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Guest Opinion by Jim Dameron

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On Feb. 26 the Statesman Journal called for the state to do more to prevent community-based pharmacy errors. As administrator of the Oregon Patient Safety Commission, I strongly agree with the message.

I also believe that some of the building blocks are already in place and that one of most essential components is the commission itself.

The Patient Safety Commission was created by the Legislature to find new ways to reduce medical errors in Oregon's health-care delivery system. The backbone of the commission's work is our adverse event reporting program. Organizations share data about medical errors so that we can pool information to figure out the true scope and nature of the problems. We then find practical solutions, introduce best practices and eliminate unnecessary variation.

Oregon's reporting program is based on a voluntary and confidential model. Our intent is to move away from a "blame and shame" mentality that rarely unearths fundamental problems.

We believe the commission's reporting program is driving quality improvement by looking for weak spots within the existing delivery system. We do this by gathering case-specific information that includes a narrative description of what happened, a detailed inventory of root causes and a concrete list of remedies.

Though relatively new, the reporting program is working well for hospitals, nursing homes and ambulatory surgery centers. Almost every hospital in the state shares data with the commission, and a growing number of nursing homes and ambulatory surgery centers have joined in the last six months.

As a result, we can point to specific improvements — from "alerts" shared with hospitals, to consensus standards on how to reduce harm during surgery, to best practices on eliminating pressure ulcers as patients move from one care setting to another — that are making a real difference.

Now our challenge is to successfully expand that program to include community-based pharmacies. Of the 700 or so pharmacies in Oregon, 102 have agreed to participate to date. This is a credible start and supported by pharmacy leaders around the state, but to be successful we need a larger critical mass of participants. The recent articles in the Statesman Journal make an eloquent case for why pharmacies should join.

Overall I think the Patient Safety Commission is making a valuable contribution to reducing medical errors in Oregon. The work we are doing with hospitals, nursing homes and ambulatory surgery centers is exciting because it combines reporting and quality improvement in a non-punitive way. But for retail pharmacies, the jury is still out.

I think that 2008 is the make-or-break year for Oregon's approach to cooperative reporting of pharmacy errors.

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