
Date February 9, 2018

To The Honorable Mitch Greenlick, Presiding Chair
House Committee on Health Care

From Tom Stuebner, Executive Director
Oregon Patient Safety Commission
503-224-5034
tom.stuebner@oregonpatientsafety.org

Subject HB 4020 – Specifies criteria for licensing of extended stay centers and requires Oregon Health Authority to adopt rules

Chair Greenlick and members of the committee; I am Tom Stuebner, Executive Director of the Oregon Patient Safety Commission (OPSC)—a semi-independent state agency. OPSC is a non-regulatory support organization. The organization’s mission, which is defined in statute (ORS 442.820 (2)), is to improve patient safety by reducing the risk of serious adverse events occurring in Oregon’s health care system and by encouraging a culture of patient safety in Oregon.

To accomplish this mission, OPSC:

- (a) Administers a confidential, voluntary serious adverse event reporting system to identify serious adverse events; *(this is the only voluntary program in the country)*
- (b) Establishes quality improvement techniques to reduce systems’ errors contributing to serious adverse events; **and**
- (c) Disseminates evidence-based prevention practices to improve patient outcomes.

I am here today to testify about HB 4020, which specifies criteria for licensing extended stay centers (ESCs) and requires the Oregon Health Authority (OHA) to adopt rules. While the OPSC is neutral on HB 4020, if the bill moves forward there are operational and implementation considerations for OPSC (per HB 4020 Version 2).

Operational Considerations

- I. Because of the requirement in HB 4020 Section 2 (2h) D for ESCs to report serious adverse events, as defined in OPSC’s statute (ORS 442.819), and the changes to HB 4020 Section 8 that make ESCs eligible to participate in OPSC’s reporting program, OPSC assumes the intention is for ESCs to report serious adverse events through OPSC to OHA. ORS 442.837 (3) prohibits OPSC from sharing information reported through its reporting program: “Reports or other information developed and disseminated by the program may not contain or reveal the name of or other identifiable information with respect to a particular participant providing information to the commission for the purposes of ORS 442.819 to 442.851, or to any individual identified in the report or information, and upon whose patient safety data, patient safety activities and reports the commission has relied in developing and disseminating information pursuant to this section.”

Additionally, ORS 442.844 (1) prohibits OPSC from sharing any patient safety data with a state agency. ORS 442.844 also prohibits the use of patient safety data by any state agency for regulatory or enforcement purposes. OPSC's statute (ORS 442.837 (1g)) requires that OPSC share de-identified data in aggregate. (See attached Patient Safety Reporting Program Annual Report for an example of the data OPSC shares publicly.)

- II. The same requirement (HB 4020, Section 2 (2h) D) also creates a mandatory reporting relationship, which is in direct conflict with OPSC's mission (ORS 442.820 (2a)) and the reporting program's statute (ORS 442.837 (2): "Participation in the program is voluntary"), which both define OPSC's reporting program as voluntary.

Implementation Considerations

OPSC would also like the Committee to be aware that if de-identified aggregate data is adequate to meet the need of the requirement, the data would not be immediately available. Before OPSC could begin collecting serious adverse event data from ESCs, OPSC would need to modify or amend the existing ambulatory surgery center administrative rules to include ESCs. Once rules were in place, OPSC would need to recruit and enroll ESCs in the reporting program. With a small staff and limited resources, this process would take time.

Thank you for the opportunity to testify before you today. I am happy to answer any questions you may have.