



*June 6, 2006*

*Draft Minutes, not yet approved*

**Present:** Joyce DeMonnin, Sandra Douma, Andreas Goldner, David Hartwig, Bruce Johnson, Susan King, Gloria Larson, Jim Martin, Glenn Rodriguez, Dave Widen, Administrator: Jim Dameron. Staff: Leslie Ray.

**Excused:** Susan Allan, Nancy Chi, Grant Higginson, Roy Magnusson, Lewis McCoy, George Miller, Maureen Wright.

**Issues Heard:**

- Approval of Minutes
- Reappointment of Commissioners to Board of Directors
- Nomination and election of Officers
- Financial Report
- Legislative Agenda
- Progress in Building Reporting Programs
- Update on building an electronic reporting capacity
- Infection policy summit
- Proposal on Written Disclosure
- Putting data to work: Patient Safety Bulletins
- Public Health Officer's certifying role

**Call to order:** Quorum present.

**Chairman's meditation:**

Glenn Rodriguez started the meeting with a poem offered as a metaphor for the Commission, a poem that suggests the power of steady work harnessed to a clear goal and flexible means. The first few lines...

Rivers hardly ever run in a straight line  
Rivers are willing to take ten thousand meanders  
and enjoy every one  
and grow from every one.  
When they leave a meander,  
they are always more  
than when they entered it.

**Approval of Minutes:** Commissioners reviewed the draft minutes from the April 25, 2006 meeting. Minutes were unanimously approved.

**Public Comment:** None

**Reappointments:** The terms of office for Lewis McCoy, Susan King, and David Widen expire as of July 1, 2006. All three are eligible for a second term, all would like to seek reappointment. The Board of Directors unanimously voted to send the Governor’s Office a strong endorsement in support of their reappointment. “Their contribution is critical to the success of the Commission.”

The Administrator was instructed to tell the Governor’s Appointment Office of the endorsement and to work with each Commissioner to make sure that the proper paperwork is completed. In the meantime, terms of office will continue without interruption.

**Election of Officers:**

Glenn Rodriguez decided to seek reelection as Chair of the Board of Directors. Andy Goldner, having already served back-to-back terms as Vice chair could not seek reelection (according to current bylaws, the chair and vice chair are elected to one year terms. Officers may seek re-election once, for a maximum of 2 consecutive years in same position). Lewis McCoy agreed to run for vice-chair and was unanimously elected. Then Glenn was unanimously elected chair. The Commission thanked Andy for his hard work and dedication to patient safety.

The Commission also discussed the idea of making the Treasurer an officer of the Board. Such action would require a change to the Bylaws, and therefore a two-thirds vote of the full Board (11 members). As a result the idea was tabled until the next meeting on July 18<sup>th</sup>. There seems to be general support for the concept. The Administrator agreed to bring back a recommendation for a vote at that time.

**Financial Reports:****a. Biennial Audit by Secretary of State’s Office**

On contract to the Audit’s Division of the Secretary of State’s Office, Merina and Company, LLP performed a biennial audit as required by statute (ORS 182). This was the Commission’s first audit. Staff from Merina spent parts of 2 days with the Administrator (May 18 and 19). They also talked with at least one member of the Finance Committee. Based on their review, Merina has already drafted independent auditor’s report (which has been shared with the Commission). Bottom line – we passed. The Auditor offered a ‘clean opinion’ and found no “material weaknesses” with our internal controls. Merina did indicate one problem: Commission did not have a required “Collateral Certificate” for deposits in excess of \$100,000. The Administrator took immediate steps to fix problem, and on May 19, 2006 the Federal Home Loan Bank of Seattle (working with US Bank) issued a Certificate of Participation in a collateral pool for \$500,000.

Final Auditor’s Report will be available by the end of June. In addition to the official audit report, Merina is drafting a management letter, offering suggestions for future audits and for methods to deal with the inherent problem of “segregation of duties” in small offices.

Discussion: • Can we request that the SOS move the audit cycle closer to the end of the biennial cycle? That would help the Board to better meet its statutory role of financial oversight. This means

the next audit would be most useful if it came in the Fall of 2007. The Administrator was asked to make this request as part of the SOS's exit interview.

### **b. Revised fiscal year 2007 operating budget**

Based on an earlier request of the Board of Directors, the Administrator drafted a revised FY 2007 operating budget. This revised budget is about \$90,000 less than the 'official' FY 2007 budget. This budget does not replace the official budget (which was created by administrative rule and can only be changed by administrative rule).

#### Discussion:

- The revised budget still suggests that the Commission faces a shortfall, possibly by the end of calendar year 2007. By extension it suggests that the Commission does not have the resources to initiate large scale projects such as building an electronic reporting capability.
- We need to establish a subcommittee to pursue additional funding opportunities. We need to do so quickly.
- Should the Commission seek to be part of the Governor's budget? Is there still time to do so?
- Whatever we do, we should probably not go back to our original 19 donors to request additional funding. We made it clear at the time that we were making a one time appeal for start-up funds.

The Board of Directors agreed to establish a funding subcommittee. Andy Goldner, Jim Martin, Joyce DeMonnin, Sandra Douma agreed to participate. In addition, Dana Selover from the state of Oregon will participate. Jim Martin offered to absorb some of the costs associated with basic staffing support.

### **Legislative Agenda**

Commission reviewed its legislative strategies:

- Increase the visibility of the Commission. We need to continue to emphasize our unique role and our essential mission.
- Seek adequate, broad-based funding – to maintain the Commission's independence, to increase the speed of progress, to ensure sustainability over time.
  - Obtain legislative support for clarifying the Commission's ability to assess fees on non-reporting organizations.
  - Explore the possibility of seeking limited, partial state funding.
- Ensure that the Commission is "at the table" during the 2007 legislative session when health policy issues related to Commission are discussed:
  - Evaluation of voluntary reporting model
  - Debate about mandatory reporting of infections

#### Discussion:

- Talk to Jim Thompson at Pharmacy Association to gain his insight in working with Legislature
- There are a lot of health related bills in the works. We need to better understand the "competition."
- The clock is ticking. If we are going to move, we need to do so quickly.

- We need to have a good message and a good ‘ask.’
- We need to be a little more focused.
- Is it too late for a legislative concept via state government process?
- We need to push forward as a way to ‘brand’ the Commission.
- We need to ask our partners for support.
- Find a legislator to introduce a bill on our behalf.

## **Progress in Building Reporting Programs**

### a. Update on Hospital Reporting (transition from sign-up to data collection)

- 48 hospitals have now signed participation agreements. These 48 provide 96% of all hospital care in Oregon.
- To date we have collected \$122,000 in hospital participation fees.
  - Can expect an additional \$48,500 (signed contracts but not yet paid)
  - That leaves \$14,000 in possible fees from hospitals that have not signed participation agreements (question for Commission – how aggressively do we pursue these remaining dollars?)
- Leslie Ray (Field Coordinator) has provided initial orientation and report-training to staff from 36 hospitals. Training sessions will continue as needed.
- We are asking hospitals to report retrospectively back to January 1; hospitals are generally willing to comply with this request. We will not ask hospitals to provide written notification for retrospective reporting.
- Initial completion of reporting form is taking about 15-20 minutes to complete. Length of time will go down as familiarity goes up.
- We issued our first “Patient Safety Bulletin” based on hospital data.

### b. Update on Pharmacy Reporting (now in pilot phase)

- Pilot group (3 independents; 2 chains) held its first meeting.
- All pilot sites have agreed to guidelines for participation.
- All are now testing reporting form. All have agreed to include a 3 month retrospective look for adverse events.
- Testing phase scheduled to run through end of July.
- An advisory group also up and running. Will review pilot results, provide feedback on admin rules draft, offer advice about implementation.
- Participants in advisory group include:
  - Consumer representative (who was recruited and provided an orientation)
  - Director of Oregon Pharmacy Association.

Also in the pharmacy arena – The Commission has been asked to make a presentation to the pharmacy board on August 9<sup>th</sup>. David Widen and the Administrator will offer a progress report, but we also hope to discuss other topics as well. For example, might the Pharmacy Board be willing to allow pharmacies a chance to develop education/quality improvement activities in lieu of fines? Could we create an inducement – Pharmacy agrees to belong to Commission’s reporting program, to investigate errors and share results with the Commission? In return, no fine.

c. Update on Nursing Home Reporting (advisory group formed and meeting)

- Development group finished its work – drafted a definition of adverse event; crafted a reporting template.
- Advisory group formed, will hold its first meeting on June 9<sup>th</sup>.
- Pilot sites identified and being recruited.

d. Update on Ambulatory Surgery Centers

Bruce Johnson, Dana Selover, and Jim Dameron have begun initial efforts to create the ASC reporting program. Already it is clear that Ambulatory Surgery Centers are not generally aware of the Patient Safety Commission. Therefore we need to develop a communications/outreach strategy. We need to put the Commission on the ASC map. Talking points include:

- By sharing information we can make all ASC safer
- No risk in participation – information is confidential
- No real administrative burden to participation
- Way to demonstrate to all – consumers, legislature, hospitals – that quality is important.

We need to organize an advisory group to help us define adverse events and to draft a reporting template. The advisory group should include physicians, Quality Managers, ASC administrators and consumers. Initial list of possible candidates has been drafted.

**Update on building an electronic reporting capacity**

Nancy Chi and the Administrator met with a Regence “Solutions Engineer.” His initial thoughts:

- In engineering terms, Commission is building a small system (given likely number of events).
- Much of the cost of building an electronic system will be in security (building a series of firewalls). The Regence Engineer outlined a 3-tiered security model (to protect web exchanges, to protect applications, to protect data).
- System will need authentication capability (“this is an authorized user”)
- Given the small size and limited resources of the Commission, might be smart to find a vendor to act as host. Would need to enter into a service agreement that specified such things as ‘uptime’ requirements, load stacking, redundancy, etc. Having a vendor also reduces liability to Commission.
- Would be a good time to rebuild website. Create an integrated patient safety portal with specific areas for different users.
- Consider using XML schema (XML is a cross-platform, software and hardware independent tool for transmitting information).
- Consider allowing sponsors to advertise.

Next steps:

- Develop technical needs in form of RFP
- Develop list of possible vendors
- Continue to talk to experts to seek alternative approaches (no choice left unexamined)
- Develop cost estimates
- Develop strategy for funding support

The Commission requested that the Administrator develop and offer a recommended IT plan at the next meeting.

### **Infection policy summit**

The goals include:

- Bringing legislators, healthcare leaders, scientists, policy advisors and citizens together to discuss options for reducing the number and severity of healthcare-associated infections.
- Putting evidence-based research findings into the hands of those who make policy decisions in Oregon.
- Developing practical solutions to improve patient safety and quality of care for Oregonians.

The Commission remains supportive of the idea for a policy summit and asked the Administrator to find appropriate funding and to talk to potential partners.

### **Written Disclosure -- Developing Options**

The Administrator asked the Commission to ‘green light’ a project to develop a disclosure toolkit on strategies of how best to comply with the written disclosure requirement. The Commission approved the proposal and also agreed to allocate up to \$8,000 to pay for consulting, organizing participant interviews/group sessions, basic research and testing.

Initial ideas include:

- Partner with hospitals to have a positive discussion about how written disclosure might work. “What would we be most proud of in 5 years, with regard to patient-centered care?”
- Work with hospitals and physicians to clarify roles. Include perspective of medical malpractice carriers. “How might we do this together?”
- Develop a roster of individual best practices – within Oregon and elsewhere (PA has a written disclosure policy, for example)
- Talk with patients and families – set the scene, then ask what they would like to see in a disclosure letter. Ask Consumers Advancing Patient Safety (CAPS) to act as sounding board.

### **Patient Safety Bulletins: putting the reporting program to work**

In May, staff issued the Commission’s first Patient Safety Bulletin based on information shared by a participating hospital. The Bulletin described a close call involving a new, stronger MRI unit. During development of the bulletin, the Administrator outlined proposed guidelines for future releases of information. As proposed:

1. Commission owns the data and the Bulletin (control of data remains with the Commission).
2. Bulletins are public information – post on Commission’s website.
3. All hospitals, even non-participants will receive Bulletins.
4. No hospital-identifying information will be shared (make sure that identification will not occur inadvertently, because of unique product or device or type of service...). If information can not pass this test it will not be publicly shared.
5. Bulletins typically will have limited scope:

- a. Early notification (a risk assessment in the form of “News from the field”)
- b. Links to related information (Commission as clearinghouse)
- 6. In addition, Bulletins will:
  - a. Invite discussion and participation (be clear about confidentiality issues) – have you seen this too?
  - b. Offer limited access to technical experts (consult via email query)
- 7. Commission staff will work closely with reporting hospital: to understand the facts, to offer results of hospital’s investigation.
- 8. We will strive to publish accurate information:
  - a. Be clear about the facts.
  - b. Don’t assume that others get it right.
  - c. Acknowledge uncertainty.
  - d. Accuracy trumps speed

The Administrator also raised additional issues:

- 1. Need to define triaging criteria (by what standards do we decide something is worthy of bulletin status?)
- 2. Need to establish context of adverse event
- 3. Need to consider legal issues
- 4. If the information is to be made public, how best to present it?

The Commission discussion gravitated toward whether bulletins should be made public. At least 2 objections were raised. One – could we ensure that we would not violate confidentiality by releasing information based on a single event? Two – given the need to maintain confidentiality, might we be forced to water down the information to the point of uselessness?

In the end, the Commission agreed to define “Patient Safety Bulletins” as publicly shared alerts. If a particular case could not be adequately de-identified, it would not be used for a Bulletin (a different communication strategy would be developed in such cases). In this spirit an additional guideline was added to the list of the 8 originally proposed – Bulletins would be developed with the voluntary participation of the reporting hospital. With this change the Commission adopted the proposed guidelines for publishing future bulletins.

### **Public Health Officer’s Certifying Role**

Dana Selover presented a draft plan for fulfilling the “certification” role of the Public Health Officer. According to administrative rule 325-010-0040:

- (1) At least annually, the Commission will request that the Public Health Officer certify the completeness, credibility, and thoroughness of each Hospital Participant’s reporting during the applicable period.
- (2) The Commission will request that the Public Health Officer develop independent and objective standards to evaluate the overall integrity of the Patient Safety Reporting Program. On an annual basis the Commission will request that the Public Health Officer use those standards to certify the Oregon Patient Safety Reporting Program.
- (3) The Commission will provide information to the Public Health Officer to assist the Public Health Officer in completing the certification processes listed in (1) and (2) of this rule, consistent with OAR 325-010-0055.

Dana proposed a plan and timeline:

- Initial draft of certification outline for next Commission meeting – July 18, 2006
- Feedback period until August 11
- Presentation of Revised draft at August 29<sup>th</sup> meeting
- Final draft, fall 2006.

**Next Steps (based on June 6<sup>th</sup> meeting):**

- The Administrator will talk with the Governor’s Appointment Office about reappointments of 3 Commissioners. He will work with each Commissioner to ensure that proper paperwork is completed.
- The Administrator will talk with the Secretary of State’s office about moving the next audit cycle to Fall 2007 (closer to the end of the biennium). Such a rescheduling would help the Board better meet its statutory role of financial oversight. The Administrator will also make this request during the upcoming SOS exit interview.
- The Administrator will develop a recommendation for making the Treasurer an officer of the Board.
- The Administrator will circulate the final audit report when it is completed. He will also share with the Commission any results of a “management letter” written by the CPA offering suggestions for future audits and for methods to deal with the inherent problem of “segregation of duties” in small offices.
- The Funding Subcommittee will hold its first meeting (Andy Goldner, Jim Martin, Joyce DeMonnin, Sandra Douma, Dana Selover).
- Staff will work with Commissioners to make progress in addressing legislative strategies.
- Staff will continue to develop reporting programs for nursing homes, ambulatory surgery centers and pharmacy.
- The Administrator will recommend an IT plan at the next meeting.
- Staff will develop options and seek funding for health-care associated policy summit.
- Staff will begin work on developing a tool kit on written disclosure options.
- As appropriate the Administrator will work with the State Public Health Officer in developing criteria for ‘certifying’ the work of the Commission.

**Next Meeting:**

July 18, 2006  
Noon – 3 PM  
Kaiser Building  
500 NE Multnomah  
Portland, Oregon

Minutes prepared by Jim Dameron/June 26, 2006