



Hiram Davis Medical Center

Starting the Process for Closure

Ensuring Safe Patient Discharges and Successful Staff Transitions

Nelson Smith, Commissioner
Department of Behavioral Health &
Developmental Services



- HDMC was built in 1974 as a 94-bed facility
- 43 patients (as of 9/1/2024)
- 164 full-time staff (as of 9/1/2024)
- Joint Commission (TJC) accredited as a Hospital and Nursing Care Center
- Acute medical, skilled nursing, long-term care services, and outpatient services
- HDMC has had no major renovations in its 50-year history



- Legionella detection with unsuccessful resolution since 2021
- HVAC system is well beyond its predicted useful life
- Plumbing system is in an advanced stage of deterioration
- A sewage spillage from a ceiling waste pipe failure
- Bathrooms do not comply with standards
- Electrical system is at the end of its useful life and is no longer code compliant
- Elevators are well beyond useful service life

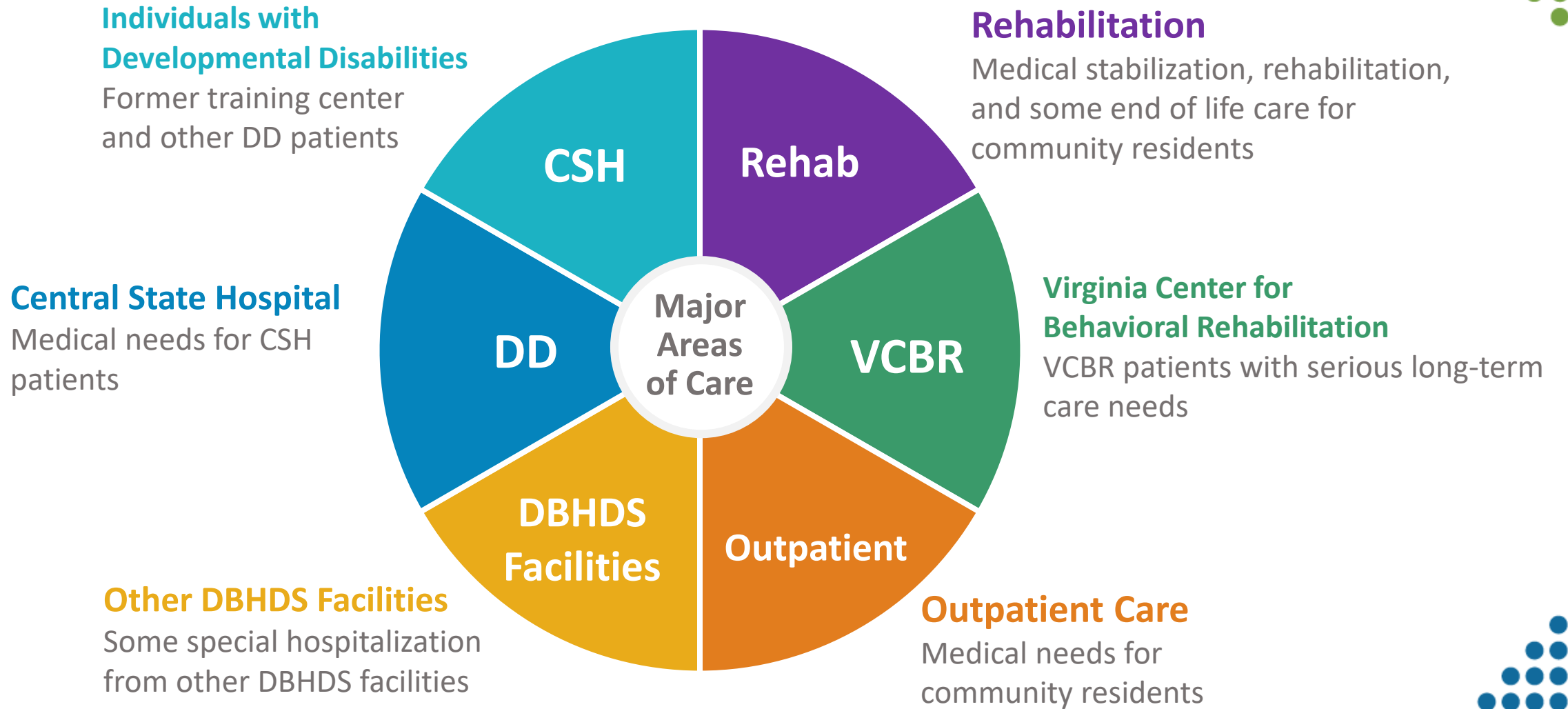


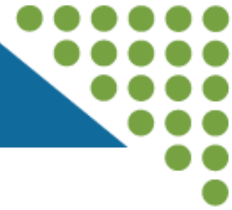
Legionella found in water at Virginia medical facility that handles vulnerable patients





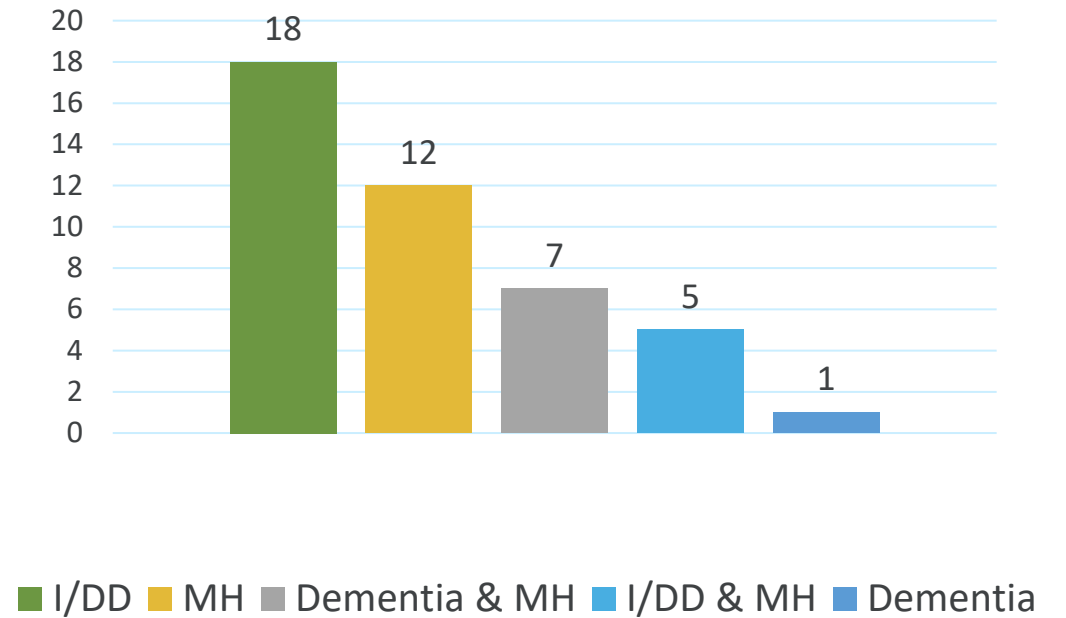
- It has been known for over six years major building systems were at the end of their useful life.
- For years, DBHDS has been repairing problems, to the fullest extent possible, as they arise.
- Major building renovations have not been possible:
 1. Extensive renovations will trigger new code requirements for recertification.
 2. HDMC's design does not allow for phased renovations – patients and staff must vacate for up to 24 months for any major repairs.
 3. Renovating HDMC is estimated to cost \$94 M.
 4. Rebuilding HDMC is estimated to cost \$145 M.



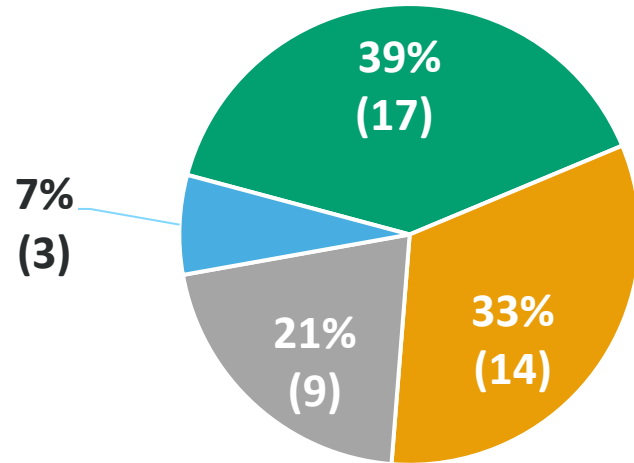


Current Census	43
Current Occupancy	46%
Average Annual Admissions	
FY 2023	43
FY 2024	31

Diagnosis

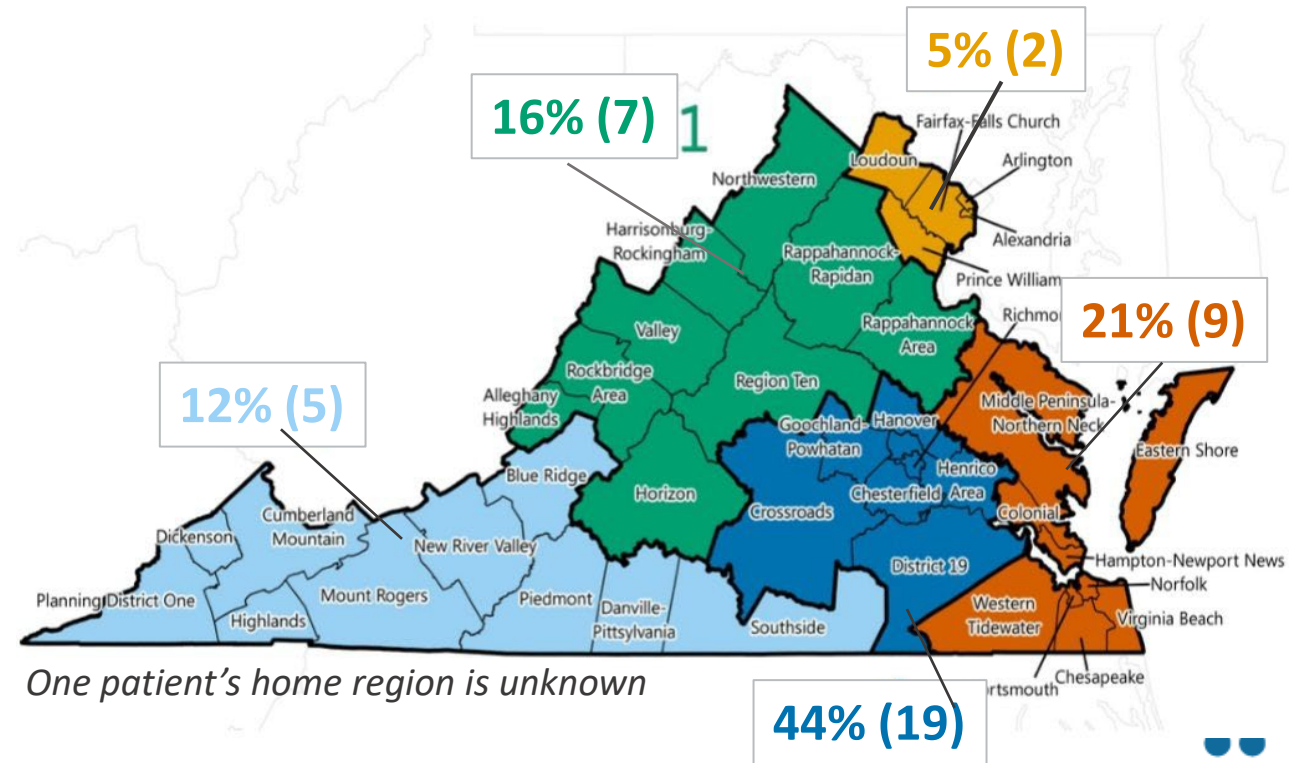


Original Patient Setting

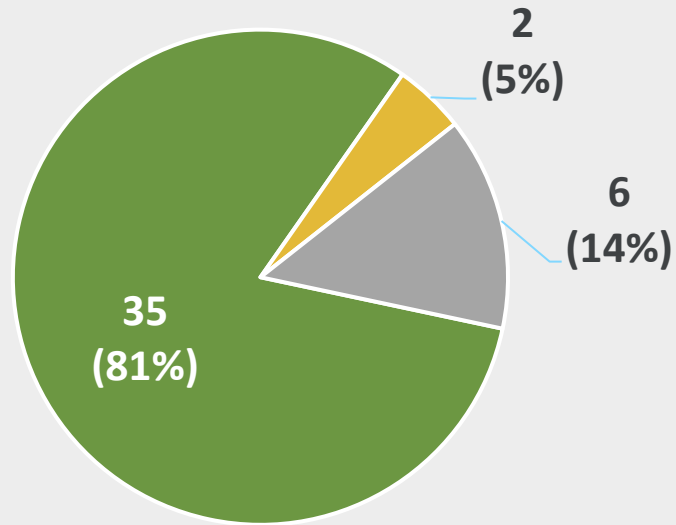


- State Hospital
- Training Center
- Community
- Virginia Center for Behavioral Rehabilitation

Home Regions of Current Patients

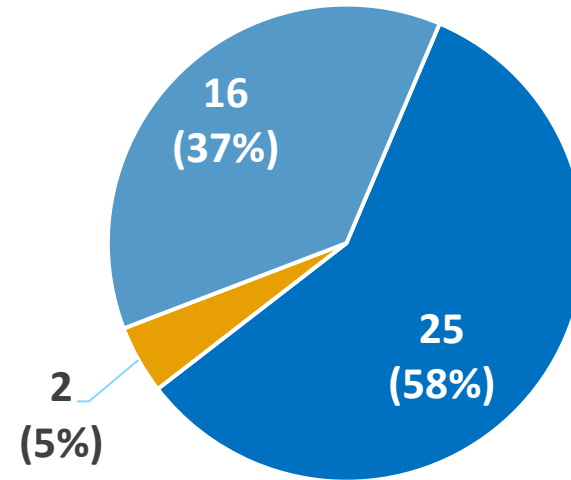


Type of Stay

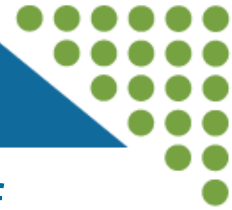


- Permanent
- Special Hospitalization
- Medical Stabilization (from Community)

Beds by Care Level



- Skilled
- General Medical
- LTC Nursing



Starting the process to make plans for safe patient transfers and successful staff transitions for the gradual and careful closure of HDMC by December 2027



1. Planning Team

- Identify required stakeholders
- Hold meetings needed to reach consensus on a comprehensive plan
- Follow required steps to seek plan review and approval



2. Patient Transfers

- Ensure timeline is met
- Close admissions
- Work with individuals and families/authorized representatives to identify placements for 43 patients
- Prepare for the careful transition of patients to new homes
- Use contracts to support community providers



3. Staff Transitions

- DBHDS anticipates staff attrition but will also move some departments to Central State, and transition staff to other DBHDS locations
- Layoffs will be minimized
- Bonuses offered to ensure care for remaining patients as HDMC downsizes





Southeastern Virginia Training Center (SEVTC)

State operated intermediate care facility for individuals with I/DD.

Private Intermediate Care Facility for People with I/DD (ICF/IID)

Residential facility with active treatment, ongoing evaluation, planning, 24-hour supervision, coordination, and integration of health/rehabilitative services.



Sponsored Residential Home

Family home that supports 1-2 individuals but has a contractual agreement with a licensed provider agency who provides oversight and administrative services. Some support complex medical support needs.

Group Home

Home providing 24-hour supervision and support to 3 or more people. Homes may employ specialized staff or utilize the individuals' Medicaid waiver to secure skilled or private duty nursing services and behavioral health and other support.

Southeastern Virginia Training Center (SEVTC)



Residential placement options for individuals with a serious mental illness, dementia, or other neurocognitive disorder:

- Some patients may need services in a private facility or specialized mental health group home that provides medical support.
- DBHDS contracts with:
 - Agencies operating specialized group homes and memory care facilities with programs to provide residential services to individuals with these diagnoses.
 - Agency to provide behavioral support for individuals living in private nursing facilities who engage in maladaptive or challenging behaviors.



Special Hospitalization options for individuals from state behavioral health hospitals, training center, and rehabilitation center:

- DBHDS will identify alternative placements for state facility patients who would otherwise be admitted to HDMC.
- Community options available for stabilization and rehabilitation to support these populations.
- Additional strategies will be developed to ensure residents from the Virginia Center for Behavioral Rehabilitation have appropriate support options.





Engagement with Families in 2024

January 18 – Meetings with families and legislators at HDMC

April 22 – Letter to families updating about the status of Legionella

April 30, 2024 – Delegate Tim Griffin and family tour of HDMC.


August 9 – Personal phone calls about starting the closure process

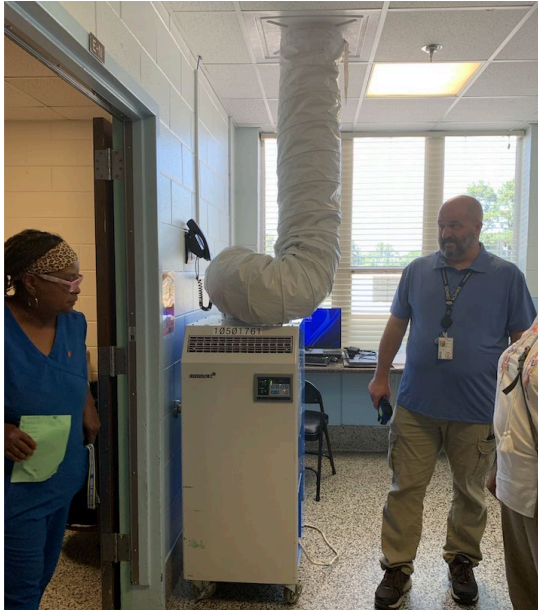
August 9 – Letter from the commissioner about starting the closure process

August 12 – Meeting with families and legislators at HDMC

August 19 – First family meeting at HDMC

January 18 – DGS Tour of HDMC

- Assurance of quality care to ensure their loved one's health, safety and well-being
 - Information about the closure process
 - Informed families they have the right to authorize DBHDS to start exploring for alternative placements that meet loved one's needs and preferences and share for their consideration
 - DBHDS will schedule meetings to discuss their family member's essential support needs and preferences
 - Discussions about new placements will occur during quarterly and annual treatment team meetings
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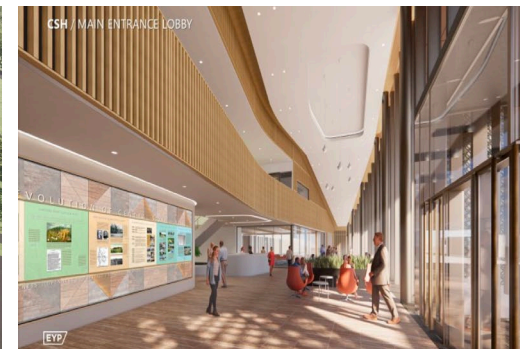
HDMC Classified Staffing (9/1/2024)	Filled	Vacant
Administrative Staff	25	11%
Clinical Staff	21	7%
Therapy	7	0%
Healthcare Compliance Specialists	4	20%
Direct Service Associates	58	17%
LPN	24	25%
Nursing	25	14%
Totals	164	16%





- Movement of certain HDMC departments to the new Central State Hospital
- Placement opportunities at DBHDS facilities
- Retirement eligibility
- Limiting layoffs
- Retention bonuses to ensure care for remaining patients
- Attrition

HDMC Departments Planned to Move to CSH	Full-time	Wage
Dental	5	
Pharmacy	14	
Laboratory	5	2
Radiology	2	
Physical Therapy	3	
Other Therapies	2	1
Total	31	3





Code Required State and Community Consensus and Planning Team

DBHDS staff
 local government officials
 individuals receiving services
 family members

advocates
 state hospital employees
 CSBs
 private providers

private hospitals
 local health department
 local DSS
 local Sheriff's office

area agencies on aging
 local GA members
 others interested

Required Plan Components

Community education	Implementation of required community services	Development, funding, and implementation of individualized discharge plans
Availability of adequate staff in the affected communities	Provision for suspending plan if total GF appropriated to DBHDS for SH and community services decrease in any year of plan implementation by more than 10% from the year the plan was approved by the General Assembly	

§ 37.2-316



§ 37.2-316 ensures community stakeholders, families, consumers, legislators, government officials, CSBs, providers and other have an opportunity to develop a plan to ensure the continuity of HDMC's care and services in alternate settings.

Ensures consideration for sustainability, funding, and resolution of discharges, staffing and other concerns related to the closure of HDMC

LEGEND:

- Code Mandated Deadlines
- Suggested Deadlines

