

**DATE:** March 16, 2023  
**TO:** Board of Directors  
**FROM:** Regina M. Hoffman, MBA, RN  
Executive Director  
**SUBJECT:** Executive Director's Report for March 16, 2023 Board Meeting

## Event Reporting, Data Science & Research

### *PA-PSRS*

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

- AMOD Release 3.6.1 was implemented on 2/2/2022 with 6 enhancements and maintenance upgrades.

The Authority and Gainwell staff built a new Event Reporting site within [patientsafety.pa.gov/](https://patientsafety.pa.gov/) scheduled to go live on March 13<sup>th</sup> for Patient Safety Week. The site contains patient safety stories grouped by categories. Users can also search for stories based on key words.

The Authority and Gainwell continue to prioritize and schedule PA-PSRS system enhancements through the remainder of 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***

- Neonatal Complications

An opportunity was identified to perform a deeper analysis of neonatal complications. The number of serious events reported to PA-PSRS under the neonatal complication event subtype increased by 92% between 2018 and 2022.

Existing literature focuses on delivery circumstances such as mode of delivery (vaginal birth versus cesarean section), the number of pregnancies or births of the mother, and use of obstetric anesthesia; however, there is a lack of information regarding the frequency, harm, interventions, and factors associated with particular neonatal patient safety events occurring during or shortly after labor and delivery.

We performed a preliminary analysis of approximately 160 neonatal complication serious event reports submitted during CY2022 to begin identifying variables associated with these events (e.g., labor and delivery details, risk factors, complications, contributing factors). However, many reports do not contain sufficient information to identify these variables. We are seeking facility investigations to obtain these details, which will strengthen our results and allow us to identify more specific recommendations to prevent recurrence across the Commonwealth.

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 two more analyses, one on alarm design and use in healthcare and the other focusing on assessing equipment, supply, and device related issues. Both manuscripts are planned for publication in the March 2023 issue of *Patient Safety*.

### ***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.

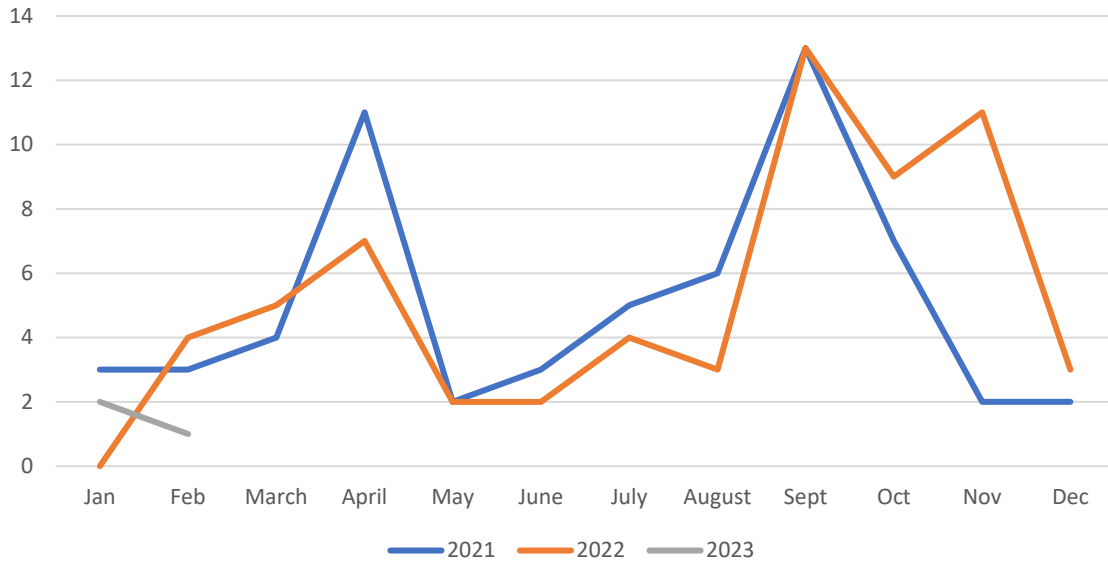
### **Center of Excellence for Improving Diagnosis**

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 March, 20 hospitals have attended a virtual orientation meeting; two hospitals are in the final stage of the project and two have fully completed the project.

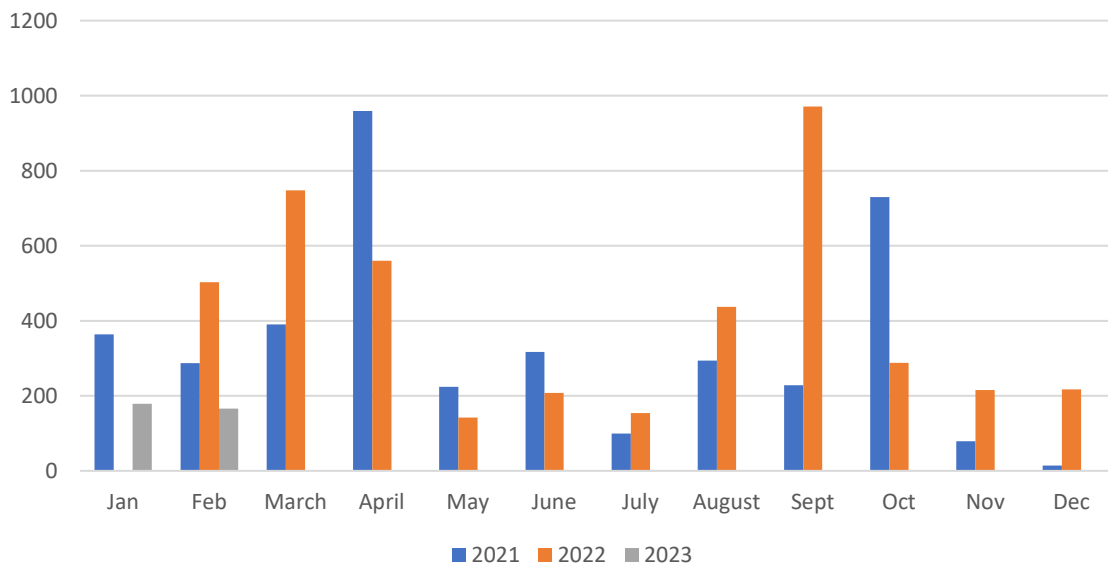
# Education and Outreach

## Education Programs

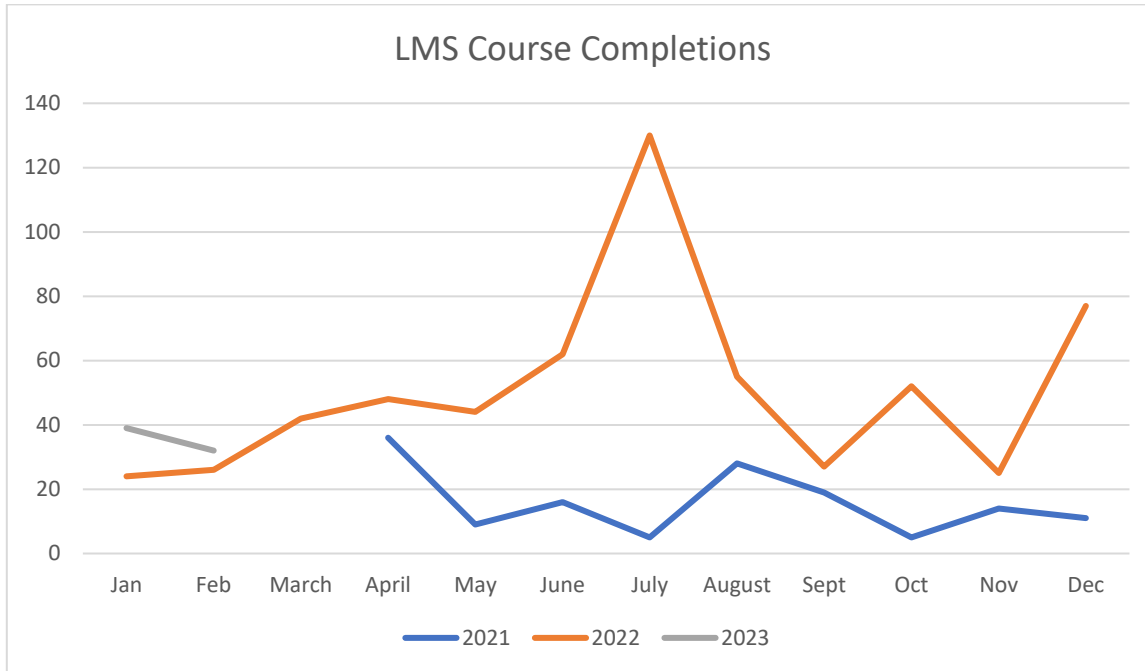
### Number of Education Events



### Number of Attendees at Education Events



## LMS



### Joint Accreditation

The educational committee continues to meet on a quarterly basis to review upcoming education and past evaluations. The next meeting will be held April 25<sup>th</sup>.

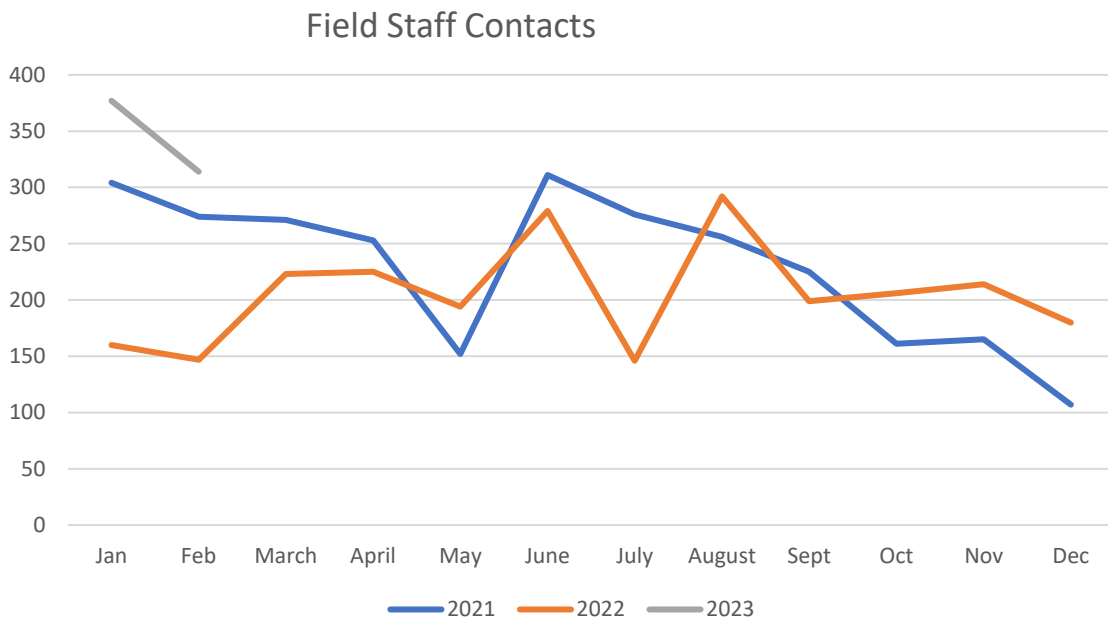
### Upcoming Scheduled Educational Offerings

Upcoming Education Programs		
Date	Type	Title
March 30	Webinar	Outside the Box Webinar Series: Audits, Chart Reviews, Trigger Tools
April 13	Webinar	Antibiotic Stewardship Webinar Series: Antimicrobial Usage
April 19	Webinar	Emergence Delirium Intervention
April 27	Webinar	Outside the Box Webinar Series: Medication Technology, Smart Pumps, BCMA, and ADCs
May 3	Webinar	PSO Basics: Module 1
May 5	Webinar	PSO Basics: Module 2
May 10	Webinar	PSO Basics: Module 3
May 11	Webinar	Antibiotic Stewardship Webinar Series: Mechanisms of Antimicrobial Resistance (MDROs, Susceptibilities)
May 12	Webinar	PSO Basics: Module 4
May 18	Webinar	Outside the Box Webinar Series: Media and Publications
June 8	Webinar	Antibiotic Stewardship Webinar Series: Antibiograms

Upcoming Education Programs		
Date	Type	Title
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
October 17, 19, 24, & 26	Webinar	PSO Basics Series

**OUTREACH**

**FACILITY CONTACT AND CONSULTATION**



**Facility Outreach**

**Acute Care**

Field staff continue to support acute care facilities by doing outreach with new Patient Safety Officers. Facilities may also be contacted regarding data trends or specific events for the purpose of ensuring the PSO has the information and tools they need. Facilities continue to reach out to field staff with question about reporting or to receive support in relation to specific events. LVRs are being evaluated and tracked on a quarterly basis with outreach occurring as needed to

support those facilities. PSLs have also been working with the Center of Excellence for Improving Diagnosis on the evaluation project as above.

**LTC**

Field staff continue to follow up with LTC facilities that have missing utilization data. New Infection Preventionists are offered orientation to MCARE and education about the role. The LTC Newsletter (The Lowdown) continues to be developed and distributed quarterly to all LTC facilities. The HAI LTC Workgroup continues to meet quarterly.

**HAI**

The next HAI Advisory Group meeting will be held in late spring. Dates are under consideration.

**Engagement and Publications**

**Patient Safety**

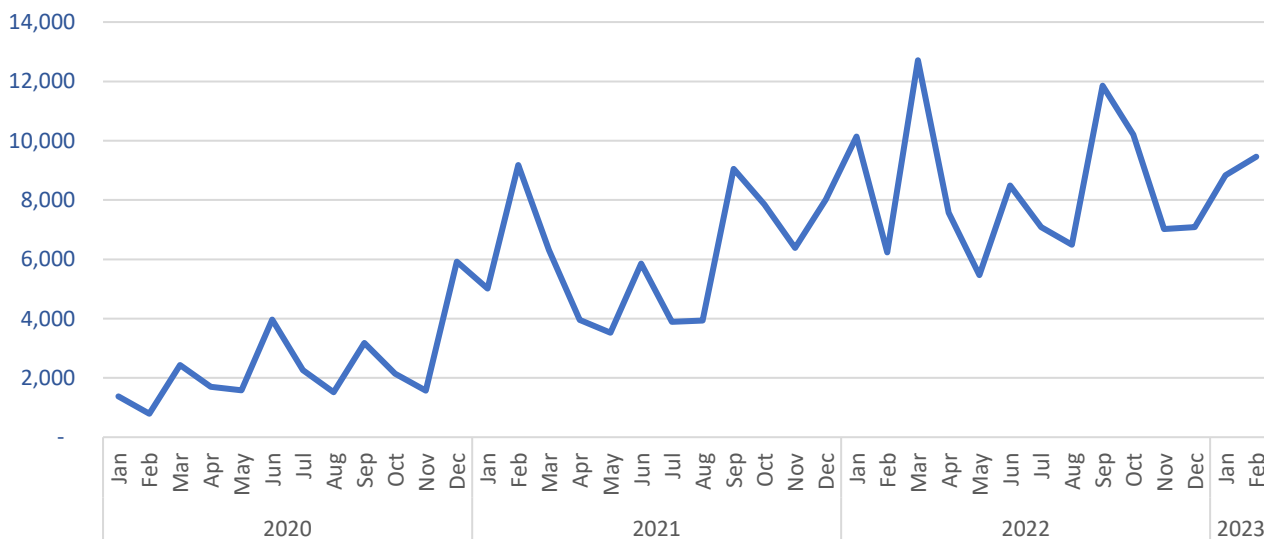
Unique visitors to journal website (as of 3/6/23): 74,492

Article views/downloads: 328,897

Countries/Territories: 175

States: 50 plus Washington, D.C.

*Patient Safety Readership by Month*



## The Authority in the News

January 1, 2023 – February 28, 2023

Dec. 28 (didn't appear in last search) · JAISIN Insurance Solutions · Preventing Slips, Trips and Falls at Home · <https://jaisin.com/preventing-slips-trips-and-falls-at-home/>

Jan. 1 · Healio · Nursing Student Errors and Near Misses: Three Years of Data · <https://journals.healio.com/doi/full/10.3928/01484834-20221109-05>

Jan. 6 · Agiliti · Understanding and Preventing Bed Rail Entrapment · <https://agilitihealth.com/wp-content/uploads/Understanding-and-Preventing-Bed-Rail-Entrapment-White-Paper-min.pdf>

Jan. 13 · The Express · Three Mount Nittany Health pharmacists inducted into Patient Safety Hall of Fame · <https://www.lockhaven.com/news/health/2023/01/three-mount-nittany-health-pharmacists-inducted-into-patient-safety-hall-of-fame/>

Jan. 25 · KGW8 · Patient injured in operating room fire at OHSU · <https://www.kgw.com/article/news/local/operating-room-fire-ohsu-injury-patient/283-70df43f2-6fbb-409a-9a42-4ae4056c12ac>

Jan 22 · APIC · What's in Your Endoscope? Ameliorations for Patient Safety · <https://annual.apic.org/parrotwp/whats-in-your-endoscope-ameliorations-for-patient-safety/>

Jan. 30 · MDedge · Development of a Safety Awards Program at a Veterans Affairs Health Care System: A Quality Improvement Initiative · *The Pennsylvania Patient Safety Authority offers exceptional guidance for creating a safety awards program to promote a culture of safety.*<sup>12</sup> · <https://mdedge.com/jcomjournal/article/260740/practice-management/development-safety-awards-program-veterans-affairs>

Feb 6. · PSHP · Webinar: “Revised USP <797>” · <https://www.pshp.org/events/EventDetails.aspx?id=1720252>

Feb. 10 · NIH NLIM · Assessment of MRI Safety Practices in Saudi Arabia · <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9926921/>



Feb. 13 · Healthnews · How Does a Latex Allergy Develop? · <https://healthnews.com/health-conditions/allergies/how-does-a-latex-allergy-develop/>

Feb. 14 · HenrySchein Solutions Hub · HealthFirst Crash Cart · <https://www.henryscheinsolutionshub.com/product/healthfirst-crash-cart/>

Feb. 15 · DotMed · Brazilian lawyer dies after gun goes off in MR suite · <https://www.dotmed.com/news/story/59860>

Feb. 16 · Taylor & Francis Online · Neonatal pressure ulcers: prevention and treatment · <https://www.tandfonline.com/doi/full/10.2147/RRN.S98755>

Feb. 16 · ECRI · Human Factors Engineering: Barriers and Enablers of High-level Disinfection and Sterilization, Agenda & Speakers: Jim Davis · <https://www.ecri.org/events/human-factors-engineering-barriers-and-enablers-of-high-level-disinfection>

Feb. 16 · PA Family · Planned Parenthood Lancaster Asks to be Exempt from Safety Requirement · <https://pafamily.org/2023/02/16/planned-parenthood-lancaster-asks-to-be-exempt-from-safety-requirement/>

Feb. 19 · IvyPanda · The Patient Safety Clinical Policy Analysis Essay · <https://ivypanda.com/essays/the-patient-safety-clinical-policy-analysis/>

Feb. 20 · FeedSpot · 20 Best Patient Safety Blogs & Websites · [https://blog.feedspot.com/patient\\_safety\\_blogs/](https://blog.feedspot.com/patient_safety_blogs/)

Feb. 23 · Penn Live · Operation on wrong leg was just one of the issues state says it found at central Pa. hospital · <https://www.pennlive.com/health/2023/02/central-pa-hospital-operated-on-wrong-leg-didnt-report-birth-related-death-and-more.html>

## **Social Media**

Jan. 16 · <https://twitter.com/BetsyLehmanCtr/status/1615000425836470272>

Jan. 18 · <https://twitter.com/BetsyLehmanCtr/status/1615731744614793219>

Jan. 18 · <https://twitter.com/ptsafetylearn/status/1615649195804729344>

Jan. 30 · <https://twitter.com/JAISINInsurance/status/1620120156344131591>

Feb. 9 · <https://twitter.com/PLAN4ZERO/status/1623848887856537601>

Feb. 21 · <https://twitter.com/ptsafetylearn/status/1628093947485556737>

Feb. 27 · [https://www.linkedin.com/posts/patientsafetymovement\\_anesthetized-patients-awakening-from-a-surgical-activity-7029615108993519617-rlTt](https://www.linkedin.com/posts/patientsafetymovement_anesthetized-patients-awakening-from-a-surgical-activity-7029615108993519617-rlTt)

## Administration

### Anonymous Reports and Complaints January and February 2023

#### Anonymous Reports

No anonymous reports.

#### Complaints

Received three calls requesting information which was provided. Two callers did not respond to any return calls for further information. Three public complaints were received and forwarded to the Department of Health.

### 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 over the FY21-22 budget.

Authority's FY21-22 expenditures completed 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 March 2, 2023, the Treasury invested cash balance in the Patient Safety Trust Fund (PSTF) was \$8,820,359.94. This balance includes \$7,540,451.91 in total FY21-22 MCARE Assessment transfers. 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. FY22-23 MCARE surcharge transfers will total about \$7.7 million and should primarily occur in the 4<sup>th</sup> quarter of FY22-23 (Apr-Jun 2023).

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

As of March 6, 2023, the Authority's FY22-23 cash expenditures totaled \$4,440,249.87.

## ***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, the authorized Assessment amounts were communicated to the Department which then calculated 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 then prepared 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 is anticipated to begin the transfer of FY22-23 MCARE Surcharge receipts to the Patient Safety Trust Fund during 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]

## ***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 a \$8,648,159 MMA for Act 13 AC facilities, and a \$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 for FY22-23 (PY4) and FY23-24 (PY5). MHRI was notified of this extension in writing by the Executive Director.

A second MHRI Change Order (CO2) was entered on September 27, 2021 establishing 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 positions 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 first 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 January 2023 totaling \$272,403, and is currently \$100,876 under budget for PY4, resulting in a 43-month budget surplus of \$364,992.

### ***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 (PY4) and FY23-24 (PY5). Gainwell was notified of this extension in writing by the Executive Director.

Through the February 2022 Gainwell invoice, PSA has approved invoices from DXC/Gainwell totaling \$4,542,900 covering the first 44-months activity, resulting in a current contract budget surplus of \$462,462. There are 16-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.