

Select Committee on Quality Improvement in the State Hospitals

Questions for Consideration

December 20, 2016

INITIAL FINDINGS

1. Based on information presented to the select committee to date, can members agree to the following as a list of preliminary select committee key findings:
 - Forensic services growing. DSHS is not meeting the timeframes in all cases.
 - There is a significant wait list for people requiring long term civil services at the state hospitals.
 - Significant numbers of civil state hospital patients have delays in discharge.
 - Accountability measures need to improved.
 - Individuals requiring civil inpatient treatment may be better served in a less restrictive setting. An example: local communities, family connections, friends and local resources.
 - Our state budget is scheduled for periodic reductions in federal Disproportionate Share Hospital (DSH) grants.
 - The impact to our civil commitment should be reviewed and revised as Federal funding changes.
 - Opportunities for Federal funding should be considered in any and all evaluation processes.
 - State Hospitals must be held to the highest standards and must include staff and administration to achieve acceptable CMS outcomes.
 - Discharge processes should be standardized and meet policy guidelines.
 - Protocols and patient outcomes must be reviewed, measured and the mission statement must include the goal to make the patient well or as well as their condition will allow.

HOSPITAL SERVICES

2. Should the state move to prioritize capacity at the state hospitals for forensic patients?
3. Should the state begin developing capacity for civil long term patients in community settings?

CIVIL BEDS AT STATE HOSPITALS

4. Should the state consider maintaining beds for:
 - a) individuals who are civilly committed after they were unable to be restored to competency; or
 - b) individuals with other specialized needs that cannot be met in a community setting; or
 - c) other individuals.
5. Should there be a goal of shifting a specific number of civil long term beds into community settings by a certain date? If yes, should these facilities be state controlled or locally controlled?
6. When patients vacate civil beds should state hospital beds shift to Forensic beds or capacity be decreased?
7. What is a list of key factors we should consider moving forward? (e.g. federal funding, community safety, cost of proposed services, other resources needed, other)
8. Are there specific steps that should be emphasized to balance the needs of the state hospitals and employees during the transition of civil beds?

FUNDING

9. Should BHOs and, in fully integrated regions, MCOs receive the funding and be held at financial risk for long term inpatient beds, regardless of where they are located, and if so how quickly should that occur?
10. Should DSHS be at risk for clients with dementia, traumatic brain injuries, developmental disabilities or other significant long term care needs?
11. Should payment methodologies be reviewed and streamlined?

STAFFING

12. Should the state move forward to implement the staffing model recommended by OTB or is more analysis required. If so what additional information is needed?

OTHER

13. Should statutes relating court ordered commitments be reviewed and revised?
14. Should the state hospital licensing structure change to be consistent with other hospital standards?
15. Should the legislative body compare privately owned and state run facilities to identify and create best practices for treatment, discharge and other?