Washington State Department of Social and Health Services

Transforming Lives

# REPORT TO THE LEGISLATURE

## Compliance with RCW 71.05.365 Requirements to Transition Patients into Community Settings within 14 Days of 'Ready to Discharge' Determination

Engrossed Substitute Senate Bill 6032, Section 204 (2) (l)

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# Table of Contents

## EXECUTIVE SUMMARY

The 2018 Washington State Legislature enacted Engrossed Substitute Senate Bill 6032 – the 2018 Supplemental Operating Budget. Section 204 (2)(l) of the bill, provides $100,000 for the Department of Social and Health Services and requires:

> *"… the department to track compliance with RCW 71.05.365 requirements for the transition of state hospital patients into community settings within fourteen days of the determination that they no longer require active psychiatric treatment at an inpatient level of care. The department must use these funds to track the follow elements related to this requirement: (i) The date on which an individual is determined to no longer require active treatment at an inpatient level of care; (ii) the date on which the behavioral health organizations and other organizations responsible for resource management services for the person is notified of this determination; and (iii) the date on which either the individual is transitioned to the community or has been re-evaluated and determined to again require active treatment at an inpatient level of care. The department must provide this information in regular intervals to behavioral health organizations and other organizations responsible for resource management services. The department must summarize the information and provide a report to the office of financial management and appropriate committees of the legislature on progress toward meeting the fourteen day standard by December 1, 2018."*

This report outlines the steps undertaken for implementing RCW 71.05.365, including: developing a data collection and tracking system, creating an administration-wide definition for "no longer requires active treatment at an inpatient level," stakeholder work and coordination with the two state psychiatric hospitals.

## BACKGROUND

Washington has two state-operated adult inpatient psychiatric facilities: Eastern State Hospital (ESH) and Western State Hospital (WSH). Each facility has been in operation for over 100 years, and both hospitals combined operate more than 1,100 beds and employ more than 3,000 professionals.

Historically, the hospitals have operated differently, functioning as two separate and distinct entities. The data systems are disparate, the policies and procedures are not in alignment and the definition and operationalization of the concept of "ready for discharge" has significantly differed between the two facilities. This has led to multiple interpretations of "active treatment at an inpatient level", different strategies for assessing and measuring what constitutes active treatment, and subsequently, the meaning of "ready for discharge". A July 2018 review of patients' discharge status at the state hospitals indicated that at WSH 46% of the

civil population had been identified as ready for discharge, while at ESH only 21% of the civil population had been identified as being ready for discharge.

A common operational definition of "ready for discharge" for both hospitals will allow the Behavioral Health Administration (BHA) to accurately monitor and manage discharge readiness at each hospital. The historical lack of alignment has presented obstacles for community-based hospital liaisons and DSHS partners in the Aging and Long Term Services Administration when working to get patients discharged and appropriately placed in the community.

## IMPLEMENTATION PROGRESS

### Defining and Operationalizing Terms

In order to implement ESSB 6032 Section 204 (2)(l), BHA divided the project into two distinct strategies:

1. Establish, implement and operationalize a BHA-wide definition and policy for "no longer requires active treatment at an inpatient level"
2. Develop a data system to track, at a minimum, the three data elements identified in the proviso:
    - The date on which an individual is determined to no longer require active psychiatric treatment at an inpatient level of care
    - The date on which the Behavioral Health Organizations (BHO) and other organizations responsible for resource management services for the person is notified of this determination; and
    - The date on which either the individual is transitioned to the community or has been re-evaluated and determined to again require active psychiatric treatment at an inpatient level of care.

BHA established a work group/stakeholder group to review the definitions of ready for discharge and to define the scope and timeline for the project. Work group membership included representatives from:

- Aging and Long Term Services' Home and Community Services division
- BHO Hospital Liaisons (identified by the BHO Administrator Group)
- Representatives from ESH and WSH
- Representatives from the Health Care Authority

Following several meetings, the work group developed an agreed upon definition for "no longer requires active treatment at an inpatient level." It should be noted that this is the first time that the two state hospitals and the Regional Support Networks (RSNs)/BHOs have come to a consensus on what it means for an individual to no longer require active psychiatric inpatient treatment and be ready for discharge.

In developing the definition, the workgroup reviewed and discussed three salient concepts:

- Patient's readiness for discharge;
- Patient has met maximum treatment benefit; and
- Patient no longer requires active psychiatric treatment at an inpatient level

The workgroup determined that while the three concepts are not synonymous, there is significant overlap among them, and that no longer requiring active psychiatric inpatient treatment and discharge readiness are two parallel processes. Discharge planning should begin at the time of admission and can include multiple non-treatment related variables such as post-discharge finances, housing, guardianship, etc. In order to arrive at a consistent operational definition of "no longer requires active treatment at an inpatient level," the workgroup focused on existing federal guidelines.

In developing the definition for "no longer requires active treatment at an inpatient level," the workgroup reviewed Chapter 2 of the CMS Medicare Benefit Policy Manual- Inpatient Psychiatric Hospital Services. This chapter includes a section describing active treatment and principals for evaluating a period of active treatment.

The workgroup used CMS guidelines to develop the following definition to indicate that active treatment is no longer required:

> An individual no longer requires active psychiatric treatment at an inpatient level of care when the treating physician documents/attests that the patient no longer is in need of active psychiatric treatment at the inpatient level of care. In making the determination that a patient no longer requires active psychiatric treatment at an inpatient level of care, the physician will take the following elements into consideration:
>
> - Patient no longer requires 24-hour observation for safety, diagnostic evaluation, or treatment to reduce or manage symptoms
> - Objectives/goals on treatment plan have been achieved
> - Continued treatment at the inpatient level of care will no longer improve the patient's condition (symptoms that necessitated hospitalization have decreased to a level which no longer require inpatient care; continued care will not result in significant improvement in level of functioning)
> - Required services can be safely or adequately provided at a lower level of care, i.e., outpatient or non-acute residential care

The workgroup also developed a strategy for operationalizing the definition. In coordination with key medical decision makers from the two state hospitals, it was decided that the determination as to whether or not a patient meets the requirements for active treatment will proceed as follows:

- Whenever the treating physician meets with a patient, the physician will assess the patient through the lens of whether the patient requires active inpatient treatment.
- The outcome of the assessment will be documented and entered into the medical record.
- If an individual no longer meets the requirements for inpatient level active treatment, the physician will complete a form and route it to the social work department within 24 hours of the determination.
- Within 24 hours of receiving notification the social worker will send an email to the hospital liaison representing the patient's BHO or responsible plan, notifying the plan that the individual no longer requires active inpatient psychiatric treatment and will include the date of the determination and the date of the notification.

**Data Tracking System**

The BHA Information Technology section conducted a review of the data systems at both state hospitals to determine if data elements were already in place that would allow BHA to be in compliance with the proviso requirements to track the timeliness of discharges.

The BHA IT team mapped out the discharge data points and the discharge process flow at both ESH and WSH. The discharge process differed significantly between the two hospitals, and data elements collected from the two hospitals did not align.

The data elements required in the proviso had not previously been tracked in either of the hospitals' main data systems, nor in the standalone discharge databases. The BHA IT team outlined a plan to add the new data elements to the standalone discharge databases of the two hospitals and develop an intermediate platform to extract the data for reports and provide BHA Headquarters access to verify compliance, quality management, and for future goal setting.

As an interim strategy, ESH and WSH will use a spreadsheet template to track the patient name, assigned BHO or responsible plan and the three required data elements. The hospitals' social work teams will be responsible for maintaining the spreadsheets, notifying the plans or BHOs and sending the spreadsheets to BHA Headquarters.. The data will be reviewed weekly to ensure there is no lag between the determination and plan notification and the discharge status of identified individuals will be closely monitored.

## FUTURE STEPS FOR IMPLEMENTATION

The Behavioral Health Administration anticipates full implementation of this plan by December 1, 2018. The hospitals will begin assessing patients to determine whether or not they require inpatient psychiatric treatment active treatment by November 19, 2018. The first interim spreadsheet is due to BHA Headquarters November 26, 2018.

In preparation, BHA will finalize policies and procedures requiring both ESH and WSH to implement the new definition and processes for operationalizing the assessment and tracking of those individuals who no longer require psychiatric inpatient active treatment.

BHA headquarters staff, in conjunction with hospitals and liaisons, will develop and deliver a training to psychiatrists and social workers on the new definition, making the determination regarding assessing the need for active treatment, the statutory rationale and the policies and procedures for tracking the new data elements and coordinating with BHOs and responsible plan representatives.

BHA headquarters will provide technical assistance to each hospital's Quality Assurance team to develop a review process, measure and report to verify that the treating physicians have implemented the policy, that the status of patients no longer requiring active treatment is being reported, and BHO liaisons are being notified within 48 hours of the physician's assessment.

This work supports a new BHA effort to align policies and procedures and data elements across all hospitals. BHA's new senior management team has launched an initiative to assess and review hospital policies and procedures, patient flow processes and data systems to streamline and find efficiencies across the hospital system. This will be essential as the Department works to fulfill the Governor's vision to transform the state's mental health system, with a cornerstone being the movement of civil patients from state hospitals and into community and regional facilities.