



Announcements

- World patient safety day was Sept 17 and the emphasis was on workforce safety.
- **Member spotlight: Jeff Rochon, CEO, Washington State Pharmacy Association**
 - Represent pharmacists in all settings
 - Was part of WPSC for last 12 years and served as Steering committee chair.
 - Reason for joining WPSC is because much of what pharmacists do is safety related. They are the primary shield to protect pts from many errors and a major driver to desired outcomes.
 - Pharmacists see patients more than any other type of provider.
 - They are trained at a Doctorate level. In healthcare settings such as clinics and nursing homes they work closely with patient management.
 - Pharmacy has gone through many changes in past 5 years. Pharmacy Commission rewrote the rules to better align and reflect pharmacist's role as part of the care team rather than as an "island" as had been in the past.
 - In 2015-16 legislation was passed to recognize independent pharmacists by health plans to better reflect and incorporate quality measures rather than just claims data submitted by pharmacies.
- **Patient Story: Jonathan Stewart, Beta Healthcare Group**
 - When Johnathan was a clinical risk manager at a hospital he told us a story that influenced the direction of his career and sparked his passion for patient safety. In short, he was approached by a patient with pregnancy complications who experienced a missed diagnosis while visiting an ER at his institution related to an ultrasound exam and the physician's assessment. She was told, incorrectly, that she had miscarried and lost the baby. A follow up appointment with her OB a couple of days later revealed that the baby was very much alive and well. She brought it to Johnathan's attention because she felt a need to do so - something like this needed to be reported. As the clinical risk manager Jonathan pursued the patient's grievance through several internal avenues all resulting in responses that were at best described as uncaring if not callous toward the patient. Since there was no physical harm it just wasn't important. No compassion, apology or acknowledgement. While he could personally empathize with the patient, he was at odds with his institution's cold response. This experience for Jonathan was transformative and motivated him to pursue patient safety and become a practitioner of communication and resolution programs.
 - Discussion: number of complaints from minority patients have increased and many hospitals are unprepared to handle these. It's time we moved from a reactive approach to a proactive one and get upstream of the problems and deal with them at the bedside before they manifest into a complaint. There are challenges in quantifying psychological harm because we don't measure it reliably. We need to do a better job responding to psychological harm. The challenge is for staff to have the training to respond to equity related errors in the proper way.

Approval of July minutes:

- Revision to minutes: added "Physician" to "11,000 members from Physician & PA specialties" under member spotlight – Jessica Martinson, Washington State Medical Association
- Approve July minutes
 - Moved to approved
 - Seconded
 - Minutes approved by unanimous approval

Action items:

Proposed mission statement change – Cat Mazawy

There was a discussion and vote to change the mission statement. Do we want to revise the mission statement?

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.

- Gloria Brigham created a document that summarized the topic of worker safety with references. This was included in the meeting materials. She spoke in support of changing the mission statement to all person safety. Adopting the new mission recognizes the work WPSC already does around worker safety and supports the direct link between worker safety and patient outcomes.
 - Psychological safety workgroup
 - Multiple presentation on Schwartz Rounds
 - Tools and resources for workers to deliver care during Covid-19 crisis
 - Addressing provider burnout
 - CRP – 2nd victim
- John Vassall spoke in favor of keeping the current mission statement.
 - Changing the mission statement clouds our primary focus of the patient. The patient is the North Star in delivering safe health care. We shouldn't clutter our mission or divert our direction from the patient. Many rights and protections already exist for workers. Workers have established advocates. Patients lack these. The WPSC works on behalf of the patient and we should not deviate from this mission.
- Group discussion:
 - The question was asked from the group: which institutions have patient safety and employee health & safety rolling into one dept?
 - The Everett Clinic does
 - CHI Franciscan and Swedish are separate operationally, but intrinsically together
 - Our challenging times creates an us vs. them society and health care environment. We are in a time when patient violence is increasing due to a lack of behavioral health care, equity and racial bias. These impact the workforce, but we should not lose focus on addressing patient needs and resolving these issues.
 - We don't have to be all things to all groups
 - We do and can continue to do worker safety work, but done under the umbrella and domain of patient safety.
- Vote 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. 4 in favor
- Vote to keep the current mission statement as:
“To improve safety for patients receiving health care in Washington, in all care settings.” 13 in favor

WPSC will keep the current mission statement.

Updates

Conference committee- Jonathan Stewart

- Reviewed 2021 conference survey. 17% response rate. Survey was distributed as part of meeting materials. Takeaways:
 - Most people were unsure if they would you attend an in-person conference in May 2021 due Covid-19
 - Most were in favor of a single half day virtual conference
- Group discussion on topics, speakers and programs of interest.
 - Question was asked about need to make decisions at this time. It was explained that for the purpose of logistics and setting up speakers we need to start now.
 - Question was asked about underwriting the costs of the conference. The cost of the conference should be about the same or less if virtual. We could choose to reduce the registration fee or shift costs to bring in more expensive speakers. It provides us with the opportunity to expand our outreach beyond WA.

Other business, next steps

- November meeting will be an end of year review and discussion on 2021 direction rather than a strategic planning session given that 2020 was a shortened year and the initiatives are in progress and relevant.
- Steve mentioned the project supported by the Agency for Healthcare Research and Quality (AHRQ) to test two basic tools that are designed to help office-based clinicians and their staff reduce diagnostic error. Registration ends Oct 30.
- November 20th meeting member spotlight and patient story
 - Member Spotlight: Kelli Hamblin, CHI Franciscan
 - Patient Story: Valerie Lytle, Swedish