OPSC OREGON PATIENT SAFETY COMMISSION

Task Force on Resolution of Adverse Healthcare Incidents Meeting Agenda

June 14, 2023| 2:30 – 4:00 p.m. | Hybrid Meeting

Time	Item	Presenter
2:30 10 min	Welcome and Introductions	Tina Stupasky, Co-chair
2:40 5 min	Review Agenda and Approve Minutes • March 8, 2023	Tina Stupasky
2:45 10 min	The Patient at the Center	
2:55 5 min	Executive Director's Report	Valerie Harmon
3:00 15 min	EDR Data Strategy Recommendations	Sydney Edlund
3:15 30 min	EDR Outreach Strategy Update	Miranda Brown, Mike Westling, Mireaya Medina, Brink Communications
3:45 10 min	EDR 2023 Annual Report	Beth Kaye
3:55 5 min	Public Comment* and Upcoming Task Force Meetings	Tina Stupasky
4:00	Evaluation Reminder† and Adjourn	Tina Stupasky

* Public comment must be submitted in advance of the meeting. Details are available on [Our Governance](#) page of the Oregon Patient Safety Commission website.

† Task Force members will receive a meeting evaluation via email.

OPSC OREGON PATIENT
SAFETY COMMISSION

Task Force on Resolution of Adverse Healthcare Incidents Meeting Minutes

March 8, 2023 | 2:30 – 4:00 p.m. | 1201 SW 12th Ave. Portland OR, 97205 + Virtual Option

Attendees

		Present	Virtual	Absent
Task Force Members	Jeff Goldenberg (Advocate for Patient Safety)	☐	☒	☐
	Anthony Jackson (At Large Member)	☐	☒	☐
	Robert Joondeph (Public Member)	☒	☐	☐
	John Moorhead (Practicing Physician)	☒	☐	☐
	Margaret Mikula (Practicing Physician)	☐	☒	☐
	Cameron Padilla (Hospital Representative)	☐	☐	☒
	Tina Stupasky (Trial Lawyer)	☐	☒	☐
OPSC Staff	Valerie Harmon (Executive Director)			
	Beth Kaye (EDR Program Director)			
	Linda Lancaster (EDR Program Manager)			
	Stephanie Warren (Program Assistant)			
Guests	Amanda Bemetz (OPSC Board of Directors)			
	Kristi Ketchum (OPSC Board of Directors)			
	Dana Selover (OPSC Board of Directors)			
	Jessica Morris (OPSC Board of Directors)			
	Mark Bonanno (Oregon Medical Association)			
	Tom Gallagher, MD (Collaborative for Accountability and Improvement))			

Agenda Items

Welcome and Introductions	This meeting of the Task Force on Resolution of Adverse Healthcare Incidents (Task Force) was called to order by John Moorhead at 2:30 p.m. Beth Kaye welcomed members of the public and took the attendance of Task Force members. (Note: The meeting began without a quorum, but with assurances that a member would join soon. All discussion items we held until a quorum was present.)
Patient at the Center	Beth Kaye shared the video "Responding to Patient Safety Incidents - Kathryn's Story" from the National Health Service (NHS) England. In the video, Kathryn shares her experience following an incident where failure to flush a cannula following surgery left her temporarily paralyzed and unable

	to speak. The NHS response was fast, compassionate, and thorough, and included the patient's input. Watch the full video on YouTube

Early Discussion and Resolution Program Updates	Beth Kaye provided Early Discussion and Resolution program updates.
	
	Data Process Strategy Development
	• Anticipated completion by May 2023
	• OPSC will develop an implementation plan based on the Center for Outcomes Research and Education's (CORE) recommendations.
	   o Incorporate equity into data collection, analysis, and reporting.
	   o 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
	• **Short-term initiatives:** Focused on providing actionable information about EDR for two key audiences: patients and their families and healthcare providers.
	   o OPSC is continuing outreach efforts to attorneys (who patients often turn to) by running ads in the Oregon Trial Lawyer Association's *Trial Lawyer* magazine.
	• **Long-term initiatives:** OPSC has contracted with Brink Communications to develop a strategic outreach plan focused on reaching the general public. Brink was selected in part because of its experience partnering with community-based organizations to develop communications plans to reach historically and structurally underserved communities.
	   o **Progress:** Initial project planning and developing stakeholder interview guide for public input.
	   o **Next Steps:** Identify key community stakeholders and begin recruitment for interviews to inform the public outreach plan.
	   o Valerie Harmon emphasized that, although it is outside the scope of this project, OPSC remains committed to engaging with the healthcare community.
	
	Other Priorities
	• Establish standardized documentation tool to guide EDR workflow processes

Task Force Membership	**Open Seats** • **Voting Members** o **Current Vacancies:** Physician (in active practice), Trial Lawyers (2) • **Legislative Members**

        o **Current Vacancies:** House Republican, House Democrat, Senate Republican, Senate Democrat

Eligible for Reappointment
- Representative of the Hospital Industry

Upcoming Vacancies
- Physician (in active practice, available June 30, 2023)
- Trial Lawyer (available August 31, 2023)
- Public Member (available August 31, 2023)

Beth Kaye thanked Task Force members who have assisted in recruitment efforts and encouraged all members to refer potential applicants to OPSC.

Executive Director's Report	Valerie Harmon provided her report.

Administration Transition
- Agency support, alignment, and accountability
  - Working with the Governor's office with Task Force membership needs and the appointment process.
  - Advisor has been assigned to work directly with OPSC.
  - OPSC is proactively planning for Task Force officer appointments, reappointments, and vacancies.

2023-2025 Biennial Budget Planning
- Anticipated 10% budget cut to EDR.
- Considering program opportunities to build statewide capacity.

Potential Opportunity to Build Statewide Capacity	Valerie Harmon and John Moorhead introduced Dr. Thomas H. Gallagher, MD, Executive Director of the Collaborative for Accountability and Improvement (CAI). CAI is partnering with Ariadne Labs on the Pathway to Accountability, Compassion and Transparency (PACT) Collaborative, an effort to build capacity in U.S. healthcare organizations to respond to medical harm events using best practices that promote transparency, compassion, and shared learning.

[Watch the recording of Dr. Gallagher's presentation](#)

Mission Alignment with OPSC
- Dr. Gallagher emphasized the close alignment between the respective missions of the PACT Collaborative and OPSC and their shared commitment to making patient safety information and tools more broadly available.
- Oregon healthcare organizations can participate in the second cohort of the PACT Collaborative, beginning in July 2023.
- Potential partnership could begin with a collaborative cohort with five Oregon facilities.
  - Jointly facilitated by OPSC and PACT
  - Traditional learning sessions with robust curriculum and cohort check-ins to incorporate Oregon-specific context,

including the use of EDR to support Communication and Resolution Programs (CRPs)

- o OPSC staff and Board of Directors, and EDR Task Force members invited to join learning sessions
- o Five facilities would act as future program models and mentors

Task Force Discussion
- John Moorhead agreed that Oregon must build its capacity to respond to medical harm by using the best practice model, like a CRP, and to learn from others.
- John asked for clarification on deciding on five Oregon participants, specifically health systems versus individual facilities.
    - o Dr. Gallagher clarified that ideally the five Oregon participants would be from different Oregon healthcare systems, but that he would also welcome the participation of multiple facilities from one system.
    - o In phase one, PACT found participants enjoyed learning from one another and recommended participants from different systems participate in the initial cohort.
- Bob Joondeph asked if PACT's approach would work in behavioral health/mental health settings and if its scope currently includes behavioral health events (e.g., patient concerns about medication or treatment in mental health/behavioral health treatment settings).
    - o Dr. Gallagher explained that the PACT Collaborative asks each participant to define what events will be CRP-eligible under their CRP plan.
    - o Dr. Gallagher said all patients could benefit from the CRP approach because of its emphasis on building frontline clinicians' empathetic communication skills so they can better respond to patient complaints and dissatisfaction.
- Jeff Goldenberg noted that a CRP serves a different function from EDR and expressed support for efforts to implement CRPs on a larger scale in Oregon.

John Moorhead moved that the Task Force consider making a recommendation to OPSC's Board of Directors to consider including support for the PACT Collaborative in their 2023-2025 biennial budget to help build capacity in Oregon's healthcare system for responding to and learning from harm in a way that prioritizes patient safety, transparency, and learning. Specifically, that the board consider resources to support:

- Interested organizations who may want to participate in the PACT Community of Practice
- A small cohort of five Oregon healthcare organizations to participate in the PACT Collaborative.

Prior to the roll call vote, Margaret Mikula asked who would benefit most from participating in the PACT Collaborative and if OPSC has a baseline understanding of what Oregon healthcare systems and facilities are already doing?

- Valerie Harmon responded that OPSC does not have clear data to determine a baseline.
  - Offering the opportunity to participate in the PACT Collaborative would allow Oregon healthcare organizations to self-select. Oregon could start small, with five trained organizations, and build from there.
- John Moorhead noted that some healthcare organizations have CRPs but do not use them consistently.
  - Margaret Mikula suggested OPSC consider developing messaging to encourage organizations at any stage of their CRP implementation process to participate in the PACT Collaborative. The support from peers will be very valuable.

Action Item: Task Force Recommendation to the OPSC Board of Directors
- **Motion:** John Moorhead moved that the Task Force make a recommendation to OPSC's Board of Directors to include support for PACT in its 2023-25 biennial budget to help build capacity in Oregon's healthcare system for responding to and learning from harm in a way that prioritizes patient safety, transparency, and learning. Specifically, that the board consider resources to support:
  - Interested organizations to participate in the PACT Community of Practice
  - A small cohort of Oregon healthcare organizations to participate in the PACT Collaborative.
- Bob Joondeph seconded.
- **Vote:** Jeff Goldbenberg, Bob Joondeph, Anthony Jackson, Margaret Mikula, John Moorhead, and Tina Stupasky voted in favor. The motion passed.

OPSC will provide the Task Force's recommendation to the OPSC Board of Directors at the April 11, 2023, meeting.

Task Force Leadership Transition	**Officer Transition Planning** - **Co-chair:** John Moorhead (second term ends June 30, 2023) - **Co-chair:** Tina Stupasky (second term ends August 31, 2023) John Moorhead reported that both Margaret Mikula and Bob Joondeph had volunteered to serve as leaders of the Task Force effective July 1, 2023, subject to approval by Governor Kotek. He thanked them for volunteering. He then suggested that the Task Force move on its recommendation to the Governor at this meeting, to begin the appointment process. **Action Item: Task Force Co-chair Recommendations**

	• **Motion:** John Moorhead moved that the Task Force recommend that the Governor appoint Bob Joondeph and Margaret Mikula as Task Force co-chairs. Tina Stupasky seconded. • **Vote:** Jeff Goldbenberg, Anthony Jackson, John Moorhead, and Tina Stupasky voted in favor. The motion was passed. Bob Joondeph and Margaret Mikula recused themselves from the vote considering their own appointment as co-chairs. OPSC will provide the Task Force's co-chair recommendations to the Governor's office to begin the leadership transition process.
Review and Approve Minutes	John Moorhead requested that the Task Force review and approve the December 14, 2022, Task Force meeting minutes. **Action Item: Approve December 14, 2022, Meeting Minutes** • **Motion:** Bob Joondeph moved to approve the minutes of the December 14, 2022, Task Force meeting. Margaret Mikula seconded. • **Vote:** Jeff Goldbenberg, Bob Joondeph, Anthony Jackson, Margaret Mikula, John Moorhead, and Tina Stupasky voted in favor. The motion was passed.
Public Comment	No public comments were submitted prior to the meeting and the guests declined an opportunity to comment.
Upcoming Task Force Meeting	The next Task Force meeting is scheduled for June 14, 2023. The meeting schedule and packet will be available on the Our Governance page of the OPSC website. Task Force members are invited to contact OPSC staff or the co-chairs if they would like to give the Patient at the Center story or suggest items for an upcoming Task Force agenda. Suggested agenda items for the June 14, 2023, meeting include: • Data process strategy update • Outreach strategy development update
Evaluation Reminder and Adjourn	The meeting was adjourned at 4:00 p.m. Task Force members will receive an email with the link to take an electronic meeting evaluation.

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Task Force on Resolution of Adverse Healthcare Incidents

June 14, 2023| Hybrid Meeting

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Welcome and Introductions

Tina Stupasky, Co-Chair

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Review Agenda and Approve Minutes

Tina Stupasky, Co-Chair

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Today's Agenda

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4:00	Evaluation Reminder and Adjourn	Tina Stupasky

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Action Item: Approve Minutes

- **Action Item:** Does the Task Force approve the minutes of the March 8, 2023 Task Force Meeting?

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Patient at the Center

Beth Kaye, EDR Program Director

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Executive Director's Report

Valerie Harmon, Executive Director

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Task Force Membership and Status

Seat	Seat Name	Current Member	Term (End Date)	Status
1	Trial Lawyer	Tina Stupasky	2nd (08-31-2023)	🟡
2	Physician	Margaret Mikula Co-Chair	1st (06-30-2025)	🟢
3	Trial Lawyer	Rhett Fraser NEW MEMBER	1st (06-30-2025)	🟢
4	At Large Member (Public Member)	Bob Joondeph	1st (05-28-2024)	🟢
5	Physician	Samuel Kim	1st (05-31-2027)	🟢
6	Trial Lawyer	Diego Conde NEW MEMBER	1st (03-28-2027)	🟢
7	Hospital Representative	Cameron Padilla	2nd (08-13-2027)	🟢
8	Physician	John Moorhead	2nd (06-30-2023)	🟡
9	Advocate for Patient Safety	Jeff Goldenberg Co-Chair	1st (05-28-2024)	🟢
10	At Large Member (Public Member)	Anthony Jackson	2nd (08-31-2023)	🟡
Legislative Members (Non-Voting) *				
11	Democratic Representative	Rep. Maxine Dexter		🟢
12	Republican Representative	Rep. Cyrus Javadi		🟢
13	Democratic Senator	UNFILLED		🔴
14	Republican Senator	UNFILLED		🔴

* Representative members are appointed by the Speaker of the House of Representatives; Senator members are appointed by Senate President.

Task Force Appointments

ORS 31.280 (1)(a) – (c)

- Legislative Members: The President of the Senate appoints two Senate members (one from each party), and the Speaker of the House appoints two House members (one from each party)

- Voting Members: The Governor appoints ten Task Force members

Appointment Schedule

- Monthly process

- 5th of month: Board Administrators share candidates with Advisors

- ~30th of month: Governor appointments

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OPSC and PACT Partnership Update

- OPSC Board approved Task Force recommendation to provide two levels of support to Oregon healthcare Organizations:
  - PACT Community of Practice
  - PACT Collaborative
- PACT's First Oregon Cohort
  - Launching October 2023 (1-year commitment)
  - Opportunity for Oregon Healthcare Organizations to support and learn from each other within the context of Oregon's healthcare system.

Learn more about Oregon's PACT Opportunities

PACT Collaborative Oregon Cohort Virtual Information Session

Thursday, June 22, 11-11:30 a.m. (PT)

A recording of the sessions will be available after the event.

Help Spread the Word about the PACT Oregon Cohort Information Session

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Discussion Items

- PACT Collaborative
  - Starts October 2023
  - Financial support available for Oregon healthcare organizations
  - PACT Collaborative Oregon Cohort Information Session on June 22, 2023

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EDR Data Strategy Recommendations

Sydney Edlund, Director of Program and Policy Analysis

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Project Update

Data Strategy Recommendations

- Center for Outcomes Research and Education (CORE) completed their work and submitted their final report and recommendations at the beginning of April 2023.
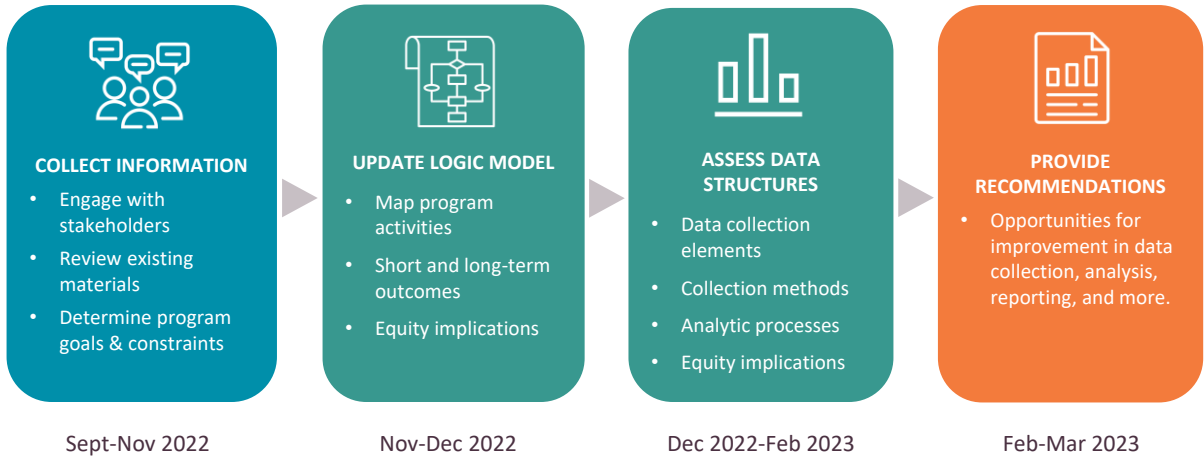- The final report is included in your packet.

EDR Goals

- **Data Strategy Recommendations:** 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.

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CORE's Overall Approach

COLLECT INFORMATION	UPDATE LOGIC MODEL	ASSESS DATA STRUCTURES	PROVIDE RECOMMENDATIONS
• Engage with stakeholders • Review existing materials • Determine program goals & constraints	• Map program activities • Short and long-term outcomes • Equity implications	• Data collection elements • Collection methods • Analytic processes • Equity implications	• Opportunities for improvement in data collection, analysis, reporting, and more.
Sept-Nov 2022	Nov-Dec 2022	Dec 2022-Feb 2023	Feb-Mar 2023

Overview of Recommendations

CORE's 28 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 the data collection system interface.
6. Gain insights on program awareness and policy interactions.

OPSC's Top 5 Recommendations

In May, OPSC staff reviewed CORE's recommendations and prioritized the following for 2023:

1. Give patients and family members a unique login so they can check and update information over time (5a).
2. Add patient race/ethnicity and patient language to the Request for Conversation (1a and 1b).
3. Add an intake interview question to the Request for Conversation (2a).
4. Make small changes to existing questions (2d and 5c).
5. New or revised Resolution Report questions, including the satisfaction question (4a-4h).

We will work through the rest in 2024.

EDR Outreach Strategy Update

Miranda Brown, Mike Westling, Mireaya Medina, Brink Communications

Oregon Patient Safety Commission

Communications and Outreach Plan
June 2023

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Agenda

- Overview & Approach
- Audiences
- Stakeholder Findings
- Communications & Outreach Plan
- Next Steps
- Discussion

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Overview & Approach

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Goals

- Raise awareness among target patient audiences of the EDR process, its benefits for patients who experience serious medical harm, and how to access the program.

- Increase incoming patient phone calls and contact form inquiries to initiate the EDR process – especially among audiences most likely to experience serious medical harm.

Research Methodologies

- **Materials review and research**
  - Review materials or research shared by the OPSC team that give us a better understanding of OPSC's programs and priority audiences.

- **Landscape scan + literature review**
  - Audience research to understand populations most impacted by medical harm.

- **Stakeholder Interviews**
  - Conduct interviews with stakeholders to learn about how to best reach people who have experienced medical harm with communications about EDR.

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How we do the work

We work with clients and communities to empower people to take action.

Our work builds on our team's expertise in grassroots organizing, communications, research, and community engagement.

It is a unique approach that we have developed over time and that continues to evolve based on our partnerships and real-world learnings from our work with clients.

Our goal is to deeply understand the audience for every project we undertake, and to develop strategies and tactics that add meaningful value to their lives while also achieving our clients' goals.

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Focus Audiences

Focus Audiences

Strategic Framework

- While there are opportunities for EDR communications among both healthcare providers and patients, this project is exclusively focused on raising awareness and encouraging participation among patient audiences.

- Our focus audiences do not include people who are white and more affluent – because they are the most likely to already report medical harm and they have more resources and agency to connect directly with healthcare providers or respond through the legal system.

Focus Audiences Summary

The following audiences are not listed in priority order. Communities across Oregon who face the highest risk of experiencing medical harm, including:	
Being more likely to experience discrimination in the healthcare system	• BIPOC individuals (with Black individuals at the highest risk for discrimination) • People with disabilities • Immigrant, Refugee, & Non-English speaking communities • LGBTQIA2S+ communities (with trans people at the highest risk for discrimination)
Having a higher frequency of interacting with the healthcare system	• Older adults (65+) • People with disabilities • Low-income households, specifically Medicaid/OHP recipients
Having lower levels of health literacy	• Rural communities • Immigrant, Refugee, & Non-English speaking communities

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Why we selected these audiences

Our priority audiences face more than one disparity
The audience groups identified in this are intersectional – there is a lot of overlap between them due to systemic discrimination.

Prioritizing among focus audiences will also need to be informed by values and goals
While research and data provide a fairly clear picture of who the focus audiences should be for communicating about the Early Discussion and Resolution program, they do not offer clear way to prioritize among these audiences.

Granularity in data is missing, especially on a state-wide level
We do not have data that tells us within the population of people who experience medical harm, how many fall into each of these focus audiences. Therefore, prioritizing among focus audiences will need to be informed by values and goals, as well as data.

Overlapping disparities can help guide audience prioritization
Data about economic disparities among our focus audiences can help inform how we prioritize them for communications and outreach.

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Stakeholder Interview Findings Summary

Goal 1: Patient Insights

Assess attitudes, beliefs, and willingness to engage in a conversation process like EDR.

Communities have unique experiences of medical harm

- **Serious medical harm looks different for different communities.** For example:
  - Urgent or fatal medication complications in Spanish-speaking communities and/or communities with lower literacy levels.
  - Gender-affirming care in the Trans community, e.g. surgery on the wrong body part, and receiving the wrong dose of hormones.

- **Communities refer to the term "serious medical harm" in different ways.**
  - Regardless of what established term is used, it needs to sound simple, realistic, and resonate with the language of community.

GOAL 1

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Fears, mistrust and a disconnect from the medical system are deeply embedded in communities.

These can pose risks for folks considering the EDR process.

GOAL 1

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EDR could serve as some semblance of closure and a way to demystify the medical system.

"There's no trust because there hasn't been a means of direct communication between a patient and the healthcare system. There are layers upon layers of bureaucracy, and the EDR process may be a means of putting words into action by removing barriers and hoops patients have to jump through in order to have a direct line of communication with the provider or facility that caused them harm."

"Patients can go to a patient relations department at a hospital, but nothing gets resolved." The EDR process can change the game, and *"they would have calls flooding in"* if more people knew about it.

GOAL 1

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Goal 2: Strategic Recommendations

Understand how priority populations would like to receive trauma-informed, culturally-sensitive strategic communication materials.

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Different avenues

Messengers

- Trusted people, e.g. community leaders, whether in spiritual spaces, social services, and more

Physical places

- Tiendas Latinas (Latine-specific/frequented stores)
- Small community-based organizations, such as Malheur Council On Aging & Community Services (MCOACS)
- Federally Qualified Health Centers (FQHCs)

Virtual platforms

- Google, social media platforms, broadcast media, healthcare websites

GOAL 2

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How we share the message

Messaging

- Stakeholders emphasized that how messaging is conveyed is very important to community, including:
  - Describing benefits and outcomes of the EDR process
  - Using plain language
  - Being inclusive of language, ability and identity

Materials

- A diversity of materials to accommodate learning styles, literacy levels, and the digital divide is fundamental.
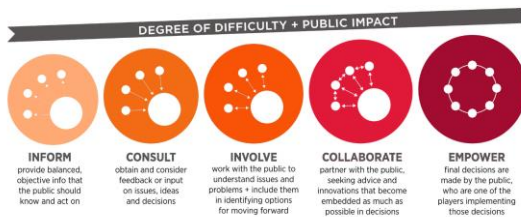
GOAL 2

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Communications & Outreach Plan Summary

Strategy 1: Build Community Awareness and Engagement

CE Strategy

DEGREE OF DIFFICULTY + PUBLIC IMPACT

INFORM provide balanced, objective info that the public should know and act on

CONSULT obtain and consider feedback or input on issues, ideas and decisions

INVOLVE work with the public to understand issues and problems + include them in identifying options for moving forward

COLLABORATE partner with the public, seeking advice and innovations that become embedded as much as possible in decisions

EMPOWER final decisions are made by the public, who are one of the players implementing those decisions

Adapted from International Association for Public Participation (IAP2) Spectrum of Public Participation

Community engagement (CE) is relational work. It seeks to center communities to achieve long-term and sustainable outcomes through relationship-building, resource and process development, co-creation, decision-making, and implementation.

We apply CE strategy to OPSC EDR outreach and communications through a series of tactics. Each tactic is centered on reciprocity and co-creation elevating lived experiences of the communities most marginalized, in which community stakeholders are brought into the process of building awareness for OPSC's EDR program.

Each workstream can live on its own, and as a separate offering within a menu of offerings. You'll notice that they are also organized chronologically using an adaptation of the (IAP2) Spectrum of Public Participation framework to set a process in which each workstream builds on the other and forms a system of community engagement.

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Strategy 2: Help Communities Understand EDR and Its Benefits

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Strategy 2: Talk about EDR in a way that is accessible for communities that could benefit from the program.

- **Materials development:** In order to increase engagement in EDR, OPSC must start with a suite of materials that explain the program in a way that is accessible to priority audiences and shows how it can benefit people experiencing medical harm.

- **Key messages:** Brink can develop a set of key messages around how to effectively describe EDR to priority patient audiences, which will inform a suite of educational materials to share information about EDR to key audiences and messengers.

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Strategy 3: Create an Accessible Pathway to Initiate the EDR Process Online

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Strategy 4: Expand Awareness Through Earned Media

Strategy 5: Reach a Broader Range of Priority Audiences through a Paid Campaign

Next Steps

- Brink will work with the OPSC team to identify options that will help build a solid foundation for this ongoing work that align with OPSC's resources.

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Thank You!

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EDR 2023 Annual Report

Beth Kaye, EDR Program Director

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Task Force Discussion and Input

• **What else related to these goals do you want us to be considering as we begin work on the report?**

Potential 2023 Report Content

Progress Toward Identified Goals.

• Update EDR data process strategy.
• Develop a strategic communication plan to increase awareness about EDR that prioritizes equitable information dissemination.
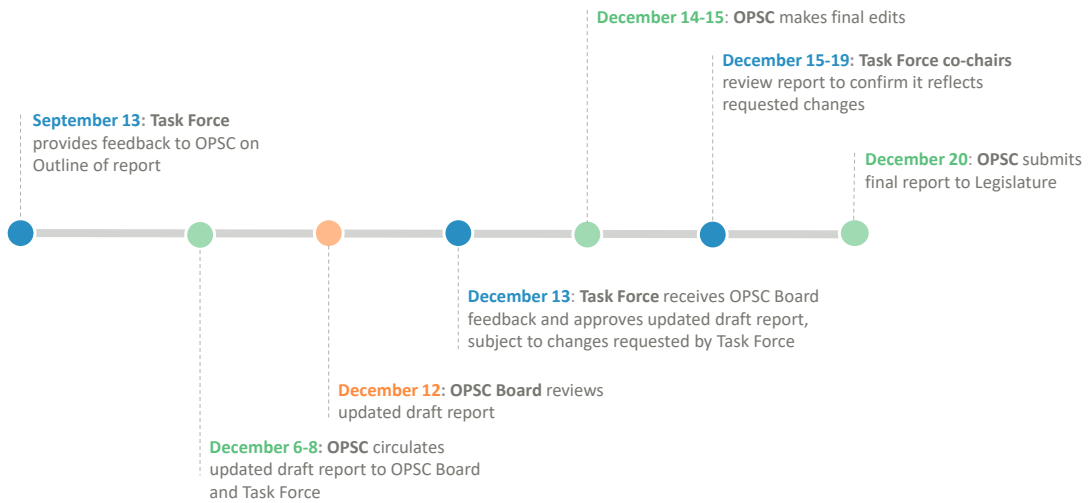• Increase statewide capacity to respond to and learn from medical harm events.

EDR Use Data

• Standard data reporting

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2023 Report Draft Timeline

December 14-15: **OPSC** makes final edits

December 15-19: **Task Force co-chairs** review report to confirm it reflects requested changes

September 13: **Task Force** provides feedback to OPSC on Outline of report

December 20: **OPSC** submits final report to Legislature

December 13: **Task Force** receives OPSC Board feedback and approves updated draft report, subject to changes requested by Task Force

December 12: **OPSC Board** reviews updated draft report

December 6-8: **OPSC** circulates updated draft report to OPSC Board and Task Force

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Public Comment

Tina Stupasky, Co-Chair

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Upcoming Task Force Meeting

Tina Stupasky, Co-Chair

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September 13, 2023 Meeting Agenda

- Data process implementation update
- EDR outreach strategy update
- PACT collaborative update
- Discussion of EDR 2023 Annual Report

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Thank You!

Reminder: Task Force members please complete your meeting evaluation survey (will be sent via email).
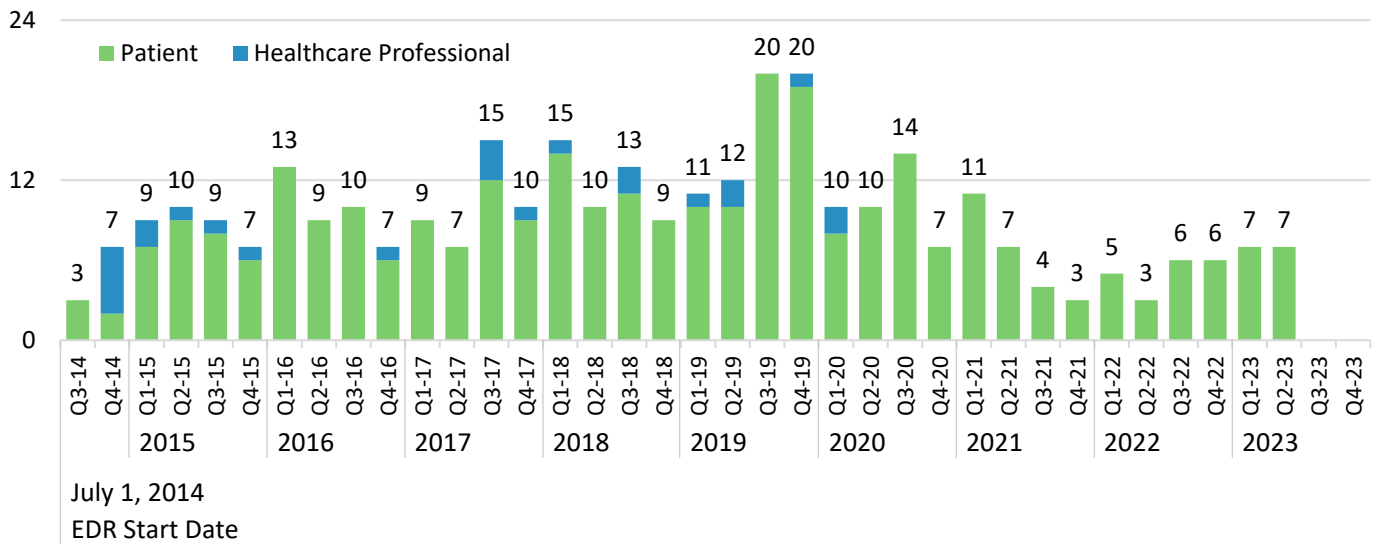
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BUILDING A CULTURE OF
SAFER CARE—TOGETHER

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EDR Data

Timeframe: July 1, 2014—May 26, 2023

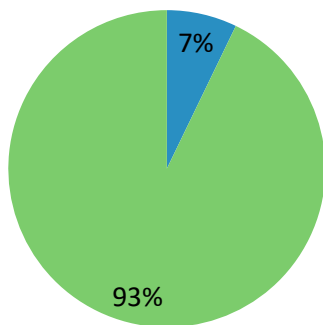| Total Requests	At Least One Resolution Report
335	**246** 73% of requests

Number of Requests for Conversation

July 1, 2014
EDR Start Date

Requests for Conversation by Requester Type
n=335

■ Healthcare professional ■ Patient

7%

93%

Patient Filer Types

n=311

Patient	268	86%
Patient Rep	43	14%
Adult Child	15	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%