

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

Minutes

Present: Hospital Representatives: Annette Adams, Laird Covey, Linda Abernathy, Jerry Cayer, Mary Finnegan, Denise Gay, Lynne Gagnon, Cindy Leavitt, Ruth Lyons (by video conference), Sue Boisvert, Sharon King, Maureen Parkin, Sandra Parker, Judy Street, Kathy Bonney, Melissa Gallant, Sherry Rogers, Julie Marston, Missy Marter, Bill Zuber, Dianne Bubar; DHHS Representatives: Catherine Cobb, Denise Osgood, Sandi Giles, Margaret Naas, Tammi Snow, Carole Kennally, Anne Flanagan, Deborah Nickerson, Vicki MacFarlane, Ali Hilt-Lash, April Daigle (by video conference), Carney Williams (by video conference); Maine Quality Forum: Dennis Shubert, Chris McCarty; Muskie School: Maureen Booth, Barbara Shaw, Eileen Griffin.

Absent: Beth Dodge, Laura Benson, Sally Lewin, Catherine Valcourt, Stacy Doten, Sue Ebersten,

Item	Discussion	Decision/Action	Who's Responsible	Date Due
Welcome and Introductions	Denise Osgood welcomed new members to the Steering Committee including: Judy Street, Kathy Bonney, Stacey Doten, Melissa Gallant, Sherry Rogers, Julie Marston, Missy Marter, Bill Zuber. Also present were DHHS survey staff from the Department's hospital licensing unit including: Sandi Giles, Margaret Naas, Tammi Snow, Carole Kennally, Anne Flanagan, Deborah Nickerson, Vicki MacFarlane, Ali Hilt-Lash, April Daigle (by video conference), Carney Williams (by video conference); Dennis Shubert, guest speaker representing the Maine Quality Forum, and Chris McCarty also from MQF, were also welcomed to the meeting. For the benefit of new members, Denise reviewed the Steering Committee's charge and reviewed the action statements guiding the Committee's work.	NA	NA	NA
Review March 5 Meeting Minutes	The minutes for the March 5 meeting were reviewed and approved	NA	NA	NA
Report from Complaints Sub-Committee	Barbara Shaw, from the Muskie School, reported out on behalf of the Complaints Sub-Committee, which had held its first meeting just prior to the beginning of the Steering Committee meeting. The sub-committee has several areas of focus: to develop a better understanding of the current process; to analyze data to develop a better understanding of the relationship of complaints to quality of care provided by hospitals; and to look at the nature of communication between the hospitals and DHHS licensing. Barbara reports that about 97% of complaints do not fall into the CMS category of required reporting. As a result, the Department provides a late or	NA	NA	NA

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	<p>limited response for many of these complaints. The sub-committee will consider what steps are needed to better enable hospitals to address these complaints and avoid the need for DHHS involvement. Barbara noted that Maine is currently seeing a sharp increase in the number of complaints connected to mental health services.</p>			
<p>The Role of the Maine Quality Forum</p>	<p>Dennis Shubert gave a presentation on the ways that data currently available to the Maine Quality Forum might be used to support the licensing process. Dr. Shubert recently stepped down as the director of the Maine Quality Forum and now serves as a consultant. He said he had three primary points:</p> <ol style="list-style-type: none"> 1. The use of data can improve the licensing process, making it simpler and more effective. 2. The data available are going to improve significantly in just a few years. 3. The data require a learned mind to interpret. <p>He identified a series of markers that would identify a good hospital including: financial stability; alignment of administrative, medical and nursing staff around patient-centered care; a culture of safety throughout all hospital staff; structure and processes that support good outcomes. Data can be used to evaluate a hospital's performance in these areas. In some cases, the indicator of quality is simple (<i>e.g.</i>, did this person receive aspirin?) and in others complex.</p> <p>Dr. Shubert noted that the data might show that a hospital has worse outcomes than another, but in some cases these different outcomes are associated with different levels of risk assumed by different hospitals (<i>e.g.</i>, difference in the health of a hospital's patients or the complexity of its services). He explained that there are different ways to adjust for risk, that none of them are perfect but that the inherent error in risk adjustment is known and measurable. If the difference is greater than the measurable inherent error, the difference is real. If not, it is assumed the difference is not real.</p> <p>Dr. Shubert reviewed a series of quality indicators used by different organizations, including the Maine Health Management Coalition, Hospital Compares, and the American Nursing Association. He used examples to indicate some of the challenges in interpreting data. For example, on the MHMC's website, one hospital showed a "real difference" in the number of complications associated with anesthesia, while many others did not. Dr.</p>	<p>NA</p>	<p>NA</p>	<p>NA</p>

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	<p>Shubert noted that it is very possible this hospital was different from the other hospitals because it was doing a better job at collecting the data: its rigorous collection practices, a good thing for a hospital wanting to improve quality, made it look bad compared to other hospitals that might not be as aggressive in identifying opportunities for improvement. Dr. Shubert noted that the Department would want to look at the outliers on the low end as much as on the high end, to examine their data collection practices. In general, the Department should be looking at the top and bottom of peer groups over time. Dr. Shubert also noted that, when numbers are low, point-in-time measures can also be misleading since the snapshot might make a hospital look like an outlier when a longer view shows it to be doing well.</p>			
<p>Using Performance Measurement Data in Licensing</p>	<p>Maureen Booth introduced a small-group discussion by providing background on the ways performance data can be used to support the licensing function, the limitations of using performance data, and an inventory performance indicators currently available. She also noted that she has tried to identify states that have used performance data for hospital licensing. However, she did find that many states are interested in this approach and look forward to learning more about what Maine is doing.</p> <p>Maureen identified a series of regulatory functions:</p> <p>She offered some ideas on how data can be used to support these functions. She invited the Steering Committee to break into small groups and assigned each group one of the five regulatory functions. Each group was asked to: evaluate whether the regulatory functions she identified were clear and complete; to identify ways in which data can be used to support their assigned regulatory function, and to identify any issues that should be considered when using data for that function. Each small group reported out at the end. The report out largely confirmed the ideas already identified by Maureen. Issues raised included: whether or not it is appropriate to use adverse event data; the credibility of the data; the need for standardized, not home-grown measures; the need for greater clarity in defining “minimum requirements” before using data to measure whether a hospital is compliant; attention to consistent data collection; the challenges of finding agreement on evidence-based care; the impact of non-compliance with evidence-based standards on license status; the need for a self-assessment tool to identify strengths and weaknesses; the need for more information on value-based purchasing; needed to consider the size of a hospital, complexity of services, the different role hospitals play in a community, and cultural differences</p>	<p>Sub-Committee formed to develop strategies for using data to support licensing; report on progress to Steering Committee</p>	<p>Annette Adams, Sue Boisvert, Judi Street, Kathi Bonney, Sandy Parker</p> <p>Other members TBD (MHDO, MQF, etc.)</p> <p>Maureen Booth</p>	<p>June</p>

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	<p>across the state; the need to use consistent definitions; the need to find measures not dependent on high volume. One group disagreed with the proposed regulatory function of measuring the “stability” of hospital performance. One group suggested using a tracer on a data element to see how that data element is used throughout the hospital. One group recommended that the indicators should be measurable, based on national standards, and that standardization and validity of data collection is important.</p> <p>A sub-committee was formed to further develop strategies for using data in the licensing process. It was agreed that representatives from the Maine Quality Forum and the Maine Health Data Organization would be invited to participate in this sub-committee. This sub-committee will periodically report back on its progress to the Steering Committee.</p>			
Report from Communications Sub-Committee	Maureen Parkin reported on behalf of the Communications Sub-Committee, noting that the minutes provided to the Steering Committee accurately reflected the Sub-Committee’s work to date.	NA	NA	NA
Next Meeting	<p>The next meeting is May 7, 2007.</p> <p>At the next meeting, a representative from the Joint Commission will be speaking. Steering Committee are invited to submit questions that they would like to have addressed by the Joint Commission.</p> <p>Denise noted that the June 4 meeting will focus on reporting out from the sub-committees that have been formed. In July, the Steering Committee will begin looking at a crosswalk comparison of Joint Commission accreditation standards, state licensing regulation and the Conditions of Participation.</p>	Steering Committee members to submit questions to focus Joint Commission discussion	Steering Committee	April 30