



**DEPARTMENT OF VETERANS AFFAIRS**  
**Greater Los Angeles Healthcare System**  
**11301 Wilshire Boulevard**  
**Los Angeles, CA 90073**

SEP 29 2005

In Reply Refer To: 691/00

The Honorable Henry Waxman  
Committee on Government Reform  
House of Representatives  
2157 Rayburn House Office Building  
Washington, DC 20515-6143

Bakersfield Community  
Based Outpatient Clinic  
1801 Westwind Drive  
Bakersfield, CA 93301  
(661) 632-1800

Dear Congressman Waxman:

Los Angeles Ambulatory  
Care Center  
351 E. Temple Street  
Los Angeles, CA 90012  
(213) 253-2677

I apologize for the delay in responding to your inquiry. It has taken time to collect and verify the information you requested regarding the psychiatric and medical emergency services at the Greater Los Angeles Healthcare System (GLA).

Santa Barbara Community  
Based Outpatient Clinic  
4440 Calle Real  
Santa Barbara, CA 93110  
(805) 683-1491

1. From January 1 to July 1, 2005 monthly totals:

- Total patient visits to the Emergency Department (ED):  
5,661 patients visited the ED 8,521 times
- Total number of ED visits with psychiatric consultation:  
1,447 ED patients had psychiatric diagnosis but we do not have how many were there for medical and how many for psychiatric care
- Total number of ED visits resulting in admissions to the psychiatric unit:  
503 patients were admitted to psychiatry
- Total number of ED visits resulting in admissions to "virtual" psychiatric:  
53 patients were admitted to virtual unit; 45 were subsequently admitted to inpatient psychiatry; 8 did not require admission after
- Average length of stay in the ED for patients with psychiatric consultation, in hours:  
Data not available

Sepulveda Ambulatory Care  
Center and Nursing Home  
16111 Plummer Street  
North Hills, CA 91343  
(818) 891-7711

West Los Angeles  
Healthcare Center  
11301 Wilshire Boulevard  
Los Angeles, CA 90073  
(310) 478-3711

2. From January 1 to July 1, 2005 monthly totals on measures of severity:

- Total number of suicide attempts in the ED:  
One suicide gesture with low lethality and low intention to hurt self
- Total number of cases aggressive behavior by psychiatric patients in the ED:  
Many patients in ED are agitated. We have not had serious assaults or injuries
- Total number of involuntary commitments ordered by staff:  
Between 40-50% of psychiatric admissions to GLA are involuntary

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- Total number of patients receiving intramuscular medication for agitation in the ED:

Data not available

3. What percentage of nurses and physicians in the ED has received Professional Assault Responsive Training (PART)? All physicians trained as of August 2005. All nurses were trained except two recently hired nurses scheduled for September.

4. From January 1 to July 1, 2005 what is the average length of stay in the "virtual psychiatric unit? What has been the longest length of stay? What is the shortest? Average length of stay for psychiatric patients was 19 hours, range from 2 hours to 73. Ten patients had more or less 1 day.

5. Tabulate and describe the incident reports, if any, relating to psychiatric patients in the ED over the past year. Describe any changes in policy or practice that may have resulted from analysis of these events: Low number of total incident reports from ED and I East; 12 between January 1 to July 1, 2005. Only one incident involved psychiatry patient, the suicide gesture.

Lastly, you asked about progress to date on identified issues concerning the psychiatric component of the ED. In March 2005 our new Chief of Psychiatry and Mental Health, Robert T. Rubin, M.D., Ph.D., began his tenure here, and he has made the psychiatric component of the ED one of his top priorities.

He reviewed the recommendations of Drs. Auerbach and Komanduri, both of whom have had first-hand experience with our ED. Their recommendations were straightforward and comprehensive, and with our own internal departmental review, we decided no further outside reviews were necessary. Several months ago, at our suggestion, a task force was charged by the Chief of Staff and Nursing Director to develop specific plans for improvement of the physical layout the ED in order to provide a more secure environment for patients with behavioral disturbances, and to develop recommendations for adding mental health specialty-trained staff. Task force membership includes hospital psychiatrists, psychiatric nurses, and non-psychiatric ED physicians and nurses. Their work on the physical changes needed is complete and was presented to the Chief of Staff and Nursing Director for implementation. Recommendations for adding mental health specialty-trained staff will follow shortly. We recently hired a psychiatric nurse practitioner with emergency care experience, and he began his tour of duty in the ED in July. And, hiring of a full-time psychiatrist with primary clinical responsibilities in the ED already has been approved by the Chief of Staff. Additional mental health specialty-trained staff will follow as budgetary conditions permit.

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We also wish to clarify the concept of the "virtual psychiatric unit" in the ED. This is an administrative concept only, developed to enable beginning treatment for patients who need to be admitted to one of the five psychiatric wards of the hospital, but for whom a bed is not yet available. It is, in essence, pre-admission status wherein psychiatrists can begin specialty treatment in the ED, inpatient medications can be ordered through the pharmacy, etc. Of importance, if there is no identified psychiatric bed for the patient in our hospital that we know will be vacated in a few hours, the patient is transferred to another inpatient facility. Psychiatric patients are not admitted to the "virtual psychiatric unit" indefinitely in lieu of a regular psychiatric bed's being found somewhere in the VA system or in an L.A. County or community hospital. When the physical plant and staffing recommendations of the task force are implemented, we will be able to safely hold and manage any psychiatric patient up to 23 hours, as appropriate for our level of emergency care.

We welcome your continuing interest in our hospital, and we very much appreciate your help in addressing the needs of GLA and the Department of Veterans Affairs. If you and your staff would like to visit our ED and see for yourselves what is going on, please contact my office to schedule a date and time.

If you have further questions, please contact Dr. Dean C. Norman, Chief of Staff at 310 268-3132.

Sincerely,

  
Charles M. Dorman, FACHE  
Director