

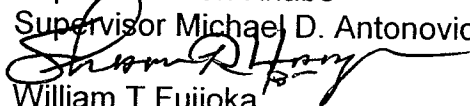


County of Los Angeles
CHIEF EXECUTIVE OFFICE

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WILLIAM T FUJIOKA
Chief Executive Officer

November 10, 2008

To: Supervisor Yvonne B. Burke, Chair
Supervisor Gloria Molina
Supervisor Zev Yaroslavsky
Supervisor Don Knabe
Supervisor Michael D. Antonovich

From: William T Fujioka
Chief Executive Officer

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REPORT ON THE POTENTIAL IMPACT OF LAC+USC MEDICAL CENTER'S SURGE TO SURROUNDING HOSPITALS

On July 8, 2008, on motion by Supervisor Knabe, your Board instructed the Chief Executive Officer and Interim Director of the Department of Health Services (DHS) to start immediately to engage the potentially impacted hospitals surrounding LAC+USC Medical Center (LAC+USC) alerting them to the potential impact that LAC+USC's surge may have on their operations; assist potentially impacted hospitals surrounding LAC+USC where possible in developing a contingency plan to minimize the potential stress the surge may have on the region; and report back in 30 days on the progress made in this area.

On August 27, 2008, we provided a status report regarding DHS' efforts to coordinate with 16 nearby community partners located within a 12-mile radius of LAC+USC and this memorandum now completes our reporting as to preparation for the impact of LAC+USC's move to the new Replacement Facility. New developments since our last report to your Board include:

- Completion of the licensing review by the California Department of Public Health.
- Systematic coordination by the Emergency Medical Services (EMS) Agency with the Directors of Emergency Departments of surrounding hospitals, 911 providers and ambulance companies to facilitate plans for the move. An outline of the procedures that were followed during the move was prepared by EMS and distributed on October 27, 2008 (attached).

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Each Supervisor
November 10, 2008
Page 2

- Piloted the Rancho Los Amigos (RLA) Contingency Plan in mid-September. LAC+USC and RLA streamlined their processes and ensured that provisions were in place to handle additional beds due to any patient surge. Summary of patients transferred from LAC+USC to RLA for the pilot period September 2008 to October 24, 2008 are as follows:

Med/Surgery

- Inpatient - 46 admissions
- Emergency Room - 19 admissions
- Total = 65 Admissions

Acute Stroke

- Inpatient - 29 admissions
- Emergency Room - 26 admissions
- Total = 55 Admissions

- Effective and efficient transfer of patients from the former facility to the Replacement Facility was conducted November 7 and 8, 2008.

The Department of Health Services ensured collaborative efforts were organized during this extensive transition period by engaging its nearby community hospital partners as well as working within the entire County healthcare system. The move to the Replacement Facility was highly successful and we commend DHS for their leadership efforts.

If you have any questions or need additional information, please contact me, or your staff may contact Dara Lark at (213) 974-2396 or via email at dlark@ceo.lacounty.gov.

WTF:SRH:SAS
MLM:DL:bjs

Attachment

c: Executive Officer, Board of Supervisors
County Counsel
Interim Director, Department of Health Services

111008_HMHS_MBS_LAC USC Surge



EMERGENCY MEDICAL SERVICES AGENCY
LOS ANGELES COUNTY

October 27, 2008

Los Angeles County
Board of Supervisors

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Third District

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Michael D. Antonovich
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TO: Distribution

FROM: Cathy Chidester *CC*
Director

SUBJECT: LAC+USC MOVE INTO NEW FACILITY

This is to outline the prehospital care procedures to be followed during LAC+USC's move into their new facility.

The patients in LAC Women's and Children's Hospital and about one-third of the General Hospital patients will be moved on November 7, 2008 during the hours of 7:00 A.M. and 3:00 P.M. The remainder of the General Hospital patients will be moved the following day, November 8, 2008, during the same hours. This will be a complex move requiring the transfer of hundreds of emergency department and hospital patients out of the old facility and into the new.

The EMS Agency met with the surrounding hospitals and the affected paramedic provider agencies to ensure that prehospital care to the community is affected as little as possible. The plan is as follows:

- **Dates and Times:** USC will be placed on Internal Disaster at 3:00 A.M. on November 7th and will remain on Internal Disaster until the move has been completed on November 8, 2008 (36 hours).
- **Service Area Hospitals:** The service area boundaries for California Hospital Medical Center (CAL), Good Samaritan Hospital and White Memorial Hospital will be lifted for the entire 36 hour period. BLS ambulances within these hospitals' usual service area boundaries will continue to transport patients to the service area hospital as the most accessible receiving (MAR) facility.
- **Base Station:** USC base station will continue to provide online medical control and will direct advanced life support (ALS) units in the round robin patient distribution to the hospitals identified on the attached list. If for any reason USC base is unable to operate, CAL base will assume direction of the round robin.
- **Round Robin:** Utilizing a 12-mile radius, ALS units will be directed to the surrounding 9-1-1 hospitals in a round robin distribution, one patient to each of 20 receiving facilities.

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It is anticipated that 40-50 prehospital patients will have to be distributed per day among the 20 hospitals on the list; therefore, each round robin hospital could potentially receive four or more patients per day. Additional information:

- **SFTPs:** Provider agencies that normally utilize Standing Field Treatment Protocols should contact USC base for patient destination.
- **Diversion Requests:** Hospital requests for diversion will be honored until every nearby hospital is on diversion, at which time every hospital will be "open".
- **Unstable/extremis patients:** A patient whose condition is unstable will be transported to the most accessible receiving hospital regardless of whether the facility has already received a patient from the round robin that day.
- **Distribution:** Each hospital will receive a patient before the round robin begins again.
- **System status:** Providers and hospitals should consult the ReddiNet frequently to obtain the most current information about the status of the surrounding hospitals. The ReddiNet will be used as the basis for determining destination. It would be optimal for hospitals to enter the numbers "1" and "2" on the "Alert Status" screen to indicate the status of their emergency department, along with the number of ambulances waiting to offload.

When determining patient destination, consideration will be given to specialty designations as follows:

- **STEMI:** ST Elevation MI patients will go to the next nearest STEMI Receiving Center.
- **Trauma:** All air transports from San Gabriel Valley and Henry Mayo Newhall Memorial Hospital will go to UCLA. The trauma catchment areas in the geographical area around USC will be "open" during the 36-hour period USC is on Internal Disaster. Trauma patients should be transported by ground to the nearest open trauma center.
- **PTC/PMC:** Patients who meet PTC/PMC criteria will be transported to Childrens Hospital of Los Angeles.
- **EDAP:** Patients who meet Emergency Department Approved for Pediatric criteria will be transported to the next closest EDAP.
- **Perinatal:** Perinatal patients will be directed to the next nearest perinatal center.
- **Psychiatric:** The Department of Mental Health has been requested to have all available Psychiatric Evaluation Teams in the geographic area around USC to support facilities that receive psychiatric patients.

In circumstances that overwhelm ED resources, the hospital administrator or designee can contact the Medical Alert Center at (323) 890-7517 and speak with the EMS Administrator on Duty.

Distribution

October 27, 2008

Page 3

If you have any questions, please contact Christine Bender, Chief, Prehospital Care Operations, at (562) 347-1678 or Cathy Chidester at (562) 347-1604.

CC:cb

10-11

Attachment

Distribution:

Interim Director, DHS

Chief Medical Officer, DHS

Chief Network Officer

ED Manager, Alhambra Community Hospital

ED Manager, Beverly Hospital

ED Manager and PCC, California Hospital Medical Center

ED Manager, Childrens Hospital

ED Manager, East Los Angeles Doctors Hospital

ED Manager, Garfield Medical Center

ED Manager and PCC, Glendale Adventist Hospital

ED Manager, Glendale Memorial Hospital

ED Manager, Good Samaritan Hospital

ED Manager, Greater El Monte Community Hospital

ED Manager and PCC, Huntington Memorial Hospital

ED Manager, Kaiser Permanente, Los Angeles

ED Manager, Kaiser Permanente, West Los Angeles

ED Manager Los Angeles Metropolitan Medical Center

ED Manager, Monterey Park Hospital

ED Manager, Olympia Medical Center

ED Manager and PCC, Providence St. Joseph Medical Center

ED Manager, Hollywood Presbyterian Medical Center

ED Manager, San Gabriel Valley Medical Center

ED Manager, White Memorial Medical Center

ED Manager and PCC, St. Francis Medical Center

ED Manager and PCC, LAC+USC Medical Center

Cynthia Stotts, M.D., LAC+USC Medical Center

LA Area Fire Chiefs Association – Chief Jim Hone

Director of EMS, Los Angeles Fire Department

Director of EMS, Los Angeles County Fire Department

Battalion Chief, Los Angeles County Fire Department Air Ops

Paramedic Coordinator, Downey Fire Department

Paramedic Coordinator, LAC Sheriff's Department Aerobureau

Paramedic Coordinator, Compton Fire Department

Paramedic Coordinator, Pasadena Fire Department

Paramedic Coordinator, Alhambra Fire Department

Paramedic Coordinator, Monterey Park Fire Department

Paramedic Coordinator, Montebello Fire Department

Paramedic Coordinator, Burbank Fire Department

Paramedic Coordinator, Glendale Fire Department

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