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DEPARTMENT OF HEALTH

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Mr. Eric Thomas
Joint Legislative Audit and Review Committee
160 11th Ave. SW
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Mr. Thomas:

Thank you for providing the opportunity to comment on the Joint Legislative Audit and Review Committee's (JLARC) preliminary report: Oversight of hospital data reporting, inspections, and complaints. We would also like to thank the JLARC auditors for their diligence in this effort and willingness to learn about this important work, an effort that included going into the field to observe onsite inspections and investigations firsthand. It demonstrated a genuine desire to learn the full scope of processes of overseeing hospitals.

The Department of Health (DOH) concurs with all the recommendations and offers the following comments:

- 1. The Legislature should consider specifying the maximum amount of time allowed between acute care hospital inspections and clarify the basis for calculating the 18-month average.**

The department concurs with JLARC's recommendation and stands ready to contribute to any proposed legislation that would help provide clarity and consistency to the survey frequency for acute care hospitals. One primary concern is that the "average" factors within its third-party inspections outside the control of the department. The department would be supportive of language that specifies the maximum amount of time allowed between inspections (36 months) for hospitals that use a third-party inspection to count in lieu of one of the 18-month average inspections.

2. DOH should meet the timeline in statute for all hospital inspections and report its performance to the Legislature.

The department is committed to continuing its efforts to meet the timelines in statute now and any possible changes that could come from any legislative action(s) based on the coinciding recommendation to the legislature. Despite previous staffing vacancies and the impact of pausing inspections during the public health emergency, the department has made consistent improvements towards coming back into compliance.

3. DOH should verify accrediting organization standards for hospital inspections and enforce the requirement for hospitals to submit proof of inspections.

The department appreciates the importance of verifying the substantial equivalency of accrediting bodies (AB) whose inspections are allowed to substitute for a licensing inspection. Over a year ago, it established a workgroup with the responsibility of achieving this goal for multiple facility types regulated by the department. Going forward, the department intends to prioritize hospitals while ensuring that requiring hospitals to submit proof of AB inspection to get credit for a licensing inspection is included based on JLARC's recommendation.

4. DOH should assess whether language access barriers exist that may limit use of its complaint system.

The department's existing online complaint page has information and instructions on how to file a complaint via email in five languages including English. The current drop-down menu includes instructions in English, Spanish, Simplified Chinese, Korean, and Vietnamese.

DOH is reviewing its online complaint form and has begun work on translating the instructions and complaint form into Washington's ten most used languages, adding Russian, Ukrainian, Somali, Tagalog, Arabic, and Punjabi. Once the forms are translated, they will be added to the complaint instruction page. This work should be completed by the 4th Quarter of 2025.

In addition, the department will assess its complaint system to identify and address any potential barriers and find opportunities to improve awareness of the ability to file complaints against a facility or provider among the public, especially those who do not speak English.

5. DOH should review hospitals' plans to address adverse health events and provide feedback to hospitals to help prevent the recurrence of these events.

The department is committed to working with hospitals to prevent the occurrence and recurrence of adverse events. DOH will continue to explore funding opportunities to complete this work. When funding becomes available, DOH will be able to review root cause analysis reports related to reported adverse events and provide feedback and recommendations to hospitals as needed.

6. DOH should make reported hospital data more accessible to the public.

The department provides datasets for all financial and charity care data on data.wa.gov, an online, publicly available data sharing site that allows data comparison and analysis. The department agrees that interactive dashboards and visualizations will provide greater access and increase shared knowledge of costs and utilization of healthcare in Washington. The department submitted a decision package for this work ahead of the 2025 legislative session. However, this was not funded. The department continues to explore and seek funding opportunities to advance this data improvement effort.

Again, we thank you for the opportunity to provide comments and for the efforts of the auditors assigned to this review. Should you have any questions, please contact Jeff Arbuckle our External Audit Manager at jeff.arbuckle@doh.wa.gov.

Sincerely,



Jessica Todorovich
Interim Secretary of Health
Washington State Department of Health

cc: Jeff Arbuckle, External Audit Manager, DOH
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