



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

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Henry A. Waxman, M.C.
District Office

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In Reply Refer To: 691/11

The Honorable Henry A. Waxman
Member, United States
House of Representatives
8436 West Third Street, Suite 600
Los Angeles, CA 90048-4183

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

This is in response to your inquiry dated January 27, 2005 regarding the merger of the emergency room services at the VA Greater Los Angeles Healthcare System (GLA).

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

We value concerned input and will take your thoughts into consideration as we move forward with our commitment to provide the best possible care for our veterans.

Providing quality care to veterans with the resources available to us is a complex and challenging process. Through our Mental Health/Emergency Department Task Force we are increasing dialogue among clinicians and developing plans to enhance services. We appreciate input from all sources, and are not surprised when advice is not consistent. For example, sometimes experts give invited opinions that differ or do not match our own expertise and judgment about the special local circumstances which we live with daily.

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

In an effort to keep you fully informed of GLA's progress, please find below an explanation of our current status on each of the issues you noted in your letter of January 27, 2005.

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

Hiring a psychiatric nurse practitioner to coordinate Emergency Department care with outpatient clinics.

Nursing Services in Mental Health is in the process of offering a position to an experienced Psychiatric Nurse Practitioner/Clinical Nurse Specialist to join GLA to support the integration efforts and clinical needs related to Mental Health and serve as a resource to the Emergency Department. We hope to have the position filled by the end of March 2005.

Congressman Waxman

Pursuing a half-time psychiatrist to staff the Emergency Department and supervise residents.

Staffing in these fiscal times is difficult. Every clinician moved into one area means less coverage in another important area. We cannot presently justify the addition of another half-time psychiatrist stationed in the Emergency Department based on the caseload, needs, and other options available. However, we do presently have a psychiatrist on call covering the Emergency Department 24/7, and at the same time, we continue to pursue other improvements we discussed with your staff in our meeting, and we are continuously re-evaluating and exploring other possibilities.

Expanding training on how to handle psychiatric patients to all clinical staff in the Emergency Department.

We have completed planned training sessions for all current staff related to “nursing care of the psychiatric patient in the Emergency Department setting.” We continue to increase the number of Professional Assault Responsive Training (PART) certified Emergency Department staff through participation in scheduled classes.

Improving the process of medical clearance of psychiatric patients.

As an ongoing process we continue to have discussions with all the Emergency Room providers and are moving forward with an aim to evaluate all patients in a comprehensive manner.

Stationing a full-time police officer in the Emergency Department.

As discussed in our meeting with your staff in early January, we now have a permanent VA Police staffed substation located adjacent to the two seclusion rooms in the Emergency Room in the Mental Health intensive management area.

Fixing the light outside the Emergency Department for better identification of who is coming in.

GLA Facilities Management has investigated a number of solutions for addressing the lighting situation outside of the Emergency Department. Due to the glare through the glass in the door, adding more light obscures the view of the camera. To address this problem the camera has been moved outside so that the camera will not be aimed through the glass.

Page 3.

Congressman Waxman

Communicating to staff about how to report problems relating to safety so that they can be responded to and tracked.

There is an ongoing effort to maintain staff awareness of the need to report incidents in line with the established policy. For example, the Mental Health Executive Committee has issued a memorandum along with a copy of the Patient Incident Reporting Policy to all staff directing them to review the policy and encouraging program leaders to regularly remind their staff of the policy and enforce its use.

Hire a full-time psychiatrist for a transition period.

As noted in the discussion of another half-time psychiatrist, taking the resource of a full-time physician from other veteran needs does not appear justified at this time. This is in light of the other measures we are implementing, and our ongoing re-evaluation of other possibilities, which we believe address the underlying concern expressed in this item in the most efficient manner for the care of all veterans.

Close the "virtual ward."

The One East "virtual ward" was created in 2004 for medical, surgical, and most importantly intensive care patients who are awaiting a bed. This ensures they are able to receive services that are available to other inpatients – but not typically available to those patients in outpatient service areas such as clinics and Emergency Departments. Examples of these services include dietary consults, pharmacist review of medications, and other ancillary services such as case management and social work. Patients admitted to the One East "virtual ward" receive the same level and intensity of nursing and medical care that they would on the actual inpatient unit. For example, a critical care patient in the "virtual ward" would receive nursing care based upon one nurse assigned to no more than two critical care patients, rather than the community standard Emergency Department ratio of one nurse being assigned to care for as many as four patients. One East was not created for psychiatric patients only.

Simply stated, the "virtual ward" benefits the patient by facilitating delivery of a "single level of care comparable to the respective inpatient unit" - regardless of the patient's actual physical location. When an inpatient bed

Page 4.

Congressman Waxman

becomes available; the patient is promptly transferred from the "virtual unit" to the appropriate inpatient unit. Closing the "virtual ward" would adversely affect the quality of patient care when inpatient units are full and at maximum capacity.

Arrange for psychiatric nurse coverage as needed.

We follow the predominant standard in both the VHA and the community. The Emergency Department staff is trained and skilled to provide care for multiple acute issues in an emergency service area. The Emergency Department nursing staff have received formal psychiatric educational training and completed the Emergency Nurses Association Psychiatric Modules for the care of mental health patients in the emergency setting.

There will be ongoing specific psychiatric education and both management and the clinical staff identify training for the Emergency Department staff as needed. It has been determined that a "psychiatric" nurse is not the most efficient and effective resource in the Emergency Department setting, being that less than thirteen percent of Emergency Department daily encounters are primarily psychiatric related. A comprehensive Emergency Department nurse is the most effective resource for this service area.

Thank you for your continued advocacy and interest in the care of our veterans and your special interest in the care of our mental health veterans at GLA. We welcome a fruitful discussion of all issues to ensure that our veterans are receiving the best health care possible.

Sincerely,

A handwritten signature in cursive script, appearing to read "Michael E. Muhl" followed by a flourish.

Charles M. Dorman, FACHE
Director

Enclosure