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

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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

Health Services
LOS ANGELES COUNTY

November 2, 2012

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.
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 #82**

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.

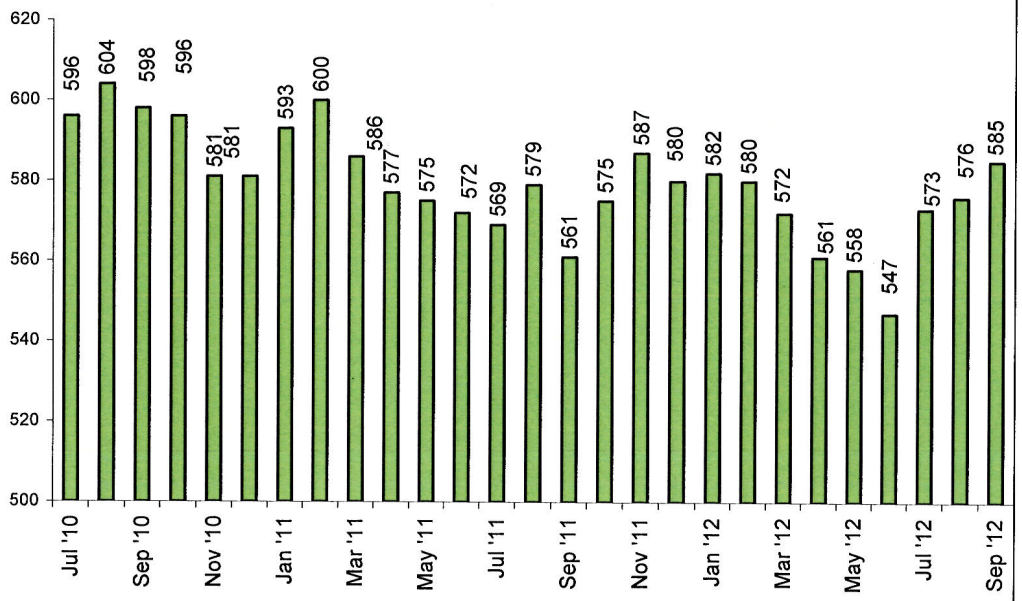
PD:bh

Attachments

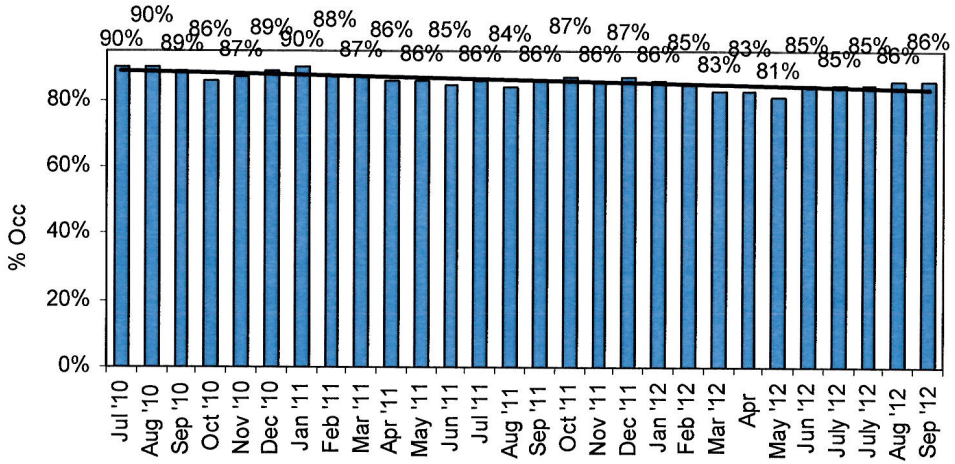
c: Chief Executive Office
County Counsel
Executive Office, Board of Supervisors

www.dhs.lacounty.gov

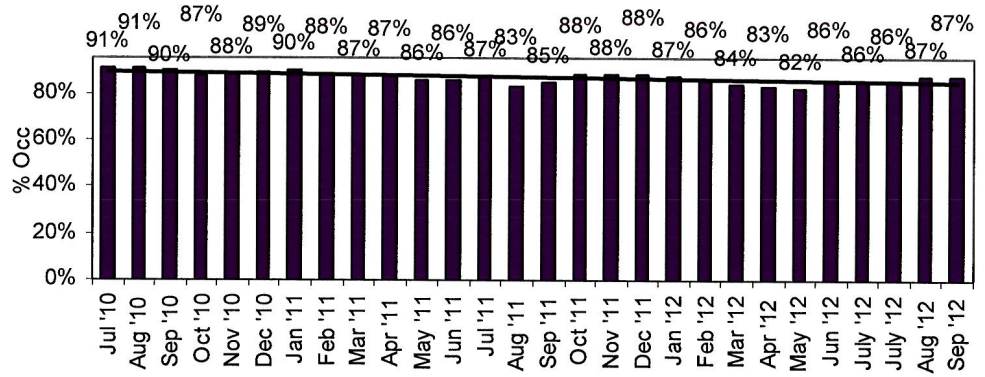
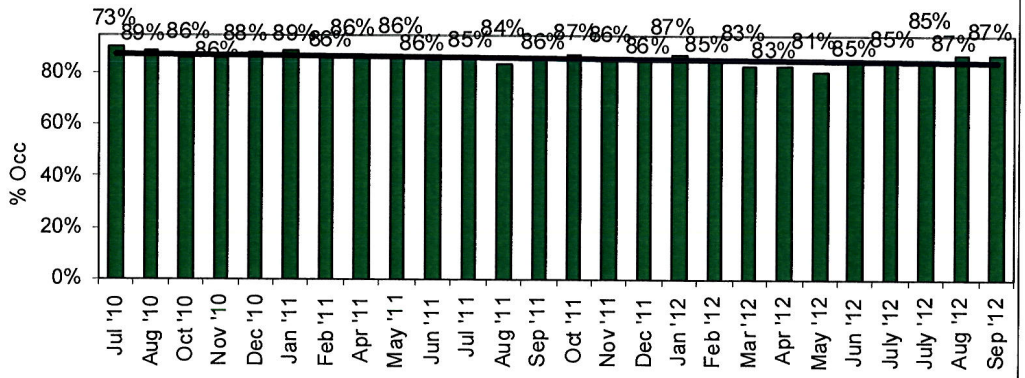
LAC+USC Medical Center
Operational Monitoring Report
Reporting Period –Sept 2012

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

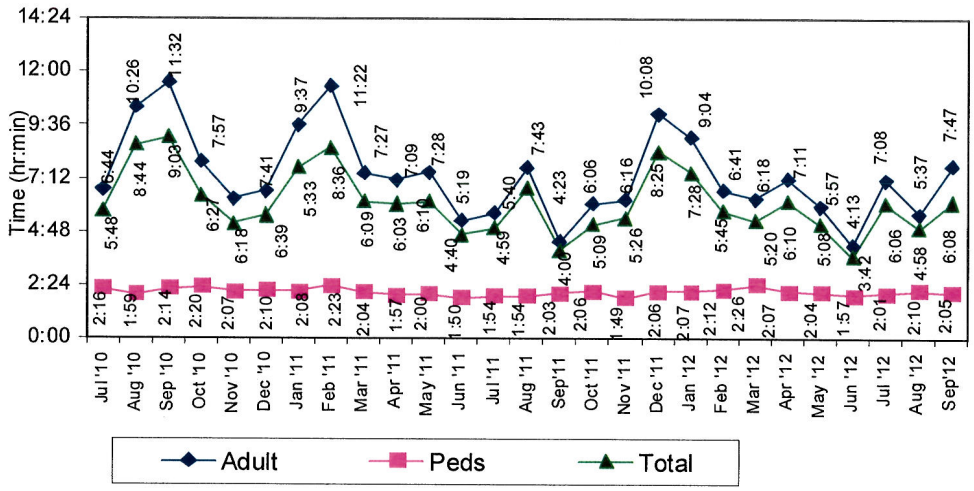
LAC+USC Medical Center
Operational Monitoring Report
Reporting Period Sept 2012

Indicator	Definition	Data	Comments
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%	1. 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.

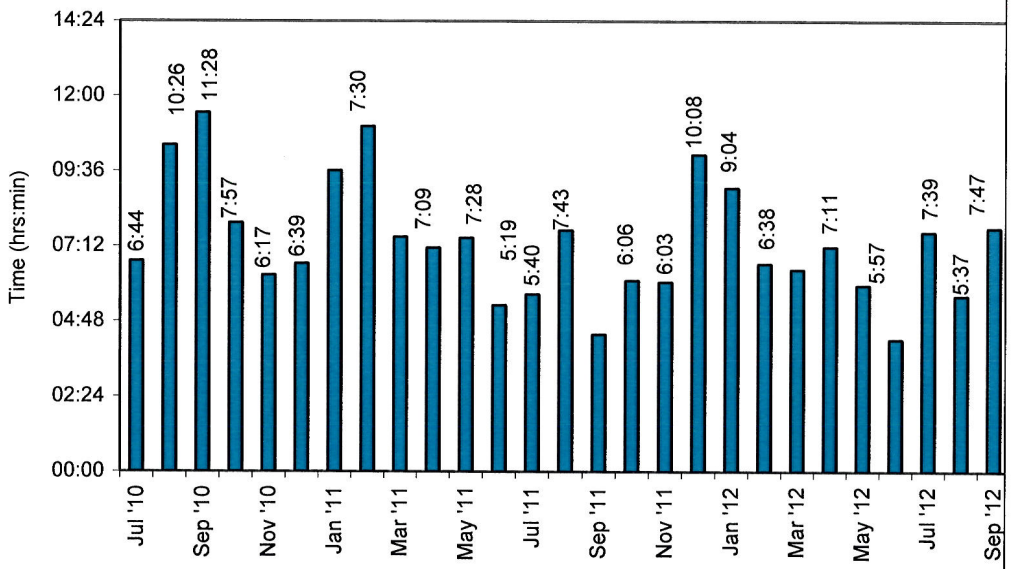
LAC+USC Medical Center
Operational Monitoring Report
Reporting Period Sept 2012

Indicator	Definition	Data	Comments
		Medical Center Licensed Occupancy Rate (including Newborns) Med Center Census + Newborn /600  Healthcare Network Budgeted Occupancy **Med Center Census + Newborns + Psych Hosp Census / 676**  Medical Center = New Facility Healthcare Network = New Facility + Psychiatric Hospitals	

LAC+USC Medical Center
Operational Monitoring Report
Reporting Period Sept 2012

Indicator	Definition	Data	Comments
Indicator #2 - Emergency Department Metrics			
2a. **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 **Target**: Less than 7 hours.	**Median EDBT**  Sept '12 data is Preliminary data	

LAC+USC Medical Center
Operational Monitoring Report
Reporting Period Sept 2012

Indicator	Definition	Data	Comments
		Median Boarding Time (Adult)*  Sept'12 data is Preliminary data	

Health Services
LOS ANGELES COUNTY

November 30, 2012

Los Angeles County
Board of Supervisors

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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.

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 #83**

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.

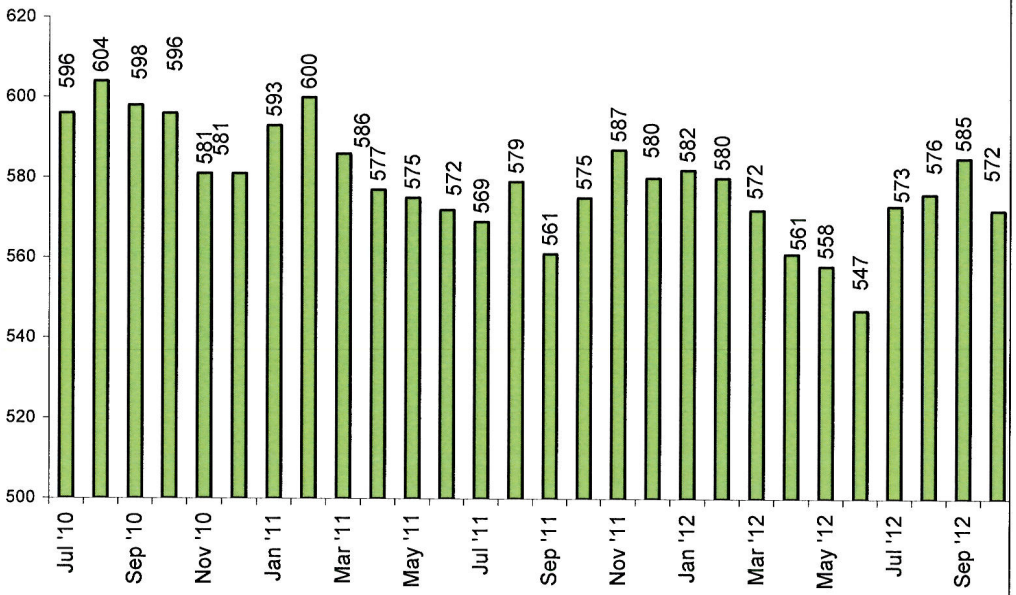
PD:bh

Attachments

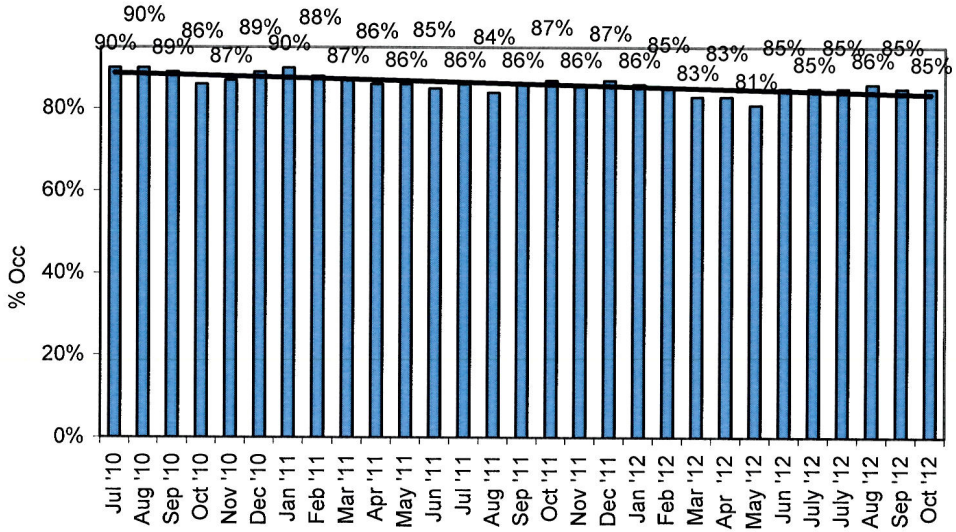
c: Chief Executive Office
County Counsel
Executive Office, Board of Supervisors

www.dhs.lacounty.gov

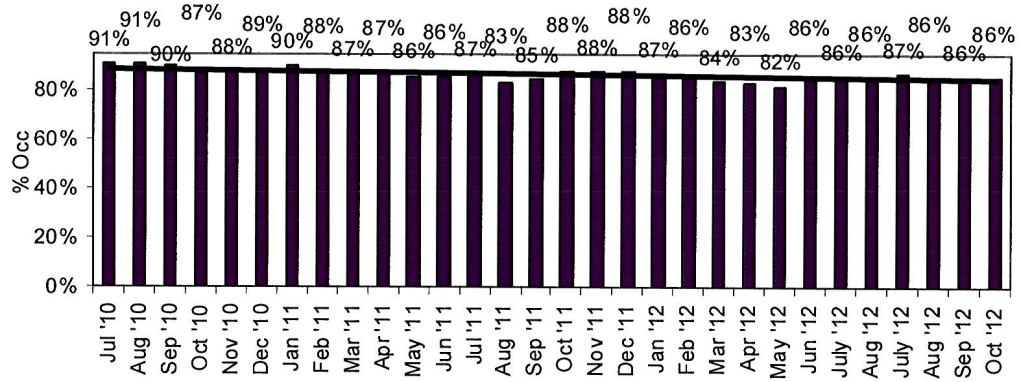
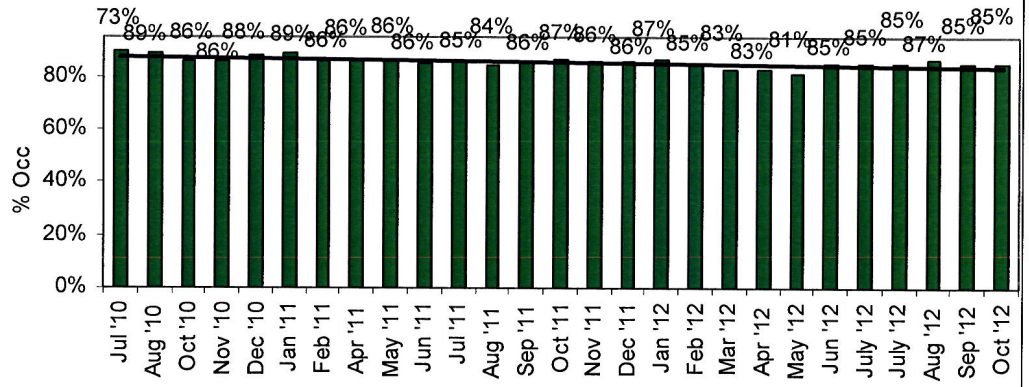
LAC+USC Medical Center
Operational Monitoring Report
Reporting Period –Oct 2012

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

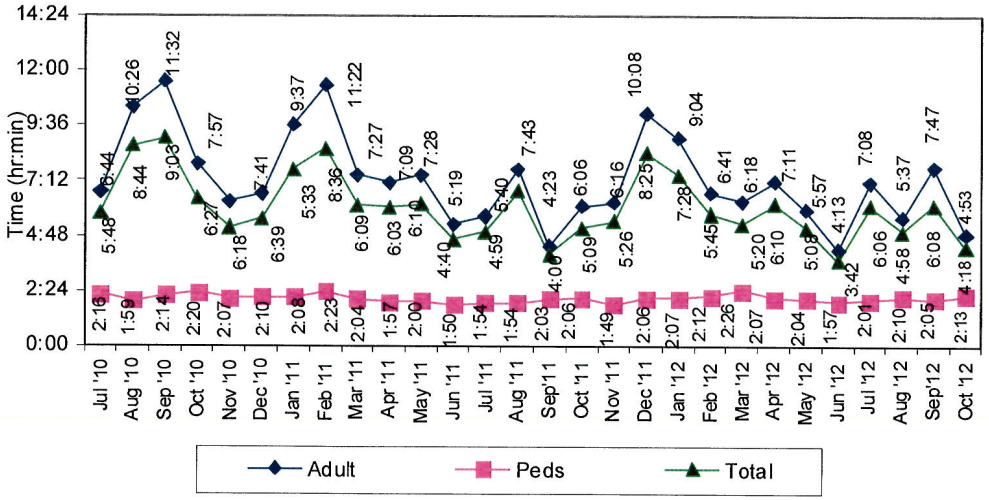
LAC+USC Medical Center
Operational Monitoring Report
Reporting Period Oct 2012

Indicator	Definition	Data	Comments
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%	1. 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.

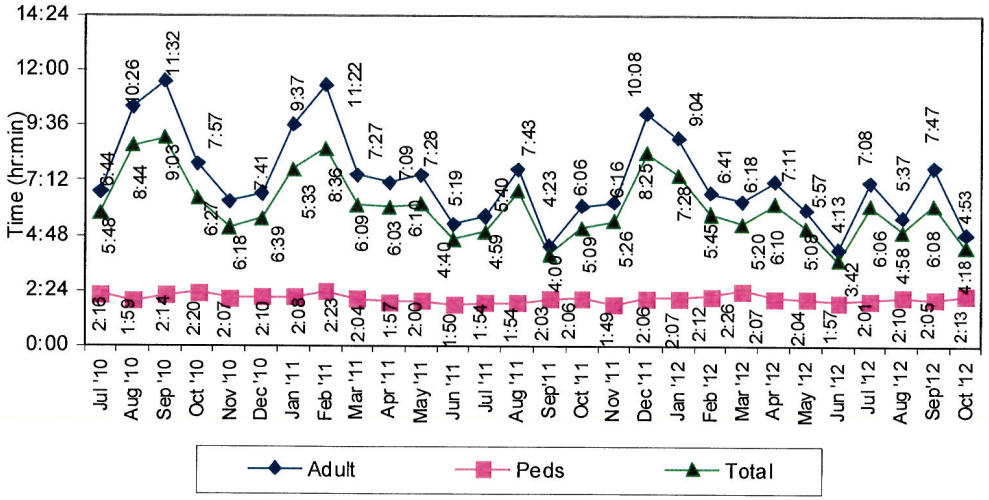
LAC+USC Medical Center
Operational Monitoring Report
Reporting Period Oct 2012

Indicator	Definition	Data	Comments
		Medical Center Licensed Occupancy Rate (including Newborns) Med Center Census + Newborn /600  Healthcare Network Budgeted Occupancy **Med Center Census + Newborns + Psych Hosp Census / 676**  Medical Center = New Facility Healthcare Network = New Facility + Psychiatric Hospitals	

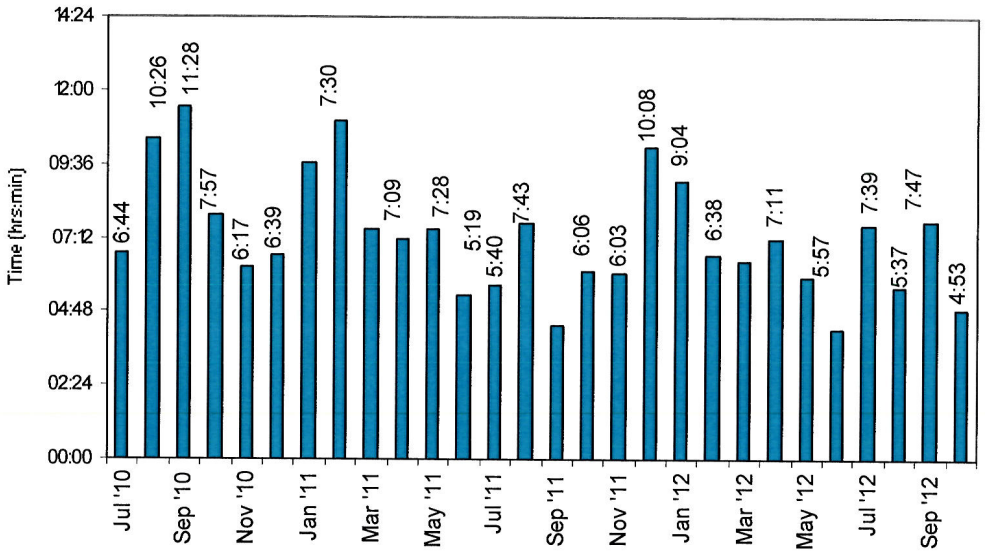
LAC+USC Medical Center
Operational Monitoring Report
Reporting Period Oct 2012

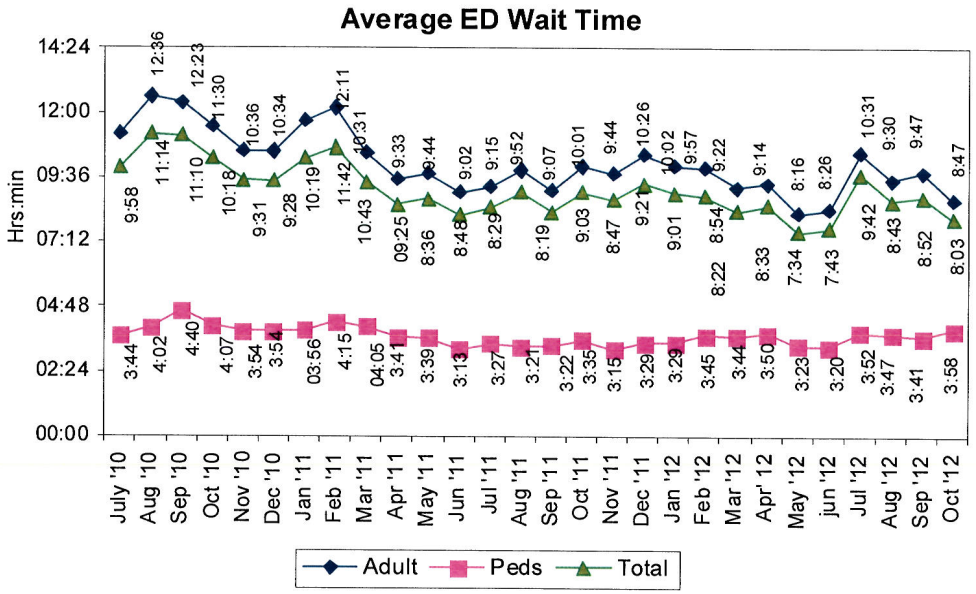
Indicator	Definition	Data	Comments
Indicator #2 - Emergency Department Metrics			
2a. **Median Emergency Department Boarding Time** **(EDBT)** ***Harris Rodde Indicator**	**Boarding Time:** Time from MD Admit time (effective date and time of pre-admit) to time the patient actually leaves the ED en route 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 **Target**: Less than 7 hours.	**Median EDBT**  Oct '12 data is Preliminary data	

LAC+USC Medical Center
Operational Monitoring Report
Reporting Period Oct 2012

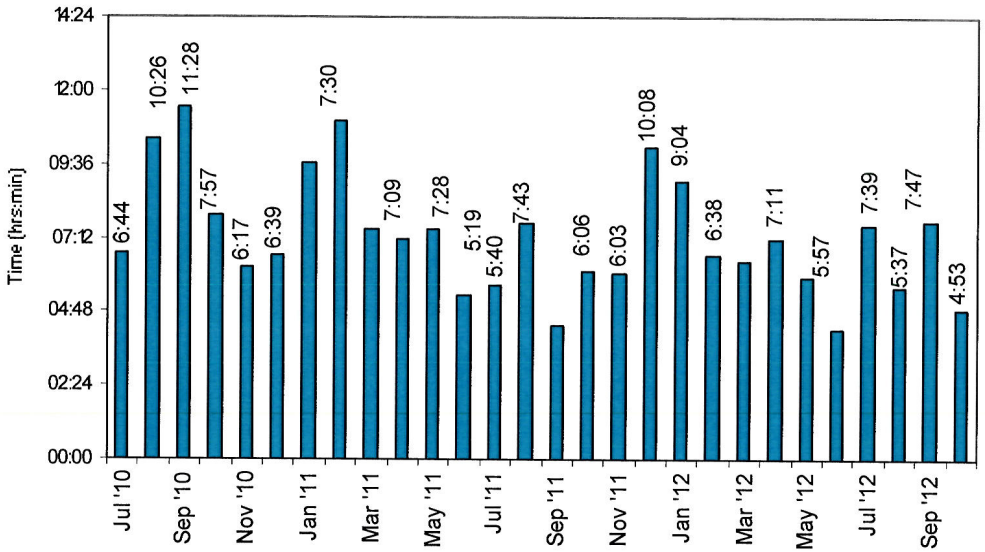
Indicator	Definition	Data	Comments
Indicator #2 - Emergency Department Metrics			
2a. **Median Emergency Department Boarding Time** **(EDBT)** ***Harris Rodde Indicator**	**Boarding Time:** Time from MD Admit time (effective date and time of pre-admit) to time the patient actually leaves the ED en route 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 **Target**: Less than 7 hours.	**Median EDBT**  Oct '12 data is Preliminary data	

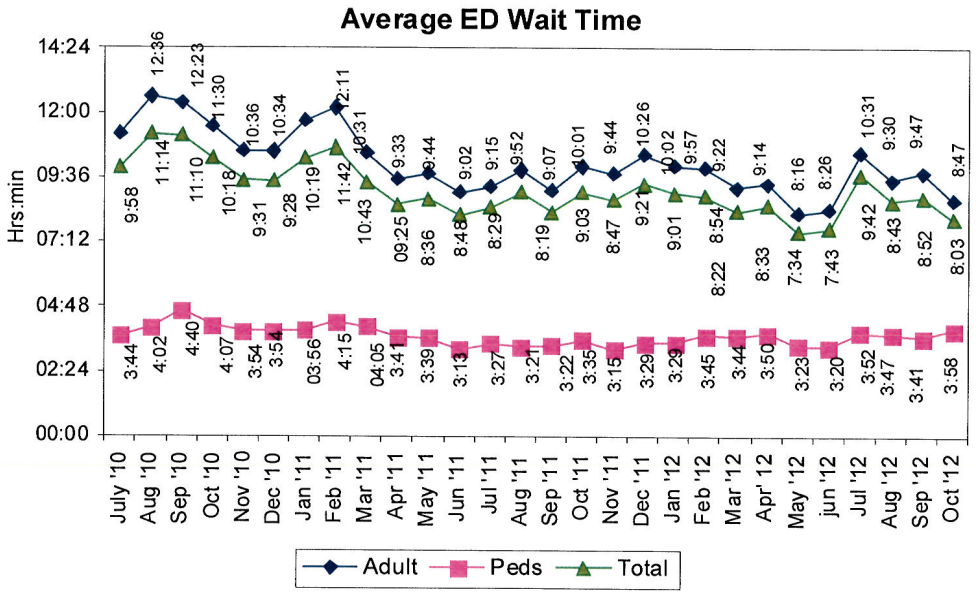
LAC+USC Medical Center
Operational Monitoring Report
Reporting Period Oct 2012

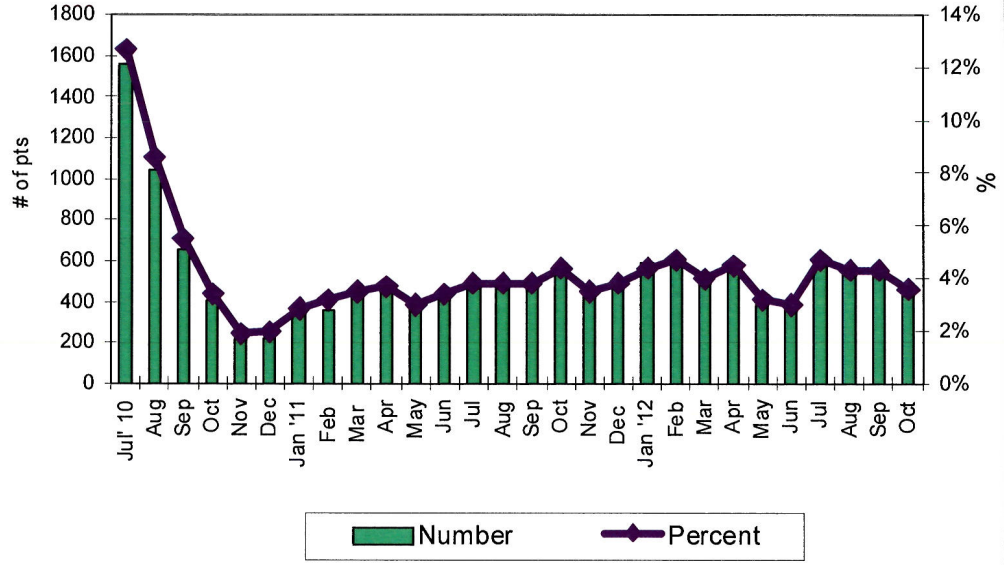
Indicator	Definition	Data	Comments
		Median Boarding Time (Adult)*  Oct '12 data is Preliminary data	

Indicator	Definition	Data	Comments
Indicator #2 - Emergency Department Metrics			
2b. **ED Wait Time**	**ED Wait Time:** Measured from time patient is triaged to time patient is either admitted or discharged 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 Oct '12 data is Preliminary data	

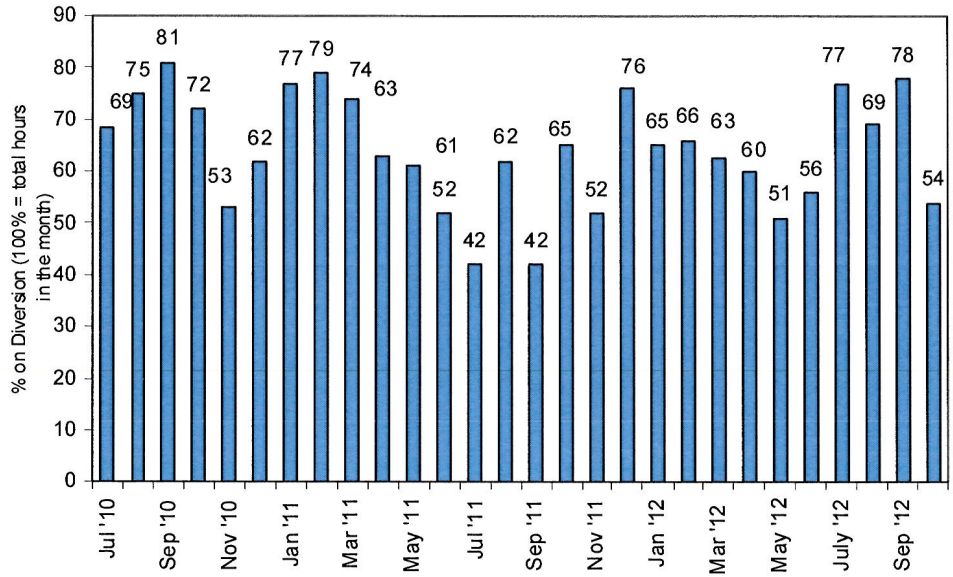
LAC+USC Medical Center
Operational Monitoring Report
Reporting Period Oct 2012

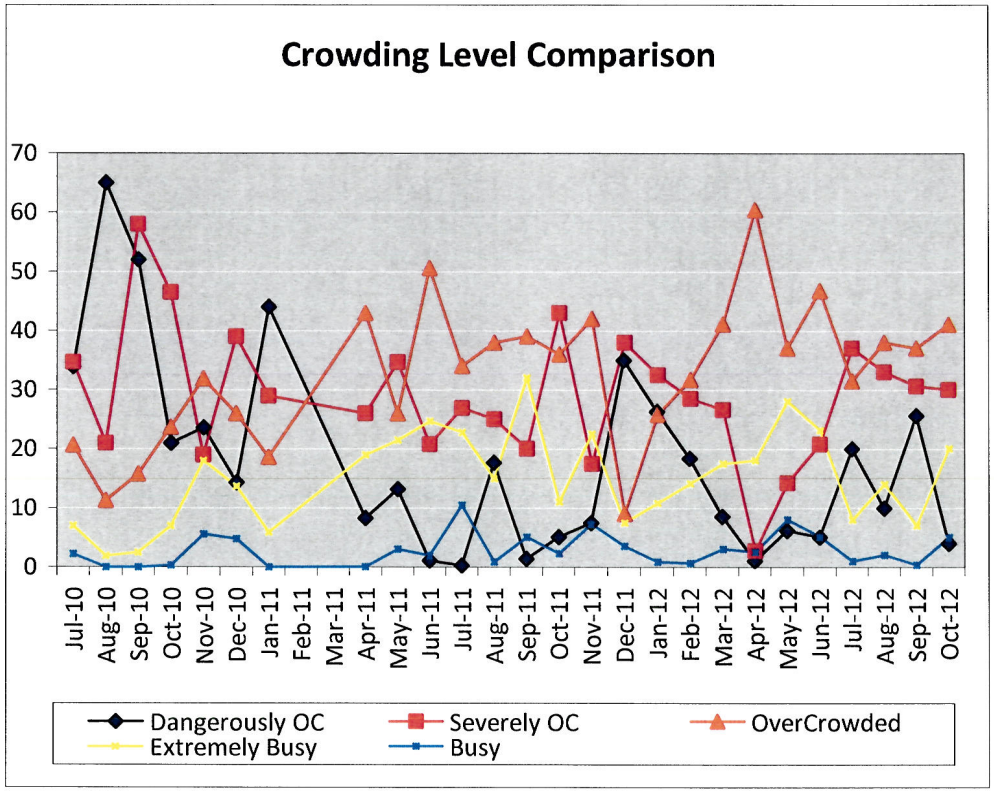
Indicator	Definition	Data	Comments
		Median Boarding Time (Adult)*  Oct '12 data is Preliminary data	

Indicator	Definition	Data	Comments
Indicator #2 - Emergency Department Metrics			
2b. **ED Wait Time**	**ED Wait Time:** Measured from time patient is triaged to time patient is either admitted or discharged 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 Oct '12 data is Preliminary data	

Indicator	Definition	Data	Comments
Indicator #2 - Emergency Department Metrics			
2c. **Left Without Being Seen** **(LWBS)** ***Harris Rodde Indicator**	**LWBS:** The total number of patients who left the ED without being seen by a physician 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. Lower numbers are better.	**Left Without Being Seen**  Oct '12 data is Preliminary data	

LAC+USC Medical Center
Operational Monitoring Report
Reporting Period Oct 2012

Indicator	Definition	Data	Comments
Indicator #2 - Emergency Department 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**  	This is slightly lower than the before move diversion history which generally ranged between 50-60%. Key points: -- Diversion is for paramedic runs only; Basic Life Support ambulances still arrive. -- When diversion is requested but all hospitals in the area are on diversion, patients go to the closest hospital. Therefore, ambulances often arrive while "on diversion".

Indicator	Definition	Data	Comments
2e. **Surge Report**			

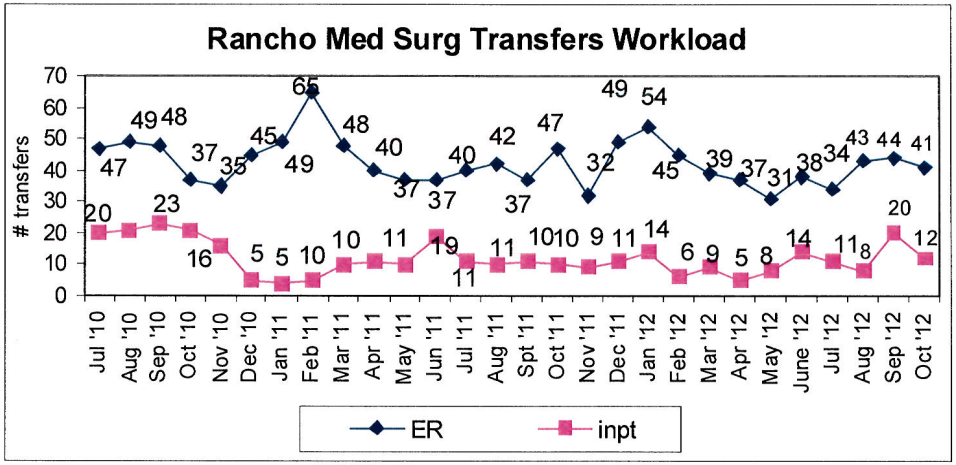
<table>
<tr><th>Indicator</th><th>Definition</th><th>Data</th><th>Comments</th></tr>
<tr><td colspan="4">Indicator #3 – Trends for Patient Diversions and Transfers & #4 – Transfers to Rancho Los Amigos Metrics</td></tr>
<tr><td>3. & 4.
Rancho Los Amigos Hospital (RLAH) Transfers</td><td>Transfers:
The volume of patients transferred to RLAH for acute hospitalization from the Emergency Department and from Inpatient Units.

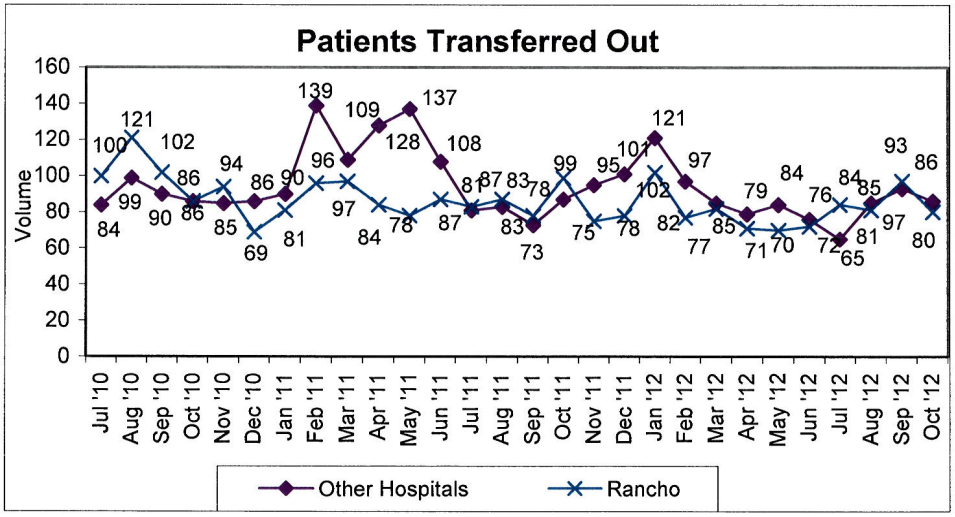
Data Source:
Manual record keeping.

Cancelled category includes patients whose condition changed leading to higher level of care or discharge home.</td><td><u>Month of Oct '12</u>
<u>Referrals from ER:</u>
<table>
<tr><th></th><th>Med/Surg</th><th>Acute Stroke</th><th>Total</th></tr>
<tr><td># Met transfer criteria</td><td>43</td><td>NA</td><td>-</td></tr>
<tr><td># Referred to RLAH</td><td>41</td><td>24</td><td>65</td></tr>
<tr><td># Transfers</td><td>41</td><td>24</td><td>65</td></tr>
<tr><td># Denied</td><td>0</td><td>NA</td><td>-</td></tr>
<tr><td># Cancelled</td><td>2 *</td><td>NA</td><td>-</td></tr>
<tr><td># Patients refused*</td><td>2</td><td>NA</td><td>-</td></tr>
</table>
<u>Referrals from Inpatients:</u>
<table>
<tr><th></th><th>Med/Surg</th><th>Acute Stroke</th><th>Total</th></tr>
<tr><td># Met transfer criteria</td><td>18</td><td>NA</td><td>-</td></tr>
<tr><td># Referred to RLAH</td><td>14</td><td>3</td><td>17</td></tr>
<tr><td># Transfers</td><td>12</td><td>3</td><td>15</td></tr>
<tr><td># Denied</td><td>2</td><td>NA</td><td>-</td></tr>
<tr><td># Cancelled</td><td>4*</td><td>NA</td><td>-</td></tr>
<tr><td># Patients refused*</td><td>0</td><td>NA</td><td>-</td></tr>
<tr><td>Other /Pending</td><td>0</td><td>NA</td><td>-</td></tr>
</table></td><td></td></tr>
</table>

LAC+USC Medical Center
Operational Monitoring Report
Reporting Period Oct 2012

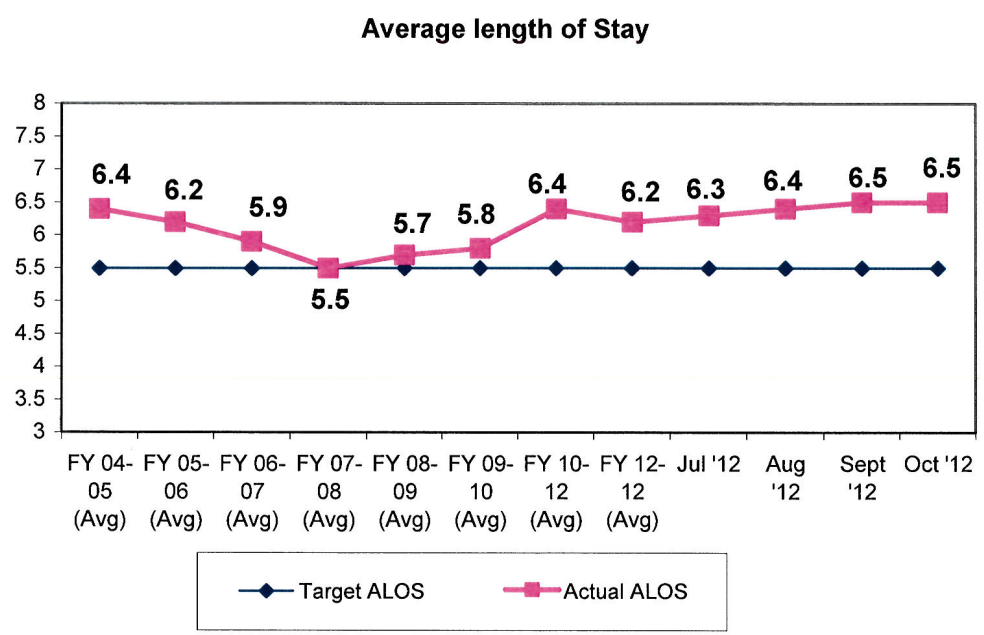
Indicator	Definition	Data	Comments





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

LAC+USC Medical Center
Operational Monitoring Report
Reporting Period Oct 2012

Indicator	Definition	Data	Comments
Indicator #5 – Harris Rodde Indicators			
5. **Average Length of Stay (ALOS)** ***Harris Rodde Indicator**	**LOS:** The difference between discharge date and the admission date or 1 if the 2 dates are the same. **Total LOS:** **Calculation:** ALOS is the arithmetic mean calculated by dividing the Total LOS by the Total # of discharges in the monthly reporting period, rounded off to one decimal place. **Source of Data:** Affinity **Target**: <5.5 days	med  ***Healthcare Network ALOS -** Preliminary data pending Auditor-Controller validation	Overall trend in ALOS for the 2-year period prior to the move reduced to a low range of 4.7 – 5.5 days in 2008. Immediately prior to the move, the ALOS increased as the lower acuity patients were transferred to other facilities. This trend may continue depending on number of transfers. *As of July 2010 with the consolidation of Ingleside and Hawkins, all psychiatric services are now included. There were 9 patients discharged in September, 2012 with LOS > 100. Without the effect of these 9, ALOS would have been 6.1 rather than 6.5

LAC+USC Medical Center
Operational Monitoring Report
Reporting Period Oct 2012

Indicator	Definition	Data	Comments

Indicator #6 – Pediatric Metrics

6.

Pediatric Bed Census and Occupancy (%)

Pediatric ICU (PICU)

Neonatal ICU (NICU)

Pediatric Unit

Adolescent Unit

Census:
The total number admitted pediatric 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

Date	NICU (40 Beds)	Peds Ward (25 Beds)	PICU (10 Beds)	Med/Surg Adolescent (20 Beds)
Jul -10	60%	68%	80%	85%
Aug -10	62%	68%	60%	85%
Sep -10	72.5%	60%	60%	80%
Nov-10	67.5%	48%	50%	70%
Dec -10	62%	60%	50%	65%
Feb -11	57%	68%	80%	80%
Apr-11	55%	64%	50%	75%
May -11	57%	56%	50%	80%
Jul -11	58%	44%	50%	70%
Aug- 11	58%	44%	40%	75%
Sep -11	58%	40%	50%	75%
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%
Aug -12	57%	48%	50%	75%
Sep -12	62.5%	56%	50%	80%
Oct -12	57.5%	64%	60%	70%

Health Services
LOS ANGELES COUNTY

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Chief Medical Officer

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

313 N. Figueroa Street, Suite 912
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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.

www.dhs.lacounty.gov

January 3, 2013

TO: Each Supervisor

FROM: Mitchell H. Katz, M.D.
for 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 #84**

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.

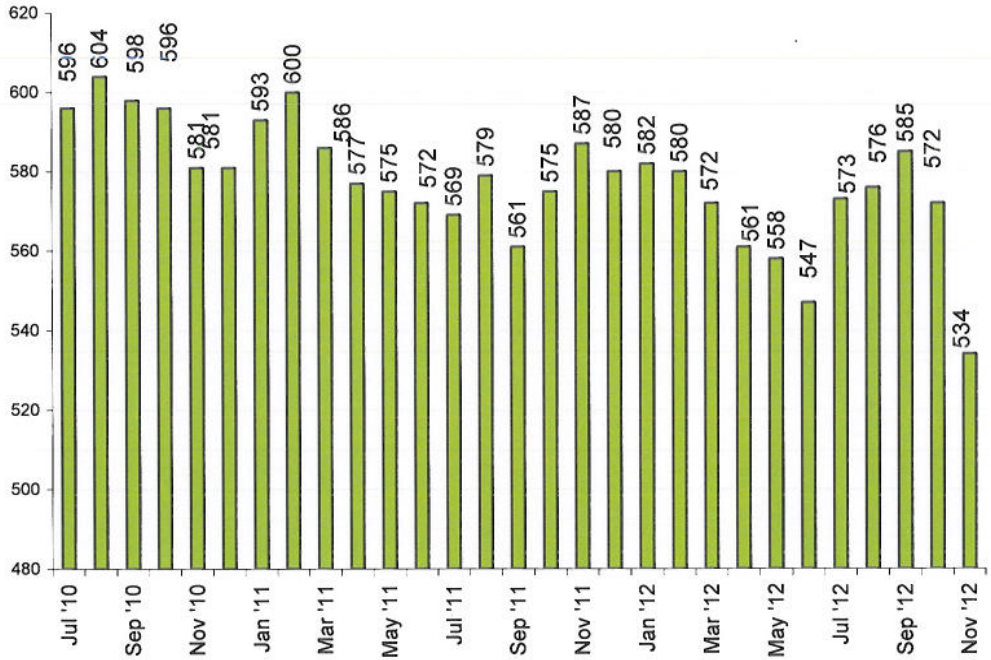
If you have any questions or need additional information, please contact me or Christina R. Ghaly, Interim Chief Executive Officer, LAC+USC, at (323) 409-2800.

CRG:bh

Attachment

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

LAC+USC Medical Center
Operational Monitoring Report
Reporting Period Nov 2012

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

Indicator #1 – Trends in Average Daily Census and Hospital Operations Metrics

1b.

Occupancy Rate LAC+USC Medical Center

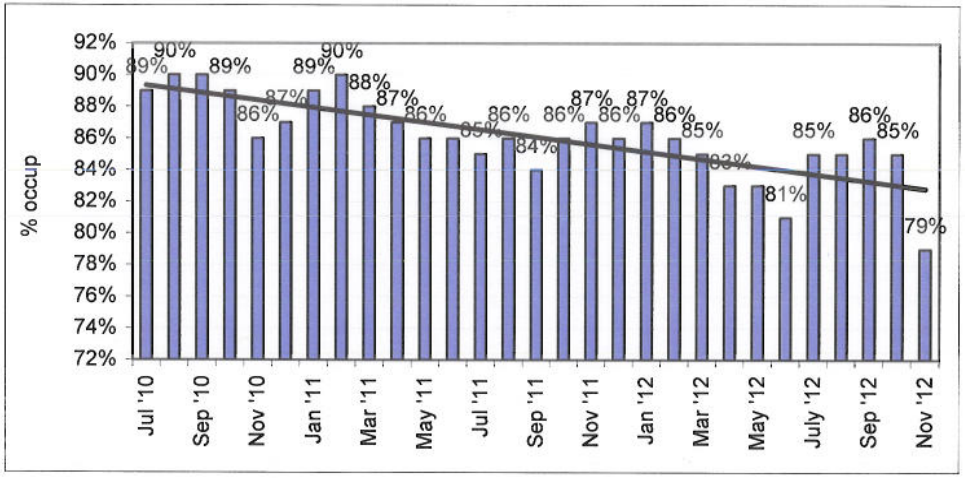
Definition:
A measure of the usage of the licensed beds during the reporting period that is derived by dividing the patient days in the reporting period by the licensed bed days in the reporting period.

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

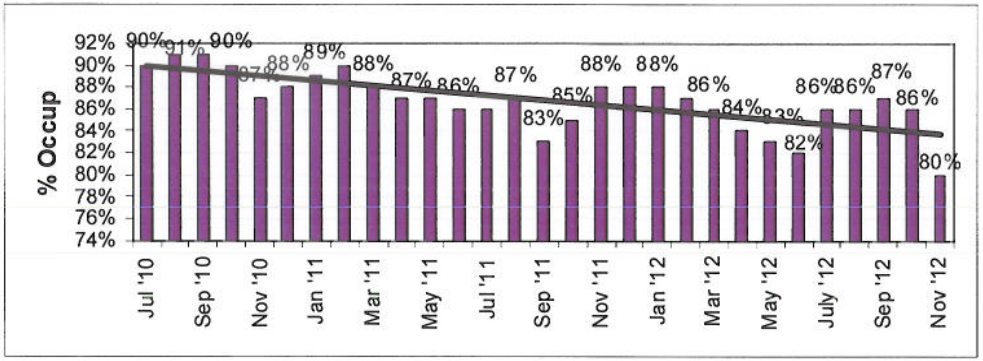
Target:
95%

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



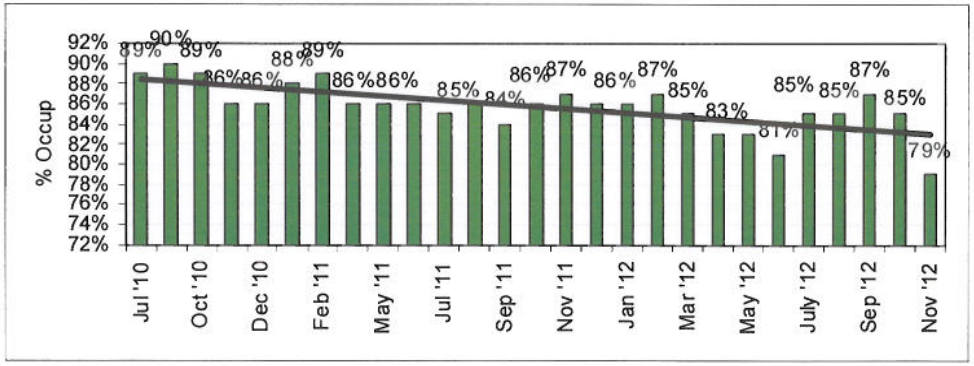
For comparison, occupancy rates reported in the old facility were reported including newborns and were based on budgeted beds.

Medical Center Licensed Occupancy Rate (including Newborns) Med Center Census/600



Healthcare Network Budgeted Occupancy

Med Center Census + Newborns + Psych Hosp Census / 676



Medical Center = New Facility
Healthcare Network = New Facility + Psychiatric Hospitals

Indicator #2 - Emergency Department Metrics

2a.

Median Emergency Department Boarding Time

(EDBT)

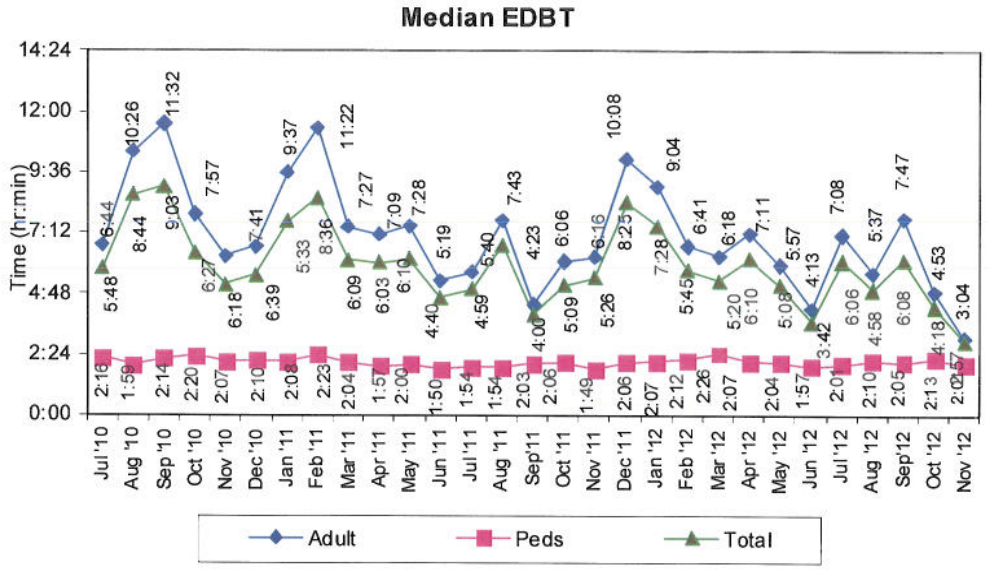
***Harris Rodde Indicator**

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.

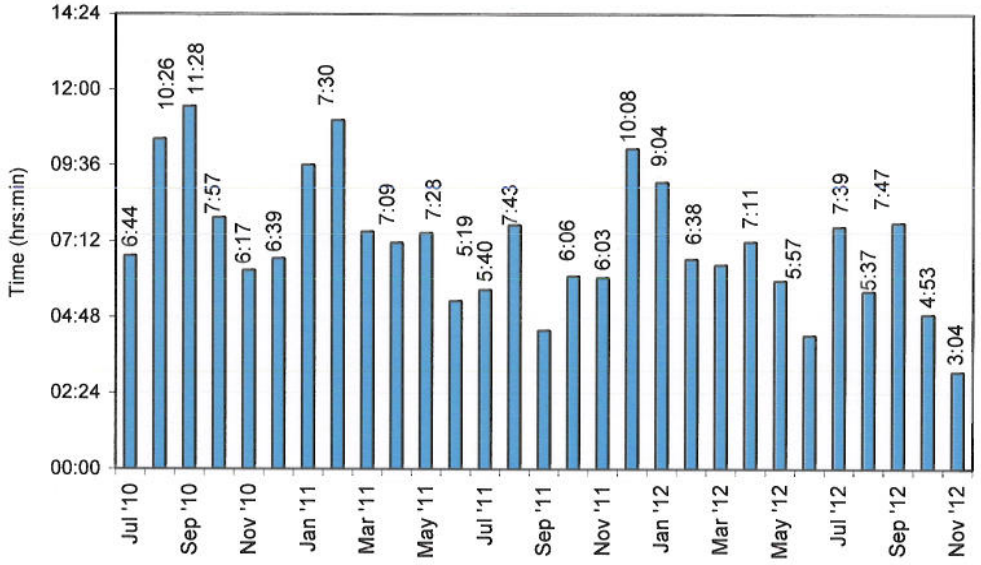
Source of Data:
Affinity

Target:
Less than 7 hours.



Nov'12 data is Preliminary data

Median Boarding Time (Adult)*



Nov '12 data is Preliminary data

Indicator #2 - Emergency Department Metrics

2b.

ED Wait Time

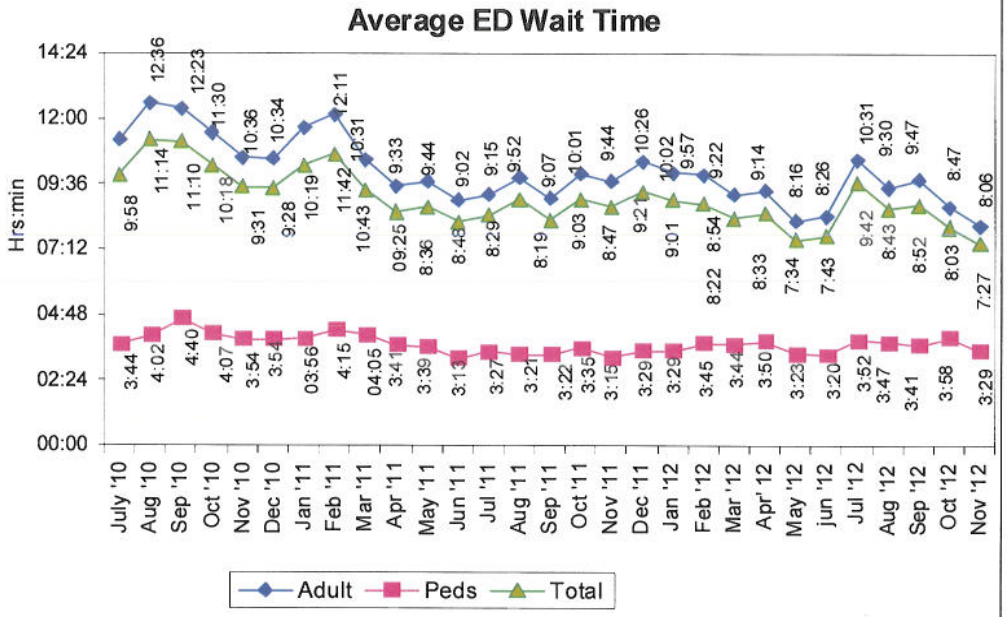
ED Wait Time:
Measured from time patient is triaged to time patient is either admitted or discharged reported as an arithmetic mean.

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

Indicator #2 - Emergency Department Metrics

2c.

Left Without Being Seen

(LWBS)

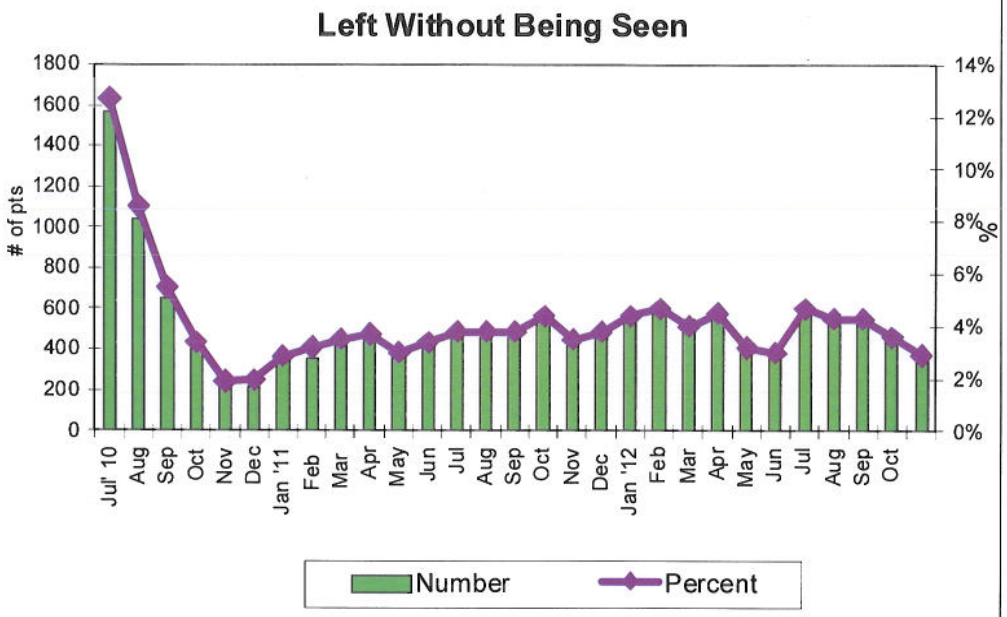
***Harris Rodde Indicator**

LWBS:
The total number of patients who left the ED without being seen by a physician reported as a percentage of all ED visits.

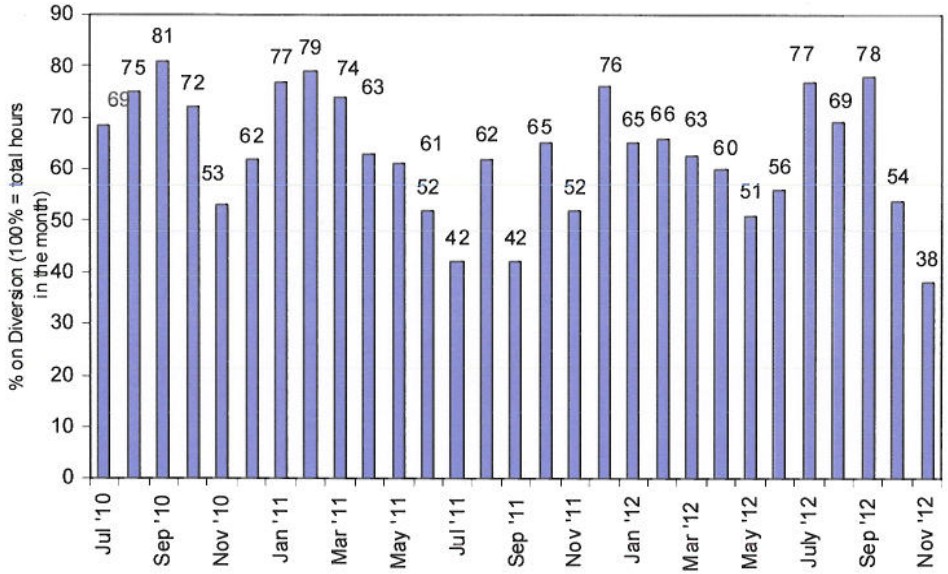
Calculation:
The total number of patients who left the ED without being seen divided by the total number of ED patient visits on a monthly basis.

Source of Data:
Affinity

Target:
No target value. Lower numbers are better.

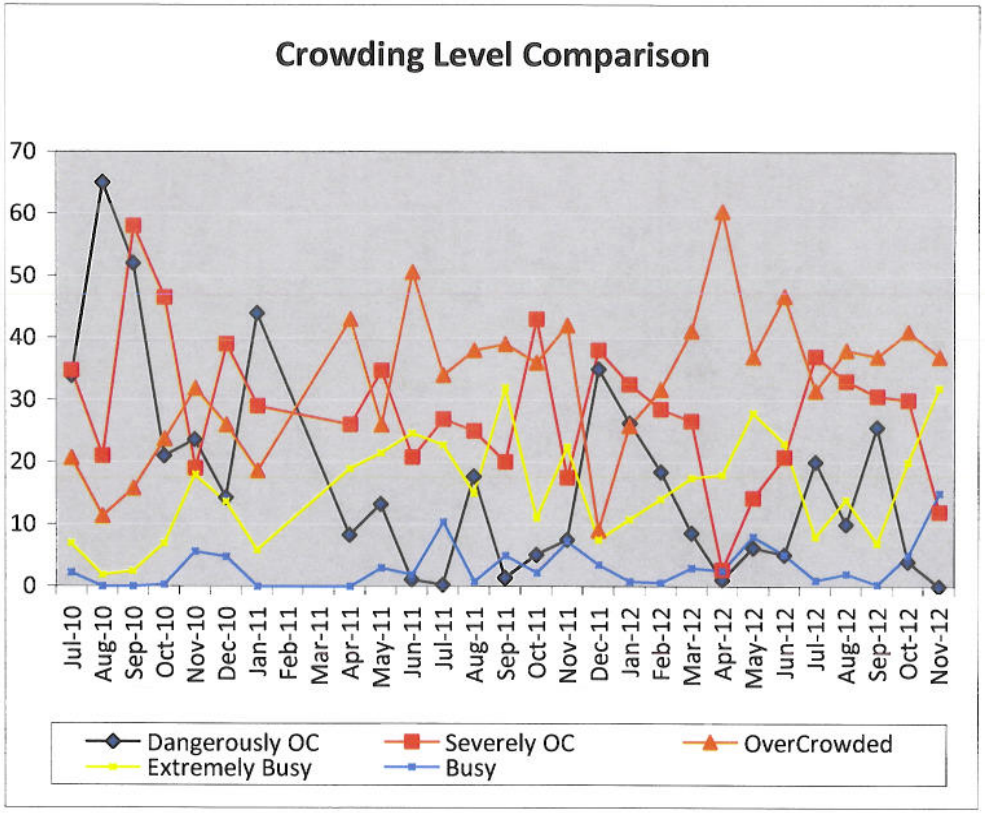


Nov '12 data is Preliminary data

Indicator #2 - Emergency Department 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**  	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".

2e.

Surge Report



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.

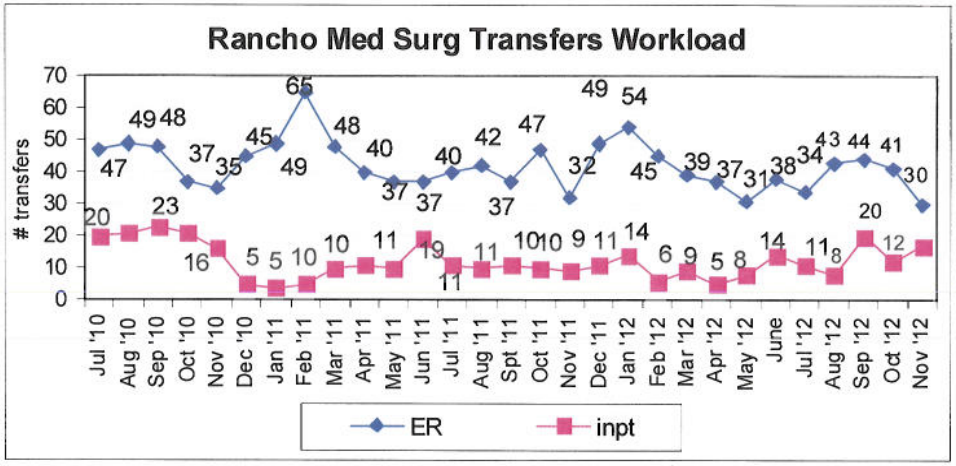
Month of No '12

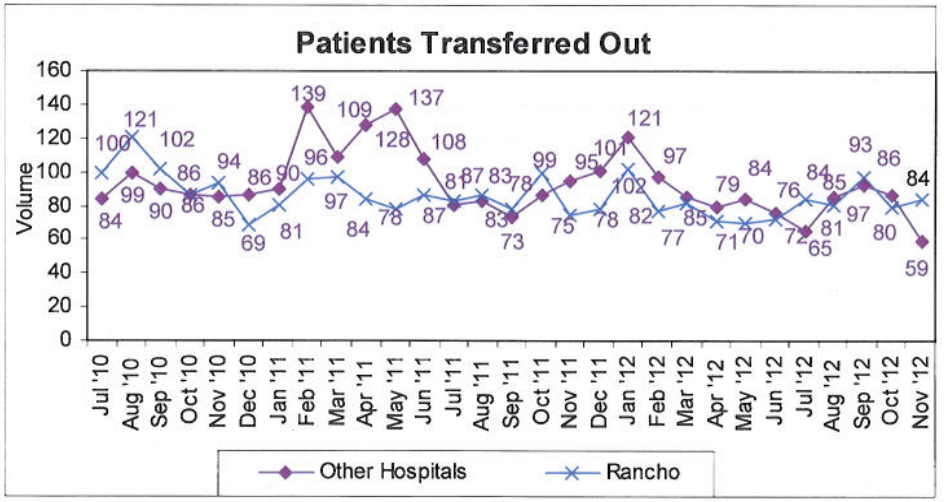
Referrals from ER:

	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	-

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	-





* Other hospitals = Silver Lake (1), Managed Care Repatriation (58)

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

Indicator #5 – Harris Rodde Indicators

5.

Average Length of Stay (ALOS)

***Harris Rodde Indicator**

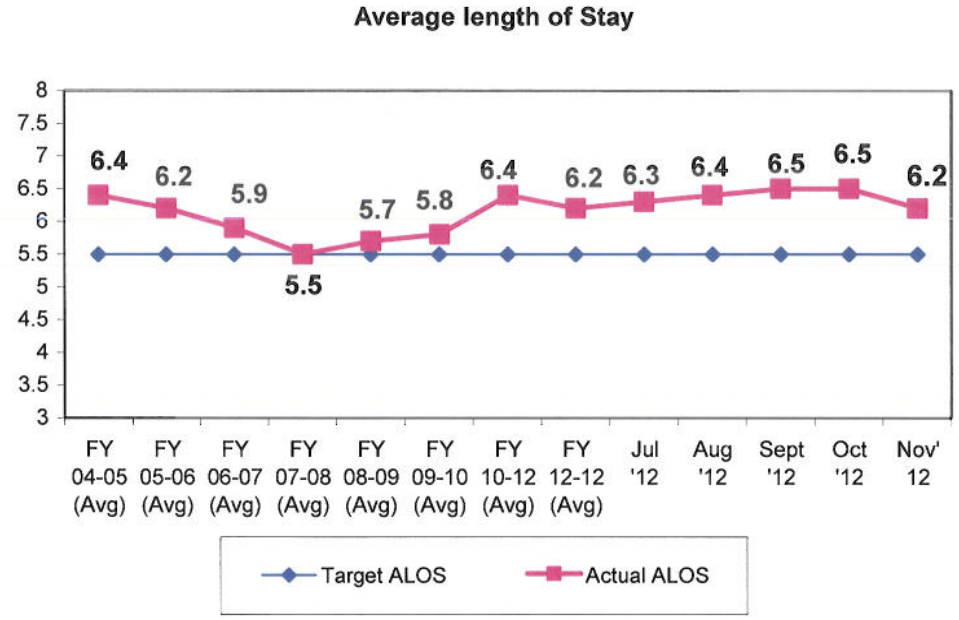
LOS:
The difference between discharge date and the admission date or 1 if the 2 dates are the same.

Total LOS:

Calculation:
ALOS is the arithmetic mean calculated by dividing the Total LOS by the Total # of discharges in the monthly reporting period, rounded off to one decimal place.

Source of Data:
Affinity

Target: <5.5 days



***Healthcare Network ALOS** - Preliminary data pending Auditor-Controller validation

Overall trend in ALOS for the 2-year period prior to the move reduced to a low range of 4.7 – 5.5 days in 2008.
Immediately prior to the move, the ALOS increased as the lower acuity patients were transferred to other facilities. This trend may continue depending on number of transfers.

*As of July 2010 with the consolidation of Ingleside and Hawkins, all psychiatric services are now included.
There were 3 patients discharged in November, 2012 with LOS > 100. Without the effect of these 3, ALOS would have been 6.0 rather than 6.2

Indicator #6 – Pediatric Metrics

6.

Pediatric Bed Census and Occupancy (%)

Pediatric ICU (PICU)

Neonatal ICU (NICU)

Pediatric Unit

Adolescent Unit

Census:
The total number admitted pediatric 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

Date	NICU (40 Beds)	Peds Ward (25 Beds)	PICU (10 Beds)	Med/Surg Adolescent (20 Beds)
Jul -10	60%	68%	80%	85%
Aug -10	62%	68%	60%	85%
Sep -10	72.5%	60%	60%	80%
Nov-10	67.5%	48%	50%	70%
Dec -10	62%	60%	50%	65%
Feb -11	57%	68%	80%	80%
Apr-11	55%	64%	50%	75%
May -11	57%	56%	50%	80%
Jul -11	58%	44%	50%	70%
Aug- 11	58%	44%	40%	75%
Sep -11	58%	40%	50%	75%
Nov-11	62%	60%	70%	75%
Dec-11	65%	40%	60%	70%
Jan -12	60%	52%	60%	75%
Feb-12	55%	56%	60%	70%
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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%

Indicator #7 – Med Surg / ICU / OB/GYN Metrics

7.

Med Surg / ICU Bed Census and Occupancy (%)

Medical Surgical Unit (Med Surg)

Jail Unit (Jail)

ICUs (Excluding Burn ICUs)

OB/GYN Unit

Census:

The total number admitted pediatric inpatients at 12:00 AM midnight of a designated pediatric ward.

Occupancy:

The total number of admitted inpatients divided by the total number of licensed beds on that unit and reported as percentage.

Source of Data:
Affinity

Date	Med Surg (309 beds)	Jail (24 Beds)	ICUs (120 Beds)	Burn* (20 Beds)	OB/GYN (32 beds)
Nov - 12	87%	83%	83.5 %	51%	87%

* Burn= Both ward (10) and ICUs (10)

Indicator #2 - Emergency Department Metrics

2c.

Left Without Being Seen

(LWBS)

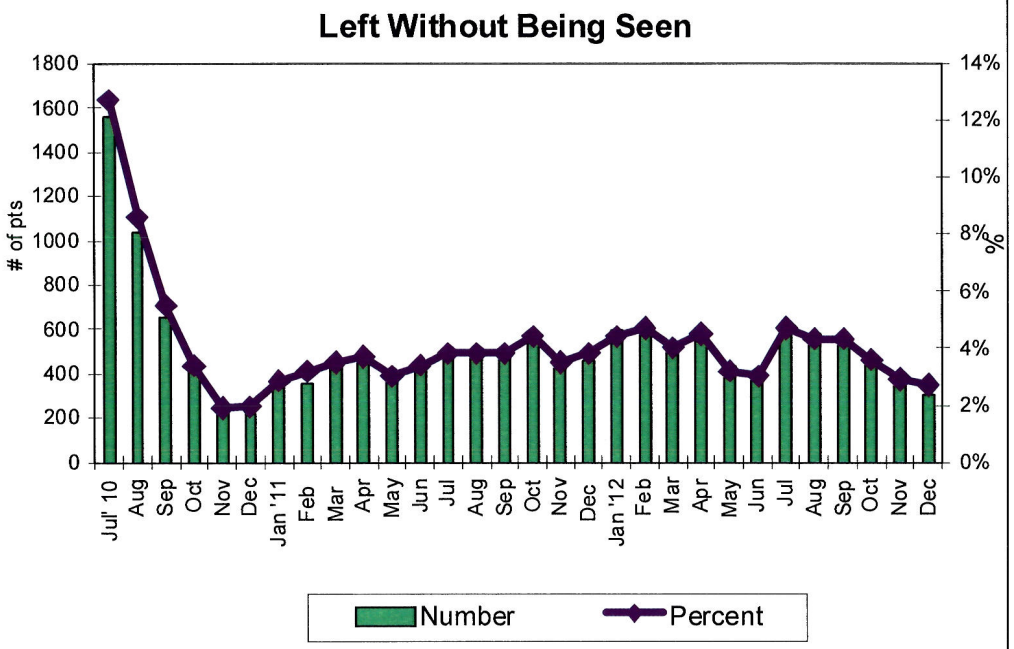
***Harris Rodde Indicator**

LWBS:
The total number of patients who left the ED without being seen by a physician reported as a percentage of all ED visits.

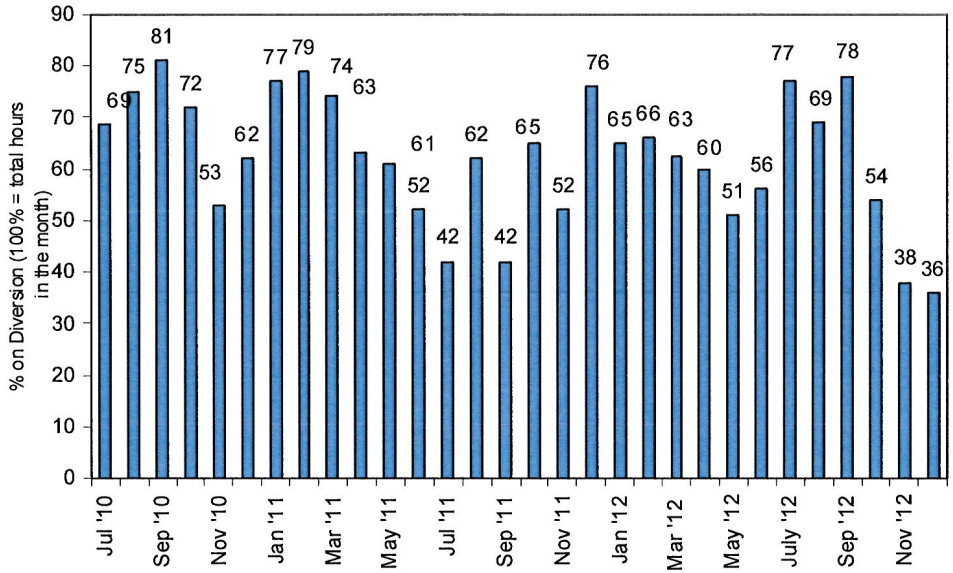
Calculation:
The total number of patients who left the ED without being seen divided by the total number of ED patient visits on a monthly basis.

Source of Data:
Affinity

Target:
No target value. Lower numbers are better.

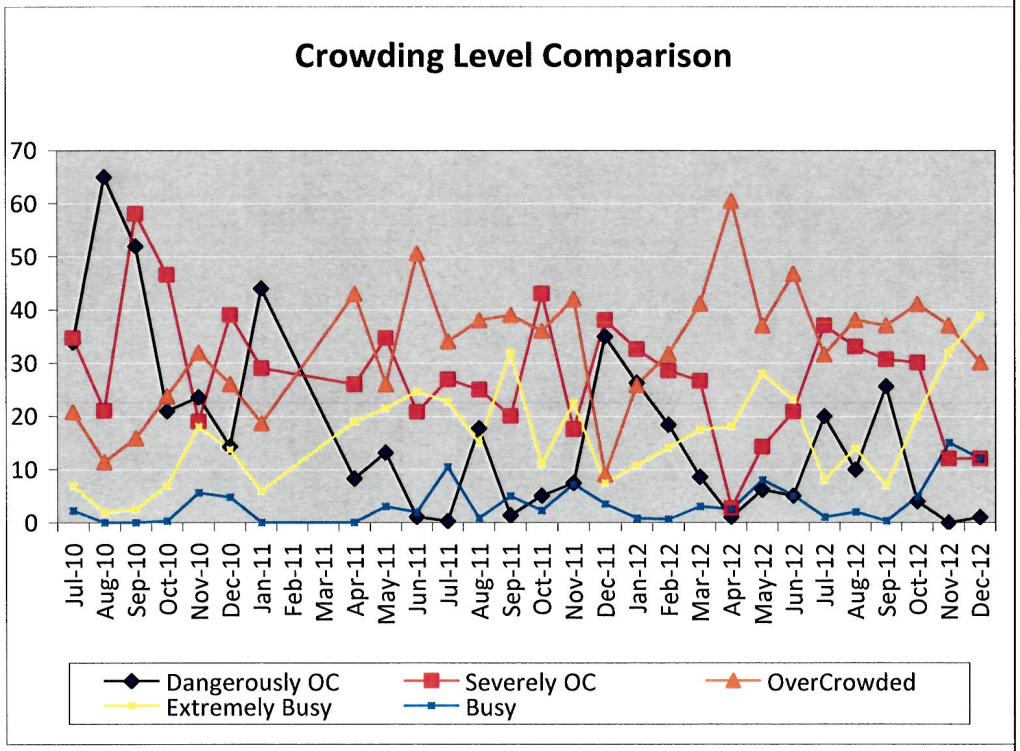


Dec '12 data is Preliminary data

Indicator #2 - Emergency Department 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**  	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".

2e.

Surge Report



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3. & 4.

Rancho Los Amigos Hospital (RLAH) Transfers

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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.

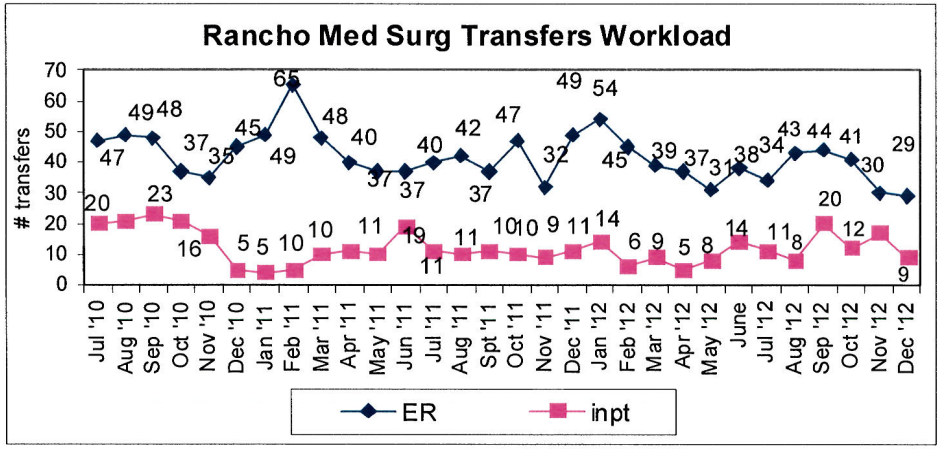
Month of Dec '12

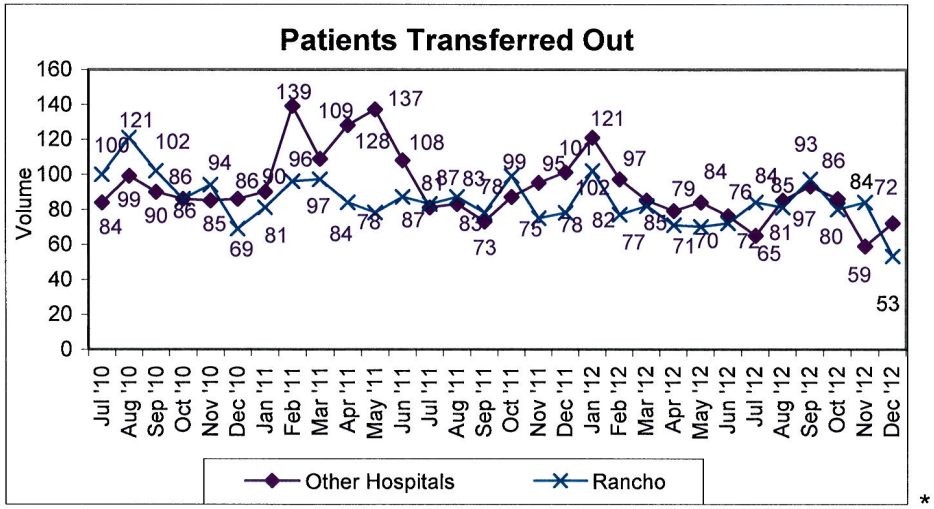
Referrals from ER:

	Med/Surg	Acute Stroke	Total
# Met transfer criteria	29	NA	-
# Referred to RLAH	29	14	43
# Transfers	29	14	43
# Denied	0	NA	-
# Cancelled	0 *	NA	-
# Patients refused*		NA	-

Referrals from Inpatients:

	Med/Surg	Acute Stroke	Total
# Met transfer criteria	12	NA	-
# Referred to RLAH	12	1	13
# Transfers	9	1	10
# Denied	1	NA	-
# Cancelled	2*	NA	-
# Patients refused*	0	NA	-
Other /Pending	0	NA	-





*

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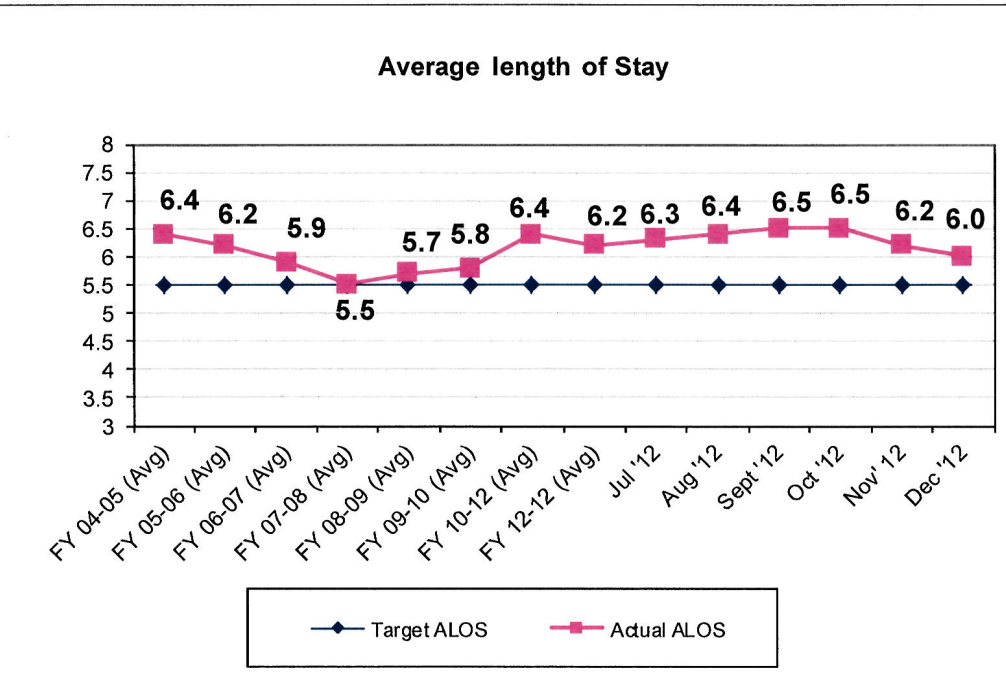

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*As of July 2010 with the consolidation of Ingleside and Hawkins, all psychiatric services are now included.
There were 6 patients discharged in December, 2012 with LOS > 100. Without the effect of these 6, ALOS would have been 5.8 rather than 6.0.

Indicator #6 – Pediatric Metrics

6.

Pediatric Bed Census and Occupancy (%)

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Neonatal ICU (NICU)

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Apr-11	55%	64%	50%	75%
May -11	57%	56%	50%	80%
Jul -11	58%	44%	50%	70%
Aug- 11	58%	44%	40%	75%
Sep -11	58%	40%	50%	75%
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%
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%

Indicator #7 – Med Surg / ICU / OB/GYN Metrics

7.

Med Surg / ICU Bed Census and Occupancy (%)

Medical Surgical Unit (Med Surg)

Jail Unit (Jail)

ICUs (Excluding Burn ICUs)

OB/GYN Unit

Census:

The total number admitted pediatric inpatients at 12:00 AM midnight of a designated pediatric ward.

Occupancy:

The total number of admitted inpatients divided by the total number of licensed beds on that unit and reported as percentage.

Source of Data:
Affinity

Date	Med Surg (309 beds)	Jail (24 Beds)	ICUs (120 Beds)	Burn* (20 Beds)	OB/GYN (32 beds)
Nov - 12	87%	83%	83.5 %	51%	87%
Dec-12	88%	71%	83%	44%	83%

* Burn= Both ward (10) and ICUs (10)

Health Services
LOS ANGELES COUNTY

March 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.
for 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 #85**

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

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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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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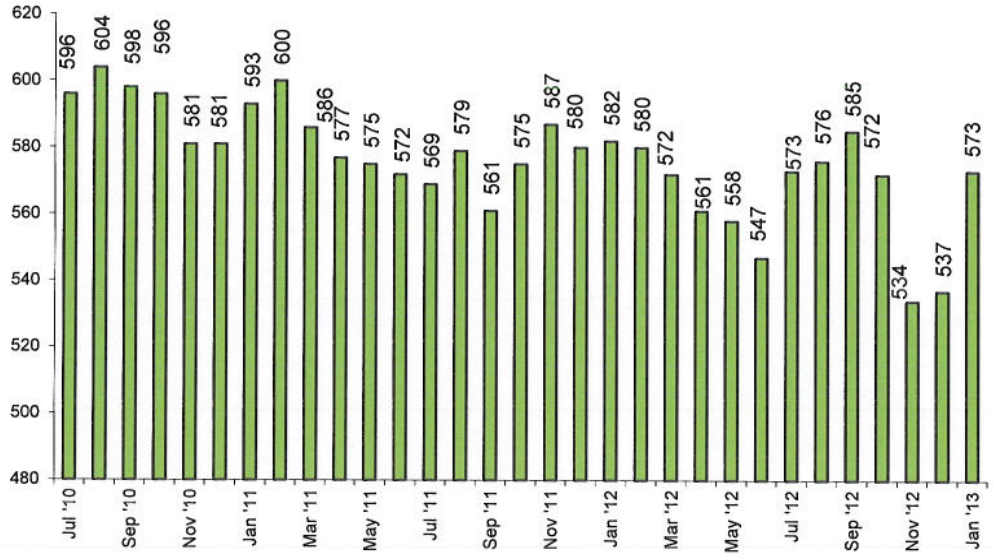
LAC+USC Medical Center
Operational Monitoring Report
Reporting Period – Jan 2013

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

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.

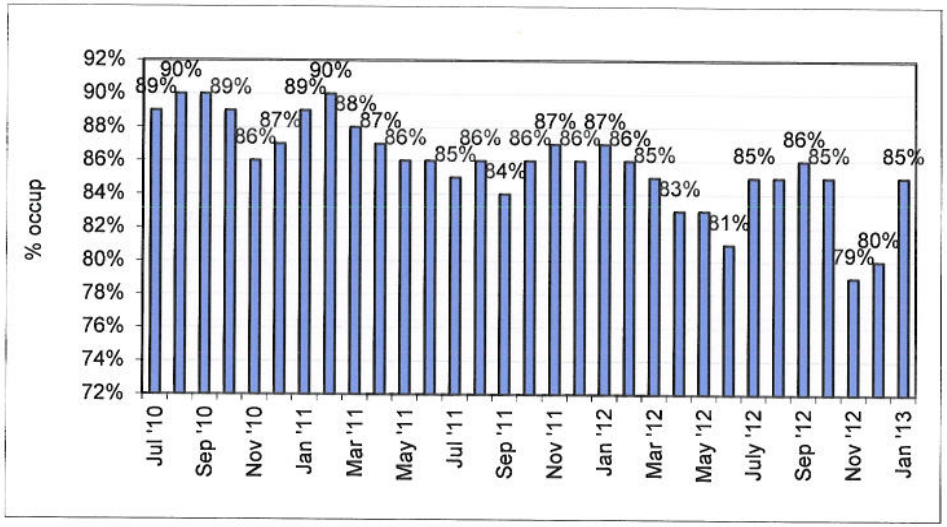
Calculation:
The total number of admitted inpatients at 12:00 AM midnight, including women in labor, may include normal newborns and psychiatric inpatients divided by licensed or budgeted beds.

Source of Data:
Affinity

Target:
95%

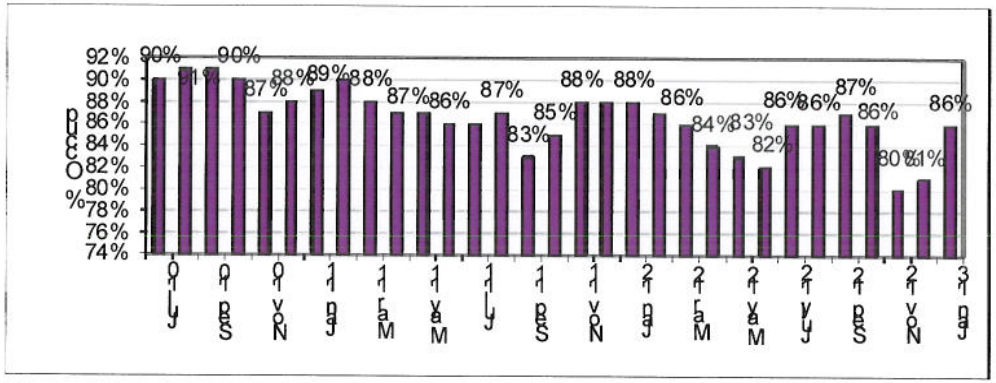
1. Medical Center Licensed Occupancy Rate (excluding Newborns) =

Med Center Census - Newborns / 600



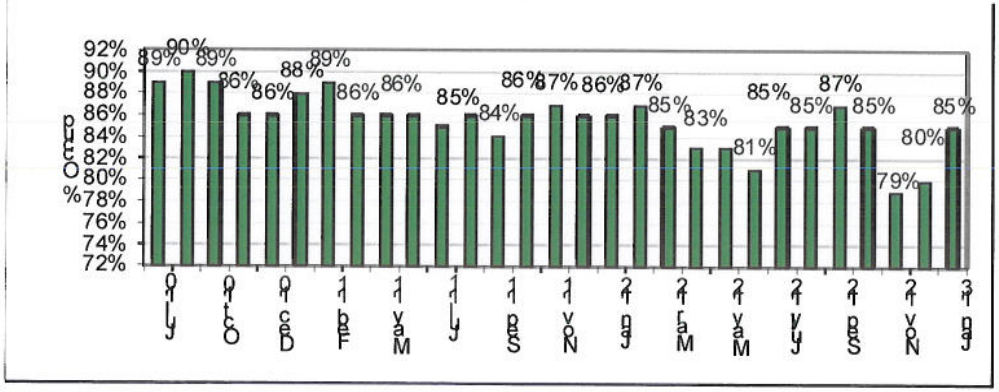
For comparison, occupancy rates reported in the old facility were reported including newborns and were based on budgeted beds.

Medical Center Licensed Occupancy Rate (including Newborns) Med Center Census/600



Medical Center Budgeted Occupancy

Med Center Census + Newborns + Psych Hosp Census / 676



Medical Center = New Facility + Psychiatric Hospital

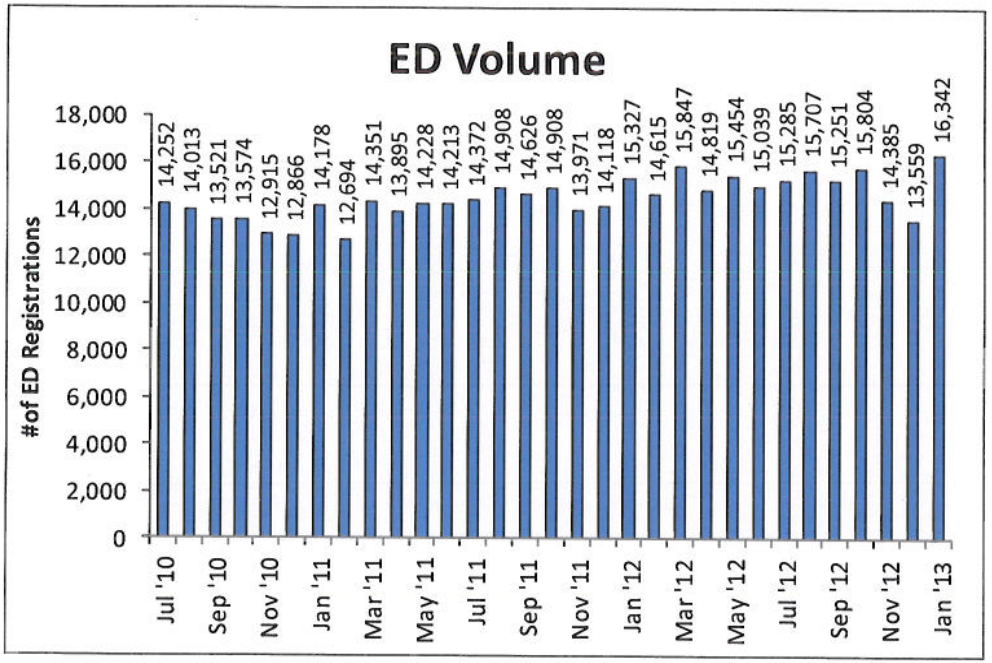
Indicator #2 - Emergency Department Metrics

2a. ED Volume

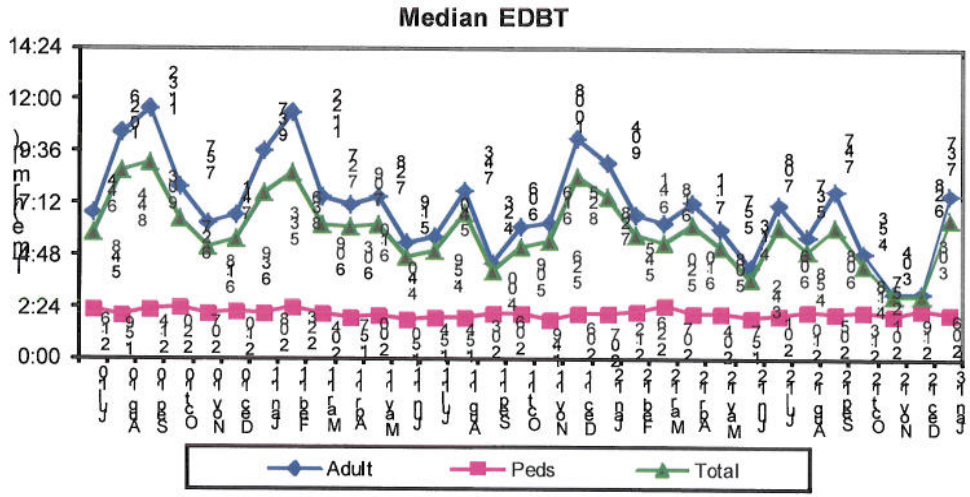
ED Volume:

Measured by total number of Emergency Department patient registrations.

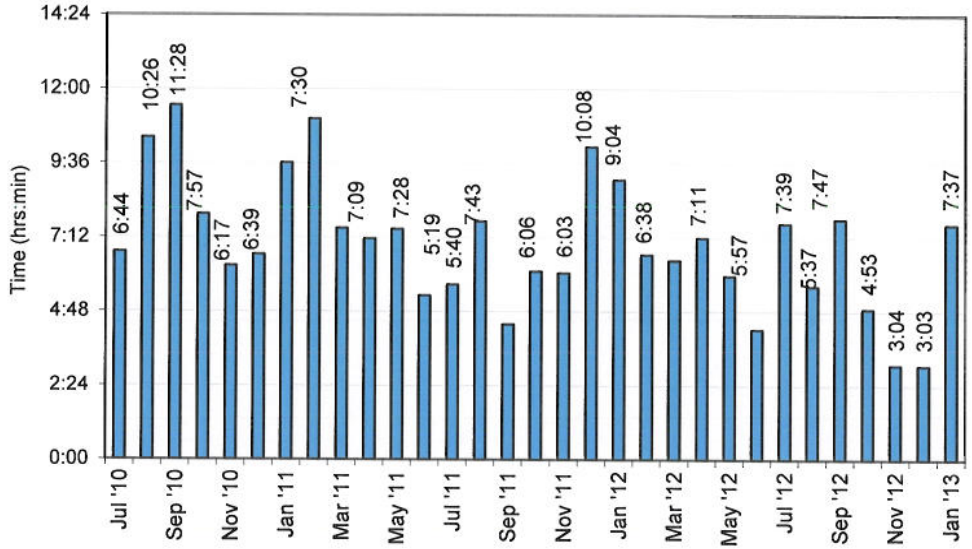
Source of Data:
Affinity



The annual total ED Volume for FY 10-11 was 164,700 which increased to 178,004 in FY 11-12. If the current increase in ED monthly volume is maintained, the annual total ED volume for FY 12-13 will surpass the FY 11-12 amount.

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 **Target**: Less than 7 hours.	 Jan '13 data is Preliminary data	

Median Boarding Time (Adult)*



Jan '13 data is Preliminary data

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.

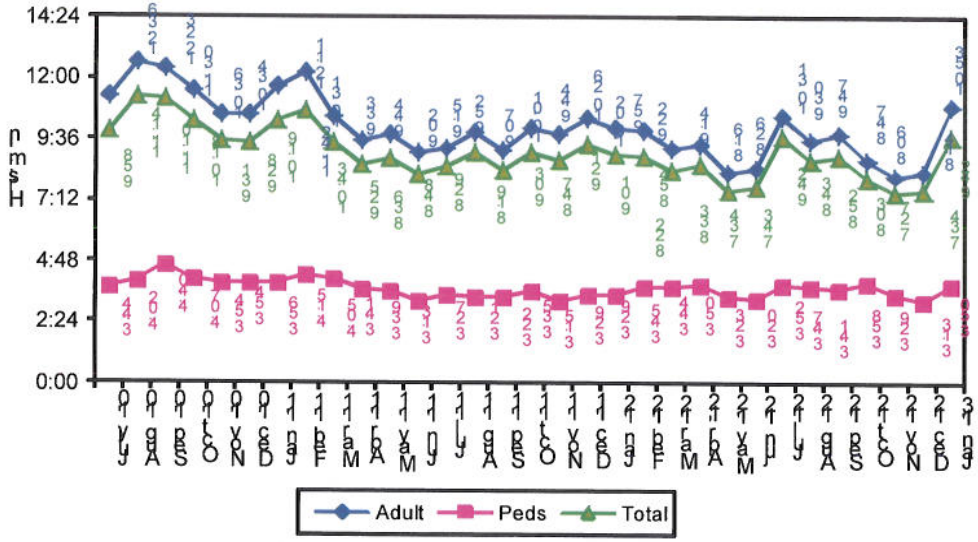
Definition:
Sum of all wait time values during the monthly reporting period divided by the total number of values.

Source of Data:
Affinity

Target:

No target value. Lower numbers are better.

Average ED Wait Time



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

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

Jan '13 data is Preliminary data

Indicator #2 - Emergency Department Metrics

2d.

Left Without Being Seen

(LWBS)

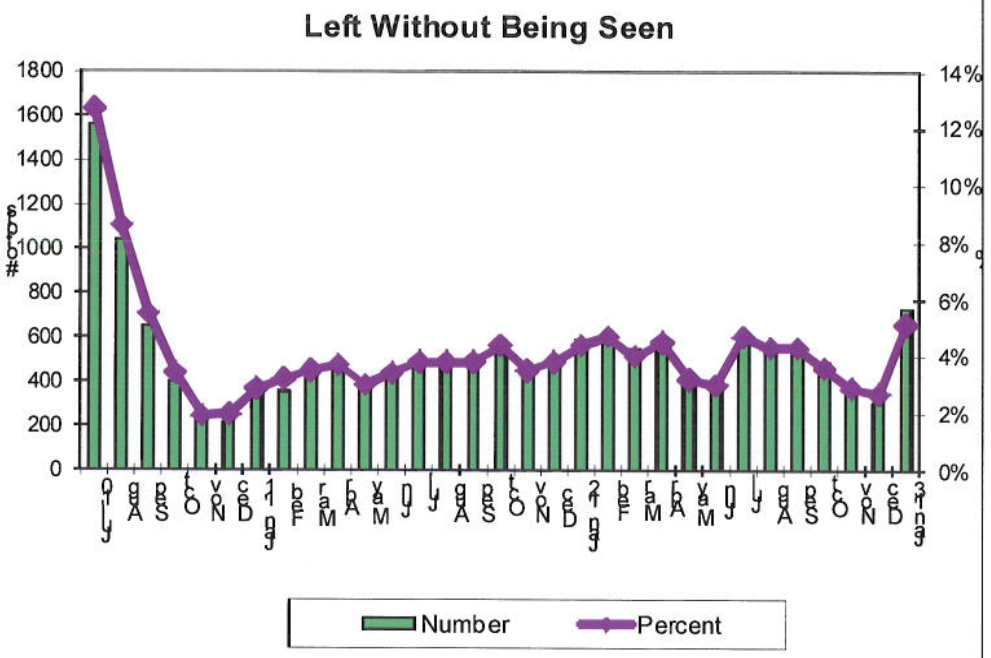
***Harris Rodde Indicator**

LWBS:
The total number of patients who left the ED without being seen by a physician 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. Lower numbers are better.



Jan '13 data is Preliminary data

Indicator #2 - Emergency Department Metrics

2e.

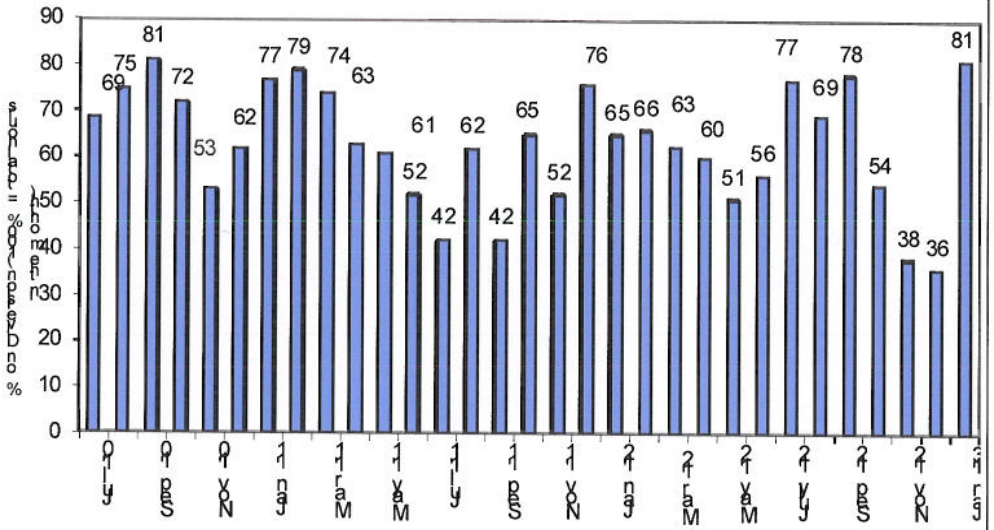
ED Diversion

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

Diversion of ALS Units due to ED Saturation

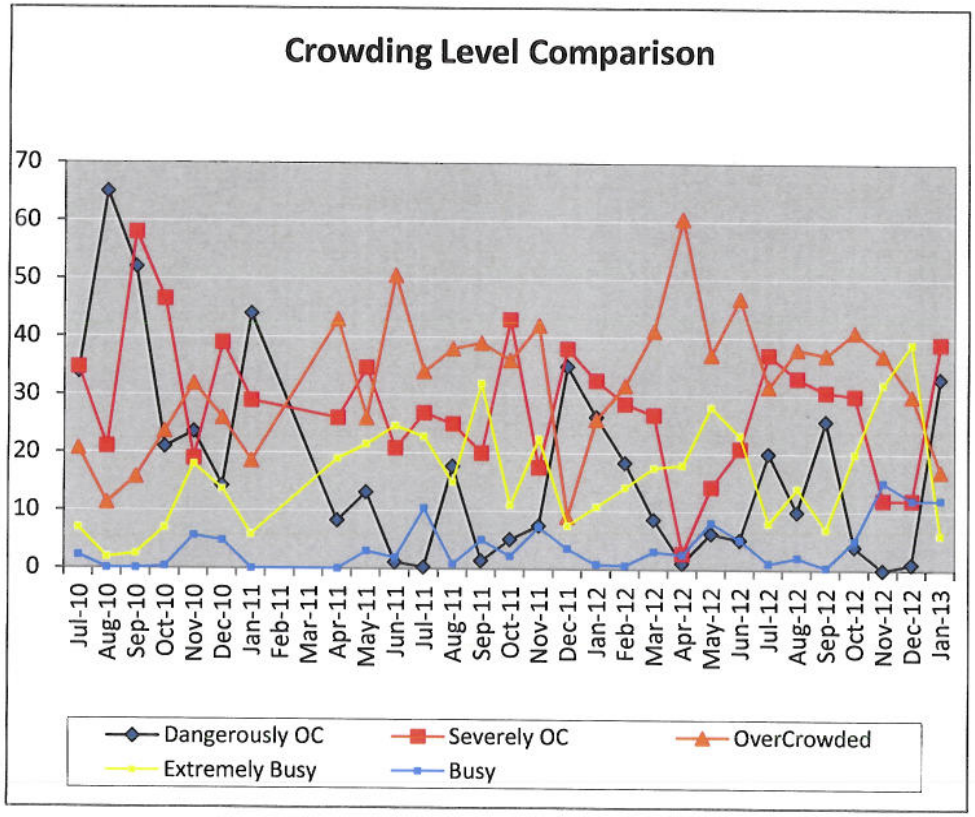


Key points:

-- 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".

2f.

Surge Report



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.

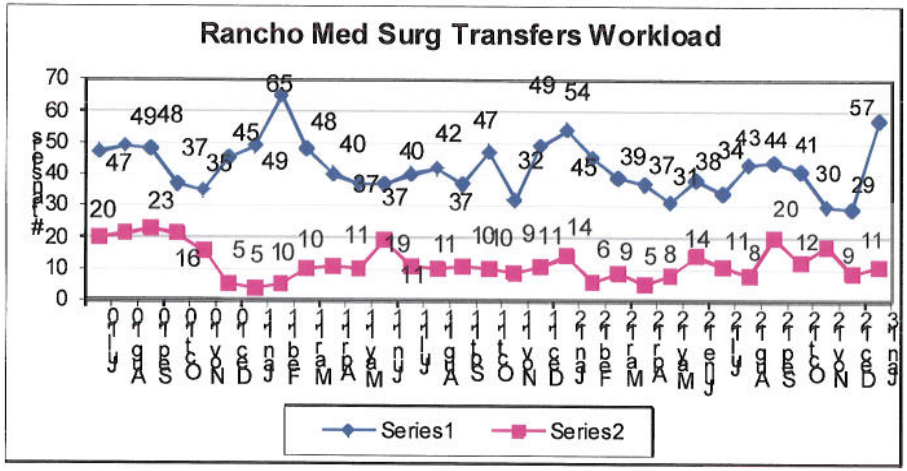
Month of Jan '13

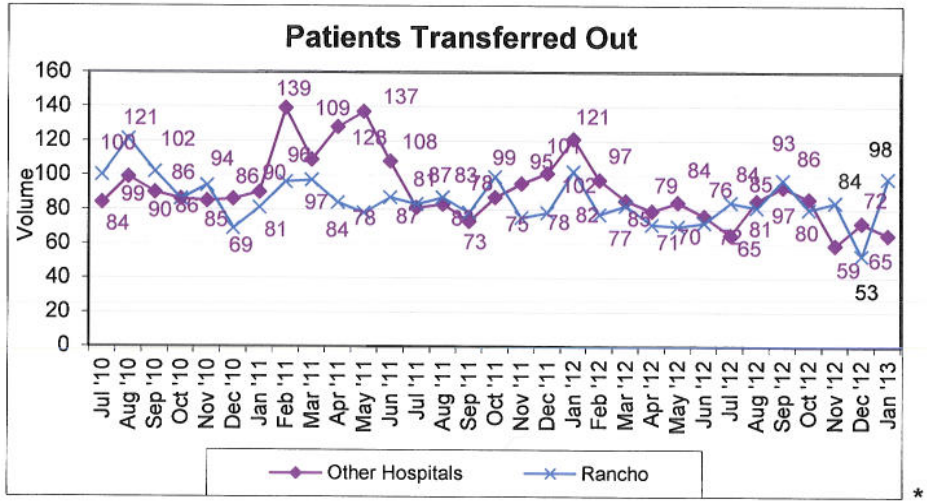
Referrals from ER:

	Med/Surg	Acute Stroke	Total
# Met transfer criteria	58	NA	-
# Referred to RLAH	58	24	82
# Transfers	57	24	81
# Denied	0	NA	-
# Cancelled	1*	NA	-
# Patients refused*		NA	-

Referrals from Inpatients:

	Med/Surg	Acute Stroke	Total
# 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	-





*

Other hospitals = Silver Lake (0), Managed Care Repatriation (65)

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

Indicator #5 – Harris Rodde Indicators

5.

Average Length of Stay (ALOS)

***Harris Rodde Indicator**

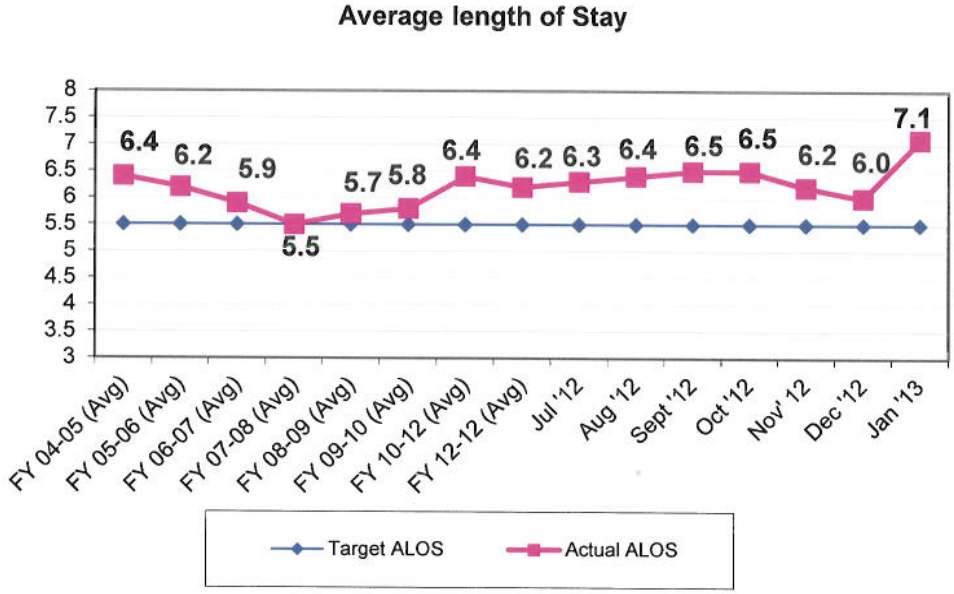
LOS:
The difference between discharge date and the admission date or 1 if the 2 dates are the same.

Total LOS:

Calculation:
ALOS is the arithmetic mean calculated by dividing the Total LOS by the Total # of discharges in the monthly reporting period, rounded off to one decimal place.

Source of Data:
Affinity

Target: <5.5 days



***Medical Center (New Facility + Psychiatric Hospital) ALOS** - Preliminary data pending Auditor-Controller validation

Overall trend in ALOS for the 2-year period prior to the move reduced to a low range of 4.7 – 5.5 days in 2008. Immediately prior to the move, the ALOS increased as the lower acuity patients were transferred to other facilities. This trend may continue depending on number of transfers.

*As of July 2010 with the consolidation of Ingleside and Hawkins, all psychiatric services are now included.
There were 9 patients discharged in January, 2013 with LOS > 100. Without the effect of these 9, ALOS would have been 6.5 rather than 7.1.

Indicator #6 – Pediatric Metrics

6.

Pediatric Bed Census and Occupancy (%)

Pediatric ICU (PICU)

Neonatal ICU (NICU)

Pediatric Unit

Adolescent Unit

Census:
The total number admitted pediatric 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

Date	NICU (40 Beds)	Peds Ward (25 Beds)	PICU (10 Beds)	Med/Surg Adolescent (20 Beds)
Jul-10	60%	68%	80%	85%
Aug-10	62%	68%	60%	85%
Sep-10	72.5%	60%	60%	80%
Nov-10	67.5%	48%	50%	70%
Dec-10	62%	60%	50%	65%
Feb-11	57%	68%	80%	80%
Apr-11	55%	64%	50%	75%
May-11	57%	56%	50%	80%
Jul-11	58%	44%	50%	70%
Aug-11	58%	44%	40%	75%
Sep-11	58%	40%	50%	75%
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%
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%

Indicator #7 – Med Surg / ICU / OB/GYN Metrics

7.

Med Surg / ICU Bed Census and Occupancy (%)

Medical Surgical Unit (Med Surg)

Jail Unit (Jail)

ICUs (Excluding Burn ICUs)

OB/GYN Unit

Census:

The total number admitted pediatric inpatients at 12:00 AM midnight of a designated pediatric ward.

Occupancy:

The total number of admitted inpatients divided by the total number of licensed beds on that unit and reported as percentage.

Source of Data:
Affinity

Date	Med Surg (309 beds)	Jail (24 Beds)	ICUs (120 Beds)	Burn* (20 Beds)	OB/GYN (32 beds)
Nov-12	87%	83%	83.5 %	51%	87%
Dec-12	88%	71%	83%	44%	83%
Jan-13	95%	73%	85%	55%	98%

* Burn= Both ward (10) and ICUs (10)

Health Services
LOS ANGELES COUNTY

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.
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**

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

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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.

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.

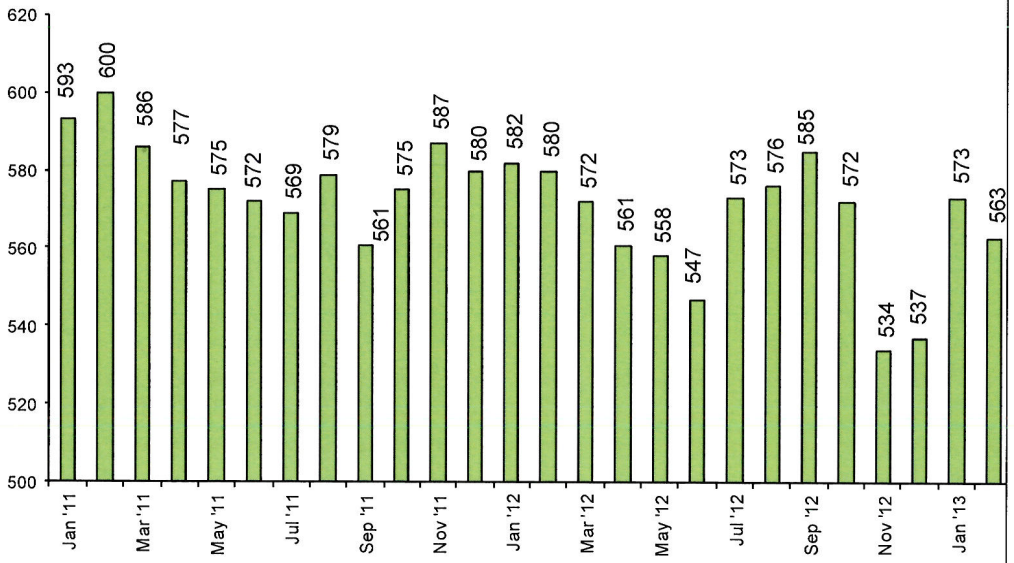
CG:ab

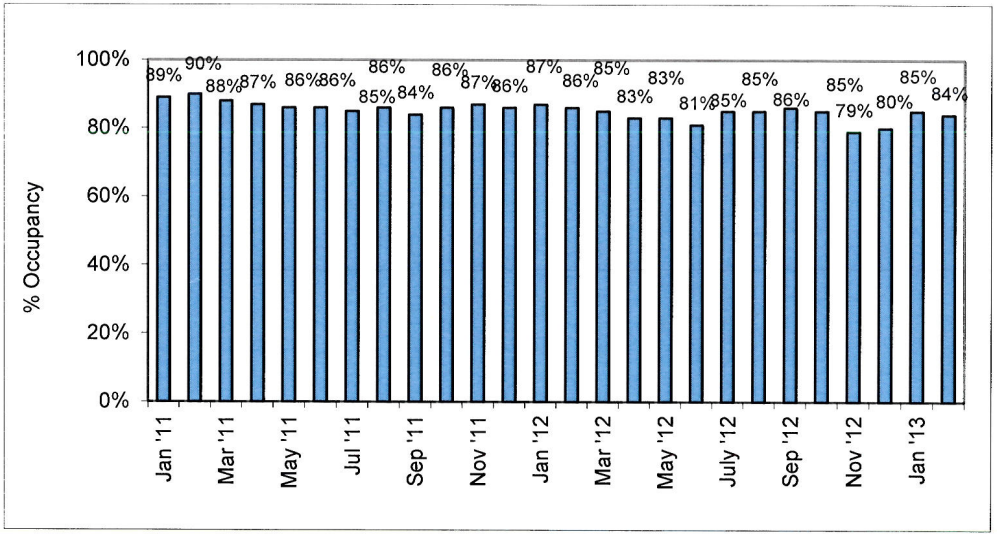
Attachment

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

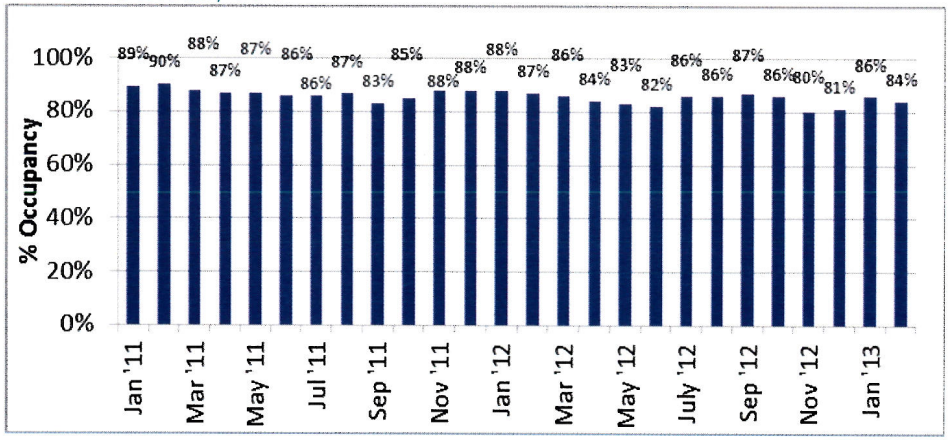
www.dhs.lacounty.gov

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

Indicator	Definition	Data	Comments
Indicator #1 – Trends in Average Daily Census and Hospital Operations Metrics			
1a. **Average Daily Census (ADC)**	**ADC:** A measure of the total number of inpatients occupying licensed beds on a daily basis reported as the arithmetic mean. **Calculation:** Total number of admitted inpatients at 12:00 AM midnight daily, summed over the month and divided by the total number of days in the month. **Source of Data:** Affinity	**ADC**  Note: Average Daily Census number reported includes Medical Center + Psych + Newborns Census.	ADC provided as background information. Graphs depict data from January 2011 to present.

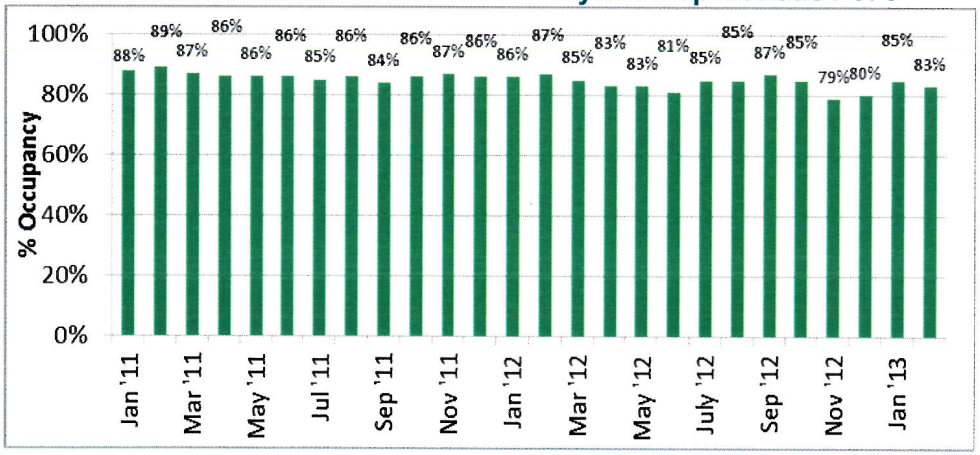
Indicator #1 – Trends in Average Daily Census and Hospital Operations Metrics			
1b. **Occupancy Rate LAC+USC Medical Center**	**Definition**: A measure of the usage of the licensed beds during the reporting period that is derived by dividing the patient days in the reporting period by the licensed bed 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.

Medical Center Licensed Occupancy Rate (including Newborns) Med Center Census/600



Medical Center Budgeted Occupancy

Med Center Census + Newborns + Psych Hosp Census / 676



Medical Center = New Facility + Psychiatric Hospital

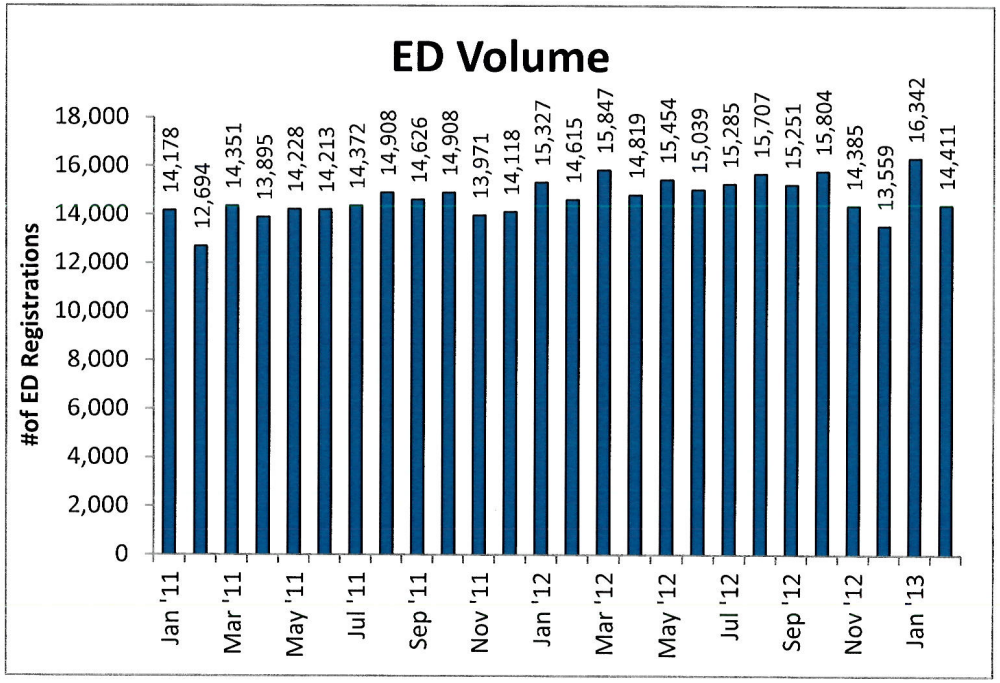
Indicator #2 - Emergency Department Metrics

2a. ED Volume

ED Volume:

Measured by total number of Emergency Department patient registrations.

Source of Data:
Affinity



The annual total ED Volume for FY 10-11 was 164,700 which increased to 178,004 in FY 11-12. If the current increase in ED monthly volume is maintained, the annual total ED volume for FY 12-13 will surpass the FY 11-12 amount.

2b.

Median Emergency Department Boarding Time

(EDBT)

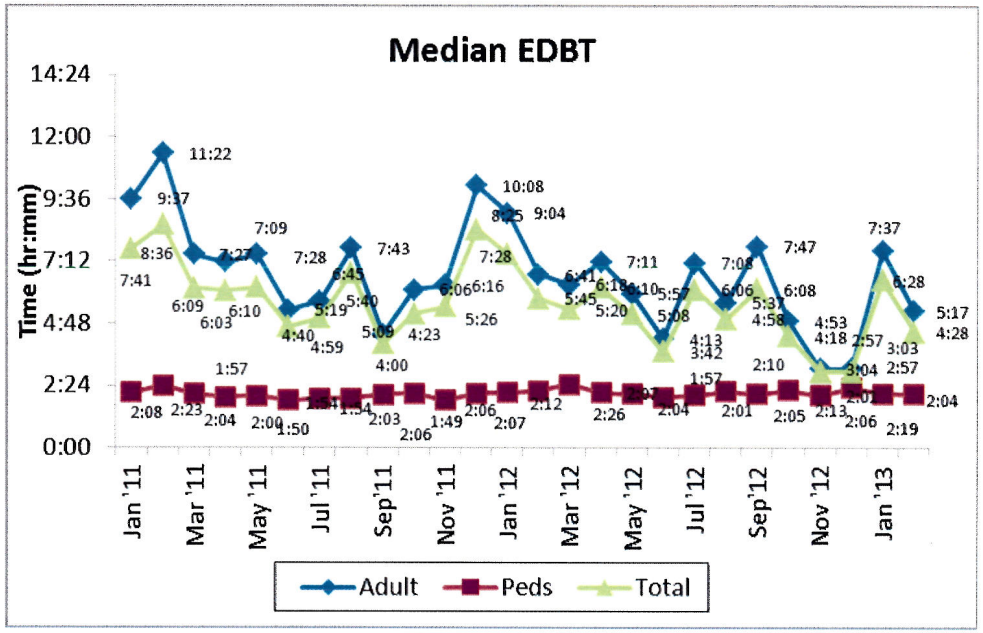
***Harris Rodde Indicator**

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.

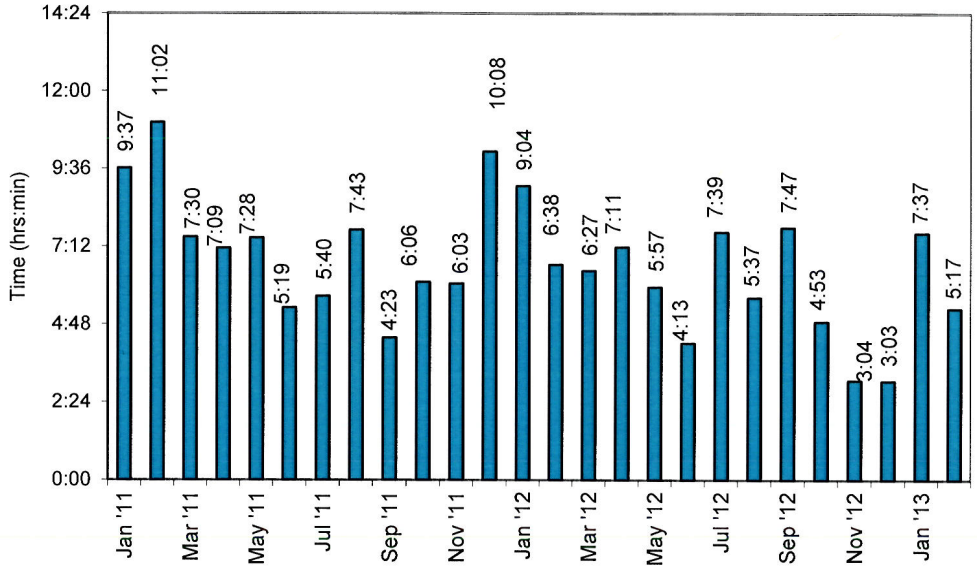
Source of Data:
Affinity

Target:
Less than 7 hours.



Feb '13 data is Preliminary data

Median Boarding Time (Adult)*



Feb '13 data is Preliminary data

Indicator #2 - Emergency Department Metrics

2c.

ED Wait Time

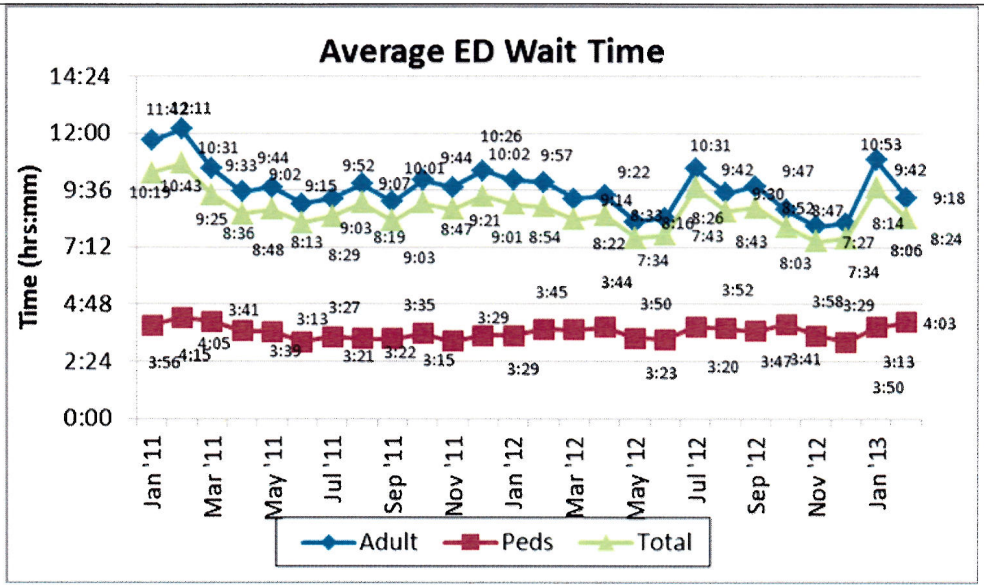
ED Wait Time:
Measured from time patient is triaged to time patient is either admitted or discharged reported as an arithmetic mean.

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

Feb '13 data is Preliminary data

Indicator #2 - Emergency Department Metrics

2d.

Left Without Being Seen

(LWBS)

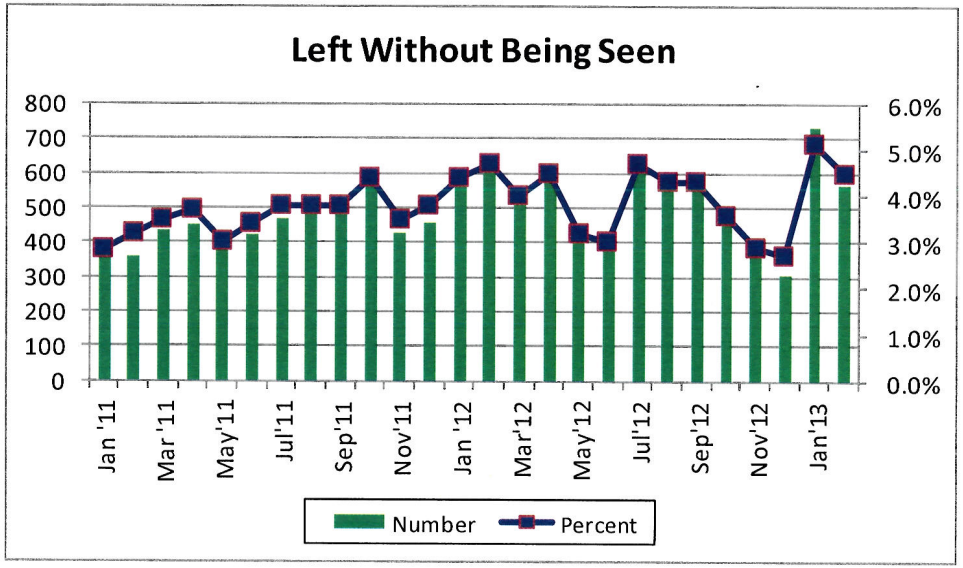
***Harris Rodde Indicator**

LWBS:
The total number of patients who left the ED without being seen by a physician 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. Lower numbers are better.



Feb '13 data is Preliminary data

Indicator #2 - Emergency Department Metrics

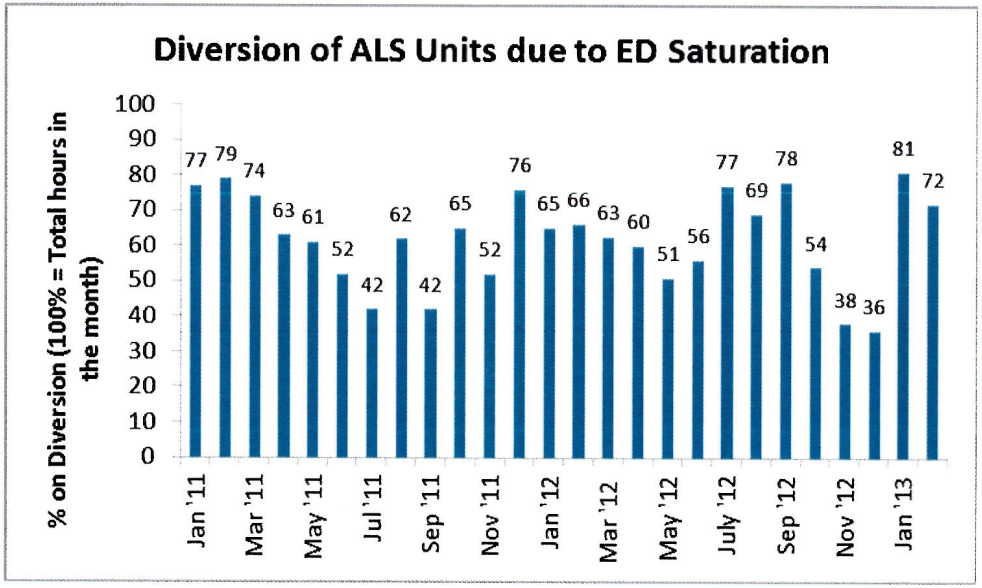
2e.

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

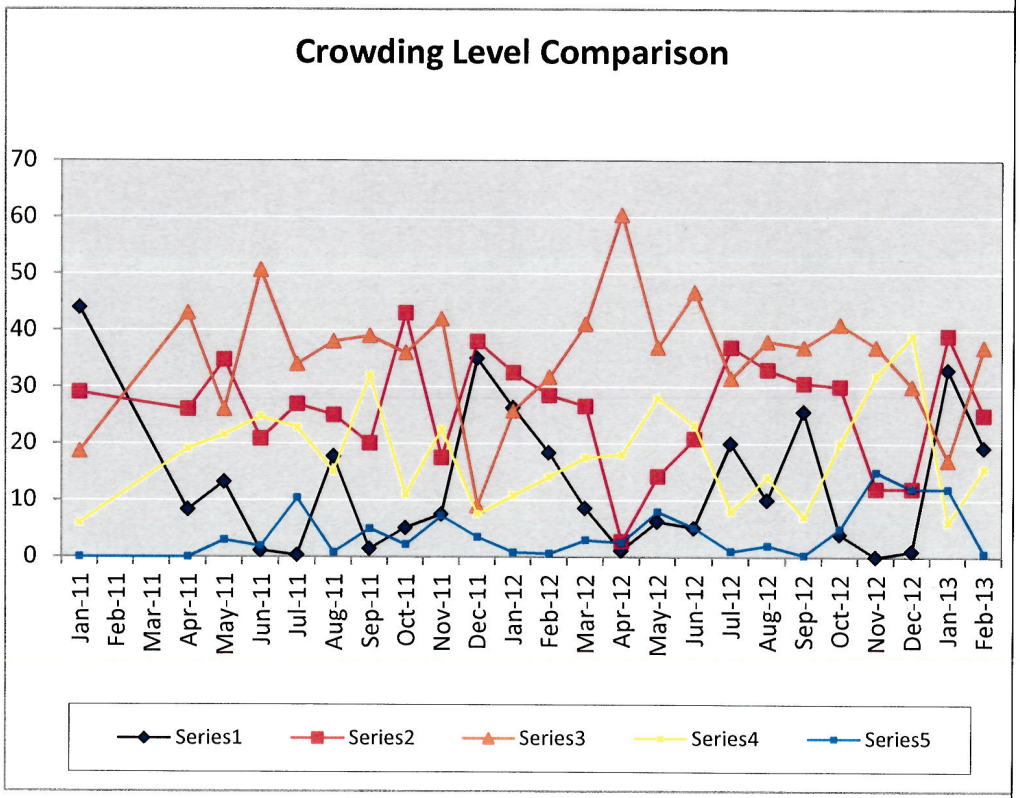


Key points:

-- Diversion 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".

2f.

Surge Report



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.

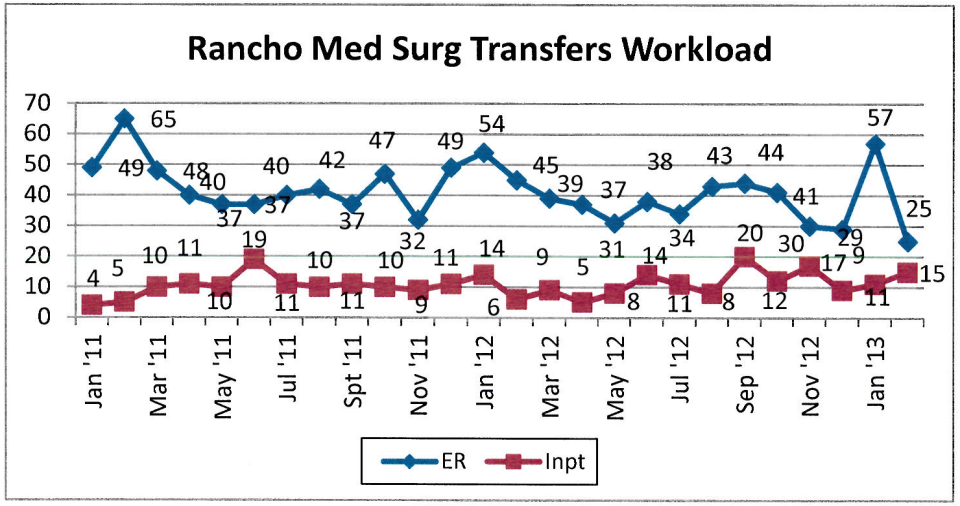
Month of Feb '13

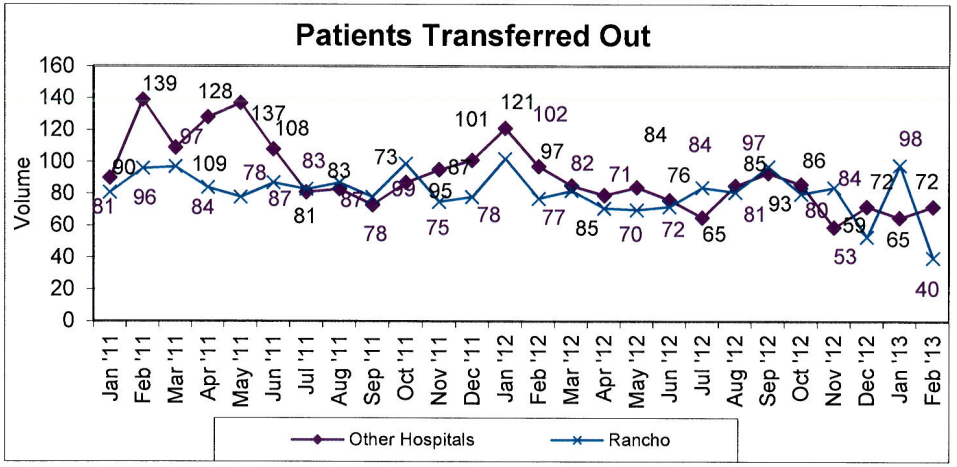
Referrals from ER:

	Med/Surg	Acute Stroke	Total
# Met transfer criteria	6	NA	-
# Referred to RLAH	6	19	25
# Transfers	6	19	25
# Denied	0	NA	-
# Cancelled	0*	NA	-
# Patients refused*		NA	-

Referrals from Inpatients:

	Med/Surg	Acute Stroke	Total
# Met transfer criteria	14	NA	-
# Referred to RLAH	14	5	19
# Transfers	10	5	15
# Denied	3	NA	-
# Cancelled	1*	NA	-
# Patients refused*	0	NA	-
Other /Pending	0	NA	-





* Other hospitals = Silver Lake (3), Managed Care Repatriation (69)

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

Indicator #5 – Harris Rodde Indicators

5.

Average Length of Stay (ALOS)

***Harris Rodde Indicator**

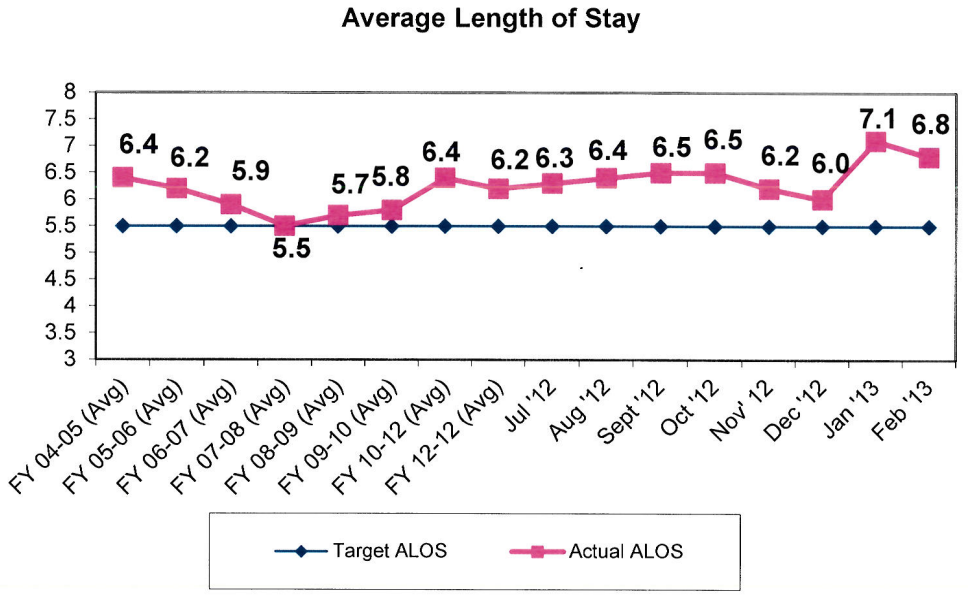
LOS:
The difference between discharge date and the admission date or 1 if the 2 dates are the same.

Total LOS:

Calculation:
ALOS is the arithmetic mean calculated by dividing the Total LOS by the Total # of discharges in the monthly reporting period, rounded off to one decimal place.

Source of Data:
Affinity

Target: <5.5 days



***Medical Center (New Facility + Psychiatric Hospital) ALOS** - Preliminary data pending Auditor-Controller validation

The increasing length of stay observed in January and February is largely attributed to the discharge of several patients with extended lengths of stay. In February 2013, these include 7 patients who were discharged with LOS > 100. Without the effect of these 7 patients, ALOS would have been 6.5 rather than 6.8. Preliminary data from the first half of March 2013 shows a reversal of this trend, with LOS at approximately 6.2.

*As of July 2010 with the consolidation of Ingleside and Hawkins, all psychiatric services are now included.

Indicator #6 – Pediatric Metrics

6.

Pediatric Bed Census and Occupancy (%)

Pediatric ICU (PICU)

Neonatal ICU (NICU)

Pediatric Unit

Adolescent Unit

Census:
The total number admitted pediatric 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

Date	NICU (40 Beds)	Peds Ward (25 Beds)	PICU (10 Beds)	Med/Surg Adolescent (20 Beds)
Jan-11	55%	60%	70%	70%
Feb-11	57%	68%	80%	80%
Mar-11	57%	60%	70%	75%
Apr-11	55%	64%	50%	75%
May-11	57%	56%	50%	80%
Jun-11	70%	52%	60%	75%
Jul-11	58%	44%	50%	70%
Aug-11	58%	44%	40%	75%
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%
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%

Indicator #7 – Med Surg / ICU / OB/GYN Metrics

7.

Med Surg / ICU Bed Census and Occupancy (%)

Medical Surgical Unit (Med Surg)

Jail Unit (Jail)

ICUs (Excluding Burn ICUs)

OB/GYN Unit

Census:

The total number admitted pediatric inpatients at 12:00 AM midnight of a designated pediatric ward.

Occupancy:

The total number of admitted inpatients divided by the total number of licensed beds on that unit and reported as percentage.

Source of Data:
Affinity

Date	Med Surg (309 beds)	Jail (24 Beds)	ICUs (120 Beds)	Burn* (20 Beds)	OB/GYN (32 beds)
Nov-12	87%	83%	83.5 %	51%	87%
Dec-12	88%	71%	83%	44%	83%
Jan-13	95%	73%	85%	55%	98%
Feb-13	93%	59%	87%	61%	95%

* Burn= Both ward (10) and ICUs (10)

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LOS ANGELES COUNTY

Los Angeles County
Board of Supervisors

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Director

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Chief Medical Officer

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

313 N. Figueroa Street, Suite 912
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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.

May 1, 2013

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 #87**

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 March 2013.

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.

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.

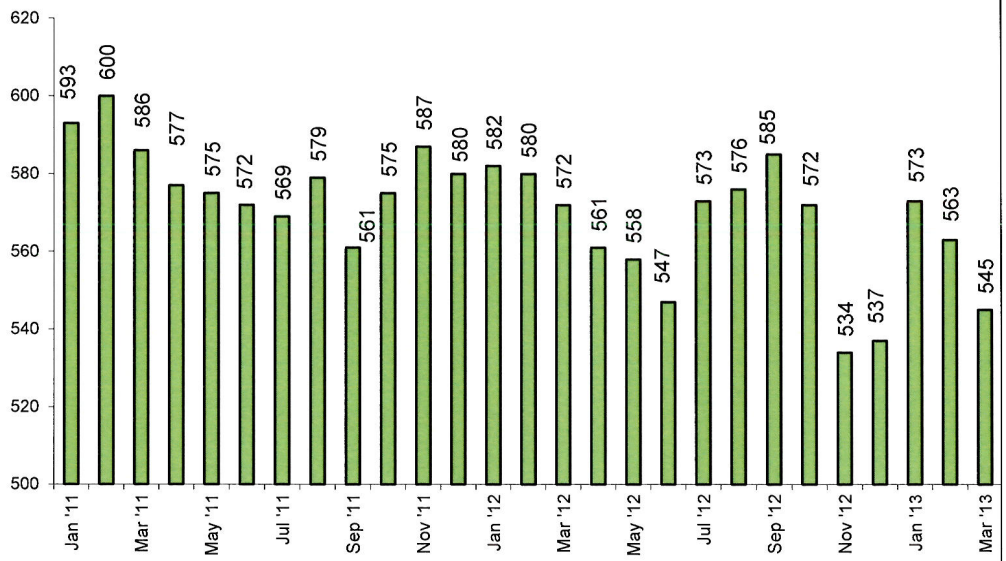
CG:ab

Attachment

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

www.dhs.lacounty.gov

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

Indicator	Definition	Data	Comments
Indicator #1 – Trends in Average Daily Census and Hospital Operations Metrics			
1a. **Average Daily Census (ADC)**	**ADC:** A measure of the total number of inpatients occupying licensed beds on a daily basis reported as the arithmetic mean. **Calculation:** Total number of admitted inpatients at 12:00 AM midnight daily, summed over the month and divided by the total number of days in the month. **Source of Data:** Affinity	**ADC**  Note: Average Daily Census number reported includes Medical Center + Psych + Newborns Census.	ADC provided as background information. Graphs depict data from January 2011 to present.

Indicator #1 – Trends in Average Daily Census and Hospital Operations Metrics

1b.

Occupancy Rate LAC+USC Medical Center

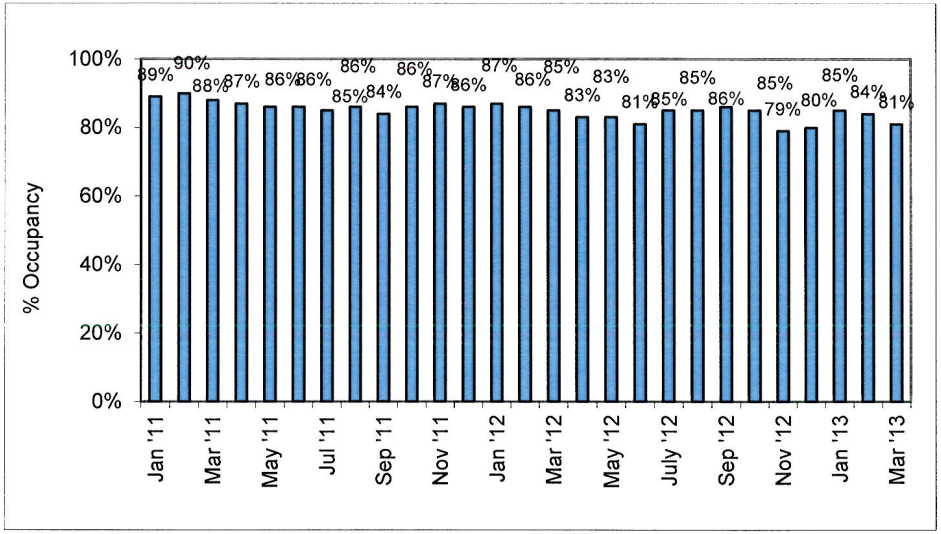
Definition:
A measure of the usage of the licensed beds during the reporting period that is derived by dividing the patient days in the reporting period by the licensed bed days in the reporting period.

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

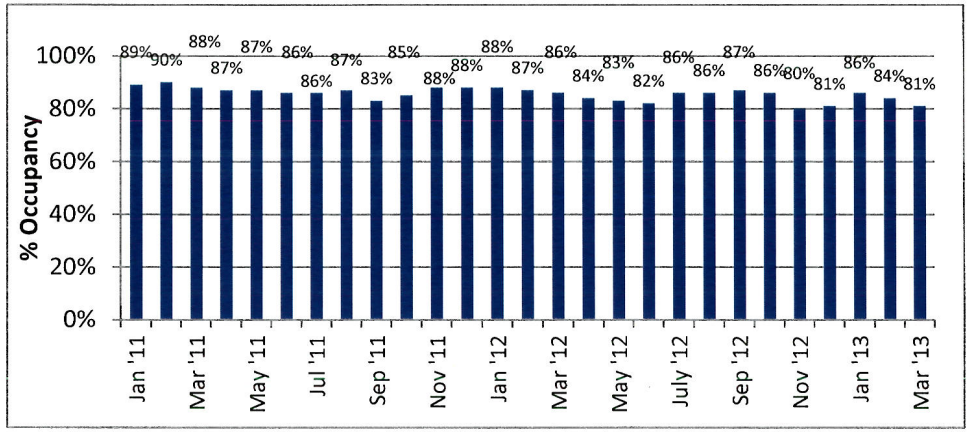
Target:
95%

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



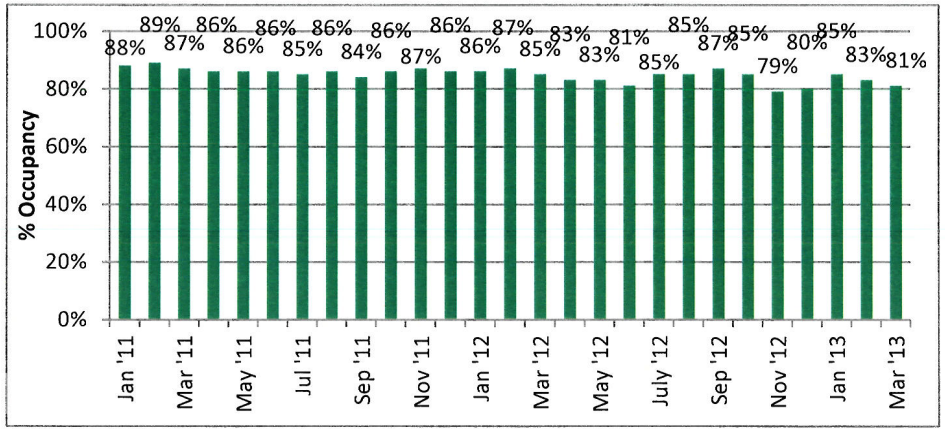
For comparison, occupancy rates reported in the old facility were reported including newborns and were based on budgeted beds.

Medical Center Licensed Occupancy Rate (including Newborns) Med Center Census/600



Medical Center Budgeted Occupancy

Med Center Census + Newborns + Psych Hosp Census / 676



Medical Center = New Facility + Psychiatric Hospital

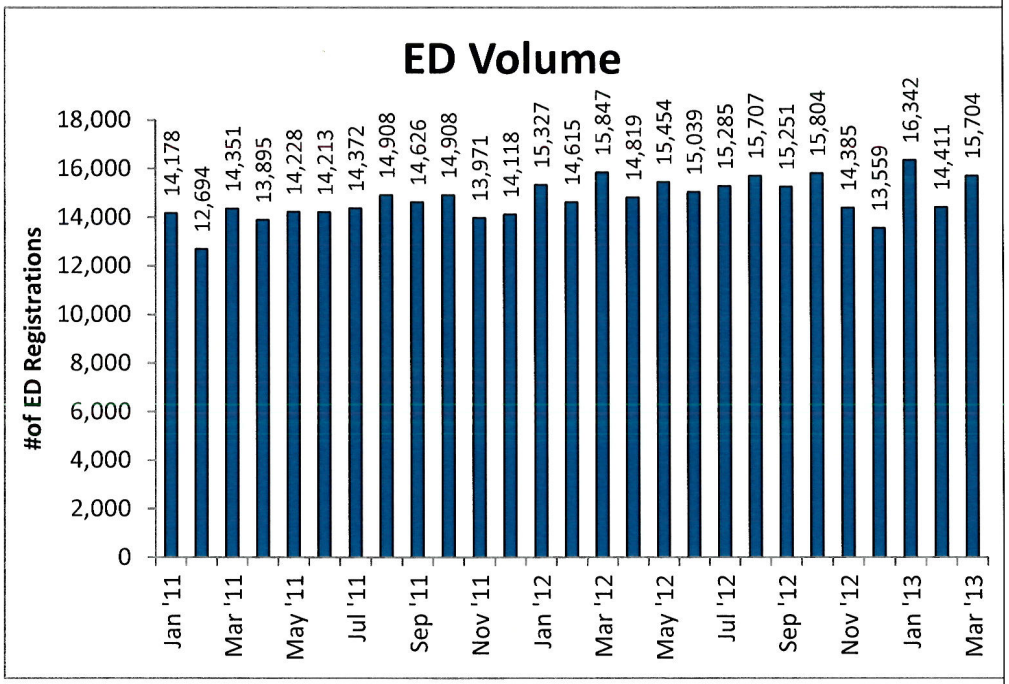
Indicator #2 - Emergency Department Metrics

2a. ED Volume

ED Volume:

Measured by total number of Emergency Department patient registrations.

Source of Data:
Affinity



The annual total ED Volume for FY 10-11 was 164,700 which increased to 178,004 in FY 11-12. If the current increase in ED monthly volume is maintained, the annual total ED volume for FY 12-13 will surpass the FY 11-12 amount.

2b.

Median Emergency Department Boarding Time

(EDBT)

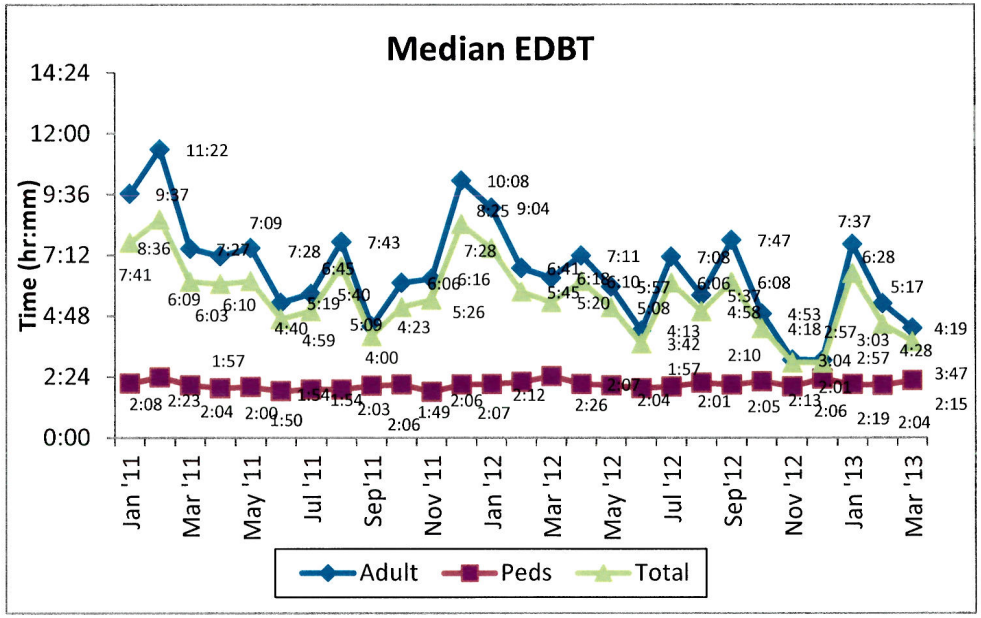
***Harris Rodde Indicator**

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.

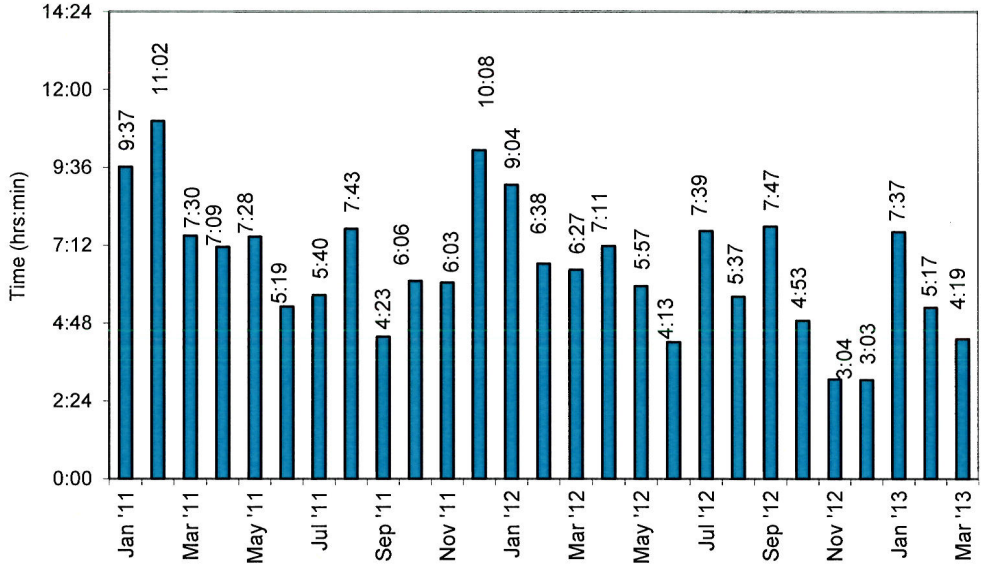
Source of Data:
Affinity

Target:
Less than 7 hours.



Mar '13 data is Preliminary data

Median Boarding Time (Adult)*



Mar '13 data is Preliminary data

Indicator #2 - Emergency Department Metrics

2c.

ED Wait Time

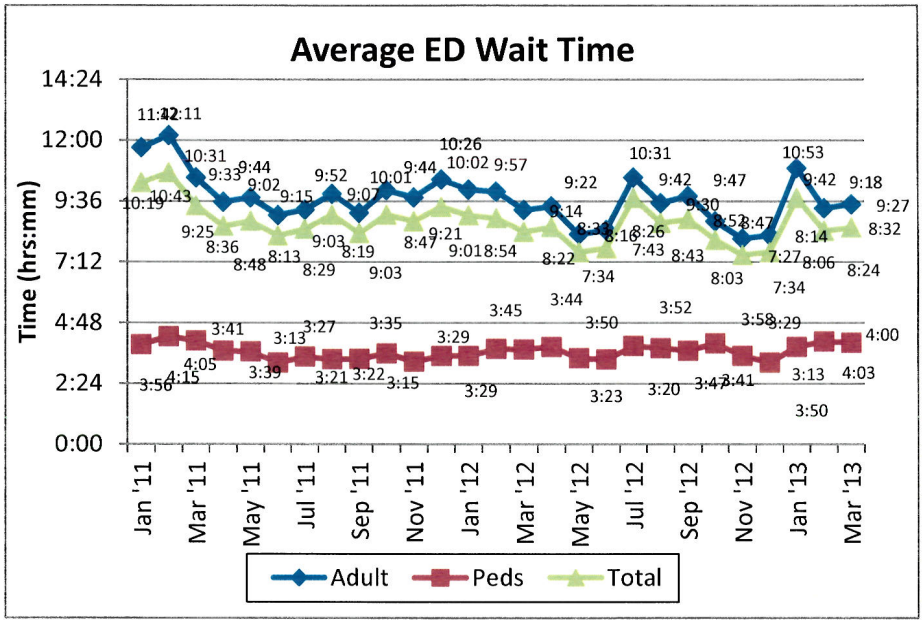
ED Wait Time:
Measured from time patient is triaged to time patient is either admitted or discharged reported as an arithmetic mean.

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

Indicator #2 - Emergency Department Metrics

2d.

Left Without Being Seen

(LWBS)

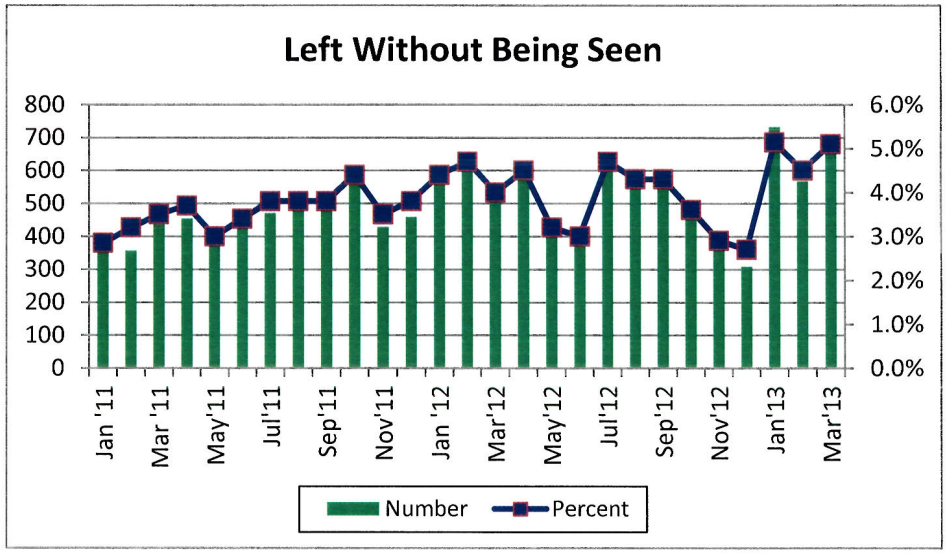
***Harris Rodde Indicator**

LWBS:
The total number of patients who left the ED without being seen by a physician 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. Lower numbers are better.



Mar '13 data is Preliminary data

Indicator #2 - Emergency Department Metrics

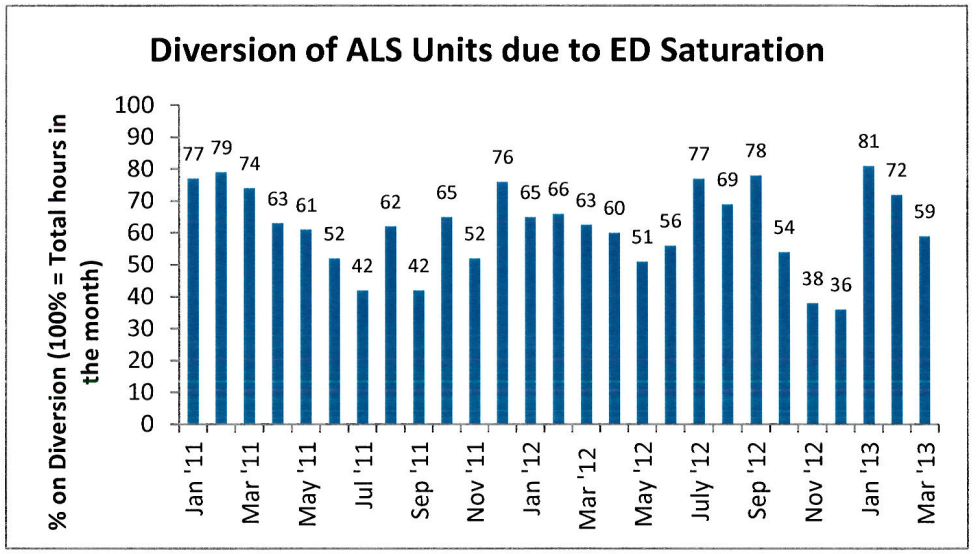
2e.

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

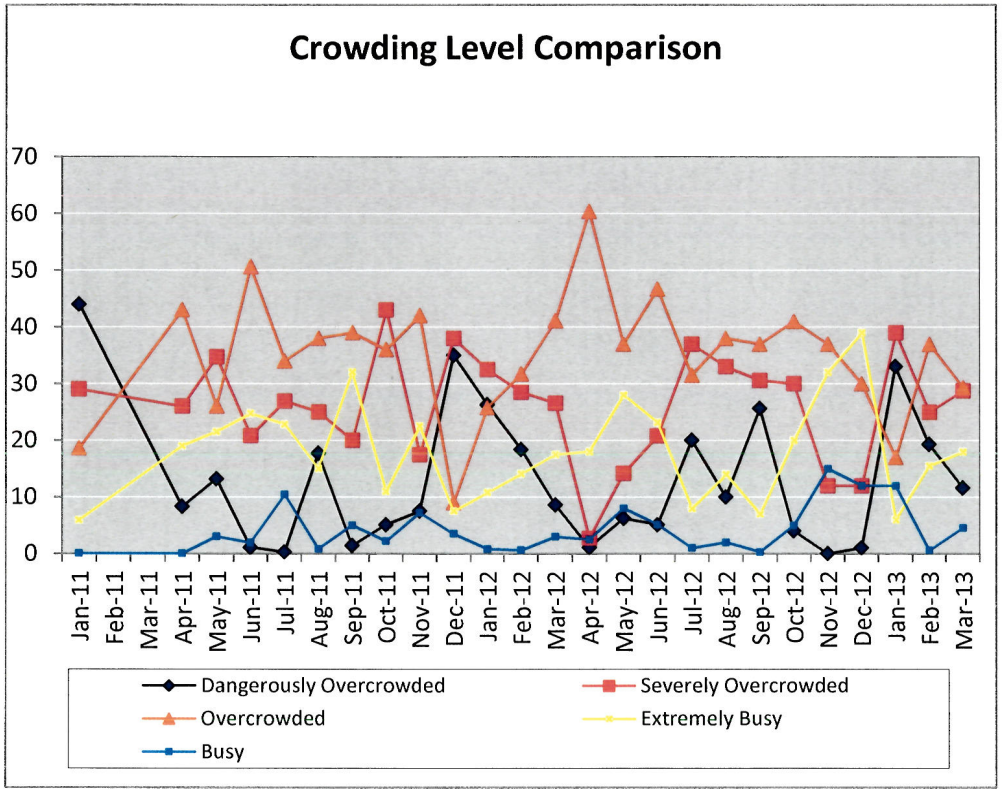


Key points:

-- Diversion 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".

2f.

Surge Report



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.

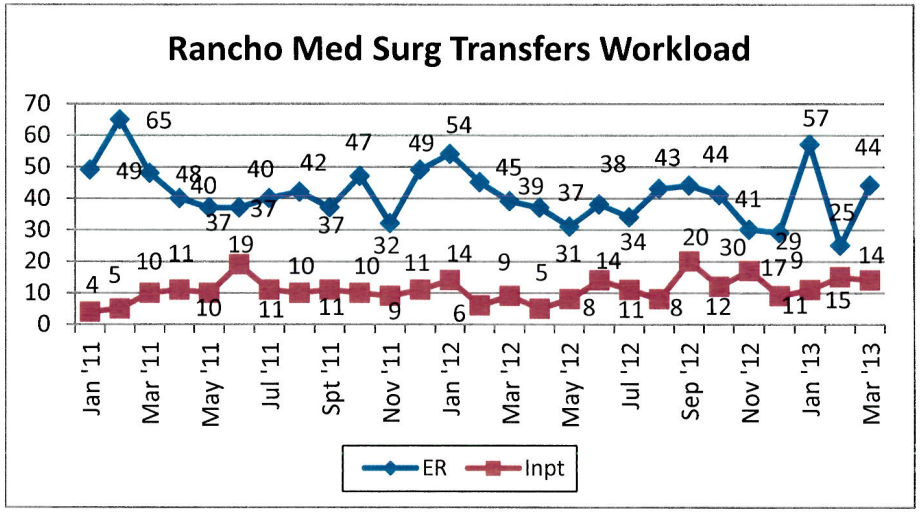
Month of Feb '13

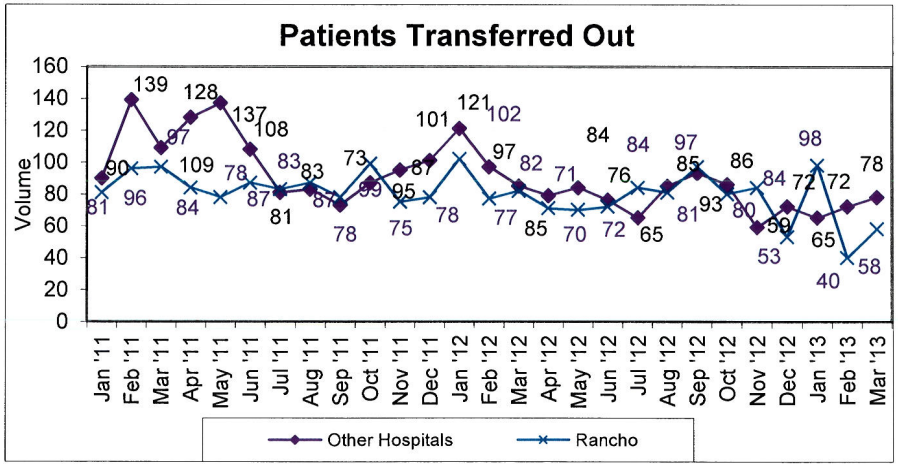
Referrals from ER:

	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	-





* Other hospitals = Silver Lake (0), Managed Care Repatriation (78)

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

Indicator #5 – Harris Rodde Indicators

5.

Average Length of Stay (ALOS)

***Harris Rodde Indicator**

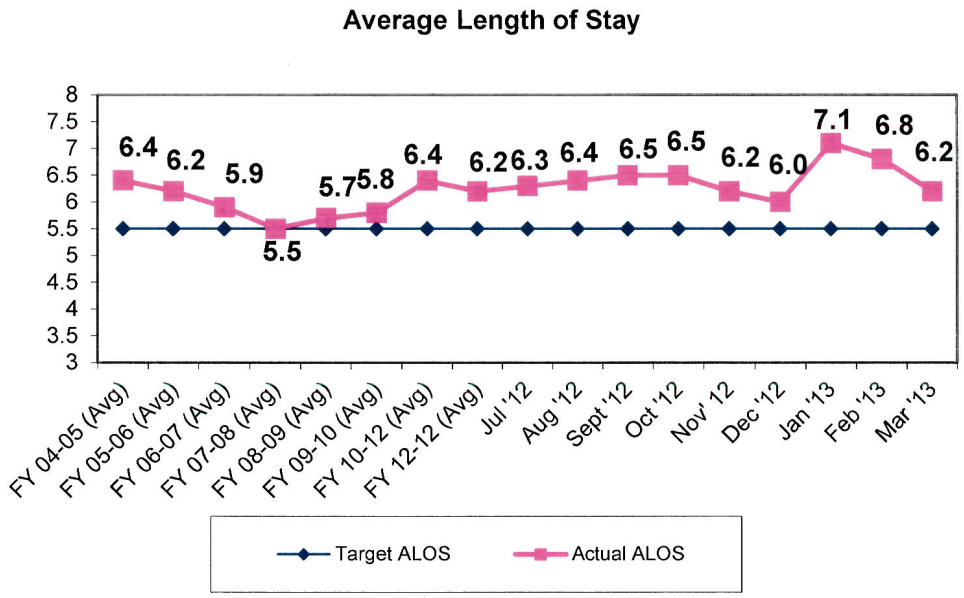
LOS:
The difference between discharge date and the admission date or 1 if the 2 dates are the same.

Total LOS:

Calculation:
ALOS is the arithmetic mean calculated by dividing the Total LOS by the Total # of discharges in the monthly reporting period, rounded off to one decimal place.

Source of Data:
Affinity

Target: <5.5 days



***Medical Center (New Facility + Psychiatric Hospital) ALOS** - Preliminary data pending Auditor-Controller validation

The increasing length of stay observed in January and February is largely attributed to the discharge of several patients with extended lengths of stay. In March 2013, these include 5 patients who were discharged with LOS > 100. Without the effect of these 5 patients, ALOS would have been 6.0 rather than 6.2.

*As of July 2010 with the consolidation of Ingleside and Hawkins, all psychiatric services are now included.

Indicator #6 – Pediatric Metrics

6.

Pediatric Bed Census and Occupancy (%)

Pediatric ICU (PICU)

Neonatal ICU (NICU)

Pediatric Unit

Adolescent Unit

Census:
The total number admitted pediatric 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

Date	NICU (40 Beds)	Peds Ward (25 Beds)	PICU (10 Beds)	Med/Surg Adolescent (20 Beds)
Jan-11	55%	60%	70%	70%
Feb-11	57%	68%	80%	80%
Mar-11	57%	60%	70%	75%
Apr-11	55%	64%	50%	75%
May-11	57%	56%	50%	80%
Jun-11	70%	52%	60%	75%
Jul-11	58%	44%	50%	70%
Aug-11	58%	44%	40%	75%
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%
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%

Indicator #7 – Med Surg / ICU / OB/GYN Metrics

7.

Med Surg / ICU Bed Census and Occupancy (%)

Medical Surgical Unit (Med Surg)

Jail Unit (Jail)

ICUs (Excluding Burn ICUs)

OB/GYN Unit (Med Surg)

Census:

The total number admitted pediatric inpatients at 12:00 AM midnight of a designated pediatric ward.

Occupancy:

The total number of admitted inpatients divided by the total number of licensed beds on that unit and reported as percentage.

Source of Data:
Affinity

Date	Med Surg (309 beds)	Jail (24 Beds)	ICUs (120 Beds)	Burn* (20 Beds)	OB/GYN (Med Surg) (32 beds)
Nov-12	87%	83%	83.5 %	51%	87%
Dec-12	88%	71%	83%	44%	83%
Jan-13	95%	73%	85%	55%	98%
Feb-13	93%	59%	87%	61%	95%
Mar-13	91%	62%	82%	47%	93%

* Burn= Both ward (10) and ICUs (10)

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June 4, 2013

TO: Each Supervisor

FROM: Mitchell H. Katz, M.D.
for 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**

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.

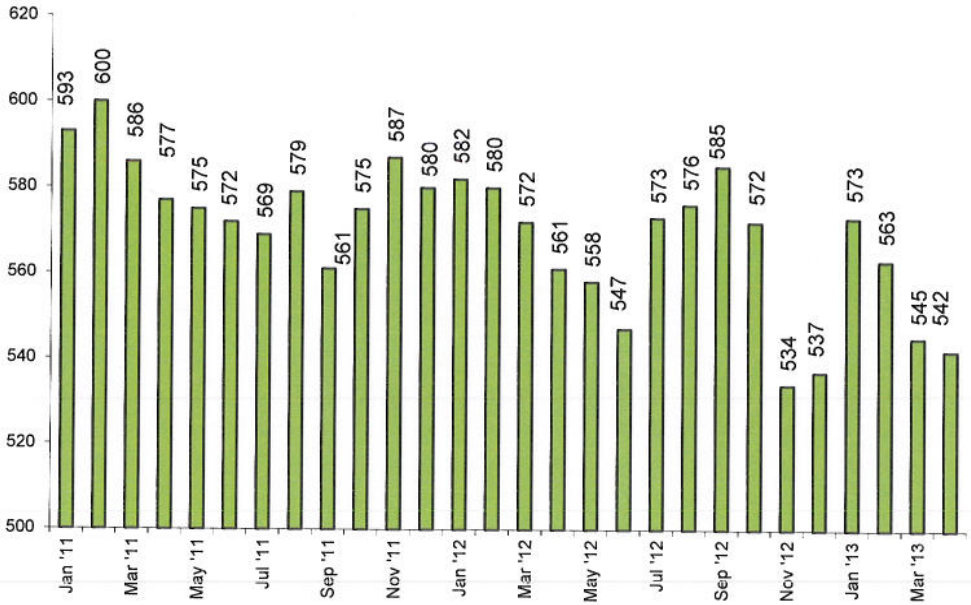
CG:ab

Attachment

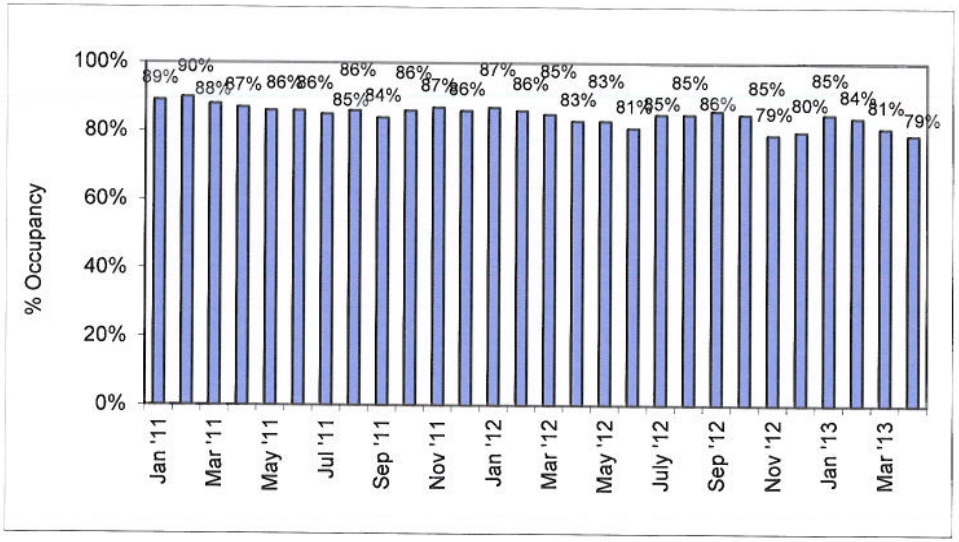
c: Chief Executive Office
County Counsel
Executive Office, Board of Supervisors

www.dhs.lacounty.gov

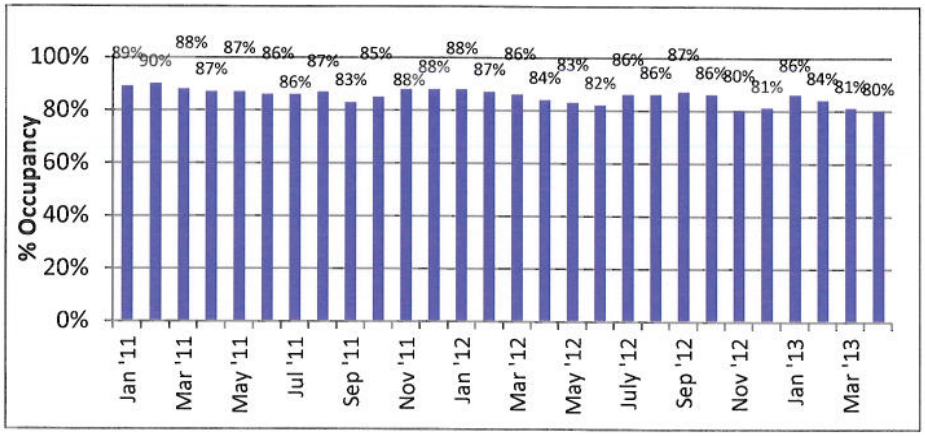
LAC+USC Medical Center
Operational Monitoring Report
Reporting Period: Apr 2013

Indicator	Definition	Data	Comments
Indicator #1 – Trends in Average Daily Census and Hospital Operations Metrics			
1a. **Average Daily Census (ADC)**	**ADC:** A measure of the total number of inpatients occupying licensed beds on a daily basis reported as the arithmetic mean. **Calculation:** Total number of admitted inpatients at 12:00 AM midnight daily, summed over the month and divided by the total number of days in the month. **Source of Data:** Affinity	**ADC**  Note: Average Daily Census number reported includes Medical Center + Psych + Newborns Census.	ADC provided as background information. Graphs depict data from January 2011 to present.

Indicator #1 – Trends in Average Daily Census and Hospital Operations Metrics

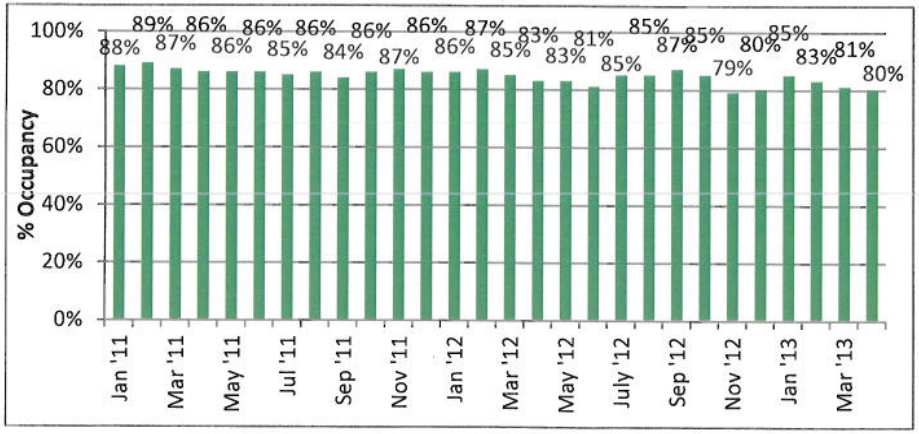
1b. **Occupancy Rate LAC+USC Medical Center**	**Definition**: A measure of the usage of the licensed beds during the reporting period that is derived by dividing the patient days in the reporting period by the licensed bed days in the reporting period. **Calculation:** The total number of admitted inpatients 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.

Medical Center Licensed Occupancy Rate (including Newborns) Med Center Census/600



Medical Center Budgeted Occupancy

Med Center Census + Newborns + Psych Hosp Census / 676



Medical Center = New Facility + Psychiatric Hospital

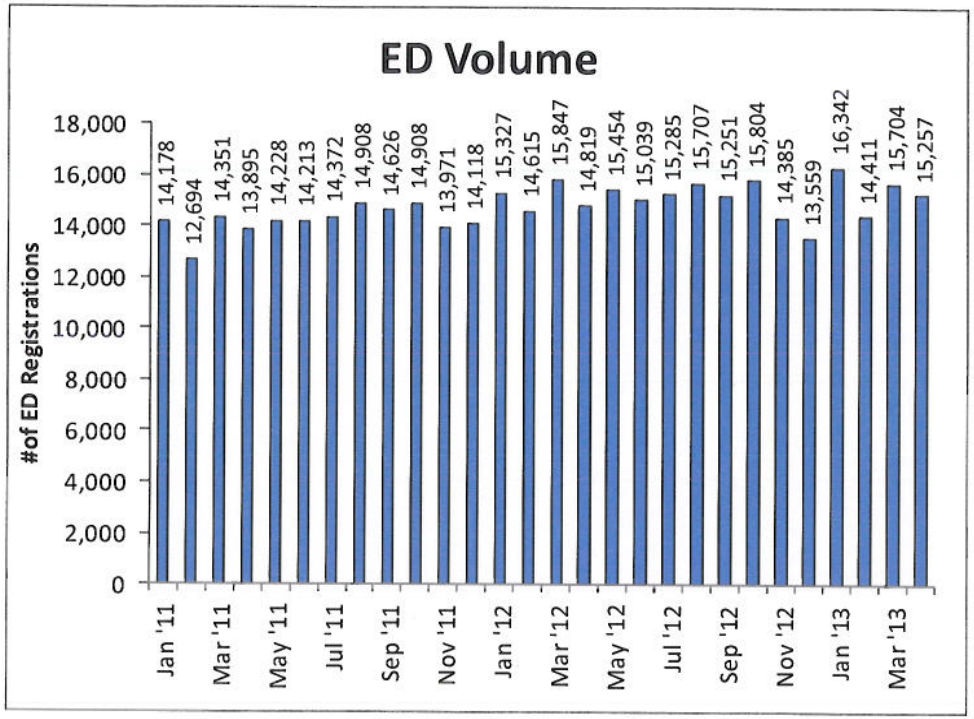
Indicator #2 - Emergency Department Metrics

2a. ED Volume

ED Volume:

Measured by total number of Emergency Department patient registrations.

Source of Data:
Affinity



The annual total ED Volume for FY 10-11 was 164,700 which increased to 178,004 in FY 11-12. If the current increase in ED monthly volume is maintained, the annual total ED volume for FY 12-13 will surpass the FY 11-12 amount.

2b.

Median Emergency Department Boarding Time

(EDBT)

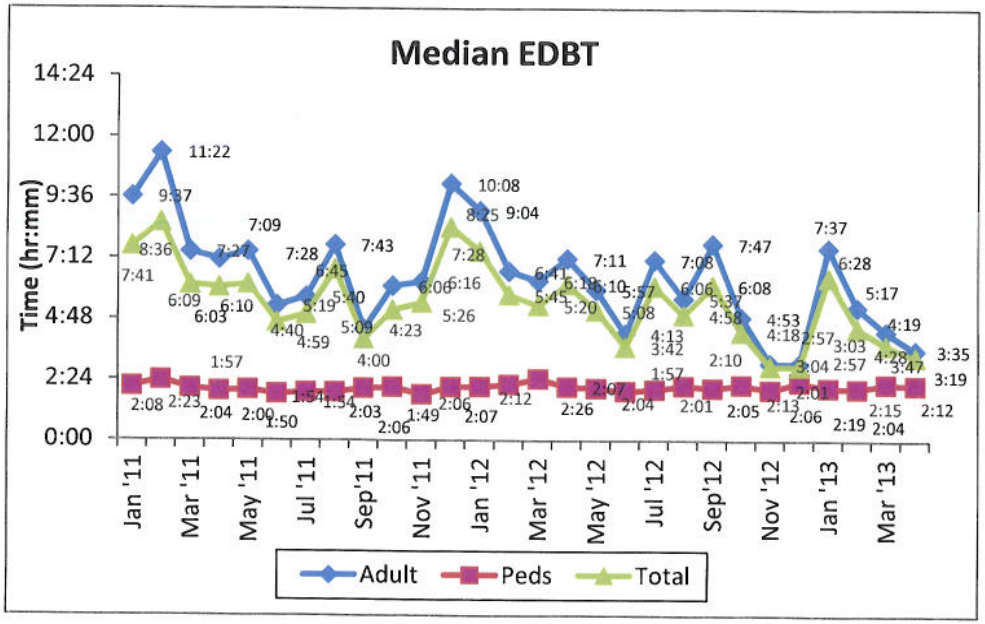
***Harris Rodde Indicator**

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.

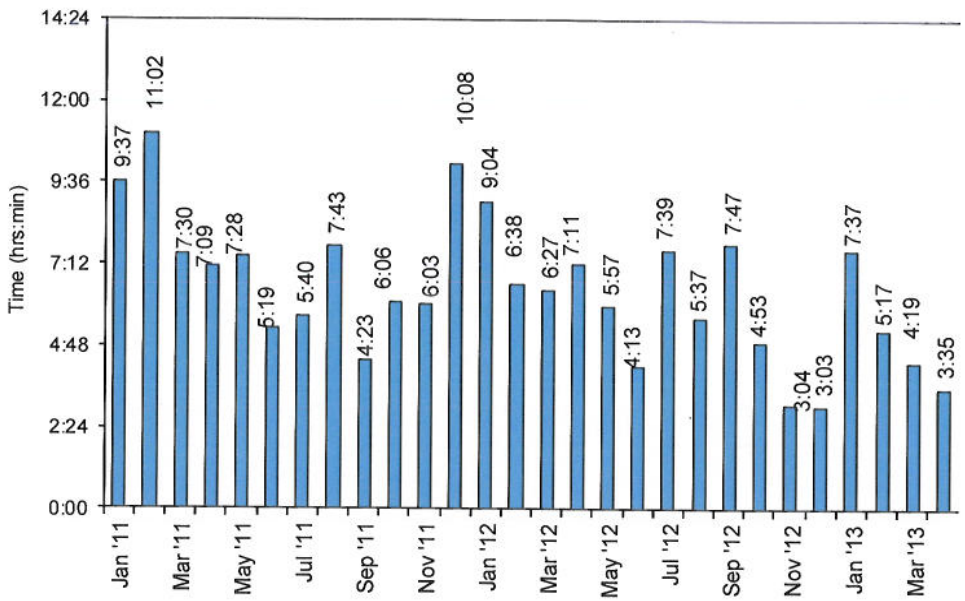
Source of Data:
Affinity

Target:
Less than 7 hours.



Apr '13 data is Preliminary data

Median Boarding Time (Adult)*



Apr '13 data is Preliminary data

Indicator #2 - Emergency Department Metrics

2c.

ED Wait Time

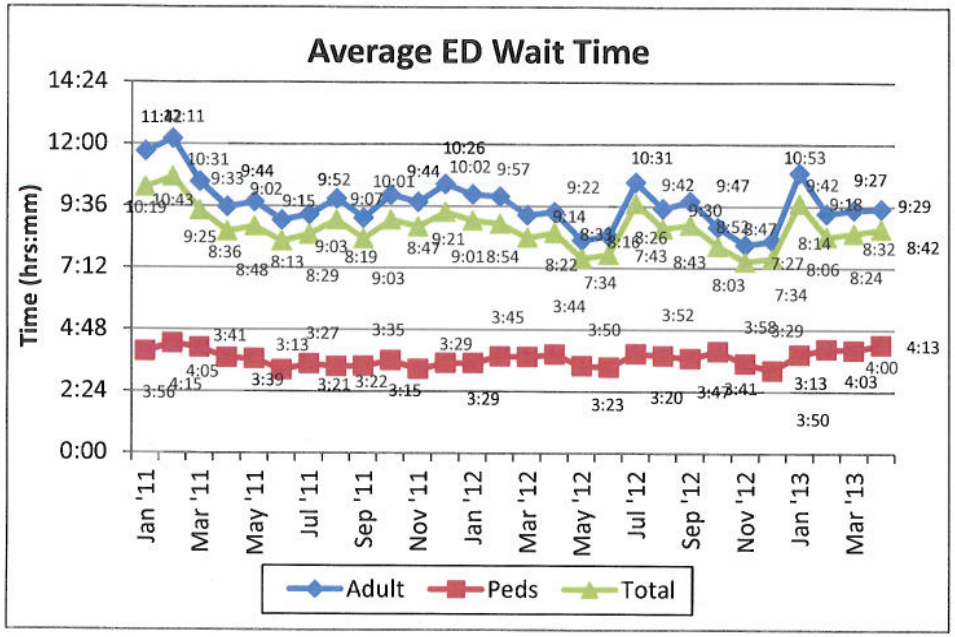
ED Wait Time:
Measured from time patient is triaged to time patient is either admitted or discharged reported as an arithmetic mean.

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

Indicator #2 - Emergency Department Metrics

2d.

Left Without Being Seen

(LWBS)

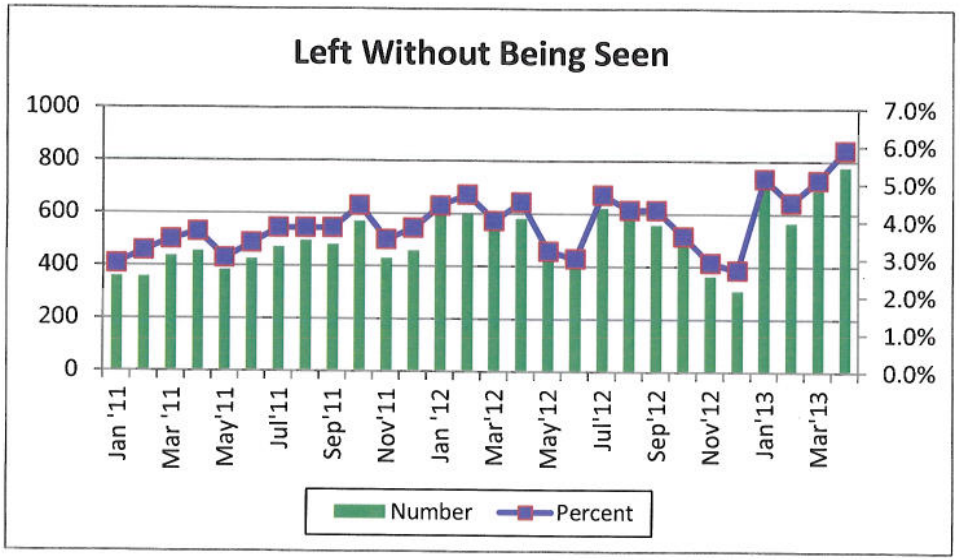
***Harris Rodde Indicator**

LWBS:
The total number of patients who left the ED without being seen by a physician 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. Lower numbers are better.



Apr '13 data is Preliminary data

Indicator #2 - Emergency Department Metrics

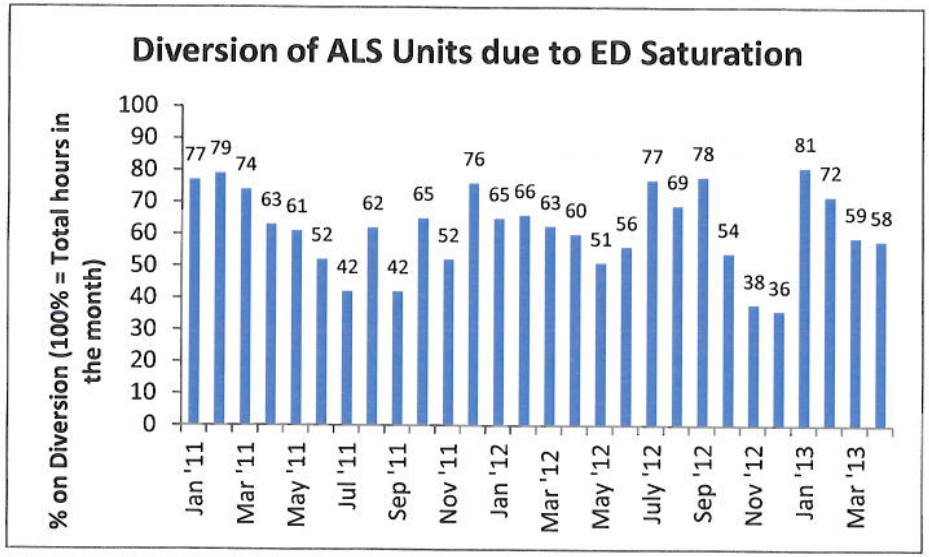
2e.

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

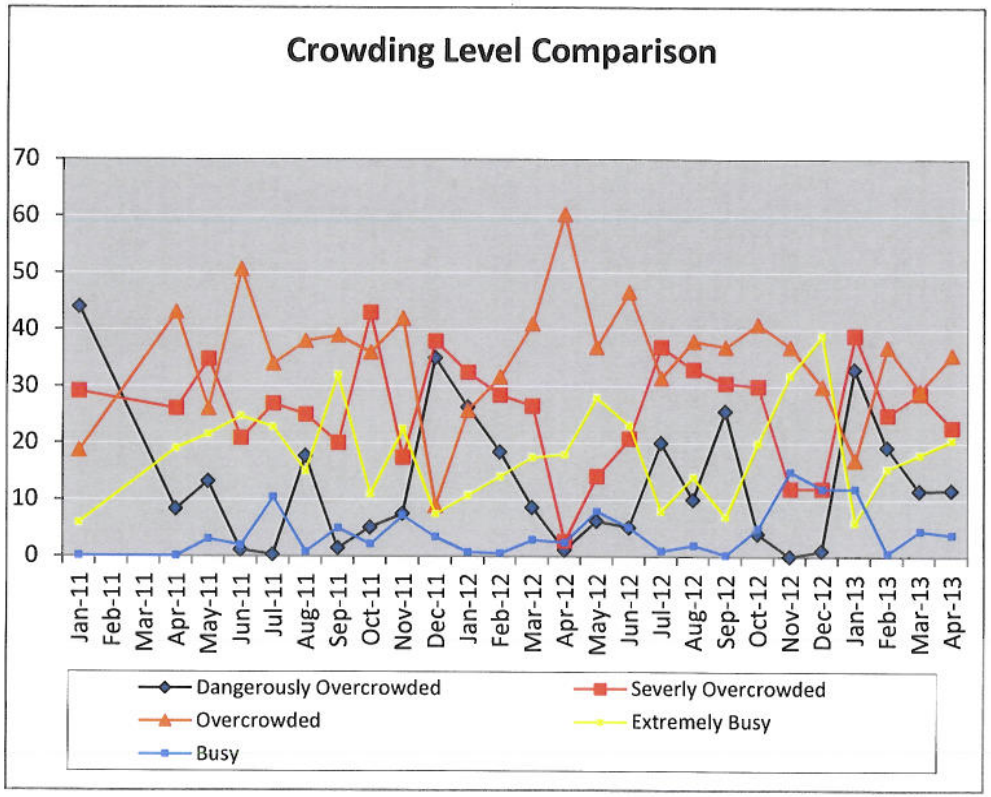


Key points:

-- Diversion 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".

2f.

Surge Report



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.

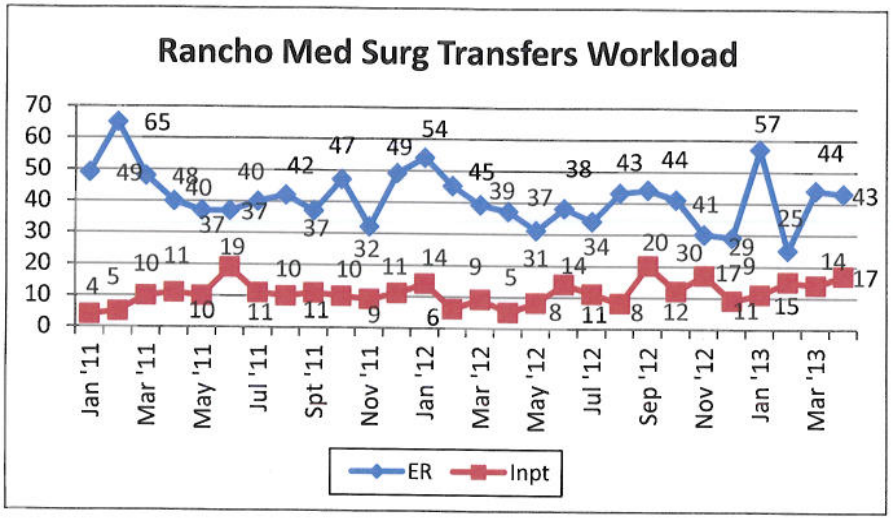
Month of Apr '13

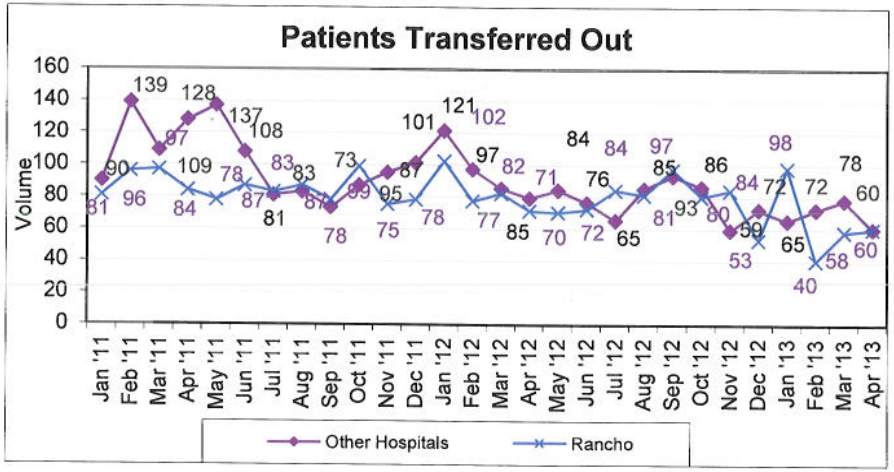
Referrals from ER:

	Med/Surg	Acute Stroke	Total
# Met transfer criteria	22	NA	-
# Referred to RLAH	22	24	46
# Transfers	19	24	43
# Denied	1	NA	-
# Cancelled	2	NA	-
# Patients Refused of Those Cancelled	1	NA	-

Referrals from Inpatients:

	Med/Surg	Acute Stroke	Total
# Met transfer criteria	17	NA	-
# Referred to RLAH	17	2	19
# Transfers	15	2	17
# Denied	0	NA	-
# Cancelled	1	NA	-
# Patients Refused of Those Cancelled	0	NA	-
Other /Pending	1	NA	-





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

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

Indicator #5 – Harris Rodde Indicators

5.

Average Length of Stay (ALOS)

***Harris Rodde Indicator**

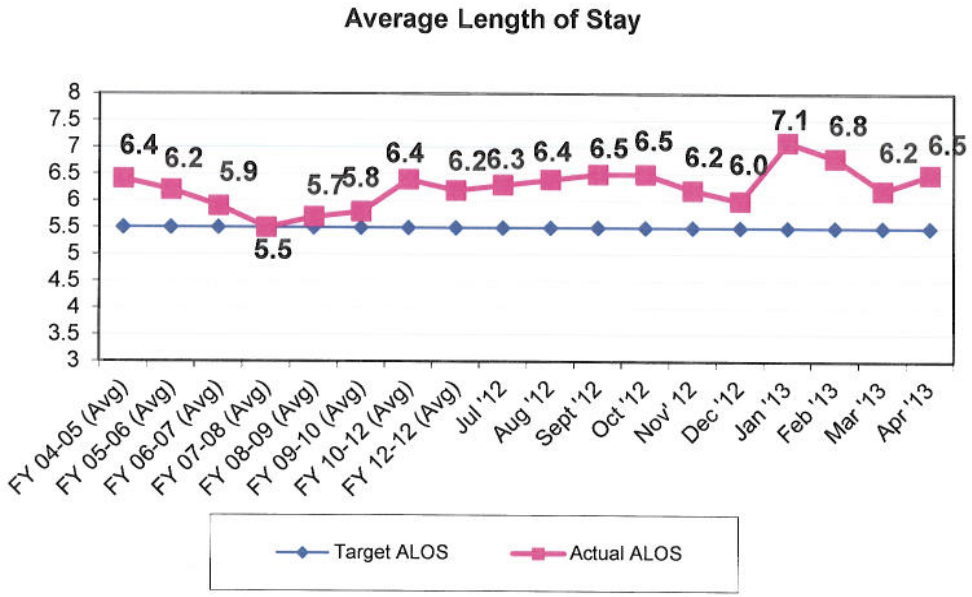
LOS:
The difference between discharge date and the admission date or 1 if the 2 dates are the same.

Total LOS:

Calculation:
ALOS is the arithmetic mean calculated by dividing the Total LOS by the Total # of discharges in the monthly reporting period, rounded off to one decimal place.

Source of Data:
Affinity

Target: <5.5 days



***Medical Center (New Facility + Psychiatric Hospital) ALOS** - Preliminary data pending Auditor-Controller validation

The increasing length of stay observed in January and February is largely attributed to the discharge of several patients with extended lengths of stay. In April 2013, these include 4 patients who were discharged with LOS > 100. Without the effect of these 4 patients, ALOS would have been 6.3 rather than 6.5.

*As of July 2010 with the consolidation of Ingleside and Hawkins, all psychiatric services are now included.

Indicator #6 – Pediatric Metrics

6.

Pediatric Bed Census and Occupancy (%)

Pediatric ICU (PICU)

Neonatal ICU (NICU)

Pediatric Unit

Adolescent Unit

Census:
The total number admitted pediatric 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

Date	NICU (40 Beds)	Peds Ward (25 Beds)	PICU (10 Beds)	Med/Surg Adolescent (20 Beds)
Jan-11	55%	60%	70%	70%
Feb-11	57%	68%	80%	80%
Mar-11	57%	60%	70%	75%
Apr-11	55%	64%	50%	75%
May-11	57%	56%	50%	80%
Jun-11	70%	52%	60%	75%
Jul-11	58%	44%	50%	70%
Aug-11	58%	44%	40%	75%
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%

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%

Indicator #7 – Med Surg / ICU / OB/GYN Metrics

7.

Med Surg / ICU Bed Census and Occupancy (%)

Medical Surgical Unit (Med Surg)

Jail Unit (Jail)

ICUs (Excluding Burn ICUs)

OB/GYN Unit (Med Surg)

Census:

The total number admitted pediatric inpatients at 12:00 AM midnight of a designated pediatric ward.

Occupancy:

The total number of admitted inpatients divided by the total number of licensed beds on that unit and reported as percentage.

Source of Data:
Affinity

Date	Med Surg (309 beds)	Jail (24 Beds)	ICUs (120 Beds)	Burn* (20 Beds)	OB/GYN (Med Surg) (32 beds)
Nov-12	87%	83%	83.5 %	51%	87%
Dec-12	88%	71%	83%	44%	83%
Jan-13	95%	73%	85%	55%	98%
Feb-13	93%	59%	87%	61%	95%
Mar-13	91%	62%	82%	47%	93%
Apr-13	88%	82%	85%	57%	99%

* Burn= Both ward (10) and ICUs (10)

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June 28, 2013

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 #89**

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 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.

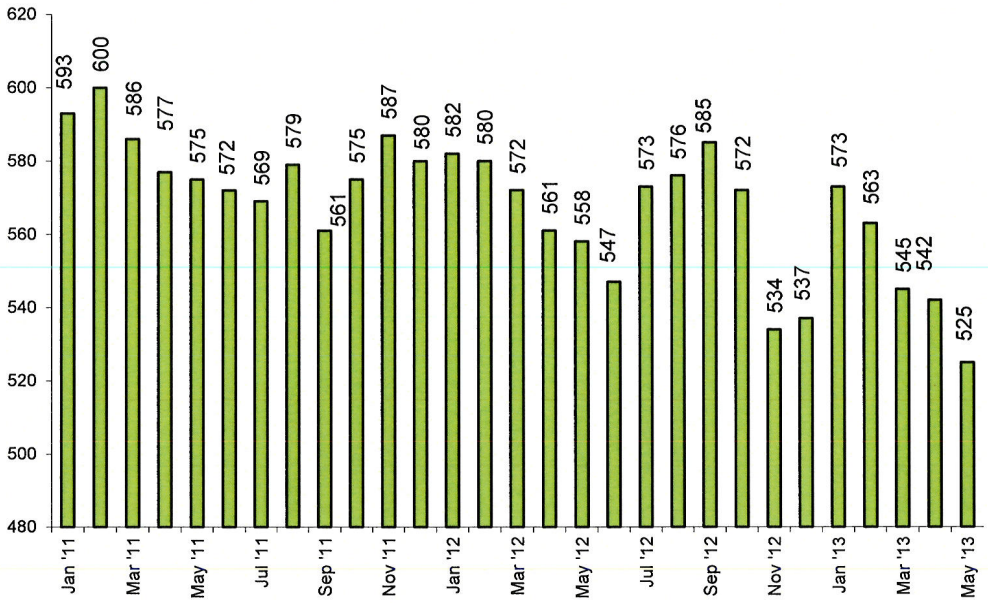
CG:ab

Attachment

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

www.dhs.lacounty.gov

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

Indicator	Definition	Data	Comments
Indicator #1 – Trends in Average Daily Census and Hospital Operations Metrics			
1a. **Average Daily Census (ADC)**	**ADC:** A measure of the total number of inpatients occupying licensed beds on a daily basis reported as the arithmetic mean. **Calculation:** Total number of admitted inpatients at 12:00 AM midnight daily, summed over the month and divided by the total number of days in the month. **Source of Data:** Affinity	**ADC**  Note: Average Daily Census number reported includes Medical Center + Psych + Newborns Census.	ADC provided as background information. Graphs depict data from January 2011 to present.

Indicator #1 – Trends in Average Daily Census and Hospital Operations Metrics

1b.

Occupancy Rate LAC+USC Medical Center

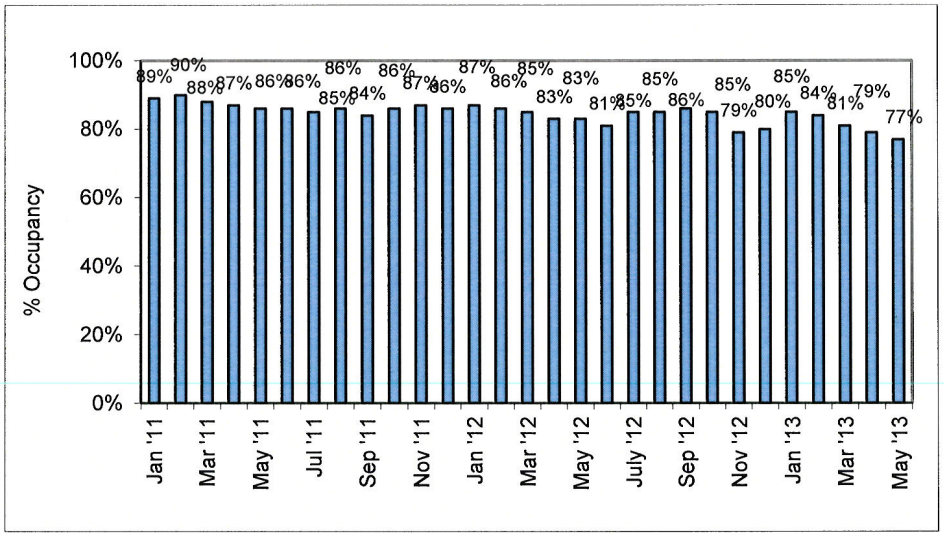
Definition:
A measure of the usage of the licensed beds during the reporting period that is derived by dividing the patient days in the reporting period by the licensed bed days in the reporting period.

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

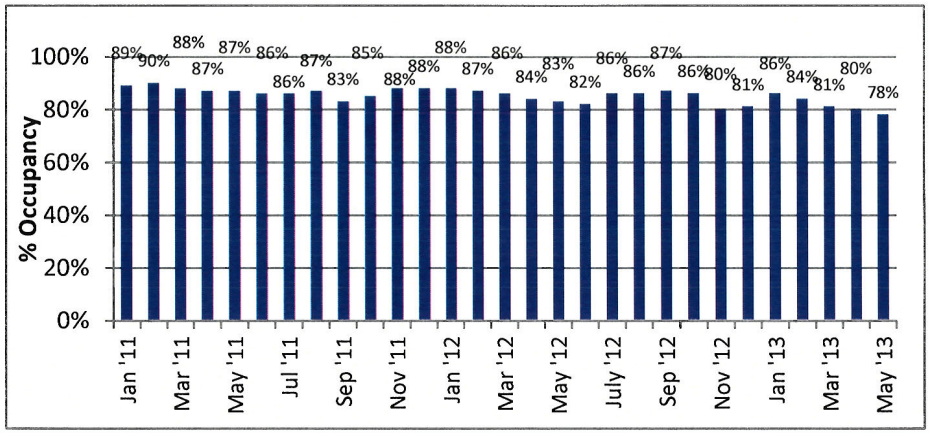
Target:
95%

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

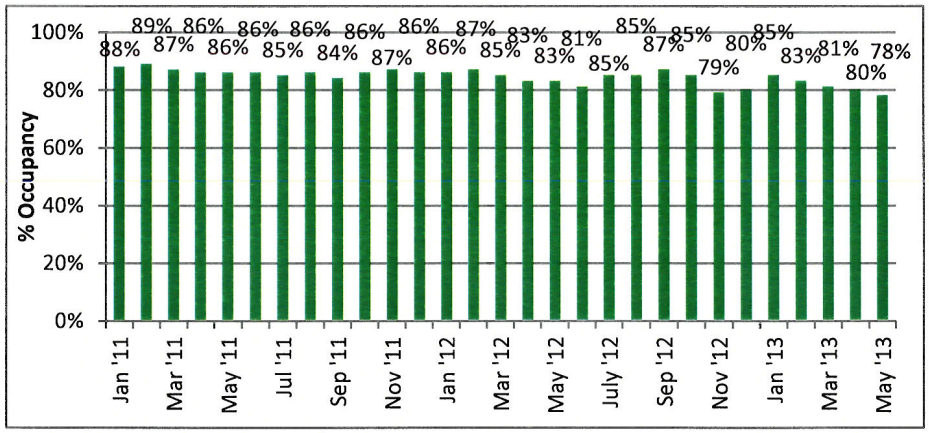


For comparison, occupancy rates reported in the old facility were reported including newborns and were based on budgeted beds.

Medical Center Licensed Occupancy Rate (including Newborns) Med Center Census/600



Medical Center Budgeted Occupancy
Med Center Census + Newborns + Psych Hosp Census / 676



Medical Center = New Facility + Psychiatric Hospital

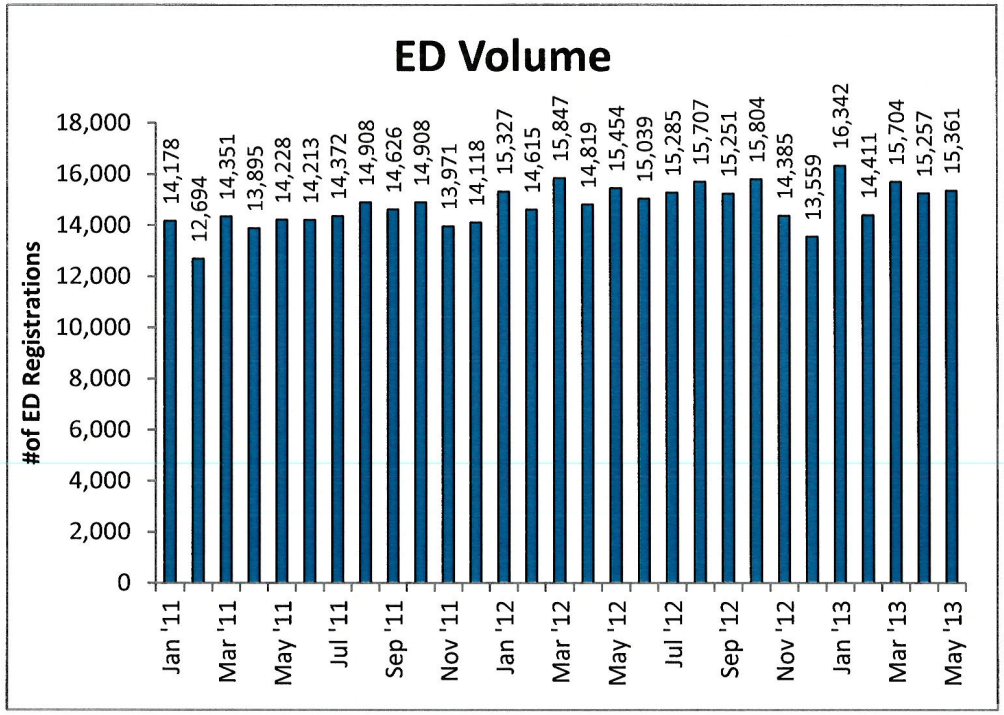
Indicator #2 - Emergency Department Metrics

2a. ED Volume

ED Volume:

Measured by total number of Emergency Department patient registrations.

Source of Data:
Affinity



The annual total ED Volume for FY 10-11 was 164,700 which increased to 178,004 in FY 11-12. If the current increase in ED monthly volume is maintained, the annual total ED volume for FY 12-13 will surpass the FY 11-12 amount.

2b.

Median Emergency Department Boarding Time

(EDBT)

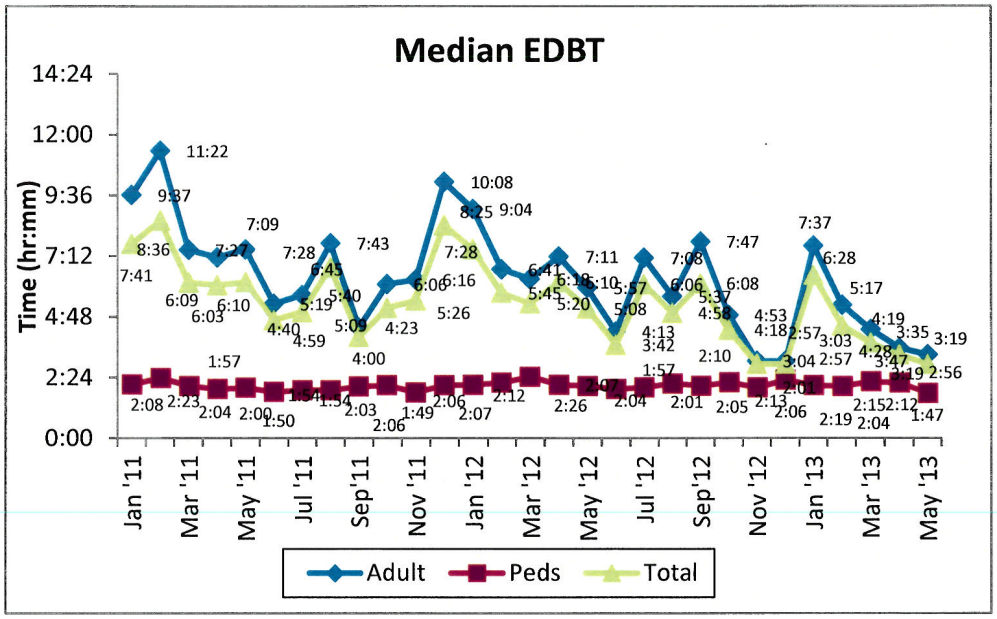
***Harris Rodde Indicator**

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.

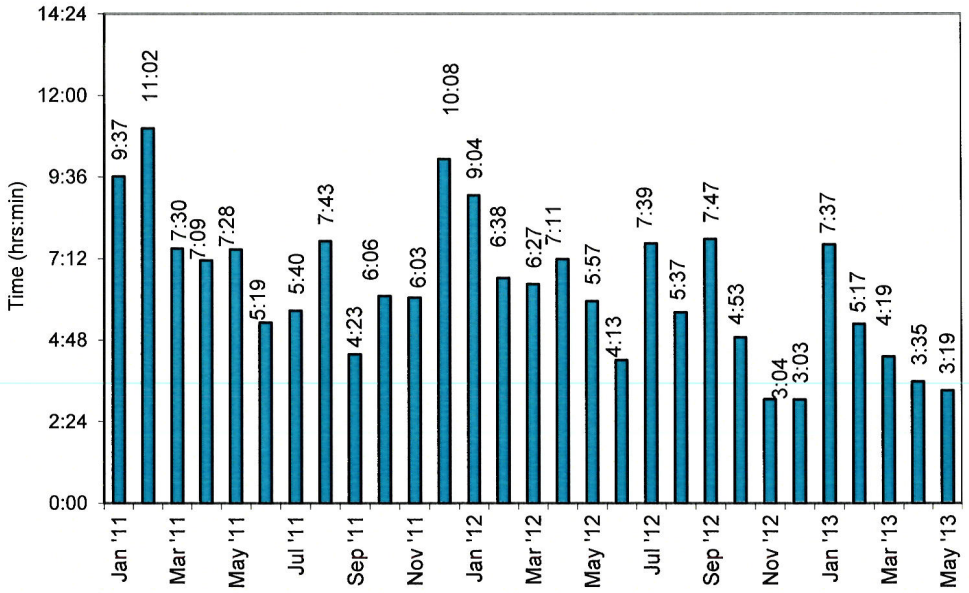
Source of Data:
Affinity

Target:
Less than 7 hours.



May '13 data is Preliminary data

Median Boarding Time (Adult)*



May '13 data is Preliminary data

Indicator #2 - Emergency Department Metrics

2c.

ED Wait Time

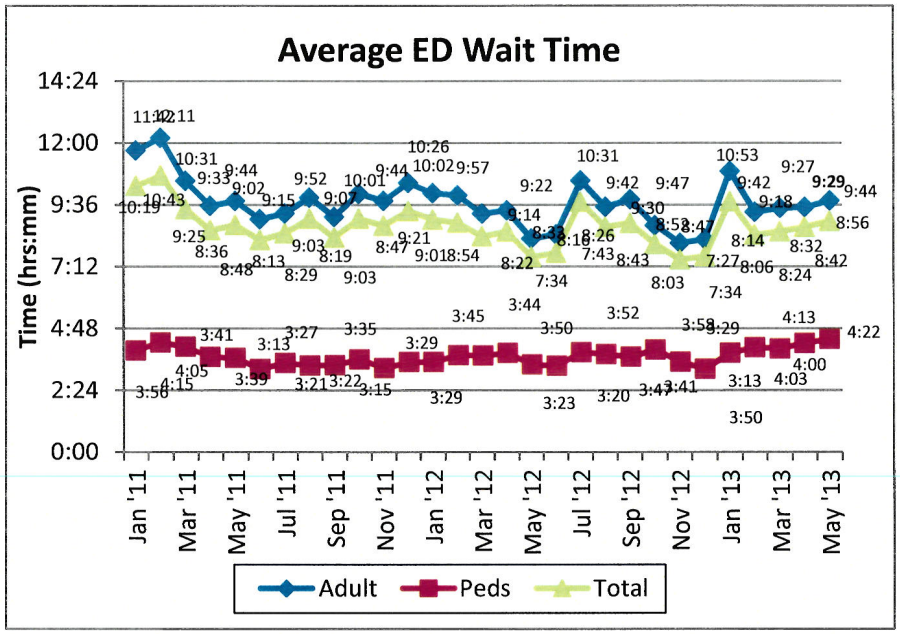
ED Wait Time:
Measured from time patient is triaged to time patient is either admitted or discharged reported as an arithmetic mean.

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

May '13 data is Preliminary data

Indicator #2 - Emergency Department Metrics

2d.

Left Without Being Seen

(LWBS)

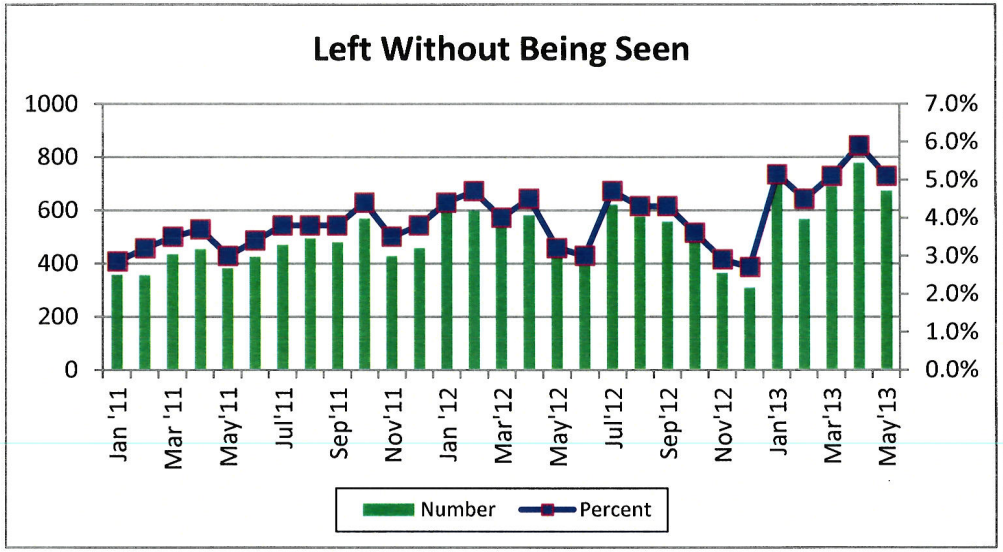
***Harris Rodde Indicator**

LWBS:
The total number of patients who left the ED without being seen by a physician 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. Lower numbers are better.



May '13 data is Preliminary data

Indicator #2 - Emergency Department Metrics

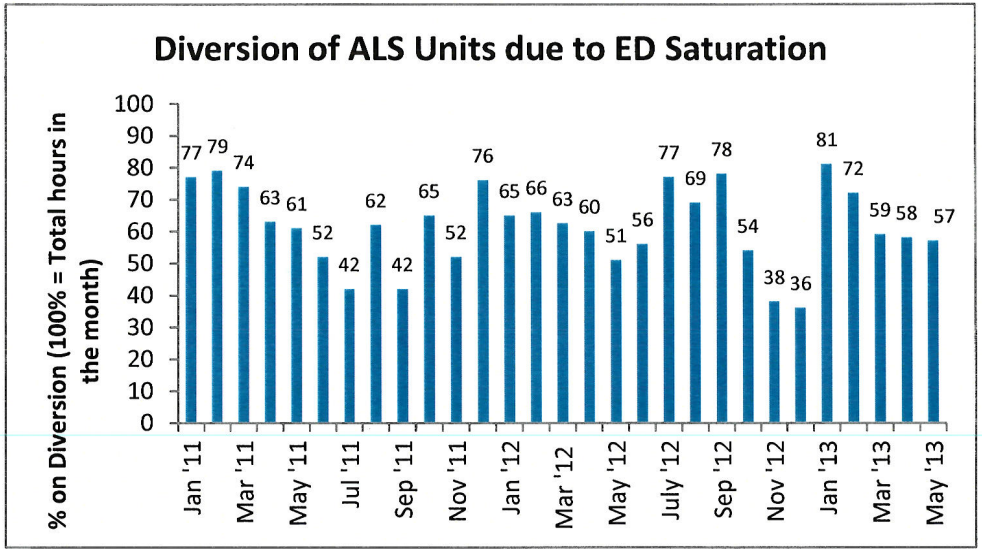
2e.

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

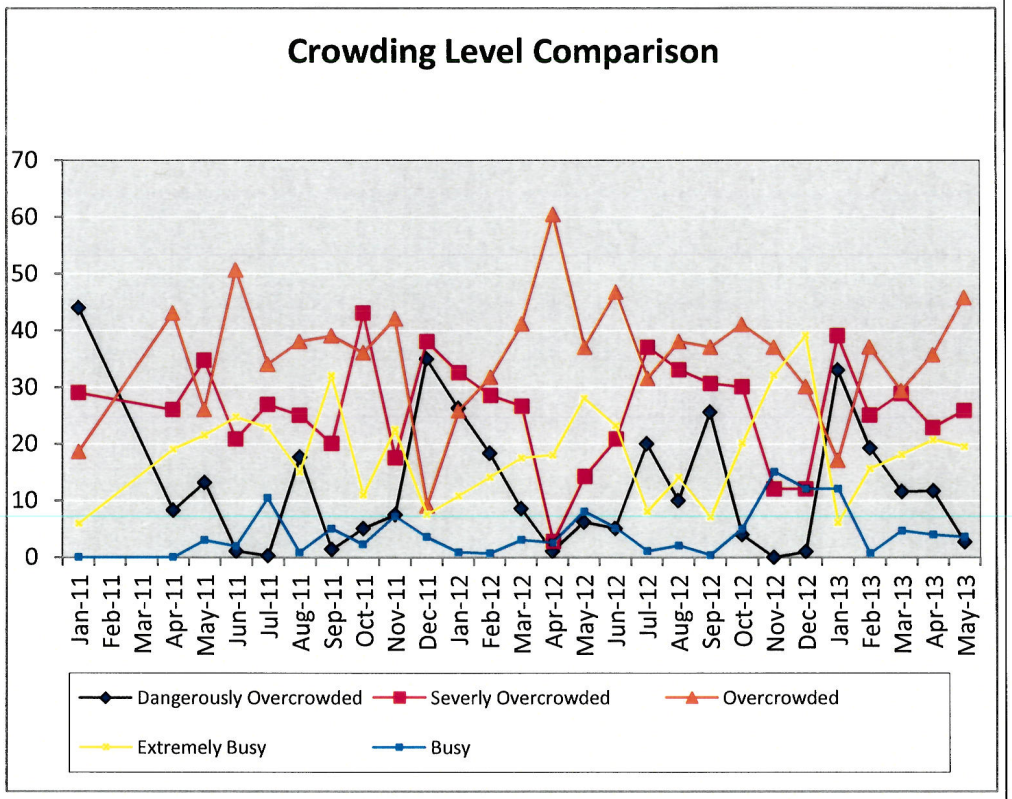


Key points:

-- Diversion 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".

2f.

Surge Report



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.

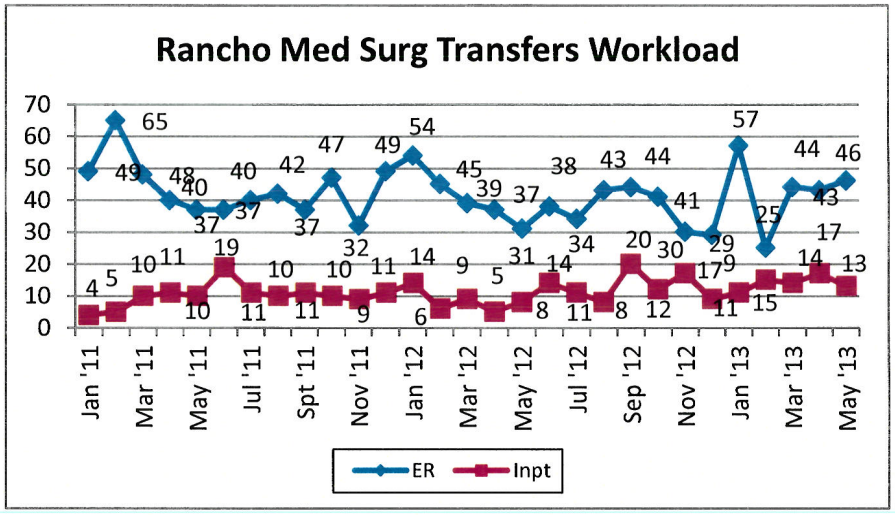
Month of May '13

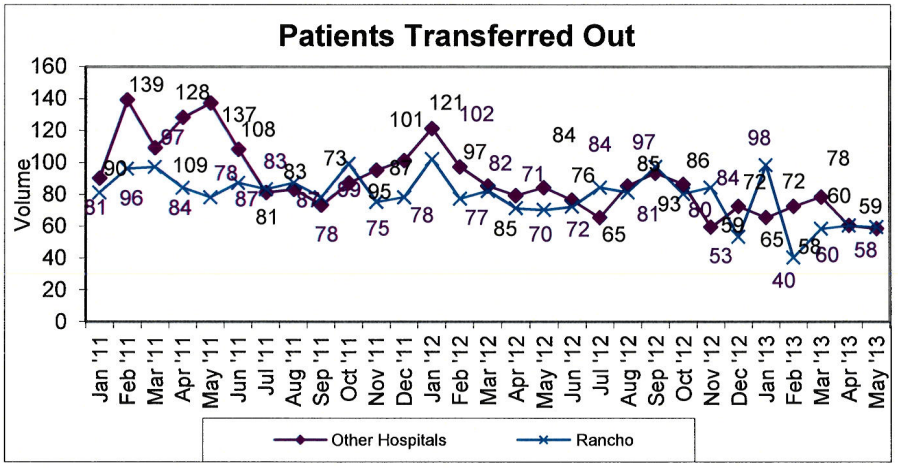
Referrals from ER:

	Med/Surg	Acute Stroke	Total
# Met transfer criteria	24	NA	-
# Referred to RLAH	24	22	46
# Transfers	24	22	46
# Denied	0	NA	-
# Cancelled	0	NA	-
# Patients Refused of Those Cancelled	0	NA	-

Referrals from Inpatients:

	Med/Surg	Acute Stroke	Total
# Met transfer criteria	21	NA	-
# Referred to RLAH	21	1	22
# Transfers	12	1	13
# Denied	1	NA	-
# Cancelled	4	NA	-
# Patients Refused of Those Cancelled	0	NA	-
Other /Pending	4	NA	-





* Other hospitals = Silver Lake (0), Managed Care Repatriation (58)

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

Indicator #5 – Harris Rodde Indicators

5.

Average Length of Stay (ALOS)

***Harris Rodde Indicator**

LOS:
The difference between discharge date and the admission date or 1 if the 2 dates are the same.

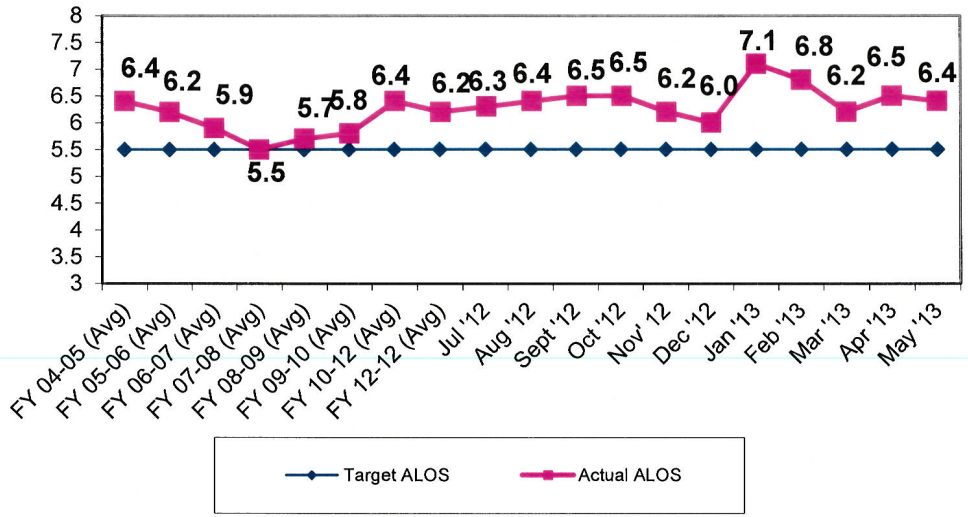
Total LOS:

Calculation:
ALOS is the arithmetic mean calculated by dividing the Total LOS by the Total # of discharges in the monthly reporting period, rounded off to one decimal place.

Source of Data:
Affinity

Target: <5.5 days

Average Length of Stay



***Medical Center (New Facility + Psychiatric Hospital) ALOS** - Preliminary data pending Auditor-Controller validation

The increasing length of stay observed in January and February is largely attributed to the discharge of several patients with extended lengths of stay. In May 2013, there were no patients who were discharged with LOS > 100.

*As of July 2010 with the consolidation of Ingleside and Hawkins, all psychiatric services are now included.

Indicator #6 – Pediatric Metrics

6.

Pediatric Bed Census and Occupancy (%)

Pediatric ICU (PICU)

Neonatal ICU (NICU)

Pediatric Unit

Adolescent Unit

Census:
The total number admitted pediatric 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

Date	NICU (40 Beds)	Peds Ward (25 Beds)	PICU (10 Beds)	Med/Surg Adolescent (20 Beds)
Jan-11	55%	60%	70%	70%
Feb-11	57%	68%	80%	80%
Mar-11	57%	60%	70%	75%
Apr-11	55%	64%	50%	75%
May-11	57%	56%	50%	80%
Jun-11	70%	52%	60%	75%
Jul-11	58%	44%	50%	70%
Aug-11	58%	44%	40%	75%
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%
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%
May-13	43%	44%	60%	45%

Indicator #7 – Med Surg / ICU / OB/GYN Metrics

7.

Med Surg / ICU Bed Census and Occupancy (%)

Medical Surgical Unit (Med Surg)

Jail Unit (Jail)

ICUs (Excluding Burn ICUs)

OB/GYN Unit (Med Surg)

Census:

The total number admitted pediatric inpatients at 12:00 AM midnight of a designated pediatric ward.

Occupancy:

The total number of admitted inpatients divided by the total number of licensed beds on that unit and reported as percentage.

Source of Data:
Affinity

Date	Med Surg (309 beds)	Jail (24 Beds)	ICUs (120 Beds)	Burn* (20 Beds)	OB/GYN (Med Surg) (32 beds)
Nov-12	87%	83%	83.5 %	51%	87%
Dec-12	88%	71%	83%	44%	83%
Jan-13	95%	73%	85%	55%	98%
Feb-13	93%	59%	87%	61%	95%
Mar-13	91%	62%	82%	47%	93%
Apr-13	88%	82%	85%	57%	99%
May-13	88%	66%	82%	57%	90%

* Burn= Both ward (10) and ICUs (10)

Health Services
LOS ANGELES COUNTY

Los Angeles County Board of Supervisors

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

313 N. Figueroa Street, Suite 912
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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.

August 1, 2013

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 #90**

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.

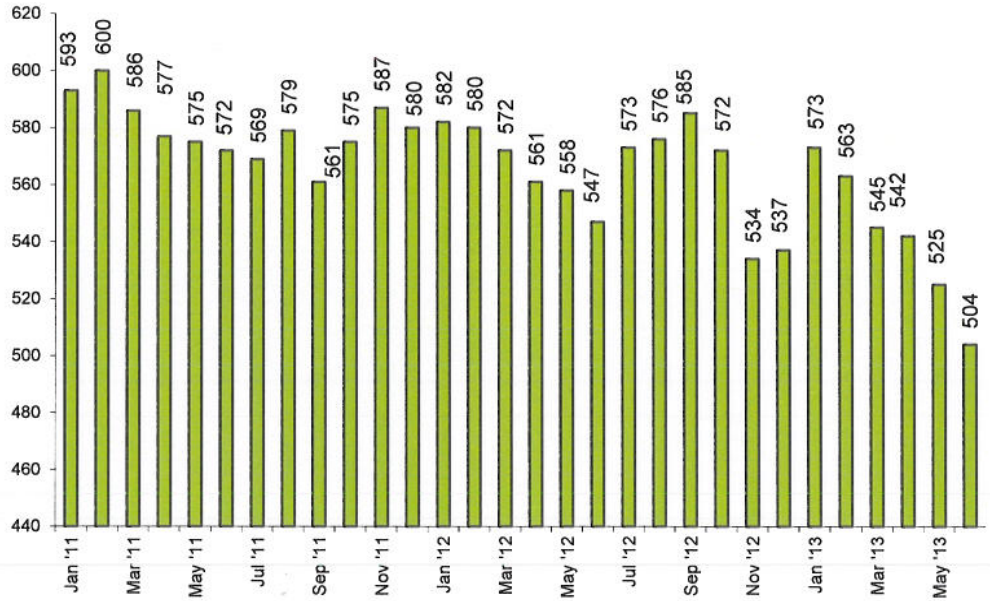
CG:ab

Attachment

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

www.dhs.lacounty.gov

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

Indicator	Definition	Data	Comments
Indicator #1 – Trends in Average Daily Census and Hospital Operations Metrics			
1a. **Average Daily Census (ADC)**	**ADC:** A measure of the total number of inpatients occupying licensed beds on a daily basis reported as the arithmetic mean. **Calculation:** Total number of admitted inpatients at 12:00 AM midnight daily, summed over the month and divided by the total number of days in the month. **Source of Data:** Affinity	**ADC**  Note: Average Daily Census number reported includes Medical Center + Psych + Newborns Census.	ADC provided as background information. Graphs depict data from January 2011 to present.

Indicator #1 – Trends in Average Daily Census and Hospital Operations Metrics

1b.

Occupancy Rate LAC+USC Medical Center

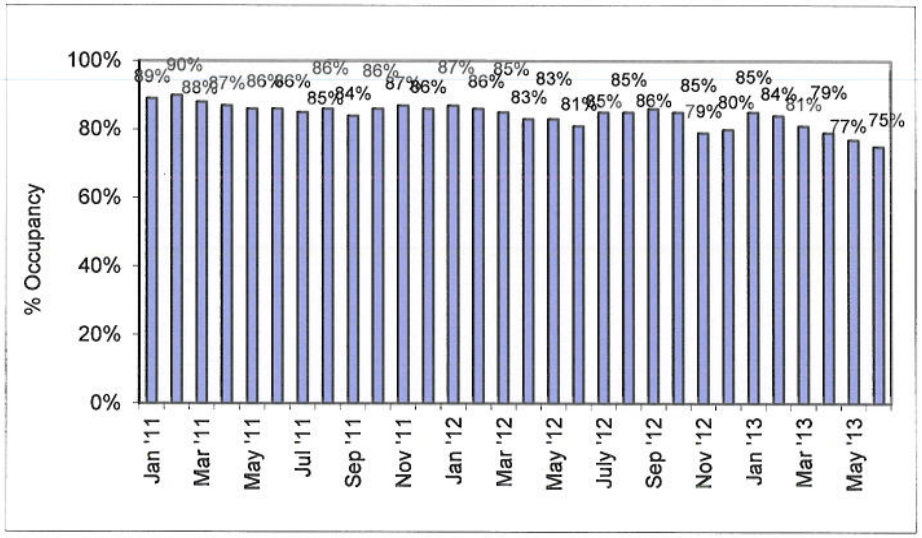
Definition:
A measure of the usage of the licensed beds during the reporting period that is derived by dividing the patient days in the reporting period by the licensed bed days in the reporting period.

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

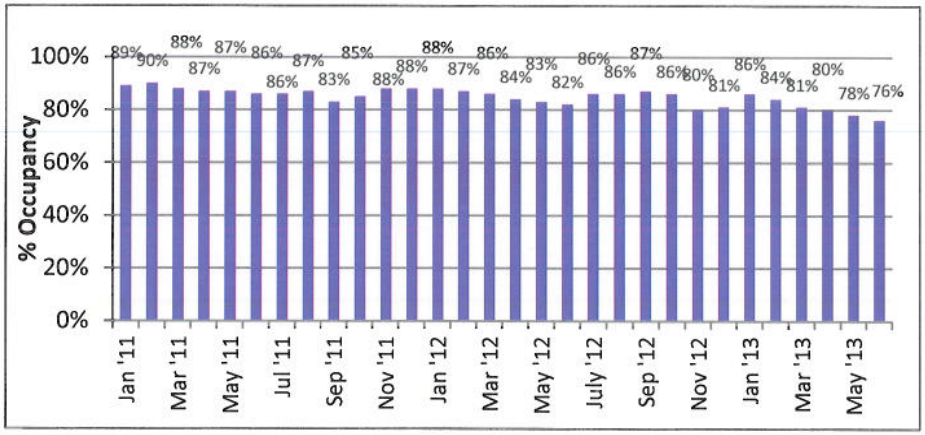
Target:
95%

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



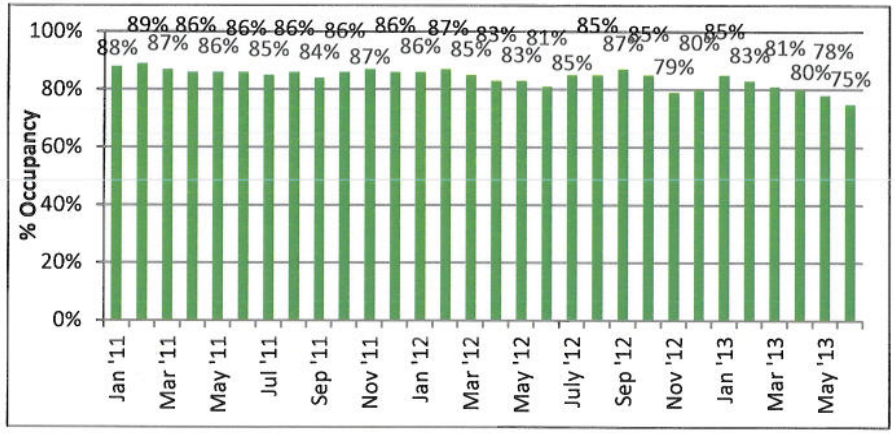
For comparison, occupancy rates reported in the old facility were reported including newborns and were based on budgeted beds.

Medical Center Licensed Occupancy Rate (including Newborns) Med Center Census/600



Medical Center Budgeted Occupancy

Med Center Census + Newborns + Psych Hosp Census / 676



Medical Center = New Facility + Psychiatric Hospital

Indicator #2 - Emergency Department Metrics

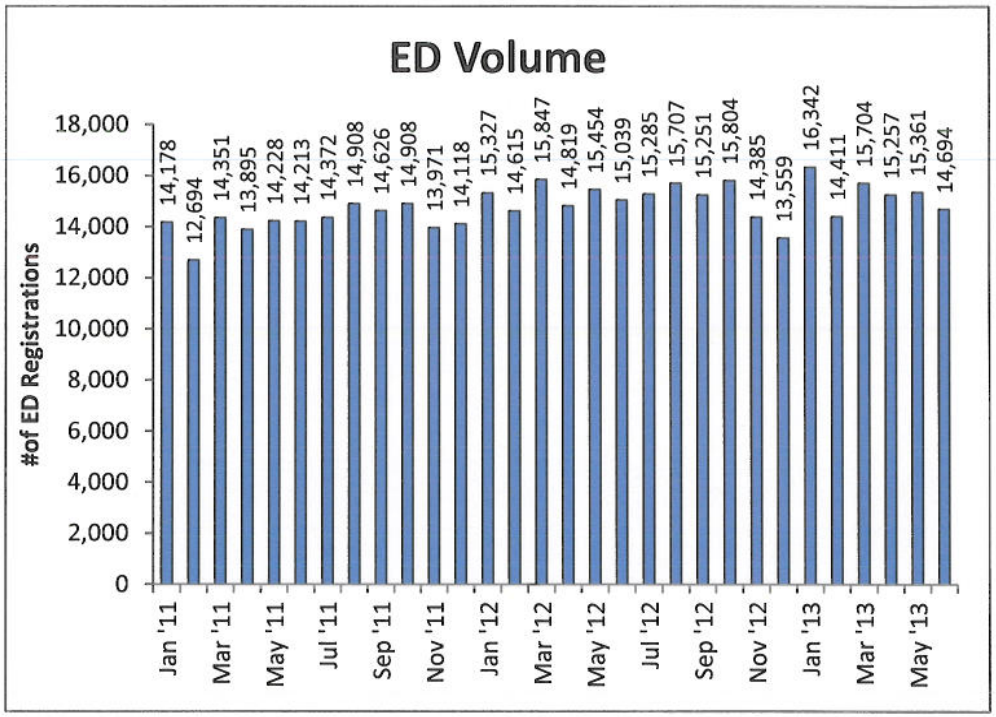
2a.

ED Volume

ED Volume:

Measured by total number of Emergency Department patient registrations.

Source of Data:
Affinity



The annual total ED volume for FY 10-11 was 164,700 which increased to 178,004 in FY 11-12. ED volume for FY 12-13 was 181,760 which surpassed the FY 11-12 amount.

2b.

Median Emergency Department Boarding Time

(EDBT)

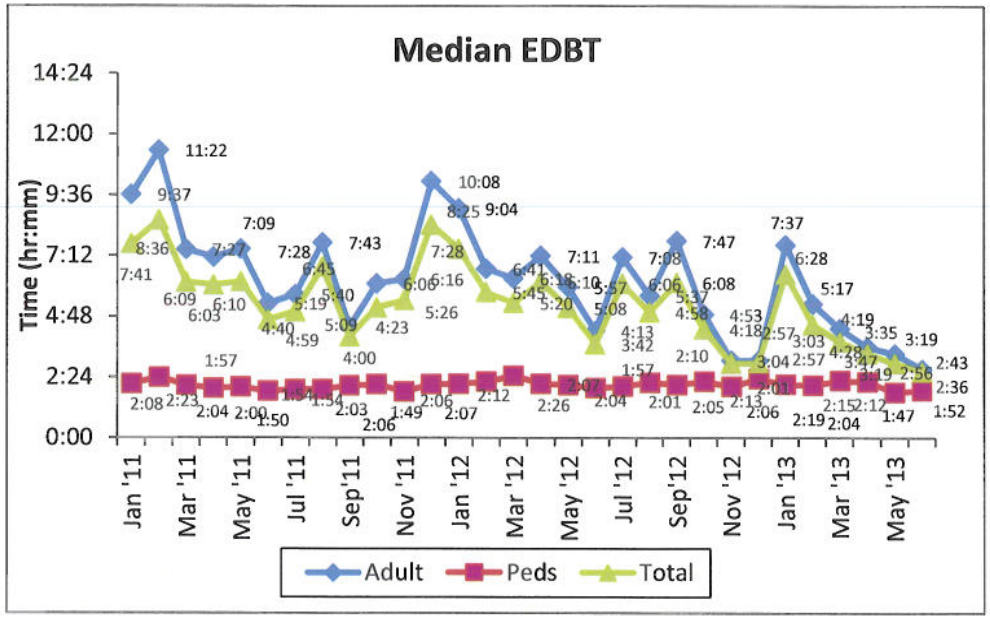
***Harris Rodde Indicator**

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.

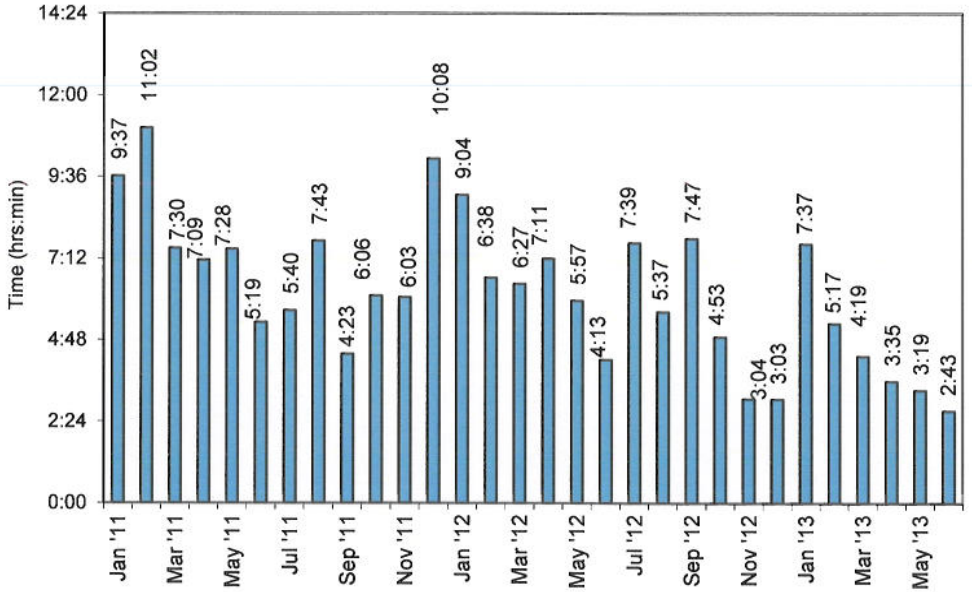
Source of Data:
Affinity

Target:
Less than 7 hours.



June '13 data is preliminary data

Median Boarding Time (Adult)*



June '13 data is preliminary data

Indicator #2 - Emergency Department Metrics

2c.

ED Wait Time

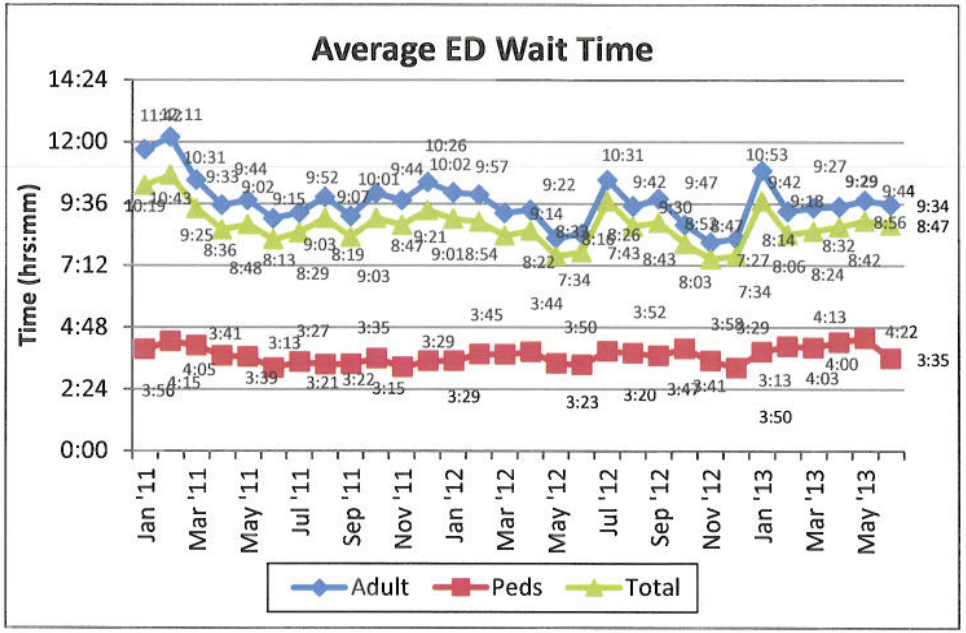
ED Wait Time:
Measured from time patient is triaged to time patient is either admitted or discharged reported as an arithmetic mean.

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

June '13 data is preliminary data

Indicator #2 - Emergency Department Metrics

2d.

Left Without Being Seen

(LWBS)

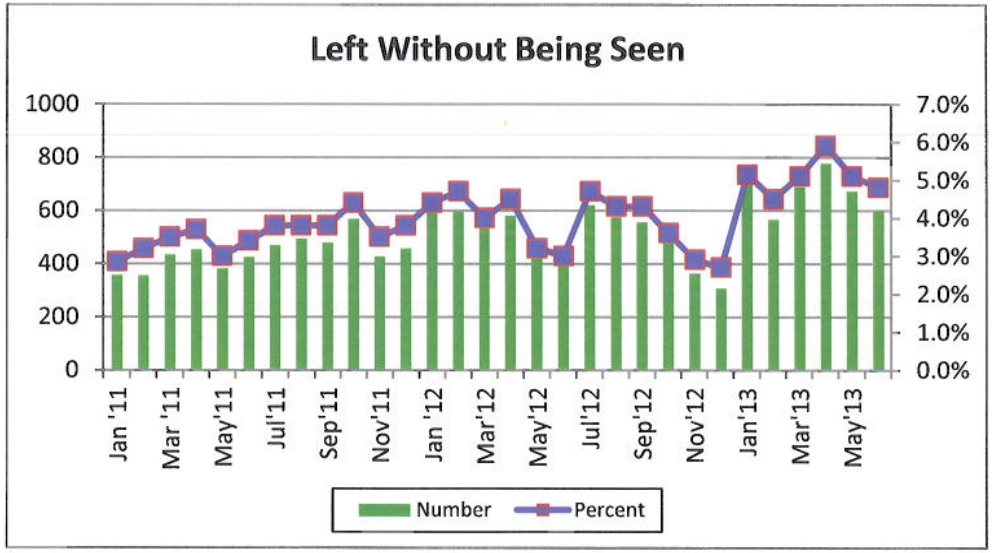
***Harris Rodde Indicator**

LWBS:
The total number of patients who left the ED without being seen by a physician 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. Lower numbers are better.



June '13 data is preliminary data

Indicator #2 - Emergency Department Metrics

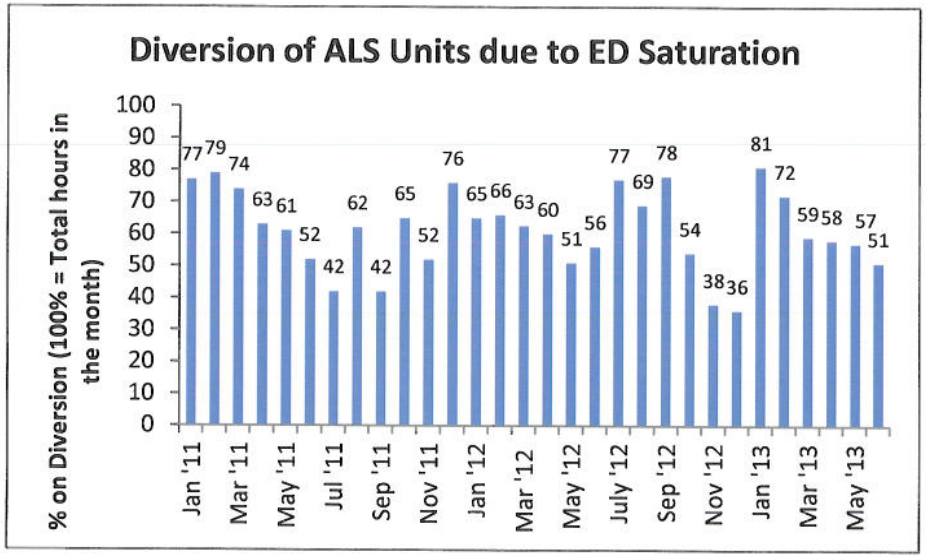
2e.

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

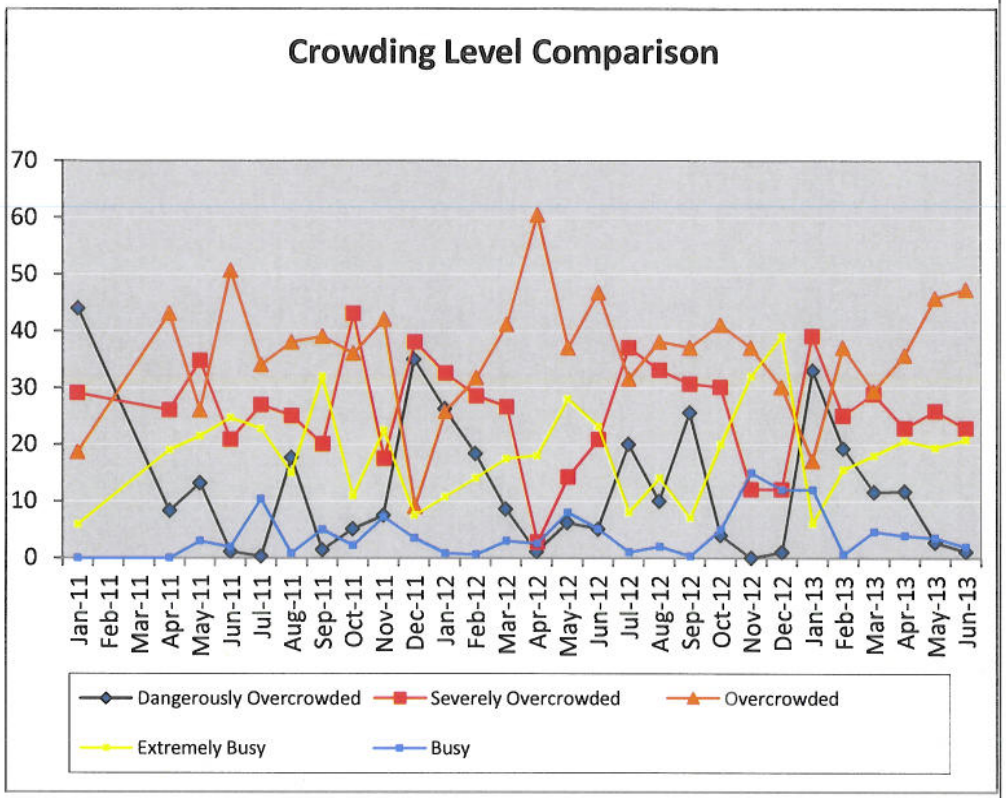


Key points:

-- Diversion 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".

2f.

Surge Report



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.

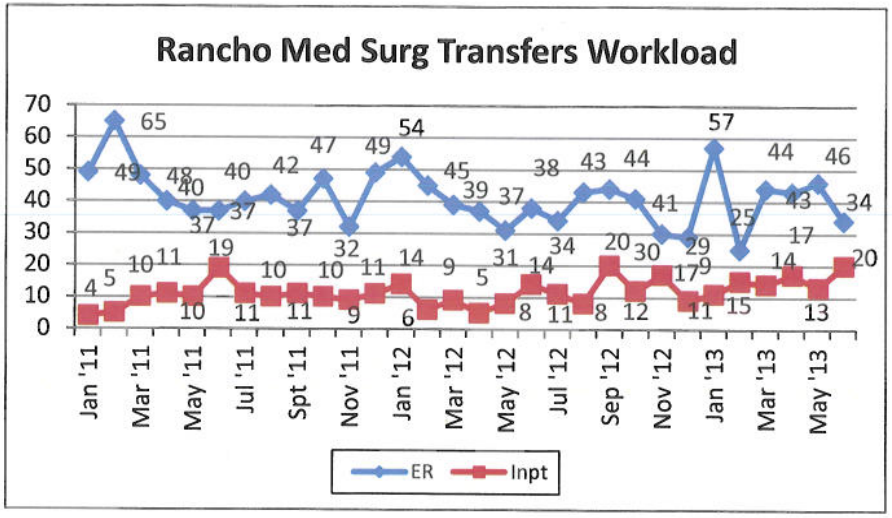
Month of June '13

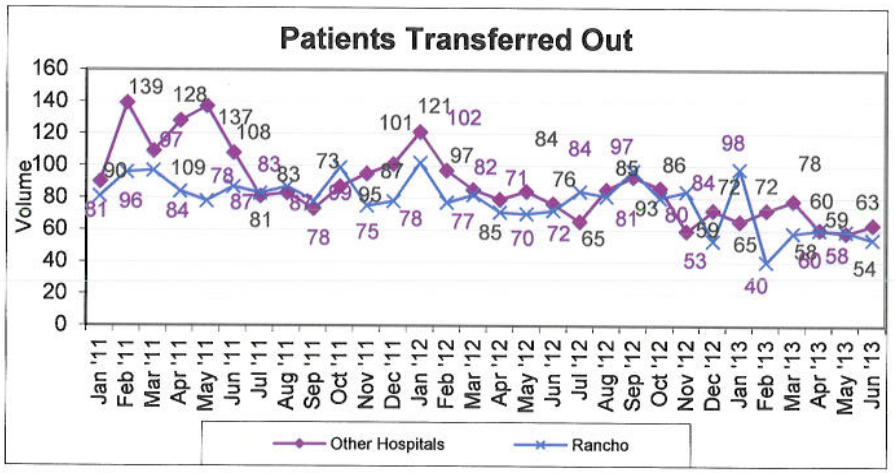
Referrals from ER:

	Med/Surg	Acute Stroke	Total
# Met transfer criteria	12	NA	-
# Referred to RLAH	12	22	34
# Transfers	12	22	34
# Denied	0	NA	-
# Cancelled	0	NA	-
# Patients Refused of Those Cancelled	0	NA	-

Referrals from Inpatients:

	Med/Surg	Acute Stroke	Total
# Met transfer criteria	19	NA	-
# Referred to RLAH	19	3	22
# Transfers	17	3	20
# Denied	0	NA	-
# Cancelled	1	NA	-
# Patients Refused of Those Cancelled	0	NA	-
Other /Pending	1	NA	-





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

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

Indicator #5 – Harris Rodde Indicators

5.

Average Length of Stay (ALOS)

***Harris Rodde Indicator**

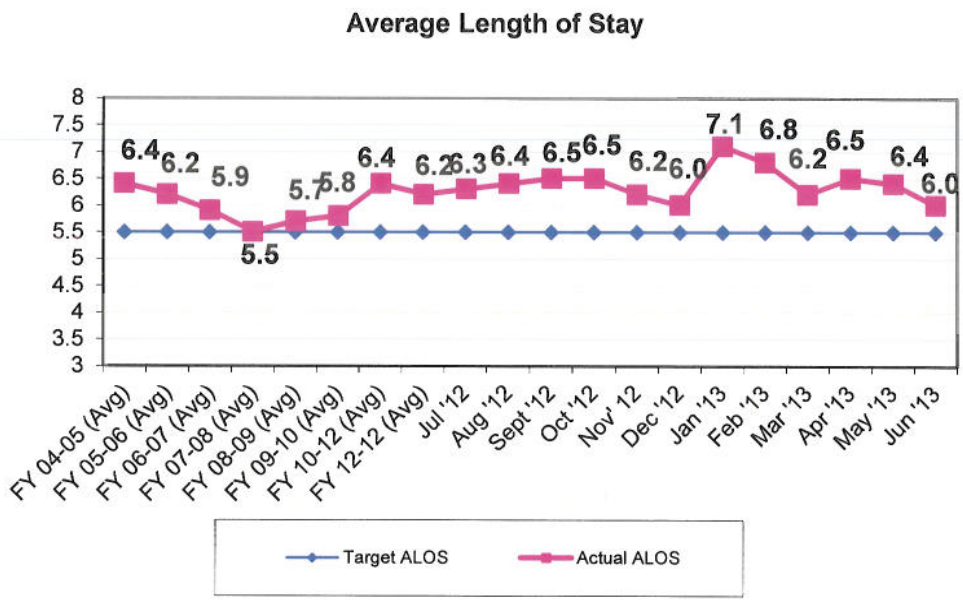
LOS:
The difference between discharge date and the admission date or 1 if the 2 dates are the same.

Total LOS:

Calculation:
ALOS is the arithmetic mean calculated by dividing the Total LOS by the Total # of discharges in the monthly reporting period, rounded off to one decimal place.

Source of Data:
Affinity

Target: <5.5 days



***Medical Center (New Facility + Psychiatric Hospital) ALOS** - Preliminary data pending Auditor-Controller validation

The increasing length of stay observed in January and February is largely attributed to the discharge of several patients with extended lengths of stay. In June 2013, these include 6 patients who were discharged with LOS > 100. Without the effect of these 6 patients, ALOS would have been 5.7 rather than 6.0.

*As of July 2010 with the consolidation of Ingleside and Hawkins, all psychiatric services are now included.

Indicator #6 – Pediatric Metrics

6.

Pediatric Bed Census and Occupancy (%)

Pediatric ICU (PICU)

Neonatal ICU (NICU)

Pediatric Unit

Adolescent Unit

Census:
The total number admitted pediatric 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

Date	NICU (40 Beds)	Peds Ward (25 Beds)	PICU (10 Beds)	Med/Surg Adolescent (20 Beds)
Jan-11	55%	60%	70%	70%
Feb-11	57%	68%	80%	80%
Mar-11	57%	60%	70%	75%
Apr-11	55%	64%	50%	75%
May-11	57%	56%	50%	80%
Jun-11	70%	52%	60%	75%
Jul-11	58%	44%	50%	70%
Aug-11	58%	44%	40%	75%
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%
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%

Indicator #7 – Med Surg / ICU / OB/GYN Metrics

7.

Med Surg / ICU Bed Census and Occupancy (%)

Medical Surgical Unit (Med Surg)

Jail Unit (Jail)

ICUs (Excluding Burn ICUs)

OB/GYN Unit (Med Surg)

Census:

The total number admitted inpatients at 12:00 AM midnight of a designated ward.

Occupancy:

The total number of admitted inpatients divided by the total number of licensed beds on that unit and reported as percentage.

Source of Data:
Affinity

Date	Med Surg (309 beds)	Jail (24 Beds)	ICUs (120 Beds)	Burn* (20 Beds)	OB/GYN (Med Surg) (32 beds)
Nov-12	87%	83%	83.5 %	51%	87%
Dec-12	88%	71%	83%	44%	83%
Jan-13	95%	73%	85%	55%	98%
Feb-13	93%	59%	87%	61%	95%
Mar-13	91%	62%	82%	47%	93%
Apr-13	88%	82%	85%	57%	99%
May-13	88%	66%	82%	57%	90%
Jun-13	82%	71%	80%	60%	81%

* Burn= Both ward (10) and ICUs (10)

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September 3, 2013

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 #91**

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 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

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

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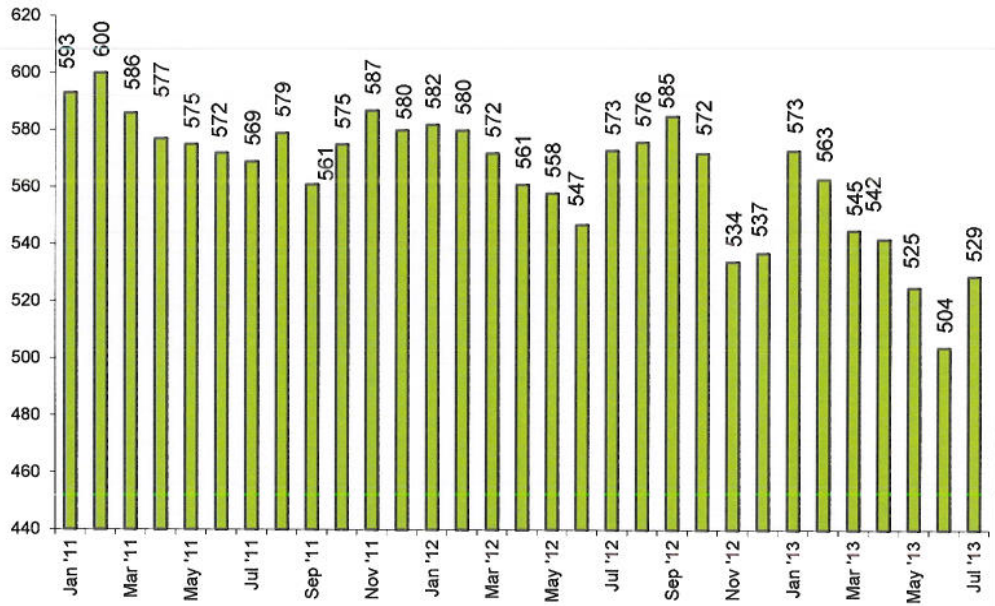
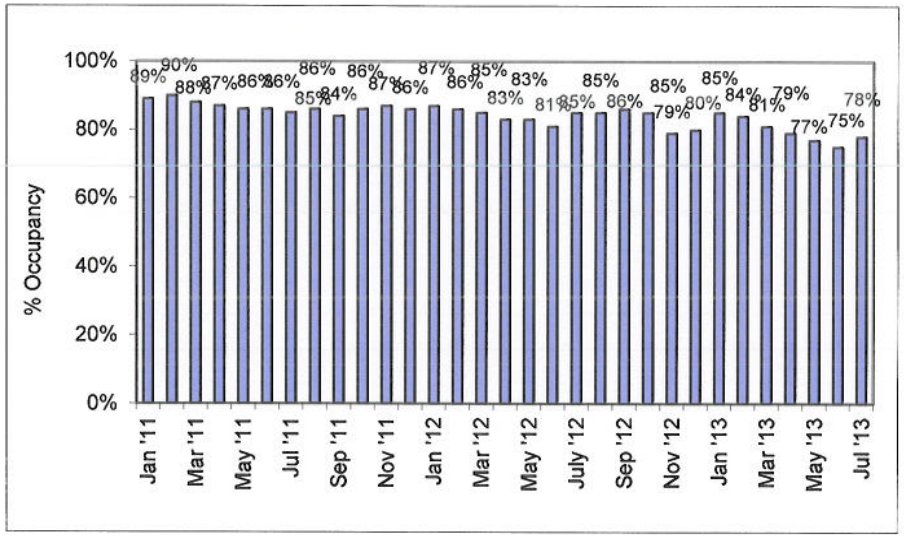
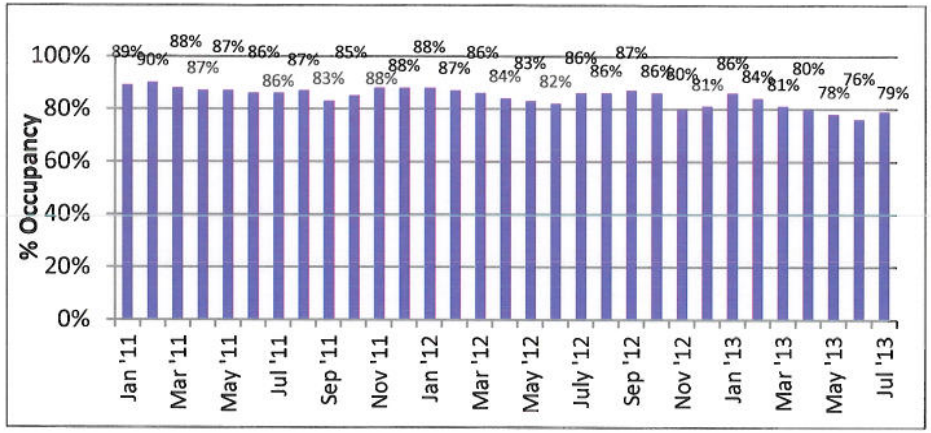
LAC+USC Medical Center
Operational Monitoring Report
Reporting Period: July 2013

Indicator	Definition	Data	Comments
Indicator #1 – Trends in Average Daily Census and Hospital Operations Metrics			
1a. **Average Daily Census (ADC)**	**ADC:** A measure of the total number of inpatients occupying licensed beds on a daily basis reported as the arithmetic mean. **Calculation:** Total number of admitted inpatients at 12:00 AM midnight daily, summed over the month and divided by the total number of days in the month. **Source of Data:** Affinity	**ADC**  Note: Average Daily Census number reported includes Medical Center + Psych + Newborns Census.	ADC provided as background information. Graphs depict data from January 2011 to present.

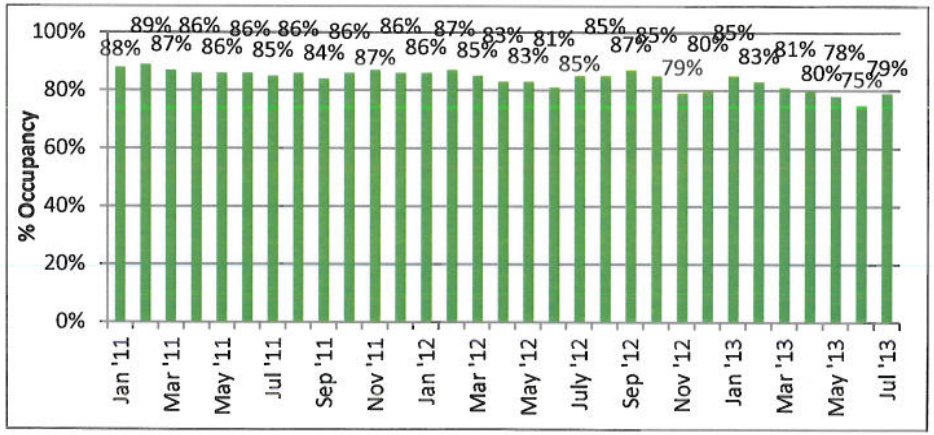
Indicator #1 – Trends in Average Daily Census and Hospital Operations Metrics

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.

Medical Center Licensed Occupancy Rate (including Newborns) Med Center Census/600



Medical Center Budgeted Occupancy
Med Center Census + Newborns + Psych Hosp Census / 676



Medical Center = New Facility + Psychiatric Hospital

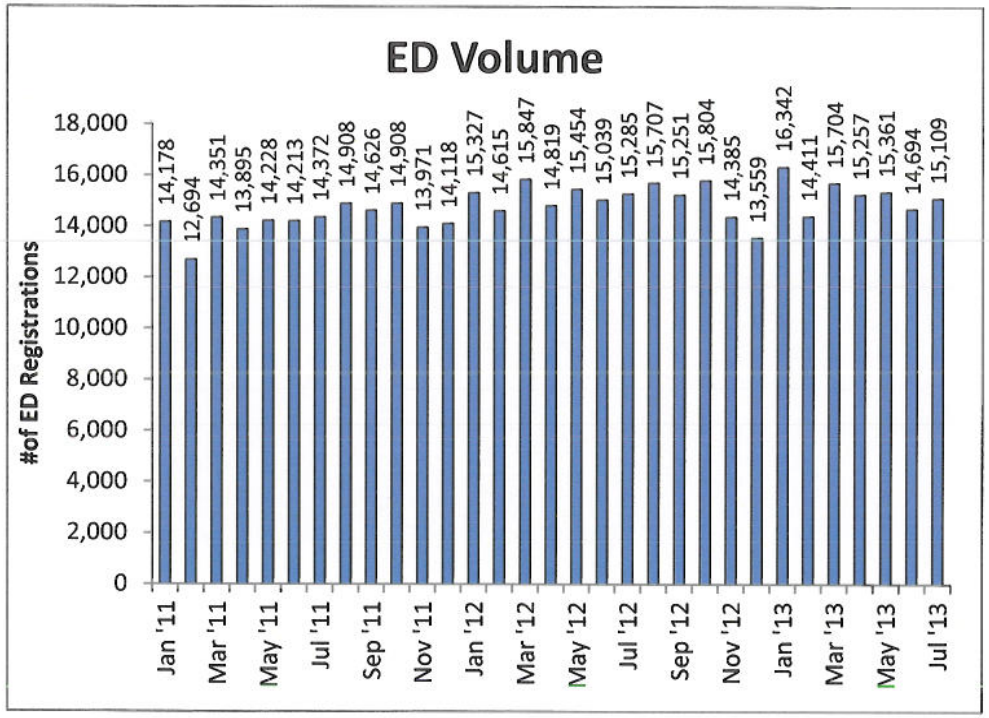
Indicator #2 - Emergency Department Metrics

2a. ED Volume

ED Volume:

Measured by total number of Emergency Department patient registrations.

Source of Data:
Affinity



The annual total ED volume for FY 10-11 was 164,700 which increased to 178,004 in FY 11-12. ED volume for FY 12-13 was 181,760 which surpassed the FY 11-12 amount.

2b.

Median Emergency Department Boarding Time

(EDBT)

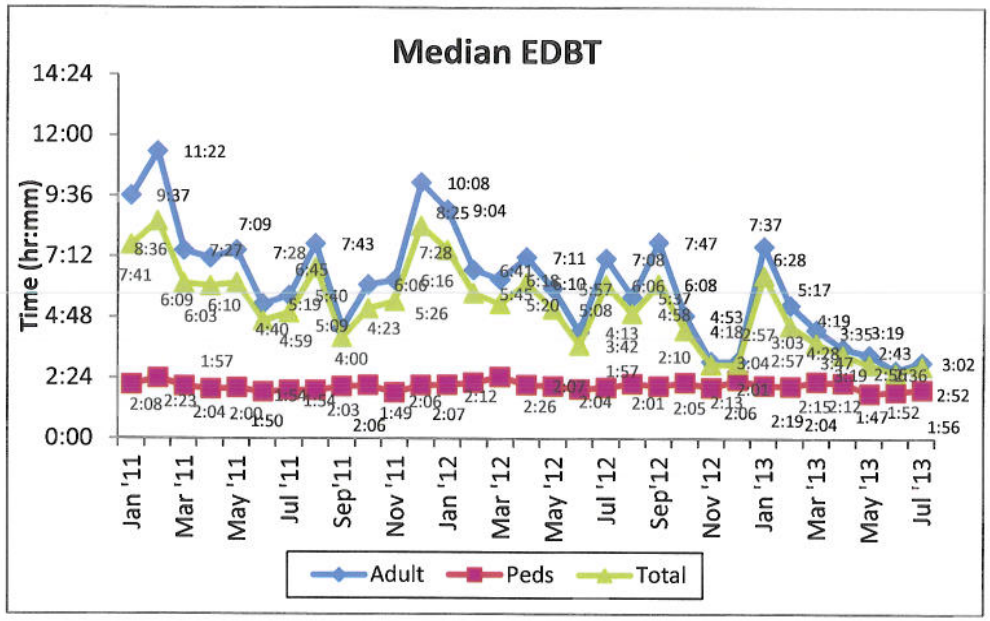
***Harris Rodde Indicator**

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.

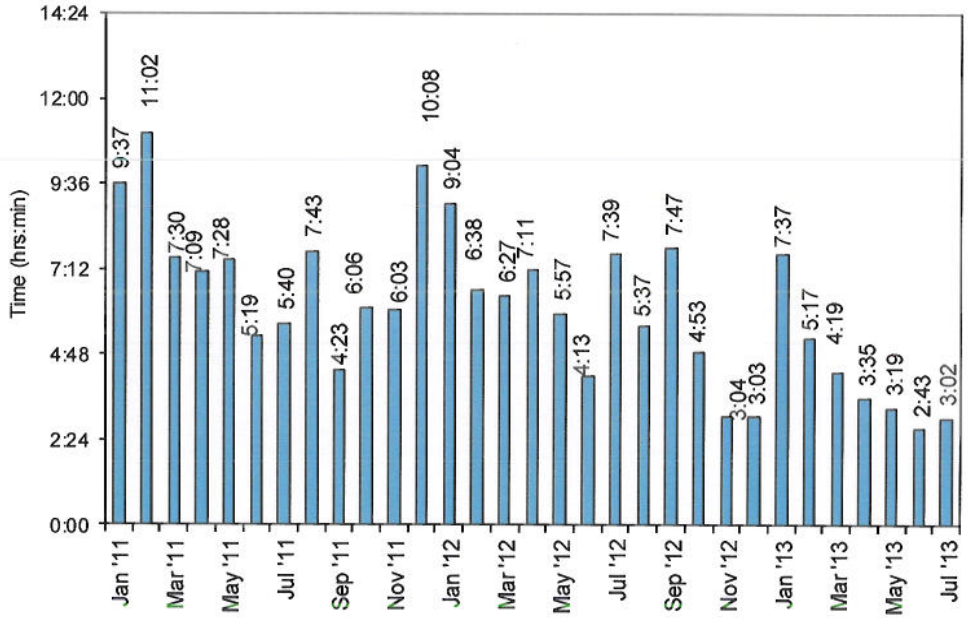
Source of Data:
Affinity

Target:
Less than 7 hours.



July '13 data is preliminary data

Median Boarding Time (Adult)*



July '13 data is preliminary data

Indicator #2 - Emergency Department Metrics

2c.

ED Wait Time

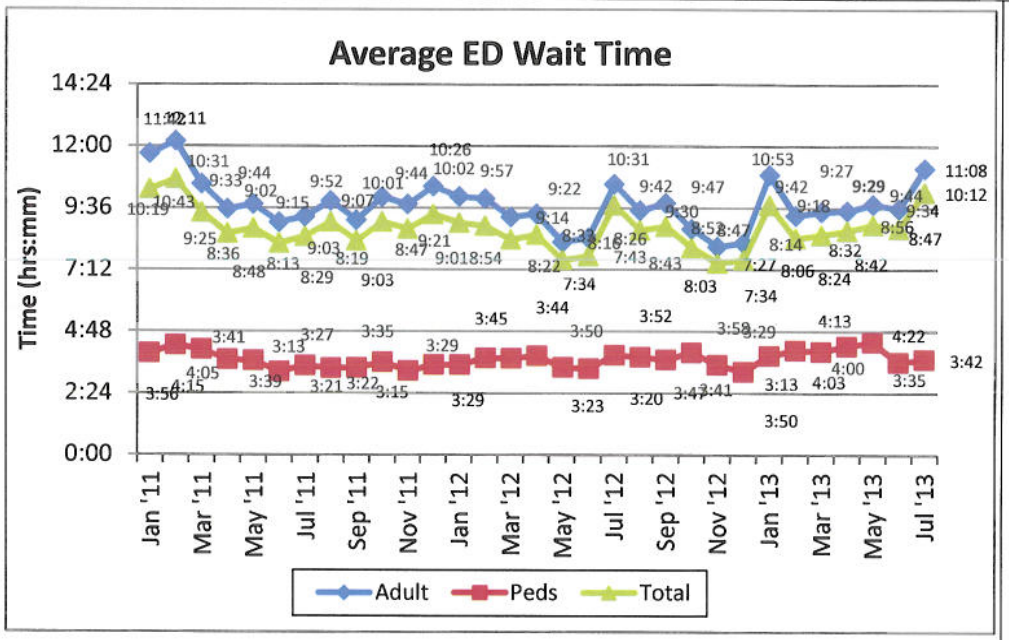
ED Wait Time: Measured from time patient is triaged to time patient is either admitted or discharged reported as an arithmetic mean.

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

Indicator #2 - Emergency Department Metrics

2d.

Left Without Being Seen

(LWBS)

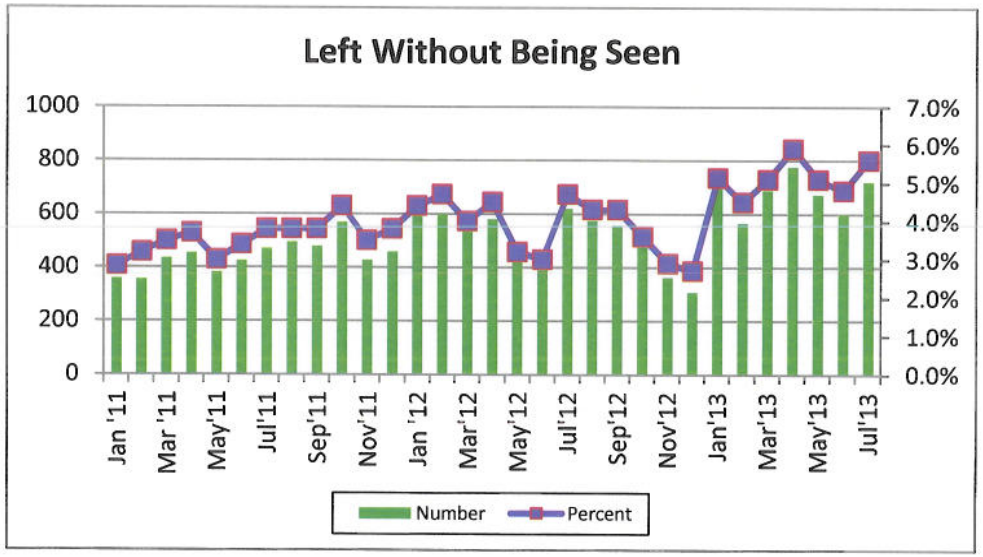
***Harris Rodde Indicator**

LWBS:
The total number of patients who left the ED without being seen by a physician 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. Lower numbers are better.



July '13 data is preliminary data

Indicator #2 - Emergency Department Metrics

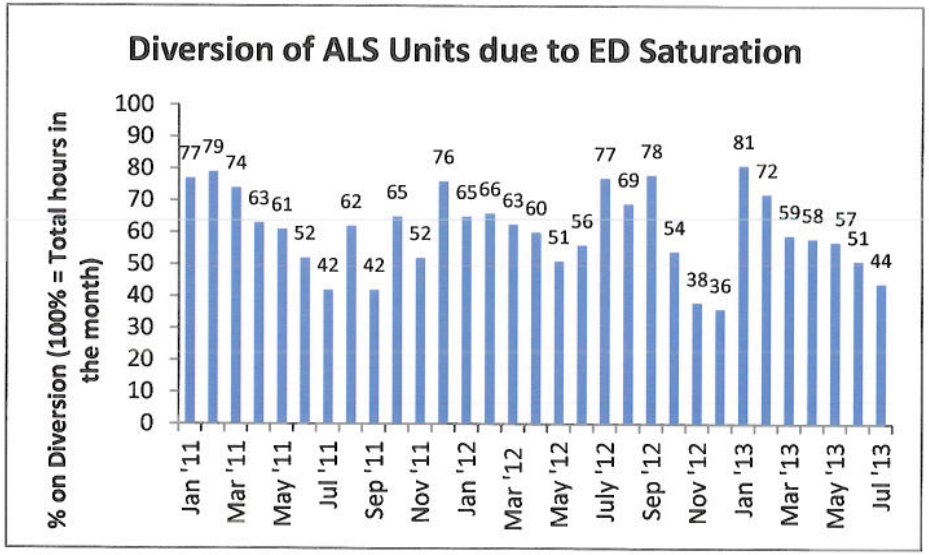
2e.

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

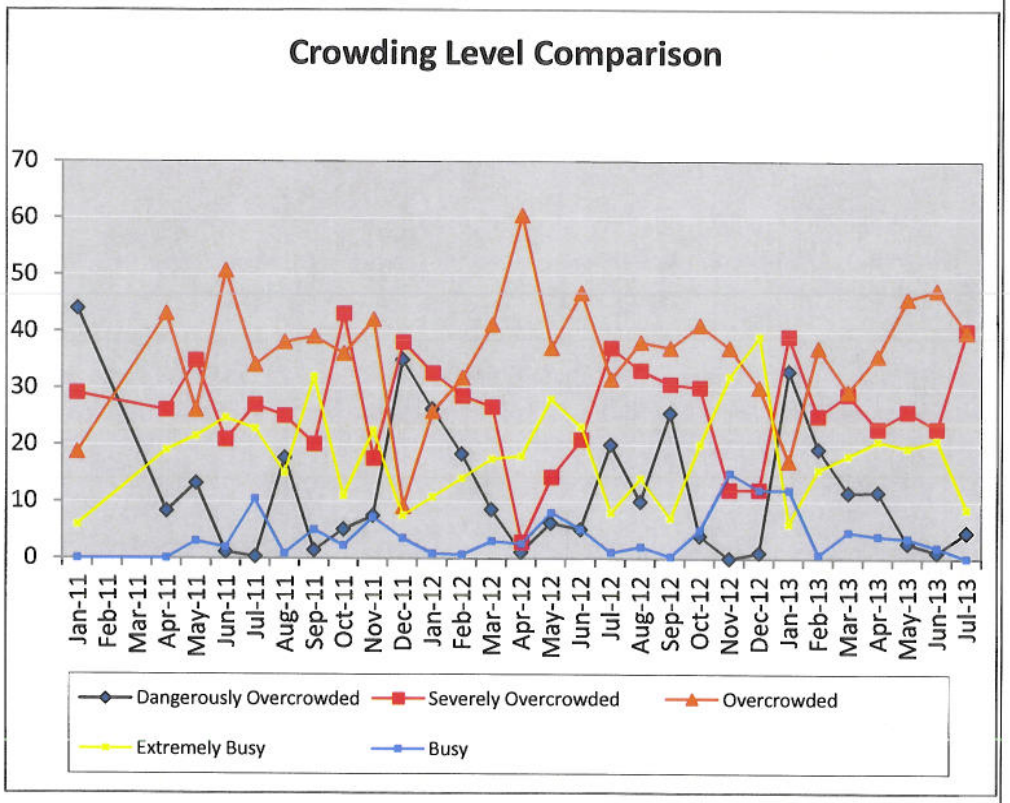


Key points:

-- Diversion 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".

2f.

Surge Report



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.

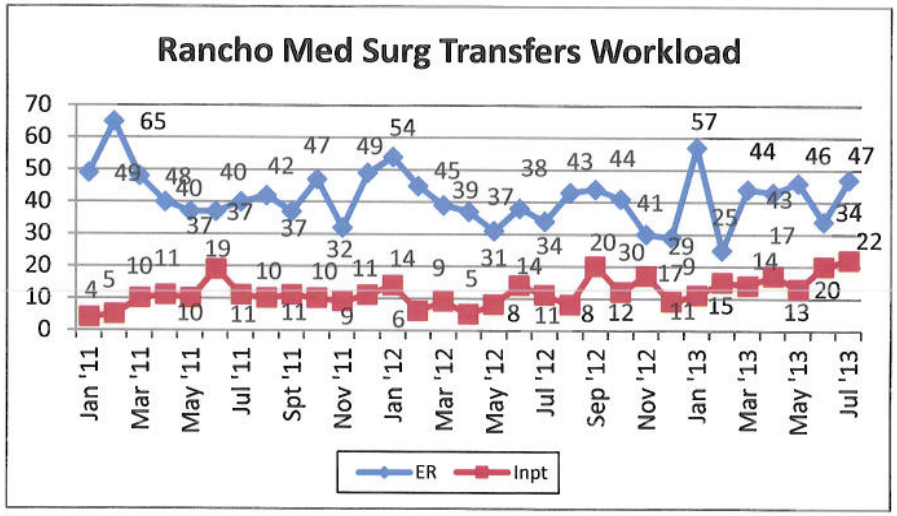
Month of July '13

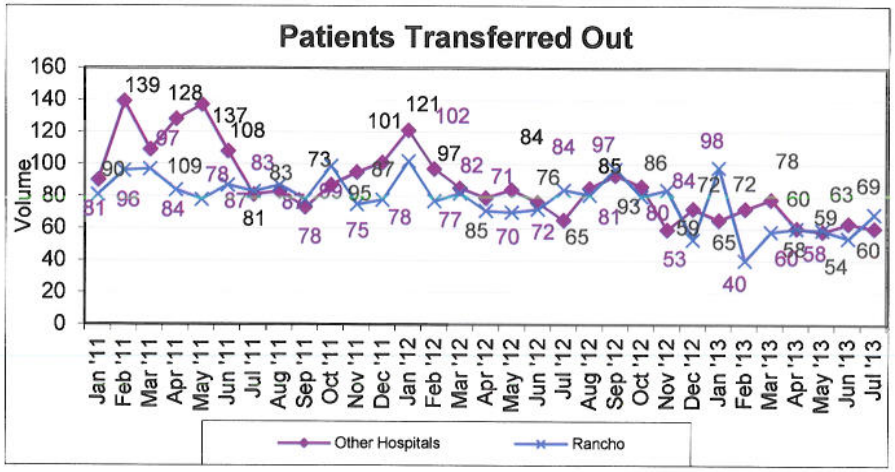
Referrals from ER:

	Med/Surg	Acute Stroke	Total
# Met transfer criteria	19	NA	-
# Referred to RLAH	19	29	47
# Transfers	18	29	47
# Denied	0	NA	-
# Cancelled	1	NA	-
# Patients Refused of Those Cancelled	0	NA	-

Referrals from Inpatients:

	Med/Surg	Acute Stroke	Total
# 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	-





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

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

Indicator #5 – Harris Rodde Indicators

5.

Average Length of Stay (ALOS)

***Harris Rodde Indicator**

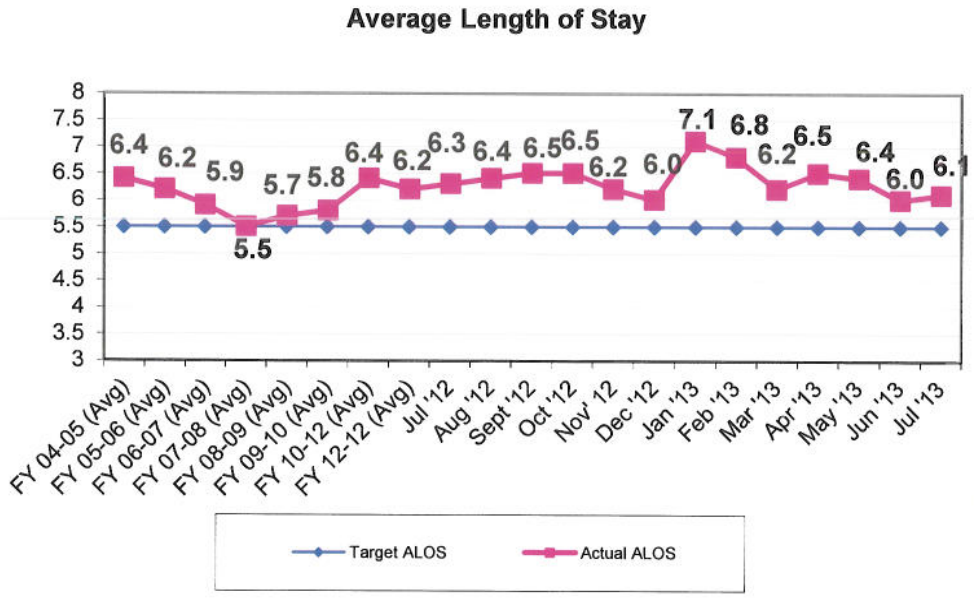
LOS:
The difference between discharge date and the admission date or 1 if the 2 dates are the same.

Total LOS:

Calculation:
ALOS is the arithmetic mean calculated by dividing the Total LOS by the Total # of discharges in the monthly reporting period, rounded off to one decimal place.

Source of Data:
Affinity

Target: <5.5 days



***Medical Center (New Facility + Psychiatric Hospital) ALOS** - Preliminary data pending Auditor-Controller validation

The increasing length of stay observed in January and February is largely attributed to the discharge of several patients with extended lengths of stay. In June 2013, these include 6 patients who were discharged with LOS > 100. Without the effect of these 6 patients, ALOS would have been 5.8 rather than 6.1.

*As of July 2010 with the consolidation of Ingleside and Hawkins, all psychiatric services are now included.

Indicator #6 – Pediatric Metrics

6.

Pediatric Bed Census and Occupancy (%)

Pediatric ICU (PICU)

Neonatal ICU (NICU)

Pediatric Unit

Adolescent Unit

Census:
The total number admitted pediatric 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

Date	NICU (40 Beds)	Peds Ward (25 Beds)	PICU (10 Beds)	Med/Surg Adolescent (20 Beds)
Jan-11	55%	60%	70%	70%
Feb-11	57%	68%	80%	80%
Mar-11	57%	60%	70%	75%
Apr-11	55%	64%	50%	75%
May-11	57%	56%	50%	80%
Jun-11	70%	52%	60%	75%
Jul-11	58%	44%	50%	70%
Aug-11	58%	44%	40%	75%
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%
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%
Jul-13	47.5%	32%	50%	60%

Indicator #7 – Med Surg / ICU / OB/GYN Metrics

7.

Med Surg / ICU Bed Census and Occupancy (%)

Medical Surgical Unit (Med Surg)

Jail Unit (Jail)

ICUs (Excluding Burn ICUs)

OB/GYN Unit (Med Surg)

Census:

The total number admitted inpatients at 12:00 AM midnight of a designated ward.

Occupancy:

The total number of admitted inpatients divided by the total number of licensed beds on that unit and reported as percentage.

Source of Data:
Affinity

Date	Med Surg (309 beds)	Jail (24 Beds)	ICUs (120 Beds)	Burn* (20 Beds)	OB/GYN (Med Surg) (32 beds)
Nov-12	87%	83%	83.5 %	51%	87%
Dec-12	88%	71%	83%	44%	83%
Jan-13	95%	73%	85%	55%	98%
Feb-13	93%	59%	87%	61%	95%
Mar-13	91%	62%	82%	47%	93%
Apr-13	88%	82%	85%	57%	99%
May-13	88%	66%	82%	57%	90%
Jun-13	82%	71%	80%	60%	81%
Jul-13	88%	79%	82%	42%	88%

* Burn= Both ward (10) and ICUs (10)

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October 1, 2013

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 #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). This 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.

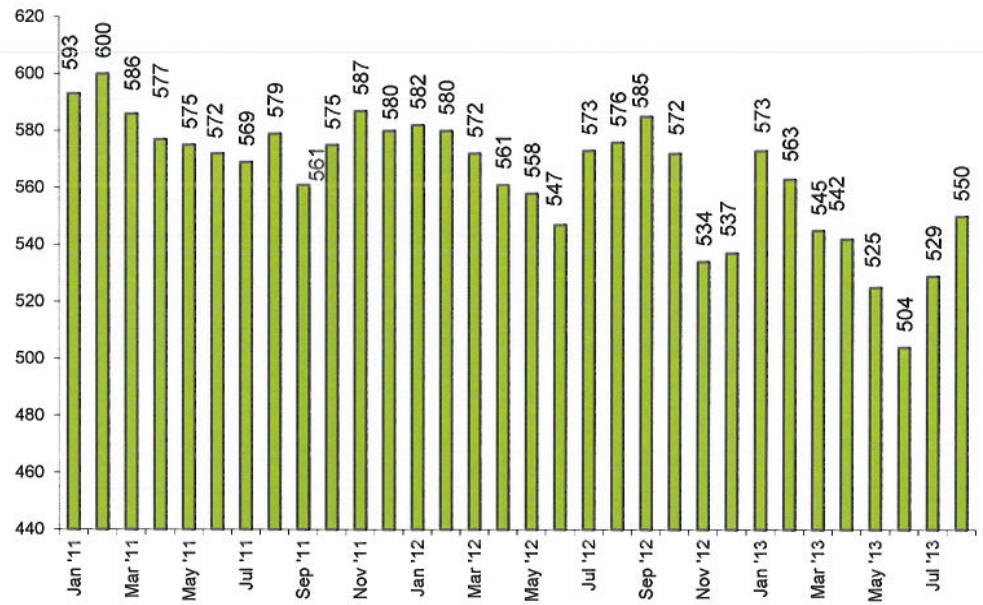
HO:ab

Attachment

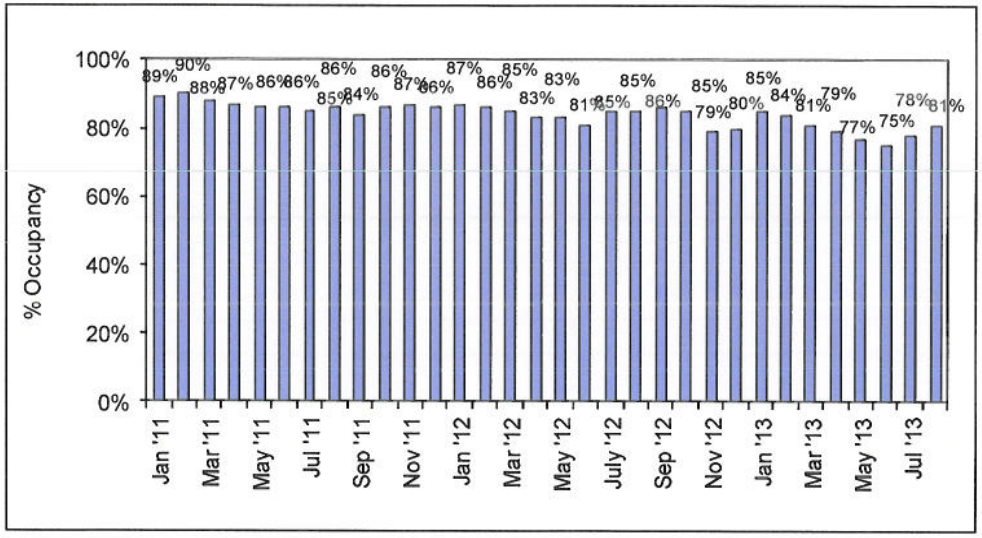
c: Chief Executive Office
County Counsel
Executive Office, Board of Supervisors

www.dhs.lacounty.gov

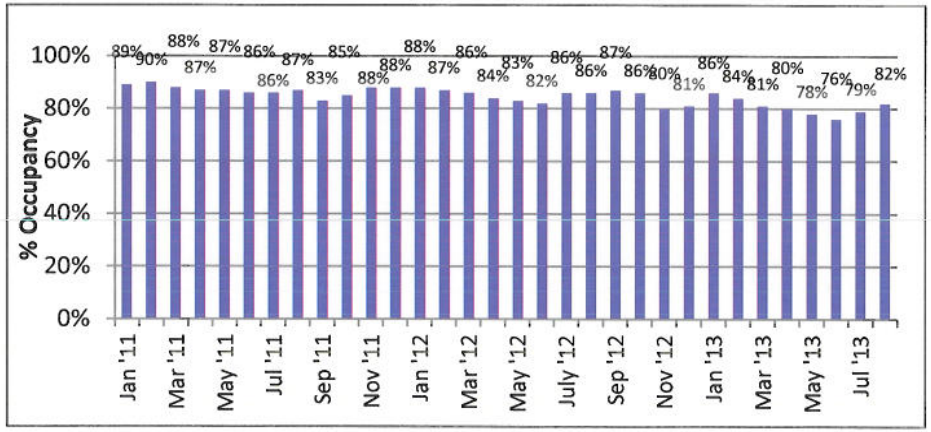
LAC+USC Medical Center
Operational Monitoring Report
Reporting Period: August 2013

Indicator	Definition	Data	Comments
Indicator #1 – Trends in Average Daily Census and Hospital Operations Metrics			
1a. **Average Daily Census (ADC)**	**ADC:** A measure of the total number of inpatients occupying licensed beds on a daily basis reported as the arithmetic mean. **Calculation:** Total number of admitted inpatients at 12:00 AM midnight daily, summed over the month and divided by the total number of days in the month. **Source of Data:** Affinity	**ADC**  Note: Average Daily Census number reported includes Medical Center + Psych + Newborns Census.	ADC provided as background information. Graphs depict data from January 2011 to present.

Indicator #1 – Trends in Average Daily Census and Hospital Operations Metrics

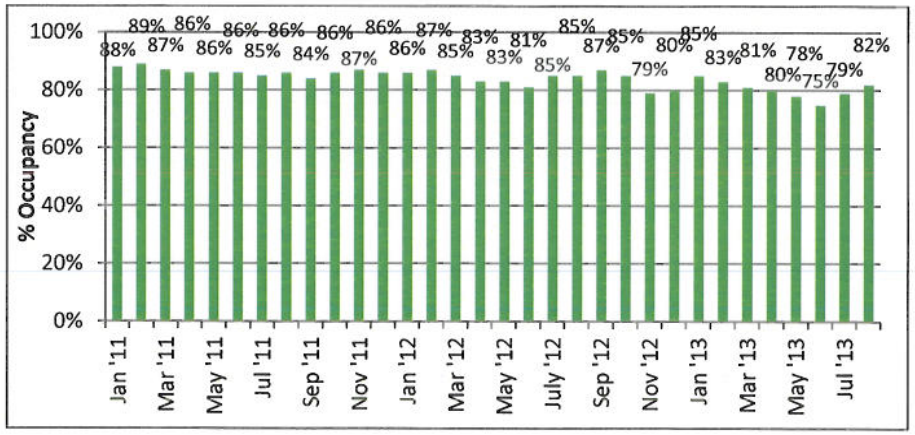
1b. **Occupancy Rate LAC+USC Medical Center**	**Definition**: A measure of the usage of the licensed beds during the reporting period that is derived by dividing the patient days in the reporting period by the licensed bed days in the reporting period. **Calculation:** The total number of admitted inpatients 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.

Medical Center Licensed Occupancy Rate (including Newborns) Med Center Census/600



Medical Center Budgeted Occupancy

Med Center Census + Newborns + Psych Hosp Census / 676



Medical Center = New Facility + Psychiatric Hospital

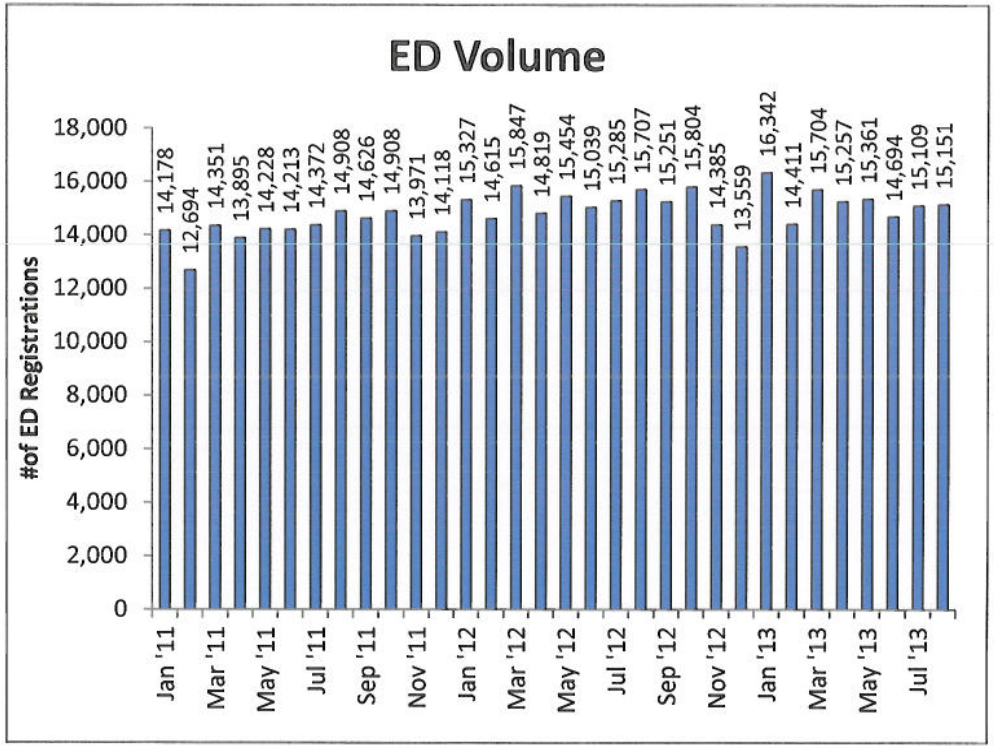
Indicator #2 - Emergency Department Metrics

2a. ED Volume

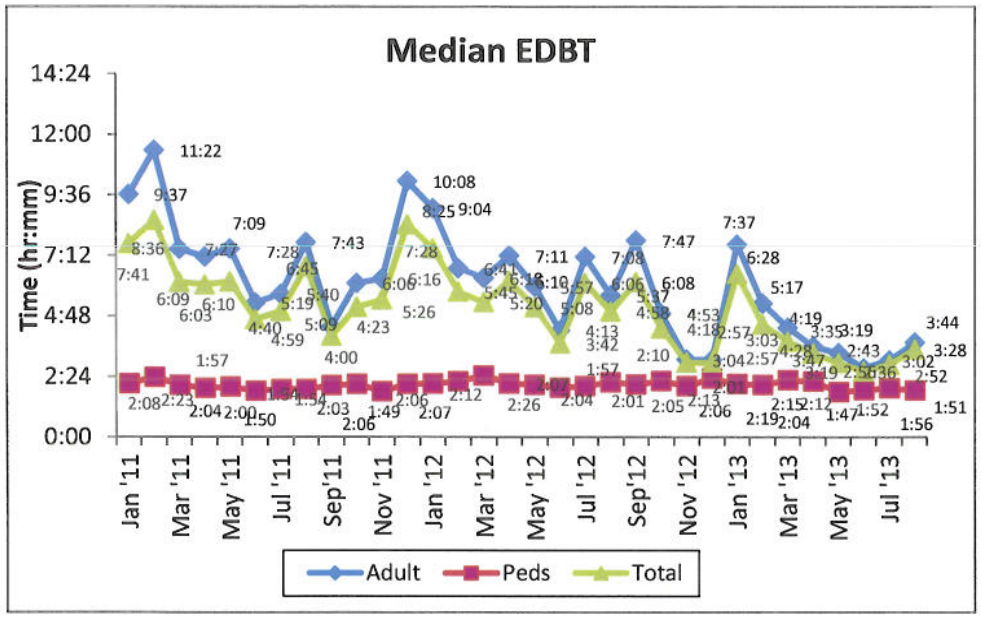
ED Volume:

Measured by total number of Emergency Department patient registrations.

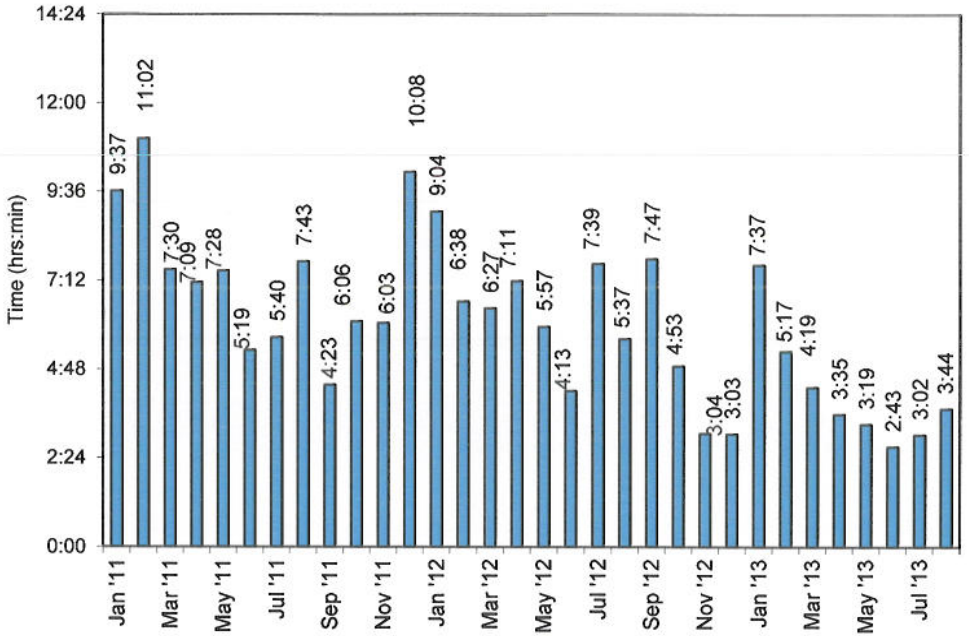
Source of Data:
Affinity



The annual total ED volume for FY 10-11 was 164,700 which increased to 178,004 in FY 11-12. ED volume for FY 12-13 was 181,760 which surpassed the FY 11-12 amount.

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 **Target**: Less than 7 hours.	 August '13 data is preliminary data	

Median Boarding Time (Adult)*



August '13 data is preliminary data

Indicator #2 - Emergency Department Metrics

2c.

ED Wait Time

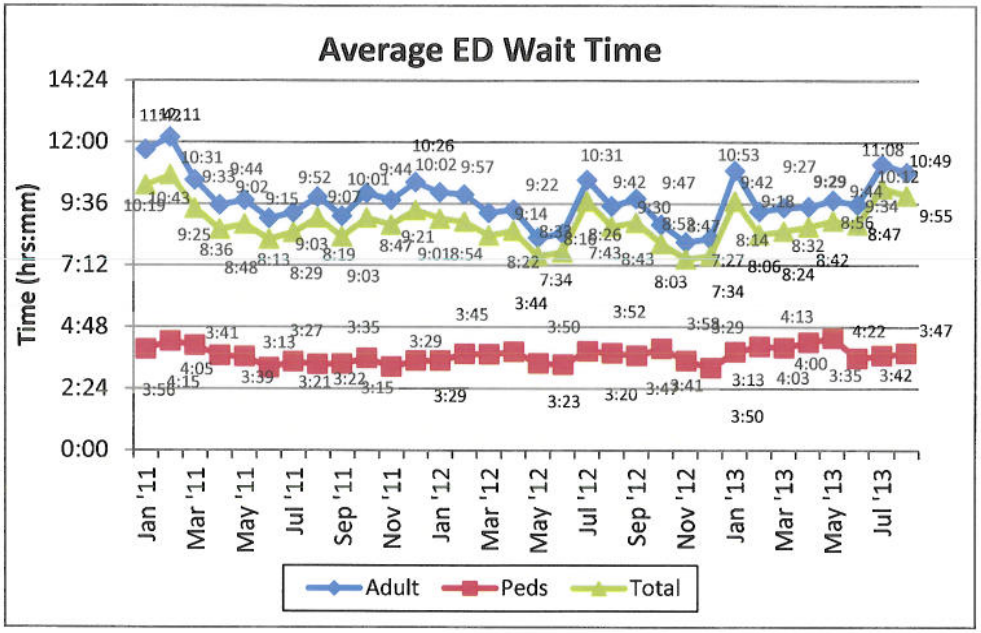
ED Wait Time:
Measured from time patient is triaged to time patient is either admitted or discharged reported as an arithmetic mean.

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

Indicator #2 - Emergency Department Metrics

2d.

Left Without Being Seen

(LWBS)

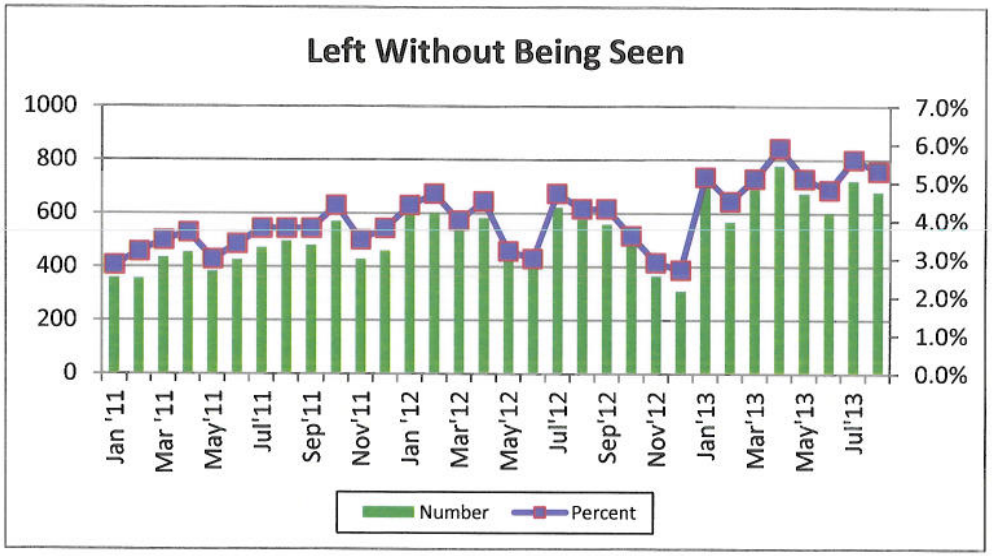
***Harris Rodde Indicator**

LWBS:
The total number of patients who left the ED without being seen by a physician 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. Lower numbers are better.



August '13 data is preliminary data

Indicator #2 - Emergency Department Metrics

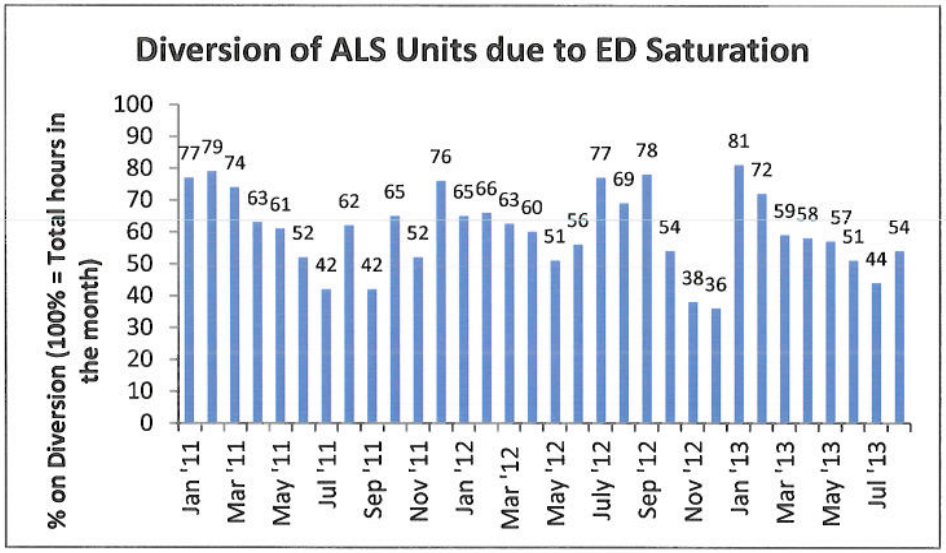
2e.

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

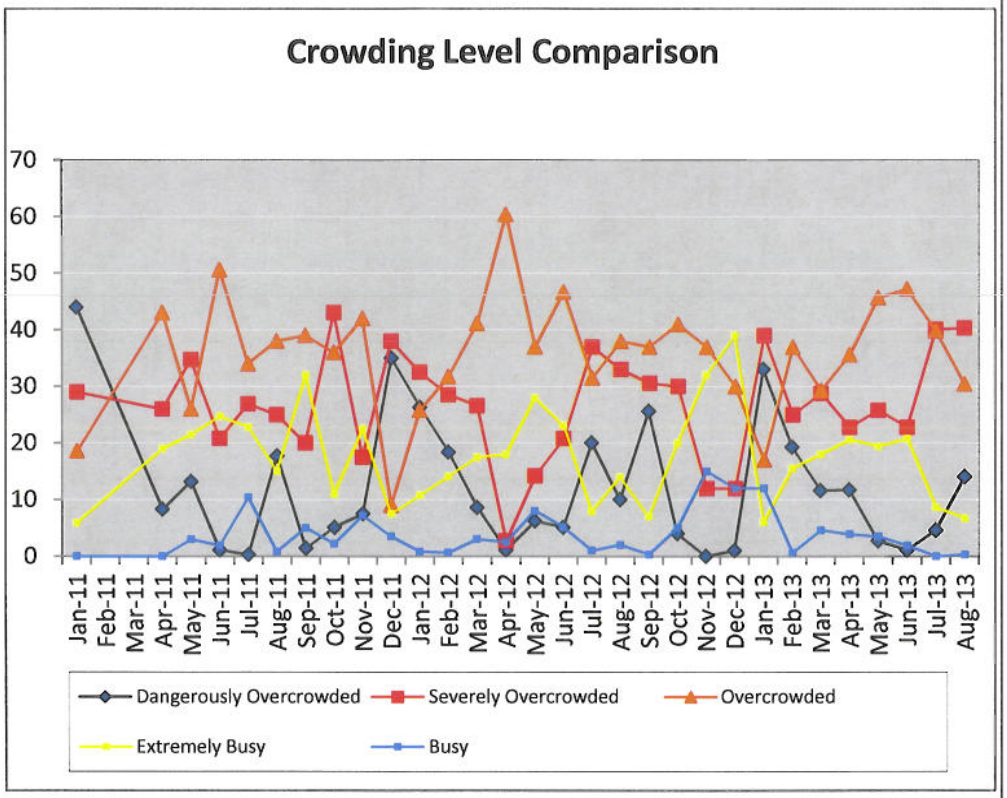


Key points:

-- Diversion 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".

2f.

Surge Report



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.

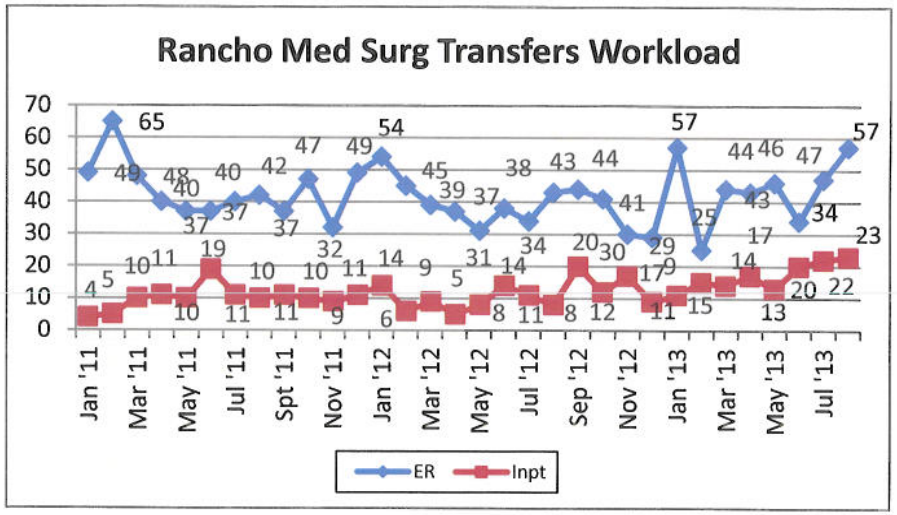
Month of August '13

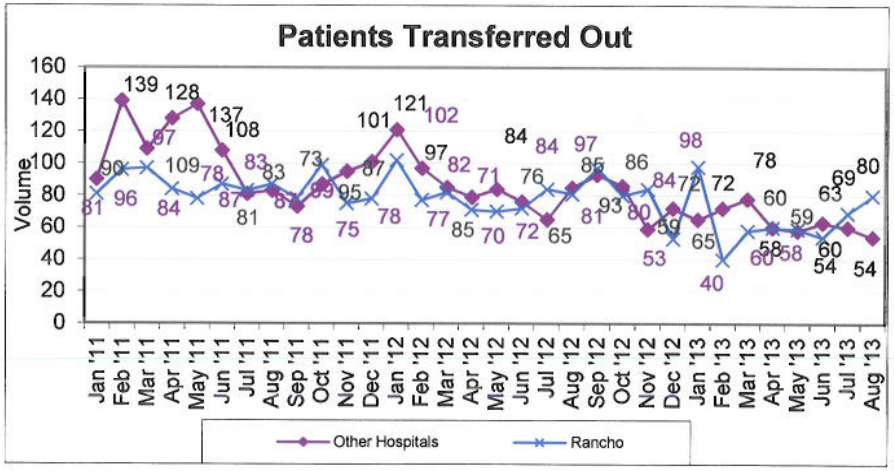
Referrals from ER:

	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	-





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

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

Indicator #5 – Harris Rodde Indicators

5.

Average Length of Stay (ALOS)

***Harris Rodde Indicator**

LOS:
The difference between discharge date and the admission date or 1 if the 2 dates are the same.

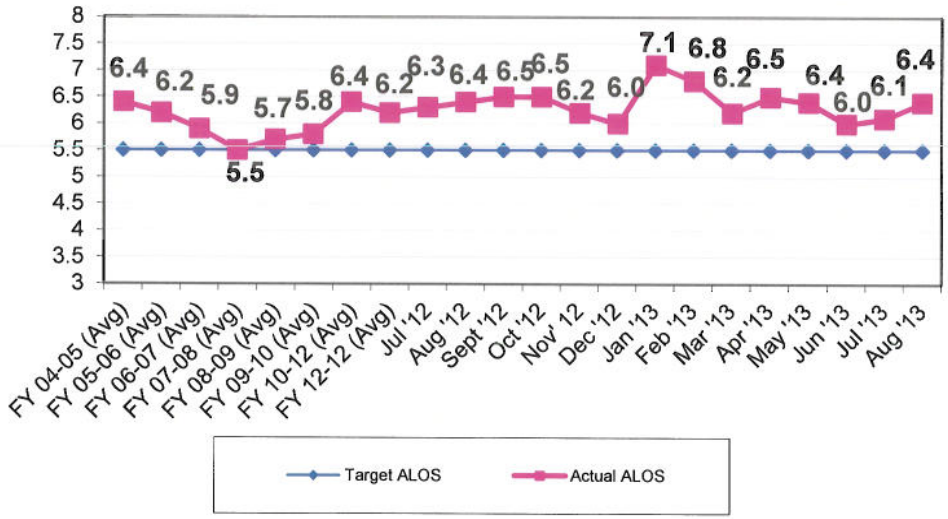
Total LOS:

Calculation:
ALOS is the arithmetic mean calculated by dividing the Total LOS by the Total # of discharges in the monthly reporting period, rounded off to one decimal place.

Source of Data:
Affinity

Target: <5.5 days

Average Length of Stay



***Medical Center (New Facility + Psychiatric Hospital) ALOS** - Preliminary data pending Auditor-Controller validation

The increasing length of stay observed in January and February is largely attributed to the discharge of several patients with extended lengths of stay. In August 2013, these include 5 patients who were discharged with LOS > 100. Without the effect of these 5 patients, ALOS would have been 6.1 rather than 6.4.

*As of July 2010 with the consolidation of Ingleside and Hawkins, all psychiatric services are now included.

Indicator #6 – Pediatric Metrics

6.

Pediatric Bed Census and Occupancy (%)

Pediatric ICU (PICU)

Neonatal ICU (NICU)

Pediatric Unit

Adolescent Unit

Census:
The total number admitted pediatric 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

Date	NICU (40 Beds)	Peds Ward (25 Beds)	PICU (10 Beds)	Med/Surg Adolescent (20 Beds)
Jan-11	55%	60%	70%	70%
Feb-11	57%	68%	80%	80%
Mar-11	57%	60%	70%	75%
Apr-11	55%	64%	50%	75%
May-11	57%	56%	50%	80%
Jun-11	70%	52%	60%	75%
Jul-11	58%	44%	50%	70%
Aug-11	58%	44%	40%	75%
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%
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%
Jul-13	47.5%	32%	50%	60%
Aug-13	45%	40%	40%	75%

Indicator #7 – Med Surg / ICU / OB/GYN Metrics

7.

Med Surg / ICU Bed Census and Occupancy (%)

Medical Surgical Unit (Med Surg)

Jail Unit (Jail)

ICUs (Excluding Burn ICUs)

OB/GYN Unit (Med Surg)

Census:

The total number admitted inpatients at 12:00 AM midnight of a designated ward.

Occupancy:

The total number of admitted inpatients divided by the total number of licensed beds on that unit and reported as percentage.

Source of Data:
Affinity

Date	Med Surg (309 beds)	Jail (24 Beds)	ICUs (120 Beds)	Burn* (20 Beds)	OB/GYN (Med Surg) (32 beds)
Nov-12	87%	83%	83.5 %	51%	87%
Dec-12	88%	71%	83%	44%	83%
Jan-13	95%	73%	85%	55%	98%
Feb-13	93%	59%	87%	61%	95%
Mar-13	91%	62%	82%	47%	93%
Apr-13	88%	82%	85%	57%	99%
May-13	88%	66%	82%	57%	90%
Jun-13	82%	71%	80%	60%	81%
Jul-13	88%	79%	82%	42%	88%
Aug-13	93%	79%	83%	44%	91%

* Burn= Both ward (10) and ICUs (10)

Health Services
LOS ANGELES COUNTY

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
Fifth District

TO: Each Supervisor

FROM: Mitchell H. Katz, M.D.
for 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**

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 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.

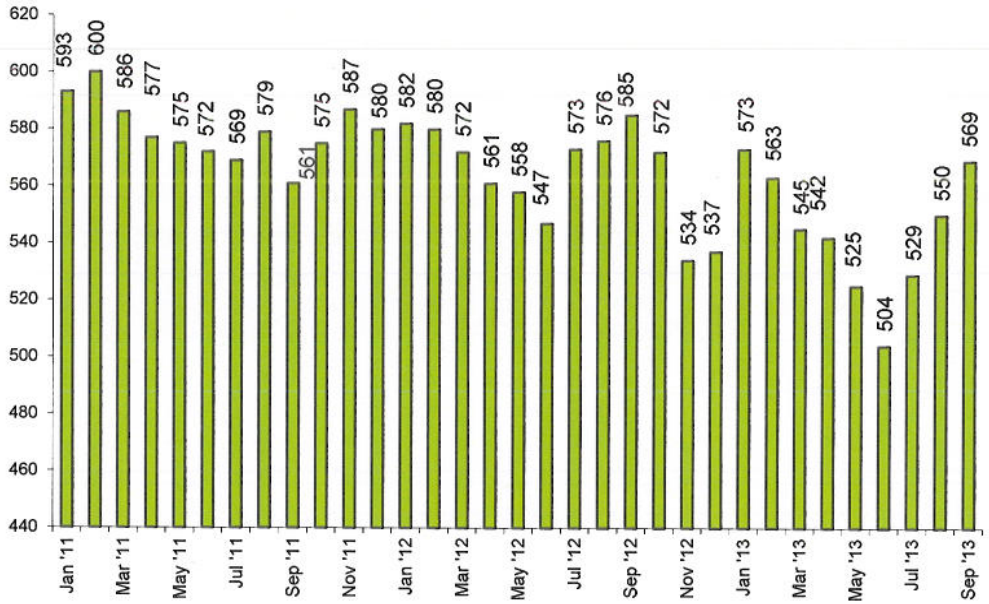
DC:ab

Attachment

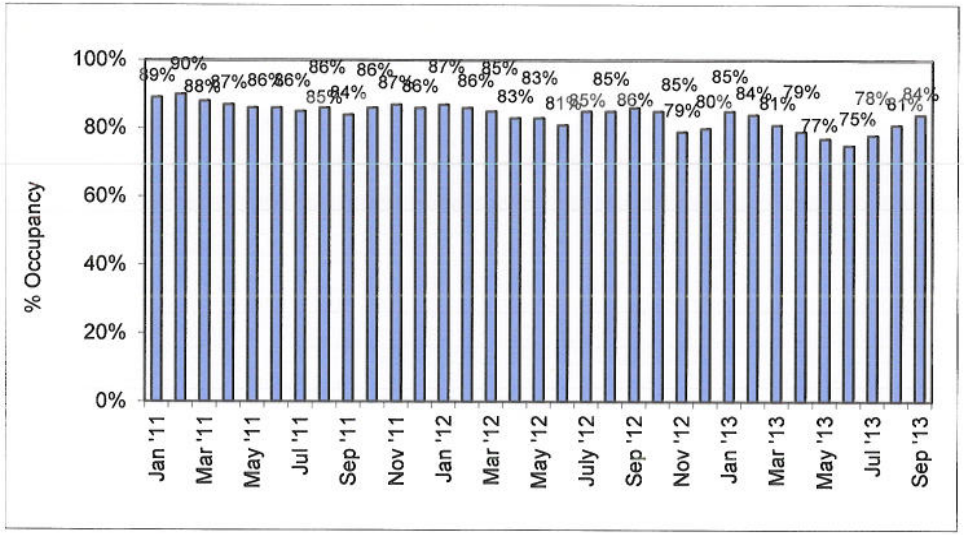
c: Chief Executive Office
County Counsel
Executive Office, Board of Supervisors

www.dhs.lacounty.gov

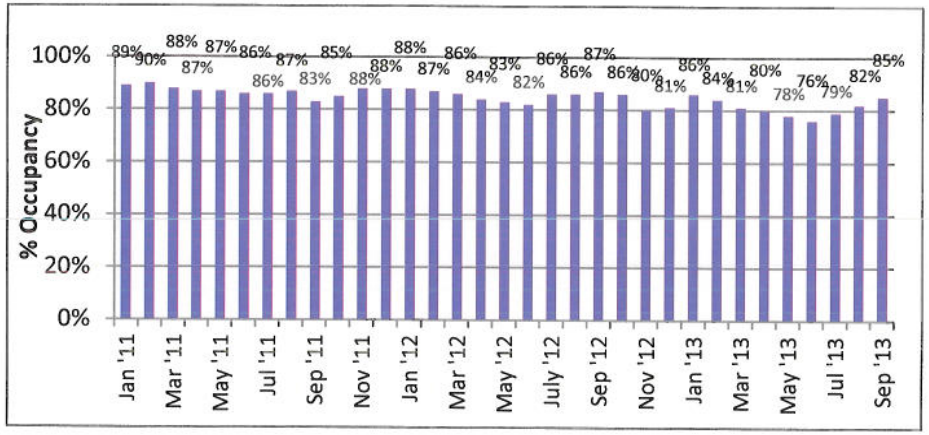
LAC+USC Medical Center
Operational Monitoring Report
Reporting Period: September 2013

Indicator	Definition	Data	Comments
Indicator #1 – Trends in Average Daily Census and Hospital Operations Metrics			
1a. **Average Daily Census (ADC)**	**ADC:** A measure of the total number of inpatients occupying licensed beds on a daily basis reported as the arithmetic mean. **Calculation:** Total number of admitted inpatients at 12:00 AM midnight daily, summed over the month and divided by the total number of days in the month. **Source of Data:** Affinity	**ADC**  Note: Average Daily Census number reported includes Medical Center + Psych + Newborns Census.	ADC provided as background information. Graphs depict data from January 2011 to present.

Indicator #1 – Trends in Average Daily Census and Hospital Operations Metrics

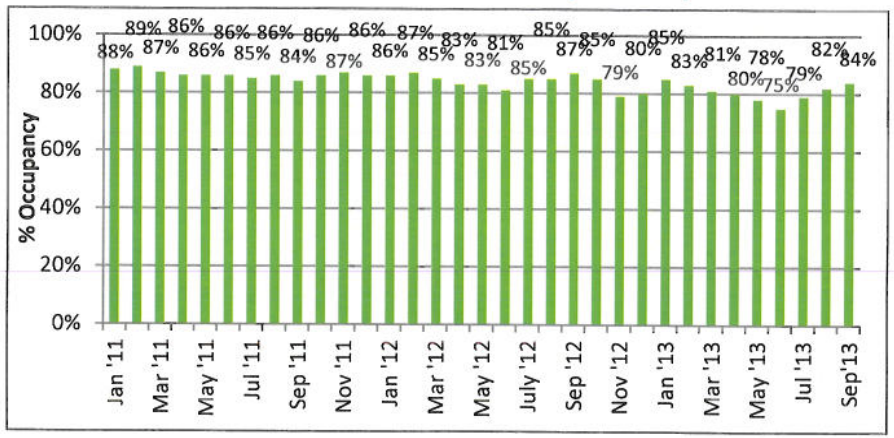
1b. **Occupancy Rate LAC+USC Medical Center**	**Definition**: A measure of the usage of the licensed beds during the reporting period that is derived by dividing the patient days in the reporting period by the licensed beds in the reporting period. **Calculation:** The total number of admitted inpatients 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.

Medical Center Licensed Occupancy Rate (including Newborns) Med Center Census/600



Medical Center Budgeted Occupancy

Med Center Census + Newborns + Psych Hosp Census / 676



Medical Center = New Facility + Psychiatric Hospital

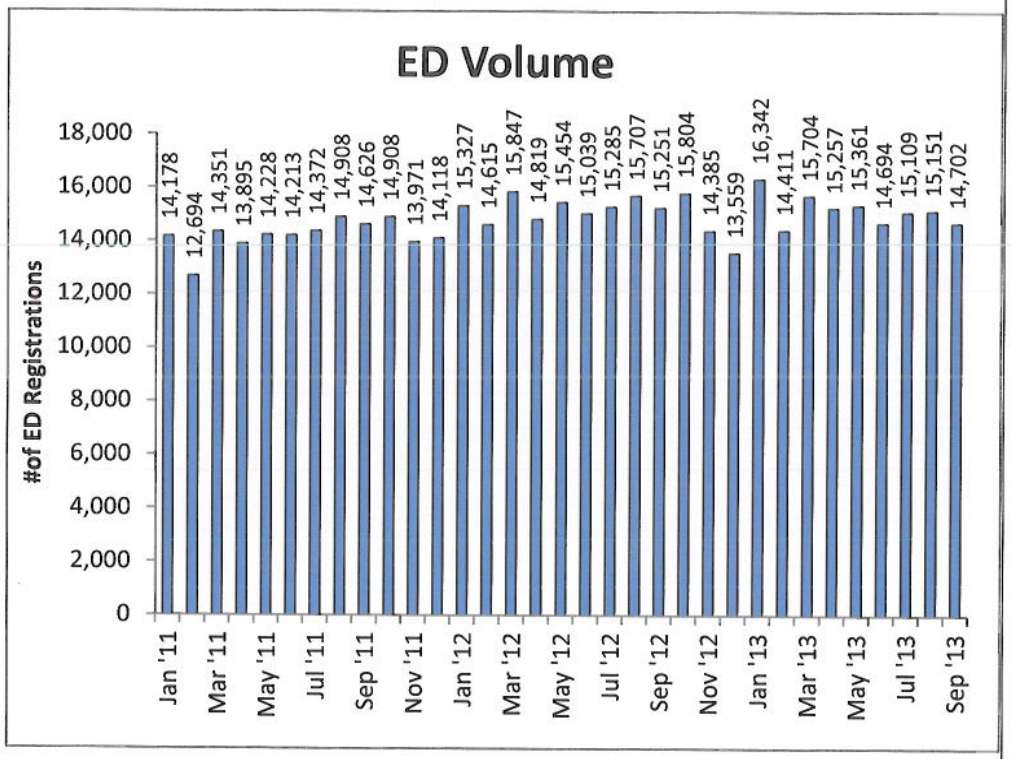
Indicator #2 - Emergency Department Metrics

2a. ED Volume

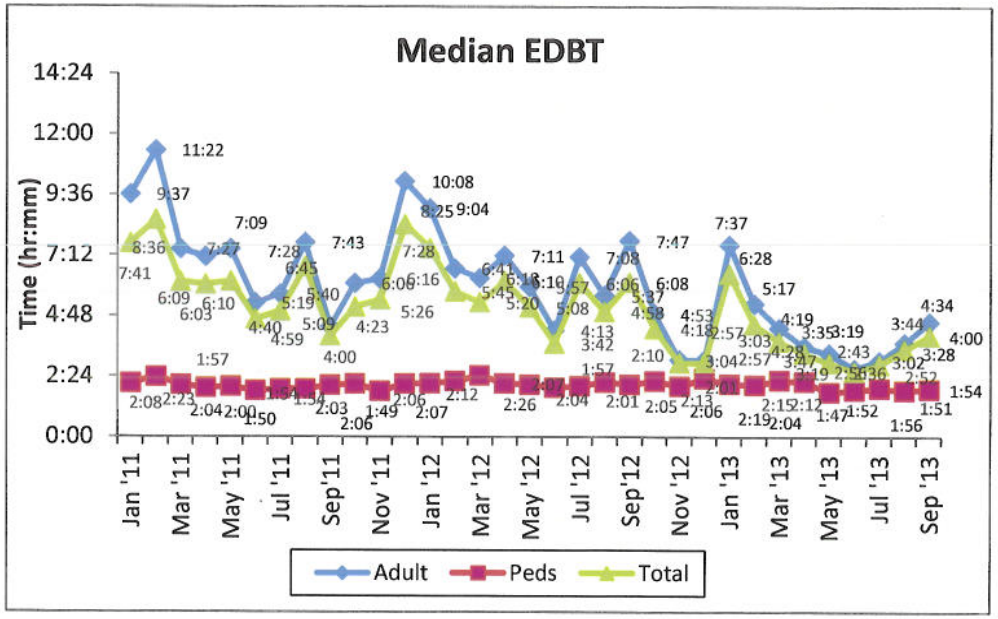
ED Volume:

Measured by total number of Emergency Department patient registrations.

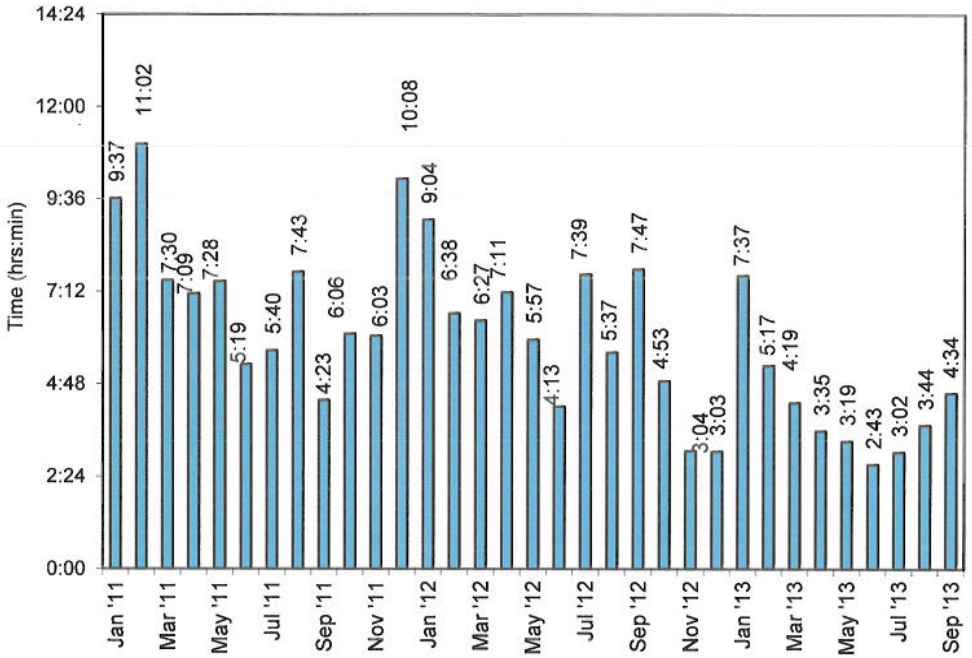
Source of Data:
Affinity



The annual total ED volume for FY 10-11 was 164,700 which increased to 178,004 in FY 11-12. ED volume for FY 12-13 was 181,760 which surpassed the FY 11-12 amount.

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 **Target**: Less than 7 hours.	 September '13 data is preliminary data	

Median Boarding Time (Adult)*



September '13 data is preliminary data

Indicator #2 - Emergency Department Metrics

2c.

ED Wait Time

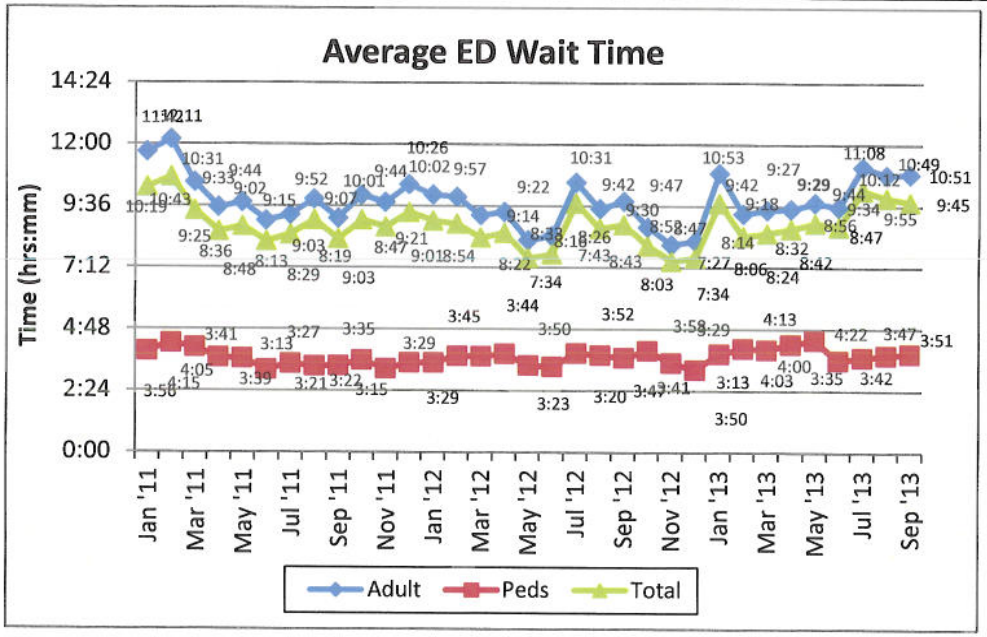
ED Wait Time:
Measured from time patient is triaged to time patient is either admitted or discharged reported as an arithmetic mean.

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

September '13 data is preliminary data

Indicator #2 - Emergency Department Metrics

2d.

Left Without Being Seen

(LWBS)

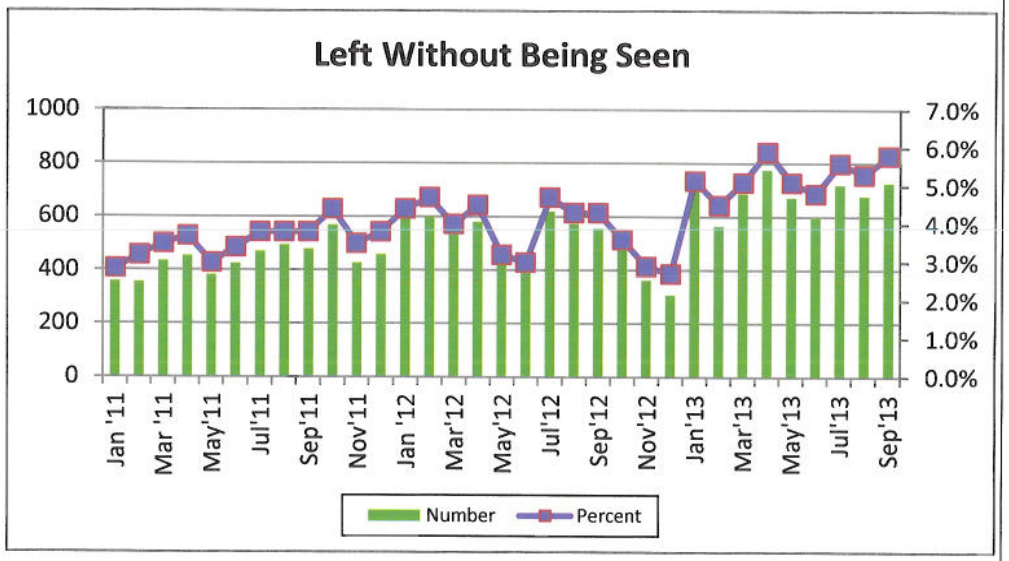
***Harris Rodde Indicator**

LWBS:
The total number of patients who left the ED without being seen by a physician 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. Lower numbers are better.



September '13 data is preliminary data

Indicator #2 - Emergency Department Metrics

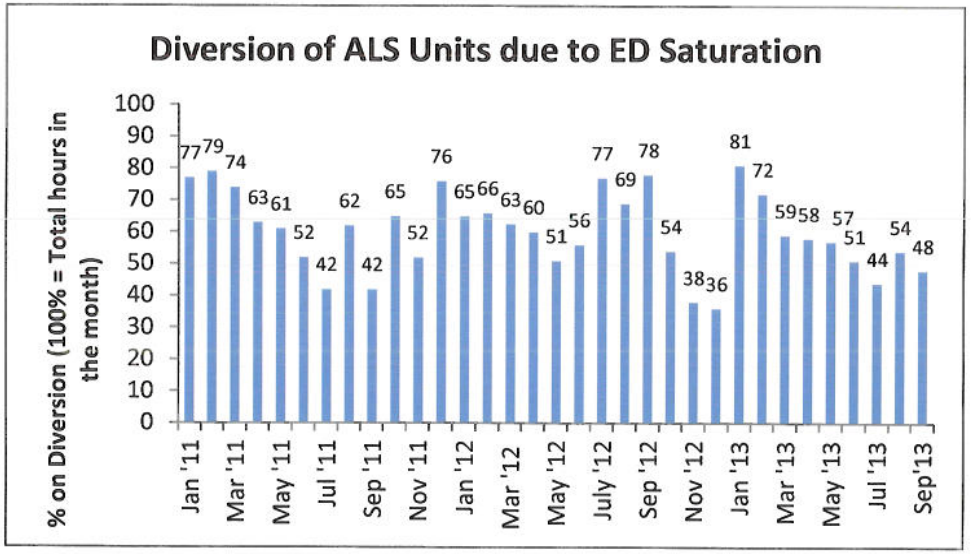
2e.

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

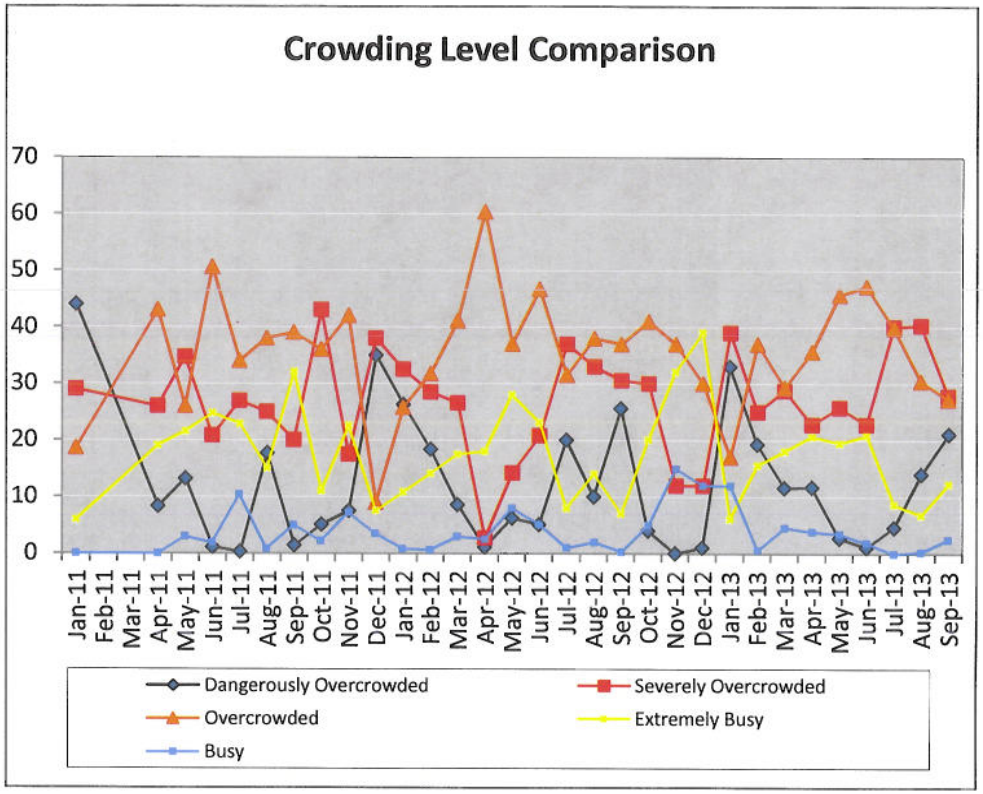


Key points:

-- Diversion 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".

2f.

Surge Report



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.

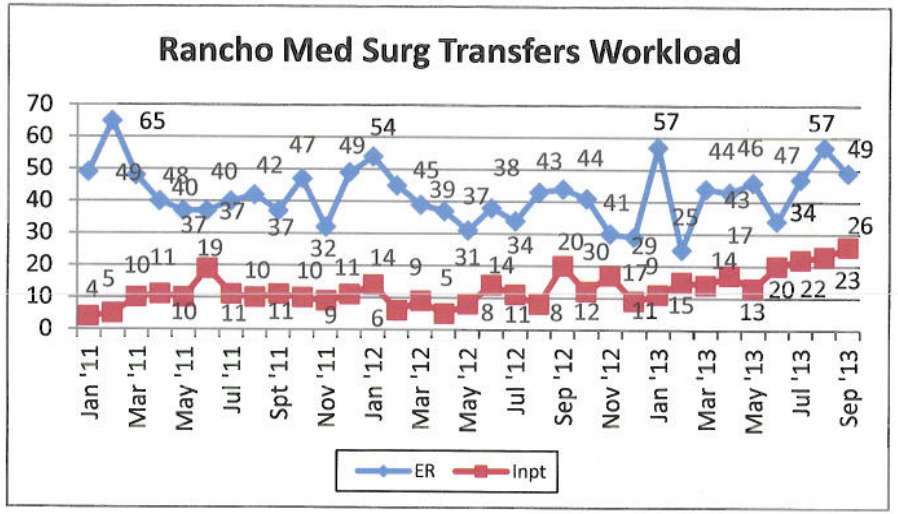
Month of September '13

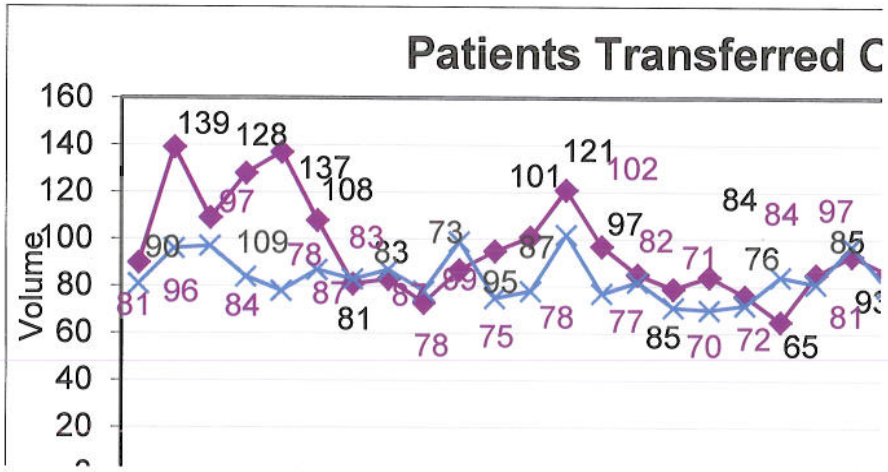
Referrals from ER:

	Med/Surg	Acute Stroke	Total
# Met transfer criteria	25	NA	-
# Referred to RLAH	25	24	49
# Transfers	25	24	49
# Denied	0	NA	-
# Cancelled	0	NA	-
# Patients Refused of Those Cancelled	0	NA	-

Referrals from Inpatients:

	Med/Surg	Acute Stroke	Total
# 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	-





* Other hospitals = Silver Lake (0), Managed Care Repatriation (61)

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

Indicator #5 – Harris Rodde Indicators

5.

Average Length of Stay (ALOS)

***Harris Rodde Indicator**

LOS:
The difference between discharge date and the admission date or 1 if the 2 dates are the same.

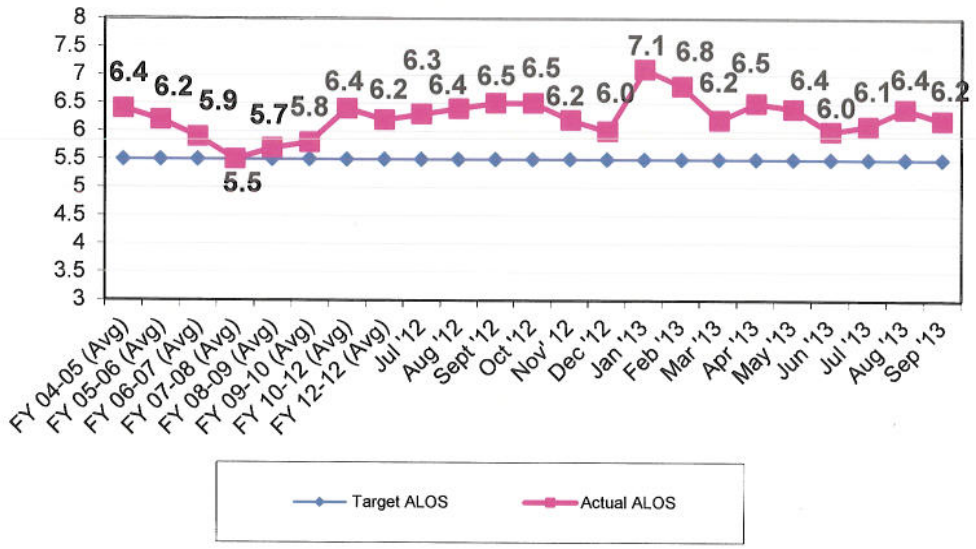
Total LOS:

Calculation:
ALOS is the arithmetic mean calculated by dividing the Total LOS by the Total # of discharges in the monthly reporting period, rounded off to one decimal place.

Source of Data: Affinity

Target: <5.5 days

Average Length of Stay



***Medical Center (New Facility + Psychiatric Hospital) ALOS** - Preliminary data pending Auditor-Controller validation

The increasing length of stay observed in January and February is largely attributed to the discharge of several patients with extended lengths of stay. In September 2013, this includes 1 patient who was discharged with LOS > 100. Without the effect of this 1 patient, ALOS would have been 6.1 rather than 6.2.

*As of July 2010 with the consolidation of Ingleside and Hawkins, all psychiatric services are now included.

Indicator #6 – Pediatric Metrics

6.

Pediatric Bed Census and Occupancy (%)

Pediatric ICU (PICU)

Neonatal ICU (NICU)

Pediatric Unit

Adolescent Unit

Census:
The total number admitted pediatric 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

Date	NICU (40 Beds)	Peds Ward (25 Beds)	PICU (10 Beds)	Med/Surg Adolescent (20 Beds)
Jan-11	55%	60%	70%	70%
Feb-11	57%	68%	80%	80%
Mar-11	57%	60%	70%	75%
Apr-11	55%	64%	50%	75%
May-11	57%	56%	50%	80%
Jun-11	70%	52%	60%	75%
Jul-11	58%	44%	50%	70%
Aug-11	58%	44%	40%	75%
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%
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%
Jul-13	47.5%	32%	50%	60%
Aug-13	45%	40%	40%	75%
Sep-13	47.5%	48%	40%	80%

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

Indicator #7 – Med Surg / ICU / OB/GYN Metrics

7.

Med Surg / ICU Bed Census and Occupancy (%)

Medical Surgical Unit (Med Surg)

Jail Unit (Jail)

ICUs (Excluding Burn ICUs)

OB/GYN Unit (Med Surg)

Census:

The total number admitted inpatients at 12:00 AM midnight of a designated ward.

Occupancy:

The total number of admitted inpatients divided by the total number of licensed beds on that unit and reported as a percentage.

Source of Data:
Affinity

Date	Med Surg (309 beds)	Jail (24 Beds)	ICUs (120 Beds)	Burn* (20 Beds)	OB/GYN (Med Surg) (32 beds)
Nov-12	87%	83%	83.5 %	51%	87%
Dec-12	88%	71%	83%	44%	83%
Jan-13	95%	73%	85%	55%	98%
Feb-13	93%	59%	87%	61%	95%
Mar-13	91%	62%	82%	47%	93%
Apr-13	88%	82%	85%	57%	99%
May-13	88%	66%	82%	57%	90%
Jun-13	82%	71%	80%	60%	81%
Jul-13	88%	79%	82%	42%	88%
Aug-13	93%	79%	83%	44%	91%
Sep-13	95%	83%	83%	50%	100%

* Burn= Both ward (10) and ICUs (10)

Health Services
LOS ANGELES COUNTY

Los Angeles County Board of Supervisors

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Deputy Director, Strategic Planning

313 N. Figueroa Street, Suite 912
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Tel: (213) 240-8101
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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.

December 2, 2013

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 #94**

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)

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.

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.

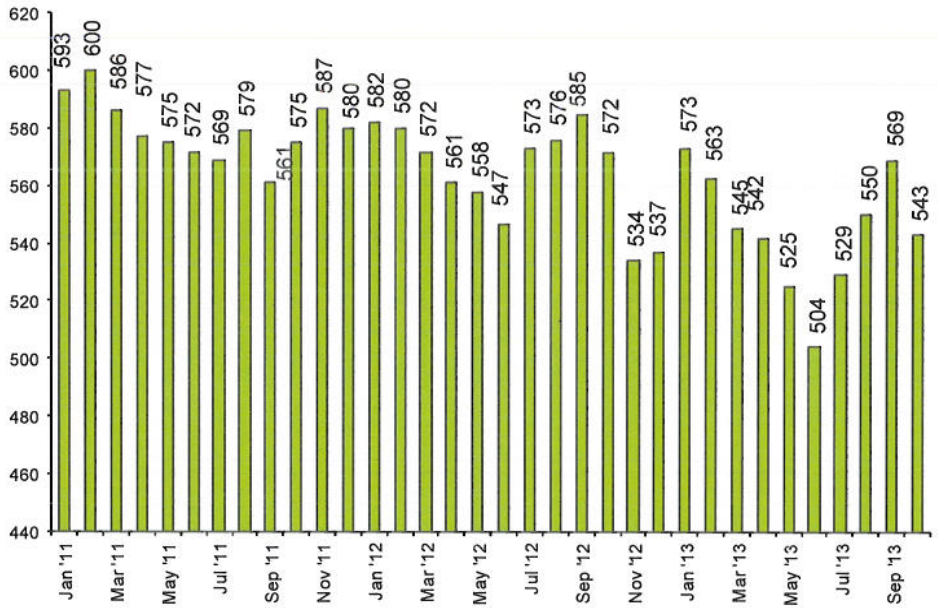
DC:ab

Attachment

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

www.dhs.lacounty.gov

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

Indicator	Definition	Data	Comments
Indicator #1 – Trends in Average Daily Census and Hospital Operations Metrics			
1a. **Average Daily Census (ADC)**	**ADC:** A measure of the total number of inpatients occupying licensed beds on a daily basis reported as the arithmetic mean. **Calculation:** Total number of admitted inpatients at 12:00 AM midnight daily, summed over the month and divided by the total number of days in the month. **Source of Data:** Affinity	**ADC**  Note: Average Daily Census number reported includes Medical Center + Psych + Newborns Census.	ADC provided as background information. Graphs depict data from January 2011 to present.

Indicator #1 – Trends in Average Daily Census and Hospital Operations Metrics

1b.

Occupancy Rate LAC+USC Medical Center

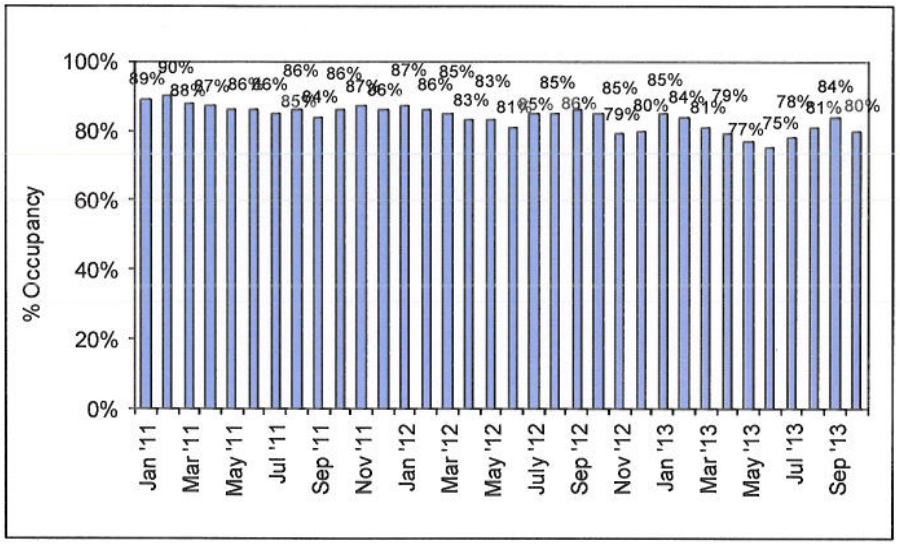
Definition:
A measure of the usage of the licensed beds during the reporting period that is derived by dividing the patient days in the reporting period by the licensed bed days in the reporting period.

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

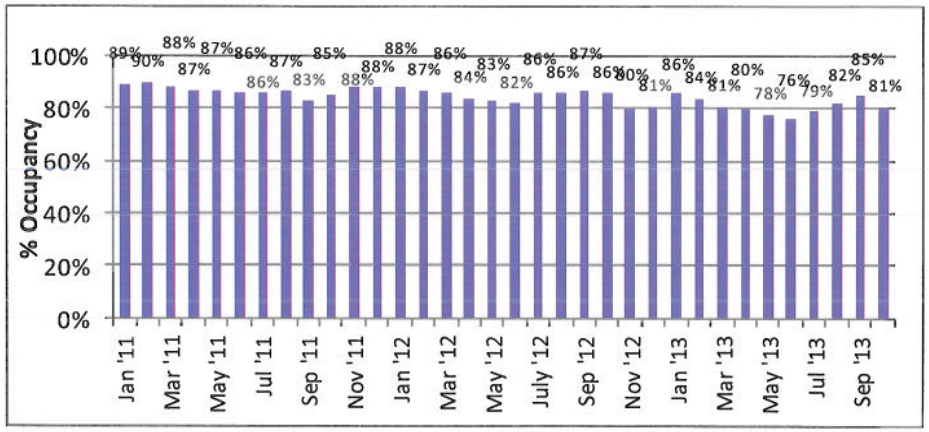
Target:
95%

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



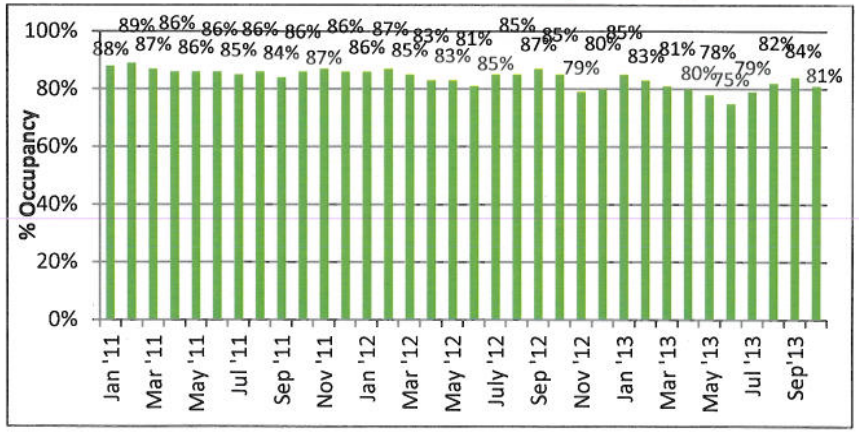
For comparison, occupancy rates reported in the old facility were reported including newborns and were based on budgeted beds.

Medical Center Licensed Occupancy Rate (including Newborns) Med Center Census/600



Medical Center Budgeted Occupancy

Med Center Census + Newborns + Psych Hosp Census / 676



Medical Center = New Facility + Psychiatric Hospital

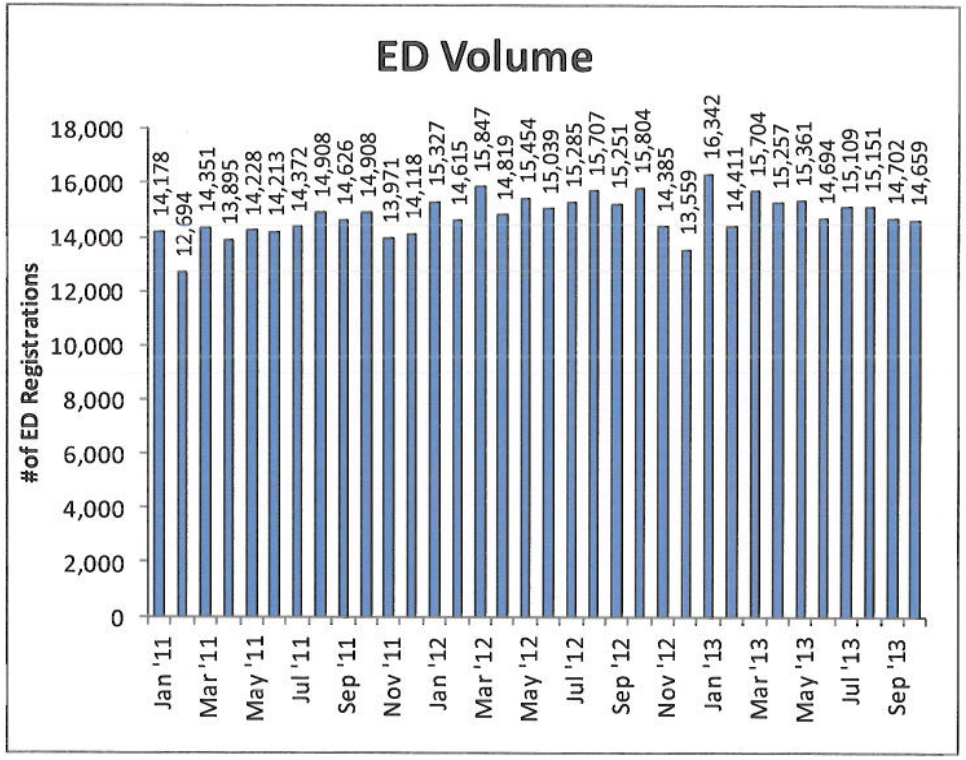
Indicator #2 - Emergency Department Metrics

2a. ED Volume

ED Volume:

Measured by total number of Emergency Department patient registrations.

Source of Data:
Affinity



The annual total ED volume for FY 10-11 was 164,700 which increased to 178,004 in FY 11-12. ED volume for FY 12-13 was 181,760 which surpassed the FY 11-12 amount.

2b.

Median Emergency Department Boarding Time

(EDBT)

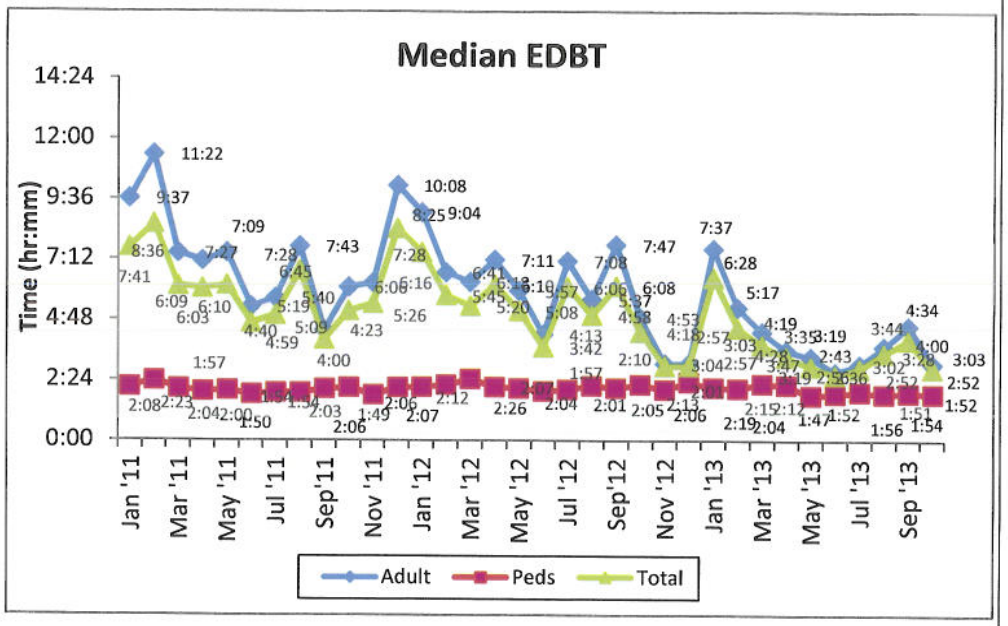
***Harris Rodde Indicator**

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.

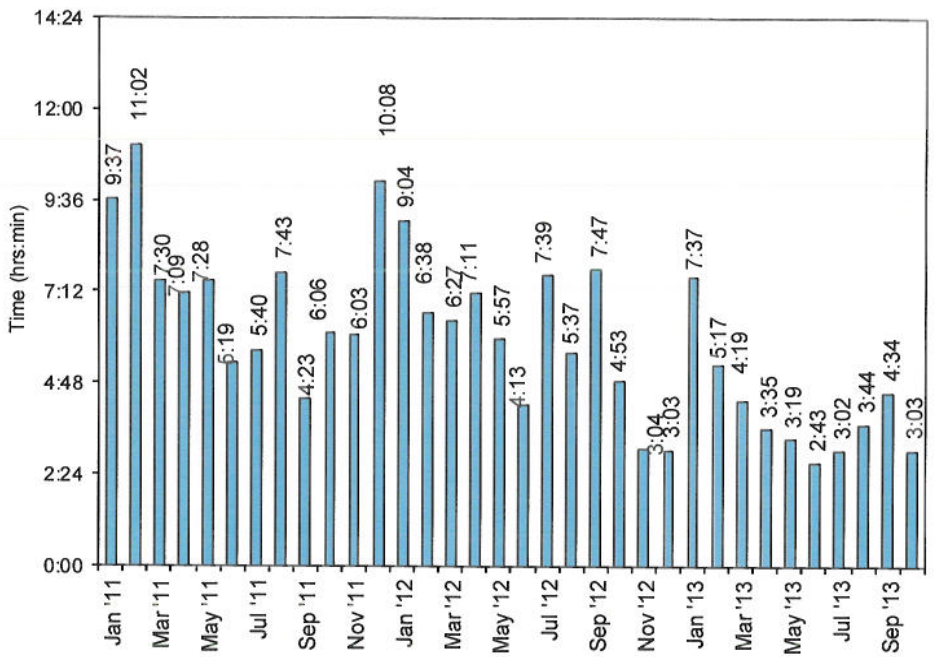
Source of Data:
Affinity

Target:
Less than 7 hours.



October '13 data is preliminary data

Median Boarding Time (Adult)*



October '13 data is preliminary data

Indicator #2 - Emergency Department Metrics

2c.

ED Wait Time

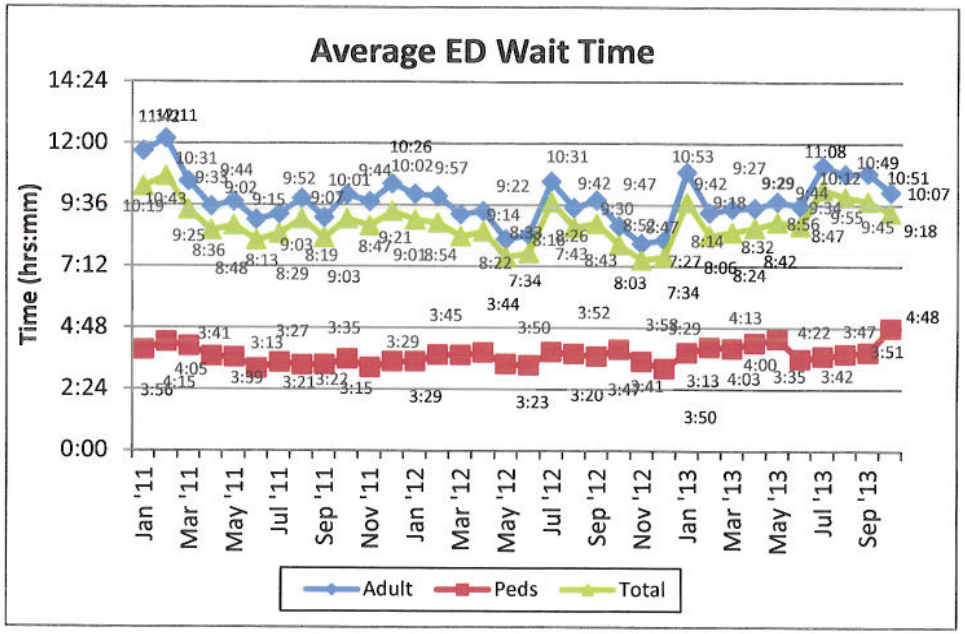
ED Wait Time:
Measured from time patient is triaged to time patient is either admitted or discharged reported as an arithmetic mean.

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

October '13 data is preliminary data

Indicator #2 - Emergency Department Metrics

2d.

Left Without Being Seen

(LWBS)

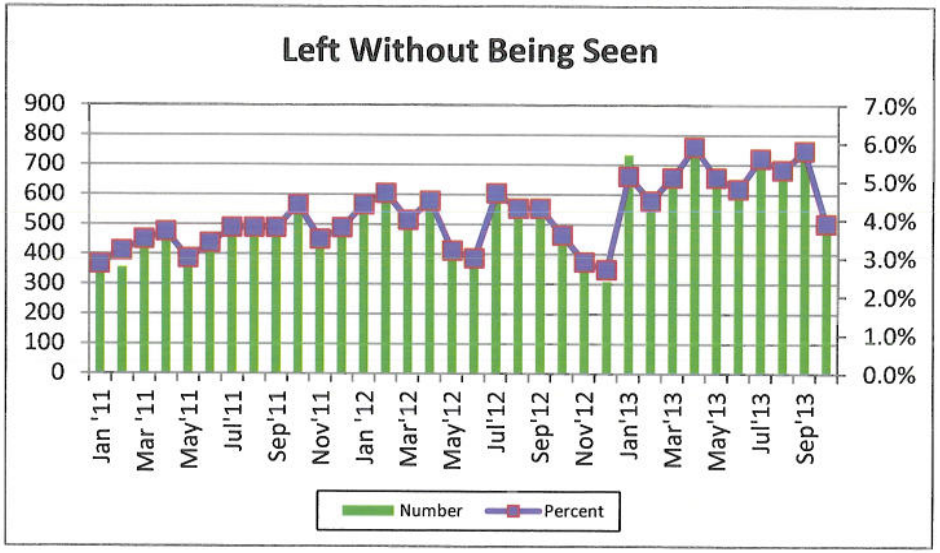
***Harris Rodde Indicator**

LWBS:
The total number of patients who left the ED without being seen by a physician 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. Lower numbers are better.



October '13 data is preliminary data

Indicator #2 - Emergency Department Metrics

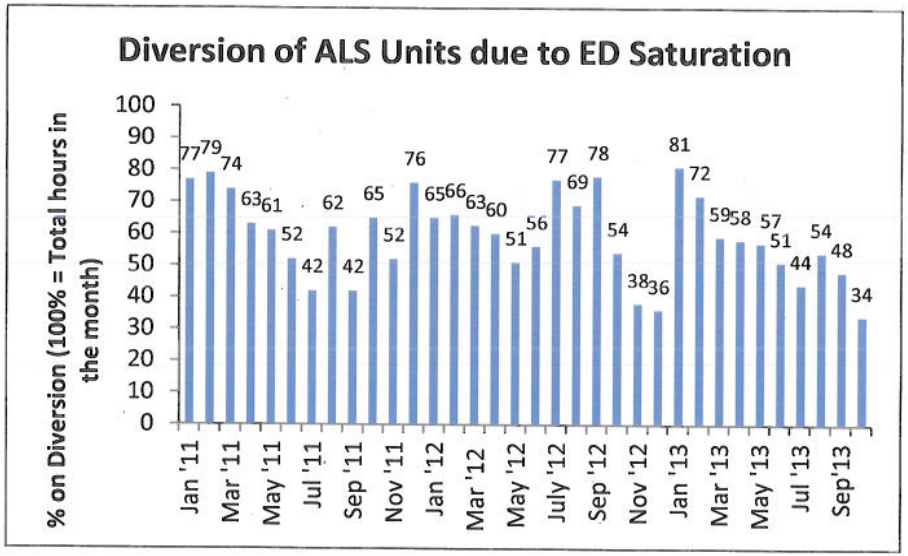
2e.

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

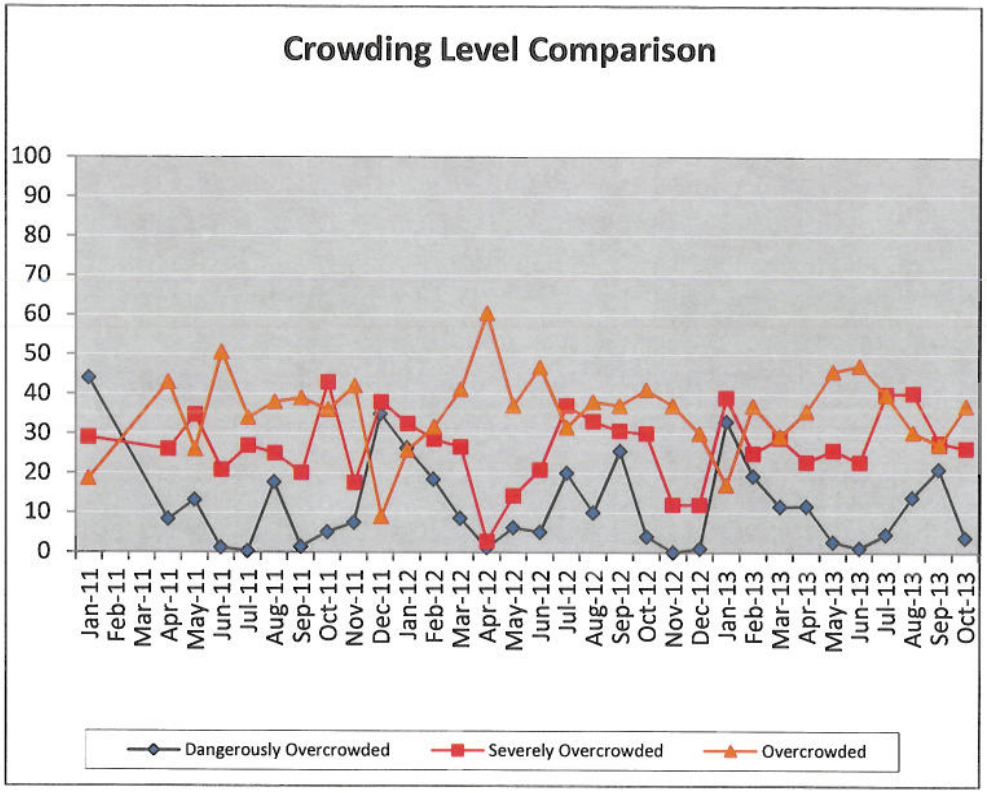


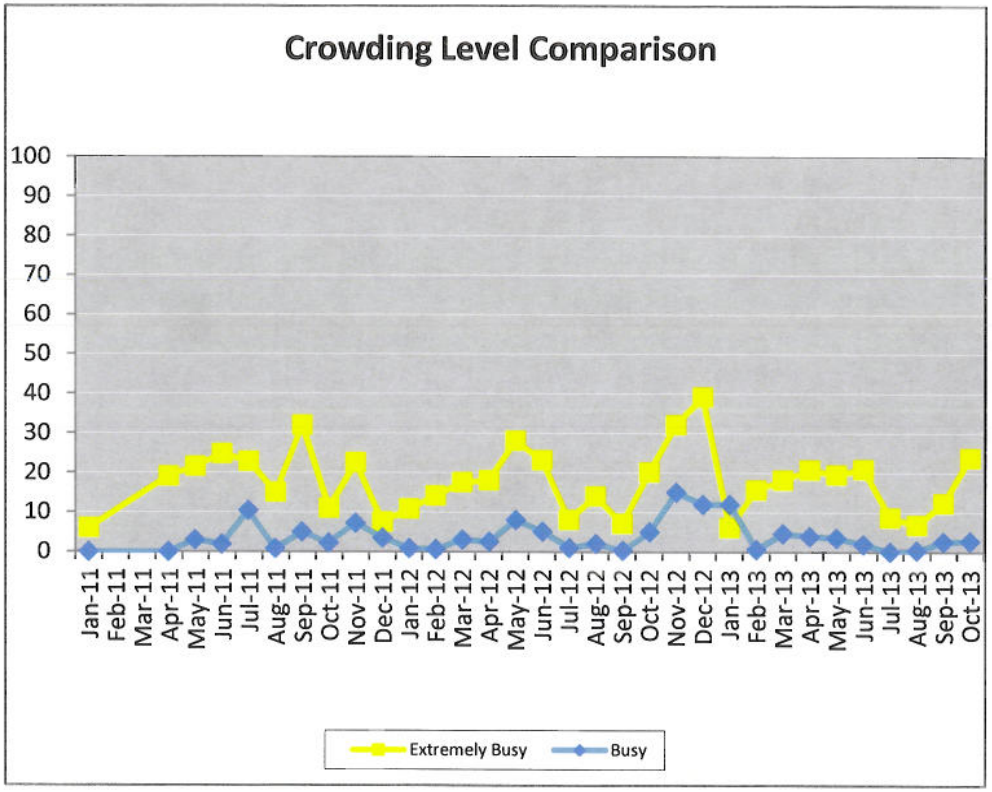
Key points:

-- Diversion 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".

2f.

Surge Report




Crowding Level Comparison
100
90
80
70
60
50
40
30
20
10
0
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
Mar-13
Apr-13
May-13
Jun-13
Jul-13
Aug-13
Sep-13
Oct-13
Extremely Busy
Busy

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.

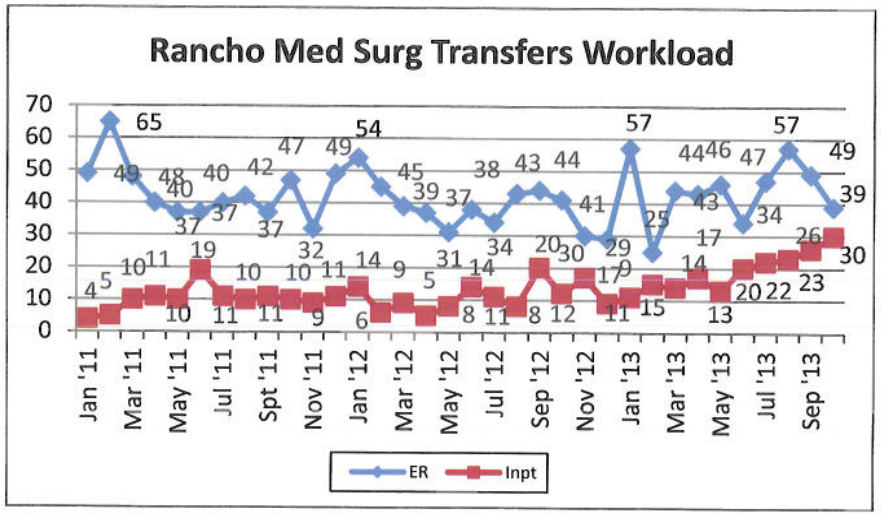
Month of October '13

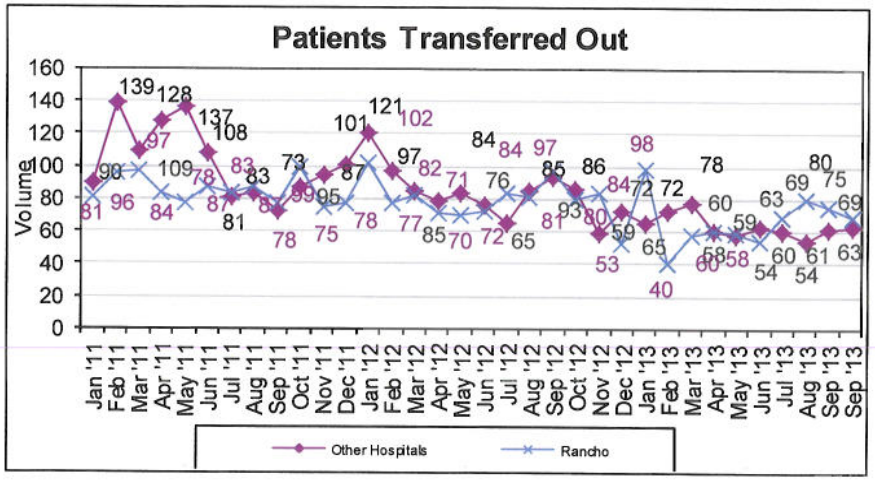
Referrals from ER:

	Med/Surg	Acute Stroke	Total
# Met transfer criteria	21	NA	-
# Referred to RLAH	21	18	39
# Transfers	21	18	39
# Denied	0	NA	-
# Cancelled	0	NA	-
# Patients Refused of Those Cancelled	0	NA	-

Referrals from Inpatients:

	Med/Surg	Acute Stroke	Total
# Met transfer criteria	28	NA	-
# Referred to RLAH	28	3	31
# Transfers	27	3	30
# Denied	0	NA	-
# Cancelled	1	NA	-
# Patients Refused of Those Cancelled	0	NA	-
Other /Pending	0	NA	-





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

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

Indicator #5 – Harris Rodde Indicators

5.

Average Length of Stay (ALOS)

***Harris Rodde Indicator**

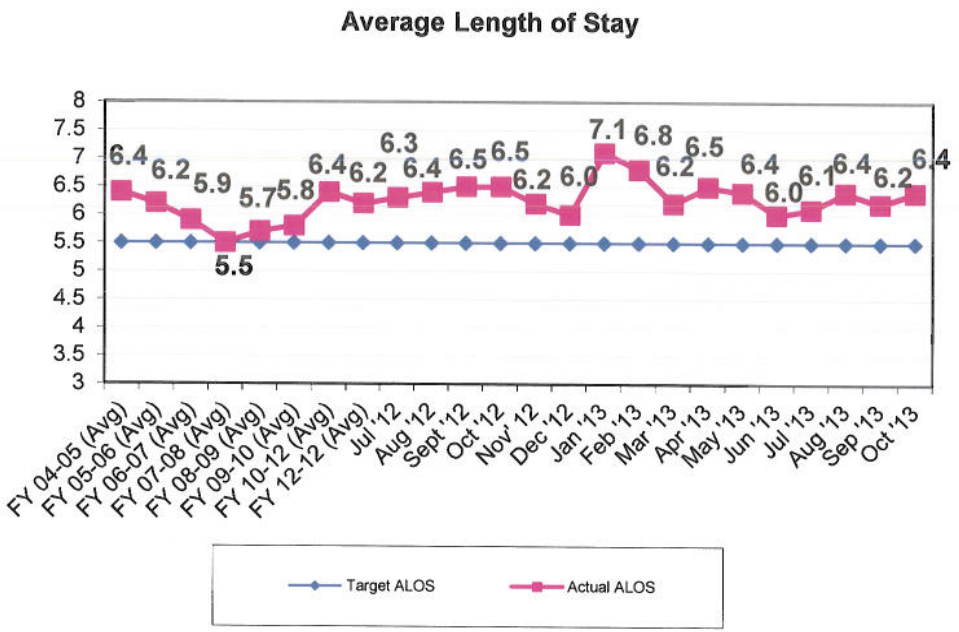
LOS:
The difference between discharge date and the admission date or 1 if the 2 dates are the same.

Total LOS:

Calculation:
ALOS is the arithmetic mean calculated by dividing the Total LOS by the Total # of discharges in the monthly reporting period, rounded off to one decimal place.

Source of Data:
Affinity

Target: <5.5 days



***Medical Center (New Facility + Psychiatric Hospital) ALOS** - Preliminary data pending Auditor-Controller validation

The increasing length of stay observed in January and February is largely attributed to the discharge of several patients with extended lengths of stay. In October 2013, this includes 7 patients who were discharged with LOS > 100. Without the effect of these 7 patients, ALOS would have been 6.1 rather than 6.4.

*As of July 2010 with the consolidation of Ingleside and Hawkins, all psychiatric services are now included.

Indicator #6 – Pediatric Metrics

6.

Pediatric Bed Census and Occupancy (%)

Pediatric ICU (PICU)

Neonatal ICU (NICU)

Pediatric Unit

Adolescent Unit

Census:
The total number admitted pediatric 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

Date	NICU (40 Beds)	Peds Ward (25 Beds)	PICU (10 Beds)	Med/Surg Adolescent (20 Beds)
Jan-11	55%	60%	70%	70%
Feb-11	57%	68%	80%	80%
Mar-11	57%	60%	70%	75%
Apr-11	55%	64%	50%	75%
May-11	57%	56%	50%	80%
Jun-11	70%	52%	60%	75%
Jul-11	58%	44%	50%	70%
Aug-11	58%	44%	40%	75%
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%
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%
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 – Med Surg / ICU / OB/GYN Metrics

7.

Med Surg / ICU Bed Census and Occupancy (%)

Medical Surgical Unit (Med Surg)

Jail Unit (Jail)

ICUs (Excluding Burn ICUs)

OB/GYN Unit (Med Surg)

Census:

The total number admitted inpatients at 12:00 AM midnight of a designated ward.

Occupancy:

The total number of admitted inpatients divided by the total number of licensed beds on that unit and reported as a percentage.

Source of Data:
Affinity

Date	Med Surg (309 beds)	Jail (24 Beds)	ICUs (120 Beds)	Burn* (20 Beds)	OB/GYN (Med Surg) (32 beds)
Nov-12	87%	83%	83.5 %	51%	87%
Dec-12	88%	71%	83%	44%	83%
Jan-13	95%	73%	85%	55%	98%
Feb-13	93%	59%	87%	61%	95%
Mar-13	91%	62%	82%	47%	93%
Apr-13	88%	82%	85%	57%	99%
May-13	88%	66%	82%	57%	90%
Jun-13	82%	71%	80%	60%	81%
Jul-13	88%	79%	82%	42%	88%
Aug-13	93%	79%	83%	44%	91%
Sep-13	95%	83%	83%	50%	100%
Oct-13	91%	72%	78%	59%	95%

* Burn= Both ward (10) and ICUs (10)