



Date: August 11, 2008

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Oregon's patient safety reporting system working well

A system to reduce medical errors in Oregon is making good progress after its second year of operation, according to a report released today by the Oregon Department of Human Services State Public Health Division.

The system, operated by the Oregon Patient Safety Commission, is geared to collect information on medical errors from hospitals, nursing homes and ambulatory surgery centers. Retail pharmacies eventually will join the program.

The 2003 Legislature created the Oregon Patient Safety Commission to reduce the risk of serious adverse events and to encourage a culture of patient safety. It also charged the Commission with creating a confidential, voluntary system by which health care facilities could report serious adverse events.

An assessment released today shows that the hospital program is collecting high-quality reports in its second year. Reporting programs for nursing homes and ambulatory surgery centers have enrolled participants and are building capacity to gather adverse event data. The retail pharmacy portion of the program is still in development and the Commission is working to enroll a critical mass of pharmacies.

The assessment comes in the form of a certification report by Grant Higginson, MD, MPH, Interim State Public Health Officer in the Health Division.

While 26 other states have reporting systems, Oregon is the only state to have an independent review process, and the Health Division developed a unique tool specifically for the certification, Higginson said.

“The certification is serving the goal of ensuring a transparent and accountable reporting system,” he said.

“The Commission is moving in the right direction as it strengthens the hospital program and expands the concept of reporting adverse events to nursing homes and ambulatory surgery centers.” Higginson said. “Future success of the reporting system will also involve increased participation of healthcare providers to develop into a trusted statewide quality improvement program.”

Some key certification findings:

- The Patient Safety Commission achieved respectable voluntary enrollment rates in 2007: 54 of 57 hospitals, 87 of 142 nursing homes, 39 of 76 ambulatory surgery centers.
- The quality of reports is very good. The proportion of high quality reports from hospitals increased from 67 percent in 2006 to 89 percent in 2007.
- The Commission received 94 adverse event reports from 30 of 54 hospitals. This is an increase of over 70 percent compared to 2006.
- While Oregon’s voluntary reporting system achieved a reporting volume similar to other states with mandatory systems, both the quantity of reports submitted and the proportion of hospitals submitting reports are still too low compared to national estimates of actual events.
- The rate of written notifications delivered to patients and families after a serious adverse event decreased from 67 percent in 2006 to 44 percent in 2007. Nursing homes and ambulatory surgery centers may face similar challenges implementing this requirement. The Commission is currently addressing this finding.

“We are taking a phased approach.” Higginson said. “We assess reporting patterns from each type of facility in the first year of assessment and then focus on progress and standard setting in the second year. In the third and subsequent years, each facility type will be certified according to independent standards.” Standards for hospitals are proposed in the report released today and will be finalized in a separate process by the end of 2008.

Research has shown that most adverse events are due to system errors. By collecting and sharing information about them healthcare systems can establish quality improvement techniques to reduce errors and share evidence-prevention practices to improve patient outcomes.

Ultimately, six types of health care facilities will participate in the reporting system: hospitals, retail pharmacies, nursing homes, ambulatory surgery centers, outpatient renal dialysis facilities and freestanding birthing centers.

The complete report, "Public Health Officer Certification Report 2007" is on the Web at

<http://www.oregon.gov/DHS/ph/hsp/patientsafety/recentactivitiesPHOCertification.shtml>. Information about the Patient Safety Commission can be found at <http://www.oregonpatientsafety.org>

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