

**DATE:** January 26, 2023  
**TO:** Board of Directors  
**FROM:** Regina M. Hoffman, MBA, RN  
Executive Director  
**SUBJECT:** Executive Director's Report for January 26, 2023 Board Meeting

## **Event Reporting, Data Science & Research**

### ***Event Reporting***

The Patient Safety Authority Board of Directors approved two work plans to improve reporting at its December 2022 meeting. The executive director received written concerns from healthcare facilities and related organizations related to the same. In discussion with the board chair, a temporary hold was placed on implementation until the board could review the concerns. This topic is on today's meeting agenda for discussion under Old Business.

### ***PA-PSRS***

The Authority successfully performed the following PA-PSRS AMOD software upgrade:

- AMOD Release 3.6 was implemented on 12/15/2022 with 8 enhancements and maintenance upgrades.

To continue to improve application security, the Authority and Gainwell worked with facilities to sunset the use of Internet Explorer with PA-PSRS. The ability to access PA-PSRS with Internet Explorer was permanently disabled with AMOD Release 3.6 on 12/15/2022. Preferred browsers for facility users to access PA-PSRS are Microsoft Edge and Google Chrome.

The Authority and Gainwell continue to prioritize and schedule PA-PSRS system enhancements through 2023.

## Data Science & Research

The Data Science & Research Team (DSRT) continues to perform work in accordance with its five core objectives:

1. Review and analyze patient safety and healthcare-associated infection data using accepted scientific methods to identify important trends.
2. Communicate key data insights and actionable recommendations to internal and external stakeholders.
3. Expand upon current literature and knowledge in the healthcare community by performing original research and authoring quality manuscripts for publication in *Patient Safety* and outside journals.
4. Strengthen the quality and reliability of PA-PSRS data.
5. Provide healthcare facilities with valuable feedback and tools they can use to glean new insights from their data.

### *Manuscripts*

The DSRT completed the following patient safety initiative and data analysis articles which were published in the December 2022 issue of *Patient Safety*:

- [A Perioperative Intervention to Prevent and Treat Emergence Delirium at Veterans Affairs Medical Center](#)

Emergence delirium (ED) is a temporary condition associated with a patient awakening from an anesthetic and/or adjunct agent (e.g., sedatives and analgesics). During the condition, patients risk harming themselves or staff by engaging in dangerous behavior, which may include thrashing, kicking, punching, and attempting to exit the bed/table. A multidisciplinary team at Veterans Affairs Pittsburgh Healthcare System (VAPHS) developed and implemented a multicomponent intervention to reduce the severity and occurrence of ED. The intervention consists of a training component and 21 clinical components. The authors provided a comprehensive set of supplemental materials to promote replication of the intervention.

- [2021 Pennsylvania Patient Safety Reporting: Updated Rates for Acute Care Event Reports](#)

In the article we published in June 2022 on patient safety trends in 2021, reporting rates and fall rates for 2021 were calculated based on Q1 and Q2 only, as denominator data for Q3 and Q4 were not yet available. Given that the COVID-19 pandemic has disrupted reliable forecasting in healthcare, we did not forecast rates for Q3 and Q4 in our June 2022 article. This data

snapshot provides the complete rates for 2021 now that we have obtained all relevant data.

### ***MedStar Health Research Institute (MHRI)***

MHRI completed a data analysis and manuscript regarding duplicate medication order errors. This was published in the September 2022 issue of *Patient Safety*. Additionally, MHRI finished an analysis on alarm design and use in healthcare. The manuscript includes identifying recommendations for improvement by reviewing and comparing alarm design in other high-risk industries. This is planned for publication in the March 2023 issue of *Patient Safety*.

### ***Summary of Calendar Year 2022 Work by MHRI***

#### ***Data Analysis/Research/Manuscripts***

- 2021 Acute Care Clinical Analysis Summary Report (delivered 2/28/2022; internal report that helped to identify research/manuscript topics for 2022)
- Pediatric Dose Calculation Manuscript and Tools (work performed in first half of CY2022; manuscript published in June 2022 issue of *Patient Safety*)
- Duplicate Medication Orders Manuscript (work performed in early-mid CY2022; manuscript published in September 2022 issue of *Patient Safety*)
- Informing Healthcare Alarm Design and Use Manuscript (finalized December 2022; planned for publication in March 2023 issue of *Patient Safety*)
- Equipment, Supply, & Device Usability Analysis and Assessment tool (work performed in mid-late CY2022; manuscript submitted in December 2022; planned for publication in March 2023 issue of *Patient Safety*)
- Informing Visual Display Design and Use Manuscript (work in progress; manuscript submission planned for January 2023)
- Nurse Well-Being Manuscript (work in progress; manuscript submission planned for March/April 2023)

#### **Topics Explored but not Pursued**

- Retained Foreign Objects
- Negative Patient Descriptors

#### **Other Work**

- CANDOR
- Anonymous Report Investigation

## High Harm Events

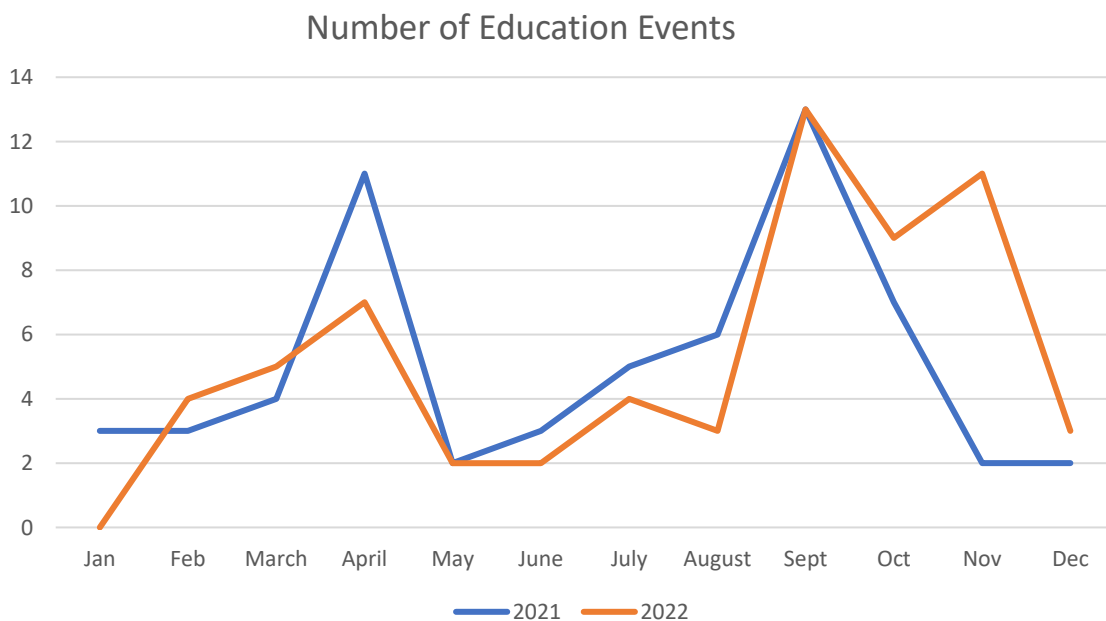
The executive director, director of data science and research, director of outreach and education, analysts, and field staff review all high harm events at each weekly clinical team meeting to identify opportunities for improvement, additional information, or other follow up with facilities.

## Center of Excellence for Improving Diagnosis

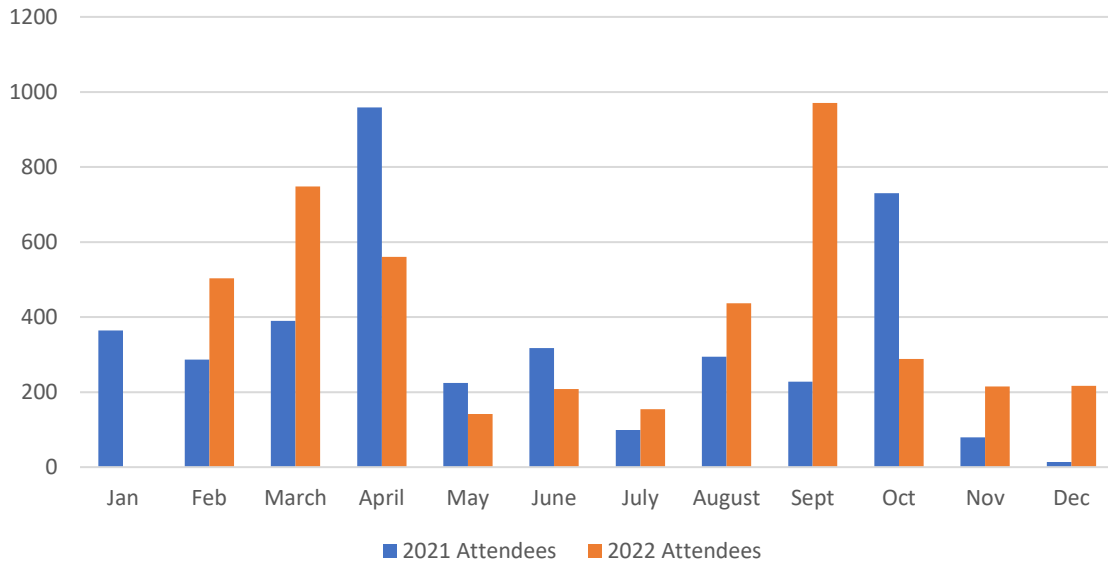
The Center of Excellence and PSL teams are piloting version 1.0 of a comprehensive assessment tool using a consensus building process to measure organizational maturity across key domains of diagnostic excellence in Pennsylvania hospitals. Despite some attrition due to competing priorities and limited resources within facilities, recruitment and engagement efforts continue. As of early January, 20 hospitals have completed their virtual orientation and one hospital has fully completed the project.

## Education and Outreach

### Education Programs

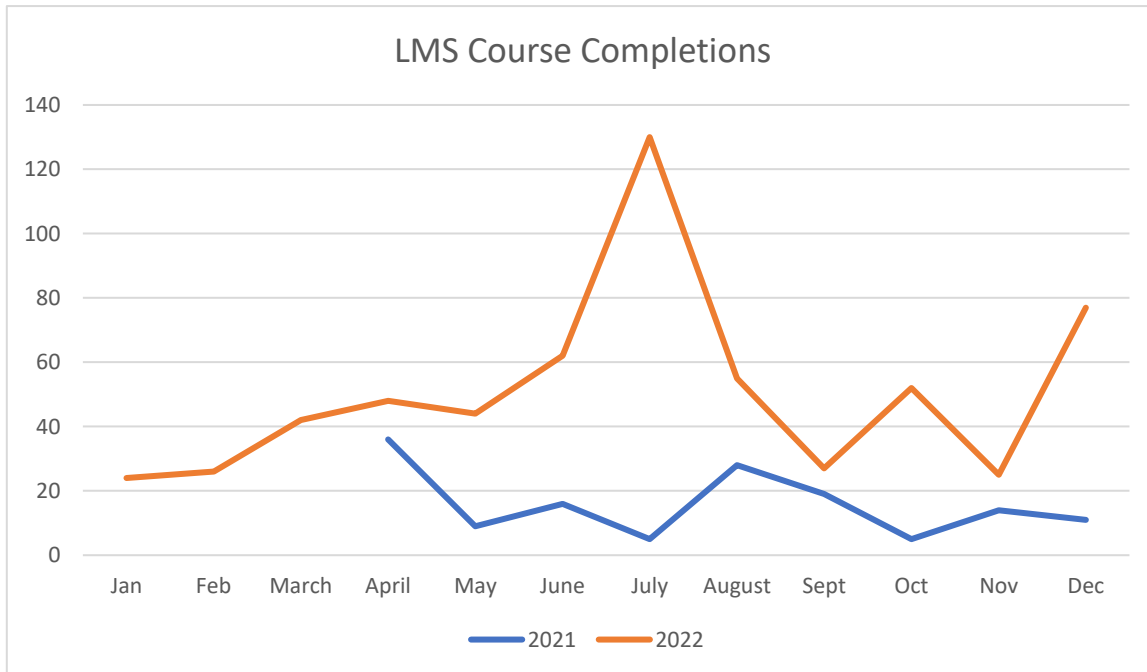


## Number of Attendees at Education Events



## LMS

### LMS Course Completions



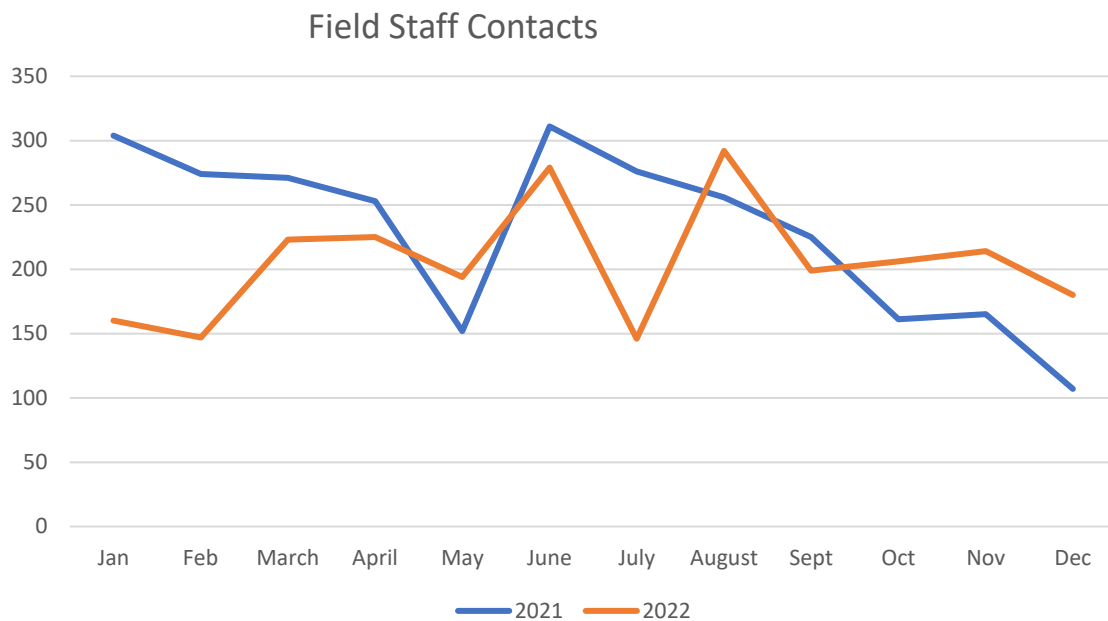
## ***Joint Accreditation***

The educational committee met December 21<sup>st</sup>. A form has been created for use of PSA staff when requesting CE approval. The team reviewed the form and at the next meeting (February 1<sup>st</sup>) will review upcoming educational events utilizing the form.

## ***Upcoming Scheduled Educational Offerings***

<b>Upcoming Education Programs</b>		
<b>Date</b>	<b>Type</b>	<b>Title</b>
January 26	Webinar	Outside the Box Webinar Series: Billing Data, ICD-10 Codes
February 9	Webinar	Antibiotic Stewardship Webinar Series: Why Antibiotic Stewardship and who Should be at the Table
February 16	Webinar	Outside the Box Webinar Series: Patient Reporting Systems, Complaints
March 9	Webinar	Antibiotic Stewardship Webinar Series: Types of Antimicrobials
March 30	Webinar	Outside the Box Webinar Series: Audits, Chart Reviews, Trigger Tools
April 13	Webinar	Antibiotic Stewardship Webinar Series: Antimicrobial Usage
April 27	Webinar	Outside the Box Webinar Series: Medication Technology, Smart Pumps, BCMA, and ADCs
May 11	Webinar	Antibiotic Stewardship Webinar Series: Mechanisms of Antimicrobial Resistance (MDROs, Susceptibilities)
May 18	Webinar	Outside the Box Webinar Series: Media and Publications
June 8	Webinar	Antibiotic Stewardship Webinar Series: Antibiograms
July 13	Webinar	Antibiotic Stewardship Webinar Series: Antimicrobial Baseline Data
August 10	Webinar	Antibiotic Stewardship Webinar Series: Antibiotic Stewardship Plan
September 14	Webinar	Antibiotic Stewardship Webinar Series: Clinical Decision-Making
October 12	Webinar	Antibiotic Stewardship Webinar Series: Antimicrobial Usage Data

## ***FACILITY CONTACT AND CONSULTATION***



## ***FACILITY FOLLOW UP***

The Patient Safety Authority Board of Directors requested that PSA staff follow up with a specific facility regarding events that were reported in the news and investigations completed by regulatory entities. PSA staff did follow up with this facility to discuss the public information, event reporting, and lessons learned. There is no additional information to share that was not already disclosed publicly.

## ***CANDOR***

CANDOR Cohort 2, Module 1 (Event Reporting, Investigation, and Analysis) ran from September through December 2022. 17 facilities participated in module 1. Module 2 is on hold.

## ***HAI LTC***

In response to the process measure survey of LTC facilities, the IP team has developed an educational series and is developing supporting tools related to Emergency Preparedness. Supporting tools are in development and will be made available to facilities in 2023.

The LTC HAI Workgroup held a meeting on January 23<sup>rd</sup>.

## HAI CAH

IPs have been working directly with the Critical Access Hospitals and the IPs at those facilities. Currently, individualized consultations are being done with each facility to identify risks and opportunities for improvement.

## Engagement and Publications

### ***Patient Safety***

Unique visitors to journal website (as of 11/09/22): 73,019

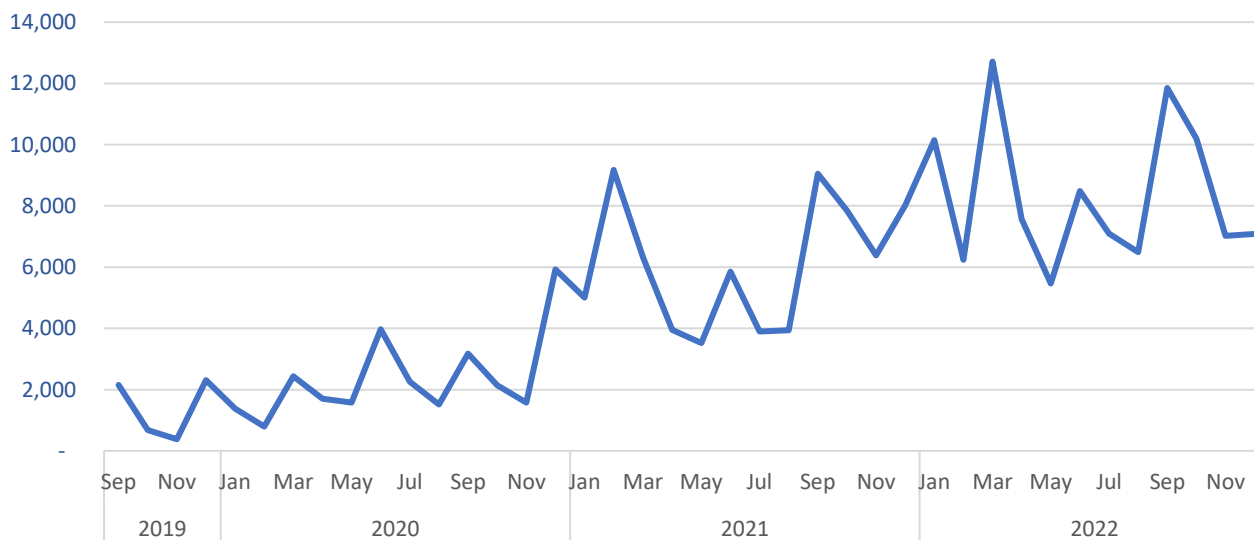
Article views/downloads: 299,859

Countries/Territories: 175 (***an increase from 165 in September, including Cuba, Belize, Guatemala, and Kyrgyzstan***)

States: 50 plus Washington, D.C.

The 14th issue of *Patient Safety* was published on December 16, 2022.

*Patient Safety* Readership by Month





## The Authority in the News

November 16, 2022 – December 31, 2022

Nov 29 · Preventing Newborn Falls · The Truax Group, Patient Safety Solutions · [https://www.patientsafetysolutions.com/tip\\_of\\_the\\_week\\_archive\\_oct-dec\\_2022](https://www.patientsafetysolutions.com/tip_of_the_week_archive_oct-dec_2022)

Nov 30 · Event: Litigation with Corporate Legal, Chris Mamrol · Pennsylvania Association for Justice, 2022 Annual Medical Malpractice Seminar – PITT · [https://www.pajustice.org/m/event\\_details.asp?id=1665932](https://www.pajustice.org/m/event_details.asp?id=1665932)

Dec 1 · Retained Foreign Body: Introduction: Overview and Implications · Healthcare Excellence Canada · <https://www.healthcareexcellence.ca/en/what-we-do/all-programs/hospital-harm-is-everyones-concern/hospital-harm-improvement-resource/retained-foreign-body-introduction/>

Dec 2 · Patient Safety Authority warns about the hidden risk of wheelchairs · Yahoo · <https://www.yahoo.com/now/patient-safety-authority-warns-hidden-144500847.html>

Dec 13 · The Patient Safety and Financial Implications of Disruptive Behavior · MedPro Group · <https://www.medpro.com/disruptive-behavior-patient-safety-financial-implications>

Dec 13 · Infection, patient falls cited as concerns in central PA hospitals. See safety grades · Centre Daily Times · <https://www.centredaily.com/news/state/pennsylvania/article269620106.html>

Dec 16 · Preparing the next generation of nurses highlighted in PATIENT SAFETY · NewsDirect · <https://newsdirect.com/news/preparing-the-next-generation-of-nurses-highlighted-in-patient-safety-364206619>

Dec 20 · Safe Sleep Video Library · Infant Falls by Pennsylvania Patient Safety Authority · Safe Sleep Academy · <https://www.safesleepacademy.org/video-library/>

Dec 31 · Patient Safety · StoryMD HealthJournal · <https://storymd.com/journal/6wxggr4hzm-patient-safety>

## **Social Media**

- Dec 1 · <https://twitter.com/anitaDRawing/status/1598381748097728512>
- Dec 2 · <https://twitter.com/CrweWorld/status/1598693511783587840>
- Dec 2 · <https://twitter.com/SaulEwing/status/1598728362981195778>
- Dec 3 · <https://twitter.com/SamanthaRGross/status/1599035830764326913>
- Dec 7 · <https://twitter.com/HFToday/status/1600509192812609537>
- Dec 13 · [https://twitter.com/IHCA\\_LngTrmCare/status/1602736863239761920](https://twitter.com/IHCA_LngTrmCare/status/1602736863239761920)
- Dec 13 · <https://twitter.com/MedProProtector/status/1602665184383963136>

## **Administration**

### **Anonymous Reports and Complaints December 2022**

#### **Anonymous Reports**

No anonymous reports.

Update to anonymous report review that was forwarded to the Department of Health Division of Acute and Ambulatory Care (the Department) as a complaint for failure to report a serious event on June 6, 2022. The Department initiated an investigation of this complaint on July 19, 2022 and concluded their investigation on July 28, 2022. The facility was cited for failure to comply with the reporting requirements of MCARE.

#### **Complaints**

No complaints received.

### **Patient Safety Authority Budget and Patient Safety Trust Fund Balance Update**

At its September 22, 2022 Board Meeting, the Board approved the Authority's FY22-23 budget totaling \$7,700,000, a \$200,000 increase of the FY21-22 budget.

Authority's FY21-22 expenditures completed with expenditures totaling approximately \$6,933,016, with \$4,646,046 in Personnel and \$2,286,970 in Operations. The Authority ended FY21-22 with a budget surplus of about \$566,984.

On December 31, 2022, the Treasury invested cash balance in the Patient Safety Trust Fund (PSTF) was \$9,822,653.45. This balance includes \$7,540,451.91 in FY21-22 MCARE Assessment transfers received from the department as of November 23, 2022. The FY21-22 MCARE Assessment transfers are complete. The Executive Director is confident the current PSTF balance is adequate to provide for the Authority's cash activities through FY22-23 and into FY23-24.

The Board authorized the FY22-23 MCARE Assessments at its December 8<sup>th</sup> Board Meeting. The details are discussed below.

As of December 31, 2022, the Authority's 1H FY22-23 cash expenditures totaled \$3,321,993.07, with accrued 1H FY22-23 expenditures at about \$3,620,000.

### ***FY22-23 MCARE Assessment Authorizations and Department Surcharges***

At its December 8, 2022 meeting, the Board authorized MCARE Assessments for FY22-23 totaling \$7,700,000, \$6,530,000 for Acute Care facilities and \$1,170,000 for Nursing Homes. The Board increased the FY22-23 Acute Care Assessment by \$170,000, 2.67%, and increased the FY22-23 Nursing Home Assessment by \$30,000, 2.63%. Following that Board Meeting, authorized Assessment amounts were communicated to the Department which will calculate acute care and nursing home FY22-23 surcharge rates based on the Department's December 31, 2022 census of MCARE unit (Act 13 Acute Care) and bed (Act 52 Nursing Home). The Department is preparing to send MCARE surcharge letters and invoices to facilities with a payment due date of June 1, 2022. Notices will be posted in the PA Bulletin. The Department will begin to transfer FY22-23 MCARE Surcharge receipts to the Patient Safety Trust Fund as facility payments clear, probably in March 2023.

The Department's **Division of Acute and Ambulatory Care (DAAC)** CYE22 (December 31, 2022) census of Acute Care facilities totals:

**CYE22 549 AC facilities, 41,709 AC units**  
[CYE21 553 AC facilities, 42,191 AC units]

#### **CYE22 DAAC census by facility type:**

Hospitals	214 facilities	40,545 beds (AC units)
Ambulatory Surgical Centers	320 facilities	1,120 op/proc rms (AC units)
Abortion Facilities	10 facilities	23 op/proc rms (AC units)
Birthing Facilities	5 facilities	12 op/proc rms (AC units)

The Department's **Division of Nursing Care Facilities (DNCF)** has provided the following tentative totals from its CYE22 (December 31, 2022) NH census:

<b>CYE22 DNCF</b>	<b>671 facilities</b>	<b>84,667 beds</b>
[CYE21 DNCF	681 facilities	85,944 beds]

**As of January 9<sup>th</sup>, the Department has not officially released its MCARE Surcharge licensing rates for FY22-23.**

### ***FY22-23 Maximum Allowable Assessments (MMA)***

Pursuant to the MCARE Act of 2002, as amended, Sections 305(d) and 409(b), assessment maximums are to be increased in each succeeding fiscal year according to the Consumer Price Index (CPI). At its December 13, 2018 meeting, the Board authorized utilization of the Northeast Medical Care Services (NE Med Care) CPI to calculate changes in annual MCARE Maximum Allowable Assessments (MAA) beginning in FY18-19. From FY15-16 through FY17-18, the Northeast Medical Professional Services (NE Med Prof) CPI was used for the MAA calculation. Prior to FY15-16, the Northeast Regional (NE Urban) CPI was utilized in this calculation.

For FY22-23, the Maximum Allowable Assessments (MMA) increased by 5.42% to total MMA of \$10,044,360, with \$8,648,159 MMA for Act 13 AC facilities, and \$1,396,201MMA for Act 52 NH facilities.

### ***Hospital, ASF, Birthing Center, and Abortion Facility – Act 13 Acute Care Assessments***

*FY21-22 Acute Care Assessments* – Through November 23, 2022, the Department transferred \$6,404,134.66 (100.69%) in Acute Care Assessments to the Patient Safety Trust Fund. This amount appears to include some prior year facility arrearages. FY21-22 MCARE Acute Care transfers are complete.

### ***Act 52 Nursing Home Assessments***

*FY21-22 Nursing Home Assessments* - Through August 18, 2022, the Department transferred \$1,136,317.25 (99.7%) in Nursing Home Assessments to the Patient Safety Trust Fund. On August 18<sup>th</sup>, the Department informed the Authority that the FY21-22 Act 52 NH surcharge collections and transfers were complete.

## ***Vendor Contracts***

### ***Medstar Health Research Institute (MHRI)***

The MHRI contract was fully executed on June 18, 2019, and commenced on July 1, 2019, running for 5 years (including 2 option years) through June 30, 2024. The total 5-year MHRI contract value was set at \$3,419,185.

MHRI submitted FY19-20 invoices from July 2019 through June 2020 totaling \$571,359. MHRI ended FY19-20 (PY1) with a budget surplus of \$86,770, 13.2%.

A Change Order (CO) was agreed upon between the Authority and MHRI, effective July 1, 2020, reducing the remaining contract value (PY2-5) by \$224,105, and reducing the FY20-21 (PY2) budget by a net change of \$41,129. The MHRI FY20-21 (PY2) budget under the CO was \$617,000, averaging \$51,417/mo.

MHRI submitted invoices in FY20-21 (PY2) from July 2020 through June 2021 totaling \$458,559 and completed PY2 \$158,441 under the CO budget, resulting in a 24-month budget surplus of \$245,211.

At its September 2021 meeting, the Board approved the exercise of the MHRI 2-year option extension covering FY22-23 and FY23-24 (PY4-5). MHRI was notified by the Executive Director of this extension.

A second MHRI Change Order (CO2) was entered on September 27, 2021, to establish standard job categories and role descriptions with consistent hourly rates for MHRI staff performing work in accordance with the contract. Hourly rates will remain the same for the Principal Investigator and Sr. Physician through the end of the contract. Hourly rates will increase by 3% on July 1 each year through the end of the contract for all other job categories. The annual total budget amounts agreed to in the Change Order dated July 1, 2020, remain unchanged.

MHRI submitted invoices in FY21-22 (PY3) from July 2021 through June 2022 totaling \$609,434 and completed PY3 \$18,906 under budget, resulting in a 36-month budget surplus of \$264,116.

MHRI has submitted invoices in FY22-23 (PY4) from July 2022 through November 2022 totaling \$227,430, and is currently \$39,197 under budget for PY4, resulting in a 41-month budget surplus of \$303,313.

***Gainwell Technologies LLC, previously DXC MS LLC (Gainwell)***

The DXC/Gainwell contract was fully executed on June 18, 2019, and commenced on July 1, 2019, running for 5 years (the final 2 being option years) through June 30, 2024. The total 5-year DXC/Gainwell contract value is \$7,071,540.

At its September 2021 meeting, the Board approved the exercise of the Gainwell 2-year option extension covering FY22-23 and FY23-24 (PY4-5). Gainwell was notified by the Executive Director of the extension.

Through December 2022, PSA approved invoices from DXC/Gainwell totaling \$4,134,742 covering the first 42-months activity, resulting in a current contract budget surplus of \$439,070. There are 18-months remaining on the 60-month contract.

On July 1, 2020, DXC Technology Service LLC's State and Local Healthcare and Human Services (S&L HHS) division was spun-off and named DXC MS LLC. This occurred in anticipation of the sale of DXC MS LLC to Veritas Capital, a NY-based private equity firm. The Executive Director's approval of the assignment of PSA's DXC Technology Services LLC contract to DXC MS LLC was given after several meetings with representatives from DXC Technology, DXC MS, and Veritas Capital. The Authority, under Mr. Akers counsel, received assurances that the DXC contract commitments will continue under DXC MS LLC and Veritas Capital, and that the Authority's DXC staff will remain in place.

On October 1, 2020, DXC MS LLC became a wholly owned subsidiary of the newly formed Gainwell Technologies, a holding of Veritas Capital. DXC is now referred to as Gainwell.