



HASC Briefs

In This Issue:

- [Hospitals, County Commence Steps to Establish PES Model of Care in Orange County](#) 1
- [HASC Welcomes Newly Appointed CEOs](#) 1
- [Los Angeles Recuperative Care to Celebrate Grand Reopening June 19](#) 2
- [New Collaborative in Inland Region Will Address ED Offload Delays](#) 2
- [Spring Session LEAD Academy Graduates 20 Participants](#) 2

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Hospitals, County Commence Steps to Establish PES Model of Care in Orange County

HASC members and County of Orange Behavioral Health representatives met recently to discuss how they could continue their work to establish a Psychiatric Emergency Services (PES) patient care site in Orange County.

These individuals had previously collaborated to prepare an SB 82 grant application seeking state funding for two PES facilities in Orange County. The grant was not funded.

Interest in the PES model of care has been fueled by success in other communities with expedited treatment in a dedicated, PES setting, for behavioral health patients experiencing psychiatric emergencies. Additionally, a Joint Commission report recently substantiated concerns over the boarding of these patients in hospital emergency rooms, noting that patients boarded in emergency rooms awaiting treatment are at risk for harming themselves or others.

Goals for the collaborative discussions between hospitals and the county were adopted at the end of 2013:

- Expedite crisis intervention, stabilization and treatment for patients experiencing psychiatric emergencies in more appropriate care settings, bypassing hospital emergency departments when not needed.
- Reduce the need for involuntary inpatient treatment.
- Expedite crisis intervention, stabilization and treatment for children and youth (including youth under age 12) experiencing psychiatric emergencies in more appropriate care settings such as residential beds, instead

of hospital emergency departments.

It was agreed that establishment of a PES in Orange County will:

- Expedite the commencement of treatment of the psychiatric emergency within two hours, in the most appropriate care setting.
- Stabilize patients more quickly, reducing exposure to physical harm for hospital emergency room personnel.
- Expand capacity in the county for addressing psychiatric emergencies.
- Significantly alleviate emergency room crowding, benefitting the health care delivery system as a whole by freeing up emergency rooms for patients with acute medical needs.
- Save thousands of taxpayer dollars by triaging and providing crisis intervention for behavioral patients in the least costly and most appropriate level of care setting.
- Provide uniform triage and treatment services for all behavioral patients regardless of their insurance plan.

Field screenings would identify individuals in psychiatric crisis who can be transported directly to the PES facility rather than to a hospital emergency room so that the above-noted benefits can be realized.

Next steps will be concurrent efforts of four workgroups to identify actions toward implementation.

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HASC Welcomes Newly Appointed CEOs

William Foley, Director, Arrowhead Regional Medical Center.

Gregory Brentano, CEO, East Valley Hospital Medical Center.

Jim A. Branchick, CEO, Kaiser Permanente

Downey Medical Center.

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Los Angeles Recuperative Care to Celebrate Grand Reopening June 19

Please join us for the grand reopening of the Los Angeles Recuperative Care Center.

HASC members are invited to the Open House on Thursday, June 19 from 8 a.m. to 6 p.m. Site tours will be given every 30 minutes, and light refreshments will be provided. This day is especially geared for area hospitals' discharge planners, case managers, social workers and clinicians.

Come meet NHF staff and learn more about the enhancements that have been implemented to better serve the clients and to expedite the referral process.

The Recuperative Care Center of Los Angeles is open to serve those patients who are too sick for a shelter but not sick enough to remain hospitalized. The location is now accepting Los Angeles area patient referrals from participating hospi-

tals. It is located at: 5136 W. Washington Blvd., Los Angeles, 90016.

For more information, please contact Elizabeth Yang, Director of the Recuperative Care Center, or visit www.nhfca.org.

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New Collaborative in Inland Region Will Address ED Offload Delays

A collaborative formed in early June to find solutions to address the emergency department offload delays that affect the Inland region. Initially developed as a recommendation from the Riverside County EMS System Advisory Committee to create a collaborative for Riverside County, the group has since been composed to include San Bernardino County

and look at the Inland Empire as a whole.

The first meeting included cross sectorial representation including REMSA and ICEMA Directors, HASC RVP, San Bernardino County Health Officer, hospital CEO representation from each county, ambulance provider representation from each county, fire chief repre-

sentation from each county and a hospital CNO.

The initial meeting focused on examining current issues as well as mitigation strategies. Meetings are planned to continue on a monthly basis.

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Spring Session LEAD Academy Graduates 20 Participants

Congratulations to the following graduates of the Spring 2014 LEAD Academy:

- Dele Akao – Henry Mayo Newhall Memorial Hospital
- Dustin Ashenfelter – Henry Mayo Newhall Memorial Hospital
- Susan Brown – Desert Valley Hospital
- Scott Cameron – USC Verdugo Hills Hospitals
- Suzanne Curtis – Mission Community Hospital
- Norma Dominguez – Hospital Association of Southern California
- Vanessa Labasan – Good Samaritan Hospital
- Erwin Macatula – White Memorial Medical Center
- Luther Mangoba – Parkview Community Hospital
- Mariel Marks – Henry Mayo Newhall Memorial Hospital
- George Martindale – Parkview

- Community Hospital
- Vanessa Martinez – Desert Valley Medical Group
- Lisa Matheson – Memorial Care Health System
- Michael Meija – Good Samaritan Hospital
- Stacy Miller – Huntington Hospital
- Melissa Nussbaum – Henry Mayo Newhall Memorial Hospital
- Ha Quan – Henry Mayo Newhall Memorial Hospital
- Denise Soresi – Desert Valley Hospital
- Pamela Wolff – Desert Valley Hospital

LEAD Academy uses innovative tools and experiential learning to empower recently hired, newly appointed or previously untrained health care leaders to better understand and use their strengths. LEAD is built on the underlying principle that effective leadership requires productive relationships to support excellence in patient care, sustainable business objectives and a safe patient environment.

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Graduates and participants of the LEAD Spring 2014 Session.