A Message From the Director

Wow, I have never heard of a voluntary survey getting as great a response as our workplace survey. Over 10,000 responses! (Okay the prizes donated by our labor partners helped, but it was your enthusiasm that made that day). The major take-home message to me from the survey was that our staff reverberate with our mission. Eighty seven percent of you agreed that you “like the kind of work” you do. That makes me feel so good. I love my job and the amazing people I work with and the patients we serve, and it makes me so happy that you all do too.

Not to say there isn’t room for improvement. The survey shows that we must do more to foster a culture of fairness and respect. In the coming months we will be discussing how we promote “a fair and just” culture throughout our organization. I look forward to discussing this more with you. I want everyone to feel empowered to speak their mind, have their ideas considered, and be treated (and treat others) with dignity. Best wishes.

Healthy Workplace Survey Draws Great Response

The first DHS-wide Employee Engagement Survey had a terrific response rate with more than 10,400 responses. Special mention goes to MLK Jr. Outpatient Center and Managed Care Services for exceeding 90% employee participation by response count. DHS labor partners helped to market the survey with an incentive drawing of more than 100 gift cards and grand prizes. Please congratulate the Grand Prize Winners: Nanci Castellano, Patient Resources Worker (winner of a 50” LED TV); Marcya Holguin, Certified Medical Assistant (winner of an iPad); and, Jayne Kum, Departmental Civil Services II (winner of a 50” LED TV); and, Jayne Kum, Departmental Civil Services II (winner of a 50” LED TV); and, Jayne Kum, Departmental Civil Services II (winner of a 50” LED TV).

Most importantly, the feedback from the 2016 Survey will help all of us continue to build a healthy workplace. The DHS-wide results are posted and can be viewed on the DHS Intranet. DHS facilities will also be receiving their facility-specific survey results.

May 9, 2016

Olive View Cardiologist in Race Against Time

By Michael Wilson

Olive View-UCLA Medical Center patient Maira Gutierrez grew up in El Canton Las Flores, El Salvador, a poor area high in the mountains and hours away from the nearest city. There was no electricity or running water in her grandmother’s adobe house. She and her sister didn’t go to school because of the civil war. Days were spent playing in the rain and with the animals. “I loved it, you couldn’t get up there without a 4x4 truck, it was beautiful, I miss it,” she says. Gutierrez, 42, later immigrated to the U.S., went to college, earned a nursing degree and started a family. When an executive position at Universal Studios opened up with normal hours and less emotional toll than her nursing job, she jumped at it. She remembers the day in 1997 that changed her life. “The company held a blood drive with the American Red Cross. Like other employees I decided to donate, it was my first time.” Four weeks later she got a letter from the Red Cross saying her blood couldn’t be used and to call an 800 number. The woman on the other end asked if she was alone. “I remember thinking this is bad, I thought I had AIDS,” she recalls.

She tested positive for Chagas disease, a deadly but still widely unknown disease that is vexing the medical community because of its stealth nature: wreaking progressive damage to the body’s organs and cardiovascular system over decades, often with no symptoms. Without detection and treatment, persons are at risk for heart failure and sudden death, or stroke.

Chagas disease is caused by a parasite transmitted by an insect indigenous to Mexico and Latin America. Called a kissing bug, the insect is active at night and tends to bite on the face or near the mouth, defecating as it bites. When a person scratches the area, the parasite enters the bloodstream where it remains for 20 or more years. “The Red Cross sent me a brochure with a picture of a village house, the insect, and a child with a red swollen eye. As soon as I saw the house I knew. This was before social media or the internet, so I couldn’t go online to learn more. When I made an appointment with my doctor and told him I tested positive for Chagas, he said, “What’s that?”’

Gutierrez spent the next several years shuffling among providers who didn’t have the answers she needed. A story on the evening news in 2008 about Chagas and a doctor working at a public hospital in Sylmar provided the link she needed. “My sister called me screaming to turn on the TV. The story was ending but I scribbled down what I could.”

Olive View-UCLA Medical Center cardiologist Sheba Meymandi, MD, runs a Chagas Center of Excellence at the hospital. “It’s important for people to get screened and treated because the disease is asymptomatic in the early and intermediate stages. Early treatment can cure or slow progression but making the intervention as early as possible is critical.”

The younger the patient is the more successful the treatment. Global health care costs associated with Chagas exceed $7 billion per year, with more than 10 percent of costs emanating from the USA and Canada, where Chagas disease has not been traditionally endemic. Bolivia, Brazil, Mexico, Argentina, Spain and Switzerland are hot spots, but any country with large numbers of immigrants from endemic areas or where at risk persons frequently travel to and from endemic areas are seeing rising numbers of cases. Current treatment involves use of two older drugs that essen-
Primary care screening is not only the right practice. It is also about the disease and develops expected referral sites for treatment and follow-up. The Olive View Center would be the empaneled in DHS primary care medical screening mandatory for all at risk patients. Meymandi is now focused on making Chagas screening mandatory for all at-risk patients at Los Angeles Sentinel/Watts Times, KPBS, Orange County Register, LA Times, CBS Los Angeles, LA Times, ABC Los Angeles, the Los Angeles Sentinel/Watts Times, KPBS, Orange County Register, LA Times, CBS Los Angeles, and New America Media. For six months after the Fellowship, participants work on ambitious explanatory or investigative health reporting projects. The site visits offer an opportunity for safety net providers to help build a healthy workplace. Creating avenues for staff to explore opportunities for professional growth. Going forward, DHS will be encouraging discussions between labor, management and front-line staff regarding the Survey results. There will be at least one DHS-wide engagement project and likely some facility projects launching in 2016. To support ongoing communications, DHS Human Resources will periodically post updates on the Survey intranet site to "Help Us Build a Healthy Workplace."