



July 18, 2006

Minutes approved Aug. 29, 2006

Present: Nancy Chi, Sandra Douma, Andreas Goldner, Bruce Johnson, Susan King, Gloria Larson, Roy Magnusson, Glenn Rodriguez, Lewis McCoy, Dave Widen, Maureen Wright; Administrator: Jim Dameron; Staff: Linda Goertz, Leslie Ray. State: Dana Selover, Joel Young

Excused: Susan Allan, Joyce DeMonnin, David Hartwig, Grant Higginson, Jim Martin, George Miller.

Issues Heard:

- ◆ Approval of Minutes
- ◆ Consideration of Treasurer as Officer of Board
- ◆ Financial update
- ◆ Public Health Officer's certifying role
- ◆ National adverse event reporting / certification as patient safety organization
- ◆ Updates:
 - Infection summit
 - Disclosure conference
 - Reporting program
 - IT options
 - 2007 legislative agenda
- ◆ Taking stock / evaluation

Call to Order: Meeting was called to order at 12:07 p.m. with a quorum present.

Approval of Minutes: Commissioners reviewed the draft minutes from the June 6 meeting. Minutes were unanimously approved.

Public Comment: Dr. Richard Botney expressed appreciation for the work of the Commission.

Commissioner Updates and Announcements: Sandra Douma noted that Patient Safety Bulletin #2 has made its way through the system in her workplace – an indication that bulletins are getting out to the field and that the Commission's work is beginning to take hold.

Consideration of Treasurer as Officer of the Board: This entails a change to the by-laws, requiring a 2/3 vote of the board membership, and needs to be announced to the public. *Discussion:* is limitation of the term to two years arbitrary? It would be unfortu-

nate to term-limit someone with skills and abilities to handle these tasks; however, regularly changing incumbents could provide checks and balances. It was moved and seconded to approve the by-law amendment as written {see text below}; the motion passed unanimously with 11 votes.

Article IV of the bylaws of the Patient Safety Commission has been amended:

- Treasurer is added to the list of officers: *"The officers of the Commission shall be a chairperson, a vice chairperson, and a treasurer."*
- The following entire item 4) is added:

"4) Duties and responsibilities of the Treasurer:

a) The Treasurer has all the rights, duties and responsibilities of a regular Commission member, including the right to introduce motions and proposals, as well as to speak and vote on issues before the board.

b) The Treasurer shall provide additional financial stewardship for the Board of Directors by reviewing the Commission's books, monitoring audit activities, and by other activities as deemed appropriate by the Board.

c) The Treasurer shall be a member of the finance committee.

d) The Treasurer shall be familiar with the Commission's approved accounting manual and ensure that the Administrator implements its policies and guidelines.

e) The Treasurer shall meet at least quarterly with the Administrator to review the financial status of the Commission"

Financial Update:

- In David Hartwig's absence, Jim Dameron presented the update. The audit has been completed, with no changes in the final report from the draft issued previously. There were eight recommendations by the auditors, including a change in accounting software from Quickbooks to Peachtree (due to a flaw allowing entry date changes in Quickbooks). Jim is looking into this issue; an interim measure is to print out documentation at each step. The auditors also commented on the need to delineate separation of job duties in job descriptions. The Commission noted that audit timing would be more useful if it matched the fiscal year more closely, and this comment was shared with auditors. Since audits are biennial, the Finance Committee will perform a strong internal audit on alternate years; the Administrator and Treasurer also meet every six weeks to review the books before Commission meetings.
- The Commission has approximately \$237,000 in assets, with monthly expenses between \$25,000-\$30,000. New yearly participation fees should begin arriving January-February, but we expect no other income in 2006. **NOTE:** Reserves will be substantially depleted by the end of 2006.

Report from Funding Committee:

- Andreas Goldner reported that the committee has met once and discussed possible avenues for obtaining funds: approaching the state legislature; seeking grant

funding; building an endowment; and approaching interested parties who have not previously contributed (or finding new one-time contributors). **ACTION ITEM:** Andreas will be looking at granting agencies that provide grants for operating expenses and gathering information. The next committee conference call is scheduled for August 3; suggestions are welcomed.

- *Discussion:* are there aspects of the Commission's charge that would appeal to potential funders? The IT project is a possibility. Glenn Rodriguez pointed out that we need to pursue near-term funding supplementation for 2006 as well as develop a comprehensive strategy for funding needs in 2007. Given the drawdown on reserves, there is a sense of urgency. **ACTION ITEM:** The charge to the Funding Committee is to concentrate directly on 2006 needs. The Committee consists of Andreas, Jim Martin, Sandy Douma, Joyce DeMonnin and Dana Selover.
- Jim Dameron cautioned that we clarify what we are asking for, and assure it does not conflict with specific needs. A question that may arise is, "Why aren't we getting sufficient funding from our member fees?" How do we develop a true reserve? Gloria Larson suggested that the committee should articulate budget assumptions and funding guidelines.

Public Health Officer's Certifying Role:

- Dana Selover shared a draft of Public Health Officer (PHO) certification elements. This certification is part of our public accountability to help assure completeness, credibility and thoroughness of reporting from each participating entity.
- *Discussion:* does this draft concentrate unduly on the reporting program? Is the certification more like an audit or is it feedback from an engaged partner? Dana indicated this is seen more as a review. Is it possible for the Commission to use the PHO's critique and suggestions for improvement in real time instead of waiting for a review or audit? A formative evaluation / dialogue might be more helpful. The intent of the statute is for independent review, but as the program is in startup, the Commission would like to incorporate the PHO's expertise on a case-by-case basis in the development phase. The group recommended that the final version concentrate on the concluding questions in the draft, as well as points 7 and 8 - focusing on learning, best practices, patient safety improvement.
- Additional discussion: how do we know the member entities are reporting completely? We might need to compare to statistics on suspicious deaths in hospitals, sentinel events, Board of Medical Examiners reports, and E-codes (though the latter are not mandatory in Oregon). How do we evaluate start-up reporting? When should we anticipate that reporting has risen to a "normal" level and then, as we hope, show a decrease that reflects improved patient safety?
- **ACTION ITEM:** Dana requests that commissioners send her any additional comments before August 11. She will then complete a final draft of the certification process for the next meeting. It was suggested, to better match the

legislative year, that we should do some initial assessments with early reports, enabling us to provide legislators with a preliminary report early in the session, as well as allowing the Commission to determine if adjustments are needed.

- Commissioners expressed thanks to Dana and Joel for their collaborative attitude while maintaining independence.
- The Commission would like to take a look at real reporting data that is beginning to come in. **ACTION ITEM:** Staff will bring copies of reports to the August meeting.

Patient Safety Advisors: Leslie Ray discussed several issues that have arisen in which staff needed further input, both in terms of best practices and with a broader discussion of ethical issues. These include issues requiring technical expertise; analyses of whether reporting tools are providing useful data; boundary issues spanning institutions (reports originating from a different entity than the one involved with the event); experts needed for educational events and conferences; advisory needs in development of the reporting programs. Leslie recommended appointment of patient safety advisors for these purposes. *Discussion:* Commission members expressed a desire to be the first advisory level, especially in issues regarding ethics or reporting boundaries.

Commissioners suggested that staff should develop a list of experts who would be willing to partner with the commission on issues requiring expertise. **ACTION ITEM:** Leslie will continue to formulate the proposal, incorporating these suggestions.

National Adverse Event Reporting / Seeking Certification as a Patient Safety Organization (PSO): The "Patient Safety and Quality Improvement Act of 2005" establishes a federally-certified confidential reporting structure very similar to the Oregon Patient Safety Commission's. *Discussion:* The group reviewed a comparison of Oregon law and the federal act. There was general agreement that a single PSO in Oregon would avoid duplication of activity and requirements, and that continuing with the work already done by the Commission would be in the best interests of patient safety. It was moved and seconded that we follow staff recommendations to seek status as Oregon's single PSO (*as delineated below*). The motion passed unanimously.

Staff Recommendations:

1. *Seek status as Oregon's single Patient Safety Organization as soon as Feds have established rules.*
2. *In the meantime, proclaim our intent.*
3. *Continue to monitor Federal implementation efforts.*
4. *Pay attention to national alignment efforts ("super PSOs"). Show a willingness to entertain partnerships with national organizations.*

Updates:

- The Infection Summit has been discussed and tentatively set for January 2007. There is a good deal of interest in bringing together policy-makers, legislators

and scientists to address the issue of hospital-acquired infections; funding may also be available.

- The Disclosure Conference has been set for October 11; Debra Gerardi of Creighton University (attorney, nurse, mediator) will serve as consultant. Disclosure of adverse events to patients/families is a significant issue; we need a format to identify when disclosure is needed and best practices must be developed. A planning group for the conference is being formed; Susan King, Maureen Wright and Lewis McCoy volunteered to be on the steering committee.
- The hospital reporting program is progressing; of 57 Oregon hospitals, 49 hospitals have signed up; more are expected. Ten event reports have been received with more pending. Training has been completed in all but one hospital. Five member hospitals have declined to provide retrospective reporting back to January (disclosure has been waived for all hospitals for retrospective reports).
- Lewis McCoy reported that the nursing home reporting program is progressing; the advisory group has met twice and has reached a consensus on reporting templates; they are now looking at fee structure and moving towards definitions of adverse events. They plan to have the pilot group (not yet formed) refine details; the pilot group needs to have same type of training as the end users will. The advisory group is also working to incorporate items from the Minimum Data Set (MDS) reports, in an effort to avoid duplication of work for facilities. Jim has also met with state staff to be sure we avoid duplication of efforts. The next step for this program is to increase awareness among nursing homes that reporting is coming in the future. The pilot program should start some time in September.
- Dave Widen reported that the pharmacy program is in its pilot stage, but reports are somewhat slow in coming. Pilot data should be in by the end of July and data ready to be evaluated. Marketing and signing up may be a challenge.
- Bruce Johnson reported that he has sent out 74 letters for the ambulatory surgery center program, giving information and inviting participation on the advisory board. The state leadership group is starting to coalesce.
- Nancy Chi discussed IT options; she has submitted a request to Regence for \$50,000 to support development of an online data reporting system.
- Jim Dameron has been working with state legislators, gathering support for a reworked draft of legislation that clarifies language on membership fees and puts a cap on total amounts collectable. The Senate Public Health Committee (Senator Bill Morrisette) has expressed a willingness to offer the reworked draft as a "Committee Bill." The Senate Public Health Committee has invited Jim to provide an update on September 20th. (Sen. Bill Morrisette). Jim has also spoken with the Quality and Transparency Subcommittee of the Health Policy Commission in an attempt to coordinate activities with the Governor's office. Jim would appreciate collaboration with others with legislative expertise. **ACTION ITEM:**

Jim will Email commissioners asking/reminding them to contact their senators and representatives to request support for this legislation.

Reviewing Progress: ACTION ITEM: Please review goals from our strategic planning retreat last October. We are considering a yearly retreat for such planning.

Administrator Evaluation: In preparation for Jim Dameron's annual evaluation, Glenn distributed evaluation forms. **ACTION ITEM:** These forms will also be Emailed to commissioners; they can be returned by Email or fax (503- 215-4868) directly to Glenn, or commissioners may call Glenn at 503-215-2218 to discuss.

Public Comments: Dr. Botney remarked that the commission is currently focusing on reporting adverse events that have already occurred; reporting at OHSU has been successful in including potential problems, near-misses, suggestions for improvement, and safety-related activities that various groups have undertaken. Does the Commission have plans to include such pro-active steps? Yes, this is within the charge of the commission and near-miss events are already being reported. The Commission recognizes the importance of this approach and hopes to incorporate more outreach in these areas; it must, however, first work to fulfill its statute requirements.

Adjournment: The meeting was adjourned at 2:57 p.m.; the next meeting will be on August 29, also at OHCA in Wilsonville. **NOTE:** The August meeting will focus on two major agenda items: Public Health Officer certification; and Commission review of actual event reports.