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**Rhode Island Health Care Quality  
Performance Measurement and Reporting Program**

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**Health Care Quality Steering Committee Minutes  
May 16, 2005**

Present: K Clark, A Frazzano, D Gifford, H Zuffoletti, L MacDonald, M Sayles, A Tavares, R Urciuoli, C Duquette, M Petrillo, B Waters, J Buechner, S Oberbeck

Guests: M Richards, M Hamilton, D Collins, R Wood, M Brinson, M Doherty, D Henry, B Isaiah, P McBride, C Mainville, S Sawyer, S Brasil, I DeBarros, K Shatran, R Picard, B Stewart, J Ehmann, A Luby, G Levesque, J McLaughlin, J McLaughlin, B Novak, K Gehan

Dr. Gifford welcomed the attendees.

Sue Oberbeck, MSW, MHA of HEALTH presented another overview of the licensed health care facilities that fall under the auspices of Rhode Island Health Care Quality Performance Measurement and Reporting Program. She reviewed the next setting spreadsheet, described one proposed 5-year plan to start with hospice, community health centers and school-based health centers (which are administered by the community health centers). She also mentioned legislation pending with respect to two additional reports in the hospital setting: infections and staffing hours. Both bills are active.

Dr. Gifford spoke about the possibility of expanding within setting (such as new issues in the hospital setting) or entering another setting altogether. He then remarked that expanding into something like Organized Ambulatory Care (OAC) was perhaps a 'natural extension' of the legislation. There was some clarification of the legislation - that it is broad, and not at all prescriptive - although it stated that the program begin with hospitals, nursing homes, and home health providers.

The question was asked about the relative merits of looking at volume, for example, as a driver in choosing the next setting. One view was that high clinical volume should be the primary consideration in choosing a setting. Another view that consumer demand might be a guide: what information were people calling HEALTH to request? Dr. Waters stated again in the past, the theory was to pursue areas where the data and infrastructure already exist. Someone else stated that the mission of the group is to try and determine: which area will benefit most from public reporting.

The hospice setting was proposed again. Some stated that it did make sense as part of the continuum of care, whereas others said we were close to that setting now with the home health effort, and perhaps we should wait and see how home health works out. There was a great deal of discussion about licenses and certification, around: urgent care, organized ambulatory care, freestanding emergency centers, and ambulatory surgical centers.

Dr Gifford made a motion that we look at: 1) Organized Ambulatory Care Facilities (including School-based Health Centers) in YEAR 1, then Freestanding Ambulatory Surgical Centers, and Hospice in YEAR 2). Dr. Waters stated that Ambulatory Surgical Centers will be a challenge because, as far as we know, there is no data being collected now. The motion was seconded.

Discussion about Community Health Centers followed. Kerry Jones-Clark said that the CHCs don't all collect exactly the same set of data, but they do collect similar, core data.

Expanding within the hospital setting such as measuring pressure ulcers or specialty areas such as pediatrics was raised. Dr. Duquette strongly urged that we wait until the July meeting to see how hospitals were doing with what is already on their plates, i.e. H-CAHPS, the pending infection/staffing legislation. There was some discussion about overlapping state & federal initiatives. Dr. Gifford also observed that the May 24 Hospital Subcommittee meeting was an appropriate venue to further discuss some of these issues (such as pressure ulcer reporting).

The point was made that we have yet – in any setting – to collect good data on children. Apparently the H-CAHPS does include children. An attendee asked about expanding someday into behavioral/mental health arena, and cited some current data collection through NAPHS (National Association for Psychiatric Hospital Systems). Dr Waters interjected that - as this is another specialty hospital - we should really include mental health as an item (issue) for future expansion in the hospital setting.

Dr Gifford reiterated that – hearing no objections - we would proceed with the plan to pursue community health and school based health centers, hospice, and ambulatory surgery centers. Subcommittees will be formed to review the feasibility of studying these areas, and the groups will report back to the Steering Committee in 4-6 months.

Meg Richards, PhD of Quality Partners presented Nursing Home & Home Health Satisfaction Measurement Update. The nursing home satisfaction survey has two phases, the pilot project, and public reporting. It also covers two groups, families and residents. The family pilot, a mailed survey, is completed, and the resident pilot, face-to-face interviews, are being conducted now. Public reporting is expected to begin in 2005, with a report available in 2006. (The public reporting format will be presented to the Steering Committee for comment.)

Almost all individual nursing homes received their pilot reports in late April. (Those that did not return a data release form agreeing not to share pilot data outside of the facility were not given their reports.) The report's contents, vetted by the Nursing Home Subcommittee, include: the home response rate and descriptive data, scores on domains and questions, and statewide averages for comparison. Overall, there was a 57% response rate.

From the outset, the family pilot was conducted to test the survey itself, the survey process, and the survey report. It was also designed to allow the facilities to identify areas in need of, and amenable to improvement.

The resident pilot interviews began in mid-April and will be completed in mid-June. To date, approximately 37 facilities are nearly completed. A sample of residents is chosen, based on facility size and the number of eligible residents based on Cognitive Performance Scale (CPS) scores (0-4), which comes from the MDS data. Faxed satisfaction surveys are also conducted with administrators to address comments and concerns in real-time. To date there is a 59% response rate.

The feedback thus far regarding the family survey is that a question regarding primary language spoken would be helpful, as well as a flag for therapeutic diet. With regard to the report, in order to target improvements, adding state ranges (high and low), as well as a priority index would be helpful. Additionally, providing talking points to families regarding the confidentiality of pilot data was requested. The lessons learned regarding the process include clarifying: the nature and scope of data release in the pilot and public phases, procedures for potential reports of abuse/neglect, and resident sampling based on CPS scores. Requests were made to consider picture IDs for interviewers and an opening conference with home leadership prior to conducting resident interviews.

The home health satisfaction survey process began in late January. In March workgroups were formed to address an RFP and funding. The final RFE was posted May 6, 2005 at [www.qualitypartnersri.org](http://www.qualitypartnersri.org), with a response due date of June 10, 2005. Bidder selection is expected to be completed by July 15, 2005.

Home Health presented new challenges, as a different setting. Funding a satisfaction survey is an issue, and grant opportunities are being explored. The population is less homogeneous than nursing homes as it includes short vs. long term patients, skilled vs. home care services, Medicare vs. non-Medicare certified agencies, and categories consisting of, but not limited to, maternal child health, pediatrics, and hospice. Language and literacy issues are present in the home setting, and some agencies gear material to a fourth grade reading level. Expectations of care and health status differ in the home setting. Lessons learned from the nursing home surveys will be applied to the home health surveys.

Meeting Adjourned: 4:30 PM

Next Scheduled Meeting: Monday, July 18, 2005

Respectfully Submitted:

Susan A. Oberbeck, MSW, MHA

