Statement of The Hospital & HealthSystem Association of Pennsylvania

Before the House Health Committee

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Mr. Chairman, thank you for the opportunity to submit to the Health Committee our recommendation for your approval of House Bill 1570. This legislation will update Pennsylvania's regulations for hospitals and other health care facilities with current national standards. Using national standards that are evidence-based, clinically relevant, and more consistent with the modern practice of medicine would allow the state to meet its responsibility to assure the public that they are receiving quality care. These national standards are evaluated and revised by professional organizations on an ongoing basis, which assures that they are always current and reflect best practices. It is impossible, or at least prohibitively expensive, for the state to independently maintain up-to-date, clinically relevant regulations.

Please allow me to share a few examples that will emphasize the importance of using national standards.

1. State regulations include a general statement related to quality care provided by hospital medical staffs, a requirement more related to the review process than the quality of care. By contrast, Joint Commission standards, developed by national clinical experts, go well beyond a general requirement and focus more on national quality and patient safety goals. Therefore, use of national standards would provide a higher level of assurance to our patients and our communities regarding the quality and safety of care provided in Pennsylvania hospitals.

2. State regulations require that we use inpatient beds for "inpatient" care only. This broad brush approach limits utilizing our staff and facility in a cost-effective manner to ensure safe, quality care. This is particularly problematic for smaller hospitals. For example, when a patient presents for an elective cardioversion, an outpatient procedure, the safest place in our hospital to complete this procedure is in the ICU. The staff is trained for this procedure and performs it more often. However, state regulations do not allow us to provide this outpatient procedure in ICU because it is an inpatient bed and we are not allowed to use the room for an outpatient procedure (even if we do not charge an ICU rate). We have to move staff and equipment to another location, which increases our cost while providing no quality or financial benefit for patients.

Likewise, if our same-day surgery unit has a patient who needs to be observed for an extra hour or two at the end of a shift, we are not allowed to move them to the inpatient unit. Instead we must find staff to stay with one patient in the same-day surgery unit until that patient is discharged because the patient is an outpatient, not an inpatient. Again, this unnecessarily adds cost to our hospital with no quality benefit for the patient.

3. We have eighteen beds in our inpatient psychiatric unit, all equipped to meet the standards for an inpatient room. Since we are licensed for 16 beds, we are not allowed to use the other room to accommodate the mix of male and female patients, or optimize placement of patients who are confused or need a single room because of a particular diagnosis. We actually have to turn patients away, even if our census is less than 16, if our male-female mix won't fit neatly in those 16 specified beds.

Adopting national standards would provide significant benefits for our citizens, our communities, our hospitals and state government, including:

- Reduce the costs associated with the state's current hospital surveillance process as periodic licensure renewal surveillance for most hospitals would be conducted by national entities. Duplicative surveys require staff to be pulled from other responsibilities to address the needs of surveyors.
- Enable the state to hold hospitals accountable to far more up-to-date and rigorous clinical and quality standards. These standards would no longer have to go through the regulatory process which significantly impacts the length of time to institute change. In addition, because of the lengthy time associated with Pennsylvania regulatory process, a standard could be outdated prior to adoption. The benefit of using national standards to the public is the clear advancement of quality and patient safety standards for hospital care.
- Improve the surveillance consistency as standards would be clear and there would not be discrepancies between national and state standards as exists now.
- Enable the state to focus on other health care facilities (such as imaging centers and other facilities) that are not accredited by national organizations.

We welcome being held accountable for providing safe, quality health care services. We also want the regulations to be consistent, relevant, and flexible in meeting community needs, and to recognize the quality of care being provided. On any given year our health system facilities and other providers are surveyed by as many as 28 agencies (such as the agencies that survey laboratories, pharmacy, radiation services, etc.). This is the same number as survey large organizations, but our cost per bed from surveillance is much greater. We appreciate the need to protect the public but the cost of current surveillance is actually reducing access to care.

Recognizing national accreditation as a means of compliance with state licensure requirements would apply a higher, more effective standard than the state can provide through revision of its current regulations. And it can be accomplished much more quickly and less expensively. It is for these reasons that we support House Bill 1570.