



FREQUENTLY ASKED QUESTIONS ABOUT LAGUNA HONDA HOSPITAL

February 23, 2005

Q. How has Laguna's population changed?

A. In 2004, the admissions policy of Laguna Honda Hospital was changed. As a result, the patient population has become younger and more male than in previous years, and includes more able-bodied people with serious behavioral and psychiatric problems and/or substance abuse problems, whose needs are short-term. This was the continuation of a trend, but it worsened in 2004 because of changed official admissions policies. The raw number of male new admissions increased 18% from 2003 to 2004, and the raw number of female new admissions decreased 9%. The raw number of new admissions age 70+ decreased 23% from 2003 to 2004, and the raw number under age 50 increased 59%. (Total admissions increased because more admissions were short-term.)

Q. Has the patient population change led to problems?

A. Yes. Laguna was not designed, and is not equipped or staffed, for the changed population. In 2004 there were more reported incidents of violence by residents against other residents and staff, including serious assaults, and at least one arson fire. Anecdotal evidence suggests additional unreported incidents. Aggressive behavior incidents, and residents who went AWOL, doubled from 2003 to 2004.

Q. How has the admissions policy changed, and with what effects?

A. For many years, first priority was for "people not in a medical facility who cannot receive adequate care in their present circumstances"; SF General Hospital (SFGH) patients were second. In 2004 a new admissions policy was imposed by the Department of Public Health that effectively reversed these priorities. The result: short-term admissions are way up; long-term admissions way down. Admissions from home, board-and-cares and other hospital skilled nursing facilities are way down; admissions from SFGH acute care are way up.

People who need long-term skilled nursing care are having difficulty getting admitted. The number of new admissions to Laguna from private homes, board-and-care facilities, and private hospital skilled nursing facilities declined from a total of 158 in 2002, to 124 in 2003, and only 62 in 2004. Significantly, 73% of new admissions in 2004 came from SFGH, only 9% from home, and less than 1% from board-and-cares. Only 1% came from Chinese Hospital in 2004.

Last week, Mayor Newsom announced that Laguna Honda's admissions priorities would be changed back to the way they were before March 2004. This is an important first step, but no actions have been taken to date by the hospital's administration to implement the Mayor's order.

Q. What is Laguna Honda Hospital's mission, and how has it changed?

A. For many, many years, long-term care was central to Laguna Honda's mission. Recently, a new mission statement was approved that omits any reference to long-term care.

Q. Are San Franciscans being displaced from being admitted to Laguna?

A. Yes. Because people admitted from General aren't necessarily San Francisco residents, but people admitted from private homes and board-and-care facilities are, San Francisco residents are displaced at Laguna Honda by non-residents when SF General Hospital patients are given priority over people from private homes and board-and-cares.

Q. What was the purpose and intent of the 1999 Laguna rebuild bond?

A. San Franciscan voters were told repeatedly in 1999 that Laguna Honda Hospital would be rebuilt for the frail “elderly” or for “seniors,” would be used for people with “disabilities” or the “disabled,” would continue the “medical” model orientation, and would be used for long-term care. These assertions were repeated many times throughout the many pages of arguments in favor of the rebuild in the Voters Handbook. Former Mayor Willie Brown, Senator Diane Feinstein, Congresswoman Nancy Pelosi, and a large majority of the Board of Supervisors strongly supported the rebuild on those conditions. Even the leading opponents of the bond agreed on the purpose of Laguna Honda Hospital and the \$299 million bond.

Now the Department of Public Health is claiming that the bond lacked this specificity, and that the \$299 million can be spent at the Department’s discretion, so long as it is used for a public health hospital.

Q. Now that Mayor Newsom has reinstated the old admissions priorities, aren’t San Francisco’s seniors and people disabled by medical conditions protected?

A. The Mayor’s directive is a good first step, but many vital issues remain:

- The old admissions priorities must actually be followed, and not be changed yet again if public attention is diverted, i.e., seniors and medically disabled people from homes, board-and-cares and private hospitals must once again have access to get into Laguna Honda.
- Security for Laguna residents, staff, visitors and neighbors must be ensured.
- Potentially dangerous people must not be admitted to Laguna Honda.
- Long-term care must be reinstated in Laguna Honda’s mission.
- Laguna Honda’s mission must remain medical, rather than social, behavioral and substance abuse-oriented.
- Laguna Honda physicians must have the final word on admissions, not the Director of the Department of Public Health.
- There must be no retaliation against Laguna Honda staff members who risked their jobs to speak out.
- To keep faith with the voters, Laguna Honda must be rebuilt with the 1,200 beds promised voters in 1999, and be designed to serve San Francisco’s seniors and people disabled by medical conditions who need long-term skilled nursing care.

Q. What can I do to help?

A. Write to the Mayor, the Board of Supervisors, State Assemblymembers Yee and Leno, and other elected officials. Their addresses are at www.sfgov.org and www.assembly.ca.gov

Support San Franciscans for Laguna Honda’s ballot initiative in the upcoming November 2005 election, that will seek to permanently preserve Laguna Honda for San Francisco’s seniors and people disabled by medical conditions.

Visit www.Stop.LHHDDownsize.com frequently for updates on Laguna Honda.

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Thank You for Caring About Our Seniors!