



Due to the Covid-19 outbreak, no in-person meeting

***** There will be 1 web presentation *****

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 Announcements:

- Patient story, - Karen Birmingham, Kaiser Permanente-Washington, 5 min
 - Karen had not joined the call
 - Opened to others to share patient stories
 - Steve Levy has story;
 - As you know I'm working out of MI now
 - Coming to MI from Seattle is interesting
 - Steve decided to get tested for COVID
 - Called health dept to find out where to get tested for free
 - Run by United Way group- received list of places to get tested
 - Went to place and it was not free- it was \$50
 - He was told by staffer that he could get tested for free at different walk in clinic location
 - Went to walk in clinic, got tested
 - It took 12 days to get results
 - Was surprised by that – results came back negative
 - Didn't know how long he was going to have to wait, wasn't sure what to do during the wait time
 - Now a little weary about effectiveness of testing
- **Cat:** This brings up point about thinking of capacity
 - Friend works in lab and this surge of people needing/wanting tests is now feeling that capacity limit
 - Which could be driving longer turnaround time
 - No part of the health system operates in isolation of each other
- **John:** number of reasons for testing

- Those symptomatic take the test to determine if positive
 - Those not symptomatic and more curious are testing for prevalence in community
 - This also helps people determine if they have COVID And are asymptomatic
 - In some instances, it doesn't really matter how long it takes to get results
 - Creating backlog of "700 positive tests" on one day when some specimens were actually acquired in previous week or so but results are coming in on same day
 - **Kelli Hamblin:** Great points about using and interpreting testing data
- Member spotlight – Jessica Martinson, Washington State Medical Association
 - Director of Continuing professional development
 - 11,000 members from PA specialties and p
 - WSMA foundation for healthcare improvement
 - Working on physician wellness and burnout, relationship between physician and patient
 - Shared Decision Making- Specifically Advanced Care Planning through Honoring Choices program, Choosing Wisely (which WPSC group has worked on)
 - Partnering on Quality Improvement and patient safety and this group is one way to do that.
 - Partnership with WSHA- medical officers' collaboration
 - Great way to have leaders within organizations prioritize key initiatives through call to actions
 - CMO's and organizations can take initiatives and run with them
 - Association does a lot of work on advocacy in Olympia
 - Quality Improvement around opioids and reporting out to prescribers about prescribing patterns
 - "Data creates change"
 - Partnership w/WSHA
 - Launching new Quality Improvement education program hoping to have launched by early 2021
 - Education
 - Leadership development via physicians
 - Center for leadership development
 - Several courses and new leadership seminars to provide a deep dive into topics each month
 - Organization sustainability goal
 - Always looking for opportunities w/ COVID-19
 - Trying to help physicians and medical groups
 - A lot of work with state and access to PPE, testing and getting results back, reopening medicine and continuing to work as moving into Fall

8:45 Action items:

- Approve May minutes
 - Moved to approved
 - Seconded
 - Minutes approved by unanimous approval

8:50 Presentation: Dr. Michael Goldberg, Scholar-in-Residence, The Schwartz Center for Compassionate Healthcare, Boston, MA

COVID-19 is especially hard on caregivers with its impact on the human connection all too apparent by leaving caregivers burned out and patients and families fearful and suffering. The internationally renowned Schwartz Center provides education, training and support to its community of hundreds of healthcare members, supporting hundreds of thousands of healthcare professionals each year to create and sustain cultures of compassion.

Dr. Goldberg will speak about the Center's new offerings and The Schwartz Center's Virtual Compassion in Action Healthcare Conference.

- Alka's Comment: I believe this is a very different situation than typical burn out for clinicians

9:10 Author Presentation: Robin Shapiro, Washington State Health Advocacy Association

Robin Shapiro has worked in the emerging health advocacy field since 2008. Robin will discuss the changing field of health advocacy and non-profit Washington State Health Advocacy Association (WASHAA) and her book "The Secret Language of Healthcare: How To Ask For the Care You Deserve". The inspiration for this book was the many people she met who had compelling, life-changing experiences as they navigated or helped others navigate health care decision-making.

9:30 Discussion and action items:

- Proposed mission statement change – Cat Mazawy

The WPSC's membership is diverse and multi-disciplinary: our members represent and serve patients, families, residents, healthcare staff and diverse communities, to name a few. This is a discussion with the goal to change the mission statement to better reflect this reality.

The current mission statement is:

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

It is proposed to change the mission statement to:

"All person safety: To improve the safety for all people engaged in healthcare across all care settings." or some variation along the that theme.

- Cat's takeaway from this proposal:
 - The work we do has a focus on all person safety and not just one group or care environment
 - Certainly, the care environment focus is outside of solely acute care
 - Strength of this group is diverse membership,
 - Interviews highlighted equal attention and focus across all groups in Washington
- Prompted the discussion around mission statement to include "all people engaged in healthcare"
- Jonathan:
 - Would this encompass the safety of those working at healthcare settings, so the workforce setting
 - And if we take that approach should we change the name of the group and do we want to take that on?
 - Are their not already groups advocating for healthcare professionals?
 - Would it take away the work we are doing specific to patient safety where there are generally less resources available?
- John: Great questions
 - It is important for us to think about caregiver safety as well
 - Jonathan raises important point, this could stretch our limited
 - A lot of effort towards safety within hospital environment
 - Would bring up issues of changing name
 - Patients have fewer resources and advocates at larger
 - Cautious about spreading resources away from patients
- Anita: Jonathan asked my questions and concerns
 - What sets us apart is that the focus is on patient safety
 - Not to say we don't care about provider side
 - Everything in system needs to be working well in order to ensure quality work
 - When this phrasing was decided on it took a lot a work from the members and it works well
 - Emphasize that this would stretch resources
- Gloria: I have a different perspective on topic

- In 2011 the Joint Commission made a recommendation to integrate all person safety to have a combined hit
- Evidence now shows that the quality of care that is delivered and health of care provider is directly linked to patient outcomes
- Recommends the book- Zero Harm
 - It has an entire chapter on need to integrate worker and patient safety and student
- Safety programs in hospitals should report to same service line
 - What typically happens is patient safety employee's report to quality or risk
 - Worker safety employee's report to quality and health
 - Volunteers and contractors don't really have a direct report
- LuAnn: liked the change, but if we take patients out of statement it can quickly go down a rabbit hole of too many additional people
 - Can we put patients back in with this phrasing "*improve safety of patients and all people engaged in healthcare*"
 - There isn't any patient safety if not safety for people taking care of patients
- Robin: Does group believe that zero harm is achievable in state?
 - Might not be achievable but should be a goal we put in front of ourselves
- Should mission/vision statement be more around Zero Harm goal?
 - In everything the organization is doing then that is the ultimate end goal
- Vision statement is:
 - Safe care: every patient, every time, everywhere.
- The term patient often has acute care connotation
- Elena: LTC term uses resident and SNF for post-acute care, etc...we use patient
 - Understood as global terminology
- Behavioral Health care may be clients and not patients
- Can we say "People receiving care"
 - This is patients and that's why we use this term
 - Associated with a setting, similar to resident
 - Patient associated with activity i.e. receiving care
 - At times not receiving care then you are not a patient
- We don't necessarily have to change anything
- Can't figure out how to make the vision statement better
 - Not compelled to make any changes, good discussion but does not mean we have to change
- Steve Lovell: is there something driving the change?
 - Steve Levy: I Initiated the conversation due to-
 - Diversity of membership
 - National Patient Safety Foundation toyed with a few years ago
 - realization that Gloria brought up
 - Patient Safety is not operating in a silo or vacuum
 - Concept of Patient Safety has made things silo' d
 - Receiver vs. Provider
- Gloria- important to realize department of labor and industry does protect work rights and protection
 - COVID brings this forward as well with mental health and compassionate care
 - If this is happening to those delivering care
 - The way workers are functioning affects the care the patients receive
 - Can provide references in follow up email
- John:
 - When talking about potentially changing the name I'm reflecting on Dr. Goldberg's presentation
 - Not everything we do for the patient translates to safety but more compassionate care

- Changing to Washington Patient Coalition
- We need to have another conversation around this discussion
- Add to next agenda for continued conversation
- Anita: From systems process improvement perspective
 - Who are we doing work for and who is customer?
 - Front line- patient
 - Inside organization and working within- colleagues and co-workers
 - Systematic change and big impact the focus needs to be on end customer which is patient
 - Just a reminder to keep that perspective
- Conference/Educational program update – Jonathan Stewart

9:50 Other business, next steps

- Review of action items
 - Add further discussion on mission and/or name change to Sept. meeting
 - Kinsey to send out email with resources and links mentioned in this meeting
- September 18th meeting member spotlight and patient story
 - Member Spotlight: Elena Madrid
 - Patient Story: Jonathan Stewart

10:00 Adjourn