

November 22, 2004

Hon. Gavin Newsom, Mayor
San Francisco, California

Dear Mayor Newsom,

I want to share with you my concerns about the changes I have witnessed at Laguna Honda Hospital (LHH) over the past year. I am a Board Certified Psychiatrist and have worked at LHH for over 12 years. I have long experience working with many kinds of patients, helping the staff to care for them in our unique and challenging environment. While we have always cared for some younger, medically and psychiatrically complex patients, as well as for the elderly, over the past several months more patients have been admitted here whom we are not equipped to safely manage. As you already know, we have had increased incidents of violence, resulting in a citation from OSHA; a recent citation from the State for admitting patients we cannot safely manage; a major fire set by a dangerous patient; etc. In the years I have worked here, I have never experienced a year like this one.

Why can't Laguna Honda safely take care of any and all patients? There are some patients – particularly those with severe unstable mental illnesses, those with active substance abuse, or some patients with brain damage from head injuries and other causes, whose levels of agitation, aggression, impulsivity, or disorganized behavior requires treatment not only with medications, but also requires a structured, low-stimulus environment. LHH has 30-bed open wards which are highly stimulating because of the degree of noise and activity. In addition, there is insufficient structure (that is, frequent staff monitoring and a program of activities during the day) on our wards, without which these types of patients become more agitated, disorganized, and aggressive.

Staffing on the wards consists of R.N.'s and C.N.A.'s who are very good at what they are trained to do – give medical nursing care, feed, bathe and dress patients, give wound care, medications, and the like. They do not have any psychiatric background. They have had some inservice training in how to approach demented, confused, and moderately agitated patients. This is not adequate, however, for managing the severely agitated or aggressive patients we have been asked to accept.

We also do not have adequate security in our facility. The main building has numerous entrances which are not secured. Patients and visitors can easily bring drugs, alcohol and weapons into the facility without being detected. I had to come in on a weekend in early October 2004, to handle a situation where a patient with a long criminal history was threatening to shoot everyone on his ward with a gun that he had hidden somewhere on the grounds. He had been smoking crystal meth and using IV speed for days, and was becoming more and more paranoid as a result. It was impossible, given the openness of our facility, to prevent this patient from obtaining either the drugs or the gun. This time we were fortunate no one was harmed, and the patient was sent out on an involuntary psychiatric transfer to SFGH. I have been hearing about

plans to improve the security at LHH for months, but so far I have not seen most of these plans implemented.

If Laguna Honda Hospital is to be the place where more and more of these types of patients are to be cared for, then why are we not being given the resources, staffing, and support to be able to give them the care they need, and in a way that protects staff and other residents? In actuality, our resources are being decreased. Our small Psychiatry Department has lost 2 members in the past year, but these positions have not yet been filled. Our leadership positions have been cut. In addition, two senior Social Workers who carry large caseloads are slated to be cut in January 2005. They have already received their layoff notices. We do not employ any psychiatric nurses or psych techs. Nursing staffing is not adequate, especially on nights and weekends, to provide the structure and monitoring needed for these kinds of patients.

If the new vision of the future of Laguna Honda includes caring for these patients, then create and fund the programs, give us the proper staffing, set up the appropriate therapeutic environments in which these unfortunate human beings, who suffer from complex medical and psychiatric illnesses, as well as substance abuse problems, can be well and humanely cared for. They deserve no less. And the other residents of Laguna Honda, old or young, also deserve to live in a safe and healing place. Just dumping patients into our facility without proper planning or adequate resources is unconscionable. Or, if Laguna Honda cannot be set up to care for these patients properly, another facility needs to be found in which to do so. There were once plans for a combination medical/psychiatric unit in the Mental Health Rehabilitation Facility (MHRF), but that unit no longer exists.

I emphatically disagree with Dr. Katz's stated opinion, in our meeting with you on 11/17/04, that there is no difference between the patient care environment at SFGH and that at Laguna Honda. First, SFGH does not have the 30-bed open wards characteristic of LHH. Second, the environment at LHH is much less secure. According to the San Francisco Sheriff's Department's figures, the institutional police staffing for LHH is 8 FTE officers for a census of 1055 patients. (This number was temporarily increased to 11 officers following a media publicized molestation of a female patient.) At SFGH, there are 54 FTE officers for a census of 265. In other words, SFGH has 1 officer for every 5 patients compared to a ratio of 1 officer for every 120 patients at LHH. This is why SFGH, in contrast to LHH, can post an armed guard at every entrance, thereby providing a strong, continuous deterrent to criminal activity.

For 8 years, I did the majority of the screening of patients referred from SFGH to LHH who had behavioral or psychiatric issues. I spent a lot of time at SFGH during those years evaluating patients, and in so doing I acquired an extensive understanding of the differences between the two institutions.

Please give consideration to these remarks as you go ahead with your plans for this institution, and with your plans for the care of the members of our community who are homeless, mentally ill, addicted, and suffering. I hope you will make an effort to understand their needs, what helps

them to heal, what kind of environment is most therapeutic for them. I hope you will also keep in mind the safety and welfare of our elderly San Franciscans who need the kind of care offered in a skilled nursing facility. I am an advocate of community-based care whenever it is workable, but some patients unfortunately have such heavy care needs that community placement is not possible. These people will need a place, too, and I hope it will be a safe and humane one.

Lastly, here are my questions for you at this time:

- 1) What help can you give us to keep Laguna Honda Hospital a safe place for patients, staff, volunteers, and visitors? If more patients with psychiatric illness and substance abuse problems will be cared for at LHH, who is developing programs to do this properly? Where is the funding for these programs going to come from? Can Proposition 63 dollars be used for this? Can the millions of dollars being lost due to inadequate billing practices in the Department of Public Health be captured and put to use?
- 2) What plan is in place, or is being developed, to address the well-documented (see Dr. Katz's White Paper on Laguna Honda Hospital from 1998 for the figures) future increased need for elder care in our community (both community-based and skilled nursing facility care), as the number of senior citizens increases in the next few decades? Can the citizens of San Francisco expect that their frail elderly relatives will have to be sent 2 – 3 hours away to get the care they need, as is already beginning to happen?
- 3) If nearly 70% of San Francisco voters were in support of Proposition A to rebuild Laguna Honda Hospital in 1999, then do you think they might also be willing to pass a tax measure specifically to pay for funding of the needed programs to care for the elders of San Francisco who need it, both community-based care and SNF care for those unable to be cared for in community settings?

Respectfully,

[Signed]

René K. A. Thomas, M.D.