

Hospital Licensing Reform Steering Committee
 December 18, 2006
 Maine Hospital Association Conference Room

Minutes

Present: Annette Adams, Lynn Gagnon, Linda Abernethy, Cathy Cobb, Catherine Valcourt, Cathy Cobb, Denise Osgood, Denise Gay, Cindy Juchnik, Maureen Parkin, Mary Finnegan, Sandra Parker. Sue Ebersten, Larry Ullian, Maureen Booth, Eileen Griffin (Muskie School staff)

By video-conference & phone: Laird Covey, Ruth Lyons, Gerry Cayer

Absent: Beth Dodge, Sally Lewin, Sue Boisvert, Sharon King

Item	Discussion	Decision/Action	Who's Responsible	Date Due
Welcome and Introductions <i>Denise Osgood</i>	Denise Osgood welcomed Steering Committee members to their second meeting. She noted that two people were attending by video-conferencing and a third by phone. The Department's new offices at 41 Anthony Ave. do not have video-conferencing capability; Denise noted that if Steering Committee members wish to participate using that technology, the Steering Committee should continue to meet at the Maine Hospital Association rather than at 41 Anthony Ave. as previously planned.	Schedule next several meetings at MHA	Sandy Parker	January 8, 2007
Action Planning <i>Sue Ebersten</i>	Sue Ebersten explained the action planning activity by first reviewing progress made at the previous meeting. At the previous meeting, Steering Committee members reviewed, refined and prioritized a series of action statements compiled from work done over the previous several months. During this meeting, Steering Committee members would break into three groups to develop a work plan for the six groups of action statements. When completed the Steering Committee would review the work plans together, providing all members an opportunity to weigh in on the work plans for all activities. The small groups should revise the action statements if necessary so that each statement becomes a strategy in the work plan. The group should then consider what they need to know or do in order to accomplish each strategy. The work plan should also address who will be the lead, who will participate, the timeline and the desired outcome for each strategy. The Steering Committee broke into three small groups to develop work plans. The work plans developed are attached.	NA	NA	NA
Large Group Discussion	The Steering Committee reconvened to briefly review the work plans. Because of time constraints, it was agreed that staff from the Muskie School would	Compile work plans	Muskie School	January 8,

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& Next Steps <i>Sue Ebersten</i>	compile the work plans and propose timelines, etc., to fill in those areas not completed by the small groups. In addition, because of time constraints a work plan was not developed for the fourth set of action statements relating to communications. It was agreed that the Steering Committee would develop a work plan for Communications at the next meeting.	Propose completion dates, etc. Develop work plan for Action Statement # 4 (Communications)	staff Steering Committee	2007
Evaluation of Process <i>Sue Ebersten</i>	Members agreed that including participants through videoconferencing was challenging, but successful, during the small group portion of the meeting. It was agreed that next time it was necessary to use a computer to edit or present materials during a meeting, the computers would be linked so that those participating by videoconference could see the documents on the computer. Participation by phone was not successful, since ambient noise often made it difficult for the caller to hear what was being said.			
Next Meeting	The next meeting is scheduled for January 8, 2007, Monday, at the Maine Hospital Association.			

Objective 1: Develop a state-of-the-art survey process

Strategy	Activities	Outcomes	Who Participates	Timeframe
1a. Structure and Process	<p>Refer to work previously done by MHA, MQF</p> <p>Establish sub-committee to work on strategy</p> <p>IT consultant to help format data in accessible format</p>			
1b. Uses data to target surveys	<p>Inventory existing public data availability by source; method; reliability, frequency of collection (see grid on public reporting from MHA)</p> <p>Assess the relevancy of data to hospitals by size, specialty, geography</p> <p>Review potential non-public DHHS (e.g. complaint) and hospital data sources (including criteria for determining reliability) and willingness of hospitals to share in advance of survey to help target survey.</p> <p>Establish thresholds for determining how data will be used for targeting scope, frequency of survey, and priority focus.</p>	<p>Inventory</p> <p>Selected indicators by hospital size, geography, specialty</p> <p>Standards for evaluating performance and relation to survey</p>	<p>IT consultant</p> <p>Sub committee, MQF, MHDO, MHA</p>	
1c. Applies tracer methodology	<p>Evaluate JCAHO for application to Maine survey process.</p> <p>Develop protocol (including scoring method) for use of tracer methodology during survey process</p> <p>Get feedback from state surveyors regarding their use of tracer and how it can be improved.</p> <p>Develop training module and conduct surveyor training</p>	<p>Protocol</p> <p>Training module</p>	<p>Tracer consultants (e.g. VHA (virtual survey), Judy Courtemache, HC-PRO)</p>	
1d. Coordinated with JCAHO, CMS, etc, to eliminate duplication and	<p>Assess the ways that the state can better coordinate with JCAHO and other accrediting bodies:</p> <ul style="list-style-type: none"> - accept accreditation in lieu of state survey - Accept accreditation as partial satisfaction of survey requirements - Establish lottery for validation of accreditation 	<p>Rule change that effectively eliminates redundancy, inconsistency with accreditation process.</p>	<p>Sub-committee</p>	

Strategy	Activities	Outcomes	Who Participates	Timeframe
inconsistency	<ul style="list-style-type: none"> - Sharing of results of accrediting body to determine scope and frequency of state survey 			
1e. Balance of Department role between consultant and enforcer	<p>Consider implications of developing dedicated unit/people whose sole job is to interpret regs, advise hospitals, provide TA, or refer to “best practice” hospitals.</p> <p>At time of survey, have option to discuss findings with TA staff.</p> <p>Find ways to enhance consistency between TA staff and surveyors.</p> <p>Make explicit determination on how technical assistance will be performed in a standard manner across state.</p>	Consultant role established, consistently applied and understood by all.	State surveyors, hospitals	

Objective 2: Develop a state-of-the-art regulatory framework

Strategy	Activities	Outcomes	Who Participates	Timeframe
2a. Structure and process				
2b. Develop a regulatory framework that is focused on evidence based standards	<p>Research best practices in other states' licensing standards (MS)</p> <p>Review best practices in other states' licensing standards (SC)</p> <p>Crosswalk JCAHO and federal regulations to see where aligned. (MS)</p> <p>Identify major areas requiring regulation. (SC)</p> <p>Identify value-added requirements in state regulations that are not in JCAHO or federal regulations (SC}</p> <p>Develop draft standards (Subcommittees)</p> <p>Seek stakeholder input (SC, Hosp. Review Board, MHA)</p> <p>Implement standards (DHHS)</p>		<p>Muskie School</p> <p>Steering Committee</p> <p>Hospital Licensing Review Board</p> <p>MHA</p> <p>DHHS</p>	
2c. Develop process for regularly updating regulations	<p>Review other state practices</p> <p>Review suggested revisions to regulations against evidence-based practices</p> <p>Outdated regulations are deleted.</p> <p>Develop process for reviewing regulations every three years or as needed, identifying any data to be collected that can assist in that review</p>		<p>Muskie School</p> <p>Steering Committee</p> <p>Hospital Licensing Review Board</p> <p>DHHS</p> <p>MHDO</p> <p>MQF</p> <p>Others</p>	
2d. Align with other regulatory	<p>Identify regulations duplicating or inconsistent with hospital licensing regulations (e.g., radiology equipment, community mental health, fire marshal)</p>		<p>Steering Committee</p> <p>DHHS</p> <p>State fire marshal</p>	

Strategy	Activities	Outcomes	Who Participates	Timeframe
requirements to eliminate unnecessary duplication and inconsistency	<p>[Invite stakeholder input]</p> <p>Change standards</p>			
2e. Allow the Department to deem a hospital with JCAHO or other appropriate accreditation in compliance with comparable state licensing requirements	<p>Assessment of comparability of standards</p> <p>Gather information on the adequacy of enforcement</p> <p>Review models for deeming used by other states</p> <p>Determine model for deeming</p> <p>[Stakeholder input]</p> <p>Assessment of the adequacy of enforcement of standards by accrediting or certifying body</p> <p>Make necessary regulatory changes to permit deeming</p>		<p>Steering Committee</p> <p>Muskie School</p> <p>DHHS</p>	
2f. Clearly define expectations to assure consistent interpretation among surveyors and hospitals	<p>Develop draft standards and interpretative guidelines</p> <p>Validate standards and interpretative guidelines</p> <p>Review existing hospital survey feedback tool and modify as necessary to identify inconsistencies and questions regarding interpretation</p> <p>Develop DHHS internal QA process that evaluates variation among surveyors, identifies training priorities, identifies need for further clarity in interpretive guidelines</p> <p>Develop timely mechanism for provider to challenge interpretation</p>		<p>DHHS</p> <p>Muskie School</p> <p>Steering Committee</p> <p>Hospital Licensing Review Board</p>	

Strategy	Activities	Outcomes	Who Participates	Timeframe
2g. Preserve peer review protections				
2h. Develop common surveyor/hospital self assessment tool similar to JCAHO	<p>Review JCAHO self-assessment tool</p> <p>Adapt JCAHO tool and develop additional tools for state-specific standards</p> <p>Disseminate surveyor work tools to providers to assist them in preparing for survey</p>		<p>DHHS</p> <p>Steering Committee</p> <p>Muskie School</p>	

Objective 3: Create a range of enforcement tools

Strategy	Activities	Outcomes	Who Participates	Timeframe
3a. Structure and process				
3b. Permit the state a range of options in addressing issues of non-compliance	<p>Create intermediate step (without requiring legal representation) between licensing and conditional licensing (plan of correction process) with focused follow up as needed.</p> <p>Consider use of consultant unit to assist hospital in making appropriate corrections.</p>	<p>Options prior to conditional licensure</p> <p>Greater flexibility for state to address partial and/or non-compliance</p> <p>Rule change to address options</p>	Sub committee	

Objective 5: Define educational and professional development standards.

Strategy	Activities	Outcomes	Who Participates	Timeframe
5a. Structure and process				
5b. Supported by Department investment	<p>What is currently being allocated and spent for professional development?</p> <p>Look for alternative sources of funding.</p> <p>Change in philosophy to carve out time for professional development.</p>	<p>Baseline needed</p> <p>Grant funding exploration; pharmaceutical companies; revisit licensing fees.</p> <p>Revisit licensing mission/vision.</p>	<p>DHHS</p> <p>DHHS</p>	<p>January 2007</p> <p>March 2007</p> <p>January</p>
5c. Identify desired credentials and training for survey staff	<p>Review current criteria/experience for Health Service consultants (RN and nursing experience required).</p> <p>Bachelor/Master prepared</p> <p>Hospital related clinical experience is critical in managing regulatory changes.</p> <p>(Current training: Federal Foundation and Mentorship)</p> <p>Review core competencies of a surveyor.</p>	<p>Review job description</p> <p>Develop recommendations of disciplines (degree)</p> <p>List of core competencies (clinical and experiential)</p>	<p>DHHS</p> <p>Steering committee</p> <p>Steering committee</p>	<p>January</p> <p>March</p> <p>March</p>
5d. Promote joint training and educational opportunities for surveyors and hospital staff	<p>National educators brought to State by hospitals- can survey team join in?</p> <p>Tap into professional groups/trainings throughout the State.</p> <p>Explore alternative avenues for professional development (long-distance learning, web-based)</p> <p>Prioritize professional development based on identified core competencies.</p>	<p>Share training calendars/professional trainings with State</p> <p>Create list</p> <p>Performance evaluation/growth</p>	<p>Steering Committee</p> <p>DHHS/Steering Committee</p> <p>DHHS</p>	<p>January</p>

Strategy	Activities	Outcomes	Who Participates	Timeframe
	<p>Agencies can assist in cross-training for surveyors (acute care exclusively or broaden to include long-term care).</p> <p>Surveyor orientation/development experience in clinical/hospital setting to gain knowledge.</p>	<p>plan</p> <p>Exploration required</p> <p>Recommendations for a process to support collaborative orientation</p>	<p>Steering Committee</p> <p>Steering Committee</p>	<p>May/June</p>

Objective 6: Review and revise complaint process, making recommendations that:

Strategy	Activities	Outcomes	Who Participates	Timeframe
6a. Structure and process	Continue to enhance collaborative complaint process (Streamline Institutional Review Board/State investigation)	Structured PI review required – new complaint process MHA announcement March 2007	Subcommittee of stakeholders (Muskie process and research; Steering Committee)	Establish committee January (one year commitment- to March 2008)
6b. Build on agency's internal complaint findings	Investigate other State's processes; what is best practice? Allow internal investigation information to be shared - meaning on-site visit not required. Enhanced collaboration between licensing/hospitals- formulate complaint criteria. Review statutory requirements for complaint collaboration Allow consumer to submit complaint electronically to State.	Date Baseline data summary (where substantiated complaints are) Establish criteria for minimum data required State alert hospital to complaint and allow hospital to submit information to help close out lower-level complaints. Explore and enhance web-site.	Muskie DHHS to subcommittee DHHS Subcommittee DHHS	February or 1st subcommittee mtg Feb. or 1 st committee mtg 2008 2008
6c. Separates incidents from complaints	Enhance consumer education regarding complaint criteria (regulatory basis) Education of process for hospitals	Guiding information to be enhanced on web-site Roll out information through MHA	DHHS	Begin March 2007 March 2007. Update 2008
6d. Standardize	See 6.b Evaluate what is being captured in Intake process	List of intake requirements	DHHS	March 2007

Strategy	Activities	Outcomes	Who Participates	Timeframe
minimum information from hospitals				
6e. Use outcomes to focus and target survey process (see Objective 1)	Evaluate how to use trended/substantiated complaint data in survey; may highlight areas of concern State provides summary of substantiated complaints prior to survey; Hospital report process improvement activities at review.	Establish formal process to review complaint data to have targeted review process Redefine entrance summation to include PI and results of PI to substantiated complaints.	DHHS/subcommittee DHHS/MHA	June 2007 Implement after provider education-2008
	Determine whether State should have separate complaint unit.			