



November 13, 2007
Minutes approved April 8, 2008

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, Leonard Friedman, Andy Goldner, Grant Higginson, Bruce Johnson, Gloria Larson, Jim Martin, Lewis McCoy, Sue Nelson, Glenn Rodriguez.

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

Excused: Nancy Chi, Susan King, Roy Magnusson, Brett Sheppard, Dave Widen, Maureen Wright.

Also Present: Pam Bristol, Beverly Burke, Gwen Dayton, Merrilee Karr, Bob Lee, Thanhlong Pham, Richard Rouse, Joel Young

Issues Heard:

- Approval of October 2 minutes.
 - Administrator's Report
 - Finances
 - Statement on Retained Objects
 - "North Star" Goal
 - Looking to 2008.
- 1) Call to Order: Meeting was called to order at 12:09 with a quorum present. All present introduced themselves. Sue Nelson was welcomed as a new Commissioner.
 - 2) Commissioner Comments: Andy Goldner is looking for an executive director for an AHEC covering six counties in SW Oregon; please contact him if you know of a qualified applicant.
 - 3) Minutes from October 2: It was moved and seconded to approve the minutes as written. The motion passed and minutes were approved.
 - 4) Administrator's Report:
 - a) We are doing well with recruiting nursing homes. ASCs are about half signed up and we are working with their statewide organization. We have a small percentage of pharmacies signed up, with conversations going on with others. We are also in discussions with ISMP about a quality improvement approach to pharmacies. Jim will be meeting with the trade association for chain pharmacies later this month.
 - b) Electronic reporting program is in software development stage.
 - c) We are working on a project on pressure ulcers and transitional care with natural networks of hospitals / home health / nursing homes / EMTs This is a year-long, three-phase project that began with Advancing Excellence and the Five Million Lives campaign. Commissioner Joyce DeMonnin is working on this as an AARP

- representative and Leslie, Jim and Amy are involved as Commission staff. It is possible that this project might be sharable in other areas beyond pressure ulcers. Glenn offered access to the Providence toolkit on pressure ulcers in the acute care setting.
- d) NSQIP: we are working with a four-hospital collaborative to help share best surgical practices.
 - e) We are developing a survey on written notification of adverse events, working with hospitals and the OMA and Tom Gallagher of Seattle. We have been seeing a decline in the incidence of written notification, and hope to be able to understand -- and work to reverse -- that trend.
 - f) We are still working on a memorandum of understanding with the OHA, OMA, Salem Hospital, and the Patient Safety Commission for the George Miller Patient Safety Award, which we hope will be awarded in spring of 2008.
 - g) Healthcare-Acquired Infection workgroup has begun its work and will have its second meeting today.
- 5) Technical Advisory Committee: This group, rich with technical and analytical expertise, has been reviewing cases and making recommendations and working to share learnings. Today the group worked on and developed recommendations relating to true independent verifications (rather than “double-checks”) of medication, discussing how to effect cultural change in institutions leading to error prevention through appropriate tools and teamwork. A paper summarizing this case abstract will be shared with hospitals and we will also be asking the Commission to suggest ways that these recommendations can be further facilitated. Jim commented that only the Patient Safety Commission has the ability to collect this information, gather a group of experts to analyze this, and then share the learnings more widely and deeply. The retained objects workgroup is another example of the Commission’s output, as are the patient safety bulletins/alerts and safety tips.
- 6) Finances: We are still in a tenuous position; invoicing has been aggressive, however, resources remain limited. We have no reason to expect that entities invoiced will not pay, but we are still undercapitalized and have not been able to move forward on hiring the next staff person at this time. Glenn suggested that we might want to look at in-kind contributions including mentoring of students.
- 7) Unintentionally Retained Surgical Objects: Sandy Douma reported on the finalized recommendations of the workgroup that reviewed this group of adverse events. In addition to review by the original workgroup, this report has been reviewed and suggestions made on its recommendations by a wider audience. The summary was discussed; Commissioners recommended adding cost/benefit information as these recommendations are shared, as well as the order of magnitude as compared to statewide number of surgeries. Commissioners also suggested we put together a specific communication plan to share and facilitate change. It might be possible to use an anonymized story to illustrate the issue. Could we also include recommendations for what patients or family members can do to prevent this? It was moved and seconded to accept the recommendations and develop a detailed communications plan to include information on cost/benefit analysis and total incidence. The motion passed. Len Friedman wanted to know whether this could be shared with his students; the group agreed to work with this and to also request some assistance with statistical/economics research.

- 8) 2007 Strategic Planning Goals: Jim reviewed the Commission's success in addressing an ambitious set of goals for the year. We have had good success with our reporting programs, both maintaining hospital involvement and expanding to other health care. Comments:
- a) Many facilities statewide could use help with improving their root cause analyses. This is an area of weakness where we have not made as much progress as hoped, but we are continuing to address. Leslie and Dana will be participating in a training on RCA and how to share/teach. Amy has also developed training manuals for nursing homes and ASCs that will help to move this forward.
 - b) There is still a lot of work to do in the area of the pharmacies. We are not sure if we can make this piece work for all of the large chains but we are more hopeful about working with the independents. Because this is less-known territory in the patient safety field, we expect it may take longer.
 - c) Commissioners are impressed at the number of projects/issues that have been addressed or completed; staff have worked hard.
 - d) The Federal Patient Safety Organization issue may surface again early next year and warrants continuing attention.
 - e) Financial stability remains an issue to be addressed. We have not sought outside funding.
 - f) We have moved forward on a number of fronts to identify and champion patient safety improvements: colored wristbands, retained objects, transitional care, health care-acquired infections, IHI network, patient safety training, etc.
 - g) Consumer engagement has not been successful. We recognize its importance but have not yet been able to implement. We have some hopes that our North Star goal process may begin to honor that focus.
 - h) IHI has a packet for getting "Boards on Board" and we might invite them to hold workshops here.
 - i) Regarding culture of patient safety, 13 entities have completed that HRQ survey. Possibly we could ask to have some of that shared?
 - j) Roll-out of SB 329 (Healthy Oregon Act) and HB 2524 (healthcare acquired infections) continues and we are involved in those.
 - k) Joel commented that there is clear progress in the Commission's movement to more fulfillment of the full legislation.
- 9) 2008 Strategic Planning: We want to be able to talk strategy. Should we use the January 8 session totally for that purpose (normal three hours or longer), or set aside a separate time? The group agreed to set aside January 8 (blocking out the entire afternoon) and consider the use of a facilitator. Goal: what are our marching orders, both for Commissioners and for staff, for the coming year; what are necessary steps toward our North Star goal? We also need to address broader statewide issues in healthcare and what our role is in regard to them. **ACTION ITEM:** Grant requested that a month prior to the meeting, staff request specific issues/goals from each Commissioner for the meeting. It was also suggested that Commissioners might want to do a self-evaluation.

10) North Star Goal and the Board's Role?

- a) Would it have more impact to change the goal to 2010 rather than 2014? After discussion, it was moved and seconded to change the year to 2010; the motion passed.
- b) How do we measure / compare outcomes? We can develop our own measurements and base some measurements on the initiatives we are involved in now. Should we measure near-misses?
- c) Should we emulate the Healthy People 2010 report? They come up with a series of benchmarks they suggest are achievable.
- d) One proposal is to charge a subcommittee with determining reasonable measurements and a definition for "safest" and bring back a recommendation for January's meeting. Glenn has volunteered to participate in this. We might include TAC member involvement; Leonard and Dana expressed willingness to participate. Grant offered a strong recommendation that we get expert advice as well. **ACTION ITEM:** We will expect some specific recommendations from the subcommittee regarding what safety is and how we will measure it, and a draft of a communication plan.

11) The meeting was adjourned at 2:55. The strategic planning meeting is scheduled for January 8 from 12:30 to 4:00 p.m. at this site.