

Oregon Patient Safety Commission
April 12, 2005 meeting
Approved by the Commission on May 12, 2005

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

Excused: David Hartwig, Lewis McCoy, George Miller,

Absent: Roy Magnusson

Issues Heard:

- Approval of Minutes
- Public Comments
- Commissioner Updates
- Fee assessment subcommittee report
- Hiring an administrator
- Definitions subcommittee
- Commission leadership

Call to order: Welcome. Quorum present.

Approval of Minutes: Commissioners reviewed the draft minutes from the March 1, 2005. Minutes were unanimously approved with no changes. As always, minutes will be posted on the Commission's website.

Public Comments: Mrs. Margaret Arena spoke about her medical problems, including what she described as a mix-up in medications. She spoke of her lack of trust in her health care team. She believes that they 'hid everything from her.' "I keep coming to these meetings hoping that I can tell you something that will help."

Commissioner Updates:

Grant Higginson introduced Susan Allan, MD, JD, MPH. Dr Allan was hired as the new Public Health Director. As the new State Public Health Officer she will become an ex officio member of the Board. She described one of her job responsibilities as bringing additional coordination to public health activities. She expects to work closely with the private sector and sees the Patient Safety Commission as an excellent opportunity.

Jim Dameron announced that Nancy Chi, MHA, has been appointed by the Governor to replace Andrew Picken. She must be confirmed by the Senate. That is expected to happen shortly. Ms. Chi is Director, Management Information Reporting, Regence Blue Cross Blue Shield of Oregon. She will bring strong computer and reporting skills to the Board. She will represent insurers.

Fee Assessment Committee

Maureen Wright presented a report from the Fee Assessment Subcommittee. That report will be posted on the Commission's website. Among the points discussed:

Regarding the overall budget:

- Should the commission try to build a reserve fund? The budget seems tight as currently forecast.
- Does the Commission have to give back any unspent funds at the end of the biennium?
- Review the budget one more time.
- The budget should have a place holder for IT costs.
- Yes, but IT costs need to be reasonable. We don't want to pay for someone's glorious vision.

Regarding allocations among different types of entities:

- Renal dialysis centers appear to have very small profit margins.
- Ambulatory surgery centers seem to be doing well financially.
- We could probably increase the allocation to ambulatory surgery centers a little (set at 6.7% in the initial draft).
- Yes, we should do some rebalancing. Maybe bump surgery centers to 10%, renal dialysis at 5% and birthing centers at 3%.
- We should set a lower threshold, perhaps no lower than \$500 for any given facility.

Summary:

- Plan well received
- Staff should modify proposal based on recommendations
- Commissioners need to discuss the package with their organizations and their constituents.

Hiring an Administrator:

Consistent with ORS 192.660 the Commission went into executive session to discuss candidates for the position of Commission Administrator. They then returned to open public session and unanimously voted to offer the job to Jim Dameron. The hiring subcommittee will work out the terms of employment.

Definitions Subcommittee

The Subcommittee provided an update based on its initial efforts to craft a definition of serious adverse events for nursing homes. In doing so it started by looking at existing nursing home data. Such data include:

1. Minimum Data Set (MDS) – Nursing homes collect a standard set of patient-specific information for almost all nursing home residents. This data set includes a patient assessment and essential health information.

2. Quality data:

- CMS – “Nursing Home Compare”, 15 quality measures based on information that comes from resident assessment data that nursing homes routinely collect.
- CHSRA Quality Indicators (Center for Health Systems Research and Analysis) – 24 quality measures organized into 11 care domains. The data are derived from the Minimum Data Set.

The Subcommittee also suggested that the Commission consider using these data elements from the MDS:

1. Deaths
2. Serious physical injuries
3. Elopements (lost resident and the consequences):
4. Hospitalizations and ER visits
 - Readmitted a certain time (24 hours) or with a certain diagnosis
5. Stage 3 or 4 pressure ulcers (aggregate reporting?)
6. Infections
7. Hypoglycemia, onset occurs while at the facility
8. Serious medication error
9. General category for unanticipated events that lead to death

The Commission then discussed the issues. Points included:

- The Commission wanted to know more about where the subcommittee thought the real problems were. Are they in transition care? Medication errors? Falls?
- The Commission also wanted to know how other organizations are using nursing home data.
- Could the Commission help translate data that are already available to the public? Make them more understandable, more accessible?
- While an interesting idea (translating for consumers), this is fundamentally different than building a reporting program.
- What don't we know? How can the Commission fill the gaps? Can we focus on better systems of care? What is our unique role?
- We need to help organizations learn from each other. This isn't 'a rising tide lifts all boats.' This is a 'find the best example and share' approach.

Commission leadership

The Commission agreed to postpone elections of officers until May 24. They also considered the possibility of fewer Commission meetings for the rest of 2005. That idea gained support, assuming that the subcommittee structure continues to work and assuming that the Commission can put an executive committee in place.

Glenn Rodriguez, Judy Hibbard, Maureen Wright, Sandy Douma, Andy Goldner volunteered to consider the issue of how the Commission adds value to facilities and to consumers. They will also consider the need for a strategic planning effort, perhaps organized as a day-long retreat.

Next Steps/Follow-up

Fee assessment activity

- Finalize the assessment package
 - Review the proposed budget one more time.
 - Adjust the allocation amounts
- Begin discussing the assessment package with affected organizations

Nursing home definitions

- Clarify how nursing home data are currently used (state of Oregon, OMPRO)
- Continue work toward a consensus definition of ‘serious adverse event.’
- Answer the question – what is the Commission’s unique opportunity with regard to collecting and using patient safety data within nursing homes?

Commission leadership

- Chair and vice-chair elections scheduled for May 24
- Consider how an executive team might be organized. Consider and adopt a strategy at May 24th meeting.

Other

- Pilot – Finalize phase one (retrospective data). Move into phase two (concurrent data collection using Commission definition of hospital adverse events)
- Administrative rules – finalize time line, take initial step, create an advisory committee
- Continue to track progress of SB 819 (the bill that includes an amendment clarifying the Commission’s ability to assess fees).

Next Meeting of the Patient Safety Commission:

- Date: May 24, 2005
- Time: Noon until 3 PM.
- Location:

The Oregon Health Care Association
8995 SW Miley Rd
Wilsonville, Oregon 97070

Minutes prepared by Jim Dameron (4-9-05)