

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, Grant Higginson, Bruce Johnson, Susan King, Roy Magnusson, Jim Martin, Lewis McCoy, Sue Nelson, Glenn Rodriguez, Dave Widen.

**Excused:** Nancy Chi, Brett Sheppard.

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

**Also Present:** Gwen Dayton, Cara Glennon-Olsen, Richard Rouse

- 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) Public Comment: Cara Glennon-Olsen is working with Dana Selover developing an overview of design standards in health care facilities. Susan King commented on a tour she took of a recently constructed health care facility in the state; she expressed concern about poor design in that new facility and the apparent lack of clinician input into the design. Dana will invite Cara to return for the December meeting to discuss the final product.
- 3) Commissioner Updates:
  - a) Concern / Pharmacy Update: Jim Martin commented on concerns of the large pharmacy chains that they already report to other agencies and are not interested in joining the Commission. Jim Dameron summarized our assessments of these and other concerns stated by pharmacies. Jim notes that, thanks to the efforts of Board of Pharmacy staff, he was recently able to meet with several representatives of big chains at a recent convention. Conversations with pharmacy chains are ongoing with more planned; it is possible this may be addressed legislatively in the future. Glenn suggested more formal discussions with insurers to promote Commission reporting as a benchmark of quality; this has been mentioned informally; Jim will pursue. The Commission has also been discussing possible partnership activities with the National Association of Chain Drug Stores and the Institute for Safe Medicine Practices.
  - b) Medication Safety: The Commission has agreed to help the Quality Corp draft a consumer-oriented pamphlet geared at medication safety and pharmacies.
  - c) Polling Technology: Joyce notes that AARP has recently invested in a portable polling technology for meetings, which could be made available to the Commission if needed.
- 4) Minutes: It was moved and seconded to approve the August 12 minutes as drafted; the motion passed unanimously.

5) Administrator's Report:

- a) Progress reports and individualized summaries on hospital reporting have been distributed to CEOs of all participating hospitals. Early responses are promising.
- b) The Pressure Ulcer transitional care project is moving toward a statewide recommendation for minimizing the risk of pressure ulcers. The Commission hopes to have a final product soon; the next step is to plan the best way to communicate and publicize the final results, possibly work through IHI for national exposure. Hospitals and long term care associations are very interested in this issue.
- c) We have some responses indicating our alert and recommendations regarding newborn drop/falls was helpful.
- d) An example alert on confusing medication was issued at the last meeting.
- e) Glenn was interviewed about the North Star goal for a national patient safety newsletter ("Briefings on Patient Safety").
- f) Lewis wrote an article for the Board of Examiners of Nursing Home Administrators about the Commission and recent certification. The article can be found here: [http://www.oregon.gov/NHABD/docs/Publications/Newsletter\\_2008\\_SEP.pdf](http://www.oregon.gov/NHABD/docs/Publications/Newsletter_2008_SEP.pdf)
- g) The Oregonian editorialized about a link between the Commission and tort reform efforts. Joyce commented that this is a sign that the Commission is increasingly seen as an effective and neutral party that can bring about positive change in health care.
- h) Finances: Commission's funds are low, as has often been the case at the end of the year. Some major additional costs are upcoming for development of the web reporting tool, as well as the ISMP contract.
- i) David Labby will have his Senate confirmation hearing this week as our next new Commissioner, representing insurers.

- 6) Public Health Officer's Certification / Setting Hospital Standards: Dana distributed a summary of proposed minimum certification standards. She noted that the Commission would not quite have met "passing" standards in the last certification, given the proposed targets/standards. Dana suggests a workgroup to review the proposal and make final decisions, and/or written feedback. Glenn remarked that these standards are important and we should be engaged in this process; he also questioned some details of the proposed standards. Gwen Dayton commented that OAHHS would be interested in reviewing and commenting. Susan King and Glenn Rodriguez expressed interest in providing written comments on the proposed standards. Dana offered to discuss specifics with interested Commissioners. It was also suggested that members of the Technical Advisory Committee should be invited to provide feedback on the proposed standards. After receipt of input, the Public Health Office will convene a face-to-face meeting to finalize the standards. Since the standards will not be in place until the end of 2008, questions were raised about the fairness of using those standards for the 2008 certification; Commissioners expressed concern that the standards should be prospective rather than retrospective. Roy asked how description quality would be judged; are hospitals getting feedback on incomplete reports? Should Commissioners get a regular summary of current reports received and how complete they are? He recommends that we should work with facilities submitting substandard reports. Joyce remarked that we

need to be providing hospitals, as well as the Commission, with more feedback on a regular basis. If we do not act on substandard reports, they cannot improve. Hospitals must be able to identify problems and act upon them. **ACTION ITEM:** Leslie to provide status updates to Board summarizing quality of reports. As appropriate, she will involve the hospital Technical Advisory Committee

- 7) E-Forms: The program development by E-Government has had serious technical problems and delays; however, as of yesterday, it appears it is finally back on track; it is hoped that staff and end users will be able to field-test the system and implement it shortly. Implementation will include refreshers about root cause analysis and reporting requirements.
- 8) Executive Team Report: This team (chair, vice-chair, past chair, finance chair and member emeritus) meets regularly by phone.
  - a) Recently, the Exec Team discussed revising the Commission's meeting schedule to every eight weeks but with each member committing to participation in a subcommittee as well. Joyce invited discussion on this idea; there was general agreement that this would work if members made the effort to attend all meetings. Some meetings might be longer than three hours, if the agenda required and advance notice were given. It was moved and seconded that we have six meetings in 2009 scheduled on a set basis every other month; the motion passed. The 2008 schedule will remain as published for the time being. **ACTION ITEM:** Subcommittees and Commission assignments will be placed on the next meeting agenda.
  - b) The idea of a meeting "on the road" has not coalesced yet; however, members of the Executive Team or selected Commissioners might visit a local forum or event to help raise the visibility of the Commission's activities and/or to receive local input on issue(s). Susan King suggested that we explore teleconferencing as well. Most Commissioners present also noted availability for an offsite meeting.
  - c) We are developing a manual for new Commissioners and will bring some material to the next meeting.
- 9) Small Group Discussions: The group broke into small discussion groups to discuss how to share Commission news in general and also how to influence legislation. Groups reported back with a number of ideas:
  - a) Review/improve website from consumer viewpoint
  - b) Provide professional education
  - c) Meetings could have standing agenda items on a variety of things
  - d) Utilize interactive opportunities: Patient Safety Facebook site?
  - e) Meet with / contact legislators and bring up Commission's agenda (several comments)
  - f) Develop talking points to reinforce every time we talk about bills.
  - g) Look into groups that might be allied with our agenda / leverage bills.
  - h) Identify one or more legislators to come to a meeting / talk to us / invite them to sponsor or support legislation.
  - i) Each Commissioner write a personal letter to legislator seeking support / offering to be a source of information or advisor for safety/quality issues / request five or ten minutes with them to underscore issues.

- j) When Commission's initial legislation was passed, OAHHS, OMA and consumer group supported – similar support would be good during hearings to show broad-based support.
  - k) Meet with Oregon Health Fund (OHF) staff regarding quality issues; review in next meeting; describe a consensus among Commissioners on what role Commission would have if Quality Institute created / what role would be if it is not created
  - l) Continue to develop media contacts / editorial boards / have a plan for editorial cultivation, our image as an unbiased credible source of patient safety / letters to the editor
  - m) **ACTION ITEM:** send talking points to Commissioners and ask each to write a personal letter to legislators for each.
  - n) **ACTION ITEM:** Invite Jeanene Smith and/or Barney Speight and a member of the Health Fund Board to attend our next meeting. Goal – to discuss their emerging agenda in order to better understand what impact it might have on the Commission.
  - o) **Possible Action:** Assign some of these legislative ideas to existing subcommittee?
- 10) Legislative Bills: The Senate Health and Human Services Committee unanimously voted to introduce three bills at the request of the Commission:
- a) LC 1301: Eliminates the sunset clause in legislation.
  - b) LC 1330: Establishes the Commission as collection of data and analyses by patient safety organizations in Oregon. Allows the Commission to use the Dept. of Revenue to collect fees from those entities that are remiss in their payments.
  - c) LC 1343: Requests funding for support of the Patient Safety Commission. It has no amount specified at this time. Jim suggests \$200,000 to \$400,000 is justifiable as a public expense.
- 11) Strategic Planning: Is a strategic planning meeting needed for 2009? Several Commissioners commented that there is a good road map and direction; perhaps the group should focus on consumer outreach, or assessing progress in an end-of-year evaluation meeting. As the next legislative session approaches, the Commission will need to be nimble in our tactical responses. Bottom line – no 'stand-alone' strategic planning session for 2009.
- 12) North Star Goal: Measuring our progress: the group reviewed some preliminary benchmark data for hospitals only. There was some discussion about whether we are using the appropriate benchmarks.
- 13) Adjournment: The group adjourned at 3:17 p.m.; our next meeting is Election Day, Nov. 4.