



March 6, 2007
Approved April 17, 2007

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.*

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

Excused: Susan Allan, Maureen Wright.

ISSUES HEARD:

- Approval of Minutes / Strategic Objectives
- Colored Wristband Project
- Administrative Rules for Long-Term Care Facilities
- Board of Directors Nominations Subcommittee
- Update of Staffing Plan
- Communications and Outreach
- National Surgical Quality Improvement Project (NSQIP)
- Legislature / Legislation
- Public Health Officer's Certification Update
- Healthcare-Acquired Infection Policy Summit
- IHI Kickoff Event

1) **Call to Order:** Meeting was called to order at 12:07 p.m. Members introduced themselves and Glenn offered a remembrance of our founding chair, Dr. George Miller, who died this February. The group shared a moment of silence in his memory. Glenn read aloud the poem "Lost" by David Wagoner. Commissioners are invited to share ideas with Jim about ways to honor Dr. Miller.

ITEMS NEEDING CONSENT:

- 2) **Approval of Minutes:** Minutes from the November 14, 2006 and January 23, 2007 meetings were reviewed; it was moved and seconded that both sets of minutes be approved as drafted, and the motion passed unanimously.
- 3) **2007 Strategic Objectives:** The Board reviewed, one last time, the strategic objectives first proposed at its November 14, 2006 planning session. It was moved and seconded that these 2006 Objectives be approved as drafted. The motion passed unanimously.
- 4) **Colored Wristband Action Plan:** The Board moved, seconded and approved recommendations advising Oregon hospitals that choose to use color-coded arm bands to

adopt a standardized approach. The Board will support the Oregon Association of Hospitals and Health Systems as it takes the lead for implementation.

DECISIONS IN NEED OF FURTHER DISCUSSION:

- 5) **Adopting Administrative Rules for Long-Term Care Facilities:** As part of the public review process the Commission received three written comments (one from Joint Commission and two from small hospitals that also manage long-term care facilities).
 - a) With regard to Joint Commission: Staff recommended adopting some, but not all of their recommendations. Staff recommended updating the reference to *credible, thorough, etc* (October, 2006 Joint Commission report). However, staff recommended against the Joint Commission's suggestion to add criminal events to the list of adverse events; this is not part of our charge. Finally, staff recommended against replacing references to 'patient' with 'resident' since the statute specifically refers to "*Patient Safety Data.*"
 - b) With regard to small hospitals that run nursing homes: Commission received two letters expressing complaint – fees are too high, possibility of duplicative reporting, administrative burdens, cost to comply, undue public pressure to join. Discussion on these points followed. Perhaps better communication might clear up some informational issues; also, the Commission must continue to demonstrate the value it can add to health care and patient safety in the state. Staff recommended adding language to allow some flexibility in assessing fees.
 - c) It was moved and seconded to approve the administrative rules for long term care facilities with the noted changes; the motion passed unanimously.
- 6) **Nominations Subcommittee:** Board currently has two commissioner vacancies: physician in active practice; faculty member of Oregon University. In addition, the first terms of four current members will expire in June or July. Finally, the Commission needs to elect new officers in July. Staff proposed that the Board creates an *ad hoc* working subcommittee to accomplish the tasks noted, as well as nomination of officers. The committee was asked to report back in the next six weeks. It was moved and seconded to create such a committee, and the motion passed. Charge to the subcommittee: determine what additional skills are needed at the Board level; develop a list of candidates. Volunteers for the subcommittee include Glenn Rodriguez, Roy Magnusson, Andy Goldner and Nancy Chi. **ACTION ITEMS:** The subcommittee should meet before the next Commission meeting (April 17th). Commissioners should send nominations and suggestions to Glenn.
- 7) **Update Staffing Plan:** The Administrator asked the Board for authority to add an additional field coordinator with responsibilities for nursing home and ambulatory surgery reporting. The Board noted that the Commission still does not have a stable funding base. Still, the Board moved and seconded a motion to add an additional field coordinator; the motion passed unanimously.
- 8) **Communications/Outreach Strategy:** Question – as the Commission's visibility increases, is it making the most of its opportunities?
 - a) The Board discussed how it should respond when the media makes inquiries. We need to better anticipate news coverage that may come up. Transparency is important; the more

we are open and honest, the more people trust us. *Suggestion:* Put together a media list, and issue press releases proactively when we have something to tell; be sure to include all parts of the state. Coordinate media contact with Jim. As appropriate, Board members should feel free to say to the press, "I'll have to get back to you on that." Staff should help the Board prepare for interviews if a report or a Commission statement is likely to receive media attention. *Question:* Should we issue a press release on the approved rules for long-term care facilities? Perhaps we could develop Commission talking points, or have some communication training. **ACTION ITEM:** Joyce will share some example healthcare quality talking points from AARP.

- b) Other audiences beyond the media should also be considered: speaking with the Governor's office, legislators, policy makers, etc.
 - c) It was moved and seconded to create a *working group* on a communication plan and media training; the motion passed. Susan King, Dave Widen and Joyce DeMonnin volunteered. Jim agreed to participate as needed.
- 9) **National Surgical Quality Improvement Project (NSQIP):** The Administrator asked the Board to consider partnering with the Oregon chapter of the American College of Surgeons to champion NSQIP in Oregon. The Board discussed the idea but no action was taken. Commissioners agreed that staff should continue to consider possibilities for involvement and support.

ISSUES FOR DISCUSSION AND UPDATE:

- 10) **Working with the Legislature:** The Oregon legislature has shown a lot of positive interest in the Oregon Patient Safety Commission; Jim testified for almost an hour in front of the House Healthcare Subcommittee on Health Policy and has provided testimony and briefings for various bills. Bills and issues we are following include:
- a) **Healthcare-acquired Infections and HB 2524:** HB 2524 would create a mandatory healthcare acquired infections (HAI) reporting program in Oregon. The House Health Care Subcommittee on Health Policy held a first hearing on February 15th. The HAI consensus document (crafted by the expert panel convened by the Patient Safety Commission) influenced the hearing for the better.
 - b) **SB 36:** This is the bill that would clarify the Commission's ability to assess fees. SB 36 is important because it speaks to the Commission's core funding. The Senate Health Policy and Public Affairs Committee (Chair Senator Monnes Anderson) held a first hearing on Wednesday, February 21. **ACTION ITEM:** Commissioners requested notification of when they can contact their Senators.
 - c) **SB 251:** This bill would eliminate peer review data; Gwen Dayton commented that this bill is not expected to move forward.
- 11) **Financial Update:** David Hartwig reviewed the balance sheet. As of February 28, 2007 the Commission had assets of \$282,941 and liabilities of \$3,854. He noted that he had asked the Administrator to develop a report that compares operating budget to actual expenditures. David also recommended a low-risk investment strategy to generate short term interest.

During discussion, Andy Goldner asked about accounting for earned leave accruals.

ACTION ITEM: Update budget forecasts to account for earned leave accruals.

- 12) **Public Health Officer's Certification:** Dana Selover discussed the certification/audit process for the hospital reporting program. The certification tool is completed and has been posted on the Public Health Division website at <http://oregon.gov/DHS/ph/hsp/patientsafety/docs/certhospital.pdf>. Certification will begin March 7 and is due to be complete on April 20. The report will be released but with data de-identified and aggregated. **Note:** The Board should have a communications plan in effect before the public release of this report.
- 13) **IHI Kickoff:** The Oregon Five Million Lives Network held a kickoff event last week at the Capitol. The Commission is an active member of the Network and played a major role in organizing this event (a great success – about 70 people attended). Much kudos to Leslie for her hard work. The Oregon event included national IHI speakers and two speakers from local hospitals (Salem and Mountain View). The hospital presentations were very well received. All in all it was a very upbeat event with a focus on good things happening in Oregon hospitals.
- 14) **Technical Advisory Committee:** This subcommittee met for the first time on March 6th; members are Richard Botney, Pamela Bristol, Bob Cutter, David Hickam, John Hofer, Richard Rouse and LuAnn Staul, in addition to Commissioners Sandy Douma and Gloria Larson. The TAC will review specific (though de-identified) cases to make recommendations and to develop quality improvement opportunities. The TAC holds great promise to increase the depth and scope of the Commission's work.
- 15) **Policy Summit on Healthcare-Acquired Infections:** Because legislation on an infections reporting program is still in flux, the policy summit has been postponed; updates will be shared as they occur.
- 16) **Confidentiality Agreements:** Commissioners need to sign a confidentiality agreement each year. **ACTION ITEM:** Please return to Linda when signed.
- 17) **Public Comment:** Ruth Medak, Associate Medical Director of Acumentra, commented on the usefulness of NSQIP, and described the program as a primary means to investigate the source of errors.
- 18) **Closing:** A new evaluation form is provided, based on John Carver's ideas about policy governance; we'll look at these questions again in the future. The meeting was adjourned at 2:58 p.m.