



Poor Prognosis

L.A.'s chief medical officer says privatization is possible if King/Drew's accreditation is lost

By [Bobbi Murray](#)

The cavernous County Hall of Administration downtown looked ever so empty at the mid-October meeting of the Los Angeles County Board of Supervisors, during which the county's chief medical officer, Dr. Thomas Garthwaite, pronounced Judgment Day for a crucial South L.A. public hospital.

Garthwaite, with his round glasses and a boyish mop of blond hair, evoked the smartest kid in the class as he coolly broke it down for the five-member board: There are two high-stakes, pass-fail standards tests coming up for beleaguered King/Drew Medical Center, a county hospital for which the supervisors themselves are ultimately responsible. Garthwaite announced King/Drew could flunk. (For an interview with Garthwaite, see 3rd Degree, page 10.)

His presentation marked perhaps the most drastic prognosis yet for a hospital beset by a staggering series of setbacks over the last few years. In 2004, the facility's national accreditation got pulled after reports of sometimes fatal patient neglect and error; later, a sustained community outcry failed to block the board of supervisors from approving the shutdown of a fiscally and practically sound trauma center.

At the meeting, Garthwaite outlined a plan to hand over King/Drew to a private chain. Talk of privatization had wafted around the issue previously, but it was still a bombshell pronouncement, as it means privatizing a public hospital founded as a response to the Watts riots in 1965 and named in part for the Reverend Dr. Martin Luther King, Jr. King/Drew serves a low-income population that's 35 percent African-American and mostly Latino.

Hospital chain Catholic Healthcare West has been looking into the financial and management issues entailed in a possible takeover, Garthwaite told the supervisors.

If King/Drew fails to pass muster with the feds - in this case, the Centers for Medicare and Medicaid

Services, known as CMS - the hospital could lose \$200 million in federal funding. The CMS inspection could happen any time between now and January, although a preoccupation with the aftermath of Hurricane Katrina could put CMS behind schedule. Another crucial survey by a national accreditation board called the Joint Commission on Accreditation of Healthcare Organizations - JCAHO - is expected in March.

Should King/Drew fail these inspections, the hospital would almost certainly lose its state license and be forced to close. At that juncture, a private contractor could step in. Another option would be for the Drew University of Medicine and Science, the medical school that puts "Drew" in the hospital's name and supplies it with physicians, to take it over until it's fit to pass the CMS survey. UCLA currently runs the county's Harbor-UCLA Medical Center, while USC is in charge of County General in Boyle Heights.

Since Garthwaite's crack-of-doom announcement a month ago, incidents of mismanagement continue to pile up. In the most recent cringe-worthy occurrence, a nurse manager was accused of certifying people who hadn't taken cardiopulmonary resuscitation courses as being able to perform CPR. She has denied the charge.

But it's the lower-profile events that could have more of a bearing on King/Drew's future. News reports have noted only in passing, if at all, that the board of supervisors had decided earlier this month to suspend the Hospital Advisory Board, appointed by the supervisors earlier this year.

The HAB, made up of 14 health professionals and a union rep, was constituted on the advice of the consulting firm Navigant, hired by the county at \$15 million a year to steer King/Drew out of the mire. The HAB was supposed to advise Garthwaite and the supervisors. No rubber-stamping group, it also tangled with Garthwaite over his approach.

He advocated wholesale shutdowns of entire units, the better to focus on and prepare for the upcoming inspections, he explained. Anxious crowds filled a September supervisors meeting in opposition to Garthwaite's plan to close the obstetrics, pediatric, and neonatal wards - this in a service area with an outside number of low-birth-weight newborns.

The HAB also opposed the closures, and sent a detailed letter to the board of supervisors urging it to take a step back, analyze the problems that led to sanctions, and take steps to address those areas specifically, rather than lop off entire, unrelated units. Plans to close down the wards were abandoned when county officials found out it would cost \$29 million in state funds.

Then, on November 1, the HAB was officially fired. A letter sent from the office of county Chief Administrative Officer David Janssen thanked the advisory board members for their services - and then advised them that Janssen had recommended the HAB's suspension. The board of supervisors had already approved it.

The move dismayed community advocates. "The HAB was a very positive development," says Lark Galloway-Gilliam, executive director of the Community Health Council and a spokeswoman for the Coalition for Health Justice. The coalition had long pressed for an advisory board of health professionals to make a big-picture assessment of King/Drew. It sent a sharply worded letter to the board, criticizing the decision to suspend the HAB and questioning Janssen's recommendation for a new oversight body.

"There is no rationale for replacing one established group of experts with a non-existent unknown body less than 90 days from the CMS review," the letter said.

Janssen, who made the recommendation to suspend the HAB, says he decided on the move after the Department of Health Services couldn't explain the HAB's place in the food chain to new King/Drew CEO Antoinette Smith Epps, who took over on October 17. "In the six months of the Hospital Advisory Board's existence, the board itself couldn't resolve the issue of what it wanted the HAB to be," he says. The discussions became "a tremendous distraction from fixing the hospital."

Epps, though, sent a letter to HAB members saying she was disappointed about the decision to suspend the body, and invited them to meet with her as part of a proposed "KDMC-CEO Counsel."

Janssen points out that neither the HAB nor the community advocates have ultimate responsibility for King/Drew - the supervisors do.

But they don't shoulder that, in Galloway-Gilliam's view. She calls the HAB the kind of structure the CMS inspectors would look to as a sign of progress at King/Drew. The suspension is "tragic," she says, "because I think the feds are looking for someone to be minding the shop, and the board of supervisors can't do that."

Dr. Richard Brown, a UCLA public health professor and director of the UCLA Center for Health Policy Research, echoes Galloway-Gilliam's assessment of the board of supervisors. The supervisors let King/Drew drift along and wait to jump in only when "there's a headline in the Los Angeles Times," as Brown puts it. "The board [then] comes in and micromanages below the level of the department director. This is a terrible way to run an agency."

Brown calls it "politically driven management by the county board of supervisors. And that, of course, is the problem that underlies the entire situation at King."

Many observers agree and wonder if there is not an impulse on the board to privatize King/Drew and get it out of the headlines and off their hands. "There's always been an option to go to an outside operator," says Joel Bellman, a spokesman for Supervisor Zev Yaroslavsky. "The supervisor is not going to support subsidizing [the lost \$200 million] if we fail to pass accreditation with CMS."

For Galloway-Gilliam, the HAB suspension is one more sideshow that won't help resolve King/Drew's ongoing crisis. Look at the supervisors' agendas over the past year and see the way the discussion has whipsawed - from the relationship between the county and the Navigant consulting firm to the discussion of closing down wards to firing the HAB.

"They keep on lobbing these bombs that keep people off-point." Gilliam-Galloway says. "They should be so focused on passing the CMS inspections. The list of distractions is phenomenal."

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