category includes patients whose condition changed leading to higher level of care or discharge home.

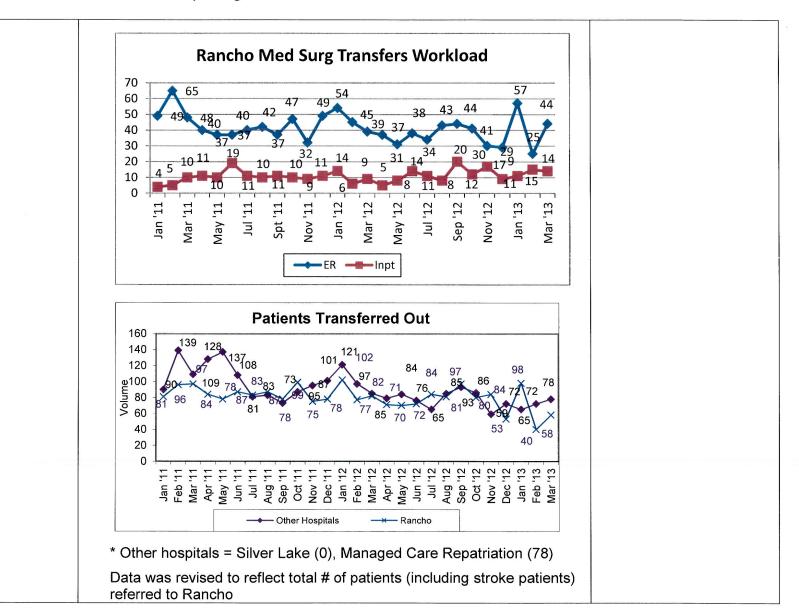
Month of Feb '13

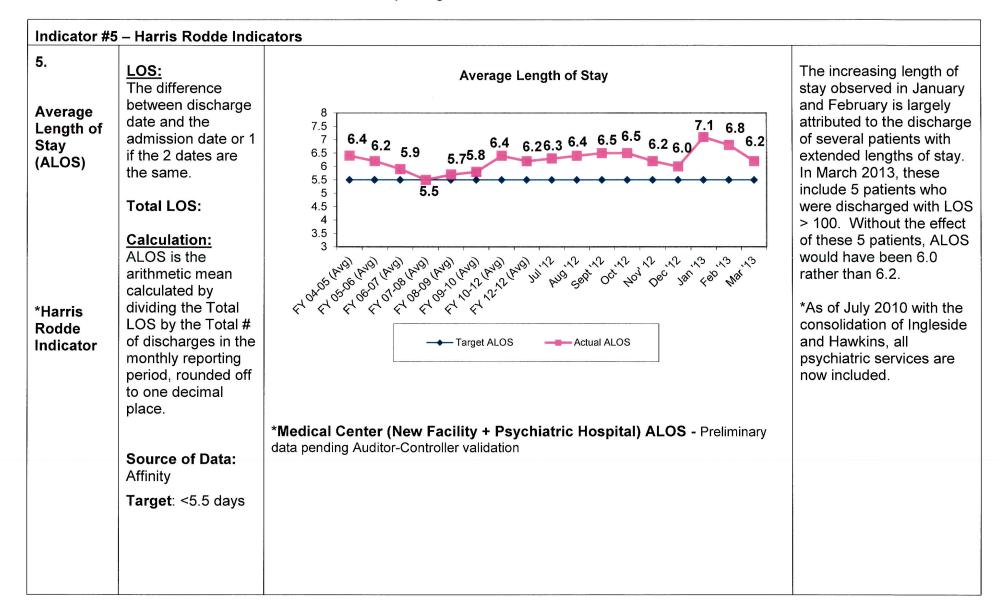
Referrals from ER:

	Med/Surg	Acute Stroke	Total
# Met transfer criteria	19	NA	-
# Referred to RLAH	19	25	44
# Transfers	19	25	44
# Denied	0	NA	-
# Cancelled	0	NA	-
# Patients Refused of Those Cancelled	0	NA	-

Referrals from Inpatients:

	Med/Surg	Acute Stroke	Total
# Met transfer criteria	14	NA	-
# Referred to RLAH	14	4	18
# Transfers	10	4	14
# Denied	1	NA	-
# Cancelled	3	NA	-
# Patients Refused of Those Cancelled	0	NA	-
Other /Pending	0	NA	-





6.	Census:	Date	NICU (40 Beds)	Peds Ward (25 Beds)	PICU (10 Beds)	Med/Surg Adolescent (20 Beds)
Pediatric Bed	The total number	Jan-11	55%	60%	70%	70%
isus and	admitted pediatric	Feb-11	57%	68%	80%	80%
ccupancy (%)	inpatients at 12:00 AM	Mar-11	57%	60%	70%	75%
. , ,	midnight of a	Apr-11	55%	64%	50%	75%
	designated pediatric	May-11	57%	56%	50%	80%
ediatric ICU	ward.	Jun-11	70%	52%	60%	75%
CU)	Occupancy:	Jul-11	58%	44%	50%	70%
eonatal ICU	The total number of	Aug-11	58%	44%	40%	75%
IICU)	admitted pediatric	Sep-11	58%	40%	50%	75%
diatric Unit	inpatients divided by	Oct-11	55%	52%	60%	70%
ediatric Unit	the total number of	Nov-11	62%	60%	70%	75%
dolescent	licensed beds on that	Dec-11	65%	40%	60%	70%
nit	unit and reported as percentage.	Jan-12	60%	52%	60%	75%
	percentage.	Feb-12	55%	56%	60%	70%
		Mar-12	55%	64%	50%	75%
	Source of Data:	Apr-12	53%	48%	50%	65%
	Affinity	May-12	42%	40%	50%	70%
		Jun-12	37.5%	44%	50%	60%
		Jul-12	45%	48%	60%	80%
		Aug-12	57%	48%	50%	75%
		Sep-12	62.5%	56%	50%	80%
		Oct-12	57.5%	64%	60%	70%
		Nov-12	62.5%	44%	50%	45%
		Dec-12	72.5%	36%	60%	50%
		Jan-13	62.5%	48%	70%	70%
		Feb-13	50%	48%	70%	75%
		Mar-13	53%	44%	60%	75%

7.	d Surg / ICU / OB/GYN M Census:						
Med Surg / ICU Bed Census	The total number admitted pediatric	Date	Med Surg (309 beds)	Jail (24 Beds)	ICUs (120 Beds)	Burn* (20 Beds)	OB/GYN (Med Surg) (32 beds)
and Occupancy (%)	inpatients at 12:00 AM midnight of a	Nov-12	87%	83%	83.5 %	51%	87%
	designated pediatric ward.	Dec-12	88%	71%	83%	44%	83%
Medical Surgical Unit	Occupancy:	Jan-13	95%	73%	85%	55%	98%
(Med Surg)	The total number of admitted inpatients	Feb-13	93%	59%	87%	61%	95%
Jail Unit (Jail)	divided by the total number of licensed	Mar-13	91%	62%	82%	47%	93%
ICUs (Excluding Burn ICUs)	beds on that unit and reported as percentage.	* Burn=	Both ward ((0) and ICU	s (10)		
OB/GYN Unit (Med Surg)	Source of Data: Affinity						



June 4, 2013

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 TO:

Each Supervisor

FROM:

Mitchell H. Katz, M.D. Mulay M. Director

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 #88

Mitchell H. Katz, M.D.

Hal F. Yee, Jr., M.D., Ph.D. Chief Medical Officer

Christina R. Ghaly, M.D. Deputy Director, Strategic Planning

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

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

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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.

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This is to provide your Board with the 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 April 2013.

Census Trending (ADC includes Psychiatric & Newborn Patients)

The Average Daily Census (ADC) for the month of April was 542 out of 676 licensed beds, an estimated 77% utilization rate (79% occupancy). The census for Medical/Surgical units was an estimated 86% utilization rate (88% occupancy) for April 2013.

Emergency Department (ED) Indicators

The attachment demonstrates a decrease in the following key indicators: average daily census (ADC), median ED boarding time, and the number of patients transferred out for this period. There was an increase in the rate of patients who left without being seen (LWBS). The Dangerously Overcrowding Level Comparison for this period remained the same as well as ED wait time.

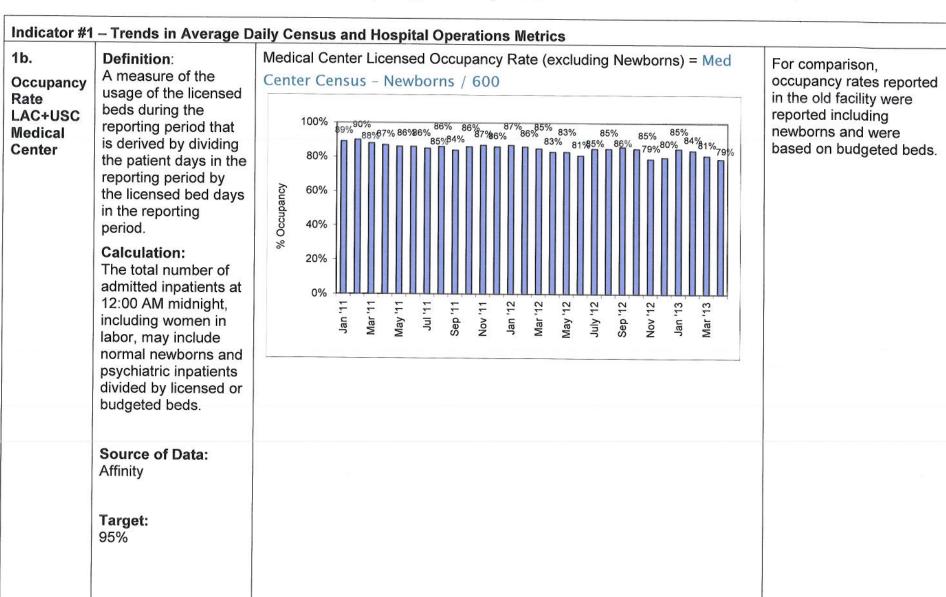
If you have any questions or need additional information, please contact me or Dr. Christina Ghaly, LAC+USC Interim Chief Executive Officer, at (323) 409-2800.

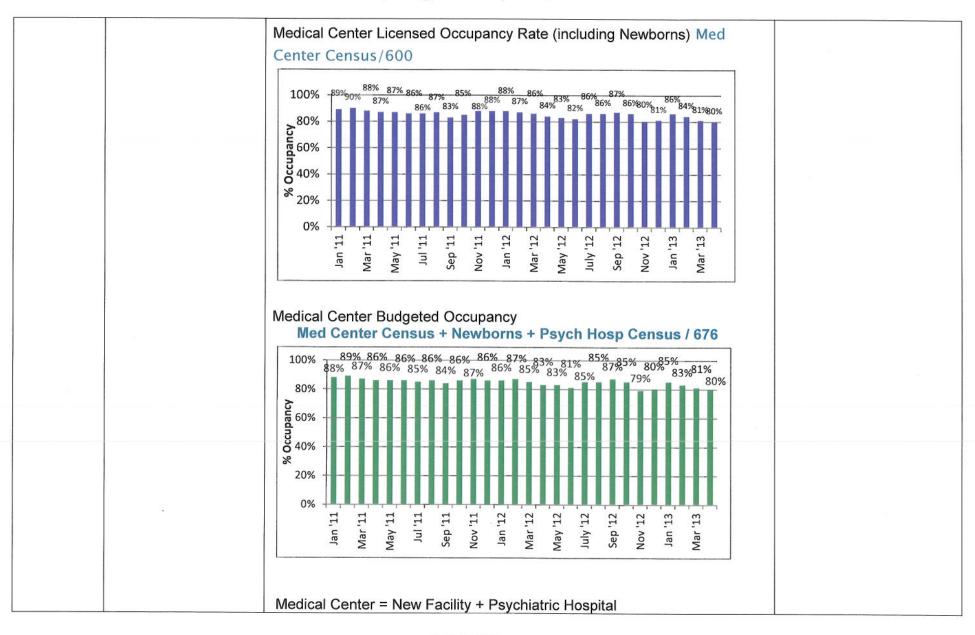
CG:ab

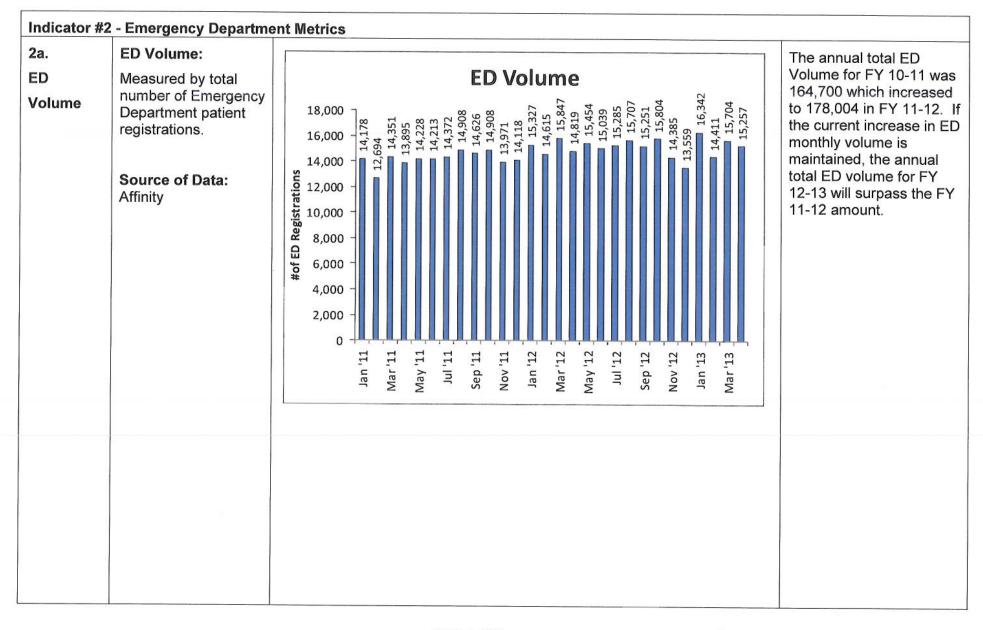
Attachment

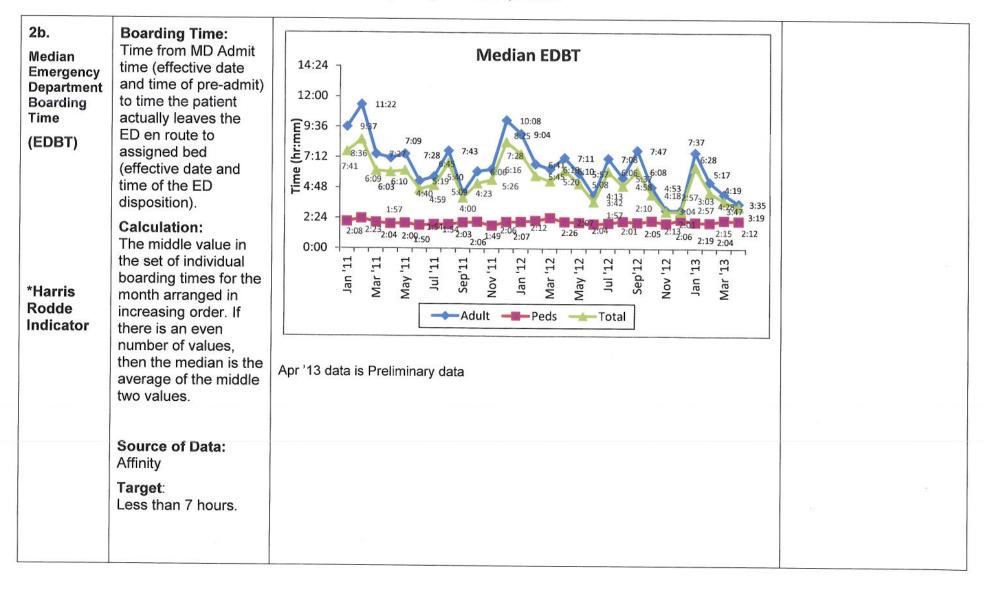
Chief Executive Office C: County Counsel Executive Office, Board of Supervisors

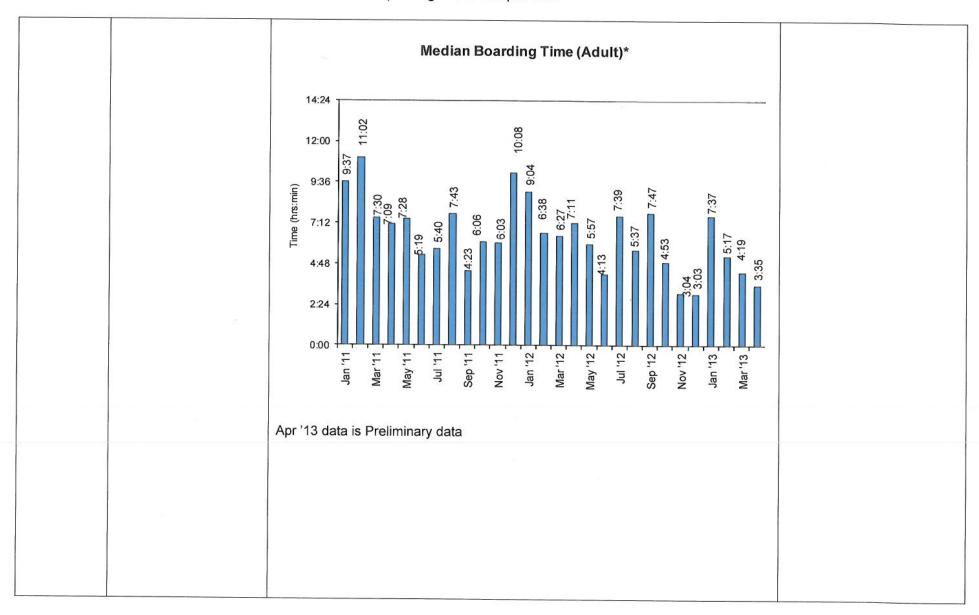
Indicator	Definition	Data	Comments
Indicator #1	 Trends in Average D 	aily Census and Hospital Operations Metrics	
1a. Average	ADC: A measure of the total number of inpatients	ADC	ADC provided as background information.
Daily Census (ADC)	occupying licensed beds on a daily basis reported as the arithmetic mean.	620 009 284 285 286 600 285 285 285 285 285 285 285 285 285 285	Graphs depict data from January 2011 to present.
	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	995 996 997 998 998 998 998 998 998 998	
		Note: Average Daily Census number reported includes Medical Center + Psych + Newborns Census.	
	e		











Operational Monitoring Report Reporting Period: Apr 2013

Indicator #2 - Emergency Department Metrics

2c.

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:

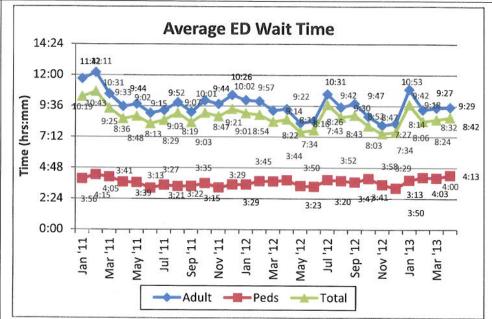
Sum of all wait time values during the monthly reporting period divided by the total number of values.

Source of Data:

Affinity

Target:

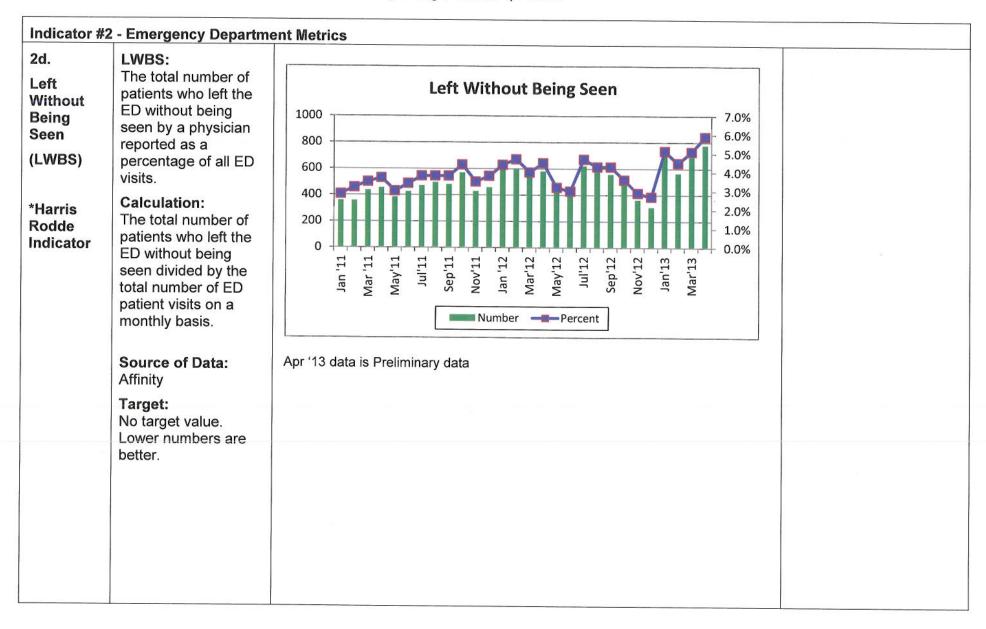
No target value. Lower numbers are better.

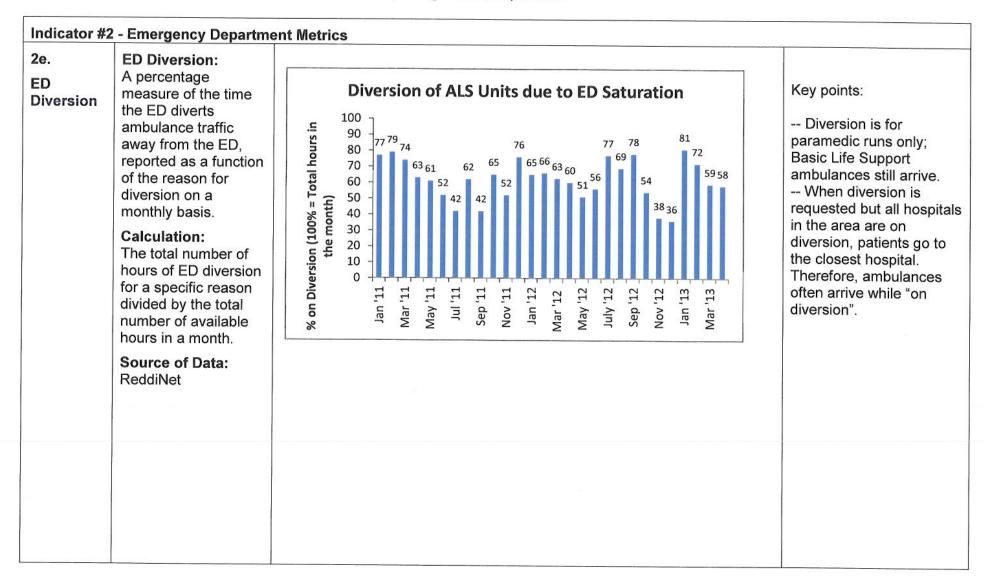


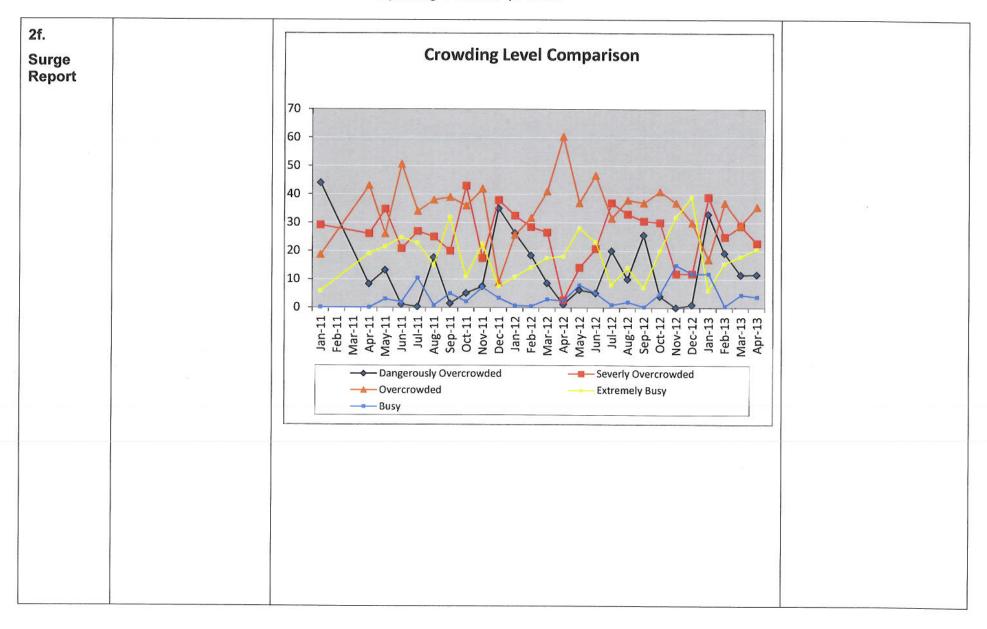
Adult Wait Time: *Excludes Psych, Pediatric, Observation Unit, and Jail patients

Total ED Wait time: *Excludes Psych, Observation Unit, and Jail

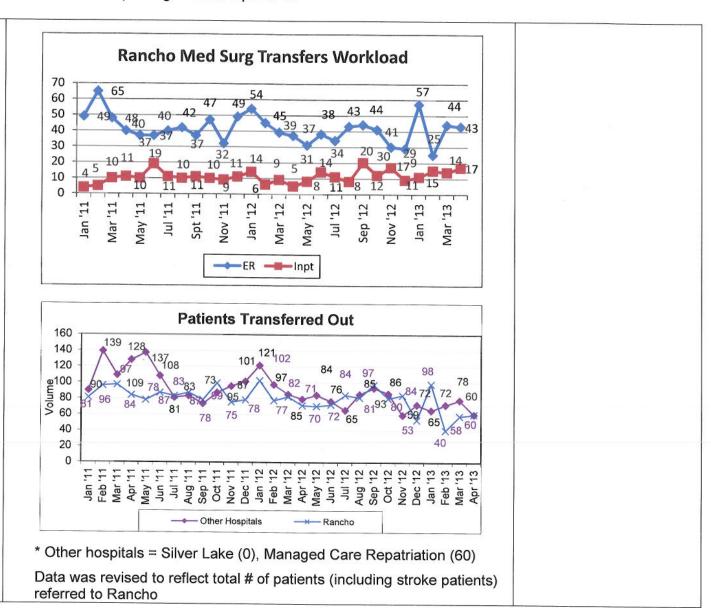
Apr '13 data is Preliminary data

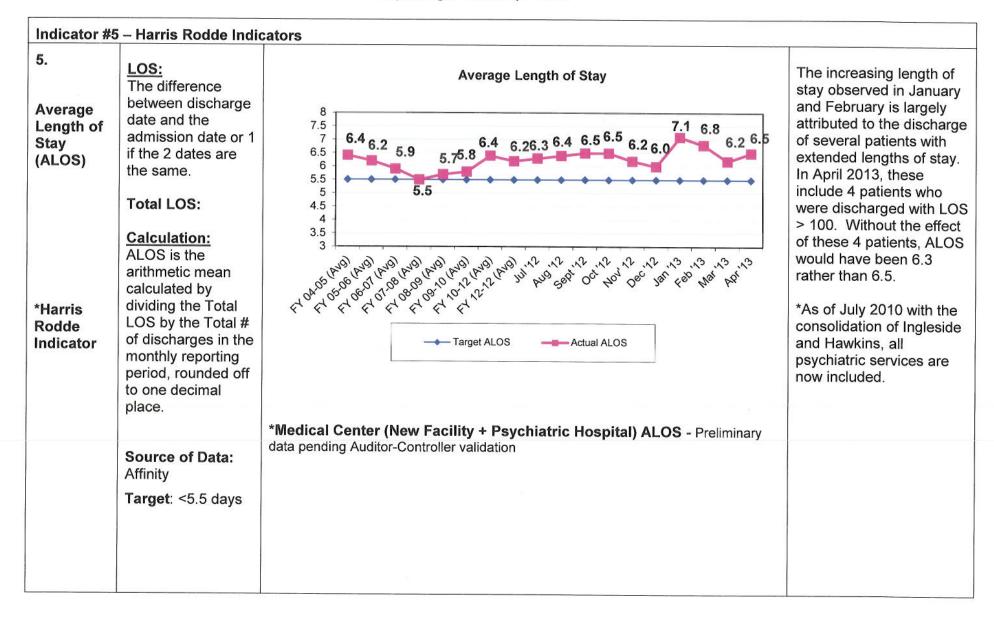






3. & 4.	Transfers:	Month of Apr '13			
Rancho	The volume of patients transferred to	Referrals from ER:	<u> </u>		
.os Amigos	RLAH for acute		Med/Surg	Acute Stroke	Total
lospital RLAH)	hospitalization from the Emergency	# Met transfer criteria	22	NA	-
ransfers	Department and from Inpatient Units.	# Referred to RLAH	22	24	46
	inpatient Onits.	# Transfers	19	24	43
	Data Source:	# Denied	1	NA	
	Manual record	# Cancelled	2	NA	
	keeping.	# Patients Refused of Those Cancelled	1	NA	-
	Cancelled category includes patients whose condition changed leading to	Referrals from Inpatient	ts: Med/Surg	Acute Stroke	Total
	higher level of care or	# Mot transfer eviteria		25 - 1 1 1 2 1 - 1 1 1 1 1 1 1 1 1 1 1 1 1	100000000000000000000000000000000000000
	discharge home.	# Met transfer criteria	17	NA	-
		# Referred to RLAH	17	2	19
		# Transfers	15	2	17
		# Denied	0	NA	2
		# Cancelled	1	NA	<u> </u>
		# Patients Refused of	0	NA	8
	77	Those Cancelled			





6.	Census:	Date	NICU (40 Beds)	Peds Ward (25 Beds)	PICU (10 Beds)	Med/Surg Adolescent (20 Beds)
Pediatric Bed Census and	The total number admitted pediatric	Jan-11	55%	60%	70%	70%
occupancy (%)	inpatients at 12:00 AM midnight of a	Feb-11	57%	68%	80%	80%
	designated pediatric	Mar-11	57%	60%	70%	75%
ediatric ICU PICU)	ward. Occupancy:	Apr-11	55%	64%	50%	75%
leonatal ICU	The total number of	May-11	57%	56%	50%	80%
NICU)	admitted pediatric inpatients divided by	Jun-11	70%	52%	60%	75%
Pediatric Unit	the total number of licensed beds on that	Jul-11	58%	44%	50%	70%
Adolescent	unit and reported as	Aug-11	58%	44%	40%	75%
Unit	Source of Data: Affinity	Sep-11	58%	40%	50%	75%
		Oct-11	55%	52%	60%	70%
		Nov-11	62%	60%	70%	75%
		Dec-11	65%	40%	60%	70%
		Jan-12	60%	52%	60%	75%
		Feb-12	55%	56%	60%	70%
		Mar-12	55%	64%	50%	75%
		Apr-12	53%	48%	50%	65%
		May-12	42%	40%	50%	70%
		Jun-12	37.5%	44%	50%	60%
		Jul-12	45%	48%	60%	80%

					1 1
Aug-12	57%	48%	50%	75%	
Sep-12	62.5%	56%	50%	80%	
Oct-12	57.5%	64%	60%	70%	
Nov-12	62.5%	44%	50%	45%	
Dec-12	72.5%	36%	60%	50%	
Jan-13	62.5%	48%	70%	70%	
Feb-13	50%	48%	70%	75%	
Mar-13	53%	44%	60%	75%	
Apr-13	53%	40%	50%	55%	
				2883	
200					
					\$5

7.	Census:	Date	Med Surg	Jail	ICUs	Burn*	OB/GYN
Med Surg / ICU Bed Census	The total number admitted pediatric		(309 beds)	(24 Beds)	(120 Beds)	(20 Beds)	(Med Surg) (32 beds)
and Occupancy (%)	inpatients at 12:00 AM midnight of a	Nov-12	87%	83%	83.5 %	51%	87%
	designated pediatric ward.	Dec-12	88%	71%	83%	44%	83%
Medical Surgical Unit	Occupancy:	Jan-13	95%	73%	85%	55%	98%
(Med Surg)	The total number of admitted inpatients	Feb-13	93%	59%	87%	61%	95%
Jail Unit (Jail)	divided by the total number of licensed	Mar-13	91%	62%	82%	47%	93%
(,	beds on that unit and reported as	Apr-13	88%	82%	85%	57%	99%
ICUs (Excluding Burn ICUs)	percentage. Source of Data:	* Burn=	Both ward (1	0) and ICU	(s (10)		
OB/GYN Unit (Med Surg)	Affinity						



June 28, 2013

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

TO:

FROM:

Mitchell H. Katz, M.D. D. Wheyer

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 #89

Mitchell H. Katz, M.D. Director

Hal F. Yee, Jr., M.D., Ph.D. Chief Medical Officer

Christina R. Ghaly, M.D.

Deputy Director, Strategic Planning

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

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

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This is to provide your Board with the monthly report on the status of transitioning to the new LAC+USC Medical Center (LAC+USC). report is the full monthly operational report with trends to include the month of May 2013.

Census Trending (ADC includes Psychiatric & Newborn Patients)

The Average Daily Census (ADC) for the month of May was 525 out of 676 licensed beds, an estimated 76% utilization rate (78% occupancy). The census for Medical/Surgical units was an estimated 86% utilization rate (88% occupancy) for May 2013.

Emergency Department (ED) Indicators

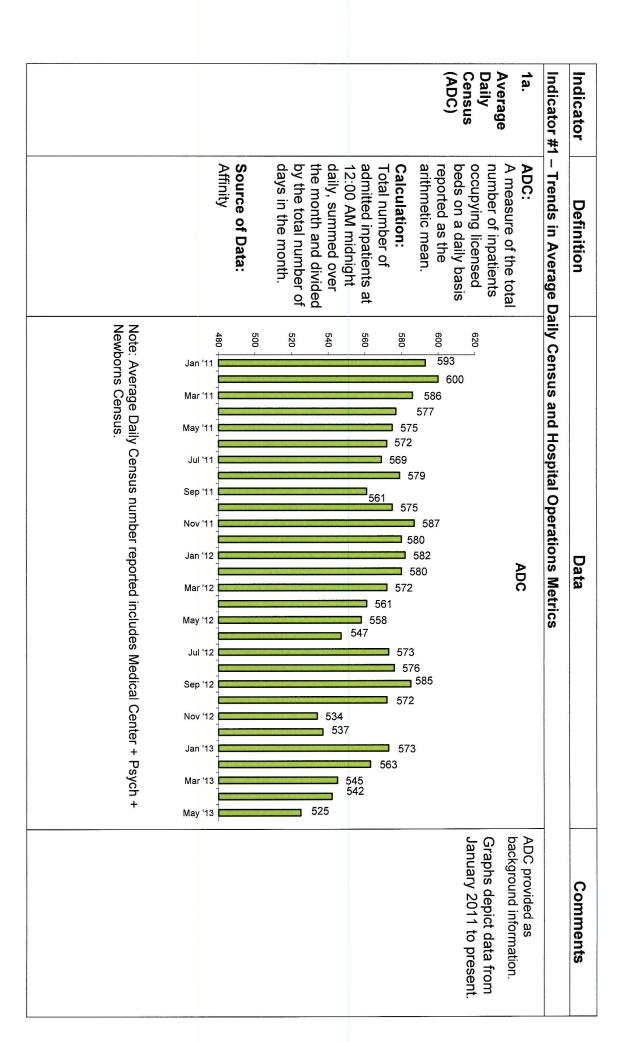
The attachment demonstrates a decrease in the average daily census (ADC) and the rate of patients who left without being seen (LWBS). ED wait times and boarding times were stable. The number of patients transferred out remained the same for this period. The Dangerously Overcrowding Level Comparison for May 2013 was 2.7% compared to 11.7% in April 2013.

If you have any questions or need additional information, please contact me or Dr. Christina Ghaly, LAC+USC Interim Chief Executive Officer, at (323) 409-2800.

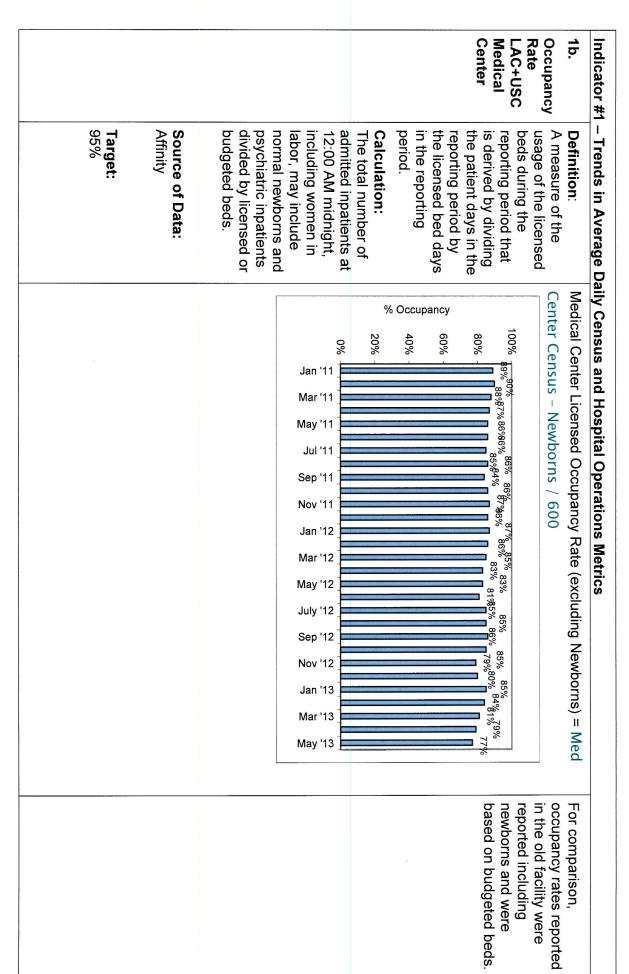
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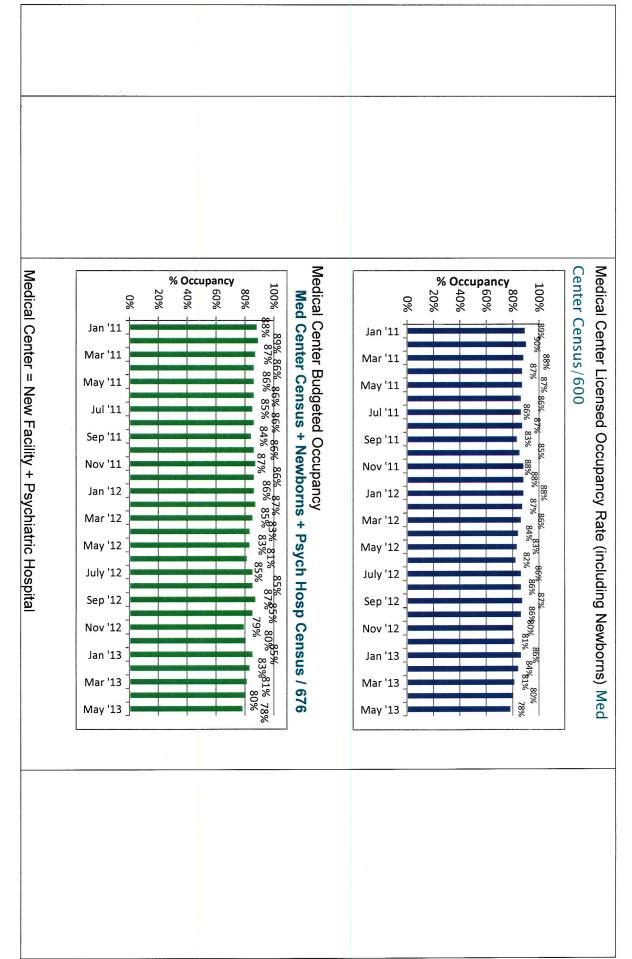
Attachment

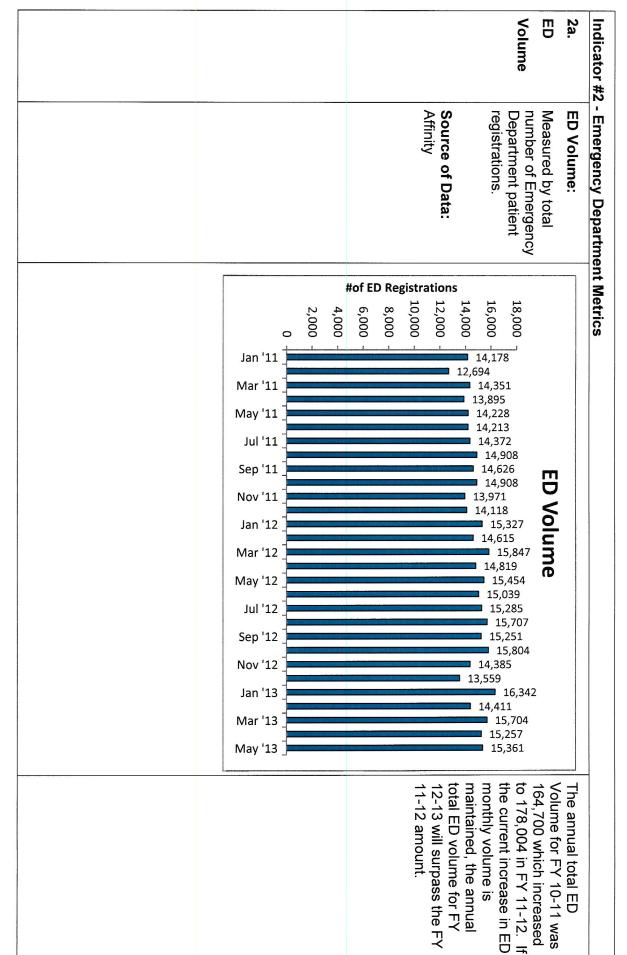
Chief Executive Office C: County Counsel Executive Office, Board of Supervisors

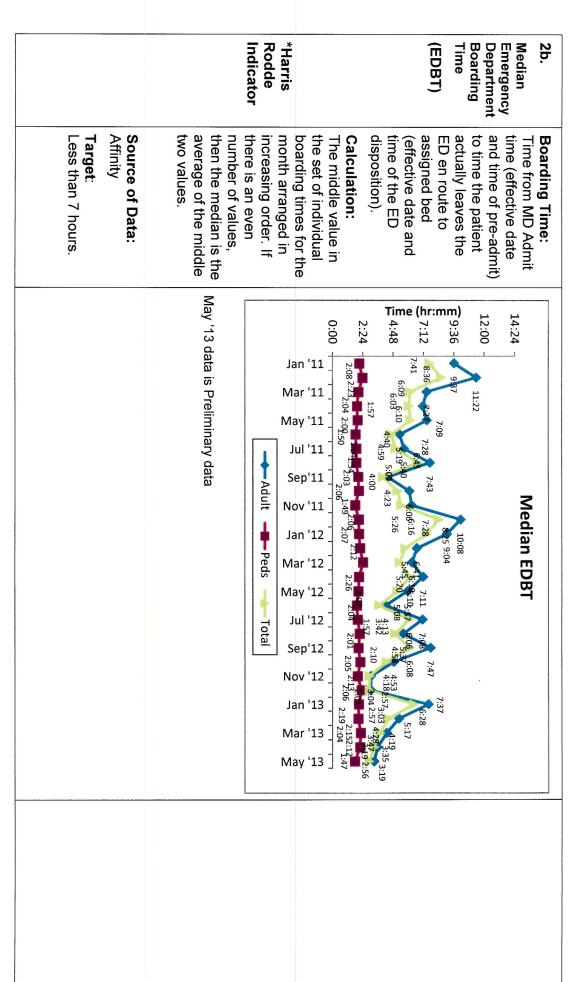


LAC+USC Medical Center perational Monitoring Report









Page 6 of 16

8-7-1	> 0 < = 0 = < 0 =	2c. ED Wait prime tide a n
Target: No target value. Lower numbers are better.	Definition: Sum of all wait time values during the monthly reporting period divided by the total number of values. Source of Data: Affinity	2c. ED Wait Time: Measured from time patient is triaged to time patient is either admitted or discharged reported as an arithmetic mean. ED Wait Time: 14:24 12:00 12:00 12:00 E 9:36 F 7:12
Adult Wait Time: *Excludes Psych, Pediatric, Observation Unit, and Jail patients Total ED Wait time: *Excludes Psych, Observation Unit, and Jail May '13 data is Preliminary data	4:48 4:48 Jan '11 May '11 Jul '11 Sep '11 Nov '11 Jan '12 May '12 Jul '12 Sep '12 Sep '12 May '12 Jul '12 Sep '12	Average ED Wait Time 11:3211 10:31 9:33 9:44 9:52 10:01 9:44 10:029:57 9:22 9:42 9:47 9:48 9:25 9:25 9:28 9:28 9:28 8:48 8:13 8:48 8:29 9:03 7:43 8:03

		*Harris Rodde Indicator	2d. Left Without Being Seen (LWBS)
better.	patient visits on a monthly basis. Source of Data: Affinity Target: No target value.	Calculation: The total number of patients who left the ED without being seen divided by the	LWBS: The total number of patients who left the ED without being seen by a physician reported as a percentage of all ED
	Mumber → Percent Ita is Preliminary data	o 200 400 an '11 ar '11 ay'11 ov'11 ov'11 an '12 dar'12 ay'12 dar'12 ay'12 ov'12 an'13 lar'13 ay'13 0.0% 3.0%	Left Without Being Seen 7.0% 800 600 4.0%

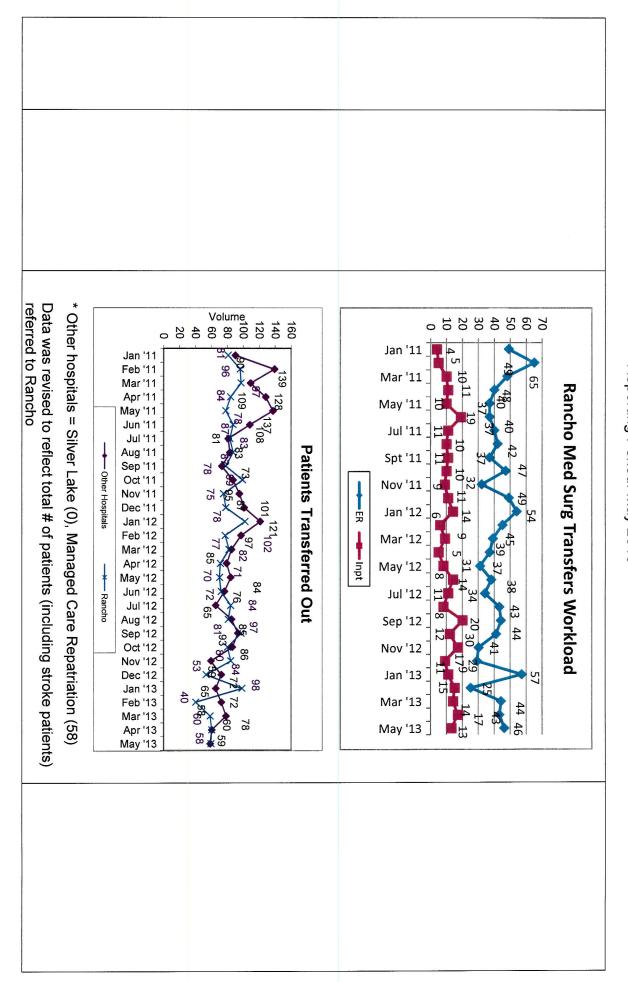
Operational Monitoring Report Reporting Period: May 2013

E Diversion Indicator #2 - Emergency Department Metrics monthly basis diversion on a of the reason for away from the ED, ambulance traffic the ED diverts measure of the time A percentage ReddiNet Source of Data: hours in a month. number of available divided by the total for a specific reason hours of ED diversion The total number of Calculation: reported as a function **ED Diversion:** % on Diversion (100% = Total hours in the month) 100 90 80 70 60 50 40 30 20 Diversion of ALS Units due to ED Saturation 77 79 74 Jan '11 Mar '11 63 61 May '11 Jul '11 Sep '11 65 Nov '11 76 65 66 ₆₃ Jan '12 Mar '12 May '12 July '12 Sep '12 Nov '12 Jan '13 59 58 57 Mar '13 May '13 diversion, patients go to ambulances still arrive. Basic Life Support diversion". often arrive while "on in the area are on -- When diversion is paramedic runs only; Key points: the closest hospital. requested but all hospitals -- Diversion is for Therefore, ambulances

Surge Report 2f. 50 60 10 20 30 40 70 0 Jan-11 Feb-11 Mar-11 Apr-11 Jun-11 Jun-11 Jul-11 Aug-11 Sep-11 Oct-11 Nov-11 Dec-11 Jan-12 Feb-12 Mar-12 Apr-12 Jun-12 Jun-12 Jun-12 Jun-12 Jun-12 Jun-12 Jun-12 Jun-12 Aug-12 Sep-12 Oct-12 Nov-12 Dec-12 Jan-13 Feb-13 Mar-13 Apr-13 May-13 → Dangerously Overcrowded → Severly Overcrowded Extremely Busy **Crowding Level Comparison** --- Busy Overcrowded

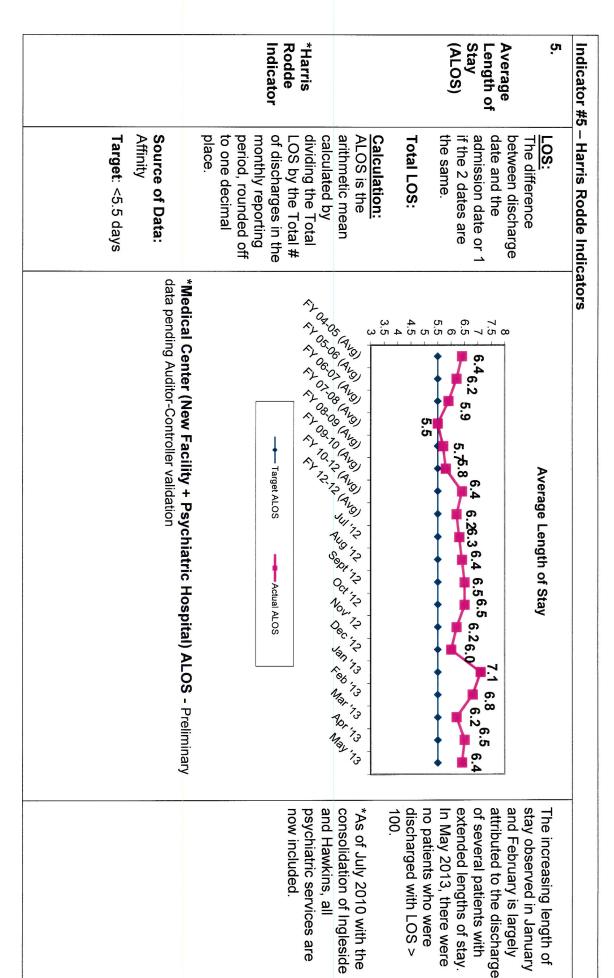
LAC+USC Medical Center
Operational Monitoring Report
Reporting Period: May 2013

Transfers:	Month of May '13			
The volume of nationts transferred to	Referrals from ER:			
RLAH for acute		Med/Surg	Acute Stroke	Total
the Emergency	# Met transfer criteria	24	NA	
Department and from	# Referred to RLAH	24	22	46
inpatient Onlis.	# Transfers	24	22	46
Data Course.	# Denied	0	NA	1
Manual record	# Cancelled	0	NA	1
keeping.	# Patients Refused of	0	NA	r
Cancelled category				
whose condition changed leading to		Med/Surg	Acute Stroke	Total
higher level of care or discharge home.	# Met transfer criteria	21	NA	I
Q	# Referred to RLAH	21		22
	# Transfers	12	_	13
	# Denied	_	NA	1
	# Cancelled	4	NA	ı
	# Patients Refused of Those Cancelled	0	NA	1
	Other /Pending	4	N N	ı



LAC+USC Medical Center Operational Monitoring Report

Reporting Period: May 2013



Illulcator #0 - I edianic Menics		, , ,	1 1011 (40 0.40)	J. J. 10/	201-70	NA - 1/0 A delegant
6.	Census:	Date	NICU (40 Beds)	Peds Ward (25 Beds)	PICU (10 Beds)	Med/Surg Adolescent (20 Beds)
Pediatric Bed	The total number	Jan-11	55%	60%	70%	70%
Census and	admitted pediatric	Feb-11	57%	68%	80%	80%
Occupancy (%)	inpatients at 12:00 AM	Mar-11	57%	60%	70%	75%
	midnight of a	Apr-11	55%	64%	50%	75%
	designated pediatric	May-11	57%	56%	50%	80%
Pediatric ICU	wal ci.	Jun-11	70%	52%	60%	75%
(PICU)	Occupancy:	Jul-11	58%	44%	50%	70%
Neonatal ICU	The total number of	Aug-11	58%	44%	40%	75%
(NICU)	admitted pediatric	Sep-11	58%	40%	50%	75%
	inpatients divided by	Oct-11	55%	52%	60%	70%
rediatric offic	the total number of	Nov-11	62%	60%	70%	75%
Adolescent	licensed beds on that	Dec-11	65%	40%	60%	70%
Unit	nercentage	Jan-12	60%	52%	60%	75%
		Feb-12	55%	56%	60%	70%
		Mar-12	55%	64%	50%	75%
	Affinity	Apr-12	53%	48%	50%	65%
	A Williney	May-12	42%	40%	50%	70%
		Jun-12	37.5%	44%	50%	60%
		Jul-12	45%	48%	60%	80%
		Aug-12	57%	48%	50%	75%
		Sep-12	62.5%	56%	50%	80%
		Oct-12	57.5%	64%	%09	70%
		Nov-12	62.5%	44%	50%	45%
		Dec-12	72.5%	36%	60%	50%
		Jan-13	62.5%	48%	70%	70%
		Feb-13	50%	48%	70%	75%
		Mar-13	53%	44%	60%	75%

	May-13	Apr-13
	<u>α</u>	3
	43%	53%
	44%	40%
	0	0
	б <mark>0</mark> %	50%
	4	(T
	45%	55%

The total number admitted pediatric inpatients at 12:00 AM midnight of a designated pediatric ward Mark Mov-12 87%	Nov-12	Nov-12 87% 83% 8 Dec-12 88% 71%	Date Med Surg (309 beds) Jail (24 Beds) Nov-12 87% 83% Dec-12 88% 71%
	87% 88% 95% 93%	87% 83% 83.5 88% 71% 839 95% 73% 859 93% 59% 879	87% 83% 83.5 % 88% 71% 83% 95% 73% 85% 93% 59% 87%
(309 beds) 87% 88% 95%		(24 Beds) 83% 71% 73%	(24 Beds) (120 Beds) 83% 83.5 % 71% 83% 73% 85% 59% 87%
	71% 73%		83.5 % 83% 85%



August 1, 2013

Los Angeles County Board of Supervisors

> Gloria Molina First District

TO:

FROM:

Each Supervisor

Mark Ridley-Thomas Second District Mitchell H. Katz, M.D.

Zev Yaroslavsky Third District

District 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 #90

J. Mahym

Don Knabe Fourth District

Michael D. Antonovich

Mitchell H. Katz, M.D.

Director

Hal F. Yee, Jr., M.D., Ph.D. Chief Medical Officer

Christina R. Ghaly, M.D. Deputy Director, Strategic Planning

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

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

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This is to provide your Board with the 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 June 2013.

Census Trending (ADC includes Psychiatric & Newborn Patients)

The Average Daily Census (ADC) for the month of June was 504 out of 676 licensed beds, an estimated 73% utilization rate (75% occupancy). The census for Medical/Surgical units was an estimated 80% utilization rate (82% occupancy) for June 2013.

Emergency Department (ED) Indicators

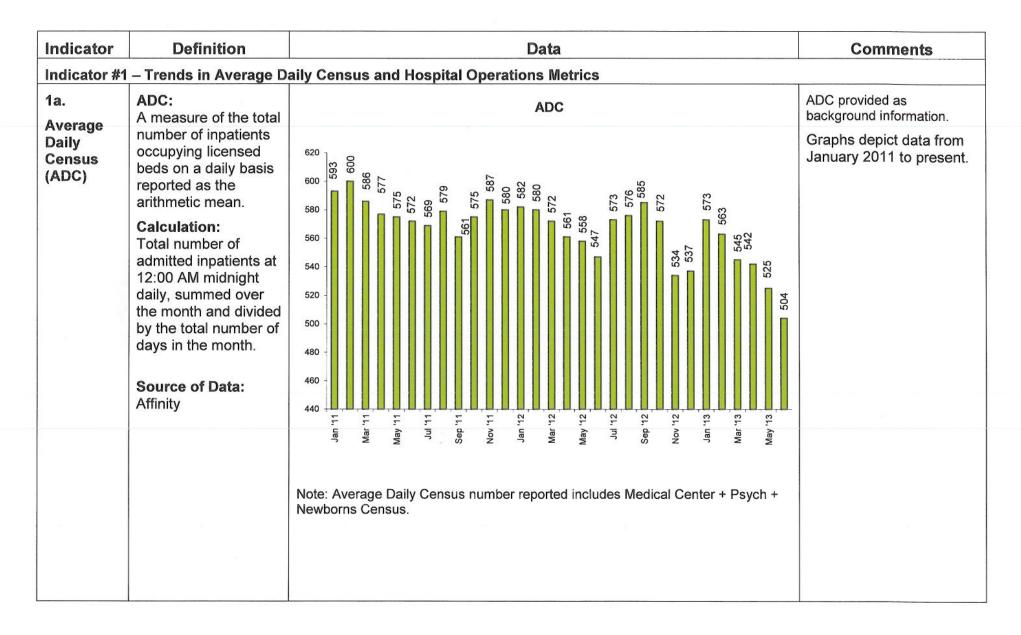
The attachment demonstrates a decrease in the average daily census (ADC), boarding times, and the rate of patients who left without being seen (LWBS). ED wait times were stable. The number of patients transferred out remained the same for this period. The Dangerously Overcrowding Level Comparison for June 2013 was 1.1% compared to 2.7% in May 2013.

If you have any questions or need additional information, please contact me or Dr. Christina Ghaly, LAC+USC Interim Chief Executive Officer, at (323) 409-2800.

CG:ab

Attachment

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



Operational Monitoring Report Reporting Period: June 2013

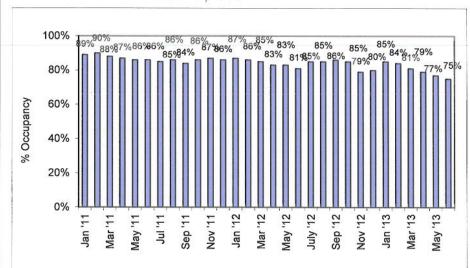
Occupancy Rate LAC+USC Medical Center A measure of the usage of the licensed beds during the reporting period that is derived by dividing the patient days in the reporting period by the licensed bed days in the reporting period.

Calculation:

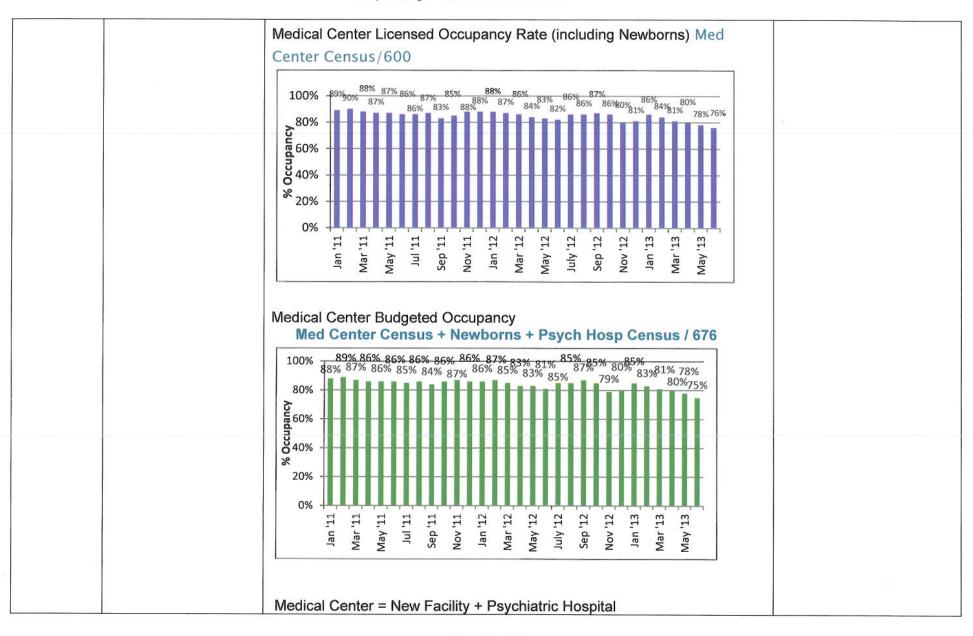
The total number of admitted inpatients at 12:00 AM midnight, including women in labor, may include normal newborns and psychiatric inpatients divided by licensed or budgeted beds.

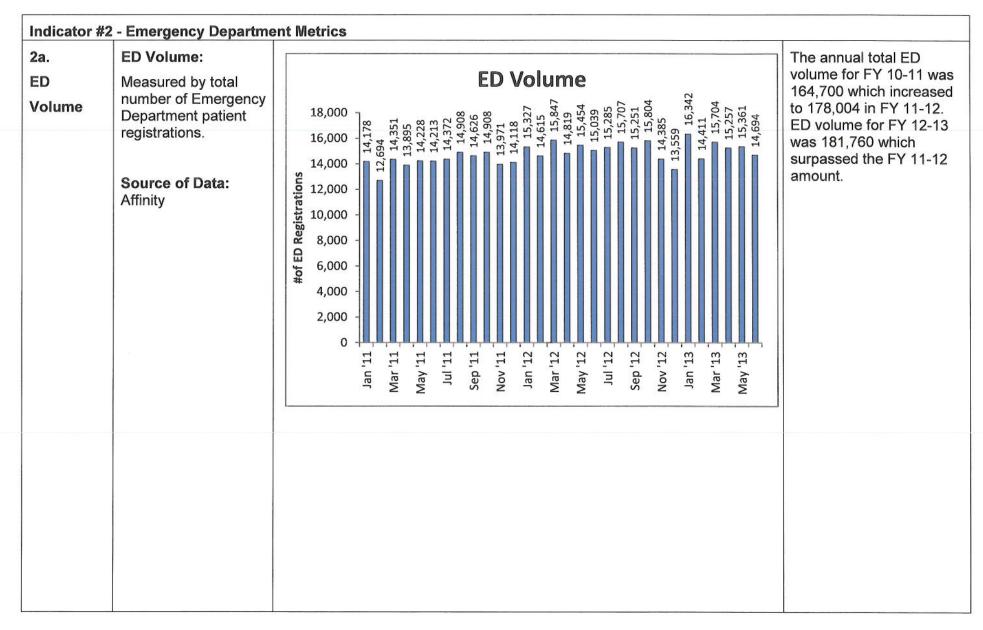
Source of Data: Affinity

Target: 95%

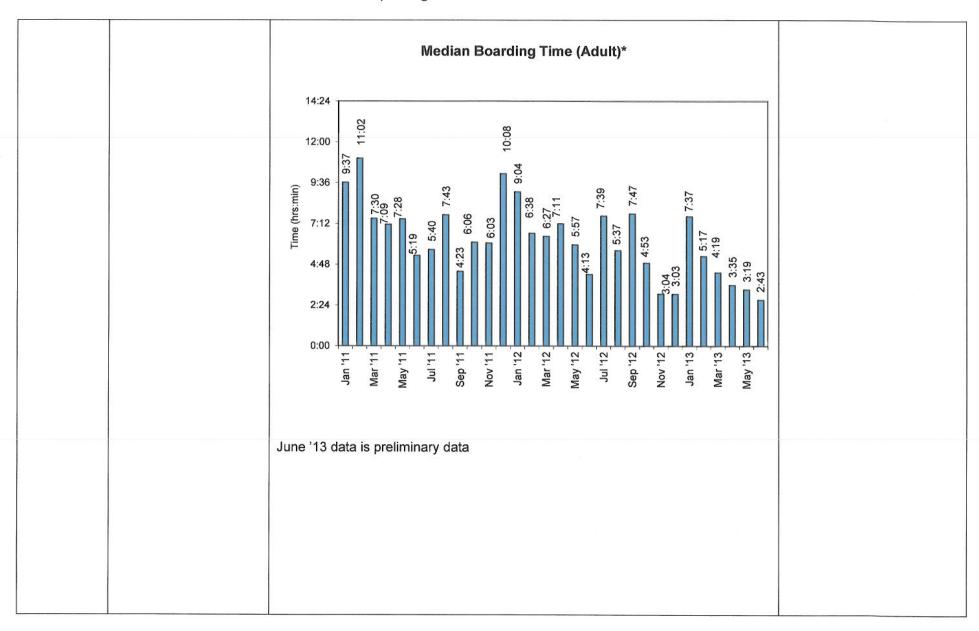


For comparison, occupancy rates reported in the old facility were reported including newborns and were based on budgeted beds.





2b. Median Emergency Department Boarding Time	Boarding Time: Time from MD Admit time (effective date and time of pre-admit) to time the patient actually leaves the	14:24 12:00 - 11:22 F 9:36 - 987	
*Harris Rodde Indicator	ED en route to assigned bed (effective date and time of the ED disposition). 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.	### 10:08 10:08	
	Source of Data: Affinity Target: Less than 7 hours.		



Operational Monitoring Report Reporting Period: June 2013

Indicator #2 - Emergency Department Metrics 2c. **ED Wait Time: Average ED Wait Time** Measured from time **ED Wait** 14:24 patient is triaged to Time 11:102:11 time patient is either 12:00 admitted or 10:31 discharged reported Time (hrs:mm) 9:36 as an arithmetic 6 8:48^{8:13} 8:29 7:12 mean. 9:03 8:03 3:52 **Definition:** 4:48 Sum of all wait time 3:20 3:47:41 2:24 values during the 3:50 monthly reporting 0:00 period divided by the Mar '11 Mar '12 May '12 Sep '12 Mar '13 Jan '12 Jul '12 total number of \exists values. Adult Peds Source of Data: Affinity

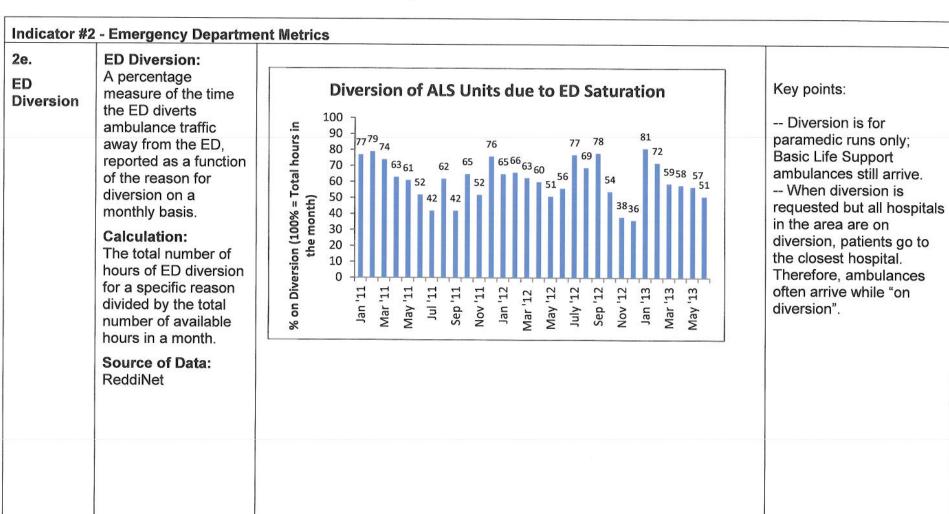
Target:

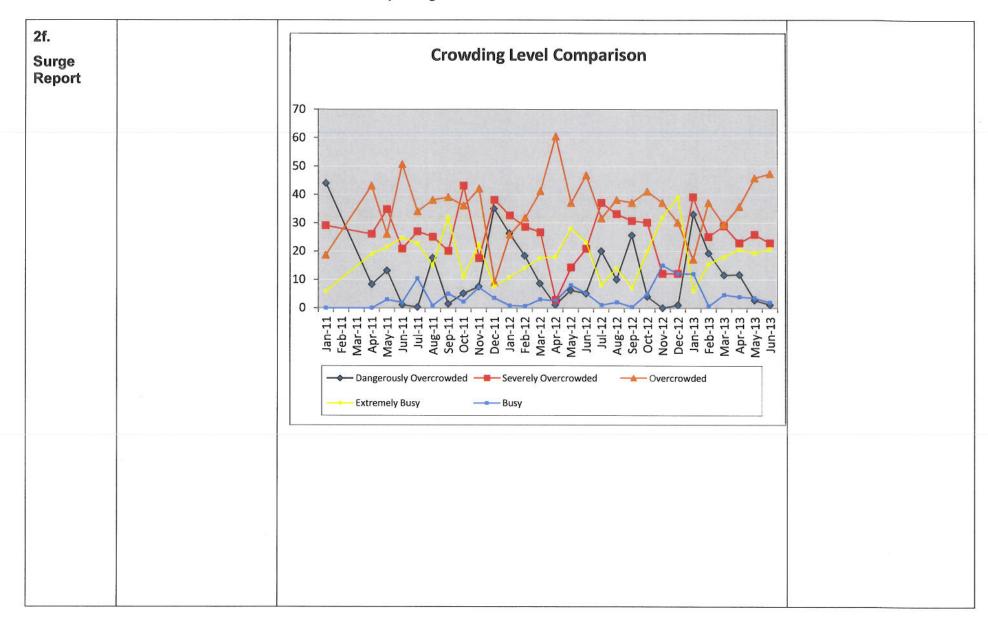
No target value. Lower numbers are better. **Adult Wait Time:** *Excludes Psych, Pediatric, Observation Unit, and Jail patients

Total ED Wait time: *Excludes Psych, Observation Unit, and Jail patients

June '13 data is preliminary data

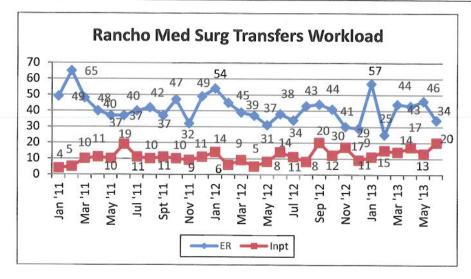
Indicator #	2 - Emergency Denartm	ent Metrics	
Indicator # 2d. Left Without Being Seen	2 - Emergency Department LWBS: The total number of patients who left the ED without being seen by a physician	Left Without Being Seen 7.0% 6.0%	Til
*Harris Rodde Indicator	reported as a percentage of all ED visits. 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.	5.0% 4.0% 4.0% 200 0 111, un 111, low 21, low 21, low 121, low 121, low 13 data is preliminary data	
	Lower numbers are better.		

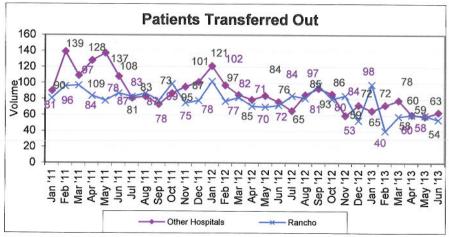




. & 4. Rancho	Transfers: The volume of patients transferred to	Month of June '13 Referrals from ER:				
.os \migos	RLAH for acute		Med/Surg	Acute Stroke	Total	
ospital RLAH)	hospitalization from the Emergency	# Met transfer criteria	12	NA	-	
ransfers	Department and from Inpatient Units.	# Referred to RLAH	12	22	34	
	inpatient Onts.	# Transfers	12	22	34	
	Data Source:	# Denied	0	NA	-	
	Manual record	# Cancelled	0	NA	-	
	keeping.	# Patients Refused of Those Cancelled	0	NA	-	
	Cancelled category includes patients whose condition	Referrals from Inpatient	:s <u>:</u>			_
	changed leading to		Med/Surg	Acute Stroke	Total	
	higher level of care or discharge home.	# Met transfer criteria	19	NA	S-Land S-C-12	
		# Referred to RLAH	19	3	22	
		# Transfers	17	3	20	
		# Denied	0	NA	-	
		# Cancelled	1	NA	7 2	
		# Patients Refused of Those Cancelled	0	NA	-	
		Other /Pending	1	NA	1 -	

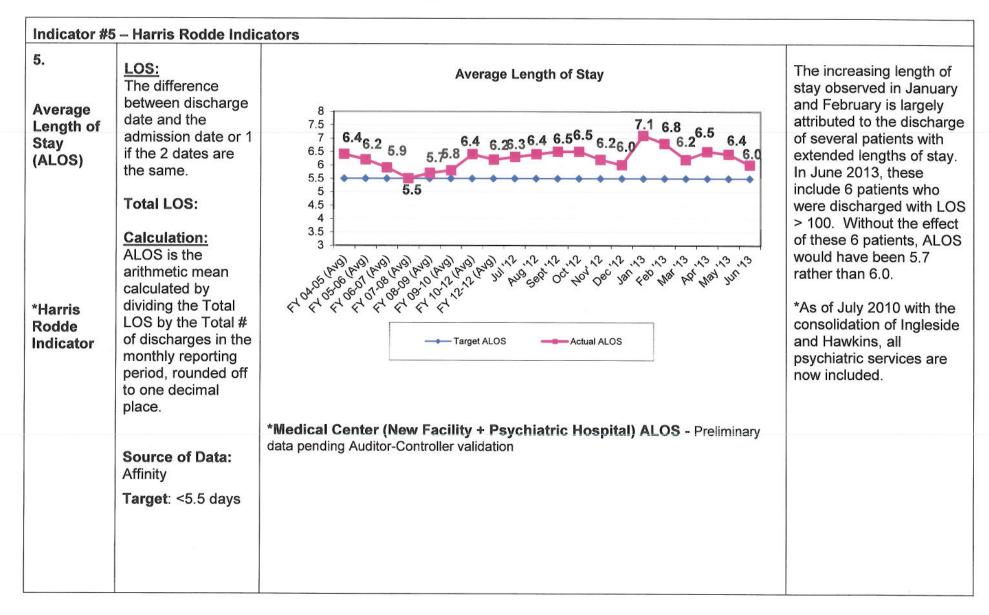
Operational Monitoring Report Reporting Period: June 2013





* Other hospitals = Silver Lake (0), Managed Care Repatriation (63)

Data was revised to reflect total # of patients (including stroke patients) referred to Rancho



6.	Census:	Date	NICU (40 Beds)	Peds Ward (25 Beds)	PICU (10 Beds)	Med/Surg Adolescent (20 Beds)
Pediatric Bed	The total number	Jan-11	55%	60%	70%	70%
Census and	admitted pediatric	Feb-11	57%	68%	80%	80%
occupancy (%)	inpatients at 12:00 AM midnight of a	Mar-11	57%	60%	70%	75%
		Apr-11	55%	64%	50%	75%
	designated pediatric ward.	May-11	57%	56%	50%	80%
ediatric ICU		Jun-11	70%	52%	60%	75%
CU)	Occupancy:	Jul-11	58%	44%	50%	70%
eonatal ICU	The total number of	Aug-11	58%	44%	40%	75%
ICU)	admitted pediatric inpatients divided by the total number of licensed beds on that unit and reported as percentage.	Sep-11	58%	40%	50%	75%
diatric Unit		Oct-11	55%	52%	60%	70%
		Nov-11	62%	60%	70%	75%
olescent		Dec-11	65%	40%	60%	70%
nit		Jan-12	60%	52%	60%	75%
	percentage.	Feb-12	55%	56%	60%	70%
		Mar-12	55%	64%	50%	75%
	Source of Data: Affinity	Apr-12	53%	48%	50%	65%
	Allifility	May-12	42%	40%	50%	70%
		Jun-12	37.5%	44%	50%	60%
		Jul-12	45%	48%	60%	80%
		Aug-12	57%	48%	50%	75%
		Sep-12	62.5%	56%	50%	80%
		Oct-12	57.5%	64%	60%	70%
		Nov-12	62.5%	44%	50%	45%
		Dec-12	72.5%	36%	60%	50%
		Jan-13	62.5%	48%	70%	70%
		Feb-13	50%	48%	70%	75%
		Mar-13	53%	44%	60%	75%

Date	NICU (40 Beds)	Peds Ward (25 Beds)	PICU (10 Beds)	Med/Surg Adolescent (20 Beds)
Apr-13	53%	40%	50%	55%
May-13	43%	44%	60%	45%
Jun-13	48%	48%	50%	35%

7.	Census:							
Med Surg / ICU Bed Census	The total number admitted inpatients at	Date	Med Surg (309 beds)	Jail (24 Beds)	ICUs (120 Beds)	Burn* (20 Beds)	OB/GYN (Med Surg) (32 beds)	
and Occupancy (%)	12:00 AM midnight of a designated ward.	Nov-12	87%	83%	83.5 %	51%	87%	
	Occupancy:	Dec-12	88%	71%	83%	44%	83%	
Medical Surgical Unit	The total number of admitted inpatients	Jan-13	95%	73%	85%	55%	98%	
(Med Surg)	divided by the total number of licensed	Feb-13	93%	59%	87%	61%	95%	
Jail Unit (Jail)	beds on that unit and reported as	Mar-13	91%	62%	82%	47%	93%	
oun one (oun)	percentage.	Apr-13	88%	82%	85%	57%	99%	
ICUs (Excluding	6	May-13	88%	66%	82%	57%	90%	=
Burn ICUs)	Source of Data: Affinity	Jun-13	82%	71%	80%	60%	81%	
OB/GYN Unit (Med Surg)		* Burn= E	Both ward (1	0) and ICUs	s (10)	37.1		



September 3, 2013

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

TO:

Each Supervisor

FROM:

Mitchell H. Katz, M.D. J. Walnut Pirector

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 #91

Mitchell H. Katz. M.D. Director

Hal F. Yee, Jr., M.D., Ph.D. Chief Medical Officer

Christina R. Ghaly, M.D. Deputy Director, Strategic Planning

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

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

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This is to provide your Board with the monthly report on the status of transitioning to the new LAC+USC Medical Center (LAC+USC). report is the full monthly operational report with trends to include the month of July 2013.

Census Trending (ADC includes Psychiatric & Newborn Patients)

The Average Daily Census (ADC) for the month of June was 529 out of 676 licensed beds, an estimated 77% utilization rate (79% occupancy). The census for Medical/Surgical units was an estimated 86% utilization rate (88% occupancy) for July 2013.

Emergency Department (ED) Indicators

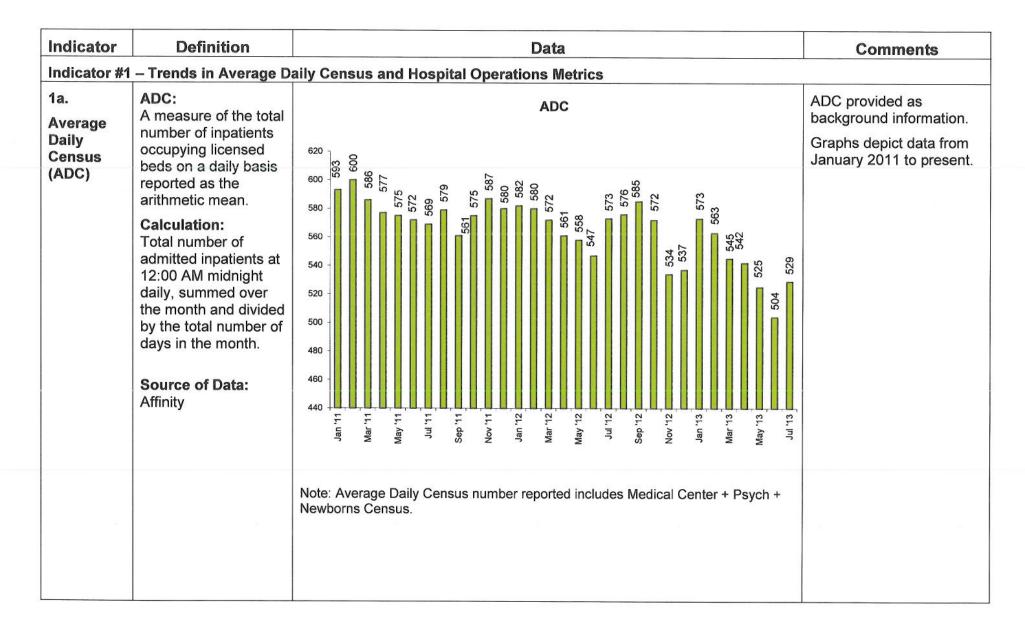
The attachment demonstrates an increase in the average daily census (ADC), ED wait times, and the rate of patients who left without being seen (LWBS) in comparison with June 2013. ED boarding times were stable. The number of patients transferred out increased for this period. The Dangerously Overcrowding Level Comparison for July 2013 was 4.6% compared to 1.1% in June 2013.

If you have any questions or need additional information, please contact me or Dr. Christina Ghaly, LAC+USC Interim Chief Executive Officer, at (323) 409-2800.

CG:ab

Attachment

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



Operational Monitoring Report Reporting Period: July 2013

Indicator #1 - Trends in Average Daily 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:

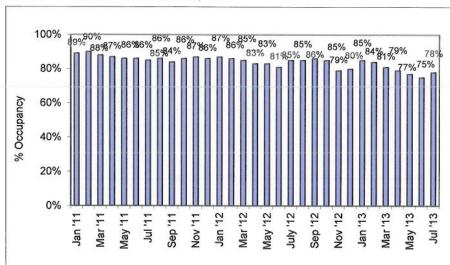
The total number of admitted inpatients at 12:00 AM midnight, including women in labor, may include normal newborns and psychiatric inpatients divided by licensed or budgeted beds.

Source of Data: Affinity

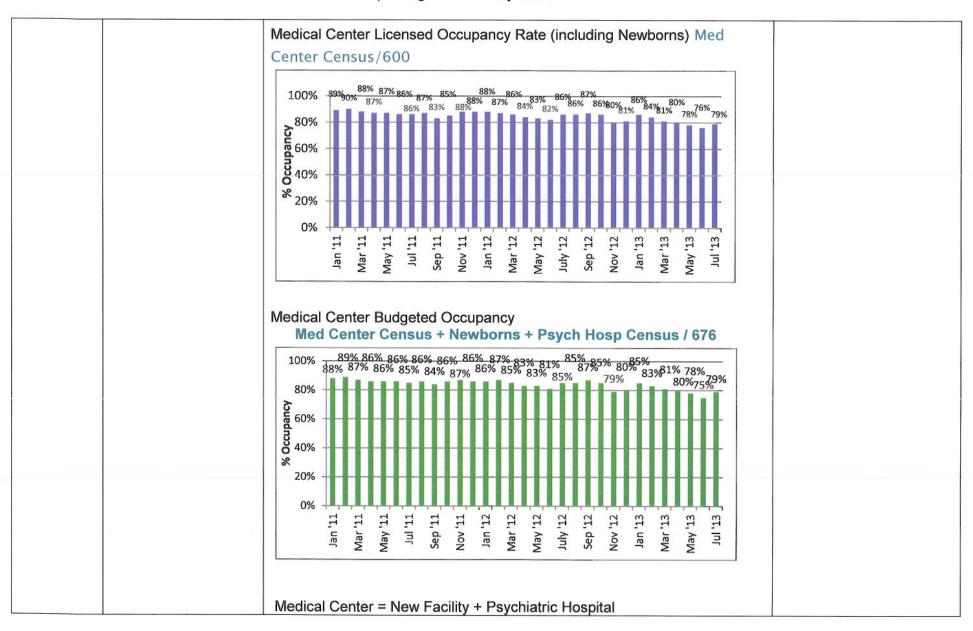
Target: 95%

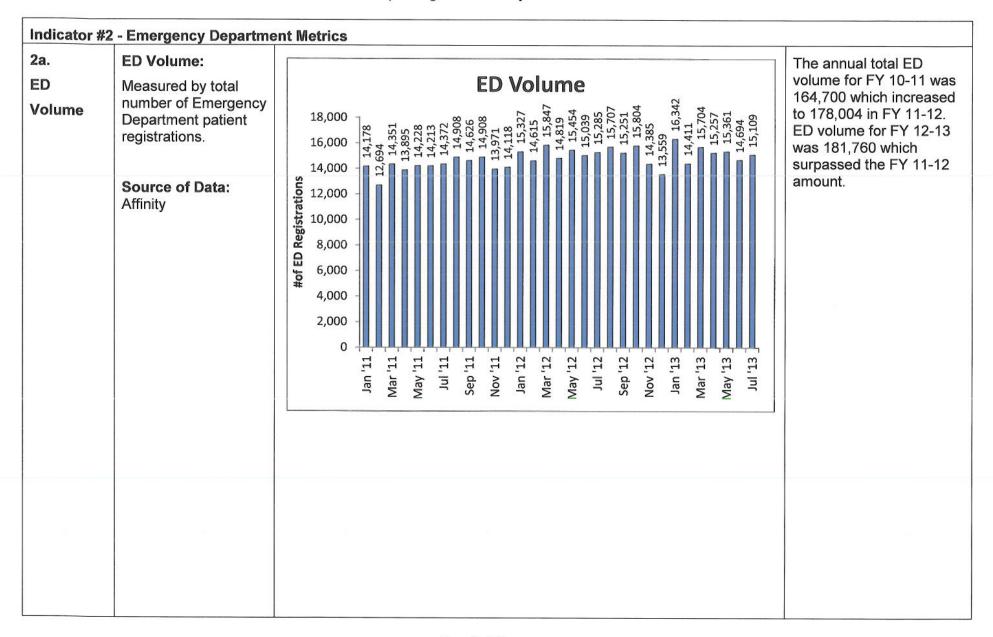
Medical Center Licensed Occupancy Rate (excluding Newborns) = Med

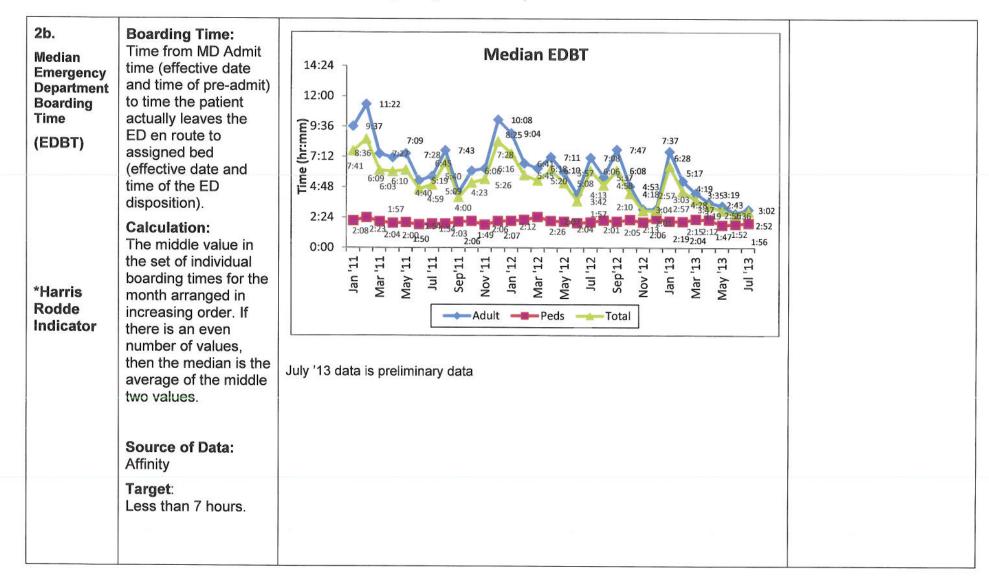
Center Census - Newborns / 600

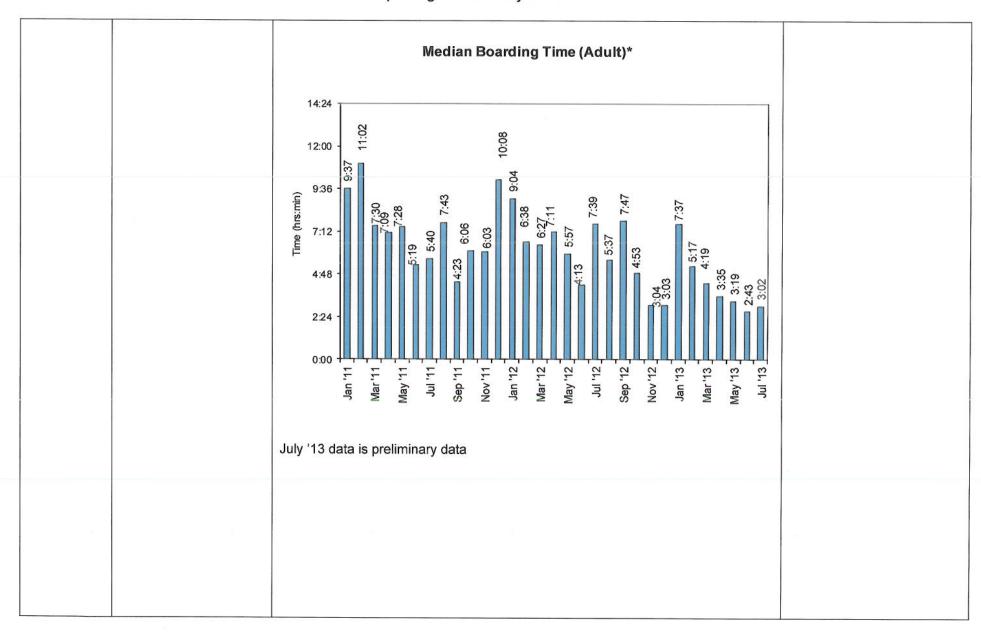


For comparison, occupancy rates reported in the old facility were reported including newborns and were based on budgeted beds.









Operational Monitoring Report Reporting Period: July 2013

Indicator #2 - Emergency Department Metrics

2c. 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:

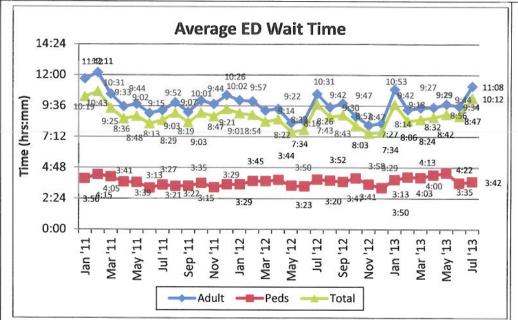
Sum of all wait time values during the monthly reporting period divided by the total number of values.

Source of Data:

Affinity

Target:

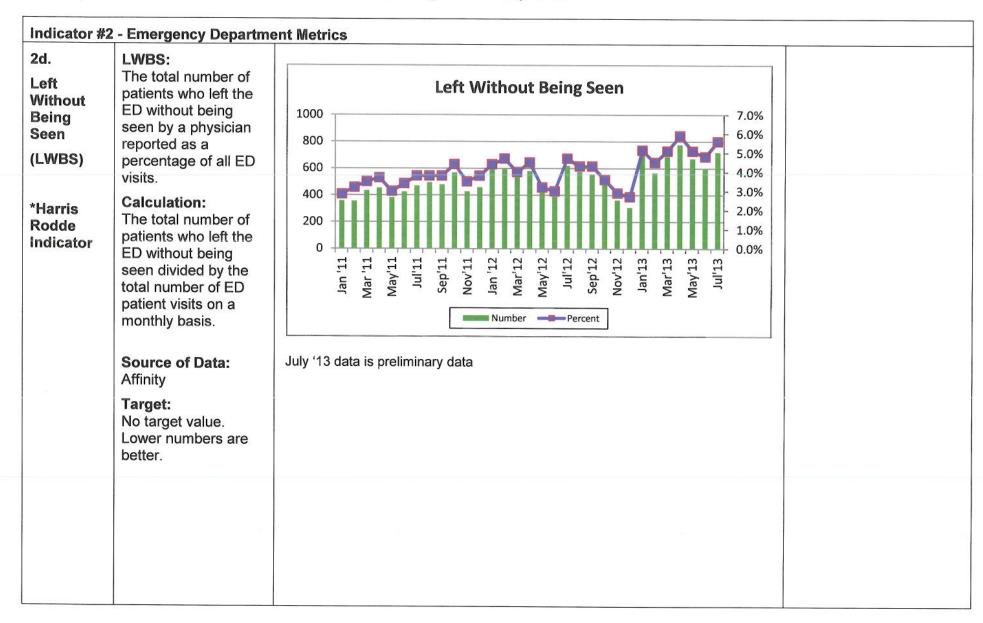
No target value. Lower numbers are better.

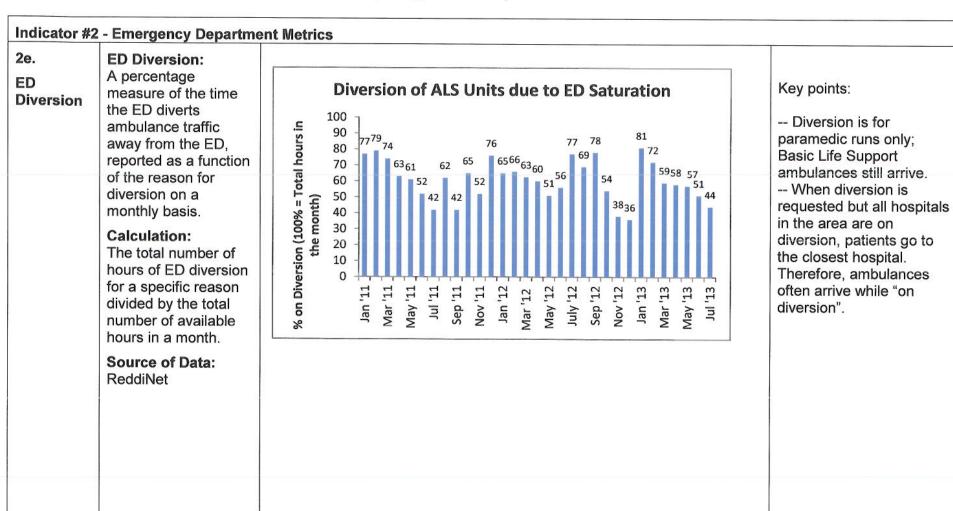


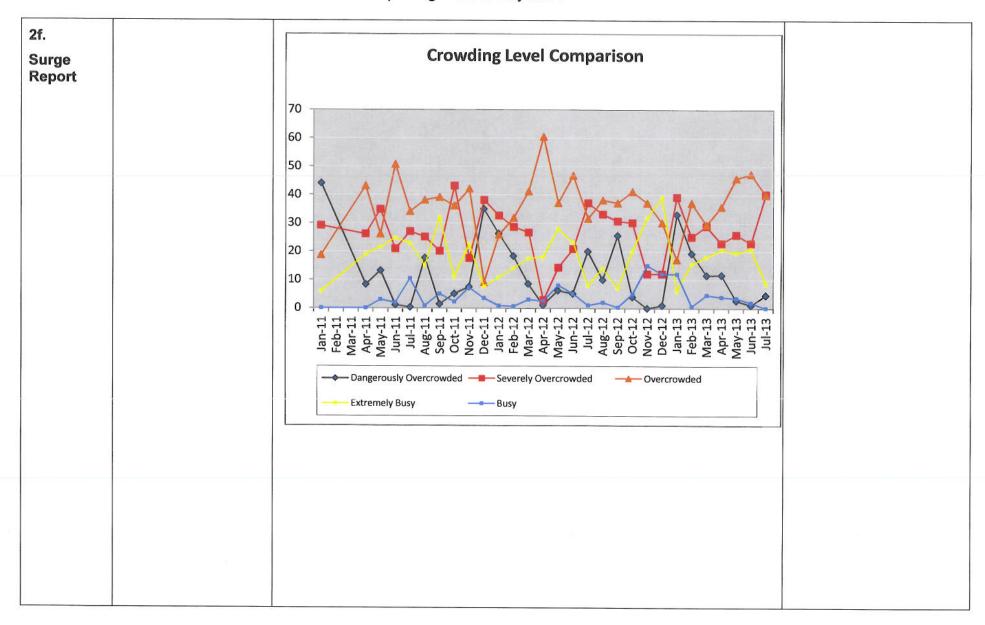
Adult Wait Time: *Excludes Psych, Pediatric, Observation Unit, and Jail patients

Total ED Wait time: *Excludes Psych, Observation Unit, and Jail patients

July '13 data is preliminary data

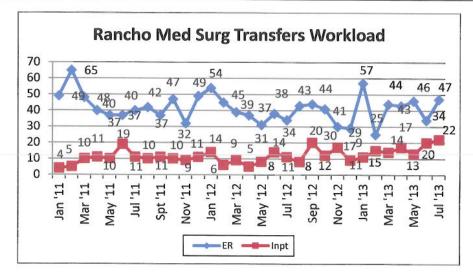


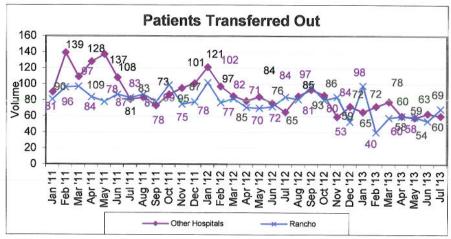




3. & 4.	Transfers: The volume of	Month of July '13							
Rancho Los	patients transferred to	Referrals from ER:							
Amigos Hospital (RLAH) Transfers RLAH for acute hospitalization from the Emergency Department and from Inpatient Units.		Med/Surg	Acute Stroke	Total					
	# Met transfer criteria	19	NA	3=1					
	# Referred to RLAH	19	29	47					
	# Transfers	18	29	47					
	Data Source: Manual record keeping. Cancelled category includes patients whose condition	# Denied	0	NA	-				
		# Cancelled	1	NA	-				
		# Patients Refused of Those Cancelled	0	NA	-				
		Referrals from Inpatient	s:						
	changed leading to		Med/Surg	Acute Stroke	Total				
	higher level of care or discharge home.	# Met transfer criteria	21	NA	-				
		# Referred to RLAH	21	4	25				
		# Transfers	18	4	22				
		# Denied	0	NA	-				
		# Cancelled	2	NA	-				
	=	# Patients Refused of Those Cancelled	0	NA					
		Other /Pending	1	NA	-				

Operational Monitoring Report Reporting Period: July 2013

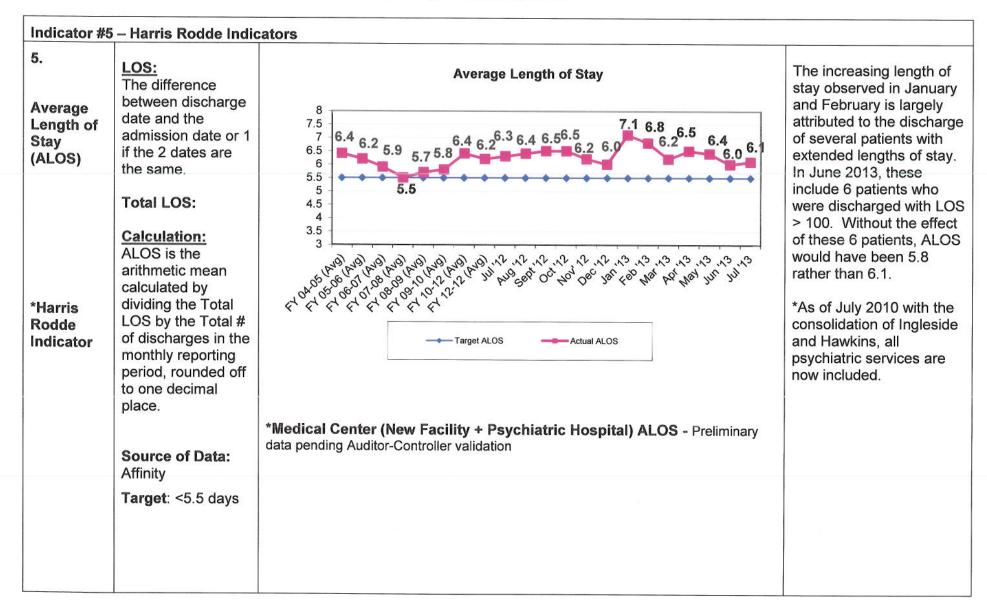




* Other hospitals = Silver Lake (0), Managed Care Repatriation (60)

Data was revised to reflect total # of patients (including stroke patients)

referred to Rancho



6.	Census:	Date	NICU (40 Beds)	Peds Ward (25 Beds)	PICU (10 Beds)	Med/Surg Adolescent (20 Beds)
Pediatric Bed	The total number admitted pediatric inpatients at 12:00 AM midnight of a designated pediatric ward.	Jan-11	55%	60%	70%	70%
Census and		Feb-11	57%	68%	80%	80%
Occupancy (%)		Mar-11	57%	60%	70%	75%
, , , , , ,		Apr-11	55%	64%	50%	75%
		May-11	57%	56%	50%	80%
Pediatric ICU		Jun-11	70%	52%	60%	75%
PICU)	Occupancy:	Jul-11	58%	44%	50%	70%
Neonatal ICU	The total number of	Aug-11	58%	44%	40%	75%
VICU)	admitted pediatric	Sep-11	58%	40%	50%	75%
ediatric Unit	inpatients divided by	Oct-11	55%	52%	60%	70%
	the total number of licensed beds on that unit and reported as percentage.	Nov-11	62%	60%	70%	75%
dolescent		Dec-11	65%	40%	60%	70%
Jnit		Jan-12	60%	52%	60%	75%
		Feb-12	55%	56%	60%	70%
		Mar-12	55%	64%	50%	75%
	Source of Data: Affinity	Apr-12	53%	48%	50%	65%
	Allility	May-12	42%	40%	50%	70%
		Jun-12	37.5%	44%	50%	60%
		Jul-12	45%	48%	60%	80%
		Aug-12	57%	48%	50%	75%
		Sep-12	62.5%	56%	50%	80%
		Oct-12	57.5%	64%	60%	70%
		Nov-12	62.5%	44%	50%	45%
		Dec-12	72.5%	36%	60%	50%
		Jan-13	62.5%	48%	70%	70%
		Feb-13	50%	48%	70%	75%
		Mar-13	53%	44%	60%	75%

Date	NICU (40 Beds)	(25 Beds)	PICU (10 Beds) 50%	Med/Surg Adolescent (20 Beds)	
Apr-13	53%	40%	50%	(20 Beds) 55%	
May-13	43%	44%	60%	45%	
Jun-13	48%	48%	50%	35%	
Jul-13	47.5%	32%	50%	60%	

Indicator #7 – Me	d Surg / ICU / OB/GYN M	etrics		e3			
7. Med Surg / ICU Bed Census and Occupancy (%)	Census: The total number admitted inpatients at 12:00 AM midnight of a designated ward.	Date	Med Surg (309 beds)	Jail (24 Beds) 83%	ICUs (120 Beds) 83.5 %	Burn* (20 Beds) 51%	OB/GYN (Med Surg) (32 beds) 87%
Medical	Occupancy: The total number of	Dec-12	88%	71%	83%	44%	83%
Surgical Unit	admitted inpatients	Jan-13	95%	73%	85%	55%	98%
(Med Surg)	divided by the total number of licensed beds on that unit and reported as percentage.	Feb-13	93%	59%	87%	61%	95%
Jail Unit (Jail)		Mar-13	91%	62%	82%	47%	93%
(0.550)		Apr-13	88%	82%	85%	57%	99%
ICUs (Excluding Burn ICUs)	Saures of Date:	May-13	88%	66%	82%	57%	90%
Buill 100s)	Source of Data: Affinity	Jun-13	82%	71%	80%	60%	81%
OB/GYN Unit		Jul-13	88%	79%	82%	42%	88%
(Med Surg)		* Burn=	Both ward ((10) and IC	SUs (10)		



October 1, 2013

Los Angeles County Board of Supervisors

> Gloria Molina First District

TO:

Mark Ridley-Thomas Second District

Mitchell H. Katz, M.D. A Mahym Director FROM:

Zev Yaroslavsky Third District

> Don Knabe Fourth District

SUBJECT

STATUS REPORT ON KEY INDICATORS OF

ISSUES RELATED TO THE TRANSITION TO THE NEW

Michael D. Antonovich Fifth District

Mitchell H. Katz, M.D.

Hal F. Yee, Jr., M.D., Ph.D. Chief Medical Officer

Christina R. Ghaly, M.D. Deputy Director, Strategic Planning

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

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

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δ ensure access to high-quality, ptient-centered, cost-effective balth care to Los Angeles County esidents through direct services at DIS facilities and through ollaboration with community and aiversity partners.

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PROGRESS, HOSPITAL OPERATIONS, AND OTHER LAC+USC MEDICAL CENTER - PROGRESS REPORT #92

This is to provide your Board with the monthly report on the status of transitioning to the new LAC+USC Medical Center (LAC+USC). report is the full monthly operational report with trends to include the month of August 2013.

Census Trending (ADC includes Psychiatric & Newborn Patients)

The Average Daily Census (ADC) for the month of August was 550 out of 676 licensed beds, an estimated 80% utilization rate (82% occupancy). The census for Medical/Surgical units was an estimated 91% utilization rate (93% occupancy) for August 2013.

Emergency Department (ED) Indicators

The attachment demonstrates an increase in the average daily census (ADC) and ED boarding times. There was a decrease in ED wait times and the rate of patients who left without being seen (LWBS) in comparison with July 2013. The number of patients transferred out increased for this period compared to July 2013. The Dangerously Overcrowding Level Comparison for August 2013 was 14% compared to 4.6% in July 2013.

If you have any questions or need additional information, please contact me or Henry Ornelas, LAC+USC Interim Chief Executive Officer, at (323) 409-2800.

HO:ab

Attachment

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

Indicator	Definition	Data	Comments
Indicator #1	l – Trends in Average D	aily 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	Jan '11 May '12 May '13 May '1	ADC provided as background information. Graphs depict data from January 2011 to present.
		Note: Average Daily Census number reported includes Medical Center + Psych + Newborns Census.	

Operational Monitoring Report Reporting Period: August 2013

Indicator #1 - Trends in Average Daily 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:

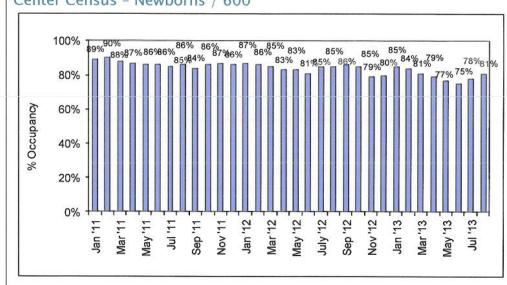
The total number of admitted inpatients at 12:00 AM midnight, including women in labor, may include normal newborns and psychiatric inpatients divided by licensed or budgeted beds.

Source of Data:

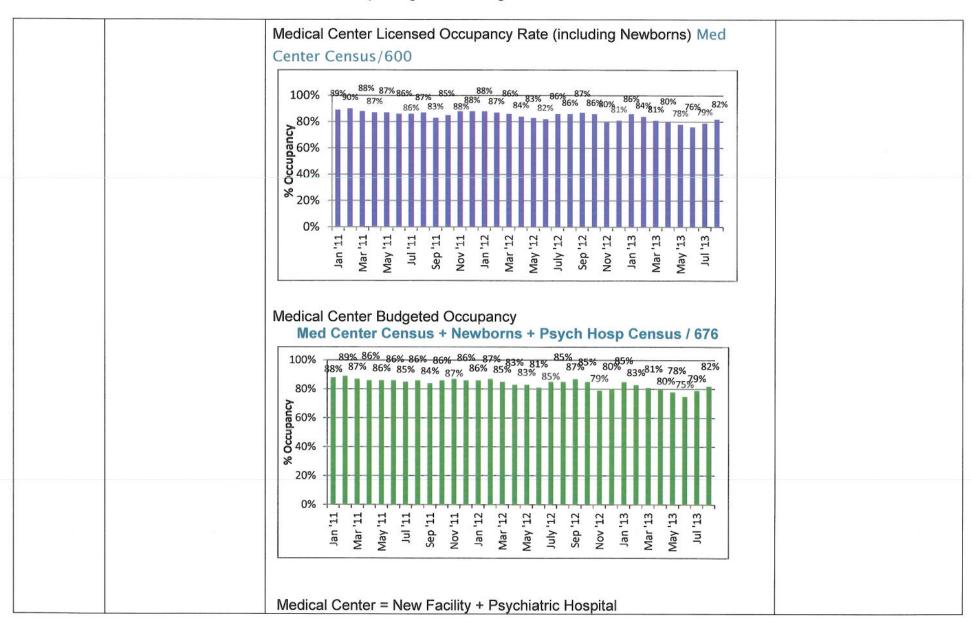
Affinity

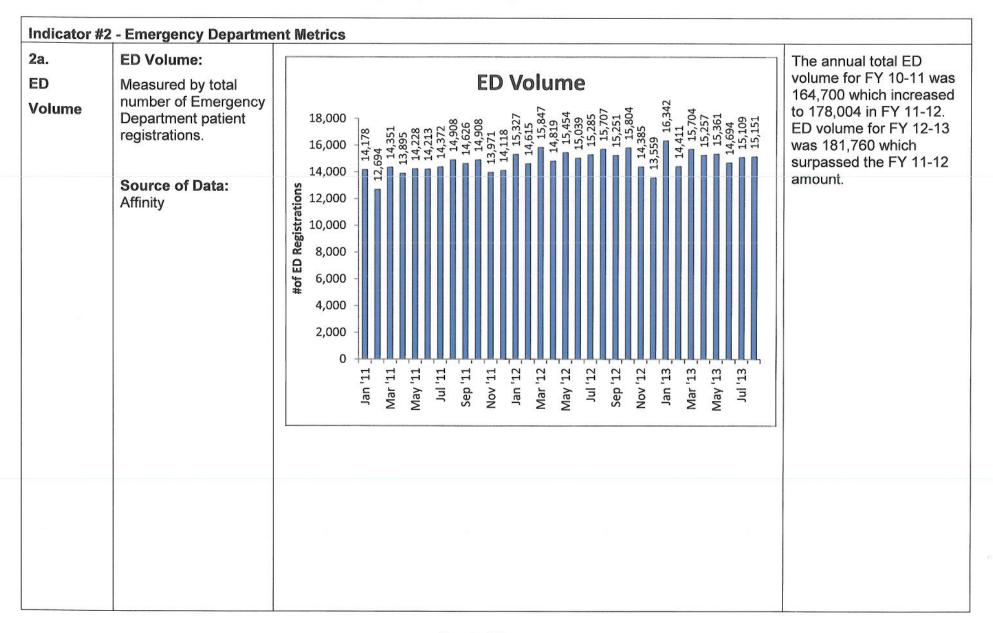
Target: 95%

Medical Center Licensed Occupancy Rate (excluding Newborns) = Med Center Census - Newborns / 600

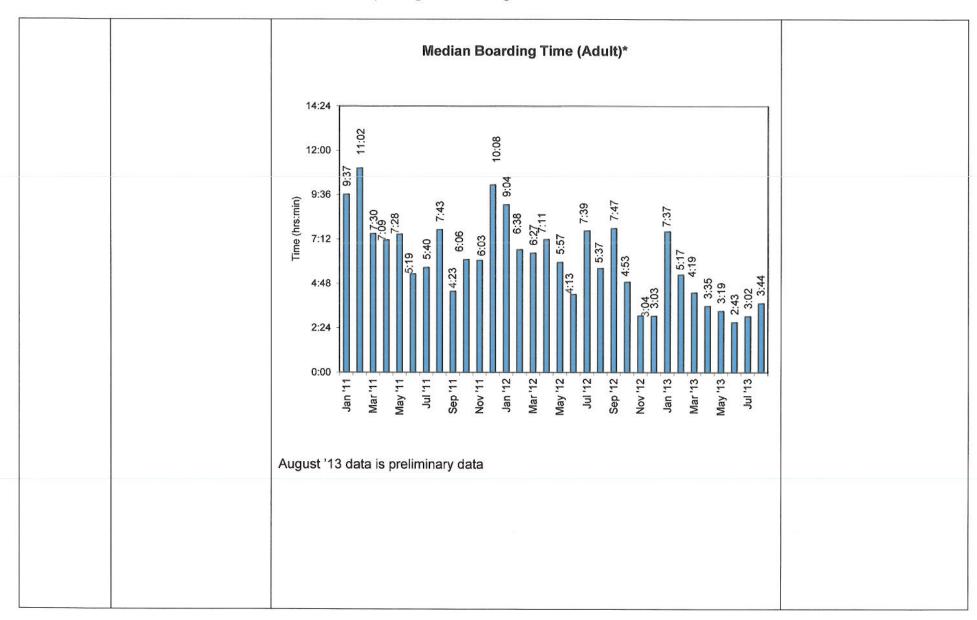


For comparison, occupancy rates reported in the old facility were reported including newborns and were based on budgeted beds.





2b. 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	14:24 12:00 - 11:22 10:08 8:25 9:04 7:37 7:47 7:	
*Harris Rodde Indicator	disposition). 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.	4:48	
	Source of Data: Affinity		
	Target: Less than 7 hours.		



Operational Monitoring Report Reporting Period: August 2013

Indicator #2 - Emergency Department Metrics

2c.

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:

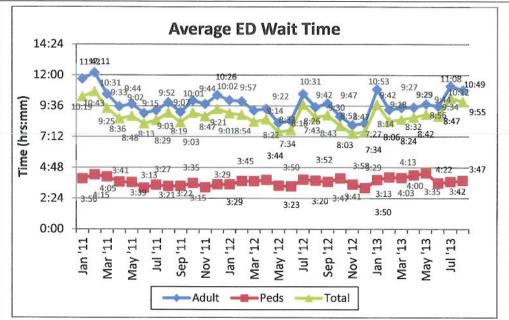
Sum of all wait time values during the monthly reporting period divided by the total number of values.

Source of Data:

Affinity

Target:

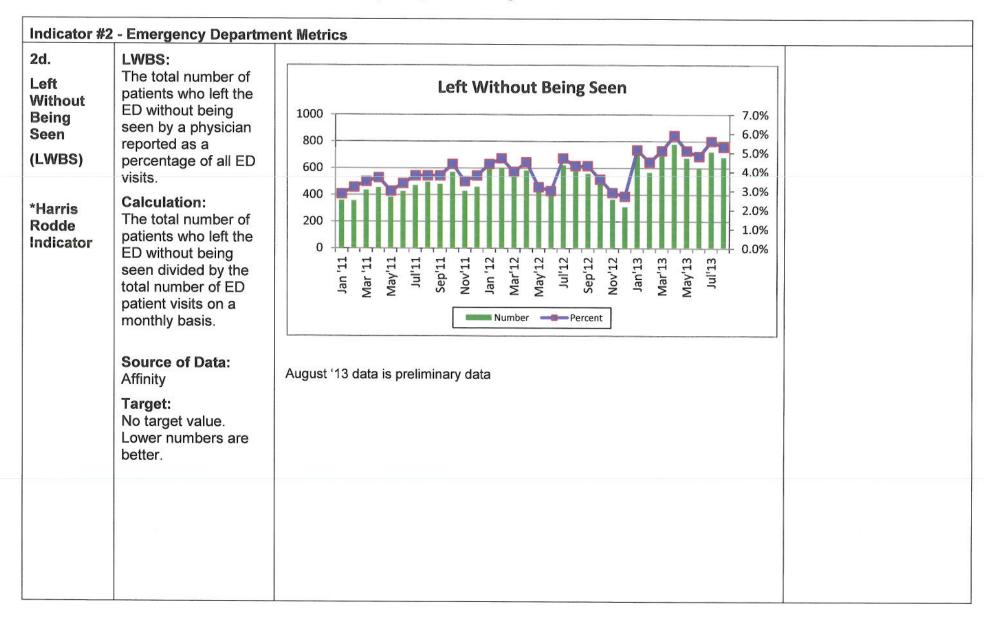
No target value. Lower numbers are better.



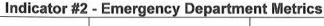
Adult Wait Time: *Excludes Psych, Pediatric, Observation Unit, and Jail patients

Total ED Wait time: *Excludes Psych, Observation Unit, and Jail patients

August '13 data is preliminary data



Operational Monitoring Report Reporting Period: August 2013



2e.

ED Diversion

ED Diversion:

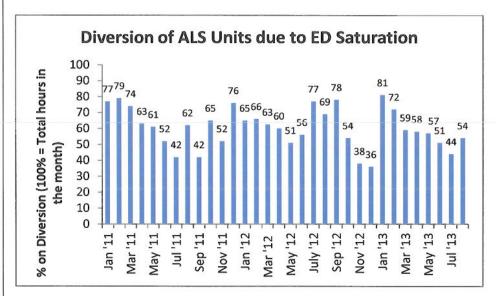
A percentage measure of the time the ED diverts ambulance traffic away from the ED, reported as a function of the reason for diversion on a monthly basis.

Calculation:

The total number of hours of ED diversion for a specific reason divided by the total number of available hours in a month.

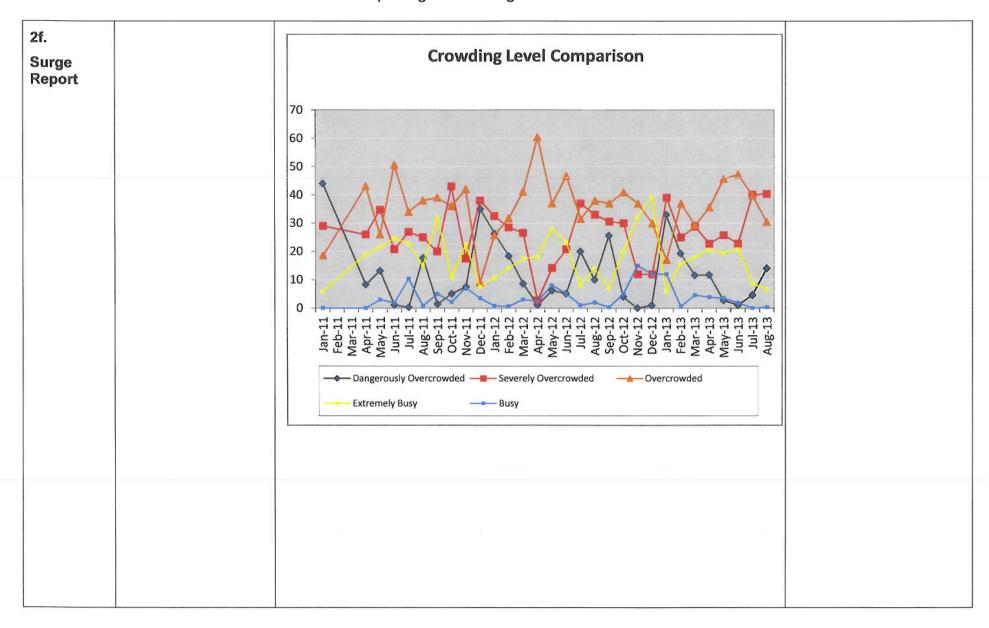
Source of Data:

ReddiNet



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".



Operational Monitoring Report Reporting Period: August 2013

Indicator #3 – Trends for Patient Diversions and Transfers & #4 – Transfers to Rancho Los Amigos Metrics
--

3. & 4.
Rancho
Los
Amigos
Hospital
(RLAH)
Transfers

Transfers: The volume of patients transferred to RLAH for acute hospitalization from the Emergency Department and from Inpatient Units.

Data Source: Manual record

keeping.

Cancelled category includes patients whose condition changed leading to higher level of care or discharge home.

Month of August '13

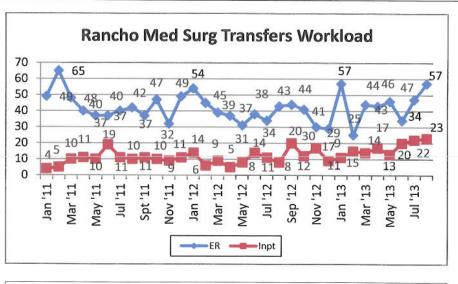
Referrals from ER:

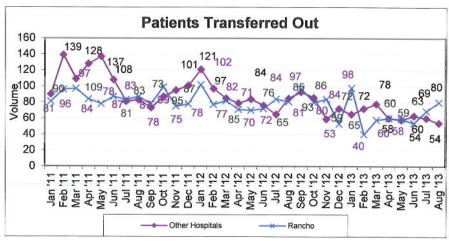
	Med/Surg	Acute Stroke	Total
# Met transfer criteria	24	NA	-
# Referred to RLAH	24	33	57
# Transfers	24	33	57
# Denied	0	NA	-
# Cancelled	0	NA	-
# Patients Refused of Those Cancelled	0	NA	-

Referrals from Inpatients:

	Med/Surg	Acute Stroke	Total	
# Met transfer criteria	17	NA	-	
# Referred to RLAH	17	6	23	
# Transfers	17	6	23	
# Denied	0	NA	-	
# Cancelled	0	NA	-	
# Patients Refused of Those Cancelled	0	NA	-	
Other /Pending	0	NA	-	

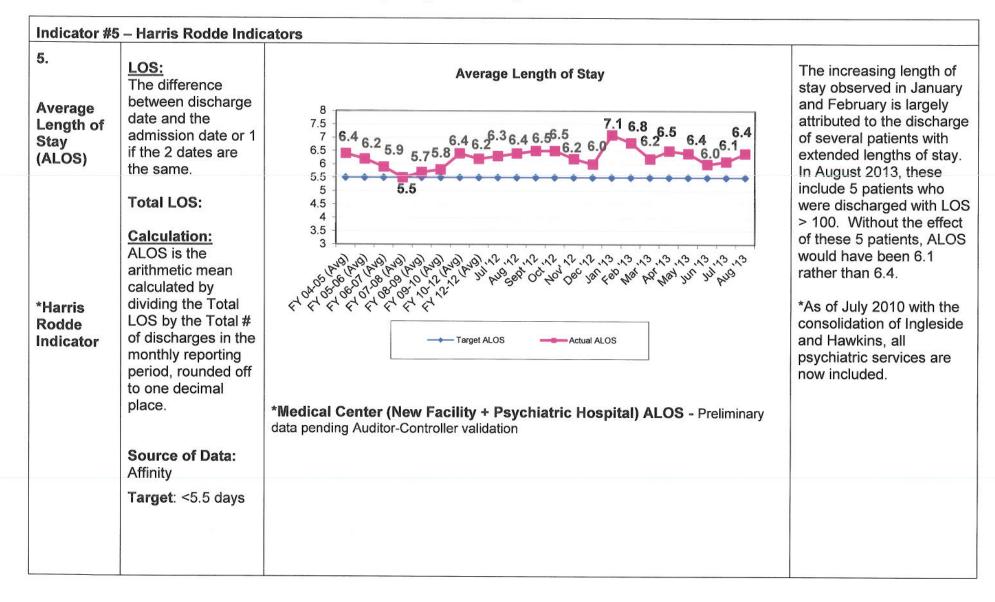
Operational Monitoring Report Reporting Period: August 2013





* Other hospitals = Silver Lake (0), Managed Care Repatriation (54)

Data was revised to reflect total # of patients (including stroke patients) referred to Rancho



6.	Census:	Date	NICU (40 Beds)	Peds Ward (25 Beds)	PICU (10 Beds)	Med/Surg Adolescent (20 Beds)
Pediatric Bed	The total number	Jan-11	55%	60%	70%	70%
Census and	admitted pediatric	Feb-11	57%	68%	80%	80%
Occupancy (%)	inpatients at 12:00 AM	Mar-11	57%	60%	70%	75%
	midnight of a designated pediatric	Apr-11	55%	64%	50%	75%
62 FS 5	ward.	May-11	57%	56%	50%	80%
ediatric ICU		Jun-11	70%	52%	60%	75%
ICU)	Occupancy:	Jul-11	58%	44%	50%	70%
eonatal ICU	The total number of	Aug-11	58%	44%	40%	75%
IICU)	admitted pediatric	Sep-11	58%	40%	50%	75%
ediatric Unit	inpatients divided by	Oct-11	55%	52%	60%	70%
	the total number of licensed beds on that	Nov-11	62%	60%	70%	75%
dolescent	unit and reported as	Dec-11	65%	40%	60%	70%
nit	percentage.	Jan-12	60%	52%	60%	75%
	percentage.	Feb-12	55%	56%	60%	70%
		Mar-12	55%	64%	50%	75%
	Source of Data: Affinity	Apr-12	53%	48%	50%	65%
	Annicy	May-12	42%	40%	50%	70%
		Jun-12	37.5%	44%	50%	60%
		Jul-12	45%	48%	60%	80%
		Aug-12	57%	48%	50%	75%
		Sep-12	62.5%	56%	50%	80%
		Oct-12	57.5%	64%	60%	70%
		Nov-12	62.5%	44%	50%	45%
		Dec-12	72.5%	36%	60%	50%
		Jan-13	62.5%	48%	70%	70%
		Feb-13	50%	48%	70%	75%
		Mar-13	53%	44%	60%	75%

Date	NICU (40 Beds)	(25 Beds)	PICU (10 Beds)	Med/Surg Adolescent (20 Beds)	
Apr-13	53%	40%	50%	55%	
May-13	43%	44%	60%	45%	
Jun-13	48%	48%	50%	35%	
Jul-13	47.5%	32%	50%	60%	
Aug-13	45%	40%	40%	75%	

Operational Monitoring Report Reporting Period: August 2013

Indicator #7 – Me	d Surg / ICU / OB/GYN M	etrics					
7. Med Surg / ICU Bed Census	Census: The total number admitted inpatients at	Date	Med Surg (309 beds)	Jail (24 Beds)	ICUs (120 Beds)	Burn* (20 Beds)	OB/GYN (Med Surg) (32 beds)
and Occupancy (%)	12:00 AM midnight of a designated ward.	Nov-12	87%	83%	83.5 %	51%	87%
	Occupancy:	Dec-12	88%	71%	83%	44%	83%
Medical Surgical Unit	The total number of admitted inpatients	Jan-13	95%	73%	85%	55%	98%
(Med Surg)	divided by the total number of licensed	Feb-13	93%	59%	87%	61%	95%
Jail Unit (Jail)	beds on that unit and reported as	Mar-13	91%	62%	82%	47%	93%
·	percentage.	Apr-13	88%	82%	85%	57%	99%
ICUs (Excluding Burn ICUs)	Source of Data:	May-13	88%	66%	82%	57%	90%
Bail 1003)	Affinity	Jun-13	82%	71%	80%	60%	81%
OB/GYN Unit		Jul-13	88%	79%	82%	42%	88%
(Med Surg)		Aug-13	93%	79%	83%	44%	91%
		* Burn=	Both ward (1	0) and ICU	s (10)		



November 4, 2013

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

TO:

Each Supervisor

FROM:

Mitchell H. Katz, M.D.

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 #93

A.Mheyan

Mitchell H. Katz, M.D.

Hal F. Yee, Jr., M.D., Ph.D. Chief Medical Officer

Christina R. Ghaly, M.D. Deputy Director, Strategic Planning

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

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

www.dhs.lacounty.gov

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.

This is to provide your Board with the 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 September 2013.

Census Trending (ADC includes Psychiatric & Newborn Patients)

The Average Daily Census (ADC) for the month of September was 569 out of 676 licensed beds, an estimated 82% utilization rate (84% occupancy). The census for Medical/Surgical units was an estimated 93% utilization rate (95% occupancy) for September 2013.

Emergency Department (ED) Indicators

The attachment demonstrates an increase in the average daily census (ADC), ED boarding times, and the rate of patients who left without being seen (LWBS) in comparison to August 2013. ED wait times and the number of patients transferred out for this period were stable. The Dangerously Overcrowding Level Comparison for September 2013 was 21% compared to 14% in August 2013 and 26% in September 2012.

If you have any questions or need additional information, please contact me or Dan Castillo, LAC+USC Chief Executive Officer, at (323) 409-2800.

DC:ab

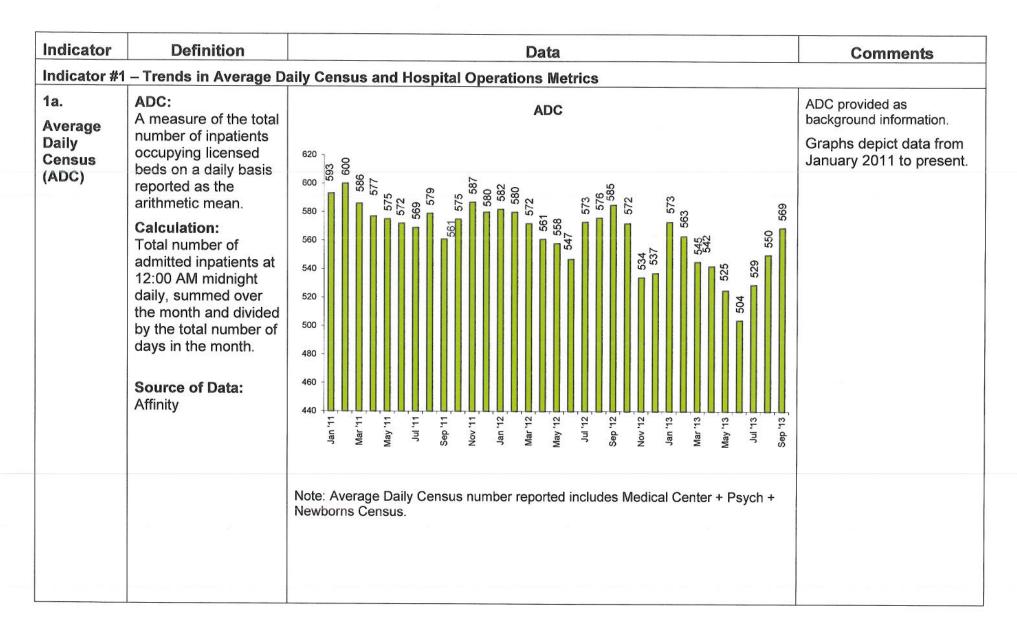
Attachment

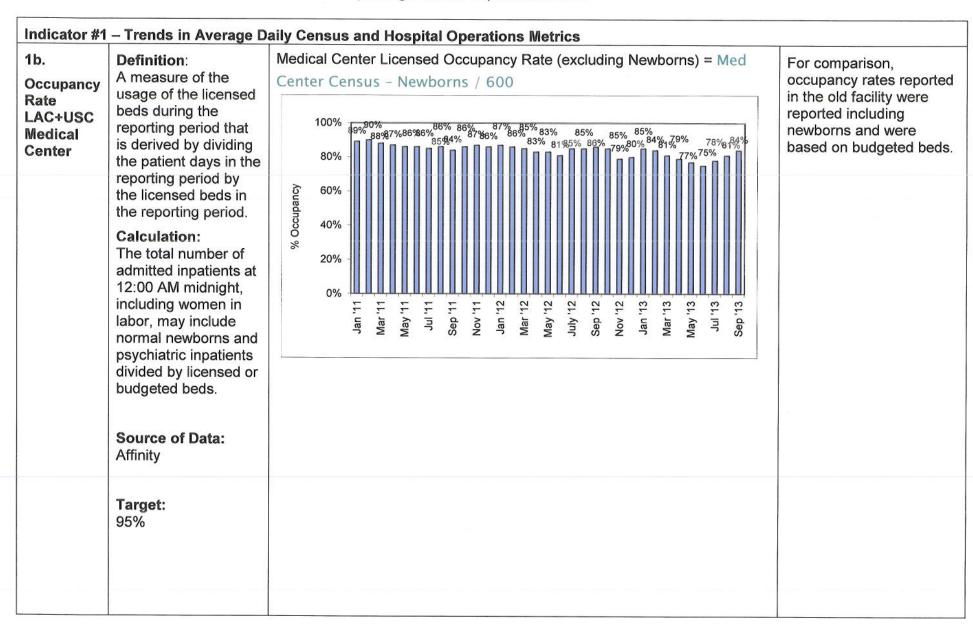
c: Chief Executive Office County Counsel Executive Office Board of S

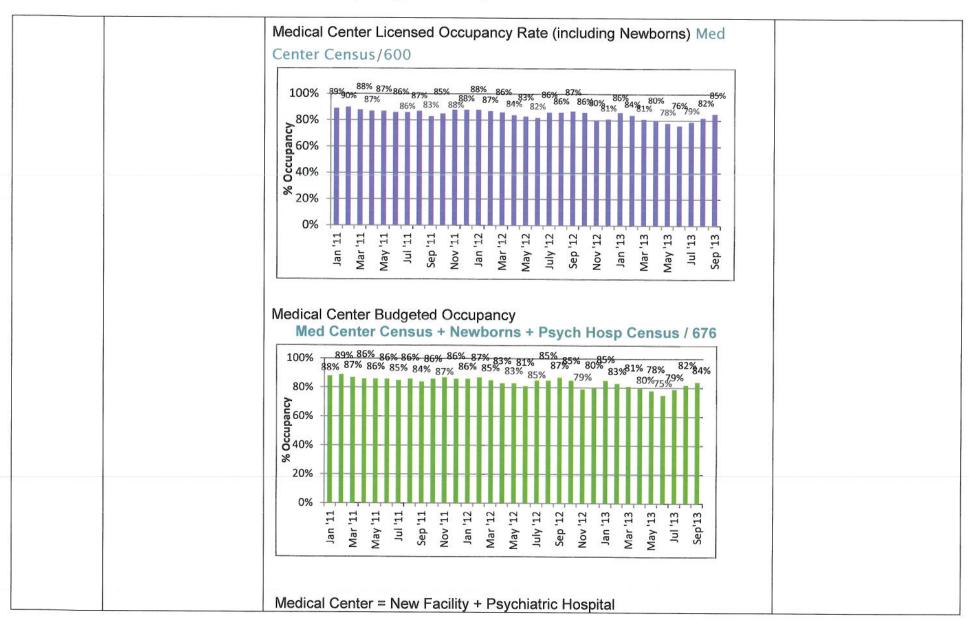
Executive Office, Board of Supervisors

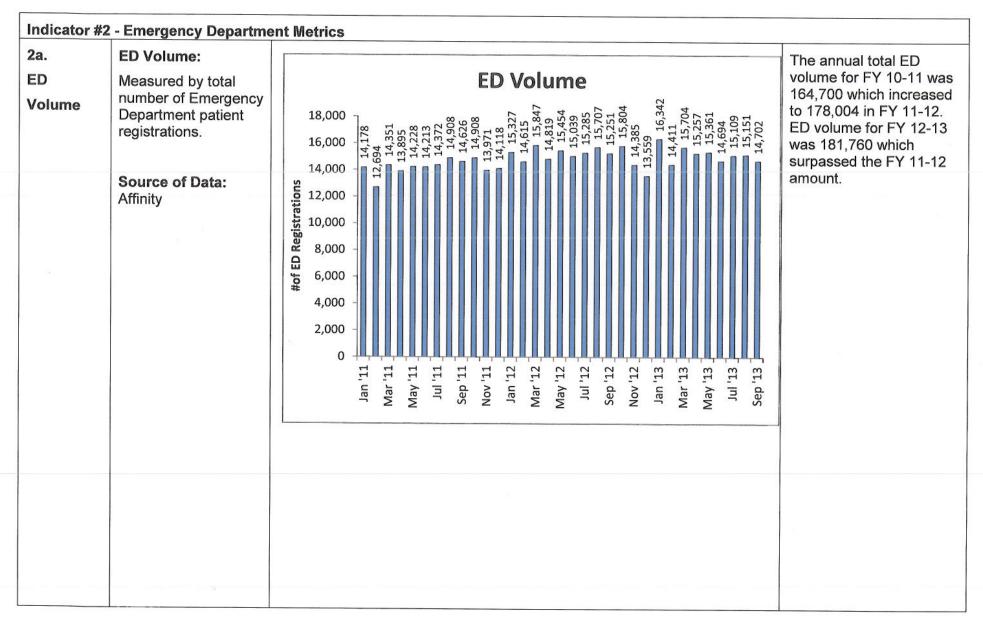


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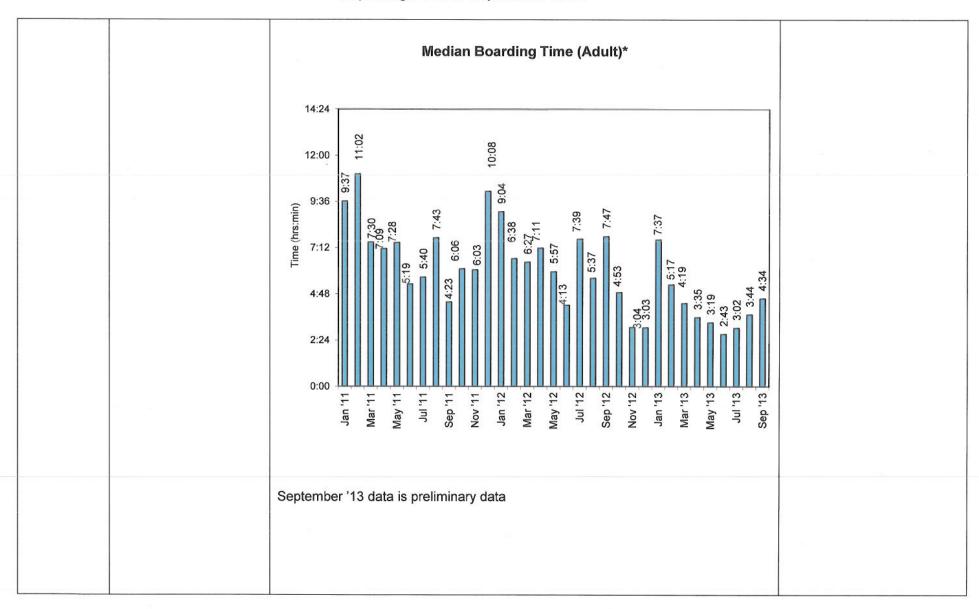






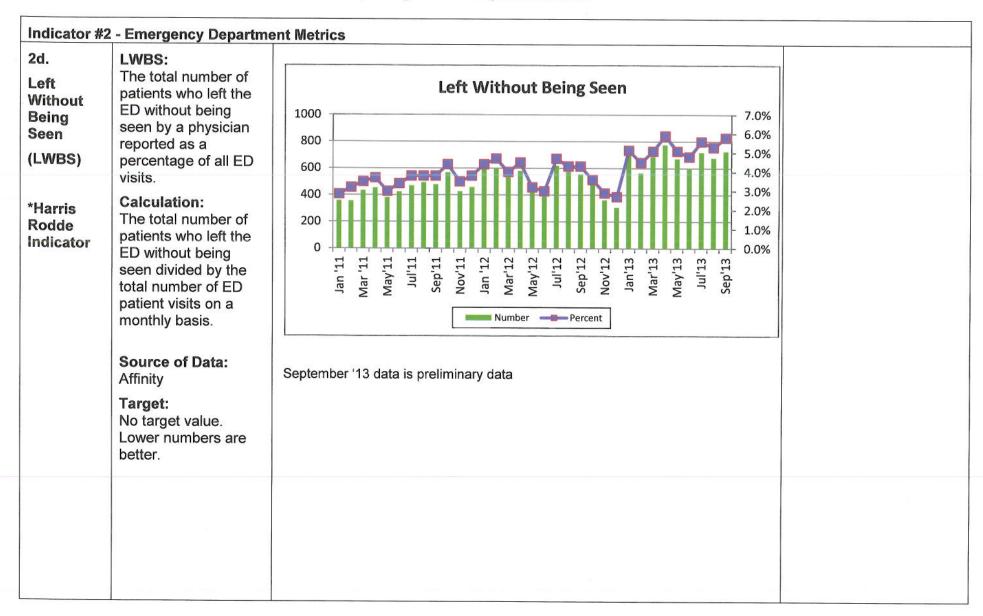


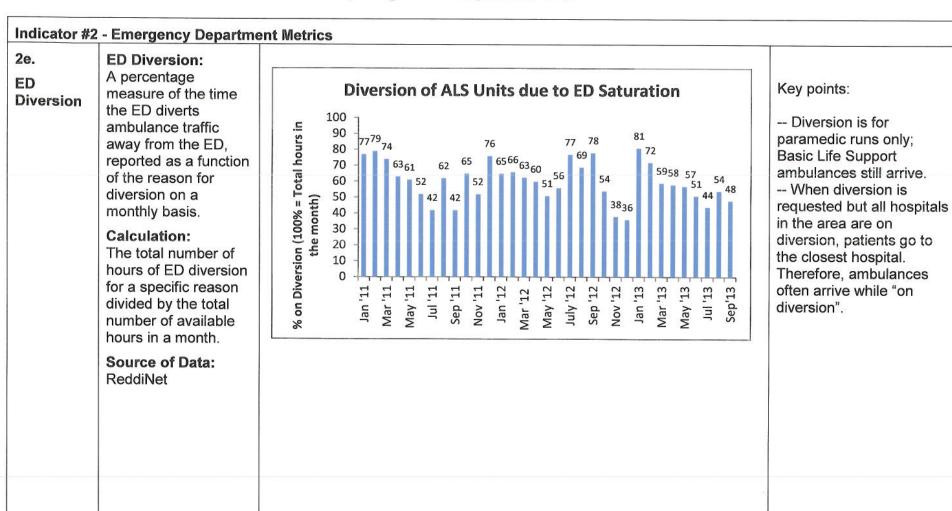
2b. Median Emergency Department Boarding Time (EDBT)	Boarding Time: Time from MD Admit time (effective date and time of pre-admit) to time the patient actually leaves the ED en route to assigned bed (effective date and time of the ED	14:24 12:00 - 11:22 10:08 8:259:04 7:37 7:47 6:28 7:41 7:41 7:47 6:28 7:41 7:47 6:28 7:41 7:48 7:48 7:	
*Harris Rodde Indicator	disposition). 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.	2:24 - 2:082:23 2:042:00:50	
	Source of Data: Affinity		
	Target: Less than 7 hours.		

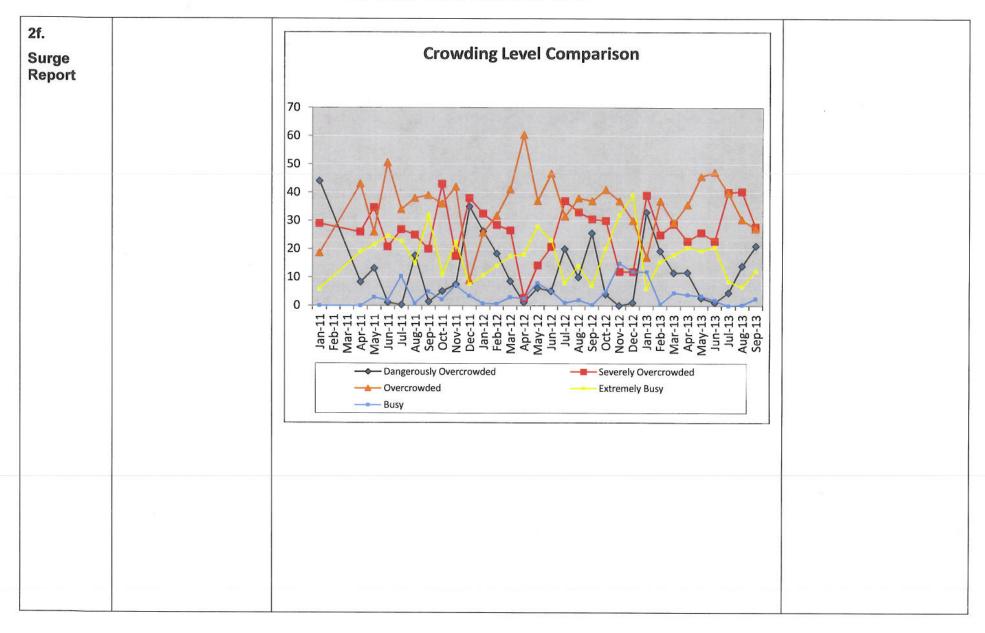


Operational Monitoring Report Reporting Period: September 2013

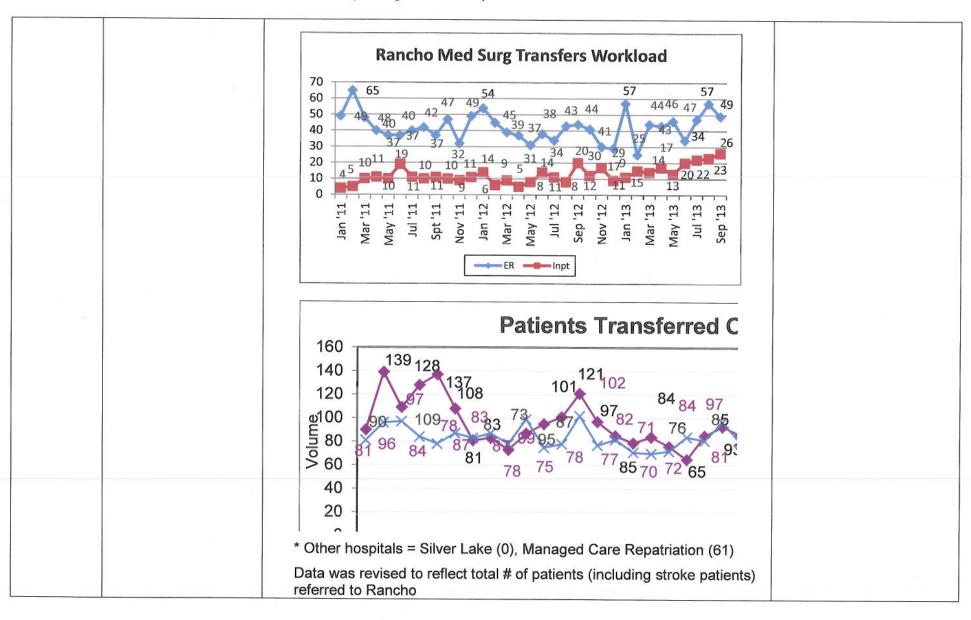
Indicator #2 - Emergency Department Metrics 2c. **ED Wait Time: Average ED Wait Time** Measured from time **ED Wait** 14:24 patient is triaged to Time 1134211 time patient is either 12:00 admitted or 10:31 discharged reported Time (hrs:mm) 9:36 10:19 as an arithmetic 7:12 mean. 7:34 8:03 Definition: 4:48 Sum of all wait time 2:24 values during the 3:50 monthly reporting 0:00 period divided by the Mar '11 Mar '12 May '12 Jul '11 Nov '12 Jan '13 May '13 Jul '13 total number of May values. → Adult — Peds Source of Data: **Affinity** Target: No target value. Adult Wait Time: *Excludes Psych, Pediatric, Observation Unit, and Jail Lower numbers are patients better. Total ED Wait time: *Excludes Psych, Observation Unit, and Jail patients September '13 data is preliminary data

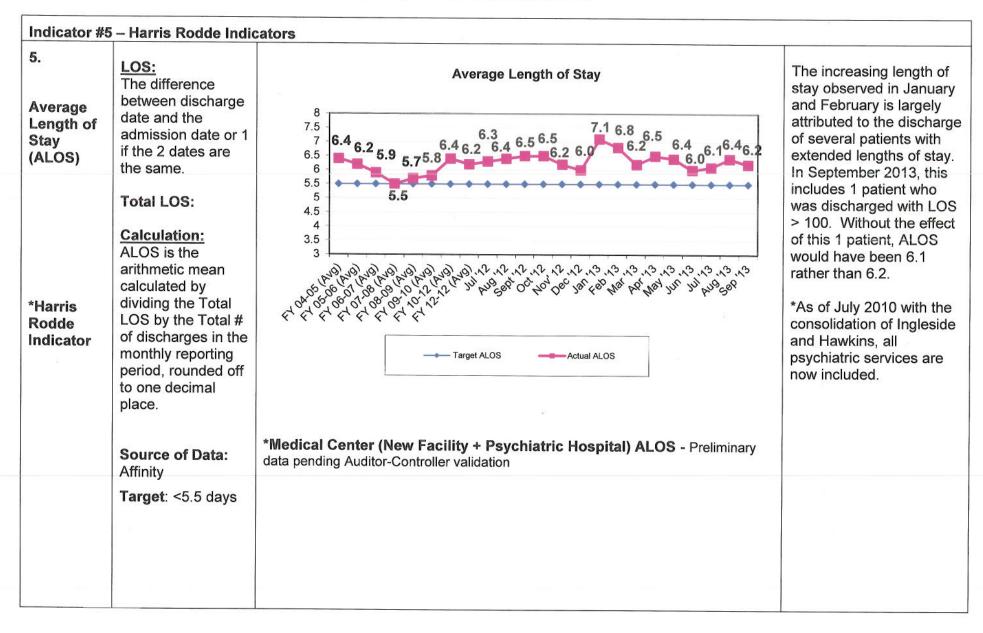






3. & 4.	Transfers:	Month of September '	13							
Rancho	The volume of patients transferred to	Referrals from ER:								
Los Amigos	RLAH for acute		Med/Surg	Acute Stroke	Total					
Hospital	hospitalization from the Emergency	# Met transfer criteria	25	NA	-					
(RLAH) Transfers Department and from Inpatient Units. Data Source:	# Referred to RLAH	25	24	49						
	# Transfers	25	24	49						
	# Denied	0	NA	-						
	Manual record	# Cancelled	0	NA	-					
keeping.	# Patients Refused of Those Cancelled	0	NA	_						
	Cancelled category includes patients whose condition	Referrals from Inpatient	Referrals from Inpatients:							
	changed leading to		Med/Surg	Acute Stroke	Total					
	higher level of care or discharge home.	# Met transfer criteria	21	NA	-					
		# Referred to RLAH	21	6	27					
		# Transfers	20	6	26					
		# Denied	0	NA	-					
		# Cancelled	1	NA	-					
		# Patients Refused of Those Cancelled	0	NA						
		Other /Pending	0	NA	=					





i.	Census:	Date	NICU (40 Beds)	Peds Ward (25 Beds)	PICU (10 Beds)	Med/Surg Adolescent (20 Beds)
Pediatric Bed	The total number	Jan-11	55%	60%	70%	70%
Census and	admitted pediatric	Feb-11	57%	68%	80%	80%
ccupancy (%)	inpatients at 12:00 AM	Mar-11	57%	60%	70%	75%
	midnight of a designated pediatric	Apr-11	55%	64%	50%	75%
	ward.	May-11	57%	56%	50%	80%
diatric ICU	A MARKET FLAGS	Jun-11	70%	52%	60%	75%
ICU)	Occupancy:	Jul-11	58%	44%	50%	70%
eonatal ICU	The total number of	Aug-11	58%	44%	40%	75%
CU)	admitted pediatric	Sep-11	58%	40%	50%	75%
ediatric Unit	inpatients divided by	Oct-11	55%	52%	60%	70%
	the total number of licensed beds on that	Nov-11	62%	60%	70%	75%
lolescent	unit and reported as	Dec-11	65%	40%	60%	70%
nit	percentage.	Jan-12	60%	52%	60%	75%
	por contago.	Feb-12	55%	56%	60%	70%
		Mar-12	55%	64%	50%	75%
	Source of Data: Affinity	Apr-12	53%	48%	50%	65%
	Annity	May-12	42%	40%	50%	70%
		Jun-12	37.5%	44%	50%	60%
		Jul-12	45%	48%	60%	80%
		Aug-12	57%	48%	50%	75%
		Sep-12	62.5%	56%	50%	80%
		Oct-12	57.5%	64%	60%	70%
		Nov-12	62.5%	44%	50%	45%
		Dec-12	72.5%	36%	60%	50%
		Jan-13	62.5%	48%	70%	70%
		Feb-13	50%	48%	70%	75%
		Mar-13	53%	44%	60%	75%

Date	NICU (40 Beds)	(25 Beds)	PICU (10 Beds)	Med/Surg Adolescent (20 Beds)
Apr-13	53%	40%	50%	55%
May-13	43%	44%	60%	45%
Jun-13	48%	48%	50%	35%
Jul-13	47.5%	32%	50%	60%
Aug-13	45%	40%	40%	75%
Sep-13	47.5%	48%	40%	80%

Bed Census admitted in	The total number admitted inpatients at	Date	Med Surg (309 beds)	Jail (24 Beds)	ICUs (120 Beds)	Burn* (20 Beds)	OB/GYN (Med Surg) (32 beds)
and Occupancy (%)	12:00 AM midnight of a designated ward.	Nov-12	87%	83%	83.5 %	51%	87%
	Occupancy:	Dec-12	88%	71%	83%	44%	83%
Medical Surgical Unit	The total number of admitted inpatients	Jan-13	95%	73%	85%	55%	98%
(Med Surg)	divided by the total number of licensed	Feb-13	93%	59%	87%	61%	95%
Jail Unit (Jail)	beds on that unit and reported as a	Mar-13	91%	62%	82%	47%	93%
ome (earl)	percentage.	Apr-13	88%	82%	85%	57%	99%
ICUs (Excluding Burn ICUs)	Source of Date:	May-13	88%	66%	82%	57%	90%
buill ICOS)	Source of Data: Affinity	Jun-13	82%	71%	80%	60%	81%
OB/GYN Unit		Jul-13	88%	79%	82%	42%	88%
(Med Surg)		Aug-13	93%	79%	83%	44%	91%
		Sep-13	95%	83%	83%	50%	100%
		* Burn=1	Both ward (1	0) and ICU	s (10)		



December 2, 2013

Los Angeles County Board of Supervisors

> Gloria Molina First District

TO:

Each Supervisor

Mark Ridley-Thomas Second District

FROM:

Mitchell H. Katz, M.D.

Director

Zev Yaroslavsky Third District

> Don Knabe Fourth District

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 #94

Michael D. Antonovich Fifth District

Mitchell H. Katz, M.D.

Director

Hal F. Yee, Jr., M.D., Ph.D. Chief Medical Officer

Christina R. Ghaly, M.D. Deputy Director, Strategic Planning This is to provide your Board with the 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 2013.

Census Trending (ADC includes Psychiatric & Newborn Patients)

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

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

The Average Daily Census (ADC) for the month of October was 543 out of 676 licensed beds, an estimated 79% utilization rate (81% occupancy). The census for Medical/Surgical units was an estimated 89% utilization rate (91% occupancy) for October 2013.

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Emergency Department (ED) Indicators

The attachment demonstrates a decrease in the average daily census (ADC), ED boarding times, ED wait times, and the rate of patients who left without being seen (LWBS) in comparison to September 2013. The number of patients transferred out for this period was stable. The Dangerously Overcrowding Level Comparison for October 2013 was 3.8% compared to 21% in September 2013.

If you have any questions or need additional information, please contact me or Dan Castillo, LAC+USC Chief Executive Officer, at (323) 409-2800.

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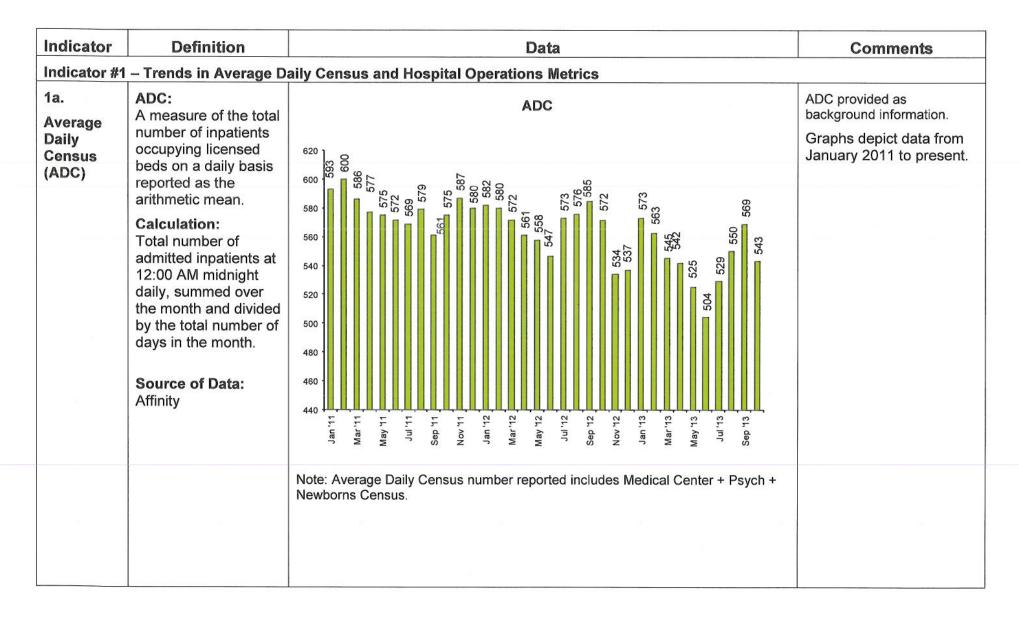
Attachment

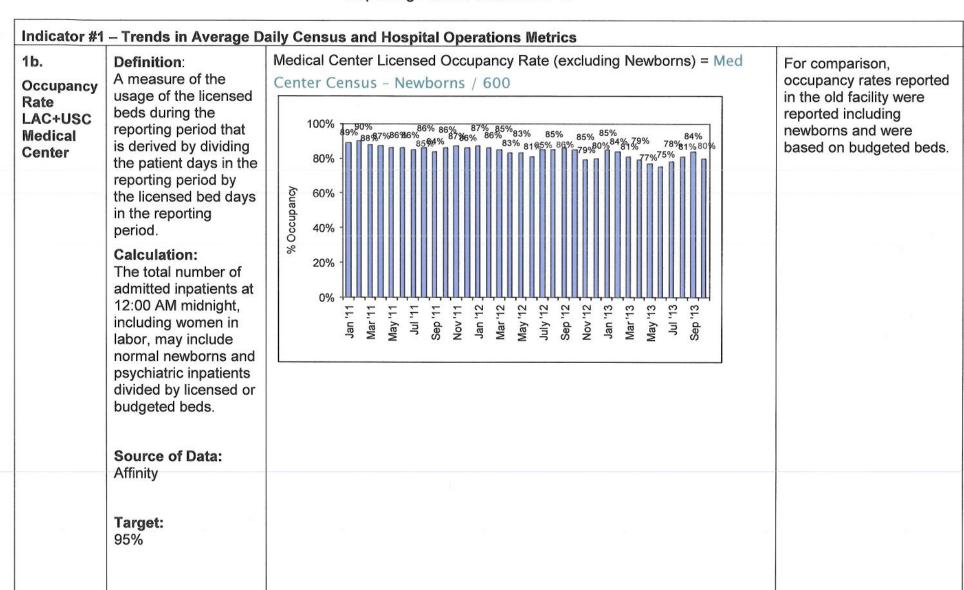
c: Chief Executive Office County Counsel Executive Office, Board of Supervisors

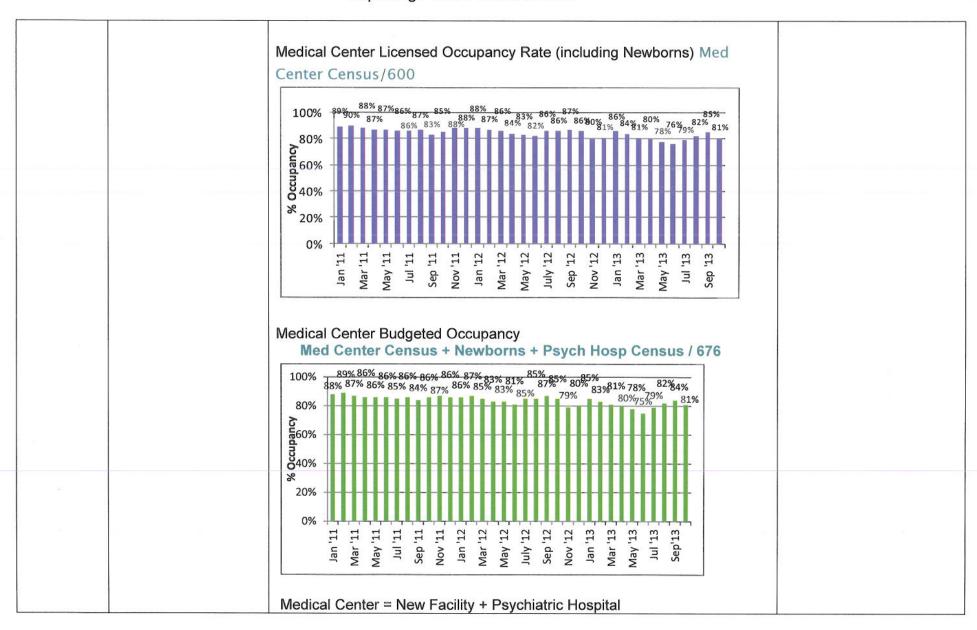
To ensure access to high-quality, patient-centered, cost-effective health care to Los Angeles County residents through direct services at DHS facilities and through collaboration with community and university partners.

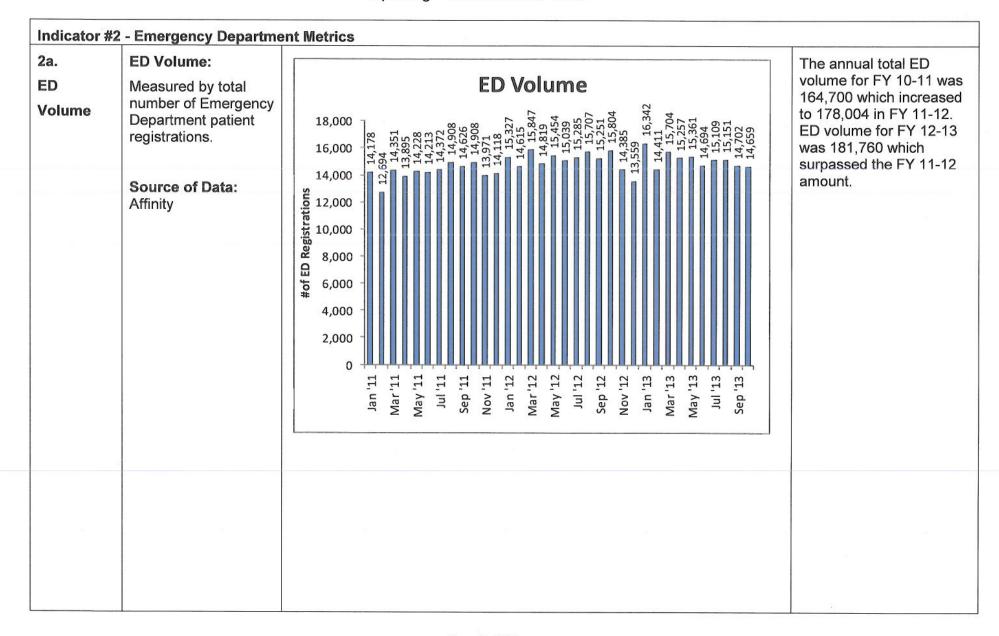


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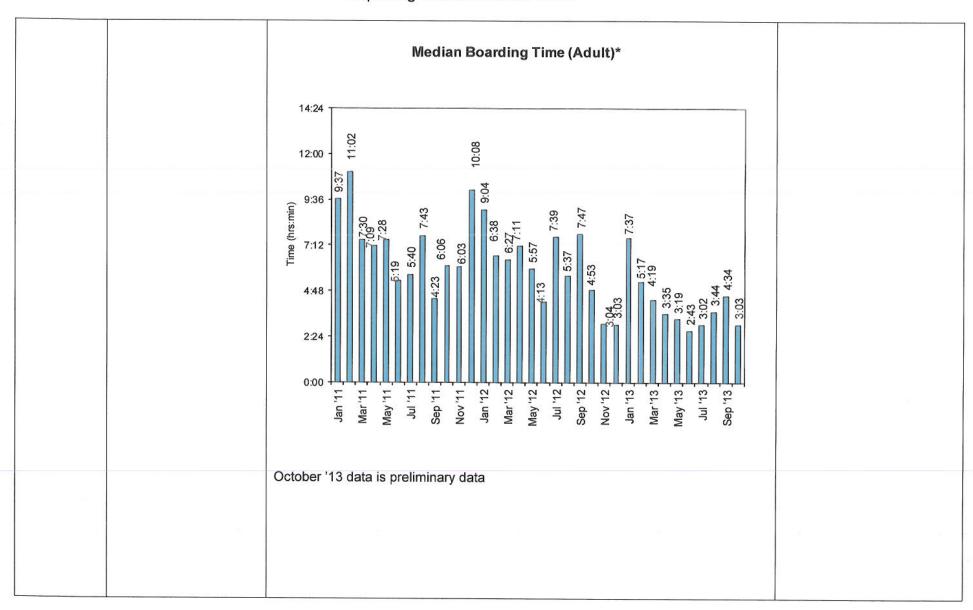




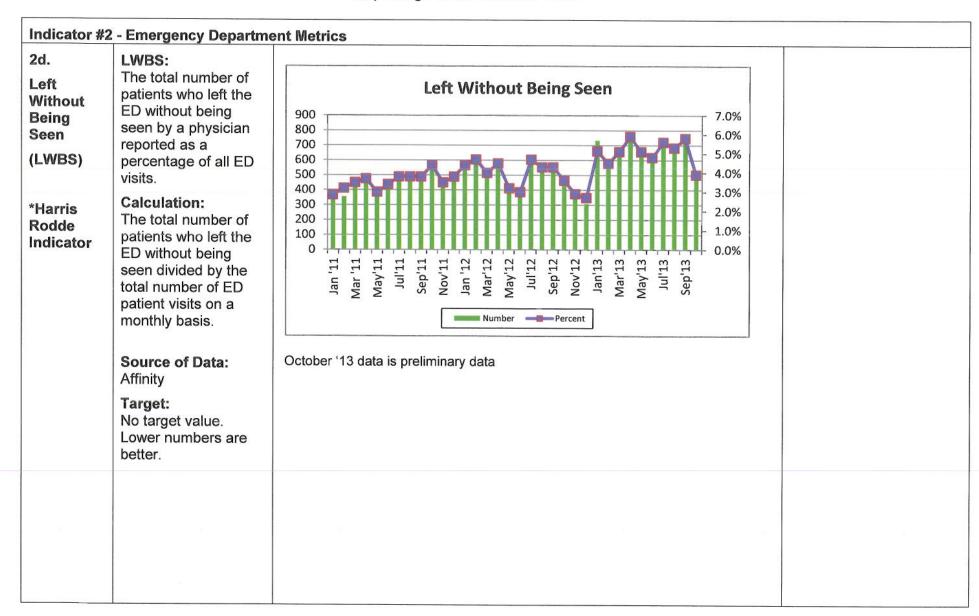


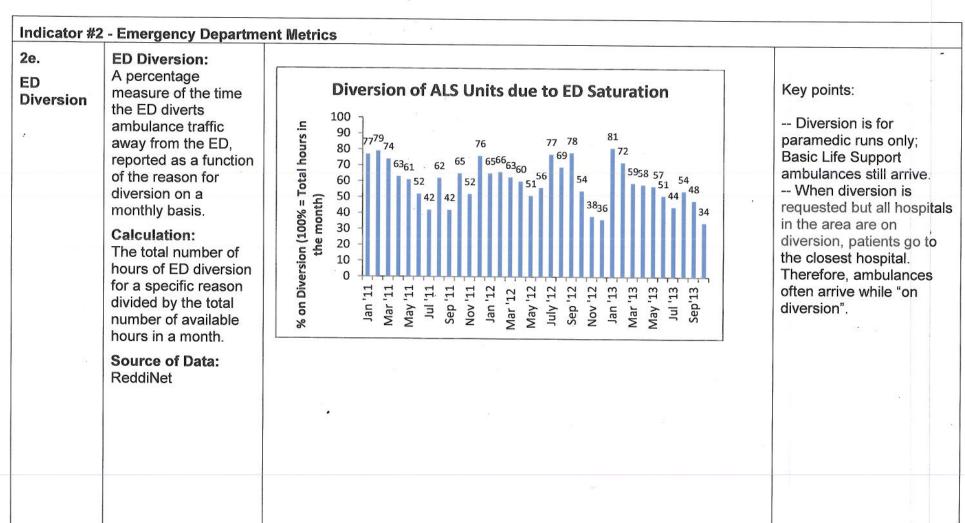


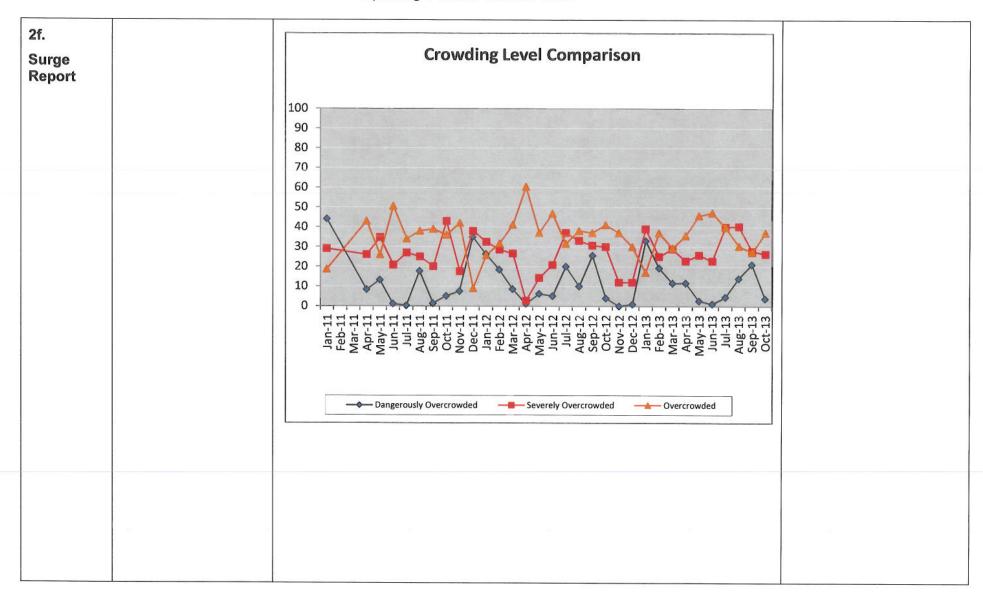
2b. Median Emergency Department Boarding Time (EDBT) *Harris Rodde Indicator	Boarding Time: Time from MD Admit time (effective date and time of pre-admit) to time the patient actually leaves the ED en route to assigned bed (effective date and time of the ED disposition). Calculation: The middle value 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	14:24	
	Target: Less than 7 hours.		

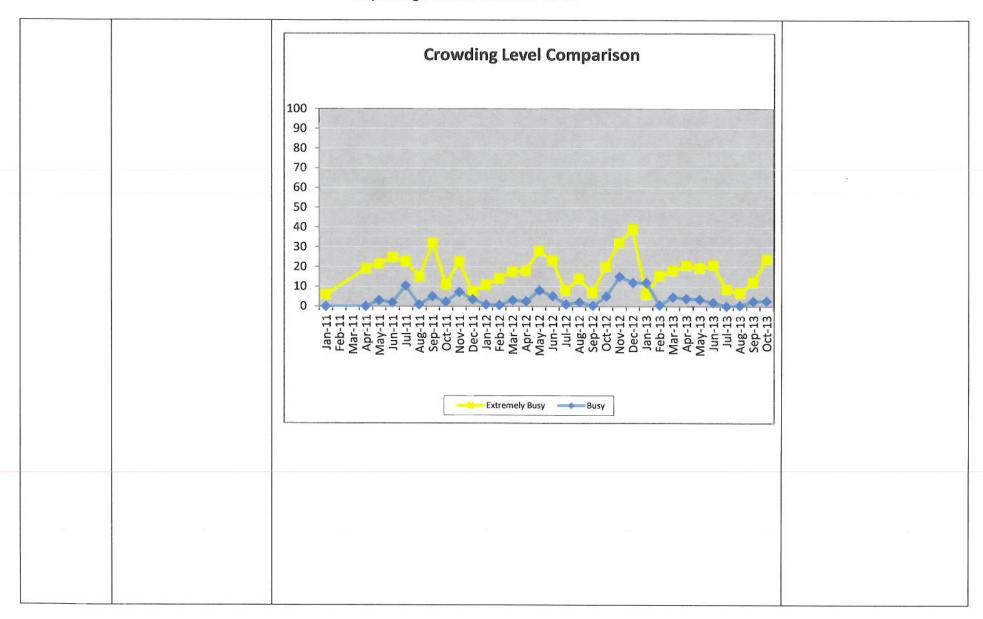


2c.	2 - Emergency Departm ED Wait Time:		
ED Wait Time	Measured from time patient is triaged to time patient is either admitted or discharged reported as an arithmetic mean.	Average ED Wait Time 14:24 12:00 10:26 10:26 10:31 10:53 9:38:44 9:38:44 9:38:44 9:38:44 9:38:44 9:38:44 9:38:48 9:38	
	Definition: Sum of all wait time values during the monthly reporting period divided by the total number of values. Source of Data: Affinity	9:36 10:10:43 9:05 9:07 9:14 9:30 9:18 8:45 9:05 9:18 8:36 9:03 8:49 9:03 7:34 8:03 8:34 8:32 8:	
	Target: No target value. Lower numbers are better.	Adult Wait Time: *Excludes Psych, Pediatric, Observation Unit, and Jail patients Total ED Wait time: *Excludes Psych, Observation Unit, and Jail patients	
		October '13 data is preliminary data	

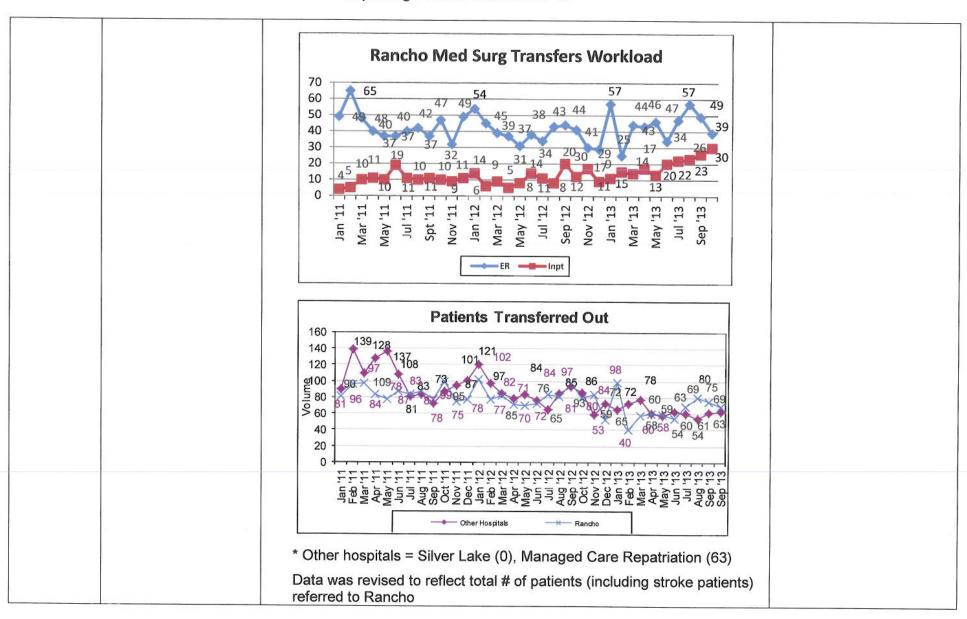


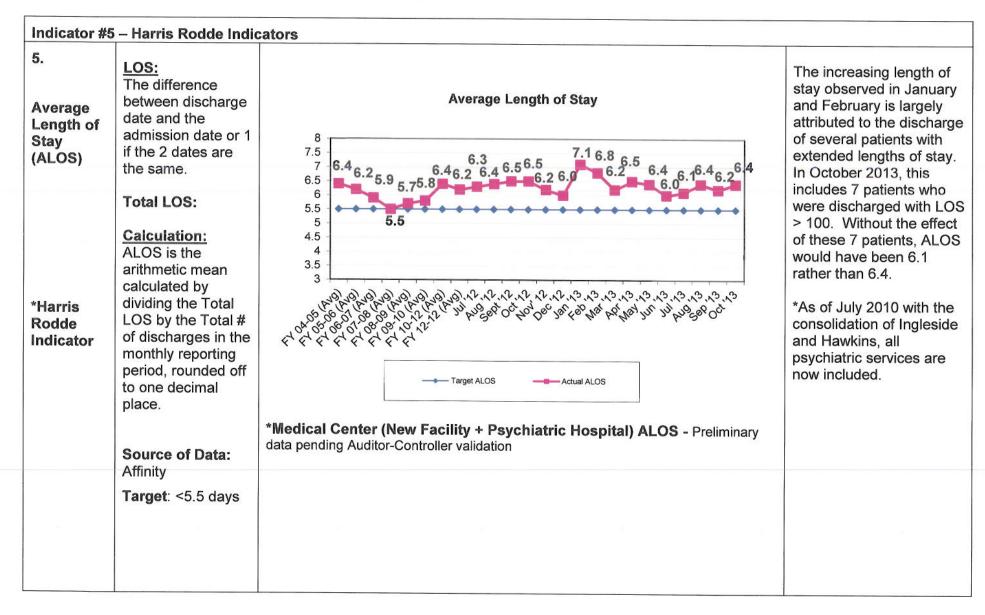






3. & 4.	Transfers:	Month of October '13			
Rancho	The volume of patients transferred to	Referrals from ER:		w	
∟os Amigos	RLAH for acute		Med/Surg	Acute Stroke	Total
ospital RLAH)	hospitalization from the Emergency	# Met transfer criteria	21	NA	-
ansfers	Department and from Inpatient Units.	# Referred to RLAH	21	18	39
	inpatient Onits.	# Transfers	21	18	39
	Data Source:	# Denied	0	NA	-
	Manual record	# Cancelled	0	NA	-
	keeping.	# Patients Refused of Those Cancelled	0	NA	-
	Cancelled category includes patients whose condition	Referrals from Inpatient			
	changed leading to higher level of care or		Med/Surg	Acute Stroke	Total
	discharge home.	# Met transfer criteria	28	NA	-
		# Referred to RLAH	28	3	31
		# Transfers	27	3	30
		# Denied	0	NA	_
		# Cancelled	1	NA	_
	20	# Patients Refused of Those Cancelled	0	NA	-
		Other /Pending	0	NA	-





6.	Census:	Date	NICU (40 Beds)	Peds Ward (25 Beds)	PICU (10 Beds)	Med/Surg Adolescent (20 Beds)
Pediatric Bed	The total number	Jan-11	55%	60%	70%	70%
Census and	admitted pediatric	Feb-11	57%	68%	80%	80%
ccupancy (%)	inpatients at 12:00 AM midnight of a	Mar-11	57%	60%	70%	75%
	designated pediatric	Apr-11	55%	64%	50%	75%
	ward.	May-11	57%	56%	50%	80%
ediatric ICU		Jun-11	70%	52%	60%	75%
ICU)	Occupancy:	Jul-11	58%	44%	50%	70%
eonatal ICU	The total number of	Aug-11	58%	44%	40%	75%
ICU)	admitted pediatric inpatients divided by	Sep-11	58%	40%	50%	75%
ediatric Unit	the total number of	Oct-11	55%	52%	60%	70%
	licensed beds on that	Nov-11	62%	60%	70%	75%
dolescent	unit and reported as	Dec-11	65%	40%	60%	70%
nit	percentage.	Jan-12	60%	52%	60%	75%
	Pass sesses V as	Feb-12	55%	56%	60%	70%
	Course of Date	Mar-12	55%	64%	50%	75%
	Source of Data: Affinity	Apr-12	53%	48%	50%	65%
	,	May-12	42%	40%	50%	70%
		Jun-12	37.5%	44%	50%	60%
		Jul-12	45%	48%	60%	80%
		Aug-12	57%	48%	50%	75%
		Sep-12	62.5%	56%	50%	80%
		Oct-12	57.5%	64%	60%	70%
		Nov-12	62.5%	44%	50%	45%
		Dec-12	72.5%	36%	60%	50%
		Jan-13	62.5%	48%	70%	70%
		Feb-13	50%	48%	70%	75%
		Mar-13	53%	44%	60%	75%

Date	NICU (40 Beds)	(25 Beds)	PICU (10 Beds)	Med/Surg Adolescen (20 Beds)
Apr-13	53%	40%	50%	55%
May-13	43%	44%	60%	45%
Jun-13	48%	48%	50%	35%
Jul-13	47.5%	32%	50%	60%
Aug-13	45%	40%	40%	75%
Sep-13	47.5%	48%	40%	80%
Oct-13	53%	44%	40%	55%

Indicator #7 – Me	ed Surg / ICU / OB/GYN M	etrics						
7. Med Surg / ICU Bed Census	Med Surg / ICU The total number admitted inpatients at	Date	Med Surg (309 beds)	Jail (24 Beds)	ICUs (120 Beds)	Burn* (20 Beds)	OB/GYN (Med Surg) (32 beds)	
and Occupancy (%)	12:00 AM midnight of a designated ward.	Nov-12	87%	83%	83.5 %	51%	87%	
	Occupancy:	Dec-12	88%	71%	83%	44%	83%	
Medical Surgical Unit	The total number of admitted inpatients	Jan-13	95%	73%	85%	55%	98%	
(Med Surg)	divided by the total number of licensed	Feb-13	93%	59%	87%	61%	95%	
Jail Unit (Jail)	beds on that unit and reported as a	Mar-13	91%	62%	82%	47%	93%	
(0011)	percentage.	Apr-13	88%	82%	85%	57%	99%	
ICUs (Excluding Burn ICUs)	Sauras of Date:	May-13	88%	66%	82%	57%	90%	
Bulli (COS)	Source of Data: Affinity	Jun-13	82%	71%	80%	60%	81%	
OB/GYN Unit		Jul-13	88%	79%	82%	42%	88%	
(Med Surg)		Aug-13	93%	79%	83%	44%	91%	
		Sep-13	95%	83%	83%	50%	100%	
		Oct-13	91%	72%	78%	59%	95%	
		* Burn=	Both ward (1	0) and ICU	s (10)			