

Oregon Patient Safety Commission
July 12, 2005 meeting
Draft – Not yet approved

Present: Nancy Chi, Sandra Douma, Andreas Goldner (acting chair), Grant Higginson, Bruce Johnson, Susan King, Gloria Larson, Roy Magnusson, David Widen, Maureen Wright. Administrator: Jim Dameron.

Excused: David Hartwig, Judith Hibbard, Lewis McCoy, George Miller, Glenn Rodriguez.

Issues Heard:

- Approval of Minutes
- Public Comments
- Commissioner Updates
- Administrator's Report
- Hospital Pilot – update and discussion
- Election of Chair
- Creation of Treasurer position
- 100,000 Lives Campaign – discussion, strategic possibilities
- Design of a Commission logo

Call to order: Welcome. Quorum present.

Approval of Minutes: Commissioners reviewed the draft minutes from the May 24, 2005 meeting. Minutes were unanimously approved with no changes.

Public Comments: None

Commissioner Updates:

Maureen Wright initiated contact with the patient safety firm, ECRI. Based in Pennsylvania, ECRI helped that state's Patient Safety Authority build a reporting program for hospitals, ambulatory surgery centers and birthing centers. ECRI also has expertise in working with Nursing Homes. Maureen and Jim Dameron had a phone conference with Ronnie Solomon, John Clarke, and Bill Morella to discuss possibilities. We plan to talk again.

Administrator's Report:

Jim Dameron shared his first Administrator's Report with the Commission, as an experiment in providing the Board of Directors an overview of his activities and as a way to alert the Commission to opportunities and problems. The Commission liked the approach and ask that he draft such a report before every scheduled meeting.

Discussion generated by the report:

Regarding a strategic planning retreat: Commission agreed to move forward with the idea. They asked to Administrator to schedule a retreat at the earliest possible date, but with enough

lead time to give all a chance to participate. Aim for late September or October. Consider appointing a subgroup to plan the event. Consider hiring a facilitator.

OMA's Patient Safety Convocation: David Shute from OMPRO reminded the Commission that it is scheduled for October 7th. The Commission is responsible for a 50 minute panel discussion. We need to decide who will moderate that discussion and who will be included. The Commission sees this as a valuable opportunity to share the Commission's message. It also offers an opportunity to champion IHI's 100K campaign and the Commission's reporting program.

Hospital Pilot Project

Administrator provided a written progress report. Highlights from the discussion that followed:

Regarding overall orientation:

- Need to develop a no blame reporting system. A 'soft' approach.
- Commission should focus on problems that are multi-institutional (such as OB drop-ins)
- Might be more value in Level 2 events.
- Need to make information available to consumers. They need some confidence that things are getting better.

Regarding definitions of what to report:

- The reporting emphasis should be on 'anything the hospital thinks is important.'
- We've mostly solved the problems identified by the NQF list of serious reportable events (27 nevers).
- Spirit should be 'What did you learn?' 'If you wish to report...'

Regarding timing of reports

- Initial demand that hospitals report within 3 days sounds too regulatory. Should be 'our expectation is that hospitals make initial report within 3 or 5 days.' Goal would be to have 95% sent within that time frame. Not every single one.

Regarding the attempt to create a 'Commission-endorsed' approach to RCAs:

- Have faith that hospitals will follow their internal process.
- Have an initial conversation with hospitals when they are signing up to participate. 'How do you do RCAs? What are your processes?'
- Don't ask the same questions over and over again. Especially since as currently framed the answers will always be 'yes.'
- We can coach hospitals on how we think RCAs should be handled.

Regarding the need for root cause analysis:

- Need some analysis but not the full RCA
- Makes sense that RCAs should be required only for LEVEL 1 events.

Regarding analysis:

- Need way to aggregate data to identify problem areas

Defining success:

The goal is to reduce the number of adverse events in Oregon. But that is very difficult to measure.

In the short term, measurable success might include:

- Increased culture of patient safety (as measured by survey)
- High participation in the reporting program
- High number of reports
- High number of best practices identified, sent to hospitals, adopted.

Summary:

- Simplify the reporting template
- Back away from language that sounds overly regulatory
- Remove the questions that implicitly attempt to define a ‘gold standard’ RCA process.

Election of Officers

Glenn Rodriguez, MD was unanimously elected chairperson of the Patient Safety Commission. Andreas Goldner was unanimously elected vice-chair. Their terms are for one year (start date: July 12, 2005).

Creation of Treasurer Position

The Commission created a new officer of the Board, the Treasurer. The Treasurer will have responsibility for providing additional stewardship of the Commission’s budget. He/she will review the books with the Administrator, on a quarterly basis at a minimum. The Commission appointed David Hartwig to this role.

100,000 Lives Campaign

In June 2005 the Commission was selected by IHI to become the Oregon ‘node’ or field representative for their 100,000 Lives Campaign. The intent of 100,000 Lives is to reduce the number of serious adverse events in Oregon by encouraging hospitals to adopt 6 evidence-based practices. As such the Campaign is congruent with the Commission’s mission.

The Commission discussed how best to carry out this function, given its willingness and commitment to dedicate .25 FTE to the task:

- The Commission will focus on driving enrollment and overall communication. We need to find partners to help with the technical assistance role.
- IHI is too expensive for many organizations. In our nodal role we can help introduce best practices locally. This is a cost effective way to bring change.

Regarding a cooperative venture with OMPRO:

- David Shute stated that OMPRO was an enthusiastic supporter of the campaign and wanted to partner with the Commission in being a ‘node.’ OMPRO would be willing to offer technical assistance for a few of the 6 best practices. 100,000 lives fits OMPRO’s statewide vision.
- The Commission was very supportive of working with OMPRO to ensure the success of the 100,000 lives campaign in Oregon.

- David Shute mentioned that OMPRO might like to have some sort of non-binding document between the two organizations. Jim Dameron will work with OMPRO to clarify this working relationship.

Other issues:

- Maureen Wright reminded the Commission that other organizations might be able to assist too. As an example, Legacy has an AHRQ grant to study medication reconciliation.
- Susan King encouraged the Commission to make sure that it doesn't duplicate other efforts.
- The Commission should continue to seek other partners and other champions.
- The Commission agreed that it should challenge all hospitals in Oregon to participate in the 100,000 Lives Campaign.

Creating a Patient Safety logo

Debra Feammelli from the ONA presented 4 logos for the Commission's consideration. The Commission thanked Ms. Feammelli for her excellent work. She agreed to make some revisions and to discuss further with the Administrator.

Next Steps/Follow-up

- Work to find consumer and private purchaser representation
- Follow-up with ECRI.
- Begin planning for a strategic planning day. Schedule a meeting time.
- Continue planning for OMA's Patient Safety Convocation (We need a Commissioner to volunteer to lead a panel discussion on October 7th.)
- Publish administrator's report before each Commission meeting.
- Revise/simplify the hospital reporting template. Continue to make progress on the pilot.
- Administrator to consult with Treasurer before next Commission meeting. Set up initial review process.
- Administrator to discuss with OMPRO how to proceed with co-leading the 100,000 Lives Campaign in Oregon.
- Commission will begin advertising its role in the 100,000 Lives Campaign.
- Finalize logo design for presentation to the Commission.

Next Meeting of the Patient Safety Commission:

Date: August 23, 2005

Time: Noon until 3 PM.

Location:

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

Minutes prepared by Jim Dameron (8-10-05)