



## Briefs

Regional News from HASC

### Riverside Relaxes Mental Health Policies to Move Patients Out of EDs

In an effort to ease the gridlock of 5150 patients in emergency departments of non LPS-designated hospitals throughout the county, the Riverside Department of Mental Health (DMH) has announced two major policy revisions as the result of a recent major reduction in acute psychiatric beds.

In late September, Desert Regional Medical Center in Palm Springs closed its 27-bed locked psychiatric unit to prepare for conversion into an expanded 35-bed surgical unit. The closure left only a short-stay 16-bed Oasis Psychiatric Health Facility in Indio as the remaining inpatient unit for the entire rapidly growing Coachella Valley.

Mental health officials reviewed their regulations regarding involuntary assessments and hospitalizations of indigent and Medi-Cal residents and enacted change to

allow licensed mental health professionals authorized by DMH to write 5150 holds to also discontinue them "based on a face-to-face reevaluation." It is felt that this will help relieve some of the congestion, particularly for those who fail to meet criteria for a 72-hour inpatient evaluation after the initial application is written.

In addition, the county has contracted with six out-of-county inpatient facilities to allow for more timely transfers for medically cleared individuals: Canyon Ridge Hospital, Aurora Charter Oak Hospital, Redlands Community Hospital, San Bernardino Community Hospital, Loma Linda Behavioral Medical Center and College Hospital of Costa Mesa.

**Contact:** Monty Clark  
(805) 650-1243, mclark@hasc.org

### OC Supervisors Vote on Children's Health Initiative and Behavioral Health Services

The Orange County Board of Supervisors unanimously approved this week the dedication of nine staff members from the Social Services Agency (SSA) to enroll eligible children in existing health care programs (Medi-Cal and Healthy Families). HASC supported this item, pushed for coordination between private sector efforts and the new SSA outreach

staff, and recommended a report-back strategy to the Board of Supervisors that would encompass the entire enrollment effort (public and private).

In his comments, Supervisor Thomas W. Wilson singled out the hospitals for their work on this issue. Serving as part of the team as a resource with the Supervisors prior to this week's hearing:

*Continued on page 4*

### CEO Update

**Bruce Chernof, MD**, has been named acting director of the Los Angeles County Department of Health Services.

**Casey Fatch** has been named chief executive officer of Western Medical

Center – Anaheim.

**Craig Leach** has been named president/chief executive officer of Torrance Memorial Medical Center, **Craig Myer** has been named chief executive officer of Coastal Communities Hospital in Santa Ana.

### ReddiNet® Marks First Year Anniversary of L.A. County Bioterrorism Program

Sixty-five hospitals in Los Angeles County are now using their ReddiNet system to participate in the Los Angeles County Patient Volume and Surveillance Program. Developed a year ago and maintained with HRSA grant money, the ReddiNet program is a complementary program to the main county Syndromic Surveillance program and four others that capture syndromic and encounter data from hospitals, pharmacies, drug stores and military entities.

The ReddiNet program is specifically designed for the early detection of illness in the event of a deliberate release of biological or chemical agents or naturally occurring outbreaks, and captures encounter data. Working with the ED managers, a HASC consultant/trainer monitors the timely daily data transmission of ED visits; hospital admits from the ED; ICU admissions from the ED; and ED deaths.

The hospitals have been exceptionally open to participating and adding this activity to their daily routine, the majority achieving a two-day turnaround on data submission and 95 percent accuracy in reporting. Using ReddiNet creates an awareness among hospitals that biosurveillance is a necessary activity and prepares them to quickly and knowledgeably respond to ad hoc questions should the county need to activate the system during an actual event.

The surveillance program is administered and monitored by the Public Health and EMS agencies in Los Angeles County. At their request, HASC embarked on a new effort last summer to add

*Continued on page 4*

## HASC, Jones Day to Present Program on Protecting Hospital Intellectual Property

HASC and Jones Day are pleased to present "Protecting Hospital Intellectual Property Rights" on Wednesday, Jan. 25, 2006.

The presentation will feature a case study involving an intern who invented a medical product without any research funding. He worked independently using materials and equipment available at any hospital. He developed and tested his concept in a few days, and the cost of materials was less than \$500. The patent royalties ran into the tens of million of dollars, and the product saved thousands of lives.

The presentation will discuss:

- How to insure that developments such as this are identified as patentable and how they can be subsequently commercialized.
- How the hospital arranged for the patent fees and other costs to be shifted from the hospital to the ultimate manufacturing distributor.
- Copyright and service mark issues that are important to hospitals to protect their name and identity in the marketplace.

The 12:00 to 1:30 p.m. luncheon session will take place at Jones Day, 555 South Flower Street, Fiftieth Floor, Los Angeles (across the street from HASC).

To RSVP, contact Lettie Salcido at (213) 538-0737 or [lsalcido@hasc.org](mailto:lsalcido@hasc.org) with attendee name, title, organization, telephone and e-mail.

**Contact:** Pat Wall  
(213) 538-0715, [pwall@hasc.org](mailto:pwall@hasc.org)

## Thank You to CHPAC Contributors

HASC thanks the following member hospitals that have reached or exceeded their CHPAC goal:

Anaheim Memorial Medical Center  
Barlow Respiratory Hospital  
Cedars-Sinai Medical Center  
Community Hospital of Long Beach  
Corona Regional Medical Center  
Desert Valley Hospital  
Eisenhower Medical Center  
Goleta Valley Cottage Hospital  
Henry Mayo Newhall Memorial Hospital  
Hoag Memorial Hospital  
Presbyterian  
Kindred Hospital – Brea  
Kindred Hospital – Westminster  
Ojai Valley Community Hospital  
Orange Coast Memorial Medical Center

Mission Community Hospital  
MPTF Corp./Motion Picture & TV Fund Hospital  
Pacific Alliance Medical Center  
Pacific Hospital of Long Beach  
Pomona Valley Hospital Medical Center  
Redlands Community Hospital  
Saddleback Memorial Medical Center  
Santa Ynez Valley  
Simi Valley Hospital/Adventist Health  
St. John's Pleasant Valley Hospital  
St. Joseph Hospital  
Hospitals have through the month of December to contribute to CHPAC in order to reach their 2005 goal.

**Contact:** Barbara Hill  
(213) 538-0718, [bhill@hasc.org](mailto:bhill@hasc.org)

### OC Supervisors *Continued from page 3*

Ron DiLuigi and other professionals from the St. Joseph Health System; Jena Jensen of Children's Hospital of Orange County; and Beth Dawson of Kaiser Permanente.

The HASC Behavioral Health Services Committee, comprised of hospitals, law enforcement and emergency department personnel, made a compelling case with the Board for the continuation of funding for psychiatric treatment beds for unfunded patients. The funding was originally to be one-time. The Chairman

of the Board indicated publicly that he would request continuation of the funding.

The coalition includes Linda Esser, College Hospital, chair of the HASC BHS Committee; Westminster Police Chief Andy Hall and his staff; Janet Magnani, ED nurse at St. Jude Hospital; and Pete Anderson, ER physician at Fountain Valley Regional Hospital and Medical Center.

**Contact:** Julie Puentes  
(714) 663-0294, [jpuentes@hasc.org](mailto:jpuentes@hasc.org)

### Biosurveillance *Continued from page 3*

enrolled hospitals to the main county program, Los Angeles County Syndromic Surveillance. The program extracts syndromic data directly from hospital information systems. This program is simple to set up and administer with the

cooperation of the hospital IT staff. The goal is to get 40 hospitals converted to the main program while maintaining participation in the encounter data program.

**Contact:** Cathy Winans  
(213) 538-0719, [cwinans@hasc.org](mailto:cwinans@hasc.org)