



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 not on call
 - Steve showed video of pre-recorded patient story who was going to be at the conference
 - Cat- this is really hitting home the point of needing to listen to caregivers and not to discount that something could be wrong and explore
 - In this case recovery what went wrong more quickly
- Member spotlight – UW, Karen Brigham, 5 min
 - WA CRP Alliance and Certification program
 - Work and activities funded under agency which ended at the end for FEB.
 - Work has evolved over time- The Alliance is co-chaired by Randy Moseley and Marsha Rhodes (UW)
 - Transition year thanks to generous contributions and thanks to a lot of organizations
 - WSHA will be long term home for CRP alliance (Cat Mazzawy taking leading)
 - Karen and Paulina will continue to support the work through the end of the year and then WSHA takes over
 - The Alliance will still host topical webinars and round table discussions and engage with key communities; including insurers
 - Program will continue under auspices of Foundation for Health Care Quality and Karen will staff
 - Asked for state funding which passed and then vetoed by Governor once COVID emerged
 - Need to figure out how funding will continue- everyone is committed to keeping the work going

- Individuals who have cases that have been through CRP process can then bring the case to a group of neutral reviewers who will review and confirm that elements of strong CRP program have been carried out in the case.
- If the case is certificated and there is an individual physician involved it can be sent to WA medical commission and commissioners will consider the report in making their determination.
- Encouraging organizations to submit cases, there is also a space to allow observers at meetings to see it in action
- Contact Karen Brigham @ brighk@uw.edu
- Steve Lovell- Do you anticipate review commit will remain under FHCQ?
 - Tom Gallagher and John Vassall have discussed- that is the hope as a neutral ground
 - Next January is the earliest time to make requests for state funding
 - Chances of getting funding are doubtful
 - John- we are in ongoing discussions that center around funding and how to keep this going
 - Goals of alliance with Washington State Hospital Association?
 - Federally Recognized Patient Safety Organization...could afford protective learning collaboration outside of Washington state
 - Goal is to promote CRP programs- provide technical assistance with implementing and coaching and consultation
 - Program is consistent with strong commitment to culture of safety and learning collab.
 - Model is within wheelhouse of what WSHA already does
 - Rolling programs our nationally and back to state and region and an opportunity to inform some of that work
 - Randy- will add stability to work in state
 - Cat- part of transition is moving CRP alliance over to WSHA as host of meetings moving forward
 - If interested in participating in CRP reach out to Cat so she can learn about interest and opportunity to engage.

8:45 Action items:

- Approve March minutes
 - Moved to approved
 - Seconded
 - Minutes approved

8:50 Presentation: Laura Webster, D. Bioethics, RN, HEC-C, Virginal Mason's Bioethics Program Director

Laura will address the COVID-19-related ethical challenges that hospitals have faced, including discussions about allocation of critical care resources, surge, code status and withdrawal of non-beneficial treatment.

- **Recording Available Here**
 - *Jessica Martinson- The story reminds me of the misuse of the phrase "there's nothing more we can do."*

9:20 Discussion and action items:

- Conference update – Announce new chair, sponsorships - Dana Kahn, Steve Levy
 - Steve- Thank you to everyone who has gifted their conference sponsorship to operations of FHCQ for 2020
 - So far no one has asked for a refund – still a few outstanding we are waiting to hear back from
 - Please respond back ASAP if you have not answered Steve's email yet

- We were on track to have an extraordinary year- by March we were on track to exceed last year's registration numbers and sponsorship numbers
- Steve to announce new chair- Jonathan Stewart
- Thank you to Dana for leadership of amazing conferences for that past few years
 - Dana- "It's been a pleasure and I plan to stay engaged with WPSC, it's fantastic work- it's been a little challenging to meet some meeting commitments for conference planning leading- plan to stay on the committee and will be engaged."
- Dues and membership update – Steve Levy
 - Dues went out at the beginning of the year and around conference time we usually update as to where we are
 - Currently 2/3's of member organizations have paid dues
 - We have 11 members who have not paid dues yet which accounts for \$53,000 out of \$130,000 normal budget
 - We understand financial situations of organizations at the moment and Steve will be reaching out to those who have outstanding dues with WPSC
- Communications survey – Kinsey Gray
 - We created a communication survey to gather input from our members about how we can best engage with you as far as communication and patient safety content
 - We are also looking to determine what content we can provide specifically for patients.
 - Please complete the survey by Friday, May 29th
- OrgVitality Survey- Steve Levy
 - National Pulse Survey for Employee Well-Being and Business Resilience
 - Want to quickly gauge employee well-being and where organizations are in this current climate
 - They are trying to build an anonymous database
 - The information may lead to a paper about how employees are doing during this crisis
 - Will send follow up information if organizations are interested in participating in survey
 - If your organization participates then you can view data automatically
 - Organizations will get results in real time
- The road to recovery from COVID -19: sharing where you are headed, your road maps and needs – Cat Mazzawy
 - Time to reflect on where you are headed to return to new normal
 - How the coalition can be the most supportive?
 - **Karen Birmingham**
 - Starting next week KP WA will be starting to provide in patient care- safety ambassadors at each site; jobs will be to safely navigate the clients through appointments
 - Walking them through entire process to ensure patients feel safe
 - Goal is to make sure patients feel safe and cared for during this process
 - **Randy Moseley**
 - Limitations of testing that are ongoing and knowledge gaps- it's a struggle to know how to do this- may not be a single answer
 - **Jonathan Stewart**
 - Is their value to compiling a checklist of things to think through or assess as services re-open
 - A lot of wisdom and surprises as things begin reopening
 - **John Vassall**
 - we have some resources on website- [COVID website](#)
 - **Steve Lovell**
 - Something that is critical and probably a tough act is to prepare communication for patients who are re-entering the healthcare system.
 - Everyone will be coming back with different fears and bits of information
 - Communication outward will be critical
 - Particularly with reoccurrence in fall and winter
 - **Jessica Yanny-Moody**

- Our main priority is getting doors open and patients back in
- Dealing with financial issues and keeping frontline workers supported and healthy
- Growing support for providers
 - Potentially PTSD for providers in 3 months when we have a resurgence...
 - How to care at the bedside and get patients in while preparing for resurgence in Fall/Winter
 - Have to think about how to deal with things now

Jessica Martinson

- WSMA has seen a renewed interest in [Advanced Care Planning](#)
- Clinics have been identifying physician volunteers without a full patient care load who volunteer to contact patients at higher risk to have Advanced Care Planning conversations in advance of when actual conversation might need to take place
- Also producing weekly webinars
 - Huge demand for that conversation skill set
 - Key way to create a sense of security/confidence in having had the conversation. Almost a sense of control in a time of very little control.

Val Lytle

- Noticing the challenge as rebuilding public trust in coming to hospital and will feel safe and how to support staff in uncertain times.
 - Uncertainty in day-to-day- furloughs, financial recovery and what is coming next
 - Caregivers are anxious and worried about jobs and what is to come
 - Same time as opening and welcome people back
 - Focus is helping people maintain sense of balance in the middle of the uncertainty

Jonathan Stewart

- How many millions of people have lost health insurance over last 6 weeks
- We can reasonably anticipate many families without primary or specialty care and do we have guidance or are we prepared for that?

Cat Mazzawy

- WSHA is hearing similar things along the lines of patients being concerned about seeking care safely and those with insurance are delaying needed care until advanced/critical needs

Jackie Valentine

- Silver lining is we have been able to put a good telehealth system in place now
 - Been talking about it for a long time and now it is a priority and we quickly implemented it
 - FES scores have skyrocketed with experience for families- the number of no shows for visits have improved
 - Hoping to expand the use
- Working on training and onboarding for staff
 - Virtual for a lot- but what will simulation training look like on an everyday basis with budget constraints and how ethical implementation will happen. Already have postponed from May to Sept.
- Generally, do not like to do virtual training- how will it make the biggest impact to learn a complex system

Dana Kahn

- A comment was raised at our last conference planning meeting
 - Virtual care platform will raise new patient safety vulnerabilities- how to keep patients safe in that type of platform, this could be linked to diagnostic error work

Randy Moseley

- We talked about telehealth and the pitfalls this care presents at the diagnostic meeting last week- timely discussions

LuAnn Chen

- Advantage to have push towards telehealth- will be big advantage for folks in remote areas without access to specialists
 - Specialists available via telehealth for large organizations
- Good structures in place with workgroups and subcommittees

9:50 Other business, next steps

- Review of action items
 - Action Items-
 - Kinsey:
 - To send out survey for communication engagement
 - To send out more information about OrgVitality survey
 - Steve:
 - To follow up on membership dues
 - All:
 - Email Karen or Cat if you are interested in CRP programs
 - Organizations with educational content sent to Kinsey for future promotion
- - July 15th meeting member spotlight and patient story
 - Member Spotlight- Jessica Martinson
 - Patient Story- Karen Birmingham

10:00 Adjourn