

**Hospital Licensing Reform Committee  
Communication Subcommittee  
Meeting Notes  
March 21, 2007**

The Communication subcommittee met once via telephone on March 21<sup>st</sup>. Participants included Sandra Parker, Maureen Parkin and Linda Abernethy. Sue Ebersten staffed the meeting; Sharon King was not able to join.

The purpose of the Communication Plan was reviewed. Although most conversation related to the first objective, it was acknowledged that the group will address the following two objectives:

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

Much discussion was focused on identifying different types of stakeholders and their differing needs for communication. Using the stakeholder list provided by Denise at the March meeting, 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. This question will be brought back to the larger Committee.

- The Subcommittee felt it was not possible to guess at which point different communications will be needed or who will be asked to participate. The plan must be flexible.
- The usual communication protocols will be followed in regard to the APA process and public notice whenever actual rule changes are proposed.

Next Steps:

- The subcommittee agreed to meet at MHA 1 hour before the May HLRC meeting to discuss the design and content of the website. Since the website is the foundation of the communication plan this should be the first order of business. Anyone who is interested in the website should feel welcome to join us.
- As time allows on the May or June HLRC agenda, the subcommittee would like to engage the larger Committee in a discussion of who else should participate in the process and how that participation would be managed, (thinking specifically of the consumer/public voice).

Attached:

- Draft communication plan

### 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 <sup>1</sup>	<ul style="list-style-type: none"> <li>• Minutes and agendas from meetings</li> <li>• Resource materials disseminated at meetings</li> <li>• Research links</li> <li>• Draft products</li> <li>• Final products</li> </ul>	To stay informed	DHHS	DHHS sends letter announcing address of Website	Web-based access	Information to be "pulled" from website as desired by stakeholder.

<sup>1</sup> 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 <sup>2</sup>	<ul style="list-style-type: none"> <li>All levels of Tier One communication, plus</li> <li>Introductory letter</li> </ul>	<ul style="list-style-type: none"> <li>Stay informed</li> <li>Support process and outcomes</li> </ul>	DHHS	Website Direct mailing	Web Access Periodic Reports	Regularly scheduled update letters

<sup>2</sup> 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"> <li>Regularly scheduled periodic progress reports/letters</li> <li>Copies of key draft products</li> <li>Invitation to comment at key decision points</li> </ul>	<ul style="list-style-type: none"> <li>Comment on draft materials</li> </ul>			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 <sup>3</sup>	<ul style="list-style-type: none"> <li>All levels of Tier One communication, plus</li> <li>Background materials to prepare for participation</li> <li>Invitation to participate in, consult on, comment on specific process and products</li> </ul>	<ul style="list-style-type: none"> <li>Specialized expertise in review of specific standards</li> <li>Specialized expertise to inform process and regulatory decisions</li> <li>Diverse voices in decision making in areas such as complaints, quality, etc.</li> </ul>	HLRC	Direct Invitation	Subcommittees focus groups; presentations to HLRC; invitation for written comment, etc.	Invited to participate as needed

<sup>3</sup> 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.