



Unnecessary Surgery

Health care professionals attack L.A. County's decision to close more wards at King-Drew Medical Cen

By [Bobbi Murray](#)

The aftermath of Hurricane Katrina and its images of New Orleans residents, largely African-American and poor, stranded on rooftops without food or water, deeply moved Los Angeles resident Lynn Kersey. But for Kersey, the executive director of the non-profit organization Maternal and Child Health Access, the predicament of flood victims in Louisiana resonates with another potential disaster, this one bearing down on South L.A.

In August, Dr. Thomas Garthwaite, chief medical officer for Los Angeles County, recommended that the obstetrics and pediatrics wards be shut down at county-run King-Drew Medical Center near Watts.

It's a move that, in Kersey's eyes, will strand a poor and vulnerable population of mothers and children just as surely as slow official response trapped Katrina's victims. King-Drew is surrounded by a low-income service area that's 35 percent African-American and majority Latino. African-American mothers - who have the highest rate of very-low-birth-weight babies of any racial and ethnic group - would have to travel long distances for obstetric and delivery services, often on the bus, she says.

Like those left behind in New Orleans, it's not a matter of gassing up the SUV and heading out. "Twenty-three percent don't have access to any automobile," Kersey fumes.

An increasingly vocal chorus of health care professionals agree with Kersey, including the Hospital

Advisory Board, a group of public health and medical professionals officially named and sanctioned by the L.A. County Board of Supervisors. Members of the HAB have leveled sharp criticism at Garthwaite's approach, which was to eliminate services many consider critical to the community as a move to restore the hospital's medical accreditation, which was withdrawn in 2004.

The Hospital Advisory Board's clash with Garthwaite, and with some members of the Board of Supervisors, is now at a critical juncture; the Board of Supervisors set a September 30 deadline for alternative proposals to the obstetric and pediatric wards shutdowns; a public hearing is set for October 17.

Spokespersons for the County Department of Health hold that the number of births at King-Drew has dropped to the point where the obstetrics unit has become superfluous. A recent memo to the supervisors from Chief Medical Officer Garthwaite cites a phone survey of physicians in the area surrounding the hospital who say they can and will accept Medi-Cal patients as evidence that the community could sustain closure of the obstetrics and pediatrics units.

Low-income patients will still continue to go to the hospital for obstetric services, Kersey says. And pediatric patients who require intensive care would have to travel or make do with adult-size medical equipment. "That's not acceptable," she adds.

The present debate is part a decades-long struggle for the sprawling facility, established in response to the 1965 Watts riots. King-Drew was stripped of its accreditation in early 2004, following a string of incidents including patient deaths after nurses turned off vital-signs monitors, near-fatal medication mistakes, and doctors accused of padding their hours.

The loss of accreditation threatens \$200 million in federal funds from the federal Centers for Medicare and Medicaid - no accreditation, no money. Garthwaite is under heavy pressure and on a short deadline to whip King-Drew into sufficient shape to pass muster with federal auditors in December.

His solution, explained in a crisply-worded FAQ on the Department of Health Services website: "an academic community hospital with a smaller set of clinical services - but with more focused and better-delivered services." That position led to the closing of King-Drew's trauma center in March 2004, with community members packing the hearing rooms at the Board of Supervisor's offices downtown and uproarious demonstrations erupting outside.

While policy debates around King-Drew have drawn only fitful community involvement, the closing of the trauma center changed the dynamic and galvanized opposition to Garthwaite's approach. A collection of community and advocacy organizations, along with medical associations representing black and Latino medical professionals, have now weighed in. Chief among them is the Hospital Advisory Board.

A letter to the Board of Supervisors by HAB Chair Hector Flores, MD, acknowledges that the pressure is on for King-Drew to pass the upcoming accreditation process. It then goes on to question the health department's current tack - criticizing the elimination of entire wards as downsizing based on the urgent need to "do something." But passing the inspection, the letter says, will be predicated upon "a systematic re-engineering of hospital operations in all wards."

Flores's letter also expresses concern "that the L.A. County Department of Health Services is moving towards the downsizing of the King Drew Medical Center with insufficient information about the rational changes that need to be made internally, and with insufficient information about the external consequences

of this decision," it says.

"What they've done is to define the problem as narrowly as possible instead of as broadly as necessary to address the needs," says Hospital Advisory Board member Sylvia Drew Ivie, who served as project director of the steering committee on the Future of King-Drew Medical Center.

Ivie wants an approach that analyzes the elements that don't work in King-Drew's care, with the intent then to fix problems rather than simply "lop off" units. Nursing shortages, Ivie says, have been identified as a chronic problem. The county paid \$13 million to a private company, Navigant, to steer King-Drew towards re-accreditation and credibility, "but hasn't solved the nursing problem," Ivie says. "Instead of figuring out how to get more staff, or how to use existing staff more efficiently, they lop off services."

Navigant was recently discovered to have been padding its expenses.

As this article was going to press Wednesday, the HAB voted to send that letter to the Board of Supervisors, with Garthwaite, who is a member, the only vote against. The other HAB members attached a cover letter saying they considered Garthwaite's shut-down proposals a distraction to achieving an overall plan to bring King-Drew up to standards.

The Department of Health Services is expected to review competing proposals from the HAB and other "stakeholders" and produce a final proposal on October 7. The process then remains out of the public eye until October 17, when the first of a series of public hearings takes place at the Board of Supervisors meeting hall downtown.

The battle lines are forming. Supervisor Zev Yaroslavsky dismayed advocates last month when he called obstetrics and children's services "extracurricular."

Supervisor Mike Antonovich has supported downsizing, while the board's two women supervisors, Yvonne Brathwaite Burke and Gloria Molina have opposed it. That leaves the generally conservative Don Knabe as a swing vote. His spokesman will only say that Knabe has not committed to one course of action and expresses support for keeping King-Drew open as part of a countywide safety net.

The buck ultimately stops with the Board of Supervisors, and has stopped there since King-Drew's inception. But the current supervisors seem content to let Garthwaite take the heat and position themselves as the honest broker.

And that just doesn't fly with a lot of folks. A 2004-2005 civil Grand Jury did not investigate King-Drew, citing a duplication of effort, but did slam the the county's management of the public health care system. An auditor hired by the Grand Jury criticized the supervisors for being unable to balance the health care needs of the county, and for devoting little time to managing the \$3.5 billion system. "The Board's approach to governance has reportedly created a risk-averse environment that suppresses management innovation," the audit said, adding, "Board actions in key operational areas were found to often be reactive and lacking in follow-up, resulting in a recurrence of the same problems."

"Yes, they have administrative challenges, but the community has survival challenges," says Ivie. "Survival trumps administrative efficiency goals."

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