July 7, 2004

INFORMATION PACKET # 2

To: Supervisor Tony Hall

REBUTTAL OF THE "BOTTLENECK OF 35 PATIENTS" WAITING FOR LHH

At the City Services Committee Hearing on June 24, 2004, Dr Mitchell Katz showed a slide alleging that 35 SFGH patients were approved by LHH and waiting on any given day for LHH beds during the month of January of 2004. He used this to justify his unauthorized change in the LHH admissions policy, and the creation of the Patient Flow Project.

First, we are disturbed by the inflation that has occurred in the number of SFGH patients that Dr Katz states were approved and waiting for LHH in January 2004. When he met with our medical staff on 5/17/04, he stated, "20 patients were waiting at one time". In the interview with Matier and Ross published in the San Francisco Chronicle on 6/7/04, Dr Katz gave the figure of patients waiting as "25 patients". By 6/24/04, at the City Services Committee Hearing, the number of patients waiting had increased to "35 SFGH patients."

Secondly, to our knowledge there has never been an approved waiting list that even approaches the figure of 35. We have discussed this with Alexander Hines, Director of Admitting and Eligibility at LHH and Jeff Price, the LHH Admissions Coordinator, both of whom concur that there have **NEVER** been more than a dozen SFGH patients approved and waiting for LHH placement.

Attached is a table (Document A) generated by Department of Public Health Information Services titled "Number of Approved Patients Waiting for LHH Admission at SFGH by Day, for January 2004." However, the methodology used results in figures that are inflated because:

1. Some 20% of patients approved by LHH are kept at SFGH **because SFGH physicians feel they are not stable for transfer.**
2. Some 15% of approved patients refuse transfer to LHH.
3. Some 10% are approved by LHH, but waiting discharge to another facility or home.

We have disputed the accuracy of this Referral Site Tracking Data in two previous memos to the Flow Committee (Documents B and C), because it gives a false impression that more SFGH patients are waiting for LHH beds than is the case.

Nevertheless, these figures reveal that **there were never more than 9 patients approved and waiting an LHH bed on any day in January of 2004.** In other words, Dr Katz

would have us believe that fewer than 4 to 9 decertified patients in a hospital of a budgeted census of 265 would result in 24-hour stays in the emergency room, high ambulance diversion and a cost of $23,000 a day.

To verify this conclusion, we conducted our own analysis of the number of SFGH patients awaiting a bed at LHH in January of 2004. These data, obtained from the LHH Admission Department and the Referral Site Tracking Data, are summarized below:

Week Beginning	**LHH Accepted**	**LHH Admitted**	**Awaiting LHH Bed**
1/04/04	18	15	**3**
1/11/04	11	10	**1**
1/18/04	10	7	**3**
1/25/04	13	11	**2**

Therefore, based on this data, only 1 to 3 SFGH patients were accepted and awaiting an LHH bed during any given week in January of 2004.

In summary, whether using LHH or DPH figures, the "bottleneck" of SFGH patients awaiting LHH beds in January of 2004 was much smaller than quoted by Dr Katz. Furthermore, LHH was working diligently before the Flow Project to increase admissions from SFGH. It is wrong to characterize LHH staff as obstructing patient flow and causing the DPH to "hemorrhage millions of dollars." Because we doubt the accuracy of Dr Katz' data, and because he has disregarded our data and experience, it is becoming increasingly difficult to collaborate effectively on the Flow Project.

VERIFYING THE PEAK IN 5150s (INVOLUNTARY PSYCHIATRIC HOLDS)

At the June 24, 2004 hearing, we showed a graph documenting a marked rise in involuntary psychiatric discharges in March 2004. There were 6 of these 5150s versus a previous average of 2 per month. **Five of the 6 were recently admitted from SFGH (after January of 2004).** All 5 SFGH patients had previous psychiatric diagnoses, and 3 came directly from psychiatric units.

FOR MARCH 2004:

TOTAL 5150s	FROM SFGH	FROM PSYCHIATRY	PRIOR PSYCHIATRIC ILLNESS
6	5	3	5

From January 1 through July 1, 2004, we transferred 16 patients out of LHH by involuntary psychiatric holds – a 30% increase. Also, there are other patients currently at LHH who endanger themselves and others, but do not fully meet the criteria for a 5150 discharge. On July 2, 2004, we requested assistance from the SFGH Placement Team coordinator (who controls admission to the Mental Health Rehabilitation Facility and places patients in out-of-county, locked facilities). We provided the Placement Team with information about 2 patients requiring transfer to more secure settings, one of whom unpredictably assaulted other patients 9 times. We are awaiting a final decision.

Submitted By:

Maria Rivero, M.D. MR

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A

Number of Approved Patients Waiting for LHH Admission at SFGH by Day, for January 2004
Report Date: 6/30/04

Data Source: Referral Tracking System
Reporting Definitions:

Count as "waiting" if the patient had LHH approval dated between 12/1/03 and the reporting date, AND LHH admission date was greater than the reporting date.

Reporting Date = actual day in January 2004 listed in first column of the table below

Reporting Date	Day of Week	# Approved Patients Waiting on this date *(will have duplicated patients across dates)*
1/1/2004	Thursday	6
1/2/2004	Friday	4
1/3/2004	Saturday	4
1/4/2004	Sunday	4
1/5/2004	Monday	5
1/6/2004	Tuesday	4
1/7/2004	Wednesday	5
1/8/2004	Thursday	7
1/9/2004	Friday	4
1/10/2004	Saturday	4
1/11/2004	Sunday	4
1/12/2004	Monday	7
1/13/2004	Tuesday	5
1/14/2004	Wednesday	9
1/15/2004	Thursday	7
1/16/2004	Friday	5
1/17/2004	Saturday	5
1/18/2004	Sunday	5
1/19/2004	Monday	5
1/20/2004	Tuesday	6
1/21/2004	Wednesday	6
1/22/2004	Thursday	9
1/23/2004	Friday	7
1/24/2004	Saturday	7
1/25/2004	Sunday	7
1/26/2004	Monday	8
1/27/2004	Tuesday	8
1/28/2004	Wednesday	7
1/29/2004	Thursday	8
1/30/2004	Friday	8
1/31/2004	Saturday	8

B

May 7, 2004

To: Anne Kronenberg and the Members of The Patient Flow Committee

From: LHH Medical Staff Subcommittee on Admissions

RE: Feedback for Patient Flow Committee Meeting of 5/11/04

Cc: Mitchell Katz, M.D., Director, San Francisco Department of Health
Edward A. Chow, M.D., President, San Francisco Health Commission

Pursuant to a directive from Dr Katz, we are presenting our feedback to the Patient Flow committee regarding several issues that need further consideration and discussion.

We see a misalignment between the expectations of the DPH regarding LHH's role in patient care, and our professional obligation to society as a whole and our individual patients. As medical staff members, we are bound to a code of ethics and a social contract that confer upon us stewardship for the safety and welfare of our patients. These mandates are above and beyond organizational needs and requirements.

"A physician shall respect the law and also recognize a responsibility to seek changes in legal requirements which are contrary to the best interests of the patient." Principles of Medical Ethics, AMA

"The primary obligation of the hospital medical staff is to safeguard the quality of care provided within the institution. The medical staff has the responsibility to perform essential functions on behalf of the hospital in accordance with licensing laws and accreditation requirements...In a situation where the economic interests of the hospital are in conflict with patient welfare, patient welfare takes priority." "Economic incentives and levels of care." AMA Professional Ethics

"Collective activities aimed at ultimately improving patient care may be warranted in some circumstances, even if they create inconvenience for the management." "Collective Action and patient advocacy." AMA Professional Ethics

We cannot participate in processes that violate our professional identity and obligations. Medical and legal experts from the California State Licensing and Certification and the Office of Civil Rights of the United States Department of Justice have repeatedly upheld this position.

It is being asserted that the genesis of our concerns is fear of change. We do not oppose change, progress or legitimate authority. However, we do oppose change without due process and in violation of established policies, procedures and bylaws.

We do oppose change that excludes the participation of those affected, and endangers patient safety.

The unauthorized change in our Admissions Policy and practice is the most egregious example of a recent change in violation of Hospitalwide Policies and Procedures, instituted over the objections and vote of both the medical staff and the Medical Executive Committee. Further examples are the attempts to override the admissions decisions of LHH screeners and the LHH Medical Director. These contravene the Medical Staff Bylaws and SFGH policy #12.2R, which states,

"Acceptance of a patient is contingent on the evaluation and approval of service chief at LHH."

Finally, we are dismayed at the number of referrals that continue to appear on the Referral Tracking Site Data list for patients that have been discharged, are ineligible, or have been denied admission to LHH. This practice does not conform to SFGH policy #12.2R that states

"the case manager will update the on-line referral with changes in patient's clinical condition as well as adverse decisions by LHH. CM will acknowledge LHH denials and will cancel referrals no longer appropriate for LHH."

Because of these irregularities, the Referral Tracking Site Data lists give a false impression that large numbers of patients are at SFGH awaiting LHH placement. In the reports that are currently generated, upwards of 79% of the referrals listed are ineligible to come to LHH or already discharged. Furthermore, we have long disputed the validity of data contained in the lower level of care reports generated by Psychiatry and Med/Surg. In the attached tables, we have summarized our analysis of the lower level of care reports from the SFGH Referral Tracking Site data for Med/Surg from the start of the Patient Flow Project, 2/27 to 3/3 and most recently, 4/30 to 5/5/04. Comparable time periods have also been analyzed for Psychiatry. On average, 4% of the patients that appear on this report are at acute care awaiting LHH beds and only approximately 3% of all acute psychiatric patients are even referred to LHH. To state that this 4% of Med/Surg patients and 3% of Psychiatry patients are "threatening our entire system" is so bewildering, that we appeal for an impartial review of available data at the earliest possible opportunity.

In his letter to the LHH Medical Staff dated April 14, 2004, Dr Katz draws a reductionistic connection between "ongoing reports that SFGH patients were spending inappropriate days in acute beds" and "fixing this problem by moving patients who are ready to transfer to LHH in a timely manner" and "...hemorrhaging millions of dollars by keeping patients who are ready to go to LHH at SFGH." Because no credible evidence has thus far been advanced to support these assertions, and because this is tantamount to scapegoating, we repudiate the attempt to link the fiscal crisis at SFGH solely to LHH.

Instead of obscuring the true scope of the fiscal problem, we believe a responsible approach requires an audit of expenditures and revenues at SFGH with particular attention to prolonged lengths of stay due to:

1.Use of sitter rooms and physical restraints rather than medications to manage behaviorally challenging patients, thereby resulting in delayed readiness for discharge. This is currently being addressed collaboratively.

2.Lack of housing in the community.

3A.Lack of "patch" money for psychiatric placement.

3B.Lack of a locked long-term psychiatric SNF facility in San Francisco.

4.Lack of a forensic SNF unit.

5.Prolonged interventions of minimal benefit for patients at the end of life

6.Delays in obtaining conservatorship for placement

7.Private health plans that will not authorize SNF stays at LHH or 4A

8.Patients kept at acute care awaiting procedures at tertiary referral centers.

9.Delays in qualifying MIA's for Medi-Cal

10.Patients and/or families that decline LHH placement. This is being addressed collaboratively.

11.Lack of timely discharge of patients who neither meet acute nor SNF criteria

Partnerships based on respect, cooperation and communication are particularly important in a crisis situation such as we are now facing. We cannot be partners in a process wherein we are being devalued, ignored scapegoated and overpowered.

June 21, 2004

To: Anne Kronenberg
Penney Mitchell, LCSW
Sharon Kwong, LCSW
Letty Lintag, RN

From: Maria Rivero, M.D.

Cc: Tim Skovrinski, M.D.
Paul Isakson, M.D.

RE: Referral Tracking Site Data

During the past week (6/14/04 to 6/18/04), the number of patients listed on the Referral Tracking Site Data forms who are NOT ready for Laguna Honda has been increasing. Of 51 patients listed total, 21 patients had a referral destination of LHH. Of those only 4 were actually ready for transfer to LHH. One patient was cancelled three times during that week, yet still appeared on the list. One third of the patients with an LHH destination were already discharged and another third were still acutely ill or in restraints and therefore not ready.

I remain concerned that Dr Katz and other DPH administrators may be misled by the information contained in these documents. If patients are being entered into the tracking system before they are ready in order to facilitate the referral process for discharge planners or as a means for LHH screeners to do early evaluations to hasten the transition to a lower level of care, those referrals should be clearly identified. Patients who are not ready for LHH on the basis of agreed upon criteria should not be included in tabulations of delays in SNF tranfer.