

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: Nancy Chi, Joyce DeMonnin, Bruce Johnson, Susan King, Roy Magnusson, Lewis McCoy, Sue Nelson, Glenn Rodriguez, Brett Sheppard, Dave Widen.

Excused: Grant Higginson, Gloria Larson, Jim Martin.

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

Also Present: Merilee Karr, Richard Rouse, Cynthia Swanson, Diane Waldo.

- 1) Call to Order: Meeting was called to order by Joyce DeMonnin at 12:35 with a quorum present. Commissioners and visitors introduced themselves.
- 2) Commissioner Updates: In a letter dated August 11, 2008 Gloria Larson notified the Commission that she was resigning the Board. She said, "It was truly an honor to serve." But she mentioned that her day-to-day responsibilities at St Anthony needed her attention, just now. On a different subject, AARP is working on the Center to Champion Nursing Excellence. Oregon is one of 14 locations that shares a grant to help facilitate nursing education and increase the number of nursing students.
- 3) Minutes: It was moved and seconded that the minutes for the July 1, 2008 meeting be approved as written. The motion passed unanimously.
- 4) Board Nominations: Thus far, we have forwarded one nomination to the Governor's office; the suggested candidate is Dr. David Labby to represent insurers. We have until August 15 to submit other candidates during the current cycle and may have our nursing representative to submit at that time. We are pursuing applications for hospital administrator, faculty and consumer constituencies. These nominations are ultimately the choice of the Governor's office; Commissioners agreed that the Nominations Subcommittee may continue its work in this regard.
- 5) Administrator's Report:
 - a) Jim noted progress in collecting fees from our constituents; he projects that we will be able to collect at least 90% of fees billed. If accounts receivable continue as projected, Jim may resubmit a request for staff addition at the next meeting.
 - b) Three Commissioners have responded to the "Interview with a Commissioner" feature for our website: Lewis McCoy, Susan King and Bruce Johnson. We appreciate the varied perspectives provided; it may be useful to share a collection of all the interviews when each Commissioner has responded.
 - c) Some examples of the Commission's "cross-pollination" work:

- i) Northwest Physicians Insurance Company wants to use our patient safety findings as content for their 2009 physician conference. Glenn suggests we ask them to add our work on disclosure as well.
 - ii) Leslie just issued a report on newborn drop/falls that adds to the newly-emerging national discussion on that issue.
 - iii) Amy is working with a group of experts to share data on falls-management strategies for the nursing home environment.
- 6) Public Health Officer's Certification Report: Grant Higginson discussed the second annual certification report for adverse event reporting programs for the year of 2007. The PHO feels the Commission has made real progress in general, both with hospitals and with recruitment of nursing homes and ambulatory surgery centers. Issues of concern include low rates of written notification.
- a) Dana Selover expressed thanks to Commission and State staff for their assistance and discussed this assessment tool in more detail.
 - b) Our independent certification process is unique in the nation, although several other states have expressed interest in following suit. All reports for hospitals, nursing homes and ambulatory surgery centers were reviewed and assessed for quality, quantity and overall integrity, with a focus on systems issues and action plans. The hospitals were the only ones with a full year of activity, with the other two in early stages.
 - c) Quality and quantity of reporting have improved for hospitals over last year. However, rates of written notification are down, and action plan follow-up is insufficient. Glenn suggested a routine action plan follow-up with facilities, using aggregate data, perhaps with open-ended questions like, "What was the significant learning for improvement this year?" as opposed to micro-management of individual events or trends. Susan King commented that she'd love to see the Commission share "an open book" of lessons we've learned from data collected. She noted we have an obligation to share what has been learned – not just with facilities but with clinicians as well. Roy discussed a summary OHSU uses, with action plans that remain open until resolved. He noted that this helped OHSU learn what kinds of action plans are ineffective or weak. Bruce remarked that summaries would be a useful "best practice" process sharing.
 - d) Dana noted that nursing homes and ambulatory surgery centers have made a great start; both are in developmental stages. The pharmacy program has not met critical mass for going forward.
 - e) The report concludes with proposed standards for certification in the future, with a recognition that continuing input for the industry is still needed before these are finalized. A key question: is patient safety in Oregon getting better because of this program? The Public Health Office is still working on measurement standards for use in the future. Glenn asked if report volume is addressed in these standards; we see a standard of participation but numbers of reports per year are more difficult to set standards for. We actually have a higher percentage of hospitals reporting in our voluntary program than Minnesota does in its mandatory one. If 94 hospital error reports are not "enough," perhaps the question to ask is, what are we doing to increase compliance?

- f) There has been some local media interest about the reports; Jim has spoken with the Portland Tribune and has sent an Email of talking points to Commissioners. Jim suggested we should build comments on this into our legislative contact plans. We also should include summaries in our communications with hospitals, nursing homes and ASCs. How do we turn these recommendations into action steps? Grant noted that the PHO will meet with staff to develop final standards.
 - g) Joyce suggested that we have a *communication plan* about this report. Who is our target audience – mass media, or perhaps a selected audience of stakeholders, or legislators? This should be part of our communications “packet.” She commented that the Commission could benefit from the services of a communications expert to craft a distinct communications plan.
- 7) Joint Accountability for Hospital Reporting
- a) Include volume of reports as a measure of North Star success?
 - b) How do we build CEO participation? Perhaps have a CEO advisory group?
 - c) How do we improve feedback to hospitals with real data on how many reports, what is the average for cohort, and asking open-ended questions?. This loop might introduce the idea of action plan follow-up. Jim noted that feedback to hospitals is a crucial next step.
 - d) Nancy suggested that each hospital should see their performance in these assessments (quality of the data). Dana would be able to provide this information which we could de-identify. Glenn and Roy expressed strong interest in hospital CEOs receiving such assessments without breaching confidentiality.
- 8) Revamping Board Meetings: Are there ways to make the meetings more interactive, more meaningful, more of a work session? This question is still on the table. Susan King commented that the number of meetings tends to exclude participation beyond the Portland area. The group requested we refer this back to the Executive Team and ask for some concrete proposals at the next meeting, including the earlier suggestion of taking the Commission meetings “on the road” once or twice a year.
- 9) Consumer Involvement: AARP recently co-hosted a patient safety/health care quality “Patient Safety 101” training with the Commission and the Quality Corp that was very successful. There is a “game” curricula now for those who wish to try it in their setting; several Commissioners expressed interest. Nancy Chi noted that licensing the game might be a revenue stream.
- 10) Web Design Consultation: We need to continue to improve our website design. **Request:** Commissioners were requested to determine if anyone in their organizations might provide in-kind assistance to help conceptualize – media assistance, communications plan, or website. Staff could use some time and expertise to help us map out our next steps.
- 11) 2009 Legislative Agenda: Grant reviewed issues discussed by the legislative subcommittee. The committee suggests two bills, one of which would address the elimination of the sunset clause. A second bill would address 3 issues: 1) create the ability to level civil penalties against entities that do not pay required fees; 2) designate the Commission as the primary Patient Safety Organization (PSO) for Oregon (not to supplant other PSOs but to coordinate the creation of an ‘all-Oregon’ profile); 3) request partial funding from the state.

- a) Commissioners discussed these proposals and all agreed that the elimination of the sunset clause should be moved forward as a single focus with very specific language.
 - b) Regarding the second bill: Susan King expressed concern that the civil penalty option could be a very costly process. Having the authority, however, could be a persuasive point (“the Commission *may* assess....”) without going through the hearings process. As for the PSO, the federal program is very similar to the Commission’s and we could offer the state the ability to coordinate all PSO activities in the state. This would add value to the process for the state (although rules for PSO are not yet in place). There was some expression of concern that civil penalties are too heavy. Roy suggests that state support and civil penalties would represent the public-private partnership sharing of expenses. Dana also noted that PSO work will not be without cost and will require additional financial and staff support. Sue commented that if we have not maximized the private support, it will be hard to ask for public support; our best bet would be putting all these together. Roy moved that the Commission move forward with all three pieces; the motion was seconded and passed unanimously. Next step: staff will draft language on these and we will discuss with legislators. Jim will work on this strategy with the legislative subcommittee. We need to be sure we have some strong legislative champions; lacking this, we would need to reassess.
- 12) Proposed Contract with ISMP for Pharmacy Consulting Services: Dave reviewed Commission efforts to date to build successful pharmacy recruitment. We have been in conversation with the Institute for Safe Medication Practices (ISMP), a respected national entity, to develop a value-added consultative service (a self-assessment tool along with assistance to implement) for every pharmacy participant, as well as a proprietary newsletter with practical information. For one year, this would cost \$18,000 plus \$25 per participating pharmacy. Reports would come from ISMP and we would co-brand and issue it under both names. Glenn moved that we adopt the proposal to collaborate with ISMP as outlined in the handout. The motion was seconded and passed unanimously.
- 13) North Star Progress: Jim reported that the measurement tool has been finalized and conversations with involved groups have been completed. We next need to score each type of entity for our baselines to create benchmarks. Bigger picture: we still need to work hard to have the concept take root; some of that task remains with staff but some must be carried forward by the Board. Next step: how do we craft a communication strategy? **ACTION ITEM**: At the next meeting, measurement data will be provided for review.
- 14) Adjournment: Board members completed evaluation forms. Meeting was adjourned at 3:25 p.m.