

# FINAL BILL REPORT

## SHB 1426

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Synopsis as Enacted

**Brief Description:** Establishing a quality improvement program for boarding homes.

**Sponsors:** By House Committee on Health Care (originally sponsored by Representatives Edmonds, Skinner, Cody, Pflug, Dunn, Schual-Berke, Boldt, Kagi, Kenney, Campbell, Conway and Marine).

**House Committee on Health Care**  
**Senate Committee on Health & Long-Term Care**

**Background:**

The Quality Improvement Consultation Program was developed in response to a legislative mandate which specified that the Department of Social and Health Services (DSHS) system of quality improvement for long-term care services be client-centered and promote privacy, independence, dignity, choice, and a home or home-like environment for consumers. The statute specifies that providers should be supported in their efforts to improve quality and address identified problems initially through training, consultation, technical assistance, and case management, and that problem prevention both in monitoring and in screening potential providers of service be emphasized.

In July 1999 the Legislature funded implementation of this statutory language by allocating funding for eight full-time equivalent positions. It was determined by the DSHS that the program would be voluntary with the following services available:

- 1) Onsite facility visits initiated by and working with providers to assist them to develop and implement a quality improvement plan to address the identified needs of providers and residents.
- 2) Selected topic training for all area providers (i.e., regional provider training; provider self-study guides and targeted training to be conducted upon provider request at facilities).
- 3) Telephone consultation for all area providers (i.e., consultants were available by telephone to answer provider questions related to statute or rule requirements).

Individuals with background in quality improvement, education, and consultation in the boarding home program were hired to implement the program. Quality improvement consultants reported to area managers who, at that time, retained primary responsibility to

ensure statutory compliance and quality assurance within boarding homes. The primary role of the quality improvement consultant was defined as an adjunct to, but separate from, the enforcement process. Quality improvement consultants were not involved in enforcement activities including, but not limited to, informal dispute resolution meetings or other duties, to allow them to focus on implementing quality improvement activities in facility settings.

A recent report by the DSHS found that of the approximately 500 boarding home facilities in the state, 126 (25 percent) participated in the onsite portion of the program. Overall, 81.6 percent of all boarding homes in Washington participated in one or more parts of the program. Satisfaction questionnaires evidenced that more than 90 percent of residents, providers, and facility staff were satisfied with the program.

**Summary:**

The boarding home quality improvement program is made voluntary for all boarding homes. The DSHS is allowed to establish a priority process for providing the consultation services. Quality improvement program staff are not allowed to simultaneously work as licensors or complaint investigators within the region in which they consult unless there is an emergency high-risk complaint within their consultation region. Quality improvement staff are also prohibited from participating in any enforcement-related decisions. Quality improvement consultation records are available to managerial staff but cannot be shared with non-managerial licensing or complaint investigation staff.

Technical changes are made to remove non-quality improvement program language and reinsert it into a new section.

**Votes on Final Passage:**

House 95 0  
Senate 46 0

**Effective:** April 19, 2001