

DOH Attendees

| * | Name | Position | * | Name | Position |
|-------------------------------------|---------------|---|--------------------------|------|----------|
| <input checked="" type="checkbox"/> | Brent Hoffman | WA HEALTH Program & Project Manager | <input type="checkbox"/> | | |
| <input checked="" type="checkbox"/> | Tyler Nowlan | Director, Office of Healthcare Analytics, Readiness, and Preparedness | <input type="checkbox"/> | | |
| <input checked="" type="checkbox"/> | Lois Scott | OTPHR Admin | <input type="checkbox"/> | | |

Checkmark indicates attendance*

Tribe Attendees

| * | Name | Organization | Tribes Represented |
|-------------------------------------|---------------------|------------------------------------|---|
| <input checked="" type="checkbox"/> | Casey Stanger-Moore | Coville Tribes | Colville |
| <input checked="" type="checkbox"/> | Nathan SiJohn | Healing Lodge of the Seven Nations | Colville, Coeur d'Alene, Kalispel, Kootenai, Nez Perce, Spokane, Umatilla |

Checkmark indicates attendance*

- Recap of previous meeting
 - Went over schedule of meetings
 - Went over background – Business problem/ Proposed Solutions
 - Why a Permanent Rule?

- Goals for today :
 - Continue to Perfect the Draft Rule Language by reviewing section by section. [See separate file “WA_HEALTH_Permanent_Rule_Draft” with edits marked with change tracking and comments inserted for notes.](#)
 - Continue to Perfect Behavioral Health Facility Types needed to Support Hospital Patient Discharge to Inpatient BH Facility. [See separate file “BH_Facility_Acceptance_Profile_Categories_DRAFT” with edits marked with change tracking and comments inserted for notes.](#)



**Tribal Workshop #3 of 5 on Proposed WA HEALTH
Permanent Rule**

January 30, 2024.

Agenda

- Introduction & Welcome
- Workshop Schedule
- DOH Permanent Rule Making Process Flow
- Workshop Accomplishments to Date
- Goals For Today's Workshop
 - Review Tasks from Last Workshop
 - Continue to Perfect the Draft Rule Language
 - If Time Permits, Continue to Perfect Behavioral Health Facility Types needed to Support Hospital Patient Discharge to Inpatient BH Facility
- Closing

Workshop Schedule

| Meeting Type | Dates | Time |
|-----------------------|--|-----------------------|
| Tribal Workshops 1-5 | ✓ 2024: 12/19 2025: ✓ 1/16 • 1/30 • 2/13 • 2/27 | 1:30 p.m. – 3:00 p.m. |
| General Workshops 1-5 | 2025: ✓ 1/9 ✓ 1/23 • 2/6 • 2/20 • 3/6 | 1:30 p.m. – 3:00 p.m. |

Workshop Accomplishments to Date

- Attendees provided several additional criteria for BH inpatient facility admittance criteria.
- Attendees provided list of current Tribal inpatient BH facilities in Washington state

Review Tasks from Last Tribal Workshop

- There were none.

Continue to Perfect the Draft Rule Language

- This will be done in a separate Word document to support change tracking and comments.

Continue to Perfect Behavioral Health Facility Types needed to Support Hospital Patient Discharge to Inpatient BH Facility

- This will be done in a separate Word document to support change tracking and comments.

Session Closeout

- Review Issues and Tasks in “Parking Lot”
- Questions?
- Comments?
- Recommendations?

Issues and Tasks “Parking Lot”

○ TBD

Future Sessions:

- Continue to Perfect the Draft Rule Language
- Review and Perfect Behavioral Health Facility Types needed to Support Hospital Patient Discharge to Inpatient BH Facility
- Review and Perfect Field Additions to Support Inpatient BH Facility Reporting of Open Beds
- Review and Perfect Field Additions or Modification to Support Near Real-Time Bed Capacity Tracking In Hospitals
- Governance and Managing Future Field Changes

Contact Information



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Background Slides Follow

Background

● Business Problem

- Washington's health care system faces critical challenges in managing patient care during peak demand periods due to the absence of a reliable, near real-time bed tracking system.

● Proposed Solution

- The Department of Health (DOH) proposes to enhance WA HEALTH by integrating Fast Healthcare Interoperability Resources (FHIR) capabilities.
- DOH was awarded a federal grant to build data input automation for WA HEALTH using FHIR to take existing data from a facility's EHR system in place of manual data entry.
- In parallel, DOH is asking to for a permanent rule to support consistent data reporting.

Why a permanent rule?

- The proposed rule would change the current requirements of acute care facilities reporting data to WA HEALTH from being required under the emergency rule, to being required under the proposed permanent rule.
- Additionally, the proposed rule will also include the requirement for behavioral health facilities with in-patient services to report bed capacity data to WA HEALTH. This is to help facilitate discharging patients that need to be transferred to BH facilities.
- The CR101 for the proposed rule can be found at the following link:
<https://content.govdelivery.com/accounts/WADOH/bulletins/38f2e9f> .

Tribal BH Facilities

- Colville SanPoil inpatient treatment center: San Poil Treatment Center
- Squaxin Island NWITC: NWITC – Squaxin Island Tribe
- Healing Lodge of the 7 Nations: Healing Lodge of the Seven Nations
- NEW- Lummi Nation
- From HCA – 2 other new ones in development

**DRAFT PROPOSAL: Chapter 246-530 WAC
Statewide Critical Healthcare Data Reporting**

NEW Chapter. WAC 246-520. Statewide Critical Healthcare Data Reporting.

WAC 246-530-001 Purpose and authority. (((Cite the secretary and the specific authority.))) RCW 43.70.040 (1) The purpose behind WA HEALTH is to bridge the relationship between the department and healthcare facilities to allow for a statewide common operating picture of resource availability. It is essential for the department, facilities, and people seeking healthcare in Washington State to have a state-level situational awareness and monitoring of timely and accurate data about patient volumes, capacities, and resource constraints in Washington's healthcare ecosystem to help ensure continued health system readiness and to mitigate the impact of current and emerging public health threats and associated surges. The purpose of this section is to outline each hospital's and behavioral health inpatient facility's responsibility for reporting to the department data pertaining to the maintenance and operation of the hospital in support of health system readiness.

WAC 246-530-010 Definitions. (1) "Department" means the department of health.
(2) "WA HEALTH" means Washington Healthcare Emergency and Logistics Tracking Hub.
(3) "WA HEALTH User Guide" means the written instructions issued by the department for reporting to the department hospital readiness and operation data pertaining to health system readiness. Copies of the WA HEALTH User Guide may be obtained on the department's website (<https://doh.wa.gov/public-health-provider-resources/wa-health>) or by contacting the department.

WAC 246-530-020 Designation of qualifying facilities. (1) Acute care hospitals and facilities in Washington State, licensed under chapter RCW 70.41, must report critical healthcare, readiness, and operation data to the department through WA HEALTH in accordance with the WA HEALTH User Guide.

(2) Behavioral health agencies and facilities in Washington State, licensed under chapter RCW 71.24.037, and which provide inpatient services, must report critical healthcare, readiness, and operation data to the department through WA HEALTH in accordance with the WA HEALTH User Guide.

[Statutory Authority: RCW 43.70.040, 70.41.030, 71.24.035(7), and 71.24.015(3).]

WAC 246-530-030 Reporting data set information. (1) Facilities must report data to the department in accordance with the WA HEALTH User Guide, including any amended versions thereof issued by the department.

(2) The categories of data required to be reported to WA HEALTH for acute care hospitals and facilities include:

- (a) Bed occupancy
- (b) Communicable disease

(3) The categories of data required to be reported to WA HEALTH for behavioral health agencies and facilities which provide inpatient services include:

- (a) Bed occupancy

Commented [BH1]: Casey: Having insight into Detox facility bed availability would be useful. Some of these are now privately operated, which may be an issue collecting data. Estimate 50-75 facilities in the state. The in is Spokane – Northwest Behavior Health Hospital.

(4) The department may require additional data components to be reported to WA HEALTH according to the WA HEALTH User Guide.

~~Note: need parallel section for BH facilities~~

WAC 246-530-040 DOH compliance monitoring. The department may deny, suspend, modify or revoke a license under RCW 70.41 when it finds an applicant or hospital has failed or refused to comply with **WAC 246-320**.

Commented [BH2]: Brent: Cite BH compliance RCWs if there are any.

DRAFT

BH Facility Acceptance Profile Categories for use in WA HEALTH Permanent Rule

Note: These will be used in a spreadsheet with the facilities in Column A. Each category could potentially have more than one sub-category selected. For example, A facility could accept adults, youth, or both.

1. Admittance
 - a. Court Order
 - b. Voluntary
 - c. Involuntary
2. Age
 - a. Adult
 - b. Youth
3. Facility Type
 - a. BH Unit in Acute Care Hospital
 - b. Residential Treatment Facility
 - c. BH / Psychiatric Hospital
 - d. State Hospitals: Forensic
 - e. State Hospitals: Non-forensic
 - e.f. Consider Detox facilities
4. Treatment
 - a. Mental Health
 - b. Substance Use Disorder
 - c. Withdrawal Management
 - e.d. ASAM score
5. Administration
 - a. WA State
 - b. Federal
 - c. Tribal
 - d. On Tribal Land
6. Insurance
 - a. Medicare
 - b. Medicaid
 - c. Private
7. Access
 - a. ADA accessible
 - b. Open to the public
 - c. Restricted to tribal members
 - d. Admittance hours
8. Medical Support
 - a. Breathing machines
 - b. Nursing support
 - c. Scope of care (ASAM criteria)
9. Transportation & Case Management
 - a. ADA accessible transportation

b. Who is doing the transportation (hospital, EMS, broker, family, etc.) – need contact information