

Los Angeles County
Department of Health Services



Annual Report
2011-2012

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LOS ANGELES COUNTY

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Los Angeles County Department of Health Services

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Alexander K. Li, M.D., CEO, Ambulatory Care Network

Mark Ghaly, M.D., Deputy Director, Community Health

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Carolyn Rhee, CEO, Olive View-UCLA Medical Center

Jorge Orozco, CEO, Rancho Los Amigos National Rehabilitation Center

Wendy Schwartz, Director of Board Relations

Gerardo Pinedo, Director of Government Relations & Policy

This publication is dedicated to the more than 800,000 Los Angeles County residents whom we serve each year, as well as to the men and women of our department who ensure access to high-quality, patient-centered and cost-effective healthcare through direct services at DHS facilities and through collaboration with our community and university partners.

Message from the Director

Wow, what an amazing year we had!

Success is like a snowball rolling down a mountain. As it rolls, it grows bigger in size and gains momentum. So too has the transformation of DHS. Compare this, our second annual report, to last year's, if you have any doubt of how much progress we have made.

We know that patients do better where they have continuity of care. We also know that when patients are given a choice of provider under federal health care reform, they will be more likely to stay with us if they have a strong relationship with a primary care provider. To accomplish this goal, last year we empaneled 240,000 patients into a primary care home. The primary care home consists of a team of professionals, including nurses, certified medical assistants, and clerical staff, supported by an electronic registry (and soon by a DHS integrated electronic health record), working to ensure that patients receive the care they need without having to go to the emergency department.



To increase access to care, during this past year we increased the enrollment of Healthy Way LA from 60,000 to over 200,000 persons. This significant achievement could never have happened without the great work of our Community Partners who enroll and provide primary care for many of these patients, with DHS providing specialty and hospitalization as needed. Here too there is a very direct tie in with federal health reform. Patients enrolled in the Healthy Way LA program will flow into Medicaid in January 2014. By enrolling them now we are able to improve their access to services, draw down additional federal dollars for their care, and increase the chance that when they have a choice under Medicaid they will stay with DHS and its Community Partners.

Although it is important that DHS evolve from a hospital centric system to a "right care in the right place" system, our hospitals continue to turn in excellent performances. LAC+USC and Harbor Medical Center both received the prestigious "Baby Friendly" designation. LAC+USC became our first smoke free campus. Olive View markedly decreased mortality rates due to sepsis. Through a multi-disciplinary program to improve the scheduling process for surgical patients, Harbor made impressive reductions in denied days and increases in patient satisfaction. The "heart" of DHS, Rancho Los Amigos National Rehabilitation Center ranked in the top 20 "Best Rehabilitation Hospitals in the US" for the twenty-second consecutive year.

None of these achievements would have been possible without the great staff and community and university partners of DHS. I am deeply grateful for the support of Los Angeles Board of Supervisors and the CEO, and his staff, for helping us to achieve so much in this past year.

But, going with my snowball analogy, I think you will see that next year's achievements will be even greater.

I wake up every morning so happy and proud to go to work.

A handwritten signature in black ink that reads "Mitchell Katz". The signature is written in a cursive, slightly slanted style.

Mitchell Katz, MD
Director, DHS



Table of Contents

SECTION I

AMBULATORY CARE NETWORK

6	Ambulatory Care Network
10	High Desert Multi-Service Ambulatory Care Center
12	Martin Luther King, Jr. Multi-Service Ambulatory Care Center
14	El Monte Comprehensive Health Center
16	H. Claude Hudson Comprehensive Health Center
18	Hubert H. Humphrey Comprehensive Health Center
20	Long Beach Comprehensive Health Center
22	Mid-Valley Comprehensive Health Center
24	Edward R. Roybal Comprehensive Health Center

SECTION II

HOSPITALS

28	Harbor-UCLA Medical Center
30	LAC+USC Medical Center
32	Olive View-UCLA Medical Center
34	Rancho Los Amigos National Rehabilitation Center

SECTION III

PROGRAM UNITS

38	Audit & Compliance
40	Board Relations
42	College of Nursing & Allied Health
44	Contracts and Grants Division
46	Office of Diversity & Cultural Competency
50	Emergency Medical Services (EMS) Agency
52	Human Resources
54	Information Technology
55	Integrated Programs
56	Office of Nursing Affairs
58	Healthcare Workforce Development
60	Office of Planning & Data Analytics
62	Pharmacy
64	Quality Improvement & Patient Safety
66	Supply Chain Operations
68	Fiscal Overview
69	Census and Visit Summaries
70	Inpatient Average Daily Census
71	Snapshot of Patient Visits

Ambulatory Care Network



Alexander Li, M.D.
Chief Executive Officer



Nina Park, M.D.
Chief Medical Officer



Jeffrey Guterman, M.D. MS
Chief Research & Innovation

I want to extend my thanks to the Ambulatory Care Network (ACN) and Department of Health Services (DHS) staff, Board of Supervisors, and countless others who made ACN's first year a success. It is hard to believe that, as of June 22, 2012, ACN was officially one year old.

The June 2012 Supreme Court's decision to uphold the Affordable Care Act reaffirms the approach that ACN and DHS as a whole have embarked upon. Taking the first step to create a permanent and robust ambulatory care network that values resources and recognizes the importance of ambulatory care—including primary care, out-patient specialty care, and ambulatory surgery—is one of the critical firsts towards transforming the way we approach and deliver care to our patients at DHS.

ACN's efforts, over the course of this first year, have been focused on improving the quality of care, connecting our DHS patients through the empanelment process, and improving access to services. We have created over 130 medical homes and empaneled patients to teams that have been trained to improve the overall patient experience by establishing meaningful patient-provider relationships, enhancing continuity of care, and ensuring access to and coordination of medical services. In addition, we have strengthened our use of electronic technology so that medical home teams are better able to track referrals, follow-up on lab results and manage the patient's care with an emphasis on better disease outcomes.

To ensure that more patients are able to access these improved delivery systems, we are also in the midst of constructing two new replacement facilities, the High Desert Multi-Service Ambulatory Care Center and the Martin Luther King, Jr. Multi-Service Ambulatory Care Center, which will provide access to state-of-the-art buildings and greatly improve the efficiency of delivering comprehensive ambulatory care within DHS.

Over the course of this year, ACN also led the campaign to enroll eligible patients into the Healthy Way LA (HWLA) program. Thanks to the remarkable efforts of County (DHS, DMH, DPH, and DPSS) and Community Partner staff, over 200,000 individuals were enrolled into the Healthy Way LA matched program. These patients now have better access to all levels of care across both DHS and Community Partner sites.

This is just one of the ways that DHS continues to build stronger relationships with its Community Partners. We're also continuing efforts to develop an integrated referral network, through eConsult, and to expand electronic access to shared patient information. These efforts are critical to our mutual survival when the HWLA population transitions to Medi-Cal in 2014. Another achievement that we can be proud of is the professional and collaborative transition of Community Health Plan to L.A. Care, a managed services organization dedicated to improving the care of all of our patients.

This is an exciting time for all of us in healthcare and, while more needs to be done, there is much to be celebrated. I want to again express my appreciation for the dedication and support of so many individuals across ACN, DHS, other County Departments, the Community Partners, and the immense support from the County Board of Supervisors. We certainly look forward to an even more exciting 2012-13.

A handwritten signature in black ink, appearing to be 'AL'.

Alexander K. Li, M.D.
Ambulatory Care Network
Chief Executive Officer

Ambulatory Care Network

Accomplishments

- Enrolled over 200,000 Healthy Way LA patients.
- Implemented Your Benefits Now (YBN)/ Los Angeles Eligibility Automated Determination Evaluation and Reporting (LEADER) for Healthy Way LA enrollments.
- Supported the needs of 30,000 Seniors and Persons with Disabilities, 5,000 Ryan White patients and 60,000 General Relief patients assigned to the DHS Network.
- Trained over 130 medical home teams across DHS clinics.
- Expanded primary care sessions by re-assigning administrative time to patient care.
- Hired over 47 certified medical assistants.
- Consistently achieved 7 Ambulatory Care related Delivery System Reform Program Incentives.
- Transitioned the former Clinical Resource Management to focus on empanelment, protocol development, disease management, research and innovation.
- Led the efforts to improve specialty access including eConsult, Central Referral Unit and Medical home assignment from specialty clinics to Community Partners.
- Transitioned Community Health Plan to a managed services organization



Mary D. Giammona, M.D., MPH
Chief Managed Care



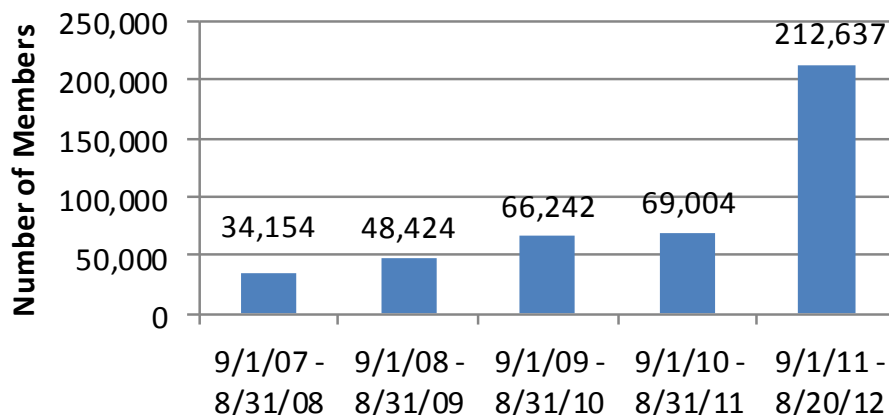
Quentin O'Brien
Chief Operations Officer



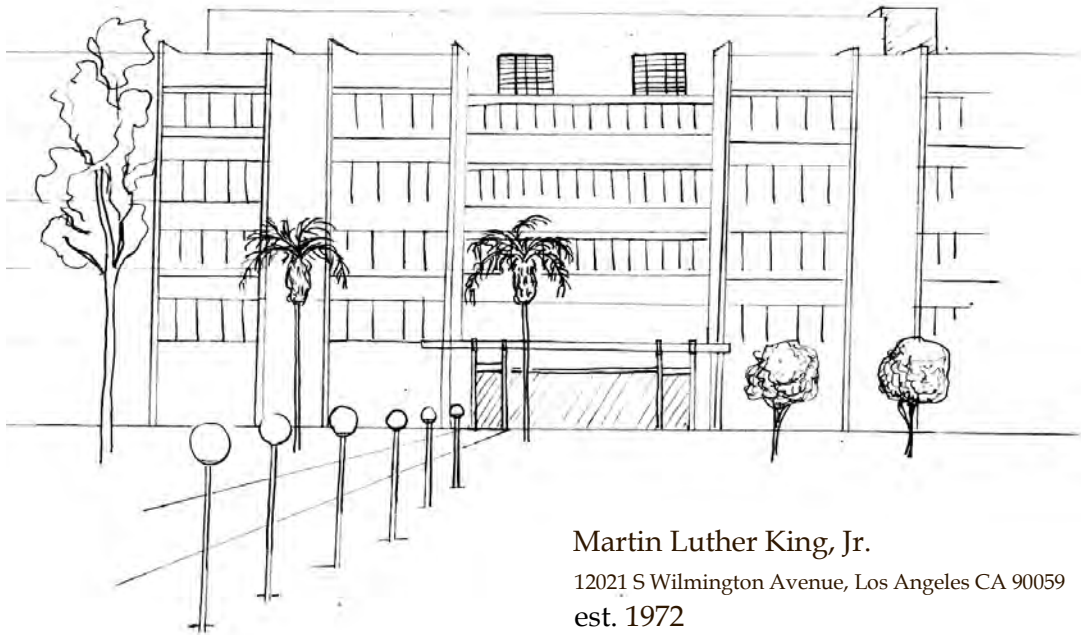
Lauren Simmons CPHIMS, PMP
Chief Information Officer

HWLA Membership

from 9/1/07 - 8/20/12

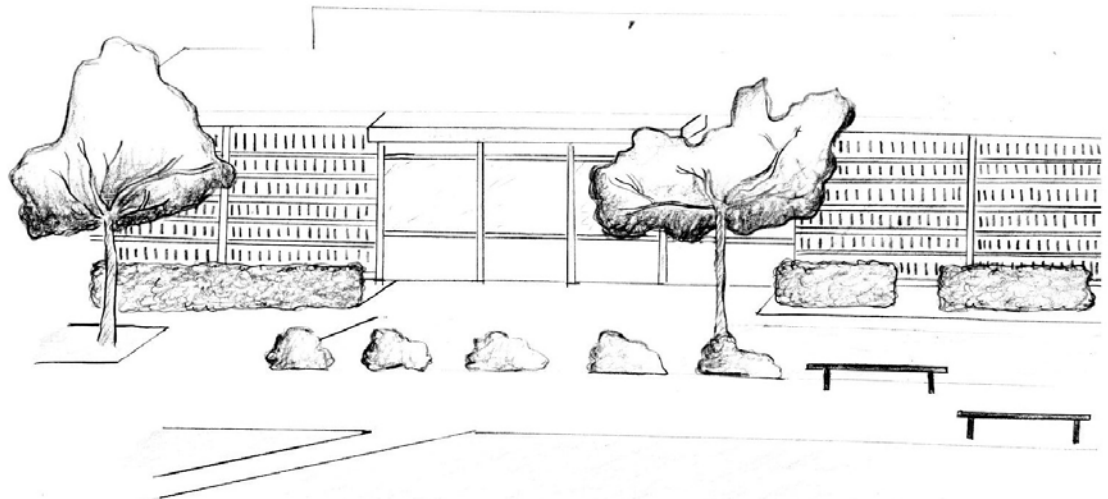


Section I Multi-Service Ambulatory Care Centers



Martin Luther King, Jr.

12021 S Wilmington Avenue, Los Angeles CA 90059
est. 1972



High Desert

44900 N 60th Street West, Lancaster CA 93536
est. 2003

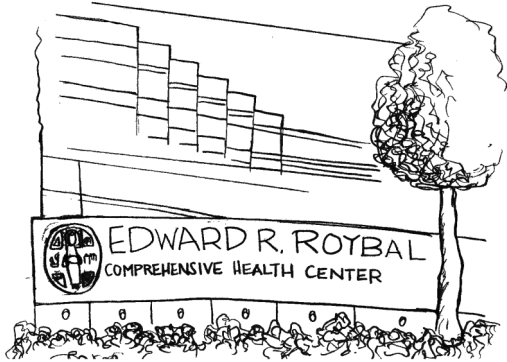
Ambulatory Care Network Comprehensive Health Centers



El Monte
10953 Ramona Boulevard, El Monte, CA 91731
est. 1983



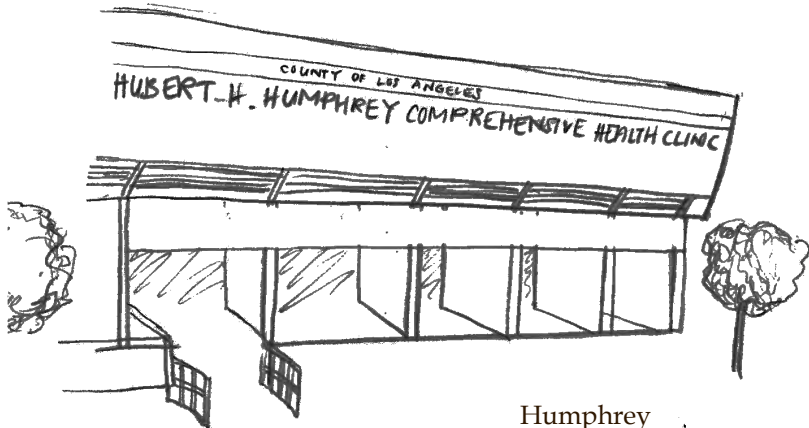
Hudson
2829 S Grand Avenue, Los Angeles CA 90710
est. 1979



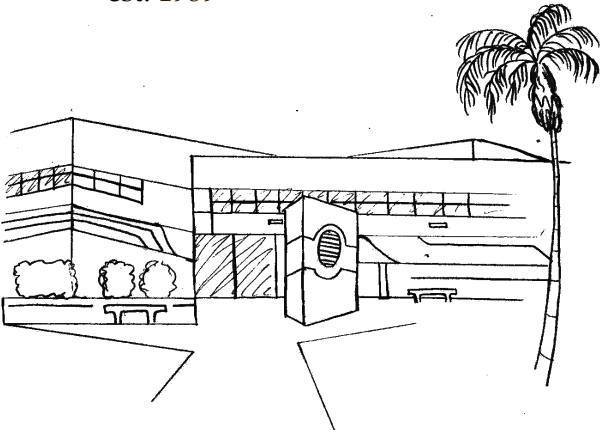
Roybal
245 S Fetterly Street, Los Angeles CA 90022
est. 1979



Mid-Valley
7515 Van Nuys Boulevard, Van Nuys CA 91405
est. 1989



Humphrey
5850 S Main Street, Los Angeles CA 90003
est. 1976



Long Beach
1333 Chestnut Boulevard, Long Beach CA 90813
est. 1986



Beryl Brooks
Administrator



Ruth Oren, M.D.
Medical Director



Susan Urbanski, RN
Nursing Director



Tim Moore
Assistant Administrator



Candy Smith
Finance Officer

High Desert Multi-Service Ambulatory Care Center

High Desert Health System (HDHS) is comprised of a Multi-Service Ambulatory Care Center (MACC) and four County-operated community-based health centers. In collaboration with a network of Community Partner clinics, the Health System provides access to outpatient healthcare for residents in an extensive service area that includes roughly one-third of Los Angeles County.

The HDHS MACC collaborates with Antelope Valley Health Center (AVHC), Lake Los Angeles Community Clinic, Littlerock Community Clinic, and South Valley Health Center to provide services in this large geographic area. The MACC offers a comprehensive array of outpatient services, including primary care for adults and children, women’s health, urgent care, medical and surgical subspecialty clinics, and an ambulatory surgical center. The MACC also provides ancillary, diagnostic and treatment services including laboratory, pharmacy, radiology, electro-diagnostic testing, respiratory therapy, and physical, occupational, and speech therapy. Special programs at the MACC include the Foster Care HUB Clinic, the Suspected Child Abuse and Neglect (SCAN) Clinic, the Hope Center HIV/AIDS Clinic, Disease Management clinics for Asthma and Diabetes, a Pediatric Behavior Disorders Clinic, and an Oncology Clinic with a chemotherapy infusion center.

MACC Replacement Facility

On January 30, 2012, the groundbreaking ceremony was held to mark the start of construction work on the High Desert Health System MACC Replacement Project. The contractor for this design-build project is Swinerton Builders in association with Lionakis architects. This project will replace the existing fifty-year-old former hospital facility with a new 142,000 square foot ambulatory care center. The new MACC will be located on a fifteen acre site in central Lancaster, approximately six miles east of the current MACC. The facility will consist of a two-story clinical services building, a support services building, and a building housing the Facilities department. The building incorporates many energy efficient and environmentally responsible features and is designed to achieve LEED (Leadership in Energy and Environmental Design) Gold certification.

The new MACC will improve the patient experience by locating all clinical services in a single building and improving critical space adjacencies such as locating urgent care next to Laboratory and Radiology. In the current facility, clinical services are distributed among multiple campus buildings, requiring patients to walk long distances for different services. With completion of the new MACC facility, the total number of exam rooms will increase from 42 to 60, providing physical space to increase service capacity.

The projected completion date for the project is November 2013, with occupancy of the building anticipated in the first quarter of 2014. Over the next eighteen months, a major area of focus for High Desert Health System will be preparing for the transition to the new facility which will involve the complete relocation of the existing operation. The Department of Health Services is planning to engage a transition planning consultant to assist with this effort.



Urgent Care

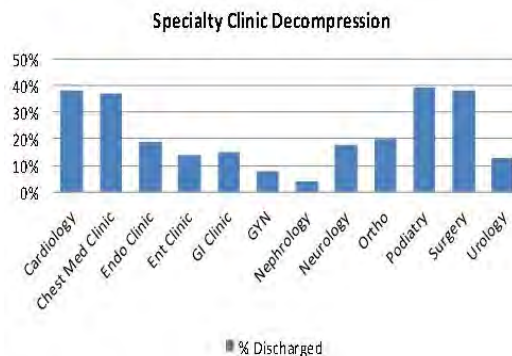
HDHS has two Urgent Care clinics, one at the South Valley Health Center in Palmdale and one at the High Desert MACC in Lancaster. Both clinics treat patients with injuries or acute illnesses that require immediate care. Following numerous patients' complaints about long waiting time, a goal was established to reduce the average patient cycle time by 20%. Various strategies were implemented, including flexible and variable nursing staffing, depending on patient flow (all hands-on-deck), tools to create effective communication among the clinic staff and between the staff and patients, and enforcement of measures to prevent provider tardiness. As of February 2012, both Urgent Cares have an average cycle time of 160 minutes. Patient complaints decreased 53% from 2009 to the last quarter of 2011.



John Grant
Information Officer

Specialty Clinic Decompression

In August of 2011, HDHS, along with the other Ambulatory Care Network (ACN) sites, embarked on decompressing the specialty care clinics to provide additional patient access. Patients were assessed to determine the appropriateness of assigning them to a primary care provider. HDHS discharged over 1100 patients; almost 20% of all patients seen in specialty clinics, 7% above the goal, from August 2011 through March 31, 2012.



George Kolle
Personnel Officer

Provision of Care

- Primary Care
- Urgent Care
- Ambulatory Surgical Center
- Suspected Child Abuse and Neglect (SCAN)
- Foster Care/HUB Clinic

Specialty Care

- Cardiology
- Chest Medicine
- Disease Management
- Endocrinology
- Gastroenterology
- Gynecology
- Hematology
- HIV/AIDS
- Nephrology
- Neurology
- Oncology
- Orthopedics
- Physical Medicine
- Podiatry
- Pre-op
- Retinal Scan and Laser
- Surgery
- Urology

Ancillary & Diagnostics

- Laboratory
- Pharmacy
- Radiology
- Therapies
- Electrodiagnostics

Managed Care Efficiency Measures 2011-2012

HDHS established goals to reduce Emergency Room usage rate through mailing letters to all members who accessed emergency rooms, calling members needing appropriate follow-up appointment with their primary care provider based on acuity, completing an emergency room questionnaire regarding reasons the emergency services were accessed, and educating members on alternative access and nurse advice line.

A Managed Care workgroup was established to analyze options to improve access to services. HDHS has two urgent care clinics that are open seven days a week, from 8:00 a.m. to midnight. One objective of these clinics is to provide walk-in access for patients requiring non-emergent, immediate medical care. To that extent, these clinics help reduce emergency room utilization. Because there is no County operated hospital in the Antelope Valley, communication was established with Antelope Valley Hospital (AVH) to obtain emergency room records prior to the member's visit with their primary care provider. Case managers arranged appointments with HDHS providers as opposed to Out-of-Network providers and followed-up with patients after inpatient discharge to reduce out-of-plan costs. Clinical notes from AVH inpatient admissions were forwarded to HDHS providers for continuity of care. The number of out-of-plan specialty visits were reduced through direct coordination of referrals with contracted primary care providers. Continued weekly case management meetings were held to discuss collaboration and ways to implement the most cost-effective care and planning for discharge.

KEY STATISTICS FY 2011-12

Total Provider Visits – 116,306 Total Unique Patients – 40,485

Primary Care: 46,260

Urgent Care: 40,138

Specialty Care: 20,682

Surgery/Special Procedures: 1,521

Prenatal/Post Partum: 7,705

Martin Luther King, Jr. Multi-Service Ambulatory Care Center



Cynthia M. Oliver
Administrator



Angela Nossett, M.D.
Medical Director



Rhonda Bean
Operations Director



Sharon Arnwine, RN
Nursing Director

This year Martin Luther King, Jr. Multi-Service Ambulatory Care Center (MLK MACC) celebrated 40 years of providing healthcare to South Los Angeles residents. The medical center, named for Dr. Martin Luther King, Jr., a champion of equality and freedom for all people, continues to stand as a pillar in the community. MLK MACC is dedicated to providing readily available healthcare services to the residents of Los Angeles County as it transforms itself into a patient-centered facility. The transformation includes strategies to achieve outcomes that will focus upon improving access for patients and improving the patient experience and satisfaction.

Committed to *"Continuing the Legacy. . . Rebirth of the Dream,"* the new Martin Luther King, Jr. Hospital is planned for reopening January, 2014. Along with the reopening of the new hospital, a new replacement multi-service ambulatory care center building is targeted for completion in 2013. Together the facilities will strive to meet the healthcare needs of patients of South Los Angeles.

Unit-Based Teams

Two unit-based (UBT) teams, the platform for performance improvement, were implemented during the past year at MLK MACC. Each UBT is composed of participants within a department, including front-line supervisors, physicians, and staff members. Goals regarding performance improvement, service quality, increased efficiency and development are supported by the team. Unit-based teams collaborate with Labor and Management to tap the creativity, skills and knowledge of their members to improve care.



Radiology: The UBT members of the imaging department at MLK MACC realized that they needed a systematic approach to improve the appointment process for x-rays and other diagnostic tests. Changes were made that increased the number of patients presenting for their diagnostic testing from 69% to 81%. This effort has created distinct improvements by decreasing the number of rescheduled appointments and has decompressed bookings.

3G Surgery Clinic: The UBT focused on meeting the needs of their patient by improving service and efficiency. This was done by:

- Shortening waiting periods to improve patients' experience.
- Expediting the provision, coordination, and integration of services in a manner that is respectful of and responsive to individual patient preferences and needs while ensuring that patient values guide all clinical decisions
- Engaging and collaborating with medical and support staff to meet identified goals
- Restructuring the clinic visit by eliminating the "vital signs room"
- Simplifying the clinical process for patients who do not require x-rays or lab tests by discharging them directly from examination rooms.

Group Medical Home Visit

Implementing shared medical appointments, also known as a group visit, is an efficient and effective way for patients to receive follow-up or routine care. Patients arriving for a group visit at the MLK MACC Medical Home find a multi-disciplinary team, consisting of a nurse practitioner, licensed vocational nurse, nurses aid, clinical pharmacist, nutritionist, and a managed care services representative waiting to provide medical services. These voluntary patient visits provide a secure but interactive setting in which patients have improved access to their physicians, the benefit of counseling with additional members of a healthcare team, and can share experiences and advice with one another. Each patient sets personal goals and is empowered to make informed and educated healthcare decisions to improve their health outcomes. Patients also make recommendations to each other for diet and exercise. MLK MACC holds group visits once a month which allows for increased face-to-face interaction with the Medical Home Team and provides support from other patients with the same health conditions.

Magnet School On-Site Program

MLK MACC proudly works in partnership with our external customers and future community leaders. The King/Drew Magnet High School on-site program, coordinated by the facility's Nursing Department, have supported the affiliation agreement between the County of Los Angeles and Los Angeles Unified School



District since 1998. King /Drew Magnet High School students participating in the 2011-2012 DHS-wide programs at MLK MACC have received significant instruction and skills training in many areas of healthcare services. All students receive exceptional education exposure and hands-on experience at numerous clinic sites and offices throughout the facility. The goal of the program is to help guide each student in his/her selection of a healthcare career. Their experiences over the past several months have given the students the opportunity to see first hand the academic, technical, and personal skills required by professionals in the healthcare field.

Goals and Objectives

Women's Health Center: The MLK MACC Women's Clinic continues to be at the forefront of diagnosing and treating disorders unique to women. A goal for the Women's Clinic is to establish a well-recognized center of excellence in women's healthcare that provides high - quality, comprehensive care to women of all ages.

Smoke-Free Campus: Committed to the health and safety of patients, visitors, and staff, the MLK MACC campus will join many other health facilities across California and the country to become a smoke-free campus by January 1, 2013. Patients and employees will be provided resources to assist them with this effort.

OTHER KEY STAFF

Sheila A. Mitchell
Managed Care
Administrator

Collins Nwadiogbu
Capital Projects

Regina Pierre
Human Resources

FACILITY PROFILE

Ambulatory Surgery Center

Cardiology
Dental
Dermatology
Diabetes
Employee Health Services
Endocrinology
Gastroenterology
General Surgery
Hematology/Oncology
Internal Medicine
Neurology
Ophthalmology
Orthopedic
Pathology
Pediatrics
Pulmonary
Radiology
Rehab Services
Urgent Care
Women's Health

SPECIAL PROGRAMS

Elder Abuse Program

Foster Care/Pediatrics Hub

OASIS (HIV/AIDS)



El Monte Comprehensive Health Center and La Puente Health Center



Ernest Espinoza
Administrator

El Monte Comprehensive Health Center and La Puente Health Center play a vital role in the healthcare delivery system in Los Angeles County, serving the communities from downtown and the San Gabriel Valley area to the eastern end of the County border.

This year, we placed an emphasis on assisting staff to ensure that we are offering a quality “patient experience.” Using techniques learned in last year’s “Attracting and Retaining Patients” learning collaborative, we provided staff with service recovery skills focusing on how to address a patient with a complaint. The training was based on the LEADER model in which the letters stand for Listen; Empathize; Apologize; Describe; Execute; and Reward.

Another area of emphasis was empowering staff to become involved in the improvement process. The El Monte/La Puente Patient Centered Scheduling team that participated in this year’s learning collaborative was a very effective team of interdisciplinary line staff. Also, El Monte’s Diabetes Program and quality improvement group model began with line staff identifying a problem and collaborating with multiple disciplines to develop an improved model.

Next year, we look forward to continuing our work to strengthening the medical home model, enhancing the effectiveness of our resources, and improving the clinical outcomes of our patients in a patient and family-centered environment .



Cristeta Garan-Martinez, RN
Nursing Director

Diabetes Group Visit

In an effort to improve patient outcomes and enhance the productivity of our current resources, the Diabetes Group Visit was developed and incorporated into the Patient-Centered Medical Home team’s model. This model was developed using the successes from other programs, including Mid-Valley CHC. Thirty-four high-risk and high-utilizing diabetes patients participated in this program. Patients were followed for almost two years with education and lifestyle workshops emphasizing prevention and self-management.

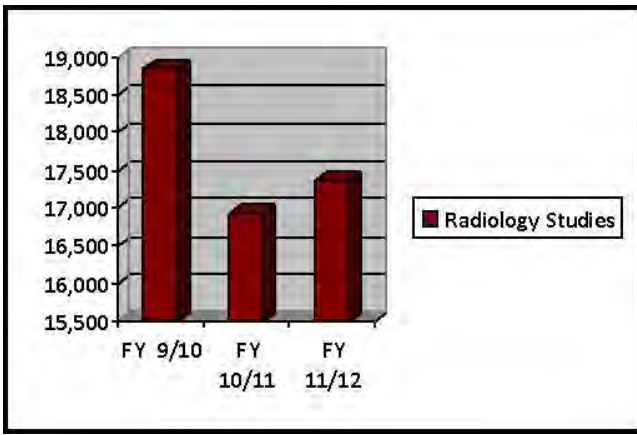
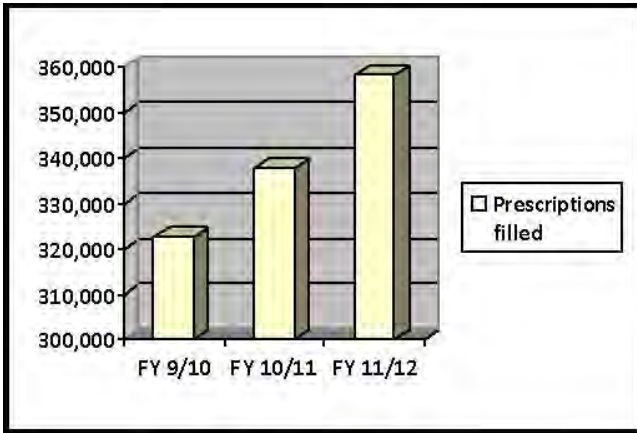
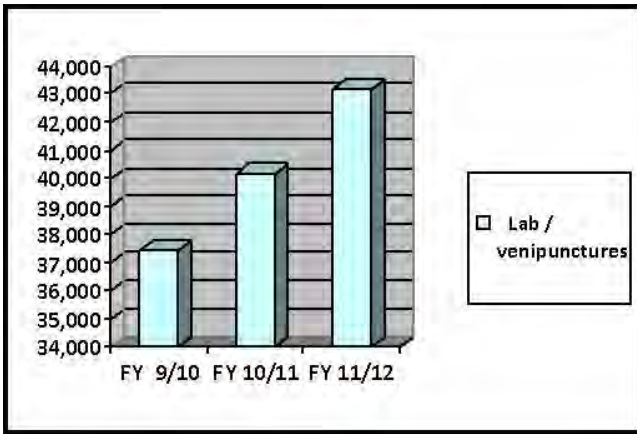
Twenty-nine of the 34 participants saw their HgbA1c decrease by an average of 2.14 points. During the facilitation of group visits for the past year, there was a consistent downward trend of the HgbA1C. The Diabetes Group Visits have proven to be effective in managing patients with diabetes. El Monte CHC has recently expanded the model to a diabetes management program which includes an interdisciplinary approach to helping high-risk patients.

Accomplishments

- i2i Disease Registry was implemented in April 2012
- Master Patient Index (MPI) Duplicate Record Merger/Clean-up merged more than 200 duplicate records.
- Customer Service - Our employees received customer service training
- Initial Health Assessment Clinic implemented to facilitate incorporation of new managed care members into medical home.
- HWLA Fast Track Window was created to reduce the waiting time for patients returning with information to complete their application. This process allowed patients with more time-consuming issues to get the attention they need while allowing other patients to avoid waiting.
- Flu Campaign - The flu shot campaign provided services in a manner that conserves clinical resources and respects the patients’ time. In FY 11/12, our clinic provided more than 6,000 flu shots, which is approximately 25% more than the previous year.



Stanley Leong, M.D.
Medical Director



Patient-Centered Medical Home Collaborative

EMCHC participated in the California Association of Public Hospitals and Health (CAPH) Safety Net Institute sponsored Patient-Centered Medical Home Collaborative. This provided valuable information on how to schedule patients in a medical home model, which led to modifications allowing Same Day/Next Day access. Using medical home principles, the number of broken appointments was reduced., client resources were utilized more efficiently, and the quality of care was enhanced.

Integration with Department of Mental Health

In FY 11/12, EMCHC continued its partnership with the Department of Mental Health implementing the co-location and integration of Mental Health Services.

During FY 11/12, EMCHC primary care providers sent an average of 73 patient referrals to DMH per month. DMH saw these patients on-site or facilitated their referral to a DMH directly-operated or contractor-operated service location. This integrated program has greatly improved continuity of care for patients who have mental health needs by making services more accessible and improving communication between mental health and primary care providers.

Primary Care Expansion

El Monte CHC increased its primary care capacity in FY 11/12 by redistributing available resources and implementing a team-based approach to care. This is in line with DHS' emphasis on the coordination and comprehensiveness of care in a patient centered home. The ability to manage patients with multiple healthcare needs was improved, patient satisfaction increased, and better outcomes were achieved. Approximately 22% more primary care visits were provided in FY 11/12 than FY 10/11. Expanding medical home teams into groups promotes comprehensive care which actively involves the patient in making care decision. Focusing on prevention and health maintenance to maximize the patient's quality of life is a major influence in avoiding costly hospitalization and emergency visits.

Management Staff

Karen Dove
Assistant Administrator

Linda Maldonado
Facility Manager

Patricia Lange, RN
Q.A., Risk Manager,
and Safety Officer

Charles Onunkwo, RHIT
Health Information
Manager

Service Directors

Dennis Wong, M.D.
Henedina Liban, M.D.
Alonzo Fields, M.D.

Dental Service Chief

Leandro Arca, D.D.S.

Khanh Le, Pharm.D
Pharmacy

Margarita Montano
Laboratory

David Duran
Radiology

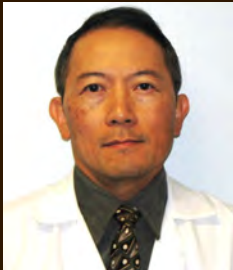
Specialty Services

Adult Primary Care
Pediatrics
Woman's Clinic
Walk-In Clinic
Dental
Podiatry
Cardiology
Optometry
Renal
Pediatric Specialties

H. Claude Hudson Comprehensive Health Center



Michael Mills, M.H.A.
Administrator



John Wong, M.D.
Interim Medical Director



Tonia Jones, Ph.D., RN
Nursing Director



Jeri Flowers
Assistant Administrator

H. Claude Hudson Comprehensive Health Center (Hudson CHC) offers the community a diverse range of providers and services that include but are not limited to: Adult and Pediatric Primary Care, Ambulatory Care Surgery, Urgent Care, Dental, Prenatal, Women's Health, and Specialty Care such as Anticoagulation, Colonoscopy, Colposcopy, Endocrine/Diabetes, Orthopedics, Ophthalmology, Nephrology and Podiatry.

At Hudson CHC we believe that every employee is part of a team, has an important role and that each job performed is critical to our mission of delivering culturally sensitive, high quality, and compassionate care. Mindful of the need to improve the overall patient experience, renew the physical environment and expand services, Hudson celebrated the grand opening of a fully-automated modernized pharmacy, newly remodeled Pediatric waiting room, launched the Urgent Care Fast Track Clinic, established patient-centered medical homes and implemented patient-centered scheduling. All of these improvements created an opportunity for better and more personal care.

Patient-Centered Medical Home (PCMH)

The Internal Medicine Clinic at Hudson CHC continues its efforts to provide care to the residents of South Los Angeles. We continually strive to develop and implement methods which effectively use our available resources. An illustration of this has been our adoption of the principles of Patient-Centered Scheduling within our Adult Primary Care PCMH teams. Eight PCMH Teams are included in the Adult Medicine Clinic. Each team is led by a medical provider who is supported by a team of staff from Nursing, Clerical, and Ancillary Services. To further the goals of our PCMH's we have worked to design more patient-friendly systems. Two areas of great opportunity have been clinic telephone access and the availability of some daycare.

The frustration caused by the Advanced Access telephone tree system, led us to adopt a dedicated clinic line for each provider team. This has resulted in greater access for patients to speak to a live person as well as the ability to leave a voicemail to cancel, reschedule, make a same day or future appointment. The adoption of these measures and others has led to increased patient satisfaction, improved access to care, and a significant reduction in our no-show rate.

Weigh-To-Go Program West Vernon Elementary School Partnership

The partnership between Hudson CHC and West Vernon Elementary School has been a very successful collaboration that has led to a vegetable garden tended by students and parents, which yields healthy produce for their families. A grant award from the American Medical Association and the involvement of Hudson CHC in the grant writing process, has provided the opportunity to experience the benefits of school gardening. (continued on page 17)



Left to right: Michael Mills, Jerri Flowers, and Sharon all-Johnson (Categorical Program Advisor, West Vernon Elementary School)

West Vernon Elementary School Partnership

(cont'd)

This project offered hands-on experiential learning opportunities in a wide array of disciplines, including the natural and social sciences, math, language arts, visual arts, and nutrition. A number of students are referred to the clinic by the school nurse for physical examinations and counseling to improve their overall health status through increased exercise and healthy eating.



Urgent Care Fast Track Clinic

The Urgent Care Clinic at Hudson CHC provides episodic care to patients from 7:30 a.m. until midnight, 365 days a year. Vital services are provided to South Los Angeles residents who otherwise would have to travel to an overcrowded Emergency Department. The Urgent Care Clinic assesses a substantial number of patients with varying levels of complaints. Beginning August 2011, the Urgent Care Fast Track Clinic was established to shorten the wait time of non-urgent patients.

On average, 30 patients per day are seen in this clinic. As a result of the Fast Track Clinic, Urgent Care has significantly reduced the wait time for stable patients, which has reduced the overall clinic congestion in Urgent Care.

Health & Human Services (HHS) Secretary Kathleen Sebelius Visits

H. Claude Hudson Comprehensive Health Center had the distinct honor and privilege of hosting U.S. Secretary of Health and Human Services, Kathleen Sebelius, and Supervisor Zev Yaroslavsky on June 15, 2012. Secretary Sebelius was appointed by President Barack Obama, and she is heading the implementation of the historic Affordable Care Act to overhaul the nation's healthcare system. Part of her strategy is to collaborate with healthcare leaders, providers and patients to slow the growth in health costs through better care and better health. Secretary Sebelius toured Hudson to learn about the Department of Health Services' success in implementing patient-centered medical homes and scheduling. She and Herb Schultz, Regional Director, U.S. Department of Health and Human Services, participated in a roundtable discussion with Supervisor Yaroslavsky, Drs. Mitchell Katz and Alex Li, and other county leaders. They engaged in dialogue with patients living with HIV/AIDS to gain knowledge of their personal experience accessing care and treatment at DHS facilities particularly at the Long Beach Comprehensive Health Center.



Community Partnerships & Training Programs

Cerritos College School of Dentistry

John Wesley Institute: Family Planning Clinic

LA Trade Technical College: Registered Nursing (RN) Trainee Preceptorship

LA Unified School District: West Vernon & 20th Street Elementary School

Los Angeles College of Nursing: Registered Nursing (RN) Trainee Preceptorship

One LA Community Coalition University of Southern California: Physician Affiliation Agreement, USC Undergraduate Pre-Health Students, USC Troy Camp

Capital Projects 2012-2013

Replace/Refurbish Elevator Cars
Laboratory Refurbishment
Telephone System Refurbishment
Facility Floor Refurbishment
Refurbish Lobby Registration
Satellite Trailer/Behavioral Health Integration
Upgrade Central Air & Heating Systems
Public Announcement System

MANAGEMENT STAFF

John Wong, M.D.
Sharon Graham, M.D.
Belinda Wu, M.D.
Jatin Shah, M.D.
Rafat Khan, M.D.

RISK MANAGER

Ping Luh, RN, PHN

ANCILLARY SERVICE MANAGERS

Sandra Hudson, PharmD
Pharmacy

Erin Sams, (Interim)
Laboratory

Juan Velazquez
Radiology

Quick Facts

As of April 2012, assigned 4,757 LACARE patients (1,744 Seniors/Persons with Disabilities (SPD) and 3,013 Non-SPD/TANF)

13, 345 Healthy Way LA patients enrolled

650 new patients seen each month

As of April 2012, 115,771 patient visits

48,000 visits related to Urgent Care clinic

Awards

California Healthcare Safety Net Institute 2010-2011 Seamless Care Initiative Award

Ambulatory Care Network 2012 RN of the Year:
Moises Buenafe

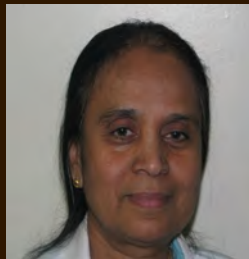
Hubert H. Humphrey Comprehensive Health Center



Cynthia Nalls
Administrator



Paula Wauls
Assistant Administrator



Lakshmi Makam, M.D.
Medical Director

Hubert H. Humphrey Comprehensive Health Center (HHHCHC) opened its doors on April 26, 1976 as one of the six comprehensive health centers within the county of Los Angeles, offering a full range of primary care services and Urgent Care services to the public we serve. During calendar year 2011, HHHCHC made great strides in improving performance, increasing accountability, and streamlining processes as we prepare for changes in the delivery of healthcare and accommodating the various aspects of healthcare reform legislation.

Consistent with healthcare reform, HHHCHC plans to put into operation a total of 17 Primary Care Medical Homes (PCMH's). To date, two of these PCMH's are fully staffed and include 2 Certified Medical Assistants. PCMH's have been effective in reducing the broken appointment rate, substantially reducing wait times and scheduling follow-up appointments in a timely manner. As part of our commitment to providing high quality care, two Unit Based Teams (UBT's) were organized during the early Spring of 2011. These teams have been instrumental in the development of patient flow forms, which were used to identify and initiate efforts in reducing registration time.

As the result of a recent review by the American College of Radiology (ACR) and the College of American Pathologists (CAP), HHHCHC has been accredited in Laboratory and Radiology. The ACR seal of accreditation is awarded to facilities meeting image quality and patient safety guidelines. Playing an integral role in the delivery of primary care with the healthcare team, radiologists assist with the provision of comprehensive services.

HHHCHC very successfully reduced expenditures. A reduction in salary expenses by over \$1 million was realized last year. This can be largely attributed to the decrease in overtime. Net increase in revenue was approximately \$2 million due to our aggressive encounter form review and analysis. It is projected that our decrease in spending and revenue increase will again be realized during the coming year.

It is through the contributions of the outstanding leadership team and staff that we were successful in our endeavors.

A handwritten signature in cursive script, appearing to read "C. Nalls".

Cynthia Nalls, HHHCHC CEO



HHHCHC's Mobile Clinic Outreach

The outreach mobile clinic has been providing health screenings in the community since 1997. Clinical staff and drivers from our Transportation Team are committed to providing these vital screenings to the community and encouraging patients to receive follow-up care at the clinic to ensure that all healthcare needs are met.

Screenings such as Blood Glucose Screening, Hypertension Screening, and Immunizations were some of the services that are regularly provided at the outreach events. During Fiscal Year 2011-12, the Outreach Team participated in 45 Health Fair Events.

Sponsors included:

- Assembly Member Holly Mitchell
- L.A. County Sheriff's Department
- Glory Christian Fellowship International Church
- Assemblyman Mike Davis Healthcare and Crime Prevention
- California Legislative Black Caucus
- WLCAC Cancer and Health Awareness
- New Bethel Missionary Baptist Church



Hubert H. Humphrey Comprehensive Health Center Lend A Helping Hand

Hubert H. Humphrey Comprehensive Health Center (HHHCHC) has implemented an active outreach program which is committed to working with community advocates to provide education and a better understanding of healthcare needs. Through a partnership with the Trinity Community Development Corporation (TCDC), free prostate

screenings were provided to underserved men in the community between the ages of 40 and 75. Approximately 15 men out of the 186 men tested had elevated results. These men were provided with referrals and the appropriate resource information for follow-up. HHHCHC is honored to support the endeavors of TCDC which is devoted to improving the health of disadvantaged individuals. Committed to supporting important community service events, Humphrey CHC looks forward to partnering with other community organizations to enhance the well-being of Los Angeles residents.

Patients Depend on Transportation for Healthcare

With a fleet of 5 vans, transportation is provided for patients between Harbor-UCLA Hospital, Martin Luther King, Jr. MACC, Hubert H. Humphrey Comprehensive Health Center, and Dollarhide Health Clinic. This service is provided to patients whom wish to travel to any of the four facilities. Patients often request transportation because they do not own a car, have difficulty driving, or struggle with public transportation. Patients are picked up from their place of residence and taken to their clinic appointment. The provision of transportation helps to improve the patient experience and plays a vital role in assisting patients to improve their health and wellbeing. Providing this convenient benefit makes transportation one less thing our patients have to worry about.



Long Beach – Wilmington – Bellflower Coastal Health Centers



Donna Nagaoka
Administrator



Jeffrey Barbosa, M.D.
Medical Director



Tyler Seto, M.D.
Interim Associate
Medical Director



Thuy Banh
Assistant Administrator

Visits (FY 10/11)	
LBCHC:	78,528
WHC:	20,784
BHC:	12,848
Total:	112,160

Coastal Health Centers are dedicated to providing high-quality, cost-effective, community-based primary and preventative care. Our facilities serve the communities of the South Bay including Long Beach, Wilmington, Lakewood, Harbor City, and Bellflower. Primary care is our main focus but we also provide limited specialty, diagnostic, and ancillary services on-site. Each year we provide over 112,000 patient visits.

Patient Education Boards

Last year the Patient Education Committee conducted a survey and found that 47% of patients surveyed reported that they did not know where to receive education related to their condition. Health Education Assistants have been working on a project to update patient education and resource postings at all three Coastal Health Centers. The goal is to update outdated messages and have all three clinics post more patient-friendly information on topics such as healthy eating, physical activity, diabetes, high blood pressure, and smoking cessation. Patient education binders at each nursing station will also be updated for clinical use. The topics, geared towards the top 10 diagnoses of the clinics, include diabetes, hypertension, and hyperlipidemia. By bringing new health education information that is colorful and eye catching, Coastal Health Centers is hoping to inform patients on how they can take control of their health.



(L to R): Latoya Simmons, Josie Acuesta, Juanita Kelly.

Long Beach Implements New Call Center

One of the biggest patient experience projects this year has been the implementation of a new call center for LBCHC. For 20 years, the call center operated on an analog system that had severe limitations in its capabilities. This past September, LBCHC began using a new digital system. All appointment center calls are now forwarded to the improved system which is designed to be versatile and customer-friendly. The system includes many new features. For example, patients can choose to leave a phone number instead of waiting on hold. Patients are then called back and transferred to the waiting operator. Spanish-speaking patients who indicate language preference are selectively transferred to Spanish-speaking operators. Finally, the new system handles up to 50 simultaneous calls, as opposed to the previous system's 10. During the first full month of operation, the new call center fielded 5,500 calls. The average wait time for patients is less than 5 minutes. Patients and staff have already provided positive feedback and are enjoying the efficiency of the new system.

Cancer Detection Program Expansion



Effective January 2012, LBCHC's Cancer Detection Program (CDP): Every Woman Counts was approved by the state to enroll eligible women for both breast and cervical services. The program at Long Beach previously covered only breast services and has been operational since 2005. The clinic is open Monday—Friday and the eligibility criteria includes California women 25 years and older for cervical screening, 40 years and older for breast cancer screening who meet income requirements.

Wilmington Receives \$172,500 Grant for Pulmonology Clinic

The Harbor Community Benefit Foundation recently awarded Wilmington Health Center a \$172,500 grant to build two additional exam rooms permitting the implementation of a Pulmonology Clinic. Other grant activities will include: conducting provider/staff pulmonology training classes, remodeling of a patient education room, provide patient outreach, and referrals for patients suffering asthma-related illnesses to medical homes.

Long Beach Builds Cardiovascular Diagnostic Laboratory

In 2011, the Port of Long Beach awarded LBCHC \$661,000 to build and operate a cardiovascular diagnostic laboratory. The first phase of the grant, which includes the remodeling of an existing space, has been completed. Future steps include equipment installation, developing policies and procedures, linking with Harbor-UCLA's information system and establishing clinic processes. Estimated completion date is late 2012.



(L to R): Adult Medicine UBT: Dr. Tyler Seto (co-lead), Janet Cazares, Julio Galvan (co-lead), Carl Ann Dyer (facilitator), Thyu Banh (facilitator)

Unit-Based Team Pilot Improves Clinic Processes

As part of DHS and SEIU's Labor-Management Partnership, 8 Unit-Based Teams (UBT) were launched across the system. This model, based on successful efforts at Kaiser Permanente, empowers front-line staff to implement rapid-improvement projects in their units. LBCHC is one of 8 pilot sites and its team is comprised of staff from the Adult Medi-

cine Clinic. Every week, a small group conference is held with representatives from clerical, nursing, and medicine to identify issues, brainstorm on solutions, and decide on projects to implement. The goal is to make changes that improve the clinic experience for both staff and patients based upon the knowledge and ideas of the people who work in the clinic. The Adult Medicine UBT has implemented 6 projects so far: 1) Standardized standby patient process including medical record availability 2) Redesigned patient visit forms 3) Standardized same-day ordering process for lab and radiology 4) Improved patient compliance with lab order dates 5) Changed nursing-only visits from ad hoc to scheduled visits, and 6) Improved patient flow between disciplines.

Other FY 11/12 Accomplishments

Ambulatory Care Network Efforts	Customer (Service)	Quality (Internal Process)	Cost Effective (Financial)	Staff Development & Support
Expanded Medical Homes	Increased primary care access through clinic schedule redesign	Improved medical records availability for Walk-in Clinic	Streamlined HWLA screening process	Implemented CMA training program
Adjusted to primary care staffing pattern, including Certified Medical Assistants	Added mammography services on Saturday	Implemented continuity sheets and ER/inpatient admission reports to support care management	Expanded eRecovery pharmacy program to Wilmington	Provider of Choice / Customer Service Campaign
Reorganized network through addition of Wilmington Health Center to Coastal	Decreased laboratory waiting time	Transitioned to automated continuous quality improvement (CQI) reports, including clinic cycle time	Reduced billing errors through real-time patient log-out process	Expanded Continuing Medical Education (CME) lectures
Adapted to Managed Care transition for SPD, IHSS, Healthy Families and HWLA programs	Decreased cycle time for return appointments	Improved Pediatric Clinic flow	Improved CHDP billing	Remodeled Lactation Room for staff
i2i Registry Training	Expanded mental health screening	Standardized encounter forms for Coastal Health Centers	Piloted pre-financial screening at Pediatric Clinic	Expanded on-site Coastal Employee Health Clinic to Bellflower & Wilmington
eConsult Training	Partnered with American Cancer Society on patient outreach			Conducted Medical Home training
Computer refresh	Designed educational screensavers			

KEY STAFF

LONG BEACH CHC

Renee Flores
Safety and Compliance

Michelle Kim, RN
Nursing Supervisor

Ruben Mendoza
Business Office/
Medical Records

Peter Chen, PharmD
Pharmacy

Karen Gerales
Laboratory

Tomy Thomas
Radiology

Patricia Serna
Social Work

WILMINGTON HC

Debra Cornelius, RN
Nursing Supervisor

Sandra Huizar Rico
Business Office/
Medical Records

Jesus Gutierrez, M.D.
Matthew Lombard, M.D.
Lead Physicians

BELLFLOWER HC

Michelle Kim, RN
Nursing Supervisor

Cynthia Gallardo
Business Office/
Medical Records

Alexander Moy, M.D.
Lead Physician

OTHER DEPTS

Peter Allen
Pat Cadwallader
Facilities Management

Lauren Simmons
Information Systems

Barbara Chino
Laboratory

Mid-Valley – San Fernando – Glendale ValleyCare Health Centers



Carla Niño
Administrator

The ValleyCare Health Centers are the arm of the Los Angeles County Department of Health Services providing access to care in the San Fernando Valley. Mid-Valley Comprehensive Health Center (MVCHC) offers primary care services for adults, women and children as well as a range of specialty, ancillary, and pharmacy services. The San Fernando Health Center (SFHC) provides primary care, pharmacy, and limited ancillary services. Glendale Health Center (GHC) provides primary care services and Vaughn School Based Health Center (VSBHC) focuses on pediatric and teen clinical services.

Medical Homes

Mid-Valley Comprehensive Health Center and Health Centers are moving forward in adapting the patient centered medical home concept. Teams are established at all clinics and are working together managing the members' care, keeping them out of the hospital, and identifying ways to be more efficient. Coaches and leadership are working closely to ensure a successful transition.

All Patient Centered teams hold pre-clinic session huddles and providers and nursing collaborate on mentoring and orienting Certified Medical Assistants. Through workshops and web-based videos, clinical staff embraced new expectations. When coaches meet with clinical staff everyone is able to articulate their expanded roles and job descriptions.

New tools such as the Registry and Empanelment are improving continuity of care and enhancing population-based management. These changes are focused on enhancing the patient experience and building positive relationships, resulting in better health outcomes.

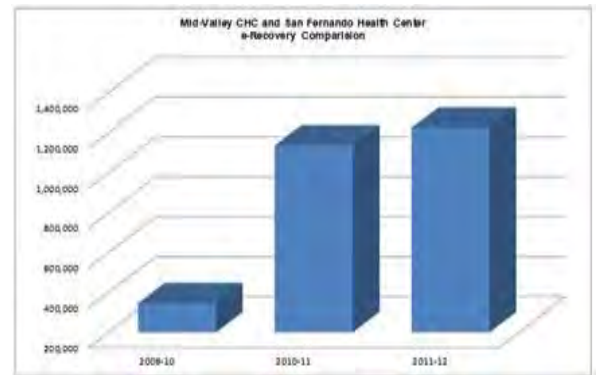


Linda Kim-Fung, RN
Nursing Director

Pharmacy eRecovery Program

eRecovery provides DHS facilities with the ability to focus on patient care and pharmacy operations, while Cardinal Health works to recover the cost of medications dispensed in the treatment of uninsured patients. Mid-Valley CHC has been extremely successful in obtaining reimbursement through this program.

A comparison of e-Recovery at all Comprehensive Health Centers reflects that Mid-Valley CHC is #1, generating 30.8% of total revenues. Mid-Valley CHC generated 53% more revenue than the next highest CHC. Revenue increased by 72% as compared to 2009-10 when the e-Recovery program was implemented at Mid-Valley CHC. To date it has generated 15.4% more revenue in 2011-12 as compared to 2010-11.



Joseph Blank, M.D.
Medical Director

Programs/Affiliations

The adult continuity clinics at MVCHC, under the direction of Dr. Siamak Basiratmand, have remained in the top three outpatient rotations and were rated second among outpatient rotations during the 2010 annual survey by the UCLA-San Fernando Valley internal medicine residents. MVCHC offers residents ample opportunity to provide primary care to their patients over their 3 years of training under supervision of UCLA faculty. In 2011, UCLA Medical students rotated for a two week Medicine continuity rotation as a part of their Ambulatory Care block.

Nursing Performance Improvement

Medication safety was a key performance improvement area with focus on the removal of outdated medications, use of medication logs to document medication usage to prevent medication diversions, and properly securing staff's name stamps to ensure authentication to meet regulatory requirements and to ensure quality patient care. The 2011 Nursing PI goals were based on the 2010 TJC's Periodic Performance Review (PPR) findings, the Patient Safety Net (PSN) analysis report, and the medical record review data results. Ongoing internal audit results revealed an increase in compliance scores from the 1st quarter to 4th quarter in 2011 in the following areas:

	Threshold	1 st quarter	2 nd quarter	3 rd quarter	4 th quarter
Medication Safety					
To ensure removal of outdated meds	90%	94%	94%	98%	100%
To account for every medication thru use of medication log	90%	20%	60%	98%	96%
Nursing Stamp					
To safeguard and secure nurses name stamps	100%	80%	94%	94%	97%
Patient Satisfaction					
To achieve and maintain outpatient satisfaction scores at/above the threshold for factors related to nursing staff attitude.	4.5	4.7	4.8	4.6	4.7

Visit Data

2010-11

MVCHC: 101,064
 SFHC: 36,012
 GHC: 9,071
 VSBHC: 878

Managed Care

To improve care for vulnerable populations, effective June 1, 2011, the seniors and persons with disabilities Medi-Cal patients were required to enroll in a managed care plan. In July 2011, Operation Full Enrollment began for Healthy Way LA eligible patients. And in October 2011, DHS transitioned out of the health plan business. LA Care became the Health Plan for all managed care members while DHS focused on the provision of care. With all these changes, managed care enrollment significantly increased at Mid-Valley CHC, San Fernando Health Center and Glendale Health Center. There was a 4.4% increase in the first three months of 2012 as compared to 2011 and a 12.7% increase in the first three months of 2012 as compared to 2010.



2011-12

MVCHC: 114,004
 SFHC: 43,608
 GHC: 13,177
 VSBHC: 583

(visit data includes non face-to-face interactions)

Patient Safety Goals

To maintain our commitment for a safe, high quality patient-centered care environment, continuous staff education on the National Patient Safety Goals (NPSG) was provided through quarterly facility educational rounds and an annual Patient Safety Fair. Through these projects, employees' knowledge on the DHS/ACN/Health Centers policy and procedures and regulatory requirements on specimen collection, hand hygiene, communication, medication safety, suicide risk assessment and universal protocol were reinforced. Through the joint effort of nursing leaders and staff, MVCHC & HCs have consistently maintained our scores well above threshold.

The Joint Commission (TJC) NPSG Outcomes Measurement Data Comparisons from 2009 to 2011

	Threshold	2009	2010	2011
Goal #1 Patient Identification				
Specimen collection	100%	100%	99%	99%
Goal #2 Communication				
Critical values called w/in timeline	90%	95%	100%	100%
Goal #3 Medication Reconciliation				
Outpatient Medication Reconciliation	90%	93%	97%	94%
Goal #7 Reduce health care associated infections				
Handwashing	90%	96%	98%	95%
Goal #15 Patients at risk for suicide are identified				
Patients are screened for suicide risk	90%	87%	97%	98%
Immediate safety needs and appropriate treatment setting addressed				
Crisis information given	90%	71%	98%	98%

Edward R. Roybal Comprehensive Health Center



Harry Furuya
Administrator

Administrator's Message

The Edward R. Roybal Comprehensive Health Center (ERRCHC), also known as the "Clinica de Colores" in the community continues to be a major provider of healthcare to the East Los Angeles area. Fiscal Year 2011-2012 was a year of transformation and change for ERRCHC. The facility staff embraced and aided DHS in creating patient centered medical home (PCMH) teams. As we continue to improve the way we provide patient care, we will also work towards improving the patient experience.

Major Accomplishments

Patient Centered Scheduling

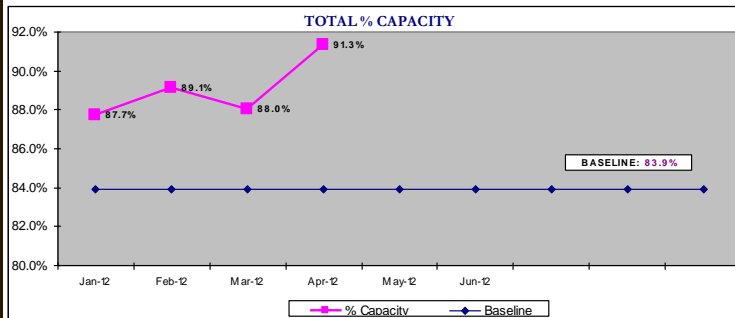
Patient Centered Scheduling (PCS) seeks to provide patients with improved access to their Primary Care Provider (PCP) while increasing clinic productivity and patient loyalty. PCS uses a standardized, uniform patient appointment schedule for primary care appointments and is supported by the Patient Centered Medical Home (PCMH) team who work to decrease broken-appointments and eliminate unproductive appointments, this includes appointments that are scheduled before important labs, diagnostic studies, or consultation have been done. The provider, with support from the PCMH team, orders follow-up appointments at longer intervals, if medically appropriate, to increase capacity. Time-to-Third-Next Available Appointment (TNAA--pronounced "Tina"), the Broken-Appointment, and the provider productivity are measured to help assess the operations involved in PCS.



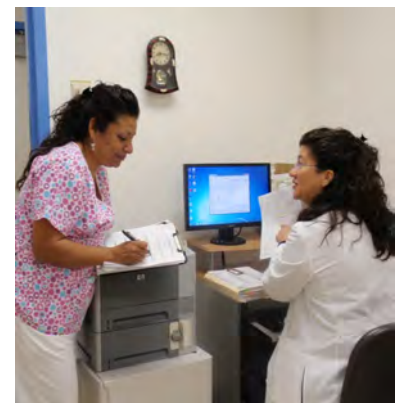
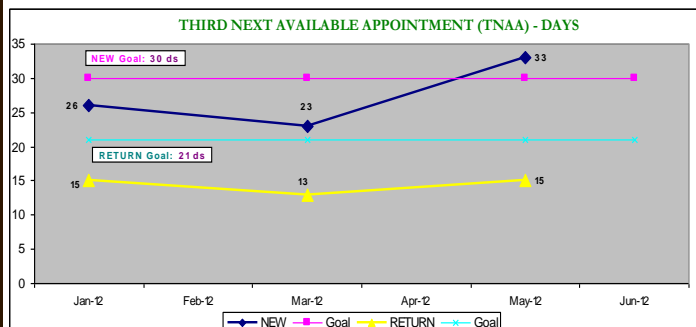
G. Michael Roybal, M.D.
Medical Director



Joseph Allevato, M.D.
Associate Medical Director



Debbie Duran, RN
Nursing Director



Specialty Care

The Edward R. Roybal Comprehensive Health Center provides specialty care in Dermatology, Dermatologic Surgery, Endocrinology, Gastroenterology, Ophthalmology/Optometry, Podiatry, Diabetes and Congestive Heart Failure Disease Management. Additionally, the Roybal CHC maintains the only Hepatology Clinic in the Department of Health Services. As part of the North-east Cluster, the specialty clinics provide a clinical training locale for medical students, residents, and fellows in addition to serving as the venue for the direct-patient care service provided by attending physicians from LAC+USC Medical Center and the Keck School of Medicine of USC. Due to the unique nature and the services provide by of some of our specialty clinics, patients from other Department of Health Services and Community Partner facilities are provided specialty services at the Roybal CHC. From July 2011 to May 2012 the Roybal CHC specialty clinics provided 22,512 visits to patients from throughout Los Angeles County.



Specialty Clinic workload for 7/11-5/12

Anticoagulation Clinic = 2,058	Diabetes Management Unit =3,876	Dermatology = 9,323	Endocrine = 1,405	Gastroenterology = 3,504
Liver= 2,446	Ophthalmology= 259	Optometry = 1,520	Podiatry = 714	Stress Testing=72

Fluoroscopy

This year our Radiology Department accomplished the installation of our new Fluoroscopy/ Diagnostic x-ray equipment. This equipment has improved our quality of service by producing a more efficient and more ergonomic work environment compared to our 25 year old equipment that was replaced. The new equipment reduces patient x-ray exposure in fluoroscopy and reduces the likelihood of work-related injuries. Our Radiologists are enthusiastic about the improvement in quality of images, having the option of selecting chosen images, easier to detect pathology, and shortening the amount of time it takes to perform fluoroscopy exams. This ultimately gives our patients better quality of service and a more pleasant experience.



Goals for FY 2012-2013

- Improving the Patient Experience — to provide a welcoming environment for our patients including improving customer services as well as the aesthetics of the facility.
- Roll out of the Registry and Referral System — to successfully implement the use of i2i and eConsult.
- Expand Collaboration with DMH (Type 1 Diabetes Fellows Clinic) — to provide mental health services to patients who are seen in this clinic to provide a holistic form of treatment combining mental health and typical physical healthcare.

MANAGEMENT STAFF

Crystal Diaz
Assistant Administrator

Maria Castro
Customer Service

Rita Chen, DDS
Dental

Olivia Cuevas
Health Information Management (HIM)

Marlene Tong
Laboratory

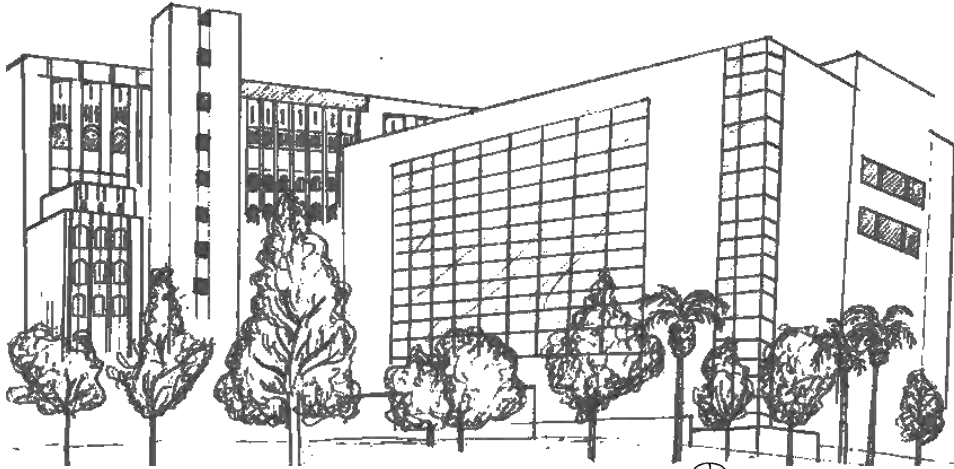
Rizalina Ho
Performance Improvement

Teresa Lau, Pharm D
Pharmacy

Elizabeth Fuentes
Radiology

Sandra Villalobos
Safety Officer/
Environmental Services

Section II Hospitals



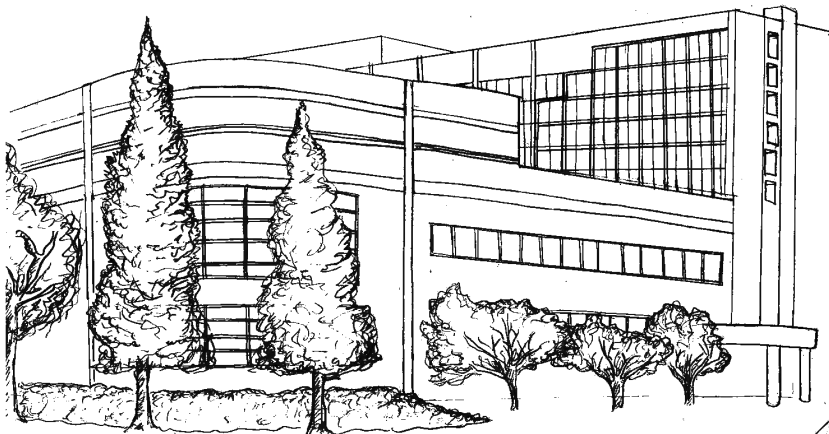
LAC+USC

1200 N State Street, Los Angeles CA 90033
est. 1885



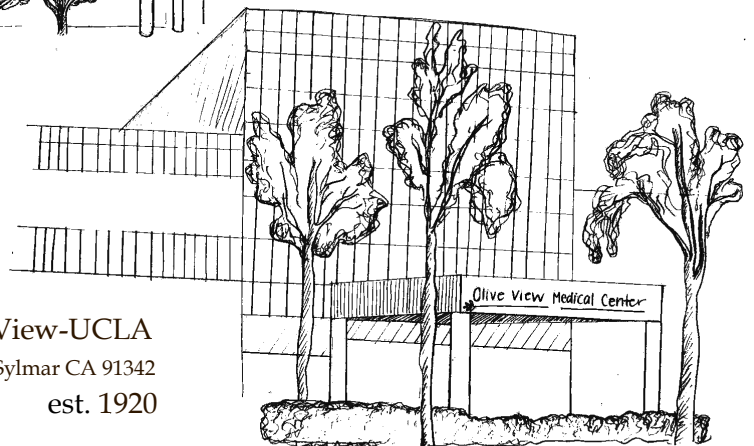
Rancho Los Amigos

7601 E Imperial Highway, Downey CA 90242
est. 1888



Harbor-UCLA

1000 W Carson Street, Los Angeles CA 90509
est. 1943



Olive View-UCLA

14445 Olive View Drive, Sylmar CA 91342
est. 1920



Harbor-UCLA Medical Center



Delvecchio Finley
Chief Executive Officer



Hal F. Yee, M.D.
Acting Chief Medical
Officer



Calvin Kwan
Chief Administrative
Officer



Peggy Nazarey, RN
Chief Nursing Officer

Surgery Scheduled Submissions Program

The Surgery Scheduled Admissions program is an ongoing multidisciplinary collaborative effort by representatives of Surgery, Nursing, Anesthesia, Utilization Review, and Registration to decrease denied days, improve patient flow, and increase physician and patient satisfaction. Improvements in surgical scheduling and pre-operative anesthesia testing/evaluation (PAT) have led to a sustained decrease in denied days for Department of Orthopedic Surgery from 44% in 2008-09 to 15% in 2011-12, and for the Department of Surgery from 23% in 2008-09 to 6% in 2011-12. In 2008, only a quarter of all surgeries were outpatient procedures, in 2011-12 outpatient surgeries have increased to 34%. Prior to 2009, patients were admitted and received an anesthesia assessment as an inpatient the day before surgery. Under the Scheduled Admissions program Anesthesia has increased outpatient PAT visit volume by 36%, from 3,474 in 2008-09 to 4,738 in 2011-12 (as of May 15, 2012).

Key changes include:

- Pilot testing of a revised scheduled admission and financial approval process for Orthopedic total joint replacement procedures in 2009, with expansion in 2010-11 to Urology, Vascular, and Gynecology; approved for expansion to all other surgical services in 2012
- Expanded access for PAT and urgent pre-op medical clearance; elimination of Anesthesia requirement to admit patients for anesthesia evaluation and clearance
- Identification of procedures appropriate for same day surgery and scheduling of pre-operative diagnostic testing such as radiology vein-mapping or ultrasound
- Arrival of scheduled patients to the Outpatient Surgical Staging Area for pre-op preparation with admission post-operatively, decreasing the use of an inpatient bed for pre-operative admissions.

Harbor-UCLA Opens Simulation Center

Harbor-UCLA Medical Center proudly opened an exciting and innovative Simulation and Skills Center in January of 2012 in an effort to foster the education of all health-care professionals and staff on the Harbor-UCLA campus with the use of state-of-the-art medical simulation equipment and techniques. The mission of the Center is to promote patient safety and clinical outcomes by integrating simulation technology into the current educational curriculum for all healthcare practitioners and students. The simulation experience at the Center can replicate most hospital bedside scenarios without supplanting real patient experience. Being familiar with the tools and the process will increase their chances of success on a real patient, and decrease the risk of complications. The Center offers training for hospital scenarios or procedural skills. To date, the Center has involved 12 departments on the Harbor-UCLA campus in simulation programs and is growing. Future plans include to advance research in simulation based medical training and collaboration with community providers for SBMT.

Passionate about Patient Safety—Summer of Clean Hands Campaign

Harbor-UCLA Medical Center is passionate about improving patient safety and initiated the “Summer/Seasons of Clean Hands” Campaign in July of 2011 to increase staff awareness of the importance of hand hygiene. One of the strategies was to direct the clinical and operational leaders: department chairs, residency program directors, service directors, nurse managers and nurse educators, to devote 30 minutes each week to performing hand-hygiene interventions with their staffs. At the end of each patient encounter, staff were immediately given feedback. Having over 100 clinical supervisors performing these interventions helped quickly spread this important message.

In the first month, after more than 6,000 direct observations by the clinical and operational leaders were turned into real time data using a scannable data collection form. The need for manual entry of data was eliminated, allowing week by week compliance rates to be announced immediately. Hospital wide compliance improved to over 90% and this rate has been sustained. The cornerstone of this campaign has been the involvement of frontline staff. Leadership sponsored a “Best Team Idea Award” to further engage caregivers and reward innovative ideas to improve hand hygiene. The team of Infectious Disease fellows captured the 2011 award with their winning entry, “Leading by Example” which featured a clever cartoon reminding us all “only you can stop a healthcare associated infection”.

This highly successful strategy involving leadership in the data collection, support of the development and implementation of a scannable audit tool for data management, issuance of weekly reports/feedback and targeted involvement of frontline staff, has resulted in significant improvements in awareness of the importance of hand hygiene and compliance to recommended guidelines.

Harbor-UCLA Medical Center Receives Prestigious International Award

Harbor-UCLA has been a designated "Baby Friendly" hospital jointly with the LAC+USC Medical Center. Babies born in hospitals operated by Los Angeles County will now have the opportunity to grow healthier with a reduced risk for childhood obesity and other chronic diseases.

Baby-Friendly USA, Inc. is the U.S. authority for the implementation of the Baby-Friendly Hospital Initiative ("BFHI"), a global program sponsored by the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF). The initiative encourages and recognizes hospitals and birthing centers that offer an optimal level of care for breastfeeding mothers and their babies. Based on the Ten Steps to Successful Breastfeeding, this prestigious international award recognizes birth facilities that offer breastfeeding mothers the information, confidence, and skills needed to successfully initiate and continue breastfeeding their babies. There are more than 20,000 designated Baby-Friendly hospitals and birth centers worldwide. Currently there are 140 active Baby-Friendly hospitals and birth centers in the United States. The "Baby-Friendly" designation is given after a rigorous on-site survey is completed. The award is maintained by continuing to practice Ten Steps as demonstrated by quality processes.



**Kimberly McKenzie,
RN, MSN**
Chief Operating Officer

Child Life Services

Child Life Services is both an essential yet innovative program at Harbor-UCLA Medical Center. Child Life Services are provided by Child Life Specialists highly trained professionals who help children cope with the stress and uncertainty of illness, injury, disability, and hospitalization. Child Life Specialists are child development experts who help normalize the hospital environment. We promote effective ways to cope through play, self-expression activities, and age-appropriate medical preparation and education. We work with the multi-disciplinary team members to meet the psychosocial and emotional needs of each child and family. Child Life covers the general pediatric inpatient unit, pediatric emergency department, intensive care units and outpatient areas. Our Pediatric Ward has 30 patient beds, Pediatric Intensive Care Unit 10 beds, Neonatal Intensive Care Unit 17 beds, Level I Nursery 10 beds, and Level II Nursery 17 beds and outpatient areas have about 50 plus children scheduled for appointments and follow-ups Monday through Friday. Outpatient Clinic overall has an average of 22,000 visits per year.

Harbor Expands Access to Specialty Care

Harbor-UCLA Medical Center has had a tremendous need for additional clinic space. Our N-24 Clinic is a very busy clinic, where patients with a wide variety of conditions - including HIV-AIDS, Diabetes, Heart Diseases, Breast and other Cancers, Trauma, Chronic Pain and Neurological Disorders, among other diseases, are seen by specialists in these disciplines. This clinic building, originally a World War II barrack, was a 10 room clinic until approximately 15 years ago, when a new wing was built with funds obtained through a grant to care for HIV patients. The number of patients treated for all of these conditions at Harbor continues to grow. Harbor has outgrown space that used to be adequate, and have calculated that the N-24 clinic is operating at approximately 150% of its capacity.

We are very excited that a third wing of 10 more exam rooms has recently been completed. We estimate that this new module should be able to accommodate at least 20,000 additional patient visits each year.

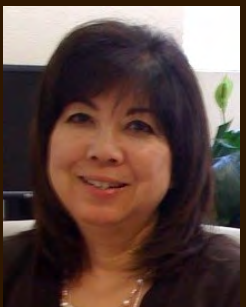


Daniel B. Castro, M.D.
President, Professional
Staff Association

Harbor Improves Emergency Department Quality with New Technology

Harbor-UCLA Medical Center became the second County hospital to bring the WellSoft Emergency Department Information System online in its Adult, Pediatric, and Psychiatric Emergency Departments and the Cardiovascular Open Resource Evaluation (CORE) unit. The system has the ability to track patient progress in real time through these emergency areas, and advise physician, nursing, clerical and registration staff of impending tasks and important test data as it becomes available. It can also show in real time where bottlenecks are occurring within the emergency system. The system can collect up to 1600 data elements on each patient and has the ability to analyze emergency department operations in great detail.

The system also allows hospital leadership to have an instantaneous view of one of the most active operations in the hospital. Several hospital leaders have the system installed on their computers so they can see what is happening in the emergency department in real time. A huge number of staff were involved in the implementation that occurred on March 22 which required extra staffing around-the-clock for five days. The result has been a reasonably smooth transition to a somewhat complex new system. Because emergency department operations had to continue through the implementation phase, it created some tense moments. According to the Business/Clinical Lead on the project Mike Peterson, M.D., Vice Chair of the Department Emergency Medicine and Director of Operations for the Emergency Department, "it's akin to rebuilding the cockpit of a jet while it's flying, and with a full load passengers. As far as we can tell both patients and staff made it through unscathed." Thanks to the amazing effort by all hospital staff and the outstanding support by WellSoft, the implementation has been a model of success.



Jody Nakasuji
Chief Financial Officer



Susan Black, RN
Chief Quality Officer

LAC+USC Medical Center



Pete Delgado
Chief Executive Officer



Stephanie Hall, M.D.
Chief Medical Officer



Irene Recendez, RN
Chief Nursing Officer



Henry Ornelas
Chief Operating Officer

Administrator's Message

As the CEO of LAC+USC Healthcare Network, I am pleased to present our 2010-2011 Annual Report. We are proud to highlight some accomplishments worth mentioning over the past year.

As we move into our 4th year at our new facility, we continue our tradition of excellence and compassionate care at our state-of-the-art facility in providing Trauma, Emergency, and Surgical Critical care to the greater Los Angeles community. Located in the center

of one of the largest and busiest metropolises in the United States, LAC+USC Medical Center, an approved level 1 Trauma Center per the American College of Surgeons, is one of the largest and busiest centers in the United States with over 4,500 trauma cases alone per year.

As a safety net hospital for the community, we are dedicated to preventing disease and injury, by creating wellness and adding value to the community we serve. To achieve this, we embark this year on a campaign to convert our facility into the first DHS hospital to go smoke and tobacco free. Additionally, we now offer smoking cessation classes for employees and for patients. We also joined with community partners to offer our staff, patients, and the public the opportunity to purchase fresh and organic fruits and vegetables from our own community growers.

Being in a great new facility has prompted us to implement new and innovative changes in our delivery of services. We are committed to not only improving our services, but to exceeding the expectations of patients and families from the point of entry to our facility to the point of discharge. Our many achievements this year are a testament of the commitment of our talented, compassionate, and dedicated hospital staff.

As we move into a more patient centered delivery healthcare model, our staff continues their commitment in making our hospital the provider of choice for our community.

I am honored and humbled to represent such a fine group of individuals, and I look forward to another great year of serving the community with the same level of passion and compassion for all.

Sincerely,
Pete Delgado,
Chief Executive Officer



LAC+USC Receives HHS Medal of Honor for Organ Donation

The U.S. Department of Health and Human Services (HHS) recently recognized Los Angeles County +USC Medical Center for high organ donation rates and the facility was recently presented with the Bronze Medal of Honor at the National Learning Congress.

The HHS Medal of Honor is awarded in three categories of Gold, Silver and Bronze to hospitals with a minimum of eight potential organ donors during a 24-month period from April 2010 through March 2012.

Out of approximately 3,000 hospitals nationwide, preliminary data released by the HHS indicates 679 hospitals were eligible for a Medal of Honor this year, with 398 receiving awards. Los Angeles County +USC Medical Center was recognized with a Bronze Medal of Honor for meeting or exceeding one out of three national goals during the 24-month measurement period. The tangible impact of Los Angeles County + USC Medical Center's efforts during the time period is a total of 194 organs recovered for transplant and more than 180 recipients of these organs who now have a second chance at a healthy life.

In its effort to save lives through donation and transplantation, Los Angeles County + USC Medical Center staff work closely with OneLegacy, the non-profit organization dedicated to saving lives through organ and tissue donation in the seven-county greater Los Angeles area.

Asthma Breathmobile Awarded Hospital Charitable Service Award 2011



The LAC+USC Breathmobile Program, under the direction of Dr. Lyne Scott, received the National Charitable Service Award 2011's Programs of Excellence and \$10,000 at the annual program held in Atlanta Georgia this year. The award was granted by Jackson Healthcare System. This award is given to organizations and programs that build a community of individuals and hospitals around evidence-based best practices in healthcare and who demonstrate compassion for those in the community who don't have access to adequate and timely healthcare. The LAC+USC Breathmobile vans go to various schools sites in the community to screen, treat, and educate children and families about asthma care and treatment.

By The Numbers

600 General Acute licensed beds

130-bed Adult Medical/Surgical Acute Care Unit

319-bed Medical/Surgical Acute Care Unit

10-bed Burn Acute Care Unit

10-bed Burn Intensive Care Unit

24-bed Jail Unit

10-bed Pediatric Intensive Care Unit

25-bed Pediatric Acute Care Unit

40-bed Neonatal Intensive Care Unit

32-bed Obstetric Unit

76 Acute Psychiatric beds

124 offsite Psychiatric Services beds

8,700 full-time and part-time employees

1,500 medical professionals per day

500 full-time faculty members of the USC Keck School of Medicine

Average Daily Census: 549

40,000 inpatient yearly admissions

550,000 outpatient yearly visits

150,000 Emergency Room visits per year



LAC+USC Goes Smoke Free

Under the leadership of Irene Recendez, Chief Nursing Officer for LAC+USC, in January 2012, the medical center was the first DHS facility

to go Smoke and Tobacco Free. This accomplishment was the result of individuals from different departments who were motivated by their commitment to health and wellness for all. In addition, the hospital offered smoking cessation classes and Nicotine patches to employees and patients to support their desire to quit smoking.

LAC+USC Becomes "Baby-Friendly"

LAC+USC Medical Center became a "Baby-Friendly" Hospital this year. This designation was awarded by the World Health Organization (WHO) and by United Nations Children's Fund (UNICEF). This initiative encourages and recognizes hospitals and birthing centers that offer an optimal level of care for infant feeding and breastfeeding promotion. 140 hospitals in the U.S. have achieved this designation and 20,000 facilities worldwide. This accomplishment was the result of the commitment and dedication of the staff from the department of maternal child services.



Goals & Objectives for FY 2012-2013

- Continue to promote patient safety standards.
- Develop, design, and implement innovative projects to help ensure high quality, patient-centered, cost-effective, and effective care delivery for our patients.
- Enhance evidence-based performance improvement practices to drive clinical and operational quality.
- Comply with all regulatory standards to meet performance standards.
- Continue our participation in specialty certifications, awards, and recognitions.
- Continue our commitment to academics and research with USC Keck School of Medicine.

Olive View-UCLA Medical Center



Carolyn Rhee
Chief Executive Officer



Rima Matevosian, M.D.
Chief Medical Officer



Dellone Pascascio, RN
Chief Nursing Officer



Niloo Shahi
Chief Operations Officer

Olive View-UCLA Medical Center continues to play a vital role in our community. Improving our patients' experience is our number one goal. Improving accessibility and being more responsive to patient needs are touchstones for the years to come. In spite of an 11% increase in patients presenting to the Emergency Room, the Department of Emergency Medicine achieved impressive improvements in key quality indicators. Through improved operational efficiency and processes, the time to be seen by a doctor was reduced by over 60%, while the percentage of patients leaving the ED without being seen by a provider decreased from 13% to 10%.

Similar efforts in our primary care clinics have improved the patient experience without sacrificing quality of care, improving access to critical health services while reducing waiting times. A physician-led disposition process in the General Medicine clinic saves patients time, while a more robust pre-screening system allows providers to see more patients without compromising quality. In November 2011, Olive View launched its Percutaneous Coronary Intervention (PCI) program, aimed at improving the availability of this procedure with minimal disruption to existing clinic schedules. Since its inception, over forty procedures have been performed under the auspices of this promising new program.

The Ambulatory Care Council is working diligently in collaboration with medical departments to improve operational efficiency and capture clinician workload accurately. These efforts will inform future resource allocation, enabling Olive View to continue to meet the needs of patients under our care and the population we serve. We believe that Patients should always be the drivers of our system. Without them, we will not exist.

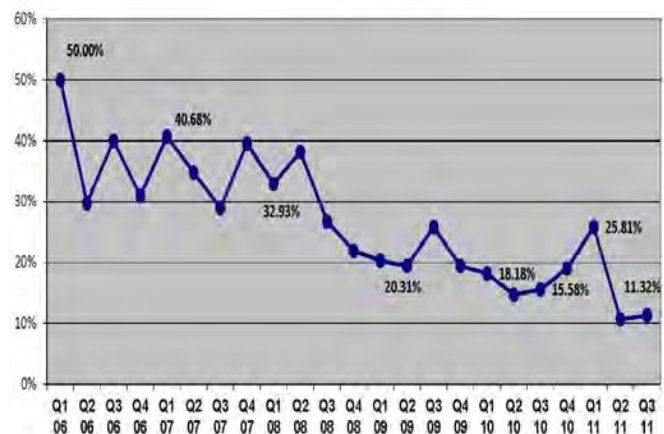
Improvements in Sepsis Mortality Rate

To improve care, Olive View-UCLA created dedicated teams to address sepsis mortality, surgical site infections (SSI), prevention of venous thromboembolism (VTE) and central line associated bloodstream infections (CLABSI). These working committees meet regularly to study, plan, and recommend interventions to improve outcomes, reduce mortality and complications, and increase patient safety.

Initial indicators provide cause for celebration – through improved lab panel ordering,

enhanced screening and detection methods, and customized order sets, the Sepsis Management working group has achieved significant improvements in key quality metrics, including Time to IV Prophylaxis and Antibiotics Administration. In combination with ongoing initiatives, these efforts have contributed to a substantial reduction in Olive View's sepsis mortality rate, from almost 40% in 2007 to less than 20% in 2011. In recognition of these accomplishments, Olive View's success was highlighted as a case study by the University Health Consortium (UHC) in 2011, attesting to the considerable potential of data-driven, evidence-based interventions to improve patient safety and clinical outcomes.

OVMC Adult Sepsis Mortality, 2006-2011



OLIVE VIEW-UCLA MEDICAL CENTER GOES GREEN

Olive View-UCLA Medical Center is working on being more cost efficient and productive while enhancing high-quality, patient centered care. A hospital-wide "Go Green" committee was formed to assess opportunities to improve operations. Instead of "we've always done it that way," staff identified paper forms used and asked questions on the purpose of the form, whether it was used for financial documentation, whether it was part of the medical record, whether it was used by other departments, was it a duplicate form, was the form ordered or could it be printed on plain paper, could it be scanned, was it a government-issued form, and would electronic versions be accepted. Staff became part of the solution, improving the environment and patient care.



Tony Gray
Chief Financial Officer



Susan Aintablian
Chief Information Officer



Tom Beggane
Personnel Officer

Other Key Staff

Stephanie Johnson
Associate Hospital Administrator

Azar Kattan,
Associate Hospital Administrator

Joe Keys,
Assistant Hospital Administrator

Lois Ramirez
Assistant Hospital Administrator

Laura Sarff
Chief Quality Director

DEPARTMENT ACCOMPLISHMENTS

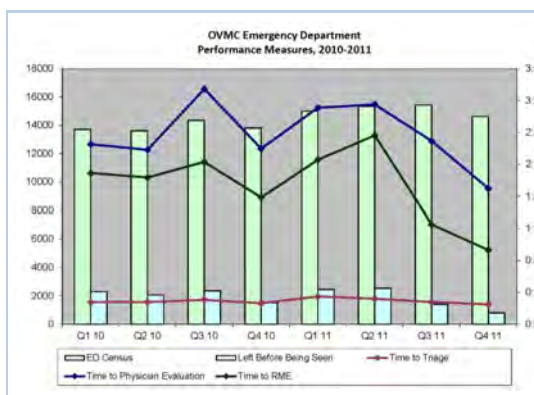
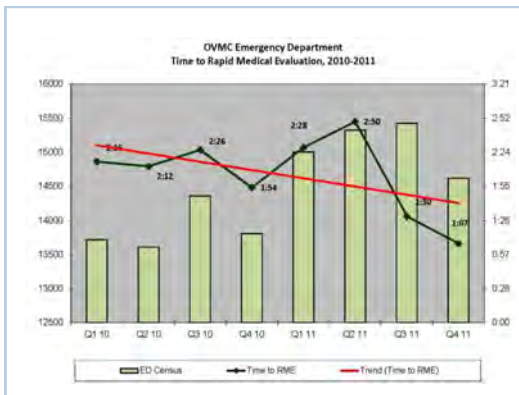
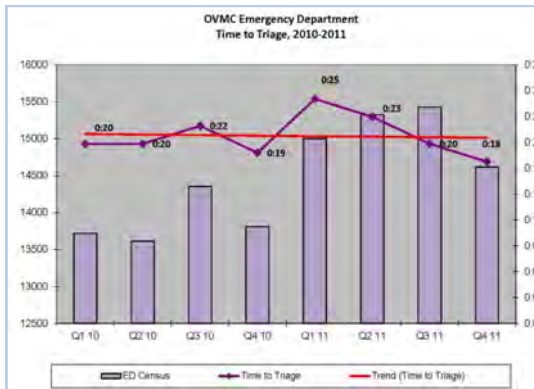
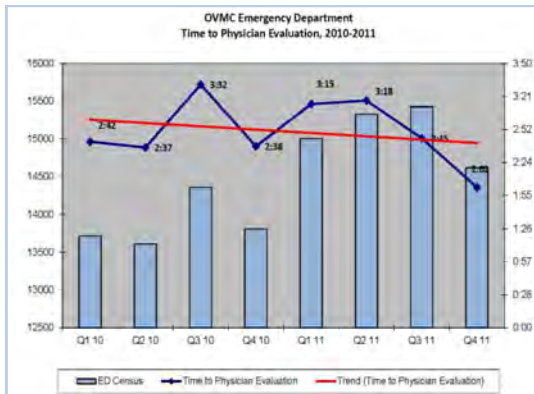


"GO GREEN"
HOSPITAL INFORMATION MANAGEMENT
(MEDICAL RECORDS)

Reduce printing of the daily and follow-up clinic pull lists	Reduced the number of pages by downloading the report and printing only what needed to be pulled	Reduction: 1,000 -1,200 pages /week
Reduce printing for EEF process	Eliminated printing error report by downloading the to the HIM shared drive	Reduction: 400 - 600 pages / week
Eliminate printing of the Departed Patient Logs from ED/UC/MHER/PW	Downloaded the report instead of printing	Reduction: Average of 170 pages / week
COMMUNITY EDWIN Eliminate printing of Electronic Documentation for RAC audits	Process to implement the electronic review of the records for the RAC audits	Anticipated Reduction: 7 reams of paper 3,500 pages

Managed Care Impacts

In our primary clinics, efforts have improved the patient experience without sacrificing quality of care, and access to critical health services has been improved while reducing waiting times. An increasing percentage of patients accessing services will come to Olive View as members in one of several managed care programs. Through an extensive promotion and education campaign, Olive View enrolled over 4,000 patients into Healthy Way-LA (HWLA), almost 1,500 in CHP/LA Care, and nearly 600 patients in Seniors & People with Disabilities (SPD) in 2011. The Department of OB/Gyn spearheaded an effort to authorize reimbursement for pre-natal services rendered to Community Partner managed care patients, enabling expecting mothers to select Olive View as their provider of choice for pre-natal care and delivery.



Rancho Los Amigos National Rehabilitation Center



Jorge Orozco, PT, M.H.A.
Chief Executive Officer



Mindy Aisen, M.D.
Chief Medical Officer



Robin Bayus
Chief Financial Officer



Aries Limbaga, RN
Chief Clinical Officer
Interim Chief Nursing Officer

Best Hospital Ranking for 22 Years!



Rancho ranked 8th out of 140 Best Hospitals in the Los Angeles/Orange County Metro area by *U.S. News & World Report* and has been ranked in the top 20 “Best Rehabilitation Hospitals in the U.S.” for 22 consecutive years. Rancho also ranked in the top tenth percentile in patient experience for patients who “would definitely” recommend Rancho to a friend or loved one and for overall satisfaction for care. The 20 Centers of

Excellence at Rancho Los Amigos include Spinal Cord Injury, Stroke, Traumatic Brain Injury, Neurology, Pediatrics, Gerontology, Alzheimer's Disease Research Center, Diabetes/Limb Preservation and Amputation, Center for Applied Rehabilitation Technology (CART), Dentistry for People with Disabilities, Environmental Health Services, Language and Culture Resource Center, Driver Training, Wheelchair Sports, Adult Day Services, Arthritis and Rheumatology, Pathokinesiology, Post-Polio Program, Vocational Services, Orthotics/Prosthetics, Audiology, Model Home, Pressure Ulcer Management, Project Threshold, and the Seating Center.

Rancho Receives Southern California Spinal Cord Injury Model System Program Grant

Through its Los Amigos Research and Education Institute (LAREI), Rancho is teaming up with USC on a five year, \$2.3 million contract to conduct research and disseminate best practices in the treatment of spinal cord injury. Rancho was awarded the Southern California Spinal Cord Injury *Model Systems* (SCIM) program grant by the National Institute on Disability and Rehabilitation Research (NIDRR). Rancho is the only facility in California and one of only two new hospitals selected nationally for the prestigious Spinal Cord Injury *Model Systems* Program. Spinal Cord Injury *Model Systems* are specialized programs of care that were created for researchers to study and find ways to improve people's recovery and outcomes after a spinal cord injury.

Enhanced Primary Care Medical Homes for Person's with Disabilities

Rancho has developed Primary Care Medical Homes for individuals who have sustained a stroke, brain injury, spinal cord injury, development disorder or other neurological condition. Rancho's medical homes address the primary care needs of these unique individuals, as well as specialty medical needs that are required for individuals with disabilities.



Transforming Care At the Bedside

Rancho implemented a national quality improvement program called, “Transforming Care at the Bedside” (TCAB), to over half of its inpatient care areas in the past year. As a result, more than 25 frontline leaders stepped up and embraced the TCAB process to develop innovative ideas for transforming the way patient care is delivered. This created a culture shift where change is generated from the frontline staff by empowering nurses and other team members to develop solutions that target patient-centered care, patient experience, and teamwork.

Robots Help Patients with Paralysis Walk

Rancho acquired two exoskeleton robot devices that enable patients with lower-limb paralysis to walk again. Rancho is the first hospital in the Western United States to acquire the "ReWalks," and one of only four hospitals in the entire nation to have this technology. These devices will transform the rehabilitation process for patients living with paralysis. Regaining the ability to walk and no longer being confined to a wheelchair changes a patient's lifestyle, while improving their health and quality of life. The Argo Medical Technologies ReWalk System Device is an alternative mobility solution designed to accommodate the needs of patients with severe walking impairments. The device enables patients to stand, walk, ascend, and descend stairs. Comprised of a light, wearable brace support suit, the device integrates a computer system based on control and safety algorithms, actuation motors at the joints, range of motion sensors, and rechargeable batteries.



Ben Ovando
Chief Operations Officer

Health Plan Contracting

In FY 2011/2012 Rancho implemented multiple major health plan contracts that provide health plan members access to Rancho's world class rehabilitation services. These contracts led to increased admissions into inpatient programs, as well as out-patient visits. Through these additional contracts, Rancho was able to increase revenue by approximately \$4 million. Rancho currently has health plan contracts with LA Care, Aetna, CalOptima, Cigna, Health Net, and Kaiser Permanente.



Shawn Phipps, Ph.D.
Chief Strategic
Development Officer

Goals for the Upcoming Year

Provider of Choice

Rancho strives to become the provider of choice for patients with disabilities by improving our clinical coordination of services and expanding access to services through additional health plans.

Systems of Care

Rancho has embarked upon a significant organizational change initiative to develop a patient-centered continuum of care that improves quality, optimizes patient experience, and ensures seamless patient transitions across the continuum of care, which includes acute medical services, acute rehabilitation, day rehabilitation, outpatient services, and wellness services. The Stroke System of Care was launched in April 2012 and the Spinal Cord Injury System of Care is in development, with a kick-off date of September 20, 2012. The Brain Injury System of Care will launch in January 2013.

Electronic Health Record

Rancho hopes to align clinical, information technology, and support resources to effectively communicate and educate staff, standardize processes, and prepare to successfully and efficiently implement the DHS electronic health record.

Transformational Technologies and Neurological Rehabilitation at Rancho

Rancho continues to investigate the benefits of robotic therapy. Although very intense, this type of therapy improves the patient's brain, strengthening synaptic connections after a major trauma. One form of robotic therapy is the socially assistive robot, which was originally designed for children with autism. However, Rancho is using this technology for patients undergoing stroke rehabilitation. This therapy uses humanoid-like robots who ask patients to mimic their actions, then track the patients' gestures and movements.



Wendy Burton
Chief Medical
Information Officer





Audit & Compliance



Tobi L. Moree
Chief Compliance
Officer and Chief,
Audit & Compliance
Division

Audit & Investigation Unit

General Audit & Investigations Unit conducts administrative audit and investigation activities throughout DHS inclusive of its patient care facilities, programs, and administrative support services. Audits/investigations conducted by the unit are generally referred from Auditor-Controller's Office of County Investigations (OCI), Board of Supervisors, DHS Administration and Human Resources, and the Audit and Compliance Division Compliance Hotline and may include activity by workforce members, contractors or vendors that appears to violate applicable laws, rules, regulations or the DHS Code of Conduct. Investigations are related to time reporting, usage of overtime, personal usage of County resources, operational inefficiencies and other types of misconduct and mismanagement.

Compliance Unit

The Compliance Unit manages the *DHS Compliance Program* which focuses its efforts on preventing, detecting and correcting inappropriate/illegal conduct. The Chief, Audit and Compliance Division (A&CD), serves as the DHS Chief Compliance Officer. The A&CD develops standards of conduct (e.g., the Code of Conduct), evaluates compliance risks, conducts compliance audits, manages the Compliance Hotline, develops compliance awareness training and ensures that appropriate remedial and disciplinary action occurs where appropriate. The *DHS Privacy Office* is the focal point of privacy and security compliance activities, and is a component of the DHS Compliance Program. The *DHS Privacy Office* oversees the strategic development, planning, design, implementation, and maintenance of system-wide privacy and security compliance programs, workforce member training, and policies and procedures. The DHS Privacy Office also works with management and staff to promote awareness and understanding of ethical and legal principles consistent with the prevention, detection and resolution of instances of conduct that do not comply with applicable patient privacy and security laws and regulations.

Health Authority Law Enforcement Task Force

Health Authority Law Enforcement Task Force (H.A.L.T.) is a multi-disciplinary task force that investigates dangerous underground medical practices. The mission is to deter illegal activity that pose a risk to the public's health and safety by conducting criminal and administrative investigations. Public awareness is raised through media and community education programs. The task force is managed by DHS and consists of health and law enforcement professionals from Health Services, Sheriff's Department, Los Angeles Police Department, California Department of Healthcare Services and the United States Department of Health and Human Services. H.A.L.T. works in conjunction with numerous other state and federal agencies.

Numerous prestigious awards received include:

- Los Angeles County Quality and Productivity Commission Grand Award
- Los Angeles County Quality and Productivity Commission Top Ten Award
- Washington D.C. Weber Seavey Award for Law Enforcement Excellence
- Washington D.C. Public Service Employees Roundtable Inter-Agency Award
- National Association of Special Investigations Units Outstanding Public Service Award
- United States Department of Health and Human Services Office of Inspector General's Integrity Award

Contract Monitoring Oversight Review Section

Contract Monitoring Oversight Review Section oversees and evaluates contract monitoring activities through retrospective quality reviews and investigations of alleged contractor improprieties.

FY 2011/2012 Major Accomplishments

- General Audit & Investigations Unit completed 207 investigations resolving the backlog of 95 cases from 2008 to 2010, and completed 112 cases originating in 2011 and 2012.
- A&CD identified approximately \$542,500 in contractor overpayments during FY 2011-12, which DHS expects to recover.
- Disseminated integral DHS policies related to the protection of patient information and provided compliance training concerning HIPPA/HITECH and State of California regulatory requirements.
- Coordinated the provision and availability of revised Notices of Privacy Practices to ensure DHS clientele have the most updated information informing them of individual rights according to the Code of Federal Regulations (CFR 164.520).
- Provided management with corrective actions and recommendations to improve DHS operations and compliance with laws, DHS policy and other standards of conduct as a result of investigations and audits.
- A&CD Compliance Unit conducted reviews to ensure medical necessity of Medicare patient admissions prior to billing which identified the need for additional review of mechanisms to ensure that admissions meet Medicare's criteria for medical necessity.
- In Fiscal Year 2011/2012, HALT conducted 72 investigations resulting in 69 arrests, 14 illicit business closures and the confiscation and seizure of approximately \$1.5 million worth of illicit pharmaceuticals. HALT has interrupted numerous medical business fronts resulting in millions of dollars in savings to the Medicare and Medi-Cal programs and recently received a judgment in excess of \$1 million to re-pay Los Angeles County for a fraud ring that stole the identities of Los Angeles County employees to submit false worker's compensation insurance claims.

FY 2012/2013 Major Objectives

- Restructure the DHS contract monitoring function by centralizing the overall monitoring responsibility within A&CD.
- Ensure all workforce members complete the Compliance Update Training focused on Privacy and Confidentiality of patient information.
- Develop and implement a risk assessment tool for DHS facilities to perform a self-assessment and identify compliance risk areas.
- Develop a more proactive Compliance Program by enhancing training opportunities and increasing proactive monitoring efforts.
- Establish a vendor affiliation to develop a database to streamline the reporting of suspected HIPAA/Privacy breaches department-wide.

Board Relations



Wendy Schwartz
Director

The mission of the Board Relations Office is to assist the Board of Supervisors in obtaining Department of Health Services information necessary to make critical policy, funding and programmatic decisions and serve constituents. Board Relations works with Board Offices, the County Chief Executive Office, DHS staff, County Counsel, other County departments, and the public. The Board Relations staff presents information on upcoming departmental initiatives and action items at weekly Health and Mental Health Services Cluster Meetings; responds to questions from Board Offices and other stakeholders; tracks and oversees all communications with Board Offices, including reports and motion responses; processes scroll requests; and resolves constituent matters referred from Board Offices.



Rowena Magaña
Assistant Director



During FY 2011-12, Board Relations managed the development of approximately 200 reports and Board letters submitted to the Board on subjects ranging from contracting issues to fiscal forecasts and updates on the department's ambulatory care transformation. These reports are also accessible to the community via the County website <http://portal.lacounty.gov/wps/portal/bc>.

In the last year, Board Relations oversaw numerous briefings and presentations for Board Offices and the public on critical department issues in areas such as Health Care Reform, Healthy Way LA (HWLA), the Ryan White to HWLA transition, the Electronic Health Record, finance, and patient care.

In addition, in FY 2011-12, Board Relations resolved over 300 constituent inquiries. Urgent inquiries were addressed within one business day. Non-urgent inquiries were typically resolved within six business days.

Constituent inquiries involve issues such as appointment scheduling, billing, medical records, customer service, clinical procedures, human resources, and requests for information. Board Relations works closely with the DHS facilities and program offices to resolve inquiries as soon as possible.



Victoria Jenkins-Richardson
Staff Assistant





College of Nursing & Allied Health



Nancy W. Miller, Ed.D., RN
Provost

Tammy Blass, Ed.D., RN
Dean

Maria Caballero, RN, B.S.N.
Dean

Barbara A. Collier, RN, B.S.N., Med
Dean

Doris Dehart, RN, B.S.N.,
Administrator

Maryam Ibrahim, RN, M.S.N.
Administrator

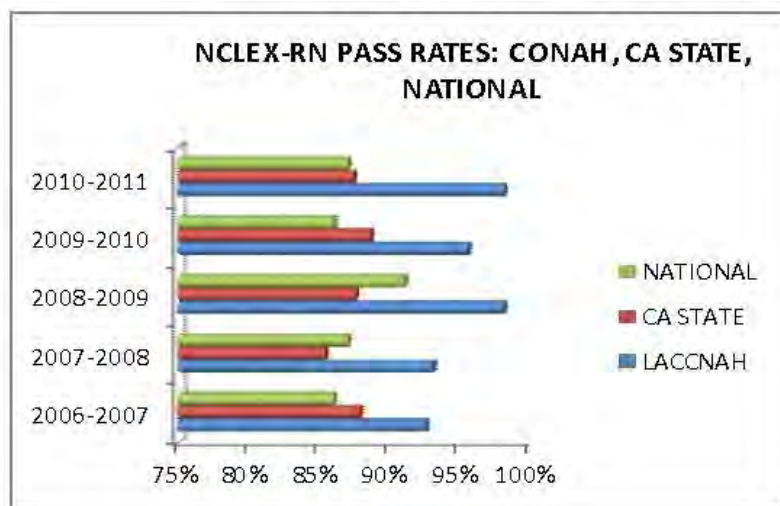
Diana Wagner, RN, M.S.N.
Administrator

The College, which includes the School of Nursing, Education and Consulting Services, and Student Support Services, is focused on contributing toward efforts that support DHS in meeting Strategic Plan goals and maintaining excellence in achieving its mission. Faced with changing healthcare, scientific discoveries and technology, the College continues to work towards ensuring that the quality of its educational programs is superior in meeting the needs of the community. In addition to a rigorous academic program, the College places a high value on community spirit. College personnel and students participated in numerous community events such as charity drives, health fairs, flu immunization clinics, recruitment events at local elementary schools, and health related walks, including the American Heart Association Heart Walk.



RN TRAINING PROGRAM

The School of Nursing's pre-licensure RN program graduated 72 students in the 2011-2012 academic year. All of the graduates who took the national licensing exam (NCLEX-RN) passed. The College is very proud of its student achievements and its ability to provide a highly qualified pool of new nurses for DHS service. The College's NCLEX-RN pass rates remains higher than the state and national averages and exemplifies the success of the college in educating future nurses in accordance with our motto, "There is no education like it in the world."



Education and Consulting Services

The Education and Consulting Services (EDCOS) dean and faculty continue to be active members of the DHS-wide Competency Standardization Committee and Inpatient Competency Subcommittee. They collaborated with the DHS Chief Nursing Officer, educational directors and educators from the DHS facilities to develop the 2012 DHS Standardized Core Competency Validation Program. Core Competency Testing preparation videos were made available to staff on the LAC+USC and DHS intranet websites. EDCOS coordinated competency program implementation at LAC+USC for over 3,000 medical center nursing staff and the Annual Skills Validation for 2,455 nursing staff. 51 nurses across DHS completed the critical care program. 44 nurses from various facilities completed the comprehensive emergency room program.

Educational Resource Center

The Educational Resource Center (ERC) through the College of Nursing Library provides users both on and off-site electronic access to many journals in the field of nursing and allied health. Access to approximately 4,000 journals are available through the Cumulative Index to Nursing and Allied Health Literature (CINAHL). 700 of these titles are available as full-text and may be printed free of charge. An additional 76 journal titles are available electronically in full text through the College's EBSCO A to Z website.



FY2012-2013 Major Objectives

Complete and submit the 2013 College Self Evaluation reports in preparation for Accrediting Commission of Community and Junior Colleges (ACCJC) of the Western Association of Schools and Colleges and California Board of Registered Nursing site visits for ongoing accreditation and approval.



Contracts & Grants



Kathy K. Hanks
Director

Julio Alvarado
Peggy Heeb
Steven Hernandez
Contracts & Grants Managers

The Contract & Grants Division served the Department of Health Services, Board of Supervisors, and community through the development, implementation and administration of Contracts and Grants, in a fair, efficient, responsive, accurate, and ethical manner.

Major Functions

Acquisition Consulting: The Contracts and Grants (C&G) team provides a remarkable portfolio of contracting professionals with many years of business, human resources and legal experience gained in the public, private and non-profit sectors. The C & G division is available to all areas of the Department of Health Services (DHS) to provide consulting services for the development of acquisition strategies for the various services that cannot be otherwise obtained through County resources.

Competitive Solicitations: C&G centrally coordinates and conducts a variety of complex solicitation processes for services, as well as some commodity and service combinations that cannot be provided through existing County resources, or otherwise procured through DHS Supply Chain Operations or the County's Internal Services Department.

Negotiations: C&G will negotiate on behalf of DHS with vendors who were named the winning proposers during a solicitation process; or with contractors seeking to amend the terms of an existing contract; or to obtain approval from County Counsel and/or the Chief Executive Office for the use of delegated authority.

Repository: C&G is the central library of service contracts for DHS. All contracts existing within DHS, including memoranda of understanding are housed at C&G.

FY 2011/2012 Major Accomplishments

- The centralization of DHS contracting operations began with the consolidation of the Ambulatory Care Network (ACN) and the Information Technology (IT) contract staff into C&G.
- Developed contracts in support of the 1115 Wavier Implementation (California Bridge to Reform), including the County's Low Income Health program, Healthy Way L.A. This Agreement continues to evolve as the Department enrolls for the enrollment of the Ryan White and General Relief populations.
- Commenced an Electronic Health Record (EHR) System solicitation to identify the highest ranked vendor. Contract negotiations have begun and will continue through the Fall. The project continues on schedule and it is expected to have a recommended contract for Board approval at the end of December 2012.
- Managed and maintained over 1300 contracts in order to secure DHS Services for the hospitals and clinics.

FY 2012/2013 Objectives

- Streamline and coordinate solicitations for a number of services that are needed and/or coming off contract.
- Continue to promote and support a culture of high standards of conduct, organizational responsibility and commitment to maintaining the public trust.
- Expand and improve customer service to both internal and external customers through implementation of a comprehensive customer service program.



Office of Diversity & Cultural Competency



**Nina Vassilian, M.P.H.,
MCHES**
Associate Director



Sandra Mange
Staff Assistant



Fernando Bravo, M.P.H.
LAC+USC Medical Center



Denise Gordon
MLK Jr. MACC



Kimberly Thomas, RN
MLK Jr. MACC

The mission of the Office of Diversity and Cultural Competency (ODCC) is to support DHS' mission to ensure access to high-quality, patient-centered, and cost-effective healthcare services. ODCC was established per motion by the BOS to provide oversight of DHS' Cultural & Linguistic Competency Standards of Practice, ensure compliance with regulatory entities, and build effective language access and healthcare interpreter service infrastructure throughout DHS facilities.

Video Medical Interpretation Project

The Video Medical Interpretation (VMI) Call Center project was funded by a grant to establish a DHS-wide network of interpreter service. During the first year of the grant, four healthcare interpreters were hired and trained at a DHS hospital. Telephone and video conferencing equipment and software was installed. During the second year, two additional healthcare interpreters were hired and the VMI program was implemented at three additional hospitals.

The grant accomplished the following:

- Development and implementation of a remote video interpreter system that leveraged the use of in-house interpreters throughout DHS hospitals and facilitated the sharing of interpreters through the statewide network of participating hospitals;
- The implementation of the new interpreter program increased awareness and usage of qualified Healthcare Interpreters by the DHS workforce;
- Increased access to healthcare services by DHS' limited English-proficient and deaf and hard of hearing patients;
- Units of VMI service for all DHS hospitals achieved a grand total of 238,159 VMI service calls amounting to 2,983,487 VMI service call minutes. This included a total of 1,492 VMI ASL service calls amounting to 24,423 VMI ASL service call minutes.

DHS-wide Language Data Report

All DHS hospitals, multi-service ambulatory care centers, and comprehensive health center facilities capture the *"preferred language"* of the limited English-proficient (LEP) patients. According to DHS' "Language Report" database for FY '11 – '12, DHS facilities provided healthcare services to a total of 1,335,133 patient visits with LEP skills, representing 53% of our total patient visits (2,517,319). During the same time period, a total of 678,309 unique patients sought healthcare services throughout DHS facilities, 349,933 (51.6%) of whom spoke English and 328,376 (48.4%) spoke other than English. Furthermore, our patient utilization data indicated that over 86 languages were spoken by our LEP patients, including the top 12 languages that are heavily utilized, and therefore, are in much greater need for interpreter (voice/verbal) and translation (written) services. The top 12 languages are Spanish, Armenian, Korean, Tagalog, Mandarin, Cantonese, Vietnamese, Russian, Farsi, Thai, Arabic, and Khmer (Cambodian).

FY 2011/2012 Major Accomplishments

- Committed to providing culturally competent and linguistically appropriate healthcare services, the Board of Supervisors approved the hiring of 6 additional interpreters.
- The VMI Trend Analysis report with visual graphs on VMI service usage, along with the VMI Stand-alone Feasibility study report supported the view that DHS facilities have the capability to provide VMI service through its own network of DHS hospitals. Quantitative and qualitative data analysis of services and costs were finalized to pursue the VMI Stand-alone model with a planner timeline pending approvals and initial investments.
- Grant funding through L.A. Care provided the opportunity to purchase additional VMI equipment and resource material for DHS hospitals.

Video Medical Interpretation Success Stories

Mandated to address the needs of limited-English proficient patients, video interpretation services have been used to assist patients communicate with their provider. Mikayel Chorekchyan, an Armenian-speaking healthcare interpreter at Rancho Los Amigos National Rehabilitation Center, received a call from LAC+USC Medical Center when a confused and disoriented patient, wearing a breathing mask arrived seeking services. Using the Video Medical Interpretation system, Mikayel was able to visually read his lips and understand cues provided by his body language. After 50 minutes of communicating with the patient, the doctor was able to effectively assess the patient's medical needs. This truly illustrates how a dedicated interpreter and committed physician working together ensure that patients receive equal access to programs and services. According to Mikayel, the medical care providers were very appreciative that the VMI machine made an accurate assessment possible in a very difficult situation.

A middle-aged non-English speaking patient arrived for a general medicine visit complaining about light-headed episodes. As the physician completed the medical history, when asked if she is drinking water, the patient stated she drank a lot of cactus water. Acknowledging that in some Hispanic cultures it is believed that the consumption of the prickly, cactus leaf will help control glucose levels, Laura Onofre, a Spanish-speaking Healthcare Interpreter at Olive View – UCLA Medical center asked the patient if she drank cactus water because she was a diabetic. After the patient acknowledged that this was correct, Laura explained to the physician that many Hispanic people use the cactus in smoothie drinks or blend the cactus into tea. Carefully listening to the patient allowed Laura to understand the cultural nuances of what the patient was saying. Laura explained to the physicians this was a cultural belief handed down from generation to generation. Laura's experience as a healthcare interpreter allowed her to thoughtfully ask questions and to show respect for the patient's particular cultural beliefs. The main source of problems in caring for patients from diverse cultural backgrounds is the lack of understanding and patience, illustrating that one must always carefully listen to the patient.



Video Medical Interpreter at work at Olive View-UCLA Medical Center



Princess Obieniu, MPH
H.H. Humphrey CHC



Yvette Ruiz
Harbor-UCLA Medical Center



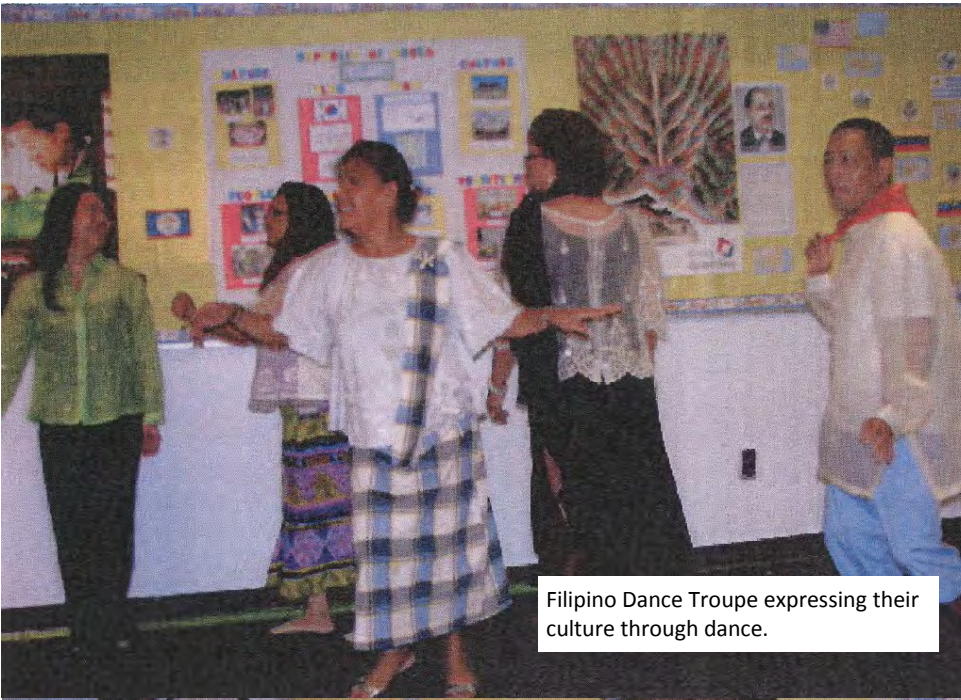
Pat Cunningham
H. Claude Hudson CHC



Lily Wong, MA, MBA
Rancho Los Amigos



Stephanie Johnson
Olive-View UCLA Medical Center



Filipino Dance Troupe expressing their culture through dance.

H. CLAUDE HUDSON COMPREHENSIVE HEALTH CENTER
CULTURAL DIVERSITY CELEBRATION

THE ANNUAL STAFF LUNCHEON
 UNIQUE FOOD DISHES AND ENTERTAINMENT
 FROM AROUND THE WORLD

FRIDAY, OCTOBER 7, 2011
11:30 A.M. - 1:00 P.M.

A Service Excellence/Diversity Committee Activity



Ladies in traditional Korean dress performing a Fan Dance.



Patricia Reed-Cunningham receives "Spirit of Diversity for Outstanding Service Award" from Nina Vassilian with Michael Mills.

AMERICAN MOSAIC

We All Smile In the Same Language

MISSION
"Working together to unite, motivate, uplift the morale, promote a positive attitude and a safe environment among all staff at H. Claude Hudson Comprehensive Health Center."



Clockwise from top left: The Ambulance Ordinance Task Force at work; a nail gun injury successfully treated at an LA County trauma center; a modern ambulance service in the field; John Telmos, Ambulance Programs Supervisor; Luanne Underwood, Special Projects; Ambulance Licensing Staff: LaTrice Jones, Christopher Rossetti, and Ofelia Rodriguez; DHS Ambulance Service circa 1920.

Emergency Medical Services Agency

Coordinated Disaster Preparedness and Response Program

The Mass Medical Care Model Project, a collaborative effort between LA County's EMS Agency and the Department of Public Health, is aimed at improving the healthcare community's ability to effectively respond during a large-scale medical and health related incident. Planners from all healthcare sectors and key organizations are working towards building a County-specific medical surge model. The EMS Agency started with hospitals, clinics, and long-term care facilities and, as the project progresses, will engage additional medical and health stakeholders such as dialysis centers, EMS providers, ambulatory surgery centers, hospice and home health agencies to participate in sector-specific workgroups. By incorporating all healthcare sectors into this planning process, LA County is expanding the network of coordinated medical and health response entities, facilitating networking, improving information sharing and increasing awareness of available resources. The overarching goal is to achieve a coordinated preparedness and response program to maintain the health and well being of residents during and after a disaster.



Cathy Chidester RN, M.S.N.
Director



William Koenig, M.D.
Medical Director

Kay Fruhwirth, RN, M.S.N.
Assistant Director

Andree Stecker
Assistant Director

Richard Tadeo
Assistant Director

EMS System: A Vital Part of LA County - System Facts

72 9-1-1 Receiving Hospitals	31 Public Safety EMS Provider Agency (30 Fire Departments and the Sheriff's Department)
43 EDAP (Emergency Department Approved for Pediatrics) Hospitals	27 Licensed Basic Life Support Ambulance Operators
6 Pediatric Medical Centers	18 Licensed Advanced Life Support Ambulance Operators
6 Pediatric Trauma Centers	15 Licensed Critical Care Transport Ambulance Operators
14 Trauma Centers	6 Licensed Ambulette Operators
21 Paramedic Base Hospitals	86 AED Providers
30 STEMI Receiving Centers	3,728 Accredited Paramedics
26 Approved Stroke Centers	6,939 Certified EMT by LAC EMS Agency
55 Perinatal Centers	799 Certified Mobile Intensive Care Nurses
40 Hospitals with Neonatal Intensive Care Unit	
9 Sexual Assault Response Teams	
13 Disaster Resource Center	

Licensing Program Implements Ambulance Ordinance

On July 28, 2011 the Board of Supervisors approved a revision of the Ambulance Ordinance that requires every ambulance company operating within the county to be licensed and approved by the EMS Agency. The ordinance, which is part of the Business License section of the County Code, will ensure that each ambulance owner/operator has met rigorous financial standards and can meet response times. In addition, each company must demonstrate that they have technically qualified management, properly certified and licensed employees, and their vehicles are licensed, stocked and inspected in accordance with applicable County ambulance vehicle policies. Although a municipal business license has long been required of ambulance companies, the staff and expertise necessary to provide continuous medical oversight have not always been possible. With the approval of the Ambulance Ordinance, appropriate medical oversight is now provided by EMS Agency staff who are educated and experienced in emergency medicine and have an understanding of the County's EMS system. Ambulance transport is an essential healthcare service and the ordinance will ensure that the public can depend on the system's integrity and quality when a medical crisis strikes.

Essential Ambulance Services

The County of Los Angeles has provided ambulance services to DHS patients since 1897. Starting with a horse-drawn vehicle, it is one of the oldest ambulance services in the State. Today, DHS operates a modern ambulance fleet, staffed with Emergency Medical Technicians (EMTs) to provide care and transportation of patients to and from County facilities. In addition to 20 general ambulances, the County has one vehicle specially equipped for neonatal care and transportation, and one unit specially designed for the care and transportation of bariatric patients, which can also be used for neonatal transports. The fleet also is equipped with a Global Positioning System to enhance efficiency and timely dispatching of ambulances. The Department's Ambulance Services section is administered by the EMS Agency and handles approximately 2,700 transports per month through the Central Dispatch Office.

Rave Safety

In the aftermath of the tragic death of a 15 year old girl at a rave party in June 2010, the EMS Agency partnered with several local fire chiefs and members of the Coliseum Commission to develop a Mass Gathering Policy to address medical and safety issues that may arise at large public events. The goal of the policy is to protect participants by ensuring the availability of immediate medical care, provide appropriate referral to physician-level care offsite when needed, and maintain communication between facility management, the event sponsor, Fire, EMS, and emergency departments. The Mass Gathering Policy is designed to improve safety and reduce the harm from behavior often associated with large music events such as drug overdoses, excessive use of alcohol, dehydration and minor trauma. The Medical Alert Center plays a pivotal role in these events by coordinating patient distribution based on emergency department capacity.

Trauma System Implements New Guidelines

EMS Agency staff, in collaboration with hospitals and paramedic provider agencies, developed an educational program to disseminate new trauma criteria and standards. Patients requiring the care of a trauma center will be appropriately triaged and transported in accordance with the new standards. This is a new approach at how patients who have been involved in car crashes, falls, stabbings, and shootings are triaged and transported to one of Los Angeles County's 14 trauma centers. The goals of prehospital care are to prevent further injury, initiate resuscitation, and to provide safe, rapid transport of injured patients, under the motto, **"getting the right patient to the right place at the right time"**.

Stroke System Shortens Time to Patient Imaging

Stroke is the third leading cause of death and the leading cause of adult disability in the United States. Each year, over 750,000 adults suffer a stroke which can cause devastating disability. Successful treatment depends on rapid recognition and treatment within three hours of stroke onset. In Los Angeles, hospitals are approved by the EMS Agency to receive stroke patients routed directly to the facility by paramedics. Data demonstrates that this regionalization of care has significantly reduced times to diagnose stroke once the patient arrives at the Approved Stroke Center. These 30 hospitals, spread throughout the County, have the capability to provide specialized care that can help minimize the impact of stroke on the patient's level of recovery.



Human Resources

Gregory Polk
Administrative Deputy

Marilyn Hawkins
Administrative Services
Manager III

Keisha Lakey-Wright
Administrative Services
Manager III

Timothy Pescatello
Administrative Services
Manager III

Joi Williams
Chief, Performance
Management

Message from Human Resources

Human Resources is committed to enhancing the delivery of quality patient care by building and retaining a highly skilled, productive workforce through professionally sound recruitment, selection, programs and services that promote the development of talented employees.

FY 2011/2012 Key Accomplishments

Classification & Compensation Division

Effective July 1, 2012 the Human Resources Division and the Chief Executive Office's (CEO) Classification and Compensation Administration Division joined together in a pilot program to assess the concept of centralizing the classification and compensation function under the county's CEO office. The staffing model for this pilot combines the class/comp staff from both divisions under the guidance and direction of the CEO. The goal of this pilot is to streamline the various classification and compensation processes, including the review and approval of organizational structures; allocation of individual positions in the budget process; and the ongoing review and approval of requests for position reclassifications and special salary actions. Key to these efforts is the elimination of duplication of work. As such, the combined CEO Classification and Compensation division is responsible for all class/comp work, beginning to end. Formerly, this work was performed by DHS staff and forwarded to CEO staff for review and approval, often resulting in duplication of work. Since the implementation of the pilot program the response time on the various class/comp assignments continues to be reduced. For example, request for new position allocations in the Fiscal Year 2012 – 2013 budget were approved in an expedited manner. The expectation is that continued process improvements will result in the permanent centralization of this core human resources function.

Regulatory Compliance Division

To assist DHS managers and supervisors with responsibility for verifying any DHS employee's license, certification, registration, educations, and/or experience, they can access a comprehensive DHS License and Academic Qualification Inventory, which lists the current license, educational requirements and experience requirements for over 600 DHS positions. The Inventory is a tool for use by all DHS healthcare facility managers to confirm that their area personnel files contains essential credentialing documentation required for Joint Commission accreditation and CMS certification. It is designed to enable managers to quickly identify and efficiently correct any deficiencies in the required documentation and is used by Regulatory Compliance Unit's auditors in the field as they evaluate and help improve each healthcare facility's readiness for unannounced site visits by regulatory agencies. The inventory is also used to flag references in the County's Class Specifications that may have become obsolete or out of date. This inventory is maintained and updated by the Regulatory Compliance Division. This division collaborated with on-site Human Resource Managers to maximize compliance with relevant licensing, accreditation and regulatory requirements related to human resources and applicable leadership standards. Olive View-UCLA Medical Center had their triennial Joint Commission survey last year and for the first time ever in its history, no HR citations were received. This was a joint effort between corporate Regulatory Compliance and on-site HR staff.

Performance Management Division

During the last fiscal year, Performance management implemented the DHS Discipline Manual and Guidelines, a revision of the official County of Los Angeles DHS Employee Evaluation and Discipline Guidelines (EE&DG). The EE&DG were developed as a result of the Board of Supervisors interest regarding the management of employee discipline. These DHS revised guidelines restate general practices and policies to increase the understanding and awareness of the discipline process. Although principles of progressive discipline must be subscribed to, the division reserves the right to impose discipline within a prescribed range.

Advocacy

To prepare staff to represent the Department in matters related to discipline before the Employee Relations Commission, Performance Management (PM) conducts advocacy training. Training sessions include mock training with staff from other departments. To date, staff have prepared seven cases related to discipline to present before a Hearing Officer appointed by the Employee Relations Commission. As a result of conducting advocacy training in-house, and using existing staff to present matters before the Employee Relations Commission, PM is preparing to represent itself before the Civil Service Commission.

Implementation of On-Site Processing

Earlier this year, On-Site Human Resources (HR) Facility staff began processing PM assessment forms and serving as the initial contact for matters related to PM. Moreover, On-Site HR Facility staff also facilitates the review of all assessment forms and conducts initial On-Site investigations related to matters that are referred to HR for corrective action. To assist with the transition process, PM and On-Site HR Facility staff collaborated to outline PM procedures for On-Site processing which are noted in PM On-Site Handbook. DHS Human Resources "Achieving DHS Performance Management Excellence" program was recognized by the County of Los Angeles Quality and Productivity Commission in 2010. Over the last three years, significant improvements were made in performance management which led to a steady increase in favorable outcomes at the Civil Service Commission.

The following changes were developed and implemented:

- Revised Discipline Guidelines were disseminated to all employees, supervisors, and managers in order to increase the understanding and awareness of the discipline process and Department expectations. Safe and Just Culture is embedded in the Guidelines.
- Functional Databases to capture pertinent case information, automate reporting functions, and integrate CWTAPPS information.
- Investigative Guide and staff training for improved implementation of administrative investigations.
- Fast Track system, whereby supervisors, in conjunction with on-site H.R. staff can quickly address lower level performance issues with pre-populated written counseling, written warning, and reprimand memos that mirror the revised discipline guidelines.

Payroll & Operations Division

In the past, the Payroll and Operations Division has restricted two major operational functions: pre-employment and hiring for selected candidates for job appointment. The streamlining of these process has increased efficiencies, maximized productivity and improved customer service. Replacing Countywide Timekeeping Payroll and Personnel System (CWTAPPS), a Countywide Core HR System has been implemented, centralizing various stand alone functions. The DHS-HR Item Control & Staffing Unit successfully coordinated the submission of the Item Control Reconciliation Proposal to the Chief Executive Office allowing the Department to successfully transition all 23,779 ordinance positions and 20,445 employees from the legacy CWTAPPS Position Control into the new eHR Position Control. The Item Control & Staffing Unit provided key Departmental staff; i.e. finance, nursing, and facility administration teams, with computer based training on how to efficiently navigate and perform business specific functions in the new database. Between July 2011 and March 2012, the Item Control & Staffing Unit processed over 1,785 Personnel Action Requests (PARs). The Item Control & Staffing Unit partnered with the Department of Human Resources to assist with placing of prospective mitigated employees from County Departments such as the Internal Services Department, Probation Department, and Child Support Services Department. Since July 2011 the Department of Health Services has extended offers of employment to 12 employees and hired 7.

H. R. services are provided through the following core divisions:

Performance Management

Employee Relations

Regulatory Compliance

Personnel and Payroll Services

Recruitment and Exams

Classification/ Compensation

Training and Organizational Development

Facility On-Site Staff

Information Technology



Kevin Lynch
Chief Information
Officer

Rick Garcia
Chief Technology
Officer

Steve Saunders
Director of
Applications

Margaret Lee
Director of Budget
& Planning

DHS Information Technology leads IT innovations, initiatives and information technology services to support DHS strategic plan goals to:

- Transform the Los Angeles County Department of Health Services from an episodic, hospital focused system to an integrated high-quality delivery system including community-based primary care and behavioral health providers focused on prevention, early intervention, and primary care with appropriate referrals for specialized services.
- Assume sufficient capacity of hospital-based services to meet the needs of the residents of Los Angeles County.
- Create a modern IT system that improves the care of our patients and assures efficient use of resources.
- Assume the long term financial well being of the safety net health services in Los Angeles County.
- Foster a culture of empowered staff and community, organized labor, and university partners constantly looking for opportunities to improve the services we provide to patients.

IT Initiatives/Technology Services include:

i2i Registry	MLK Data Center
eConsult	Teleconference
Teleconference	Probation Electronic Medical Records System (PEMRS) implementation
Health Information Technology (H.I.T) Governance	WAN upgrades
Emergency Department Information System (EDIS) Phase 1 Implementation at Harbor -UCLA & Olive View Medical Center	Rx central fill for outpatient care services
Infection Control System	GHX/eCaps live at Olive View Medical Center and HAS
CoPath at Harbor-UCLA Medical Center	QuadraMed contract extension
MedQuest Transcription at Los Angeles County hospitals	Master Patient Index (MPI) clean up
ICD-10 ramp up	Health Data Analytics, Utilization and Quality Assurance Metrics, DSRIP reporting
Electronic Health Record (EHR)	EMPI
Active Directory/email migration	Leader Enrollment
DHS PC refresh	LANES
	eMHub Implementation

Vision for DHS Electronic Health Record System

To procure, deploy, and sustain a uniform, standardized and fully integrated EHR solution that is implemented consistently across care settings, with standardized associated workflow processes and a single, unified data structure.

HR Implementation Timeline:

- Request for Proposal (RFP) was released November 15, 2011
- Final vendor proposals submitted on March 1, 2012
- Evaluation and vendor selection to be completed in Spring/Summer 2012
- Negotiation and signing of contract will be completed in Fall/Winter 2012
- Phased Electronic Health Record (EHR) implementation to begin January, 2013

Integrated Programs

Integrated Programs (formerly Special Programs) coordinates DHS programs and services that often involve collaboration with other County departments and serve specific patient populations in need of comprehensive, multidisciplinary approaches to their care. Major programs and functions include:

Medical Hubs Program— provides coordination of six Medical Hub Clinics at DHS hospitals and MACCs serving children referred by Department of Children and Family Services (DCFS). The clinics provide medical examinations for children entering foster care, forensic evaluations to assess suspected child abuse and neglect, mental health screens, and ongoing medical care. Services continued to expand in FY 11-12 with the provision of 23,075 patient visits.

Mental Health Liaison— provides oversight and coordination for DHS psychiatric services on a system-wide level and serves as liaison to the Department of Mental Health.

SB 474 Strategic Initiative Program — provides funding to 13 Community Partner clinics and 2 Impacted Hospitals within 10 miles of the former MLK-Harbor Hospital to increase primary, specialty and urgent care visits to low-income, uninsured South L.A. residents. In FY 11-12, a total of 40,438 patient visits were provided under this program.

Homeless Services Unit

- **B.E.S.T. Program** (Benefits Entitlement Services Team for the Homeless) - provides coordinated health, mental health, and case management services aimed at documenting homeless individuals' eligibility for Supplemental Security Income (SSI) disability benefits. Since December 2009, B.E.S.T. has achieved 852 SSI approvals, a phenomenal success rate of 87%. B.E.S.T. participants receiving SSI had a 53% decline in DHS emergency room visits and a 63% decline in DHS inpatient admissions in the 12 months following SSI approval, compared to 12 months prior to approval.
- **Access to Housing for Health (AHH)** — provides Section 8 vouchers for permanent housing, housing locator services and 12 months of intensive case management to chronically ill homeless patients who are high utilizers of DHS services.. Through June 30, 2012, 153 homeless patients have received permanent housing through AHH.
- **Recuperative Care** — provides health monitoring and temporary housing in a shelter environment for homeless patients requiring a place to recuperate after discharge from a DHS hospital. Recuperative Care served 206 patients in FY 11-12, costing 95% less than keeping patients in the hospital.
- **General Relief (GR) SSI Record Retrieval Project** — a team of nurses researches and provides pertinent DHS medical records and healthcare summaries to the Department of Public Social Services (DPSS) to support eligible GR recipients' applications for SSI disability benefits. In FY 11-12 the record retrieval team completed 1,135 record retrieval requests.

Major Goals for FY 2012-2013

Foster Care Medical Home — A medical home model will be developed for children in the foster care system, with a pilot site at the MLK Medical Hub Clinic, to provide continuity of care and integrated health and mental health services.

DHS Supportive Housing Projects — Expand access to permanent supportive housing for DHS patients who are homeless and have a chronic illness or disability or are high utilizers of DHS services. DHS' goal is to house an additional

125 homeless patients in FY 2012-13 through the City/County Housing Collaborative, a partnership initiated through the Home for Good Action plan in which the City and County Housing Authorities are providing Section 8 vouchers for use by DHS, DMH and DPH. The first DHS project will be the Neighborhood Stabilization Program, which will provide 56 housing units in South Los Angeles through a partnership with the LA Housing Department and the Housing Authority of the City of LA.



Karen Bernstein
Director

Program Mangers

Cindy Callado, RN
Rosanna Clarito, RN
SSI Record
Retrieval Project

Melissa Christian
Mental Health Liaison

Scott Milbourn
Access to Housing
for Health

Vicki Nagata
Homeless Services
Coordinator

Jivaro Ray
Medical Hubs and
SB 474 Strategic
Initiative Program

Leepi Shikhada
B.E.S.T. Program

Office of Nursing Affairs



Vivian Branchick, RN, M.S.
Director

Nurse Recruiters

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The Office of Nursing Affairs continues to collaborate with facility Chief Nursing Officers on efforts to move towards standardization of nursing systems, policies and procedures, with the goal of increasing efficiency and streamlining extensive and bureaucratic processes.

To support our nursing staff in providing safe and quality patient care, nursing management at all DHS facilities made a commitment to provide either hands-on care, meal and break relief, answer phone calls, or provide other patient care related activities. To date, nursing management at all facilities have worked a total of 17,168.3 hours resulting in a cost avoidance of \$675,229.00

In FY 2011-2012, the Office of Nursing Affairs was awarded a grant from LA Care to purchase electronic mannequins to enhance nursing education and training. These mannequins will be provided to each DHS hospital and the LA County College of Nursing and Allied Health.

System-wide collaborations include:

- Falls Assessment Policy
- Pressure Ulcer Policy
- Standardized Nursing "Onboarding" process for non-County workers
- Automated timesheet and invoice-processing for Contract Registry Nurses
- Non-County workforce Do Not Send database
- County-wide Outstanding Nurse of the Year nomination process

Nurse Recognition

DHS recognizes our nurses for their professionalism, commitment, dedication, and hard work during its annual Nurse Recognition Week. Each year in May, coinciding with Florence Nightingale's birthday, nurses honor one of their peers as an Outstanding Nurse of the Year. The Office of Nursing Affairs takes the lead role in organizing the county-wide Outstanding Nurses of the Year nominees, each of whom receives a scroll from the Board of Supervisors. Those honored included outstanding nurses from DHS hospitals, Ambulatory Care, Emergency Medical Services, Juvenile Health Court Services, Public Health, Mental Health, Fire Department, Sheriff's Department and Department of Children and Family Services. The Office of Nursing Affairs also offers a County-wide Nursing Seminar to celebrate Nurse Recognition Week while providing Continuing Education (CE) for County nurses. In this fiscal year, the Office of Nursing Affairs received a CE Provider Certificate from the Board of Register Nursing to provide classes for Registered Nurses.

Representative from various county departments joined together and formed the county-wide Nurse Recognition Steering Committee (NRSC) in October 2011. The NRSC set new guidelines for a standardized selection process. Each Outstanding Nurse of the Year must meet criteria of excellence in the following areas: Clinical/Performance, Patient Advocacy, Leadership/ Role Model, Teamwork, Education/Community Service, and Professional Development.

This year, DHS selected and honored Mr. Todd Franklin, RN (pictured on right) from LAC+USC Burn Unit as the first Outstanding Nurse of the Year to represent all DHS facilities.



Nurse Recruitment and Retention

Nurse Recruiters continue to do an excellent job of ensuring an adequate pool of applicants at all DHS facilities. The nurse recruiters conduct Civil Service Examinations for Registered Nurse and other nursing positions, in compliance with Civil Service Rules and County DHR Policies and Procedures. They assist hiring managers in identifying eligible candidates to participate in selection interviews for nursing positions. This year, the Nurse Recruiter Committee worked closely with DHS Human Resources to restructure the nursing hiring process. For FY 11/12, nurse recruiters hired a total of 284 Registered Nurses and 27 Advanced Practice Nurses into the DHS system.

Michael D. Antonovich Scholarship Program

The Michael D. Antonovich Scholarship Nursing Program continues to provide an incentive for DHS' recruitment and retention efforts. Scholarships are awarded quarterly to eligible nursing students who meet the specific program requirements.

During the 2011-2012 Fiscal Year, 28 applications have been received by the Office of Nursing Affairs. A total of 9 recipients were awarded the scholarship totaling \$36,000.

Throughout the year, individuals can apply via an electronic system which has been developed to increase enrollment by simplifying the application process. Applicants can visit the Office of Nursing Affairs website at <http://ladhs.org/wps/portal/nursing> and apply online by accessing the DHS Nursing Reimbursement Opportunities link.

Education Compliance Unit

The Education Compliance Unit continues to oversee nursing and allied health competencies at all DHS hospitals, MACCs, Comprehensive Health Centers, Clinics, and Juvenile Court Health Services. In 2011, a total of 9,731 workforce members comprised of 7,201 nurses and 2,530 allied health personnel, completed competency assessment and testing.

Tutoring and Mentoring

The Tutoring and Mentoring program continues to provide funding and technical assistance to 5 local community colleges; Los Angeles Valley Community College, East Los Angeles Community College, Glendale Community College, El Camino College-Compton Educational Center, and Los Angeles Harbor College. The additional monies provided to the community colleges are a valuable asset to their nursing programs during these financially challenging times.

Students benefiting from the contributions have the academic opportunity to access additional tutoring skills in specific areas of focus. Graduating students are encouraged to apply to the DHS hospitals, multi-ambulatory care centers and comprehensive health centers as an entry level RN.

The Office of Nursing Affairs hosted the first round table dialogue between the five Nursing Directors from the participating colleges of nursing to discuss their programs, successes, and practices.

Healthcare Workforce Development Program



Diane Factor
Director

The HealthCare Workforce Development Program (HCWDP) is a labor/management partnership between DHS and SEIU Local 721. Our goal is to provide career pathway and skill enhancement educational programs to support the strategic transformation of DHS. The Worker Education & Resource Center, Inc. is the non-profit organization that has provided administrative, instruction, and development services to HCWDP since 2002, and has been active in creating curriculum and obtaining grant funding to support innovative programs. This year HCWDP and WERC developed new programs aligned to the goals of shifting to a patient-centered medical home model of care delivery:

- Certified Medical Assistant (CMA) program in partnership with Pasadena City College and West Los Angeles College
- Patient Experience: Communications Workshop designed for frontline workers who have direct patient contact
- Integrated mental and physical health Community Health Worker training program in partnership with the Department of Mental Health

Currently there are 50 DHS employees in the CMA program, a number we plan to increase in the upcoming year. Having completed the clinical portion of their training at DHS facilities, these new CMAs will provide critical support for ambulatory and managed care services. Over 100 DHS employees are currently working in a Medical Assistant Bridge class to prepare for college-level programs.

HCWDP worked with DMH to further enhance its Community Health Worker (CHW) curriculum, first piloted last year. The curriculum, which fully integrates physical and mental health issues, is being used to train a group of 34 Mental Health Advocates, and WERC is partnering on grants that if funded, will allow this program to expand next year with DHS.

The green training program for Environmental Services workers at LAC+USC Medical Center will be concluded this year with nearly 300 workers having received training in infection control, health and safety, waste reduction, and energy efficiency over the last two years. Workers trained as mentors under the program will provide ongoing instruction and serve as resources for expanding the education to other facilities.

HCWDP continued to provide support for 31 DHS employees who are completing training for their Associates Degree in Nursing and preparing for the NCLEX licensure exam.

WERC has begun training in Communications and Enhancing the Patient Experience for 8,000 outpatient workers who have direct patient contact, focusing on the registration and financial workers this fiscal year and continuing into 2013.

WERC was awarded a federal grant for 20 DHS registered nurses to become Advanced Practice Nurse Practitioners, who will play a significant role in the new care delivery model, specifically managing chronic diseases in order to reduce hospital admissions and focus on preventative care.





Office of Planning and Data Analytics

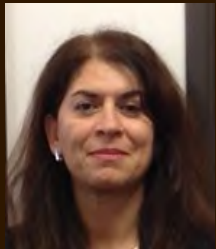


Anish Mahajan, M.D.,
Director of System
Planning, Improvement
and Data Analytics

The Office of Planning and Data Analytics (OPDA) is responsible for conducting planning activities for the Department of Health Services, including the analysis of data for new and existing healthcare programs and strategic initiatives, recommending and implementing new or modified policies and procedures to support key departmental initiatives, and acting as a liaison with other County departments and external stakeholders.



Irene Dyer
Director



Toki Sadralodabai
Chief of Analytical
Services

Empanelment

Empanelment involves the assignment of patients to individual primary care providers (PCPs) and is an essential component of the Patient-Centered Medical Home model. Patients who are empaneled in medical homes are able to develop long-term relationships with their providers. As a result, patients experience more coordinated care plans and improved clinical outcomes. For people enrolled in a managed care plan, assignment to a PCP typically occurs at the time of enrollment in the plan. However, for the uninsured and those with fee-for service coverage, care is frequently uncoordinated and episodic. For the first time DHS has made it a priority to empanel both insured and uninsured patients to PCPs.

Working with Ambulatory Care Network (ACN) staff, OPDA analysts identified those DHS patients targeted for empanelment and developed an algorithm to identify the most appropriate primary care provider for each patient. Visit data were pulled from the Enterprise Data Repository (EDR) and each patient's visit history was analyzed to determine which providers were already providing care to the patient. A weighting algorithm was then applied to the patient's primary care visits to identify the most appropriate PCP for the patient, based on which providers the patient saw the most often and the most recently.

Managed care patients who already had an assigned PCP were also included in this process. Interestingly, many of those patients were seeing a different provider; ACN staff is contacting those patients to find out if they want to change their PCP.

Patients will be allowed to change their PCP up to once per month, although most will likely remain with the same provider. This is encouraged since the goal is to promote a strong patient-provider relationship.

Low-Income Health Program (LIHP)/Healthy Way LA

Healthy Way LA (HWLA) is Los Angeles County's name for the LIHP, part of California's 1115 Medicaid Waiver (also known as the State's Bridge to Health Care Reform). The OPDA monitors the number of LAC patients enrolled in HWLA, which clinics enroll them and which clinics they are assigned to as their medical home. OPDA analysts also monitor HWLA members' ED and inpatient utilization, as well as the quality of care given to diabetic patients—all of which are profiled in a quarterly facility-specific report. OPDA participates in the external evaluation of the LIHP by sharing enrollment, utilization, and lab data with the UCLA Center for Health Policy Research, which is charged with evaluating the LIHP statewide.

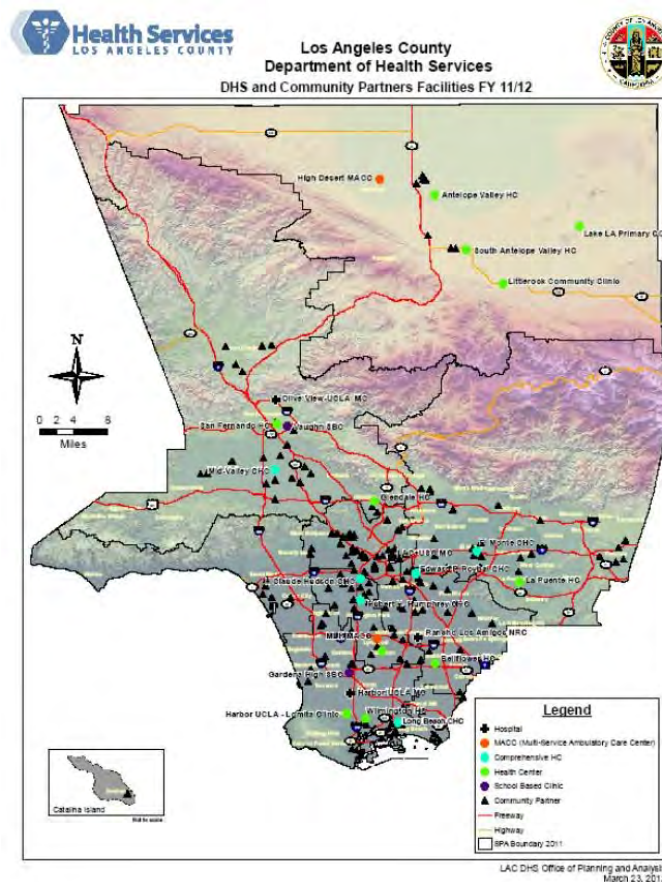


Karen Swanson
Chief of Evaluation
and Reporting Unit

Mapping

One of the functions of the Office of Planning and Data Analytics is to design and create maps. These maps often use DHS patient or US Census data. The maps may include Service Planning Area (SPA), Supervisorial District, Census Tract, ZIP Codes, or other boundaries to illustrate the location of DHS facilities or patient residence. Geographic Information System (GIS) software applications are utilized to help generate these maps. GIS software can also be used for calculations, such as determining how many patients live within 5 or 10 miles from any DHS clinic or hospital. In addition, we can find the driving distance from patient homes to our sites.

The maps produced by our office are used for DHS strategic planning and are shared with Congressional, Assembly, and Senate representatives who lobby for DHS patients.



Office of Planning Team

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Maria Cardenas
Grace Garcia
Jorge Garcia
Michael Lim
Jorge Lopez
Vichuda Matthews
Alma Vazquez

Delivery System Reform Incentive Pool

The Delivery System Reform Incentive Pool (DSRIP) is part of the 1115 Waiver. It is a 5-year plan which incentivizes LAC DHS to make real improvements in population health, the patient's experience of care, and the cost of care. There are four general categories of DSRIP improvements which are tied to an annual amount of about \$450 million when successfully implemented: Infrastructure Development, Innovation and Redesign, Population-focused Improvement, and Urgent Improvement in Care. Infrastructure Development includes implementing a registry for patients with chronic disease, expanding the use of the Nurse Advice Line, enhancing data coding to comply with regulations, and creating methods for standardized data sharing. Examples of Innovation and Redesign include implementing the medical home model system-wide, assigning patients to primary care teams, and integrating physical and mental health services in co-located sites. Population-focused Improvement includes monitoring progress in the patient/caregiver experience, care coordination, and health outcomes. Urgent Improvement in Care examples include reducing central line-associated bloodstream infections through implementing preventive practices, and increasing the rate of patients who receive appropriate Venous Thromboembolism prophylaxis. OPDA's role in the DSRIP is two-fold. Analysts calculate the indicators for the population-focused improvement category, such as the percentage of diabetics who have well-controlled blood sugar levels and the percentage of patients with a flu vaccine. The analysts also coordinate with other offices to compile the indicators and responses for completion of the DSRIP annual and semi-annual reports.

Pharmacy



**Amy Gutierrez,
Pharm.D.**
Chief Pharmacy Officer

LA County Department of Health Services, Pharmacy Affairs is a central system-based department focused on promoting and optimizing system-wide pharmaceutical management. Proactive unified formulary management, centralized pharmaceutical purchasing, development of standardized system policies, and tracking of medication use trends are coordinated to ensure that DHS pharmaceutical resources are utilized in a manner that promotes safe, evidence-based and cost-effective outcomes.



Facility Pharmacy Directors

**Nadrine Balady,
Pharm.D.**
High Desert Health MACC

**Peter Chen,
Pharm.D.**
Long Beach CHC

**Russell Kim,
Pharm.D.**
Martin Luther King Jr.
MACC

**Sandra Hudson,
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National
Rehabilitation Center

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**Alice Khalil
Pharm.D.**
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**Steve Lee,
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Olive View-UCLA
Medical Center

**Khanh Le,
Pharm.D.**
El Monte CHC

**Sanford Melnick,
Pharm.D.**
LAC+USC Medical Center

**Veronica Kim,
Pharm.D.**
Humphrey CHC



The Los Angeles County Department of Health Services operates inpatient dispensing and clinical pharmacy services at our four hospital locations, servicing over 1300 beds. In addition, the out-patient pharmacies service over 700,000 patients per year dispensing over 4 million prescriptions. These prescriptions are dispensed through eighteen outpatient pharmacies located within DHS clinic and hospital sites.

As pharmaceutical costs continue to escalate nationwide, the Office of Pharmacy Affairs has continued to find innovative ways to manage and control these increasing costs. DHS pharmaceutical costs have continued to consistently decline year over year for the past 6 years despite increasing prescription volume. Maximizing the use of current resources to optimize patient care services is our key objective in identifying strategic initiatives.

Pharmacy Programs

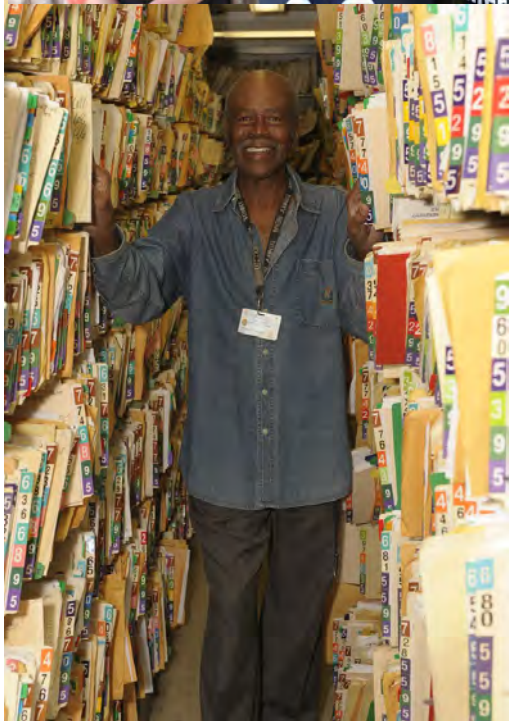
One of the primary programs that has been instrumental in controlling DHS pharmaceutical costs is maximizing the use of pharmaceutical manufacturer patient assistance programs, otherwise known as "PAP". Various Patient Assistance Programs offered by pharmaceutical manufacturers, provide free drugs to uninsured patients, who otherwise would not be able to afford these expensive medications.

To obtain these drugs, potentially eligible patients must submit an application and meet the financial criteria before being enrolled into the program.

In 2008, DHS sought a Board-approved contract for vendor services to maximize patient assistance program access. This program was focused on supplementing existing PAP efforts at LAC+USC Medical Center and Harbor/UCLA Medical Center. The Office of Pharmacy Affairs oversaw the system wide implementation of patient assistance program access, which started at Olive View Medical Center (OVMC). Since 2008, the program has grown to include High Desert Health System MACC; Martin Luther King (MLK) MACC; Rancho Los Amigos Rehabilitation Center, and DHS comprehensive health centers throughout Los Angeles County. The program has been very successful, as demonstrated by its yearly volume increase. For FY 2012/13, \$20 million dollars in recovery efforts is projected. During the coming year, DHS will continue to maximize opportunities through the PAP program. The Office of Pharmacy Affairs also oversees medication safety across the healthcare system, identifying "Effective Practice Recommendations" to maximize patient safety. These recommendations are a result of collaboration with physician, pharmacy, and nursing experts across our system, and consist of evidence-based practices to improve medication use within our healthcare system.

Our department oversees annual pharmacy competence assessment, whereby all DHS pharmacists and pharmacy technicians undergo a process to assess competence in identified patient care areas. The competence assessment areas are identified through various factors, and are focused on ensuring that pharmaceutical care provided to DHS patients is safe and appropriate.





Quality Improvement & Patient Safety



Christina Tickner, RN, M.S.N.
Interim Director

QIPS staff

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Consultant

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Consultant

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Susan Stein, M.D.
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Standardized Indicators & Measures

Heart Attack
Heart Failure
Pneumonia
Pneumonia Prevention
SCIP (Surgical Care
Improvement Project)
ICU Outcomes
Bed Sores
Patient Rating
Patient Recommendation
Rating

The Quality Improvement and Patient Safety (QIPS) program is the unit in the Los Angeles County Department of Health Services (LACDHS) that provides leadership in quality improvement, patient safety and clinical risk reduction across the Department's system of hospitals and clinics. QIPS coordinates its activities through several DHS committees including the Executive Quality Improvement Committee, Patient Safety Committee, Risk Management Committee, and "Effective Practice" groups.

Quality Improvement

Quality measures and initiatives are designed to improve organizational performance and ensure the delivery of safe, efficient, effective, patient-centered services. Quality measures and initiatives are also designed to meet current regulatory and compliance mandates. QIPS oversees the reporting and measurement of standardized quality improvement indicators (noted below left) as well as the clinical application of federally required 1115 waiver activities in the hospital setting. These waiver activities secure significant federal funding for the implementation of evidence-based improvements in clinical care that are proven to decrease mortality and improve patient outcomes. As of December 2011, QIPS has collected and submitted baseline data on sepsis (infection) detection and treatment, central line associated blood stream infections (CLABSI), surgical site infections (SSI), and venous thromboembolism (VTE-blood clots). Currently QIPS oversees the implementation of methods to reduce these rates. Past year milestones include: 1) the facilitation of training for more than 30% of Emergency Department staff on severe sepsis and septic shock detection and treatment; 2) development of a central line training curriculum that emphasizes infection prevention and procedures to be used during insertion that decrease the risk of infection; 3) facilitation of Team Training for facility leaders which focuses on front-line activities in sepsis prevention and treatment, CLABSI, SSI and VTE prevention. Goals for the coming year include: implementation of a system-wide database for the collection and reporting of infections; demonstrated improvement over baseline rates in sepsis detection and prevention; maintaining low CLABSI and SSI infection rates, and improvement of VTE prevention processes.

Effective Practice Groups

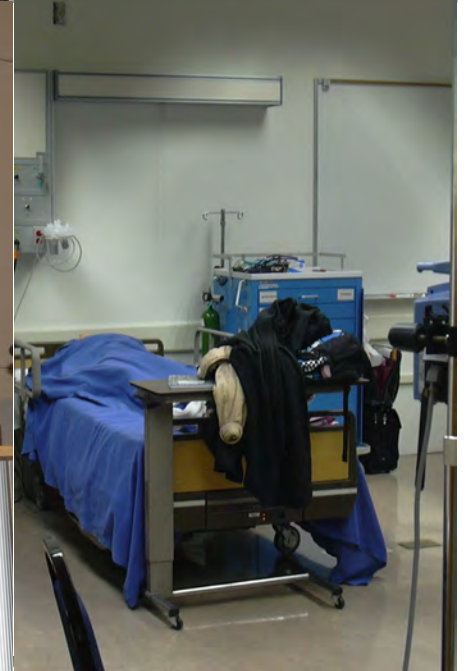
The QIPS "Effective Practice" groups are DHS Committees specializing in areas of Intensive Care, Emergency Medicine, Infection Prevention, and Anesthesia. Each of these groups supports the mission of DHS in the provision of high quality care by sharing and standardizing evidence based practices and protocols. The Effective Practice groups also coordinate the implementation of the above waiver activities in each of the county hospitals.

Patient Safety

QIPS believes that patient safety and the provision of quality care, is not just a goal for the Department but it is an organizational culture that caregivers across our clinical spectrum embrace. QIPS and the Department strives to build and maintain this "Safe and Just Culture" through all activities. The Patient Safety Committee provides guidance on the application of Safe and Just Culture concepts throughout the system. The Patient Safety Committee is also responsible for ensuring the standardized response and application of patient safety measures, assessing the current patient safety climate, and ensuring a system-wide curriculum for patient safety education.

Clinical Risk Reduction

Clinical risk reduction occurs as the natural outgrowth of QIPS quality improvement and patient safety activities. However two committees, the Executive Peer Review Committee and the DHS Risk Managers Committee, target areas of actual or potential clinical vulnerability and develop improvement plans to address the identified vulnerabilities. Improvement plans are designed to reduce the frequency and severity of adverse events in terms of human injury and financial loss, and to identify opportunities to prevent these adverse events before they occur. QIPS also oversees training in the root cause analysis and disclosure of adverse events.

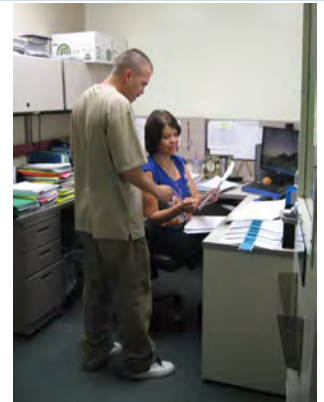


Supply Chain Operations



Gary D. McMann, FACHE
Chief, Supply Chain Network

During the 2011/12 fiscal year, the restructure of Supply Chain Operations (SCO) was fully implemented and a drive for continued improvement and the establishment of best practices gained momentum. Under the direction of Gary McMann, the reorganization of LACDHS SCO, received national recognition in The Journal of Healthcare Contracting.



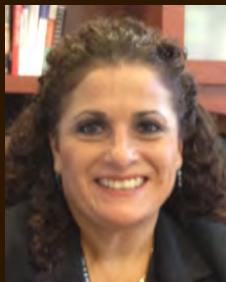
Some accomplishments for SCO in the last year include:

- The development of a product formulary to secure cost savings and standardization across the network.
- The restructuring of SCO at our facilities to successfully integrate eCAPS into our hospitals to meet our patient needs while delivering best in class healthcare, with the first implementation taking place at Olive View—UCLA and High Desert.
- Validated cost savings initiatives including the selection of a new provider for our custom procedure trays which will achieve an estimated \$1 million in savings.
- The restructure of two essential groups within SCO, our Supply Chain Operations Value Analysis Committee as well as our Supply Chain Analytics tea.

Ongoing projects for SCO:

- The creation of a monthly cost savings dashboard showing validated savings. The validated savings within DHS from November 2011 through March 2012 was \$1.7 million.
- The IS team at SCO continues to work collaboratively with Global Healthcare Exchange (GHX) project management and ISD eCAPS experts to continuously improve the requisitioning and ordering systems with future eCAPS and GHX implementations at Rancho Los Amigos and Harbor-UCLA Medical Center planned for the 2012/13 fiscal year.

The 2012/13 fiscal year brings opportunity and challenges for SCO. In an effort to maximize cost saving initiatives our group purchasing organization, UHC, is providing LAC SCO a full time dedicated resource to DHS. All Novation contract matters have been transferred to HSA. Purchasing to ensure that all contracts are loaded into the GHX system to improve efficiencies, guarantee all facilities are being priced accurately and ensure that DHS is capturing the best pricing available from our partnered vendors. SCO will play a vital role in the procurement of equipment for capital projects within HSA. In this role, SCO will secure savings on capital equipment purchases and obtain standardization.



Teresa Castaneda
Assistant Chief



Todd Bowers
Director of Clinical Analytics



**DEPARTMENT OF HEALTH SERVICES
FISCAL OVERVIEW
FISCAL YEAR 2011-12 ACTUAL**

(\$ IN MILLIONS)

Allan Wecker
Chief Financial Officer

Efrain Munoz
Associate Chief
Financial Officer

Larry Gatton
Revenue Services
Chief

Mela Guerrero
Controller

Thomas Jewik
Program Audits &
Reimbursement

Eva Mora-Gullien
Fiscal Services

Lily Wun-Nagaoka
Fiscal Program Chief

	BUDGET	ACTUAL						SURPLUS /
	(A)	(B)						DEFICIT
	Total Department	Ambulatory Care Network (ACN)					Total Department	Total Department
	Hospitals ^(a)	Multi-Service Ambulatory Care Centers	Comprehensive & Community Health Centers	Community Partners & Admin. Units	Other Services ^(b)			
Salaries and Employee Benefits	\$ 1,921.1	\$ 1,430.7	\$ 108.6	\$ 150.5	\$ 26.6	\$ 151.3	\$ 1,867.7	\$ 53.4
Services, Supplies, & Other Expenses *	1,742.3	1,030.3	117.2	96.7	233.9	169.3	1,647.4	94.9
Total Expenses	3,663.4	2,461.0	225.8	247.2	260.5	320.6	3,515.1	148.3
Waiver Revenues *	1,314.5	1,174.8	16.9	35.5	29.9	-	1,257.1	(57.4)
Other Federal & State Revenues	410.4	332.5	51.5	35.1	0.8	12.8	432.7	22.3
Managed Care Revenues *	440.4	295.8	(8.8) ^(c)	42.0	138.7	-	467.7	27.3
Other Revenues	497.1	89.1	102.1	2.8	9.6	180.6	384.2	(112.9)
Total Revenues	2,662.4	1,892.2	161.7	115.4	179.0	193.4	2,541.7	(120.7)
Funding from County	\$ 1,001.0	\$ 568.8	\$ 64.1	\$ 131.8	\$ 81.5	\$ 127.2	\$ 973.4	\$ 27.6

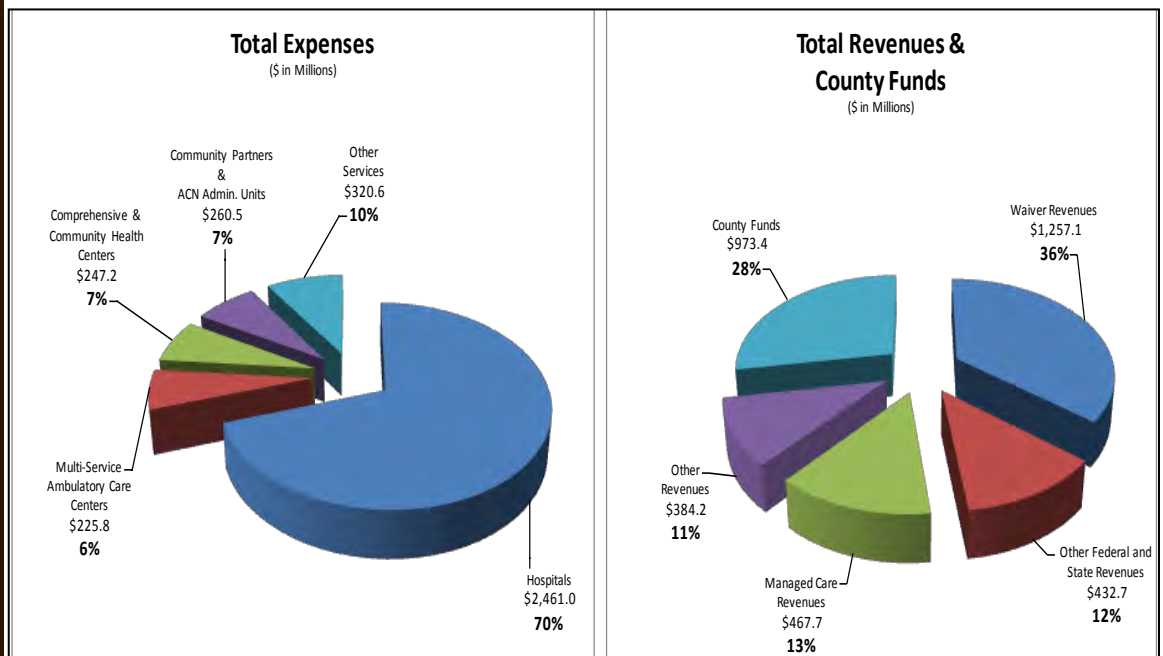
Department of Health Services ended the fiscal year with a surplus of \$27.6 million.

(a) Includes LAC+USC, Harbor-UCLA, and Olive View-UCLA Medical Centers, and Rancho Los Amigos National Rehabilitation Center.

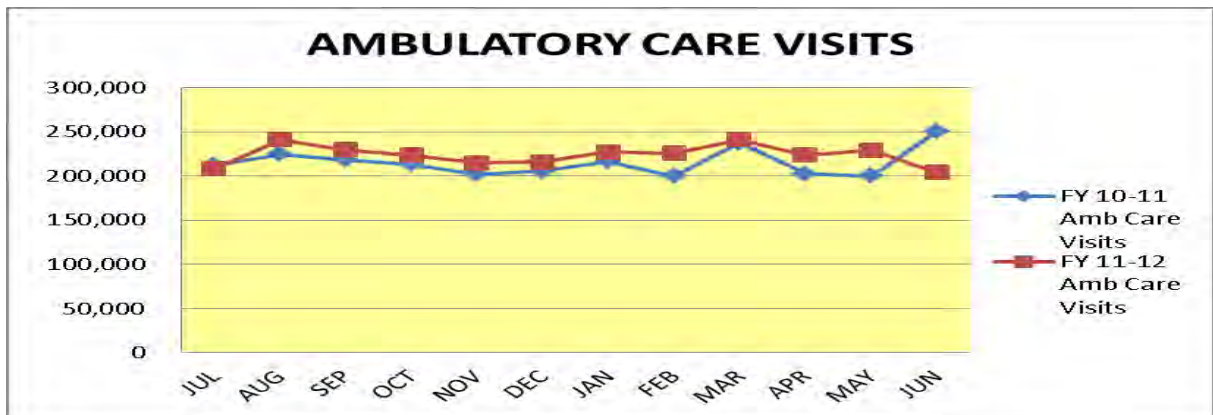
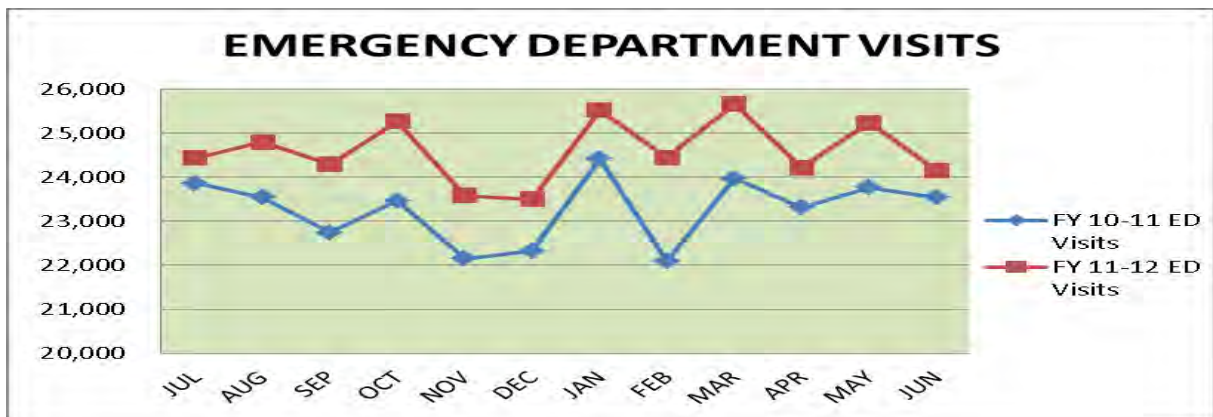
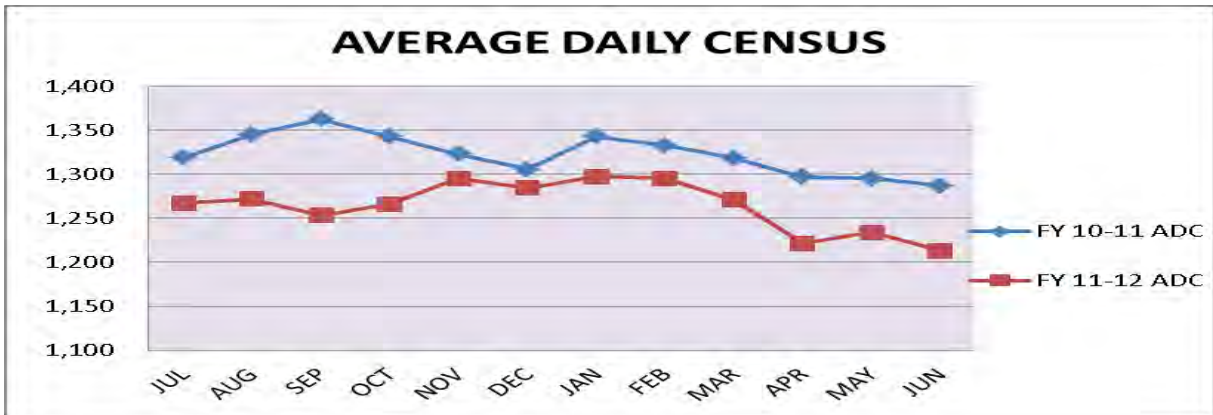
(b) Includes Juvenile Court Health Services, Emergency Medical Services, and other administrative services.

(c) Reflects \$9.1 million of current year revenues, less \$17.9 million of under-realized prior year revenues.

* Net of Intergovernmental Transfers for Delivery System Reform Incentive Pool and Medi-Cal Managed Care for the Seniors and People with Disabilities and the associated revenues.

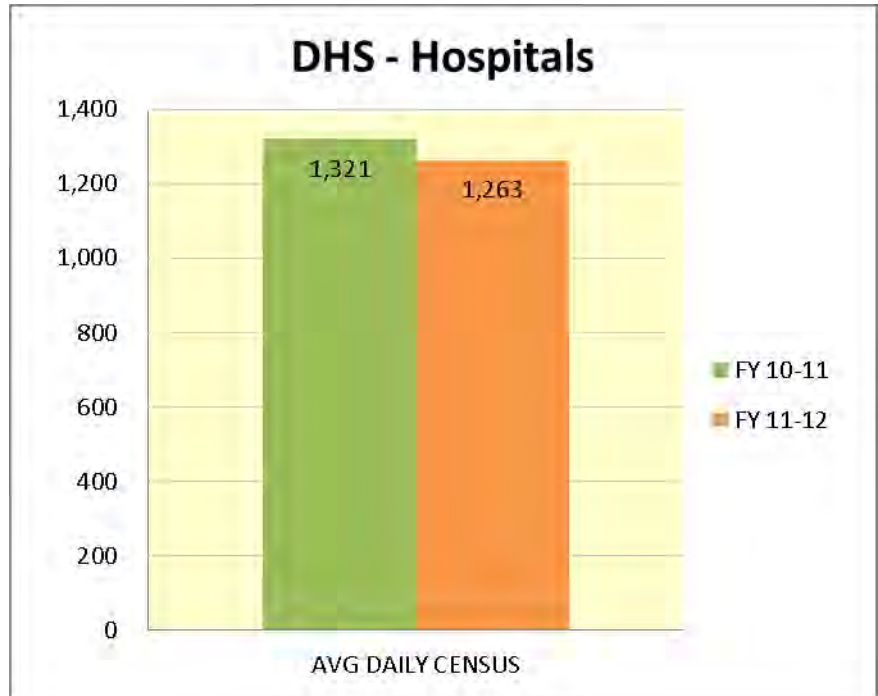


Census and Visit Summaries

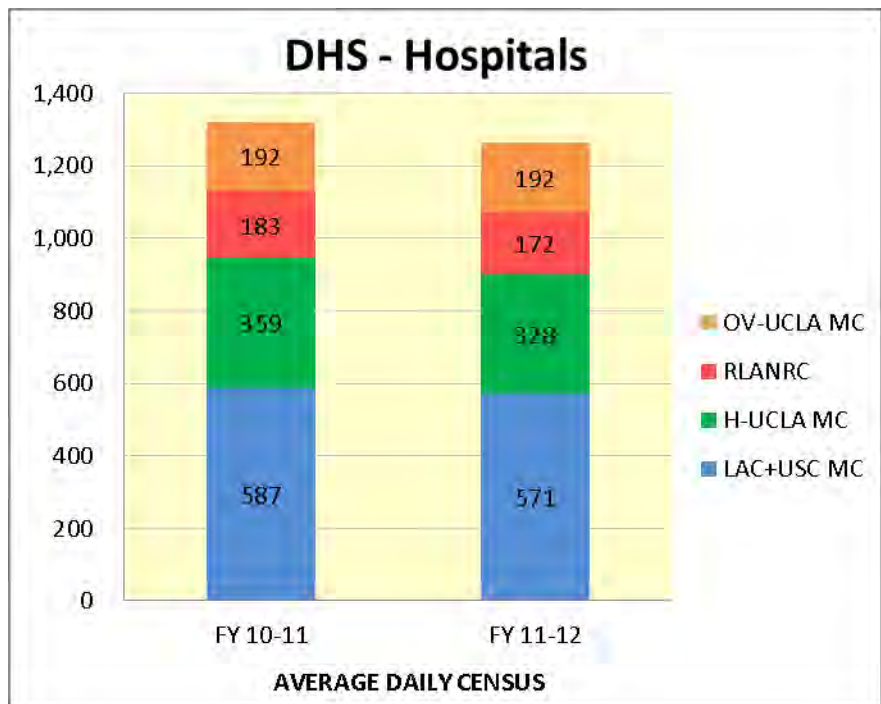


Inpatient Average Daily Census

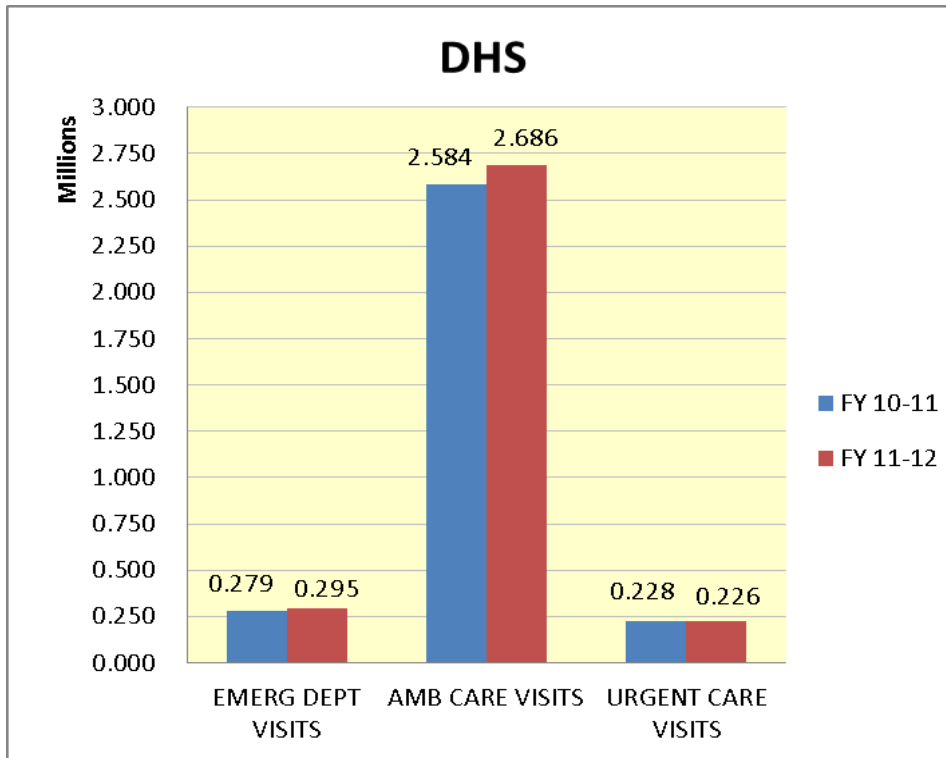
During FY 11-12, the combined daily census of all DHS inpatient facilities averaged 1,263 patients



During FY 11-12, LAC + USC Medical Center's daily census averaged 571, Harbor-UCLA's averaged 328, Rancho Los Amigos' averaged 172 and Olive View-UCLA averaged 192.

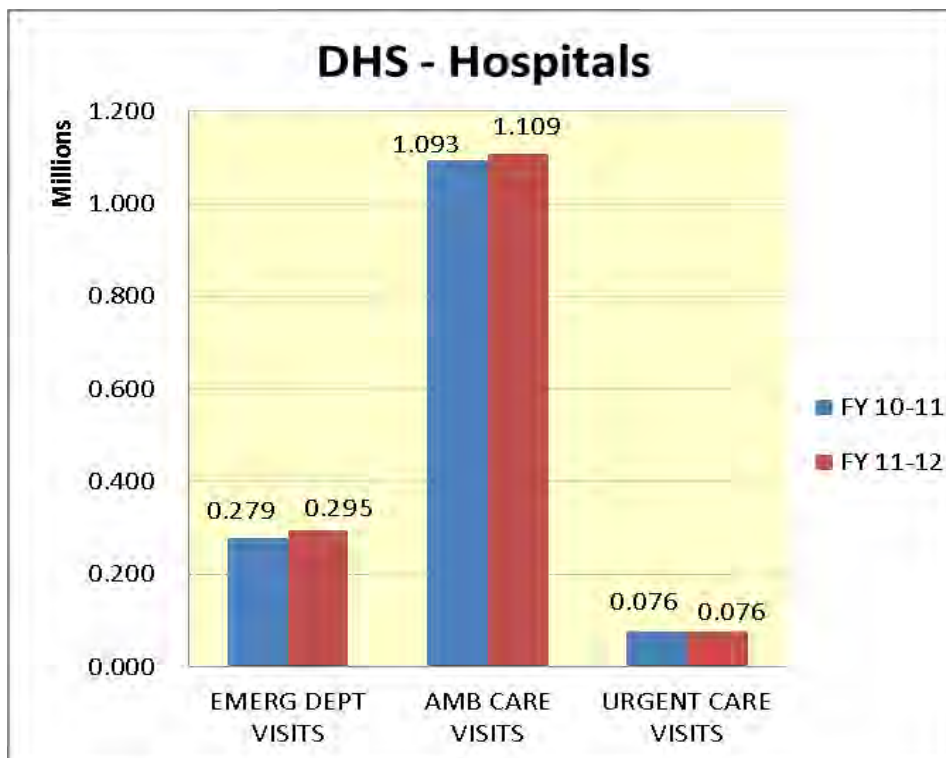


Snapshot of Patient Visits



Amb Care visits increase over prior year actual was due to the implementation of Healthy Way LA matched program in FY 11-12. Office of Ambulatory Care's FY 2011-12 visits are as of June 2011 submitted workload report.

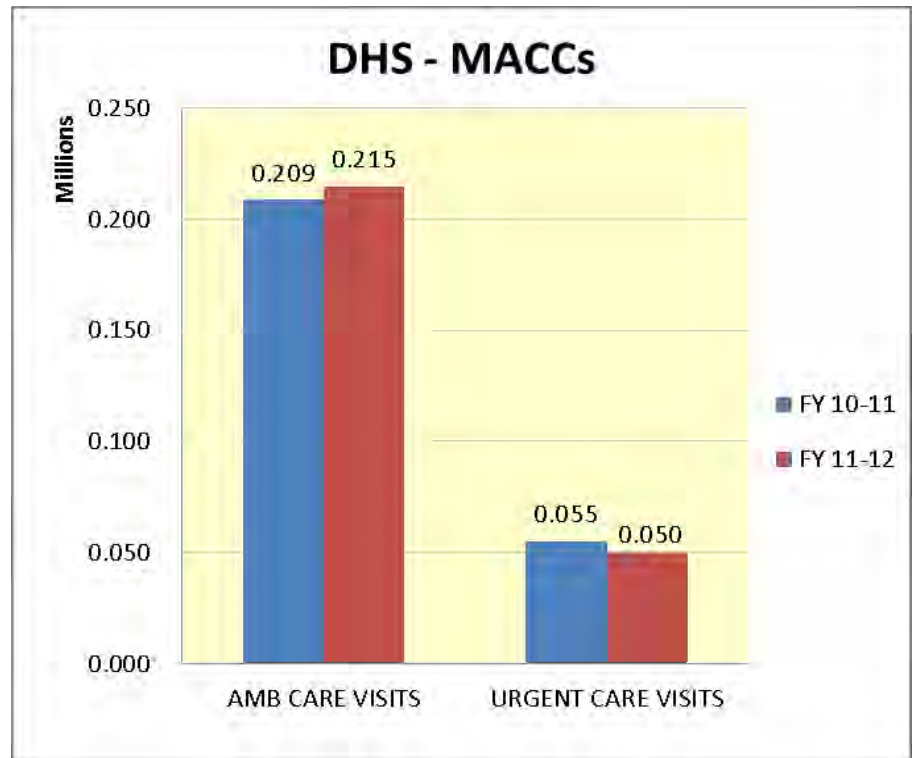
During FY 11-12, the DHS system saw almost 300,000 Emergency visit, over 2.6M Ambulatory Care visits and nearly 230,00 Urgent Care visits.



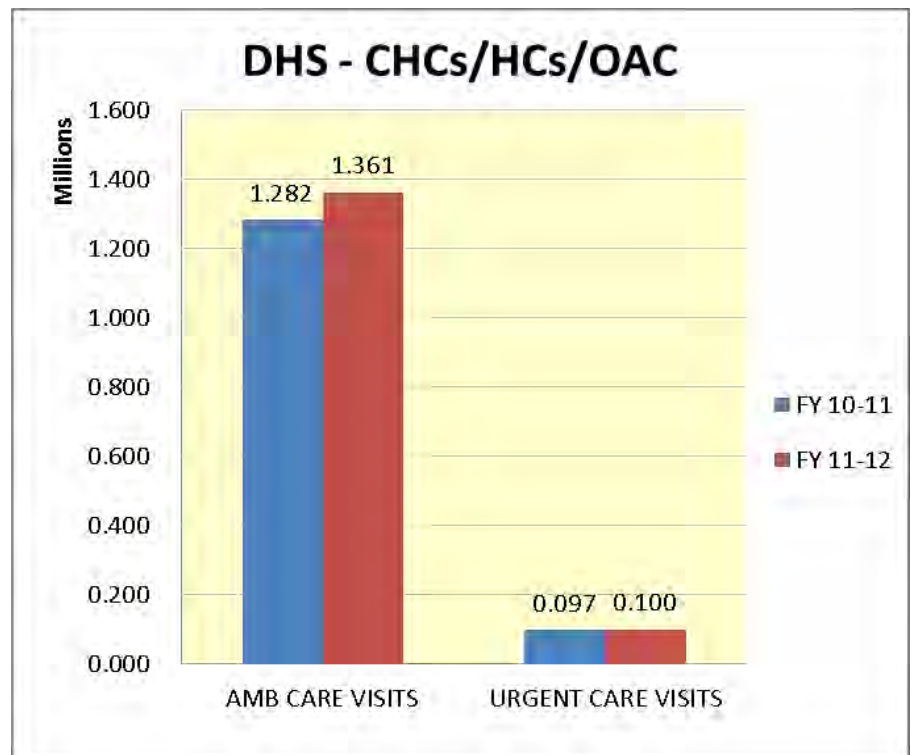
During FY 11-12, DHS hospitals recorded 295,000 Emergency Department visits, 1.1 million Hospital Out-patient visits and 76,000 Urgent Care visits.

Ambulatory Care Network Snapshot

DHS' two Multi-Service Ambulatory Care Centers, (MACCs) saw a combined 215,000 Ambulatory Care and 50,000 Urgent Care visits in FY 11-12



DHS Comprehensive Health Centers (CHCs), Health Centers (HCs), and the Office of Ambulatory Care recorded nearly 1.4 million Ambulatory Care and 100,000 Urgent Care visits in FY 11-12



Amb Care visits increase over prior year actual was due to the implementation of Healthy Way LA matched program in FY 11-12. Office of Ambulatory Care's FY 2011-12 visits are as of June 2011 submitted workload report.



Ngua Cum Mien Phi Cho Thanh Vien cua
Healthy Way LA

Thoi gian
 8:30 to 11:30

va Ngay
 ngay 5th, 12th & 14th
 ngay 2nd, 9th, & 16th
 ngay 7th & 14th

Healthy Way LA Members: Flu Shots Are Here

When?
 Oct 5, 12, & 14
 Nov 2, 9, & 16
 Dec 7 & 14

What Time?
 8:30 to 11:30 a.m.
 1:00 to 4:00 p.m.

Where?
Room 135
 El Monte Comprehensive Health Center
 10953 Ramona Blvd.
 El Monte, CA 91731

Please bring your clinic and HWLA cards. Questions: (626) 579-8430

Miembros de HWLA: Las Vacunas de la Gripe ya están Disponibles

¿Cuándo?
 5, 12 y 14 de Octubre
 2, 9 y 16 de Noviembre
 7 y 14 de Diciembre

¿Dónde?
Cuarto 135
 El Monte Comprehensive Health Center
 10953 Ramona Blvd., El Monte, CA 91731

Por favor traiga las tarjetas de la clínica y de Healthy Way LA
 Preguntas: (626) 579-8430

Healthy Way LA
 LOS ANGELES COUNTY





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