

October 14, 2004

To: «First\_Name» «Last\_Name», «Title»  
«Department»  
«Company»

From: Tom Simmer, MD  
Chair, Michigan Health and Safety Coalition  
Janice Whitehouse  
Vice Chair, Michigan Health and Safety Coalition

**Subject: State Commission on Patient Safety – Request for Testimony**

## **1. BACKGROUND**

Last spring, Governor Jennifer M. Granholm proclaimed March 7-13 as Patient Safety Awareness Week in Michigan. As the issue of patient safety and medical errors is of importance to both the legislature and her administration, Public Act 119 was developed and signed into law on May 27, 2004 to create a State Commission on Patient Safety. The legislation allows the Governor to designate an existing organization to act as this body for the purpose of examining ways to improve patient safety and reduce medical errors in this state.

The Michigan Health and Safety Coalition has agreed to assume this role, and will conduct public hearings to receive testimony and information on this very important issue. The Commission is charged with considering all information received from these public hearings and directed to solicit testimony from health care organizations, associations, individual researchers and others who have an interest in patient safety issues. Information obtained from this testimony will be used in a comprehensive review of patient safety initiatives and causes of medical errors occurring in the continuum of care. These findings will be used in a report outlining recommendations for improvement in health care facilities and in private delivery of health care services in outpatient settings. A summary of the findings and specific recommendations will be presented to state leadership, the health professional community, medical institutions, and the general public in fall 2005.

## **2. SOLICITATION OF TESTIMONY**

Organizations that have an interest in patient safety are invited to attend one of these public hearings and provide oral and/or written testimony to this issue. Written testimony is preferred to provide the Commission with a record to aid in writing the report. Written testimony must be submitted no later than December 1, 2004 according to the guidelines provided in Section 4. Those organizations that provide written testimony are also offered the opportunity to present a verbal summary of their testimony at one of the public hearings.

### **3. HEARING DATES, LOCATIONS**

The place, date and times for the public hearings are as follows:

- Lansing: Monday November 15 - 9:00 am to 4:00 pm:  
Michigan Department of Community Health  
Baker-Olin West, Conference Rooms B&C  
3423 N. Martin Luther King Jr. Blvd.
- Southfield: Wednesday, November 17 - 1:00 pm to 9:00 pm:  
Blue Cross Blue Shield of Michigan  
Metro Auditorium Tower 200  
27000 W. 11 Mile Road
- Traverse City: Tuesday, November 30 - 9:am to 4:00 pm:  
Northwestern Michigan College  
Hagerty Center – Room A  
715 East Front Street

**Complete and submit the “Intent to Provide Testimony” response form (Attachment 1) by November 1, 2004 to indicate your intention to provide written and/or oral testimony at a specific public hearing. This does not obligate the delivery of testimony but merely provides the Commission with an idea of the expected number of testimonies. The response form is attached to this letter and is also available on the State Commission on Patient Safety Web site link at: <http://www.mihealthandsafety.org/statecommission>.**

### **4. GUIDELINES FOR TESTIMONY FOR THE STATE COMMISSION ON PATIENT SAFETY**

The following outline is provided for written and oral testimony:

#### **WRITTEN TESTIMONY:**

- a. Must complete demographic information form provided as Attachment 2
- b. Should identify means to improve patient safety and reduce medical errors in the State of Michigan across the health care continuum including inpatient and outpatient health facilities and private practices. Recommendations for systemic improvements in the delivery of care are of particular interest. Potential topics are listed in Section 5.
- c. Should address the patient safety concerns of one or more healthcare stakeholders including patients, their families, physicians, nurses, pharmacists, other ancillary healthcare professionals, health care facilities, and health care plans.

- d. Must NOT include patient specific information to ensure patient privacy.**
- e. Should provide evidence of success or best practice, including costs and benefits where possible, in the area of any specific recommendations
- f. Should include the demographic form, an executive summary and narrative, with appendices provided as supporting documentation if needed.
- g. Must be provided in electronic form (Microsoft Word Version 2000 or newer)
- h. Must be typed in font size at 12 point in Arial or Times New Roman presentation.
- i. Must have margins with a minimum of one (1) inch in all directions.

#### ORAL TESTIMONY:

Oral testimony shall be limited to five (5) minutes. Those providing oral testimony are encouraged but not required to provide their testimony in writing to the Commission to provide the best record. For those providing written testimony, the oral testimony shall represent a summary of the written testimony. Oral testimony:

- a. Should provide the background/interest/experience of organization providing testimony in the area of patient safety.
- b. Should identify means to improve patient safety and reduce medical errors in the State of Michigan across the health care continuum including inpatient and outpatient health facilities and private practices. Recommendations for systemic improvements in the delivery of care are of particular interest.
- c. Should address the needs of one or more of healthcare stakeholders including patients, their families, physicians, nurses, pharmacists, other ancillary healthcare professionals, health care facilities, and health care plans.
- d. Must NOT include patient specific information to ensure patient privacy.**
- e. Should provide evidence of success or best practice, including costs and benefits where possible, in the area of any specific recommendations

#### 5. POTENTIAL TOPICS FOR TESTIMONY

Potential topics include but are not limited to observations and recommendations in the areas of:

- I. *Building leadership and knowledge to improve patient safety in the state*
  - A. Value of identifying a state focal point for patient safety to set goals for patient safety, track progress in meeting goals, and issue an annual report
  - B. Alignment of state goals (if I.A. above is supported) with national goals for patient safety
  - C. Consumer Involvement
  - D. Information Technology
  - E. Funding requirements

*II. Identifying and Learning from Errors*

- A. Mandatory, public reporting for the collection of standardized information about preventable adverse events that result in death or serious harm
- B. Voluntary, confidential reporting of errors and preventable adverse events that do not result in death or serious harm
- C. Sharing of standardized information across health care organizations and/or between health care professionals to identify persistent safety issues that require more intensive analysis and/or a broader-based response
- D. Patient safety legislation to provide protection to encourage the voluntary reporting of errors and preventable adverse events that do not result in death or serious harm by health care professionals and organizations
- E. Consumer Involvement
- F. Information Technology
- G. Funding requirements

*III. Setting Performance Standards and Expectations for Safety*

- A. Purchaser and/or consumer demands for patient safety performance standards
- B. Incentives for patient safety improvement from public and private purchasers
- C. Regulatory and/or accreditation requirements for patient safety including licensing and certification
- D. Education and training curriculums
- E. Role of professional societies and groups in patient safety
- F. Standards for the safe use of drugs
- G. Role of the FDA in the safe use of drugs
- H. Consumer Involvement
- I. Information Technology
- J. Funding Requirements

*IV. Implementing Safety Systems in Health Care Organizations*

- A. Safety as an explicit organizational goal (i.e., culture of safety in health care organizations)
- B. Leadership
- C. Meaningful patient safety programs
- D. Effective Team Functioning
- E. Medication safety practices
- F. Learning from other high risk industries such as aviation, chemical, manufacturing and defense
- G. Facility design
- H. Safety design concepts

- I. Staffing levels
- J. Consumer Involvement
- K. Information Technology
- L. Funding requirements

## **6. CONTACT INFORMATION**

**Inquiries** or additional information:

Diane Valade - Michigan Health and Safety Coalition  
248-448-6266  
dvalade@bcbsm.com

Karen McCosky - Michigan Department of Community Health  
517-335-0165  
mccoskyk@michigan.gov

**Mailing** of written submissions of testimony and “Intent to Provide Testimony” response form:

Diane Valade  
Michigan Health and Safety Coalition  
27000 W. 11 Mile Road – B713  
Southfield, MI 48034

“Intent to Provide Testimony” forms can also be faxed to 248-448-0058.

**Internet** Web site for information on the State Commission on Patient Safety, P.A. 119 of 2004, Intent to Provide Testimony response form, demographic information form, etc.:

[www.mihealthandsafety.org/statecommission](http://www.mihealthandsafety.org/statecommission)

## **7. CHECKLIST FOR WRITTEN SUBMISSION OF TESTIMONY**

- Completed “Intent to Provide Testimony” response form (Attachment 1) indicating an intention to provide written and/or oral testimony. If providing oral testimony, indicate the location and preferred time period or half-day. Submit by November 1.
- Completed one-page demographic information form (Attachment 2 - name of person and/or organization providing testimony, short bio-sketch of the person or organization’s experience in patient safety, title, address, phone, e-mail, fax, signature)
- Executive Summary (1-2 pages maximum)

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- Narrative (10 page maximum)
- Appendix
- Electronic versions of the demographic information, executive summary and narrative provided on hard disk or CD
- Five hard copies of the testimony inclusive of the demographic page, executive summary, narrative and appendix with each copy bound or placed in a separate folder or binder
- Response form is required by **November 1, 2004** to help the Commission plan the hearings
- **Written testimony must be received no later than December 1, 2004**

Attachments (2)



**Attachment 1**

**State Commission on Patient Safety  
Intent to Provide Testimony Form**

Name \_\_\_\_\_

Title \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

City, State Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

Email Address \_\_\_\_\_

My organization intends to provide:

Written Testimony

Oral Testimony

Both Written and Oral Testimony

I intend to provide oral testimony at (check one):

November 15, Lansing  
9:00 a.m. - 4:00 p.m.

November 17, Southfield  
1:00 p.m. - 9:00 p.m.

November 30, Traverse City  
9:00 a.m. - 4:00 p.m.

I would prefer to provide testimony during the:

Morning (9:00 a.m. - Noon)

Afternoon (Noon - 4:00 p.m.)

Southfield location only Evening (between 4:00 - 9:00 p.m.)

**Please submit this "Intent to Provide Testimony Form" by November 1, 2004 to:**

Diane Valade  
Michigan Health and Safety Coalition  
27000 W. 11 Mile Road - B713  
Southfield, MI 48034

Or fax to 248-448-0058

**Submission of intent does not commit you to providing testimony.**

