

**Minutes  
Surgical Care and Quality Assurance Committee  
Florida Board of Medicine  
Renaissance Orlando Hotel Airport  
5445 Forbes Place  
Orlando, FL 32812**

**December 3, 2009**

The meeting was called to order at 5:30 P.M.

Mr. McPherson called the roll and determined that the Committee had a quorum.

**Attendees:**

Robert Cline, M.D., Chair  
Trina Espinola, M.D.  
Onelia Lage, M.D.  
Tully Patrowicz, M.D.

**Excused:**

John Beebe

**Absent:**

Jason Rosenberg, M.D.

Larry McPherson, Executive Director  
Ed Tellechea, Sr. Asst. Attorney General  
Nancy Murphy, Paralegal  
Donna McNulty, Asst. Attorney General  
Katherine Price, Esq. Prosecution Services  
Elana Jones, Esq. Prosecution Services  
Gwyn Willis, Board Staff

Cindy Green, American Court Reporting

**Tab #1 Institute of Medical Quality, application to be an accrediting organization**

Representatives present from the Institute of Medical Quality:

John Kuskee, M.D., Chair of Institute of Medical Quality  
Jill Silverman, M.S.P.H, President and CEO  
Victoria Sampier, Manager, Ambulatory Care Review Program

Ms. Silverman gave the Committee an overview of the Institute of Medical Quality (IMQ) accrediting program. She stated that currently, IMQ operates solely in California even though they have been approved in Kansas and Oregon.

Dr. Cline asked, "Why IMQ wanted to come to Florida?"

Ms. Silverman stated that there were two reasons. The first was that they had many inquires from Florida physicians for accreditation. IMQ is less expensive than the other national accrediting associations, takes less time to become accredited, the IMQ staff is readily available for assistance and their program helps improve the accredited facilities. Second, was the need to be recognized by Medicare, Medicaid and other insurance plans by moving into the national market.

Dr. Cline asked, "How many facilities were currently accredited by IMQ and the costs in relation the other nationally recognized accrediting associations?"

Ms. Samper stated that there were 250 accredited facilities in California and that the costs were 60 percent less than the other national accrediting associations.

Mr. Tellechea explained the requirements of a statewide organization to be approved. He stated that an approval in Florida would require 100 percent compliance with the Florida laws and rules. He also stated that the Board rewrote the rules to require compliance after an expensive and time consuming defense of a denial to renew another accrediting agency several years ago.

Mr. McPherson asked, *“What other affiliations were held by IMQ?”*

Ms. Silverman stated that they were an entity of the California Medical Association, and that they also are responsible for continuing education audits and held a contract with California Public Health to survey hospitals. She also stated that California relies on IMQ for physician CME reports for continued licensure in California.

Mr. McPherson asked, *“After the first inspection, when would the next inspection take place?”*

Ms. Sampier stated that the first term would be for six months. After a survey, the approval for accreditation would be for 1-3 years. After the six month survey, if improvements are required, the facility would be required to submit interim reports throughout the process and reinspections would occur as circumstances require during the 3 year period.

Mr. McPherson asked, *“How IMQ reported non-compliance or violations in facilities?”*

Ms. Sampier stated that if a facility was reported or the media focused on an issue, that IMQ would give a 24 hour notice to do an emergency survey. After the emergency survey, IMQ would determine whether it is a system problem and determine whether reporting to the regulatory agency is appropriate.

Mr. McPherson noted that IMQ is part of the California State Medical Association and has no experience in other states. With regard to IMQ not reporting all violations of Florida law or rule, he stated that the biggest problem with the previously approved accrediting agency, was not reporting violations of the rules.

Ms. Silverman stated that they report to California and would comply with the reporting requirements of Florida, if approved. She further stated that surveyors would be required to take training related to Florida laws and rules.

Further discussion reflected that the surveyors used by IMQ are all California physicians that are required to be members of the California Medical Association. IMQ stated they would look at using Florida physicians however, Mr. Tellechea, advised that they are not required to do so. Dr. Cline asked if surveyors are required to be would be required to be members of the Florida Medical Association (FMA). Mr. Tellechea stated that membership in FMA cannot be required.

Dr. Patrowicz asked if the Committee would need to hold rule workshops and/or hearings when planning to add a newly approved accrediting agency.

Mr. Tellechea stated that a rule change would require the same process any other proposed rule change, which would include requests for hearings or rule challenges if submitted.

Dr. Espinola asked, *“What kind of distribution or types of facilities IMQ approved?”*

Ms. Silverman stated that the majority are plastic surgeons. The others are a variety of specialties, and that 90 percent of the facilities that they accredit are office based practices.

Dr. Cline suggested that if the Committee were to approve IMQ, that the approval be for one year with provisional status. Dr. Lage also supported a one year approval. After one year, IMQ would need to reapply.

Mr. Tellechea stated that if approval is given, the effective date can be placed in the rule. Then at the end of the year, IMQ would be required to reapply.

Dr. Espinola asked if there was a need for approving an accrediting agency. Mr. Tellechea stated that "need" is not the issue. The issue before the Committee is to act on the application, this weekend, because of the 90 day rule. The Board is required to approve or deny an application within 90 days after receipt of a complete application.

Dr. Cline asked, *"How long it would take IMQ to begin approving accreditation?"*

Ms. Silverman did not have any specific plan at the present time and a start up date would depend on the recruiting of qualified surveyors.

Mr. Tellechea stated that if IMQ were approved, the Committee would need to approve a rule change at the February 2010 meeting. He suggested that IMQ prepare a plan of action showing how they would comply with our rules, to be presented to the Committee for review at the February meeting.

**Action Taken:**

Dr. Patrowicz made a motion to approve the application for one year with provisional status; they must demonstrate prior to commencing accreditations that their surveyors meet the required qualifications set forth in Rule 64B8-9.0092(2)(d), F.A.C.; and the Board will set an effective date of the approval at its February, 2010 meeting when it considers the rule change adding IMQ to the rule setting forth approved office surgery accrediting agencies.

**Tab #2 Approval of Statement of Estimated Costs for the following rules.**

- Rule 64B8-9.009 (4) (a) (1) F.A.C. Change to Level II Anesthesia
- Rule 64B8-9.009 (4) (a) (4) F.A.C. Adding defibrillator or AED to list of Equipment and Supplies

**Action Taken:**

Dr. Lage made a motion to approve the Statements of Estimated Costs. Dr. Patrowicz seconded the motion and it passed unanimously.

**Tab #3 Changes to Office Surgery Registration Application to meet the requirements of Senate Bill 1986.**

Mr. Tellechea pointed out that the application was a Department of Health form and the determination if a Statement of Estimated Costs is required, would be a Department of Health decision.

**Action Taken:**

No action required.

**Tab #4 Statistics**

Dr. Cline pointed out that for 2009, only three deaths had been reported to date.

**Action Taken:**

No action taken.

The meeting adjourned at 6:43 P.M.