

# 2023 Regular Session Legislative Testimony

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<b>Date</b>	January 23, 2023
<b>To</b>	Senator Deb Patterson, Chair Senate Committee on Health Care
<b>From</b>	Valerie Harmon, Executive Director Oregon Patient Safety Commission
<b>Subject</b>	SB 229: Modernize Outdated Language and Specifications in Oregon's Patient Safety Reporting Program to Keep Pace with Oregon's Evolving Healthcare System

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Chair Patterson and members of the Committee,

I am Valerie Harmon, the executive director at the Oregon Patient Safety Commission. I am also joined today by Sydney Edlund, our director of research and analytics to help respond to question, as needed. We are here representing the Patient Safety Commission—a non-regulatory, semi-independent state agency. The Oregon Legislature created the Oregon Patient Safety Commission in 2003 to operate the Patient Safety Reporting Program as an independent voice for patient safety. The statutory mission of the Patient Safety Commission 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” (ORS 442.820 (2)). The Commission and its reporting program grew out of recommendations from a workgroup representing medical providers, insurers, purchasers, and consumers. The workgroup believed that the work of improving patient safety never ends and should not be done in isolation. Twenty years later, our founding principles remain relevant; however, some of the elements in our statute are holding us back from being responsive to new knowledge and insights.

While healthcare has been in a constant state of change since the reporting program was created, the program and its statute (ORS 442.819 to 442.851) have remained largely unchanged. In 2021, we sought input from members of Oregon’s healthcare community to understand their current patient safety priorities and practices. Their input, in conjunction with an analysis of advances in patient safety science, has shaped the revisions proposed in SB 229 that will strengthen the reporting program without creating new mandates or additional reporting burden. The bill aims to:

- **Broaden and revise overly specific or outdated language.** Transitioning to broadly applicable terminology will allow the statute to remain relevant over time.
- **Revise elements of the reporting program to support current patient safety knowledge and practice.** Proposed revisions align with current patient safety science to focus on the systems organizations have in place to respond to and learn from adverse events, rather than on the specifics of individual adverse events.
- **Codify health equity as an essential part of reporting program data collection and analysis.** We know that inequitable care cannot be safe care.
- **Normalize the nomination process for the Commission’s board of directors to match those of other boards and commissions.** It is essential to our agency that our board of directors reflects the diversity of facilities, providers, insurers, purchasers, and consumers involved in patient safety. The statute requires an extra step that no other board or commission requires—that sitting board members nominate a slate of candidates to recommend to the Governor for consideration—which causes delays in the appointment process.

At the Patient Safety Commission, we are uniquely positioned to work with organizations across the healthcare system to support learning and collaboration. We can offer insight into the efficacy of the processes and systems organizations use to make care safer following patient harm events. By broadly sharing what we learn, we provide a mechanism for public accountability. Individual healthcare organizations have the internal expertise to best investigate and understand the vast breadth of clinical and technical issues that comprise patient safety work. SB 229 will ensure that the reporting program can continue to support the rapidly changing healthcare environment and provide meaningful shared learning in service to our mission.

With these revisions to our statute, the Commission will be able to adapt the reporting program to better reflect modern patient safety practices. We want to understand the systems healthcare organizations have in place to respond to and learn from harm events, and to build on the work they are already doing. These revisions will allow the Patient Safety Commission to improve how we use reporting program data to advance patient safety across Oregon's continuum of care.

Finally, and perhaps most importantly, SB 229 will codify equity as an essential element in patient safety data collection and analysis. When an organization's culture of safety does not address health equity head on, it can deepen the systemic biases and injustices that are already present. While revising our statute cannot change the inequities inherent in Oregon's healthcare system, it would improve the program's ability to serve its intended goal—to help healthcare organizations build the culture of safety necessary to make our care delivery system safer for all Oregonians.

We are asking for you to support Senate Bill 229.

Thank you for your time, and both Sydney and I are happy to answer any questions.