

# Task Force on Resolution of Adverse Healthcare Incidents Meeting Agenda

March 8, 2023 | 2:30 – 4:00 p.m. | Hybrid Meeting (In-person with virtual option)

<b>2:30</b> 5 min	Welcome and Introductions	John Moorhead, Co-chair
<b>2:35</b> 5 min	Review Agenda and Approve Minutes <ul style="list-style-type: none"> <li>December 14, 2022</li> </ul>	John Moorhead
<b>2:40</b> 5 min	Patient at the Center	Beth Kaye
<b>2:45</b> 5 min	Early Discussion and Resolution Program Updates <ul style="list-style-type: none"> <li>Data Process Evaluation</li> <li>Outreach Activities</li> </ul>	Beth Kaye
<b>2:50</b> 10 min	Task Force Membership and Leadership	Beth Kaye John Moorhead
<b>3:00</b> 5 min	Executive Director’s Report	Valerie Harmon
<b>3:05</b> 50 min	Potential Opportunity to Build Statewide Capacity	John Moorhead Thomas Gallagher MD, Pathway to Accountability, Compassion, and Transparency (PACT)
<b>3:55</b> 5 min	Public Comment*	
<b>4:00</b>	Upcoming Task Force Meetings, Evaluation Reminder† and Adjourn	John Moorhead

\* 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.

# Task Force on Resolution of Adverse Healthcare Incidents Meeting Minutes

December 14, 2022 | 2:30 – 4:15 p.m. | Virtual Meeting

## Attendees

		Present	Virtual	Absent
Task Force Members	Jeff Goldenberg (Advocate for Patient Safety)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Anthony Jackson (At Large Member)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Robert Joondeph (Public Member)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	John Moorhead (Practicing Physician)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Rep. Ron Noble (Republican Representative)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Cameron Padilla (Hospital Representative)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Rep. Rachel Prusak (Democratic Representative)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Margaret Mikula (Practicing Physician)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Tina Stupasky (Trial Lawyer)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OPSC Staff	Valerie Harmon (Interim Executive Director)			
	Beth Kaye (EDR Program Director)			
	Linda Lancaster (EDR Program Manager)			
	Stephanie Warren (Program Assistant)			
Guests	Claire Devine (Center for Outcomes Research and Education)			
	Maggie Weller (Center for Outcomes Research and Education)			
	Kristen Lacijan (Center for Outcomes Research and Education)			
	Mark Bonanno (Oregon Medical Association)			
	Bob Dannenhoffer (OPSC Board of Directors)			

## Agenda Items

### Welcome and Introductions

This meeting of the Task Force on Resolution of Adverse Healthcare Incidents (Task Force) was called to order by Co-chair Tina Stupasky at 2:30 p.m. Linda Lancaster welcomed members of the public. Beth Kaye took the attendance of Task Force members.

Tina Stupasky wished farewell to three Task Force members and thanked them for their service.

- Chandra Basham, who held a Trial Lawyer seat
- Representative Ron Noble, who held the House Republican seat
- Representative Rachel Prusak, who held the House Democratic seat

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### Open Seats

- **Voting Members**
  - **Current Vacancies:** Physician (in active practice), 2 Trial Lawyer seats
- **Legislative Members**
  - **Current Vacancies:** House Republican, House Democrat, Senate Republican, Senate Democrat

In June 2023, the current co-chairs will step down. Task Force members interested in the co-chair positions are encouraged to email Beth Kaye ([beth.kaye@oregonpatientsafety.org](mailto:beth.kaye@oregonpatientsafety.org)) for more information about the role, responsibilities, and time commitment.

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Review and Approve Minutes

Tina Stupasky requested that the Task Force review and approve the September 14, 2022, Task Force meeting minutes.

### Action Item: Approve September 14, 2022, Meeting Minutes

- **Motion:** Bob Joondeph moved to approve the minutes of the September 14, 2022, Task Force meeting. Margaret Mikula seconded.
- **Vote:** Anthony Jackson, Bob Joondeph, Margaret Mikula, John Moorhead, Cameron Padilla, and Tina Stupasky voted in favor. The motion was passed.

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Report from the Executive Director

Valerie Harmon provided her report.

### Task Force Appointments

- Governor appointments have been on hold since the beginning of October and will resume once Governor-elect Kotek starts her term in office in 2023 and assigns new policy advisors to boards and commissions.

### EDR Funding

- The Oregon Patient Safety Commission (OPSC) receives State Legislature-appropriated General Funds through the Oregon Health Authority (OHA) to support the operating costs of EDR's funding.
- OPSC was notified by OHA that the funding for EDR was included in budget cuts for the 2023-2025 biennium, and the cut was about 24% of EDR's total budget. The cut was final and there will not be an opportunity to respond or provide additional information.
- The OPSC Board will be planning for the decrease in funding in 2023 and will work with OHA to ensure OPSC has an opportunity to respond to proposed cuts in future before those cuts are finalized.

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EDR 2022 Annual Report Discussion and Approval

Beth Kaye presented the draft 2022 EDR report and facilitated a discussion with Task Force members for feedback.

### Task Force Feedback

- Margaret Mikula asked if it was possible to include information about how many Oregon healthcare organizations have a CRP program in place. While there is not a mechanism to collect this

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information, this is an important point and could be included in future assessment work.

- Margaret was also wanted to consider how the timing of the open conversation affects transparency. This will be an item to explore in future.
- John Moorhead would like to see something to reinforce that the CRP approach is better for patients than other approaches. He also noted that facilities would need support to transition to CRPs, and supported continued outreach to marginalized communities.
- Tina Stupasky recommended EDR consider how to collaborate and engage healthcare facilities in a statewide strategy.
- Anthony Jackson recommended summarizing EDR's outreach work in the report, highlighting EDR's commitment to equity where possible.
- Bob Joondeph suggested considering bringing stakeholders together to determine barriers to EDR engagement.
- Based on feedback from the OPSC Board, members agreed that adding information to support the need to address systemic health inequity would be helpful.

**Action Item: Adoption of the Draft 2022 EDR Annual Report**

Tina Stupasky called for a motion to adopt the report subject to the inclusion of suggested changes.

- **Motion:** Anthony Jackson moved to adopt the report subject to incorporating more information about equity, examples of outreach efforts, the benefit for patients of a CRP approach to harm, and the availability of CRPs in Oregon. Bob Joondeph seconded.
- **Vote:** Anthony Jackson, Bob Joondeph, Margaret Mikula, John Moorhead, Cameron Padilla, and Tina Stupasky voted in favor. The motion was passed unanimously.

Task Force members are encouraged to send additional suggestions or feedback for the EDR 2022 annual report to Beth Kaye.

OPSC will incorporate the Task Force's suggested changes to the report and provide a revised draft to the Task Force co-chairs for final approval.

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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.

**Task Force Feedback**

- Task Force members liked the layout and outline of the logic model and the inclusion of equity throughout.
- Task Force members suggested the addition of community outreach strategies to the logic model.

- Tina Stupasky requested CORE provide specific community outreach strategy recommendations.
  - Kristen Lacijan reported that CORE will provide recommendations that OPSC will use to inform their outreach strategy development work.
- Cameron Padilla commented that all participants can experience fear and other emotions when discussing patient harm events. It is important for organizations, policy makers, and programs like EDR to consider how to build support systems for everyone around adverse events.

Task Force members are encouraged to send feedback directly to CORE, [Margarette.Weller@providence.org](mailto:Margarette.Weller@providence.org), by the end of 2022.

Public Comment	No public comments were submitted prior to the meeting and the guests declined an opportunity to comment.
Upcoming Task Force Meeting	<p>The next Task Force meeting is scheduled for March 8, 2023. The meeting schedule and packet will be available on the <a href="#">Our Governance page</a> of the OPSC website.</p> <p>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.</p> <p>Suggested agenda items for the March 8, 2023, meeting include:</p> <ul style="list-style-type: none"> <li>• Nominations for Co-chairs</li> <li>• Data process strategy development update</li> <li>• Outreach strategy development update</li> </ul>
Evaluation Reminder and Adjourn	The meeting was adjourned at 4:11 p.m. Task Force members will receive an email with the link to take an electronic meeting evaluation.



# Task Force on Resolution of Adverse Healthcare Incidents

March 8, 2023 | Hybrid 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 and Introductions

John Moorhead, Co-Chair



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# Review Agenda and Approve Minutes

John Moorhead, Co-Chair



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## Today's Agenda

<b>2:30</b>	Welcome and Introductions	John Moorhead, Co-Chair
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<b>2:40</b>	Patient at the Center	Beth Kaye
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<b>2:50</b>	Task Force Membership and Leadership	Beth Kaye John Moorhead
<b>3:00</b>	Executive Director's Report	Valerie Harmon
<b>3:05</b>	Potential Opportunity to Build Statewide Capacity	John Moorhead Tom Gallagher, MD, Pathway to Accountability, Compassion and Transparency (PACT)
<b>3:55</b>	Public Comment	
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## Action Item: Approve Minutes

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- **Action Item:** Does the Task Force approve the minutes from the December 14, 2022 Task Force Meeting?



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## Patient at the Center

Beth Kaye, EDR Program Director



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# Early Discussion and Resolution Program Updates

Beth Kaye, EDR Program Director



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## 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 underway (focus on historically or structurally underserved communities)
  - Next steps: Seek input from key audiences to inform approach, implement recommendations

### Other Priorities

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



### EDR Goals

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



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# Task Force Membership and Leadership

Beth Kaye, EDR Program Director

John Moorhead, Co-chair



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## Membership Status

### Open Positions

- Physician
  - **Seat criteria:** A licensed physician (ORS chapter 677) in active practice
- Trial Lawyer (2)
- Legislative Members (4, non-voting members)

### Eligible for Reappointment

- Representative of the Hospital Industry

### Upcoming Vacancies

- Physician in Active Practice (term ends June 30, 2023)
- Trial Lawyer (term ends August 31, 2023)
- Public Member (term ends August 31, 2023)



### 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)
- **Other Members:** The Governor appoints the ten other Task Force members

#### Appointment Schedule

- Monthly starting in March 2023
- 5<sup>th</sup> of month: Board Administrators share candidates with Advisors
- ~30<sup>th</sup> of month: Governor appointments



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# Leadership Transition Planning

## Officers

- Co-chair: John Moorhead **ACTION NEEDED**
  - **Task Force term:** 2<sup>nd</sup> ends June 30, 2023
- Co-chair: Tina Stupasky **ACTION NEEDED**
  - **Task Force term:** 2<sup>nd</sup> ends August 31, 2023



## Task Force Leadership

### ORS 31.280 (6)

The Governor shall select one member of the task force to serve as chairperson and another to serve as vice-chairperson, for the terms and with the duties and powers necessary for the performance of the functions of such offices as the Governor determines.



# Executive Director's Report

Valerie Harmon, Executive Director



## Discussion Items

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- Administration Transition
  - Agency support, alignment, and accountability
  - Assigned advisors
  - Appointment schedule
- 2023-2025 Biennial Budget Planning



## Potential Opportunity to Build Statewide Capacity

John Moorhead, Co-Chair

Thomas Gallagher, MD, Pathway to Accountability, Compassion and Transparency (PACT)





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## Problem

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

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## Solution

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

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## PACT's Purpose

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

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## PACT meets everyone where they are

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- > **The PACT Community of Practice**

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

- > **The PACT Collaborative**

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

- > **The PACT Leadership and Innovation Network**

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

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## Organizations leading PACT

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## PACT Core Faculty

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**Evan Benjamin, MD, MS, FACP**

Chief Medical Officer, Ariadne Labs; Associate Professor of Medicine, Harvard Medical School; Associate Professor, Health Policy and Management, Harvard TH Chan School of Public Health



**Thomas H. Gallagher, MD**

Professor and Associate Chair, Department of Medicine, University of Washington; Professor, Department of Bioethics and Humanities, University of Washington; Executive Director, Collaborative for Accountability and Improvement

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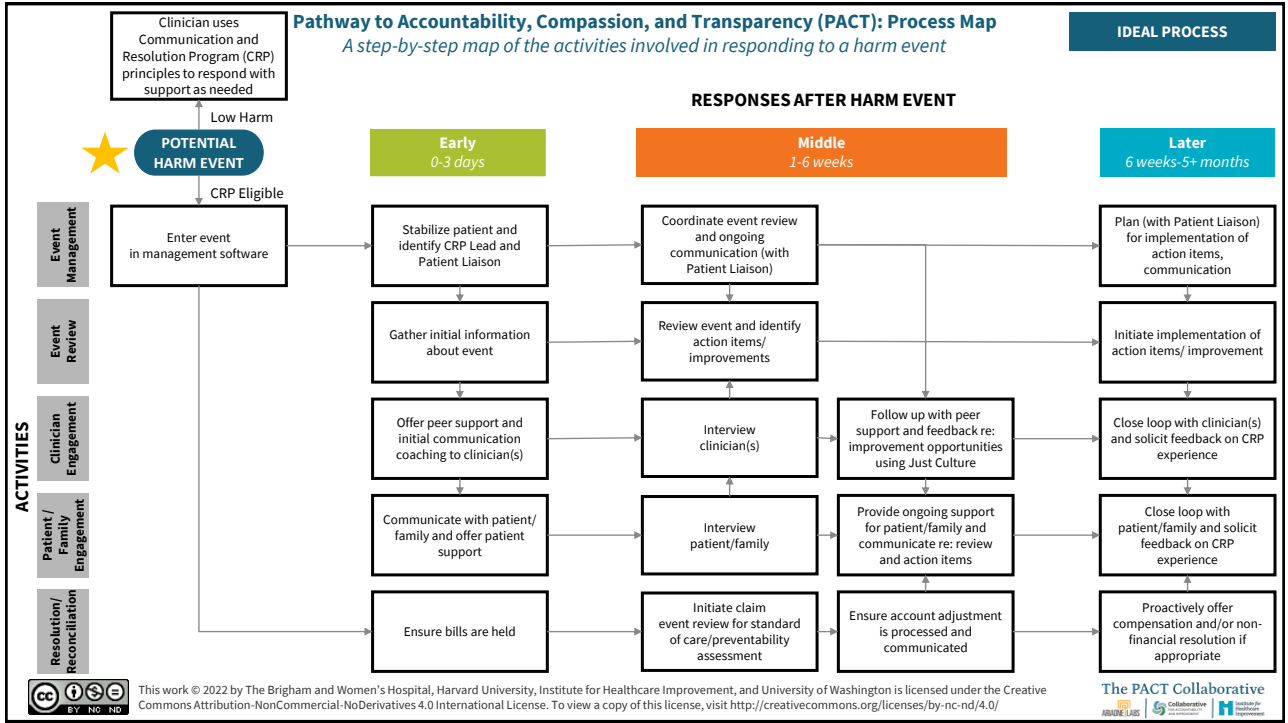
## Phase One Success

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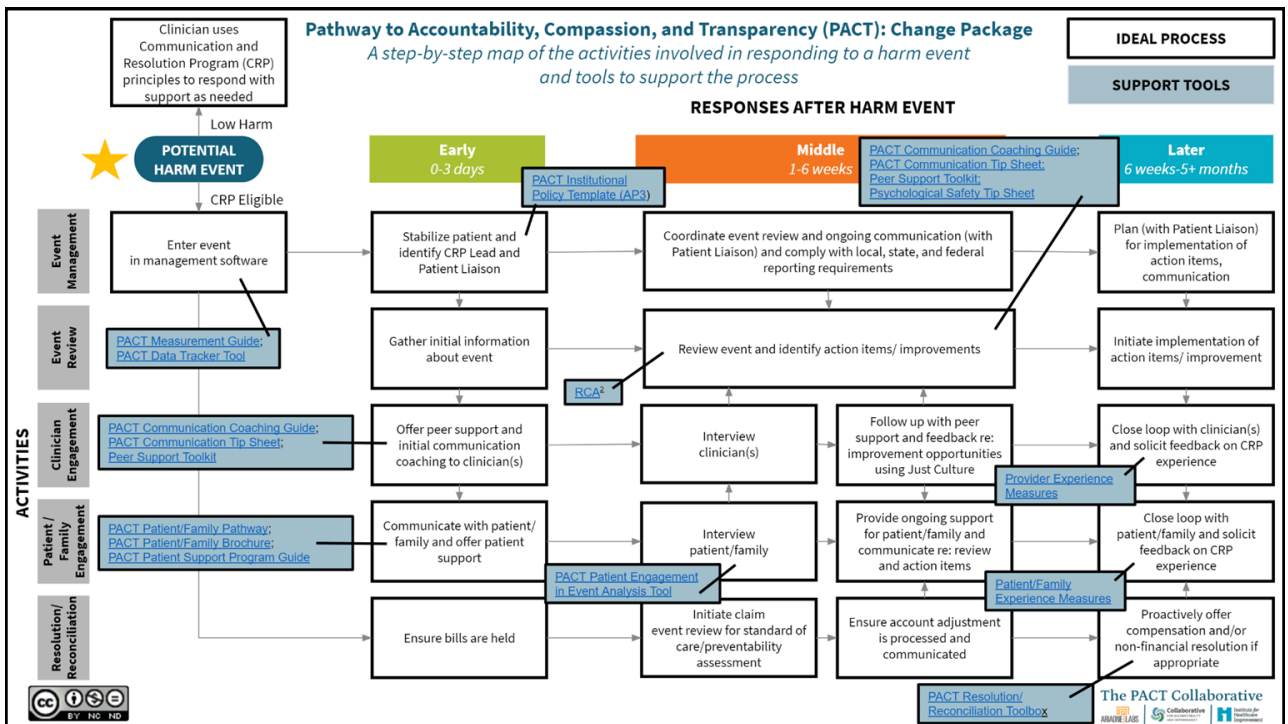
- > The inaugural PACT Collaborative Cohort included 19 health systems from 11 states around the country
  - Academic medical centers
  - Rural healthcare systems
  - Large ambulatory systems
  - County Health departments
  - Children's Hospitals
  - Senior Living facilities

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## Participant Testimonial

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

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

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## Support for PACT, Phases 1 & 2

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- > PACT is made possible in part through the generosity of our sponsors



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## PACT Collaborative, Phase 2

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- > July 2023 – July 2024
- > Six virtual Learning Sessions
- > Action periods with implementation support from faculty coaches and cohort check-ins
- > Change package with innovative tools and resources
- > PACT PSO for secure data submission
- > Platform with all resources, events, and community forum

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PACT for Oregon

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## Mission Alignment

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The Oregon Patient Safety Commission's (OPSC's) mission is to reduce the risk of serious adverse events occurring in Oregon's healthcare system and encourage a culture of patient safety. OPSC offers a constructive space for healthcare facilities, providers, and patients to build a culture of safer care. OPSC also promotes shared learning and candid dialogue to reduce the risk of patient harm across Oregon's healthcare system.

PACT seeks to:

- > promote a culture of patient safety through harm response programs focused on accountability, compassion, and transparency.
- > create opportunities for shared learning in the Community of Practice online forum, Collaborative Learning Sessions and Action Period check-ins, and Network complex case reviews.

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## Opportunity: OPSC/PACT Partnership

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

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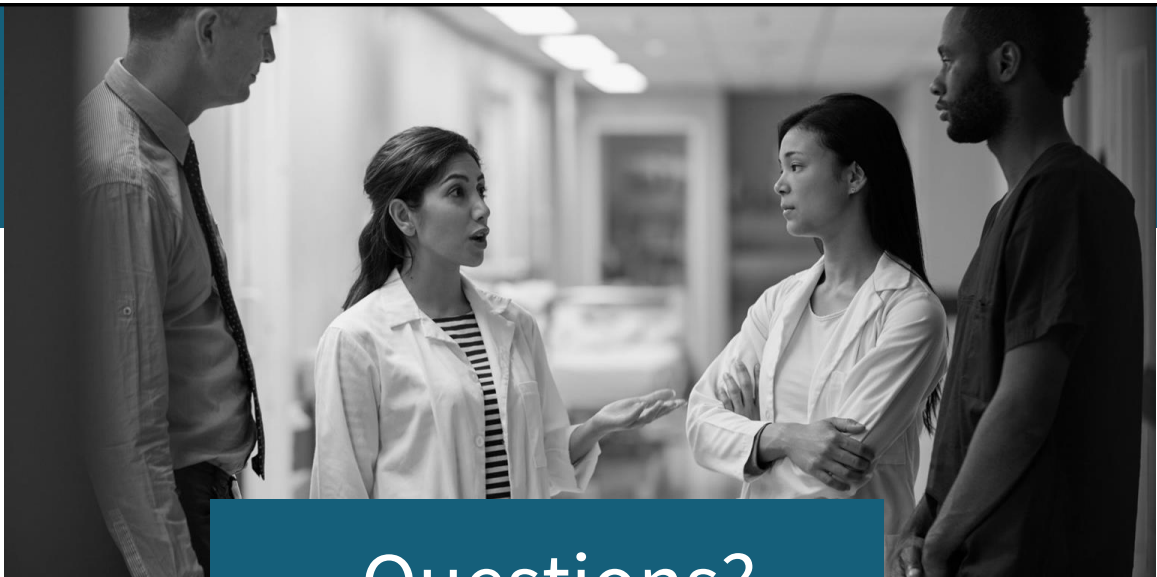
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## Fee Structure

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- > The major sponsorships helped to lower the tuition
- > Ariadne and CAI are non-profits and tuition plus sponsorships are intended to cover program costs
- > PACT Collaborative participation is \$25,000 per organization
  - > Each additional team within a health system is \$8,500
- > PACT Community of Practice is \$199 per person per year
  - > Could discuss a flat fee or discount code for Oregon
- > PACT Leadership and Innovation Network is \$5000 per year or \$8000 for two years
  - > By invitation only to Collaborative graduates and others with very strong programs

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Questions?

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# Public Comment

John Moorhead, Co-Chair



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# Upcoming Task Force Meeting

John Moorhead, Co-Chair



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## June 14, 2023 Meeting Agenda

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- Co-Chair Elections
  - Task Force recommendation will be shared with Governor for consideration
- Data process strategy update
- Outreach strategy development update



## Thank You!

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

[OREGONPATIENTSAFETY.ORG](https://oregonpatientsafety.org)



BUILDING A CULTURE OF  
SAFER CARE—TOGETHER

# Task Force on Resolution of Adverse Healthcare Incidents Membership Tracking

Seat #	Seat Name	Current Member	Co-Chair Term Start Date	1 <sup>st</sup> Term End Date	2 <sup>nd</sup> Term End Date	Status
1	Trial Lawyer	Tina Stupasky	7/1/2020	08/31/2019	08/31/2023	Active
2	Physician	Margaret Mikula		06/30/2025		Active
3	Trial Lawyer	Vacant				Open
4	At Large Member (Public Member)	Bob Joondeph		05/28/2024		Active
5	Physician	<i>Unfilled</i>				Open
6	Trial Lawyer	<i>Unfilled</i>				Open
7	Hospital Representative	Cameron Padilla		08/13/2023		Active
8	Physician	John Moorhead	7/1/2020	06/30/2019	06/30/2023	Active
9	Advocate for Patient Safety	Jeff Goldenberg		05/28/2024		Active
10	At Large Member (Public Member)	Anthony Jackson		08/31/2019	08/31/2023	Active
<b>Legislative Members (Non-Voting) *</b>						
11	Democratic Representative	<i>Unfilled</i>				Open
12	Republican Representative	<i>Unfilled</i>				Open
13	Democratic Senator	<i>Unfilled</i>				Open
14	Republican Senator	<i>Unfilled</i>				Open

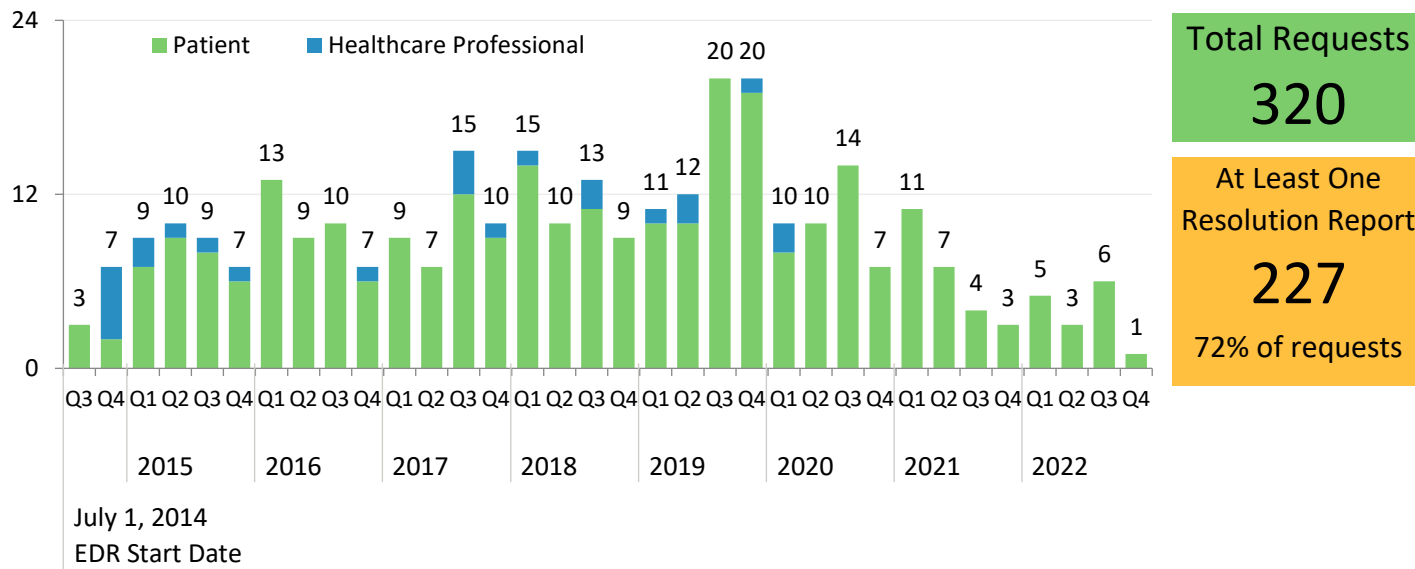
\* Representative members are appointed by the Speaker of the House of Representatives; Senator members are appointed by Senate President.



# EDR Data

Timeframe: July 1, 2014—December 31, 2022

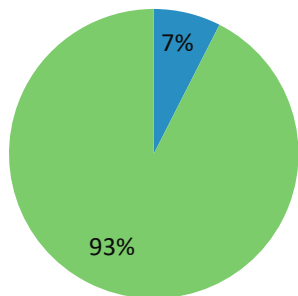
## Number of Requests for Conversation



## 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%

# 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.