April 8, 2008
Approved May 20, 2008

<u>Our Vision</u>: *Healthcare for all Oregonians will be safe.*
<u>Our Mission</u>: *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.*
<u>NORTH STAR Goal:</u> *Oregon will have the safest healthcare system in the country by 2010.*

Commission Members Present: Joyce DeMonnin, Andy Goldner, Grant Higginson, Bruce Johnson, Gloria Larson, Jim Martin, Lewis McCoy, Sue Nelson, Glenn Rodriguez, Brett Sheppard, Dave Widen, Maureen Wright (by phone).
Excused: Nancy Chi, Sandy Douma, Leonard Friedman, Susan King, Roy Magnusson.
Staff: Jim Dameron, Linda Goertz, Amy Gryziec, Leslie Ray, Dana Selover.
Also Present: Gwen Dayton, Merilee Karr, Bob Lee, Carol Robinson, Richard Rouse, Diane Waldo, Carlton Washington.

1) <u>Call to Order:</u> Meeting was called to order at 12:40; a quorum was present shortly thereafter.
2) <u>Introductions:</u> Commissioners and guests introduced themselves.
3) <u>Finances:</u> Jim Martin reported that the Commission had a very clean audit with positive feedback for Jim and staff. There were some recommendations regarding "check and balance" processes; in consequence, the chair of the Finance Committee will be reviewing key documents regularly. Jim Dameron gave a brief review of the balance sheet.
4) <u>Review of Minutes:</u> Draft minutes were presented from our November 2007 meeting and from our January 2008 strategic planning gathering. Both sets of minutes were approved by unanimous vote.
5) <u>Public Health Officers' Certification Process:</u> Dana Selover briefly discussed this year's certification process, which will include an overview of beginning programs for nursing homes, ambulatory surgery centers and pharmacies, as well as a more complete review of the hospital program. The report will review quality, quantity and overall program integrity.
6) <u>Oregon Health Fund Board / Quality Institute:</u> Glenn Rodriguez reviewed progress of work with the Oregon Health Fund Board, which was established as a result of last year's Senate Bill 329. Three Commissioners (Drs. Rodriguez, Sheppard and Wright) and Jim Dameron have served as members of the Quality Institute, one of the work group's subcommittees. The draft report recently issued by this subcommittee recognizes the significance of the current work of the Patient Safety Commission. It also strongly recommends that the Quality Institute be funded, with some of those funds possibly available as pass-through grants. The Oregon Health Fund Board has its own website (www.oregon.gov/OHPPR/HFB/); a recent progress report can be found here. The group's recommendation will be sent to the Delivery Systems committee.
7) <u>Administrator's Report:</u> This is now organized around the strategic plan. Glenn asked for comments about the recent draft rules issued for patient safety organizations (PSOs) as they relate to the Patient Safety Commission's role.

8) Organizing the Strategic Plan: Jim presented a plan organized around mission-driven activities as delineated below. These mission elements are synthesized from statutory language, from our North Star goal (*Oregon will have the safest healthcare system in the country by 2010*), the Commission's 2008 strategic planning retreat, and a recent staff retreat. Elements:
   a) We will improve outcomes and reduce patient harm: This includes our North Star goal as well as the voluntary and confidential reporting programs. A critical issue is the challenge of pharmacy recruitment into the reporting program. Jim is in discussions with the Board of Pharmacy; some chains, although they have declined to participate thus far, have expressed interest in a statewide quality improvement program for pharmacies. Gloria Larson asked if consumer involvement could help move recruitment forward. Sue Nelson noted that there will be legislative scrutiny of all the licensing boards during the legislative interim; this might be an opportunity for a broader strategy move. Dave Widen noted that some pharmacies have concerns about confidentiality of data. **ACTION ITEM:** The Commission will address this issue more extensively at May meeting.
   b) We will identify and encourage patient safety best practices: We need to continue to show that it's worth collecting data to drive change, leading to reduced harm.
   c) We will champion and support patient safety improvement activities / culture of safety
   d) We will actively engage consumers/patients/residents in our work: See discussion below for Consumer Subcommittee.
   e) We will engage the larger world: We have a growing number of collaborative interactions and projects.
   f) We will create/sustain the infrastructure and organizational presence to support this work: Crucial issues include:
      i) Approaching the legislature (to rescind the 2010 sunset provision in the original legislation); considering state funding. **Possible Action Item:** We will probably need a subcommittee to help us work these and all legislative issues.
      ii) The Quality Institute and its ultimate recommendations / Health Fund Board's final proposals.
      iii) Our Patient Safety Organization status.
      iv) Building to appropriate staffing models
      v) Obtaining additional funds.
      vi) Jim noted also that we have not yet begun work on reporting programs for freestanding renal dialysis and birthing centers. *Discussion on this point*: it doesn't feel right to summarily exclude these; we may need to determine potential level of patient risk in these facilities; we also may need to include this in our legislative agenda.
      vii) Grant suggested that all legislative strategies be considered "critical issues" and that we address the importance of resources devoted to consumer outreach.
      viii) **ACTION ITEM:** Jim will re-draft this strategic plan to include the above concerns and to address initial steps that we will take toward renal dialysis and birthing centers.

9) Consumer Subcommittee: Joyce reviewed initial ideas for consumer outreach. AARP has committed to funding the creation of a half-hour public access program, and we have also contacted OPB-TV to determine their interest. Joyce also discussed general funding of PSAs and

the possibility of publishing a self-help guide for consumers. She also noted that the Commission, Oregon's Quality Corps, and AARP will be teaming up on July 29 for a "Your Journey to Better Health" program; Commissioners are invited to attend. This sort of "Healthcare 101"-type of presentation for consumers might be something that could be shared with other institutions or with consumers in other venues.

10) Administrator Evaluation: The Administrator's performance evaluation was addressed in executive session. Commissioners discussed taking a broad look at the administrator's salary to ensure that he is compensated appropriately. The Commission wants to ensure that the Administrator's salary is commensurate with respect to national benchmarks. Upon return to open session, Lewis McCoy and others expressed strong affirmation for Jim Dameron's work in this position. Andy Goldner moved that the Commission give Jim Dameron a 5% salary raise, retroactive to July 1, 2007. The motion was seconded and passed unanimously.

11) North Star Goal: This goal (*Oregon will have the safest health care system in the country by 2010*) is a huge one; a major issue is how to measure improvement in several dimensions -- outcome, process, improvement, culture of safety, patient/resident empowerment, community empowerment – and find short-term (2008) and medium-term measurements (2009-2010) to assess Oregon's progress in these areas. These include measures of our own progress as well as seeking national benchmarks. Glenn led the group through the draft grid provided and discussion followed. Comments and questions included:

    a) Would we see an increased number of retained object events as we begin? We certainly will with other types of events, but Glenn commented we should see a reduction on these.

    b) Brett suggested that, for hospitals, we include CMS medical measures related to infection as well as the surgical (SCIP) measures.

    c) Jim commented that this draft contains acronyms and occasional jargon; we need to flesh this out to be clearer.

    d) Brett suggested a few of the CAHPS communication-related goals could be incorporated into the patient/resident empowerment dimension.

    e) Jim Martin asked about the "100,000 lives" referred to in the Institute of Medicine's "To Err is Human" report.

    f) Some of the medium-term measures could be extracted from data received via the online reporting program.

    g) **NEXT STEPS:** We would like to get input from hospitals, ASCs and nursing homes to help flesh out measurements and develop partnerships/buy-ins. After these steps, we would work to do a mockup of our "current scorecard" (short-term measurements).

    h) Is there a "multiplier effect" in which board members can work to engage key constituencies? Jim commented that Commissioner involvement could be crucial here, with Board members contacting their constituencies.

        i) Bruce expressed an interest in contacting ASCs to gather data.

        ii) Lewis plans to work with Amy in discussing these measures with OHCA and nursing homes.

        iii) Gloria underlined the importance of getting boards "on board," as noted by IHI.

iv) There is an open invitation and a request for all Commissioners to become involved in the outreach process.

v) Dana and Grant will bring this to the OMA Patient Safety Committee meeting April 22.

vi) The subcommittee will continue to work on this and staff will reach out to trade organizations to vet the draft. Jim will also strategize with individual Commissioners.

12) Accountability in Adverse Event Reporting: Leslie pointed out that the 2007 hospital report shows one-third of participating hospitals have not yet submitted any adverse event reports. Leslie has contacted each of the non-reporting hospitals, and gleaned various responses regarding reports; in general, most indicated that the reporting program had not yet been fully integrated on their facilities. Suggested steps to improve reporting accountability for hospitals are:

a) Write customized letters to all hospital CEO's with information on reports submitted and addressing concerns. Commissioners suggested that communications be expanded to include other agreement signatories (Chair of Board of Directors and Quality Director).

b) Ask CEO's to certify level of reporting annually.

c) Set up a time-limited task group to advise the Commission on achieving more robust reporting.

d) Begin a public conversation about adverse events, including quarterly and Commission reports on cumulative numbers. Build incentives to participation and develop long term reporting tool/strategy assessments.

e) Leslie reported that of the 30 error hospital reports submitted thus far in 2008, nine were included in the 2007 annual report. The most common errors in the remaining 21 reports were falls (six), surgical events (four, of which two were unintentionally retained objects), and medication errors (three).

f) Discussion followed.

i) Dana noted that Oregon, with its voluntary reporting framework, has a real opportunity to lead national conversations about improved reporting.

ii) Glenn suggested that certification by CEOs may need to be clarified, as a CEO may not know all significant adverse events that have occurred; some events are difficult to categorize. **NEXT STEP:** Staff will re-word the certification concern more specifically, calling attention to the issue without asking CEOs to perform the impossible.

iii) Grant suggested that we should ask the CEOs to address this with their boards, including specifics of their reports to the Commission.

iv) Leslie would like a board liaison to work with the task group; the group agreed she may request help from a specific Commissioner.

v) Glenn suggested that we work towards setting goals of numbers of reports expected.

13) Adjournment: The meeting was adjourned at 3:25. Our next meeting will be May 20.