OPSC OREGON PATIENT
SAFETY COMMISSION

OPSC Board of Directors Meeting Agenda

April 11, 2023 | 12:00 – 1:40 p.m. | Virtual Meeting

12:00 5 min	Welcome, Introductions, and Public Comment*	Judy Marvin, Chair, All, Public
12:05 5 min	Review Agenda, Approve Minutes, Acknowledge Receipt of Consent Agenda Materials	Judy Marvin, All
12:10 10 min	Treasurer's Report	Leah Mitchell
12:20 10 min	Board Membership Update • Action Item: Officer Elections	Valerie Harmon, Judy Marvin
12:30 25 min	Opportunity to Build Statewide Capacity	Valerie Harmon Melissa Parkerton, Director, PACT
12:55 40 min	Executive Director's Report • Action Item: Annual PSRP Fee Adjustment • Action Item: 2023-2025 Biennial Budget Approval	Valerie Harmon
1:35 5 min	Upcoming Board Meetings and Adjourn†	Judy Marvin, All

*Public comment must be submitted in advance of the meeting. Details are available on the Oregon Patient Safety Commission website (https://oregonpatientsafety.org/governance).

†Board members will receive a meeting evaluation via email.

Oregon Patient Safety Commission Mission

To reduce the risk of serious adverse events occurring in Oregon's healthcare system and encourage a culture of patient safety.

Board of Directors Group Agreement

- Be respectful
- Communicate openly
- Let everyone speak and be heard
- Do not conduct sidebar conversations
- Do not monopolize
- Actively listen
- Use differences to your maximum advantage
- Be honest

OPSC OREGON PATIENT
SAFETY COMMISSION

OPSC Board of Directors Meeting Minutes

December 13, 2022 | 12:30 – 2:30 p.m. | Virtual Meeting

Attendees		Present	Virtual	Absent
Board Members	Amanda Bemetz (Nurse)	☐	☐	☒
	Lisa Bui (Public Purchaser)	☒	☐	☐
	Smitha Chadaga (Physician)	☒	☐	☐
	Bob Dannenhoffer (Physician)	☐	☐	☐
	Mary Engrav (*Vice-chair,* Health Insurer)	☒	☐	☐
	Katie Hufft (Pharmacist)	☒	☐	☐
	Heather Hurst (Labor Representative)	☐	☐	☒
	Kristi Ketchum (Ambulatory Surgery Center Representative)	☒	☐	☐
	Judy Marvin (*Chair*, Health Insurer)	☐	☐	☒
	Leah Mitchell (*Treasurer,* Hospital Administrator)	☒	☐	☐
	Jessica Morris (Healthcare Consumer)	☒	☐	☐
	Dana Selover (Public Health Officer)	☒	☐	☐
OPSC Staff	Valerie Harmon (Executive Director) Stephanie Warren (Program Assistant) Beth Kaye (Early Discussion and Resolution Program Director) Sydney Edlund (Director of Research and Analytics)			
Guests	Hollie Caldwell (Concordia University) Erin Sprando (Marquis Companies) Claire Devine (Center for Outcomes Research and Education) Maggie Weller (Center for Outcomes Research and Education) Kristen Lacijan (Center for Outcomes Research and Education)			

Agenda Items	
Welcome, Introductions, and Public Comment	This meeting of the Oregon Patient Safety Commission (OPSC) Board of Directors was called to order by Mary Engrav at 12:34 p.m. Stephanie Warren conducted a roll call for attendance.
Review Agenda, Approve Meeting Minutes, Acknowledge	Mary Engrav requested that the OPSC Board review the agenda and approve the September 13, 2022 OPSC Board meeting minutes. **Action Item: Approve September 13, 2022 Meeting Minutes**

Receipt of Consent Agenda Materials	• **Motion**: Smitha Chadaga moved **to approve the September 13, 2022 OPSC Board meeting minutes and** Leah Mitchell seconded. • **Vote**: Mary Engrav called for a vote to approve the **September 13, 2022** OPSC Board meeting minutes and Stephanie Warren conducted **a roll call vote**. Lisa Bui, Bob Dannenhoffer, Smitha Chadaga, Mary Engrav, Katie Hufft, Kristi Ketchum, Leah Mitchell, Jessica Morris, and Dana Selover voted in favor. The motion passed. All members acknowledged receipt of consent agenda materials.
Treasurer's Report	Leah Mitchell provided the Treasurer's Report. **2023 Patient Safety Reporting Program (PSRP) Fee Collection** • 40% collected at the end of November • 20% made electronically • Collection rate is on par with previous year **Budget to Actual (Fiscal Year 2022-23)** • Year-to-date revenue is on target at the end of October. • PSRP revenue of over $815,000 will be recorded in November.

Executive Director's Report	Valerie Harmon provided her report.
	
	Administration Transition
	• New Policy Advisor assignment for OPSC is a priority for the Governor-elect's office in 2023.
	• Board member applicants who have been approved by the board are waiting for appointment.
	
	Agency Affirmative Action Plan Status
	• Focusing on hardwiring equity practices in OPSC's processes and systems for recruitment and retention, training, procurement and contracting, and program activities as applicable.
	• Examples include:
	    ○ Introducing legislation in 2023 to codify health equity as an essential part of the PSRP's data collection and analysis.
	    ○ Integrating equity considerations into Early Discussion and Resolution (EDR) data collection strategy and upcoming EDR outreach work.
	
	2023 Legislative Update
	• OPSC's Legislative Concept that includes revisions to PSRP statute is progressing. We will keep the board updated on any new information.
	• Representative Dexter put in a legislative concept for additional EDR funding. We don't know if this will progress but will keep the board updated as we learn more.
	
	2023-2025 Biennial Budget Planning
	• Starting process in early 2023.

- EDR has a funding decrease for 2023-2025 Biennium that OPSC will work with the board to plan for.

Proposed 2023 Organizational Planning Process
- We are looking at strategic planning in Spring 2023.
- Staff will coordinate with the board on timing and details in 2023.

Board members are encouraged to send feedback and considerations for OPSC's strategic planning, including suggestions for facilitators, to Valerie Harmon.

Program Updates

- **Early Discussion and Resolution (EDR)**
  Focused on prioritizing health equity and collaborating with interested parties through two core projects:
  - **Data Process Strategy Development**
    - Timeline: September 2022 through March 2023
    - Project will include creating an informed program logic model and reviewing data elements, process, and structures.
    - OPSC will develop an implementation plan to update its processes and systems accordingly.
  - **Outreach Strategy Development**
    - Initial focus on short-term initiatives to increase awareness among patients and their families, and physicians.
    - OPSC has been identifying potential contractors among consulting firms to develop and implement a long-term, strategic outreach plan.

- **Patient Safety Reporting Program (PSRP)**
  Focused on moving quality improvement plan forward through statute change process and working on document management strategy.

Action Item: Revise Accounting Policy Manual
Valerie Harmon recommended revising the budget modification language in the *OPSC Accounting Policy Manual (Financial Management Policies, Budgeting, Budget Modifications, p. 28)* to align with ORS 182.462(b), *Budgets for Semi-independent State Agencies*.

- **Recommended Revision:** Reclassifications in excess of the preceding thresholds and any budget modification resulting in an increase in budgeted expenses or decrease in budgeted revenues shall be made only with approval of the full Board of Directors. ~~Any increase in the overall budget requires a public hearing and the adoption of an amendment to administrative rule 325-005-0015.~~ Budget modifications shall be made in accordance with ORS 182.462.

- **Motion**: Bob Dannenhoffer moved to approve the recommended language revision to the OPSC Accounting Policy Manual and Jessica Morris seconded.
- **Vote**: Mary Engrav called for a vote to approve the recommended language revision to the OPSC Accounting Policy Manual and Stephanie Warren conducted a roll call vote. Lisa Bui, Bob Dannenhoffer, Smitha Chadaga, Mary Engrav, Katie Hufft, Kristi Ketchum, Leah Mitchell, Jessica Morris, and Dana Selover voted in favor. The motion passed.

Action Item: 2021-2023 Revised Biennial Budget Amendment
Valerie Harmon advised board members that a budget amendment is required for any decrease in revenue, per the board approved accounting manual. A public hearing on October 24 (in accordance with ORS 182.462), which included a minor correction to the overall budget. No public comment was received.

- **Motion**: Smitha Chadaga moved to approve the 2021-2023 revised biennial budget amendment of $3.59 million and Dana Selover seconded.
- **Vote**: Mary Engrav called for a vote to approve the revised biennial budget amendment and Stephanie Warren conducted a roll call vote. Lisa Bui, Bob Dannenhoffer, Smitha Chadaga, Mary Engrav, Katie Hufft, Kristi Ketchum, Leah Mitchell, Jessica Morris, and Dana Selover voted in favor. The motion passed.

Board Membership Update	Valerie Harmon provided the board membership update.

Open Seats
- **Healthcare Consumer**
  - **Seat Criteria:** This individual, or any member of their immediate family, may not provide or be involved in healthcare delivery.
- **Hospital Administrator**
  - **Seat Criteria:** A hospital administrator (or their designee).
- **Private Purchaser of Healthcare**
  - **Seat Criteria:** A representative of a group purchaser of healthcare; this individual, or any member of their immediate family, may not provide or be involved in healthcare delivery.

Pending Appointment or Reappointment
- Faculty Member
- Nursing Facility Representative
- Public Purchaser (First term ended September 30, 2022)

Officer Transition Planning
- Action is needed for two officer positions in February 2023.

	o **Chair:** Judy Marvin has served one term and is eligible for a second term. o **Treasurer:** Leah Mitchell is close to ending her second term as treasurer and will also be terming off the board in September 2023. Board members are encouraged to reach out to Valerie with Interest by February 1, 2023.
Draft 2022 EDR Report Overview	Valerie Harmon and Beth Kaye presented the draft 2022 EDR report and facilitated a discussion with board members for feedback. **Board Feedback of Draft 2022 EDR Report** • The report's messaging is clear: There is a need and opportunity to build systems that support transparency, learning, and patient safety improvement. • Equity is clearly integrated into OPSC's work. Consider calling out equity issues in the healthcare system more directly. OPSC staff will share the board's feedback with the Task Force on Resolution of Adverse Healthcare Incidents for their consideration at their next meeting on December 14.
EDR Logic Model Overview and Feedback	Claire Devine and Kristen Lacijan from the Center for Outcomes Research and Education (CORE) provided a presentation on the draft EDR logic model. **Board Feedback of EDR Logic Model** • Bob Dannenhoffer suggested the goal should include improved patient safety and fair compensation to patients and families. • Consider changing "family" to "patients and family". Board members are encouraged to send feedback directly to CORE, maggie.weller@providence.org, by the end of 2022.
Suggested Agenda Items for Next Board Meeting	Suggested agenda items for the February 14, 2023 meeting included: • Organizational Planning • Board Meeting and Officer Planning • EDR Data Process Evaluation Update • PSRP Legislative Status Update
Patient Safety Reporting Program (PSRP) Clinical Questions	Sydney Edlund presented board members with two PSRP clinical questions. Board members discussed whether "antibiotics" should be included or excluded for "Medication therapy." • Mary Engrav responded that any medication treatment necessitated by an adverse event would be included. • Katie Hufft added that any medication would be included during a significant intervention if it would have been otherwise avoidable. • Board members suggested asking clarifying follow-up questions.

	• Board members agreed that "massive transfusion protocol (MTP)" is a life-saving intervention should be included in the list of inclusions.
	OSPC staff will use board contributions to inform updates to language in PSRP and supporting documentation.
Adjourn	The meeting was adjourned at 2:15 p.m. Board members will receive an email with the link to take an electronic meeting evaluation.
	The next OPSC Board meeting will take place on February 14, 2023 (unless otherwise noted). The meeting schedule and materials will be available on Our Governance page of the OPSC website.

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OPSC Board of Directors Meeting Minutes

February 14, 2023 | 12:30 – 3:30 p.m. | 1201 SW 12th Ave. Portland OR, 97205 + Virtual Option

Attendees		Present	Virtual	Absent
Board Members	Amanda Bemetz (Nurse)	☐	☒	☐
	Lisa Bui (Public Purchaser)	☐	☐	☒
	Smitha Chadaga (Physician)	☐	☒	☐
	Bob Dannenhoffer (Physician)	☐	☒	☐
	Mary Engrav (*Vice-chair,* Health Insurer)	☐	☒	☐
	Katie Hufft (Pharmacist)	☐	☐	☒
	Heather Hurst (Labor Representative)	☐	☐	☒
	Kristi Ketchum (Ambulatory Surgery Center Representative)	☐	☒	☐
	Judy Marvin (*Chair*, Health Insurer)	☐	☒	☐
	Leah Mitchell (*Treasurer*, Hospital Administrator)	☐	☒	☐
	Jessica Morris (Healthcare Consumer)	☐	☐	☒
	Dana Selover (Public Health Officer)	☐	☒	☐
OPSC Staff	Valerie Harmon (Executive Director) Stephanie Warren (Program Assistant) Megan Deardorff (Finance Manager)			
Guests				

Agenda Items

Welcome, Introductions, and Public Comment	This meeting of the Oregon Patient Safety Commission (OPSC) Board of Directors was called to order by Judy Marvin at 12:30 p.m. Stephanie Warren conducted a roll call for attendance. A quorum was not present. In lieu of a regular board meeting, general informational updates will be provided. No business will be conducted, nor will any decisions, or deliberations toward decisions, take place.
Treasurer's Report	Leah Mitchell provided the Treasurer's Report. **2023 Patient Safety Reporting Program (PSRP) Fee Collection** • As of January 31, 2023, 89% of fees have been collected. • Electronic payments total 16% of total payments received.

	Bi-Annual Review of Bank Statements • Review completed by Leah Mitchell; no concerns were noted. **Budget to Actual – YTD Biennium 2021-23** • Year-to-Date revenue is under budget due to PSRP facility changes, reducing budgeted income last year by $25,000. • Anticipated increase in personnel and program expenses by June 2023, as OPSC plans to recruit for a new position. • OPSC's Local Government Investment Pool fund's interest rate increased to 3.75% in January 2023, up from .90% in May 2022. **Budget to Actual Forecast – Biennium 2021-23** • Revenue is forecast to come in near budget at the biennium end. • Personnel, travel, and employee recruitment costs are forecasted to end up lower than budgeted, anticipated costs in next biennium.

Executive Director's Report	Valerie Harmon provided her report.
	
	Administration Transition
	• State-level leadership establishing lines of communication for agency support, alignment, and accountability.
	• OPSC waiting for official appointment of Advisor at the Governor's office.
	• First round of Senate confirmations scheduled for April 11, 2023, which is the same day as the next board meeting.
	   o Three applicants are waiting for confirmation (one is a reappointment)
	   o OPSC must approve the 2023-2025 biennial budget before the end of April to meet public hearing timelines. If quorum cannot be confirmed prior to the meeting, OPSC will work to reschedule the April board meeting.
	
	2023-2025 Biennial Budget Planning
	• Biennium start on July 1, 2023
	• Board approval needed by the end of April 2023
	• Board members support an additional short meeting for biennial budget approval, as needed, to meet quorum.
	IT Support
	• Changes in the State IT system have led to support challenges
	• Known statewide gap in contractual IT support for board members
	
	Board members who need Workday support are encouraged to email Stephanie Warren at stephanie.warren@oregonpatientsafety.org.
	
	Program Priority Updates
	• **PSRP – Quality Improvement Plan**
	   o Senate Bill 229 passed Senate
	   o OPSC has been working with Governor's legislative staff to support bill through House process
	• **PSRP – Annual Report Planning**

- o OPSC is considering shortening the timeline of PSRP annual report, mandated to be due by Q2 end (June 30)
- o Content considerations include sharing potential rules process and programmatic changes (if SB 229 passes)
- **EDR – Data Process Strategy Development**
  - o Anticipated completion by May 2023
  - o Center for Outcomes Research and Education (CORE) currently working on data strategy recommendations
  - o OPSC to develop an implementation plan to update data processes and systems, will require budget approval
- **EDR – Outreach strategy development**
  - o Initial strategic outreach planning to increase awareness about and use of EDR has begun
  - o Implementation of Brink Communication's recommendations will be included in the biennial budget plan

Potential Collaborative Opportunity with PACT

Valerie Harmon introduced the Board to a potential opportunity to build capacity in Oregon's healthcare system to respond to and learn from medical harm.

Pathway to Accountability, Compassion, and Transparency (PACT)

- PACT supports organizations across the United States with the implementation of highly reliable Communication and Resolution Programs (CRPs) that prioritize patient safety and learning.
- PACT was established by three leading healthcare organizations: Ariadne Labs, the Collaborative for Accountability and Improvement, and the Institute for Healthcare Improvement.
- The PACT support model includes offerings for organizations at varying stages of CRP adoption readiness.

Dr. Tom H. Gallagher will be presenting on PACT at the March 8, 2023 meeting of the Task Force on Resolution of Adverse Healthcare Incidents and board members were invited to join the informational session.

Next Steps
- Board members asked if the Task Force meeting will be recorded for those who are unable to attend.
- Valerie Harmon will confirm if a recording of the Task Force meeting can be provided to board members.
- Stephanie Warren will forward the March 8, 2023 Task Force invite to board members.

Board Planning Discussion	Valerie Harmon outlined Governor Kotek's statewide agency expectations. **Performance Review for Agency Directors**

- Performance review of OPSC Executive Director is the responsibility of OPSC's Board of Directors and is to be completed every two years.
- Department of Administrative Services (DAS) will provide guidance by June 1, 2023, including templates and vendor price agreements.

Supporting Strategic Planning and Measuring Agency Performance
- DAS will provide templates to support consistency and measurement across agencies.
  - Board members suggested OPSC postpone strategic planning until DAS provide the guidelines and standardization of Oregon agencies' strategic planning process, agreeing on a fall 2023 timeline.
- For plans older than 36 months, new plan must be completed by June 1, 2024.
  - OPSC to schedule an in-person strategic planning session and will consider virtual options to participate.

Board members with any facilitator recommendations and contact information to consider are encouraged to email Valerie Harmon at valerie.harmon@oregonpatientsafety.org.

Board Meeting Schedule and Activities
Valerie Harmon requested board member feedback as OPSC considers transitioning from a bi-monthly to quarterly board meeting schedule.
- OPSC bylaws require a minimum of four meetings
- Board members expressed no concerns in the proposed change
- Dana Selover suggested improving board engagement

Next Steps: Action is needed to confirm the update to OPSC's board meeting schedule and will be added to the April 11, 2023 meeting agenda.

Board Membership Planning	Valerie Harmon provided the board membership update.
	
	Open Seats
	- **Healthcare Consumer**
	  - **Seat Criteria:** This individual, or any member of their immediate family, may not provide or be involved in healthcare delivery.
	- **Hospital Administrator**
	  - **Seat Criteria:** A hospital administrator (or their designee).
	- **Private Purchaser of Healthcare**
	  - **Seat Criteria:** A representative of a group purchaser of healthcare; this individual, or any member of their immediate family, may not provide or be involved in healthcare delivery.
	
	Pending Appointment or Reappointment
	- Faculty Member
	- Nursing Facility Representative

- Public Purchaser (First term ended September 30, 2022)

Officer Transition Planning
- **Chair:** Judy Marvin began her officer term on January 1, 2020, and is looking to relinquish the Board Chair position by the end of 2023.
- **Treasurer:** Leah Mitchell is close to ending her second term as treasurer and will also be terming off the board in September 2023.

Next Steps: Board members interested in the officer positions are encouraged to email Valerie Harmon at valerie.harmon@oregonpatientsafety.org. Action is needed for the two officer positions and will be added to the April 11, 2023 meeting agenda.

Suggested Agenda Items for Next Board Meeting	Suggested agenda items for the April 11, 2023 included: • 2023-2025 Biennial Budget (action item) • PSRP annual fee adjustment (tentative action item) • Draft PSRP annual report (tentative) • SB 229 Update • Final recommendations from EDR data process strategy development
Adjourn	The meeting was adjourned at 2:15 p.m. Board members will receive an email with the link to take an electronic meeting evaluation. The next OPSC Board meeting will take place on April 11, 2023 (unless otherwise noted). The meeting schedule and materials will be available on Our Governance page of the OPSC website.

O P S C — OREGON PATIENT SAFETY COMMISSION

OPSC Board of Directors

April 11, 2023| Virtual Meeting

Tips for Participating in the Meeting

Please remain muted when not speaking
- Microsoft Teams: Use the microphone icon to mute/unmute
- Phone: Use *6 to mute/unmute

When possible, use the "raise hand" function in Microsoft Teams to:
- Be recognized prior to speaking

State your name prior to speaking
- This ensures all listeners can follow the conversation.

BUILDING A CULTURE OF SAFER CARE—TOGETHER

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Welcome, Introductions, and Public Comment

Judy Marvin, Chair, et al., Public

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Review Agenda, Approve Minutes, and Acknowledge Receipt of Consent Agenda Materials

Judy Marvin, Chair, All

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Today's Agenda

12:00 5 min	Welcome, Introductions, and Public Comment	Judy Marvin, Chair, All, Public
12:05 5 min	Review Agenda, Approve Minutes, Acknowledge Receipt of Consent Agenda Materials	Judy Marvin, All
12:10 10 min	Treasurer's Report	Leah Mitchell
12:20 10 min	Board Membership Update • Action Item: Officer Elections	Valerie Harmon, Judy Marvin
12:30 25 min	Opportunity to Build Statewide Capacity	Valerie Harmon Melissa Parkerton, Director, PACT
12:55 40 min	Executive Director's Report • Action Item: Annual PSRP Fee Adjustment • Action Item: 2023-2025 Biennial Budget Approval	Valerie Harmon
1:35 5 min	Upcoming Board Meetings and Adjourn	Judy Marvin, All

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Action Items

- **Action Item:** Approve minutes from the following meetings:
  - December 13, 2022 Board Meeting
  - February 14, 2023 Board Meeting
- Acknowledge Receipt of Consent Agenda Materials
  - Statement of Financial Position
  - Current Members and Terms
  - PSRP Reporting Summary
  - EDR Dashboard

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Treasurer's Report

Leah Mitchell, Treasurer

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Update

2023 Patient Safety Reporting Program (PSRP) Fee Collection

- 99% collected (as of April 6, 2023)
  - On par with previous years
  - Sent past due accounts to collections after April 1, 2023 (per ORS 293.231).

Executive Committee (EC) Investment Activities

- Given the current interest rate environment, OPSC EC looked at ways to:
  - Maximize investment return, and
  - Optimize the ability to cover monthly operating cash requirements
- Approach: Directed OPSC Executive Director to transfer funds between the OPSC checking account and the OPSC Local Government Investment Pool account to:
  - Maintain 3-month balance of operating cash
  - Restrict transfers to $1MM or less, unless preapproved by EC
  - Review and re-establish by EC vote annually

PSRP 2023 Fee Structure

Facility Type	Fee
Small Hospitals*	$ 1,388
Medium Hospitals*	$ 4,827
Large Hospitals*	$ 11,767
Ambulatory Surgery Centers	$ 1,178
Nursing Facility ≤ 6 beds	$ 181
Nursing Facility > 6 beds	$ 966
Pharmacy < 20	$ 241
Pharmacy ≥ 20	$ 573
Renal Dialysis	$ 750

*Hospital size is based on the most recent complete year of discharge data available from the Oregon DataBank program via the Oregon Health Authority (OHA) Office of Health Analytics Hospital Reporting Program: a small hospital ≤ 3,000 discharges a year, a medium hospital has 3,001 to 10,000 discharges, and a large hospital has > 10,000 discharges.

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Budget to Actual: Biennium Forecast 2021-2023

February 28, 2023

	Biennium To-Date Actual	Biennium-End Forecast	Biennial Budget	Biennium-End Forecast to Biennial Budget
Revenue:				
PSRP Funds	1,587,736	1,587,736	1,613,372	(25,636)
EDR Funds	1,950,000	1,950,000	1,950,000	
Other Revenue	39,925	59,925	23,740	36,185
Total Revenue	**3,577,661**	**3,597,661**	**3,587,112**	**10,549**
Expense:				
Personnel	2,176,211	2,626,719	2,799,621	(172,902)
Service and Supplies	376,848	517,933	787,491	(269,558)
Total Expense	**2,553,060**	**3,144,652**	**3,587,112**	**(442,460)**
Non-Cash Depreciation Exp	57,492	145,522		145,522
Change in Net Assets	**967,109**	**307,487**		**307,487**

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Board Membership Update

Valerie Harmon, Chair

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Membership Status

Open Positions

- Healthcare Consumer
- Hospital Administrator (or their designee)
- Private Purchaser of Healthcare

Upcoming Open Positions or Needed Reappointments

- Healthcare Consumer
- Hospital Administrator (or their designee)
- Nurse

Pending Appointment or Reappointment

- Faculty Member
- Nursing Facility Representative
- Public Purchaser (*reappointment*)

OPSC Board Appointments

ORS 442.830 (4)

The OPSC Board nominates candidate(s) for vacant positions, which are forwarded on to the Governor for consideration. If appointed by the Governor, the candidate(s) must then be confirmed by the Senate.

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Action Item: Officer Election

Officers

- Treasurer: Leah Mitchell **ACTION NEEDED**
  - **Board term:** 2nd ends September 30, 2023
  - **Officer term:** 2nd ends April 2023
- Chair: Judy Marvin **ACTION NEEDED**
  - **Officer term:** 1st term; however, in service since January 1, 2020
  - **Board term:** 2nd ends September 30, 2024
- Vice-chair: Mary Engrav
  - **Officer term:** 1st ends October 2023
  - **Board term:** 1st ends September 30, 2024
- **Action Item:** Vote to consider interested candidates for upcoming officer openings on the OPSC Board of Directors:
  - Treasurer
  - Chair

OPSC Board Bylaws

Article IV(1): Selection of Officers

(a) The Board shall elect each officer from its membership to serve a period of two years. The Board may re-elect an officer for a maximum of two consecutive terms.

(b) Elections for the chairperson shall be held on a biennial basis (even years) during the last meeting of the year.

(c) Elections for the vice chairperson shall be held on a biennial basis (odd years) during the last meeting of the year.

(d) Elections for the treasurer shall be held on a biennial basis (even years) during the last meeting of the year.

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Opportunity to Build Statewide Capacity

Valerie Harmon, Executive Director
Melissa Parkerton, Director of Pathway to Accountability, Compassion and Transparency (PACT)

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Task Force Recommendation

Task Force on Resolution of Adverse Healthcare Incidents Recommendation to the OPSC Board of Directors

- Consider including support for PACT in the 2023-2025 OPSC Biennial Budget to help build capacity in Oregon's healthcare system for responding to and learning from medical harm in a way that prioritizes patient safety, transparency, and learning.

- Specifically, consider resources to support:
  - Interested organizations to participate in the *PACT Community of Practice*.
  - A small cohort (5) of Oregon organizations to participate in the *PACT Collaborative*.

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PACT

The Pathway to Accountability, Compassion, and Transparency

The PACT Collaborative

ARIADNE LABS | Collaborative FOR ACCOUNTABILITY AND IMPROVEMENT

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Problem

> Despite best efforts, harm happens during healthcare
> Deny and defend approach
  - <u>Does not</u> provide patients/families the support and information they want
  - <u>Does not</u> support clinicians, many of whom are already experiencing burnout
  - <u>Does not</u> allow for learning and improvement to prevent recurrences
  - <u>Damages</u> trust and reputation of the healthcare organization
> Healthcare organizations want to better meet needs of patients/families and providers and improve patient safety but are inconsistent in their response

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Solution

> A comprehensive harm response program improves patient safety and experience, supports clinicians, and can reduce litigation and claims costs for organizations
  - Culture of safety
  - Patient support and engagement throughout process
  - Clinician support throughout process
  - Event review and action plan for improvement
  - Proactive financial and non-financial resolution
> Decades of research show that this is the right approach for patients, families, providers, and healthcare organizations

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PACT's Purpose

> To inspire and guide healthcare organizations in the implementation of highly reliable processes for responding to patient harm through collaborative learning, robust tools and resources, innovation, and the spread of best practices.

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PACT Meets Everyone Where they Are

> **The PACT Community of Practice**
>> For people who are new in their journey and want to learn more about a comprehensive, highly reliable response to harm. They have access to the PACT Change Package, a community forum, monthly webinars, and quarterly office hours with faculty.

> **The PACT Collaborative**
>> For organizations that are ready for full implementation of a comprehensive harm response program. Over the course of a year, they attend learning sessions, participate in cohort check-ins, meet with their assigned faculty coach, and access additional support as needed while implementing all aspects of the PACT Change Package.

> **The PACT Leadership and Innovation Network**
>> An ongoing network for organizations that have strong harm response programs in place, desire the community and accountability of a Network to ensure the sustainability of a highly reliable program, and are ready to step into leadership roles to move the field forward.

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Participant Testimonial

"The PACT collaborative has proved essential to helping health systems build CRPs that work. The strength of the collaborative lies in showing organizations how to convert CRPs from a vision into practice. I'd encourage any organization seeking to implement a meaningful CRP to join this invaluable effort."

-Allen Kachalia, MD, JD, Senior Vice President, Patient Safety and Quality, Johns Hopkins Medicine

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PACT for Oregon

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Fee Structure

> The major sponsorships helped to lower the tuition

> Ariadne and CAI are non-profits and tuition plus sponsorships are intended to cover program costs

> *PACT Collaborative* participation is $25,000 per organization
>> > Each additional team within a health system is $8,500

> *PACT Community of Practice* is $199 per person per year
>> > Could discuss a flat fee or discount code for Oregon

> *PACT Leadership and Innovation Network* is $5000 per year or $8000 for two years
>> > By invitation only to Collaborative graduates and others with very strong programs

Opportunity: OPSC/PACT Partnership

> Start with five Oregon facilities in a Collaborative cohort facilitated jointly by OPSC and PACT
> - Learning sessions with a robust curriculum and cohort check-ins to incorporate Oregon-specific context (including use of EDR to support the process)
> - OPSC Staff and Board, and EDR Task Force welcome at all learning sessions
> - Position the first five facilities as future program models and mentors

> Share a code for Oregon facilities to join the Community of Practice for independent learning about concepts

Opportunity for Board Consideration

Building Oregon's capacity for responding to and learning from patient harm in a way that prioritizes patient safety, transparency, and learning.

- Proposed 2023-25 OPSC Biennial Budget Items:
  - **PACT Community of Practice:** Support membership for interested individuals (~100) each year.
  - **PACT Collaborative:** Cover half the cost for a small cohort (5) Oregon organizations (and 2 additional teams from participating health systems) to participate each year.

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Questions?

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Executive Director's Report

Valerie Harmon, Executive Director

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Discussion Items

- Program Priority Updates
  - Early Discussion and Resolution (EDR)
  - Patient Safety Reporting Program (PSRP)
- Action Item: PSRP Annual Fee Adjustment
- Action Item: 2023-2025 Biennial Budget

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EDR Priorities (2 of 2)

- Outreach strategy development
  Note: Collection of outreach strategies at various stages
  - Status of community outreach plan: Initial planning underway, seeking input from key audiences to inform approach (focus on historically or structurally underserved communities)
  - Next steps: Complete input gathering to inform recommendations, implement recommendations*
- Other priorities
  - Standardize workflow and document management strategy
  - 2023-25 Program Planning: Exploring capacity building opportunities (i.e., PACT)*
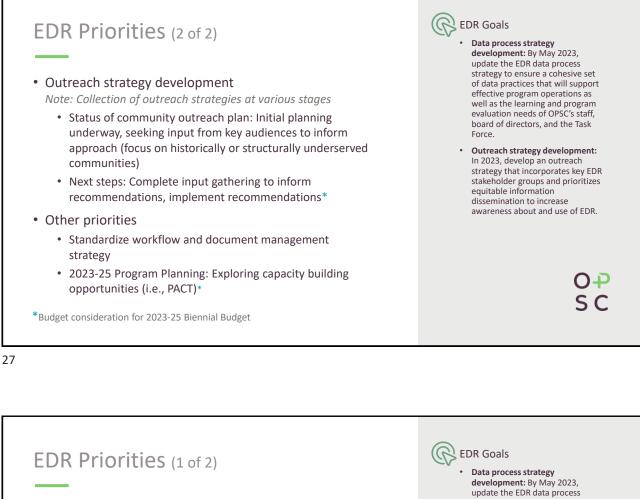
*Budget consideration for 2023-25 Biennial Budget

EDR Goals

- **Data process strategy development:** By May 2023, update the EDR data process strategy to ensure a cohesive set of data practices that will support effective program operations as well as the learning and program evaluation needs of OPSC's staff, board of directors, and the Task Force.
- **Outreach strategy development:** In 2023, develop an outreach strategy that incorporates key EDR stakeholder groups and prioritizes equitable information dissemination to increase awareness about and use of EDR.

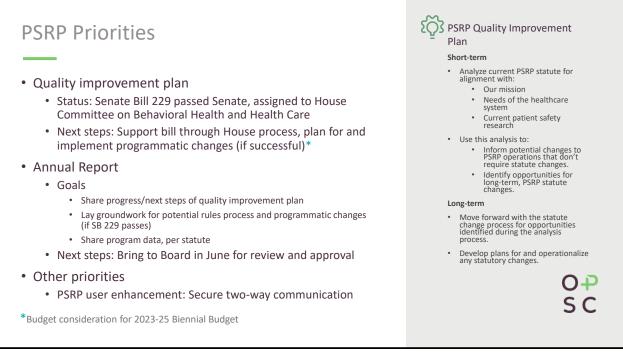O+P
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EDR Priorities (1 of 2)

- Data process strategy development
  - Status: Received final recommendations report
  - Recommendation Themes (see CORE Executive Summary in packet):
    - Increase ability to identify disparities within EDR.
    - Gather additional information at the time of conversation request.
    - Increase conversation reporting frequency.
    - Increase Resolution Report granularity.
    - Improve data collection system interface.
    - Gain insights on program awareness and policy interactions.
  - Next steps
    - Review recommendations with board in June
    - Implement recommendations*

*Budget consideration for 2023-25 Biennial Budget

EDR Goals

- **Data process strategy development:** By May 2023, update the EDR data process strategy to ensure a cohesive set of data practices that will support effective program operations as well as the learning and program evaluation needs of OPSC's staff, board of directors, and the Task Force.
- **Outreach strategy development:** In 2023, develop an outreach strategy that incorporates key EDR stakeholder groups and prioritizes equitable information dissemination to increase awareness about and use of EDR.

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PSRP Priorities

- Quality improvement plan
  - Status: Senate Bill 229 passed Senate, assigned to House Committee on Behavioral Health and Health Care
  - Next steps: Support bill through House process, plan for and implement programmatic changes (if successful)*
- Annual Report
  - Goals
    - Share progress/next steps of quality improvement plan
    - Lay groundwork for potential rules process and programmatic changes (if SB 229 passes)
    - Share program data, per statute
  - Next steps: Bring to Board in June for review and approval
- Other priorities
  - PSRP user enhancement: Secure two-way communication

*Budget consideration for 2023-25 Biennial Budget

PSRP Quality Improvement Plan

Short-term

- Analyze current PSRP statute for alignment with:
  - Our mission
  - Needs of the healthcare system
  - Current patient safety research
- Use this analysis to:
  - Inform potential changes to PSRP operations that don't require statute changes.
  - Identify opportunities for long-term, PSRP statute changes.

Long-term

- Move forward with the statute change process for opportunities identified during the analysis process.
- Develop plans for and operationalize any statutory changes.

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Action Item: Annual PSRP Fee Adjustment

Motion Needed: Approve the 2024 annual PSRP fee adjustment of 8%, based on the change in the most recent available (2022) Consumer Price Index (CPI) for All Urban Consumers, West Region (All Items), in accordance with ORS 442.851(2).

Proposed Adjustment to 2024 PSRP Fees*

Facility Type	Current 2023	Proposed 2024	Change in Fee
Small Hospitals	$ 1,388	$ 1,499	$ 111
Medium Hospitals	$ 4,827	$ 5,213	$ 386
Large Hospitals	$ 11,767	$ 12,708	$ 941
Ambulatory Surgery Centers	$ 1,178	$ 1,272	$ 94
Nursing Facility = or < 6 beds	$ 181	$ 195	$ 14
Nursing Facility > 6 beds	$ 966	$ 1,043	$ 77
Pharmacy < 20	$ 241	$ 260	$ 19
Pharmacy = or > 20	$ 573	$ 573	$ 46

Historical Adjustments

Program Year	Billed in November	CPI Adjustment
2019	2018	4.2%
2020	2019	2.9%
2021	2020	2.5%
2022	2021	1.7%
2023	2022	4.5%
2024	2023	8.0%

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***Annual changes that affect billing:** Number of facilities and changes in billing tier (for hospitals, tiers are based on total annual discharges)

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Action Item: 2023-2025 Biennial Budget Approval (1 of 2)

Revenue

- PSRP: CPI increase of 8% for 2023-2024. Budgeted 4% CPI for 2024-2025 (will adjust to actual when known)
- EDR: Incorporates 10% cut to the biennial budget
- Other: Interest income on investment reserve is significant at this time; anticipate interest rates will plateau and possibly drop towards end of biennium

Expense

- Personnel: Two additional support staff (one at the beginning of fiscal year, one six months in)
- Services and Supplies:
  - PSRP: Support to implement anticipated statute changes, writing services to support program output
  - EDR: Task Force recommendation for OPSC/PACT partnership, writing services to support program output, communication plan implementation,
  - Indirect: Strategic planning and ED evaluation (agency expectations from Gov. Kotek), 2021-2023 Financial Review

Net Assets

- Investment Reserve: Covers 10% EDR budget cut and PACT for Oregon facilities

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Action Item: 2023-2025 Biennial Budget Approval (2 of 2)

Motion Needed: Approve the 2023-2025 Biennial Budget of $4,021,452.

	2021-2023 Biennial Budget	**For Approval** 2023-2025 Biennial Budget			% Change from 2021-2023 Budget
		PSRP	**EDR**	**Total**	
Revenue					
PSRP Funds	1,613,372	1,786,740		1,786,740	11%
EDR Funds	1,950,000		1,755,000	1,755,000	-10%
Other Income	23,740	630,683	59,605	120,288	407%
Total Revenue	**3,587,112**	**1,847,423**	**1,814,605**	**3,662,028**	2%
Expense					
Personnel	2,799,623	1,415,721	1,621,058	3,042,180	9%
Service and Supplies	787,490	431,702	552,971	979,272	24%
Total Expense	**3,587,112**	**1,847,423**	**2,174,029**	**4,021,452**	12%
Change in Net Assets	-	-	(359,424)	(359,424)	
Utilization of Investment Reserve			359,424	359,424	
Change in Net Assets after Utilization of Investment Reserve			-	-	

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Upcoming Board Meetings

Judy Marvin, Chair

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Next Meeting: June 13, 2023

Agenda and/or Action Items
- Draft PSRP annual report
- SB 229 update
- 2021-2023 Financial Review Update
- Guidance on Governor Kotek's Agency Expectations anticipated from Department of Administrative Services by June 1, 2023:
  - Strategic planning
  - Executive Director review
- Final recommendations from EDR data process strategy development

(?) **Any items to add?**

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Thank You!

Reminder: Board members please complete your meeting evaluation survey (will be sent via email)

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BUILDING A CULTURE OF SAFER CARE—TOGETHER

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2023-2025 Biennial Budget - For Approval

Oregon Patient Safety Commission
For Board Approval: April, 11 2023

	2021-2023 Biennial Budget	2023-2025 Biennial Budget by Program		2023-2025 Budget FOR APPROVAL	% Change from 2021-2023 Budget
		Patient Safety Reporting Program	Early Discussion and Resolution		
Revenue:					
PSRP Fee Revenue	1,613,372	1,786,740	-	1,786,740	
EDR Funds - Year 1	975,000	-	877,500	877,500	
EDR Funds - Year 2	975,000	-	877,500	877,500	
Interest Income	22,140	60,683	59,605	120,288	
Other Revenue	1,600	-	-	-	
Total Revenue	**3,587,112**	**1,847,423**	**1,814,605**	**3,662,028**	2%
Personnel:					
Salaries and Wages	1,816,522	910,432	1,045,954	1,956,386	
Payroll Taxes @8%	145,322	72,835	83,676	156,511	
Retirement Benefits @23.5%	426,883	213,951	240,399	454,351	
Pension Oblligation Bond @ 6%	101,725	50,984	58,573	109,558	
Medical Dental Life Insurance @ 18%	308,809	163,878	188,272	352,149	
Oregon Paid Leave .04%		3,642	4,184	7,826	
Subtotal - Personnel	2,799,623	1,415,721	1,621,058	3,036,780	9%
Service and Supplies:					
In State Meals & Lodging	4,634	2,009	2,991	5,000	
In State Ground Transportation	3,901	2,155	945	3,100	
Board In State Meals & Lodging	-	938	922	1,860	
Board In State Ground Transportation	-	-	400	400	
Out of State Meals & Lodging	2,032	-	-	-	
Out of State Airfare	4,876	1,362	1,338	2,700	
Out of State Ground Transportation	1,100	-	-	-	
Office Supplies	1,200	303	297	600	
Small Equipment	720	252	248	500	
Postage and Shipping	951	303	297	600	
Printing	-	353	347	700	
Equipment Lease	7,272	3,763	3,696	7,459	
Telephone & Internet Service	22,752	15,134	14,866	30,000	
Conference & Meeting Expenses	8,000	3,430	4,570	8,000	
Subscriptions and Memberships	13,638	2,371	2,329	4,700	
Subscriptions and Memberships (PACT)		-	40,000	40,000	
Publicity & Publications	2,000	1,000	1,550	2,550	
Employee Training	20,000	9,063	10,937	20,000	
Employee Recruitment	10,000	5,146	5,054	10,200	
Miscellaneous Fees - Bank Fees	-	1,128	372	1,500	
Merchant Fees	1,960	331	89	420	
Contributions and Gifts	35,000	-	-	-	
IT Professional Services	34,948	10,392	10,208	20,600	
Legal Services	15,000	9,522	5,478	15,000	
Accounting Services	26,300	16,900	16,600	33,500	
Payroll Services	5,536	4,914	4,827	9,740	
Professional Services	346,926	199,916	144,074	343,990	
Professional Services (PACT)		-	142,000	142,000	
Risk Charges	5,000	2,522	2,478	5,000	
State Government Service Charge	61,450	52,237	51,309	103,546	
Office Lease	123,026	68,054	66,845	134,899	
Office Furniture & Fixtures	1,000	303	297	600	
Computer Hardware & Software	28,268	17,900	17,608	35,508	
Subtotal - Service and Supplies	787,490	431,702	552,971	984,672	24%
Total Expenses	**3,587,112**	**1,847,423**	**2,174,029**	**4,021,452**	12%
Change in Net Assets	-	-	(359,424)	(359,424)	
Utilization of Investment Reserve		-	359,424	359,424	
Change in Net Assets After Utilization of Reserve	-	-	-	-	

Oregon Patient Safety Commission Project, March 2023

Project Background

The Center for Outcomes Research & Education (CORE) was funded by the Oregon Patient Safety Commission (OPSC) to make data system recommendations for its Early Discussion and Resolution (EDR) program, which creates confidential and safe spaces for patients and families to have transparent conversations with providers following medical harm events.

The project goals include:
- Create and informed logic model,
- Review data elements, processes, and structure
- Develop data system recommendations

Logic Model

Developing an EDR logic model was an essential first step, because it served as a framework against which to determine data system gaps and recommendations. CORE gathered information for the logic model through a combination of document review, staff interviews, and stakeholder focus groups. CORE reviewed OPSC's annual reports and its previous data and analytics recommendations, as well as regional and national literature on medical harm event Communication and Resolution Programs (CRPs). The logic model drives program activities to work towards the following long-term outcomes:

- Patients and families feel safe and comfortable requesting a conversation, and respected, empowered, and appropriately compensated at the conclusion of the process,
- Providers and facilities feel safe and comfortable requesting a conversation and sharing what they learn, and
- Providers and facilities have systems and/or policies that support a culture of safety and transparency.

Data Elements, Process, and Structure: Recommendations

CORE completed a review of all current EDR tools, conducted an interview with OPSC's Director of Research and Analytics, and participated in a virtual tool demonstration led by OPSC staff. CORE cross-walked all logic model outcome measures with their current data collection tools, assessed existing data gaps, and developed recommendations to fill those gaps. CORE also reviewed the logic model's equity considerations to ensure that the data recommendations are aligned with those considerations. CORE's recommendations can be categorized into the following **six themes**:

1) Increase ability to identify disparities within EDR,
2) Gather additional information at the time of conversation request,
3) Increase conversation reporting frequency,
4) Increase *Resolution Report* granularity,
5) Improve data collection system interface, and
6) Gain insights on program awareness and policy interactions.

One: Increase ability to identify disparities within EDR

CORE recommends that patient race/ethnicity and language are collected at the time of the conversation request. Gathering demographic data at the beginning of the process will allow OPSC to begin identifying and addressing disparities in conversation outcomes.

Two: Gather additional information at the time of request

CORE recommends that items related to how the requestor learned about EDR, any steps they have taken prior to EDR, and their conversation goals are collected at the time of conversation request. Collecting additional information at the start of the process will enable OPSC to complete more nuanced analyses of conversation outcomes.

Three: Increase conversation reporting frequency

CORE recommends that OPSC initiate a series of *Check-In Questions* at 60 days after the conversation request. We believe that more frequent touchpoints will allow for better reliability and recall of conversations. These questions will allow EDR participants to provide information about their conversations over the past two months, including which parties were present and which topics were discussed.

Four: Increase *Resolution Report* granularity

CORE recommends that OPSC add several items to the *Resolution Report* and use the additional data fields to develop definition(s) of what a successful conversation looks like. Recommended additions to the *Resolution Report* include asking EDR participants their level of satisfaction with each conversation party and support received (as applicable), and gaining additional information about how well initial conversation goals were met.

Five: Improve data collection system interface

CORE's data system interface recommendations include providing patient/family participants with unique data system login information and piloting processes to improve data completeness. CORE's interface recommendations focus on ways to make the data system more user friendly for patients and families to provide information to OPSC.

Six: Gain insights on program awareness and policy interactions

CORE recommends that OPSC conduct an environmental scan and a stakeholder awareness survey to better understand the current state of Oregon Communication and Resolution Program practices. This will help OPSC to understand where there are gaps and opportunities to improve awareness and use of of EDR.

Contact

Kristen Lacijan, MS, MPH, Program Manager
Kristen.Lacijan@providence.org

Consent Agenda

Oregon Patient Safety Commission Board of Directors Meeting

Contents

- Statement of Financial Position
- Current Members and Terms
- PSRP Reporting Summary
- EDR Dashboard

Statement of Financial Position

Oregon Patient Safety Commission
2/28/2023

Prepared by Susan Matlack Jones & Associates LLC
From OPSC Records/For OPSC Use Only
Unaudited

	2/28/2023	6/30/2022
ASSETS:		
Cash and Cash Equivalents	1,010,303	570,371
LGIP Investment Account	2,047,058	1,515,714
Accounts Receivable	52,547	3,005
Other	170,494	171,772
Total Assets	3,280,402	2,260,862
LIABILITIES:		
Accounts Payable	6,969	6,445
Accrued Payroll & Related	392,583	166,972
Total Liabilities	399,552	173,417
NET ASSETS:*		
Net Assets - Without Restrictions:		
PSRP Funds	1,006,069	541,277
Fixed Assets	161,982	161,982
Total Net Assets Without Restrictions	1,168,051	703,259
Net Assets - With Restrictions:		
EDR Funds	1,712,799	1,384,186
Total Net Assets With Restrictions	1,712,799	1,384,186
Total Net Assets	2,880,850	2,087,445
Total Liabilities and Net Assets	3,280,402	2,260,861

* Net Assets split into Restricted and Unrestricted Net Assets as of October 2022

Oregon Patient Safety Commission Board of Directors Tracking

Seat #	Seat Name	Current Member	Officers	1st Term End Date	2nd Term End Date	Status
1	Faculty Member	*Pending*		7/1/26		
2	Private Purchaser	**Vacant**				
3	Public Purchaser	Lisa Bui		9/30/2022	*Pending*	
4	Healthcare Consumer	**Vacant**				
5	Healthcare Consumer	Jessica Morris		9/30/2023		
6	Health Insurer	Judy Marvin	Chair		9/30/2024	
7	Health Insurer	Mary Engrav	Vice-Chair	9/30/2024		
8	Labor Representative	Heather Hurst		9/30/2024		
9	Physician	Smitha Chadaga		9/30/2024		
10	Physician	Bob Dannenhoffer		9/30/2024		
11	Hospital Administrator	**Vacant**				
12	Hospital Administrator	Leah Mitchell	Treasurer		9/30/2023	
13	Pharmacist	Katie Hufft		7/1/2026		
14	Ambulatory Surgery Center Representative	Kristi Ketchum		9/30/2024		
15	Nurse	Amanda Bemetz		9/30/2023		
16	Nursing Facility Representative	*Pending*		7/1/2026		
17	Public Health Officer	Dana Selover		NA	NA	

PSRP 2023 YTD Reporting Summary

January 1, 2023 – February 28, 2023

Quantity

Year to Date Quantity (2023 YTD)

Segment	2023 YTD Submissions	YTD Average Submissions*	Notes
ASC	7	8	ASCs are basically on track with their three-year average.
Hospital	23	31	Hospital have submitted about three-quarters of their three-year average.
Nursing Facility	0	NA	No reliable average for nursing facilities due to inconsistent reporting over time.
Pharmacy	0	NA	No reliable average for pharmacies due to inconsistent reporting over time.

* YTD averages are based on the last three years of reporting data (2020-2022); there are no averages for nursing facilities or pharmacies.

Most Frequent Event Types

Most Frequently Reported Event Types by Segment (2023 YTD)

ASCs
n=7

Surgical or other invasive procedure	6	(86%)
Healthcare-associated infection	1	(14%)

Hospitals
n=23

Fall	9	(39%)
Care delay	3	(13%)
Failure to follow-up	3	(13%)

Pharmacies
n=0

Nursing Facilities
n=0

EDR Data

Timeframe: July 1, 2014—March 31, 2023

Total Requests
328

At Least One Resolution Report
241
73% of requests

Number of Requests for Conversation

July 1, 2014
EDR Start Date

Requests for Conversation by Requester Type
n=328

■ Healthcare professional ■ Patient

8%

92%

Patient Filer Types

n=304

Patient	262	86%
Patient Rep	42	14%
Adult Child	14	5%
Spouse	12	4%
Guardian	7	2%
Parent	7	2%
Adult Sibling	2	1%

Healthcare Professional Filer Types

n=24

Facility	14	58%
Employer	7	29%
Provider	3	13%