

Hospital Licensing Reform Steering Committee
 July 2, 2007
 Maine Hospital Association Conference Room

Minutes

Committee Members Present: Annette Adams, Linda Abernethy, Jerry Cayer, Mary Finnegan, Denise Gay, Lynne Gagnon, Cindy Leavitt, Sharon King, Sandra Parker, Judy Street, Sherry Rogers, Julie Marston, Bill Zuber, Martie Moore, Diane Bubar, Patty Roy, Ali Hilt-Lash, Denise Osgood

Committee Members joining by video-conference: Ruth Lyons, Stacy Doten, Beth Dodge

Interested Parties: Susan Schow, Maine Health Data Organization

Muskie School: Sue Ebersten, Maureen Booth, Barbara Shaw, Eileen Griffin

Absent: Laird Covey, Sue Boisvert, Laura Benson, Maureen Parkin, Sally Lewin, Kathy Bonney, Melissa Gallant, Missy Marter, Lisa Simm, Catherine Cobb, Catherine Valcourt, Anne Flanagan

Item	Discussion	Decision/Action	Who's Responsible	Date Due
Welcome and Introductions	Denise Osgood asked those in attendance to introduce themselves and the organization they represent.	NA	NA	NA
Review May 7 Meeting Minutes	The minutes for the June 4 meeting were reviewed and approved as written. Following up on the discussion from the previous meeting, Denise Osgood acknowledged that the Steering Committee did not see bringing in a national speaker on the topic of transparency and reporting as a priority for their work. Denise said that the Department is likely to go forward with plans to bring in a speaker, but will do so outside of the Steering Committee process.	NA	NA	NA
Legislative Update/ Review of Timelines & Commitments	Denise Osgood reported that LD 1781 is likely to pass, if it has not already. She distributed a grid showing the anticipated impact of this legislation on the survey cycle for accredited and non-accredited hospitals. In response to questions, she said that critical access hospitals are likely to go to a biennial schedule. Because of LD 1781, rulemaking connected to CAHs has been delayed until next year. There will be no change for accredited hospitals until next year. Denise noted that, because of LD 1781, the Steering Committee's work will be on a fast track with the goal of finishing by December 2007. For rules to be in place by July of next year, rules will be drafted in early 2008. The Department will be looking for evidence-based	NA	NA	NA

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	feedback on the rules.			
Update on Deeming Research	<p>Maureen Booth reported on the research she had done to date in talking with different states that deemed Joint Commission accredited hospitals in compliance with state licensing requirements. Maureen tried to contact four states: Florida, Ohio, New York and Maryland. She was successful in connecting with Maryland and New York. In Maryland, all 48 hospitals are accredited. In New York, 239 hospitals are accredited and 19 are not. In Maryland deeming requirements have recently been revised to provide the state more oversight and enforcement capacity. In general, Maryland's onsite role is limited to complaint investigations and validation surveys. New York surveys every three years for non-accredited hospitals. It also goes onsite for complaints and adverse event investigations. Both states receive copies of the Joint Commission accreditation reports and will sometimes go onsite with the Joint Commission when there are known problems. New York cannot impose a sanction based solely on the Joint Commission report; the state must have an independent basis for sanctioning a hospital.</p> <p>The Steering Committee identified the following suggestions for Maine deeming policy:</p> <ul style="list-style-type: none"> • The Department receives a copy of the Joint Commission's accreditation report • The Department participates onsite with the Joint Commission survey • The Department will conduct a focused review for provisional accreditation or a denial of accreditation • The Joint Commission provides annual training for DHHS staff. <p>The Steering Committee reserved judgment on what standards the Department would apply in the event a focused review is required or for complaint investigations. Some Steering Committee members suggested the Conditions of Participation standards would be appropriate. Others thought they needed more information about the potential "value-added" of Maine-specific standards. The Rights of Recipients were identified as Maine-specific standards that were not specified in the Conditions of Participation.</p>	Report back on additional research	Maureen Booth	August 6
Communications Subcommittee Report	<p>Following up an agenda item from the previous meeting, Sue Ebersten reported out on behalf of the Communications subcommittee. She noted that this group has two objectives:</p> <ul style="list-style-type: none"> • To address communications for the work of this Steering Committee 	N/A	N/A	N/A

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	<ul style="list-style-type: none"> • To address ongoing communications after this Steering Committee completes its work. <p>The subcommittee had identified three tiers of stakeholders:</p> <ul style="list-style-type: none"> • People for whom information should be made available if they want to review it (e.g., on the website) • People who should receive periodic updates, with links to the website for more information. • Subject matter experts, invited to participate (e.g., the hospitals, the Maine Quality Forum, the Maine Health Data Organization). <p>Sue asked the grouped to provide feedback on whether or not the tiers were organized correctly; what types of information should be on the website; and should there be different levels of access to information on the website.</p> <p>For the Steering Committee process, the group suggested that access to draft documents be restricted but that, otherwise access to meeting agendas and minutes, final products, questions and comments should be open. Members also suggested that the subcommittee membership and final reports should be available. Information about the size and type of hospitals participating should also be available.</p> <p>For ongoing communications, the Steering Committee suggested electronic access to the licensing application should be available. Licensing standards, interpretive guidelines, proposed changes in standards, announcements about rule changes or changes in the Conditions of Participation; advisory letters and clarifications should all be available on the website. In addition, ideally, policy updates would be sent out on a distribution list for interested parties. The group also discussed electronic submission of complaints and education about complaints, frequently asked questions, and other resources for consumers should be available on the website. Earlier discussions had addressed the possibility of posting a self-assessment tool, similar to the tool currently used by the Joint Commission. The group suggested that, for now, access to this kind of information should be restricted, during a testing period.</p> <p>The group agreed to discuss later the idea of a training calendar, where the Department or hospitals could post information about training events open to others.</p> <p>The group identified regulatory announcements as their highest priority.</p>			

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Deeming/ Discussion of Crosswalk	<p>The group began reviewing the crosswalk between the Conditions of Participation standards, Maine licensing regulations, and the Joint Commission accreditation standards.</p> <p>Sue Ebersten invited members to first respond at a theoretical level, addressing the question of how the governance body, or quality management, or the medical staff relate to quality assurance and which aspects should be prescribed by the Department, which should be required by the Department but left to the hospital to define, and which should be required left to the hospital to regulate itself. The group asked a number of clarifying questions about the purpose of this theoretical discussion, as it related to the direct comparison between the Conditions of Participation, Maine licensing regulations and Joint Commission standards. Sue explained that it was important to know what was important for quality regulation before deciding whether the Conditions of Participation were sufficient or if Maine regulations could “add value.”</p> <p>For Governance or the Governing Body, the group identified the following roles for the Governing Body as important to the quality of care:</p> <ul style="list-style-type: none"> • Establishing the mission & vision for the hospital • Assuring the quality of care (assuring that Medical Staff is qualified; and Quality Management) • Serving as financial stewards, assuring financial viability (the board should have budget approval authority and a system for budget approval) • Strategic planning & planning • Generational sustainability of the hospital for the service area • Defining who is ultimately responsible (as it relates to delegation of authority) • Fiduciary responsibility & independence <p>Sue invited members to distinguish between elements that are processes (<i>e.g.</i>, assuring the quality of care) versus outcomes (<i>e.g.</i>, generational sustainability).</p> <p>For Quality Management, the group identified the following elements as important to the quality of care:</p> <ul style="list-style-type: none"> • Continually meeting and striving for quality care based on standards of care that are data driven and evidence-based • Alignment across hospitals so that the consumer can compare (There is a 	<p>Review grids and provide feedback on questions</p> <p>Distribute detailed crosswalk for clinical services and environmental services</p>	<p>Steering Committee members</p> <p>Muskie School staff</p>	<p>August 6</p> <p>July 16</p>

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	<p>science to quality management.)</p> <ul style="list-style-type: none"> • Certain core elements of a quality plan must be monitored, with prioritized focus areas (<i>e.g.</i>, risk data, medication management) • Quality management is interdisciplinary. • The hospital can identify and reduce risk • Striving for quality care for every patient, every time <p>Sue invited members to comment on what elements should be prescriptive? Where should the hospital be required to have system or a process? Denise Osgood raised the question of how Maine regulates adverse events. Maine requirements are much more prescriptive than the Conditions of Participation. Are they too prescriptive? Should the Joint Commission's standards for adverse events be applied across all hospitals, even those not accredited? The group discussed the danger of overly prescriptive regulation, that potentially limits innovation.</p> <p>The group deferred discussion of the Medical Staff until the August meeting. At the next meeting Steering Committee members will also be ready to discuss Clinical Services and Environment Services. The group reviewed the grouping of standards, adding Patient Rights and agreeing to address Outpatient Dental as part of Outpatient Services.</p>			
Evaluation of Process	<p>Members requested more time to review questions and materials before meetings. (The lengthy, more detailed grids had been distributed by email on the morning of the meeting.) Some members noted that the more theoretical questions about governance and quality management were hard to answer and that they were more comfortable with the concrete comparisons between the different regulatory schemes.</p> <p>Members also suggested that it would be helpful to hear the perspective of survey staff for the "value-added" discussion.</p>	Provide more advance time to review documents to be discussed at meeting	Muskie School staff, Steering Committee members	Ongoing
Next Meeting	Next meeting is scheduled for August 6 , 1:00 at the Maine Hospital Association. To avoid a conflict with Labor Day, the Steering Committee rescheduled the September meeting for September 10.	Re-calendar September meeting to September 10	Steering Committee members	September