

Up From Ashes?

TALKS OF REOPENING KING/DREW FORCE HARD QUESTIONS AND HARSH REALITIES

BY GENEVIÈVE M. CLAVREUL, RN, PHD

LIKE A PHOENIX RISING FROM THE FIRE, SO TOO did Martin Luther King Jr., General Hospital — later to be renamed King/Drew Medical Center — rise from the ashes of the 1965 Watts Riots. The McCone Commission was empanelled to explore the root causes of the riots and find ways to correct them; it concluded that the dearth of healthcare services, including hospitals, was one of the key contributors to the riots, and so began the journey to build a county hospital, starting with the 1968 groundbreaking ceremony that signaled the birth of KDMC with a mission to serve the then primarily African-American community that was South Central.

Later, as the community's racial and ethnic profile changed — along with the name of the community from South Central to South Los Angeles — the core mission of KDMC did not; like bedrock KDMC stood firm in its mission to serve the those most in need in L.A. County. Then came that fateful period from 2003 through 2007 when the *Los Angeles Times* released a series of investigative reports revealing a great number of deficiencies on the part of the hospital administration, nursing/medical staff, the Department of Health Services and, ultimately, the failure of the Los Angeles County Board of Supervisors to exercise their oversight authority competently over the hospital.

The Los Angeles healthcare community and the nation watched as KDMC began a slow downward spiral, which culminated in the now notorious death of Ms. Rodriguez that was captured via hospital video and shown nationwide.

Now, after many false starts, the County of Los Angeles has announced an agreement with the University of California Regents to reopen this critical link in the L.A. County healthcare safety net. The plan presented by L.A. County officials is somewhat convoluted, but it can be boiled down to the following salient points:

- L.A. County, in conjunction with UC Regents, will form a third nonprofit entity. This third entity will oversee the day-to-day operations and be run by a third party still to be identified.
- L.A. County will provide all the financial resources to run the hospital, as well as do all the necessary construction and reconstruction (seismic and otherwise) needed to remake KDMC into an operating hospital complete with an emergency department.
- The UC Regents would get 250 medical student slots and assume responsibility for administering and overseeing all the physicians for the hospital, but without the liability; this will be carried by the county.
- All other employees, including the nursing staff, will be hired and overseen by the unidentified third party. It has been reported that, unlike past attempts, all staff would be new hires instead of old KDMC staff that were simply repurposed, retrained or relocated.

As a member of the nursing community, as well as a member of the public, I have kept a close eye on KDMC, and like so many I'm heartened by the prospects of the reopening of a hospital in the community. All involved must be willing to ask the tough questions, however, and, if need be, accept harsh reality. This has perhaps been one of the greatest stumbling blocks to the rehabilitation of KDMC.

For example, not long after the *L.A. Times* began its series of investigative reports, Los Angeles County Supervisor (a state senator at that time) Mark Ridley-Thomas wrote an op-ed piece that called for the temporary closing of KDMC so that the hospital and staff could undergo a full rehab and be reopened as a "new" facility with the goal of shedding past ghosts and bad publicity. This suggestion was rejected by many of the stakeholders, who thought it nearly sacrilegious to suggest the word closure, and by nearly every elected official who had any political stake, no matter how small, in KDMC. Since I had been involved in several complete hospital turnaround projects in the past, I knew from firsthand experience that it was possible to keep a facility open while undergoing complete management, staff and facility overhaul, so I wasn't sure a full closure was warranted. I still believed that the county personnel were capable of accomplishing turnaround.

The Pulitzer Prize-winning *L.A. Times* series became a harbinger of doom for the hospital and ultimately its community. Its series dramatically highlighted all of KDMC's failings, and

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many in the community objected to what they saw as a "hatchet job," often accusing the Times editorial board and reporters as being out to close the hospital.

In response the community and its supporters mobilized themselves and organized various meetings, peaceful demonstrations and even ensured that there were always members of the public to testify before the board of supervisors at every opportunity where KDMC was an item up for discussion. However, when the board announced its decision in 2005 to close the trauma center, saying they needed to "decompress" the hospital in order to save it, I saw much of the steam come out of this movement. My own heart sank at this announcement, and it made no sense to me because trauma care is the only "care" that is reimbursed in full; thus the closure would severely affect the hospital's ability to maintain a viable and valuable income stream.

A hospital in trouble is not unlike any other troubled institution or organization. It needs its employees to have hope, to inspire them to continue to fight for success. It became apparent to me that KDMC's trauma center served that purpose to both the hospital staff and the community. This trauma center was a source of pride, but it was also a necessity in a community that at times was a battle zone.

Stories of friends and family whose lives had been saved because that community had a state-of-the-art Level 1 trauma center in their backyard wasn't just a public relation spin. Over the years, the trauma surgical suite lights at KDMC hosted countless military surgeons who fine-tuned their medical training and skills because so many of the injuries that presented at the trauma center mimicked what these surgeons might face on a battlefield.

And so this storied and often troubled hospital lost its trauma center and the remainder of the hospital seemed to slowly fade out of existence until all that was left was an urgent care and a clinic. I know many nurses that left KDMC at the beginning of its slow decline, and most if not all the trauma nurses, physicians and ancillary staff found gainful employment at a nearby hospital that was opening its own trauma center; but I also knew many nurses who remained, and they stayed hopeful that the hospital would turn the corner.

When it became evident that it was too late for a turnaround and they tried to leave and find other jobs, they were confronted with the question, "Why did they wait so long?" Were they the "bad" nurses who had contributed to the failure of the hospital? They must have been since they didn't get out while the getting was good. Many of these nurses shared with me their frustrations that they couldn't leave "their" hospital while there was still a glimmer of hope, and their failure was not one of nursing but of commitment to a dream.

Today, nearly two years since KDMC closed its doors, newly elected Supervisor Ridley-Thomas has made good on one of his key campaign promises in making an effort to reopen a hospital on the old KDMC campus. There will undoubtedly be challenges that will have to be surmounted before the hospital can be reopened, and the ink is far from dry on the deal.

For example at a recent meeting, the board of supervisors staff delineated that the hospital had to first be "built out," then an emergency department and ancillary services would follow. However, after reading the meeting transcripts to ensure that I had heard the testimony correctly, I suggested to the board that



this was not a sound strategy, especially since there is an urgent care unit and clinic on site. Building the ED and ancillary services should come first or, at very least, in synchronization with the build out of the hospital.

Such are the challenges that are now faced, including the risk of compromise that might ultimately undermine the potential success of the new hospital.

It's my heartfelt belief and hope that all parties involved will come together, put aside personal and political agendas, and use their collective talent to help realize the dream and goal of reopening a fully functioning hospital where KDMC once stood. And, like the Phoenix, it may yet rise from the ashes!



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