

Downtown Sobering Center Opens

By Michael Wilson



A new facility in Skid Row will provide a safe place for chronic alcoholics to sober up in lieu of being transported to area hospitals or jails.

The Dr. David L. Murphy Sobering Center will be open 24 hours a day and house up to 50 people at a time. City and County officials said clients will get linked to substance abuse treatment and other services to rebuild their lives and break the cycle of streets, emergency rooms and jails that play out here every day.

“This center will help those struggling with alcoholism without criminalizing them or having them languish in hospital waiting rooms,” Supervisor Mark Ridley-Thomas said at the opening on December 16.

Los Angeles Fire Department medical director Dr. Marc Eckstein described a dysfunctional system that strains emergency responders and feeds a vicious cycle. Paramedics and firefighters transport an average of 25 inebriated individuals a day to LAC+USC Medical Center. First responders often

must wait for the patient to be admitted before they can leave, tying up resources for true emergencies. Once the patient sobers up and gets discharged, the process repeats itself without effective interventions for those who need help.

The sobering center is part of larger efforts the County is undertaking to move low-level offenders out of jails and costly emergency rooms and into restorative programs, including supportive housing, to reduce recidivism and improve health. Cities including San Francisco, Houston, Seattle and Portland have developed similar centers. According to a 2013 survey conducted by the American Academy of Emergency Physicians (ACEP), 1-5% of Emergency Department (ED) visits are alcohol related. Of facilities surveyed, length of stay ranged from 3 to 14 hours per visit and didn't require a commitment to abstinence to receive services. Transportation to the centers was by ambulance, sobering center operated vans, or law enforcement.

Exodus Recovery will pro-

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A Message From the Director



Mitch Katz, MD

An overriding goal for DHS is to provide the right care at the right time by the right person in the right place. Our efforts take a major step forward with the opening of the Dr. David L. Murphy Sobering Center (see article to the right). Currently persons who are inebriated on the streets of Los Angeles are brought to a hospital or to jail. Neither is the right place. What they need is a safe place where they can be observed, kept warm, allowed to rest, and can get food when hungry. Once they are sober, they should be offered a chance to change the course of their life through substance treatment. All of this can be achieved without overcrowding the hospital emergency departments or criminalizing addiction. I feel certain that this center will enable us to provide high quality care and help people turn their lives around. My favorite thing about the holiday season is the chance to hang out with my kids and our friends and family. I hope you are doing the same. Best wishes to you for a happy, healthy New Year.

From Dr. Katz

FAST FACTS

Second Victim Program Funded

By Michael Wilson

LAC+USC Medical Center is the recipient of a two-year, \$20K grant from the Productivity and Quality Commission to develop a peer support structure for staff who are “second victims” of medical errors, patient safety events, and unexpected outcomes. DHS plans to expand the effort across the health system.

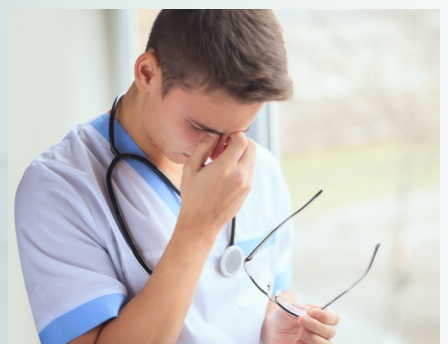
The term second victim was coined in 2000 to describe the traumatic stress providers can face following an adverse event. Isolation from peers, litigation anxiety, guilt, burn-out, and depression are among the issues that can bear on self-esteem and performance and have serious health consequences. Compromised providers place additional patients at risk of harm events.

The Institute of Medicine's seminal report “To Err is Human” shed light on the scope of safety incidents in Amer-

ica's hospitals, and estimated that errors cause 44,000 to 98,000 deaths annually with a total cost of between \$17 and \$29 billion each year. Studies show that serious adverse events occur in one out of seven patients.

Building a strong patient safety culture, experts say, must allow for providers to talk openly with peers about adverse events or near misses to correct practices, retain talented and dedicated providers, and create workplace environments where employees are supported and excel.

The grant will fund train-the-trainer education for 10 mul-



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Burn Patients Greeted by Special Guests

Famed 'Dog Whisperer' Cesar Milan visited the LAC+USC Medical Center Burn Unit this month to visit with patients and staff and bring holiday cheer. The Burn Unit will be featured in an upcoming TV episode. Milan has been working with the adoptive parents of Fergus, a golden retriever burned by his owner and whose recovery was supported by Burn Unit employees. Fergus joined Milan at the hospital, where he will be visiting regularly as a therapy dog. Despite severe injuries from an abusive owner, Fergus is clearly in his element bringing happiness to recovering patients.



Managing Emotional Wellness During the Holidays

By Kathleen Piche, DMH

The holidays should be a time for love and cheer, but for many, the season can provide a double helping of stress, expectation and isolation. Being aware of triggers and maintaining healthy options can give all a chance to embrace the season and come together.

Perhaps most vulnerable are those who have experienced trauma. Traumatic events can include physical and sexual abuse, neglect, bullying, disaster, terrorism, and war. Common trauma reactions can be associated with singular, multiple, and enduring traumatic events and can lead to isolation and symptoms of mental illness. During the holidays, symptomatic individuals can feel even more isolated. There are many ways to combat and reverse feelings of shame, anxiety, anger and sadness.

Some trauma survivors have difficulty regulating emotions — this is more so when the trauma occurs at a young age. Older individuals can attempt to regain emotional control in a negative way by using substances, engaging in high-risk or self-injurious behavior, eating extremes, compulsive behaviors such as gambling or overwork, and repressing emotions. Creative and healthy ways to manage trauma can be had through physical or social activities; and treatment can help regulate emotions without the use of substances or other unsafe/risky behaviors. Timely recognition and intervention can play a significant role — allowing enjoyment of the season's festivities instead of suffering through them.

There are numerous factors that can exacerbate negative emotions and behaviors, including decreased sunlight exposure, stress from planning and organizing holiday events, anxiety about social interactions, increased alcohol consumption, grief over missing loved ones and disruption to normal routines. Negative symptoms include persistent mood swings or feelings of

sadness, anxiety, guilt or irritability, social isolation, recalling negative thoughts or experiences in association with the holidays, loss of motivation or energy, change in sleep habits or appetite, and increased tobacco or alcohol consumption.

Once signs have been identified, here are simple steps to manage them:

- ☑ **Make reasonable holiday expectations** to avoid overextending yourself and feeling overwhelmed.
- ☑ **Delegate or modify holiday duties** — such as gift shopping, decorating and entertaining — to others to reduce stress.
- ☑ **Make healthy lifestyle choices**, such as exercise regularly, eat healthy foods and avoid drinking too much alcohol.
- ☑ **Interact and socialize** with loved ones.
- ☑ **Plan ahead when possible** to minimize the stress linked with last-minute decisions.
- ☑ **Disengage from situations that cause conflict**, resentment or anxiety.
- ☑ **Share negative thoughts or feelings with others** so they can offer support, empathy and help as needed.
- ☑ **Seek professional help** if you or a loved one is feeling overwhelmed with negativity during the holidays.

ACGME Considers 28-hour Shift for New Docs

The Accreditation Council for Graduate Medical Education (ACGME) is considering new rules allowing first-year resident physicians — “interns” — to work 28-hour shifts, reversing restrictions put in place in 2011 limiting shifts to 16 hours over patient safety concerns.

Proponents argue that the 2011 restrictions jeopardize patient care by forcing residents to leave at critical times and that longer shifts better prepare new doctors for the rigors of practice. Detractors say long hours lead to fatigue that endanger both patients and residents, citing high profile patient death cases. A final vote is expected in February.

The proposal would also allow all residents to work longer than 28 straight hours in cases where they are needed for a patient's care and eliminates a requirement that residents get at least eight hours off after shifts of less than 24 hours. The plan keeps rules in place capping work to 80 hours a week, averaged over four weeks.

(‘SOBERING’)

vide intensive case management services and health monitoring under contract with DHS at the County-owned facility. The center, named after the late founder of Exodus Recovery, Dr. David L. Murphy, will handle about 8,000 visits a year.

Recovering addict Ida Jimenez said sober living is a journey for many on Skid Row that is fraught with challenges beyond their control. “The people out here are not bad people, they are just stuck not knowing what to do. With the help of the Sobering Center, they can get sober and get the help they desperately need.”

(‘FUNDING’)

tidisciplinary staff to become support peers, onsite consultative services from a second victim expert, marketing and promotion, and creation of a comprehensive support program to include confidential, individualized services for clinicians.

At a recent staff meeting, LAC+USC emergency physician and associate medical director Eric Wei, MD, described an incident during his residency where a child under his care died and he suffered second victimization. In the days and weeks that followed, he found himself second-guessing his skills and experience and dreading going to work before deciding to reach out for help. Wei says clinicians can feel buried under the weight of guilt and too often don't have a constructive outlet for support. “By creating a second victim program we will ensure that staff who have experienced a traumatic event will have the necessary support to continue to thrive in their profession.” The LAC+USC program will be modeled on the successful implementation of a second victim program at the University of Missouri Healthcare System.

The staff of Fast Facts wishes you and your loved ones a happy and healthy holiday season. We'll see you in 2017!