

Oregon Patient Safety Commission
May 24, 2005 meeting
Approved by the Commission (July 12, 2005)

Present: Nancy Chi, Andreas Goldner, David Hartwig, Grant Higginson, Bruce Johnson, Susan King, Gloria Larson, Roy Magnusson, Lewis McCoy, Deandra Vallier. Administrator: Jim Dameron.

Excused: Sandra Douma, Judith Hibbard, George Miller, Glenn Rodriguez, David Widen, Maureen Wright.

Issues Heard:

- Approval of Minutes
- Public Comments
- Commissioner Updates
- Report from Values subcommittee
- Report from Definitions subcommittee
- Discussion of Coordinating committee, commission schedule, and reappointments
- Report from Fee Assessment subcommittee
- Adopting administrative rules
- Update on pilot project
- Administrator Position – review of letter of agreement

Call to order: Welcome. Quorum present.

Approval of Minutes: Commissioners reviewed the draft minutes from the April 12, 2005 meeting. Minutes were unanimously approved with no changes.

Public Comments: None

Commissioner Updates:

Nancy Chi's appointment to the Commission was confirmed by the Senate on April 27, 2005. She will represent insurers. Her term runs from April 20, 2005 thru July 1, 2007. The Commission welcomed her to her first meeting.

George Miller sent a letter to the Commission announcing his resignation as chair. While George remains committed to the work of the Commission, health problems have restricted his activities and he feels that he can no longer adequately serve as the Chair. He will stay on as a Board member however. George reaffirmed his belief that the Commission is playing an important role and thanked everyone for their hard work and dedication.

Report from Value Subcommittee

The Value subcommittee (Sandy Douma, Andy Goldner, Judy Hibbard, Glenn Rodriguez, Maureen Wright) made two recommendations to the Commission:

1. The Commission should endorse the Institute for Healthcare Improvement's (IHI) 100,000 Lives Campaign by a) becoming a statewide IHI "node" and b) challenging all hospitals in Oregon to participate.
2. The values subcommittee should continue to meet to identify additional value-added projects.

The subcommittee believes that the benefits of participation in IHI's campaign outweigh any risks:

1. IHI's campaign is powerful. It is evidence-based. It has traction. It is consistent with the Commission's Mission.
2. It aligns the Commission with a set of activities many hospitals will be involved with.
3. We can do it now.
4. No one else in Oregon has stepped up to take a leadership role.
5. It offers us another opportunity to talk to hospitals.
6. The basic logic is compelling - both IHI and the Commission want to promote best practices and have an interest in collecting useable data.

Possible risks include:

1. *Being diverted from our mission of building a reporting program.* However, if we do it properly, the IHI campaign could actually help build the reporting program by putting the Commission front and center, etc.
2. *Limited resources to become a node.* Certainly resources are always going to be a problem. But the Commission would have some flexibility in which node functions it takes responsibility for.
3. *Some local opposition to the idea of the IHI campaign.* Such opposition doesn't appear to be strong. And even though the Hospital Association and OMPRO have not officially endorsed the campaign, they are supportive of the specific program elements (6 evidence-based interventions). Both organizations also believe that the Commission could play a valuable role.

Additional Discussion:

Against participation...

- This might confuse people. They might not understand which hat we are wearing.
- IHI is really a publicity campaign. They aren't doing anything we can't do ourselves. There are already a lot of guidelines being used.
- Do we get anything in the way of support? What? We should error on the side of caution. "Is the juice worth the squeeze?"
- This is geared to hospitals. Does it require too much effort, too focused on only one reporting entity?
- We say we will use new staff to support IHI effort. But it will take 2 months to find someone. Concerned about ability to support reporting and IHI.

In favor of participation...

- This is proactive
- We don't have to create the wheel
- It is consistent with our charge
- It provides a way to do something about infections. We've struggled with that.
- It would help put us on the map.
- These practices overlap with JCAHO. Hospitals will attend to them (such as medication reconciliation).

In the end, the Commission voted unanimously to seek a 'limited resource' node status. This means that the Commission is willing to commit approximately .25 FTE to such activity over the next year.

Report of Definitions subcommittee

The subcommittee (Susan King, Bruce Johnson, Lewis McCoy, Dee Dee Vallier, Joel Young, Roy Magnusson, Sandy Douma) met on May 19th. A brief summary:

- Made initial contact with Seniors and People with Disabilities (SPD) regarding use of Minimum Data Set and aggregate reporting.
- Lewis McCoy presented a definitions matrix based on the hospital model, revamped for nursing homes. The group discussed.
- The group continued its discussion of OHCA's suggested list of reportable events.

Next Steps:

- Continue the discussion about what value is truly added by adverse event reporting by nursing homes. Formally invite SPD and OMPRO to table. Consider the differences between a regulatory approach and a voluntary one. What long term movement is possible?
- Consider organizing data around different types of 'stays' – *rehab* stay versus *long term* stay.
- Dig deep into the Minimum Data Set – what sort of error reporting can it really support?
- Consider bringing in other resources: OHSU's School of Nursing, Kaiser Permanente's Center for Health Research, others.
- Do a more complete scan of what other states are doing.

Commission Business

a. Creation of Coordinating Committee:

The vice chair proposed that the Commission create a committee to support the administrator and the chair in coordinating activities and acting as a sounding board. The Commission would help "to keep things moving between meetings and to help set the agenda for upcoming commission meetings." This represents an experiment in Commission leadership. The Commission approved the creation of a coordinating committee. Maureen Wright and Susan King volunteered to

participate, along with the chair, vice-chair, and administrator. The subcommittee will attempt to have biweekly phone conferences.

b. Consideration of 2005 meeting schedule

Currently the Commission meets every 6 weeks. It considered whether it wanted to meet less often for the remainder of 2005. This idea was first discussed at the April 12th meeting, and reflected a sense that the Commission had a new administrator, and a functioning subcommittee structure. However, a number of commissioners expressed the opinion that they wanted more time to discuss issues, not less. This could take the form of fewer but longer meetings or more tightly focused agendas. In the end, the Commission decided to “leave the schedule alone for a while and continue as is.”

c. Reappointment of Directors

The terms of four directors expire on July 1, 2005: Judy Hibbard, Bruce Johnson, George Miller, and Dee Dee Vallier. Judy, Bruce and George would like to continue for a second term. Dee Dee has decided not to seek reappointment. With regret, the Commission acknowledged her leaving and thanked her for her service to patient safety and to the Commission. The Commission then voted unanimously to recommend that Judy, Bruce and George be reappointed. The Administrator will file the paper work with the Governor’s office.

d. Election of Officers

Given the suddenness of George Miller’s resignation, the Commission decided to postpone elections until July 12. The Administrator will talk to Commissioners before then to find candidates for office.

e. Filling vacancies

The Commission now has two vacancies – consumer position and private employer.

Report from Fee Assessment subcommittee

a. Budget Review

At the request of the subcommittee David Hartwig and his DAS team reviewed the budget carefully. We believe we now have a defensible document. The subcommittee recommends adding \$50,000 for the biennium as a *place holder* for IT development. This represents a one time operating expense to build a web-based system (or something similar) for sharing data.. Document shared with Commission shows FY 2006, FY 2007 and changes from previous draft. Current version of the budget, including IT development, is \$945,299 for biennium.

Discussion:

- Perhaps add a reserve fund – 10-15% of total?
- Board stipends set at \$50 per meeting (this was not thoroughly discussed, but stands as a place holder).

- Since we don't have any experience to go by, this looks like a good starting point. We can readjust as we learn more.

The Commission unanimously approved the operating budget. This budget will be used for seeking a temporary rule. However, the Administrator will work with David Hartwig to determine whether a reserve fund would be appropriate.

b. Allocation formula

The subcommittee refined the allocation model and shared revisions with the Commission. The Oregon Association of Hospitals and Health Systems has requested that allocations to individual hospitals be made on the basis of discharges.

Discussion:

- Round off the numbers.
- The stratification approach for hospitals (based on a three tiered formula using discharges) seems wrong. Discharges is a fair way to stratify, but the second tier shouldn't have the same per hospital charge as first tier (larger hospitals). Reconsider the math.
- Margaret Carley from OHCA stated that her Board had reviewed the draft allocation strategy. OHCA is OK with the dollar amount of fees assessed on nursing homes for the next two years. However OHCA believes the 20% allotment assigned to nursing homes is too high. This could grow, unchecked, over time.
- The Commission was asked to consider adding a statement requesting that organizations not pass the cost of this safety initiation to consumers. The Commission decided that such language would be ineffective, and appeared to be micro-management. It chose not to endorse.
- The Commission discussed the possibility of using return on investment as a performance measure. While an excellent idea, the Commission decided it would be impossible to do.
- The allocations are "trying to strike a balance." It seems a fair place to start.

The subcommittee was asked to continue its work.

Adopting Administrative Rules

The Commission reviewed a time line for adopting administrative rules. To begin, the Commission must adopt a model rule and a notice rule. It must also put its budget through a rule making process. Toward those ends, the Commission reviewed draft language:

a. Model Rule

325-001-0005

Model Rules of Procedure

The Patient Safety Commission adopts, in their entirety, the Attorney General's Uniform and Model Rules of Procedure under the Administrative Procedures Act dated January 14, 2004.

The Commission voted unanimously to approve this rule. The Administrator was instructed to proceed with filing.

b. Notice Rule

The Commission reviewed this language:

325-001-0001

Notice Rule

Before permanently adopting, amending, or repealing any rule, the Patient Safety Commission will give notice of intended action:

- (1) In the Secretary of State's Bulletin referred to in ORS 193.360 at least 21 days before the effective date of the rule;
- (2) By mailing a copy of the notice to persons on the Commission mailing list established pursuant to ORS 183.335(8) at least 28 days before the effective date of the rule;
- (3) By mailing a copy of the notice to legislators specified in ORS 183.335(15) at least 49 days before the effective date of the rule; and
- (4) By mailing or furnishing a copy of the notice to:
 - (a) The Oregon Association of Hospitals and Health Systems
 - (b) The Oregon Health Care Association
 - (c) Oregon State Pharmacy Association
 - (d) Oregon Health Care Purchasers Coalition
 - (e) Oregon Medical Association
 - (f) The Oregon Board of Pharmacy
 - (g) Affected health care facilities and pharmacies
 - (h) Capitol Press Room

Discussion on Notice Rule:

- How about adding some consumer groups?
- Add Oregon Nurses Association.
- How about insurers?
- The trial lawyers?

With these additions, the Commission unanimously approved this rule. The Administrator was instructed to being the process of getting this rule approved.

c. Budget Rule.

Given the need for an approved budget to begin the new biennium (July 1), the Commission decided to seek a temporary rule for the biennial budget. Depending on the decision about

reserve funds, the budget could be modified when seeking a permanent rule (probably in the fall of 2005). The Commission unanimously agreed to this language:

325-001-0003**Biennial Budget**

The Commission hereby adopts by reference the Oregon Patient Safety Commission's 2005-2007 Biennial Budget of \$945,299 covering the period July 1, 2005, through June 30, 2007. The Commission's Administrator will amend budgeted accounts as necessary, within the approved budget of \$945,299, for the effective operation of the Commission. The Commission will not exceed the approved 2005-2007 Biennium Budget without amending this rule, notifying interested parties, and holding a public hearing as required by ORS Chapter 182.462. Copies of the budget are available from the Commission's office and are posted on the Commission's website.

The Commission also discussed whether it would need to establish an advisory group to consider rules and to offer alternative perspectives. Given the diversity of the Commission itself, the Directors were not convinced it needed to create such an advisory group. The Administrator will consider options.

Administrator Position

a. Contract – The Commission unanimously ratified a Letter of Agreement between the Commission and James Dameron, the new administrator. The base salary will be \$72,576 per year.

b. Expenditure Authority

The Administrator requested authority to enter into a personal services contract with Andrew Picken, MD, not to exceed \$5,000 to provide professional services and consultation in support of the hospital pilot study. The Commission gave its unanimous consent.

The Administrator requested authority to contract with a Certified Public Accountant to provide advice on setting up the Commission's accounting systems. The Administrator also requested authority to purchase QuickBooks, or some similar accounting software. The Commission gave its unanimous consent.

c. Position Authority

The Administrator requested authority to create a .5 FTE staff position with three functions: 1. support the pilot; 2. begin outreach to hospitals in anticipation of a rollout of the entire reporting program. 3. support IHI 100,000 Lives Campaign. The Commission gave its unanimous consent.

d. Creating a Patient Safety logo

The Administrator asked the Commission if anyone had access to a graphics designer who might make an in-kind contribution to the Commission by designing a logo. Susan King suggested that Debra Feammelli, a communications specialist with ONA might be able to help.

Next Steps/Follow-up

- Ensure that candidates for chair and vice chair are identified before next meeting
- Organize Coordinating Committee
- Work to find consumer and private purchaser representation
- Determine if Commission should establish a reserve fund, adjust budget if necessary.
- Revisit allocation formula
- File model rule
- Begin process of notice rule
- File temporary budget rule (before July 1)
- Consider whether we need an advisory group for rules
- Definitions Subcommittee to continue working on definitions for nursing homes
- Value-added group to continue working on other projects.
- Set up accounting system.
- File for node status with IHI.
- Work with ONA to create a logo for the Commission.
- Draft job description, begin hiring process for new staff position.
- Contract with Andrew Picken, MD to provide consultation services.

Next Meeting of the Patient Safety Commission:

Date: July 12, 2005

Time: Noon until 3 PM.

Location:

The Kaiser Permanente Building
500 NE Multnomah Street,
Portland, Oregon 97232

Minutes prepared by Jim Dameron (6-9-05)