

# New Amsterdam and Martin Luther King-Drew Hospital

Kelly Welton, BA, RRT-NPS

I recently got sorta-kinda hooked on the Netflix show New Amsterdam.

With their technical errors and impractical equipment setups, medical shows typically make me a little nuts.

Although the series has yet to show a NICU scene (I am in season 1), and the show is technically weak, the underlying script of working in a public hospital serving all patient populations rings true.

The story reminds me very closely of the tale of Martin Luther King-Drew hospital in Los Angeles, CA.

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Closed for various reasons, I still wonder if anyone outside the medical community ever really ‘got it’ as to why King-Drew had so many problems. Bad nurses and RTs? Lazy staff, that took too many shortcuts? Poor management? I do not believe it was any of these things. It is reported that King/Drew failed a Federal inspection due to “serious health and safety violations and poor record of patient care.”

I am no MBA but have been in healthcare in various roles for 40 years now.

If, in retrospect, we perform a modern-day ‘Root Cause Analysis,’ we can cite 100 reasons why King-Drew had to close: wrong medications given, ED patients in the waiting room decompensating fast and not being admitted, inpatients neglected for hours – the list goes on.

But no one went deep enough into the ‘roots’ :

Exhausted staff, overcrowded units, mistrust of hospitals and medical staff, and care costs -- moreover, the biggest question is: Why are the majority of public hospitals that serve the poor too small for the said patient population?

Back at New Amsterdam’s hospital, Medical Director Max Good-

win gets himself in a pinch every episode because he puts the patients first. He is in trouble with his boss, his wife, his doctor, and with his health. All because his character has devoted his life to the patients. So Many Patients.

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Patients that needed care yesterday. Patients simply cannot be prioritized; they all need to be attended to right now. Patients that need beds, lots of beds, in a hospital only built to accommodate half as many.

I am again reminded of my NICU transport days. I went to several hospitals over the years to pick up sick babies and bring them to a higher level of care. Arriving in NICUs built to accommodate 20 babies, with 30 babies in the unit. At least with isolettes, you can move them over and make room for one more (or 10) in a crowded unit. But that practice compromises care because there are only so many oxygen, air, and electrical outlets. And ventilators. And IV machines. And RTs. and Nurses. And space for all the machines and the people who run them. The hospital likely did not budget to provide for 150% of its capacity. And that is how mistakes are made. By merely having two hands and two feet. And 12 hours.

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But that is where we are. Patients large and small compete for beds and sometimes urgent medical attention. And supplies.

If we really drill down to the root cause, why do these patients need so much care? If we could eradicate the human destruction of other humans and the human destruction of self with drugs, food, or smoking, would that make enough room for the unfortunate sick? Or seemingly random occurrences of preterm births?

Perhaps when we get past the mechanical issues of management and budgets and focus on why these hospitals that serve the poor and undereducated public are not big enough to accommodate the said public, we can make a real impact on their care. They need a lot of care, education, direction, counseling, and an expectation of accountability.

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I once had a job with multiple tasks competing for the number one priority for attention in a day.

Given that I am human, I could only be in one place at a time.

Fixing a non-working ABG machine in the ICU took precedence over running a STAT gas because we had 7 ABG machines in a huge hospital that all needed to be up and running at all times. Sure, I could have left the broken machine to draw the gas and run to the other side of the hospital to run it, but the priority was to have all machines working 24/7.

In the same way, three patients cannot fit into one bed. One RT or RN cannot tend to 3 critically ill babies simultaneously. One RT or RN cannot attend three crash C sections simultaneously.

The most amazing point about Martin Luther King-Drew hospital was this:

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***“When plans emerged to close King-Drew, a public hearing at an auditorium across from the hospital prompted a spirited, daylong protest by well over 1,000 people, who gathered to send a powerful message to the Los Angeles County Board of Supervisors. They would rather have a lousy hospital than no hospital.”***

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Were they really guilty of neglecting patients? Or: simply not being able to handle the impossible?

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#### References:

1. New Amsterdam is an American medical drama television series based on the book [Twelve Patients: Life and Death at Bellevue Hospital](#) by author Eric Manheimer.

*Disclosures: The author is President of the Academy of Neonatal Care, A Delaware 501 C (3) not for profit corporation.*

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