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Bay Area Psychiatry Resident Pushes for Hospital Safety After Violent Attack



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By Kevin Stark ✕

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Dani Golomb, psychiatry resident at CPMC Sutter Davies Campus, poses for a portrait at her home in San Francisco on Feb. 9, 2024. (Beth LaBerge/KQED)

When Dani Golomb started her shift on

Sept. 5, 2020, she had no idea that she'd be beaten, dragged and knocked unconscious.

Like usual, the psychiatry resident reported to an inpatient unit at California Pacific Medical Center at 8 a.m. The hospital was extending one patient's legal hold, and it fell on Golomb to deliver the news.

"Most of the patients we're seeing are San Francisco's sickest," Golomb said, referring to what health care workers call "5150s," a California legal code that allows people experiencing a mental health crisis to be involuntarily committed for 72 hours if they are a danger to others or themselves.

The patient had been violent before and had a temper.

"I know this isn't what you wanted to hear, and I know you want to go home. I want to inform you that we are keeping you longer," Golomb, who was 33 at the time, recalled saying to the patient. "You will have the opportunity to meet with a judge on Monday."

The patient called her a thief and a liar,
Golomb told KQED in a recent interview.

Golomb said she placed paperwork and the phone number for a patient advocacy line on the foot of the bed before slowly walking out of the room, closing the door behind her. She was seeing other patients when she heard someone yell “thief” and “liar.”	<hr/> ‘Violence in emergency rooms is not exactly new. But it is worse than it’s ever been, by far.’ —Chris Van Gorder, CEO, Scripps Health
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Suddenly, from behind, came a forceful
shove and Golomb was on the ground
being “punched in the head, neck and
shoulders,” she said. The patient grabbed
her metal clipboard, “smashing it
repeatedly on my head, dragging me by
my hair.”

Golomb suffered a concussion and a
traumatic brain injury, but she wouldn’t
find out about that until later.

“I came to, and there was one of our
wonderful nurses kneeling before me,” she
said. “I don’t know if he broke up what

was happening or if another patient pulled [them off]. But I immediately ran off to go upstairs to collect myself and just cry.”

Health care workers suffer the highest rates of injury caused by violence on the job. They are five times as likely than workers overall to experience a violent injury, according to [federal statistics](#). California hospitals tallied roughly [10,000 incidents annually in recent years](#).

In February, San Mateo County prosecutors charged an unhoused man with attempted murder after he [allegedly stabbed a health worker nine times with a pocket knife](#) at Sutter Health’s Mills-Peninsula Medical Center in Burlingame.

Nurses in the Santa Clara County health system have authorized a strike over what they describe as violent work conditions. James Mount, who works in the intensive care unit at the St. Louise Regional Hospital in Gilroy, said the vast majority of his colleagues don’t feel safe.

“They have witnessed the escalation of violence within

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hospitals since COVID,” he said. “It’s disheartening. Our challenge is to try and feel secure in our job and take care of our patients. That’s why we are there. What we are asking for is for someone to protect those frontline workers who are treating the patients.”

The Sutter Health CPMC Davies Campus in San Francisco on Feb. 8, 2024. *(Beth LaBerge/KQED)*

Staff inside the Sutter Health inpatient psych unit in San Francisco where Golomb was attacked said they are regularly threatened and assaulted, including being pushed, punched and pulled to the ground, according to interviews with Golomb and more than a half dozen of her resident colleagues and nurses and a KQED review of internal documents.

In a survey conducted by the psych residents, three-quarters of those who

responded and work on that unit said they are in “an unsafe situation on a daily or weekly basis.” They all report they have experienced violence or harassment from a patient.

“Violence in emergency rooms is not exactly new. But it is worse than it’s ever been, by far,” said Chris Van Gorder, the CEO of Scripps Health in San Diego. He attributes the uptick in violence to a surge in homelessness, a drug crisis and a lack of available care for behavioral health patients.

“The hospital is the end of the food chain,” he said. “Nobody else knows what to do with you. They bring you to the hospital emergency room and assume that we’re going to somehow be able to take care of you.”

Golomb and her colleagues said the hospital is not doing enough to ensure their safety, as 91% of the residents responded to the survey saying the security presence was “not at all adequate.”

Dani Golomb, psychiatry resident at CPMC Sutter Davies Campus, holds a photo of herself and fellow psych unit staff holding signs asking for more safety measures at their hospital at her home in San Francisco on Feb. 9, 2024. *(Beth LaBerge/KQED)*

It's one of the reasons that Golomb and about 15 of her resident colleagues **announced in January their plans to unionize** and join the Committee of Interns and Residents, which represents 30,000 resident and fellow physicians and is a local of the powerful Service Employees International Union.

As part of their bargaining with Sutter Health, residents demand round-the-clock security presence in the inpatient psych unit. At the time of Golomb's attack, the unit was located in the Pacific Heights neighborhood across the street from the larger medical campus. Staff would call security, and they "would come running from a full city block away," Golomb said.

In 2022, Sutter moved the inpatient psych unit to its California Pacific Medical Center Davies campus near the Duboce Triangle in San Francisco and, in a statement to KQED, Sutter said it had spent nearly \$40 million to “enhance safety at the facility,” on things like cameras, panic buttons, duress alarms and secured doors. Staff can reach security by phone and a voice-operated device.

‘They see their doctor get pummeled, dragged and beat up. What must that feel like as a patient?’

—Dani Golomb, psychiatry resident, California Pacific Medical Center

“Inpatient psychiatric units, in particular, are among the more challenging work environments to fully secure while providing therapeutic and compassionate care to the patients being served by them,” Sutter’s statement said.

But Golomb and other hospital staff said security officers at the new facility are often stationed on the lower floors of the hospital, on the other side of the building, which means they would have to run across the building and then ride an elevator up to the third-floor psych unit before badging through two sets of doors.

Eric Kalis, a residency doctor at CPMC Sutter Davies Campus, poses for a portrait at the hospital in San Francisco on Feb. 13, 2024. *(Beth LaBerge/KQED)*

“The security issue is particularly salient for us residents because we’re actively asking for [Sutter] to help us, and we’ve not been receiving that help,” said Eric Kalis, a second-year psychiatry resident with California Pacific Medical Center.

Sutter’s statement said the hospital had planned to staff the inpatient psych unit with a “dedicated in-unit security officer” from 11 a.m. to 7 p.m. when it moved into the Davies facility in 2022. However, that “proved challenging” and didn’t initially happen.

“Since late last year, this position has been consistently staffed,” the statement said.

The hospital said it recently extended the hours, beginning at 9 a.m.

Fallout from the assault

For days following her assault, Golomb “felt very surreal and odd and strange.” She had trouble with her vision, hearing, balance and sense of spatial relations. She had trouble multitasking and making decisions, and her mood was volatile.

A series of brain scans revealed that an abnormal cluster of blood vessels in her brain had bled either during or after the attack.

“And while all that was going on, I was desperately trying to find out what to do,” Golomb said. “What does a resident do when they are assaulted? And I couldn’t get any answers.”

After a week, Golomb returned to work and “white-knuckled it” for a while, powering through what she described as “excruciating headaches.” She felt embarrassed, having been “torn apart in front of my colleagues,” and worried about the attack’s impact on her patients.

“They see their doctor get pummeled, dragged and beat up,” she said. “What must that feel like as a patient?”

California passes controversial

plans to expand involuntary holds

State lawmakers have passed a flurry of laws in recent years targeted at workplace violence in health care, including requiring hospitals to have a violence prevention plan and report violent incidents to the state. This year, an association of hospitals — including Sutter and Scripps — are pushing AB 977, which would increase penalties on people who are violent toward patients or hospital staff.

Lawmakers have also thrown billions of dollars at trying to address the mental health issues at the root cause of some of that violence.

Eric Kalis, a residency doctor at CPMC Sutter Davies Campus, wears a pin that says, 'Doctors Uniting for Patient Care' at the hospital in San Francisco on Feb. 13, 2024.
(Beth LaBerge/KQED)

This includes a new California civil CARE Court, which launched last fall in **eight counties, including San Francisco**. It allows family members and first responders to ask judges to order people with psychotic illness into treatment.

Last year, California passed **SB 43**, a controversial update to its conservatorship law, which for decades has allowed involuntary holds and treatment for people who are a danger to themselves or others or if they are unable to seek food, clothing or shelter as a result of mental illness. With Gov. Gavin Newsom's approval, it now covers people who cannot care for themselves because of a substance use disorder.

“We know, and as we see every single day, we have gaping holes in our safety net and it allows people to fall onto our sidewalks with a horrible splat,” said state Sen. Susan Talamantes Eggman, who authored the update.

Disability rights groups pushed back, saying it deprived people of their liberty, privacy and civil rights.

Meanwhile, hospital officials said the efforts could create more problems for the

facilities and health care workers who treat these individuals.

“Where are you going to take those patients? We’re not equipped to be a jail,” Van Gorder said. “They’re all going to go to the hospital, and I think we’ve got this looming crisis on our hands.”

Van Gorder pushed the San Diego County Board of Supervisors to delay the implementation of SB 43, which it did for a year. He also helped create a **hospital violence task force**, in partnership with San Diego County’s District Attorney, which allows police to make rounds through hospitals and improves training and tracking of violent cases.

San Francisco County, the first county in California to implement SB 43, began to submit people for conservatorship at the beginning of the year.

‘I was not myself and spiraling’

To hear Golomb tell it, the attack strained her relationship with her supervisors. She felt blamed for not de-escalating the situation before the attack and described her conversations with hospital officials about it as “volatile.”

Dani Golomb, psychiatry resident at CPMC Sutter Davies Campus, repairs a quilt she made at her home, with her bunny Hanky nearby, in San Francisco on Feb. 9, 2024. Golomb makes art as a coping mechanism after experiencing workplace violence incidents where patients have attacked staff. *(Beth LaBerge/KQED)*

Golomb took a few more weeks off and then returned to work part time, leaving more work for her resident colleagues. “I felt very stressed, guilty, overwhelmed by that,” she said. “I was not myself and spiraling.”

Exhausted and suffering from head, neck and back pain, Golomb talked with her doctor and decided to take a second leave, this time for a full year. While she was out, Golomb said the hospital told her it couldn’t guarantee her position when she returned. She thought: ““Oh my God, is my career jeopardized because of this?””

Golomb tried all kinds of therapy: physical, occupational, speech, vestibular and neuromuscular. She unsuccessfully

attempted to match with another residency program. Returning to work at Sutter “became my only option.”

“You have to fight tooth and nail to get here,” said Golomb, who is on course to graduate from her residency in June 2025 and plans to pursue a private psychiatry practice. “And that’s what I did, and that’s what I chose to do.”

When she returned to work at Sutter, two things helped her turn things around: art and labor organizing. She joined a support group for artists with head injuries and stitched quilts and hand-built ceramics.

“I’ve always been an artist way before I was interested in medicine,” she said. “It was just very tethering, making a blanket that’s going to keep you warm or a bowl that can hold your soup.”

Back at work, Golomb felt like she had something to prove and had to shake a reputation that she had dramatized the assault to get out of work. She dove into the effort to unionize residents at California Pacific Medical Center.

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“It was a way to demonstrate my care for others,” she said. “Having shared goals and putting the work in was really what allowed me to survive. Because going back was absolutely terrifying.”

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