MARK FINUCANE, Director

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES
313 N. Figueroa, Los Angeles, CA 90012
(213) 240-8101

August 1, 1996

TO: Each Supervisor

FROM: Mark Finucane
Director of Health Services

SUBJECT: **STATUS ON IMPLEMENTATION OF RE-ENGINEERING RECOMMENDATIONS**

This is to provide you with a final status report on the recommendations made by the Harvey Rose Accounting Firm Re-Engineering Study. As you may recall, this study was conducted in the Emergency Walk-In (Room 1050) area at the LAC+USC Medical Center, and in the Urgent Care Center at the Hudson Comprehensive Health Center.

Many changes have occurred within the Department of Health Services (DHS) since this study was first conducted. They are as follows:

- The Department of Health Services underwent a major financial crisis which threatened the existence of the LAC+USC Medical Center and all of the Comprehensive Health Centers, including Hudson.

- In October 1995, major curtailments were implemented which affected both facilities and which resulted in curtailments in staff (direct patient care providers).

- As a result of these curtailments, patient flow within the Emergency Walk-In area had to be altered in order to continue providing services to patients even though there was no decrease in patient volume.

- A new Medical Director was assigned to the Emergency Walk-In area at LAC+USC Medical Center.

- There has been a rapid movement to change our health care system into a managed care environment.

Despite the financial climate within the Department of Health Services, both LAC+USC Medical Center and Hudson Comprehensive Health Center were successful with implementing the recommendations made by Harvey Rose. Attached are each of the 47 recommendations, followed by their status and a brief summary of action taken.

In addition, the following issues are highlighted because of their significance to the study.

COST PER VISIT

The objective to decrease operational costs has been achieved in Room 1050. Total cost per encounter has decreased from $60.58 to approximately $45.00 per encounter. The major contributing factor was the 40% decrease in staff. Cost savings for physician staff alone totaled $1.2 million.

Hudson's Urgent Care increased from $51.47 per encounter to $52.57. This was directly related to a decrease in patient volume. Contributing factors for this volume change include: increased access to primary care as a result of the public/private partnerships, and moving specialty clinics from the Medical Center to the comprehensive health center, again increasing access for patients requiring follow-up care. We will continue to monitor this decrease in Urgent Care visits as we go further into an outpatient-focused health system.

REDUCTION IN STAFF

In October, DHS experienced significant staff layoffs which affected the two areas studied. In Room 1050, there was an overall staff reduction of 40% (from 71.38 FTE's to 42.97 FTE's), representing curtailments of $1.6 million. Approximately 75% of this amount accounts for physicians who staffed the up-front physician triage station which was eliminated.

Staff at Hudson Urgent Care were not as affected. Their staff decreased by only .5 FTE. However, Hudson's Urgent Care experienced a significant decrease in patient visits which resulted in an overall increase in cost per encounter. This will also be monitored closely as we move into an outpatient-focused system.

CAPITAL PROJECT TO RENOVATE URGENT CARE

Several recommendations made reference to the renovation of the Urgent Care Center at Hudson in order to implement an up-front physician triage system similar to LAC+USC Medical Center.

A Capital Project Budget Request was submitted for fiscal year 1996-97 at an estimated cost of $937,000. For this reason, we will not be proceeding with this project at this time.

I would like to the take the opportunity to thank the Economy & Efficiency Commission for their dedication and interest in this project. My staff are available to present details of the implementation process if the Commission so desires. This will be my final report regarding the recommendations, unless directed otherwise by the Board.

If you have any questions, or need additional information, please contact Margaret Berumen, Administrator of General Hospital, at (213) 226-6870, or Kate Edmundson of my staff, at (213) 240-8123.

MF:pf
411:050

c: Chief Administrative Officer
County Counsel
Executive Officer, Board of Supervisors
Economy & Efficiency Commission
Auditor-Controller

HARVEY ROSE RE-ENGINEERING STUDY
RECOMMENDATIONS
July 30, 1996

RECOMMENDATION NUMBER		STATUS	EXPLANATION
1.A.	**Create a patient Representative position, staffed by an RN and filled with 4.86 full time equivalents, to be located in the patient waiting areas, to serve as the first point of contact with patients after they enter and take a number at Room 1350 and Hudson Urgent Care.**	Implemented	The triage nurse is the first point of contact when a patient enters the Emergency Walk-In (Room 1050) or Urgent Care to provide a quick assessment to determine whether the patient is emergent or non-emergent. In addition, Room 1050 has a patient ombudsman who is responsible for providing Medical Center-wide information, assists patients with forms, interprets for Spanish-speaking patient and handles patient complaints. A similar position at Hudson also exists to handles similar problems. The role of the patient representative is an excellent one. We believe the triage nurse at both facilities and the ombudsman in Room 1050 fulfills this recommendation.
1.B.	**Eliminate the stand-alone Nurse Triage, vital signs and ombudsperson stations at Room 1050 and the 9.02 full time equivalents that staff them**	Modified	Assuming the triage nurse fulfills the role of the patient representative, we concur with the recommendation. Without this station (triage nurse or patient representative), there is no mechanism to determine urgency since it is the first point of contact with the patient. The vital signs station is still being assessed (refer to 3.D.). Lastly, there is no ombudsman station. The person fulfilling this role walks around the entire area assisting patients
1.C.	**Eliminate the stand-alone Information Booth station at Hudson Urgent Care and the 2 full time equivalents that staff them and transfer the functions from the station to the new patient representative**	Modified	The stand alone Information Booth has been consolidated into the triage station; however their functions remain separate.
1.D.	**Delegate roles and responsibilities to the Patient Representative, as specified in Section VI-I of report.**	Implemented	Responsibilities are being performed by the triage nurse. Refer to 1.A.

* Indicates change in sequence in an effort to group similar recommendations

RECOMMENDATION NUMBER		STATUS	EXPLANATION
1.E.	**Furnish the Patient Representative with a computer terminal to enable starting patient records and to enable patient tracking.**	Partially Implemented	Compucare computer terminals have been installed at both facilities; however, there is not one located at the patient representative (triage nurse) station. The reason is that the first entry is limited to the time of arrival and quick assessment, all of which are handwritten.
2.A.	**Consolidate registration, financial screening and disposition function to be performed by a single cross-trained Patient Resource Worker for each patient.**	Partially Implemented	We believe this is an excellent idea. The feasibility is still being assessed by the 1050 Process Action Team. Due to the change in patient flow which resulted from the elimination of the up-front physician triage, all patients are now dispositions from the back Room 1050 where currently no PFS staff are stationed. As part of overall physical enhancements, we will be installing a larger clerical desk which could easily accommodate another clerical person who could assist with the disposition function. We anticipate this to take place by August 31, 1996. This consolidation has been implemented at Hudson.
2.B.	**Delegate the following additional tasks to the Patient Resource Workers: follow-up appointment setting for patients, providing referrals, and responding to follow-up telephone calls from patients**	Implemented	Patients who visit either are (Room 1050 or Urgent Care) are able to obtain outpatient appointments before they leave the area. The appointments are made by clerical staff in both areas. If patients require additional information regarding their medical status, the call is referred to a nurse or physician. Also refer to recommendations in Section 4.
2.C.	**Eliminate the stand-alone disposition station and 9.24 full time equivalents at Room 1050.**	Implemented	The stand-alone disposition station in the up-front triage area has been discontinued due to curtailments. The represents a decrease of 4.24 FTE's.

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RECOMMENDATION NUMBER	STATUS	EXPLANATION
2.D. Reduce the number of Patient Resource Workers at Room 1050 from 23.06 to 19.26 full time equivalents and delete one Clerk Typist to provide sufficient staff to perform all recommended functions and enable 30 minute maximum wait time for patients	Implemented	A previous Patient Flow Analysis study (conducted in 1993) found that increased patient wait time was related to under-staffing of PFS. As a result, four additional PFS windows (from a previous 5) were installed which reduced the wait time by 30 minutes (as found by Harvey Rose). The DEM is in total support of cross-training PFS to perform disposition functions. The 1050 Process Action Team (which was instituted prior to Harvey Rose study) is still assessing how this could be accomplished without causing a further increase in patient wait time. All stations (9 windows), are staff based on patient volume. It is not uncommon for several stations to be inactive during low periods and again activated as the need arises. However, due to curtailments, PFS staff has been reduced from 23.06 to 15 FTE's. Hudson has implemented the consolidation of registration, financial services and disposition functions.
2.E. Replace the 9.6 Urgent Care Clerks and Student Workers at Hudson Urgent Care with 10.18 full time equivalent patient Financial Workers to provide sufficient staff to perform all recommended functions and enable a 30- minute maximum wait time for patients.	Modified	Due to the previous curtailments (layoffs) and inability to replace positions, the existing staff have been trained and apprised of the importance of working quickly and efficiently to further reduce wait time and increase patient satisfaction.
2.F. Make the sequencing of the Patient Resource Worker station and the Up-Front Clinical station interchangeable, with patients directed to the station where the back-up is shortest.	Implemented	The flexibility of changing the sequencing of stations continues to exist in Room 1050. An example of this is the up-front physician triage station which was recently eliminated due to curtailments. During the days when patient volume is high, the up-front physician triage can easily be reinstituted, which helps expedite the flow.

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RECOMMENDATION NUMBER		STATUS	EXPLANATION
3.F.*	**Establish flexibility in the sequencing of stations. Patient should first see either an Up-Front Clinical station provider or a patient Resource Worker, depending on which is available first. If there is a wait to see both, vital signs should be taken by the Patient Representative stationed in the waiting room. If there is no wait at the Up-Front clinical station, vital signs should be taken by the providers themselves.**	Implemented	See above
2.G.	**Direct Patient Resource Workers to financially screen patients who call in for an appointment over the telephone.**	Modified	There has been discussion and concern regarding pre-screening by telephone. If the pre-screened patient does not show up to clinic, it will result in unproductive use of PFS time. Instead, the Northeast Cluster has implemented a 1-800 number for an patient to obtain information about appointments, available services, and the location of health care facilities closest to their residence. Although the calls do not get directed to Room 1050, we believe this addresses the problem on a global level.
2.H.	**Discontinue requiring patient to complete Patient Information Forms and make collection of date on that form part of the transactions between patient and Patient Resources Worker.**	Modified	Rather than discontinue efforts to have patient fill out Forms prior to the registration process, the ombudsman has been give the additional duty of assisting patients with the completion of these forms and checking for accuracy. At Hudson, the clerks assist patients with forms and also check for accuracy. This saves time prior to the actual screening.

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RECOMMENDATION NUMBER	STATUS	EXPLANATION
3.A. Maintain the Up Front Clinical Station at Room 1050 and create one at Hudson Urgent Care, staffed by providers now assigned to the Examination Room at Hudson Urgent Care.	Partially Implemented	In Room 1050, the up-front physician triage is implemented only during periods of high volume. As a result of curtailments in October, 1995, a decision was made to change the patient flow in 1050 by directing all patients to the back booths of Room 1050 for their exam, thus eliminating the up-front triage. This system has been effective and does not appear to have caused an increase in patient wait time. Hudson concurs with the concept of up-front triage; however, they currently cannot implement it due to limitations in the physical plant. A renovation plan has been submitted to DHS; however, we are unable to determine what action can be taken due to the financial status of the system. The project is estimated to cost $937,000. Also refer to Recommendation 7.C.
3.B. Replace one physician per shift with a Nurse Practitioner or a Physician Assistant for the Up-Front Clinical stations (savings are net of increased clinical staff for new duties).	Partially Implemented	There is concurrence that Physician Assistants are capable of working in Room 1050. However, due to the County's limited hiring abilities due to the current fiscal situation. PA's would have to be reassigned from their current assignment in Room 1060, which would leave a major staffing deficiency there. Instead, the department is considering the used of resident physicians. Since the curtailments, approximately 50% of the physician staff were eliminated which represents $1.2 million. PA's are used at Hudson's Urgent Care.
3.C. Amend the contract with Hudson Urgent Care physician contractor to allow a reduction in costs based on the savings resulting from the assignment of one nurse practitioner per shift to the Up-Front Assessment station.	Agree	There is currently no up-front physician triage at Hudson due to limits in the physical plant. However, Physician Assistants (rather than nurse practitioner) are used in Urgent Care.

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RECOMMENDATION NUMBER		STATUS	EXPLANATION
3.D.	**Eliminate the vital signs stations at Room 1050, the nurse triage station at Hudson Urgent Care, and the 13.8 full time equivalents staffing nurse triage, and transfer the functions of the two stations to a combination of the Up-Front Clinical station and the recommended new Patient Representative (see Recommended #1.A. in Section VI.I).**	Modified	The elimination of the vital sign station is still under consideration by the 1050 Process Action Team. The remaining issue with this recommendation is how the patient flow could be changed which would not result in an increase in patient wait time. Staffing for this function was decreased from 3.08 to 1.0 FTE. The Up-Front clinical station remains undetermined at this time. Please refer to Recommendation 3.A.
3.E.	**Provide all clinical services for lower acuity patients at the Up-Front Clinical stations: assessment, treatment aftercare education, referral, and clerical disposition.**	Implemented	This system is Room 1050. At Hudson Urgent Care all patient are seen in examination rooms because there is no up-front physician triage. Patients who do no need to be in Urgent Care are triaged to another area of the facility by the triage nurse.
3.I.*	**Send only higher acuity patient who need more extensive treatment to the Booth or Examination Room Medical Team at Hudson Urgent Care.**	Implemented	Already in place at both facilities.
3.G.*	**Direct Up-Front Assessment station providers and Resource Workers to schedule follow-up appointments at other clinics for their patients. Their determination of who schedules appointments should depend on who sees the patient last (since the functions will be interchangeable).**	Implemented	Already exists at both facilities. However, it is the disposition personnel who provide the follow-up appointments.
3.H.	**Provide each clinician with a computer terminal at their desk and access to their facility computer system to enable appointment scheduling and collection and entering of data at multiple locations.**	Modified	This recommendation was modified for Room 1050 because the up -front physician triage is no longer a fixed station. Rather than install computer terminals at each triage station, one computer terminal has been installed in the back for physician use. Other Compucare terminals already exist at other stations. Hudson had implemented Compucare terminals in their Urgent Care Center.

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RECOMMENDATION NUMBER		STATUS	EXPLANATION
5.A.*	**Install Compucare terminals at each Up-Front clinical station desk, providers can disposition and schedule follow-up visits to "fast track" patients directly**	Implemented	See above.
5.B.*	**Provide access to scheduling module in the Compucare system to all clinical and Patient Resource Worker Staff at Room 1050 and Hudson Urgent Care to expedite patient scheduling in other clinics.**	Implemented	Exists within the Compucare terminals.
5.C.*	**Integrate the PC-based "Sipsey System" used at Room 1050 with Compucare to reduce duplication of data entry and to develop an integrated set of data on patients**	Agree	We concur. Efforts are taking place to integrate both programs into one system. This is the objective of the Reconfiguration Plan within the Northeast Cluster; however, we are unable to determine when this will be completed. It is important to note, that even with integrated system, Dr. Sipsey's computer program collects data specific to the Emergency Department which Compucare currently is unable to obtain. It is likely Dr. Sipsey's system will remain in operation for the DEM until Compucare can be expanded to collect this data.
5.D.*	**Move responsibility for the "Sipsey System" to the MIS department rather than an LAC+USC Manage.**	Modified	Agree. Once the systems in 5.C. are integrated, the MIS department will assume responsibility.
5.E.*	**Develop key performance measures to be extracted from the Compucare data base and regularly reported to managers in summary from Room 1050 and Hudson Urgent Care.**	Implemented	These reports are assessed on a monthly basis. The Department of Emergency Medicine has been trending 1050 census over the last five years.
4.A.	**Establish an appointment system for Room 1050 and the Hudson Care Clinic and encourage patients to use them by making it known that patients with appointments have less wait time.**	Modified	Both facilities concur that these areas should remain as "walk-in" facilities. The Medical enter has recently implemented a 24-hour 1-800 number that can be accessed by any patient seeking appointment or information regarding services, which includes urgent and emergency care. Also refer to Recommendation 4.C.

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RECOMMENDATION NUMBER	STATUS	EXPLANATION
4.B. Establish a telephone number for patients to call and ask medical advice or the location of appropriate services, to obtain triage, and to schedule appointments at Hudson Urgent Care or Room 1050.	Agree	One of the objectives with Medicaid Demonstration Project, which moves DHS into an outpatient based system, is to implement a medical advice telephone service. Part of this system has been implemented for the Northeast Region (which includes both facilities). Two 1-800 numbers currently provide general information (appointments, services, location of facilities) for the public and for Community Health Plan (LAC's HMO) members.
4.C. Add two Patient Resource Worker positions to staff the telephone during day shifts at both facilities to respond to calls of an administrative nature and refer calls that need a medical response to an available Registered Nurse, Physician or P.A.	Implemented	In addition to the 24-hour 1-800 numbers, LAC+USC Medical Center has a full time Patient Relations Specialist who handles complaints for patients and/or visitors. The Area Administrators are always available to assist with administrative information or to become involved with complaints that cannot be handled by the Patient Relations Specialist. In addition, an Information Booth is located in the main lobby of both General Hospital and Women's and Children's Hospital, which operates 16 hours per day, seven days per week including holidays, to handle general information, visitor control and provide directions. Hudson also has staff assigned to handle patient complaints.
4.D. Make health education information (print and video) available in the waiting rooms at Room 1050 and Hudson Urgent Care and distributed to patients by the Patient Representative recommended in Section VI.	Agree	A pamphlet with information for the 1050 patients is being developed which will be finalized by July 31, 1996. In addition, 1050 is assessing what education materials we would like to be made available to the patient. Physicians' input is being solicited. Printed health education material is available throughout the Hudson facility.

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RECOMMENDATION NUMBER		STATUS	EXPLANATION
4.E.	**Assess the cost and feasibility of purchasing or creating a prerecorded bilingual audio library on health topics to provide general information without tying up the staff.**	Agree	A communication library was recently reviewed by Medical Center staff; however, it was costly and there was concern expressed regarding the patient's ability to use such a sophisticated system. Instead, Room 1050 will provide bilingual pamphlets regarding the 1050 process and/or health materials. At this time a library at Hudson is not feasible due to inabilities to secure the equipment, limited space and the need for patients to be trained to use it.
4.F.	**Track the impact of the telephone triage system to determine if the number of non-urgent patients visits decreases as a result of the self-care information provided.**	Agree	Upon implementation of a telephone triage system, monitoring of calls will be implemented. Currently, a month report is being generated which monitors the 24-hour 1-800 calls.
5.F.*	**Assign accountability for managers to monitor and achieve certain goals such as a maximum 30-minute wait time until patients receive service**	Implemented	This has been an ongoing process.
5.G.*	**Eventually develop an integrated DHS-wide patient data base using a single patient identification number.**	Partially Implemented	Single patient identification number implemented throughout the Northeast Cluster.
6.A.	**Assign responsibility to Patient Resource Workers of monitoring lab results and reporting their completion back to the provider.**	Implemented	This task is to be performed by non-physician staff.
6.B.	**Explore technological options for altering medical staff of the availability of lab results**	Implemented	Performed by non-physician staff.
6.C.	**Send prescriptions from Room 1050 to the pharmacy via fax at the time they are written by physician or other providers.**	Implemented	July 1, 1996

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RECOMMENDATION NUMBER		STATUS	EXPLANATION
7.A.	**Reconfigure the physical layout and placement of staff in Room 1050 and at Hudson Urgent Care as detained in Section VI.7 of this report to provide more space to providers and to provide less impersonal environment for patient.**	Implemented	Changes in patient flow have occurred as a result a 50% curtailments in physician staff. Patients are now forwarded directly to a patient care booth for the medical assessment. Efforts are continuous in making the environment personal and friendly. Plans are to install a new desk unit in the back and install new chairs for the patient waiting area. Hudson submitted renovation plans which are uncertain at this time; however, all efforts are being taken by staff to provide a personal environment for everyone.
7.B.	**Discontinue communications through the bullet-proof glass at Room 1050. Place all interaction between patients and staff on the same side of the window.**	Modified	Bullet resistant walls were placed to provide staff with a sense of security; however, we were aware of the difficulty with communication through the bullet proof windows. As a result, intercoms were placed at every window to enhance auditory ability.
7.C.	**Determine the costs and plan for remodeling the lobby at Hudson Comprehensive Health Center to expand the space or an Up-Front Assessment Station and enclosed waiting area at the Urgent Care Clinic.**	Agree	A plan for renovation has been submitted; however, due to budget constraints, we are unable to determine whether any type of renovation will take place in the immediate future. The project is estimated to cost $937,000.
7.D.	**Implement a facility-wide security plan to ensure perimeter control at LAC+USC so that measures that are not fully effective such as the bullet-proof glass at Room 1050 can be discontinued (note: if replacement of LAC+USC is approved, the principles of a full security plan should be implemented in the new facility.**	Implemented	There has been a security plan in place which is flexible and open to further discussion with Medical Center Police as the need arises.
8.A.	**Prepare an analysis of outpatient backlogs and capacity limitation and develop a plan for expanding these services including use of contract services.**	Implemented	This was part of the Medicaid Demonstration Project. Many of the hospital based clinics have been moved out to the Comprehensive Health Centers and referral procedures are in place. Outpatient capacity will be increased over the next several months though public/private partnership which are already in place at several County health centers.

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RECOMMENDATION NUMBER		STATUS	EXPLANATION
8.B.	**Begin a process of merging or coordinating services between outpatient departments and Room 1050 and Hudson Urgent Care so that a certain number of patients are accepted on primary care practices and are required to initiate non-acute services.**	Implemented	This has taken place as part of the Medicaid Demonstration Project. See above.
8.C.	**Analyze the potential for reallocating some Room 1050 and Hudson Urgent Care resources to primary care services overtime to accommodate transferred patients.**	Implemented	The Medicaid project calls for the expansion of outpatient based services. DHS continues to analyze all the possibilities of expanding primary care which includes implementation of several public/partnerships and moving hospital based clinics into the comprehensive health care.
8.D.	**Expand drop-in clinics that operate extended hours similar to Room 1050 and Hudson Urgent Care, but for patients who are part of a primary care practice.**	Agree	This is part of the Medicaid Demonstration Project which is still being assessed.
8.E.	**Begin an analysis of the costs and benefits of a truly integrated DHS information system including an assessment of wasted resources resulting from provisions of duplicate services and other factors resulting from lack of information about patients across the Department.**	Agree	This has been an ongoing DHS-wide process over the last two years in its efforts to move into a managed care health system. The Medicaid Demonstration Project dollars have been secured to move into an integrated system within the next five years.

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COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES
313 N. Figueroa, Los Angeles, CA 90012

(213) 240-8101

August 6, 1996

TO: Each Supervisor

FROM: Mark Finucane
Director of Health Services

SUBJECT: **STATUS OF RECOMMENDATIONS IN THE ECONOMY AND EFFICIENCY (E&E) COMMISSION REENGINEERING REPORT ON LAC+USC MEDICAL CENTER AND HUDSON URGENT CARE**

On December 12, 1995, the Citizen's Commission on Economy and Efficiency (E&E Commission) presented its report to the Board on reengineering patient care at the LAC+USC Medical Center Emergency Walk-in Clinic (Room 1050) and the Hudson Comprehensive Health Center Urgent Care Clinic. The Board subsequently instructed the Department of Health Services (DHS) to report back on the implementation of the Commission's recommendations.

On June 27, 1996 I provided the Board with a status report in which I indicated that a committee, comprised of representatives from the Chief Administrative Office, Auditor-Controller and the Department of Health Services, was reviewing work accomplished at LAC+USC Medical Center and Hudson Comprehensive Health Center to implement the Commission's recommendations.

The attached report to the E&E Commission summarizes the current stats of the Department's implementation of these recommendations.

Please let me know if you have any questions or need additional information.

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411:050

Attachments

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

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES
313 N. Figueroa, Los Angeles, CA 90012

(213) 240-8101

August 6, 1996

TO: Gunther Buerk, Chairman
Citizen's Commission on Economy and Efficiency

FROM: Mark Finucane
Director of Health Services

SUBJECT: **STATUS OF RECOMMENDATIONS IN THE ECONOMY AND EFFICIENCY (E&E) COMMISSION REENGINEERING REPORT ON LAC+USC MEDICAL CENTER AND HUDSON URGENT CARE**

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The following summarizes the activities that have occurred at LAC+USC and Hudson relative to the Commission's report. Attachment A details the specific status of each recommendation.

LAC+USC

As you know, since the E&E Commission's report was issued, DHS has faced the most severe fiscal crisis and has been involved in the most significant restructuring effort in its history. Budget curtailments resulted in a 40% reduction in staffing in 1050, while workload has remained roughly the same. These cutbacks

information contained in this report or any other matter related to the reengineering effort.

Please note that I am providing the Board with a copy of this report.

If you have any questions or need additional information, please let me know.

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411:050

Attachments

c: Each Supervisor

HARVEY ROSE RE-ENGINEERING STUDY
RECOMMENDATIONS
July 30, 1996

RECOMMENDATION NUMBER		STATUS	EXPLANATION
I.A.	**Create a patient Representative position, staffed by an RN and filled with 4.86 full time equivalents, to be located in the patient waiting areas, to serve as the first point of contact with patients after they enter and take a number at Room 1350 and Hudson Urgent Care.**	Implemented	The triage nurse is the first point of contact when a patient enters the Emergency Walk-In (Room 1050) or Urgent Care to provide a quick assessment to determine whether the patient is emergent or non-emergent. In addition, Room 1050 has a patient ombudsman who is responsible for providing Medical Center-wide information, assists patients with forms, interprets for Spanish-speaking patient and handles patient complaints. A similar position at Hudson also exists to handles similar problems. The role of the patient representative is an excellent one. We believe the triage nurse at both facilities and the ombudsman in Room 1050 fulfills this recommendation.
I.B.	**Eliminate the stand-alone Nurse Triage, vital signs and ombudsperson stations at Room 1050 and the 9.02 full time equivalents that staff them**	Modified	Assuming the triage nurse fulfills the role of the patient representative, we concur with the recommendation. Without this station (triage nurse or patient representative), there is no mechanism to determine urgency since it is the first point of contact with the patient. The vital signs station is still being assessed (refer to 3.D.). Lastly, there is no ombudsman station. The person fulfilling this role walks around the entire area assisting patients
I.C.	**Eliminate the stand-alone Information Booth station at Hudson Urgent Care and the 2 full time equivalents that staff them and transfer the functions from the station to the new patient representative**	Modified	The stand alone Information Booth has been consolidated into the triage station; however their functions remain separate.
I.D.	**Delegate roles and responsibilities to the Patient Representative, as specified in Section VI-I of report.**	Implemented	Responsibilities are being performed by the triage nurse. Refer to I.A.

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RECOMMENDATION NUMBER		STATUS	EXPLANATION
1.E.	**Furnish the Patient Representative with a computer terminal to enable starting patient records and to enable patient tracking.**	Partially Implemented	Compucare computer terminals have been installed at both facilities; however, there is not one located at the patient representative (triage nurse) station. The reason is that the first entry is limited to the time of arrival and quick assessment, all of which are handwritten.
2.A.	**Consolidate registration, financial screening and disposition function to be performed by a single cross-trained Patient Resource Worker for each patient.**	Partially Implemented	We believe this is an excellent idea. The feasibility is still being assessed by the 1050 Process Action Team. Due to the change in patient flow which resulted from the elimination of the up-front physician triage, all patients are now dispositions from the back Room 1050 where currently no PFS staff are stationed. As part of overall physical enhancements, we will be installing a larger clerical desk which could easily accommodate another clerical person who could assist with the disposition function. We anticipate this to take place by August 31, 1996. This consolidation has been implemented at Hudson.
2.B.	**Delegate the following additional tasks to the Patient Resource Workers: follow-up appointment setting for patients, providing referrals, and responding to follow-up telephone calls from patients**	Implemented	Patients who visit either are (Room 1050 or Urgent Care) are able to obtain outpatient appointments before they leave the area. The appointments are made by clerical staff in both areas. If patients require additional information regarding their medical status, the call is referred to a nurse or physician. Also refer to recommendations in Section 4.
2.C.	**Eliminate the stand-alone disposition station and 9.24 full time equivalents at Room 1050.**	Implemented	The stand-alone disposition station in the up-front triage area has been discontinued due to curtailments. The represents a decrease of 4.24 FTE's.
2.D.	**Reduce the number of Patient Resource Workers at Room 1050 from 23.06 to 19.26 full time equivalents and delete one Clerk Typist to provide sufficient staff to perform all recommended functions and enable 30 minute maximum wait time for patients**	Implemented	A previous Patient Flow Analysis study (conducted in 1993) found that increased patient wait time was related to under-staffing of PFS. As a result, four additional PFS windows (from a previous 5) were installed which reduced the wait time by 30 minutes (as found by Harvey Rose). The DEM is in total support of cross-training PFS to perform disposition functions. The 1050 Process Action Team (which was instituted prior to Harvey Rose study) is still assessing how this could be accomplished without causing a further increase in patient wait time. All stations (9 windows), are staff based on patient volume. It is not uncommon for several stations to be inactive during low periods and again activated as the need arises. However, due to curtailments, PFS staff has been reduced from 23.06 to 15 FTE's. Hudson has implemented the consolidation of registration, financial services and disposition functions.

* Indicates change in sequence in an effort to group similar recommendations

RECOMMENDATION NUMBER		STATUS	EXPLANATION
2.E.	**Replace the 9.6 Urgent Care Clerks and Student Workers at Hudson Urgent Care with 10.18 full time equivalent patient Financial Workers to provide sufficient staff to perform all recommended functions and enable a 30-minute maximum wait time for patients.**	Modified	Due to the previous curtailments (layoffs) and inability to replace positions, the existing staff have been trained and apprised of the importance of working quickly and efficiently to further reduce wait time and increase patient satisfaction.
2.F.	**Make the sequencing of the Patient Resource Worker station and the Up-Front Clinical station interchangeable, with patients directed to the station where the back-up is shortest.**	Implemented	The flexibility of changing the sequencing of stations continues to exist in Room 1050. An example of this is the up-front physician triage station which was recently eliminated due to curtailments. During the days when patient volume is high, the up-front physician triage can easily be reinstituted, which helps expedite the flow.
3.F.*	**Establish flexibility in the sequencing of stations. Patient should first see either an Up-Front Clinical station provider or a patient Resource Worker, depending on which is available first. If there is a wait to see both, vital signs should be taken by the Patient Representative stationed in the waiting room. If there is no wait at the Up-Front clinical station, vital signs should be taken by the providers themselves.**	Implemented	See above
2.G.	**Direct Patient Resource Workers to financially screen patients who call in for an appointment over the telephone.**	Modified	There has been discussion and concern regarding pre-screening by telephone. If the pre-screened patient does not show up to clinic, it will result in unproductive use of PFS time. Instead, the Northeast Cluster has implemented a 1-800 number for an patient to obtain information about appointments, available services, and the location of health care facilities closest to their residence. Although the calls do not get directed to Room 1050, we believe this addresses the problem on a global level.
2.H.	**Discontinue requiring patient to complete Patient Information Forms and make collection of date on that form part of the transactions between patient and Patient Resources Worker.**	Modified	Rather than discontinue efforts to have patient fill out Forms prior to the registration process, the ombudsman has been give the additional duty of assisting patients with the completion of these forms and checking for accuracy. At Hudson, the clerks assist patients with forms and also check for accuracy. This saves time prior to the actual screening.

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RECOMMENDATION NUMBER		STATUS	EXPLANATION
3.A.	**Maintain the Up Front Clinical Station at Room 1050 and create one at Hudson Urgent Care, staffed by providers now assigned to the Examination Room at Hudson Urgent Care.**	Partially Implemented	In Room 1050, the up-front physician triage is implemented only during periods of high volume. As a result of curtailments in October, 1995, a decision was made to change the patient flow in 1050 by directing all patients to the back booths of Room 1050 for their exam, thus eliminating the up-front triage. This system has been effective and does not appear to have caused an increase in patient wait time. Hudson concurs with the concept of up-front triage; however, they currently cannot implement it due to limitations in the physical plant. A renovation plan has been submitted to DHS; however, we are unable to determine what action can be taken due to the financial status of the system. The project is estimated to cost $937,000. Also refer to Recommendation 7.C.
3.B.	**Replace one physician per shift with a Nurse Practitioner or a Physician Assistant for the Up-Front Clinical stations (savings are net of increased clinical staff for new duties).**	Partially Implemented	There is concurrence that Physician Assistants are capable of working in Room 1050. However, due to the County's limited hiring abilities due to the current fiscal situation. PA's would have to be reassigned from their current assignment in Room 1060, which would leave a major staffing deficiency there. Instead, the department is considering the used of resident physicians. Since the curtailments, approximately 50% of the physician staff were eliminated which represents $1.2 million. PA's are used at Hudson's Urgent Care.
3.C.	**Amend the contract with Hudson Urgent Care physician contractor to allow a reduction in costs based on the savings resulting from the assignment of one nurse practitioner per shift to the Up-Front Assessment station.**	Agree	There is currently no up-front physician triage at Hudson due to limits in the physical plant. However, Physician Assistants (rather than nurse practitioner) are used in Urgent Care.

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RECOMMENDATION NUMBER		STATUS	EXPLANATION
3.D.	**Eliminate the vital signs stations at Room 1050, the nurse triage station at Hudson Urgent Care, and the 13.8 full time equivalents staffing nurse triage, and transfer the functions of the two stations to a combination of the Up-Front Clinical station and the recommended new Patient Representative (see Recommended #1.A. in Section VI.I).**	Modified	The elimination of the vital sign station is still under consideration by the 1050 Process Action Team. The remaining issue with this recommendation is how the patient flow could be changed which would not result in an increase in patient wait time. Staffing for this function was decreased from 3.08 to 1.0 FTE. The Up-Front clinical station remains undetermined at this time. Please refer to Recommendation 3.A.
3.E.	**Provide all clinical services for lower acuity patients at the Up-Front Clinical stations: assessment, treatment aftercare education, referral, and clerical disposition.**	Implemented	This system is Room 1050. At Hudson Urgent Care all patient are seen in examination rooms because there is no up-front physician triage. Patients who do no need to be in Urgent Care are triaged to another area of the facility by the triage nurse.
3.I.*	**Send only higher acuity patient who need more extensive treatment to the Booth or Examination Room Medical Team at Hudson Urgent Care.**	Implemented	Already in place at both facilities.
3.G.*	**Direct Up-Front Assessment station providers and Resource Workers to schedule follow-up appointments at other clinics for their patients. Their determination of who schedules appointments should depend on who sees the patient last (since the functions will be interchangeable).**	Implemented	Already exists at both facilities. However, it is the disposition personnel who provide the follow-up appointments.
3.H.	**Provide each clinician with a computer terminal at their desk and access to their facility computer system to enable appointment scheduling and collection and entering of data at multiple locations.**	Modified	This recommendation was modified for Room 1050 because the up -front physician triage is no longer a fixed station. Rather than install computer terminals at each triage station, one computer terminal has been installed in the back for physician use. Other Compucare terminals already exist at other stations. Hudson had implemented Compucare terminals in their Urgent Care Center.

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RECOMMENDATION NUMBER		STATUS	EXPLANATION
5.A.*	**Install Compucare terminals at each Up-Front clinical station desk, providers can disposition and schedule follow-up visits to "fast track" patients directly**	Implemented	See above.
5.B.*	**Provide access to scheduling module in the Compucare system to all clinical and Patient Resource Worker Staff at Room 1050 and Hudson Urgent Care to expedite patient scheduling in other clinics.**	Implemented	Exists within the Compucare terminals.
5.C.*	**Integrate the PC-based "Sipsey System" used at Room 1050 with Compucare to reduce duplication of data entry and to develop an integrated set of data on patients**	Agree	We concur. Efforts are taking place to integrate both programs into one system. This is the objective of the Reconfiguration Plan within the Northeast Cluster; however, we are unable to determine when this will be completed. It is important to note, that even with integrated system, Dr. Sipsey's computer program collects data specific to the Emergency Department which Compucare currently is unable to obtain. It is likely Dr. Sipsey's system will remain in operation for the DEM until Compucare can be expanded to collect this data.
5.D.*	**Move responsibility for the "Sipsey System" to the MIS department rather than an LAC+USC Manage.**	Modified	Agree. Once the systems in 5.C. are integrated, the MIS department will assume responsibility.
5.E.*	**Develop key performance measures to be extracted from the Compucare data base and regularly reported to managers in summary from Room 1050 and Hudson Urgent Care.**	Implemented	These reports are assessed on a monthly basis. The Department of Emergency Medicine has been trending 1050 census over the last five years.
4.A.	**Establish an appointment system for Room 1050 and the Hudson Care Clinic and encourage patients to use them by making it known that patients with appointments have less wait time.**	Modified	Both facilities concur that these areas should remain as "walk-in" facilities. The Medical enter has recently implemented a 24-hour 1-800 number that can be accessed by any patient seeking appointment or information regarding services, which includes urgent and emergency care. Also refer to Recommendation 4.C.

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RECOMMENDATION NUMBER		STATUS	EXPLANATION
4.B.	**Establish a telephone number for patients to call and ask medical advice or the location of appropriate services, to obtain triage, and to schedule appointments at Hudson Urgent Care or Room 1050.**	Agree	One of the objectives with Medicaid Demonstration Project, which moves DHS into an outpatient based system, is to implement a medical advice telephone service. Part of this system has been implemented for the Northeast Region (which includes both facilities). Two 1-800 numbers currently provide general information (appointments, services, location of facilities) for the public and for Community Health Plan (LAC's HMO) members.
4.C.	**Add two Patient Resource Worker positions to staff the telephone during day shifts at both facilities to respond to calls of an administrative nature and refer calls that need a medical response to an available Registered Nurse, Physician or P.A.**	Implemented	In addition to the 24-hour 1-800 numbers, LAC+USC Medical Center has a full time Patient Relations Specialist who handles complaints for patients and/or visitors. The Area Administrators are always available to assist with administrative information or to become involved with complaints that cannot be handled by the Patient Relations Specialist. In addition, an Information Booth is located in the main lobby of both General Hospital and Women's and Children's Hospital, which operates 16 hours per day, seven days per week including holidays, to handle general information, visitor control and provide directions. Hudson also has staff assigned to handle patient complaints.
4.D.	**Make health education information (print and video) available in the waiting rooms at Room 1050 and Hudson Urgent Care and distributed to patients by the Patient Representative recommended in Section VI.**	Agree	A pamphlet with information for the 1050 patients is being developed which will be finalized by July 31, 1996. In addition, 1050 is assessing what education materials we would like to be made available to the patient. Physicians' input is being solicited. Printed health education material is available throughout the Hudson facility.
4.E.	**Assess the cost and feasibility of purchasing or creating a prerecorded bilingual audio library on health topics to provide general information without tying up the staff.**	Agree	A communication library was recently reviewed by Medical Center staff; however, it was costly and there was concern expressed regarding the patient's ability to use such a sophisticated system. Instead, Room 1050 will provide bilingual pamphlets regarding the 1050 process and/or health materials. At this time a library at Hudson is not feasible due to inabilities to secure the equipment, limited space and the need for patients to be trained to use it.
4.F.	**Track the impact of the telephone triage system to determine if the number of non-urgent patients visits decreases as a result of the self-care information provided.**	Agree	Upon implementation of a telephone triage system, monitoring of calls will be implemented. Currently, a month report is being generated which monitors the 24-hour 1-800 calls.

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RECOMMENDATION NUMBER		STATUS	EXPLANATION
5.F.*	**Assign accountability for managers to monitor and achieve certain goals such as a maximum 30-minute wait time until patients receive service**	Implemented	This has been an ongoing process.
5.G.*	**Eventually develop an integrated DHS-wide patient data base using a single patient identification number.**	Partially Implemented	Single patient identification number implemented throughout the Northeast Cluster.
6.A.	**Assign responsibility to Patient Resource Workers of monitoring lab results and reporting their completion back to the provider.**	Implemented	This task is to be performed by non-physician staff.
6.B.	**Explore technological options for altering medical staff of the availability of lab results**	Implemented	Performed by non-physician staff.
6.C.	**Send prescriptions from Room 1050 to the pharmacy via fax at the time they are written by physician or other providers.**	Implemented	July 1, 1996
7.A.	**Reconfigure the physical layout and placement of staff in Room 1050 and at Hudson Urgent Care as detained in Section VI.7 of this report to provide more space to providers and to provide less impersonal environment for patient.**	Implemented	Changes in patient flow have occurred as a result a 50% curtailments in physician staff. Patients are now forwarded directly to a patient care booth for the medical assessment. Efforts are continuous in making the environment personal and friendly. Plans are to install a new desk unit in the back and install new chairs for the patient waiting area. Hudson submitted renovation plans which are uncertain at this time; however, all efforts are being taken by staff to provide a personal environment for everyone.
7.B.	**Discontinue communications through the bullet-proof glass at Room 1050. Place all interaction between patients and staff on the same side of the window.**	Modified	Bullet resistant walls were placed to provide staff with a sense of security; however, we were aware of the difficulty with communication through the bullet proof windows. As a result, intercoms were placed at every window to enhance auditory ability.

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RECOMMENDATION NUMBER		STATUS	EXPLANATION
7.C.	**Determine the costs and plan for remodeling the lobby at Hudson Comprehensive Health Center to expand the space or an Up-Front Assessment Station and enclosed waiting area at the Urgent Care Clinic.**	Agree	A plan for renovation has been submitted; however, due to budget constraints, we are unable to determine whether any type of renovation will take place in the immediate future. The project is estimated to cost $937,000.
7.D.	**Implement a facility-wide security plan to ensure perimeter control at LAC+USC so that measures that are not fully effective such as the bullet-proof glass at Room 1050 can be discontinued (note: if replacement of LAC+USC is approved, the principles of a full security plan should be implemented in the new facility.**	Implemented	There has been a security plan in place which is flexible and open to further discussion with Medical Center Police as the need arises.
8.A.	**Prepare an analysis of outpatient backlogs and capacity limitation and develop a plan for expanding these services including use of contract services.**	Implemented	This was part of the Medicaid Demonstration Project. Many of the hospital based clinics have been moved out to the Comprehensive Health Centers and referral procedures are in place. Outpatient capacity will be increased over the next several months though public/private partnership which are already in place at several County health centers.
8.B.	**Begin a process of merging or coordinating services between outpatient departments and Room 1050 and Hudson Urgent Care so that a certain number of patients are accepted on primary care practices and are required to initiate non-acute services.**	Implemented	This has taken place as part of the Medicaid Demonstration Project. See above.
8.C.	**Analyze the potential for reallocating some Room 1050 and Hudson Urgent Care resources to primary care services overtime to accommodate transferred patients.**	Implemented	The Medicaid project calls for the expansion of outpatient based services. DHS continues to analyze all the possibilities of expanding primary care which includes implementation of several public/partnerships and moving hospital based clinics into the comprehensive health care.

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RECOMMENDATION NUMBER		STATUS	EXPLANATION
8.D.	**Expand drop-in clinics that operate extended hours similar to Room 1050 and Hudson Urgent Care, but for patients who are part of a primary care practice.**	Agree	This is part of the Medicaid Demonstration Project which is still being assessed.
8.E.	**Begin an analysis of the costs and benefits of a truly integrated DHS information system including an assessment of wasted resources resulting from provisions of duplicate services and other factors resulting from lack of information about patients across the Department.**	Agree	This has been an ongoing DHS-wide process over the last two years in its efforts to move into a managed care health system. The Medicaid Demonstration Project dollars have been secured to move into an integrated system within the next five years.

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LAC+USC MEDICAL CENTER
WALK-IN CLINIC 1050
STAFFING COST COMPARISON

STATION/STAFF	HARVEY ROSE STUDY (FY 1994-95) NUMBER OF FULL-TIME EQUIVALENTS	HARVEY ROSE STUDY (FY 1994-95) ESTIMATED SALARY AND BENEFITS	POST FY 1995-96 CURTAILMENT NUMBER OF FULL-TIME EQUIVALENTS	POST FY 1995-96 CURTAILMENT ESTIMATED SALARY AND BENEFITS
PATIENT ENTERS				
NURSING ATTENDANT	1.00	$ 24,220	0.00	$ 0
TRIAGE				
STAFF NURSE	4.94	266,660	4.94	244,372
VITAL SIGNS				
NURSING ATTENDANT	3.08	68,921	1.00	24,592
UP-FRONT ASSESSMENT				
RESIDENT PHYSICIAN	7.57	1,055,605	0.00	0
REGISTRATION/FINANCIAL SCREENING				
PATIENT RESOURCE WORKER	23.06	641,790	13.00	391,534
INT. SUPERVISING TYPIST CLERK	1.15	39,973	1.00	34,056
PATIENT FINANCIAL SVCS WORKER	0.00	0	1.00	36,404
BOOTH				
PHYSICIAN	8.36	1,124,224	6.70	948,147
NURSING SUPERVISOR	0.23	21,985	0.33	30,756
STAFF NURSE	0.19	8,605	3.00	148,404
CLINIC NURSE	3.06	147,923	3.00	141,303
NURSING ATTENDANT	6.16	137,643	1.00	22,826
LICENSED VOCATIONAL NURSE	0.00	0	2.00	64,976
DISPOSITION				
INTERMEDIATE CLERK	9.24	231,562	4.00	109,688
ADMINISTRATION				
SUPERVISING PHYSICIAN	1.00	157,590	1.00	151,425
SENIOR CLERK	1.00	27,718	1.00	30,445
INTERMEDIATE CLERK	1.00	25,061	0.00	0
TOTAL	71.96	$ 3,980,220	42.97	$ 2,376,932
ANNUAL ENCOUNTERS		65,700		52,092 (1)
AVERAGE COST PER ENCOUNTER		$ 60.58		$ 45.63

(1) Based on a full-year projection of the average monthly workload for the period October 1995 through May 1996 (34,726).

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