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SENATOR FLOOD: I can't say with 100 percent confidence that they do. But I know that when a patient leaves the regional center, there is communication between the providers in Norfolk and wherever they go for their next level of care. And then, when that level of care doesn't work, they often see the patient back.

SENATOR SYNOWIECKI: I guess what I'm trying to get at, Senator Flood, don't you think there would be some value if we had some historical comparative analysis in terms of the discharge planning, say, for the last five years, and the outcomes, and have the ability to compare them, post-LB 551, in the sense that, have the outcomes for these patients improved with the arrival of LB 1083? Have they remained the same? How has the discharge planning changed? To what degree? And where do these patients now go, compared to where they went before? Do you think there would be value in that sort of tracking, from a historical perspective?

SENATOR FLOOD: You mean if we were to go back into our files and look at our patients for the last five years?

SENATOR SYNOWIECKI: Yes, Senator.

SENATOR FLOOD: Yeah, I'm sure there would be value. The providers in Norfolk will stand behind their work and their record. I guess there's going to be problems in any system. And there are patients in Norfolk that will respond very well to community-based care. And I think this is a...that's a positive move for somebody to transition from that long-term locked secure care to community-based care. So I wouldn't have any problem with that.

SENATOR SYNOWIECKI: Yeah. Five years might be a bit too long to go back. But I would be very interested to incorporate, as part of this report, at least a two-year look-back on discharge from the regional center, where these patients went, what were their outcomes, and be able to compare that from here on out, to see if indeed we are realizing improvements in consumer outcomes. I think there might be value in that.