

Elements to be Considered for Incorporation into Quality and Safety Principle(s)

What are the components of Quality and Safety to be measured and considered?

1. Desired outcome or efficacy of medical treatment or diagnostic procedure.
2. Patient satisfaction
3. Absence of injury (is preventable complication a component of quality outcome or safety?)

How will Quality and Safety be measured for the purposes germane to the SHCC and DHSR?

1. Nationally recognized and widely reported standards (CMS and similar) so benchmarks are available and comparison possible.
2. Some specificity to type of service or facility.
3. How selected: by staff based on input from interested parties, hearings, expertise on staff?
4. Quality standards that evolve with time and improvement in measurement techniques.

How will Quality and Safety measurements be reflected in the formulation of the NC State Medical Facilities Plan?

1. Will there be need determination based on substandard quality or safety as well as utilization?
2. Annual surveillance versus petition to find a quality need in a specific service area.
3. Minimum threshold for deficiency if petition used.
4. No attempt to revoke existing CONs.

How will Quality and Safety measurements be reflected in the awarding of CONs?

1. If need is based on a quality shortfall should applicants be limited to entities that have demonstrated a capacity to deliver care in that type of service or facility at or above NC norms?
2. Requirements, if any, for minority interests?
3. Applicants must agree to serve population comparable to facility with deficient quality and safety performance measures.
 - A. If need is based on a utilization determination then all applicants must agree to report quality data for the type of facility or service in question.
 - B. Requirements for minority interests?
 - C. Retrospective requirements for similar facilities already in operation?
 - D. Any directions for balancing of quality, access, and value?