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

MEMBER
COMMITTEE ON
ENERGY AND COMMERCE

HENRY A. WAXMAN
30TH DISTRICT, CALIFORNIA

January 27, 2005

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 Mr. Dorman:

Every day and night, the VA Greater Los Angeles Healthcare System provides essential mental health care to veterans in the Los Angeles area. Your clinicians have helped thousands of individuals cope with trauma, recover from depression, and overcome many other psychiatric disorders. With veterans from the war in Afghanistan and the Iraqi conflict returning to the Los Angeles area, the need for high-quality psychiatric services will only increase. Because of the critical assistance the VA delivers to many of my constituents, I am writing to discuss concerns related to the May 2004 merger of psychiatric and medical emergency services at your hospital.

I first would like to thank you for meeting with my staff on January 7 to discuss this issue. We share the same goal: effective, efficient care to our nation's veterans. The meeting was a candid and detailed exchange of views and plans, and I hope it can serve as a base for our cooperation on a range of issues related to the VA.

I recognize that the merger of emergency services offers a number of theoretical advantages, including better-integrated medical and psychiatric care. However, I am aware that according to physicians inside and outside of the VA system, implementation of the plan has created serious problems. These problems relate to staffing changes (particularly the loss of psychiatric nurses), the safety of the new physical space, and a difficult relationship between psychiatric and medical staff.

You and your leadership team have met several times with affected clinicians and asked two outside experts – Dr. Daniel B. Auerbach of the Sepulveda Ambulatory Care Center and Dr. Ramanujam V. Komanduri of the VA Southern Nevada Healthcare System—to review the situation and make recommendations. These actions reflect well on your commitment to responding to ongoing concerns.

It is now important for the hospital to follow through on the reviewers' recommendations.

You have already implemented several of these recommendations, including taking steps to secure certain areas to enhance safety. In the January 7 meeting, you indicated that a number of additional improvements are planned or underway. These include:

- Hiring a psychiatric nurse practitioner to coordinate Emergency Department care with outpatient clinics;
- Pursuing a ½ time psychiatrist to staff the Emergency Department and supervise residents;
- Expanding training on how to handle psychiatric patients to all clinical staff in the Emergency Department;
- Improving the process of medical clearance of psychiatric patients;
- Stationing a full-time police officer in the Emergency Department;
- Fixing the light outside the Emergency Department for better identification of who is coming in; and
- Communicating to staff about how to report problems relating to safety so that they can be responded to and tracked.

You also indicated that you would invite both outside reviewers back in several months to evaluate the progress you have made. These are all important steps, and I commend you for taking them.

However, according to the expert reviewers and others inside and outside of the VA system consulted by my staff, these steps may not be sufficient. I also urge you to consider three additional changes:

- **Hire a full-time psychiatrist for a transition period.** Until anticipated hires are made, it is unlikely that current challenges in the Emergency Department will be overcome. One approach, consistent with the recommendations of Dr. Komanduri and others, would be to assign a full-time psychiatrist to the Emergency Department on a temporary basis. This psychiatrist, when not seeing patients, could take the lead in developing protocols and training to enhance care and eliminate confusion between medical and psychiatric staff. He or she could also help the rest of the psychiatric staff become familiar with their long-term responsibilities for emergency coverage.
- **Close the “virtual ward.”** Your leadership team indicated on January 7 that a key goal was to keep patients from spending extended periods of time in the Emergency Department. Yet you recently established a “virtual ward” in which psychiatric patients can be considered as inpatients even though they remain physically in the Emergency Department. Closing the “virtual ward” could clarify your intentions and accelerate the transfer of the patients to an appropriate inpatient location.
- **Arrange for psychiatric nurse coverage as needed.** Dr. Komanduri, in his review, expressed concern about the level of staffing in the back room in the Emergency Department. He suggested that a “float team” of psychiatric nurses be available to come down from the ward to care for difficult psychiatric patients. This team would not be

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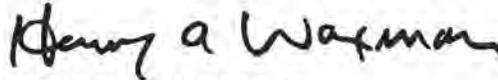
stationed in the Emergency Department, but could serve as an outlet valve when the system is stressed.

According to experts, the steps could help address a difficult situation, without fundamentally altering the merger or creating significant costs for the long-term.

As we look forward, I am interested in hearing about the implementation of your planned changes and your evaluation of the changes outlined above. Thank you for your cooperation in this matter, and I look forward to working with you on this and other VA issues this year.

With kind regards, I am

Sincerely,

A handwritten signature in black ink that reads "Henry A. Waxman". The signature is written in a cursive, slightly slanted style.

HENRY A. WAXMAN
Member of Congress

HAW:lp