

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.*

## **EXECUTIVE SUMMARY and ACTION ITEMS:**

- *Pharmacy News:* Walgreens has agreed to join the Commission's adverse event reporting program. **Action:** Finalize the deal; issue a press release.
- *Consumer Engagement:* We need to do more. Joyce to staff patient safety / health care QI initiatives as part of her AARP assignment; ideas from other Commissioners are needed. **Action:** Consumer Engagement Subcommittee to be re-activated (Dave Widen, Dana Selover, Joyce).
- *Health Care Reform:* Reform efforts could have an impact on the Commission. **Action:** Ask Legislative Subcommittee to monitor the proposed reform package and to advise the Board.
- *Commission-Specific Legislation:* We have proposed three bills: HB 14, HB 15, HB 23 (see below for details). **Actions:** (a) All Commissioners to contact their legislators before next meeting; (b) Legislative Subcommittee to track progress and follow up on additional suggestions; (c) Legislative Subcommittee to make recommendations on whether Commission should take policy stands on key issues (see details below).
- *Administrator Review:* Jim Dameron's review and evaluation was completed, with a 4.5% salary increase to begin January 1, 2009. **Action:** A subcommittee will be formed to address executive compensation on an ongoing basis (Jim Martin, Joyce DeMonnin, Sue Nelson).
- *Transparency:* In response to concerns and questions about the balance between transparency and confidentiality, a workgroup is being formed (Brett Sheppard, Nancy Chi, Joel Young, Bruce Johnson and Dave Widen; Staff - Jim Dameron). **Action:** Workgroup to meet and make recommendations by February Commission meeting.
- *Patient Safety Organization (PSO):* The Commission was federally certified as a PSO, the first in Oregon to be so designated. **Action:** Legislative committee to address issue of reporting scope. Monitor federal discussions on common data set; report back to Board.
- *Nursing Home Update:* Presentation and discussion on how to help nursing homes evolve from the culture of compliance/regulation to a culture of quality improvement. Consensus that this framework is important. **Action:** Invite NH representatives to next Board meeting; continue to develop policy packet on the proper balance between regulation and quality improvement.
- *Focus Points for 2009:*
  - Markedly increase consumer engagement opportunities (strong support for this)
  - Promote quality improvement outreach, especially for nursing homes
  - Actively support our proposed legislation
  - Research ways to improve Commission's funding base / find ways to support staffing increase
  - Increase engagement of (hospital) boards and CEOs
  - Address transparency concerns
  - Explore PSO designation / implications
  - Meet regularly with stakeholders and partners and create learning networks
- *Subcommittees:* **Action:** All subcommittees to meet before the February 10 meeting and report back at that meeting.

## Minutes and Attendance:

**Commission Members Present:** Joyce DeMonnin, Grant Higginson, Bruce Johnson, David Labby, Lewis McCoy, Dave Widen.

**Commission Members on Telephone Conference:** Roy Magnusson, Sue Nelson.

**Commission Members Excused:** Nancy Chi, Susan King, Jim Martin, Glenn Rodriguez, Brett Sheppard.

**Staff:** Jim Dameron, Linda Goertz, Amy Gryzniec, Dana Selover, Joel Young.

**Guests:** Geoff McCarthy.

- 1) Call to Order: Meeting was called to order by Joyce DeMonnin at 12:43 p.m. with a quorum present (in person and by telephone).
- 2) Introductions: Commissioners, staff and visitors introduced themselves.
- 3) Commissioner/Staff Updates:
  - a) David Labby discussed a recent initiative from the Institute for Healthcare Improvement (IHI) that hospitals across the country adopt three simple surgical checklists. IHI wants hospitals to implement the checklists within 90 days, hence they call their idea a 'sprint.' The goal is to reduce preventable error by 50%. The plan was devised by the World Health Organization under the leadership of Atul Gawande. Dana can provide a copy for those interested. Following a discussion, the Board expressed an interest in championing the initiative. The Oregon IHI Network (founded by the Commission) will be discussing as well; Dr. Labby suggested we issue a press release in support.
  - b) Dana noted that the Hospital Association has applied for a grant using the Pronovost checklist to reduce central line infections in Oregon hospitals. The Commission is very supportive.
  - c) Jim noted that Walgreens has agreed to participate in the pharmacy reporting program. **Action:** Finalize the deal; issue a press release.
- 4) Minutes: The minutes from the November 4 meeting were unanimously approved as drafted.
- 5) Finance Report: As of December 12, 2008 the Commission had \$250,186,04 in its checking account and \$235,292.50 in accounts receivable. This is an improvement over last year at this time, but still represents a 'lean budget'.
- 6) Review of 2008 Strategic Planning Goals: Jim provided a quick overview of progress toward meeting 2008 goals and objectives. Commissioners were asked to comment on areas of success and areas for further improvement. *Some of the successes noted:*
  - a) Consumer education with AARP, Patient Safety 101.
  - b) North Star goal.
  - c) Implementation of electronic reporting ("Glowing accolades" from facility staff.)
  - d) Progress with Pharmacy Board. Beginning of a change in philosophy.
  - e) Breadth and scope of activities we're now involved in / branching out.
  - f) Continued progress, including in reporting side.
  - g) Pleased with expansion to nursing homes and ASCs;
  - h) Very interested in our systems emphasis – the state boards still tend to emphasize individual blame. The Commission's balance / emphasis on just culture is needed. The nursing home community in particular needs this emphasis.
  - i) Impressed by scope of accomplishments and engagement.

- j) Working on building the culture: pressure ulcers and falls reduction build skills and culture as well.

*Areas for improvement:*

- a) Would like to see more engagement of boards / involve organizations at the top. Also, additional staffing needed; do we need to raise fees? This question needs to be resolved.
  - b) Would like to see some of the data that comes from that participation.
  - c) Written notification needs to be revisited.
  - d) Agree that finding a balance between regulatory and systems thinking is important.
  - e) More pharmacy involvement, finances.
- 7) Consumer Engagement: Joyce noted that the Commission made progress in 2008 and that she expected a lot more progress in 2009. She noted that AARP will be investing more heavily in patient safety and health care quality and that in 2009 she will have more time to devote to these initiatives. She would like to build on the success of the 2008 collaborative “Health Care 101” sessions in Portland and Eugene. CareOregon is interested; perhaps other health plans would be as well. Key message for consumers: “I’m the most important person on my own health care team.” Comments: Is there a way for the Commission to more directly engage consumers? A different web presence? Blog? Direct reporting of adverse events? **Action**: Re-establish Consumer Engagement Committee (Chair – Joyce).
- 8) Health Care Reform Efforts: The Commission had a brief discussion regarding ongoing healthcare reform efforts within the state (at least five Board members actively participated in Health Fund Board committees or workgroups). Key questions: What would a health care authority mean to the Commission?; What position should the Commission take with regard to a proposed Quality Institute?; What role might we play in medical liability reform discussions? **Action**: Ask Legislative Committee to come up with a set of recommendations.
- 9) 2009 Legislative Package: The Commission has introduced three bills via the Senate interim health and human services committee. Lewis reviewed these bills and discussed talking points. **Action: 1)** Each Commissioner is asked to contact at least one legislator to ask for support for the Commission’s legislative package. **2)** Legislative Committee to work with staff to gain support of key groups (Hospital Association and others). **3)** The Legislative Committee to make recommendations on whether the Board should develop policy stands on key issues, including: a) health care reform? b) what to do if/when other groups ask us to endorse their bills (surgical techs, etc.)?
- 10) Administrator Evaluation: As part of the Administrator’s annual performance review, Joyce outlined her research to determine an appropriate salary range (attached as separate document). After discussion, she entertained a motion that the Commission give Jim Dameron a 4.5% raise effective January 1, 2009. It was so moved and seconded; the motion passed unanimously. **Additional Action**: Board agreed to form an executive compensation committee to review related policies and procedures: Jim Martin, Joyce, Sue Nelson.
- 11) Policy Statement on Transparency : Administrator asked the Board to establish a limited duration subcommittee to draft a transparency policy for Board review. After a brief discussion, it was moved and seconded to form a subcommittee. Motion passed unanimously. . **Action**: Establish transparency group, draft policy statement by next board meeting. *Volunteers*: Brett Sheppard, Nancy Chi, Joel Young, Bruce Johnson, Dave Widen. *Staff*: Administrator.
- 12) Making Sense of PSOs (Patient Safety Organizations): The Board briefly discussed the implications of being designated a federally listed PSO. Key questions: How do we respond to national groups that want to be our ‘strategic partner’? How do we handle federal insistence on a common data set that

differs from our current standard? What do we do if provider groups want to submit data to the Commission and those groups are not part of our state-given mandate? What do we do if consumers want to directly submit information? Do we need to refine the services we offer participants? **Action:** Ask Legislative committee to address issue of reporting scope. Monitor federal discussions on common data set; report back to Board.

- 13) **Nursing Home Update:** Amy provided a 2008 progress report. 75% of NH have signed participation agreements but have not yet submitted many reports. She expects an upswing with implementation of electronic reporting. . Amy also summarized the work of the nursing home expert panel on falls management and the transitional care project of a joint committee. Finally she suggested that these good efforts are more likely to pay dividends if they gain some sort of regulatory acknowledgement and support. Lewis then discussed the demoralizing aspect of the current culture which focuses on high regulation. Concerns: contentious atmosphere, federal rules, lack of trust, need for education, skill-building. How do we build a new model for accountability? How do we encourage nursing homes to do quality improvement? David Labby noted a CareOregon project which involved asking nursing homes to learn and work on projects that they were *already* passionate about wanting to improve. Comments: we need to promote an evolution from a culture of compliance to a culture of quality improvement. Evidence-based processes are crucial here. What's a safe way to introduce a product we helped create? How can we reinforce the same things as the regulators while still maintaining the firewall between them and us? Perhaps someone from SPD could come and dialogue with us over these issues. Encourage group collaborations. Every one of these tactics is needed, because this is a large change. Within the CMS framework it is possible to do things better and prove it can be better for the consumer. Consensus: this is great work and we need to work on more strategic ideas. **Action:** Invite NH representatives to next Board meeting; continue to develop policy packet on the proper balance between regulation and quality improvement.
- 14) **Thinking Ahead / Planning for 2009:** The board outlined some of the objectives it would like to tackle in 2009. Possible priorities:
- a) Nursing home (and other) quality improvement project
  - b) Consumer engagement (strong support)
  - c) Transparency policy
  - d) Board and CEO engagements / increasing contacts and dialogues / seeking to create champions
  - e) Create learning networks / link the people who are learning with each other / create collaboratives (like Rural Health Care Quality) – create agents for the Commission and its goals. Perhaps hold conferences? Work with payers because it's to their advantage (creating a market for quality improvement).
  - f) Regular engagement with key stakeholders (e.g., OAHHS re: under-reporting of events)
  - g) Fund-raising – Joyce expressed interest.
  - h) Promote our legislation
  - i) Explore what it means to be a PSO.
  - j) Joyce – Lane County / SPD grant re: transitional care. Can we be involved – give help and expertise, take advantage of funding to promote our work?
  - k) Work on and improve written notification – also connected to transparency issue.
  - l) Establish sufficient staffing; we need to be able to figure out a way to expand capacity.
- Action:** All subcommittees to meet before February 10.
- 15) The meeting was adjourned at 3:25.