

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.*

Our "North Star" Goal: ***Oregon will have the safest health care system in the country by 2010***

EXECUTIVE SUMMARY and ACTION ITEMS from June 9 meeting:

- *New Commissioner / Commissioner Terms:* Naomi Kaufman Price was appointed by the Governor to represent Consumers on the Commission's Board of Directors. Pending confirmation by the Senate, she will begin July 1. Joyce DeMonnin, Bruce Johnson, Jim Martin and Brett Sheppard have each agreed to serve a second full term. **Action Item:** Staff will provide them with re-appointment paperwork. The board re-elected Joyce, Bruce and Jim to continue as Chair, Co-Chair and Finance Chair, respectively.
- *Glycemic Control to Reduce Surgical Complications:* The Oregon NSQIP Consortium and the Patient Safety Commission have jointly issued a **Call to Action and white paper** on this topic; the paper is available on our website.
- *Legislative Update:* SB 23 has now passed and awaits final signatures.
- *OAHHS:* The Commission and the OAHHS Quality Committee have met and are exploring possibilities for a joint quality-focused endeavor.
- *Patient Safety Progress in the News:* Board members discussed national studies showing insufficient progress in patient safety and considered Oregon's efforts in light of these reports. The Board was in general agreement that the Commission needs to, among other things, begin a conversation with the newly-forming Oregon Health Authority to ensure that patient safety and quality are included in its agenda.
- *Commission Priorities:* The group discussed four major priorities for the immediate future: championing our "North Star" goal; reducing harm through learning networks; promoting transitional care projects; and improving our reporting program. Improving long-term funding and crafting a PSO (Patient Safety Organization) model were also mentioned as internal goals. **Action Item:** At the Board's request Jim will add target focus and specific activities to the four major items and continue the discussion with Commissioners via Email.
- *Funding Possibilities:* Jim outlined possibilities for Medicaid match money coming to the Commission; also under consideration is our participation in a collaborative project to be funded by federal stimulus dollars, aiming at reducing healthcare-acquired infections in hospitals. The board voted unanimously to **proceed with this proposal**.
- *Long-Term Funding:* This discussion was postponed to the next meeting. **Commissioners are urged to seek out and suggest other funding opportunities** so that we have more information and possible leads at the next meeting.
- *Next Meeting:* The Commission will meet again on **Tuesday, August 11**. Your commitment to our meeting dates is greatly appreciated.

MINUTES and ATTENDANCE:

Commission Members Present: Nancy Chi, Joyce DeMonnin, Norm Gruber, Susan King, Grant Higginson, David Labby, Jim Martin, Sue Nelson, Glenn Rodriguez, Brett Sheppard, Dave Widen.

New Commission Member: Naomi Kaufman Price

Excused: Bruce Johnson

Absent: Lewis McCoy

Staff: Jim Dameron, Linda Goertz, Dana Selover.

Guests: Elizabeth Cooley, Dr. Stephanie Jackson, Geoff McCarthy, Kelly Odegaard, Sean Vail.

- 1) Call to Order: Meeting was called to order by Joyce DeMonnin at 12:32 with a quorum present.
- 2) Introductions: Joyce DeMonnin introduced and welcomed Naomi Kaufman Price. Pending confirmation by the Senate, Ms. Price will join the Board of Directors on 07/01/09. Other commissioners and guests introduced themselves.
- 3) Commissioner Updates:
 - a) Grant noted that the Public Health Officer's certification report will be issued and available for discussion at the August 11 meeting.
 - b) Joyce will be attending a healthcare conference and will be sharing information about the Commission/AARP outreach presentations.
- 4) Minutes: It was moved and seconded to accept the minutes of the April 14 meeting as written. The motion passed unanimously.
- 5) NSQIP Update: Brett discussed the National Surgical Quality Improvement Program (NSQIP) project regarding glycemic control to reduce surgical complications. The Oregon NSQIP Consortium and the Patient Safety Commission have jointly issued a Call to Action and white paper on this subject; a press announcement was released today. This call to action is being distributed throughout the state at various levels. The Commission is also talking with the Oregon Chapter of the American Diabetes Association with the hope of crafting a joint consumer outreach strategy. Glenn inquired how NSQIP can be extended to smaller hospitals than those currently involved; Brett noted that the American College of Surgeons has proposed a pilot project with reduced costs that might be a fit for smaller hospitals, and in July, the ACS proposes to roll out a "lite" version of NSQIP that may be more adaptable to smaller facilities. Brett also noted that there will be a meeting in early October to help facilitate greater involvement of anesthesiologists in this project.
- 6) Finance Report: Jim Martin discussed the Commission's finances. He noted that accounting practices look in order and praised the 'checks and balances' system implemented by staff. Jim Dameron noted that our next biennial audit is tentatively scheduled for October; audit fees will be much higher this biennium.
- 7) Legislative Update: Grant provided an update the Commission's 2009 legislative agenda. He reminded the Board that SB 14 passed (eliminated the sunset clause), but that our request for partial state funding failed due to the tight state budget. However, Senator Bates has championed the idea of seeking Medicaid match for the Commission. SB 23, which

addresses central PSO status for the Commission, as well as allowing the Dept. of Revenue to be used for our collections, has been passed as amended. Grant feels that the Commission did very well this session, particularly in light of the multiple positive responses to the Commission from legislators. Sen. Monnes-Anderson's Health Care Committee has also asked the Commission to lead a workgroup on the intersection between nursing home quality improvement and regulation; meetings are being planned to include DHS regulators, long term care facilities, and consumers.

- 8) Meeting with OAHHS Quality Committee: This new committee, created by the Oregon Association of Hospitals and Health Systems, and chaired by Norm Gruber, invited Jim to meet with them recently. The purpose of that meeting was to explore ways to coordinate hospital quality initiatives with the Commission's efforts. The OAHHS Committee would like to find a specific initiative to spearhead. There are a number of possibilities, including a role for the OAHHS Quality Committee to champion the NSQIP glucose project mentioned earlier. Grant urged that there be an ongoing engagement between the Commission and this committee; Norm will provide feed back on the OAHHS Committee's activities to the Commission.
- 9) Reappointments to the Board: Commissioners nearing the expiration of their first terms are: Joyce DeMonnin, Bruce Johnson, Jim Martin and Brett Sheppard. All have expressed interest in re-appointment. **ACTION ITEM**: Staff will provide paperwork for these Commissioners to submit to the Governor's office.
- 10) Election of Officers: Joyce, Bruce Johnson and Jim Martin are willing to continue in the positions, respectively, of Chair, Co-Chair and Finance Chair. It was moved and seconded that these individuals continue in these positions; the motion passed unanimously.
- 11) Patient Safety Progress: Jim Dameron opened the discussion about Oregon's progress in patient safety. Recent national reports (*National Healthcare Quality & Disparities Report; National Priorities & Goals; To Err is Human – to Delay is Deadly*) suggest that there has been insufficient progress on our patient safety goals nationally. Discussion followed with comments and questions from Commissioners and staff:
 - There is growing public awareness but an apparent lack of urgency.
 - We have yet to develop a quality-centered business model. We can't do it by will alone or by volunteerism.
 - There are many patient safety initiatives and the focus is too diffuse. We need to concentrate on priorities that have the biggest impacts on both patient outcomes and cost.
 - Could the Commission's role be to set priorities for the state?
 - Vulnerable patients need to know that there are ways to advocate for themselves / interact with the power model. The culture of secrecy is part of the problem.
 - Let's determine what our work needs to be; what's our model for driving needed change?
 - Prioritize our tasks and then coordinate with multiple groups on one issue.
 - Having institutional Boards "on board" can accomplish significant change.
 - There is no magic bullet in these reports; we need to focus on concrete steps for Oregon, now.
 - Health care change in Oregon is on the way; how do we deal ourselves in, get our agenda on the decision-makers' agenda? How can we set the market for state-purchased health care -- the largest market in the state?

- We must hold a dialogue with the new Health Authority to ensure quality/safety are top priorities. Once the legislative session is over, we should meet with Governor's office and/or legislators, offering to help inform the specifics of the quality/safety vision and help direct it. Revisit and use the logic model in the Quality subcommittee of the Health Fund Board discussions. It will be a while before the Authority is formed but it is already staffed at OHPR by Jeanene Smith and Tina Edlund.

12) Establishing Board Benchmarks: Jim discussed proposed priorities that would include our vision, concrete action steps, and how the Commission can help change health care in Oregon. We need to help simplify and prioritize meaningful change. Suggested priorities and comments:

- a) Champion North Star Goal: Glenn: should we work with the OAHHS committee to help get Boards on board as discussed earlier? How do we make "our" North Star goal everyone's goal? Can everyone adopt these goals by 2010? Jim noted that we've received feedback that the timeframe of 2010 is impossible and sounds "foolish" in some circles. We're a learning organization; do we need to modify this goal?
- b) Reduce Harm Through Learning Networks: We need to address major harm issues and work with partners to provide useful solutions. Tools include working with technical advisory committees and helping physicians learn root cause / system thinking.
- c) Promote Transitional Care Efforts: An example is the pressure ulcer project now finishing up.
- d) Improve Reporting Program: We need to continue to improve. How can we create monitoring tools for the Board to judge progress, especially in light of the Public Health Officer's report? How can the reporting program inform other projects? Jim will revise this goal to include better feedback to the Board on number/volume/quality of reports on a regular basis, as well as what the reports are telling us. We need to address, "is this useful information?" Perhaps we should initiate a survey to determine what participants think. Although there has been improvement in written notification, we need to continue to increase compliance. Better use of data (feedback, reports) and a strategy on transparency issues will be included. How do we compare with other states that have reporting programs? Staff will refine and respond.
- e) Improve Long-Term Funding: See below.
- f) Develop a PSO Model: See below.
- g) General Comments:
 - Consumers should be better integrated into our goals with more specifics.
 - The final two items (funding, PSO model) are more internal issues; first four are what the public would care about. Staff will revise so that this is more of a public document.
 - Where have we spent our energy/time on each priority so far? Seeing that would give perspective to help us see if we need to shift the focus.
 - If we want to accomplish North Star, how can we use QI "driver diagram" / logic model to see what output should be and returns will be? David Labby noted that these four goals could be expressed in programmatic form as: 1) building organizational will throughout healthcare; 2) aligning incentives to quality and safety; 3) fostering

- knowledge and skills for improvement; 4) maintaining accountability through measurement and transparency. These are the planks in our platform.
- We should add target focus and specific activities to each goal.
 - We need to agree on/embrace one visual/conceptual model for what we're doing. The work is the right work; we need to grasp / encapsulate it so we can successfully pass it along.
 - What do hospitals/others see, get back when they report and what do we do with it when we get it? **ACTION ITEM:** Jim will clarify the goals in light of these comments and continue the discussion electronically.
- 13) **Funding Plans: Medicaid Match, Stimulus Money, Longer-Range:**
- a) We're negotiating with the state for a modest amount of money in Medicaid match (about \$20-30K/year). This may take a while to sort out; state is cautious.
 - b) Federal stimulus money is available to states to reduce hospital-acquired health care infections (HAI). Staff is seeking Board approval to draft a proposal to seek these funds in partnership with two state agencies. Our proposal would fund an HAI prevention collaborative for hospitals. The feds have two goals: decrease infections; create jobs. Our proposal would create 2 jobs (data analyst, collaborations manager). As a result, when federal support ended, the Commission would be responsible for funding any staff continuations. The maximum available for the Commission's part would be about \$300K over two years and would be issued to state Public Health and disbursed through them. Board approval is needed for this; proposals are due June 26. It was moved and seconded to proceed with this application; the motion passed unanimously.
 - c) Long-term funding plan discussion will be tabled due to lack of time. **ACTION ITEM:** Commissioners to make connections with funders / make suggestions. Conversation to be continued at the next meeting.
- 14) **Budget Rule:** The 2009-2011 biennial budget rule is currently open for public comment. A public hearing is scheduled for June 23. To approve the final rule, the Board will hold a very short public meeting via conference call on June 25; there will be a single agenda item – yes/no on the budget rule. We must have a quorum to approve.
- 15) **Adjournment:** The meeting was adjourned at 3:25 p.m. Next meeting will be August 11.