



**FOUNDATION FOR
Health Care Quality**

Washington
PATIENT SAFETY COALITION

Steering Committee Meeting

Friday, January 17, 2020

8:30-10:00 a.m.

Foundation for Health Care Quality,
705 Second Avenue, Suite 410, Seattle

To participate by phone: (646) 558-8656, ID# 391 806 818

Using your PC to call in: <https://zoom.us/j/391806818>

If you are unable to attend please have a delegate attend in your absence

MISSION

To improve safety for patients receiving health care in Washington, in all care settings.

VISION

Safe care: every patient, every time, everywhere.

GOALS:

- Facilitate the exchange of information about best practices relative to patient safety.
- Disseminate new knowledge and new practices.
- Support coordinated/collaborative efforts and new partnerships.
- Raise awareness of the need for safe practices.

Agenda

8:30 Welcome incoming Chair Cat Mazzawy

- Thank you to Jackie Valentine – 10 min - Steve Levy
 - Jackie and Randy were in the room at the meeting
 - “Extremely helpful as SC chairs and we have tokens of thank for you”
 - Two of them have really helped Steve out and thank you for guidance and mentorship
- Roll call by organization and then name/delegate

8:40 Announcements:

- Member spotlight – WSHA, Cat Mazzawy - 5 min
 - 2020 marks the 20th anniversary working in Patient Safety & Quality
 - Started as an analyst transcribing reports
 - Then had opportunity to define and fill roles as patient safety officer
 - Currently at Washington State Hospital Association (WSHA) as Senior Director of Safety and Quality
 - Manage federal contracts with Medicaid and Medicare services
 - Has been actively involved with WPSC since 2004 and it was then along with peer at SC interested in starting regional forum for PS work they were doing and implementing national PS goals from Joint Commission
 - Thankful for FHCQ support
 - WSHA- Patient Safety & Quality covers wide array of topics
 - Infection prevention, medication safety, clinical safety indicators, workforce safety, behavioral health and opioid misuse, patient and family engagement, sepsis, care transitions, and health equity
 - Provides support to members
 - Bring together learning collaboratives and allow hospital to learn from one another
 - In 2010 the safety table learning collaboratives was recognized with the John Eisenberg award
 - CMO collaboration- Providing support to those in roles as leaders
 - CNO & quality leaders more recently group

- Annual summit that draws in CEO and c-suite members and boards to hear about hot topics in safety & quality and address roles
 - WSHA recently listed as a Federally Recognized Northwest Quality PSO- extended work allowed to do and to Washington, Oregon and Alaska
 - Oregon contract with WSHA to provide safety and quality programs to their hospitals and contract with Alaska to do the same
 - Extend the quality programming to more regional focus
- Patient story – TBD, 5 min
 - Does anyone have one?
 - Jackie Valentine-
 - Was rounding yesterday in cancer care unit- wanted to solicit information from culture and how they're feeling about safety in the area
 - Began talking to 2 nurses and they couldn't think of any problems
 - Jackie asked the question "What about milk management, (barcoding breast milk)?" They said yes, they thought that was a problem, so she asked for ideas and solicited input
 - Also just implemented a pain sedation unit- imagine 2 year olds- they don't want to get poked and have wanted to do this for awhile
 - Jackie asked how it was going and they said everything was fine. She then asked them to tell her the scariest thing that's happened since it started
 - One of the nurses said "we had a child with an adverse reaction and didn't have the antidote on the cart and so they then decided to put antidote on all carts"
 - This is a good reminder about psychological safety and reporting and going out there to understand from teams what problems are
 - The team might normalize the problem not realizing that it can be solved quickly/easily
 - There is power in the framing of a question and digging deeper to uncover what is happening

8:50 Action items:

- Approve Minutes for November 2019 meeting - 5 min – Chair
 - Moved to approve and seconded
 - unanimous approval
- Year End Report – 5 min - Kinsey Gray
 - Representatives or steering committee members were encouraged to share Year End Report with decision members in organization who might be interested in what you're doing
- Election of Vice Chair – 5 min – Steve Levy
 - Welcome Jonathan Stewart as Vice Chair

9:05 Discussion and action items:

- 2020 Program Initiatives for the WPSC – 35 min – Steve Levy, Cat Mazzawy
 - Steve Levy will present results of survey. Discuss and determine patient safety and quality initiatives for the WPSC in the 2020 Action Plan. Discuss sign up for workgroups.
 - These workgroups will definite direction for 2020
 - Subcommittees reported out at end of 2019
 - New ideas for work generated and voting offline happened
 - Steve read through all 6 options from the survey
 - Determined to continue 2 existing initiatives
 - Reducing Diagnostic Error
 - Promoting best practices in patient safety culture across continuum
 - Top 3 results from the Survey
 - Promoting psychological safety
 - Addressing stigma bias
 - Adopting of separation and loss service

- What is the bandwidth and what are activities we want to pursue as a coalition?
- What would you be interested in signing up for? Want to create workgroups and as Steering Committee members it is your charge to be part of one of these subcommittees
 - Don't have to do all of them right away, can focus on 1 now and take up others later
 - Want to make sure there are measurable deliverables for each workgroup
 - Positive value we can add to the community is create something
 - Workgroup needs to define what the deliverable is and how to create that
 - Rodica- psychological safety is very important topic- if the staff and providers do not feel safe there is no teamwork or patient safety; everything is affected by it. Reluctant to report or discuss with team leads to broken communication in many places and people begin feeling burnt out and unhappy at workplace.
 - John Vassall- also thinks that is important and very broad and deep topic. We should also consider the patient perspective – a lot of things happen in the hospital that freak patients out and they don't know what's going on. A lot of little things that patients are oriented too and don't understand and if they're in a state of high anxiety while in hospital they won't heal well
 - Need to define what part to tackle, define work to something specific
 - If the staff don't communicate the patients will absolutely feel that
 - Many aspects to it-
 - Jessica- worked with Dr. Sara Kim who studied and worked on implementing tactics based on research. This is extremely important, and a lot of lessons learned. Think there is a way to formulate a program for psychological safety for all. Challenge of finding voice and speaking up and person on other ends to listen
 - Jackie- thinks that is great and remembers hearing about this program. Trying to do a pilot with welcome family advisors to orientate patients and families and want to make sure they know how to call an RRT and really likes bringing the patient and family into this
 - Cat- Psychological Safety for All (likes the framing). Healthcare workers as patients tend to struggle just as much as lay patient so the familiarity with the environment doesn't really help them
 - Randy- This is key work that is foundational to the rest, does fall under promoting best practices in patient safety. Easy to talk about but what a lot of organizations have trouble with is implementation and how to measure it- that could be a good focal point. Don't know the impact we have for measurable- and unsure how to define that, but it could provide great webinar and annual meeting topic
 - Jessica- They did do a small study in the OR and defined questions on culture of safety survey- did come up with a way to measure this. Compared with communication errors-
 - Jackie- Why not spread research that Jessica is already doing and help build peer review research
 - Rodica- They have included questions from culture of safety survey and have gotten interesting results
 - Would be interesting if people are willing to share what they are finding from survey questions
- Sounds like psychological safety does have a lot of interest and will be a workgroup
 - Steve to send out email listing and electronic sign up for workgroups and then decide specifics in first meeting
 - Welcome to change workgroups if interested in new topic or step down as chair
- Steve Lovell- likes the other 2 topics but when I start reading through them, I'm not sure how much we can take on. If we come up with what we want to accomplish by when then we can circle back to next 2 topics. Would feel comfortable taking on top 3 and then see if we can come back to others then.
- Jackie- curious about 2nd one and since Bree is already working on it what would that look like? How do we integrate with them?
- Steve Levy- The Bree would like our help in implementing their work. That group would be taking their orders from Bree and then the group decides how to best implement it. It could be

possible since we have the work outlined and it might be more of an implementation group. Is anyone interested in forming workgroup?

- Jonathan- Thinks it's an important topic and hopefully produce work that will be value
 - Jessica Martinson- WSMA this topic has been elevated from their membership so she would be interested
 - Cat- Cognizant of fact that this is the first year we've had sister programs from FHCQ put forth ideas for initiatives so it would be nice to take one and show them what we can do
 - Randy- This does fall under promoting best practices – which is really what our work is about
- Decision was made to move forward with diagnostic error, psychological safety and stigma work group- Have some strong deliverables and once those are accomplished and then we can move down to other topics
 - Diagnostic error in 2020- came out with good ideas from SIDM conference and is key to quality and remains fresh and within mission of coalition.
 - Rodica- agrees and without correct diagnosis everything else can fall apart
 - Steve Levy- When this started it was a new topic and we weren't sure where it was going to go. Randy did a great job moving it forward. Brought in top diagnostic people for conference last year. Keynote speaker for 2020 conference is another diagnostic professional and look forward to turning this from education group to something with strong deliverables to implement
 - Randy- Psychological safety also plays into this and team diagnosis.
 - Jackie- Can we confirm does psychological fit under promoting best practices workgroup? Thinking strategically about resources and not spreading the SC too thin.
 - Steve- had 2 large workgroups and then tactics within them; became too big a chunk of work to get things done. Might be more controllable to have smaller workgroups for each topic.
 - LuAnn- Thinks that the promoting best practices group has launched good direction and doesn't think that the workgroup has much else to do and we should let those 2 new topics become their own workgroups
 - Current agenda for Promoting best practices...those are more staff functions and can continue with WPSC staff doing the work and group providing support but don't need to continue with meetings
 - Decided on having 3 work groups: Reducing diagnostic Error, Psychological Safety and Addressing Stigma Bias
 - Workgroups are a group of people meeting together to determine actual deliverables that are measurable and have a time frame for accomplishing
 - Once it is accomplished, we can take on another one
 - Existing best practices will be taken on by Steve and Kinsey and report back to SC on work and they can advise on what needs are as organization
 - How to approach finalizing chairs for workgroup
 - Diagnostic Error- Randy will continue as chair
 - Psychological Safety Chair- Rodica Pop
 - Jessica Yanny- Moody doesn't have capacity to take on workgroup chair but could be co-chair
 - Address Stigma Bias Chair- Jessica Martinson is hesitant to take it on and would like to have an offline conversation to see the commitment would be
 - Anyone interested in being part of conference planning committee can join- this is an operational committee and will be ongoing and members can always join

- Anyone who would like to get more involved in coalition in non-initiative work should join conference planning committee

9:40 Updates:

- Conference planning subcommittee – 10 min – Dana Kahn
 - Conference agenda is coming together
 - Keynote speakers and breakout speakers have signed LOAS
 - Looking at speaker proposals and what/how many to accept and looking at how to structure agenda
 - Strong proposals and good tools that people will find practical
 - ACHE Washington chapter partnership to help them get their CE credit and then hopefully engage their members
 - This is our second engagement with them – part of a goal to engage with non-acute care partners
 - Registration is open, watch for that and promote within organizations
 - You are our foot in the door so please help promote to your organization
 - Lisa Sanders should be a big draw for attendance
 - Sponsorship: Goal is \$55,000 and we have \$12,000 currently
 - Comagine will not be doing awards ceremony this year and we are unsure of their sponsorship level
 - Important to step up and help sponsor the conference
 - John- having meeting to follow this to determine level of sponsorship with Comagine. Now that it is a larger organization (6 states instead of 2) they didn't have time to standardize the quality awards across the states. Took a big hit on CMS contract and so don't have the discretionary fund that they had previously
 - Important piece of awards of recognizing hospitals and people who are doing good work with quality and safety- another organization who could do that?
 - If anyone has ideas, please let us know

9:50 Other business, next steps

- Review of action items
 - Steve to email out workgroup signups and set up initial meetings
 - Set up call with Jessica to discuss what it takes to chair a subcommittee
 - Could be delegate from organization who sits on the committee as a representative
- March 20th meeting member spotlight and patient story
 - Member spotlight- Karen Brigham- CAI
 - Patient story- Jessica Yanny-Moody
 - Next month Johns Hopkins Armstrong Institute will be doing presentation

10:00 Adjourn