



Dear Beverly:

I received an email recently from Rob Menaul at the Washington State Hospital Association about the proposal to increase the ratio age factor to 70 from 65 to reduce the number of Nursing Homes in the State. My questions to WSHA, which I wish to share with you, is I am concerned without more data in front of me on how I believe this could negatively impact our entire health care system in the future. I predicate this on the fact that the elderly population, which is the fastest growing portion of our population in Skagit County, will increase the demand for residential and skilled nursing facility beds in the future. So how will the capacity for residential and skilled nursing facilities handle the much larger demand? Without an adequate supply possible impacts on the entire system, and in my example, specifically hospitals could be severe.

1. It will increase the difficulty and amount of work in discharge planning for patients, which will require healthcare organizations to provide more case management resources, probably without additional funding.
2. If the capacity is non-existent, hospitals will have to keep patients in the acute care settings as "outliers", which again would be an un-reimbursed extension of the stay under our current DRG system.
3. We will create many unhappy patients and families when the only available bed is out of the County and this will require more expensive transfer and indirect family costs.

Without seeing any data on demand and capacity, that this policy change would impact, I cannot be more specific in my concerns. However, this does remind me of the State policy and decision to reduce available beds at Western State Hospital and I'm well aware of the negative impact that is having on local behavioral health clinics and acute hospitals. Skagit Valley Hospital has a 15-bed adult unit that has never been a "secure" unit, however we are having to admit patients who are of higher acuity and higher risk to themselves and to others in our facility, which only has one secured acute room. This also creates problems with the commingling of involuntary high acuity patients with voluntary population.

If I could provide any further feedback I would be most happy to do so. Thank you for the opportunity to comment on this proposed change.

Sincerely,

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