

Some Consequences of DHS Restructuring on the LA County Hospital & Emergency Services System

Presented to the Los Angeles County: Health Care In Crisis
Forum

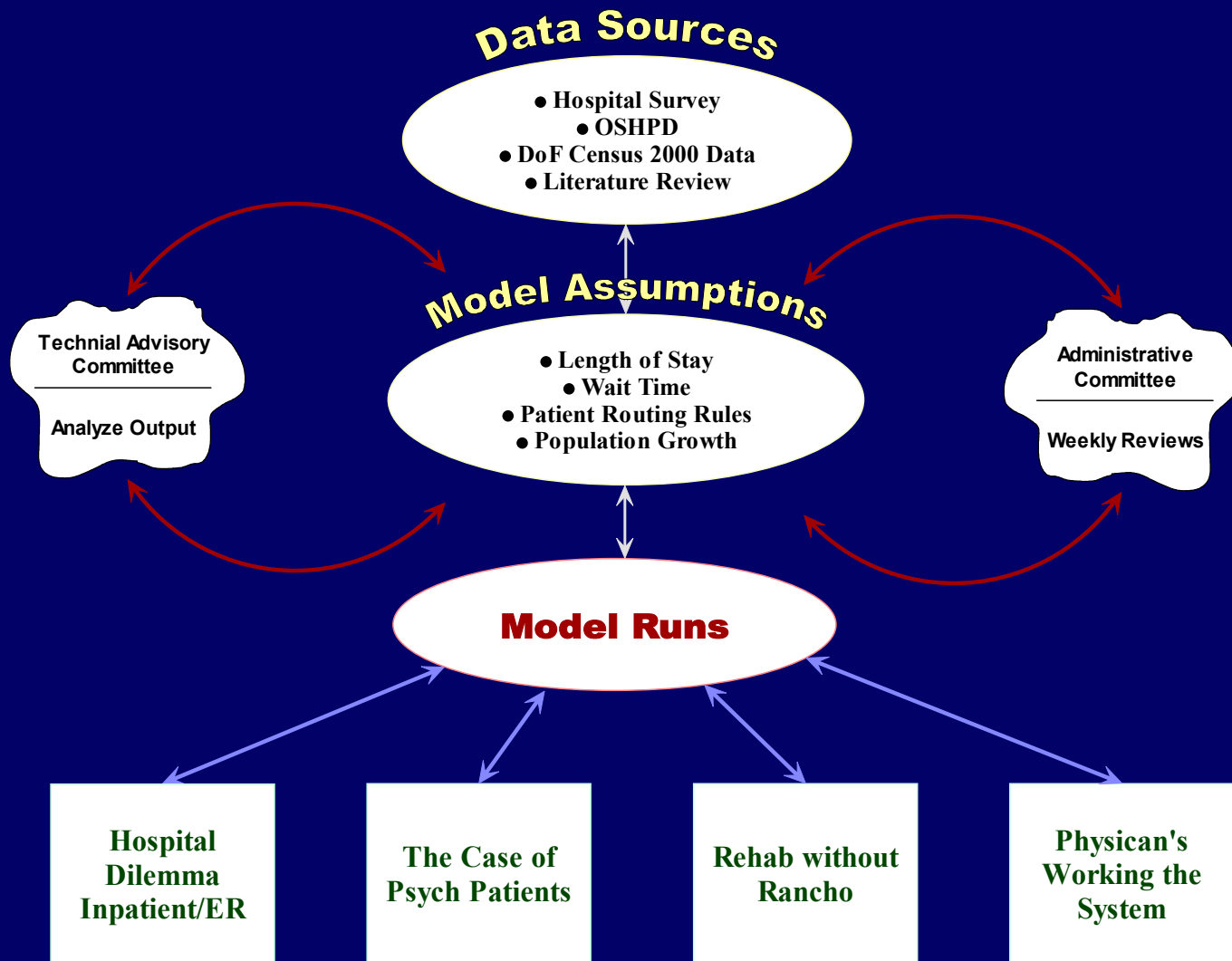
J. Eugene Grigsby, III
President/CEO
National Health Foundation

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Restructuring Scenario III

- ▶ Close all inpatient beds at High Desert Hospital
- ▶ Close all psychiatric beds in DHS hospitals
- ▶ Reduce inpatient beds at LAC+USC hospital by 100 beds
- ▶ Change governance or close Rancho Los Amigos Rehabilitation Center
- ▶ Close 16 ambulatory sites

National Health Foundation Impact Model for Inpatient/ER Services



Concerns raised by DHS About Preliminary Results

- ▶ Occupancy rates by bed type too low
- ▶ Emergency
- ▶ Department wait times too short
- ▶ Numbers leaving without being seen too low

Hospital System Universe

(N = 120)

DHS/Public Sector

n = 6

Hospitals
w/ Trauma
Centers
n = 3

Hospitals
w/ EDs
n = 1

Inpatient
only
n = 2

Private Sector

n = 114

Hospitals
w/ Trauma
Centers
n = 10

Hospitals
w/EDs
n = 67

Inpatient
only
n = 37

Occupancy rates by bed type for LA
County hospitals
(2000 OSHPD Data)

DHS/Public Sector Hospitals (6 Hospitals)

▪ Adult ICU 96% (152)	Adult Acute 99% (1032)
▪ Peds ICU 89% (82)	Peds Acute 89% (115)
▪ Physical Rehab 93%* (197)	Psych ICU Not reported
▪ Psych Adult 101% (137)	Psych Peds 102% (10)
▪ Other 99% (351)	

* Calculated assuming rehab beds categorized as "other acute."

Hospitals with Trauma Centers (13 hospitals)

▶ DHS Hospitals (3)

■ Median Occupancy Rates (# beds) by Bed Types:

▶ Adult ICU	99%	(124)
▶ Adult Acute	100%	(802)
▶ Peds ICU	89%	(68)
▶ Peds Acute	98%	(85)
▶ Physical Rehab	95%*	(69)
▶ Psych ICU	Not reported	
▶ Psych Adult	102%	(105)
▶ Psych Peds	102%	(10)
▶ Other	99%	(147)

▶ Private Sector Hospitals (10)

■ Median Occupancy Rates (# beds) by Bed Types:

▶ Adult ICU	72%	(369)
▶ Adult Acute	70%	(1768)
▶ Peds ICU	77%	(364)
▶ Peds Acute	57%	(536)
▶ Physical Rehab	52%	(186)
▶ Psych ICU	88%	(61)
▶ Psych Adult	72%	(150)
▶ Psych Peds	Not reported	
▶ Other	66%	(1210)

* Calculated assuming rehab beds categorized as "other acute."

Private Sector Hospitals (104 hospitals)

▶ With EDs (67)

■ Median Occupancy Rates (# beds) by Bed Types:

▶ Adult ICU	64%	(1292)
▶ Adult Acute	52%	(6747)
▶ Peds ICU	70%	(596)
▶ Peds Acute	47%	(410)
▶ Physical Rehab	58%	(401)
▶ Psych ICU	78%	(41)
▶ Psych Adult	67%	(862)
▶ Psych Peds	15%*	(6)
▶ Other	70%	(4443)

▶ Without EDs (37)

■ Median Occupancy Rates (# beds) by Bed Types:

▶ Adult ICU	53%	(208)
▶ Adult Acute	55%	(1251)
▶ Peds ICU	Not Reported	
▶ Peds Acute	46%	(106)
▶ Physical Rehab	57%	(85)
▶ Psych ICU	99%	(41)
▶ Psych Adult	70%	(879)
▶ Psych Peds	67%	(439)
▶ Other	80%	(2129)

* Data from 1 hospital only

Model Results

The Hospital Dilemma as measured by occupancy rates

- ▶ Little impact on countywide occupancy rates for:
 - ICC Beds
 - Med/Surg Beds
 - Other Medical Beds
- ▶ DHS hospitals already running at extremely high occupancy rates, Scenario III will exacerbate this situation

The case of emergency rooms—Increase in Wait Times and in the Numbers of Patients who Leave Without Being Seen

- ▶ Critical patients will not be impacted
- ▶ Wait times for urgent patients will increase 7 minutes and more of these patients will leave without being seen
- ▶ Wait times for non-urgent patients is very high, particularly in county facilities—Scenario III will not significantly affect these wait times
- ▶ Most of the patients leaving without being seen will do so from DHS facilities

Treating Psychiatric Patients will be even more difficult

- ▶ Countywide occupancy rates for psych beds is relatively high 68%
- ▶ This rate is even higher (80% or greater) in 3 SPAs; Antelope Valley, South Bay and South
- ▶ The number of psych patients who will be sent to EDs as a result of Scenario III will increase by 463, half of this number will be children and almost 2/3 thirds will be uninsured

Some Rehab Patients will be More Affected Than Others

- ▶ Countywide occupancy rates will increase from 85% to 93% for rehab beds
- ▶ Five SPAs will have occupancy rates greater than 90%
- ▶ 294 patients needing rehab care will not be able to find beds, 83% of this group will be uninsured

More Physicians will Have to “Work” the System to Get Beds for Patients who need them Right Away

- ▶ Countywide physicians will send nearly 300 additional patients to EDs because Med/Surg or medical beds are not immediately available
- ▶ Seventy three percent of these patients will be uninsured

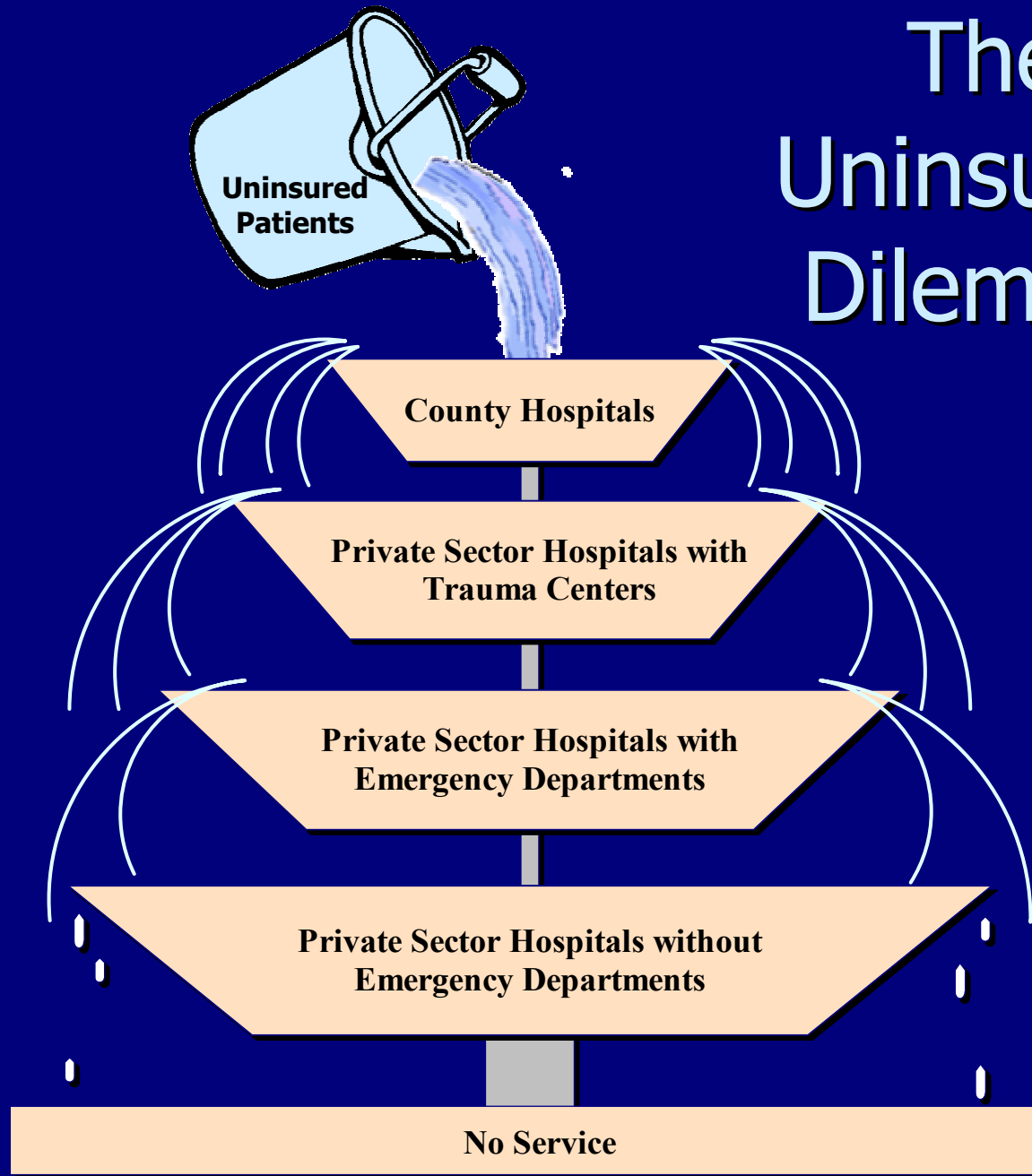
Conclusion

- ▶ DHS hospitals overwhelmed
- ▶ Spill over from DHS hospitals to surrounding hospitals with EDs likely
- ▶ ED wait times will increase for nonurgent as well as urgent patients
- ▶ More patients will leave the EDs without being seen
- ▶ More psych patients will be sent to EDs because no beds are immediately available
- ▶ Law enforcement will have a difficult time in placing psych patients (particularly 5150 patients)
- ▶ The County will find it extremely difficult to place uninsured rehab patients
- ▶ Impacts on the ambulatory care system are not known

Policy Implications

- ▶ Reduce the number of uninsured
- ▶ Find reimbursement mechanism for private sector
- ▶ Develop a more comprehensive ambulatory delivery system linked to hospitals with EDs

The Uninsured Dilemma



END