



OREGON
PATIENT
SAFETY
COMMISSION

Diversity, Equity, and Inclusion Plan

2023





The Oregon Patient Safety Commission is a semi-independent state agency that supports healthcare facilities and providers in improving patient safety. We encourage broad information sharing, ongoing education, and open conversations to cultivate a more trusted healthcare system.

Learn more: oregonpatientsafety.org

Our Mission

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

BUILDING A CULTURE OF SAFER CARE—TOGETHER.

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Agency Overview

The Oregon Legislature created the Oregon Patient Safety Commission (OPSC) in 2003 as an independent voice for patient safety. At that time, many people in our state and around the world saw an urgent need for greater collaboration and systemwide insights to address underlying challenges in healthcare that increase the risk of patient harm. OPSC grew out of recommendations from a workgroup representing medical providers, insurers, purchasers, and consumers. They believed that the work of improving patient safety never ends and should not have to be done in isolation.

“As I sought remedies that would support healthcare system improvements [and] result in quality outcomes for patients, I discovered that I was not alone. All the members of the group were part of this quest for a process and a culture of patient safety that would work for patients and the institutions charged with serving them.”

—Ellen C. Lowe, workgroup member

OPSC was created as a semi-independent state agency to advance, support, and encourage patient safety in Oregon, independent of any regulatory functions of state government.

Founding Principles

- Create a safe, non-punitive, and confidential haven for the collection and use of patient safety information for learning.
- Change the climate of patient safety in Oregon, while acknowledging that such change will require a long-term, sustained effort.
- Identify and share best practices.
- Fully represent patients and patient experience in patient safety efforts.
- Encourage a “just culture” framework that balances individual accountability with a non-punitive, learning approach to achieve system improvements.

Mission

OPSC’s mission is to improve patient safety by reducing the risk of serious adverse events occurring in Oregon’s healthcare system and by encouraging a culture of patient safety. This mission was established in the agency’s founding legislation (ORS 442.820(2)) and remains vital. Supporting patient safety culture development is essential to making our healthcare system safer, and it drives everything we do.

Programs

OPSC fulfills its mission through the administration of two programs:

- **The Patient Safety Reporting Program** collects and analyzes information from healthcare facilities about serious patient harm or near misses. It shares the broader lessons learned to support facilities in refining their best practices and preventing future harm.
- **The Early Discussion and Resolution** process helps connect patients who experience harm (or a family member) and their healthcare provider so that they can speak candidly about the harm that occurred, work toward reconciliation, and contribute to safeguarding others from similar harm.

Diversity, Equity, and Inclusion Statement

Our mission at the Oregon Patient Safety Commission (OPSC) is to reduce the risk of serious adverse events occurring in Oregon’s healthcare system and encourage a culture of patient safety. With a mandate to serve all Oregonians, we believe we have an obligation to do so equitably. We are committed to advancing diversity, equity, and inclusion (DEI) through our work.

To do this, we:

- Administer our patient safety programs, designed to improve systems of care for all Oregon patients.
- Seek out other perspectives whenever possible and meet people where they are, without judgment, and with an eye toward equity and inclusion.
- Create opportunities to continue to increase the diversity of our staff, Board of Directors, and Task Force on Resolution of Adverse Healthcare Incidents.

Additionally, we work to foster an inclusive and equitable workplace and Board and Task Force experience, as we value the meaningful tenure of our staff and the members of our Board and Task Force.

Our DEI Approach

OPSC is committed to integrating DEI principles into our work in a meaningful way, guided by the [State of Oregon Diversity, Equity, and Inclusion Action Plan: A Roadmap to Racial Equity and Belonging](#).

OPSC's Board of Directors and the Task Force on Resolution of Adverse Healthcare Incidents (the evaluative body for our Early Discussion and Resolution program) have prioritized equity and collaboration with interested stakeholders. This has resulted in deliberate efforts to integrate DEI into our work. OPSC also contracts with the Department of Administrative Services (DAS) Chief Human Resources Office (CHRO) for Human Resources (HR) services. OPSC's HR Business Partner serves as our Affirmative Action Representative. These partnerships are central to our DEI efforts.

We are focused on hardwiring DEI practices in our program processes and systems. As such, our DEI work is ongoing, and this plan is a living document that we will continue to build on. Additionally, our DEI efforts are interconnected with our organizational strategic direction and affirmative action plan. In Q3 and Q4 of 2023, we will be working with the OPSC Board of Directors to streamline all these efforts into a comprehensive agency strategic plan, so that we can thoughtfully plan for and build on our DEI efforts in everything we do.

The Imperative to Integrate Equity into Everything We Do

Our mission is to improve patient safety by reducing the risk of serious adverse events occurring in Oregon's healthcare system and by encouraging a culture of patient safety. This mission was established in our founding legislation (ORS 442.820(2)). To fulfill our mission and serve all Oregonians, OPSC must integrate equity into everything we do because inequitable care cannot be safe care.

Patient safety is undeniably linked to health inequity—the differences in health outcomes that are systematic, avoidable, and unjust.¹⁻⁴ A 2020 study published in the *Journal of Patient Safety*⁵ identified race differences for serious harm events by both type of event and hospital setting for events reported in a voluntary reporting system. Structural racism and systemic discrimination based on factors such as race, sex, language, and socioeconomic class are codified in the policies and practices of the U.S. healthcare system.^{6,7}

Understanding the root causes of inequity in patient safety is essential to inform strategies to address inequities—but there's limited information about how healthcare organizations seek to understand the role of health equity in adverse events. In Oregon, even basic data on race and ethnicity are either not collected during facilities' event investigations or are simply not included in event reports submitted to OPSC's reporting program. But this is not a problem limited to OPSC or Oregon healthcare organizations. McDonald et al. noted that "Few organizations analyze their safety or risk data in the context of race, ethnicity, or language preference."^{8(p76)} In addition, there is limited understanding among healthcare organizations about how to connect what we know about health inequities to solutions that result in concrete changes.⁹

OPSC can encourage practices and improvement efforts that advance equity. OPSC's role is to work with organizations across the healthcare system to support learning and collaboration. We offer insight into the efficacy of the processes and systems organizations use to make care safer following patient harm events. This should include encouraging practices and improvement efforts that advance equity.

Our DEI Focus Areas

Strategy Focus Area: Data

Challenge

In Oregon, data on race and ethnicity are either not collected during healthcare facilities' event investigations or are not included in event reports submitted to OPSC's reporting program (PSRP). But this is not a problem limited to OPSC or Oregon healthcare organizations. McDonald et al. note that "Few organizations analyze their safety or risk data in the context of race, ethnicity, or language preference."^{8(p76)} In addition, there is limited understanding among healthcare organizations about how to connect what we know about health inequities to solutions that result in concrete changes.⁹

Action

Codify health equity as an essential part of reporting program data collection and analysis because we know that inequitable care cannot be safe care. While revising our statute cannot change the inequities inherent in American healthcare, it would encourage Oregon's healthcare organizations to implement processes and practices to understand and address health inequity head on.

Timeline

- In the 2023 Legislative session, introduce a bill to add health equity data to reporting program data collection requirements.
- In 2024, implement updated health equity data requirements into the reporting program operations (e.g., online form and aggregated public data reports).

Strategy Focus Area: Data

Challenge

Data collected throughout administration of the EDR process is not consistent and is sometimes incomplete. Additionally, the data that is collected is often difficult to interpret. This includes understanding if the program is equitable as well as the role equity may play in the resolution of medical harm events. Improving the quality of the data we collect will also improve our ability to learn from it and make recommendations for best practices related to resolving medical harm events.

There are several features of the EDR process and data that make this work a particularly unique and interesting challenge.

- EDR is a voluntary process, and, at any point in the process, any party may choose not to participate. Submitting data is also voluntary throughout the process.
- There is a lot of variation in the number and make-up of parties that could be involved in an EDR Request for Conversation as well as the number and nature of any conversations that may result from the Request. This creates interesting dilemmas for both data collection and basic counting.

Action

Develop and implement a new data process strategy for EDR 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. Specific actions include:

- Create a logic model to map program activities to desired short- and long-term outcomes. Include stakeholder engagement to understand goals, key questions, equity considerations, and constraints.
- Review data elements, processes, and structures. One important consideration will be how equity is incorporated in data collection, analysis, and reporting.
- Develop a set of recommendations to improve EDR data collection, analysis, and reporting.
- Prioritize identified areas for improvement in the new data process strategy and move forward with implementation based on prioritization.

Timeline

- From September 2022 to June 2023, develop a new data process strategy.
- July 2023 through 2025, prioritize identified areas for improvement in the new data process strategy and move forward with implementation.

Strategy Focus Area: Inclusive Communication

Challenge

EDR is available to Oregonians who experience serious harm or death from medical care, or their families. However, there is limited awareness among Oregonians about EDR, including many organizations that people turn to after medical harm.

During a series of listening sessions held in locations around Oregon in 2018, we learned that patients and families are not interested in information about the EDR program until they have experienced medical harm, highlighting the necessity to reach organizations people turn to in these situations. With such a broad audience to reach, OPSC—in partnership with our Board and Task Force—have prioritized reaching patients and families in historically and structurally underserved communities.

Action

Develop and implement an outreach strategy, in consultation with communications experts, that is informed by members of the communities we are trying to reach and prioritizes equitable information dissemination to increase awareness about and use of EDR.

Timeline

- From February to December 2023, develop an outreach strategy.
- In 2024, implement the outreach strategy and evaluate effectiveness.

Strategy Focus Area: Inclusive Communications

Challenge

One of our primary mechanisms for sharing information about our work with the public is through our website. However, one of our most frequently used formats (PDF documents) poses accessibility challenges. This includes meeting notes from our public meetings.

Action

- Improve the accessibility of information we share by:
 - Opting to use web-based content, whenever possible, that incorporates accessibility principles (rather than providing content in PDF format),
 - Transitioning content out of PDFs to web-based content when materials are updated.
- Provide video recordings of public meetings via YouTube to provide better access to public meeting information for more people.

Timeline

Ongoing

Strategy Focus Area: Service Delivery, Inclusive Communications

Challenge

Oregonians have several ways they can access OPSC's EDR program to start a conversation with their healthcare provider or facility about a serious medical harm event: through an online portal, by submitting a paper form, or by phone (which, in some cases, may layer in language access services). OPSC's processes for managing each of these intake mechanisms can vary. Despite the different entry points, OPSC has identified opportunities to align processes and systems, and ultimately the experience of individuals seeking EDR.

Action

- Develop and document a standard EDR workflow to ensure a consistent experience for every Oregonian, whether they seek out the program via the online request filing system, mail in a paper copy of the request, or call the support phone line and/or need translation (or other communication accommodation) services.
- Integrate language access services into the workflow to ensure Oregonians who may be limited-English-proficient, Deaf and Hard-of-Hearing, or who may need another language access accommodation, will have equal access to EDR.

Timeline

November 2022 through August 2023

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