



## Corbett administration wants to fold health safety agencies into Pa. Department of Health

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A Pennsylvania agency considered a leader in the patient safety movement might get swallowed by the state health department — a move some say would cripple it.

**Gov. Tom Corbett's proposed budget** would roll the **Pennsylvania Patient Safety Authority** into the Pennsylvania Department of Health.

Some say it would destroy the trust the PSA has established with hospitals, who can report medical errors to the authority without fear of punishment.

"The concern is the trust, and these relationships, would be hurt by our agency being forced into the department of health, which is a regulatory agency," said Dr. Stan Smullens, acting chair of the PSA board and chief medical officer at Jefferson Health System.



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The PSA is an independent state agency governed by board members who aren't state employees. It's funded by fees from the hospitals and health care entities it works with.

The PSA collects reports from hospitals and facilities including outpatient surgery centers about medical errors and near misses.

While the incidents are kept secret, the PSA analyzes them to figure out why they occurred and how to prevent them. It shares findings and recommendations with the health care facilities and publishes advisories with the goal of preventing such mistakes.

For example, the PSA learned of a 2005 patient death that happened because a nurse misinterpreted a colored wrist band, thinking it meant the patient didn't want last-ditch life-saving efforts.

The PSA realized the nurse worked at several hospitals, which used differing color schemes, and got the colors mixed up. That led to an advisory to hospitals and a campaign to standardize wrist band colors.

The PSA plays no role in regulating or penalizing hospitals — that's the health department's role.

A 2002 Pennsylvania law requires hospitals and several other types of facilities to report medical errors and near misses to the PSA.

Smullens said it took a while for the PSA to build enough trust with facilities that they would freely report near misses, which are viewed as a golden opportunity for understanding why breakdowns occur.

The PSA had to overcome a well-entrenched culture where health care facilities were inclined to hide mistakes and lapses out of fear of publicity and lawsuits.

Smullens argues the level of trust attained by the PSA is possible only because health care facilities know the PSA is independent of the health department and has no interest in punishing hospitals.

The Corbett administration believes rolling it into the health department will improve efficiency and effectiveness.

"We believe combining the two allows us to provide for a more unified and comprehensive data source for all health care quality information," said Holli Senior, a spokeswoman for the health department. "By combining the two entities, we can create cost and operational efficiencies in administration, while maintaining firewalls within the department that will allow separation, while eliminating duplication of resources and services."

But PSA spokeswoman Laurene Baker disputes the health department's contention that, because the state provides administrative services for the PSA, it receives taxpayer support. According to Baker, the PSA pays its own salary, health benefit and pension costs, and reimburses the state for state-provided services.

"We don't understand how there would be any real savings," Smullens said of Corbett's proposal.

The PSA has 14 employees and an annual budget of about \$6 million, according to Smullens. In the past decade it has collected about 10.5 million reports, with the vast majority involving near misses, he said.

While the law requires actual mistakes and near misses to be reported to the PSA, mistakes that harm patients also must be reported to the health department, which can investigate and impose penalties.

Corbett further proposes rolling the **Pennsylvania Health Care Cost Containment Council** — another independent state agency — into the health department.

The council, known as PHC4, collects data concerning the cost and quality of health care.

Some of its notable efforts include regular reports comparing Pennsylvania hospitals in areas such as death rates, readmissions and other measures that help the public judge the quality of their local hospitals.

Another goal is to put public pressure on hospitals to do their best.

Corbett's reasons are similar to those behind the decision to roll the PSA into the health department.

The health department's Senior noted hospitals must spend time filling reports with three entities — the PSA, the PHC4 and the health department — and some of the reports produced by the entities are essentially the same.

"Consolidation will allow us to provide more comprehensive reporting to consumers," she said.

State Sen. Pat Vance, R-Cumberland County, said she believes the PSA and the PHC4 both are effective, and benefit from being "free of any restraints."

"I have concerns about the loss of independence," she said.

The PSA board passed a formal resolution opposing the move to the health department, but the PHC4 board hasn't taken a position.

Gene Barr, the chair of the PHC4 board, said given budget pressures facing the state, the board must be open to money-saving proposals.

"We're willing to look at what someone wants to put forward from an efficiency standpoint. That's the only fair way to operate," said Barr, the president of the Pennsylvania Chamber of Business and Industry.

The PSA and the PHC4 have each received national recognition for their roles in improving patient safety, and making inroads in an area long shrouded in secrecy.

The Hospital & Health System Association of Pennsylvania favors keeping the PSA and the health care cost council independent.

"Both are unique as non-regulatory, non-punitive entities, and are models for other states," the hospital association said in a statement. "The PSA's confidential reporting system is a critical element of its success, and has resulted in the elimination or reduction of medical errors by identifying problems and recommending solutions promoting patient safety.

"PHC4 has a 25-year track record and an all-payer database that benefits providers and patients," the hospital group said. "We have conveyed this to legislators."

Fran Charney, a registered nurse and PSA employee, works closely with health care entities who report to the authority.

Charney said moving into the health department "will set the authority back into the dark ages of patient safety."

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