

OPSC Board of Directors Meeting Agenda

February 14, 2023 | 12:30 – 2:15 p.m. | 1201 SW 12th Ave. Portland OR, 97205 + Virtual Option

12:30 5 min	Welcome, Introductions, and Public Comment*	Judy Marvin, Chair, All, Public
12:35 5 min	Review Agenda, Approve Minutes, Acknowledge Receipt of Consent Agenda Materials	Judy Marvin, All
12:40 10 min	Treasurer’s Report	Leah Mitchell
12:50 30 min	Executive Director’s Report	Valerie Harmon
1:20 30 min	Board Planning Discussion	Valerie Harmon, All
1:50 20 min	Board Membership Planning	Valerie Harmon, Judy Marvin
2:10 5 min	Upcoming Board Meetings	Judy Marvin
2:15	Adjourn†	Judy Marvin

* 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 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)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Lisa Bui (Public Purchaser)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Smitha Chadaga (Physician)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Bob Dannenhoffer (Physician)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Mary Engrav (<i>Vice-chair</i> , Health Insurer)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Katie Hufft (Pharmacist)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Heather Hurst (Labor Representative)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Kristi Ketchum (Ambulatory Surgery Center Representative)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Judy Marvin (<i>Chair</i> , Health Insurer)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Leah Mitchell (<i>Treasurer</i> , Hospital Administrator)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Jessica Morris (Healthcare Consumer)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Dana Selover (Public Health Officer)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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.
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- 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.

- **Chair:** Judy Marvin has served one term and is eligible for a second term.
- **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.

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- 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.

DRAFT



OPSC Board of Directors

February 14, 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

1

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

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2:15	Adjourn†	Judy Marvin



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Action Item: Approve Minutes

- **Action Item:** Does the board approve the minutes from the December 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

- 89% collected (as of January 31, 2023)
 - On par with previous years
- Electronic payments ~ 16% of total received
 - 6% increase from 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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Bi-Annual Review of Bank Statements

- Per OPSC Accounting Policy:
 - “Bank reconciliations, including any adjusting journal entries resulting from preparing bank reconciliations, are reviewed by the Board treasurer on a bi-annual basis.”
 - Treasurer reviews June and December bank statements to satisfy policy
- Review Complete
 - Leah Mitchell reviewed OPSC’s December bank statements
 - No concerns noted



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Budget to Actual – YTD Biennium 2021-23

18 months ended December 31, 2022

Biennium 2021-2023	Biennium To-Date Actual	Biennium To-Date Budget	Biennium Variance Over / (Under)
Total Revenue	3,566,242	3,582,622	(16,380)
Expenses			
Total Personnel	1,954,721	2,048,985	(94,264)
Total Service and Supplies	335,727	571,159	(235,432)
Total Expenses	2,290,448	2,620,144	(329,696)
Change in Net Assets	1,275,795	962,478	313,317



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Budget to Actual Forecast – Biennium 2021-23

As of December 31, 2022

Biennium 2021-2023	Biennium Actual-To-Date	Biennium-End Forecast	Biennial Budget	Biennium-End Forecast to Biennial Budget
Total Revenue	3,566,242	3,586,127	3,587,122	(986)
Expenses				
Total Personnel	1,954,721	2,608,803	2,799,621	(190,818)
Total Service and Supplies	335,727	466,519	787,491	(320,972)
Total Expenses	2,290,448	3,075,322	3,587,112	(511,790)
Change in Net Assets	1,275,795	510,805		510,805



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Executive Director's Report

Valerie Harmon, Executive Director



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Discussion Items

- Administration Transition
 - Agency support, alignment, and accountability
 - Assigned advisors
 - Appointment schedule
- 2023-2025 Biennial Budget Planning
 - Timeline
- IT Support
- Program Priority Updates
- Next: Board Planning Discussion



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Patient Safety Reporting Program (PSRP)

Current Priorities to Advance Goals

- Quality improvement plan
 - Status: Senate Bill 229 passed Senate
 - Next steps: Support bill through House process

Other Priorities

- Annual Report Planning
 - 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
 - Shift timeline up



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.



Early Discussion and Resolution (EDR)

Current Priorities to Advance Goals

- Data process strategy development
 - Status: On track for May completion
 - Next steps: Implement recommendations*
- Outreach strategy development
 - Note: Collection of strategies at various stages
 - Status of community outreach plan: Initial planning started
 - Next steps: Seek input from key audiences to inform approach, implement recommendations*

Other Priorities

- Standardize workflow and document management strategy
- 2023-25 Program Planning*

*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.



Potential Opportunity

Building Oregon’s capacity for responding to and learning from patient harm*

- Pathway to Accountability, Compassion, and Transparency (PACT)
 - A learning community for accountability, compassion, and transparency when responding to harm events in healthcare.
- PACT is a scalable support model to meet every organization where they are:
 - PACT Community of Practice
 - PACT Collaborative
 - PACT Leadership and Innovation Network

[Learn More: March 8, 2023, Task Force Meeting \(2:30-4:00\)](#)

*Budget consideration for 2023-25 Biennial Budget



PACT Founding Organizations

- **Ariadne Labs** is a joint center for health systems innovation at Brigham and Women’s Hospital and Harvard T.H. Chan School of Public Health.
- **Collaborative for Accountability and Improvement** is a program of the University of Washington. CAI serves to advance highly reliable communication-and-resolution programs that meet the needs of patients, families, and providers for accountability, compassion, transparency, and improvement after patient harm.
- **Institute for Healthcare Improvement** is an independent not-for-profit organization that has used improvement science to advance and sustain better outcomes in health and health systems across the world.



Board Planning Discussion

Valerie Harmon, Executive Director



Topics for Discussion

- Governor’s expectations for Oregon agencies
 - Integration into OPSC’s workplan
 - Timing considerations for strategic planning
- Ongoing Board meeting needs and cadence



Oregon Agency Expectations: Governor Kotek

- Performance Reviews for Agency Directors*
- Performance Feedback for Employees
- Measuring Employee Satisfaction
(TBD, based on agency size)
- Supporting Strategic Planning and Measuring Agency Performance*
- Succession Planning for the Workforce
- State Government Commitment to Diversity, Equity, and Inclusion
- Agency Hiring Practices
- Audit Accountability*
- Developing New Employees and Managers

*Budget item in 2023-25 Biennial Budget

Responsibility: Board of Directors

Timing: Every two years

Guidance: By June 1, 2023, the Department of Administrative Services (DAS) will provide templates and vendor price agreements.

Responsibility: OPSC leadership, Board of Directors

Timing: For plans older than 36 months, new plan completed by June 1, 2024.

Guidance: By June 1, 2023, DAS will provide templates and vendor price agreements. Plans **must**:

- Include goals outlined by the Governor’s office.
- Use template provided by DAS to support consistency and measurement across agencies.

Essential Board Activities and Timeframe

- Action Item ● Business/agenda Item

Q1: March

Biennial Budget (odd years, amend as needed)

- Exec. Committee: Biennial budget recommendation to board
- Board: Approve biennial budget

PSRP Annual Fee Adjustment

- Exec. Committee: PSRP annual fee adjustment recommendation to board
- Board: Approve PSRP annual fee adjustment
- Board: Review the Previous Biennium's Financial Review and OPSC's Response to (even years)
- Board: Confirm Treasurer Biannual Bank Statement Review

Q2: June

- Board: Review and Approve Annual PSRP Report

Q3: September

- Exec. Committee: Approve transfer of funds to/from investment accounts (after annual receipt of EDR funds and as needed)

Q4: December

- Board: Officer Elections (chair even years, vice-chair/treasurer odd years)
- Board: Review Draft Annual EDR Report, Provide Feedback to Task Force
- Board: Confirm Treasurer Biannual Bank Statement Review



Board Membership Planning

Valerie Harmon, Executive Director

Judy Marvin, Chair



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 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)



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.



Officer Transition Planning

Officers

- Chair: Judy Marvin **ACTION NEEDED**
 - **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



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.



Upcoming Board Meetings

Judy Marvin, Chair



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Next Meeting: April 11, 2023

Agenda and/or Action Items

- 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

Any items to add?



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Thank You!

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

OREGONPATIENTSAFETY.ORG

BUILDING A CULTURE OF
SAFER CARE—TOGETHER

PACT: The Pathway to Accountability, Compassion, and Transparency

What is PACT?

A learning community with three pathways to accountability, compassion, and transparency when responding to harm events in healthcare. This scalable model allows us to tailor approaches to meet every organization where they are with an ultimate vision of transforming the way healthcare responds to harm.

The PACT Community of Practice is for people who are new in their journey and want to learn more about a comprehensive, highly reliable response to harm. People can join at any time and participate at their own pace with no commitment.

- » Access to the PACT Change Package with tools and high level-guidance for implementation.
- » A community forum where they can interact with others who are exploring these new processes.
- » Invitations to monthly webinar series from the Collaborative for Accountability and Improvement.
- » Quarterly office hours with PACT faculty to ask questions and learn more about implementation.

The PACT Collaborative is for organizations that are ready for full implementation of a comprehensive harm response program. Participants commit to fully engage in all activities while supporting the growth and development of the other participants. Learning and implementing as a community fosters success.

- » Organizational team that attends six 8-hour learning sessions (5 virtual and one in-person).
- » Between learning sessions, peer cohort check-ins and meetings with a faculty coach.
- » Invitations to monthly webinar series from the Collaborative for Accountability and Improvement.
- » Learn about the reliability of organizational processes by submitting data to the PACT PSO and receive reports and feedback to guide actions.
- » Access to a robust password-protected platform with the PACT Change Package, event information, and a forum for discussion.

The PACT Leadership and Innovation Network is an ongoing network for organizations that have strong harm response programs in place. This invitation-only network includes graduates of the PACT Collaborative.

- » Members make a commitment to transparency and accountability within the Network.
- » Ongoing access to the latest PACT tools and resources, and previous PACT Collaborative participants can revisit content with the Collaborative.
- » Annual two-day meetings—one virtual and one in-person—and quarterly webinars with structured, in-depth case discussions.
- » Focus on learning and improving after harm events, with the support of expert faculty.
- » Participate in workgroups to explore emerging topics and cultivate new best practices.
- » Become leaders through a recognition program, presentation and publication opportunities, and the chance to mentor other organizations that are newer in their development.
- » Ensure the reliability of processes by submitting data to the PACT PSO and receiving reports and feedback to guide their action.

PACT is convened by two non-profits: Ariadne Labs, a joint center for health systems innovation at Brigham and Women’s Hospital and the Harvard T.H. Chan School of Public Health, and the Collaborative for Accountability and Improvement, a program of the University of Washington.

Core faculty: Dr. Thomas Gallagher and Dr. Evan Benjamin, both national leaders in this field with decades of experience with implementation and research related to harm response.



January 11, 2023

Dear Agency Leaders:

I want to begin by saying thank you. Thank you for serving Oregon and the people who call our state home. Thank you for your professionalism and commitment to public service. And thank you for your partnership with my transition team as we hustled to get ready for Day One.

I am eager to get to work, and I view each of you as partners in my mission to deliver results and make everyday life better for Oregonians.

A core part of my vision for the next four years is to improve customer service for Oregonians – whether they are coming to us for a service, or we are coming to them in the wake of a disaster. That means being more efficient, more effective, and creating systems that will empower our collective 42,000 public servants to deliver for Oregonians.

So today, I am delivering a new set of expectations to you, the leaders of our state agencies. These expectations will serve as guideposts for our work together, providing us with new data that will help us break down silos and make enterprise-wide systems improvements.

To support this effort, my office will be organized with a new focus on public administration. I am hiring a talented group of experienced leaders who I expect to be partners with you in solving problems and delivering on my priorities, which as you know are housing and homelessness, behavioral health and addiction care, and education.

Finally, as Oregon's Governor, I understand that I have 42,000 employees counting on me for compassion and leadership. The pandemic was hard on workers and managers across the board – private or public, it has been tough. We all had to pivot on short notice, support each other through workforce shortages, and do our jobs while our families were facing the same uncertainty as the rest of the world. These workforce challenges are not going away, and I hope to partner with all of you as we continue to strive to make the State of Oregon a great place to live and work.

It is my pledge to all Oregonians, and to you, that I will work every day to be a partner with you in solving problems, big and small. We will not be perfect, but we will improve every year, so Oregonians can proudly say their state government was there for them.

January 11, 2023
Page 2

I am directing the Department of Administrative Services (DAS) to provide my office with updates on our progress in meeting these new expectations quarterly beginning June 1, 2023. Please engage with DAS Director Berri Leslie throughout this process. She will help measure and manage these goals and I have asked her to be a partner with you to ensure you have what you need to be successful.

As a first step, please email Director Leslie by February 1st to confirm that you are ready and willing to work with us toward these enterprise goals.

Thank you for your commitment to Oregon, and I look forward to a great partnership.

Sincerely,

A handwritten signature in black ink, appearing to read "Tina Kotek". The signature is fluid and cursive, with the first name "Tina" and last name "Kotek" clearly distinguishable.

Governor Tina Kotek

Oregon Agency Expectations

Performance Reviews for Agency Directors:

The DAS Chief Human Resources office will complete a 360-performance evaluation, for every director who reports to the Governor, every two years. Agencies without a review in the prior 12 months will be prioritized. Agency directors who report to a board or commission should have a review completed every two years by their governing body. DAS will provide a price agreement with available vendors to facilitate this process. DAS will also provide a 360-performance template for boards and commissions to use as a model by June 1, 2023. DAS will have the price agreement and template in place by June 1, 2023. DAS will provide quarterly compliance reporting to the Governor's office.

Performance Feedback for Employees:

Each agency will maintain compliance with the quarterly performance feedback meeting requirement for all employees at a quarterly performance rate of 90% completion or higher. Quarterly check ins must be documented in Workday. Agencies will comply by June 1, 2023. DAS will provide quarterly compliance reports to the Governor's office.

Measuring Employee Satisfaction:

Agencies of a size to be determined by vendor recommendation will complete an anonymous annual employee satisfaction survey. All agencies will use the same DAS approved vendor and a list of approved questions from DAS. Agencies shall create an action plan to follow up on substantial findings and use the annual process to measure improvement. DAS will identify the vendor and questions by June 1, 2023. Agencies will complete the first satisfaction survey by December 31, 2023 and submit their scores to DAS by February 1, 2024. DAS will use the information to provide a roll-up report card of enterprise-wide employee satisfaction on an annual basis.

Supporting Strategic Planning and Measuring Agency Performance:

Agencies are required to develop and follow a strategic plan using goals outlined by the Governor's office. Plans should be developed with agency leadership and in partnership with direct service employees, community partners, tribes, underrepresented communities, and applicable boards and commissions responsible for oversight of the organization. Plans should include a section that aligns with the agency's information technology strategy to include how modernization efforts will support the goals of the organization.

DAS will provide a list of approved vendors on price agreement to facilitate this process. DAS will also provide a template for vendors and agencies to use to support consistency and measurement across agencies. Agencies will post strategic plans with dashboards outlining progress on their public facing web sites. DAS will prepare price agreements and templates by June 1, 2023. Agencies with strategic plans completed within the last 36 months can update their plans into the new template format aligning with Governor Kotek's goals with a target completion date of December 31, 2023. Agencies with strategic plans older than 36 months should begin a new planning process, using the standardized template format, with a goal of

completing their plans by June 1, 2024. DAS will provide an annual progress report to the Governor's office.

Managing Information Technology Progress:

Agency CIO/IT leaders shall collaborate with Enterprise Information Services program leaders, Agency Leadership, and their policy area Assistant State CIO as it pertains to operationalizing the vision, values, and strategy of the State CIO.

Agencies of 50 FTE or larger are required to develop an information technology strategic plan. Plans should be developed with agency leadership and include how the agency aligns with the Enterprise Information Services' Strategic Framework and how modernization efforts will support the goals of the organization. EIS will provide IT Strategic Planning assistance through policy area Assistant State CIOs and their vendor partners as well as a template by June 1, 2023. IT strategic plans should be completed and submitted to EIS by December 31, 2023. The State CIO will review and approve all plans. DAS will provide an annual compliance report to the Governor's office.

Succession Planning for the Workforce:

Agencies are required to have an agency succession plan in place. DAS provides a succession planning toolkit to facilitate this process which can be found online at: <https://www.oregon.gov/das/HR/Pages/success-plan.aspx>. Agencies without a current plan must complete a plan by December 31, 2023. Plans should be submitted to the DAS Strategic Initiatives & Accountability Division. DAS will provide an annual compliance report to the Governor's office.

State Government Commitment to Diversity, Equity and Inclusion:

Agencies are required to have a Diversity, Equity, and Inclusion Plan (DEI Plan), updated every two years. Agencies without a current DEI Plan must complete an initial plan by June 1, 2023. Agencies are encouraged to adopt the strategies, goals, and implementation processes from the statewide Diversity, Equity, and Inclusion Action Plan to fit their mission. This can be used as a toolkit to guide the development and implementation of your agency's DEI Plan.

An agency's DEI Plan serves as an overarching DEI strategy tool. In addition to the DEI Plan, agencies are required to have an Affirmative Action Plan, updated annually. Both the DEI and affirmative action plans should be submitted to the DAS Affirmative Action Manager. Agencies without a current plan must complete an initial plan by June 1, 2023. The Affirmative Action Plan serves as an element of the DEI Plan and supplements the implementation to achieve both DEI and Affirmative Action goals.

DAS will provide an annual compliance report to the Governor's office.

Additional Information:

- Executive Order 22-11 as it relates to Affirmative Action, Equal Employment Opportunity, Diversity, Equity, and Inclusion. Direct link to executive order: https://www.oregon.gov/gov/eo/eo_22-11.pdf.
- Resource: <https://youtu.be/hDXQdcQ0InU> (51 Minutes).

- Affirmative Action Plan Workshop: <https://youtu.be/AcX7vmL6pPc> (48 Minutes).

Agency Emergency Preparedness:

Agencies are required to have in place and update annually their continuity of operations plan (COOP). DAS Policy [107-001-010](#) outlines COOP requirements for agencies. Additionally, the Oregon Department of Emergency Management has a Continuity of Operations Plan Toolkit available on their website. The toolkit includes a link to [FEMA's Continuity of Guidance Circular](#), which provides additional guidance on what a COOP should include. Agencies without a current plan must complete an initial plan by September 30, 2023. Plans should be submitted to the Department of Emergency Management who will report compliance annually to the Department of Administrative Services and the Governor's office.

Note: ODEM and DAS are in the process of implementing a new COOP software package. This software will provide a step-by-step guide for developing a COOP. Deadline for full implementation is June 30, 2023; agencies will be kept apprised of progress.

Agency Hiring Practices:

Agencies will monitor hiring practices to ensure that the average time to fill positions does not exceed more than 50 days. Time to fill means from the day the recruitment is open to the day a job offer is made to the candidate. Executive recruitments can be excluded from this calculation given the more expansive nature of those recruitments. DAS will provide the Governor's office with a quarterly progress report to identify agency hot spots. This is intended to be both a stretch goal for agencies and an early warning indicator of a potentially struggling agency.

DAS will monitor enterprise vacancy rates and report on those rates quarterly to the Governor's office.

Audit Accountability:

Agencies will work collaboratively with the Secretary of State (SOS) and ensure that all SOS and internal audit findings are resolved within the target date the agency specified in their management response to the audit recommendations, or if there is no management response, findings are to be resolved 12 months from the date the audit report is issued. Agencies will demonstrate their quarterly progress on key findings if implementation or resolutions takes longer than 12 months or they miss their targeted specified date. Unresolved audit findings should be reported to the DAS Strategic Initiatives & Enterprise Accountability Division. DAS will provide a process and template by June 1, 2023. DAS will provide an annual update to the Governor's office.

Developing New Employees and Managers:

All agencies will develop new employee orientation programs and be able to demonstrate that 100% of their employees participate in their onboarding programs within 60 days of hire. Agencies will comply by December 31, 2023.

All new state employees will participate in DAS' customer service training within 60 days of hire. DAS will develop and implement this training by June 1, 2023. Agencies will be responsible for ensuring employee participation and DAS will provide quarterly reports to the

Governor's office about compliance. Agencies are expected to achieve compliance by December 31, 2023.

All agencies will ensure that every new employee participates in Uplift Oregon's benefits workshop within 30 days of hire, so that the education supports employees to make fully informed decisions when choosing their benefits. Agency onboarding systems will incorporate time for each employee to access a virtual, two-hour training ideally within 14 days of hire, or before an employee completes their benefits enrollment documents. Agencies will comply by June 1, 2023. DAS will provide quarterly performance reports.

All agencies will ensure that managers new to managing in state government complete the introductory manager training program within three months of starting their new management position. Agencies will comply by June 1, 2023. DAS will provide quarterly reports to the Governor's office about compliance.

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

12/31/2022

Prepared by Susan Matlack Jones & Associates LLC

From OPSC Records/For OPSC Use Only

Unaudited

	12/31/2022	6/30/2022
ASSETS:		
Cash and Cash Equivalents	882,322	570,371
LGIP Investment Account	2,035,355	1,515,714
Accounts Receivable	206,366	3,005
Other	181,378	171,772
Total Assets	3,305,421	2,260,862
LIABILITIES:		
Accounts Payable	2,284	6,445
Accrued Payroll & Related	171,093	166,972
Total Liabilities	173,377	173,417
NET ASSETS:*		
Net Assets - Without Restrictions:		
PSRP Funds	1,099,464	541,277
Fixed Assets	161,982	161,982
Total Net Assets Without Restrictions	1,261,446	703,259
Net Assets - With Restrictions:		
EDR Funds	1,870,597	1,384,186
Total Net Assets With Restrictions	1,870,597	1,384,186
Total Net Assets	3,132,043	2,087,445
Total Liabilities and Net Assets	3,305,420	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	1 st Term End Date	2 nd Term End Date	Status
1	Faculty Member	<i>Pending</i>				
2	Private Purchaser	Vacant				
3	Public Purchaser	Lisa Bui		9/30/2022	<i>Pending</i>	
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	<i>Pending</i>				
17	Public Health Officer	Dana Selover		NA	NA	

PSRP 2022 Reporting Summary

January 1, 2022 – December 31, 2022

Quantity

Year to Date Quantity (2022)

Segment	2022 Submissions	Average Submissions*	Notes
ASC	48	62	ASCs submitted about 80% of their three-year average.
Hospital	194	219	Hospitals 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.

* 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)

ASCs

n=48



Surgical or other invasive procedure 17 (35%)



Healthcare-associated infection 14 (29%)



Fall 6 (12%)

Hospitals

n=194



Fall 45 (23%)



Care delay 30 (15%)



Device or supply 22 (11%)

Pharmacies

n=1



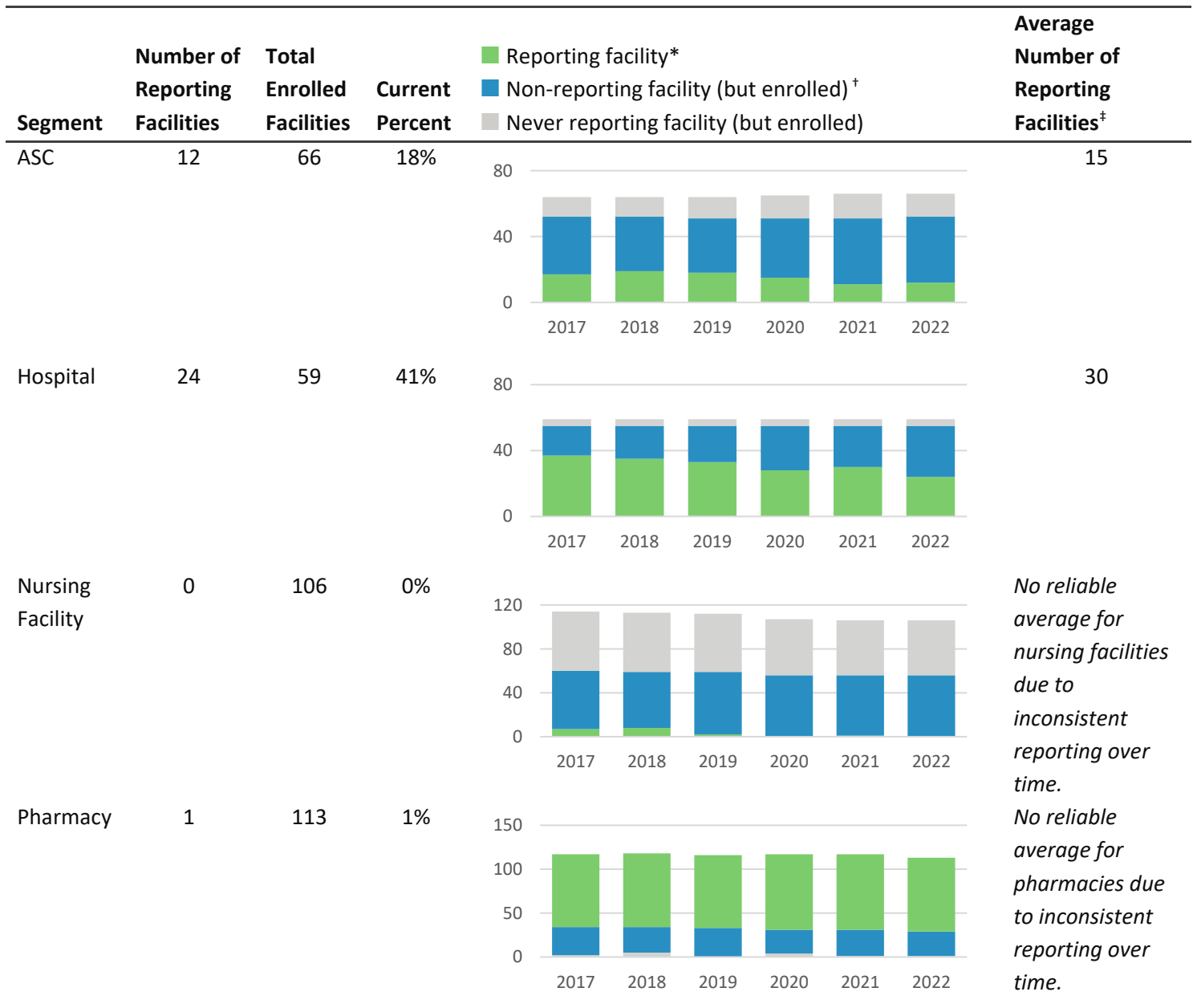
Incorrect medication or substance 1 (100%)

Nursing Facilities

n=0

Participation

Active Reporters (2017-2022)



* Reporting facility: A facility that that is enrolled in PSRP and has submitted at least one report in a reporting year.

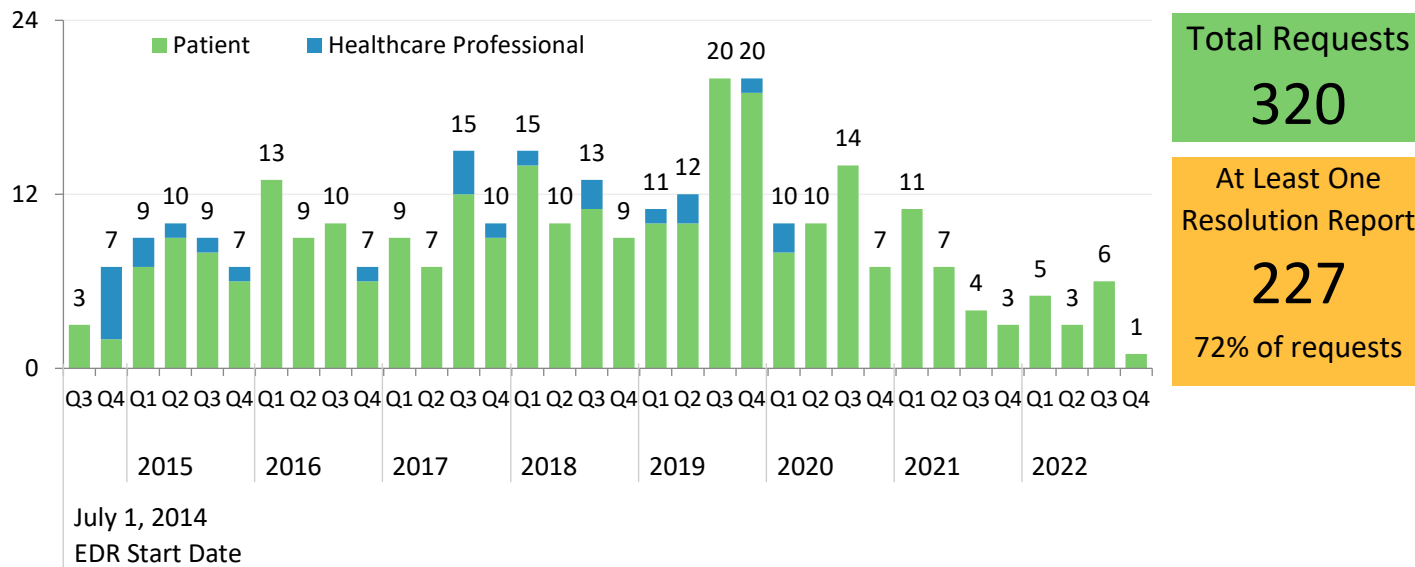
† Non-reporting facility: A facility that that is enrolled in PSRP but has not submitted a report in a reporting year.

‡ Averages are based on the last three years of reporting data (2019-2021).

EDR Data

Timeframe: July 1, 2014—December 31, 2022

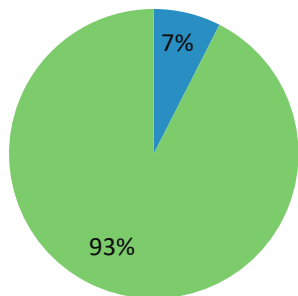
Number of Requests for Conversation



Requests for Conversation by Requester Type

n=320

Healthcare professional Patient



Patient Filer Types

n=296

Patient	255	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%