



April 17, 2007

Minutes approved May 29, 2007

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.*

Commission Members Present: Joyce DeMonnin, Sandy Douma, Bruce Johnson, Susan King, Gloria Larson, Roy Magnusson, Lewis McCoy, Dave Widen, Maureen Wright. **Staff:** Jim Dameron, Linda Goertz, Leslie Ray, Dana Selover. *Also:* Richard Botney, Paul Frisch, Ruth Medak, Alisha Wilson.

Excused: Susan Allan, Nancy Chi, Andy Goldner, David Hartwig, Jim Martin, Glenn Rodriguez.

Issues Heard:

- Approval of March 6 minutes
 - Review of 2007 strategic goals
 - George Miller tribute
 - Nominations subcommittee
 - Review of administrative rules for ambulatory surgery centers
 - Electronic reporting of adverse events
 - Biennial budget
 - IHI Network next steps
 - Patient stories
 - Administrator's report
- 1) **Call to Order:** Meeting was called to order at 12:10 p.m. by Lewis McCoy.
 - 2) **Minutes:** Draft minutes contained an error in names of members present. This will be corrected. It was moved and seconded that the minutes as otherwise issued be approved. The motion passed.
 - 3) **Context / Strategic Goals:** The Administrator reviewed the Commission's 2007 strategic goals, with an emphasis on progress to date. Of note: the Technical Advisory Committee is up and running and has 2 meetings under its belt; the retained objects workgroup is scheduled to have its first meeting on May 2. Regarding consumer engagement - Gloria Larson reported on a recent national meeting that offered ideas on how to involve patients in safety committees.
 - 4) **George Miller Tribute:** Staff recommended that the Commission create an annual patient safety award in George's name (an award with high visibility, not necessarily monetary). Representatives of Salem Hospital and the Oregon Medical Association have expressed interest in co-sponsoring; George's wife Susan is supportive of an award to honor his legacy. Ruth Medak suggested that George's focus on "how to fix it" rather than "who to blame"

should be honored. Paul Frisch (OMA) offered to provide some financial support if needed. The Commission unanimously approved the idea and asked staff to develop it further.

- 5) **Nominations Subcommittee:** The subcommittee was charged with developing a list of candidates to fill open board seats. The subcommittee recommended Brett Sheppard, MD for the open physician seat and Leonard Friedman, Ph.D., MPH, of Oregon State University for the faculty position. Both Dr. Sheppard and Dr. Friedman are willing to serve. The subcommittee noted that interest was high and that other qualified people are available. The Commission discussed the possibility of asking some of these folks to serve on advisory panels. As a second charge, the subcommittee was asked to recommend a slate of candidates for Commission Chair and vice chair. To that end, the subcommittee suggested Lewis McCoy as Chair, and Joyce DeMonnin become the new Vice-Chair. Additionally, four Commission members whose first terms will end in July (Nancy Chi, Sandy Douma, Gloria Larson and Glenn Rodriguez) all have agreed to serve a second term. Each of these will need to re-file with the Governor's office; this must be completed by June 29. It was moved and accepted to forward the names of Drs. Sheppard and Friedman to the Governor as the Commission's recommendations for new Commission members. It was agreed to accept the nominations for Commission Chair and Vice-Chair, with the official election to be held at the next meeting. The motion passed. The work of this subcommittee is now completed.
- 6) **Review of Administrative Rules for Ambulatory Surgery Centers (ASCs):** A public hearing to gather testimony is scheduled for April 25. As soon as possible after that date, the Commission will hold a phone conference to vote on the rules (That conference must be in accord with public meeting rules). Dana Selover summarized the rule development process. The Commission had assistance from an advisory group, ran a pilot study that included 8 ASCs, and gathered input from an administrative rules group. The Commission discussed:
 - a) The use of the term "participant" in the fee section. The Commission requested that the Administrator check with legal counsel about its appropriateness.
 - b) The possibility—in the future—of reorganizing administrative rules so that they are combined into one document instead of separate ones. For example, it might make sense to combine all sections related to participant fees into one rule. At that point it might be a good idea to build in an automatic inflation adjustment.
 - c) Transition-of-care issues. Several commissioners commented on the importance of dealing with transition issues and figuring out a way to manage interactions and share information. Commissioners noted that this will require teamwork and willingness to share information and report events without assuming blame in the other facility. The Commission felt that it might be uniquely qualified to speak to transition-of-care issues.
 - d) Appendix A (definitions of ASC adverse events). These events vary from those reported by hospitals. Some include events identified post-discharge.
 - e) Legislative updates. Dana commented that two bills relating to ASCs have been introduced in the Oregon legislature. Additionally, a new OHPR regulation for ASC quality reporting is already in effect. This changing landscape may negatively impact the Commission's ability to quickly implement its reporting program.
- 7) **Electronic Reporting:** Hospital reporting has been using a time-consuming manual system since the program's inception. The Commission discussed ways of creating a secure web-

based reporting system. Staff requested permission to hire a consult to help evaluate alternatives. With elegant timing, Maureen Wright announced that Kaiser Permanente has agreed to provide a \$25,000 contribution earmarked for computer development. The Commission moved and seconded to utilize up to \$5,000 to hire a consultant.

- 8) **Biennial Budget:** As a semi-independent state agency, the Commission must create a biennial budget via administrative rule. The rule process is meant to allow for public review and justification of monies collected and spent. The next budget cycle is July 1, 2007 – June 30, 2009. To fulfill this obligation, staff proposed a biennial budget of \$996,936. After review, the Commission discussed the need for a contingency fund since the proposed budget was so ‘lean.’ The Commission then asked the Administrator to prepare a budget that included between \$50,000 to 75,000 in a savings fund (roughly equivalent to two months’ operating expenses).
- 9) **IHI Network - Next Step:** In support of the newly introduced national campaign (5 Million Lives), the Oregon Network (Acumentra, CareOregon, OAHHS, OMA, ONA and the Patient Safety Commission) tentatively agreed to start with a focus on pressure ulcers. Staff argued the logic and emphasized that pressure ulcers can speak to the need for better transitional care. Commissioners expressed support and interest in the details of the project as it unfolds.
- 10) **Personal Stories:** People tell us stories. The question becomes, how might the Commission use such stories to remind us of the importance of our collective work? Toward that end staff offered editorial guidelines and an example of a possible write-up. Commissioners expressed interest. Highlights of the discussion included:
 - Consider opening Board meetings with a personal story
 - Use a collection of stories as resources for meetings on patient safety issues.
 - Make sure that stories for public sharing are chosen carefully to illustrate the possibility of positive action, while using the authenticity of a person’s own words.
 - Start small with a story corner; don’t use undue staff time; find a balance.
- 11) **Administrator’s Report:**
 - a) Pharmacy Recruiting – Jim Dameron and Dave Widen are working with the major pharmacy groups, hoping to find agreement with at least three major chains so their participation can be announced at the same time.
 - b) Nursing facilities: Lewis McCoy and Jim Dameron made a presentation at the OHCA annual meeting in Eugene. Jim will present to the Oregon Alliance in May. Both groups are supportive of the Commission’s reporting program
 - c) Advancing Excellence: This is an effort led by Acumentra to engage nursing homes in measuring quality. The Commission is interested in finding a role, especially around transitional care issues.
 - d) The Commission is working with a PSU intern (Alisha Wilson, sponsored by Dana Selover) to find practical ways to support hospitals in meeting the written notification requirement. Next week, staff will also meet with Dr. Thomas Gallagher, a national expert on disclosure.
 - e) Interviews begin this week for the new Field Coordinator position, which closes April 20.

- 12) **Evaluations:** Please review the summary of the evaluation of the last commission meeting / commissioner performance. This particular evaluation will be repeated in a few months. Please complete and return this meeting's evaluation form.
- 13) **Adjournment:** The meeting was adjourned at 2:53 p.m.

Next Steps (before next Board meeting):

- Encourage 4 're-up' Commissioners to submit their applications to the Governor's Office. Support Dr. Sheppard and Dr. Friedman in the process of submitting their applications.
- Organize a public meeting via telephone to ratify final ASC rules.
- Ask Attorney General's Office to review ASC rules one final time.
- Continue to develop ways to address transitional care issues.
- Continue to monitor legislative activities in Salem (especially SB 36, HB 2524, SB 329).
- Develop a plan for a web-based reporting program. Hire consultant to weigh the options, as necessary.
- Revise the biennial budget to include a contingency fund. Begin the rule making process.
- Continue to develop plans with IHI network for joint project on improved pressure ulcer care.
- Post a personal story on the Commission's website. Develop additional stories as they become available.
- Press ahead with recruitment of pharmacies and nursing homes to the Commission's reporting programs.
- Work cooperatively with Acumentra in the Advancing Excellence program.
- Continue developing 'Phase 2' strategies to support hospitals in meeting requirement to provide written notification to patients.

Next Meeting:

May 29, 2007

Noon to 3 PM