

Present: Nancy Chi, Joyce DeMonnin, Sandra Douma, Grant Higginson, Bruce Johnson, Susan King, Gloria Larson, Jim Martin, Lewis McCoy, Roy Magnusson, Glenn Rodriguez, Dave Widen. Staff: Jim Dameron, Linda Goertz, Leslie Ray, Dana Selover.

Excused: Susan Allan, Andreas Goldner, David Hartwig, George Miller, Maureen Wright.

Issues Heard:

- ◆ Approval of Minutes
- ◆ Commissioner Updates
- ◆ Funding Update
- ◆ Administrator's Report
- ◆ Written Disclosure
- ◆ Technical Advisory Committee
- ◆ 2007 Meeting Schedule
- ◆ Hospital Adverse Event Reporting and Public Health Officer Certification

Call to Order: The meeting was called to order by Glenn Rodriguez at 12:04 p.m. with a quorum present. Dr. Rodriguez shared an opening reflection from the executive summary of *Crossing the Quality Chasm*: "The committee is confident that Americans can have a health care system of the quality they need, want, and deserve. But we are also confident that this higher level of quality cannot be achieved by further stressing current systems of care. The current care systems cannot do the job. Trying harder will not work. Changing systems of care will." Introductions of commissioners, staff and visitors followed.

Minutes: Commissioners reviewed draft minutes from the July 18 meeting; the minutes were approved in a unanimous vote.

Commissioner Updates and Announcements:

- ◆ Gloria Larson has been awarded a scholarship to a nursing conference on patient safety, "Transforming the Culture." She will be attending a presentation on disclosure; Commission members expressed interest in insights gleaned from this conference.
- ◆ Three commissioners are up for reappointment; paperwork has been filed.
- ◆ Joyce DeMonnin reminded the group that the Patient Safety Conference of the OMA will be held Sept. 29. Dr. Bruce Johnson will be speaking on behalf of the Commission about developing cooperative strategies.

Funding Committee Update: (In David Hartwig's absence, Jim Dameron presented the update.) The committee has met once via phone and has come up with some possible funding options, including: requesting specific funding for short-term patient safety projects; speeding up implementation of nursing home reporting program; seeking charitable

contributions; working with a software vendor on web-based reporting; seeking IT funding from local organizations.

Administrator's Report (Jim Dameron):

- ◆ Policy summit on healthcare-acquired infections – continuing to seek funding. Received \$500 from PacificSource, to date. Commissioners discussed the possibility of pursuing the summit even if complete funding were not available by scaling back. Joyce is available to assist the planning group.
- ◆ The nursing home pilot kickoff meeting is scheduled for September 7th. Six organizations have agreed to participate and to share adverse event information using the Commission's draft reporting template.
- ◆ Pharmacy Advisory Group: next meeting scheduled for Sept. 8. Will review draft administrative rules. Expectations are to have administrative rules in place by year end.

Position Statement on Written Disclosure: In support of October 11th workshop on written disclosure, staff drafted a position statement for approval by the Board of Directors. Commissioners requested specific changes (make sure that language applies to all reporting organizations, not just hospitals; cite statutory authority; clean up the prose). Commission moved and seconded to approve the position statement as amended, unless any Commissioner voices objection to the final format (which will be circulated by email). The motion passed.

Establishing a Technical Advisory Committee (TAC): Staff requested that the Board of Directors establish a technical advisory group to assist with analysis of adverse event reports from hospitals. TAC members would sign a confidentiality agreement; reports would be de-identified. TAC would not be a policy group, but would hold regular meetings to help staff with clinical issues and case findings.. The TAC would include Commissioners, augmented by additional expertise. Gloria Larson, Sandy Douma and Lewis McCoy expressed an interest in participating. The Commission unanimously approved the creation of a TAC.

2007 Meeting Schedule: The Commission agreed to continue meeting every six weeks (Tuesdays at noon) in 2007. Dates will be: *January 23, March 6, April 17, May 29, July 10, August 21, October 2, and November 13, 2007.*

Hospital Adverse Event Reporting:

The Commission discussed findings from the first 18 adverse events reported by hospitals. Discussion was framed around a series of policy questions. Highlights:

- ◆ Underreporting: Many commissioners objected to the term *underreporting*, and instead wanted to discuss the barriers to successful reporting. These include the start-up status of the reporting program. As people become more familiar with the process, we expect the number of reports to increase. It's too early to offer value judgments about volume of reports.

- ◆ Types of reports: It appears that the first reports represent easy-to-identify cases. That said, it seemed surprising that so many of the reports involved “retained objects.” Commissioners discussed the possibility of issuing a statement/summary of solutions on this issue.
- ◆ Written notification: Initial evidence suggests that hospitals are struggling with this requirement. This highlights the need for a successful workshop on written notification (scheduled for October 11).
- ◆ Increasing volume of reports: While not all Commissioners agreed with the evidence, there are some indications that the volume of reports are increasing over time. Commissioners generally agreed that we believe we are on the right track; hospitals clearly are taking a new step by reporting confidential data to an outside agency.
- ◆ Clarity of reporting framework: Too many responses pooling into ‘other’ categories. Consider adding room for narrative elaboration and clarification.

Public Health Officer’s Certification:

Dana Selover presented a final draft of the certification process. She clarified that the certification would be done in two parts -- integrity of the hospital reporting and integrity of the overall reporting program. The Commission was supportive of the final draft and offered no additional recommendations. Dana noted that she had been reviewing the reporting programs from other states and that she had not found any that included a similar certification or external audit process. It appears that this is a unique approach to accountability in Oregon.

Dana outlined a phased implementation process: Year I is assessment only; Year II requires some improvements of standards; Year III and beyond will require minimum standards. The timeline dates in the draft refers to the currently-operating hospital reporting program; a similar staging would occur for each program.

Dana also discussed a possible interim draft report that might help evaluate the program in collaboration with the Commission. Grant suggests that an informal report like this would be a useful addendum to the Commission’s next report to the legislature – as well as improving the process and performance of the Reporting Program. Reports are due to the legislature in both September (our annual report) and January.

Dana discussed the concept of “underreporting” in this evaluation; Any estimation of underreporting in the PHO certification will be done in broad ranges and with full appreciation of the difficulty of making fair comparisons among states with different reporting standards, definitions and resources. States that may come into play include Connecticut, Minnesota and New Jersey.

Public Comment: Aggregate information suggests that some of the adverse event cases resulted in death. Can you provide more detail about the circumstances? **Response:** At the

present time the Commission cannot give more detail, since there are so few reports that it might risk revealing identifying information and breaching confidentiality.

Next Steps:

- Short term Funding: Continue to seek funding. Lead: Jim Dameron, funding subcommittee
- Policy Summit on healthcare-acquired infections: Follow-up with Thomas Aschenbrener of Northwest Health Foundations. If full funding not available, draft a proposal for a more modest workshop. Lead: Jim Dameron
- Policy Statement on Written Disclosure: redraft based on Commission feedback. Circulate via email to full Commission. Lead: Leslie Ray, Linda Goertz.
- 2007 meeting schedule: Determine meeting locations; distribute. Lead: Linda Goertz
- Technical Advisory Committee: Get started immediately. Develop participation guidelines and roster of participants. Lead: Leslie Ray, Jim Dameron.
- Interim Certification process: work with Public Health Officer's staff to ensure that interim report is available by YE 2006. Lead: Dana Selover, Jim Dameron, Leslie Ray
- Hospital Reporting: Continue to understand and eliminate barriers to reporting. Report progress, problems to Commission as appropriate. Lead: Leslie Ray.
- Hospital Reporting: Ask hospitals (in a systematic way) what is working, not working for the reporting program. Be willing to revise the template and the procedures as appropriate. Lead: Leslie Ray.
- Hospital Reporting: Consider putting together a package on retained objects for hospitals. Lead: Leslie Ray.

Adjournment: The meeting was adjourned at 2:58 p.m. The next meeting is scheduled for October 10 at the Kaiser Permanente **Town Hall** (*note change in location*).