

Hospital Licensing Reform Steering Committee
 March 5, 2007
 Maine Hospital Association Conference Room
 Minutes

Present: Annette Adams, Laird Covey (by video conference), Linda Abernathy, Jerry Cayer, Mary Finnegan, Denise Gay, Lynne Gagnon, Cindy Juchnik, Ruth Lyons (by video conference), Sue Boisvert, Sharon King, Maureen Parkin, Sandra Parker, Beth Dodge, Denise Osgood; and Sue Ebersten and Barbara Shaw, (Muskie School staff)

Absent: Laura Benson, Sally Lewin, Catherine Valcourt, Catherine Cobb.

Item	Discussion	Decision/Action	Who's Responsible	Date Due
<p>Welcome and Introductions/ Review of Previous Minutes <i>Denise Osgood</i></p>	<p>Denise welcomed Steering Committee members and led a review of the February 5th minutes.</p>	<p>NA</p>	<p>NA</p>	<p>NA</p>
<p>Deeming for Conditions of Participation <i>Sue Ebersten</i></p>	<p>Sue presented a memo from Eileen Griffin (sent to the Committee via email and distributed at the meeting), summarizing her research to date on state's deeming for Medicare COP's. As presented in her memo, Eileen's internet search did not find any single reference to states that "deem" based on compliance with COP's. Eileen contacted staff in both Texas and New Hampshire, (two state's mentioned at our last meeting), but according to her interviews, neither state deems state compliance based only on COP compliance, (details in memo).</p> <p>Linda questioned the information from Texas since it contradicts her experience while working there. In her experience, the state surveyed on COP's on an annual basis, but in the 3 years she was a consultant to a hospital the state never came in on the state side. This experience was 9 years ago, but to her memory, the state did not have state-specific standards.</p> <p>It was agreed that before a decision can be made regarding deeming for COP's more information is needed. Actions will be taken as listed.</p>	<p>(1) Muskie to continue looking for evidence of state COP deeming; (2) Eileen will create a regulatory cross-walk; (3) Denise will contact CMS to see if they have additional information; (4) This question will be asked of the Joint Commission when they come to present in May.</p>	<p>Muskie Eileen Denise Committee</p>	<p>Information gathered for May meeting</p>
<p>Recommendations for Regulatory Framework</p>	<p>Denise asked the group if they were ready to decide on a regulatory framework at this time or if they would prefer waiting until the Joint Commission presentation in May. The consensus was that the group is ready now to adopt the CMS model as Maine's regulatory framework. The</p>	<p>Maine will adopt the CMS model for Maine's regulatory</p>	<p>Committee</p>	<p>This will guide Committee work</p>

Item	Discussion	Decision/Action	Who's Responsible	Date Due
<i>Denise Osgood</i>	primary reason for selecting CMS over JCAHO is that not all hospitals are familiar with JCAHO but all are familiar with CMS.	framework.		beginning immediately
<p>Communications plan</p> <p><i>Denise Osgood</i> <i>Sue Ebersten</i></p>	<p>Denise announced the Department's intention to send a letter to all hospital CEO's informing them of this process and our progress to date. No objections were raised; Sandra requested that she be copied.</p> <p>Denise discussed the letter as part of an overall communication strategy that should also include communication with other stakeholders. To begin looking at the adequacy of communication, Denise raised the question of whether or not the Committee itself has broad enough representation. In particular, she identified the lack of representation from Maine's tertiary hospitals and the potential benefit of having the Maine Quality Forum at the table. [Correction to minutes, March 16th: Committee member Laird Covey of Central Maine Medical Center represents a tertiary hospital]</p> <p>It was the consensus of the group that (1) MHA represents all 39 institutions and Sandra is keeping all apprised via that network; (2) it is important to consider the entire hospital network rather than individual institutions when considering representation (example: Cindy also represents Maine Med); (3) all hospitals were invited to participate on multiple occasions; it can assumed that those not participating are not participating by choice; (4) the MQF is an important contributor to the process, but to include them "at the table" would open the question of what to do with other data agencies. All agreed that (1) although the current composition of hospital representation is adequate, Sandra will send one more communication to hospitals not represented; and (2) for now, MQF will be asked to participate on an as-needed basis; the group remains open to revisiting that role later if needed.</p> <p>Denise circulated a list of other potential stakeholders for the group to review and update, (sent in previous email). It was agreed to add the Office of Health Policy to the list.</p> <p>In the interest of keeping stakeholders informed, Denise requested that a Communications Subcommittee be appointed to develop a Communications Plan. Sue distributed a handout (sent in previous email) describing a potential framework for creating the plan. The challenge of getting consumer input into the process was discussed. Jerry identified a PBS documentary describing a particularly successful forum for bringing the voice of advocates into hospital improvement efforts; are there ways of identifying and using advocates in our process? Perhaps individuals could be identified</p>	<p>(1) A letter will be sent to all hospital CEO's</p> <p>(2) Sandra will contact hospitals not represented on the Committee to see if any others are interested in joining.</p> <p>(3) Maureen will look for Maine members of a national consumer organization</p> <p>(4) Jerry will send contact information to Denise re: a new St Joseph's employee from Washington State</p> <p>(5) The communication subcommittee will meet to draft a plan; will report on progress in April</p>	<p>DHHS</p> <p>Sandy, MHA</p> <p>Maureen Parkin</p> <p>Jerry Cayer</p> <p>Sharon King Maureen Parkin Linda Abernethy Sandra Parker Sue Ebersten (staff)</p>	<p>In March</p>

Item	Discussion	Decision/Action	Who's Responsible	Date Due
	<p>through Hospital Licensing Board, Maine Quality Forum or other group? Maureen mentioned a national group of organized consumers that presented at a conference she attended; she will look at the membership list to see if there is anyone from Maine. There was consensus in the group that the consumer voice would be most helpful when looking at quality issues.</p> <p>Jerry suggested that the new Nursing Director of Emergency Services at St Joseph's hospital may have helpful information, since she recently relocated from Washington state and may be knowledgeable about their reform efforts. Jerry will get contact information to Denise.</p> <p>A Communications Subcommittee was appointed; Sue will staff; members include:</p> <p>Sharon King Maureen Parkin Linda Abernethy Sandra Parker</p>			
<p>Complaints Process <i>Barbara Shaw</i></p>	<p>Barbara led a discussion of the current complaint process and presented data on the types and frequency of substantiated and unsubstantiated complaints. According to the data, the number of complaints has increased significantly over the last few years and is now at a level that is beyond DHHS' capacity to keep pace, given the current process.</p> <p>Looking at three views of the role of a complaint (CMS/state, consumer, and hospital), it is apparent that there are different objectives for what each party wants out of complaint resolution, (see handout sent previously). Although the CMS process is "driving the train", only a small fraction of complaints actually rise to the level of immediate jeopardy. The question remains: what are we doing to meet the needs of the hospital and the individual in the vast majority of complaints that do not involve jeopardy? Are there ways to be both more efficient and more effective in those cases (the vast majority) where the CMS "command and control" mode is not required?</p> <p>Denise reinforced the state's interest in moving "down the regulatory pyramid" such that the most typical process for complaints is not "command and control" but hospital self-regulation. Many of the calls that come to DHHS have bypassed the hospital complaint process; she is interested in seeing complaints resolved at the lowest level possible.</p> <p>Barbara outlined the primary areas for "complaints about complaints",</p>	<p>A subcommittee will work on the complaints process and make recommendations to the Committee; will report on progress in April</p>	<p>Sandra Parker Cindy Juchnik Annette Adams Denise Gay Barbara Shaw (staff)</p>	<p>Begin work in March; report progress at subsequent Committee meetings</p>

Item	Discussion	Decision/Action	Who's Responsible	Date Due
	<p>(handout page 2) and from that the overall goals for reforming the complaint process:</p> <ol style="list-style-type: none"> 1. Streamline complaint process; triage complaint process to refer lower priority complaints for self-regulation (facility complaint process) and reserve department investigation for more serious complaints (command and control) 2. Improve efficiency and timeliness of complaint response 3. Enhance collaboration/communication with hospital regarding 4. complaint criteria and clarification of incident reporting. 5. Improve access and education for public about complaint process and public access <p>Denise discussed efforts already underway at DHHS to improve the process. Complaints were identified as a priority for improvement when the new Division was created. Since that time a new “customer service” intake line has been established and the Division is working with LEAN analysis consultants to identify process improvements. That work is on-going; the initial focus is on the intake process but the LEAN tools will also be used for investigation and other components. DHHS has not made a decision yet on the pros and cons of a separate complaint unit and is very interested in the recommendations of this Committee.</p> <p>To reach recommendations, Denise suggested the appointment of a subcommittee to work with Barbara on proposed strategies. Based on work in other states, Barbara provided a list of potential strategies as a starting place for the subcommittee discussion, including:</p> <ol style="list-style-type: none"> 1. Electronic filing of complaint form and web link for consumer education about complaint process and automatic referrals to appropriate agencies 2. Build in feedback/dissemination loop so that information/knowledge gained from resolving complaints can be helpful to future surveys and to other facilities. 3. Help hospital to develop methods to encourage more internal complaint filing; investigate alternate dispute resolution and mediation options for resolving complaints 4. Involve hospitals more actively in response to lower priority, non IJ complaints and reserve unannounced investigations for most critical complaints 5. Involve consumer representatives as part of complaint reform process 			

Item	Discussion	Decision/Action	Who's Responsible	Date Due
	<p>Before empowering a subcommittee, the group asked that the subcommittee keep in mind the following points:</p> <ul style="list-style-type: none"> • Although data shows complaints on the increase, there is more “drilling down” needed to understand the data. For instance, does the data identify only new complaints in a year, or does it also include carryover complaints? • It's important to consider not just the number of complaints, but the N or denominator: complaints as a % of overall interactions. The number is remarkably low when put in that context. • Although an electronic complaint filing system may be efficient, there should always be telephone or written options to assure confidentiality. <p>A Complaints Subcommittee was appointed; Barbara will staff; members include:</p> <p>Sandra Parker Cindy Juchnik Annette Adams Denise Gay</p>			
	<p>The next meeting is April 2, 2007.</p> <p>The next meeting will focus on a presentation from the Maine Quality Forum and updates from subcommittees.</p>	NA	NA	NA
Evaluation of Process	<p>Members expressed some concern about the subcommittee structure for completing essential work. Will evaluate how that is working over time.</p> <p>Although it is understood that some background information must be shared before we move forward, some members suggested that the meetings involve less presentation and more opportunity to get into the work. To make sure that presentations from JCAHO and MQF are on-target, committee members will submit a list of questions they would like answered from each presentation. Questions for the MQF presentation will be returned to Sue by March 20th in order to allow MQF to prepare. Questions for JCAHO will be gathered at the April 2nd meeting.</p>	Committee members submit questions for MQF and JCAHO presentations	Committee Members	March 20 for MQF; April 2 nd for JCAHO

