

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, Sandy Douma, Leonard Friedman, Bruce Johnson, Gloria Larson, Roy Magnusson, Jim Martin, Lewis McCoy, Sue Nelson, Glenn Rodriguez, Brett Sheppard, Dave Widen, Maureen Wright, Joel Young (for State Health Officer).

Excused: Andy Goldner, Grant Higginson, Susan King.

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

Also Present: Diana Bianco (facilitator), John Hofer, Bob Lee.

- 1) **Call to Order:** Meeting was called to order at 12:30 with a quorum present.

- 2) **Strategic Planning--In the Beginning:** Diana Bianco, our facilitator for the day, introduced herself, provided an overview of the agenda, and then asked everyone to offer comments on what excites and what frustrates them about the Commission's work. There is much that excites the Board, including:
 - Being on the ground floor of a new field;
 - The Commission's ability to work across boundaries and silos, using a collaborative and multi-disciplinary approach;
 - Our adherence to a philosophy of system change, not finger-pointing;
 - Our emergence as a statewide leader in patient safety.

There is also much that frustrates the Commission, including:

- Concern about financial limits/funding/not enough money
 - Worry that we do not yet have a critical mass
 - The realization that it is difficult to change cultures and patterns of thinking.
 - Sense that we are moving too slowly.
- 3) **SWOT Analysis:** Jim shared a staff-generated analysis of the Commission's strengths, weaknesses, opportunities and threats. He praised the Board's hard work and commitment as evidenced by their collective tenure and attendance, and by the long list of projects accomplished in 2007. He challenged the Board to honor its multi-stakeholder composition, to make sure all voices are heard, to wrestle with controversial issues, and to consider the limits of consensus (sometimes perhaps a simple majority might be enough). He acknowledged that we are currently an under-capitalized, under-resourced organization.

Although SB 36 allowed us stable core funding, we have identified more good projects than we can—as yet—fund.

The Commission then reviewed the staff's SWOT analysis, with the following additional remarks:

- a) Strengths: Our legislation gives us good guidelines and an arena for our focus. Being sanctioned by the state is often helpful. We have a positive public image. The stability of the administrative team is a plus.
- b) Weaknesses: Our confidentiality model is sometimes perceived as a weakness as well as a strength.
- c) Opportunities: We have an opportunity to collaborate with other states that have patient safety initiatives. Retail pharmacy outreach is an opportunity to explore a new area in patient safety; this may also help us look at additional aspects of transitional care.
- d) Threats: The Federal PSO legislation creates a potential for fracturing of patient safety efforts within the state. SB 329 might be both an opportunity and a threat.

Action Item: Find a way to integrate the SWOT analysis into ongoing 2008 activities.

- 4) Continuing 2007 Projects: Jim recommended that 2007 work in four key areas be continued in 2008: strengthening the reporting program; implementing patient safety improvement strategies; gaining wider acceptance of written notification and disclosure; and increasing organizational stability. The Board discussed some of the task details, including:
 - a) Several Commissioners commented that we might be able to find grant-writing assistance for funding, or find academic partnerships (e.g., pharmacy program).
 - b) Concerns regarding written disclosure -- How we might get “muscle” behind our requests for compliance with disclosure requirements? How do we stress following up with written notification as part of the program; how do we leverage the legislation?
 - c) What’s our role in making change happen? We have followed the friendly, collaborative approach – where do we find more leverage? Is publicity a part of that? While we need to be invitational with new partners (like retail pharmacies), after three years of the program, we can respond to hospitals that have not practiced written disclosure with a request for a plan and completion of notification as required. Perhaps in 2008, the strategy for hospitals should transition from recruitment strategy to effective compliance (maturation). **ACTION ITEM:** Staff and Commission to work on strategies to increase hospital compliance; “take hospitals to the next level of reporting.” **Double-Check:** Make sure that *areas-for-improvement* highlighted in the Public Health Officer’s 2007 Certification Report are being actively addressed (such as improvement of the quality of root cause analysis).
 - d) Are we being explicit enough about ways in which we are working on broadening and deepening the culture of patient safety in the state?

- 5) **Recommended 2008 Projects:** The group looked at possible 2008 initiatives, three of which were recommended by staff (North Star Goal, Participating in Oregon healthcare reform, Increased consumer/patient involvement). Other suggestions included:
- a) Working with purchasers on incentives
 - b) Assuring we become the Oregon Patient Safety Organization under federal regulation (likely to finally emerge from Washington, D.C., in 2008)
 - c) Outreach to purchasers might result in partnership(s) that could add pressure to facilities to increase participation in our programs.
 - d) Measuring and promoting the culture of safety is of great importance; this is really part of the North Star Goal.
 - e) We must develop funding models. **Action Item:** Staff to work with Finance Committee to consider additional funding streams.
- 6) **North Star Goal -- How will we know if we're making progress?** Discussion:
- a) The Measurement Subcommittee (Glenn {chair}, Nancy, Len and Dana) is hoping to use the CMS's eight 'no-pay' events as its key national benchmark: unintentionally retained objects; blood incompatibility; air embolism; catheter-associated UTI; decubitus ulcers; vascular catheter-associated infection; surgical site infection (mediastinitis); and hospital-acquired injuries. Metric: Oregon will have the fewest 'no-pay' events in the country.
 - b) Using CMS 'no-pay' events raise a lot of data questions. All require 'Present on Admission' information, and hospitals have only begun to code such information. Jim has begun discussions with the State to see what is currently available in Oregon; however, we would need to contact CMS to see about other state measures.
 - c) We should offer technical assistance and disseminate best practices to help institutions reduce their "no-pay" rates.
 - d) The Measurement Subcommittee is also working on an Oregon-specific Improvement Index.
 - e) The Board briefly discussed about how best to incorporate information from the National Surgical Quality Improvement Project (NSQIP) into the Commission's repertoire, in ways that don't make unfair competitive comparisons. The Commission is now actively partnering with the Oregon NSQIP Consortium (a four-hospital group). Brett Sheppard will keep the Board apprised of progress.
 - f) Fundamental question raised: Are we transitioning from preventing errors to reducing complications ; changing our focus? What is our unique role? It's important for us to focus on our charge; we need to align, not duplicate. Our role is also to help the public understand these results and the best practices that got us there.
 - g) We could use measurements from our own adverse event reporting data; however, the CMS data really has the hospitals' attention. Perhaps we could focus on the national information that crosswalks with data we collect. Should we follow the 80/20 rule – find the 20% of events that cause 80% of the problems and work on those?

- h) Harm reduction is of over-arching importance, not simply error rates; we should help Oregon focus on specific harm reduction measures.
- i) Lewis commented that so far these measurements only reflect hospitals and won't be useful as a rallying cry for other entities (nursing homes, ASCs, pharmacies, etc.).

ACTION ITEM: the Measurement Subcommittee will continue its work (guided by strategic planning session), and report findings to the Board on February 26, 2008.

7) Defining Our Role in Healthcare (SB 329, Quality Institute): Among the comments:

- a) Jim asks that Board members continue to advocate for the Commission as well as their own organizations. Health care reform as guided by SB 329 is moving very quickly. The final set of recommendations must be delivered to the state by October, 2008.
- b) The Commission needs to be sustained as an autonomous organization that maintains the leadership role for patient safety in the state. This should be our clear message and reflect the value we bring.
- c) Joel points out that some language in SB 329 also asks how it can help the Commission and we should speak up for more resources and partnering.
- d) Three Commissioners and the administrator are part of the workgroup considering how to create an Oregon Quality Institute. Commissioners should maintain open minds about how such an Institute might be conceived, but we need to ensure that the Commission's mission is honored in some fashion.

ACTION ITEM: Commissioners on Quality Institute workgroup are urged to advocate for inclusion of patient safety within general scope of this new organization. However, the Quality Institute might be best imagined as a 'virtual organization' with delegation and pass-through funding to the Commission. Commissioners on Q/I workgroup to report to full Board on February 26.

- 8) Engaging Patients and Consumers:** Because of shortage of time, the Commission recommended that Joyce lead a consumer workgroup in order to follow-up on initial set of proposals. Joel commented that it would be good for the committee to prioritize these ideas. Dave, Dana and Sandy volunteered to be part of this workgroup. **ACTION ITEM:** The committee will report back at the Feb. 26 meeting. **Note:** Feel free to share further comments to Joyce or other committee members.
- 9) Conclusion:** Diana briefly summarized points discussed and reminded Commissioners of the importance of remaining true to the mission and advocating for the Commission. The meeting was adjourned at 3:56 p.m.

Our next regular Commission meeting is February 26, beginning at 12:30 p.m.