



February 10, 2009  
Approved April 14, 2009

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.*

## **EXECUTIVE SUMMARY and ACTION ITEMS:**

- *Commissioner Update:* Bruce Johnson was chosen as the new Vice-Chair.
- *Transparency:* Board discussed draft white paper on balancing transparency and confidentiality. **ACTION ITEM:** Subcommittee will meet to develop recommendations for April meeting.
- *Legislative Update:* Staff summarized progress on Senate Bills 14, 15 and 23. **ACTION ITEM:** Staff to draft a "model support letter" that Board members can use as a template to contact legislators.
- *Consumer Engagement:* Subcommittee described ways to highlight national Patient Safety Awareness Week in Oregon (March 8-14).
- *Surgical Checklist:* The Commission agreed to endorse and promote use of the Surgical Safety Checklist in Oregon.
- *Priorities:* Board discussed how best to finalize 2009 priorities. **ACTION ITEM:** Board wanted clarification about 'core' tasks and 'discretionary' tasks. Staff promised to re-format priorities by these categories. Commissioners agreed to list their top three discretionary priorities and send to staff before next meeting.
- *Nursing Homes:* Mary Gear (SPD) and Linda Kirschbaum (OHCA) met with the Board to discuss Oregon's nursing homes and the interaction between regulatory actions and quality improvement initiatives. Board agreed to support the "Quality Improvement and Regulation" project.
- *Patient Safety Design:* Cara Glennon-Olsen shared a white paper on design. **ACTION ITEM:** Linda will share copies of this paper with Commissioners.
- *Pharmacy Grant:* The Commission approved a grant proposal for a pharmacy summit. **ACTION ITEM:** Jim will submit proposal by the deadline (February 20).

## MINUTES AND ATTENDANCE:

**Commission Members Present:** Nancy Chi, Joyce DeMonnin, Grant Higginson, Bruce Johnson, Susan King, David Labby, Roy Magnusson, Jim Martin, Sue Nelson, Glenn Rodriguez, Dave Widen.

**Excused:** Lewis McCoy

**Absent:** Brett Sheppard

**Staff:** Jim Dameron, Linda Goertz, Amy Gryzniec, Leslie Ray, Dana Selover.

**Guests:** Pam Bristol, Cara Glennon-Olsen; Kecia Rardin, Ellen Hampton

- 1) Call to Order: Meeting was called to order by Joyce DeMonnin at 12:30 with a quorum present.
- 2) Introductions: Commissioners, staff and visitors introduced themselves.
- 3) Commissioner/Staff Updates:
  - a) Sue Nelson has taken on a new (and important) role within State government. It will take a great deal of her time. Therefore she asked to be relieved of her Vice-Chair responsibilities. It was moved and seconded to appoint Bruce Johnson as Vice-Chair. The motion passed unanimously.
  - b) Norm Gruber, CEO of Salem Hospital, has been appointed by the Governor to fill the Hospital Administrator spot on the board; we expect him to be confirmed by the Senate and to attend the next meeting.
- 4) Minutes from Dec. 16, 2008: It was moved and seconded to approve the minutes as written; the motion passed unanimously.
- 5) Financial Report: Jim Martin reported on finances; there are about ten months' cash flow on hand. Almost all hospitals have paid 2009 fees; nursing homes are slower in paying and pharmacies were billed somewhat later than the others.
- 6) Transparency Committee: The committee met once between board meetings to discuss the concept of transparency within our statutory limits of confidentiality. "Transparency is an expectation in Oregon," said one Board member. However, our confidential model allows for the creation of a "safe table." Actions suggested by the committee: require written notification; hold reporting participants accountable for report adequacy and quality; share more status reports and aggregate information; reach out to consumers; encourage hospitals to share their information themselves.  
**ACTION ITEM:** The committee will meet again to draft recommendations for the Board's approval.
- 7) Legislative Update: Grant Higginson reported the Commission has presented three pieces of legislation this session:
  - a) SB14 (removing sunset) was heard and got a favorable reception with many favorable remarks about the Commission. The bill passed the Senate unanimously and was referred to the House.
  - b) SB15 (requesting state money) met with a sympathetic but discouraging response. Jim has submitted a business plan but prospects do not seem positive.
  - c) SB 23 (create funding structure, make us primary PSO; allow Dept. of Revenue to collect past-due fees) was also heard with some comment. There are two amendments:
    - i) A technical clarification on fees;
    - ii) A possible amendment arising from a white paper relating to nursing home quality improvement, sponsored by OHCA (long term care trade association). Susan King cautioned that this process should generate an action plan rather than "just a report."

- d) Jim will meet with Sen. Bates on the 11<sup>th</sup> and the next Senate hearing will be on the 12<sup>th</sup> with Jim testifying regarding both SB15 and SB23.
  - e) Joyce reminded the group about communicating with their legislators. **ACTION ITEM:** Jim will share a suggested draft letter for this purpose in the coming weeks.
- 8) Consumer Engagement Committee: Joyce reported that the committee (including Dana Selover, Dave Widen and Amy Gryzniec) met for the first time. Goals are to provide statewide leadership in patient safety education of consumers, increase awareness of issues among providers; and tie outreach efforts to the North Star goal. Amy discussed additional tasks: a letter for Board members to send to their legislators; dissemination of North Star benchmarks; and possibly some op-ed pieces. We have also requested that the Governor make an official proclamation of national Patient Safety Week (March 8-14) in Oregon. There was discussion around the idea of linking the Surgical Safety Checklist (see below) with Patient Safety Awareness Week, with communications directed toward consumers.
- 9) Surgical Checklist: Leslie discussed the World Health Organization's surgical safety checklist; the IHI has issued a "surgical sprint" challenge for all U.S. hospitals to implement use of the checklist in at least one operating room by April 1. The Oregon IHI Node has developed a standard checklist to include some SCIP infection prevention steps and a specific invitation for all surgical team members to speak up with any concerns in the procedure. These are evidence-based best practices and the checklist is endorsed and/or promoted by the OMA, CareOregon, Acumentra and OAHHS. Discussion/suggestions: Link to North Star goal; publish names of those adopting by year-end; provide visual aid or lobby poster for participants ("this facility practices surgical safety")? Suggested slogan: *Always in Oregon*. Approach Oregonian editorial board, with Board member or surgeon or O.R. nurse to talk about the real-life scenarios? We need truly to be able to provide support to folks who are having difficulty implementing; offer a Grand Rounds, or send a successful team to another facility to discuss. It was moved and seconded that the Commission assure that the Surgical Safety Checklist will be implemented in hospitals doing surgery in Oregon by the end of 2009; the motion passed unanimously. Continuing discussion: how do we use this initiative to support people and facilities in doing good work?
- 10) 2009 Priorities: Jim discussed a list of high priority projects:
- a) *Champion Patient Safety Vision*. David Labby suggested this priority be worded "Be the voice for patient safety in Oregon."
  - b) *Strengthen Reporting Program*
  - c) *Advocate for Best Practices*
  - d) *Champion Patient Safety Improvement Activities*
  - e) *Actively Engage Patients/Consumers/Residents* How can we provide very specific information to consumers for use in their own health care?
  - f) *Engage the Larger World*
  - g) *Nurture the Infrastructure to Support our Work* How do we make connections throughout the larger community to create a learning network?
  - h) Discussion: This list addresses wide-ranging, significant activities and needs further prioritization. **ACTION:** Jim to create list of initiatives and note which are core; he will send to Commissioners. All Commissioners will send their top three priorities to staff.
- 11) Quality Improvement / Nursing Homes: Mary Gear, Administrator of the Office of Seniors and People with Disabilities, and Linda Kirschbaum of the Oregon Health Care Association joined the

group to discuss quality improvement in nursing homes, and to reflect on a white paper drafted by Commission staff. Discussion and responses centered around the following questions:

- a) *What's your take on the state of the state of nursing home quality?* Mary: Quality is broader than simple compliance with regulations. All stakeholders should have a say in how quality is defined. Linda: Nursing homes are different from hospitals; these are places where people live and have relationships. Long term care facilities were perhaps slow to adopt QI but the profession is now beginning to embrace quality concepts that move beyond regulatory compliance and clinical measures. Oregon ranks in top five of CMS' "five-star" ratings in terms of staffing, but statewide quality measures are lower. Our acuity levels for residents is quite high, due to our long history of community-based care. The highest care folks come into rehab and LTC facilities. Oregon's average length of post-acute stay is 4.5 days (Medicare post-acute-care requirements are rigorous). In one year, 35,000-40,000 people go through nursing homes; Medicare pays for about 5,000 of them.
  - b) *What are the safety issues for nursing home populations?* Linda: Pressure ulcers and falls; falls in particular create concerns with autonomy and respect vs. risk and restraint. Especially for those who will be staying in LTC, temporary measures not effective. Mary: Incidents around managing behavior; around interactions between residents; addressing depression – beyond just the clinical issues. There is often insufficient medical infrastructure to support residents' continuance in activities of daily living.
  - c) *What do you think about our white paper of initial thoughts / balance between external regulation and internal quality improvement?* Linda: The current system survey is not robust enough to support and drive meaningful quality improvement. Some early adopters have chosen to work on QI techniques, which will lead to compliance more naturally, but some remain in fear-based compliance. Eventually, system needs to be changed but in the meantime we should be creative in QI initiatives. Mary: The facilities that are fear-driven/passive are the ones that do not show sufficient movement to change. If something bad happens, we want people to understand what happened so it doesn't happen again; the process of root cause analysis and correction needs to become the norm. "We fired our staff and told everyone to change" is not helpful – it would be great if the regulatory response could be, "No, that won't work."
  - d) *Does the Commission have a role?* Yes, we need to sit down and work on it. Address common ground and things that we can do and share.
- 12) Patient Safety Design: Cara Glennon-Olsen discussed her project on how buildings and work spaces can be designed from the ground up (building codes/architecturally) to encourage safety. **ACTION**: Linda will distribute her work to Commissioners. When Cara's "knowledge packet" is done and posted on the state's web site, the Commission should acknowledge (and link to) that work. Susan King strongly urged that there be clinical consultation on design elements.
- 13) Pharmacy Grant Proposal Review: Staff shared plans for a grant proposal to create a "patient safety action agenda for community pharmacies in Oregon" in concert with eight other organizations (including AARP, the Oregon State Pharmacy Association, the Institute for Safe Medication Practices, the Oregon Board of Pharmacy, both pharmacy schools, and others). The grant deadline is Feb. 20. The proposed summit would use an NIH science-based, consensus-driven process to determine what intervention strategies to adopt and implement across the state. It was moved and seconded that this grant proposal be submitted; the motion passed unanimously.
- 14) Adjournment: The meeting was adjourned at 3:34. The next meeting will be April 14, 2009.