

Psychiatric Clinical Care Model Consultant Scope of Work

Overview: The Clinical Model Used Within the State Hospitals

The growing demand for state hospital beds has strained the state's capacity to meet the demand for beds while providing for a sufficient workforce to operate state hospitals safely. The Executive and Legislative branches are working collaboratively to maximize access to, safety of, and the therapeutic role of state hospitals to best serve patients while ensuring the safety of patients and staff.

Project Questions for the state of Washington

In addition to the study of State Hospital configuration and financing being undertaken through the Office of Financial Management (OFM), Engrossed Substitute Senate Bill 6656 (ESSB 6656) requires the Department of Social and Health Services (DSHS) to contract with an external consultant to examine the clinical role of staffing within the two adult state psychiatric hospitals. The consultant will engage with internal and external stakeholders, review state hospital facilities and the clinical staff currently utilized to deliver care, research and analyze options and make recommendations related to the following questions:

1. The clinical models of care;
2. Current staffing models and recommended updates to the staffing model created under Section 9(1) of ESSB 6656;
3. Barriers to recruitment and retention of staff;
4. Creating a sustainable culture of wellness and recovery;
5. Increasing responsiveness to patient needs;
6. Reducing wards to an appropriate size;
7. The use of interdisciplinary health care teams;
8. The appropriate staffing model and staffing mix to achieve optimal treatment outcomes considering patient acuity; and
9. Recommended practices to increase safety for staff and patients

Section 9(1) of ESSB 6656 directs DSHS to assure, subject to the availability of appropriated funding, that the state hospitals adopt a "standardized acuity-based staffing model employed at both facilities that recognizes the staffing level required based upon the type of patients served, the differences and constraints of the physical plant across hospitals and wards, and the full scope of practice of all credentialed health care providers, and that identifies the incorporation of these health care providers practicing to the maximum extent of their credentials in interdisciplinary teams. The model shall recognize a role for advanced registered nurse practitioners and physician assistants to utilize the full scope of their practice as provided under Section 12 of this act".

Section 12 of ESSB 6656 recognizes the underutilization of psychiatric advanced registered nurse practitioners and physician assistants in the state hospitals and directs the OFM to create a job class series for these professionals to practice at the top of their scope of practice at the state hospitals. Section 12 also provides that, in conjunction and conformance with the clinical staffing analysis, the

State Hospitals shall increase the employment of professionals operating under these new classifications to reduce reliance on psychiatrist positions the state hospitals are unable to fill. The Hospitals must also consider the role of these professionals in supervising or directing the work of other treatment team members. Section 12 notes that it should not be construed to require the state to violate any collective bargaining agreements in place prior to the effective date of ESSB 6656 and directs that agreements negotiated or renegotiated after the effective date of ESSB 6656 be consistent with the expanded use of advanced registered nurse practitioners and physician assistants.

Scope of Work

In accordance with the priorities and funding for various activities under ESSB 6656, DSHS is negotiating a contract with OTB Solutions Group, LLC (“OTB”) to perform a clinical model analysis at the State Hospitals. The analysis will be performed as part of the State Hospitals Coordinated Quality Improvement Program (“CQIP”) and will result in recommendations that will be presented to the Select Committee on Quality Improvement in the State Hospitals this fall. OTB will perform the following tasks:

Task 1: Data Collection, Review and Analysis

OTB will review data, information and documents provided by the State Hospitals to prepare a data set containing baseline information relevant to its review and analysis. This data will include information such as the number of civil and forensic beds within each Hospital, broken down by types of patients; numbers of beds per ward; numbers of wards operated as intake wards; treatment team staff numbers, position types and roles; current scopes of practice of licensed providers; information regarding other hospital staff, both clinical and non-clinical, needed in order to support the care provided by the treatment team; and information regarding the configuration of the facilities including patient rooms, wards, common spaces, recreational areas and campus grounds.

Tasks 2 and 3: Collection and Review of Stakeholder Input

OTB will gather input in various forms from key stakeholder groups such as Hospital staff, patients and leadership; Hospital patient families and support systems; labor leadership; other agencies and contractors, and the Select Committee on Quality Improvement in State Hospitals.

Task 4: Consideration of Issues

In gathering input and reviewing data and information, OTB shall seek information on the following issues which shall be addressed in its analysis: barriers to recruitment and retention; responsiveness to patient needs; achieving culture of wellness and safety; and the use of interdisciplinary health care teams.

Task 5: Research and Comparison to National Benchmarks

OTB shall research national benchmark information and utilize it to analyze how ESH and WSH compare nationally with regard to the types, numbers and roles of personnel comprising the current clinical

staffing model. OTB will also gather information relative to the types, numbers and roles of personnel who are required for the Hospital to operate properly and support the clinical team.

Task 6: Charting of Current Structures and Best Practice Research

OTB will illustrate the staffing structures at ESH and WSH and show variations based upon geographic region and the acuity of individuals. In addition, OTB will gather best practice research that considers the appropriate size of a hospital ward and staffing which considers patient acuity, facility constraints and the need to achieve optimal patient outcomes. The research will also address the use of interdisciplinary teams and the effective use of the full scope of practice for credentialed providers, as well as best practices and industry standards for recruitment and retention of staff.

Tasks 7, 8 and 9: Analysis and Recommendations

OTB will meet with the applicable State Hospitals CQIP committee to discuss its preliminary analysis. OTB shall then provide a report containing its recommendations on the appropriate clinical staffing model for the State Hospitals, as they are currently configured, which addresses the provision of safe, quality treatment; the achievement of optimal treatment outcomes, the creation of a sustainable culture of wellness and recovery, and achievement of increased responsiveness to patient needs. The recommendations shall consider relevant regulations; patient acuity; facilities constraints; optimal use of professionals to the full scope of their licensed practice and incorporation into the model of provider classifications as appropriate to enhance patient care and/or address workforce market shortages. OTB shall share insights on reducing barriers to recruitment and retention of staff and shall endeavor to recommend a model that is scalable, depending on patient acuity and ward size/hospital configurations.

Task 10: Special Committee on Quality Improvement in the State Hospitals

OTB's final report is to be submitted to DSHS representatives on September 28, 2016. OTB will be expected to be available to present its recommendations at a meeting of the Special Committee on Quality Improvement in the State Hospitals in October 2016.