

# GRAND JURY REPORT



COUNTY OF VENTURA

1976-1977

RESOLUTION  
OF THE 1976-77 VENTURA COUNTY GRAND JURY  
DEALING WITH  
THE CAMARILLO STATE HOSPITAL INVESTIGATION  
AND ACTION SUBSEQUENT THERETO

WHEREAS, the Grand Jury convened a special investigation into a number of unexplained patient deaths at Camarillo State Hospital; and

WHEREAS, this investigation produced a detailed report of our findings as well as indictments of certain employees of the hospital; and

WHEREAS, such indictments resulted only after responsible, conscientious deliberation by this body in private session; and

WHEREAS, such written accusations were reached by this body within legal and moral constraints, solely on the evidence presented which, in our opinion, was strong, clear and beyond a reasonable doubt, without regard to any outside influence or impact; and

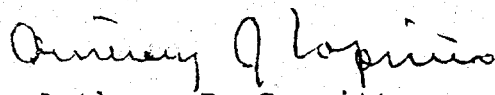
WHEREAS, such indictments were properly presented to and accepted by the presiding judge of the superior court, Ventura County, State of California, as true bills; and

WHEREAS, the district attorney subsequently has seen fit to ask the court for dismissal of indictments of selected individuals; and

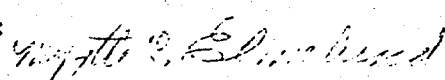
WHEREAS, our purpose always has been to seek and find the truth and to do justice according to the actual facts and the law, and, in fact, we used the same measure of diligent application in arriving at our decision for each indictment; and

WHEREAS, we seek justice only, and we do not demand any victim, but we do demand equal and impartial justice;

NOW, THEREFORE, BE IT RESOLVED, BY THIS GRAND JURY, on this 12th day of January, 1977, that in the interest of equality and justice, if any indictment against any one individual in this matter is so dismissed, then all indictments against all individuals should be dismissed.

  
Anthony J. Capritto  
Foreman  
Ventura County Grand Jury

ATTESTED:

  
Myrtle C. Elmelund  
Secretary  
Ventura County Grand Jury

Delivered by hand to Superior Court  
this same date.

# county of ventura

601 Main Street  
Ventura, CA 93001  
(805) 648-6131

Anthony J. Capritto, Foreman

January 12, 1977

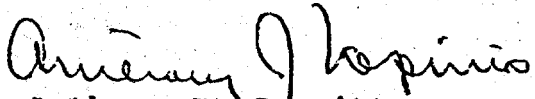
Honorable Jerome Berenson  
Presiding Judge  
Superior Court of the State of California  
Ventura, California

This Grand Jury has applied careful, accurate observations and logical deductions to the matters of Camarillo State Hospital during the public session and private deliberation recently conducted. The deaths and other fundamental issues uncovered during the public session concern us.

Final solutions to these problems which we have identified are not our responsibilities but are of others, reflecting political and ethical views. Nevertheless, having begun, we can not turn away until we have documented our comments which are attached.

We are not willing to take on faith other groups identifying these same issues. However, we do encourage other properly commissioned bodies into action to affirm our findings, and to identify issues which we may have overlooked.

We do commend the existing staff of conscientious workers at Camarillo State Hospital for a difficult job which they have done. Further, we appreciate their understanding. We advise them that an investigation such as this will help identify problems and bring solutions which will improve patient care and ease the staff burden.

  
Anthony J. Capritto  
Foreman  
Ventura County Grand Jury

### Administration

Without a top-notch administrator and without the necessary legislative and executive support, desired change seems unlikely. The chief executive will have to manage and administer the available resources, create and influence policy, action, and change in achieving the desired goals. The chief executive will have to be active and command and demand action and achievement. Some way must be developed to better identify individual accountability.

This facility needs a chief executive who can manage properly always within acceptable professional standards with results acceptable to patients and staff, family and community.

We note a lack of real, formal leadership and direction, and we are not impressed with the administration of the hospital as it has unfolded in the testimony. There seems to be no plan, controls, feedback or evaluation.

Budget is important, of course, but proper and optimum use of what is available also is important. For example, much better use of existing nursing personnel seems highly probable with little effort or additional expenditure. In addition, there seems to be a "rubber stamp" syndrome present which accounts for routinely endorsing and following guidelines, however unprofessional, incorrect, or questionable they may be.

The question is, would conditions be the same with proper, aggressive administration. We think not.

### Facilities

The state mental hospital concept and the facilities should remain. We also endorse the concept of community mental health centers. In no way do we suggest that the hospitals be eliminated completely, but we do espouse reassessment and reform.

We do not believe the private sector can do as good a job for as many people from all walks of life, and better serve the public welfare as the state hospitals have done in times past, and, given proper attention, can still do. We acknowledge a valid place, as well, for the private sector in mental health, and we suggest even more vigorous involvement.

We urge prompt preventive and corrective action in the state hospitals. Perhaps such a facility should be decentralized. As one method of improvement, we urge an immediate legislative review of the mental hospitals, including, but not limited to, current laws dealing with mental health, patient commitment, state-county clinics, minimum professional care, restraints, staff industrial injuries, and required periodic appraisals and evaluations.

### Staffing

Reevaluate staff requirements and recruitment. Determine best available devices to employ to prevent a facility such as this from becoming a last resort for purported workers with questionable credentials or marginal performance. A state facility of this nature needs qualified workers and should not settle for less.

We recommend the use of a staffing schedule, a type of job inventory, to examine present staffing and to identify the assignments, what they do and why, and the additional staff that may be required. One would become familiar with the actual manpower and requirements, departments and programs, organizational structure, and turnover, absenteeism and industrial injuries, and such a schedule would assist in planning and in reporting conclusions.

Increase required professional nursing care and training of psychiatric technicians. The omission of real nursing care has been noted time after time during this investigation. We attribute that to lack of knowledge and skill on one hand, and to indifference, neglect and poor administration on the other.

Establish real, substantial in-service training for all staff covering essentials including new technology, problem identification and solution, and two-way communications. Then create opportunity and requirements for attendance.

The practice of working overtime should be discouraged, and requires quantitative analysis for a real solution. The difficulties of working two or more consecutive shifts should be obvious in the case of medical and hospital personnel. Fatigue, questionable judgment, and so many other factors and probabilities are such that an all out effort must be made to reduce overtime. However, a similar all out priority effort must be made to staff each unit properly. We mean to suggest that some type of operations research tool such as a linear model should be used to determine proper staff and patient ratio for each unit. We feel at present that there are too many patients on each unit for the number and type of staff who actually work there.

A central staff point must be identified and made accountable for staffing all shifts. This desk must be notified of worker communications about absenteeism, shortages, and the like, in addition to the particular person who may be in charge of the unit who, also, must be notified. We do not identify all the problems inherent in this area and we do urge further action in this direction.

Reevaluate weekend and holiday staff and services for adequacy, and implement corrective measures promptly where necessary.

Aggressively reestablish a climate of work where the employee knows and appreciates his efforts and performance, where they are appreciated by others, especially by management and patients, and the employee views real evidence of management support.

Reexamine pay and related factors dealing with the staff and their needs and desires. These factors should be acted upon such that worker attitude, effort and performance are improved.

Instruction in legal consequences and legal principles involving medicine and nursing should be mandatory for every employee initially, much the same as confidentiality and other orientation, and subsequently as refresher training, which should be mandatory at the rate of not less than one hour every two years.

Another problem which requires investigation is that of industrial injuries of staff caused, in the course of providing care, on the job by the hospital or by patients. Every effort must be made to protect both patients and staff from harm and bodily injury. Of course, we recommend this without over use of medications.

The advancement program also should be reviewed. One wonders and speculates about situations unknown. Staff personnel matters must have to do with therapeutic care of patients as the last measure, and not with the rewarding for protection of each other.

### Professional Care

One of the most adverse consequences uncovered during this investigation seems to be the quality of medical and nursing care provided, or omitted. The responsibility of medical doctors and registered nurses to provide care owing to a patient is clear, well established and generally understood. There may have been some doubt in the minds of some licensed psychiatric technicians about their obligation to provide real nursing care. It seems clear, according to the Business and Professional Code, that licensed psychiatric technicians can provide required nursing services. The evidence appears to indicate that some did not properly do so. The evidence also seems to indicate that medical and nursing supervision was not always adequate, nor was it always present or available.

Realizing that every adverse medical consequence or result is not preventable, we note a standard of medical care employed which we believe to be less than required for several cases and the surrounding conditions and accompanying risks which we reviewed, and less than what we believe to be reasonably acceptable elsewhere in the real world.

Professional staff should never allow feelings of hostility to interfere with care and service or to prompt reaction. This is another area requiring attention by management supervision and training. Several deaths seem to be final results of marginal and questionable relations involving professional staff and patients.

The testimony seems to indicate that some of these occurrences could have been prevented in the exercise of more reasonable professional care. More adequate follow up of patients by the medical doctor and the registered nurse might have prevented some of these questionable deaths. Medical directors and medical doctors are negligent when they delegate care of patients to staff who are not adequately prepared, or who do not know how to undertake and employ the care required.



We advocate assigning registered nurses to charge positions at the lowest possible level, and we advocate providing real nursing care, that is, not from behind the desk but on the floor.

We state, too, that a nurse or any other hospital employee should not undertake a task he or she is not qualified to perform, or which he or she knows or has reason to believe is incorrect or excessive, such as giving medication even if ordered by a medical doctor when that medication or amount is suspect, and an adverse reaction to the patient may result.

We feel that methods to reduce patient hostility, besides drugs, have not always been used. Also, required explanations and orientations about situations for patient well being have not always occurred and we find this contrary to protocol. We would like to go into more detail about this and about providing attention to the patients' emotional and psychological needs. Instead, we must again identify the most serious problem, and that seems to be the need for real, quality nursing care.

Quality nursing care must be provided, otherwise the public is being fooled with false or exaggerated expectations. Without actual quality care, there is just pretense and the facility becomes only a warehouse, with warehouse staff. We do not want to see this happen.

In addition to professional assessment in any given situation, all staff should automatically and routinely consider the legal consequences of their actions and the situations in which they find themselves. We suggest this not so much as a constraint or fear but because we believe the inevitable result will be better patient care. Some of the acts committed, or omitted, constitute situations which we find contrary to the interest of the general public welfare.

All staff should realize that a special relationship exists with them and a patient whenever they are on duty and have some responsibility for that patient, either on the floor level, or as duty staff at that time or for that day. From the testimony, it appears that this relationship and the automatic legal consequences created and imposed are not realized or understood by staff, or worse, were completely and intentionally ignored. When this happens, we feel such a staff person has crossed the line into the territory of gross negligence and criminal behavior.

The law requires all of us to be responsible for exercising reasonable care to avoid injury to others. This responsibility for reasonable care increases proportionately depending upon the status of each person, his profession, and his involvement. We find a very high level of responsibility in the case of hospital and medical service persons to their patients.

We agree that psychiatric power and control is mighty, especially to one who admits himself voluntarily, and is then made involuntary, placed in seclusion, has others control his every movement, and is passed on as a dangerous threat to himself and to others. Certain factors decide the fate of this individual, and we endorse a place for the advocacy of individual rights. We demand an end to the conditions resulting in victims in these units of the hospital, and we demand the beginning of real, substantial and professional recognition of patients.

Except for the actual deaths, no part of this investigation seems more ominous than the use of drugs. The evidence discloses without a doubt that the Phenothiazines and other drugs have been received favorably and have worked well in the treatment of mental illness and in the varying degrees of unusual human behavior. However, the evidence also discloses what we believe to be the general indiscriminate use of these drugs at this hospital. Probably no other continuous task provides more risk than the use of drugs in providing care. Extreme caution must be exercised.

A continuous review and updating of P.R.N. (as needed) medication orders must be performed. Direct staff training about the use of such orders must be performed continuously. We are shocked at the obvious lack of qualifications of some who testified who had the power and the responsibility to use these P.R.N. medications based on their observations and interpretations of patient behavior. Another point is that we seem to identify the threat of drug use at times, and the actual indiscriminate and improper use as punishment at other times. There is no substitute for independent, intelligent judgment and application in the use of these drugs. All staff should receive refresher training about factual drug information such as proper dosage, methods, therapeutic factors, precautions, side effects, toxicity and similar drug information.

Incompetency must be eliminated, and one approach is an active review and evaluation of the performance and behavior of all professional staff. The necessity for such a review should be explained to each staff person who is in doubt. There should be no need for apology, and those who fall below standards should be dismissed. We recognize the possibility, in a situation such as this, for incompetents to find a haven, and to achieve a power level of influence, with frightening results of abuse to staff and patients.

We recommend the rigid and regular enforcement of peer review. Surely, the staff must know who is not performing or who is performing poorly or incompetently. A system of review should be instituted immediately. Such a system should allow for anonymous reporting with due safeguards. Management must endorse this review and give it all the support, recognition, and dignity possible. It seems now that there is no adequate method of discovering incompetence and we believe part of the answer is because of peer pressure, intimidation, and the threat of outright physical violence. That should be met head on, and if and when it is discovered, those involved must be dismissed.

We believe the suicide prevention and intervention program should be strengthened. Treatment should include prompt recognition of suicidal factors, especially written past history and likely characteristics, as well as close supervision. All likely articles such as belt, shoe strings, coat hangers, sharp objects, unused and concealed medications, should be removed, and the patient should be checked and reassured regularly. Such a patient should not have ground privileges. Medications may not be necessary, but medical observation and special precautions are necessary.

The admission unit should be studied and evaluated with the charge that it be improved. Preliminary physical evaluation by a skilled medical doctor should be given to every person admitted, within reason. We would require that the exam be administered on the same day the patient is admitted through 4 p.m., otherwise no later than the next day, except for patients with obvious impairments or physical problems. They should be examined immediately. Such an examination should consist of checks of eye-ear-nose-throat, heart, lungs and stomach, and other routines including lab tests.

The evidence seems to support the findings of some inadequate diagnoses, namely, not recognizing true physical conditions and problems.

Beginning with the medical doctors, the state should require recertification on a regular basis in state operated facilities in the case of all medical and hospital occupations. Continuous and periodic evaluations of all staff providing patient care should be applied.

We suggest that this facility become a part of a medical school and provide opportunities to the school and enjoy reciprocal advantages.

Another major problem which we identify is that of documentation. We recognize the need for this. However, we believe the evidence reflects very poor documentation. Some notes were written about situations which did not occur. Some situations occurred which were not documented. Some documentation was totally ignored. It does not seem necessary to identify all the variable conditions to make the point that documentation must be evaluated, standardized and used.

We also suggest an evaluation of the Intensive Care Unit. The primary purpose should be identified. Available staff and resources also should be identified. Any differences, when compared, should be explained. A problem about lack of resources seems to exist in the case of patients with severe medical problems who find themselves in Intensive Care and who display irrational behavior as well.

The question about leather cuff and belt restraints seems unclear and unanswered. These restraints should be used only after approval by a medical doctor.

We advise appropriate officials to begin an active, vigorous public enlightenment program about this hospital, who it serves, and what it does. This should be a real, sincere effort and not contrived. Part of the effort should include some manner of regular open house for the general public.

We do not pretend to have identified all the problems. Nor do we infer that this facility is without merit. That would be irresponsible and unfair on our part. But our purpose was not those points.

Finally, we wish to commend the fire department personnel at Camarillo State Hospital who have responded quickly when called and who, according to the evidence, went about their tasks efficiently and professionally.