



August 21, 2007  
Draft Minutes, not yet approved

Our Vision: *Healthcare for all Oregonians will be safe.*

Our Mission: *To improve patient safety by reducing the risk of serious adverse events occurring in Oregon's healthcare system and by encouraging a culture of patient safety in Oregon.*

**Commission Members Present:** Nancy Chi, Joyce DeMonnin, Sandy Douma, Leonard Friedman, Andy Goldner, Grant Higginson (designee for the Public Health Officer), Gloria Larson, Lewis McCoy, Glenn Rodriguez, Dave Widen.

**Staff:** Jim Dameron, Linda Goertz, Amy Gryziec, Leslie Ray, Dana Selover.

**Excused:** Bruce Johnson, Susan King, Roy Magnusson, Jim Martin, Brett Sheppard, Maureen Wright.

**Also:** Brian Baker, Beverly Burke, Karen Deveney, Merilee Karr, Richard Rouse.

#### **Issues Heard:**

- Approval of July 29 minutes.
  - Administrator's Report
  - Treasurer's Report
  - 2008 Schedule
  - Retained Objects Workgroup
  - Driving Organizational Change
  - Audacious Goals
- 1) Call to Order: Meeting was called to order at 12:05 p.m.; a quorum was present within the first quarter-hour.
  - 2) Goals: Lewis opened the meeting with a reading from Jim Collins' *Built to Last*. Audacious goals center around what we are passionate about, what we can do well, and what fits our economic engine. Questions to ask about a goal include: Does it get us going? Are we willing to throw our energies into it? Does it fit into our mission? Is it heroic, compelling, time-sensitive, measurable and audacious? And do we have the tools to implement it?
  - 3) Commissioner News:
    - a) Roy Magnusson has shared an article (in handout packet) for our review regarding errors and physician stress.
    - b) Sue Nelson has been nominated by the Governor as our public purchaser representative; if approved, she will join us in October.
    - c) Joyce DeMonnin discussed AARP's work with Dr. Bill Thomas; as one aspect of that work, AARP recently invited health care leaders to meet with Dr. Thomas in Eugene. The conversation touched on how to engage consumers in health care. The meeting was co-sponsored by the Quality Corp; several Portland patient safety experts were involved.

- 4) Approval of Minutes from July 10: Dana pointed out a correction to #10: add “events” so that it reads “NQF events.” It was moved and seconded to accept the minutes as corrected; the motion passed.
- 5) Administrator’s Report:
  - a) We are making progress in recruiting nursing homes; we hope to have 50% verbal agreements by the end of the month and have had good support from OHCA and the Oregon Alliance. We are recruiting both independent pharmacies and the large chains; we have verbal agreement from one large chain representing 50 pharmacies. We are also making progress with the ambulatory surgery centers with a small number signed up so far. We will publish ‘charter member’ lists in October.
  - b) HB 2524 (mandatory infection reporting) creates an advisory board. The Commission has a seat on that board. The question – who should represent us? It is likely that the advisory board will hold its first meeting in September. Jim recommended that he attend the first meeting and report back to the Commission. In October the Board will then discuss whether a Commissioner should share responsibility.
  - c) The Commission’s visibility continues to grow. We will participate in a number of conferences and discussions around the country in the next few months.
- 6) Treasurer’s Report: In the absence of Jim Martin, Jim Dameron discussed our financial position. As of August 21<sup>st</sup> the Commission has about \$128,000 in assets, which are insufficient to reach year-end. In addition, we have a two year goal of establishing a modest contingency fund (but have not yet done so). Our YE financial plan assumes that we can collect about \$120K from nursing homes, ambulatory surgery centers and retail pharmacies. Our ability to do so is greatly strengthened by the passage of SB 36. Glenn commented that we need to meet our obligations for 2007, but that we also need to clearly signal our process for collecting 2008 fees. It was also noted that some of our constituents probably are not aware of SB 36. As a result of these factors, the Board recommended that the Finance Committee meet within the next two weeks to work out plans, including communication plans and cash flow issues.
- 7) 2008 Schedule: Commissioners agreed that the six-week cycle on Tuesdays is acceptable and there were no objections to the proposed 2008 dates. The Board briefly discussed the best start time (noon, 12:30 or 1:00); they asked Linda to survey the Commissioners to establish preferences.
- 8) Retained Objects Workgroup: Since retained objects have represented such a large portion of the adverse events reported to the Commission, we formed an expert panel to review the cases and make recommendations. The panel members: Brian Baker, Dr. Karen Deveney, Mary Shepard and Sandy Douma. Staff: Leslie Ray. Among the recommendations: adopt the standards of the Association of periOperative Registered Nurses (AORN) in their entirety. In addition, the expert panel outlined recommendations organized into 3 categories: those that are *essential* to all; those that are *important* ; and those practices that deserve *further discussion* and consideration. Glenn commented that many of these standards are well known. He wanted to know the barriers to implementing them. How do we as a Commission help this process? Leslie suggests that next steps are to take this to a statewide conversation, asking, Does this make sense? What are the barriers to implementation? How can the

Commission help? We will discuss this again in November after more of a consensus has been gained from these conversations.

- 9) Driving Organizational Change: Commissioner Len Friedman shared a “20,000-foot view” of how effective change occurs. Start with the “north star” goal – patients in our care will not be harmed. Do the processes that we have in mind contribute to the desired “intentional future”? What happens when we really listen to each other? How do we create personal ownership and a corresponding sense of urgency towards change? We need to see the systems that we are in – systems that “have us.” Barry Oshry’s work addresses this – how do we work to be part of a common system instead of building our separations. We are hard-wired to defend ourselves and we do so when confronted with change. Successful change begins and ends with committed leadership.
- 10) Audacious Goals for Patient Safety: Glenn noted our statement of Principles and suggested we test these against the comments Lewis noted at the beginning of the meeting; are they *heroic, compelling, time-sensitive, measurable and audacious*? *Do we have the tools to implement them*? We also revisited our goal discussion notes from May 29. Comments from Commissioners include:
  - a) Is “keeping patients safe” a concrete goal? If our reporting programs are limited to certain facilities, don’t we still have a wider charge to all in the state?
  - b) If we choose a goal like “Oregon will be the safest state in the nation by 2010?” do we over-reach? By looking at the big picture, do we miss focusing on really good practices and projects? Is this goal measurable?
  - c) We shouldn’t beat ourselves up or set too large a task – we’ve done a good job so far
  - d) Having a project that really works, like the retained objects, is important. We need to utilize the power of listening to each other.
  - e) Our goal should be to have a medically-educated and informed population; we should promote and enable public engagement.
  - f) We need to “get to” the CEOs / decision-makers with culture change.
  - g) Our task is to educate the consumer.
  - h) We want a consumer-driven system –where consumer healthcare consumption choices can be made based on knowledge of quality.
  - i) A test question: would the Patient Safety Commission be missed if we were gone?
  - j) The TAC is very valuable; let’s delve into how we can get information to facilities on how to improve and reduce errors – use the practical impact!
  - k) Let’s get tangible learnings back to the hospitals / what to do, what to avoid re: errors.
  - l) How does a small organization drive change? Creating an audacious goal is one way; helps us start the conversation.
  - m) Our niche is the multi-stakeholder perspective with access to protected data.
  - n) Patients must have health literacy and trust in the competency of their facilities – providers must have commitment to patient safety.
  - o) What’s our image: Watchdogs? Safety stewards? Midwives? Firestarters? Signposts?

- p) We have to go beyond and above the middle-management people with whom we usually engage – work across levels and across the state.
  - q) How are we different from other quality and healthcare organizations? What makes us unique and how do we lead? We aren't yet the group that has gained credence in the state.
  - r) Since we don't have a large staff, how do we get to the tipping point? We have to know the levels and the niches, to know what are resources to make things happen.
  - s) Economic issues are important – patients don't always have choices (uninsured, those in rural communities and Medicare patients don't have as much choice).
  - t) We share commonalities – focus on safety, engaging consumers, examination of process. Do we need more work / more time to embrace the big goals?
  - u) We should move in several different areas – we need to vision AND we need to say what this means for us in the coming year. There are three areas for our focus: leadership; patient-centered; and communications from the “middle-out.”
  - v) Involve large employers / teach them to advocate for safety issues in their healthcare purchases.
  - w) We need a sense of urgency; we need to be able to say, “These patients are safer in *this* way because of the work we've done.”
- 11) Evaluation: Please add to evaluations what you think our audacious goal should be and whether you want to have a retreat for planning or continue discussion in our regular meetings?
- 12) Adjournment: Meeting was adjourned at 3:00 p.m.