



Healthcare Quality Reporting Program

STEERING COMMITTEE

5/19/15, 3:05-4:05pm

Department of Health, Room 401

1. Welcome & meeting objectives (3:05pm)

- Meeting chair: N. Alexander-Scott
- Program staff: E. Cooper, S. Viner-Brown
- Voting members in attendance: T. Almon, D. Gallagher, G. Rocha, T. Cohen (represented by B. James)
- Other attendees: J. Jefferson, R. Neal, I. Philbrick

2. Review previous action items (3:10pm)

- *Query the Steering Committee about further investigation of using patient surveys (Emily/Sam) – Complete*
After our last meeting we queried the Steering Committee about the use of patient surveys as a way to measure hand hygiene in hospitals. The consensus was that this method did not meet our needs and that it could place an unnecessary financial burden on the hospitals.
- *Develop the 2014 Nursing Home Satisfaction Report (Emily/Blake) – Complete*
This report is complete and it has been posted on the Department of Health website. It has also been included in the minutes.
- *Nursing Home Satisfaction Survey: Ask vendor, My InnerView (MIV), for additional peer data (Emily) – In progress*
We have requested this data from MIV and it will be shared with this committee when it is available.
- *Schedule new 2015 meeting dates (Emily/Sam) – Complete*
The meeting dates for the rest of 2015 have been scheduled and have been included in the minutes.

3. Program Update: Surveys (3:15pm)

- *HIT Survey Update*
This year's HIT survey went out to physicians, advanced practice registered nurses and physician assistants. Primary care physicians had the opportunity to take the survey at an earlier time as part of the Health Department's Primary Care Physician Survey. The HIT survey will be live through Friday, May 22. We will complete the analysis this summer and will have an outcomes meeting to discuss the data, tentatively in September.
- *Collaboration on state inventory surveys*
The legislature passed H 7368 (attached with the minutes), the Rhode Island Access to Medical Technology Innovation Act, also known as the Medical Tourism Bill, which under Section 23-93-5, requires the Department of Health to administer a state-wide healthcare utilization and capacity study. This data will be shared with the Governor, General Assembly and the Healthcare Planning and Accountability Advisory Council, and will be used in part to assist in creating a

state-wide health plan and provide the Department of Health with recommendations for addressing identified gaps in the provision of healthcare and institutional health services, redundancy of these services, or lack thereof. The Healthcare Quality Reporting Program is collaborating with other departments/programs within the Department of Health on the surveys for the following healthcare settings:

- Primary care practices
- Nursing homes
- Home health agencies

4. Updates and open forum (3:25pm)

- *ELC and Ebola Supplemental Funds*

The program recently received additional CDC funding under the ELC Ebola Supplemental Funding grant. These funds will be used to improve infection control infrastructure in the state, including the creation of an infection control contact list for all healthcare settings, and for updating the State HAI Plan. We have also submitted an application to renew our general ELC funds.

5. Overview of New Department of Health Priorities (3:35pm)

Nicole Alexander-Scott, MD, MPH

Dr. Alexander-Scott reviewed the new Department of Health priorities and her goals for the future of the department and healthcare in Rhode Island. Dr. Alexander-Scott emphasized the importance of collaborating with other state partners, including the Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH), the Department of Elderly Affairs (DEA) and the Department of Children, Youth and Families (DCYF), among many others who also work closely with the Department.

The priorities for the department include addressing social and environmental determinants of health, improving the health of vulnerable populations, eliminating disparities of health and promoting health equity and ensuring access to quality health services for all Rhode Islanders, including our vulnerable populations. A cross-cutting strategy for the Department is to develop an academic center within the Department of Health. This academic center will seek to foster relationships with the colleges and universities in the state, will raise awareness about the importance of public health and will provide career development opportunities for Department of Health staff. Documents outlining these priorities have been included with the minutes.

6. Program Discussion: Hand Hygiene Measurement (3:45pm)

- *Input from HAI Subcommittee*

The HAI subcommittee does not feel that there is a meaningful and valid way to measure and report hand hygiene across hospitals. Although the subcommittee agrees with the Steering Committee's belief that hand hygiene is a key component to infection prevention in Rhode Island, the individual hospitals have already committed significant time and resources to the development and implementation of their current hand hygiene policies and measurement programs.

- *Discussion*

The Steering Committee discussed the HAI Subcommittee's input on the hand hygiene compliance measurement project. Gina also provided background information on the development of the Hand Hygiene Report. It was initially created as an intermediary step to creating outcome reports for specific HAIs. We have continued to publish this report in addition to the outcome reports. The Steering Committee agreed that at this time it may not be the best use of our resources. Furthermore, because Joint Commission and CMS are already overseeing hand hygiene

compliance at all of our hospitals, this work may be redundant. In discussing other opportunities related to hand hygiene; Julie Jefferson mentioned that New York requires infection control education for all licensed clinicians. Steering Committee members also spoke in support of the work the hospitals are already doing, and the improvements they have made in recent years.

- *Next steps*

Dr. Alexander-Scott suggested that we request the hospitals send us any hand hygiene-related deficiencies they have received from Joint Commission or CMS in the past three years. This information will not be publically reported, but will be used to make a final determination on whether we should move forward with our own hand hygiene compliance measurement program. Dr. Alexander-Scott also asked the group for any additional suggestions related to improving hand hygiene compliance. The group suggested making infection control education a requirement for all clinicians licensed by the state.

7. Action items

- Send Dr. Alexander-Scott's strategic priorities with minutes (Emily)
- Send Nursing Home satisfaction survey report (Emily)
- Request hand hygiene-related deficiency information from hospitals (Emily)
- Send information on H 7368 with minutes (Emily)

Next meeting: July 21, 2015

NEW Meeting Dates for 2015

All meetings from 3:05-4:05pm at HEALTH, Rm. 401

July 21

September 15

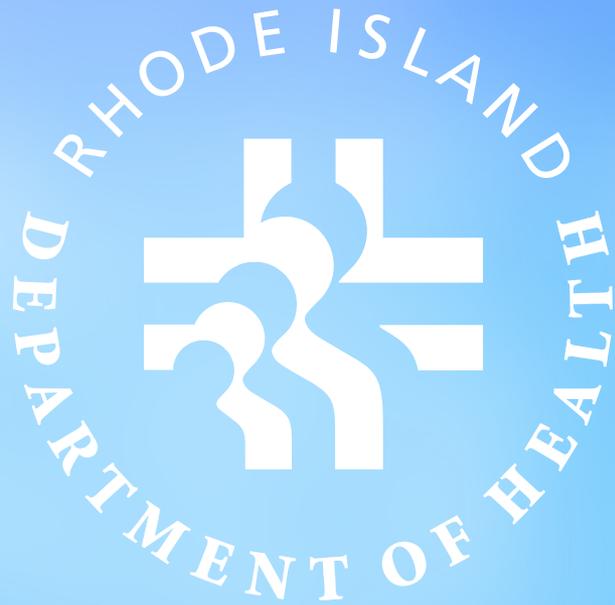
November 17



Healthcare Quality Reporting Program
STEERING COMMITTEE DATA UPDATES

5/11/15

Data Updates (Reports, Oldest to Newest by Setting)	Update Frequency	Last Updated	Comments
Home Health			
• Clinical quality measures from Medicare	Quarterly	-	Now links to Home Health Compare
• Patient satisfaction	2 years	June 2011	Discontinued at agencies' request
• Employee influenza vaccination rates	Annually	Sept 2014	
Hospital			
• Clinical quality measures from Medicare	Quarterly	-	Now links to Hospital Compare
• Hand hygiene processes	Annually	May 2015	Process under review
• Surgical Care Infection Program (SCIP) Measures	Quarterly	-	Now links to Hospital Compare
• Central-Line Associated Bloodstream Infections (CLABSI)	Quarterly	-	Now links to Hospital Compare
• Pressure ulcer incidence	Quarterly	-	Now links to Hospital Compare
• Employee influenza vaccination rates	Annually	Sept 2014	
• MRSA CLABSI incidence	Quarterly	May 2015	
• <i>C. Difficile</i> incidence	Quarterly	-	Now links to Hospital Compare
• Hospital Summary Report	Quarterly	May 2015	
Nursing Home			
• Clinical quality measures from Medicare	Quarterly	-	Now links to Nursing Home Compare
• Resident and family satisfaction	Annually	May 2015	
• Employee influenza vaccination rates	Annually	Sept 2014	
• Nursing Home Summary Report	Monthly	May 2015	
Licensed Independent Practitioners (Physicians, APRNs, PAs)			
• HIT adoption	Annually	Sept 2014	2015 in progress



Strategic Priorities

Nicole E. Alexander-Scott, MD, MPH

OVERARCHING GOAL

**Positively Demonstrate for Rhode Islanders
the Purpose and Importance of Public Health**

STRATEGIC PRIORITIES

**Address the Social
and Environmental
Determinants of
Health in
Rhode Island**

**Eliminate the
Disparities of Health
in Rhode Island and
Promote
Health Equity**

**Ensure Access to
Quality Health
Services for
Rhode Islanders,
Including Our
Vulnerable
Populations**

CROSS-CUTTING STRATEGY

**Create the RI Department of Health Academic Center
to Strengthen the Integration of Scholarly Activities with Public Health**

Leading Priority

Address the Social and Environmental Determinants of Health in Rhode Island

Involve
Internal HEALTH
Program Metrics

- Drinking Water Quality
- Food Protection
- Environmental Health
- Healthy Homes & Communities
- State Health Laboratories
- Facilities Regulation

Partner with
State Agencies
throughout
Rhode Island

- EOHHS – RI Housing
- DCYF - DOC - DEM - DOT - DOE
- Elderly Affairs
- Emergency Management Agency
- Behavioral Healthcare, Developmental Disabilities & Hospitals

Leading Priority

**Eliminate the Disparities of Health in Rhode Island
and Promote Health Equity**

**Examples of
Disparities to Target
and Tie to Metrics -
with Accountability**

- **Gender: OD**
- **Geographic: Child Obesity; C Diff; STDs**
- **Age: Environmental Safety**
- **Sexual Orientation: HIV**
- **Race/Ethnicity: Cancer, Diabetes, Asthma**
- **Disability: Substance Use, Mental Health**

**Support Health
Equity Zones
Initiative**

- **Incorporate into programs within HEALTH**
- **Partner with State Agencies to integrate strategic planning and implementation throughout Rhode Island**

Leading Priority

Ensure Access to Quality Health Services for Rhode Islanders, Including Our Vulnerable Populations

Ensure Access to Care

- Match with Medicaid and ACA Goals
- Build with Community Health Centers
- Preventative Services and Primary Care
- Maternal and Child Health
- Long-term Care

Ensure Quality Health Services

- Health Professions & Systems Development
- Emergency Response & Disease Control
- Vital Records & Medical Examiners
- State Health Laboratories

**Rhode Island Department of Health
2014 Nursing Home Satisfaction Report**

Area of Performance								
Nursing Home (Alphabetical by Name)	Bed Size	Survey	Quality of Care	Quality of Life	Quality of Services	Overall Satisfaction	Level of Resident-Centeredness	Total ¹
<i>Alpine Nursing Home Inc.</i>	60	<i>Family</i>	N/A	N/A	N/A	N/A	N/A	N/A
		<i>Resident</i>	◆◆	◆◆	◆◆	◆◆	◆◆	◆◆
<i>Apple Rehab Clipper</i>	60	<i>Family</i>	◆◆	◆◆	◆◆	◆◆	◆◆	◆◆
		<i>Resident</i>	◆◆◆	◆◆◆	◆◆◆	◆◆◆	◆◆◆	◆◆◆
<i>Apple Rehab Watch Hill</i>	60	<i>Family</i>	◆◆	◆◆	◆◆	◆◆	◆◆	◆◆
		<i>Resident</i>	◆◆	◆◆	◆◆	◆◆	◆◆	◆◆
<i>Avalon Nursing Home</i>	31	<i>Family</i>	N/A	N/A	N/A	N/A	N/A	N/A
		<i>Resident</i>	N/A	N/A	N/A	N/A	N/A	N/A
<i>Ballou Home For The Aged</i>	43	<i>Family</i>	◆◆	◆◆◆	◆◆	◆◆◆	◆◆	◆◆
		<i>Resident</i>	◆◆	◆◆◆	◆◆	N/A	◆◆	◆◆
<i>Bannister House, Inc</i>	95	<i>Family</i>	N/A	N/A	N/A	N/A	N/A	N/A
		<i>Resident</i>	◆	◆	◆	◆	◆	◆
<i>Bayberry Commons</i>	110	<i>Family</i>	◆◆	◆◆	◆◆	◆◆	◆◆	◆◆
		<i>Resident</i>	◆	◆	◆	◆	◆	◆
<i>Berkshire Place Nursing and Rehabilitation Center</i>	197	<i>Family</i>	◆	◆◆	◆	◆	◆◆	◆
		<i>Resident</i>	◆◆	◆◆	◆◆	◆◆	◆◆	◆◆
<i>Bethany Home of Rhode Island</i>	33	<i>Family</i>	N/A	N/A	N/A	N/A	N/A	N/A
		<i>Resident</i>	◆◆◆	◆◆◆	◆◆◆	◆◆◆	◆◆◆	◆◆◆
<i>Brentwood Nursing Home</i>	96	<i>Family</i>	◆◆	◆◆	◆◆◆	◆◆	◆◆	◆◆◆
		<i>Resident</i>	◆◆◆	◆◆◆	◆◆◆	◆◆◆	◆◆◆	◆◆◆
<i>Briarcliffe Manor</i>	122	<i>Family</i>	◆◆◆	◆◆	◆◆	◆◆	◆◆	◆◆
		<i>Resident</i>	◆◆◆	◆◆◆	◆◆◆	◆◆◆	◆◆◆	◆◆◆
<i>Cedar Crest Nursing & Rehabilitation Centre</i>	156	<i>Family</i>	◆◆	◆◆	◆◆	◆◆	◆◆	◆◆
		<i>Resident</i>	◆◆◆	◆◆◆	◆◆◆	◆◆◆	◆◆◆	◆◆◆
<i>Charlesgate Nursing Center</i>	140	<i>Family</i>	◆◆	◆◆	◆◆	N/A	◆◆	◆◆
		<i>Resident</i>	◆◆	◆	◆	◆◆	◆	◆
<i>Cherry Hill Manor Nursing and Rehabilitation Center</i>	172	<i>Family</i>	◆◆	◆◆	◆	◆◆	◆◆	◆
		<i>Resident</i>	◆◆	◆◆	◆◆	◆◆	◆◆	◆◆

◆◆◆ Statistically better than the Rhode Island average

◆◆ Statistically about the same as the Rhode Island average

◆ Statistically worse than the Rhode Island average

N/A Fewer than 10 responses, so no statistical comparison is possible

¹ Total domain does not include the Level of Resident-Centeredness domain or domains with a value of N/A

I Insufficient number of surveys sent to obtain adequate data

- No responses received for this domain

**Rhode Island Department of Health
2014 Nursing Home Satisfaction Report**

Area of Performance								
Nursing Home (Alphabetical by Name)	Bed Size	Survey	Quality of Care	Quality of Life	Quality of Services	Overall Satisfaction	Level of Resident-Centeredness	Total ¹
Chestnut Terrace Nursing and Rehabilitation Center	58	Family	◆◆	◆◆	◆◆	◆◆	-	◆◆
		Resident	◆◆	◆◆	◆◆	◆◆	-	◆◆
Cortland Place	80	Family	◆◆	◆◆	◆◆	◆◆	◆◆	◆◆
		Resident	◆◆	◆◆	◆◆	◆◆	◆◆	◆◆
Coventry Center	210	Family	◆	◆	◆◆	◆	◆	◆
		Resident	◆	◆	◆	◆	◆	◆
Cra-Mar Meadows	41	Family	◆◆	◆◆	◆◆	◆◆	◆◆	◆◆
		Resident	N/A	N/A	N/A	N/A	N/A	N/A
Crestwood Nursing and Convalescent Home	76	Family	◆◆◆	◆◆◆	◆◆◆	◆◆◆	◆◆◆	◆◆◆
		Resident	◆◆	◆	◆	◆◆	◆	◆◆
Eastgate Nursing and Rehabilitation Center	68	Family	◆	◆◆	◆◆	◆◆	◆◆	◆◆
		Resident	◆◆	◆◆	◆◆	◆◆	◆◆	◆◆
Elmhurst Extended Care	194	Family	◆◆	◆	◆◆	◆◆	-	◆◆
		Resident	◆◆	◆◆	◆◆	◆◆	-	◆◆
Elmwood Health Center	70	Family	◆◆	◆◆	◆◆	◆◆	◆◆	◆◆
		Resident	◆	◆	◆◆	◆◆	◆	◆◆
Emerald Bay Retirement Living	30	Family	N/A	N/A	N/A	N/A	-	N/A
		Resident	◆◆	◆◆	◆◆	◆◆	-	◆◆
EPOCH Senior Healthcare On Blackstone Boulevard	55	Family	I	I	I	I	I	I
		Resident	I	I	I	I	I	I
Evergreen House Health Center	160	Family	◆◆	◆◆	◆◆	◆◆	◆◆	◆◆
		Resident	◆	◆	◆	◆	◆	◆
Forest Farm Health Care Center, LLC	50	Family	◆◆	◆◆◆	◆◆◆	◆◆◆	◆◆	◆◆◆
		Resident	◆◆	◆◆	◆◆	◆◆	◆◆◆	◆◆
The Friendly Home, Inc.	126	Family	◆	◆◆	◆	◆◆	N/A	◆◆
		Resident	◆◆	◆◆◆	◆◆	◆◆	◆◆	◆◆
Golden Crest Nursing Centre	152	Family	◆◆	◆◆	◆◆	◆◆	◆◆	◆◆
		Resident	◆◆◆	◆◆◆	◆◆◆	◆◆◆	◆◆◆	◆◆◆

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<i>Grace Barker Nursing Center, Inc.</i>	86	<i>Family</i>	◆◆	◆◆	◆◆	◆◆	◆◆	◆◆
		<i>Resident</i>	◆◆	◆◆	◆◆	◆◆	◆◆	◆◆
<i>Grand Islander</i>	146	<i>Family</i>	◆◆	◆◆	◆◆◆	◆◆◆	◆◆	◆◆◆
		<i>Resident</i>	◆◆◆	◆◆◆	◆◆◆	◆◆◆	◆◆◆	◆◆◆
<i>Grandview Center</i>	72	<i>Family</i>	◆◆	◆◆	◆◆	◆◆	◆◆	◆◆
		<i>Resident</i>	◆◆	◆◆	◆◆	◆◆	◆◆	◆◆
<i>Greenville Skilled Nursing & Rehabilitation</i>	131	<i>Family</i>	◆	◆◆	◆◆	◆◆	◆◆	◆◆
		<i>Resident</i>	◆	◆	◆	◆◆	◆	◆
<i>Greenwood Center</i>	130	<i>Family</i>	◆	◆	◆	◆	◆	◆
		<i>Resident</i>	◆◆	◆◆◆	◆◆◆	◆◆	◆◆	◆◆◆
<i>Hallworth House</i>	57	<i>Family</i>	◆◆	◆◆	◆◆	◆◆	◆◆◆	◆◆
		<i>Resident</i>	N/A	N/A	N/A	N/A	N/A	N/A
<i>Harris Health Care North</i>	32	<i>Family</i>	N/A	N/A	N/A	N/A	N/A	N/A
		<i>Resident</i>	N/A	N/A	N/A	N/A	N/A	N/A
<i>Harris Health Center</i>	31	<i>Family</i>	N/A	N/A	N/A	N/A	N/A	N/A
		<i>Resident</i>	N/A	N/A	N/A	N/A	N/A	N/A
<i>Hattie Ide Chaffee Home</i>	60	<i>Family</i>	N/A	N/A	N/A	N/A	N/A	N/A
		<i>Resident</i>	N/A	N/A	N/A	N/A	N/A	N/A
<i>Heatherwood Nursing & Rehabilitation Center</i>	112	<i>Family</i>	◆◆	◆◆	◆◆	◆◆	◆◆	◆◆
		<i>Resident</i>	◆◆	◆	◆	◆◆	◆◆	◆◆
<i>Hebert Health Center An American Senior Living Community</i>	133	<i>Family</i>	◆	◆	◆	◆	◆	◆
		<i>Resident</i>	◆	◆	◆	◆	◆	◆
<i>Heritage Hills Nursing & Rehabilitation Center</i>	95	<i>Family</i>	◆◆	◆◆	◆◆	◆	◆◆	◆
		<i>Resident</i>	◆	◆◆	◆◆	◆◆	◆◆	◆◆
<i>The Holiday Retirement Home, Inc.</i>	170	<i>Family</i>	◆◆◆	◆◆	◆◆	◆◆◆	◆◆	◆◆◆
		<i>Resident</i>	◆◆	◆◆	◆◆	◆◆	◆◆	◆◆
<i>Hopkins Manor, Ltd.</i>	200	<i>Family</i>	◆◆	◆◆	◆◆	◆	◆◆	◆◆
		<i>Resident</i>	◆◆◆	◆◆◆	◆◆◆	◆◆◆	◆◆◆	◆◆◆

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<i>Jeanne Jugan Residence</i>	44	<i>Family</i>	◆◆◆	◆◆◆	◆◆◆	◆◆◆	◆◆◆	◆◆◆
		<i>Resident</i>	◆◆◆	◆◆	◆◆◆	◆◆◆	◆◆	◆◆◆
<i>The John Clarke Retirement Center</i>	60	<i>Family</i>	◆◆	◆◆	◆◆	◆◆	◆◆	◆◆
		<i>Resident</i>	◆◆	◆◆	◆◆	◆◆	◆◆	◆◆
<i>Kent Regency</i>	153	<i>Family</i>	◆◆	◆◆	◆◆	◆◆	◆◆	◆◆
		<i>Resident</i>	◆◆◆	◆◆◆	◆◆◆	◆◆◆	◆◆◆	◆◆◆
<i>Linn Health Care Center</i>	84	<i>Family</i>	◆◆	◆◆	◆◆	◆◆	◆◆	◆◆
		<i>Resident</i>	◆	◆	◆◆	◆◆	◆	◆
<i>Mansion Nursing and Rehabilitation Center</i>	62	<i>Family</i>	◆◆	◆◆	◆◆	◆◆	◆◆	◆◆
		<i>Resident</i>	◆◆	◆◆	◆◆	◆◆	◆◆	◆◆
<i>Morgan Health Center</i>	120	<i>Family</i>	◆◆	◆◆	◆◆	◆◆	◆◆	◆◆
		<i>Resident</i>	◆◆	◆◆	◆◆	◆◆	◆◆	◆◆
<i>Mount St. Rita Health Centre</i>	98	<i>Family</i>	◆◆	◆◆◆	◆◆◆	◆◆◆	◆◆◆	◆◆◆
		<i>Resident</i>	◆◆	◆◆◆	◆◆◆	◆◆	◆◆◆	◆◆◆
<i>NancyAnn Nursing Facility</i>	20	<i>Family</i>	N/A	N/A	N/A	N/A	N/A	N/A
		<i>Resident</i>	N/A	N/A	N/A	N/A	N/A	N/A
<i>North Bay Retirement Living</i>	44	<i>Family</i>	N/A	N/A	N/A	N/A	-	N/A
		<i>Resident</i>	◆◆	◆◆	◆◆	◆◆	-	◆◆
<i>Oak Hill Health and Rehabilitation</i>	139	<i>Family</i>	◆	◆	◆	◆	◆	◆
		<i>Resident</i>	◆◆	◆◆	◆	◆◆	◆◆	◆◆
<i>Oakland Grove Health Care Center</i>	172	<i>Family</i>	◆◆	◆◆	◆◆	◆◆	◆◆	◆◆
		<i>Resident</i>	◆◆	◆◆	◆◆	◆	◆◆	◆◆
<i>Orchard View Manor</i>	166	<i>Family</i>	◆	◆	◆	◆	◆	◆
		<i>Resident</i>	◆◆	◆◆	◆◆	◆	◆	◆
<i>Overlook Nursing & Rehabilitation Center</i>	100	<i>Family</i>	◆◆◆	◆◆◆	◆◆	◆◆◆	◆◆◆	◆◆◆
		<i>Resident</i>	◆◆◆	◆◆◆	◆◆◆	◆◆◆	◆◆◆	◆◆◆
<i>Park View Nursing Home</i>	66	<i>Family</i>	N/A	N/A	N/A	N/A	N/A	N/A
		<i>Resident</i>	◆◆	◆◆	◆◆	◆◆	◆◆	◆◆

◆◆◆ Statistically better than the Rhode Island average

◆◆ Statistically about the same as the Rhode Island average

◆ Statistically worse than the Rhode Island average

N/A Fewer than 10 responses, so no statistical comparison is possible

¹ Total domain does not include the Level of Resident-Centeredness domain or domains with a value of N/A

I Insufficient number of surveys sent to obtain adequate data

- No responses received for this domain

**Rhode Island Department of Health
2014 Nursing Home Satisfaction Report**

Area of Performance								
Nursing Home (Alphabetical by Name)	Bed Size	Survey	Quality of Care	Quality of Life	Quality of Services	Overall Satisfaction	Level of Resident-Centeredness	Total ¹
<i>Pawtucket Center</i>	154	<i>Family</i>	◆◆	◆◆	◆◆	◆◆	◆◆	◆◆
		<i>Resident</i>	◆◆	◆◆	◆◆	◆◆	◆◆	◆◆
<i>Pine Grove Health Center</i>	69	<i>Family</i>	N/A	N/A	N/A	N/A	N/A	N/A
		<i>Resident</i>	◆	◆	◆	◆	◆	◆
<i>Rhode Island Veterans Home</i>	260	<i>Family</i>	◆◆◆	◆◆	◆◆	◆◆	◆◆	◆◆
		<i>Resident</i>	◆◆	◆◆	◆◆	◆◆	◆◆	◆◆
<i>Riverview Healthcare Community</i>	190	<i>Family</i>	◆◆	◆◆	◆◆	◆◆	◆◆	◆◆
		<i>Resident</i>	◆	◆	◆	◆◆	◆	◆
<i>Roberts Health Centre Inc.</i>	66	<i>Family</i>	◆◆◆	◆◆◆	◆◆◆	◆◆◆	◆◆	◆◆◆
		<i>Resident</i>	◆◆◆	◆◆	◆◆	◆◆	◆◆	◆◆◆
<i>Saint Antoine Residence</i>	260	<i>Family</i>	◆◆	◆◆◆	◆◆	◆◆	◆◆	◆◆◆
		<i>Resident</i>	◆◆	◆◆	◆◆	◆◆	◆◆	◆◆
<i>Saint Elizabeth Home</i>	120	<i>Family</i>	◆◆◆	◆◆◆	◆◆◆	◆◆◆	◆◆◆	◆◆◆
		<i>Resident</i>	◆◆	◆◆	◆◆	◆◆◆	◆◆	◆◆
<i>Saint Elizabeth Manor, East Bay</i>	133	<i>Family</i>	◆◆◆	◆◆◆	◆◆◆	◆◆◆	◆◆	◆◆◆
		<i>Resident</i>	◆◆	◆◆	◆◆	◆◆◆	◆◆	◆◆
<i>Sakonnet Bay Manor</i>	30	<i>Family</i>	N/A	N/A	N/A	N/A	-	N/A
		<i>Resident</i>	N/A	N/A	N/A	N/A	-	N/A
<i>Scalabrini Villa</i>	120	<i>Family</i>	◆◆	◆◆◆	◆◆	◆◆	◆◆	◆◆
		<i>Resident</i>	I	I	I	I	I	I
<i>Scallop Shell Nursing & Rehabilitation Center</i>	72	<i>Family</i>	◆◆◆	◆◆◆	◆◆◆	◆◆◆	◆◆◆	◆◆◆
		<i>Resident</i>	N/A	N/A	N/A	N/A	N/A	N/A
<i>Scandinavian Home</i>	74	<i>Family</i>	◆◆◆	◆◆◆	◆◆◆	◆◆◆	◆◆◆	◆◆◆
		<i>Resident</i>	◆◆	◆◆	◆◆	◆◆	◆◆	◆◆
<i>Shady Acres, Inc.</i>	55	<i>Family</i>	◆◆◆	◆◆◆	◆◆◆	◆◆◆	◆◆◆	◆◆◆
		<i>Resident</i>	◆◆	◆◆	◆◆◆	◆◆◆	◆◆	◆◆
<i>Silver Creek Manor</i>	128	<i>Family</i>	◆◆	◆◆	◆◆	◆◆	◆◆	◆◆
		<i>Resident</i>	◆◆◆	◆◆	◆◆	◆◆◆	◆◆◆	◆◆◆

◆◆◆ Statistically better than the Rhode Island average

◆◆ Statistically about the same as the Rhode Island average

◆ Statistically worse than the Rhode Island average

N/A Fewer than 10 responses, so no statistical comparison is possible

¹ Total domain does not include the Level of Resident-Centeredness domain or domains with a value of N/A

I Insufficient number of surveys sent to obtain adequate data

- No responses received for this domain

**Rhode Island Department of Health
2014 Nursing Home Satisfaction Report**

Area of Performance								
Nursing Home (Alphabetical by Name)	Bed Size	Survey	Quality of Care	Quality of Life	Quality of Services	Overall Satisfaction	Level of Resident-Centeredness	Total ¹
<i>South Bay Manor</i>	57	<i>Family</i>	N/A	N/A	N/A	N/A	-	N/A
		<i>Resident</i>	N/A	N/A	N/A	N/A	-	N/A
<i>South County Nursing and Rehabilitation Center (4025)</i>	120	<i>Family</i>	◆◆	◆	◆◆	◆◆	◆	◆◆
		<i>Resident</i>	◆◆	◆◆	◆◆	◆◆	◆◆	◆◆
<i>South Kingstown Nursing and Rehabilitation Center</i>	112	<i>Family</i>	◆◆	◆◆	◆◆	◆◆	◆◆	◆◆
		<i>Resident</i>	I	I	I	I	I	I
<i>St. Clare - Newport</i>	47	<i>Family</i>	◆◆	◆◆	◆◆	◆◆	◆◆	◆◆
		<i>Resident</i>	N/A	N/A	N/A	N/A	N/A	N/A
<i>Steere House Nursing and Rehabilitation Center</i>	120	<i>Family</i>	◆◆◆	◆◆	◆◆	◆◆◆	◆◆	◆◆◆
		<i>Resident</i>	◆◆	◆◆	◆◆	◆◆	◆◆	◆◆
<i>Summit Commons</i>	130	<i>Family</i>	◆◆	◆◆	◆◆	◆◆	◆◆	◆◆
		<i>Resident</i>	◆◆	◆◆	◆◆	◆◆	◆◆	◆◆
<i>Sunny View Nursing Home</i>	57	<i>Family</i>	◆◆	◆◆	◆◆	◆◆◆	◆◆	◆◆
		<i>Resident</i>	N/A	N/A	N/A	N/A	N/A	N/A
<i>Tockwotton on the Waterfront</i>	52	<i>Family</i>	◆◆	◆◆	◆◆	◆◆	◆◆	◆◆
		<i>Resident</i>	◆◆	◆◆	◆◆	◆◆	◆◆	◆◆
<i>Trinity Health & Rehabilitation Center</i>	158	<i>Family</i>	◆◆	◆◆	◆◆	◆◆	◆◆	◆◆
		<i>Resident</i>	◆◆	◆◆	◆◆	◆◆	◆◆	◆◆
<i>The Village at Waterman Lake</i>	22	<i>Family</i>	N/A	N/A	N/A	N/A	N/A	N/A
		<i>Resident</i>	N/A	N/A	N/A	N/A	N/A	N/A
<i>Village House Nursing & Rehabilitation Center</i>	95	<i>Family</i>	◆◆	◆◆	◆◆	◆◆	◆◆	◆◆
		<i>Resident</i>	◆◆	◆◆	◆	◆	◆	◆
<i>Warren Skilled Nursing & Rehabilitation</i>	63	<i>Family</i>	N/A	N/A	N/A	N/A	N/A	N/A
		<i>Resident</i>	◆◆	◆◆	◆◆	◆◆	◆◆	◆◆
<i>Waterview Villa Rehabilitation and Health Care Center</i>	132	<i>Family</i>	◆◆	◆◆	◆◆	◆◆	◆◆	◆◆
		<i>Resident</i>	◆	◆◆	◆◆	◆◆	◆◆	◆◆
<i>West Shore Health Center</i>	145	<i>Family</i>	◆	◆	◆	◆◆	◆	◆
		<i>Resident</i>	◆◆	◆◆	◆◆	◆	◆◆	◆◆

◆◆◆ Statistically better than the Rhode Island average

◆◆ Statistically about the same as the Rhode Island average

◆ Statistically worse than the Rhode Island average

N/A Fewer than 10 responses, so no statistical comparison is possible

¹ Total domain does not include the Level of Resident-Centeredness domain or domains with a value of N/A

I Insufficient number of surveys sent to obtain adequate data

- No responses received for this domain

**Rhode Island Department of Health
2014 Nursing Home Satisfaction Report**

Area of Performance								
Nursing Home (Alphabetical by Name)	Bed Size	Survey	Quality of Care	Quality of Life	Quality of Services	Overall Satisfaction	Level of Resident-Centeredness	Total ¹
<i>West View Health Care Center</i>	120	<i>Family</i>	◆◆◆	◆◆◆	◆◆◆	◆◆◆	◆◆◆	◆◆◆
		<i>Resident</i>	◆◆◆	◆◆◆	◆◆◆	◆◆◆	◆◆	◆◆◆
<i>Westerly Health Center</i>	106	<i>Family</i>	◆◆	◆◆	◆◆	◆◆	◆◆	◆◆
		<i>Resident</i>	◆◆◆	◆◆◆	◆◆◆	◆◆◆	◆◆◆	◆◆◆
<i>Westerly Nursing Home</i>	66	<i>Family</i>	◆◆◆	◆◆	◆◆◆	◆◆◆	◆◆	◆◆◆
		<i>Resident</i>	◆◆	◆◆	◆◆◆	◆◆	◆◆	◆◆
<i>Woodpecker Hill Health Center</i>	41	<i>Family</i>	◆◆◆	◆◆◆	◆◆◆	◆◆◆	◆◆◆	◆◆◆
		<i>Resident</i>	◆◆	◆◆	◆◆	◆◆	◆◆	◆◆
<i>Woonsocket Health Centre</i>	150	<i>Family</i>	◆◆	◆◆	◆◆	◆◆	◆◆	◆◆
		<i>Resident</i>	◆	◆	◆	◆◆	◆	◆

◆◆◆ Statistically better than the Rhode Island average

◆◆ Statistically about the same as the Rhode Island average

◆ Statistically worse than the Rhode Island average

N/A Fewer than 10 responses, so no statistical comparison is possible

¹ Total domain does not include the Level of Resident-Centeredness domain or domains with a value of N/A

I Insufficient number of surveys sent to obtain adequate data

- No responses received for this domain



Healthcare Quality Reporting Program

Nursing Home Satisfaction Report Methods

Prepared for:

Rhode Island Department of Health
Three Capitol Hill
Providence, RI 02908

Prepared by:

Healthcentric Advisors
235 Promenade Street
Suite 500, Box 18
Providence, RI 02908

April 2015



Department of Health

Three Capitol Hill
Providence, RI 02908-5097

TTY: 711
www.health.ri.gov

April 2015

Dear Rhode Island Nursing Home Consumer,

Thank you for your interest in the 2014 Rhode Island Nursing Home Satisfaction Survey. The information here will help you understand the satisfaction survey results. This packet includes:

- How Rhode Island reports nursing home satisfaction
- How the information is collected
- How to understand the report
- What the diamonds mean
- How the diamonds are calculated
- Other sources of information

In 1998, Rhode Island passed a law that requires the state to publicly share information about the quality of care in all licensed healthcare facilities. Currently, information about patient satisfaction and care outcomes is available for hospitals, home health agencies, and nursing homes. By making information publicly available, the law aims to:

- ✓ Promote quality in the state's healthcare system
- ✓ Help people choose among healthcare providers, such as nursing homes

The Nursing Home Satisfaction Report presents each nursing home's scores using diamonds:

- One diamond (◆) means that the score is worse than the Rhode Island average.
- Two diamonds (◆◆) means that the score is about the same as the Rhode Island average.
- Three diamonds (◆◆◆) means that the score is better than the Rhode Island average.

You can learn more about the diamonds on page 5.

To access the 2014 Nursing Home Satisfaction Report or get information about other licensed healthcare providers, please visit the quality reporting program's Web site (<http://www.health.ri.gov/healthcare/about/quality/>) or call the Department of Health (401-222-2231).

Sincerely,

A handwritten signature in cursive script that reads "Samara Viner-Brown".

Samara Viner-Brown, MS
Chief, Center for Health Data and Analysis

Rhode Island Nursing Home Satisfaction

In 1998, Rhode Island passed a law that requires the state to publicly share information about the quality of care in all licensed healthcare facilities. This law includes releasing information about patient satisfaction and care outcomes. Since the program started, the state has reported information for home health agencies, hospitals, nursing homes, and physicians. This information helps consumers compare healthcare providers (like nursing homes) and choose among them.

The Rhode Island quality reporting program is run by the Department of Health and a committee that helps the program decide what information to release about nursing homes. The committee meetings are open to the public. Participants include local stakeholders—such as representatives of local nursing homes, government agencies, health insurers, and others interested in Rhode Island’s nursing homes. Together, these people help to shape the state’s nursing home public reporting efforts.

If you are interested in attending the Nursing Home Subcommittee meetings, please visit the Rhode Island Open Meetings Web site to access agendas and minutes (www.sec.state.ri.us/pubinfo/openmeetings) or contact Ann Messier (401-528-3265 or amessier@healthcentricadvisors.org) to be added to the email list.

How Rhode Island Reports Nursing Home Satisfaction

As part of the public reporting program, Rhode Island’s nursing homes collect information about patient, or “resident,” satisfaction on a regular basis. Rhode Island nursing homes first collected and released this information in 2006. The 2014 Nursing Home Satisfaction Report is the eighth round of public information about nursing home satisfaction. Nursing homes sign a contract with a survey company, and the survey company collects information from residents and family members.

What My InnerView Provides Nursing Homes

In 2007, the Nursing Home Subcommittee recommended that the public reporting program begin using a company named My InnerView to measure nursing home satisfaction in Rhode Island. My InnerView is a company that helps nursing homes:

- Measure and improve their performance on resident and family satisfaction
- View, or “trend,” their performance over time

My InnerView also has the largest database of nursing home satisfaction in the U.S., which is useful for helping nursing homes compare, or “benchmark,” their performance with other nursing homes’ performance. For more information about My InnerView’s services, please visit the company’s Web site on the Internet: www.myinnerview.com.

What My InnerView’s Survey Includes

My InnerView’s satisfaction survey was designed by survey experts, who tested it to make sure that it was easy for nursing home residents and their families to understand and that it provided accurate, reliable information. The survey includes more than 20 statements in four categories:

1. Quality of Care: This category reflects the resident's or family's **perception of the medical care that the nursing home provides**. Questions in this category include topics like the care (concern) of staff, adequate staffing, the quality of nursing care provided, the quality of rehabilitation therapy, resident grooming and keeping the resident and family informed.
2. Quality of Life: This category reflects **the social, personal, and comfort factors that affect nursing home residents' daily life and help them feel at home**. Questions in this category include topics like the ability of the resident to make choices, meaningfulness of activities, religious/spiritual opportunities, the nursing home's respect for privacy, friendships with other residents and staff, the respectfulness of nursing home staff, the safety of the facility and security of belongings.
3. Quality of Services: This category reflects the resident's or family's **perception of the other services a nursing home provides**, such as laundry and housekeeping. Questions in this category include topics like responsiveness of management and cleanliness of the building and grounds, and quality of laundry services.
4. Overall Satisfaction: This category reflects the resident's or family's responses to questions that ask **how satisfied they are with the nursing home and whether or not they would recommend the nursing home to others**.
5. Resident Centeredness: This category reflects **inclusion of the resident's or family's needs, values, preferences and participation in the care of the resident**. Questions in this category include topics like participation in care plan, staff truly listening to the resident or family member, ability to follow daily routine, feeling part of the community and honoring and remembering the deceased.

For each statement, people are asked to score the nursing home from "poor" to "excellent." They can also provide written comments. For more information about the surveys, please visit the My InnerView website on the Internet: www.myinnerview.com.

How the Information is Collected

Nursing homes are required to survey 100% of their cognitively-intact, long-stay (100+ days) residents and 100% of families of long-stay residents, regardless of the residents' cognitive status.

My InnerView asks nursing homes to provide contact information for all long-stay residents who can answer questions, either independently or with someone's help. If residents cannot answer questions—for example, because their thinking is impaired—then only their family members receive surveys.

Data collection for the 2014 Nursing Home Satisfaction Survey took place in Fall 2014. The Department of Health required each Rhode Island nursing home to sign a contract with My

InnerView and provide mailing lists for residents and family members. Each person on the mailing lists received a packet from My InnerView in the mail. This packet included a cover letter, the satisfaction survey, and a pre-addressed, postage-paid return envelope to send the completed survey to My InnerView. Sending the results directly to My InnerView helps ensure that people share their true feelings.

After receiving the completed surveys, My InnerView looked at the results and provided confidential feedback reports to each individual nursing home. This occurred in December 2014. My InnerView also provided nursing homes with online education and training.

How to Understand the Report

In 2014, 89 nursing homes collected resident satisfaction information and 86 collected family satisfaction information. The results of these surveys are included in the 2014 Nursing Home Satisfaction Report. The report lists each of the nursing homes and their results. Results are presented as one (◆), two (◆◆), or three (◆◆◆) diamonds for each of the five survey categories described above—(1) quality of care, (2) quality of life, (3) quality of services, (4) level of resident centeredness and (5) overall satisfaction—and also a sixth category, total score. Total score combines the quality of care, quality of life, quality of services and overall satisfaction categories and is included in the column at the far right. This category helps people compare one nursing home to another more easily.

This year some facilities used a version of the survey that included new questions which aim to measure resident centeredness. For facilities that completed the surveys with the new questions, we have calculated a Resident Centeredness measure. This measure is only available for facilities who completed the new version of the survey, and is not included in the total score.

If 10 or fewer people provided responses for an area of performance, the information is withheld because it may not accurately reflect residents' and families' satisfaction. Information that is withheld is indicated by (N/A).

If a nursing home failed to provide mailing lists for residents, families or both, or if a nursing home failed to distribute the minimum number of surveys, there is insufficient data to calculate a result. Insufficient information is indicated by a capital 'I'.

If a facility did not use the new version of the survey, they have a “–” for the Resident Centeredness column.

Failure to distribute the minimum number of surveys is determined by audit. Each year, the Rhode Island Department of Health's Facilities Regulations audits the resident and family satisfaction survey process to ensure that nursing homes survey both residents and families, as required, and that the number of surveys distributed is at least 50% of the facilities' estimated bed size, occupancy and (for resident surveys) cognitive status.

What the Diamonds Mean

The diamonds help you understand how the average of the nursing home's responses compares to the performance of other nursing homes in Rhode Island:

1. One Diamond (◆) One diamond is the **lowest category**. It means that the nursing home's score for this area of performance is below the Rhode

Island average.

2. Two Diamonds (◆◆) Two diamonds is the **middle category**. It means that the nursing home's score for this area of performance is about the same as the Rhode Island average.
3. Three Diamonds (◆◆◆) Three diamonds is the **highest category**. It means that the nursing home's score for this area of performance is above the Rhode Island average.

These categories are determined mathematically to ensure that the differences are meaningful. In detailed terms, this means that nursing homes with either one diamond (◆) or three diamonds (◆◆◆) have scores that are “statistically significantly different” from the Rhode Island average.

How the Diamonds are Calculated

The information in this section is for people who want statistical details about the diamond calculations:

To have one diamond (◆) the score must fall below the state average and its margin of error, or “95% confidence interval,” cannot include the Rhode Island average. To have three diamonds (◆◆◆) the score must fall above the state average and its margin of error, or “95% confidence interval,” cannot include the Rhode Island average. If the 95% confidence interval includes the Rhode Island average, then the nursing home's score is not accurate enough to categorize it as better or worse than other nursing homes. The nursing home then has two diamonds for that score (◆◆).

Other Sources of Information

The 2014 Nursing Home Satisfaction Report is one of several sources of information that you can use when choosing a nursing home. Consider these other sources of information, too:

- In-person visits to the nursing homes
- Recommendations from family and friends
- Information about care outcomes available through the Department of Health's quality reporting program: <http://www.health.ri.gov/healthcare/about/quality/>
- Inspection reports available through the Department of Health: 401-222-2566
- Medicare's Nursing Home Compare website
<http://www.medicare.gov/nursinghomecompare/search.html>

All of this information can help you figure out which nursing home may be a good fit for you or your family member.

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STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2014

—————
A N A C T

RELATING TO HEALTH AND SAFETY

Introduced By: Representatives McNamara, Bennett, Ackerman, Amore, and Abney

Date Introduced: February 06, 2014

Referred To: House Health, Education & Welfare

It is enacted by the General Assembly as follows:

1 Title 23 of the General Laws entitled "HEALTH AND SAFETY" is hereby amended by
2 adding thereto the following chapter:

3 CHAPTER 23-93

4 RHODE ISLAND ACCESS TO

5 MEDICAL TECHNOLOGY INNOVATION ACT

6 **23-93-1. Domestic medical tourism.** -- (a) For purposes of this chapter, "Domestic
7 Medical Tourism" means the practice of patients of traveling to states other than his or her
8 residence for the provision of healthcare services.

9 **23-93-2. Exemption for domestic medical tourism.** -- (a) Any healthcare facility
10 located in the state of Rhode Island specializing in domestic medical tourism, and having more
11 than fifty percent (50%) of its patients residing outside of the state, shall be exempt from the
12 provisions of this chapter; provided, however, that such healthcare facility must comply with all
13 other applicable laws and regulations governing healthcare facilities. Any applicant not compliant
14 shall have thirty (30) days to comply with this section and any applicable regulations governing
15 this section.

16 (b) Any healthcare facility described in subsection (a) shall, on a biennial basis, certify to
17 the department that more than fifty percent (50%) of its patients reside outside of the state.

18 (c) Any healthcare facility exempt under subsection (a) that fails to certify under
19 subsection (b), or is otherwise found by the department to have not established that more than

1 fifty percent (50%) of its patients currently reside outside of the state, shall be required to apply
2 for a certificate of need during the next review cycle established by the health services council.

3 **23-93-3. Exemption for multi-practice facilities.** -- Notwithstanding the requirements
4 of any other provisions of any general or public laws, the following circumstances shall not
5 require a certificate of need review and approval by the state agency:

6 (1) The merger of an existing, currently licensed multi-practice physician ambulatory
7 surgery center, or multi-practice podiatry ambulatory surgery center, (as such terms are defined in
8 § 23-17-2) with another such center; or

9 (2) An existing, currently licensed multi-practice physician ambulatory surgery center, or
10 multi-practice podiatry ambulatory surgery center, (as such terms are defined in § 23-17-2)
11 expanding its operation to add an additional operating room in excess of two (2) operating rooms.

12 **23-93-4. Penalties for noncompliance.** -- (a) The department, after notice and
13 opportunity for hearing to the applicant, is authorized to take corrective action in any case in
14 which it finds that there has been failure by an applicant to comply with the requirements
15 established under any approval granted pursuant to this chapter, including, without limitation, the
16 imposition of monetary fines that may be statutorily permitted by virtue of individual healthcare
17 facility licensing statutes.

18 (b) The notice shall be effected by registered or certified mail or by personal service,
19 setting forth the particular reasons for the proposed action and fixing a date not less than thirty
20 (30) days from the date of the mailing or service, at which the applicant shall be given an
21 opportunity for a prompt and fair hearing. On the basis of the hearing, or upon default of the
22 applicant, the department shall make a determination specifying its findings of fact and
23 conclusions. A copy of the determination shall be sent by registered or certified mail or served
24 personally upon the applicant. The decision shall become final thirty (30) days after it is so
25 mailed or served, unless the applicant, within such thirty (30) day period, appeals the decision
26 pursuant to § 42-35-15. The procedure governing hearings authorized by this section shall be in
27 accordance with §§ 42-35-9 through 42-35-13 as stipulated in § 42-35-14(a). A full and complete
28 record shall be kept of all proceedings, and all testimony shall be reported but need not be
29 transcribed unless the decision is appealed pursuant to § 42-35-15. A copy or copies of the
30 transcript may be obtained by any interested party on payment of the cost of preparing the copy
31 or copies.

32 (c) Nothing in this section shall limit the director's general or emergency powers under §§
33 23-1-1, 23-17-8 or any other authority granted to the department under the general laws.

34 **23-93-5. Moratorium; State-wide health plan; Inventory of healthcare facilities.**

1 **equipment and services.** -- (a) The health services council shall not review, and applicable state
2 licensing agencies shall not issue any approvals for new healthcare equipment or new institutional
3 health services prior to July 1, 2015; provided, however, that any review by the health services
4 council and approval by state agencies may be conducted during the moratorium period in the
5 case of an emergency circumstance, a certificate of need not previously approved, a change in
6 ownership with respect to an institutional health service or a compelling circumstance affecting
7 the quality of life with respect to a certain geographic area or subpopulation such as, but not
8 limited to, pain management delivered to the home. Notwithstanding the foregoing, any
9 certificate of need application pending at the time of passage of this chapter shall continue to be
10 reviewed pursuant to the provisions of chapter 23-15, and shall not be subject to the moratorium
11 provisions of this chapter.

12 (b) During the moratorium period provided in subsection (a) above, the department of
13 health (for purposes of this section referred to as the "department") shall conduct, and shall
14 conduct on a biennial basis thereafter, a state-wide healthcare utilization and capacity study. Such
15 study may include, but not be limited to, an assessment of:

16 (1) The current availability and utilization of acute hospital care, hospital emergency
17 care, specialty hospital care, outpatient surgical care, home care and hospice agencies, primary
18 care and specialty and clinic care, behavioral and mental healthcare and substance abuse care and
19 services;

20 (2) The geographic areas and subpopulations that may be underserved or have reduced
21 access to specific types of healthcare services; and

22 (3) Other factors that the department deems pertinent to healthcare utilization including,
23 but not limited to, the number of magnetic resonance imaging facilities and physician ambulatory
24 surgi-centers. Not later than November 1 of the year in which the study is conducted, the
25 department shall report to the governor, the general assembly and the healthcare planning and
26 accountability advisory council ("council") on the findings of the study. Such report may also
27 include the department's recommendations for addressing identified gaps in the provision of
28 health services and institutional health services, and recommendations concerning a lack of
29 access to health services and institutional health services, and duplicative and/or redundant
30 services.

31 (c)(1) The department, in consultation with the council and such other state agencies as it
32 deems appropriate, shall establish and maintain a state-wide health plan. Such plan may include,
33 but not be limited to:

34 (i) An assessment of the availability of acute hospital care, hospital emergency care,

1 specialty hospital care, outpatient surgical care, home care and hospice agencies, primary care
2 and clinic care, behavioral and mental healthcare and substance abuse care and services;

3 (ii) An evaluation of the unmet needs of persons at risk and vulnerable populations as
4 determined by the department and the council;

5 (iii) A projection of future demand for health services and institutional health services,
6 and the impact that technology may have on the demand, capacity or need for such services; and

7 (iv) Recommendations for the expansion, reduction or modification of healthcare
8 facilities, health services or institutional health services. The department, in consultation with
9 healthcare providers, healthcare facilities and the council, shall develop a process that requires as
10 a condition of licensure that healthcare providers and healthcare facilities incorporate the state-
11 wide health plan into their long-range planning and shall facilitate communication between
12 appropriate state agencies concerning innovations or changes that may affect future health
13 planning. Information needed for the development of the state health plan shall be gathered
14 through systematic methods designed to include local, regional, and statewide perspectives. The
15 department, in conjunction with the council, shall update the state-wide health plan not less than
16 once every two (2) years.

17 (2) The state health plan shall identify:

18 (i) Major statewide health concerns;

19 (ii) The availability and use of current health resources of the state, including resources
20 associated with information technology, capacity provided by existing healthcare physicians and
21 providers of service and institutions of higher education; and

22 (iii) Future health service, information technology, and facility needs of the state.

23 (3) The state health plan shall:

24 (i) Propose strategies for the correction of any deficiencies in the state health delivery
25 system;

26 (ii) Propose strategies for incorporating information technology in the health service and
27 institutional health service delivery system;

28 (iii) Propose strategies for involving state-supported institutions of higher education in
29 providing health services and for coordinating those efforts with health and human services
30 agencies; and

31 (iv) Provide proposals for the state's legislative and executive decision-making processes
32 to consider implementing the strategies proposed by the plan.

33 (d)(1) For purposes of conducting the state-wide healthcare utilization and capacity study
34 and preparing the state-wide health plan, and in order to identify the location, distribution and

1 nature of all healthcare resources in the state the department shall establish and maintain an
2 inventory of all healthcare facilities, health services and institutional health services in the state,
3 and the equipment located in such healthcare facilities. The state-wide inventory of all healthcare
4 services and equipment shall also include without limitation current stock, anticipated need and
5 geographical distribution of health services and institutional health services throughout the state.
6 The department and the council shall develop an inventory questionnaire to obtain, at a minimum,
7 the following information:

8 (i) The name and location of the healthcare provider and healthcare facility;
9 (ii) The type of facility;
10 (iii) The hours of operation;
11 (iv) The type of services provided at that location including, but not limited to, translation
12 and transportation services;

13 (v) The total number of clients, the race, ethnicity and primary language spoken in the
14 home of the clients, treatments, patient visits, procedures performed or scans performed in a
15 calendar year;

16 (vi) The total number of the uninsured population in the state; and
17 (vii) Such other information as the department deems appropriate. The inventory shall be
18 completed biennially by healthcare facilities and healthcare providers, and such healthcare
19 facilities and healthcare providers shall not be required to provide patient specific data.

20 (2) The inventory and all related information shall be maintained in a form usable by the
21 general public in a designated office of the department, shall constitute a public record, and shall
22 be coordinated with information collected by the department and the council under other
23 provisions of law; provided, however, that any item of information which is confidential or
24 privileged in nature shall not be regarded as a public record under this section or the general laws.

25 (e) The department and the council shall publish analyses, reports and interpretations of
26 information collected under this section in order to further public knowledge concerning the
27 distribution and nature of health services and institutional health services in the state. The
28 department may require healthcare providers and healthcare facilities to provide information for
29 the purposes of this section and may prescribe by regulation uniform reporting requirements. In
30 prescribing such regulations the department shall strive to make any reports required under this
31 section of mutual benefit to those providing as well as those using such information, and shall
32 avoid placing any burdens on such providers which are not reasonably necessary to accomplish
33 the purposes of this section.

34 (f) Agencies of the state which collect cost or other data concerning health services and

1 institutional health services shall cooperate with the department in coordinating such data with
2 information collected under this section.

3 (g) In the performance of its duties under this section, the department, subject to
4 appropriation, may enter into such contracts with agencies of the federal government, the state or
5 its political subdivisions, and public or private bodies, as it deems necessary.

6 SECTION 2. Section 23-15-5 of the General Laws in Chapter 23-15 entitled
7 "Determination of Need for New HealthCare Equipment and New Institutional Health Services"
8 is hereby amended to read as follows:

9 **23-15-5. Expeditious review.** – (a) Any person who proposes to offer or develop new
10 institutional health services or new health care equipment for documented emergency needs, or
11 for the purpose of eliminating or preventing documented fire or safety hazards affecting the lives
12 and health of patients or staff, or for compliance with accreditation standards required for receipt
13 of federal or state reimbursement, or for any other purpose that the state agency may specify in
14 rules and regulations, may apply for an expeditious review. The state agency may exercise its
15 discretion in recommending approvals through an expeditious review except that no new
16 institutional health service or new health care equipment may be approved through the
17 expeditious review if provision of the new institutional health service or new health care
18 equipment is contra-indicated by the state health plan as may be formulated by the state agency.
19 Specific procedures for the conduct of expeditious reviews shall be promulgated in rules and
20 regulations adopted by the state agency with the advice of the health services council.

21 (b) The decision of the state agency not to conduct an expeditious review shall be
22 reconsidered upon a written petition to the state agency, and the state agency shall be required to
23 respond to the written petition within ten (10) days stating whether expeditious review is granted.
24 If the request for reconsideration is denied, the state agency shall state the reasons in writing why
25 the expeditious request had been denied.

26 (c) The decision of the state agency in connection with an expeditious review shall be
27 rendered within thirty (30) days after the commencement of said review.

28 (d) Any healthcare facility which provides a service performed in another state and which
29 is not performed in the state of Rhode Island, or such service is performed in the state on a very
30 limited basis, shall be granted expeditious review upon request under this section, provided that
31 such service, among other things, has a clear effect on the timeliness, access or quality of care and
32 is able to meet licensing standards.

33 SECTION 3. Section 23-17-13 of the General Laws in Chapter 23-17 entitled "Licensing
34 of HealthCare Facilities" is hereby repealed.

1 ~~**23-17-13. Health services council.** -- There shall be established a health services council~~
2 ~~consisting of twenty four (24) members, eight (8) of whom shall be appointed by the speaker of~~
3 ~~the house, one of whose appointments shall represent hospital service corporations, six (6) of~~
4 ~~whom shall be appointed by the president of the senate, one of whose appointments shall~~
5 ~~represent hospitals and a second of whose appointments shall represent the business community,~~
6 ~~and ten (10) of whom shall be appointed by the governor, one of whose appoints shall represent~~
7 ~~the state budget office, a second of whose appointment shall represent the department of human~~
8 ~~services and two (2) of whom shall be members of the general public that maintain his or her~~
9 ~~principal residence within fifteen hundred feet (1500 ft.) of a licensed hospital. The governor~~
10 ~~shall appoint members of the council in staggered appointments, three (3) members one year, two~~
11 ~~(2) members the next year, and two (2) members the year after that. All members shall serve until~~
12 ~~their successors are appointed and qualified. In the month of February in each year, the governor~~
13 ~~shall appoint successors to the members of the council whose terms shall expire in that year, to~~
14 ~~hold office commencing on the first day of March in the year of appointment until the first day of~~
15 ~~March in the third (3rd) year after appointment or until their respective successors are appointed~~
16 ~~and qualified. Legislative members shall serve until the end of their legislative term. Any vacancy~~
17 ~~of a member appointed which may occur in the commission shall be filled by appointment by the~~
18 ~~respective appointing authority for the remainder of the unexpired term. The council may also~~
19 ~~serve as an advisory council as authorized by section 23-16-3.~~

20 SECTION 4. Chapter 23-17 of the General Laws entitled "Licensing of HealthCare
21 Facilities" is hereby amended by adding thereto the following section:

22 **23-17-13.1. Health services council.** -- (a) There shall be established a health services
23 council consisting of twelve (12) members, four (4) of whom shall be appointed by the speaker of
24 the house, one of whose appointment shall be an expert in healthcare economic and policy
25 matters, and a second of whose appointment shall represent the insurance business; four (4) of
26 whom shall be appointed by the president of the senate, one of whose appointment shall represent
27 the business community, and a second of whose appointment shall represent the general public;
28 and four (4) of whom shall be appointed by the governor, one of whose appointment shall
29 represent the office of the health insurance commissioner, a second of whose appointment shall
30 represent the executive office of health and human services, a third of whose appointment shall
31 represent the health insurance business and a fourth of whose appointment shall represent the
32 executive office of commerce. All members shall serve until the first day of July in the third year
33 after appointment or until their respective successors are appointed and qualified. Any vacancy of
34 a member appointed which may occur in the council shall be filled by appointment by the

1 respective appointing authority for the remainder of the unexpired term. The council may also
2 serve as an advisory council as authorized by § 23-16-3.

3 (b) A person may not be a member of the health services council if the person is required
4 to register as a lobbyist as defined under chapter 42-139.

5 (c) Notwithstanding any laws, rules or regulations to the contrary, all recommendations
6 of the health services council shall be by a majority vote of its members present at the time the
7 vote is taken.

8 SECTION 5. Sections 3 and 4 of this act shall take effect nine (9) months after passage.
9 The remainder of this act shall take effect upon passage.

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EXPLANATION
BY THE LEGISLATIVE COUNCIL
OF
A N A C T
RELATING TO HEALTH AND SAFETY

1 This act would establish the Rhode Island Access to Medical Technology Innovation Act,
2 which would, among other things, establish a moratorium on all new healthcare services and
3 equipment until July 1, 2015, during which time the department of health in conjunction with the
4 healthcare planning and accountability advisory council, shall conduct a state-wide healthcare
5 utilization and capacity study, and prepare a state-wide health plan and inventory of healthcare
6 facilities, equipment and health services. The act would also, under certain circumstances,
7 provide an exemption from the certificate of need requirements to the domestic medical tourism
8 industry and multi-practice health facilities.

9 This act would also reduce the composition of the health services council from twenty-
10 four (24) members to twelve (12) members.

11 This act would also provide a process for reconsideration of an expeditious review
12 request and require that a decision in connection with an expeditious review be rendered within
13 thirty (30) days.

14 Sections 3 and 4 of this act would take effect nine (9) months after passage. The
15 remainder of this act would take effect upon passage

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