

Hospital Licensing Reform Committee Communication Subcommittee Report of June 4, 2007

The purpose of the Communication Subcommittee is to address two objectives under Action Statement #4:

- **Objective 1:** To create a two-way communication system for promoting stakeholder participation in, and increasing stakeholder awareness of, the licensing reform process;
- **Objective 2:** To create an on-going system for routine communication between DHHS and Providers regarding regulatory changes and interpretations.

The Subcommittee met twice, once on March 21st and again on May 7th. Members include Sandra Parker, Maureen Parkin, Linda Abernethy, Sharon King; at our May 7th meeting we were joined by Rhonda Webber of DLRS to advise on use of the website.

March 21st Meeting:

Much discussion was focused on **Objective 1**, identifying different types of stakeholders and their differing needs for communication. Using the updated stakeholder list provided by Denise, it was the consensus of the group that:

- The vast majority of stakeholders (Tier 1) will not be formally invited to participate in the process but will be offered the opportunity to stay informed of our progress; (i.e., need one-way communication only).
- For that vast majority, the website (“pull” information) is the preferred method of communicating. A direct mailing or public notice in the KJ can be used to announce the web address and allow stakeholders to follow the Committee’s progress at their discretion.
- For a specific subset of stakeholders for whom “buy in” is critical (Tier 2: hospital CEO’s, etc), direct mailings or other types of “push” communication will be used in addition to the website. Direct mailings may be used at various points in the process to (a) alert stakeholders to important new materials posted on the website; (b) invite comment at key decision points; or (c) provide regular, routine updates.
- A final subset of stakeholders, (Tier 3), will be asked to formally participate in the process at specified points in time, either in the role of consultant or as representatives of particular perspectives that are of interest to the Committee. Some easy examples of Tier 3 stakeholders include subject-matter experts engaged to review specialized licensing standards or the Maine Quality Forum to consult on performance data. The Subcommittee acknowledged that a more challenging question is how to incorporate the interests of the public or of specific consumer groups.

A draft of the communication plan is attached; roles and responsibilities are summarized in the chart below.

R = Responsible; who owns the problem

A = Accountable; who is R accountable to; who must sign or approve before action can be accepted

S = Supportive; who can provide resources or support to assure smooth implementation

C = Consult; who has information or capacity needed to complete the work; who could block implementation if not consulted

I = Inform; who must be informed but not necessarily consulted

	R	A	S	C	I
DHHS	X	X			
Hospital Licensing Reform Committee	X				
Tier 1 Stakeholders					X
Tier 2 Stakeholders			X	X	
Tier 3 Stakeholders				X	

Questions for larger Committee:

- Are stakeholders accurately divided between Tier 1, 2 and 3?
- Is anyone missing?
- Is there a need for additional inclusion of non-professional (consumers, public) input? If so, how will they be identified? By what method will they participate (participation on subcommittees, focus groups, surveys, etc)? On what topics will they be invited to comment?

May 7th meeting:

Given that communication strategies for both **Objectives 1 and 2** rely heavily on improved use of the website, the committee met with representatives of DLRS to discuss what is possible on the current website and what might be possible for future uses. In particular, the committee was interested in increasing capacity for:

- Interactivity, such as electronic submission of licensing applications, reapplications, response to findings, etc.
- Dividing the website between public and restricted access.

The Joint Commission website was discussed as a model for divided access. Password protection allows hospitals to communicate with JC on topics of specific and/or confidential interest to

individual facilities while the public can access aggregate and facility-specific public information.

Rhonda Webber of DLRS agreed to begin discussions with the state Office of Information Technology regarding increasing the capacity of the website. Assuming that interactivity and restricted access are possible in the future, the Committee identified the following examples of how the website might be used; will use June meeting to gather other uses.

Questions for larger Committee:

- What else should be included on the website?
- What information should be public vs restricted?
- What other functionality would be helpful?
- Given limited OIT resources, what are our priorities?

Sample Information Type	Access ¹	Interactivity	Comments
Hospital Licensing Reform Committee			
Agenda, Minutes	P		
Draft Products for Committee comments	R	Electronic comments can be viewed by all members	
Draft Products for Tier 2,3 comments	R	Electronic comments can be viewed by all members	
Final Products	P		
Research and Resources	P		
General Questions/Comments from Public	P	Link to a DLRS email	Who will compile comments for presentation to Committee? Respond to email?
Other???			
On-Going State/Hospital/Public Communication			
Licensing Standards	P		
Interpretive Guidelines	P		
Notice of Proposed Changes to Standards	P		Are facilities notified of posting?
Licensing Application		(1) At a minimum, to be filled out on-line and	

¹ P = public access; R = access restricted by password protections

Sample Information Type	Access ¹	Interactivity	Comments
		mailed; (2) Goal: electronic submission	
Licensing Reapplication		1) At a minimum, to be filled out on-line and mailed; (2) Goal: electronic submission	Already populated with original application information; update rather than "start from scratch"
Self Assessment Tool		To be completed on-line	
Licensing Findings			
Response to Licensing Findings		Electronic action report submitted on-line	
Frequently asked Questions/Recent Interpretations or Findings to be shared			Compiled on-line by DLRS and organized by JC or COP framework
Training Calendar		Electronic registration	All trainings submitted to and posted by DLRS?
Draft Quality Data for review/comment	R		Restricted while data is cleaned and refined; not ready for public release
Final Quality Data			Need to define what is restricted, what is public, what is posted?
Other???			

Based on the feedback gathered at the June meeting, the Communications Subcommittee will meet again with DLRS representatives to work on web design.

Hospital Licensing Reform Steering Committee

Communication Plan Details							
Objective 1: To create a two-way communication system for promoting stakeholder participation in, and increasing stakeholder awareness of, the licensing reform process							
Stakeholder	Role	Information Required	Purpose	From Whom	Means of Delivery	Format	Schedule of Delivery
<i>This person or group</i>	<i>In this role</i>	<i>Needs this information</i>	<i>For this purpose</i>	<i>From this person or group</i>	<i>Delivered by</i>	<i>In this format</i>	<i>On this schedule</i>
Advisory Council of Health System Development Attorney General's Office Bureau of Insurance Board of Licensure in Medicine Board of Nursing Center for Public Health Dept. of Professional & Financial Regulation Disability Rights Center Elder Independence of Maine	Tier One Stakeholder ²	<ul style="list-style-type: none"> • Minutes and agendas from meetings • Resource materials disseminated at meetings • Research links • Draft products • Final products 	To stay informed	DHHS	DHHS sends letter announcing address of Website	Web-based access	Information to be "pulled" from website as desired by stakeholder.

² Stakeholders who have an interest in the process, may want to stay informed, but are not significantly impacted by the outcome. Tier 1 stakeholders should be informed but not necessarily consulted.

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Family Violence Project							
Goold Health Systems							
Legal Services for the Elderly							
Long Term Care Ombudsman Program							
Maine Association of Mental Health Services							
Maine Board of Medicine							
Maine Health Care Association							
Maine Hospital Association							
Maine Medical Associates							
Maine Osteopathic Association							
Maine Quality Forum Advisory Committee							
Maine State Nursing							

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Association National Government Services Northeast Health Care Qual. Foundation Office of Rural Health & Primary Care Organization of Maine Nurse Executives State Fire Marshal's Office Muskie School, University of Southern Maine Large Employers							
Hospital CEO's Maine Office of Health Policy	Tier Two Stakeholder ³	<ul style="list-style-type: none"> All levels of Tier One communication, plus Introductory letter 	<ul style="list-style-type: none"> Stay informed Support process and outcomes 	DHHS	Website Direct mailing	Web Access Periodic Reports	Regularly scheduled update letters

³ Stakeholders who are directly impacted by the outcomes of the process and/or whose support and/or approval is essential to the success of the process either politically, operationally or strategically. Communication in Tier 2 cannot rely solely on "pull" strategies such as the website.

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Maine Hospital Licensing Review Board Others?		<ul style="list-style-type: none"> Regularly scheduled periodic progress reports/letters Copies of key draft products Invitation to comment at key decision points 	<ul style="list-style-type: none"> Comment on draft materials 			Solicitations for comment	Timing varies according to progress and key decision points
Subject matter experts Representatives of various perspectives of interest to the Committee (consumers, general public, others?)	Tier Three Stakeholder ⁴	<ul style="list-style-type: none"> All levels of Tier One communication, plus Background materials to prepare for participation Invitation to participate in, consult on, comment on specific process and products 	<ul style="list-style-type: none"> Specialized expertise in review of specific standards Specialized expertise to inform process and regulatory decisions Diverse voices in decision making in areas such as complaints, quality, etc. 	HLRC	Direct Invitation	Subcommittees focus groups; presentations to HLRC; invitation for written comment, etc.	Invited to participate as needed

⁴ Stakeholders who have information or expertise necessary to the Committee to complete its work; stakeholders from whom the Committee is formally soliciting input in order to draft decisions.