

Oregon Patient Safety Commission
January 18, 2005 meeting
(Minutes approved 3-01-05)

Present: Sandra Douma, Andreas Goldner, Judith Hibbard, Grant Higginson, Bruce Johnson, Susan King, Lewis McCoy, Glenn Rodriguez, Deandra Vallier, David Widen, Maureen Wright.
Staff: Jim Dameron, Joel Young.

Excused: David Hartwig, Gloria Larson, Roy Magnusson, George Miller.

Issues Heard:

- Approval of Minutes
- Public Comments
- Commissioner Updates
- Confidentiality Agreements
- Toward a revised operating budget
- Institute for Healthcare Improvement – 100,000 Lives Campaign
- Pilot Project Update
- Emerging Issue: public interest in mandatory reporting of infections
- Expanding the reporting program to other entities
- Hiring an administrator, an update

Call to order: Welcome. Quorum present.

Approval of Minutes: Commissioners reviewed the draft minutes from the December 7, 2004 meeting. Staff proposed one change. Minutes were unanimously approved with change. As always, minutes will be posted on the Commission's website:

<http://www.dhs.state.or.us/publichealth/hsp/patientsafety/commission.cfm>

Public Comments:

Sarah Mason, RN briefly addressed the Commission on the subject of disclosure. She described a report she had written called, "*Sentinel Event – Care for the Family Experiencing Sudden Death of a Loved One in the Hospital Setting.*" This report offers suggestions on appropriate disclosure and was based on lessons learned when her infant daughter died at a local hospital. She left copies saying, "the document was written for the Safety Commission, to be used in any way that has the potential to improve care to the families of patients who die suddenly from preventable causes in the hospital."

Ms. Margaret Arena spoke to the Commission about the need for better informed consent. Grace Koch told the Commission that it often hears about bad things happening, but that her father had experienced excellent care at the Emanuel Burn Center and she wanted people to know about it.

Commissioner Updates:

Andrew Picken submitted his resignation to the Commission. He wanted everyone to know that he ‘cares deeply for the work of the Commission and that he thinks it is on the right track.’

The Commission briefly discussed how it might find a replacement for Dr. Picken (He officially represented insurers). The Board is now lacking two Commissioners (insurer and private purchaser). Maureen Wright asked if the original list of candidates for appointment to the Commission might offer some leads. She also mentioned that Intel has been a champion of Leap Frog and might be interested in the Commission as well. Joel Young mentioned the Governor’s goal of having diverse representation on boards and commissions. Glenn Rodriguez mentioned the Health Purchasers Coalition and said he would follow-up with that group.

Jim Dameron mentioned that he and George Miller had made a presentation to the Health Law Section of the Oregon Bar Association.

Confidentiality Agreements

The Commission briefly discussed the administrative guidelines it adopted in December, 2004 that were meant to address possible conflicts between confidentiality agreement and mandatory reporting obligations. The Commission asked Dave Widen and Susan King to talk with representatives of the Board of Medical Examiners, Board of Pharmacy and the Board of Nursing to clarify. They will bring back recommendations to the Commission on March 1.

All commissioners present signed the confidentiality agreement.

Toward a revised operating budget:

Staff presented a revised budget with three ideas in mind:

- Take stock of current financial realities. The Commission has raised \$262,150. What sort of independent structure might it create?
- Finalize a biennial operating budget. Begin the work of creating administrative rules via a public process.
- Begin consideration of how to achieve stable long-term funding.

After discussion (which included a call for Commissioner stipends to be added to the budget as a “fairness and equity” issue), the Commission decided to create two work groups:

- Milestone group (Glenn Rodriguez, George Miller, Andy Goldner): This group will help create the budgetary context by clearly stating what the Commission intends to do in the next two year.
- Fee Assessment group (Maureen Wright, David Widen, Lewis McCoy, Gwen Dayton [Oregon Association for Hospitals and Healthcare Systems], Margaret Murphy Carley [Oregon Health Care Association]): This group will draft a recommendation on whether the Commission should assess fees on eligible organizations. If yes, the group will recommend *when* and *how*.

The ultimate work products:

- A project management plan (Gant chart or similar device) displaying activities for next 2 years.
- Ideal versus actual budget – with an analysis of differences
- Operating budget with documentation, ready for rule-making process

To support their work staff will:

- Clarify the start and end dates of the required accounting cycle.
- Investigate how State agencies structure their fees (including other semi-independent state agencies, Immunization registry, and Health Care Licensure).

Institute for Healthcare Improvement – 100,000 Lives Campaign

Glenn Rodriguez talked about IHI's new campaign to reduce the number of deaths from medical errors. He reminded the Commission that it has 3 areas of responsibility: Reporting; Quality Improvement; Evidence-based practice. "I'm anxious that we haven't gotten to the second and the third. I feel an urgent need to do something." IHI has identified six evidence-based practices it wants hospitals to adopt. IHI has prepared materials and a tool kit. Their goal is to get broad commitment and support.

His question: What role can the commission play? He sees the Commission as having a leadership role and in helping to "get the word out."

In general the Commission seemed very supportive of IHI and of their 100,000 Lives Campaign. Commissioners felt that this was a valuable effort and could increase the Commission's visibility. Gwen Dayton of the OAHHS said that her organization would be discussing the IHI campaign soon and that she was sure, "We would be very glad to hold hands with you on this."

The Commission discussed various ways it might get involved. The ideas included:

- Endorsing the 100,000 Lives Campaign
- Encouraging hospitals to sign up with IHI
- Putting forth a challenge to Oregon for 100% participation
- Having hospitals 'register' their participation with the Commission.
- Becoming a 'node' and partner with IHI

After discussion, a motion was offered and seconded that the Commission should endorse the IHI initiative and should publicize that endorsement on its website. The motion passed unanimously.

Glenn Rodriguez agreed to contact IHI to explore options.

The Commission also acknowledged that other organizations (such as IOM, AHRQ) have published best practices for patient safety efforts. The Commission needs a way to discuss these and decide which (if any) it should endorse. Staff agreed to put together a white paper on options, based on what other patient safety centers in the US are doing.

Pilot Project

Staff provided a quick update. Five pilot hospitals are ready to start. We are trying to standardize a reporting approach that is acceptable to hospitals and that provides the commission the data it needs. Next step – agree to memorandum of understanding between each pilot hospital and the Commission.

Emerging Issue: public interest in mandatory reporting of infections

Grant Higginson reported on the large number of phone calls being received by the Legislature calling for a mandatory reporting of healthcare-acquired infections. The letters seem to be based on a campaign begun (or at least sustained) by Consumers Union.

Such a reporting model would differ from the Commission's work in a number of significant ways: mandatory reporting instead of voluntary; release of hospital-specific infection rates to the public instead of guarantees of confidentiality.

Question: how might this affect the Commission? Highlights from the discussion:

- This could make what we do awkward.
- There seem to be two choices: work with state epidemiologist, or if the legislature wants the program placed here, determine if it is within our statutory authority.
- There is an educational part. We or someone needs to get back to the legislature. There are many kinds of adverse events, such as Adverse Drug Events. The Commission will be getting information about infections; we will probably do more in the future. But why pull out infections for special treatment?
- My fear is that they will put this in our basket.
- We need to understand the magnitude of risk and articulate a set of ground rules. If we did this, it would be inconsistent with mandatory reporting.
- As a state, we want to in there on this issue. Consumers will be interested. People feel vulnerable because of the risk of infections. Such outcomes are not specific to disease. Anyone could get an infection. How this plays out will impact the Commission.
- If this will be used to generate report cards, then there must be a very large state-wide debate before something like that was implemented.

At this point, the Commission decided it was not ready to support or oppose a draft model bill calling for mandatory reporting. Grant Higginson agreed to write a position paper on the subject for consideration by the Commission.

Administrator Position

Job is posted until February 8th.

Other discussions

Susan King urged the Commission to consider the issue of patient disclosure at a future meeting.

Next Steps/Follow-up

Recruit for 2 additional Board members: Glenn Rodriguez will follow-up with Health Purchasers Coalition. Joel Young will follow-up with his contacts. Jim Dameron will talk with George Miller about additional steps.

Clarify mandatory reporting obligations. Dave Widen, Susan King and Jim Dameron will talk with Board of Medical Examiners, Board of Pharmacy and the Board of Nursing. They will propose recommendations to the Commission before March 1.

Sign confidentiality agreements. Any Commissioner who has not signed an agreement will do so and send to Jim Dameron.

The Milestone workgroup (Glenn Rodriguez, George Miller, Andy Goldner) will meet before March 1 and outline a 2 year work plan. Staff is available as needed.

The Fee Assessment workgroup will meet and draft recommendations. The group consists of Maureen Wright, David Widen, Lewis McCoy, Gwen Dayton, and Margaret Murphy Carley. Staff is available as needed.

Clarify budget issues. Staff will establish start and end dates of the required accounting cycle. Staff will investigate how other state agencies structure their fees.

Determine level of support to IHI's 100,000 Lives campaign. Glenn Rodriguez will contact IHI to explore and clarify options.

Support other best practices. Staff will draft a white paper on what other patient safety centers in the US are doing.

Gauging interest in mandatory reporting of infections. Grant Higginson agreed to write a position paper for consideration by the Commission.

Begin to develop a policy on patient disclosure. Consider at next meeting.

Next Meeting of the Patient Safety Commission:

- Date: March 1, 2005
- Time: Noon until 3 PM.
- Location:
The Oregon Health Care Association
8995 SW Miley Rd
Wilsonville, Oregon 97070

Minutes prepared by Jim Dameron (1-31-05)