

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, Grant Higginson, Bruce Johnson, Susan King, David Labby, Roy Magnusson, Lewis McCoy, Sue Nelson, Brett Sheppard, Dave Widen.

Excused: Jim Martin, Glenn Rodriguez.

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

Also Present: Gwen Dayton, Joan Kapowich, Lynn Kemper, Tessa Nielsen, Barbara Prowe, Richard Rouse, Lynn Stapes, Joel Young.

- 1) Call to Order: Meeting was called to order by Joyce DeMonnin at 12:38 p.m. with a quorum present.
- 2) Introductions: Commissioners, staff and visitors introduced themselves; Dr. David Labby was welcomed as our newest Commissioner, representing insurers.
- 3) Minutes: The minutes from the Sept. 23 meeting were unanimously approved as drafted.
- 4) Administrator's Report:
 - a) Web reporting of adverse events will be on line soon.
 - b) Pharmacy news is mixed; we have signed a contract with ISMP to work with them improving quality issues for pharmacies, sharing newsletters and getting technical expertise. Jim also met with Providence Health Plan's pharmacy experts to talk about medication errors and to discuss possible collaborations. On the recruiting front, no new chains have signed an agreement; Wal-Mart sent a letter indicating they had chosen not to participate.
 - c) Staff are working on a number of important projects: a summary of glucose control findings from the National Surgical Quality Improvement Project; recommendations for improving pressure ulcer transitional care; standardized overhead emergency codes in hospitals; a falls management project with nursing homes; an event investigation guide for nursing homes.
 - d) On the consumer front, Jim taped an appearance with cable access show *Voices for Health Care* this month; we also are working with The Quality Corp to draft brochure on medication safety for consumers. *Question:* how best to distribute?
 - e) Staff developed a new Commissioner orientation guide, which is now available.
- 5) Health Care Purchasers: Joan Kapowich, Administrator of Public Employees Benefit Board (PEBB), and Barbara Prowe, Executive Director of Oregon Coalition of Health Care

Purchasers (OCHCP) discussed ways their organizations interact with the Commission and its goals. Joan noted that PEBB strongly encourages health care providers to participate in safety-related initiatives. Barbara reminded Commissioners that OCHCP (which will be celebrating its 10th anniversary soon) was actively involved in the creation of the Commission. She spoke about encouraging consumer involvement and engagement in their health care options and choices, *in advance* of acute need; how do we communicate with individuals more effectively and regularly? Both speakers are open to dialogue and brainstorm with the Commission. Joyce asked: what is the best vehicle for disseminating information from the Commission through PEBB and OCHCP? Joan suggested an interactive educational technique that “grabs,” using personal stories, compelling incidents like retained object anecdotes. Susan King: points out that these organizations purchase health care insurance, not direct health care; what strategies do you emphasize/prefer in carriers? Joan: carriers use incentives. Barbara: their request for information / focuses on how groups are mining the data. Jim: we believe PEBB still has contract language “we strongly encourage you to join the Patient Safety Commission program” reporting program for hospitals; is there any logic to include the same for nursing homes, ASCs, retail pharmacies with carriers urging participation? Joan favors this; will check to see if language is there, perhaps should be even clearer – *requiring* participation. Jim: do we have a way to create rewards/incentives? Barbara: they are looking at Leapfrog’s financial incentive program. OCHCP wants to tie data to incentives. Some networks have tiers based on data if have sufficient number of purchasers / data. Joel: could these two groups look at North Star and incorporate some of those benchmarks? Joan: yes, they could be strong proponents – not sure how to implement. Barbara: needs more participation / solid evidence to move forward. Jim: CMS has put the “never” events in place; can these be added? Sue N: concern that if PEBB doesn’t pay for never events, members would be billed, which would not be acceptable. Barbara: members want purchasers to meet with providers to understand how to work together on cost and quality issues. Brett: encourage carriers to participate in NSQIP – . Barbara expressed openness to NSQIP involvement, assessing what’s the best tool. Joyce: How do we best communicate with you to help you align goals with us? Sue Nelson is link to PEBB; send to either. Both want to incorporate information about the Commission on their websites and in their communications.

- 6) Public Health Officer’s Certification Report Draft Update: Dana reviewed changes to the Public Health Officer’s certification process, taking into account feedback from staff and interested parties. Proposed minimum standards have been slightly revised and were distributed to Commission members and meeting attendees. Progress toward 100% participation in written notification of errors will be more incremental. These standards will be used for 2008 data and feedback given; however, the standards will be used for the actual certification beginning with 2009 data. Question: Nancy asks can/should we make this more transparent? Stand behind the work we do by making data open? Discussion. Roy: public posting of aggregate outcomes is a healthy trend; but disclosure of individual case discussions is dangerous in medical-legal environment, because then people will fall back on legalese, “The standard of care is met” – rather than working on issues that will really make patients safer. Nancy: should we be encouraging hospitals to self-disclose their own numbers of types of errors? Bruce: we are trying to help facilities use aggregated information and new learnings in ways they can’t do by themselves? We are “composters of medical errors” Jim:

The standard of transparency is evolving. Perhaps we should encourage hospitals to self-publish / move towards statutory changes that would allow us to, for instance, publish aggregates of never events? David L: are we engaging their Boards of Directors actively? (Part of our job to change the safety paradigm) Are we asking them *What do you need? How can we help?* People need to own this; how do we encourage that? *How do we encourage people to do better?* Roy: certification report moves beyond FYI and observation into recommendations and aggregate transparency. We have shared info with hospital CEOs / Administrators. Roy: maybe “Board on Board” sharing of aggregates should go to boards.

- 7) Legislative Talking Points: Please read what’s in the packet; understand what the Commission hopes to do legislatively this year. For action: what’s the best way for the Board to have an impact on behalf of the Commission this year? Joyce: share with organizations, share with your lobbyist, let them know our issues, make an appointment with your legislator. Reach out to partner organizations. Jim will help draft a letter.
- 8) Small Group Brainstorm: Discussion topic was recommended 2009 guest speakers: possibilities included:
 - a) Legislators (both freshmen and others) for policy maker dialogue
 - b) Pharmacy or nursing home / OHCA person.
 - c) Dovetail with national convention / get national speaker that’s already coming out.
 - d) Have a safe table with folks who actually do root cause analyses.
 - e) When patients go searching for useful information on the web, they usually end up on the wrong site; should Commission and/or Q Corp to guide folks to high-quality sites?
 - f) Are we getting any penetration into policy-makers in the institutions we deal with? Ask board members of hospitals.
 - g) We are getting more actively engaged in consumer issues – get an out-of-state speaker on how to engage consumers / be more interactive.
 - h) Someone from OAHHS
 - i) Speaker on mandatory infection reporting
 - j) CEO of board
 - k) Bruce Goldberg
 - l) Finances – how do we raise money? Bring in someone from a professional development organization / Meyer Trust, etc.
 - m) Dr. Mel Kohn, acting public health officer through at least this legislative session.
- 9) Making Sense of Health Care Reform: Jeanene Smith, M.D, spoke with the Commission regarding the Oregon Health Fund, members of which traveled throughout Oregon and collected input and feedback from citizens across the state. The final report is due very soon. It will include responses to anticipated fiscal challenges and cost containment needs. It will include the eight “building blocks”: *The Oregon Health Authority as keystone; bring everyone under the tent; set high standards (measure and report); stimulate system innovation and improvement; unify purchasing power; train a new health care workforce; ensure health equity for all; advocate for federal changes.* Joyce: how does the Commission fit into this design? Would our charge change if there is a Quality Institute? Jeanene: The health fund board recognized that the fiscal realities may alter our progress toward the goals and require more incremental steps. For instance: covering children (Healthy Kids) and restoring earlier cuts might be the only things we can do at first. Quality Institute would be

tied to data collection. A workgroup developed the conceptual plan. Jim: will the initial recommendations of the Quality workgroup be in the final? Jeanene: depends on how the 2009 budget, but there was strong acceptance for the workgroup's focus and value. Focus of Health Authority will be to be a smart purchaser for the state, how to be a collaborator / reduce redundancy; be an instigator to further new ideas. It is not yet clear what relationships to DHS or Consumer & Business will be. Jeanene noted that many players are not fully aware of what the Patient Safety Commission is doing, but the Health Care Authority might benefit from information. Jim: how do we include North Star? Jeanene: she will reference the goal when Commission is mentioned. After HFB turns in the report, it's up to the legislature for the next steps. Jim: what about the medical liability piece? Jeanene: discussed/received feedback in all the state meetings; we don't have copies of wording, but the essence is we need to take a better look / recommending a medical liability reform council with the right players on it. She asks: how do we fit into that issue / how effective are we in reducing medical errors and where does that fit in? Jim: Commission should be at that table – this relates to disclosure issues. Patient Safety Commission definitely should be part of the discussion of reducing errors. The tension between safety and medical liability needs to be addressed – patient safety work is more difficult because of legal liability. Dana: tort system is supposed to deter errors and improve, but research may not support that outcome – the issue needs to be part of the discussion. How can we actively be part of the strategy process? Jeanene: this depends on funding; perhaps if there is funding to get Quality Institute started, would be helpful. She's asking for our support for the Health Care Authority. Grant: what about streamlining / combining various state overlapping activities – will that happen this time in a way to affect Commission? Jeanene: not yet clear. Perhaps the Authority will be established in 2009, streamlined activities in the next session? Jeanene notes that the final official report will be available by the end of the month. Please contact her if you have any questions.

10) North Star: Jim will publish the benchmark study within the coming week; please give him any comments or concerns before that time.

11) Adjournment: Meeting was adjourned at 3:29 p.m.