

Message from the Chair



WASHINGTON
**Medical
Commission**
Licensing. Accountability. Leadership.

Thank you and Farewell
Karen Domino, MD, MPH

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My two years as Chair of the Washington Medical Commission (WMC) have passed very quickly! It has been an honor and privilege to serve and represent allopathic physicians and physician assistants (PAs) practicing in Washington State! Dr. Terry Murphy is moving up from the Vice Chair position and will be an outstanding Chair!

In my final newsletter message, I reflect upon issues and improvements in the core mission of the WMC since the time I was appointed as a commissioner. My tenure on the WMC has bridged the COVID years and current post-COVID era. When I first was appointed, I was inundated with complaints by physicians, departments, and hospital leadership over the prolonged time for licensing of new physicians. This complaint arose during the very busy February to June timeframe when residents, fellows and new attending physicians are seeking medical licensure. The WMC staff took these serious staffing/patient care concerns to heart and modified procedures to dramatically reduce time for licensure in Washington state!

Another important advance has been the increased recognition by WMC commissioners and staff of the massive importance of systems factors in medical error. Most physicians and PAs now work in large health care systems with team-based health care. Relatively few practitioners are involved in solo-practice. The National Academy of Medicine's "[To Err is Human](#)" 2000 report emphasized that medical error is a medical *system* problem, not an individual practitioner problem. As an example, wrong site surgery, a "never event", is not simply the fault of the surgeon. Instead, nursing and

anesthesia practitioners play critical roles in pre-surgery time-out procedures to avoid medical errors. System factors are now incorporated into the WMC investigations of complaints. These include identification of systems factors involved in the adverse outcome, types of systems changes made to prevent future occurrences, and how staff are educated to recognize the contributors of medical error to improve patient safety in the future.

In the post-COVID era, the WMC observed many patient complaints related to communication and medical records. The vast majority do not rise to requiring discipline. As a result, the WMC has developed a physician support program where educational resources are sent to the practitioner to provide feedback and education concerning optimal communication strategies. We hope these resources will help avoid the need for future WMC actions.

The WMC has also recognized the unintended consequences of its previously adopted opioid rules involving legacy patients on long-term opioids. The WMC recently approved a guidance document and will be initiating rulemaking to update these rules. As Past-Chair, I will be chairing these sessions and look forward to feedback from patients, physicians, physician assistants, and the public.

As Past Chair, I look forward to seeing the implementation of Anesthesiologist Assistants into practice in Washington State. Dr. Murphy and I will also work with other groups within the Department of Health focused upon intravenous therapy clinics, ketamine clinics and hallucinogen clinics, such as psilocybin.