OPSC OREGON PATIENT SAFETY COMMISSION

OPSC Board of Directors Meeting Agenda

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

12:30 5 min	Welcome, Introductions, and Public Comment*	Mary Engrav, Vice-chair, All, Public
12:35 5 min	Review Agenda, Approve Minutes, Acknowledge Receipt of Consent Agenda Materials	Mary Engrav, All
12:40 5 min	Treasurer's Report	Leah Mitchell
12:45 20 min	Executive Director's Report	Valerie Harmon
1:05 5 min	Board Membership Update	Valerie Harmon
1:10 20 min	Early Discussion and Resolution (EDR) Report Feedback	Valerie Harmon and Beth Kaye
1:30 40 min	EDR Logic Model Overview and Feedback	Claire Devine and Kristen Lacijan, Center for Outcomes Research and Education (CORE)
2:10 5 min	Upcoming Board Meetings	Mary Engrav
2:15 15 min	Patient Safety Reporting Program (PSRP) Clinical Questions	Sydney Edlund
2:30	Adjourn†	Mary Engrav

*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

September 13, 2022 | 11:00 a.m. –12:00 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)	☒	☐	☐
	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 Valerie Harmon at 11:02 a.m. Stephanie Warren conducted a roll call for attendance.
Review Agenda, Approve Meeting Minutes, Acknowledge Receipt of Consent Agenda Materials	Judy Marvin requested that the OPSC Board review the agenda and approve the June 14, 2022 OPSC Board meeting minutes. **Action Item: Approve June 14, 2022 Meeting Minutes** • **Motion**: Jessica Morris moved to approve the June 14, 2022 OPSC Board meeting minutes and Mary Engrav seconded. • **Vote**: Judy Marvin called for a vote to approve the June 14, 2022 OPSC Board meeting minutes and Stephanie Warren conducted a roll call vote. Amanda Bemetz, Lisa Bui, Smitha Chadaga, Bob

	Dannenhoffer, Mary Engrav, Kristi Ketchum, Judy Marvin, Jessica Morris, and Dana Selover voted in favor. The motion passed. All members acknowledged receipt of consent agenda materials.

Treasurer's Report	Valerie Harmon provided the Treasurer's Report.
	
	Bi-Annual Review of Bank Statements
	• June 2022 bank statements review was completed by Leah Mitchell, OPSC Board Treasurer, per the accounting policy manual. No concerns were noted.
	
	Budget to Actual: 2021-2022 Fiscal Year-End
	• OPSC's 2021-2022 fiscal year ended with a budget variance of $231,196 due to lower revenue budgeted and expense changes.
	  ○ Patient Safety Reporting Program revenue was less than anticipated due to facility closures and a few changes in hospital billing tiers
	  ○ Oregon Health Authority (OHA) payments for Early Discussion and Resolution program funding are now received at the beginning of each fiscal year, rather than at the beginning of the biennium
	  ○ Personnel costs were less than budgeted due to staff vacancies
	  ○ Timing for contractor work included in Professional Service is set to start this fiscal year (not last fiscal year)
	
	Board member Dana Selover asked about the source of the hospital discharge data OPSC uses to determine PSRP's annual hospital fee structure. The PSRP annual fee structure for Oregon hospitals 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, in this case Jan-Dec 2021.
	
	Action Item: Approve PSRP Annual CPI Adjustment
	Based on OPSC's recommendation, Judy Marvin requested a motion to approve a 2023 Patient Safety Reporting Program (PSRP) fee adjustment based on the most recent available (2021) Consumer Price Index (CPI) rate.
	
	• **Motion**: Bob Dannenhoffer moved to approve the 4.5% PSRP annual CPI adjustment and Lisa Bui seconded.
	
	• **Vote**: Judy Marvin called for a vote to approve the 4.5% PSRP annual CPI adjustment and Stephanie Warren conducted a roll call vote. Amanda Bemetz, Lisa Bui, Smitha Chadaga, Bob Dannenhoffer, Mary Engrav, Kristi Ketchum, Judy Marvin, Jessica Morris, and Dana Selover voted in favor. The motion passed.

2021-23 Biennial Budget Amendment	Valerie Harmon provided and overview of the proposed 2021-23 Biennial Budget Amendment. The amendment is required by the OPSC Accounting Policy Manual due to a decrease on revenue. The Amendment includes and additional FTE, bringing the total FTE to 11.0. **Action Item: 2021-23 Biennial Budget Amendment** Valerie Harmon requested a motion to approve the 2021-2023 Biennial Amended Budget of $3.5 million. • **Motion**: Smitha Chadaga moved to approve the 2021-2023 Biennial Budget Amendment and Bob Dannenhoffer seconded. • **Vote**: Judy Marvin called for a vote to approve the 2021-2023 Biennial Amended Budget and Stephanie Warren conducted a roll call vote. Amanda Bemetz, Lisa Bui, Smitha Chadaga, Bob Dannenhoffer, Mary Engrav, Kristi Ketchum, Judy Marvin, 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**
	  ○ **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.
	
	Candidates for Your Consideration
	• Faculty Member
	• Nursing Facility Representative
	
	Candidate Pending Appointment
	• Pharmacist
	
	Reappointment Needed
	• **Public Purchaser**
	  ○ First-term ending September 30, 2022

Executive Session*	At 11:35 a.m., the board entered closed executive session to discuss board member candidates.
Executive Session Follow-up Discussion	At 11:50 a.m., the board exited executive session. Stephanie Warren conducted roll call. **Action Item: Board Candidate Recommendations**

	Judy Marvin requested a motion to recommend the board candidates for the open positions of Faculty Member and Nursing Facility Representative, and Lisa Bui's reappointment to the Public Purchaser position, to the Governor for consideration. • **Motion**: Lisa Bui moved to nominate the OPSC Board candidates to the Governor for consideration and Dana Selover seconded. • **Vote**: Judy Marvin called for a vote to recommend OPSC Board candidates and Stephanie Warren conducted a roll call vote. Amanda Bemetz, Lisa Bui, Smitha Chadaga, Bob Dannenhoffer, Mary Engrav, Kristi Ketchum, Judy Marvin, Jessica Morris, and Dana Selover voted in favor. The motion passed.
Suggested Agenda Items for Next Board Meeting	Suggested agenda items for the December 13, 2022 included: • Officer Elections • Review Draft Annual EDR Report, Provide Feedback to Task Force • EDR Data Process Evaluation Update • PSRP Legislative Status Update
Adjourn	The meeting was adjourned at 11:57 a.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 December 13, 2022 (unless otherwise noted). The meeting schedule is available on Our Governance page of the OPSC website.

OREGON PATIENT SAFETY COMMISSION

OPSC Board of Directors

December 13, 2022| 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

Mary Engrav, Vice-chair, All, Public

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

Mary Engrav, All

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Today's Agenda

12:30	Welcome, Introductions, and Public Comment	Mary Engrav, Vice-chair, All, Public
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12:45	Executive Director's Report	Valerie Harmon
1:05	Board Membership Update	Valerie Harmon
1:10	Early Discussion and Resolution (EDR) Report Feedback	Valerie Harmon and Beth Kaye
1:30	EDR Logic Model Overview and Feedback	Claire Devine and Kristen Lacijan, Center for Outcomes Research and Education (CORE)
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2:15	Patient Safety Reporting Program (PSRP) Clinical Questions	Sydney Edlund
2:30	Adjourn	Mary Engrav

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Action Item: Approve Minutes

- **Action Item:** Does the board approve the minutes from the September 13, 2022 board meeting?
- Acknowledge Receipt of Consent Agenda Materials

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Treasurer's Report

Leah Mitchell, Treasurer

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Update

2023 Patient Safety Reporting Program (PSRP) Fee Collection

- 40% collected at the end of November
- Electronic payments ~20% of total received so far
- On par with previous year

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 (Fiscal Year 2022-23)

4 months ended October 31, 2022

Fiscal Year 2022-2023	Fiscal YTD Actual	Fiscal YTD Budget	YTD Actual to YTD Budget	Fiscal Adopted Budget
Total Revenue	992,505	979,920	12,585	1,812,957
Expenses				
Total Personnel	422,012	479,352	(57,340)	1,451,979
Total Service and Supplies	76,443	263,082	(186,639)	360,978
Total Expenses	498,454	742,434	(243,980)	1,812,957
Change in Net Assets	494,050	237,486	256,564	-

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Executive Director's Report

Valerie Harmon, Executive Director

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Discussion Items

- Administration Transition
- Agency Affirmative Action Plan
- 2023 Legislative Update
- Early Discussion and Resolution 2023-2025 Biennial Funding Update
- Proposed Organizational Planning

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Early Discussion and Resolution (EDR)

Core Bodies of Work

- Data process strategy development
- Outreach strategy development

Other Priorities

- Standardize workflow and document management strategy
- Annual report to Legislature for Task Force on Resolution of Adverse Healthcare Incidents

EDR Goals

- 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.
- 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 of directors, and the Task Force.

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Patient Safety Reporting Program (PSRP)

Current Priorities

- Continue to move program analysis plan forward
- Standardize workflow and document management strategy

PSRP Analysis 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: Revise Accounting Policy Manual

- **Rationale for Revision:** Budget modification language in the *OPSC Accounting Policy Manual* (Financial Management Policies, Budgeting, Budget Modifications, p. 28) does not align with ORS 182.462(b), *Budgets for Semi-independent State Agencies*, and should be revised.
- **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.
- **Action Item:** Does the board approve the recommended revision to the budget modification language in the *OPSC Accounting Policy Manual* to align with ORS 182.462(b)?

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Action Item: 2021-2023 Revised Biennial Budget Amendment

Action Item: Does the board approve the 2021-2023 Revised Biennial Budget Amendment of $3.59 Million?

		For Approval	
	2021-2023 Adopted Biennial Budget	2021-2023 Revised Amended Budget	Percent Change
Revenue			
PSRP Funds	1,630,253	1,613,372	
EDR Funds	1,950,000	1,950,000	
Other Income	29,520	23,740	
Total Revenue	**3,609,773**	**3,587,112**	-1%
Total Personnel	2,875,495	2,799,623	-3%
Total Service and Supplies	734,277	787,490	7%
Total Expenses	**3,609,773**	**3,587,112**	-2%

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Board Membership Update

Valerie Harmon, Executive Director

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Membership Status

Open Positions

- 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
  - **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)

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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Officer Transition Planning

Officers

- Chair: Judy Marvin
  - **Board term:** 2nd ends September 30, 2024
  - **Officer term:** 1st started January 1, 2020
- Vice-chair: Mary Engrav
  - **Board term:** 1st ends September 30, 2024
  - **Officer term:** 1st started October 1, 2021
- Treasurer: Leah Mitchell ACTION NEEDED
  - **Board term:** 2nd ends September 30, 2023
  - **Officer term:** 2nd started April 12, 2021

Email Valerie with Interest by February 1, 2023

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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Early Discussion and Resolution (EDR) Report Feedback

Valerie Harmon, Executive Director, and Beth Kaye, EDR Program Director

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Draft 2022 EDR Report Overview

- Background
- Audience: Legislature
- Purpose
  - Fulfill Task Force mandate (ORS 31.280 (2))
  - Share EDR data from program inception (July 2014 – June 2022)
    - Included in Appendix
  - Clearly describe:
    - Oregon's opportunity to leverage EDR to build statewide capacity to respond to and learn from harm events
    - How CRPs can help healthcare organizations respond to medical harm events and contribute to statewide learning
    - The need for a collaborative, statewide approach to develop a strategy for change
    - A starting point for this important work
    - OPSC's progress on data process and outreach strategy goals

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Discussion Questions

Does the report clearly describe:

- Oregon's opportunity to leverage EDR to build statewide capacity to respond to and learn from harm events
- How CRPs can help healthcare organizations respond to medical harm events and contribute to statewide learning
- The need for a collaborative, statewide approach to develop a strategy for change
- A starting point for this important work
- OPSC's progress on data process and outreach strategy goals

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Additional Discussion Questions

- Does the report's message resonate with you personally and professionally?
- Does the report contain anything that may be perceived as inflammatory by a segment of our audience and would prevent that audience from being receptive to the overall message?
- What other guidance do you have for staff?

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2022 EDR Report: Action Needed and Next Steps

	Tasks	Status
Sept 14, 2022	Task Force provides guidance to OPSC staff on draft report structure and themes	Complete
Early Dec 2022	OPSC circulates draft report to Task Force and OPSC Board	Complete
Dec 13, 2022 ☆	OPSC Board of Directors reviews draft report (recommendations are subject to final approval by Task Force)	
Dec 14, 2022	Task Force reviews draft report and approves subject to: • OPSC making the requested changes • Final review and approval by the co-chairs	Not started
	OPSC makes final edits	Not started
	Task Force co-chairs review updated report to confirm it reflects requested changes and approve	Not started
	OPSC submits final report to Legislature on behalf of Task Force	Not started
No later than Dec 23, 2022	OPSC distributes the report to stakeholders and public	Not started

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EDR Logic Model Overview and Feedback

Claire Devine, Maggie Weller, and Kristen Lacijan,
Center for Outcomes Research and Education
(CORE)

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CORE | Center for Outcomes Research and Education

EDR Program Logic Model Development

12/13/2022

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Overview

1. Review where we are in the process
2. Review development of the logic model
3. Present draft EDR logic model
4. Feedback and discussion

CORE

Evidence *for* Change

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Overall Approach

COLLECT INFORMATION

- Engage with stakeholders
- Review existing materials
- Determine program goals & constraints

Sept-Nov 2022

UPDATE LOGIC MODEL

- Map program activities
- Short and long-term outcomes
- Equity implications

Nov-Dec 2022

ASSESS DATA STRUCTURES

- Data collection elements
- Collection methods
- Analytic processes
- Equity implications

Dec 2022-Feb 2023

PROVIDE RECOMMENDATIONS

- Opportunities for improvement in data collection, analysis, reporting, etc.

Feb-Mar 2023

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How did we develop the logic model?

What have we done so far:

- Reviewed **EDR documentation** and **related literature**, conducted separate **interviews with EDR staff**
- Developed draft logic model
- Conversations and feedback about logic model with program staff to refine draft

For today:

- Present the current draft of the logic model
- **What are your reactions and thoughts? Do you have any feedback to share?**

CORE

Evidence *for* Change

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Goal: A culture of safety that includes transparency and accountability after medical harm events.

Inputs	Activities		Short-term Outcomes	Intermediate Outcomes	Long-term Outcomes
OPSC program: Staff, Taskforce, and Board activities	Public facing	Community outreach strategies	↑ # Conversations ↑ EDR awareness	↑ Referral source diversity ↑ Referral demographic diversity	↑ Families feeling empowered and respected ↑ Providers trusting the EDR process ↑ Institutional policies that support a culture of safety and transparency
	Program facing	Communicate with program participants	↑ Family and provider knowledge of best practices	↑ Successful conversations	
	Provider and system facing	Engage providers and systems: outreach and sharing best practices	↑ # Provider requests ↑ Provider acceptance rate ↑ # Conversations ↑ EDR awareness	↑ Successful conversations ↑ Health systems with medical harm learning systems	
	Insights	Improve data collection, analysis, and utilization	↑ Knowledge of program strengths and gaps	↑ Program targets and benchmarks ↑ Program monitoring and reporting	

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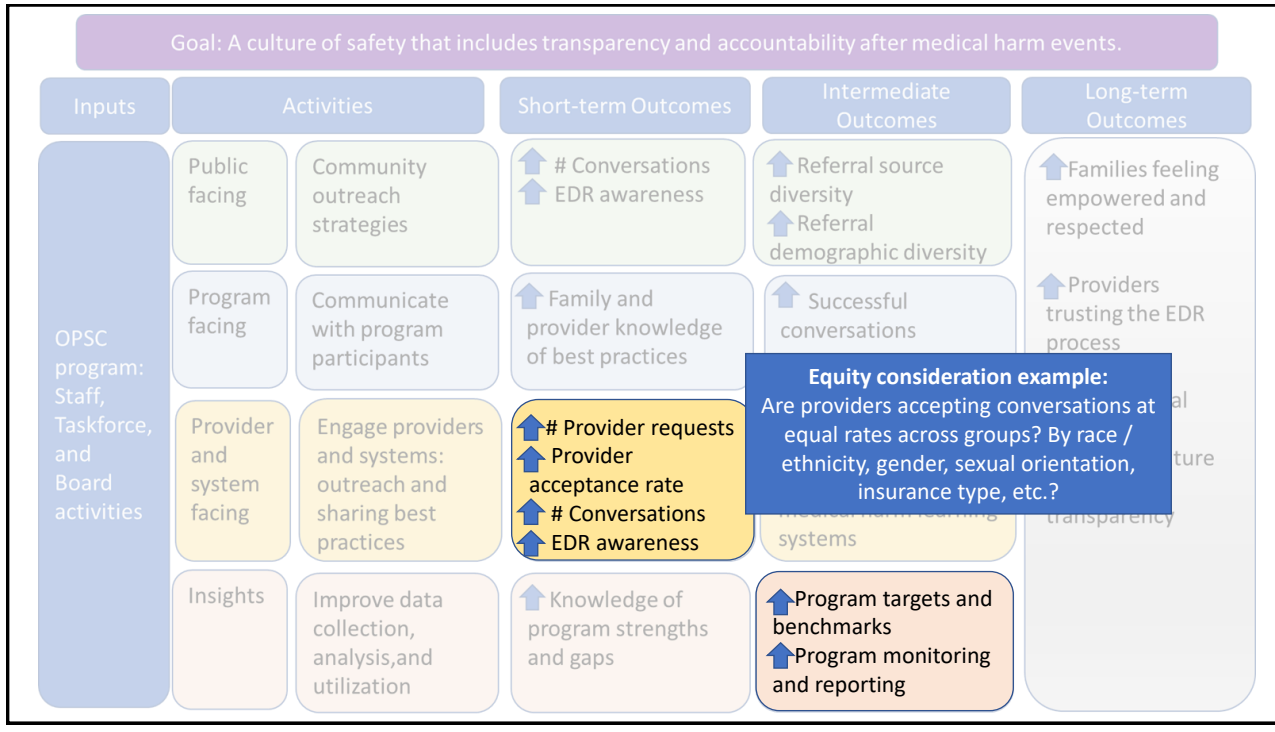
Goal: A culture of safety that includes transparency and accountability after medical harm events.
Inputs
Activities
Short-term Outcomes
Intermediate Outcomes
Long-term Outcomes
OPSC program: Staff, Taskforce, and Board activities
Public facing
Community outreach strategies
Conversations
EDR awareness
Referral source diversity
Referral demographic diversity
Families feeling empowered and respected
Program facing
Communicate with program participants
Family and provider knowledge of best practices
Successful conversations
Providers trusting the EDR process
Provider and system facing
Engage providers and systems: outreach and sharing best practices
Provider requests
Provider acceptance rate
Conversations
EDR awareness
systems
Insights
Improve data collection, analysis,and utilization
Knowledge of program strengths and gaps
Program targets and benchmarks
Program monitoring and reporting
Equity consideration example:
Are providers accepting conversations at equal rates across groups? By race / ethnicity, gender, sexual orientation, insurance type, etc.?

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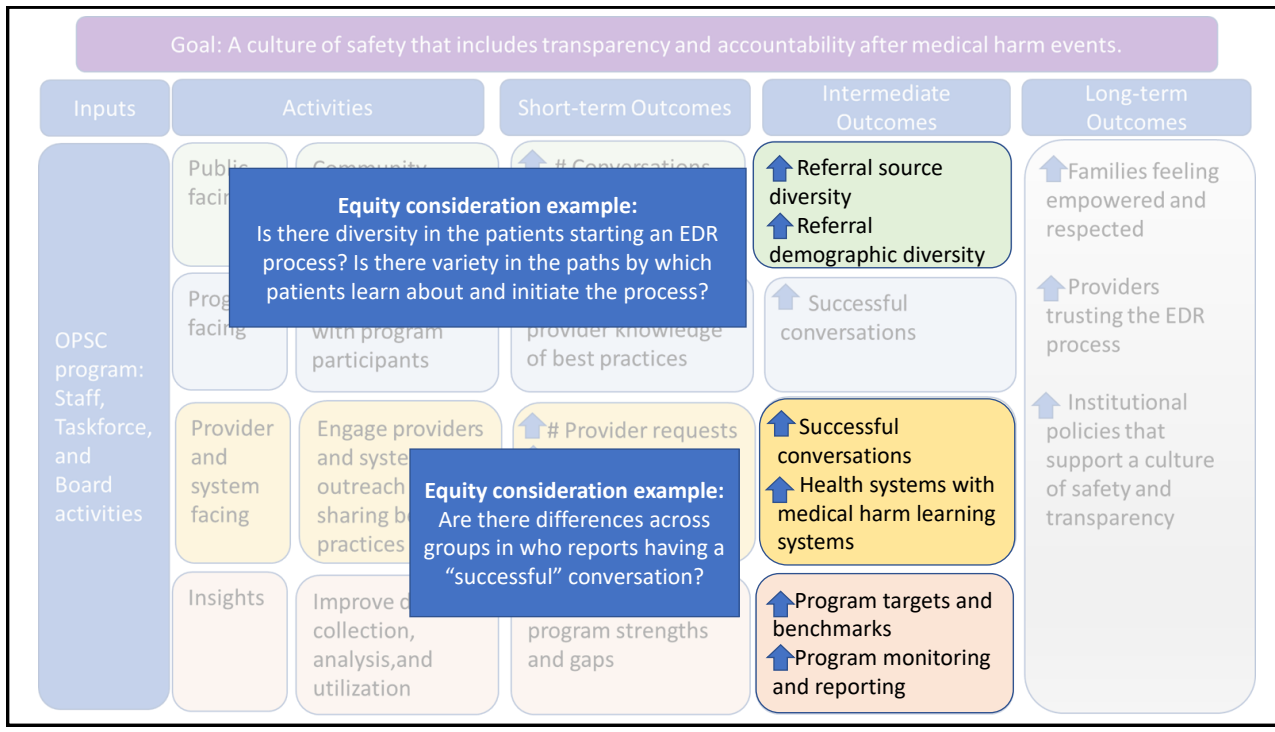
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Inputs
Activities
Short-term Outcomes
Intermediate Outcomes
Long-term Outcomes
OPSC program: Staff, Taskforce, and Board activities
Referral source diversity
Referral demographic diversity
Families feeling empowered and respected
Successful conversations
Providers trusting the EDR process
Provider and system facing
Provider requests
Successful conversations
Health systems with medical harm learning systems
Institutional policies that support a culture of safety and transparency
Insights
Program targets and benchmarks
Program monitoring and reporting
Equity consideration example:
Is there diversity in the patients starting an EDR process? Is there variety in the paths by which patients learn about and initiate the process?
Equity consideration example:
Are there differences across groups in who reports having a "successful" conversation?

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Goal: A culture of safety that includes transparency and accountability after medical harm events.

Inputs	Activities		Short-term Outcomes	Intermediate Outcomes	Long-term Outcomes
OPSC program: Staff, Taskforce, and Board activities	Public facing	Community outreach strategies	# Conversations EDR awareness	Referral source diversity Referral demographic diversity	Families feeling empowered and respected
	Program facing	Communicate with program participants	Family and provider knowledge of best practices	Su... conv...	...EDR
	Provider and system facing	Engage providers and systems: outreach and sharing best practices	# Provider requests Provider acceptance rate # Conversations EDR awareness	Successful conversations Health systems with medical harm learning systems	...nal policies that support a culture of safety and transparency
	Insights	Improve data collection, analysis,and utilization	Knowledge of program strengths and gaps	Program targets and benchmarks Program monitoring and reporting	

Equity consideration example: Are there in disparities in family and patient satisfaction, empowerment, and feelings of respect?

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Discussion

Questions?
Initial Thoughts?

In the next **two weeks**, please send CORE or OPSC any additional feedback you have on the logic model. Thank you!

CORE

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CORE | Center for Outcomes Research and Education

www.providenceoregon.org/CORE

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Upcoming Board Meetings

Mary Engrav, Vice-chair

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Next Meeting: February 14, 2023

Agenda and/or Action Items

- Organizational Planning
- Board Meeting and Officer Planning
- EDR Data Process Evaluation Update
- PSRP Legislative Status Update

Any items to add?

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Patient Safety Reporting Program (PSRP) Clinical Questions

Sydney Edlund, Director of Research and Analytics

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Thank You!

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

ORGONPATIENTSAFETY.ORG

OREGON PATIENT SAFETY COMMISSION

BUILDING A CULTURE OF SAFER CARE—TOGETHER

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2021-2023 Revised Biennial Budget Amendment - For Approval

Oregon Patient Safety Commission
For Board Approval December 13, 2022

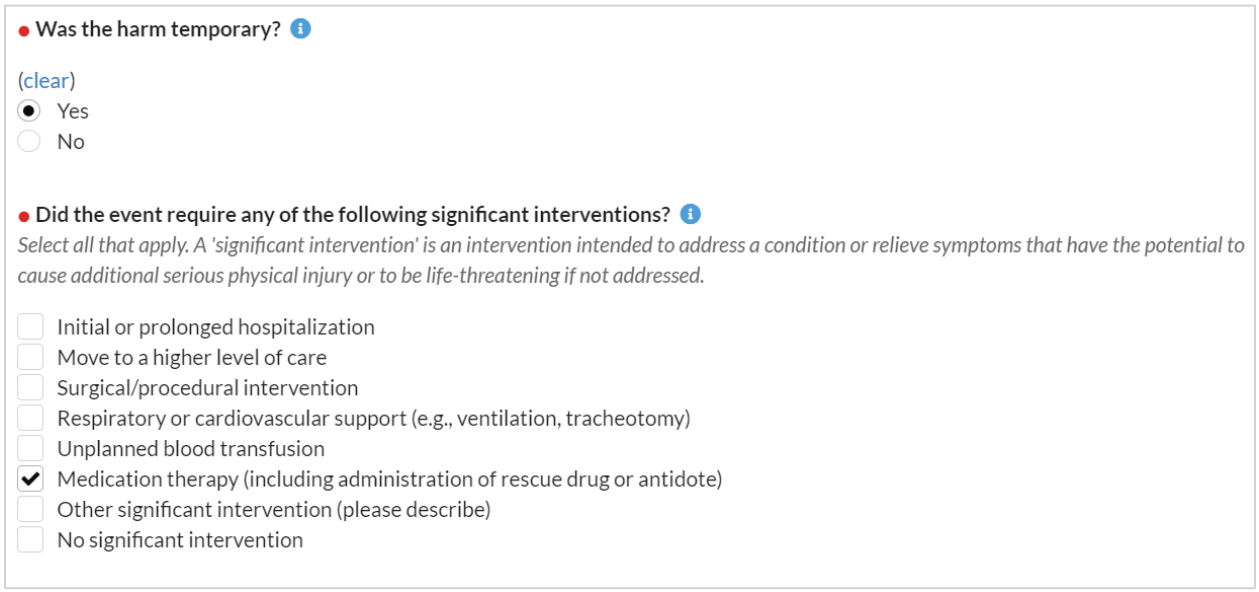
Account	2021-2023 Adopted Budget	2021-2023 Revised Amended Biennial Budget by Program: Patient Safety Reporting Program	Early Discussion and Resolution	2021-2023 Proposed Revised Budget	% Change from 2021-2023 Adopted Budget
Revenue:					
PSRP Fee Revenue	1,630,253	1,613,372		1,613,372	
EDR Funds	1,950,000		1,950,000	1,950,000	
Interest Income	29,520	10,184	11,956	22,140	
Other Revenue	-	736	864	1,600	
Total Revenue	**3,609,773**	**1,624,292**	**1,962,820**	**3,587,112**	**-1%**
Personnel					
Salaries and Wages	1,865,758	792,118	1,024,404	1,816,522	
Payroll Taxes	149,261	63,369	81,952	145,322	
Retirement Benefits @23.5%	438,453	186,148	240,735	426,883	
Pension Obligation Bond	104,482	44,359	57,367	101,725	
Medical Dental Life Insurance	317,179	134,660	174,149	308,809	
Employee Assistance Program	362	165	197	362	
Subtotal - Personnel	**2,875,495**	**1,220,818**	**1,578,804**	**2,799,623**	**-3%**
Service and Supplies:					
In State Meals & Lodging	6,834	1,334	3,300	4,634	
In State Ground Transportation	5,041	1,426	2,475	3,901	
Board In State Meals & Lodging	500	-		-	
Board In State Ground Transportation	500	-		-	
Out of State Meals & Lodging	2,032	532	1,500	2,032	
Out of State Airfare	6,550	2,173	2,703	4,876	
Out of State Ground Transportation	1,100	450	650	1,100	
Office Supplies	1,200	552	648	1,200	
Small Equipment	720	331	389	720	
Postage and Shipping	951	437	514	951	
Equipment Lease	7,272	3,345	3,927	7,272	
Telephone & Internet Service	22,752	10,466	12,286	22,752	
Conference & Meeting Expenses	3,000	3,680	4,320	8,000	
Subscriptions and Memberships	10,638	6,273	7,365	13,638	
Publicity & Publications	2,000	920	1,080	2,000	
Employee Training	20,000	9,200	10,800	20,000	
Employee Recruitment	-	4,600	5,400	10,000	
Merchant Fee	1,960	1,960	-	1,960	
Contributions and Gifts	35,000	-	35,000	35,000	
IT Professional Services	34,948	16,076	18,872	34,948	
Attorney General Fees	15,000	11,800	3,200	15,000	
CPA and Accounting Services	26,300	12,098	14,202	26,300	
Payroll Services	5,536	2,547	2,989	5,536	
Professional Services	342,999	212,531	134,395	346,926	
Risk Charges	5,000	2,300	2,700	5,000	
State Government Service Fees	31,450	28,267	33,183	61,450	
Office Lease	115,728	56,592	66,434	123,026	
Office Furniture & Equipment	1,000	460	540	1,000	
Computer Hardware & Software	28,268	13,123	15,145	28,268	
Subtotal - Other Service and Supplies	734,277	403,474	384,016	787,490	7%
Total Expenses	3,609,773	1,624,292	1,962,820	3,587,112	-1%
Revenue over Expenses	-	-	-	-	

PSRP Clinical Questions

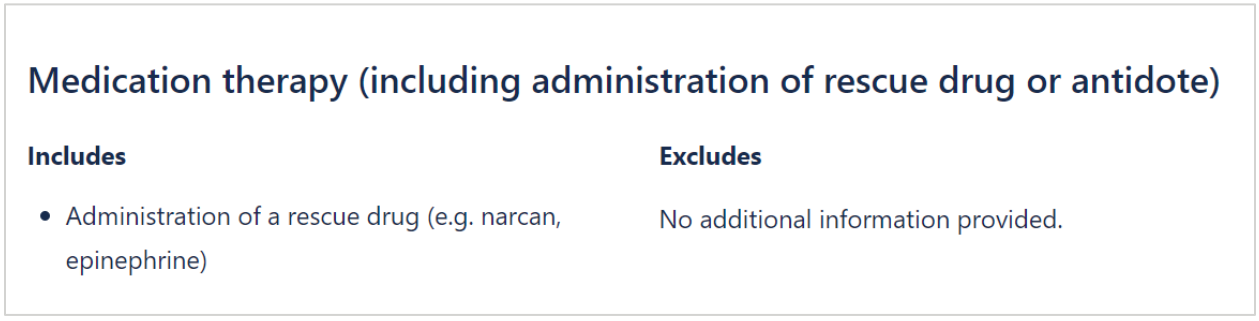
Significant Intervention

Context

In order to determine the level of harm, if an event resulted in temporary harm, we ask if any significant interventions were required. One of the options is “Medication therapy (including administration of rescue drug or antidote).”



For our definitions, we provide inclusions and exclusions when possible. For this option, there is just one inclusion: “Administration of a rescue drug (e.g., narcan, epinephrine).”



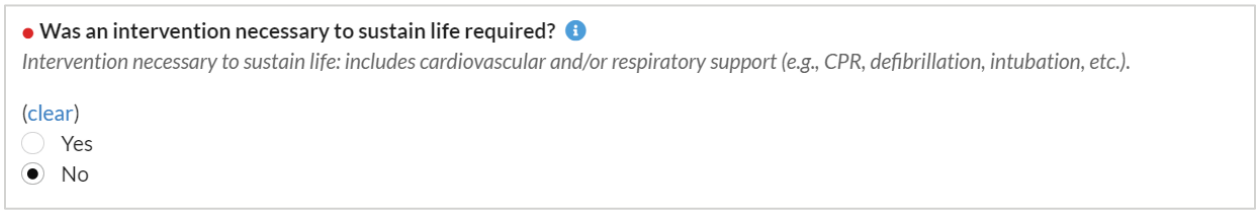
Discussion

Based on reporting patterns over the years, we’d like to be able to clarify for reporters whether “Antibiotics” should be included or excluded for “Medication therapy.”

Intervention Necessary to Sustain Life

Context

In order to determine the level of harm, we ask, “Was an intervention necessary to sustain life required?”



The on-screen instructions read: “Intervention necessary to sustain life: includes cardiovascular and/or respiratory support (e.g., CPR, defibrillation, intubation, etc.).”

Discussion

Based on reporting patterns, we would like to know if we should add “massive transfusion protocol (MTP)” to the list of inclusions in the on-screen instructions.

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
10/31/2022

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

	10/31/2022	6/30/2022
ASSETS:		
Cash and Cash Equivalents	552,904	570,371
LGIP Investment Account	2,025,653	1,515,714
Accounts Receivable	673	3,005
Other	175,198	171,772
Total Assets	2,754,429	2,260,862
LIABILITIES:		
Accounts Payable	2,968	6,445
Accrued Payroll & Related	169,967	166,972
Total Liabilities	172,934	173,417
NET ASSETS*:		
Net Assets - Without Restrictions:		
Fixed Assets	161,982	161,982
PSRP Funds	381,545	541,277
Total Net Assets Without Restrictions	543,527	703,259
Net Assets - With Restrictions:		
EDR Funds	2,037,968	1,384,186
Total Net Assets With Restrictions	2,037,968	1,384,186
Total Net Assets	2,581,495	2,087,445
Total Liabilities and Net Assets	2,754,429	2,260,862

* 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***				
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***				
17	Public Health Officer	Dana Selover		NA	NA	

PSRP 2022 YTD Reporting Summary

January 1, 2022 – October 31, 2022

Quantity

Year to Date Quantity (2022 YTD)

Segment	2022 YTD Submissions	YTD Average Submissions*	Notes
ASC	35	48	ASCs have submitted about 75% of their three-year average.
Hospital	154	174	Hospital have submitted about 90% of their three-year average.
Nursing Facility	0	NA	No reliable average for nursing facilities due to inconsistent reporting over time.
Pharmacy	1	NA	No reliable average for pharmacies due to inconsistent reporting over time.

* YTD averages are based on the last three years of reporting data (2019-2021); there are no averages for nursing facilities or pharmacies.

Most Frequent Event Types

Most Frequently Reported Event Types by Segment (2022 YTD)

ASCs

n=35

Healthcare-associated infection	13	(37%)
Surgical or other invasive procedure	13	(37%)
Fall	3	(9%)

Hospitals

n=154

Fall	42	(27%)
Care delay	27	(18%)
Device or supply	20	(13%)
Surgical or other invasive procedure	20	(13%)

Pharmacies

n=1

Incorrect medication or substance	1	(100%)

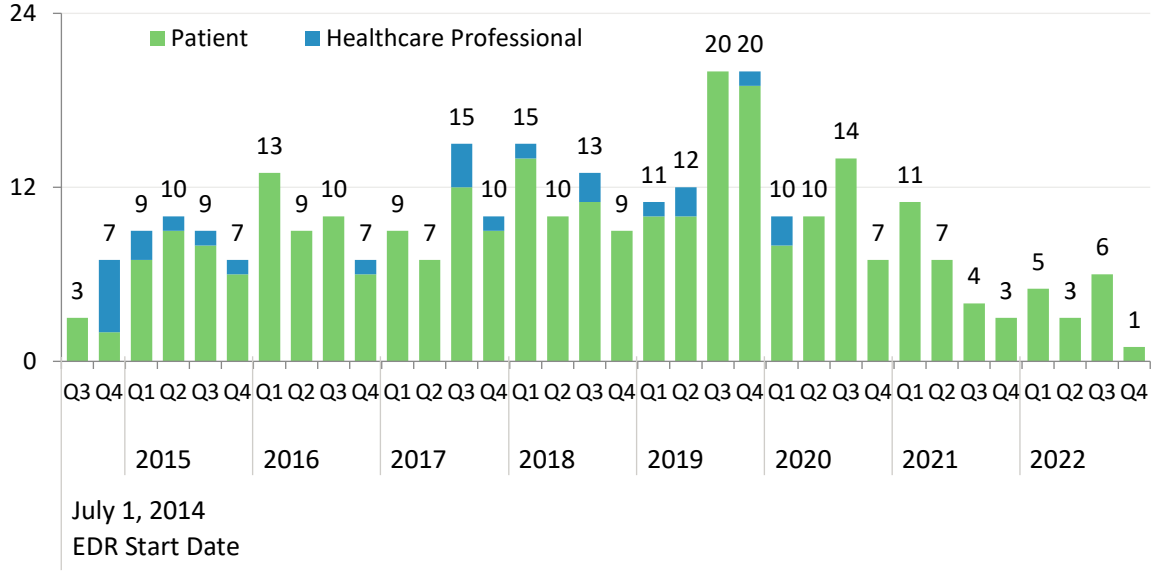
Nursing Facilities

n=0

EDR Data

Timeframe: July 1, 2014—October 31, 2022

Number of Requests for Conversation



Total Requests

316

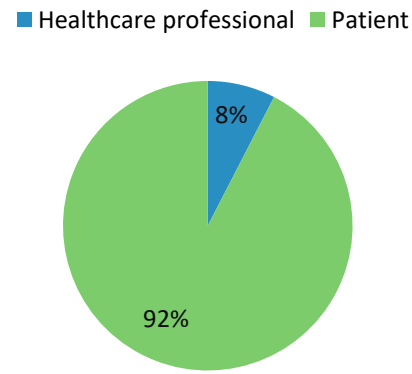
At Least One Resolution Report

227

73% of requests

Requests for Conversation by Requester Type

n=316



Patient Filer Types

n=292

Patient	251	86%
Patient Rep	41	14%
Adult Child	16	5%
Spouse	12	4%
Guardian	7	2%
Parent	6	2%

Healthcare Professional Filer Types

n=24

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