



May 29, 2007  
Approved July 10, 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:** Nancy Chi, Joyce DeMonnin, Sandy Douma, Andy Goldner, Bruce Johnson, Susan King, Gloria Larson, Lewis McCoy, Glenn Rodriguez, Dave Widen, Maureen Wright. **Staff:** Jim Dameron, Linda Goertz, Leslie Ray, Dana Selover, Joel Young. **Also Present:** ; Dr. Merilee Karr; TAC member Richard Rouse; intern Alicia Wilson. **Excused:** Susan Allan, Roy Magnusson, Jim Martin.

#### **Issues Heard:**

- Approval of April 17 minutes
- 1) **Call to Order:** Meeting was called to order at 12:06 p.m. with a quorum present. Glenn Rodriguez opened the meeting with words about culture change from Margaret Wheatley, author of *Leadership and the New Science*. Culture change requires “awareness, patience, and generosity.”
- 2) **Commissioner Updates:** The governor has nominated four Commissioner re-appointments (Nancy Chi, Sandy Douma, Gloria Larson and Glenn Rodriguez) as well as two new appointments (Dr. Brett Sheppard and Dr. Leonard Friedman). The Board will be at full strength beginning with the July 10 meeting.
- 3) **Minutes:** It was moved and seconded to accept the minutes for the April 17 meeting as written. The motion passed.
- 4) **Administrator's Report:**
  - a) A new staff person has been hired: Amy Gryzniec will join staff as the Commission's second Field Coordinator, with responsibility for nursing homes and ambulatory surgery centers.
  - b) Staff are working on a transitional care project (see report).
  - c) The Technical Advisory Committee met this morning. We hope to start offering feedback to hospitals based on insights gathered.
  - d) The Retained Objects workgroup is another example of how we can use statewide data we've gathered to help drive change around a safety issue.
  - e) Staff are working on a training for adverse event reporting.
  - f) Senate Bill 36 is awaiting a House vote very soon to provide a more stable funding base. If it passes, it will go to the Governor for signature. *{Note: the bill passed June 4.}*
  - g) We are actively involved in recruiting nursing homes; no agreements have yet been signed. Nursing homes are expressing interest in quality improvement opportunities offered by the Commission.

- 5) **TAC Meeting:** The group has reviewed nine report cases and have identified some issues and commonalities. Further development of root cause analysis skills is needed. Richard Rouse commented that compliance/rule-based systems are focused on line staff behavior; he believes the advantage of a voluntary system is that it can focus on management systems that may lead to deeper improvement. Do we agree with this analysis and if so, are we doing all we can to engage management?
- 6) **Election of Officers:** It was moved, seconded and unanimously passed that the next Chair of the Commission will be Lewis McCoy and the Vice-Chair will be Joyce DeMonnin. In accordance with the Commission's by-laws their terms will begin immediately after the end of this meeting (5-29-07).
- 7) **Hospital Data Overview:**
  - a) Leslie shared a brief summary of twelve months of data from the hospital adverse event reporting program; in that time, the Commission received 59 reports from 27 hospitals. Jim noted that we continue to have concerns about under-reporting of some cases, including more complex ones, and about undue focus on events that are "easier" to classify.
  - b) Our first workgroup on an issue raised by adverse event reporting – the Retained Objects Workgroup – is meeting to help identify causal factors and to make recommendations for improvements.
  - c) This also raises the issue of how we should communicate our activities, as well as a concern about events that may be occurring that are not yet being reported. We are receiving reports of sentinel events, but perhaps not all of other types of events. Should we on occasion push for a greater focus on certain kinds reports we "want" to hear about – as part of an educational outreach? How do we maximize appropriate reporting and how do we communicate our learnings about reports?
- 8) **Written Notification:**
  - a) Alisha Wilson, an intern from PSU, has been working with the Commission for several months on the issue of written notification. Positive potential of written notification includes trust; open and reciprocal communication; patient-centeredness; and the strengthening and rebuilding of ongoing relationships. Some elements of successful disclosure/notification are: empathetic communication of facts; expression of regret; commitment to investigate/prevent recurrence; results of the investigation; information about organizational/provider improvements to prevent recurrence; offer of support services. The Commission recently held a conference call to gain information about progress of disclosure and notification throughout the state. The degree to which notification is implemented varies; not all facilities clearly understand the value of this notification. The Commission needs to continue to help encourage and support written notification. Alisha has developed several tools for the Commission's use, including a survey, model letters, and a written notification workshop.
  - b) Dana noted that Commission staff have met with Thomas Gallagher (University of Washington), who is very interested in our work with written notification. Medical malpractice insurers play an important role in this discussion; they are not yet in agreement regarding this process.

c) Discussion followed; is there a value in requesting copies of disclosure letters from hospitals that have sent them? The Commission could provide “best practice” examples of this notification. How do we take these tools and craft them into a strategy for this important issue?

9) **Communications Subcommittee:** Joyce, Susan and Dave met to discuss Commission communication issues, both internal and external. Objectives include each board member’s role in understanding and sharing messages about the Commission’s unique role. Some strategies could include: communications training; “just-in-time” preparation for news events; creating more time for broader discussions at meetings; invite stakeholders and consumers to meetings; put more documents on the web; develop Commission as “clearinghouse” for information and concerns.

10) **Outgoing Chair’s Comments and Challenge:**

a) Glenn commented on the remarkable progress the Commission has made. We were created without funding and have moved forward significantly. The legislature has created the Commission with the mission of improving patient safety by reducing the risk of serious adverse events, and by encouraging the culture of patient safety in Oregon. Included in this charge are the adverse event reporting programs; establishment of quality improvement techniques; and the dissemination of evidence-based practices.

b) Program goals for 2007 from November 2006 meeting included: building and sustaining reporting program; establishing quality improvement techniques; disseminating prevention practices; encouraging a culture of patient safety; and ensuring organizational stability and success.

c) Glenn asks, *Have we identified clearly enough our BHAG (“big, hairy audacious goal”)?* Can we make the Oregon healthcare system the safest in the country? If so, what are our tasks in realizing that outcome? How can we effectively collaborate with major partners with clarity about our role? What are meaningful *measures* to show patient safety in Oregon? We need to think on a different scale. A rich discussion followed; see separate document.

11) **Adjournment:** The meeting was adjourned at 2:55 p.m. Our next meeting will be Tuesday, July 10.