



Department of Health
2023-25 Regular Budget Session
Policy Level - HX - Clear Hospital Complaint Backlog

Agency Recommendation Summary

The Department of Health (department) requests general fund state (GF-S) to address a backlog of hospital complaints that were created by the COVID-19 pandemic. This request will enable the program to investigate complaints more quickly and assure access to safe patient care in hospitals.

Fiscal Summary

Fiscal Summary <i>Dollars in Thousands</i>	Fiscal Years		Biennial	Fiscal Years		Biennial
	2024	2025	2023-25	2026	2027	2025-27
Staffing						
FTEs	12.0	12.0	12.0	0.0	0.0	0.0
Operating Expenditures						
Fund 001 - 1	\$2,718	\$2,656	\$5,374	\$0	\$0	\$0
Total Expenditures	\$2,718	\$2,656	\$5,374	\$0	\$0	\$0

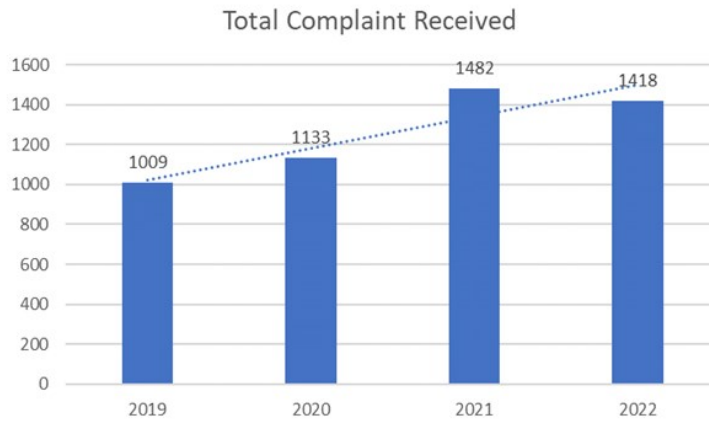
Decision Package Description

In March 2020, as COVID-19 cases were rising rapidly and there were broad concerns about hospitals being overwhelmed with patients, the department temporarily suspended routine hospital inspections and certain complaint investigations. The decision enabled hospitals to focus their energy, resources, and staff on the COVID-19 response and patient care. It also allowed the department to focus its resources and staff on the public health emergency response. Staff normally engaged in inspections and complaint investigations were redeployed to assist with the response, providing onsite technical assistance on infection control practices, consulting on the development of COVID-19 guidance, conducting contract tracing, and, later, supporting the COVID-19 vaccination effort.

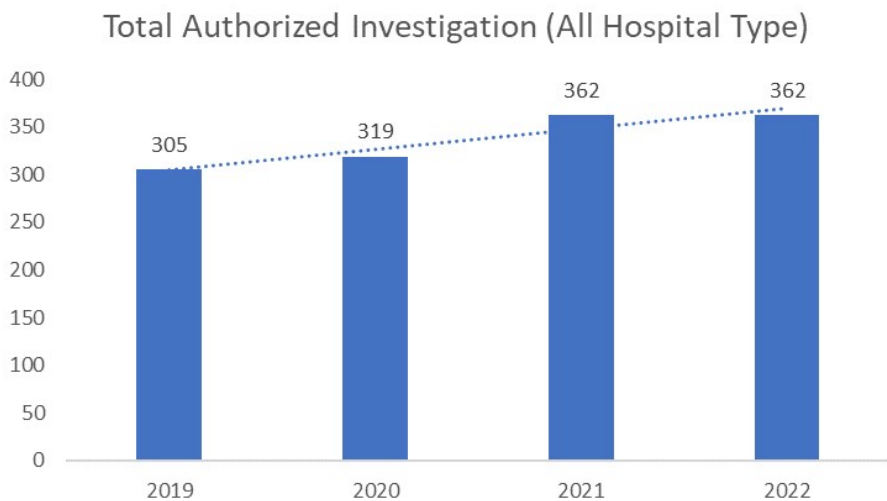
During this period, the department only investigated complaints that posed the greatest risk to patients (Priorities A and B in the table below). Other complaints that were authorized for investigation but did not meet this threshold (Priority C below) were placed on hold during the suspension period of about 12 months. This created a backlog of 331 Priority C investigations.

Priority	Description
A	Alleged noncompliance indicates that there was serious injury, harm, impairment or death of a patient or the likelihood for such remains high if the action is not taken.
B	Alleged noncompliance indicates there was a likelihood of serious injury, harm, impairment, or death of a patient, but the risk of such is no longer immediate.
C	Allegation would amount to substantial noncompliance with the applicable rule or law and concerns patient well-being.

The department receives an average of 110 complaints against hospitals per month. Of those, an average of 30 complaints are authorized for investigation (about 360 per year). In recent years, the volume of complaints authorized for investigation is increasing, growing 18% between SFY 2019 and 2022.



Date Source: ILRS Report Facilities - Cases Received and Closed



Data Source: ILRS Quick Query Facilities - Investigations Started and Completed as of August 15, 2022

The temporary suspension of Priority C investigations significantly affected the time it takes the department to start an investigation after it has been authorized. Prior to the pandemic, the department initiated hospital investigations within an average of 50 days of authorization. Since the pandemic, the average timeframe to initiate an investigation is 247 days, nearly five times longer.

To address the backlog and return to timely investigations of hospital complaints, the department requests GF-S for additional investigators, operations support, and management oversight.

Currently, a fully trained investigator spends an average of 1,440 hours per year investigating hospital complaints with an average of 34 hours per hospital complaint investigation. Based on the current backlog of 331 complaints, the department estimates needing:

- 8 fully trained Nursing Consultant Investigators (NCI) to work exclusively on backlogged complaints;
- 1 Case Manager (Health Services Consultant 3), to processes and manage complaints;
- 1 Hospital Program Manager (MA5), to support enforcement actions and compliance activities;
- 1 Administrative Assistant 3 to support travel, reimbursement, and file management; and
- 1 manager (WMS2) to lead the team.

Hiring these additional staff for at least two years enables the department to address the backlog while simultaneously addressing the complaints we continue to receive on a regular basis.

The two-year duration of this request accounts for the necessary time to hire and train the nurses that will perform the investigations. In light of the significant workforce shortage of nurses and our experience with recent hires—coupled with the specific knowledge, experience and skillset required to do the work—we anticipate the hiring process for the NCIs will take at least six months. An additional six months will be required to train investigative staff on the specialized and highly technical investigative techniques necessary to assess hospitals for compliance with all applicable standards. Should we experience any unanticipated challenges or delays, the department may require additional time and resources to resolve the complaint backlog.

If nothing is done to address the backlog, the backlog of complaint investigations will remain and it may take at least one year just to initiate Priority C complaint investigations in hospitals for the foreseeable future.

The department considered increasing hospital licensing fees as an alternative to resourcing this work. The time required to conduct a fee study, complete the rulemaking process for the fee increase, and earn sufficient revenue to hire the additional staff would delay our ability to address the backlog by several years. In the meantime, the backlog would continue by about 27% each year since the number of authorized complaints is rising but staffing levels are stable. (Recognizing that apart from the backlog, growth in complaints is outpacing our current staffing level, the department intends to initiate a hospital licensing fee study to consider whether adjustments are needed to maintain timely hospital complaint investigations.)

In order to address the unprecedented COVID-19 backlog in hospital complaint investigations as quickly as possible, the department determined that the best path forward is to request GF-S to temporarily increase staffing.

Assumptions and Calculations

Expansion, Reduction, Elimination or Alteration of a current program or service:

N/A

Detailed Assumptions and Calculations:

The Facilities Program within HSQA ultimately makes the decision on whether to move forward with enforcement action when a hospital is found to be out of compliance with licensing standards. The Program also provides technical assistance to hospitals in order to bring them into compliance and avoid future non-compliance. Catching up on the backlog will create a significant bolus of work for the facilities program and will require 1.0 FTE at an MA5 classification to provide enforcement direction and technical assistance to hospitals as we work through the backlog of complaints.

Investigation Activity Related Workload Assumptions				
Classification	Backlog	#Hours (avg)	Activity Type	Total #Hours
Investigators (NCI)	331	34	Investigation	11254
Case Manager (HSC3)	331	5	Facilitation and coordination of case management meetings and applicable enforcement actions, case reviews, case closures, data and file management	1655
WMS2	331	5	Supervisor, Review Statement of Deficiencies, Investigation Report, Plans of Correction, and assessment of cases for possible enforcement	1655
AA3	331	5	Assist in processing travel and timesheets, file management, scanning and copying case files, archiving, admin support	1655
Hospital Program Manager (MA5)	55	30	Support enforcement action and compliance activities	1650

Workforce Assumptions:

The following are the assumptions of the costs and FTE to address the backlog of priority C investigations and reduce the timeframe for initiating investigations back to the pre-pandemic average of 50 days after authorization. This will allow the department to conduct timely investigations and assure patient safety requirements are met in hospitals.

Workforce Assumptions FY24 Projections Only					
FTE	Job Classification	Salary	Benefits	Startup Costs	FTE Related Costs
8.0	NURSING CONSULTANT, INSTITUTIONAL	\$1,068,000.00	\$345,000.00	\$33,000.00	\$60,000.00
1.0	WMS02	\$134,000.00	\$43,000.00	\$4,000.00	\$8,000.00
1.0	HEALTH SERVICES CONSULTANT 3	\$75,000.00	\$30,000.00	\$4,000.00	\$8,000.00
1.0	ADMINISTRATIVE ASST 3	\$51,000.00	\$25,000.00	\$4,000.00	\$8,000.00
1.0	MANAGEMENT ANALYST 5	\$92,000.00	\$34,000.00	\$4,000.00	\$8,000.00
12.0		\$1,420,000.00	\$477,000.00	\$49,000.00	\$92,000.00

Strategic and Performance Outcomes

Strategic Framework:

This package supports the Results Washington goals of healthy and safe communities and efficient and effective government. Through regulation of hospitals and other health care providers, the department works to assure access to safe, high-quality health care. The investment of additional staffing to address the hospital complaint backlog will enable the department to perform timely and efficient regulatory work.

The proposal also supports the first goal of the department's Transformational Plan: "Health and Wellness: all Washingtonians have the opportunity to attain their full potential of physical, mental, and social health and well-being." Access to safe-high quality hospital care, when needed, is essential to health and well-being. Assuring hospitals comply with patient safety and health requirements is one of the key ways the department is working to realize this goal.

Performance Outcomes:

Currently, the average time for the department to initiate a Priority C complaint investigation is 247 days. Through this investment, the department aims to return that timeframe to the pre-pandemic average of 50 days, or sooner, by end of FY2025. This would allow the department to be prompt in its response to complaints submitted by the public. It also enables us to help ensure hospital compliance sooner which, in turn, reduces the risk to the public of unsafe or deficient hospital practices.

Equity Impacts

Community outreach and engagement:

The department has not begun community outreach and engagement on this proposal but will engage key stakeholders in fall 2022 and continue to engage throughout the time we are working to eliminate the complaint backlog.

Disproportional Impact Considerations:

Ensuring the department can fulfill its patient safety functions by providing necessary oversight in licensed hospitals will have a positive impact on access to health care services and public safety, which are both social determinants of health.

Target Populations or Communities:

Hospitals provide care to the most vulnerable populations. A [publication](#) from Centers for Disease Control and Prevention (CDC) reported that individuals living below 100% of the federal poverty level are most likely to be hospitalized or have emergency room visits. Additionally, persons identifying as African American or Black have more hospitalizations and emergency room visit than other races.

Other Collateral Connections

Puget Sound Recovery:

N/A

State Workforce Impacts:

N/A

Intergovernmental:

N/A

Stakeholder Response:

Acute care and psychiatric hospitals, represented by the Washington State Hospital Association, may oppose this proposal as it could lead to additional enforcement actions taken by the department.

The Washington State Nurses Association, SEIU Health 1199NW, UFCW 21, and other organizations that represent hospital staff are likely to support this proposal as it will enable the department to address the backlog of complaints quicker, some of which were submitted by their members.

State Facilities Impacts:

N/A

Changes from Current Law:

N/A

Legal or Administrative Mandates:

N/A

Reference Documents

[Staffing Solutions to Address Increase Demand for Nurses DP.xlsm](#)

IT Addendum

Does this Decision Package include funding for any IT-related costs, including hardware, software, (including cloud-based services), contracts or IT staff?

No

Objects of Expenditure

Objects of Expenditure <i>Dollars in Thousands</i>	Fiscal Years		Biennial	Fiscal Years		Biennial
	2024	2025	2023-25	2026	2027	2025-27
Obj. A	\$1,746	\$1,737	\$3,483	\$0	\$0	\$0
Obj. B	\$635	\$632	\$1,267	\$0	\$0	\$0
Obj. E	\$84	\$84	\$168	\$0	\$0	\$0
Obj. G	\$112	\$112	\$224	\$0	\$0	\$0
Obj. J	\$50	\$0	\$50	\$0	\$0	\$0
Obj. T	\$91	\$91	\$182	\$0	\$0	\$0

Agency Contact Information

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