Legislative plan prescribes aid for health group

By Sandra Armbruster
staff writer

It took the state Legislature to quite the screams of area hospitals which were told to reduce their bed capacity, -as a means of controlling rising health care costs — was first an element of was series to the costs — was first an element of was series of the control of

Administrators

Continued from Page 8A

hospitals to close or merge. Complaints from hospital and community groups caused the state Legislature to investigate the way debedding plans were devised. As a result, CHPC changed the process well as the criteria used in arriving at the scores, particularly involving more hospital personnel. Formerly, CHPC had used a survey asking hospitals about such things at the composition of their governing board and the size of their parking lots. This time around, scoring was based on revised criteria with points added or revised criteria with points added or subtracted for the following ageas:

• Licensing — If unlicensed, the hospital was targeted for closure.

• Physical plant — If CHPC estimated that the hospital building had a life of less than 10 years, it was scheduled to be closed.

Binert said that CHPC also was interested in seeing that hospital facilities. hospitals to close or merge. Complaints

Ringett said that CHPC also was in-ergsted in seeing that hospital facili-ties were current with such things as 220 volt power to each room and oxy-ged lines to each bed so that survival equipment could be plugged in. Rospitals with buildings or wings migle of wood frame construction would be asked by CHPC to close that were to building because of the fire

wing or building because of the fire hazard.

protest profiles

Obstetrics — Hospitals with obstetric floors are expected to serve a minimum of 1,000 deliveries a year, or face merger.
 Pediatrics — Hospitals providing pediatric services are expected to have 20 such beds, following national guidelines on the subject. Kingzett said.
 Average length of stay — Hospitals with longer than average lengths of stay are exceeded to instity the extra

of stay are expected to justify the extra time or lose points in the scoring pro-

ess.

Good fiscal management — Operating hospitals in a "financially responsible manner" was determined by reviewing their audits, according to Kin-

viewing their audits, according to Kinzett.

• Specialized services — CHPC examined hospitals to see if the frequency of special services offered justified their cost. Such services would include open heart surgery, kidney dialysis, computerized tomography (a three-dimensional x-ray), neonatal intensive care and kidney transplants.

The hospital profiles were drawn up on the basis of the surveys they submiton the basis of the surveys they submit-ted as well as information from Blue Cross-Blue Shield, Medicare, Medicaid and the Michigan Department of Pub-lic Health, according to Kingzett.

to coordinate health planning groups throughout Michigan. When the federal government decid-ed to fund health planning agencies throughout the country, CHFC was des-ignated as the agency for southeastern Michigan. About 55 percent of its fund-ing now comes from the federal gov-ernment.

who are not associated with the health care industry metion is to hear complaints about the process CHPC uses in establishing debedding number.

The Legislature also recommended that a technical work group be established to take part in the process of developing criteria, goals, standards and scores for the hospitals. Previously, CHPC's Plan Development and Coordination Committee (PDCC) had handled the job.

ernment.

BUT HOSPITALS and some organizations objected to the criteria and process that CHPC used to devise its debedding plan. When their complaints reached Larsing, a joint legist technical work group now functive committee was established to investigate CHPC's first plan.

That resulted inflwo new groups added to the planning process. A seveniember appeals body, which reports to the state Health Planning Council, was appointed. Its members include civic the state Health Planning Council, was appointed. Its members include civic leaders from southeastern Michigan

24"

representatives of 19 hospitals. Kingzett said the technical work group studies areas at the request of the PDCC
subcommittee.

"Believe me, they had a voice." said
Kingzett. With our first survey, one of
the concerns was that hospitals
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forcese Pointe area, and it had complaints about the first plan. He said that only the micuigan befingzett. "With our first survey, one of
the concerns was that hospitals
wouldn't return the forms. One that
don't was Cottage Hospital from the
Crosses Pointe area, and it had comwith survey."

This time with a 100 percent return on the survey.

Chairing the work group is Dr. Rich
Chairing the work group is Dr. Rich
This time People's Community Hospital
Livonia. Vice-chairman is John Freyspital Authority, which operates tive
pital Authority, which operates five
boughtals. Other members include Sister Xavier Ballance of Providence Hos-

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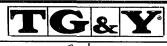
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