



May 20, 2008  
Approved July 1, 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:** Leonard Friedman, Andy Goldner, Grant Higginson, Susan King, Gloria Larson, Roy Magnusson, Jim Martin, Glenn Rodriguez, Dave Widen, Maureen Wright. **Acting chair:** Andy Goldner.

**Excused:** Nancy Chi, Joyce DeMonnin, Bruce Johnson, Lewis McCoy, Sue Nelson, Brett Sheppard.

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

**Also Present:** Gwen Dayton, Joel Young.

- 1) Call to Order: Meeting was called to order at 12:40; a quorum was met shortly thereafter.
- 2) Commissioners: Two Commissioners have finished their first terms (Roy Magnusson and Sue Nelson) and have submitted their applications for continuing. Three Commissioners are leaving: Sandy Douma has resigned due to job changes; Andy Goldner and Maureen Wright have completed their second terms and this is their last meeting. Commissioners and staff expressed their thanks for the service provided by these outgoing Commissioners.
- 3) Minutes: It was moved and seconded to accept the April 8 meeting minutes as written; the motion passed unanimously.
- 4) North Star: Jim shared a series of questions to the Commission regarding this goal. The idea of this goal has been shared in a number of venues and positively received. Dana's presentation to the Patient Safety Committee of the OMA led to a recommendation that the OMA will endorse this goal; Jim is meeting with OAHHS and has an opinion piece in Oregon Health News coming out this week.
  - a) How do we create a pathway to the North Star? How do we help the conversation around refining and prioritizing this goal?
  - b) Are we on track with the measurement tool? How do we "light a fire" in each of the measurement categories mentioned in the matrix (eliminating harm, evidence-based practices, improving quality; culture of safety; patient/resident empowerment; and community empowerment)? Could we get the OAHHS to champion moving Oregon to be the best state in the union in SQIP measures? How can we get this out to the public?
  - c) Gwen Dayton of OAHHS shared that they will be discussing the North Star goal and will respond and follow up with suggestions for action.
  - d) Jim noted that, after continuing discussions with partners, he will refine and score the matrix. Len Friedman volunteered to provide research for refinements of the matrix.

- e) How do we deal with skepticism (can we change safety quickly? is 2010 too soon?)? Do we risk being dismissed? This is a phased project, we wouldn't be at endpoint in 2010; we could take one or two points and show by 2010 that change is possible. Focus on opportunities that, with partnership, should definitely show results. The matrix document should reflect phases of development.
  - f) Phased approach makes sense; be smart about laying the groundwork. Success in North Star would show that focused efforts can move several of these elements.
  - g) *What is each Commissioner willing to do to champion the North Star?* Jim challenges each Commissioner to commit to specific actions to animate the North Star goal within his/her world. For instance, Len noted that they have instituted some significant curricular changes to include patient safety issues. His department will also be working with an IHI program to develop skills that will impact activities once students have entered the healthcare fields. Maureen commented that each Commissioner should be sharing and championing this concept with their boards of directors / leadership groups.
- 5) Finance Report: Jim Martin reviewed our balance sheet information; assets on hand have us in a better position than six months ago. Jim has also reviewed and approved financial material as requested by the auditors.
- 6) Consumer Engagement: We are continuing to pursue creating a public access-type discussion for television. Joyce / AARP forum on July 29 to educate re: quality and patient safety. A nurse-manager from Washington State has been working with Leslie as an intern on how hospital boards engage with consumers. Thus far she's found that effective techniques involve telling stories of events; some hospitals involve board members going on rounds. Some hospitals have patient advisory committees; some hospitals involve patients and family members in root cause analysis of adverse events. Some hospitals may have board positions designated for consumers. Maureen asked if we could use an existing site or organization – such as Angie's List. A new proposal also has been submitted to the Regence Foundation regarding usage of on-line social media to create consumer-directed patient safety tools. Gloria commented about the importance of including pro-active consumer education (like Joint Commission's Speak Up program) so that consumers can help prevent problems. Dave suggested that we need a "comment card" avenue through which consumers can address all kinds of feedback to the Commission. Grant noted that consumer education would need broad outreach, and also cautioned that the social media model would need monitoring, review and distilling rather than unmonitored comments. He also asked if we can find other avenues for real in-person exchange of information with consumers. Len suggested that we start a patient safety blog (see Deaconess CEO's site); this could serve as an input avenue for consumer issues. Commissioners agreed that, with appropriate controls, this is a fruitful approach.
- 7) Retail Pharmacies: Dave discussed pharmacy strategy. Only about 15% of retail pharmacies have agreed to participate. He discussed recruiting efforts to date and other strategies on the table, including on-going conversations with the Board of Pharmacy. He presented several questions to the Commission: How important is it to include pharmacies? How hard should we push the reporting program? How to enlist purchasers/insurers? Should it be tied to 2009 legislative agenda? Jim met with Representative Mitch Greenlick recently, who suggested that we meet with the National Association of Chain Drug Stores (NACDS) and possibly

with lobbyists. The Commission recommended that such a meeting move forward and the discussion continue at our next meeting.

- 8) Working with the Board of Nursing: In the interests of time, this discussion will be tabled until our next meeting. Roy mentioned NDNQI measures might also be included in this discussion.
- 9) 2009 Legislative Agenda:
  - a) *2010 Sunset Provision*: Our enabling legislation will be repealed in January 2010 unless we ask for rescinding or postponement. Commissioners agreed to seek remedy.
  - b) *Increase reporting entities*: Some suggestions have included EMS, ambulatory care, residential living. Discussion noted that it would be very hard to expand without additional resources. Grant suggested enabling permissive language that would allow expansion to entities that were willing to participate and pay fees. Susan expressed support for this idea if wording said Commission "may" expand, not "must." Maureen noted that we would want to show value. General agreement on permissive language.
  - c) *PSO*: Should we ask Legislature to endorse us as the lead Patient Safety Organization? Should we ask them to clarify our role? Glenn asks what role could we play to help coordinate the (possibly multiple) PSOs; can we offer to help streamline, avoid duplications – this would be a moral high ground. Agreement to advance this idea with goals of avoiding duplication and promoting collaboration.
  - d) *Pharmacies*: Should we ask for legislative support and in what form? Agree to wait outcome of the meeting with Mitch Greenlick.
  - e) *Written notification*: Do we want to address how this is going? We are close to concluding a survey of hospitals on this topic, looking at what are barriers to written notification. There may not be a legislative remedy for this issue yet. Jim recommended we bring this back to the next meeting with the survey responses. Susan suggested we might want to convene a conference call with hospital risk managers on this topic.  
**ACTION ITEM**: This will be addressed at the next Commission meeting.
  - f) *Any technical/legal issues*: Do we need to add a means to levy fines for non-payers?
  - g) *Issues the Commission might weigh-in on*:
    - i) Our role in commenting on regulatory re-alignment as envisioned by Greenlick's committee.
    - ii) SB 329 health care reform package, especially the Quality Institute, which mentions the Commission.
  - h) *Next steps*: The Subcommittee will address as quickly as possible and will include Lewis; any other Commissioners wishing to be involved should contact Grant. Also, the Northwest Health Coalition is developing a legislative agenda; should a Commissioner be involved with them?
- 10) Request for Staff Add: Jim presented a proposal for a staff person who can help us have better "core science," building a database and analyze trends, make sense of research, and also have project management skills to manage the process of including reporting programs for renal dialysis and birthing centers. Commissioners discussed the financial picture. There was general agreement that income does not seem sufficient to support a 1.0 FTE position,

although necessary growth seems to call for it. Roy suggested we might fill in with a consultant for database issues, but this does not address project management needed. Jim Martin pointed out that our Board has not taken responsibility to date for fundraising and suggests that we could not commit to a full-time position with current funds. Glenn asked if there any partnerships that we could form that might meet staffing needs in another way? Roy pointed out that database management and project management skills are separate. Could we solicit support for database development on a *pro bono* basis from one of our partners, separate from staffing needs? Dana pointed out that PSO legislation (should we become a PSO) may involve significant additional data work without additional funding. Joel noted that fee increases for participating entities need to be supported with longer-term planning that demonstrates value we can give to participating organizations. Jim Dameron reflected on staff responsibilities, which currently exceed resources. What's a better model? Len exhorted the group that if we intend to meet the North Star goal we "cannot do more with less and do it better." Gloria suggests that the Board's fiduciary responsibility would allow a hire but consider downsizing if funding is low. Roy pointed out that there is "always more mission than money," and asks that we re-evaluate what is needed. **ACTION ITEM:** Jim Dameron will meet with the Finance Committee and rework job description and proposal for the next meeting.

- 11) New Commissioners: We will have three vacancies at the next meeting: one must be an insurer, one consumer, and one nurse. Nominations should be submitted to Jim and reviewed by a nominations committee. Glenn offered to chair the nominations committee; Roy Magnusson also volunteered to participate.
- 12) Adjournment: The meeting was adjourned at 3:32 p.m; the next meeting will be July 1.