

Congress of the United States
House of Representatives
Washington, DC 20515-0530

HENRY A. WAXMAN
30TH DISTRICT, CALIFORNIA

October 12, 2007

Mr. Chuck Dorman
Director
Department of Veterans Affairs
VA Greater Los Angeles Healthcare System
11301 Wilshire Boulevard, Building 500
Los Angeles, California 90073-1003

Dear Chuck:

I am writing to follow up on concerns I raised in January 2005 regarding the closure of the psychiatric emergency room and the merger of emergency services at the West LA VA Medical Center.

Emergency Room Issues:

At that time, the VA had asked Dr. Ramanujam Komanduri to conduct an independent review of the impact of the merger. I would appreciate an update on the following recommendations made in Dr. Komanduri's report:

- **Inadequate expertise of the ER staff** – Nearly 3 years have elapsed since Dr. Komanduri issued his report. What is the educational background of the ER staff today? Are the physicians working in the department board-certified emergency physicians, or doctors from other specialties? Does the nursing staff include certified emergency nurses (CEN) or not? Has the ER staff been provided with additional training in the evaluation and care of psychiatric patients?
- **Assign a full time psychiatric attending physician to the ER** - Please advise me as to the current status of this recommendation. Does the hospital currently have a psychiatrist assigned to the ER during the day shift, as recommended by Dr. Komanduri? Does the hospital provide an on-call psychiatrist at night to respond within an appropriate length of time? If the answer to either of these questions is “no”, during which days of the week and which hours of the day is a psychiatrist available in the ER?
- **Address safety issues** – Has the VA adopted the safety measures recommended in Dr. Komanduri? Is a full-time VA police officer on duty in the ER at all times?
- **Closure of the “virtual ward”** - We understood that a unit had been established that allowed the VA to “board” psychiatric patients in the ER for up to 24 hours after admission before transfer to an inpatient psychiatric ward. Has this virtual ward been

closed? Today, what is the average length of time an admitted psychiatric patient must be held in the ER before being transferred to an inpatient unit?

- **Creation of a separated psychiatric treatment area in the back area of the ER and the reestablishment of a psychiatric observation bed system.** Have these changes been implemented?
- **Adequate staffing of the nursing station in the psychiatric section of the ER at all times when patients are present, making psychiatric nurse and nursing assistant “float team” available to the ER as needed, and avoiding situations when a nurse has dual responsibilities to attend to patients in the psychiatric and non-psychiatric sections of the ER.** Are such protocols in place, and are they being followed?
- **Additional training for ER attending doctors, nursing staff and VA police.** Dr. Komanduri recommended that ER staff receive detailed education about involuntary commitment and medical detention. He also recommended that the VA police be trained to thoroughly search patients prior to entry into the ER and at again at the time of admission to properly catalogue and manage personal property of admitted patients. Is such training now mandatory?
- **Adequate supervision of ER physicians’ assistants when they are conducting medical clearance of psychiatric patients prior to admission.** Is this policy in place and consistently followed?
- **Establishment of data-driven psychiatric admission policies, based on published research and not only the “personal preference of an attending physician.”** Have policies been jointly developed by the ER staff and the psychiatry service, to assure consistent and safe decision-making?

Additional Independent Review:

After the evaluation was completed, you had plans to invite the independent reviewers to reevaluate the merger several months later. Please provide me with the dates this follow-up review took place and copies of any reports or recommendations prepared by the experts.

Emergency Room Discharge Protocols:

Please advise me as to the protocol used to determine whether mental health patients are ready and safe for discharge from the hospital or ER. What procedures are followed to ensure that a discharged veteran has a safe and appropriate place to go after discharge? Is follow up conducted to determine whether the patient arrived at the intended destination and remained stable? What are the protocols for transporting a discharged veteran to another on campus program and for notifying the program that a discharge is being made, for example to the Domiciliary or New Directions?

Mental Health Funding:

I also understand the VA has recently granted **approximately \$7 million** to enhance mental health services. Please confirm the amount awarded to the West LA VA and how you plan to utilize this funding. Specifically, how many staff members will be hired and where will they be placed? Will these funds be used to hire a full-time psychiatrist for the ER if one has not

already been assigned? What mental health programs will be expanded or added? Will these programs target OIF/OEF returning soldiers?

Will the new funding be used to make improvements to the Domiciliary program? Are there any other mental health related changes being planned for the Domiciliary related to criteria for admittance? If so, how will it change? Will medication distribution be changed? Will the number of beds or length of stay be modified for patients receiving mental health services?

I am also interested to know the VA's policy on transporting patients to and from programs on the West LA VA. Is transportation available 24 hours a day to bring patients to the hospital from programs on campus? Similarly, is transportation available to return veterans to their programs after discharge?

Thank you for providing me with an update on the West LA VA Medical Center mental health programs and ER-based psychiatric services. I look forward to hearing from you.

With kind regards, I am

Sincerely,

HENRY A. WAXMAN
Member of Congress

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