



August 23, 2005
Approved November 15, 2005

Present: Nancy Chi, Sandra Douma, Andreas Goldner, David Hartwig, Judith Hibbard, Grant Higginson, Bruce Johnson, Susan King, Lewis McCoy, George Miller, Glenn Rodriguez, David Widen, Maureen Wright. Administrator: Jim Dameron.

Excused: Gloria Larson, Roy Magnusson

Issues Heard:

- Approval of Minutes
- Public Comments
- Commissioner Updates
- Treasurer's Report
- SB 819 – Revised Funding Options
- Federal Patient Safety Legislation
- Hospital Pilot – update and discussion
- Planning October 4th retreat
- 100,000 Lives Campaign – next steps
- Approval of Commission logo
- Administrator's Report

Call to order: Welcome. Quorum present.

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

Public Comment: Warren Anderson, MD and president of Non Nocere Foundation addressed the Commission. Dr. Anderson stated that the Commission owed former Commissioner Dee Dee Vallier a debt of gratitude. He urged the Commission to better understand why Ms. Vallier resigned her consumer position on the Board. In part he believes the Commission must do a better job of listening to patient stories. Dr. Anderson also argued that patient trust is the chief means of obtaining a culture of safety. In his words, trust comes from disclosure and transparency. He told the Board that it had put much effort into building a reporting program but not enough effort into listening to patients' needs. Glenn Rodriguez thanked Dr. Anderson for his comments.

Commissioner Updates:

Joel Young told the Commission that DHS had posted a position for a policy analyst who would support patient safety efforts.

In discussing the fact that the Commission lacks 2 board members (Consumer, private purchaser of health care coverage), the Board decided to create a nominating committee. Andy Goldner, Judy Hibbard and Grant Higginson volunteered. The charge to the committee: generate a list of possible appointees to the Commission. What constituencies can we reach out to? Does the Governor's appointment office have an active candidate list?

Treasurer's Report:

David Hartwig, the Commission's Treasurer explained that he had met with the Administrator to review expenditures and to reconcile such expenditures with the bank statement. He also said that he and the Administrator were creating a standardized accounting process for the Commission.

SB 819 – What next?

The Commission discussed the failure of SB 819 to pass the state legislature. The bill would have clarified the Commission's ability to assess fees on eligible organizations, even if such organizations chose not to participate in the reporting program. The key discussion points:

- With regard to fees, make sure they are fair and that the public has a chance to comment.
- This is the critical time to market the program. Work closely with the Hospital Association.
- Offer participants compelling reasons to participate in the reporting program. Stay on the high ground.
- Difficult issues are likely to include confidentiality protections and the requirement that disclosure be made in writing.

The Commission agreed to:

1. Stick with its existing budget.
2. Go ahead and assess fees according to the initial plan. Ensure those fees are based on an equitable funding formula. Champion the original premise – modest fees distributed across many organizations to provide value-added patient safety improvements. Continue to work closely with OAHHS, OHCA, the Pharmacy Association, and others to quickly introduce a fair fee assessment in support of the reporting program.
3. Begin to market the reporting program. Focus on enrolling organizations (starting with hospitals). The more organizations that join the reporting program, the wider our base of 'participants'; the wider our base the easier it will be to assess fees. Develop an overall strategy: why will organizations want to join? How do we gain the cooperation of senior management within those organizations?
4. Seek additional grants and governmental support – if, and only if, such funding is consistent with the Commission's core mission.

5. Consider a second wave of fund raising. Determine if such an effort should be delayed until after the Commission has established fees (and has learned something about the potential of fees to generate a steady revenue base).

Federal Patient Safety Legislation – Impact on Oregon

The Administrator offered an overview of the Patient Safety and Quality Improvement Act of 2005. This law created a federal confidentiality reporting structure for patient safety data. The legislation is very similar to Oregon's. It creates a process for federal certification of *Patient Safety Organizations*. The Commission must decide what opportunities and possible barriers this new law represents. Points of discussion:

- Make sure that state reporting aligns with emerging federal reporting. 'Do not stop your work, but stay aligned.'
- We are ahead of the feds. We might be able to offer them advice.
- Hospitals will be looking for simplicity of reporting.

Next steps:

- Actively explore the option of becoming certified as a Patient Safety Organization
- Monitor where the federal dialogue is going
- Pay attention to JCAHO – are they going to seek national certification as a PSO?
- Take a proactive PSO approach in Oregon – we are ready to do this. We have the infrastructure to do this.
- Reach out to other groups. Oregon is best served if we have a unified approach.

Hospital Pilot Project

The administrator provided an update on the Hospital Pilot Demonstration Project. Discussion focused on the proposed reporting template:

- Reporting 'window' – The Commission agreed that 45 days from initial event seemed reasonable. The Commission also agreed that it could eliminate the initial 3 day requirement.
- Include patient factors. Collect information about language of patient if not English. How to handle cognitive impairment of patient? Trick is to collect meaningful data about the patient without implying that somehow the patient is to blame for adverse events.
- Collecting race and ethnicity data – after discussion the Commission agreed to include. Still need to discuss the best way to do so. Make questions consistent with national standards. Consider how self-reported ethnicity might work.

Next steps:

- Finalize the pilot
- Initiate administrative rule process

- Begin roll out to all hospitals

Strategic Planning Session

The Commission will hold an all day planning session on October 4th (the date of its next scheduled Board meeting.) Glenn Rodriguez, Nancy Chi and Maureen Wright agreed to form a workgroup to facilitate preparation.

100,000 Lives Campaign

Update on progress since last Commission meeting:

- OMPRO and Patient Safety Commission have agreed to join forces to promote 100,000 Lives.
- We have challenged all hospitals in Oregon to participate in at least 1 of the 6 evidence based practices.
- We have issued a joint press release to Oregon Hospitals via the OAHHS.

Ideas on enrolling hospitals:

- Maureen Wright suggested that the Commission communicate directly with physicians via County Medical Societies. She was willing to take the lead.
- George Miller was willing to talk with hospitals in Marion and Polk Counties.
- In reaching out to hospitals, we need to understand how hospitals are interconnected. Start with regional hospitals.

Commission Logo

The Commission chose a logo. They wanted to thank Debra Feammelli of the ONA for her design work (an in-kind contribution). They asked the Administrator to formally thank Ms. Feammelli (gift and certificate of appreciation).

Administrator's Report

The Administrator offered a written summary of his activities since the last Commission meeting.

Dave Widen and Sandy Douma agreed to take part in interviews for the Field Coordinator position.

Evaluation of Meetings

Glenn Rodriguez asked the Commissioners to evaluate the meeting using a simple questionnaire. Such an evaluation will become a standard part of future Commission meetings.

Follow-up Activities:

- Nominating Committee - make recommendations for open Board seats.
- Strategic Planning Committee - Find facilitator, plan October 4th session.
- Interviewing Committee – participate in group interview of finalists for field coordinator position.
- Prepare a presentation for the OMA Patient Safety Convocation – George Miller, Jim Dameron
- Prepare accounting oversight process for Commission review – David Hartwig, Jim Dameron
- Summarize results of Board evaluation of Commission meetings – Jim Dameron
- Track national Patient Safety Law. Evaluate whether the Commission should become a certified Patient Safety Organization.
- Finalize the pilot project. Begin reporting roll out to all hospitals.
- Finalize administrative rules, including fee assessment rules.
- Accelerate IHI 100,000 *Lives* Campaign. Work to enroll hospitals.
- Thank Debra Feammelli for her design work to create a logo for the Commission.

Next Meeting:

November 15, 2005
Noon to 3 PM
Oregon Health Care Association
8995 SW Miley Rd
Wilsonville, Oregon 97070

Submitted by Jim Dameron (October 17, 2005)