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July 14, 2005

Charles M. Dorman
Director
VA Greater Los Angeles Healthcare System
V.A.M.C. West L.A.
11301 Willshire Blvd
Los Angeles, CA 90073

Dear Mr. Dorman:

Six months ago, you met with my staff to discuss concerns stemming from the May 2004 merger of psychiatric and medical emergency services at the VA Greater Los Angeles Healthcare System. I then wrote to you on January 27, 2005, to discuss changes you had implemented and the further improvements that you indicated were planned or underway.

In my letter, I also urged you to consider three additional changes to your delivery of emergency psychiatric services. These were: (1) to hire a full-time psychiatrist to be responsible for psychiatric care in the emergency department for a transition period; (2) to close the "virtual ward" designed to hold patients for indefinite periods in the emergency department; and (3) to arrange for psychiatric nurse coverage as needed. In your response letter of March 4, 2005, you addressed each of my concerns and explained why you had chosen not to implement any of these three changes.

I am writing to request additional information on the status of emergency psychiatric services at the VA Greater Los Angeles Healthcare System. Please provide responses to the following questions:

1. From January 1 to July 1, 2005, please provide monthly totals for:
 - total patient visits to the Emergency Department;
 - total number of Emergency Department visits with psychiatric consultation;
 - total number of Emergency Department visits resulting in admissions to psychiatric unit;
 - total number of Emergency Department visits resulting in admissions to "virtual" psychiatric unit; and

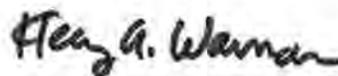
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- average length of stay in the Emergency Department for patients with psychiatric consultation, in hours.
2. From January 1, to July 1, 2005, please provide monthly totals on the following measures of severity:
 - total number of suicide attempts in the Emergency Department;
 - total number of cases of aggressive behavior by psychiatric patients in the Emergency Department;
 - total number of involuntary commitments ordered by staff;
 - total number of patients receiving intramuscular medication for agitation in the Emergency Department and
 - total number of patients put on a 1:1 watch by "sitters" in the Emergency Department for safety reasons.
 2. What percentage of nurses and physicians in the Emergency Department have received Professional Assault Responsive Training (PART)? Please provide the number trained, by month, from January 1, 2005 to July 1, 2005.
 3. From January 1, 2005 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?
 4. Please tabulate and describe the incident reports, if any, relating to psychiatric patients in the Emergency Department over the past year. Please describe any changes in policy or practice that may have resulted from analysis of these events.

In addition, please update me on any recent or ongoing evaluations of your progress on these issues. In our January 7 meeting, you indicated that you would invite back the two outside experts, Dr. Daniel B. Auerbach and Dr. Ramanujam V. Komanduri, who had reviewed the situation and recommended specific changes to the Emergency Department. Please provide information on whether and when these experts returned to review your progress and the nature of their reviews.

I look forward to your responses and to continuing to work together on this important issue.

Sincerely,



Henry A. Waxman
Member of Congress