

Medfield State Hospital

Closure Process

Quality, Accreditation and Certification

- Maintain certification and accreditation
- Ensure continued staffing and service intensity during closure
- Monitor and ensure continued level of provision of skill training

Discharge/Transfer Planning

- Use of standardized assessment tools to design community programming that meets patients' individual needs
- Engagement of families and guardians in discharge processes
 - Convened regular family support groups
 - Community service providers participated in these groups
- Patient orientation to "receiving hospital" for patients needing continuing hospital inpatient care

Clients involved in the consolidation

- Medfield starting census – 147
 - Routine discharges of short term patients continued
 - Placed into community through this initiative with new resources – 57
 - Transferred to WBSH – 51
- Westborough starting census – 146
 - Placed into the community through this initiative with new resources – 55
- On grounds community houses (off census) at Medfield - 16
 - Placed thru initiative - 10

■ N.B. Numbers do not add cleanly since admissions/routine discharges continued thru Jan. 03

Where did they go?

- 4 - Nursing home placements
- 9 – Out of area patients returned to home Areas
- 18 – Individual placements (e.g. adding funds to existing programs and moving people along)
- 8 – PACT (included people from houses, already discharged from Medfield)
- 96 – In specifically designed new programs

What were the programs and costs for the 122 going into services?

- 8 Clients went to PACT Teams that were being formed in the Area
- Total annual cost for the 114 going into residential- \$5,309,250
 - Average cost \$46,500
 - Range/ client \$8,000 to \$70,000
 - Lowest costs for 2 clients backfilling existing programs & moving clients along
 - Highest costs for behavioral program and this was short funding requiring subsequent adjustment
- Programs – examples of types
 - Behavioral, in house day program, high staff
 - Young adults
 - Independence program – hands on teaching of independence skills for those with long history of hospital dependence
 - Substance abuse/ dual diagnosis
 - Includes group & staffed supported housing

Funding redeployed from Medfield Closure throughout the state

- \$24 million dollar Medfield Hospital Budget
- \$12 million re-deployed statewide for community service expansion supporting 255 clients

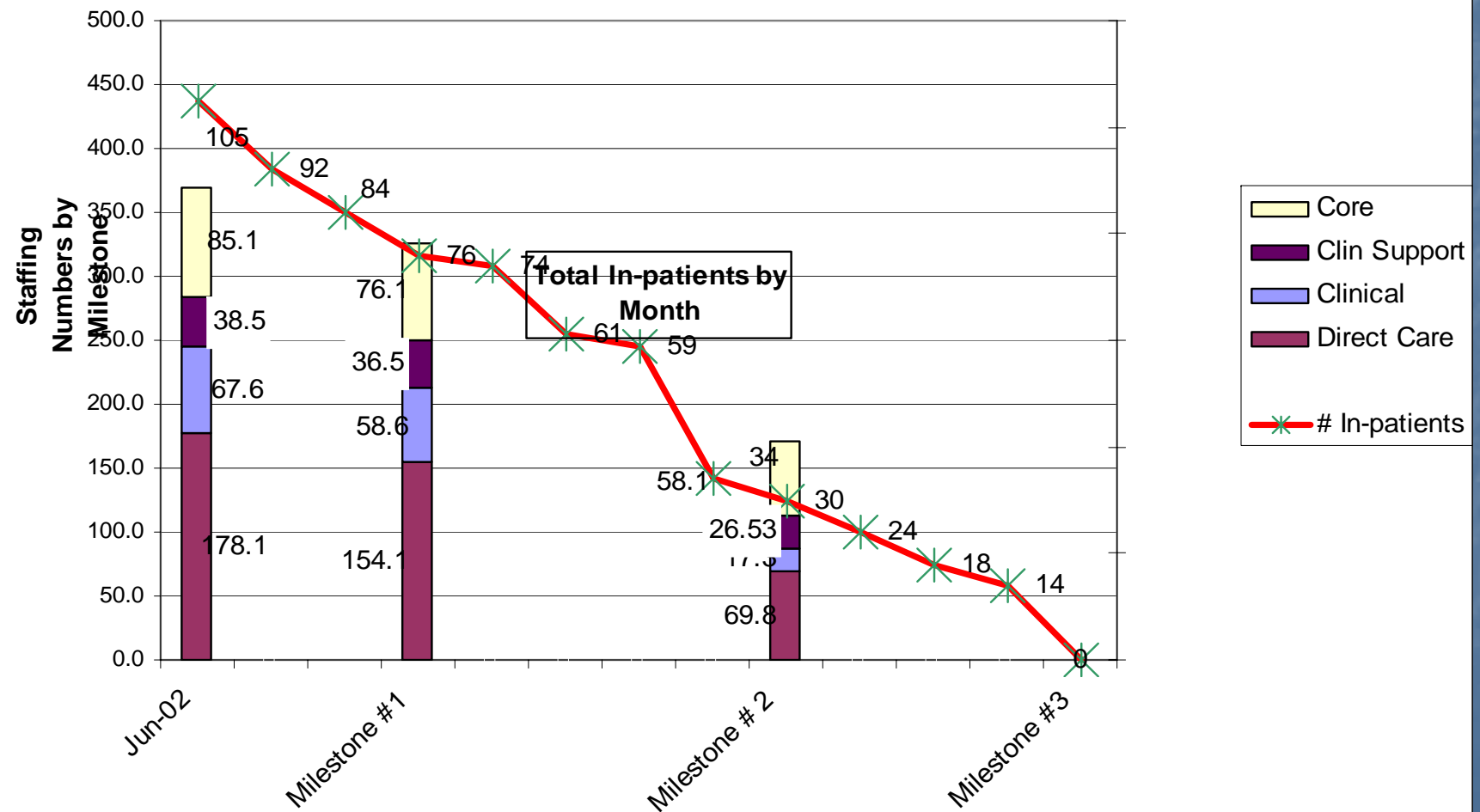
How did community placement planning occur & what were the timeframes

- 3 groupings
 - 31 who could be placed individually or quickly – by the end FY 02
 - 50 who could be moved with significant program development – Beginning to mid FY 03
 - 33 who could be placed in a longer timeframe with extensive program development and staff training - Second half of FY 03

Closure at Medfield – timelines

- June 02 – New unit opens at WBSH
- July 02 – Closure of Unit at Medfield
- Through Jan. 03 - 3 Additional units closed & admissions diverted from Medfield to WBSH & Quincy
- April 03 – operations transferred to WBSH

Relationship of Medfield staffing to patient population



Essential safeguards

- Case manager assigned to each patient
 - Responsible for immediate notification in writing of any change in client status
 - Changes monitored at Area level and interventions/support put in place with provider
 - Area risk management meeting reviewing any trends
- Expanded respite services with individually tailored interventions
- Maintained sufficient hospital staffing levels as patient population decreased
- Maintained sufficient rehab programming for inpatients until closure
- Use of acute inpatient services at Quincy MHC to quickly stabilize community clients who had significant adjustment difficulties
- Collaboration with larger community service network (crisis teams, shelters, & hospitals)

Further safeguards: maintain rehabilitation and treatment intensity through discharge

- Hospital staff coordination/consultation with community programs
- Intensity of rehabilitation groups to remain constant at hospital
- Specialized Occupational Therapy interventions to accelerate community skills of patients, particularly those with greatest deficits

Further safeguards: Medical Care

- Sustain intensity of primary medical care staff support
- Collaborative planning with Primary Care in the community to plan for patients with high risk and chronic medical illnesses

Continuity of care

- Collaborative Meetings between Medfield, Westborough, and providers to manage admission and discharge activity and to ensure effective coordination of care

Communication with Staff

- Open forums, on weekly basis, with staff on all three shifts to give continual updates as to patient movement, unit closure and other transitional issues
- Training sessions for staff on “Dealing with Change,” “How you make a difference,” and other affirming trainings in order to help ease staff concerns and difficulties
- Staff reductions occurred through the Labor Management process

Physical Plant

- Ongoing adjustments to fire evacuation routes, increased fire drills and increased unit safety surveys
- Inventory and disposition of all property
- Utility Services stopped to buildings as they were closed and sealed

Core Services

- Dietary Services sustained through last day of operations
- Security functions increased as buildings close

Principles of Closure

Medfield State Hospital was closed within 18 months of the Commissioner's announcement. This process involved close coordination within the Area; close collaboration between the Area and Central Office with regard to development and enrichment of community resources and careful work with patients, families, case management and community providers. Throughout this process the hospital ensured a continuous commitment to high quality and safe patient care as well as careful attention to safe community re-integration.