

## WESTWOOD LODGE

NOTE: An abridged version of this Letter to the Editor of The Boston Globe was published on June 21, 2017

## LETTER TO THE EDITOR

**JUNE 16, 2017** 

Letters to the Editor The Boston Globe PO Box 55819 Boston, MA 02205-5819

## Dear Editor:

The Boston Globe, in its article of June 10th, chose to sensationalize the human tragedy which accompanies difficult situations – but avoided the perspectives that would have truly informed the public. The article also failed to include context or background regarding many of the isolated instances referenced.

In the last 10 years, Westwood Lodge and its sister hospital, Pembroke Hospital, have cared for acutely ill patients for over a half million patient days. Our patients themselves have ranked many of the services in these hospitals as above the average of 200 similar hospitals nationwide. They have commended our inpatient and partial hospital services for satisfaction with their doctors, satisfaction with their nurses and general care staff, for being carefully informed of their rights, and for being treated with dignity and respect. You would not know this from the Globe article.

The Globe left out details they should not have. They told you that children slept on a bare mattress, not that the mattress had sheets that were pulled off by the child. They told you that children were "sat in front of a television," not that they had specialized tutoring, activities therapists, and physicians.

They did not tell you that in the face of a severe national shortage of psychiatrists who are trained to treat hospitalized children, Westwood and Pembroke have five such doctors on its staff or that Westwood's Director for its Children's unit is a child psychiatrist with 20 years of experience, a Boston University Medical School appointment, who can talk to his young patients and their families in either English or Spanish, with equal ease.

The Globe reported on a Westwood Lodge patient who in 2011 was given a medication he was allergic to and who sadly suffered an allergic response and died. All potentially avoidable deaths are tragic and hospitals work hard to prevent them. The Globe report gave you no context to understand that despite best efforts, more than 50 such fatal or serious medication errors were reported each year in Massachusetts by the Department of Public Health – at other hospitals including at some of our most famous. They also failed to report that Westwood and Pembroke have since introduced an electronic pharmacy record aimed at limiting such errors to the extent possible.

The Globe asks, "How long are we going to let them kill people?" citing an understandably distraught mother. For doctors, nothing is as difficult as a death that could have been prevented and the Globe's citation drives this point home. However, a reporter could have also asked the question, "How are these hospitals able to save so many lives?" The Joint Commission, our national gold standard in accrediting hospitals, reviewed Westwood Lodge and Pembroke Hospitals just 11 months ago and found them worthy of being fully accredited – as they have every three years since they began more than 30 years ago. According to The Joint Commission, suicide in the hospital has been a leading cause of preventable deaths in the entire nation for the past 10 years. During this same period, neither Westwood nor Pembroke had a single suicide in its hospitals. In contrast, in the past year alone, a non-related private psychiatric hospital is reported to have had 3 suicides within months of each other. The DMH did not halt admissions to that hospital nor to an academic hospital which had one suicide within its walls - all with no mention by the Globe.

This life-saving record is not by chance. Westwood Lodge designed and pioneered the use of a universal and comprehensive suicide risk evaluation for every patient. It is now pioneering the introduction of the "ARA," a comprehensive assault risk assessment. Both nationwide and at our hospitals, too many psychiatric health care workers are being seriously injured by patients they are trying to help.

The final straw which resulted in the temporary closing of admissions to Westwood was administrative, not patient harm. The legal papers to voluntarily admit patients to a psychiatric hospital were filled out minutes or hours too late in too many cases. In the last case, the legal paper was filled out in time – within two hours of admission – but a single subsection on an admission form was not checked off. Unfortunately, the DMH saw this infraction together with other findings as a difficulty in "sustaining attention to necessary details." As such, they believed that these infractions could be seen as abrogating patient rights at a minimum and also potentially resulting in poor care.

We absolutely agree with the need for attention to detail. It is a core part of medical training. However, because there was no pattern of actual patient harm and because so many seriously ill patients are well treated by dedicated and at times heroic medical and nursing staffs, we think that the suspension of admissions was antithetical to patient care and contributed to the dissolution of critical treatment teams that were years in the making. Now, because of what we believe to be the hospital's current work in cooperation with the DMH, we will reboot and emerge once again as a leader in acute mental health treatment in the Commonwealth. We invite the Globe to do a follow up. On page one.

**Gary Jacobson, MD •** Founder and Chief Medical Officer Westwood Pembroke Health System

Michael A. Rater, MD • Medical Director

Westwood Lodge Hospital

**Byron Garcia, MD •** Director, Child and Adolescent Psychiatry Westwood Lodge Hospital