

DATE: April 27, 2023
TO: Board of Directors
FROM: Regina M. Hoffman, MBA, RN
Executive Director
SUBJECT: Executive Director's Report for April 27, 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.

AMOD Release 3.7 is scheduled for April 27, 2023 with 20 enhancements and maintenance upgrades.

The Authority and Gainwell staff built a new Event Reporting site within patientsafety.pa.gov/ that went live on March 13th 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, causes, and actions taken by the facility to prevent recurrence). However, many reports do not contain sufficient information to identify these variables. We are seeking facility investigation information to obtain these details, which will strengthen our results and allow us to identify more specific recommendations to prevent recurrence across the Commonwealth.

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 spring 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.

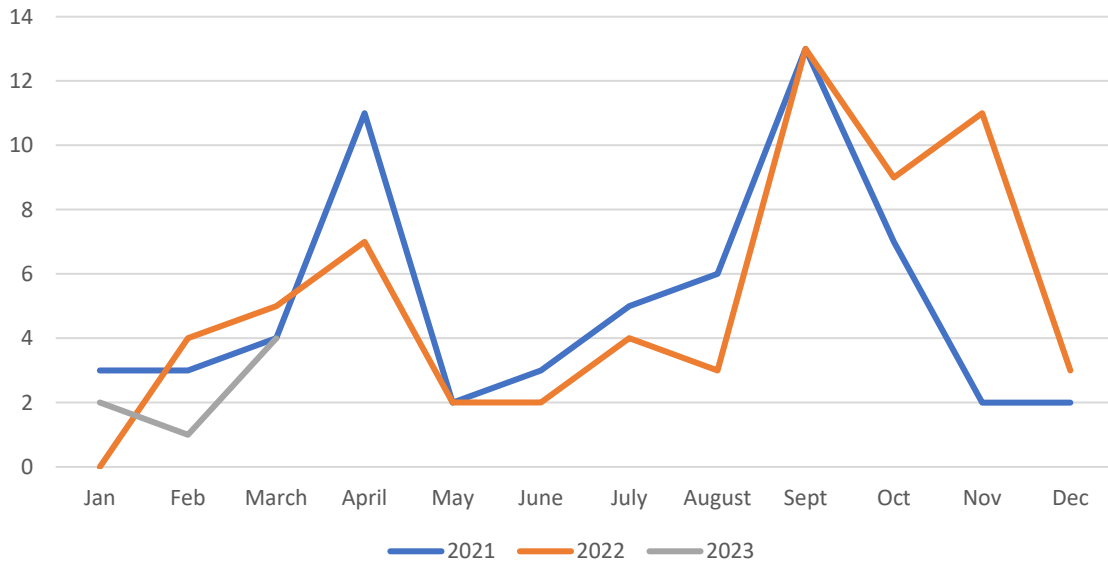
Center of Excellence for Improving Diagnosis

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.

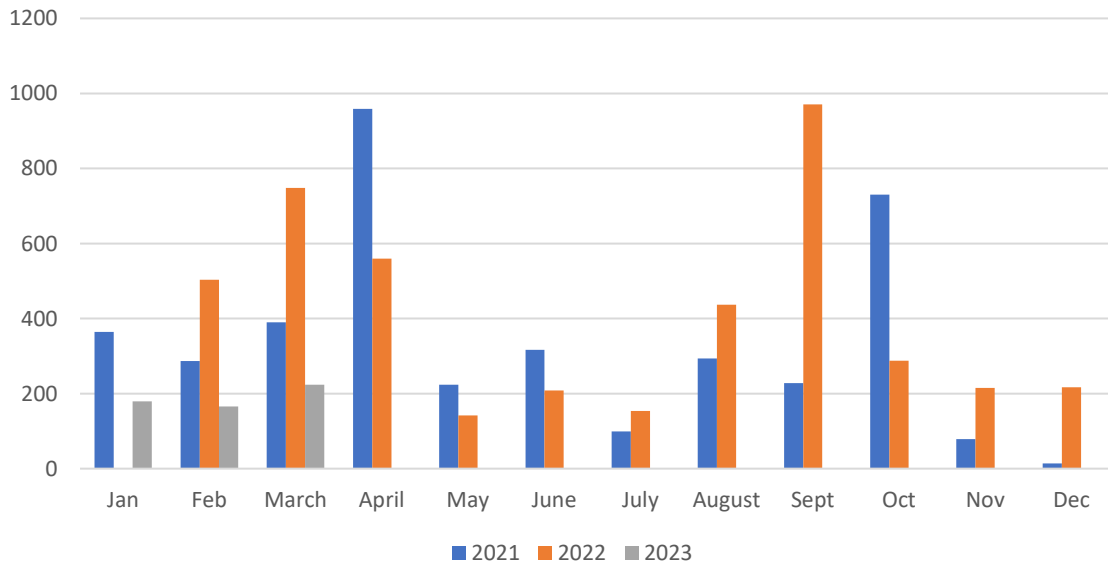
Despite some attrition due to competing priorities and limited resources within facilities, recruitment and engagement efforts continue. As of early April, five hospitals have fully completed the project.
 Education and Outreach

Education Programs

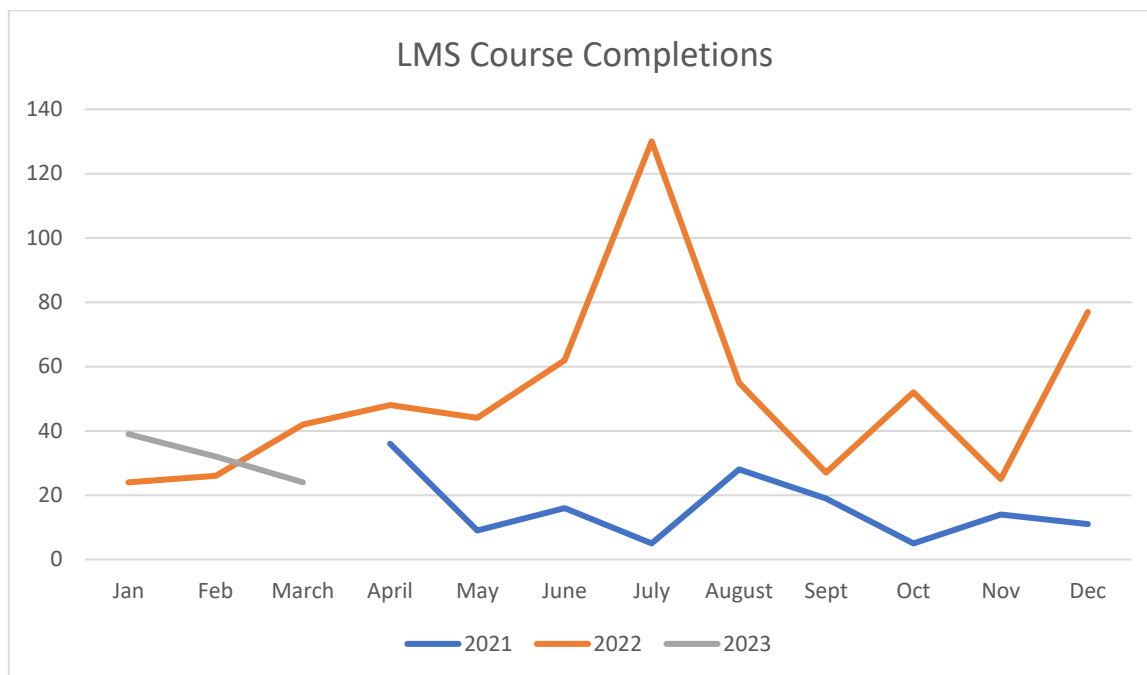
Number of Education Events



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 25th.

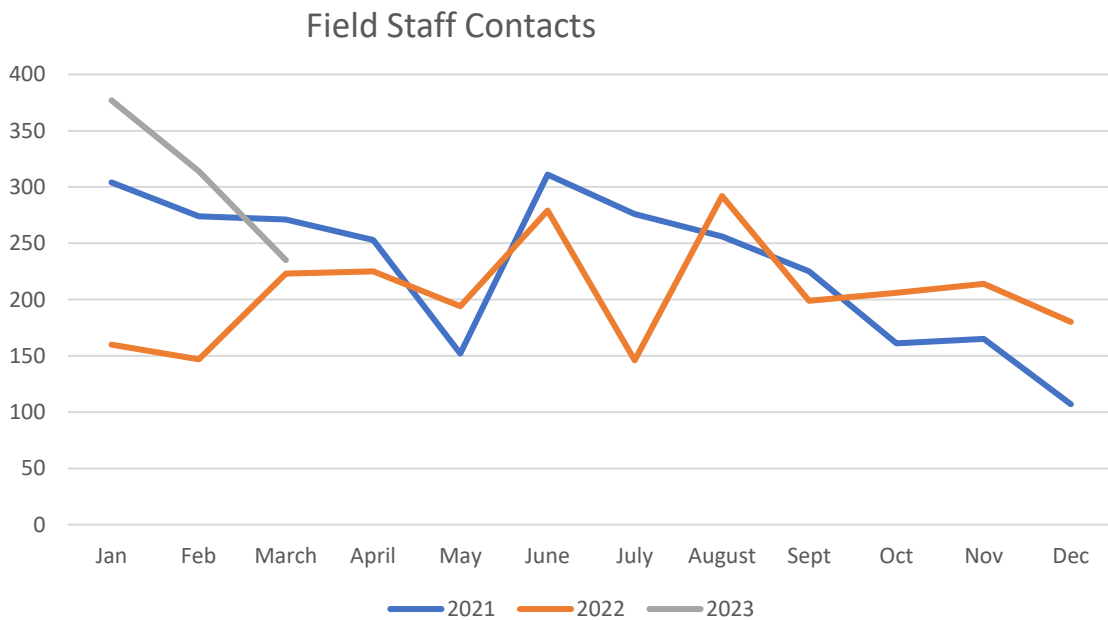
Upcoming Scheduled Educational Offerings

Upcoming Education Programs		
Date	Type	Title
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
July 13	Webinar	Antibiotic Stewardship Webinar Series: Antimicrobial Baseline Data

Upcoming Education Programs		
Date	Type	Title
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 on April 26th.

Engagement and Publications

Patient Safety

The next issue of *Patient Safety* will be published in April. The journal recently completed a migration from PKP to Scholastica. This new platform provides additional services and file types that will make the publication more accessible to readers.

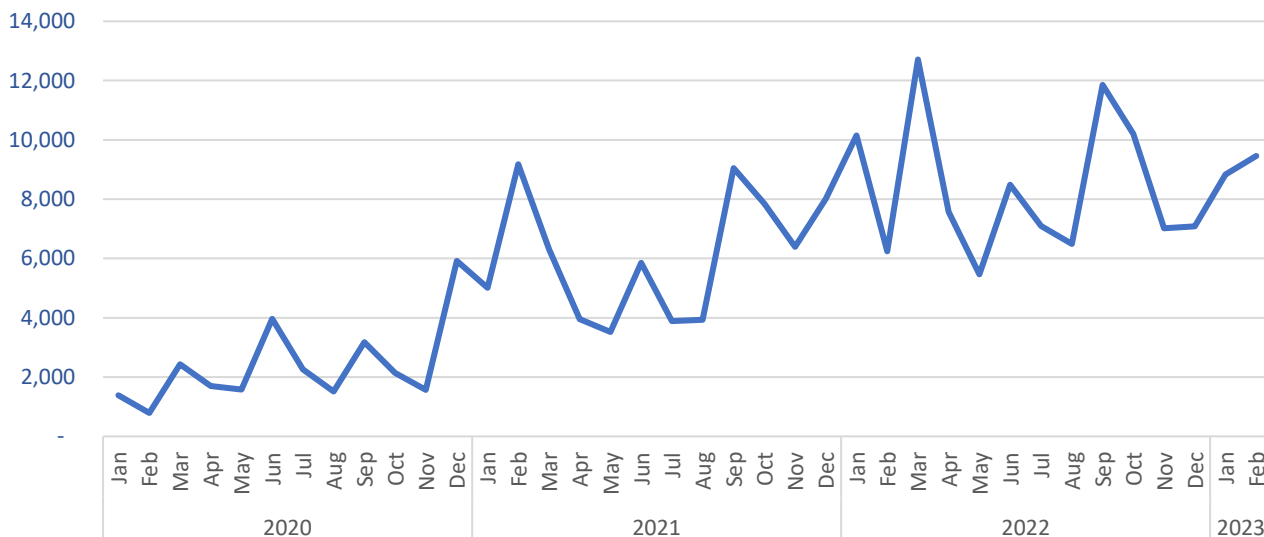
Unique visitors to journal website (as of 3/6/23): 74,492

Article views/downloads: 328,897

Countries/Territories: 175

States: 50 plus Washington, D.C.

Patient Safety Readership by Month



The Authority in the News

March 2023

March 3 · PA Health Policy Update for March · Patient Safety Authority – Board Meeting – March 16 · <https://pasafetynet.org/pa-health-policy-update-for-march-3/>

March 3 · Emergence delirium: Potentially dangerous condition when a patient awakens from a procedure · VA News · <https://news.va.gov/116138/emergence-delirium-dangerous-patient-awakens/>

March 7 · The alarming reality of medication error: A patient case and review of Pennsylvania and National · ResearchGate · PSA 2011 Annual Report cited: https://www.researchgate.net/publication/307920408_The_alarming_reality_of_medication_error_A_patient_case_and_review_of_Pennsylvania_and_National_data

March 8 · HealthFirst Crash Cart · hub – Henry Schein · <https://www.henryscheinsolutionshub.com/product/healthfirst-crash-cart/>

March 13 · TAP Catheter-Associated Urinary Tract Infection (CAUTI) Implementation Guide: Links to Example Resources · CDC · <https://www.cdc.gov/hai/prevent/tap/cauti.html>

March 16 · HERE'S THE SCENARIO: As the new CEO of Mount Elsewhere Hospital... · CliffsNotes · <https://www.cliffsnotes.com/tutors-problems/Business-Other/49131477--HERES-THE-SCENARIO-As-the-new-CEO-of-Mount-Elsewhere-Hospital/> (response mentioning PSA hidden behind paywall)

March 17 · PA Government Links · PA State Rep. John Schlegel · <https://www.repschlegel.com/PAGovLinks>

March 23 · PA Government Links · PA State Rep. Tom Jones · <https://reptomjones.com/PAGovLinks>

March 23 · Collections: Patient Safety · AJN The American Journal of Nursing · <https://journals.lww.com/ajnonline/pages/collections.aspx?Collection=Topical>

March 31 · PA Government Links · PA State Rep. Mike Cabell · <https://www.repcabell.com/PAGovLinks>

March 31 · Patient Safety Education and Resources · UPMC · <https://shop.wisersimulation.org/patient-safety-essentials/>

Social Media

March 5 · <https://twitter.com/InsidOutAnatomy/status/1632486908608774145>

March 13 · <https://twitter.com/PaAction/status/1635278813516165120>

March 16 · <https://twitter.com/helenh49/status/1636483380979089409>

March 23 · <https://twitter.com/BetsyLehmanCtr/status/1638912235170041862>

Administration

Anonymous Reports and Complaints March 2023

Anonymous Reports

No Anonymous Reports

Complaints

No Complaints

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 April 3, 2023, the Treasury invested cash balance in the Patient Safety Trust Fund (PSTF) was \$ 7,999,231.04. 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 4th quarter of FY22-23 (Apr-Jun 2023).

The Board authorized \$7.7 million in FY22-23 MCARE Assessments at its December 8th Board Meeting. Details are discussed below.

As of March 6, 2023, the Authority's FY22-23 cash expenditures totaled \$5,045,490.97.

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 in late April 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:

CYE22 DNCF	671 facilities	84,667 beds
[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 18th, 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 February 2023 totaling \$309,584, and is currently \$117,020 under budget for PY4, resulting in a 44-month budget surplus of \$381,137.

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.

On March 27, 2023, Gainwell and the Executive Director executed a Change Order adding an additional full-time Software Engineer and a half-time Business Analyst to the Gainwell Team while eliminating a Project Manager position, effective April 1, 2023. As a result of the hourly rate differentials for these positions, there was no budget impact.

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.