Health Services
LOS ANGELES COUNTY

Los Angeles County
Board of Supervisors

Gloria Molina
First District

Mark Ridley-Thomas
Second District

Zev Yaroslavsky
Third District

Don Knabe
Fourth District

Michael D. Antonovich
Fifth District

Mitchell H. Katz, M.D.
Director

Hal F. Yee, Jr., M.D., Ph.D.
Chief Medical Officer

John F. Schunhoff, Ph.D.
Chief Deputy Director

313 N. Figueroa Street, Suite 912
Los Angeles, CA 90012

Tel: (213)240-8101
Fax: (213) 481-0503

www.dhs.lacounty.gov

To ensure access to high-quality, patient-centered, cost-effective health care to Los Angeles County residents through direct services at DHS facilities and through collaboration with community and university partners.

www.dhs.lacounty.gov

February 7, 2012

TO: Each Supervisor

FROM: Mitchell H. Katz, M.D.
Director

SUBJECT: **CONDITIONS IN PSYCHIATRIC EMERGENCY SERVICES AT OLIVE VIEW-UCLA MEDICAL CENTER AND LAC+USC MEDICAL CENTER**

This letter is in response to a complaint recently directed to your offices. The complaint alleges suboptimal conditions for patients seen in Psychiatric Emergency Services (PES) at Olive View-UCLA Medical Center (OV-UCLA) and LAC+USC Medical Center (LAC+USC).

To equip you with the most accurate and complete information, we have responded to specific points raised in the complainant's letter below:

1. Conditions in the OV-UCLA PES:

    a. Contrary to allegations cited in the complaint, all patients kept in the OV-UCLA PES overnight have been provided with mattresses to sleep on. These mattresses have been placed on bed frames, when possible, or during times of overcrowding have been placed on the floor. Patients have not slept directly on the floor of the PES.

    b. To avoid overcrowding in the OV-UCLA PES, patients are kept in a separate area on Ward 6C when census in the main PES reaches sixteen. Ward 6C was previously an inpatient psychiatric unit; as such, it is physically suitable for patients kept on psychiatric holds. This arrangement is intentionally designed to enhance the safety and privacy of patients being evaluated in the PES. On rare occasions, patients may be transferred more than once between the main PES and 6C. However, typically the census is able to be managed in each unit by shifting patients out of 6C who have a planned disposition out of the PES, eliminating the need for repeated transport of patients who will remain in the PES.

2. Conditions in the LAC+USC PES

    a. Contrary to allegations cited in the complaint, the LAC+USC PES does not keep psychiatric patients in waiting rooms or hallways. Once evaluated, all patients are kept in appropriate

clinical treatment areas within either the locked PES or the medical Emergency Department (ED), until they have an appropriate disposition.

b. Contrary to allegations cited in the complaint, LAC+USC operates a 76-licensed bed psychiatric acute inpatient facility located at Augustus F. Hawkins. Once deemed appropriate for inpatient admission, patients are transferred from the LAC+USC PES to this licensed unit; if no beds are available at Augustus Hawkins, patients are transferred to the first available, non-DHS inpatient psychiatric facility. Many of these non-DHS, inpatient psychiatric beds are contracted from private facilities, at the expense of the County of Los Angeles, to ensure that all patients, regardless of payer status, receive the highest level of psychiatric care when no County beds are available. Patients who are not medically cleared in the PES and are determined to have both acute medical and psychiatric conditions are admitted to the LAC+USC, 24-bed Behavioral Medicine Unit, located on site at the medical center.

c. Exodus Urgent Care Center (UCC) is a licensed, LPS-designated, acute care, psychiatric facility funded by the Department of Mental Health (DMH) that LAC+USC partners with to care for mentally ill patients. A subset of patients on involuntary psychiatric holds without co-existing medical conditions are transferred to Exodus UCC. The services offered at Exodus UCC include comprehensive psychosocial assessments, psychiatric evaluation and treatment, and linkage with wrap-around, community-based, mental health services.

3. Issues common to all PESs within DHS

a. Patients within each PES receive the evaluation and acute treatment that is most appropriate for their clinical symptoms and conditions. Diagnostic assessment may include laboratory testing to, for example, assess whether specific medications are at therapeutic levels or rule out a medical condition that may be contributing to a patient's psychiatric symptoms. On many occasions, laboratory testing is not clinically indicated. Treatment may include medications, including antipsychotics or antianxiety agents, suitable for a patient's clinical condition. Patients are constantly monitored to ensure their continued safety.

b. The primary purpose of the PES is stabilization of patients with acute psychiatric symptoms and disposition of such patients to an acute inpatient unit or a suitable community setting (e.g., home). Patients with extended lengths of stay in the PES (i.e., greater than 24 hours) have access to additional services, including comprehensive psychosocial assessments and recreational therapy. Individual or group psychotherapy is not provided to patients being acutely evaluated in the PES; these services are best provided in outpatient community or inpatient settings.

As you are aware, the census in each of the three PESs (OV-UCLA, LAC+USC, and Harbor-UCLA Medical Center) operated by DHS often exceed their originally intended capacity as a result of the high volume of patients that present for evaluation and management of mental health conditions. The current conditions, however, do not preclude us from providing a safe environment to patients currently being seen in the PES; necessary steps have been taken in each facility to ensure adequate physical space for the volume of patients seen. In an effort to continually enhance the quality of facilities for our patients, DHS, in partnership with DMH, is in the process of implementing a comprehensive set of strategies to alleviate crowding in each of DHS' three PESs. These include clinical and operational approaches to reducing the volume of patients that present or are transported to the PES, including a specific focus on patients with a history of frequent prior visits, as well as expediting the disposition of patients within each PES. This plan also includes consideration of capital projects that will enhance the physical space for patients requiring evaluation and treatment in a locked psychiatric unit.

If you have any questions or need additional information please contact me or Dr. Christina Ghaly, Deputy Director of Strategic Planning at (213) 240-7787.

MHK:crg

c: Chief Executive Office
County Counsel
Executive Office, Board of Supervisors