



April 25, 2006

Approved by Commission on June 6, 2006

Present: Nancy Chi, Joyce DeMonnin, Sandra Douma, David Hartwig, Bruce Johnson, Gloria Larson, Roy Magnusson, Jim Martin, Lewis McCoy, Dave Widen, Maureen Wright.
Administrator: Jim Dameron. Staff: Leslie Ray.

Excused: Susan Allan, Grant Higginson, Susan King, George Miller, Andreas Goldner, Glenn Rodriguez.

Issues Heard:

- Approval of Minutes
- Hospital Reporting Program
- Pharmacy Reporting Program
- Nursing Home Reporting Program
- IHI 100,000 Lives Network
- Treasurer's report
- Consumer Involvement
- Legislative Committee update
- Speaking up on policy issues
- IT Plan

Call to order: Quorum present.

Approval of Minutes: Commissioners reviewed the draft minutes from the March 14, 2006 meeting. Minutes were unanimously approved.

Public Comment: None

Other Comments: Joel Young introduced Dana Selover, MD, MPH to the Commission. Dana is the new Patient Safety Lead for the State's Health Systems Planning department. She will have responsibility for "certifying" the Commission's reporting programs (a statutorily defined task). In addition she will assist the Commission in a variety of project-specific efforts.

Jim Dameron shared with the Board of Directors a copy of Department of Justice memorandum on "statutory restrictions on promoting or opposing ballot measures." As a general rule of thumb, Commissioners should contact legal counsel (via the Administrator) or the Secretary of State's office if, in their Board capacity, they are considering public comment regarding matters before the voters.

Hospital Reporting Program:

As of April 25th the Commission published its “charter member” list. To date, 41 of 57 Oregon hospitals have enrolled in the Commission’s reporting program. These 41 provide care to more than 90% of all hospitalized patients in Oregon. The Administrator prepared a press release.

Further discussion:

- Additional hospitals are likely to enroll in the next month or so.
- The Commission instructed the Administrator to send a press release to the Governor and to the legislature, as appropriate.
- OAHHS agreed to post the charter list on its website.
- The Commission asked staff to quickly develop the capacity to respond to “alerts.”

Pharmacy Reporting:

Dave Widen provided an update. Tentative agreements regarding the reporting framework include:

- Pharmacies will be asked to report all events that reach the patient, regardless of harm level.
- Race and ethnicity data are not typically collected in pharmacy practice. Such data would be hard to capture if requested by the Commission. Recommendation – do not include.
- Data will be organized around “work flow process” instead of “location.”

Discussion:

- Fred Meyer has agreed to participate in a pilot. So have 3 independent pharmacies.
- Jim Thompson, Executive Director of Oregon Pharmacy Association spoke in support of the Commission’s reporting program: “ This is something I thought we should be doing a long time ago.”
- “Other states are remarkably punitive in their approaches.”
- The field is changing, pharmacies need strong quality improvement programs (older pharmacists retiring, more techs coming in without professional experience.)

Nursing Home Reporting:

Definitions work group completed its task – developed a definition of serious adverse event and created a draft reporting template. The participants in the workgroup represent 75% of beds in Oregon. The next steps: 1) bring together an advisory group to vet the reporting frame; 2) initiate a short-duration pilot to test feasibility.

100,000 Lives Network

The Administrator provided an update on progress made by the newly formed ‘network:’

1. OAHHS, OMA, Acumentra Health, and the Patient Safety Commission have agreed to form a 100k Network. ‘Node’ activities will take place within this new network.

2. The Network is committed to advancing the 100K agenda, through 12/07.
3. Initially we will limit our *joint* activities to championing 100K's 6 *planks* (and any other planks that IHI might develop by YE '06).
4. Our 4 organizations will meet monthly to coordinate activities.
5. We will begin crafting an "Oregon 100K Campaign."
6. The OAHHS will work to gain 100% hospital enrollment in 100K by year end 2006. The OMA will work to identify and develop physician champions in hospitals.

Treasurer's report

David Hartwig provided an overview. As of April 21, 2006 the Commission's total current assets were \$253,964. The Administrator presented 3 scenarios comparing assets to expected liabilities for the remainder of 2006:

1. Current expenses + .5 FTE Executive Assistant -- \$24,000/month
2. Original 2006 estimated operating budget (excluding the cost of analytic support) – \$37,000/month
3. 2006 operating + additional 1.0 FTE (analytic support) – \$49,000/month

Discussion:

- Our revenues do not match our medium range expenses.
- This is a very lean operating budget. We still need to build a house (with sufficient infrastructure).
- We need to pursue grant funding.
- This is the time to be developing relationships with legislature.
- Move discussion of finances to top of future agendas. Develop reports/tools that let us better discuss our options.

Consumer Involvement

Staff presented a set of principles for engaging patient, families and consumers in the work of the Commission. After review, the Commission concurred with the staff recommendations.

- Develop appropriate selection criteria. Consumers must be able to look at larger issues, have some experience in seeking health care services, and be willing to devote some time to the effort.
- Provide active support for consumers to ensure effective participation. Provide orientation and training. Integrate consumer reps from the initial formation of group.
- Start small (aim for 2 consumers per task group).
- Develop on-going recruitment strategies.

Legislative Committee update

Roy Magnusson provided an overview. Key points:

Patient safety will be high on the list of health issues discussed in Salem. Some of the issues likely to be addressed by the 2007 Legislature:

- Evaluating the Commission's voluntary reporting model.
- Measuring the Commission's progress toward creating a pharmacy reporting program.
- Debating the utility of mandatory infection reporting.

What messages we might want to deliver to the Legislature:

- We have a critical mission
- Our core philosophies represent something new – systems thinking, non-punitive approaches, collaborative efforts.
- Our efforts are *complementary* to regulatory approaches that focus on finding 'bad apples.'
- We are making progress.
- We want to be at the table – we are in business to address problems and offer solutions.

Possible Legislative initiatives:

- The Commission still has an uncertain mandate to assess fees on non-participating organizations. The work group believes we should explore the idea of resurrecting SB 819 (from 2005 legislative session).
- Consider the possibility of seeking limited, partial state funding for Commission.

Strategies:

- Set up a meeting with the Governor's office to provide briefing on the progress of the Commission.
- Renew ties to legislative champions of Patient Safety Commission. Make sure Legislator knows we offer a different solution than those proposed by regulatory boards.
- Clarify the administrator's lobbying status. Should he register as a lobbyist for the Commission?
- Continue to work with other organizations such as OAHHS.

Speaking up on policy issues

Administrator proposed the idea of organizing a policy summit on healthcare-associated infections. The goal would be to bring legislators, healthcare leaders, scientists, policy advisors and citizens together to discuss options for reducing the number and severity of such infections. The Commission asked the Administrator to put together a feasibility study.

IT Plan for hospital reporting

The Commission asked the Administrator to come back with options by next meeting.

Next Steps:

- Send press release – send to Governor’s office. Also send to legislature. Continue to build positive relationships with Governor and legislature.
- Develop an immediate response capability (Alerts).
- Continue working toward pharmacy pilot project
- Continue working on nursing home pilot
- Offer options for building an electronic reporting program.
- Work with AARP and others to determine interest in a statewide medications list.
- Create a series of financial reports that properly gauge the Commission’s existing resources, future liabilities. Offer strategies for bridging any gaps.
- Begin developing some grant writing capabilities.

Next Meeting:

June 6, 2006
Noon – 3 PM
Oregon Health Care Association
8995 SW Miley Rd
Wilsonville, Oregon

Minutes prepared by Jim Dameron/May 22, 2006