



# Brain Injury Advisory Committee Meeting

May 21, 2021

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**WHODAS, 1915i coverage, New Treatment Campus**

*Rosalie Etherington, State Hospital Superintendent, Chief Clinics Officer*

NORTH  
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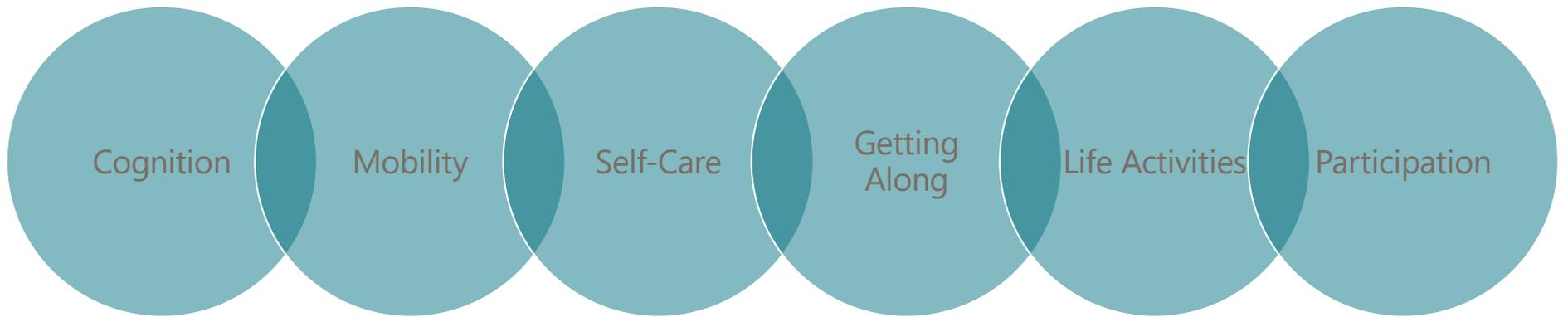
# **WHODAS** (world health organization disability assessment scale)

WHAT IS IT

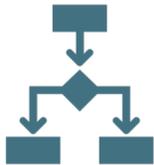
WHY USE IT

WHY DIAGNOSIS ISN'T ENOUGH

# WHODAS – What it Measures?



# Why Does it Seem So Hard?



## **New Measures**

New is often scary  
New things takes practice  
What if the WHODAS is wrong?



## **Left Out**

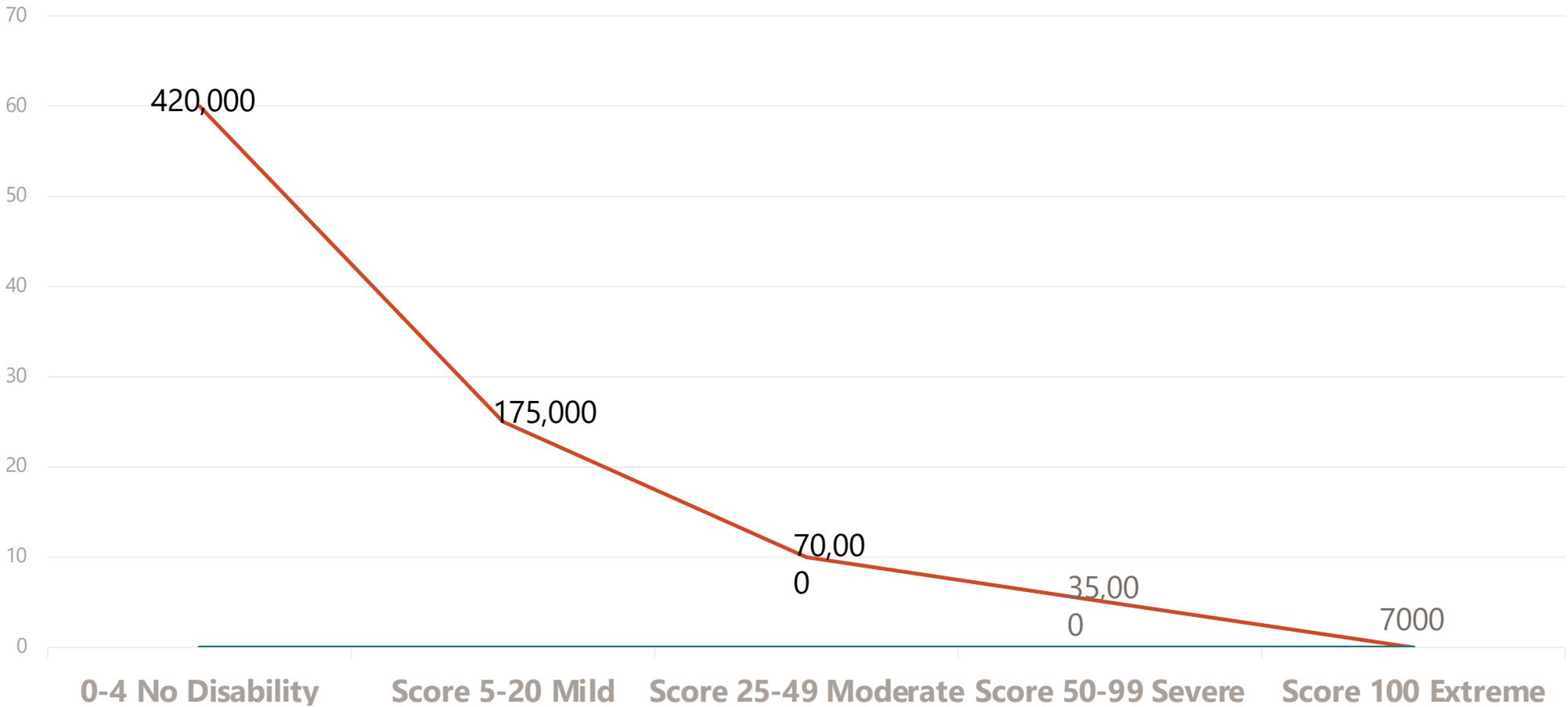
WHODAS may leave some out  
But how do we assess youth?  
What if a person doesn't quality?



## **Financial Uncertainty**

How to become a provider?  
Will Medicaid pay?  
Will it be enough?

# ND Population Distribution of Disability Severity



# What Next

1

Train and  
Supervise

2

Measure  
and Monitor

3

Re-Train and  
Evaluate for  
Needed Change

# Brain Injury Diagnoses Conundrum

- Diagnostic and Statistical Manual (DSM)
- International Classification of Diseases (ICD)
- F02.80 and F02.81 too restrictive due to sub-codes
- F03.90 and F03.91 flexible and exhaustive



Staff Station & Day Room

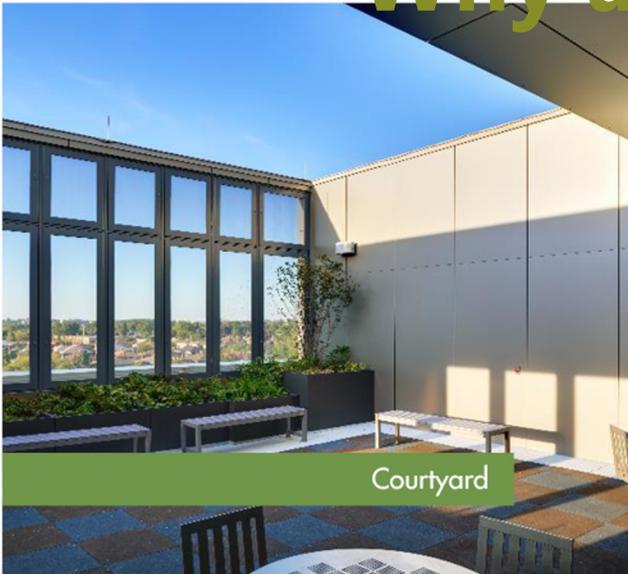


Courtyard & Dining



Building Design

# Why a new Treatment Campus



Courtyard



Transition Spaces



Staff Station & Day Room

# NDSH critical component of DHS public service delivery



## Strong Stable Families

- » Maintain family connections
- » Improve stability and prevent crises
- » Promote and support recovery and well-being



## Early Childhood Experiences

- » Support workforce needs with improved access to childcare
- » Help kids realize their potential with top quality early experiences
- » Align programs for maximum return on investment



## Services Closer to Home

- » Create pathways that help people access the right service at the right time
- » Engage proactively with providers to expand access to services



## Efficiency Through Redesign

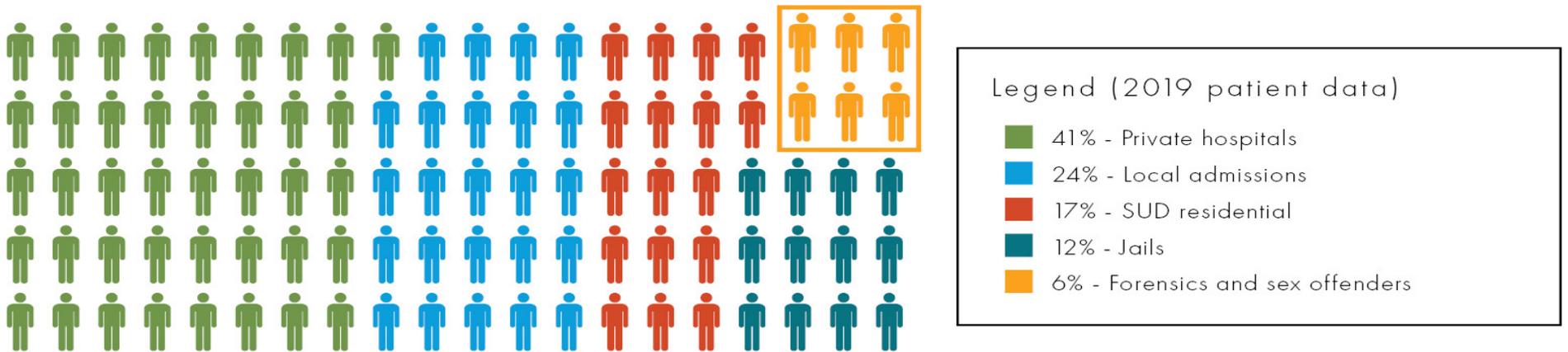
- » Embrace process redesign to find efficiencies in our work
- » Leverage technology to support greater efficiency, quality and customer service



## High- Performing Team

- » Develop a One DHS Team culture
- » Engage team with opportunities for learning and development
- » Implement fiscal scorecard to drive efficiency and effectiveness

# North Dakota State Hospital Admissions



Private Hospitals and local referrals are the primary sources of inpatient admissions

# North Dakota has outpaced area states in expanding private, local hospital beds and establishing crisis stabilization facilities

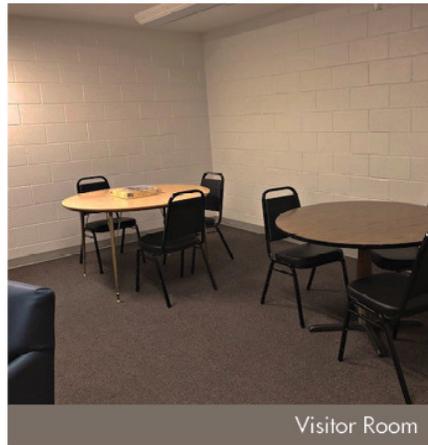
	 ND	 MN	 MT	 SD	 WY
State Hospital Inpatient Beds	100	846	174	213	201
State Hospital Beds per 100,000	14	15	17	25	34
Community Stabilization Facilities	8*	6	5	1	1
Private Hospital Contracts	6	0	0	0	0

\* In all 8 regions of the State

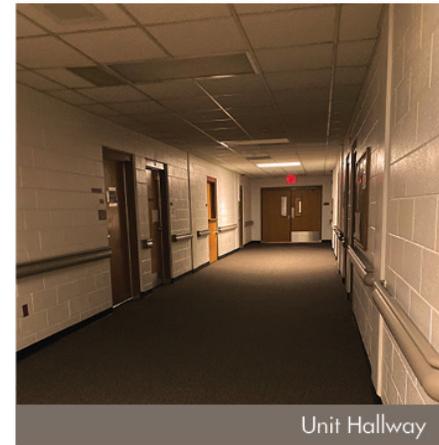
# Outdated, unsafe treatment space creates challenges



Lahaug Core



Visitor Room



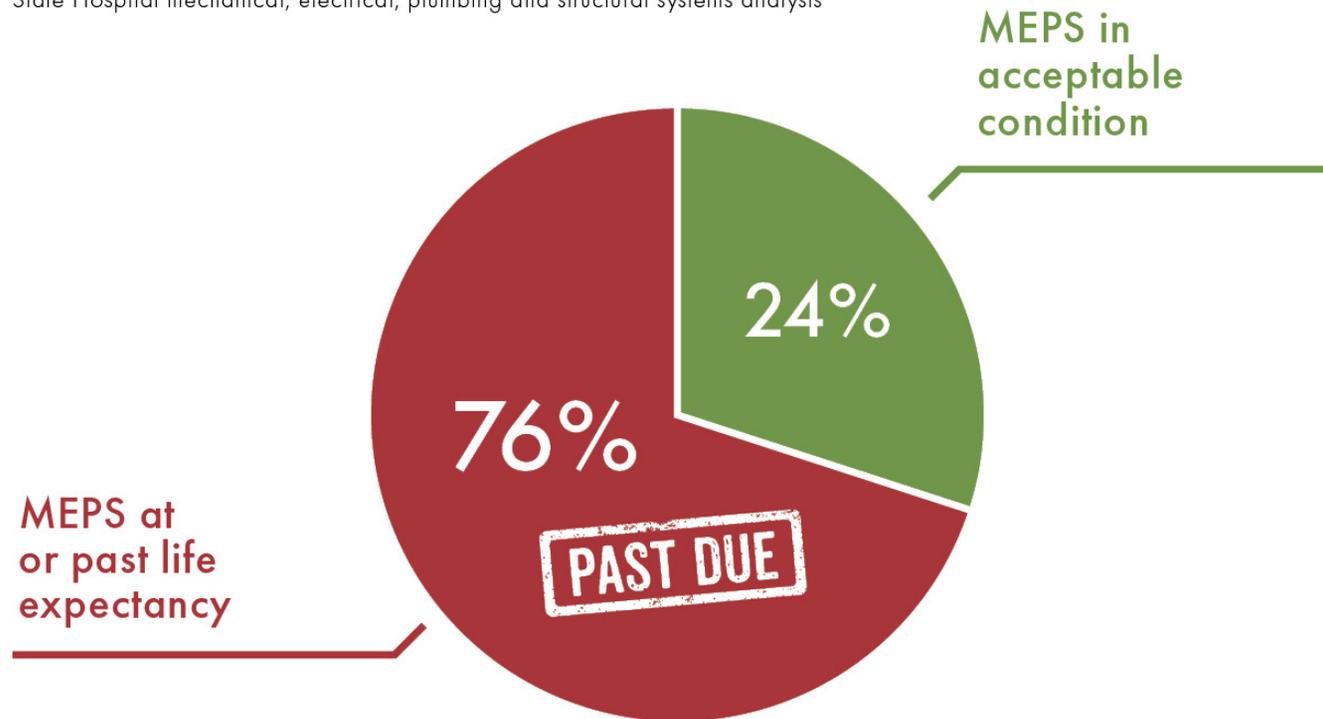
Unit Hallway

- » Poorly designed patient care space
- » Long, dark hallways limit line-of-site
- » Patient care units have unchangeable, unsafe features

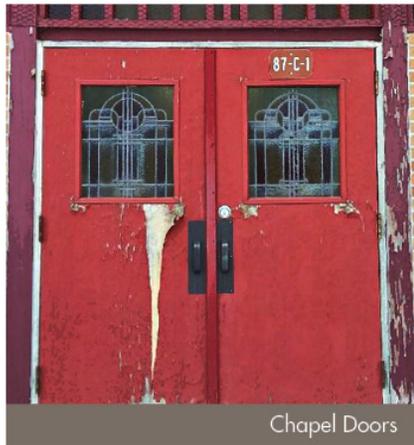
- » Building structure prevents natural light and open space
- » Co-located with a prison furthering stigma and confusion

# Mechanical, electrical, plumbing and structural systems In degraded state and past useful life expectancy

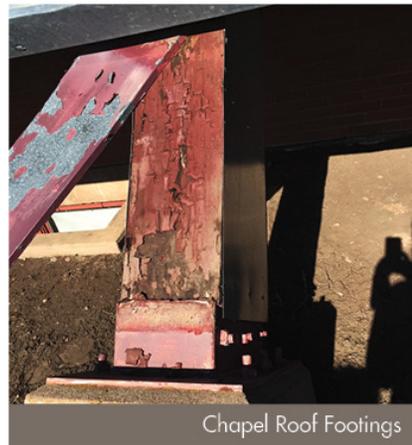
State Hospital mechanical, electrical, plumbing and structural systems analysis



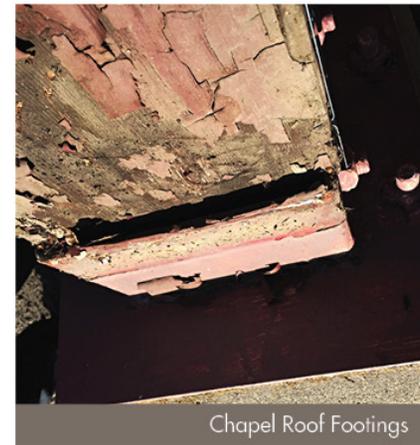
# Deferred maintenance funds insufficient to meet demand



Chapel Doors



Chapel Roof Footings



Chapel Roof Footings

- » We are making ongoing, costly infrastructure repairs to multiple old buildings – even to those we don't use to prevent unsafe campus conditions
- » There is \$148M of deferred maintenance needed to replace outdated mechanical, electrical and plumbing systems before catastrophic failure
- » We will need to fund \$48M of deferred maintenance for the 2021-2023 biennium to keep the current buildings up to safety and operational standards and eliminate the risk of major systems failure
- » Deficiencies jeopardize patient care and staff safety

# Urgent action needed before system failure occurs



Steam & Condensate Piping



Steam & Condensate Piping



Steam & Condensate Piping

Old, costly, inefficient buildings drain taxpayer dollars that would be better allocated toward patient care



- » Additional \$728,868 annually for centralized powerplant
- » Additional \$2,122,024.92 annually for patient care FTE
- » \$2,276,845 demolition costs for abandoned or condemned buildings
- » \$6,112,500 deferred maintenance costs
- » \$10M mechanical and electrical upgrades required

The age, layout and deteriorated conditions of the campus also create accreditation difficulties

- » Distance between buildings slows emergency response
- » Old architecture limits use of wireless safety communication
- » No dedicated regulatory compliant space for violent patients
- » Air handling systems require updating to meet Ashrae Standards
- » Electrical life safety panels require updating to meet life safety standards

Healing architecture has a positive impact on patient outcomes and patient and staff safety

Patient and staff satisfaction

**+25%**

Patient aggression

**-50%**

Hospital stays

**reduced nearly 4 days**

Reduced nurse turnover to

**7%**

*(National average turnover rate for nurses = 20%)*



Option A creates a one-building treatment campus, with new residential units and an outpatient clinic contributing to the greatest improvement in patient care

## Option A

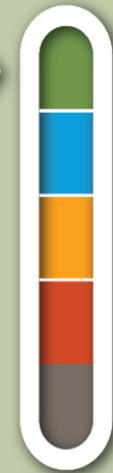
- » Construct new behavioral health facility
- » Construct new plant services quonset
- » Transfer or demolish existing buildings

### Features

- » New patient care facility
- » New residential units
- » New outpatient clinic

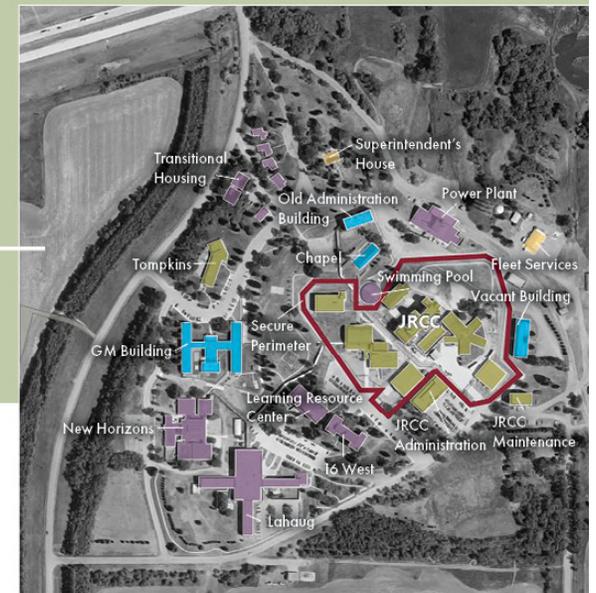
Improved patient care meter\* =

**100%**





- Existing NDSH buildings to be vacated and transferred to JRCC
- Existing NDSH buildings to be demolished (NDSH is evaluating the demolition of these buildings in a separate study)
- Existing NDSH buildings to remain
- Existing NDSH buildings to be renovated
- Existing JRCC buildings
- New construction



Option B limits the scope of a new facility, relying on renovations of Lahaug and New Horizons buildings. As a result, improvement to patient care also is limited

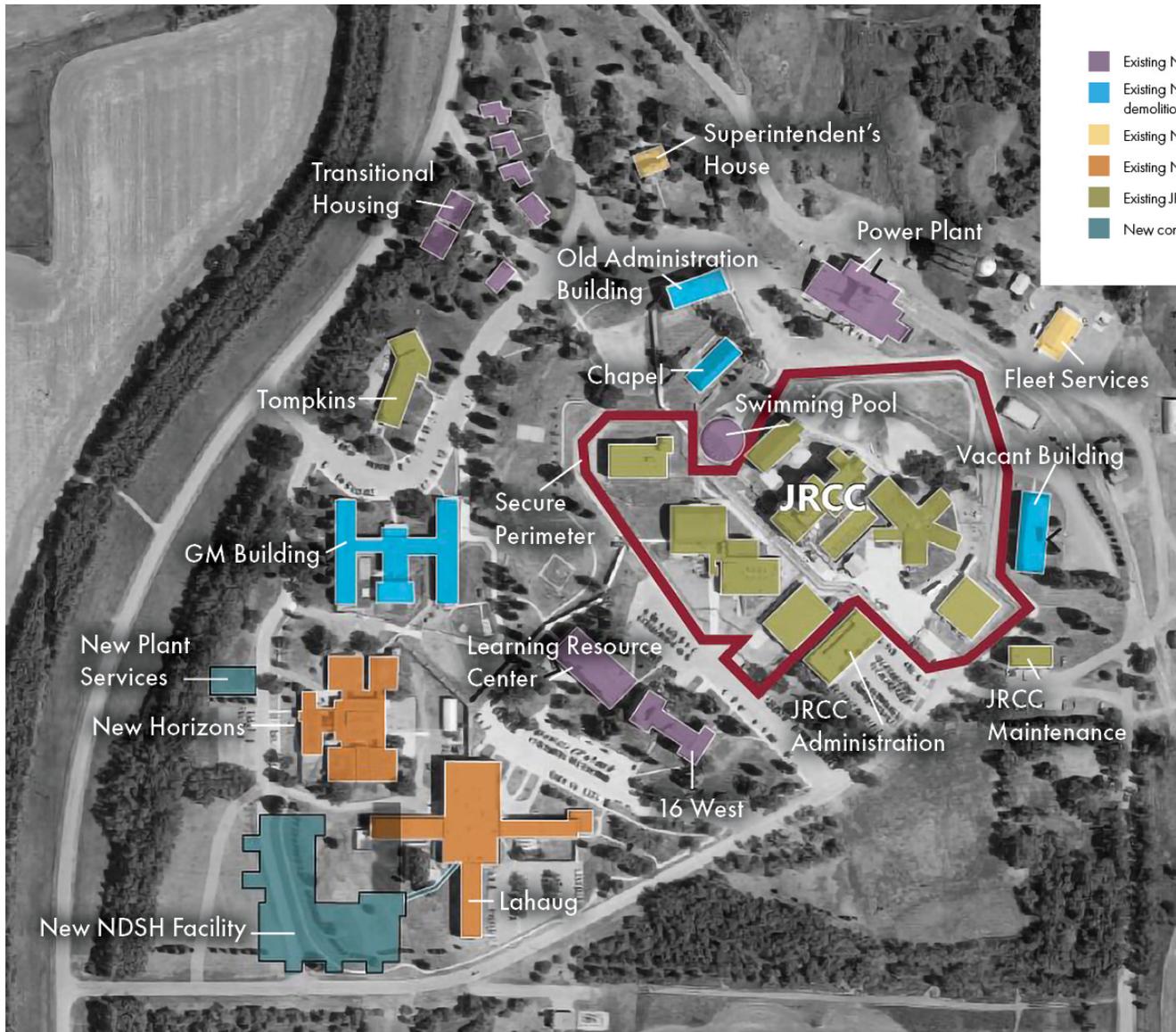
## Option B

- » New limited scope NDSH facility, new limited scope inpatient facility
- » Renovate Lahaug building for residential services
- » Renovate New Horizons building for outpatient services
- » New plant services quonset
- » Transfer or demolish remaining buildings

Improved patient care meter\* =

**40%**





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Option C focuses on renovation for all patient areas and delivers the least impact toward improving care levels

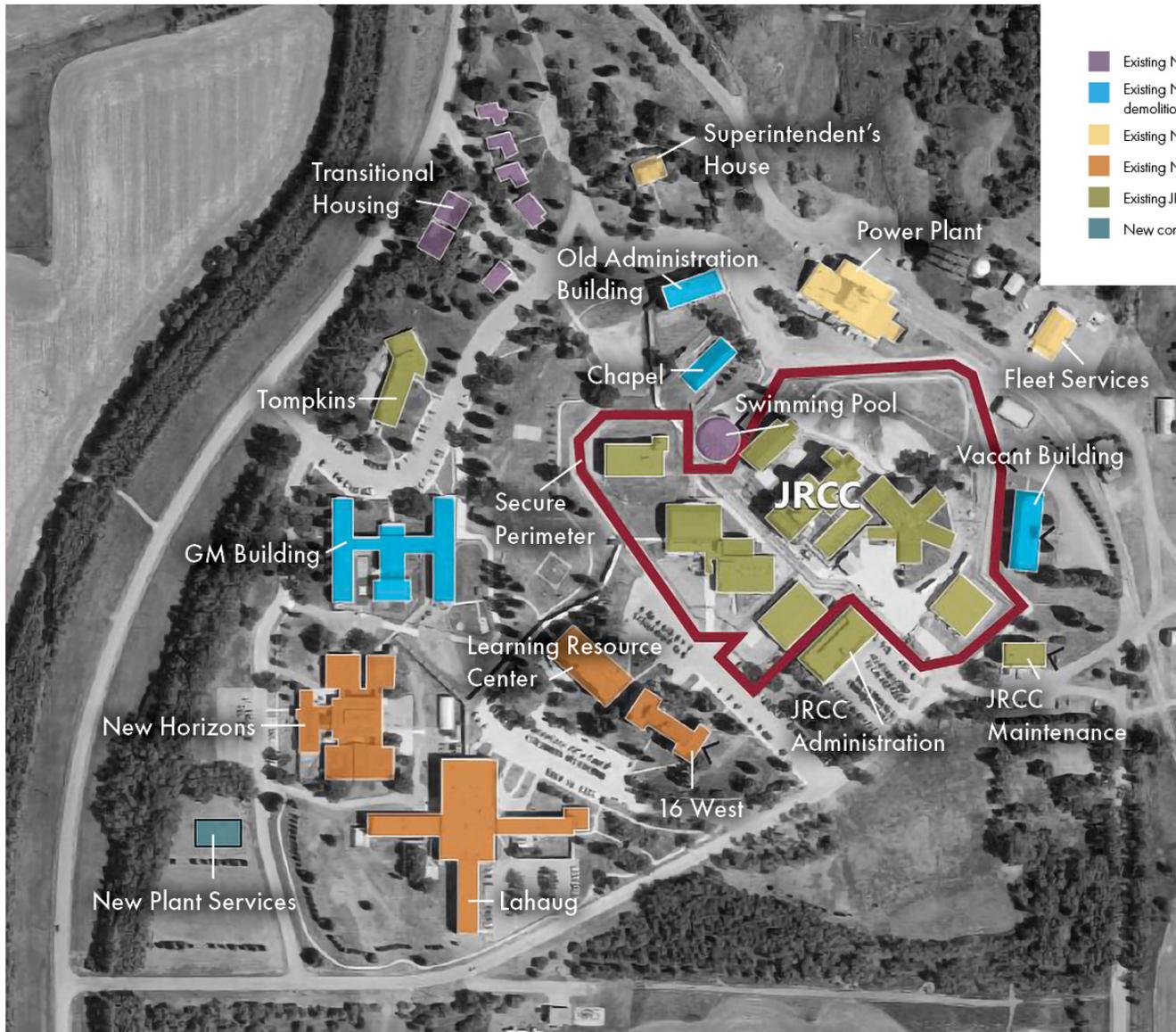
## Option C

- » Renovate Lahaug building for inpatient services
- » Renovate New Horizons building for residential services
- » Renovate Learning Resource Center (LRC) for outpatient services and administration
- » Renovate 16 West for South Central Human Service Center
- » New plant service quonset
- » Transfer or demolish remaining buildings

Improved patient care meter\* =

**25%** ▶





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- Existing NDSH buildings to be renovated
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Option D is to remain in the current situation and continue to pay deferred maintenance costs

## Option D

- » Deferred maintenance costs
- » Staff inefficiencies
- » Costly to build and costly to stay put
- » Costs to continue – staff and energy
- » System replacement

Improved patient care meter\* =

0%



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