

Our Vision: *Healthcare for all Oregonians will be safe.*

Our Mission: *To improve patient safety by reducing the risk of serious adverse events occurring in Oregon's healthcare system and by encouraging a culture of patient safety in Oregon.*

**Present:** Nancy Chi; Joyce DeMonnin; Sandy Douma; Andy Goldner; David Hartwig; Grant Higginson; Bruce Johnson; Susan King; Gloria Larson; Jim Martin; Lewis McCoy; Glenn Rodriguez; Dave Widen; Joel Young. **Staff:** Jim Dameron, Linda Goertz, Leslie Ray, Dana Selover.

**Excused:** Susan Allan, Roy Magnusson, George Miller, Maureen Wright.

**Issues Heard:**

- ◆ Approval of minutes
- ◆ Review of draft pharmacy rules
- ◆ Annual evaluation of Administrator
- ◆ Review of hospital reporting program
- ◆ Strategic planning session (see separate summary)

**Call to Order:** Meeting was called to order at 12:05 p.m. with a quorum present.

**Approval of Minutes:** Commissioners reviewed the previously-sent draft minutes from the August 29 meeting. Minutes were unanimously approved.

**Proposed Pharmacy Rules:** The group discussed the draft pharmacy rules; these rules are based on the hospital rules.

- The reporting form was developed by a task group of pharmacists and has been pilot-tested and revised.
- The Commission benefited from the participation of a strong advisory committee that included representation from different types of pharmacies, the pharmacy association, health care providers and consumers.
- The proposed fee structure (\$150 per participant annually) is based on the decision of the fee-setting committee in 2005 (20% of the Commission's total program costs). The advisory group saw and commented upon these fees before the draft rules were completed.
- "Reportable Adverse Events" are those that result in patient harm or risk of harm, unrelated to the natural course of the patient's illness or underlying condition. It does not include an event where a patient did not receive or have control of the medication.
- Reports of events must be thorough and found to be acceptable, showing system-level investigations, root cause analyses and improvement strategies.
- The hearing for pharmacy administrative rules is scheduled for December 4; commissioners may take comments under advisement and will vote some time in mid-December, possibly via phone meeting (as was done with hospital rules). Commissioners requested further clarification of when disclosure is not needed, and further distinction between

“serious adverse event” as specifically defined and as a description of a general class of events. If everything follows as scheduled, the rules will take effect on January 1, 2007.

### **Hospital Evaluation / Participation:**

- **Survey:** A 40-question survey on the hospital reporting program has been submitted to the facilities that have submitted reports thus far. We will send reminders to solicit as many responses as possible; the survey will close December 1. Early responses indicate that hospitals want us to be a resource link for them, and they want more information on the data we’ve been collecting. We will also be sending a slightly different survey to CEO’s of hospitals that have not yet sent in reports.
- **Participation:** Only 23 of the 52 signed hospitals have reported. How do we reach out to those not yet reporting? **ACTION ITEM:** Commissioners agreed to make contact with senior management of all Oregon hospitals to help identify barriers to participation and to build relationships with those facilities. Staff will match commissioners with facilities (approximately four contacts each) and develop talking points, as well as drafting a letter and program status report for Commissioners to use. In this way, hospitals can learn more about the Commission and understand that the work is championed by an active board, while the participation survey will be supplemented by leadership interviews.

**Administrator Review:** Glenn Rodriguez thanked Jim Dameron for his excellent work as Administrator and for the work of the staff. It was moved and seconded to accept the evaluation recommendation of a 5% Administrator salary increase retroactive to July 2006; the motion passed unanimously. **ACTION ITEM:** The evaluation cycle will continue annually; discussion of next year’s cycle should begin in May to allow time for goal-setting and avoid the need for retroactive adjustments.

**Public Reporting:** There was a brief discussion of a few anecdotal reports of adverse events which have come to individual Commissioners or to staff. We have no process to handle public reporting at this time; such reports seem motivated by a desire to assure that the hospital report has been received. Should we solicit reports from patients or the public? If we receive reports, should we tell the individual if/when a matching hospital report has been received? How long do we wait before determining a hospital has “not reported” an incident? **ACTION ITEM:** The Commission agreed to discuss these questions at the next meeting.

**Adjournment:** The meeting continued as a strategic planning session, which was adjourned at 5:30 p.m.

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### **Suggested Agenda items for January 23 Meeting:**

- Discuss Federal Patient Safety Act and its ramifications; evaluate our position
- Determine next steps on colored wristband issue for hospitals
- How do we deal with and respond to consumer-initiated reports and requests?
- Leapfrog issue – not charging for “never” events
- Planning for Commissioner / CEO leadership interviews
- (may be postponed) Enhance visibility of Commission by marketing to players (improve/increase “brand management”)