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December 14, 2004

**Statement to Be Read at
December 16, 2004 Town Hall Meeting About
Laguna Honda Hospital.**

I am a Board Certified Psychiatrist and have worked at Laguna Honda Hospital 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. For 8 years, I did the majority of the screening of patients referred from SFGH to LHH who had behavioral or psychiatric issues. I want to share with you my concerns about the changes I have witnessed at Laguna Honda Hospital (LHH) over the past year. 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 whom we are not equipped to safely manage. We have seen more frequent 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 in March 2004; etc. In the years I have worked at Laguna Honda, 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 (by structure, I mean frequent monitoring by staff, and programs 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 limited 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 monitored. Patients and visitors can easily bring drugs, alcohol and weapons into the facility without being detected. We have insufficient numbers of Institutional Police for a facility of our size. San Francisco General Hospital 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.

If the new vision of the future of Laguna Honda includes caring for these patients, then we need to be able to create and fund the programs, ensure adequate staffing and security, and set up the 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. The other residents of Laguna Honda, old or young, also deserve to live in a safe and healing place, and the neighborhoods surrounding Laguna Honda deserve to be safe, as well. Dumping patients into our facility without proper planning or adequate staffing and programming 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.

Finally, it is my hope that everyone concerned can work together cooperatively and respectfully to find good solutions to these complex issues.