



Health Services
LOS ANGELES COUNTY

Los Angeles County Hospitals and Health Care Delivery Commission

Annual Report June 2024 - May 2025



Department of Health Services Health Services Administration

313 North Figueroa Street, Los Angeles, CA 90012

Hospitals and Healthcare Delivery Commission Contacts:

David Marshall, J.D., D.N.P., R.N. Commission Chair
david.marshall@cshs.org

Department of Health Services' Government Relations Contacts:

Allen A. Gomez, M.P.A. & Connie Salgado-Sanchez, M.P.H.
Commission Liaisons
hxcdcommission@dhs.lacounty.gov



@WeAreLAHealth | @LAHealthEnEspañol

Contents

Commissioners	3
Commission Responsibilities	4
Strategic Priorities	5
Standing Committee on CalAIM	5
Quality of Care	5
Workforce	9
Collaborations with Other Committees, Task Forces, Collaboratives	10
June 2024- May 2025 Meeting Schedule	11
2024-25 Guest Speakers	12
Site Survey	13
Appendices	15



COMMISSIONERS

Appointed by	Commissioner
Supervisor Hilda Solis District 1	Rosemary C. Veniegas, Ph.D.
Supervisor Hilda Solis District 1	Barbara Siegel, J.D., M.PH. Secretary
Supervisor Hilda Solis District 1	Patrick Ogawa, M.S.
Supervisor Holly Mitchell District 2	Michael Cousineau, Dr.PH.
Supervisor Holly Mitchell District 2	William "Guy" McCloud, FACHE Vice-Chair
Supervisor Holly Mitchell District 2	Tia Delaney-Stewart, MSN-ED, RN, PHN, CCM
Supervisor Lindsey Horvath District 3	Laura LaCorte, J.D.
Former Supervisor Sheila Kuehl District 3	David Marshall, JD, DNP, RN Chair
Supervisor Lindsey Horvath District 3	Jennifer Sudarsky, M.D.
Supervisor Janice Hahn District 4	Elisa Nicholas, M.D., MSPH
Supervisor Janice Hahn District 4	Margaret Farwell Smith
Supervisor Janice Hahn District 4	Christopher Bui, M.D., M.B.A
Supervisor Kathryn Barger District 5	Genevieve M. Clavreul, R.N., Ph.D. *
Supervisor Kathryn Barger District 5	Phillip Kurzner, M.D.
Former Supervisor Michael D. Antonovich District 5	Stanley Toy Jr., M.D.

* The Commission and LA Health Services extend our deepest gratitude and respect in memory of Commissioner Clavreul. Her distinguished service on the Commission reflected an unwavering commitment to excellence, accountability, and patient-centered care. Dr. Clavreul's leadership and expertise strengthened our healthcare system and left a lasting impact on the community. We honor her legacy and will continue to uphold the values she championed.

COMMISSION RESPONSIBILITIES

In accordance with the Commission's charter, its responsibilities are as follows: Consult with and advise the Board of Supervisors (BOS), and as necessary, the Department of Health Services (DHS) on all matters pertaining to health care policies and programs of the Los Angeles County (LA County) Hospitals system, including, but not restricted to:

- 1 The need for additional hospital and/or other patient care facilities,**
- 2 The relationships of LA County hospitals and other health care facilities, public or private,**
- 3 Health workforce problems, and**
- 4 The utilization of LA County healthcare facilities.**

Conduct studies and make recommendations concerning the health care policies and programs of the LA County Hospital System to the BOS, DHS, and/or other officers of LA County.

Act as a liaison between the Director of Health Services, the BOS, and the public in matters relating to LA County Hospitals and Health Care Delivery system.

Perform such other services, as from time to time, may be requested by the BOS.

For additional information, see the Bylaws of the Commission in the Appendix.

STRATEGIC PRIORITIES

The Commission annually reviews its priorities with members of the BOS, health deputies, and the DHS Director. The annual meeting with the Director occurred on February 6, 2025. The Commission's strategic priorities for 2024-25 included: CalAIM, Quality of Care, and DHS Workforce. The accomplishments identified below track these strategic priorities.

ACTIVITIES AND ACCOMPLISHMENTS DURING ANNUAL REPORTING PERIOD

Standing Committee on CalAIM

The Los Angeles County Hospitals and Health Care Delivery Commission continues to advance the goals of the California Advancing and Innovating Medi-Cal (CalAIM) initiative. Previously, a dedicated CalAIM Oversight Committee provided guidance on these efforts; however, this committee has since been sunset, and its functions have been integrated into the work of the Hospitals and Health Care Delivery Commission.

Quality of Care

The Commission continued to review several areas relating to quality of care, including (1) DHS quality metrics and processes to identify, manage and address DHS reportable events; and (2) patient experience relating to access to specialty care. The Commission received presentations from the following subject matter experts to assist in further evaluating these areas: Dr. Arun Patel, Director of Patient Safety and Clinical Risk Management; Shari Doi, formerly DHS Director of Patient Access; and Dr. Stephen Sener, USC Clinical Professor Surgery and Medical Director of Perioperative Services for LA General Medical Center.

Quality Governance/Reportable Events

Among other topics, Dr. Patel provided insights into the hospitals' governance structures to review and address quality issues, such as harm events and other reportable metrics. He reported that each hospital facility has a Quality Committee that meets monthly to review

quality data, reportable events and other quality related issues or initiatives. Quality metrics also are reported to the respective Hospital Governing Boards.

He commented that frequently there are issues with the accuracy of the data, and it often requires additional analysis to fully understand the causes or impact of the data being reported. The Commission typically reviews this same data in its monthly data dashboard. This is a theme that the Commission heard from other DHS representatives and speaks to the accuracy of the data that the Commission reviews each month in its data dashboard. The Commission will consider if there are more accurate or relevant data metrics that are available to assist in identifying its strategic priorities.

At the time we met with Dr. Patel, DHS had not assigned an executive with system-wide oversight of quality and quality reporting. We understand that Dr. Paul Giboney now has this responsibility, and the Commission looks forward to continued discussions with him and his team regarding enterprise-wide quality initiatives.

Dr. Patel also presented other County initiatives to improve patient safety and quality of care. He discussed the successful partnership between the Board, the risk and patient safety departments and the unions to implement “Just Culture” to balance safety and accountability. The Commission supports these efforts and encourages full implementation across appropriate DHS facilities.

The Commission recognizes LA General’s “A” rating with LeapFrog and supports its efforts to share its quality practices, including its “Quality Academy,” which develops teams to identify and conduct improvement projects in their department or functional area. At the end of the program, projects are presented to DHS and local leadership. The Commission supports this initiative and efforts to expand to other facilities.

Patient Experience

Among other initiatives in Patient Financial Services, Ms. Doi described efforts to increase patient access and patient experience via the DHS patient portal. She stated that over 54% of active patients are enrolled in the patient portal and approximately 18,000 new users are added per year. The Commission was encouraged to hear that the portal is also available in Spanish since English and Spanish speakers comprise 98% of the patients seen

at LA County facilities. Ms. Doi stated that language access is a DHS strategic priority, and the department has multiple initiatives to continue to increase access for non-English-speaking patients.

With respect to patient experience and the DHS quality metrics, Ms. Doi discussed efforts to increase participation in the patient experience surveys. Toward that end, the Commission supports embedding patient experience representatives in the Clinical Leadership Committees so that they can align their priorities. The Commission also supports providing stipends and other incentives to encourage patient participation in the Patient Family Advisory Councils.

Patient Access

Dr. Sener spoke with Commission representatives about operating room (OR) access and access to specialty care, generally. He noted that the DHS Dashboard metrics reviewed by the Commission often are not a complete picture in relation to cancelations of elective operating room procedures. The data currently registered in ORCHID do not accurately capture the actual reasons for canceling a procedure on the day of the operation. More accurate data are prospectively collected daily by a database system at LA General Medical Center that is available to surgical staff. The ORCHID system collects critical Quality Incentive Pool (QIP) data, and it not reasonable to expect that the system may change in the foreseeable future. Considering that reality, and as mentioned above, the Commission might want to consider whether there are other data sources that the members should review that would be more relevant.

With respect to OR access, Dr. Sener stated that approximately 10-11% of surgeries are cancelled per month. Those surgeries that are cancelled due to patient issues typically fall within several categories, including patient no-shows or patients not optimized for surgery. In each instance, LA General has improved its protocols and decreased the frequency of these events. In addition, under the leadership of the Chief Nursing Officer, nursing hours have been reorganized to increase OR productivity and efficiency.

Regarding specialty consults, Dr. Sener reported that LA General revised its protocols for receiving and responding to e-consults to improve timeliness of the specialist's response.

He said that efforts are underway to improve clinic workflow, which continues to be a challenge.

The Commission should consider inviting Dr. Wei-An (Andy) Lee to present at a future meeting to discuss how reconfiguration of the e-Consult process has facilitated access for patients into the outpatient clinics.

DHS Strategic Goals

The Commission reviewed the DHS Strategic Goals 2024-2027 and noted several goals relating to quality of care. Dr. Ghaly spoke in more detail about these goals, and at her recommendation, the Commission will request presentations in 2025-26 to learn more about Project Monarch and its impact on documentation and coding to improve data collection and clinical documentation accuracy.

Quality of Care Discussion at the Site Surveys

The Commission discussed quality of care initiatives and challenges during the site visits with executives from Harbor-UCLA Medical Center, Long Beach Comprehensive Care Center and San Fernando Health Center. Additional information regarding the Commission's site visits is provided below.

2026 Commission Follow-up Items for Quality of Care Strategic Priority

Although patient access metrics appear to be stable, the Commission will continue to monitor this area particularly in light of DHS's financial uncertainty in the coming year. The Commission will follow-up on initiatives to further improve patient access in the outpatient specialty clinics and ambulatory care settings. The Commission also will review efforts to hire clinicians in hard to recruit specialties. Further, the Commission will monitor progress with Project Monarch to improve clinician documentation and coding, which can impact quality data, among other things.

The Commission will continue to evaluate DHS system-wide efforts to improve quality of care metrics across the facilities and to encourage implementation of initiatives that were successful at LA General Medical Center in obtaining an "A" grade from Leapfrog.

Finally, while the data dashboard has been useful to Commission members in identifying certain areas for further evaluation, we also recognize that the data is limited and often incomplete. The Commission will explore if there are other data metrics that might be more useful to support its work.

Workforce

DHS recognizes that addressing workforce challenges is a strategic priority for 2025. During recent Hospitals and Healthcare Delivery Commission meetings, workforce issues – particularly in training, recruitment, and retention – were highlighted as critical areas requiring focused attention. Dr. Christina Ghaly, DHS Director, emphasized the significance of enhancing recruitment processes through planned Civil Service Reforms. These reforms aim to streamline hiring practices and adapt to the evolving needs of the workforce, ensuring that DHS continues to attract and retain top healthcare talent.

Moreover, DHS is dedicated to increasing capacity not only in primary care but also in high-need specialties such as podiatry, pain management and expanding geriatric care services. Prioritizing candidates with relevant expertise in these areas will help DHS meet the growing healthcare demands of Los Angeles County's diverse population. Concentrating on workforce challenges is essential for service delivery and ensures the provision of high-quality healthcare across the county.

The Hospital and Health Care Delivery Commission strongly supports these initiatives and recommends continued focus on critical workforce issues. The Commission encourages DHS to sustain its efforts in reforming hiring practices and expanding capacity in key specialties, as these actions will significantly contribute to the overall health and well-being of the County's population. By addressing workforce challenges head-on, DHS can best achieve its mission of providing comprehensive, high-quality healthcare to every county resident.

Collaborations with Other Committees, Task Forces, Collaboratives

Commissioners are active with various committees, task forces and collaboratives, which address topics relevant to the Hospital and Health Care Delivery Commission:

- Benefits Assistance for Immigrants and Essential Workers in LA (aka BAILA)
- CaliforniaHealth+ Advocates
- California Primary Care Association
- City of Long Beach Midtown Business Improvement District
- Community Clinic Association of LA County
- California Department of Health Care Services Behavioral Health Stakeholder Advisory Committee
- Immigrant Health Access Task Force
- LA County Department of Public Health Office of Violence Prevention
- LA County Department of Public Health Center for Health Equity
- LA County Office of Women's Health (OWH) Advisory Council
- LA Wildfire Recovery Health and Social Services Task Force
- National Association of Health Community Health Center (NACHC)
- Collaborative and Committees Health Resources and Services Administration (HRSA) Trainings and Collaboratives
- Youth Services Policy Group

June 2024-May 2025 Meeting Schedule



Frequency: First Thursday of Each Month

Meeting Time: 10:30 AM to 12:30 PM

Locations: *Department of Health Services
Health Services Administration
313 North Figueroa Street
Los Angeles, CA 90012*

*Fourth Supervisorial District Field Office
1401 East Willow Street
Signal Hill, CA 90755*

Meetings from June 6, 2024 through May 1, 2025

June 6, 2024

July 4, 2024 (Commission Recess)

August 1, 2024 (Canceled)

September 5, 2024

October 3, 2024

November 7, 2024

December 5, 2024

January 2, 2025 (Canceled)

February 6, 2025

March 6, 2025

April 3, 2025

May 1, 2025



2024-25 Guest Speakers

Frequency: First Thursday of Each Month

Meeting Time: 10:30 AM to 12:30 PM

Locations: *Department of Health Services
Health Services Administration*
313 North Figueroa Street
Los Angeles, CA 90012

Fourth Supervisorial District Field Office
1401 East Willow Street
Signal Hill, CA 90755

DATE	GUEST SPEAKER
June 6, 2024	DHS Hospital CEOs: Jorge Orozco, CEO Los Angeles General Medical Center; Aries Limbaga, CEO Rancho Los Amigos National Rehabilitation Center; Konita Wilks, CEO Olive View-UCLA Medical Center; and Andrea Turner, Harbor-UCLA Medical Center.
July 4, 2024	Commission on Recess
August 1, 2024	Meeting Cancelled
September 5, 2024	Arun Patel, DHS Director of Patient and Clinical Risk Management
October 3, 2024	Marilyn Hawkins, DHS HR Director
November 7, 2024	Johan Julin, LA County Human Resources, Assistant Director.
December 5, 2024	Shari Doi, DHS Director of Patient Access
January 2, 2025	Meeting Cancelled

DATE	GUEST SPEAKER
February 6, 2025	Christina R. Ghaly, M.D., Director of the Los Angeles County Department of Health Services
March 6, 2025	Jennifer Hunt, Director DHS Office of Diversion and Reentry
April 3, 2025	Dr. Sameer Amin, Charles Robinson from LA Care
May 1, 2025	Dr. Clemens Hong, DHS Director of Community Programs

Site Survey

The Commission continued its site surveys of DHS hospitals, ambulatory care facilities, community clinics and other health care providers that are operated or contracted with DHS to provide health care services. The site survey focuses on the strategic priorities of the Commission and requests documents and other information relating to patient experience, patient safety, quality measures and workforce staffing (see Appendix). Within this annual reporting period, the Commission has surveyed the following sites:

- **Harbor-UCLA Medical Center**
- **Housing for Health**
- **Long Beach Comprehensive Health Center**
- **Mid-Valley Comprehensive Health Center**

The Commission continued its site surveys of DHS hospitals, ambulatory care facilities, community clinics and other health care providers that are operated or contracted with DHS to provide health care services. The site survey focuses on the strategic priorities of the Commission and requests documents and other information relating to patient experience, patient safety, quality measures and workforce staffing (see Appendix). Within this annual reporting period, the Commission has surveyed the following sites:

The Commission focused its site visits on DHS’s ambulatory care network and heard several themes that were consistent with themes heard from clinics during last year’s site visits. On an encouraging note, the network administrators uniformly praised the dedication, loyalty,

teamwork, and creativity of the clinicians and staff, which contributed to strong, mission driven cultures at their facilities. In many instances, clinics went beyond provision of healthcare and also attempted to address other social determinants of health, such as food insecurity. As an example, San Fernando Health Group recently instituted a “Patient Pantry” that provides food, clothing and other staples to patients in need. Donations have come from the staff and the community, and they are working on making it a self-sustaining initiative.

Areas of opportunity similarly were consistent, particularly relating to the lack of flexibility at the County level in terms of recruitment. The challenges with hiring part-time staff as well as rigid benefits packets were uniform concerns and presented difficulties in competing with other health care systems for talent. Several administrators commented that practitioners are looking for part-time and/or telehealth opportunities, which current County workforce and scheduling policies do not accommodate easily.

The clinical administrators also raised the issue of lack of dedicated resources to support their facilities’ needs. Specifically, the ambulatory care clinics typically relied on the facilities personnel of their local DHS hospital to address critical as well as routine facility and maintenance issues.

From a clinical perspective, all of the clinics stated that patient demand continues to exceed resources, which impacts patient access although they had plans underway to expand or reconfigure space and reorganize staff to try to better meet patient need. The current funding uncertainty is also an ongoing concern for clinic administration.

With respect to the data metrics, such as QIP data, the Commissioners heard again that the dashboard data may not provide an accurate picture of the quality of care. For example, one clinic stated that they typically have 30-40% of patients automatically empaneled who will never come for a visit regardless of their outreach efforts. This is particularly true for transient populations and patients with substance use disorders. However, those patients are included in the metrics used to calculate their QIP performance metrics.

The Commissioners also heard that access to specialty care has continued to improve as has the optimization the e-Consult system.

APPENDICES

A.. Hospital Commission By-Laws

B. Site Survey

LOS ANGELES COUNTY
HOSPITALS AND HEALTH CARE DELIVERY COMMISSION

BYLAWS

ARTICLE I – NAME

The Commission shall be known as the Los Angeles County Hospitals and Health Care Delivery Commission. As used in these Bylaws, the word “Commission” means and refers to the Los Angeles County Hospitals and Health Care Delivery Commission. “Members” shall mean Commissioners of the Los Angeles County Hospitals and Health Care Delivery Commission.

ARTICLE II – LEGAL AUTHORITY

The Commission was created by and functions pursuant to the Los Angeles County Code, Chapter 3.32 (Section 3.32.010 et seq.) (“Ordinance”).

In accordance with the duties set forth in Section 3.32.040, and in addition to them, the Commission shall:

- (a) Consult with and advise the director of hospitals and the Board on all matters pertaining to patient care policies and programs of the County hospital system, including but not restricted to:
 - (1) The need for additional hospital and/or other patient care facilities,
 - (2) The relationships of County hospitals and other health care facilities, public or private,
 - (3) Health manpower problems, and
 - (4) The utilization of County hospital facilities;
- (b) Conduct studies and make recommendations concerning patient-care policies and programs of the County hospital system as requested by the Board, the director of hospitals and/or other officers of the County;

- (c) Act as liaison between the director of hospitals, the Board and the public in matters relating to the County hospital system;
- (d) Perform such other services, as from time to time may be requested by the Board.

ARTICLE III – DUTIES OF MEMBERS

The duties of each Member are set forth in Section II of the Los Angeles County Commission Manual (July 2017). In accordance with those duties, and in addition to them, the Members shall:

- (a) Be encouraged to take an active role in helping the Commission fulfill its goals and objectives;
- (b) Are responsible for attending meetings regularly to ensure a quorum, and to facilitate the business and meet the goals of the Commission;
- (c) Provide advance notice to the Chairperson or Commission Staff if they cannot attend a meeting;
- (d) Review meeting materials in advance of a meeting, and comply with the Ralph M. Brown Act (Brown Act) as set forth in state and local laws regarding public meetings; and
- (e) Have knowledge of the County's strategic goals and the vision and priorities of the Board.

The Chairperson shall notify the appointing Supervisor if a Member has three (3) consecutive unexcused absences from scheduled meetings and site visits. Members should contact Commission Staff no later than noon on the day prior to the scheduled meeting or site visit in order to receive an excused absence.

ARTICLE IV – OFFICERS

The officers of the Commission shall consist of a Chairperson, Vice-Chairperson, and Secretary, to be elected by the Commission at its last general meeting of each year. The term of office shall be two (2) calendar years, commencing January 1st. No member of the Commission shall serve more than two (2) consecutive terms in the same Commission officer position.

ARTICLE V – ELECTION OF OFFICERS

The following procedures for election of the Commission’s officers shall apply:

- (a) The Chairperson shall appoint a Nominating Committee of three (3) in October of each alternating year.
- (b) The Nominating Committee shall present its nominations to the Commission at the November meeting followed by an opportunity for additional nomination on the floor.
- (c) Voting shall be by roll call vote.
- (d) Election shall be by majority of all votes cast.
- (e) No proxy voting will be accepted.
- (f) In the event there is a vacancy of a Commission officer position caused by death, resignation, removals, disqualifications, or otherwise, the Commission at the next regular meeting shall elect a successor for the unexpired term.

ARTICLE VI – DUTIES OF OFFICERS

The duties of the Chairperson are set forth in Section III of the Los Angeles County Commission Manual (July 2017). In accordance with those duties, and in addition to them, the Chairperson shall:

- (a) Work with Commission Staff to prepare the meeting agenda in compliance with Brown Act standards and timeframes.
- (b) Preside over all meetings by:
 - (1) Calling the meeting to order at the scheduled time.
 - (2) Verifying the presence of a quorum.
 - (3) “Processing” all motions (e.g., stating the motion prior to discussion, restating the motion just prior to the vote, announcing the result of the vote, and specifying who voted in favor, voted against, abstained, or recused).
 - (4) Facilitating all meetings by staying on track and adhering to time constraints.
 - (5) Conducting the meeting in a fair and equitable manner.
 - (6) Restraining Members when engaged in debate, within the rules of

order to enforce the observance of order and decorum among Members.

- (7) Maintaining neutrality to facilitate debate.
- (8) Ensuring the work of the Commission is consistent with its intended purpose and mission.
- (c) Be familiar with and conduct the meetings in accordance with Robert's Rules of Order, these Bylaws, and its Ordinance.
- (d) For issues related to business processes, contact Commission Staff.
- (e) Decide all points of order.
- (f) Appoint the chairperson and membership of all standing and ad hoc committees.
- (g) Be an ex-officio member of all committees.
- (h) Represent the Commission at public functions or appoint a Member to do so in her stead.
- (i) Prepare, or designate a committee or Member to prepare, an Annual Report summarizing the major achievements of the Commission and policy recommendations for action. If possible, the Annual Report will be presented at a Board Meeting and a copy shall be provided to the Director of the Department of Health Services.

The duties of the Vice-Chairperson are set forth in Section III of the Los Angeles County Commission Manual (July 2017). In accordance with those duties, and in addition to them, the Vice-Chairperson shall:

- (a) Assume the role of the Chairperson in the absence of the Chairperson.
- (b) Work in collaboration with the Chairperson.
- (c) Perform any duties that may be assigned by the Chairperson or the Commission.

The Secretary shall:

- (a) Assume the role of the Chairperson and Vice-Chairperson in their absence.
- (b) After approval by the Commission, ensure that records of meetings, reports, and recommendations are transmitted to the Board and the Department of Health Services.

ARTICLE VII – COMMUNICATING WITH THE BOARD OF SUPERVISORS

Members are encouraged to communicate with their appointing Supervisors as appropriate.

As set forth in Section V of the Los Angeles County Commission Manual (July 2017), and additionally:

(a) Recommendations to the Board of Supervisors

Recommendations approved by the Commission can be submitted to the Board via memos or other written correspondence for consideration. The Commission will consult with Commission Staff regarding correspondence guidelines and protocols for submitting memos or other written correspondence on behalf of the Commission.

(b) Consulting and Engaging with Board Offices

Members may communicate with their District's assigned Board offices. However, protocol suggests that Members work within the framework of the Commission and the Chairperson when information needs to be conveyed to or obtained from the Board as a whole or to an individual Supervisor.

(c) Commission Annual Reports

The Commission should provide an update to the Board about its activities through an Annual Report. The Annual Report is to be completed by the Commission and approved at a regular Commission meeting. Commission Staff will transmit the Annual Reports to the Board. The Annual Report will be prepared in accordance with the Annual Report Template and Instructions set forth in the Los Angeles County Commission Manual (July 2017).

It is the Commission's responsibility to write its Annual Report. Once the Commission approves the Annual Report, Commission Staff can prepare the final documents and forward them to the Board.

(d) Sunset Review Evaluation

Every four years, the Board conducts a Sunset Review on the Commission. The Sunset Review provides an opportunity for the Commission and its stakeholders to evaluate its work and accomplishments, as well as allows the Commission to periodically review its Ordinance and scope of work. The Sunset Review analysis is forwarded to the Audit Committee for assessment and recommendations to the Board for extension to the sunset review date and changes to the Ordinance. The Sunset Review Evaluation Questionnaire and Instructions are set forth in the Los Angeles County Commission Manual (July 2017).

ARTICLE VIII – MEETINGS

As set forth in Section VII and IX of the Los Angeles County Commission Manual (July 2017), and additionally:

(a) Regular Meetings

- (1) The Commission holds regular meetings to conduct business, such as receiving and filing reports, discussing and taking action on recommendations, and voting to forward recommendations to the Board or other entities as deemed appropriate.
- (2) The agenda for regular meetings must be posted 72 hours in advance of the meeting in accordance with the Brown Act.
- (3) Regular meetings are scheduled on the first Thursday of the month starting at 10:30 a.m., or at such other date and time as the Commission may determine. The Commission is on recess for the month of August each year unless otherwise designated.
- (4) Regular meetings shall be held at the Department of Health Services Administration Building, located at 313 North Figueroa Street, Room 706, Los Angeles, California 90012, or at such other place as may be determined.
- (5) Regular meetings may be held with a teleconference option in accordance with the provisions of Government Code section 54953 and the Brown Act, including:
 - (i) A quorum shall be defined as one person more than one-half of the appointed members. Appointed members does not include unfilled positions, including those that are vacant due to resignation or removal. A quorum shall be required for any Commission action.
 - (ii) The agenda must be posted in the teleconferencing Members' location at least 72 hours before each meeting.

- (iii) The teleconference location must be fully accessible to the public.
- (iv) The teleconference location must be ADA-compliant.
- (v) The public's right to testify at the teleconference location must be ensured.
- (vi) All votes must be by rollcall.

(b) Special Meetings

- (1) The Chairperson or a majority of appointed Members may call a special meeting if necessary.
- (2) The agenda of the special meeting must be posted 24 hours in advance of the meeting in accordance with the Brown Act and distributed to interested parties that have requested notification.
- (3) The date, time, location, and method of the special meeting shall be determined by the Chairperson.

(c) Planning Meetings

- (1) The Commission may hold a planning meeting to develop annual goals, review the Bylaws, and focus on Commission issues.
- (2) These meetings are subject to the Brown Act and will be properly noticed, agendaized, open to the public, and require a quorum of Members in attendance to conduct business.

(d) Standing Committee Meetings

- (1) Standing committees have a continuing subject matter and have a meeting schedule fixed by formal action.
- (2) Standing committees may not include a quorum of the entire Commission membership. All standing committees are subject to the Brown Act and must be properly noticed, agendaized, and open to the public, and require a quorum of Standing Committee members in attendance to meet.

- (e) Ad-Hoc Committee Meetings
 - (1) Ad-hoc committees are established by the Commission for a limited purpose and time.
 - (2) An ad-hoc committee may not include a quorum of the entire Commission membership.
- (f) In compliance with the Brown Act and the Ordinance, A quorum is a majority of the positions on the Commission, whether Members have been appointed to the positions or not.
- (g) Unless otherwise prescribed by these Bylaws, all Commission meetings shall be governed by Robert's Rules of Order, Revised.

ARTICLE IX – SITE INSPECTIONS

In accordance with Section 3.32.040(d), and in addition to it, the Commission shall:

- (a) Health and safety conditions permitting, at minimum, conduct site inspections on a quarterly basis each calendar year of County hospitals, comprehensive health centers, and/or other facilities at such date and times that may be determined.
- (b) Prepare the site inspection schedule and appoint the site Inspection Chairperson and committee members, who should constitute less than a quorum of the Commission.
- (c) Require the site inspection committee Chairperson or designee and Commission Staff to prepare the site inspection report.
- (d) Approve site inspection reports prior to distribution to the Board, Chief Administration Officer, Executive Officer of the Board, Director of Health Services, or any other department as the Commission deems necessary.

ARTICLE X – AMENDMENTS

These Bylaws may be amended by a two-thirds (2/3) vote of the Members present at any regular meeting of the Commission if notice of intention to amend the Bylaws, setting forth amendments, has been sent to each member of the Commission not less than ten (10) days in advance of the date set for consideration of each amendment.

Los Angeles County Hospitals and Health Care Delivery Commission Bylaws adopted December 14, 1979.

Bylaws amended July 10, 1981; December 11, 1981; December 1, 1983; December 6, 1984; May 5, 1994; February 23, 2010; February 1, 2018; June 2, 2022, and October 2, 2025.



County of Los Angeles Hospitals and Health Care Delivery Commission

Dear Department of Health Services Leaders,

The Los Angeles County Hospitals and Health Care Delivery Commission was established in 1979 and has the following duties in accordance with 3.32.040 of the Hospitals and Health Care Delivery County Code:

- A. Consults with and advises the director of hospitals and the Board on all matters pertaining to patient care policies and programs of the County hospital system, including but not restricted to:
 - 1. The need for additional hospital and/or other patient care facilities,
 - 2. The relationships of County hospitals and other health care facilities, public or private,
 - 3. Health manpower problems, and
 - 4. The utilization of County hospital facilities;
- B. Conducts studies and makes recommendations concerning patient-care policies and programs of the County hospital system as requested by the board, the director of hospitals and/or other officers of the County;
- C. Acts as liaison between the director of hospitals, the Board and the public in matters relating to the County hospital system;
- D. Performs such other services, as from time to time, may be requested by the Board of Supervisors.

Due to the past public health emergency related to COVID-19 the Commission temporarily suspended conducting site inspections. However, the Commission is now resuming site inspections.

Thank you in advance for partnership with Hospitals and Health Care Delivery Commission. Please also provide a copy of any planned presentations to hhcdcommission@dhs.lacounty.gov.

Respectfully,

Los Angeles County Hospitals and Health Care Delivery Commission

To make our meetings more productive, we are requesting the following information below.

A SWOT Analysis is a process where the management team identifies the internal and external factors that will affect the organization's future performance. It helps to identify internal and external factors that impact the organization's strategy and operations. Please complete the SWOT analysis by identifying your site's current top 3-5 strengths, opportunities, weaknesses, and threats.

If possible, please provide the SWOT analysis form at least two weeks prior to the site inspection.

SWOT ANALYSIS (*List top 3-5 in each category*)

STRENGTHS	OPPORTUNITIES
WEAKNESSES	THREATS

- What are your top 3-5 strategic or operational goals/objectives?
- How can the Commission advocate with your organization for the top needs that have been identified?

Data and Dashboards

DHS Sites: In preparation for each site inspection, commissioners will review the DHS dashboard. For other sites, please provide a data-based summary including demographics, patient experience, services provided, services utilization, and quality, e.g., Uniform Data System (UDS) two weeks before the site visit. Send the data to hhcdcommission@dhs.lacounty.gov

To the extent not described above, please identify any challenges or opportunities in the next 1-3 years in the following areas and any actions that your site has taken or plans to take to address with regards to DHS contracted services:

- Patient experience
- Quality measures/Patient Safety / Key Health Indicators
- Workforce/Staffing
- Facilities
- Human Resources
- Logistics
- Supplies
- Infrastructure
- Procurement

Impact of COVID-19

Please describe how the site or the LACDHS funded service has been affected by the COVID-19 public health emergency in the following areas.

- Patient experience
- Quality measures/Patient Safety
- Workforce/Staffing