

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.*

Our "North Star" Goal: *Oregon will have the safest health care system in the country by 2010*

EXECUTIVE SUMMARY and ACTION ITEMS:

- *Surgical Safety Checklist:* There is much interest in the recommended implementation of a surgical safety checklist, though some questions have arisen. The group discussed ways that the Commission can help support and clarify this practice. **ACTION ITEM:** Staff will collect and review user feedback on implementation and issue clarifying communications if needed.
- *Rethinking Quality Improvement in Nursing Homes:* The Senate Health Care and Veterans Committee formally requested (via a letter) that the Commission address this issue and report back.
- *Legislation:* SB 14 passed and has been signed, meaning the "sunset" for the Commission is eliminated. SB 15, requesting funding, was not successful.
- *Certification:* The Public Health Office is working on certification of the Commission's reporting program.
- *Disclosure:* Jim worked with the OMA as they were making a training video on disclosure of adverse events. We hope to link to this video from our website when it is completed.
- *Patient Safety and Design:* Cara Glennon-Olson shared a presentation summarizing a guide that connects design and patient safety issues; Commissioners made some suggestions for further research.
- *Priorities and Goals:* The group discussed the Commission's focus and priorities with limited resources, noting the importance of articulating our "North Star" goal (see above), using our function as a PSO wisely, engaging with facility boards to help drive a culture of patient safety, and considering additional partnership projects. **ACTION ITEMS:** (i) Joyce DeMonnin and staff will obtain more information about a transitional care project in Lane County. (ii) Staff will provide a list of a limited number of recommended priorities for the coming biennium, to be reviewed by the Board.
- *Budget:* Jim reviewed a draft budget; built into this budget is the addition of 0.5 FTE and some additional revenue, including a possible Medicaid match. Commissioners reviewed and discussed; it was moved and seconded that the budget as written be approved, provided that sufficient funding exists. The motion passed unanimously.
- *Consumer Engagement:* The Commission was actively engaged in reaching out to facilities and consumers for Patient Safety Week. Chair Joyce DeMonnin urges continuation and expansion of this good work.
- *Next Meeting:* The Commission will meet again on Tuesday, June 9. Your commitment to maintaining our meeting dates on your schedule is greatly appreciated.

MINUTES and ATTENDANCE:

Commission Members Present: Joyce DeMonnin, Norm Gruber, Bruce Johnson, David Labby, Sue Nelson, Dave Widen, Joel Young (for Grant Higginson).

Excused: Nancy Chi, Susan King, Jim Martin, Lewis McCoy, Glenn Rodriguez, Brett Sheppard.

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

Guests: Rick Botney, Pam Bristol, Cara Glennon-Olson, Heidi Heydlauff, John Hofer, Richard Rouse, Diane Waldo (OAHHS).

- 1) Call to Order: Meeting was called to order by Joyce DeMonnin at 12:40 without a quorum present; quorum was met shortly thereafter. Commissioners, staff and guests introduced themselves.
- 2) Public Comment / Surgical Checklist:
 - a) Guest Dr. Rick Botney of OHSU offered feedback regarding the implementation of the surgical safety checklist. He noted that although an initial study showed reduction of deaths and injuries after the introduction of the checklist, methodological concerns about the data remain, and reasons for the outcome are not clearly understood. He asked that the Commission exercise caution in its endorsement of the practice and suggested that while use of the checklist appears to be positive, there should not be over-reliance upon it as a sole means of improvement. Discussion followed, noting that other processes or behavioral changes may need to be introduced to support real change. It's about a culture of safety, not just a checklist. Leslie clarified that the current rollout of the checklist in Oregon is an introduction of a process rather than a final product.
 - b) Leslie noted that the AORN (Association of Operating Room Nurses) is working with Portland metro hospitals to refine the Universal Protocols for local use, possibly also incorporating the surgical safety checklist. Leslie will be meeting with this group. Also, the Oregon IHI network that is promoting the checklist will be discussing ways of encouraging hospitals to gather significant quality measurements as it is implemented, so that we can learn more about its mechanism.
 - c) Jim asked the Commission what Commission's role should be. Norm commented on Salem Hospital's experience; checklist use reaches far beyond operating rooms (Salem initiated in Obstetrics) and it involves other processes besides surgery. It's a larger journey, not merely a checklist. Perhaps the Commission should be gathering group experience and learnings and reflecting it back to health care facilities in Oregon? Part of the appeal of the checklist is that it may trigger actual changes in the culture when a facility follows through all the steps. Perhaps we should have a "game plan" that connects implementation challenges with specific areas that need work? Bruce Johnson is working on transferring the checklist to the ambulatory surgery center arena and suggests we may need to issue a clarification of our recommendations to all. Joyce DeMonnin stressed the importance of documenting feedback on checklist implementation -- both positive and negative. **ACTION ITEM:** Staff will follow up by reviewing user feedback and by providing clarifying communications where needed.
- 3) Commissioner Update: Bruce Johnson has been working with a modified checklist in his ASC for the past two weeks, with mostly positive responses.

- 4) Minutes: It was moved and seconded to approve the minutes for February 10 as written; the motion passed unanimously.
- 5) Finance Report: Jim Martin is traveling; in his absence, Jim Dameron reviewed finances.
- 6) Administrator's Report: Jim highlighted several items:
 - a) The electronic reporting program has been rolled out. Although not perfect, it's an improvement over our previous manual system.
 - b) The nursing home group is working on a falls management program; 20 nursing homes are conducting a pilot.
 - c) Pressure ulcer project will be wrapped up in June; we hope to use the same group to address another transitional care project. The Commission is uniquely suited to address this sort of issue.
 - d) A grant application has been submitted to support a "Pharmacy Summit"; the Commission has eight co-sponsors for this endeavor.
 - e) Regarding rethinking regulation and quality in nursing homes: the idea of a workforce on this subject was originally written into SB 23; the Senate Health Care/Vets Committee did not want this included in the legislation but has requested that the Commission address the issue and report back to the legislature. More details will be provided when the request is finalized.
 - f) AARP provided \$900 to the Commission as seed money for consumer outreach.
 - g) Dana Selover is working with partners in the state of Washington to co-sponsor a patient safety conference on working with the very large patient.
 - h) SB 14 passed; the sunset is eliminated. SB 15 requesting funding was not successful. SB 23 is still alive.
 - i) The Public Health Office is working on certification of the Commission's reporting program: how many reports, how much participation; quality and usefulness of information produced. A timeline was distributed.
 - j) Jim worked with the OMA as they were making a training video on disclosure of adverse events. They interviewed him to include the Commission's position on written notification. When this is completed, we hope to either post to our website or link to it on the OMA site.
- 7) Design for Patient Safety: Dana discussed the work done by Cara Glennon-Olson on patient safety and architecture/design. The purpose was to synthesize existing information in a guide that connects design and patient safety issues. Cara shared a presentation summarizing this guide; Commissioners made some suggestions for further research and information.
- 8) 2009 Priorities: The Commission has set strategic goals from which our priorities arise. We have a large list of tasks and projects we're interested in; we've already committed to some of these ("core projects"). Jim also provided a list of suggested "new/expansion projects" for consideration. As Commissioners addressed these, several areas of interest were discussed:
 - a) *North Star*: We refer to our audacious goal ("*Oregon will have the safest health care system in the country by the end of 2010*") as our "North Star" goal. Is this jargon? Is it widely known to our stakeholders? How do we promote this vision concretely, and to

whom? Discussion followed regarding whether our goal is clear and how a small organization can spark system-wide change. Several Commissioners noted that alignment with partners is key. Our part is to set the vision, empower and connect action plans to vision. Norm Gruber noted that the Quality Committee of OAHHS has a similar concern; this is an opportunity for alignment. If the goal of making Oregon the safest state in the country is to succeed, we must cooperate and link together; regulation alone will not do it.

- b) *Patient Safety Organization (PSO)*: The Commission is now a certified PSO and one possible goal is to become “fully functional” as a PSO. However, the federal PSO structure is more of a consulting model, and differs from our current reporting model. For us to fulfill a consulting role, we would require more resources; which does not seem feasible in the near future. Commissioners noted this may be a longer-term process and can be done in stages. One method may be to make more contact with boards of hospitals and other facilities; offer our compelling vision (North Star) and organize by creating/connecting with agents at each site to speak and work for that vision. Beginning with boards seems to be the right place, as with IHI’s “Boards on Board,” but it may be a long journey to get this on the radar screen for some facilities.
 - c) *Transitional Care Project*: Should we work on a second transitional care project after pressure ulcers? Possibilities include re-admissions, MRSA, some others. Joyce noted a transitional care project is now underway in Lane County; they have some funding available and we could offer our expertise in data analysis. **ACTION ITEM:** Joyce and staff will obtain more information.
 - d) The group prioritization process has been challenging; Commissioners expressed appreciation for staff’s more direct view of the workload and requested specific staff recommendations. **ACTION ITEM:** Staff will provide a list of a limited number of recommended priorities, to be offered for the Board’s review.
- 9) Biennial Budget: By law, the Commission has to produce a budget every two years, using the Administrative Rule process. A draft budget has been produced. Jim reviewed revenues, including an analysis of our ability to receive some Medicaid matching funds. Built into the budget is addition of 0.5 FTE. Commission Treasurer Jim Martin has reviewed this budget and has set the test that we must always have at least three months’ operating expenses; this budget meets the test. Staff volunteered to forgo a salary increase in the next fiscal year. Joel Young moved that the budget as written be approved, provided that sufficient funding exists. Dave Widen seconded the motion; discussion followed. The motion passed unanimously.
- 10) Consumer Engagement: Joyce discussed the outreach activities from this spring, including the Governor’s proclamation on Patient Safety Week, radio interviews and newsletters to constituents. Joyce would like to continue and enlarge these efforts for the future.
- 11) Adjournment: The meeting was adjourned at 3:22 p.m.