

**Data Work Group
Hospital Licensing Reform Steering Committee
July 2, 2007
Maine Hospital Association Conference Room**

Summary Notes

Present: Annette Adams (Acadia Hospital), Anne Flanagan (DHHS), Chris McCarthy (MQF), Susan Schow (MHDO), Judy Street (St. Joseph Hospital)
Muskie School: Sue Ebersten, Maureen Booth, Barbara Shaw

Item	Discussion	Decision/Action	Who's Responsible	Date Due
Review June 4 Summary Notes	Summary notes from the June 4, 2007 meeting of the Data Work Group were accepted as distributed.	A request was made to include affiliations in the list of attendees.	NA	NA
Data Available in Advance of Survey	Work group members identified 5 types of data that could be routinely available to licensure staff prior to conducting a survey: complaints, CMS quality indicators, volume/procedure data from discharge data base, Joint Commission full report for accredited hospitals, and self-assessment report.			
Complaint	Complaint data since time of last survey should be available. Emphasis should be placed on identifying trends that may suggest quality issues.	Discuss options for review of complaint data with Complaint Task Force	M. Booth to follow up	September Data Group meeting
CMS Quality Indicators	Chris McCarthy previewed how these data eventually will be captured on the MQF website, including comparison of a hospital's performance against other Maine hospitals and peer groups.	Confirm relevance of CMS QIs to all hospitals	Data Work Group	September Data Group Meeting

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Volume and procedure data	At the June Data Work Group meeting, members suggested that surveyors should have access to hospital-specific volume and procedure data. Susan Schow reviewed information collected on the hospital discharge dataset. While raw discharge data are meaningless, converting them into the Agency for Healthcare Research and Quality (AHRQ) inpatient measurement set would standardize the information. Members noted that an assessment of volume related procedures or the appropriateness of care would represent a new role for licensure and that further clarification was needed about whether or how to incorporate these data into the licensure advance review.	The proposal to use AHRQ inpatient indicators must be further examined. The role licensure should plan in assessing the appropriateness of care must also be determined.	M. Booth to discuss licensure role in reviewing appropriateness of care with DHHS. Data Work Group to further discuss AHRQ inpatient indicators.	August Data Work Group meeting
Joint Commission full survey report	Research of other state deeming programs showed that most requested the full survey report from the Joint Commission.	No final recommendation made on whether to require receipt of full report from the Joint Commission, as a condition of deeming.	DHHS/Division of Licensure	
Periodic Performance Review (PPR)	Members discussed the Periodic Performance Review for accredited hospitals or other self-assessment instrument for non-accredited hospitals. Members had questions about whether the full report was needed on an annual basis and how it would be used by licensure staff. To the extent that a self-assessment was desired, it was generally agreed that there should be comparability across hospitals and that permission be obtained to use the PPR (or a subset of the PPR) for non-accredited hospitals.	It was agreed that the relevance of the PPR to hospital licensure should be more fully explored, including whether permission from the Joint Commission to use some or all of the PPR for non-accredited hospitals should be pursued.	Data Work Group	September Data Work Group meeting

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Use of Data	Members discussed how findings from an advance review of data should be used and communicated to hospitals. There was strong sentiment that findings of any advance review be communicated to the hospitals in advance of a survey and that hospitals be given the opportunity to respond. Communication should be in the spirit of mutual exploration and not a regulatory pursuit of deficiencies. For example, if a hospital is below a national benchmark, a hospital may be asked to identify why they think that is the case; whether there is a remediation plan to address the issue; whether the hospital has identified process issues or factors outside the control of the hospital that affect performance; and to share internal analysis if it differs from state findings. Members cautioned that the use of this data has the potential to diffuse hospital QI efforts and move them in many different directions without focus.	Further discussion is needed to better understand the implications of using data before and during the survey to focus a review. The direction will depend in part on decisions relative to the role of licensure in assessing the appropriateness of care (see above) and otherwise reviewing aspects of care not directly related to specific licensure standards.	DHHS with guidance from the Data Work Group	August Data Work Group meeting
Resource Requirements	The discussion of data use raised questions about resources that could be available to licensure staff to better understand and interpret a hospital's performance data. It was suggested that there could be a potential role for the Maine Quality Forum, similar to its advisory role in certificate of need, to offer consultative services to licensure staff in advance of survey.	Maureen Booth offered to discuss this option with licensure and potentially with the MQF.	DHHS and MQF	August Data Work Group meeting
Next Meeting	<ol style="list-style-type: none"> 1. Role of licensure in assessing appropriateness of care 2. Resource requirements for using performance data 3. Applicability of AHRQ inpatient indicators for licensure advance review 4. Protocol for standardizing advance review protocol 	.		