



January 31, 2006  
Approved by Commission on 3/14/06

**Present:** Andreas Goldner, David Hartwig, Grant Higginson, Bruce Johnson, Susan King, Jim Martin, Lewis McCoy, George Miller, Glenn Rodriguez, David Widen, Maureen Wright.  
Administrator: Jim Dameron.

**Excused:** Susan Allan, Nancy Chi, Sandra Douma, Gloria Larson, Roy Magnusson.

**Issues Heard:**

- Introduction of New Commissioner – James Martin
- Approval of Minutes
- Finalizing Administrative Rules for Hospital Reporting
- Toward electronic reporting of hospital event data – initial steps
- Treasurer’s Report and financial updates
- Shall the Commission establish a Finance Committee?
- Should the Commission participate in the OMPRO/NPM “Patient Safety Consortium”
- Engaging Consumers – next steps
- Nursing Home Reporting – Progress note
- Administrator’s Report

**Call to order:** Quorum present. As part of his welcome, Glenn Rodriguez reminded the Commission that it is engaged in making fundamental changes and that such changes are hard. To emphasis his point, he read from a letter written by Martin Van Buren to Andrew Jackson more than 170 years ago:

“As you may well know, Mr. President, *railroad* carriages are pulled at the enormous speed of fifteen miles per hour by *engines* which, in addition to endangering life and limb of passengers, roar and snort their way through the countryside, setting fire to crops, scaring livestock, and frightening our women and children. The Almighty certainly never intended that people should travel at such breakneck speed.”

**Introduction of New Commissioner:** Jim Martin introduced himself to the Board of Directors. Mr. Martin is President and CEO of Goodwill Industries of Lane and South Coast Counties Inc. He will represent Private Purchasers. He stated that he brings a dual perspective to his position on the Board – as a private purchaser, but also as an advocate for individuals who often have little or no voice regarding health care. Mr. Martin mentioned that he has worked on state Commissions before, having been appointed by three Governors to State Commissions (Governor Kulongowski—Oregon Disabilities Commission, Indiana Governor Bayh—Indiana

Adult Literacy Commission, and Indiana Governor Frank O'Bannon—Indiana Rehabilitation Commission). Glenn Rodriguez and the entire Board of Directors welcomed Mr. Martin to his new position.

**Approval of Minutes:** Commissioners reviewed the draft minutes from the November 15, 2005 and the January 12, 2006 meetings. Minutes of both meetings were unanimously approved.

**Public Comment:** None

### **Finalizing Administrative Rules for Hospital Reporting:**

George Miller told the Commission that Salem Hospital's legal team was 'now happy with the reporting program.' During the pilot that same group had 'enormous concerns.' This progress suggests that the Commission is developing a 'track record that we can satisfy people by addressing concerns.'

Glenn Rodriguez mentioned the editorial that had been published in the *Oregonian* earlier in the day ("Experiment Calls on Good Hospitals to Get Better"). 'It challenges us to be successful,' he said.

The Commission reviewed the latest draft of administrative rules (which included changes based on public comments). The important revisions:

- 'Hospital participant' was defined to include hospital pharmacies.
- In the definitions' section, the wording was changed to make it clear that Appendix A (definition of Reportable Serious Adverse Event) is part of the Administrative rule (and can't be changed except by changing the rule).
- All references to 'days' were further clarified as being *business* days or *calendar* days (as appropriate).
- Disclosure was clarified to be to patient or 'their personal representative' (instead of family). Consistent with HIPAA language.
- Maternal adverse events were limited to in-hospital events (reference to '42 days post-delivery' was deleted)
- Language about 'poorly designed' equipment as a source of adverse event was clarified.

It was moved that the revised administrative rules be adopted by the Commission. The proposal was seconded and unanimously approved. The Commission asked the Administrator to file the rules with the Secretary of State immediately.

### **Electronic reporting of hospital event data – initial steps:**

The Commission acknowledged that it has been asked by a number of hospitals to develop a more efficient reporting system for serious adverse events. We need an 'effective and secure' reporting program, that is also easy for hospitals to use. Given the Commission's modest resources the Commission discussed the possibility of a staged implementation. In any case, the Commission agreed to have made major progress by YE 2006. It appointed a workgroup to

develop options. Grant Higginson agreed to participate. Nancy Chi (who was not present) will also be asked to participate. The Commission agreed that the workgroup will need access to additional expertise in order to develop reasonable options. Glenn Rodriguez also agreed to identify some possible technical resources with the Providence system. The Work group was asked to develop its staged implementation plan within 90 days.

### **Treasurer's Report**

David Hartwig, the Commission's Treasurer provided an update:

- As of 11/31/05 the Commission had assets of \$212,021.48.
- The Administrator and Treasurer have agreed to meet a week prior to each Commission meeting to reconcile expenditures and track the budget.
- Treasure and Administrator have developed a detailed Accounting Manual for the Commission, that includes internal processes and obligations.
- Critical issue – in a small office 'segregation of duties' is hard to obtain. Need to build in checks and balances.
- Treasurer recommended that the Commission create a Finance Committee. A Finance Committee could help provide checks and balances, and could bring additional expertise to bear.

Discussion:

- Paul Frisch of the OMA suggested that non-commissioners be given a role on a Finance Committee.
- George Miller urged the creation of a Finance Committee – 'small groups can run into trouble over money management. Such issues can blow these groups apart.'

David Hartwig and Jim Martin agreed to draft a proposal on the possible role of a Finance Committee. The proposal will be discussed at the next Commission meeting (March 14, 2006).

### **Partner with Northwest Physicians Mutual and OMPRO?**

Dieter Zimmer, Vice President of NPM came before the Commission to ask it to participate in a multi-organizational patient safety collaborative being crafted NPM, OMPRO and others. Mr. Zimmer said that this "Patient Safety Consortium" wanted to honor an appeal from hospitals to "consolidate patient safety and quality efforts." 'So much is going on it is confusing for hospitals.' NPM and OMPRO will organize leadership seminars to train physician champions and create effective patient safety teams. Much of the focus will be on the implementation of CMS surgical measures.

Mr. Zimmer stated that he believes the Commission has the potential of 'being the guardian of the public interest.' The Commission can speak to the legislature and to the public with an independent voice. Industry on the other hand is viewed as 'self serving.' 'However, the Commission falls short because it lacks reach. It is too small to go it alone.'

Mr. Zimmer said that ‘a lot of good work is not surfacing. We need a better means of getting the word out on successful efforts. The Commission could have a natural role in such efforts.’

The Patient Safety Consortium will have a separate logo and separate address from NPM or OMPRO. Mr. Zimmer said that ‘the Consortium will effectively suppress the pre-eminence of any single organization.’ ‘The Consortium is intended to be an action-oriented effort. It is more interested in practical tests of common-sense ideas than in clinical trials and research.’

#### Discussion:

- The Commission expressed some interest in a transfer-of-knowledge role (Clearinghouse, sharing).
- Some concern about possible confusion of names – Patient Safety *Commission*; Patient Safety *Consortium*.
- Some concern about losing focus on primary mission.

While very interested in the possibilities, the Commission decided not to join the Consortium at this juncture. It has not ruled out further discussion. It asked the Consortium to consider changing its name to avoid confusion.

#### **Update on Nursing Home Reporting Program:**

Lewis McCoy provided the Commission with an update on efforts to create an adverse event reporting program for nursing homes. An advisory group consisting of clinical consultants and quality experts met on January 10, 2006 to begin deliberation. The group started working on a definition of serious adverse events that is modeled after NQF’s *never* events. It plans to meet again on February 10, 2006. The Commission thanked Mr. McCoy for his leadership in getting this project successfully launched.

#### **Engaging Consumers**

The Commission reaffirmed its strategic goal to more fully engaging consumers in patient safety activities. It endorsed the Administrator’s idea of improving the website to make it more useful to consumers. Such an upgrade should be done in consultation with consumers. The Commission also asked the nominating committee to re-double its efforts to fill the vacant consumer spot on the Board of Directors.

#### **Update on 100,000 Lives Campaign:**

The Oregon Association of Hospitals and Healthcare Systems has joined the IHI campaign as a ‘node.’ The OAHHS joins the Commission and OMPRO in this capacity. 31 hospitals are now enrolled in the Campaign.

IHI intends to visit Portland the week of March 20<sup>th</sup>. We will coordinate activities. Since the 100k campaign is scheduled for completion in June, the Commission is very interested in IHI’s plans ‘post campaign’ plans.

**Other Issues:**

Administrator asked for position authority to hire a support person. This position was identified in biennial budget. The Board of Directors gave its consent.

Administrator announced that the Commission now has a new world headquarters at 1020 SW Taylor, Suite 375, Portland. As soon as computers are installed (within a week), we will announce the move to all interested parties. This new, separate office will help maintain the Commission's independent identity.

**Next Steps:**

- Finalize administrative rules for hospital reporting by filing with Secretary of State.
- Draft a proposal for creation of a Finance Committee (why needed, what it would do, who would be on it): David Hartwig, Jim Martin, Jim Dameron.
- Convene an IT workgroup; make recommendations within 90 days for 'efficient, secure, easy' reporting of hospital data: Grant Higginson, Nancy Chi (if she accepts), Jim Dameron.
- Continue progress of Nursing Home work group: Lewis McCoy.
- Get the Pharmacy workgroup up and running: Dave Widen; Leslie Ray.
- Consider policy options for when it makes sense to create strategic alliances and partnerships.
- Consumer issues: find a consumer representative. Make progress on enhancements to website. Develop additional policy options for consumer engagement.

**Next Meeting:**

March 14, 2006

Noon to 3 PM

Oregon Health Care Association headquarters in Wilsonville

Submitted by Jim Dameron (February 27, 2006)