

**APPROVED MINUTES**

**MEETING OF:**

**PATIENT SAFETY AUTHORITY**

ZOOM MEETING

TIME: 1:17 P.M.

DATE: JUNE 29, 2023

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**Patient Safety Authority****June 29, 2023**

1  
2 Nirmal Joshi, M.D., Chair  
3 Daniel Glunk, M.D.  
4 William Wenner, M.D.  
5 Eric Weitz, Esquire  
6 Kathleen Law, M.D.  
7 Linda Waddell, R.N.  
8 Veronica Richards, Esquire  
9 Amelia Paré, M.D.  
10 Lynn Kornblau, Esquire  
11  
12 Also Present:  
13  
14 Caitlyn Allen, Director of Engagement & Publications  
15 Tony Arnold, Business Operations Manager  
16 Michelle Bell, Director of Outreach and Education  
17 Amanda Bennett, Infection Preventionist  
18 Shirley Dominick, Patient Safety Liaison  
19 Kelly Gipson, Project Manager  
20 Regina Hoffman, Executive Director  
21 Becky Jones, Director of Data Science and Research  
22 Shawn Kepner, Data Analyst  
23 Rick Kundravi, Senior Patient Safety Liaison  
24 Christopher Mamrol, Senior Patient Safety Liaison  
25 Karen McKinnon-Lipsett, Administrative Specialist  
26 Eugene Myers, Associate Editor  
27 Shelly Mixell, Administrative Specialist  
28 Howard Newstadt, Financial Director and CIO  
29 Jessica Oaks, Program Manager  
30 Jackie Peck, Communication Specialist  
31 Molly Quesenberry, Patient Safety Advisor  
32 Cathy Reynolds, Senior Patient Safety Liaison  
33 Sunny Ro, Patient Safety Analyst  
34 Christine Sanchez, Patient Safety Analyst  
35 Megan Shetterly, Senior Patient Safety Liaison  
36 Amber Sizemore, Esquire, Attorney for PSA  
37 Krista Sorvino, Communications Specialist  
38 Heather Stone, Administrative Specialist  
39 Matthew Taylor, Patient Safety Analyst  
40 Robert Yonash, Senior Patient Safety Liaison

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1 Brian Machowski (UPMC)  
2 Maureen Barnes, Cassatt Patient Safety Organization  
3 Angela Bertugli (Highmark Health)  
4 Phyllis Blanton (Gainwell)  
5 Kristin Brady (Bradford Regional Medical Center)  
6 Jolene Calla (HAP)  
7 Sergio Colandrea  
8 Michele Daniele (Jefferson)  
9 Colleen Downey (Independence Blue Cross (IBX))  
10 Joh Duggan (Select Medical)  
11 Kathy Houghton (Deputy Secretary of the Budget)  
12 Beth Kern (Community Health Systems)  
13 Dylan Lindberg (Rep. Franke's Office)  
14 Mary Allen Mannix (Public)  
15 Amy Meehan (Cassatt RRG)  
16 Liam Migdail (HAP)  
17 Ashlei Milligan  
18 Mary Ellen Nepps (Office of General Counsel - U of P)  
19 Della Payne (Mainline Health System)  
20 Robert Shipp (HAP)  
21 David Wenner (Pennlive Journalist)  
22 Sean Zabaneh (Duane Morris)  
23 Byron Aldinger (York Stenographic Reporter)  
24 (717) 571-7719  
25 (570) 765-9230  
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**Executive Session**

June 29, 2023 at 12:30 PM ET  
Location: Zoom (Virtual Meeting)

Consideration of personnel matters and to engage in non-deliberative informational discussions regarding various actions and matters which have been approved at previous public meetings.

**Public Meeting**

June 29, 2023 at 1:00 PM ET  
Location: Zoom (Virtual Meeting)

**Agenda**

- I. Call to Order
- II. Roll Call
- III. Approval of the April 27, 2023 Meeting Minutes
- IV. Report of Board Chair
- V. Executive Director Report
- VI. Old Business
  - a. Evaluation of Investigation Data
    - i. Public Comment
  - b. Evaluation of Event Reporting
- VII. New Business
- VIII. Public Comment
- IX. Adjournment

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June 29, 2023

3 MS. MCKINNON:

4

Dr. Joshi, can you see the agenda?

5 DR. JOSHI:

6

Yeah, I can see the agenda well, Karen.

7

Thank you.

8 MS. MCKINNON:

9

Okay.

10 DR. JOSHI:

11

And I'm looking around to see, there are

12

still some Board members who have not

13

joined, I believe, yet, correct?

14 MS. MCKINNON:

15

Yes.

16 DR. JOSHI:

17

Yeah, several have not.

18 MS. HOFFMAN:

19

I think I see just about everyone, if you

20

wanted to start and ask for roll call, Dr.

21

Joshi.

22 DR. JOSHI:

23

All right. Okay, well, good afternoon.

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1                   We'll call the meeting to order. And,  
2                   Karen, if you can please do a roll call for  
3                   us, and we'll proceed from there.

4 MS. MCKINNON:

5                   Okay, just a moment. Dr. Glunk.

6 DR. GLUNK:

7                   Here.

8 MS. MCKINNON:

9                   Dr. Joshi.

10 DR. JOSHI:

11                   Here.

12 MS. MCKINNON:

13                   Linda Waddell.

14 MS. WADDELL:

15                   Here.

16 MS. MCKINNON:

17                   Dr. Law.

18 DR. LAW:

19                   Here.

20 MS. MCKINNON:

21                   Eric Weitz.

22 MR. WEITZ:

23                   Here.

1 MS. MCKINNON:

2                   Veronica Richards.

3 MS. RICHARDS:

4                   Here.

5 MS. MCKINNON:

6                   Dr. Wenner.

7 DR. WENNER:

8                   Here.

9 MS. MCKINNON:

10                  Dr. Paré.

11 DR. PARÉ:

12                  Present.

13 MS. MCKINNON:

14                  Amber Sizemore.

15 MS. SIZEMORE:

16                  Here.

17 MS. MCKINNON:

18                  Okay, that's it.

19 MS. HOFFMAN:

20                  I believe Lynn Kornblau is absent from the  
21                  meeting, unless she joined us late.

22 DR. JOSHI:

23                  Okay, that's it, right?

1 MS. HOFFMAN:

2 Yes.

3 MS. MCKINNON:

4 Yes.

5 DR. JOSHI:

6 Okay. Well, thank you. Well, thank you all  
7 for being here this afternoon. We'll start  
8 with reviewing the minutes from the April 27  
9 committee. Any comments or concerns on that  
10 item? Anyone against approving that item,  
11 by a show of hand? Hearing none, that item  
12 stands approved. The minutes stand approved  
13 from the April 27 meeting. My report is  
14 pretty much summarized in old business, so I  
15 will defer to that. For right now, I will  
16 move it ahead to the Executive Director  
17 Report.

18 MS. HOFFMAN:

19 Thank you, Dr. Joshi. So there are a few  
20 items on my written report that I'd like to  
21 highlight, and a few things that aren't on  
22 there that I'd like to highlight for the  
23 members of the Board and the attendees. So



1           our annual report was published and  
2           distributed after its approval at the April  
3           meeting, and it is -- it can be found on our  
4           public website. You will also find that the  
5           June issue of the Journal was published this  
6           week, and is available on both the Journal  
7           website with a link from our main website as  
8           well. A few articles in there that may be  
9           of interest to some folks on the call are  
10          there's one on visual display design of  
11          electronic health records; all of our write-  
12          ups from the I Am Patient Safety award  
13          winners are in there; both the acute care  
14          and long-term care data articles that go  
15          along with the annual report are there; and  
16          an interesting interview with an expert on  
17          AI in health care, and his views on the  
18          research and where things kind of are in the  
19          industry. And just to expand on that a  
20          little bit more, we are well aware at the  
21          Authority, as I'm sure many of you are, how  
22          quickly the use of AI, in particular ChatGTP  
23          [sic], in all our lives has been expanding.

1 We've had a lot of conversations at PSA as  
2 to how this might affect us, and how it  
3 affects our work right now. We're in the  
4 process of finalizing a policy for the  
5 Journal, which will be very important on the  
6 use of ChatGTP and similar technologies by  
7 authors, and we're also getting ready to  
8 launch a survey of healthcare providers in  
9 Pennsylvania, really trying to find out how  
10 our licensed -- you know, our physicians and  
11 nurses might be using things like ChatGTP in  
12 their practice, where those of us in the  
13 patient safety world may not even be aware  
14 of it. So if you are one of those licensed  
15 folks, and you see an e-mail from us, you  
16 know, in the coming weeks or months, please  
17 open it and participate in the survey. We  
18 really want to see kind of what is going on  
19 out there in the real world of health care.  
20 So May was a fairly busy month in our  
21 Outreach and Education Department. We held  
22 our Spring Patient Safety Officer Basics  
23 Course. The next one will be in the fall;

1 in, I believe, around mid-October. If there  
2 are any patient safety officers out there,  
3 or folks in your department or people that  
4 are new and, you know, you need something in  
5 between, always reach out to us, we make it  
6 an effort to, you know, make sure that we're  
7 doing orientation with new patient safety  
8 officers, but again, we're always available  
9 at your request. We continued with the  
10 Outside of the Box webinar series in May,  
11 and that was a webinar series for patient  
12 safety officers in your hospitals to find  
13 other ways to gather patient safety data  
14 that aren't just relying on your employees  
15 telling you that something happened. So  
16 some other ways -- other data sources so  
17 that you can do some comparison and making  
18 sure that you're seeing the whole picture.  
19 And we also continued our Antibiotic  
20 Stewardship series in May. I do want to  
21 note that there is an error in my report on  
22 the -- it's the second graph under education  
23 programs. And those numbers that look like

1           they're in June were actually May. June  
2           should be blank yet, because we didn't  
3           calculate June. And we'll just correct them  
4           on the graph for the next report. We  
5           received no anonymous reports since the last  
6           meeting. And just of note, our website,  
7           when we do our next update, which will be in  
8           July, we are working on changing the  
9           anonymous report form in such that it will  
10          be a fillable form that just can be  
11          submitted directly from the site. Right now  
12          you need to either print it or download it,  
13          fill it out, and then e-mail it or mail it.  
14          So we want to make it as user-friendly for  
15          the person going in as we can. So we should  
16          see that change coming up here in the next  
17          month. And from our finances, of note, on  
18          June 7 our -- the Treasury-invested cash  
19          balance in the trust fund was  
20          \$12,372,920.91. Since then we have received  
21          additional MCARE assessment transfers from  
22          the Department of Health. As of yesterday,  
23          we received about 5.7 million in acute care

1 assessments, and a little over a million  
2 dollars in long-term care assessments. And  
3 that takes us to about 88 percent or so of  
4 the -- of what should be totally collected  
5 for this fiscal year, and that's kind of on  
6 par for where we are datewise, and we should  
7 expect the next in the next few -- or the  
8 rest in the next few weeks. At this point,  
9 I'll take any questions from our Board  
10 members before I turn it back to Dr. Joshi  
11 for old business.

12 DR. JOSHI:

13 Any questions for Regina from the group?

14 MS. HOFFMAN:

15 Thank you.

16 DR. JOSHI:

17 Thank you, Regina. Appreciate it. And  
18 we'll at this point move to old business,  
19 and the old business for today's purpose is  
20 really a summary of where we are on the  
21 evaluation of investigation data, and the  
22 evaluation of event reporting. In order to  
23 kind of bring us up-to-speed on where, you

1 know -- the process that we have been  
2 through up until this point, if I can  
3 request, Regina or Karen, if you have a copy  
4 of some -- the selected questions from --  
5 there we go, thank you. So by way of  
6 context for the purpose of the group, as you  
7 will recall, we had put out, in the spirit  
8 of continuing our quest for high-quality  
9 data from the Patient Safety Authority, to  
10 be able to continue to do what we are scoped  
11 and charged to do, which is to be able to  
12 carefully evaluate patient safety  
13 information from across the Commonwealth,  
14 and be able to put it together -- learnings  
15 from that together in a good cohesive form,  
16 and then put it back out to our  
17 stakeholders, which is hospitals, health  
18 systems, and so on, is to be able to put it  
19 back to our stakeholders to have a process  
20 that essentially is a continuous improvement  
21 in safety processes across the Commonwealth.  
22 So that being the primary goal, we set out  
23 to be able to get information that we

1 believe is very important, is fundamentally  
2 important to improve patient safety across  
3 the Commonwealth. And in that quest, we had  
4 -- realizing that there were significant  
5 gaps in information and reporting, and  
6 significant variations in reporting from  
7 different institutions, ranging from very  
8 goods to not so good, is that we felt it was  
9 important, using certain specific examples  
10 where we were perhaps struggling more than  
11 others to be able to get the information, to  
12 -- we had put out what we would call an  
13 investigation request form, where there is  
14 an extended set of questions, you know, you  
15 know, perhaps more information to be able to  
16 perform our responsibilities of safety for  
17 the Commonwealth. And in that quest, the  
18 key items that are relatively newer are what  
19 are listed, I'd call them the first five  
20 questions for the purpose of today's  
21 discussion, and they are put up on this, you  
22 know, on this slide. Following that, again,  
23 for purpose of context, we had received

1 concerns from the Hospital Association of  
2 Pennsylvania that several of the  
3 stakeholders were concerned for a whole  
4 variety of reasons, which have been  
5 previously documented at this meeting, is  
6 that they were concerned, and there was a  
7 formal communication that came from HAP to  
8 us documenting those -- some of those  
9 concerns. The extent to which how many  
10 systems had those concerns are not -- was  
11 obviously blinded to us at that point, but  
12 suffice it to say that that was put to us as  
13 a representative sample of concerns that  
14 came from hospitals and health systems that  
15 are represented through HAP. And when those  
16 came to us, in the spirit of ensuring that  
17 we hear our stakeholders, because we  
18 obviously work closely with them together to  
19 perform our mission, we had conversations  
20 with HAP separately from the Board meeting,  
21 myself included and selected leadership from  
22 the Board had conversations with them, our  
23 attorneys had conversations with -- you



1 know, with each other to understand, so that  
2 there was a process where we were able to  
3 hear with open ears, hear what some of the  
4 concerns might be. And without kind of  
5 going into a lot of those details for  
6 today's purpose, because those have been  
7 discussed in a fair amount of detail, we  
8 subsequently were also able to educate the  
9 Board on some -- what some of those concerns  
10 were. And I think if I were to summarize  
11 those, I think they were that -- asking  
12 questions that are, in this context, one,  
13 two, three, and five: the primary cause for  
14 the event as identified; other contributing  
15 factors identified; actions taken or planned  
16 in response to the investigation; and  
17 additional details that were discovered  
18 during the investigation that are not  
19 already included in the PA-PSRS report.  
20 Those were what were the -- you know, where  
21 the concerns centered around. Question four  
22 simply stating the description of the  
23 investigation method used was not, you know,

1 as much of a concern, if you will. And the  
2 request was made to not ask those questions,  
3 or not to have those, you know, those  
4 mandatory, you know, as far as the request.  
5 We spent a fair amount of time, I think, at  
6 this point to make sure that we go through  
7 deliberate due process in terms of hearing  
8 out those concerns. And at this point, I  
9 think that with having heard all of those,  
10 we thought it was only appropriate to bring  
11 this to a public session with clarity around  
12 a couple of options for a motion to proceed  
13 forward at this time. So at this point I  
14 would request any of the Board members to be  
15 able to make one motion, and if need be  
16 after that if -- you know, we'll certainly  
17 then open it up for discussion, and if  
18 additional options are on the table we'll  
19 certainly have those. But to begin with,  
20 what I'd like to do is to request members of  
21 the Board to be able to come up with at  
22 least one motion to proceed forward, and  
23 then we can open it up for discussion. And

1 I see at least one hand up, Dr. Wenner.

2 DR. WENNER:

3 Yes. I'd like to make a motion that we  
4 accept this form in its entirety, and move  
5 forward with its application.

6 DR. JOSHI:

7 Okay, thank you, Dr. Wenner. Appreciate it.  
8 We'll open it up -- there is at least one  
9 motion on the table, which is to accept the  
10 form as a whole. No change in the form  
11 whatsoever. And we'll open it up for  
12 discussion. Dr. Glunk. You're on mute, I  
13 think.

14 DR. GLUNK:

15 Yeah, I'd like to make an amendment to that  
16 motion, that we accept these questions, but  
17 make questions one, two, three, and five  
18 optional.

19 DR. JOSHI:

20 Okay, thank you. So there are -- there is a  
21 motion on the table, and there is an  
22 amendment on the table. And I'll look  
23 toward Dr. Paré, who has her hand up as

1 well.

2 DR. PARÉ:

3 Yeah, I'd like to second Dan's  
4 recommendation as the optional reporting of  
5 the data collection. Since our policy is to  
6 collect data, and we want to work with our  
7 stakeholders to potentially improve patient  
8 outcomes. And in my interest it's solely to  
9 move forward, and it's the interest in -- of  
10 our patients and the members of the  
11 Commonwealth that we work together with all  
12 stakeholders, and not in a punitive way, but  
13 by requesting optional information coming --  
14 and it's clear that there are some things  
15 that we'd like to look at, but we would  
16 really like to work as solid partners with  
17 our stakeholders. Thank you.

18 DR. JOSHI:

19 Thank you, Dr. Paré. Thank you, Dr. Glunk.

20 DR. JOSHI:

21 So the floor is open. The floor is open for  
22 comments from Board members, or discussion from Board  
23 members. Dr. Glunk?

1 DR. GLUNK:

2 Yes, thanks, Dr. Joshi. I'd just like to  
3 speak to the amendment. While I understand  
4 Dr. Wenner's intent, I think that when we  
5 look in totality to where we are at this  
6 point in time, and as this is a new request  
7 to our stakeholders, I think that this is a  
8 reasonable deliberate way of trying to get  
9 at that question of what is the cause of  
10 these neonatal events, and what can we do  
11 about them. So I think that this is a good  
12 first step, and as with any quality  
13 improvement project, that this is just the  
14 first iteration. We'll see where these  
15 questions lead us and then go from there.

16 DR. JOSHI:

17 Thank you, Dr. Glunk. Dr. Wenner has his  
18 hand up. And then we'll keep moving along.  
19 Dr. Wenner.

20 DR. WENNER:

21 Yes. My concern is that by making those  
22 four questions optional that we will  
23 invalidate the -- any data that we collect.

1           When you look at the other remaining  
2           mandatory, to use that word, data points,  
3           they're not going to give us any information  
4           that's going to allow us to address why  
5           these neonatal events occur. And we also  
6           know scientifically, when doing an analysis,  
7           making certain options -- certain critical  
8           points, certain measurements optional, it  
9           makes a high risk that you will bring bias  
10          into your conclusions, and that your  
11          conclusions will be incorrect. And so I  
12          don't think it serves the mission to remove  
13          these questions.

14 DR. JOSHI:

15           Or make them optional, I guess. Yeah.  
16           Yeah. Thank you, Dr. Wenner. Other  
17           comments from Board members. Mr. Weitz.

18 MR. WEITZ:

19           Thank you, Dr. Joshi. I -- throughout this  
20           process, our interactions with at least the  
21           healthcare side of the stakeholders, I think  
22           there's been some education both ways. One  
23           in terms of our Board being alerted to some

1 of the issues and problems, which is why  
2 this topic, neonatal mortality, was chosen.  
3 I don't think there's anyone present today  
4 from the Board or from the public who can  
5 dispute that this is an issue of moral  
6 importance, but also public importance. If  
7 I'm reading some of the data closely enough,  
8 recently I think both Houses of our  
9 legislature just passed a maternity  
10 morbidity reporting act measure to increase  
11 the frequency and volume of reporting on a  
12 very closely related issue. So I think we  
13 have a mandate to start looking into this.  
14 I heard, at least, through some of the  
15 public discussion that we've had, as well as  
16 some of the private discussion with the  
17 healthcare stakeholders, that there is a  
18 significant recognition on their part of the  
19 lack of complete reporting through PA-PSRS.  
20 A lot of the topics, other than one, two,  
21 three, and five, are already being  
22 requested, and when folks have gone back and  
23 looked at what they've actually filled out,

1           they've found out that we often get  
2           incomplete data. So if this approach serves  
3           to round-out the data that we should have  
4           gotten in the first place, and to increase  
5           awareness among our reporting entities of  
6           their obligation, and enhance their ability  
7           to comply with it, I think that's a great,  
8           as Dr. Glunk said, first step. I would  
9           support the amendment and make these  
10          optional, with the understanding -- I  
11          understand what Dr. Wenner is saying in  
12          terms of it has the potential, I don't think  
13          it absolutely invalidates anything, but it  
14          has the potential, depending upon how we use  
15          it, but I would also encourage reporting  
16          entities to accept the option and provide  
17          the information. We have pledged, and we  
18          have statutory protections of the data, and  
19          it will remain confidential and de-  
20          identified. And these are important issues  
21          that the public wants to know about. You  
22          know, to the extent that I can speak on  
23          behalf of the other stakeholders; that being



1 the patients, this is information that  
2 everybody always wants to know, and rarely  
3 gets access to. We want to know it, not to  
4 focus blame, but to try and see if we can  
5 curb some of the trends that are being  
6 reported. So I -- to the extent that it  
7 will allow us, as a first step, to move this  
8 ball forward, I think it is a reasonable  
9 suggestion. Take into consideration the  
10 feedback, not agreeing with all of it, but  
11 take into consideration of the pledge that  
12 the healthcare community has made to work  
13 with us, if we can remove some of their  
14 immediate concerns. I'm eager to see if  
15 this data is actually provided, so that we  
16 can then look at it and respond both in  
17 terms of the quality of what we're getting  
18 from our mandated reporters, as well as the  
19 substance.

20 DR. JOSHI:

21 Thank you. A great conversation. Love to  
22 hear from anyone else who would want to  
23 comment on the issue, from the Board

1 members. Dr. Wenner?

2 DR. WENNER:

3 Yes. I'd like to make a motion that we  
4 table this motion.

5 DR. JOSHI:

6 Yeah. I think we have a motion and an  
7 amendment on the table already. So, Dr.  
8 Paré? Dr. Paré? Yeah, sorry.

9 DR. PARÉ:

10 Thanks, Dr. Joshi. Yeah, I would like to  
11 speak against tabling this. I think we've  
12 spoken about this, and I think we'd like to  
13 move forward. And I think all of us want to  
14 make some positive change. And those steps  
15 may not be as large as many people would  
16 like them to be, but I think if we start to  
17 move forward in some effective manner, that  
18 we -- yeah, I think that would be the best  
19 -- in everybody's interests. So yes, I  
20 speak against tabling it, and I'd like us to  
21 move forward. Thank you.

22 DR. JOSHI:

23 Any other comments?

1 MS. RICHARDS:

2 I would just also agree that I do not think  
3 tabling it is the right way for us to move  
4 forward. And as to Dr. Glunk's motion, I  
5 would wholeheartedly support that at this  
6 stage.

7 DR. JOSHI:

8 Okay. Any other Board members who would  
9 like to comment on the amended motion?  
10 Linda?

11 MS. WADDELL:

12 Thank you, Dr. Joshi. Yes, I feel very  
13 positive about our next steps using the  
14 form, and I would be in favor of the amended  
15 form and making this optional. I think it's  
16 a good first step, and I think -- I'm very  
17 excited to see what we glean from the  
18 information as we work together with our  
19 healthcare providers.

20 DR. JOSHI:

21 Looking around the table here, is there  
22 anyone else from the Board membership, as...

23 DR. LAW:

1           This...

2   DR. JOSHI:

3           ...I'm looking...

4   DR. LAW:

5           This is Kathleen Law. I would agree with  
6           the amended motion, and at a later point  
7           look at the data that we've obtained and see  
8           whether we're able to gain the information  
9           that we need from what has been submitted.

10   DR. JOSHI:

11           Okay. And, Dr. Wenner, again.

12   DR. WENNER:

13           Yes. I would like to hear an explanation  
14           of, if we remove these four, what piece of  
15           information in any way is going to  
16           contribute to an analysis of why the -- we  
17           have seen this increase in neonatal events.  
18           Because when I look at it from a -- what I  
19           believe to be a scientific basis, and -- I  
20           cannot see a bit of useful information  
21           coming out of the other measures -- the  
22           other questions. Other than -- all I'm  
23           hearing is that it's a good first step, and

1 I'm arguing that we're going to be back here  
2 in a year and we're going to be nowhere,  
3 because the people who aren't reporting data  
4 aren't going to report to us the  
5 information, and even the data that we're  
6 getting has an exceptionally low probability  
7 of being of any value.

8 DR. JOSHI:

9 Dr. Glunk and then Dr. Paré. Dr. Glunk  
10 first.

11 DR. GLUNK:

12 Yeah. All sides being heard, I'd like to  
13 call the question on the amendment.

14 DR. WENNER:

15 Don't we vote on tabling it first?

16 DR. GLUNK:

17 No, no one seconded your tabling motion.

18 DR. WENNER:

19 Yeah, I don't think anyone seconded the  
20 original motion either.

21 MS. RICHARDS:

22 Dr. Paré did.

23 UNIDENTIFIED SPEAKER:

1                   Actually...

2   UNIDENTIFIED SPEAKER:

3                   Yeah.

4   DR. JOSHI:

5                   Dr. Paré did the amendment of...

6   DR. PARÉ:

7                   I did second the amendment, and I would like  
8                   to second the call to question. So thank  
9                   you, Dr. Glunk.

10   DR. JOSHI:

11                   Okay. Eric?

12   MR. WEITZ:

13                   Yeah, just to try and help you out a little  
14                   bit, because procedure is always fun. The  
15                   initial motion was never seconded, so the  
16                   only real motion on the table is Dr. Glunk's  
17                   motion to have the options. Once a request  
18                   to table is brought up, that must be voted  
19                   on first. I'm sure Ms. Sizemore will  
20                   correct me if I'm wrong, but having  
21                   unfortunately had to read Robert's Rules and  
22                   remember them, I think we have to vote on  
23                   the motion to table first, and then we have

1 to vote on Dan Glunk's seconded motion.

2 MS. HOFFMAN:

3 And please don't forget through the process,  
4 we did tell our public that we would allow  
5 public comment before a vote.

6 DR. JOSHI:

7 Yeah, absolutely.

8 MS. HOFFMAN:

9 Thank you.

10 DR. JOSHI:

11 Yeah. And despite being, you know,  
12 officially the Chair of the Board, I'm  
13 losing sight of all the multiple motions,  
14 but I do believe the motion that was on the  
15 table with -- and that was seconded -- that  
16 was on the table; meaning, amended by Dr.  
17 Glunk, followed by seconded -- by a second  
18 by Dr. Paré, is the only motion that has  
19 been presented and then seconded. Is that  
20 correct? Okay.

21 MS. RICHARDS:

22 Yes.

23 DR. JOSHI:

1 All right, so that's the motion that we have  
2 discussed, and I think that that's the  
3 motion that is -- the other two motions  
4 don't have a second, and, therefore, that's  
5 the only motion on the table right now. And  
6 with that, I'd like to make one more...

7 MS. SIZEMORE:

8 Dr. Joshi...

9 DR. JOSHI:

10 Yeah, please.

11 MS. SIZEMORE:

12 Dr. Joshi. Hi. So the question is, was  
13 there a second to the original motion. If  
14 there's not a second to the original motion,  
15 I don't believe you can amend. So I think  
16 the question is would it be beneficial to  
17 determine whether there's a second to the  
18 original motion, and then if there is not,  
19 then there can be a new original motion to  
20 do what the substance of the amendment was.  
21 So that would be the process I would  
22 suggest...

23 DR. JOSHI:



1           Okay.

2   MS. SIZEMORE:

3           ...is determine whether there is a second to  
4           the original motion, and if not, do a new  
5           original motion with the substance of...

6   DR. JOSHI:

7           Yes.

8   MS. SIZEMORE:

9           ...the amendment, and then get a second for  
10          that, if there is one. That'd be the --  
11          what I would suggest.

12   DR. JOSHI:

13          Not a problem. In fact, what I'll do is the  
14          two motions that were floated that I believe  
15          there was no second, we'll officially put  
16          them on the table and make sure there is no  
17          second to those motions, because they have  
18          relevance. The first motion made by Dr.  
19          Wenner to start with was keep the form as-  
20          is, un-amended. Keep the form as-is, all  
21          the questions intact. Is there any second  
22          to that motion? Dr. Glunk?

23   DR. GLUNK:

1 I'll second it.

2 DR. JOSHI:

3 To keep all the questions on the table?

4 DR. GLUNK:

5 Well, then the question would first be to my  
6 amended resolution. Then if we amended it,  
7 then it would be on the original. If that  
8 makes it cleaner.

9 DR. WEITZ:

10 No, I -- can I help? I think what Amber  
11 Sizemore is saying is see if there's a  
12 second to Dr. Wenner's. If there isn't,  
13 then you can make a motion.

14 DR. GLUNK:

15 Okay. Very well.

16 DR. JOSHI:

17 Okay. Okay, so is there a second to Dr.  
18 Wenner's motion first? Let's get that off  
19 the table first. Okay, hearing none, there  
20 was another motion made by Dr. Glunk, I  
21 think, at some - no, Dr. Wenner, I  
22 apologize, which was to table this issue  
23 altogether for a later time. Is there a

1 second to that?

2 DR. WEITZ:

3 No, it -- that -- no, it doesn't work that  
4 way. What...

5 DR. JOSHI:

6 Oh, okay.

7 DR. WEITZ:

8 What -- Dr. Glunk will make his motion, Dr.  
9 Paré will second it. Then I presume Dr.  
10 Wenner will move to table it. We will vote  
11 on tabling it. We will then -- if the vote  
12 is against tabling it, we'll -- you should  
13 open it up to public comment, then we should  
14 vote on that motion.

15 DR. JOSHI:

16 Okay, fair enough. So let's wind...

17 MS. SIZEMORE:

18 Great. Thank you for that explanation.

19 DR. JOSHI:

20 Yeah. Rewind. So we now -- we have -- we  
21 now have -- Dr. Glunk, why don't you make  
22 the amendment motion that you made earlier,  
23 and then we will have a second, just to

1 recap.

2 DR. GLUNK:

3 I move for -- I move that we move forward on  
4 these investigative questions, making  
5 question one, two, three, and five optional.

6 DR. JOSHI:

7 Okay, thank you. Now, there is a motion on  
8 the table. Dr. Paré.

9 DR. PARÉ:

10 I second.

11 DR. JOSHI:

12 Okay, so she's seconded -- seconding it, and  
13 this would be -- I guess we -- so we have a  
14 motion on the table and a second. Are we  
15 voting at this point, Amber, or no? Okay,  
16 Eric...

17 MS. SIZEMORE:

18 Dr. Wenner, I think, wants to be recognized  
19 potentially to renew the motion to table.

20 DR. JOSHI:

21 Okay. So...

22 DR. WENNER:

23 Dr. Joshi...

1 DR. JOSHI:

2                   Yeah.

3 DR. WENNER:

4                   ...I would like to move to table this  
5                   motion.

6 DR. JOSHI:

7                   Okay, fair enough. Any second to that?

8                   Okay...

9 DR. WEITZ:

10                  You don't need a...

11 DR. JOSHI:

12                  ...hearing none...

13 DR. WEITZ:

14                  You don't need a second for a motion to  
15                  table.

16 DR. JOSHI:

17                  Okay.

18 DR. WEITZ:

19                  We vote on it now.

20 DR. JOSHI:

21                  Sure, so now we can move ahead. And I'd  
22                  like to make one additional comment as a  
23                  Board member, is that -- and then we'll go

1 ahead and vote, is that with -- you know,  
2 with the conversations that we have had  
3 together, both today and in the recent past,  
4 I think there are competing issues all of  
5 some validity, which is there are different  
6 stakeholders with points of view, and we've  
7 had HAP present points of view from certain  
8 members of its stakeholders. We have also  
9 heard from individual Board members about  
10 their perceptions of the issue. I think  
11 that we are what -- we are sensitive to some  
12 of the concerns raised. At the same time, I  
13 think I'd be remiss if I didn't make a  
14 mention of the fact that there is -- and I  
15 think a couple of the Board members did  
16 that, which is there is a significant  
17 stakeholder in this group, perhaps the most  
18 important stakeholder; the patient and their  
19 families. And I think that there is -- we  
20 owe a certain degree of -- and there is a  
21 perception out there that we as "the  
22 healthcare system overall" has opportunities  
23 to improve when it comes to improving

1 patient safety, and have opportunities to  
2 make transparent what we do and how we do  
3 it, like many other industries do. And I  
4 think that those are the two competing  
5 things. There is vulnerability on both  
6 sides -- there is vulnerability on the part  
7 of patients and families, which is real, and  
8 then from a healthcare system perspective  
9 we've heard there are vulnerabilities, a  
10 real fear of being exposed in several ways,  
11 and we understand that as well. Our goal, I  
12 believe, and this is -- I'm paraphrasing a  
13 little bit, our goal is to make sure that we  
14 make progress, and I think something --  
15 someone used this word of continuous quality  
16 improvement, where we make incremental steps  
17 in moving to where we needed to get to, to  
18 excellence in clinical care. And in that  
19 process it's very important to take everyone  
20 along with us. We can't do it alone. We  
21 can't -- you know, no one can do this alone,  
22 so we have to take the stakeholders with us,  
23 educationally, non-punitively, and so on and

1           so forth. And I think this has in many ways  
2           shone light on this fact that there are  
3           opportunities to improve. I think nobody  
4           disagrees with that. So I just wanted to  
5           make those comments, which are I think very  
6           germane to our conversation, in that there  
7           is a critical stakeholder which is the  
8           patient, and there are some significant  
9           concerns as to how we -- you know, how we  
10          move forward with it. So with that in mind,  
11          I think we will -- and we've heard from our  
12          other Board members. That was just my part  
13          of the comment from the -- and we will now  
14          vote on the motion that has been presented,  
15          and then seconded. All in favor, let's...

16 MS. HOFFMAN:

17           No, hold -- Dr. Joshi, I think we're voting  
18           on whether...

19 DR. JOSHI:

20           Yeah.

21 MS. HOFFMAN:

22           ...to table it. I apologize. Because then  
23           we need -- we said we would take public



1 comment.

2 DR. JOSHI:

3 Then we would take public comment. My bad.

4 So we're voting now on the tabling it,

5 right?

6 MS. HOFFMAN:

7 Yes.

8 DR. JOSHI:

9 Okay. That we do -- we can vote right now,

10 right, Amber? Okay, I'm just trying to get

11 all -- everyone on the same page here.

12 Amber, we can vote right now on the tabling.

13 MS. SIZEMORE:

14 Unless you would like to take public comment

15 on tabling, but if you want to just vote on

16 the tabling, you can do that now.

17 DR. JOSHI:

18 I'd like to go ahead and vote on the

19 tabling, and then we'll take public comment

20 on the primary motion. So let's -- everyone

21 in favor of tabling the motion -- anyone in

22 favor of tabling the motion, by raise of

23 hands -- or by show of hands, I should say.

1           Sorry, bad grammar. Okay. I see Dr. Wenner  
2           is the only hand up, but he's the one who's  
3           made the motion. Anyone else? Okay. So  
4           there is no one in favor of tabling the  
5           motion, other than the person who made the  
6           motion. And we can now move to public  
7           comment on the primary motion, which is to  
8           proceed with making one, two, three, and  
9           five optional, and four mandatory. The  
10          floor is now open for public comment. If  
11          you can press the raise your hand button so  
12          I know who -- you know, I can call upon you.  
13          Rob.

14   ROBERT SHIPP:

15           Yes, thank you. Good afternoon. For those  
16           that don't know, my name is Rob Shipp. I'm  
17           HAP's Vice President of Population Health  
18           and Clinical Affairs. As I explained during  
19           my comments at the last Board meeting, first  
20           and foremost, I want to continue to  
21           emphasize that hospitals share the PSA's  
22           goal of ensuring that Pennsylvania patients  
23           receive safe, high-quality care. Patient

1 safety is their top priority. And the  
2 hospitals remain committed to working in  
3 partnership with you to examine concerns  
4 about serious events involving neonatal  
5 babies, and other efforts to improve safety,  
6 while protecting the integrity of their  
7 tools for continuously learning and  
8 improving patient care. To address some of  
9 Dr. Wenner's concerns, since HAP last  
10 presented to this Board, we have engaged in  
11 significant discussions regarding potential  
12 patient safety partnership opportunities  
13 with members and with the PSA, and some of  
14 those recommendations include convening the  
15 2014 Multi-Stakeholder Group to revisit that  
16 reporting process and those guidelines,  
17 reviewing the incident reporting decision  
18 tree algorithm to remove variation and  
19 enhance understanding of its use, and to  
20 convene at least two additional educational  
21 sessions for hospital patient safety  
22 officers and administrators. We feel that  
23 these steps are a proactive approach to

1           improving the quality of the data going into  
2           the report, so that ultimately it'll help  
3           PSA in your future analytical abilities, so  
4           that we're not here a year from now having  
5           this same conversation because it's better  
6           data going in. We invite PSA to engage with  
7           us on these initiatives so that we can work  
8           together on patient safety, including in  
9           particular neonatal safety. We just heard  
10          the proposal today, and that begins to  
11          address some of our concerns related to peer  
12          review protections. We, thus, respectfully  
13          submit that the questions should be  
14          eliminated, but we appreciate the optional  
15          approach as an improvement on the prior  
16          proposal. We greatly appreciate the fact  
17          that PSA is listening to stakeholders, and  
18          we look forward to working together to make  
19          sure that every patient gets safe, high-  
20          quality care here in Pennsylvania. Thank  
21          you.

22   DR. JOSHI:

23           Thank you. Thank you, Rob. Other -- Mary

1 Ellen.

2 MARY ELLEN MANNIX:

3 Good afternoon. Thank you for taking my  
4 comments. For those who don't know me, I am  
5 the mother of an 11-day-old baby that died  
6 in a hospital setting, and that's going back  
7 to the 2001 timeframe, right before the  
8 birth of the Pennsylvania Patient Safety  
9 Authority in March of 2002, from the Act 13  
10 legislation. And I -- again, I really  
11 appreciate the intentionality in your  
12 approach today, and the invitation for  
13 comment. Hearing some -- and I need to  
14 acknowledge that I was not part of your  
15 previous meetings or conversations, so what  
16 I have to say, you may have already  
17 addressed, and for that, again, I will thank  
18 you. But in the chance that it hasn't been  
19 considered, and there's just many questions,  
20 I've heard the Board Chair and other Board  
21 members mention that they held meetings to  
22 hear from their stakeholders, and so far I'm  
23 not hearing that those meetings

1 intentionally included that patient and  
2 family that you have mentioned, Dr. Joshi,  
3 are critical stakeholder members. And if  
4 you do move forward, would there be a way to  
5 make sure that you're getting data and input  
6 from that part of your stakeholder, and not  
7 only a stakeholder that has a lot of power  
8 right now. And I say that with respect,  
9 because I need to add that I also had  
10 another wonderful baby three years after the  
11 one I lost, and it's thanks to the amazing  
12 caregivers and Pennsylvania hospital that  
13 that kiddo has graduated from high school  
14 and hits homeruns now. So I have a lot of  
15 respect for both sides. And I do think that  
16 for being successful and intentional at this  
17 particular project is to find a new way to  
18 ensure you are getting all of the  
19 information from all stakeholders. It is  
20 worth it -- worth noting that Mr. Shipp from  
21 HAP has asked you to reconvene processes  
22 that were investigated and approached and  
23 almost 10 years ago. That speaks to that

1           this is -- the questions and the  
2           investigation that you want to move forward,  
3           it's been an ongoing issue. You don't want  
4           to be here in a year. You probably don't  
5           want to still be here another 10 years.  
6           This has been historically an issue that has  
7           gone on, and we understand there is fear,  
8           there -- from the clinicians, especially  
9           after COVID, but that -- there's also real  
10          fear from patients, and your -- ironically,  
11          those neonatals, they have the least voice  
12          among any of us in this. So my final  
13          thought, or for your consideration, one  
14          stakeholder group has expressed concern over  
15          four of the five questions. Is your  
16          legislative mandate in an alignment that you  
17          now move based on one stakeholder group's  
18          concerns, or is there room to be a bit more  
19          collaborative, and even think would you be  
20          willing to go to three out of five questions  
21          or two, instead of deleting the four that  
22          they are concerned of. There may be one in  
23          there or two that patients and families

1           would be extremely interested in keeping  
2           there, but have you heard from them, and how  
3           can you quantify that you have heard from  
4           that stakeholder group. Thank you.

5 DR. JOSHI:

6           Thank you, Mary Ellen. I can't tell you how  
7           much I appreciate your point of view as well  
8           as your taking the opportunity to put your  
9           views, you know, here and bring them to our  
10          attention. You know, we -- I certainly, you  
11          know, personally remain extremely, you know,  
12          interested in hearing from the patient and  
13          family community, because that's ultimately  
14          what matters, you know, the most as to how  
15          people -- you know, who we treat, who we  
16          care for, and so on and so forth. So thank  
17          you very much for very articulately -- or  
18          very eloquently, I should say, articulating  
19          what you just did. I greatly appreciate it.  
20          We are very interested in hearing from  
21          patient stakeholder groups, and would  
22          certainly want to create the right  
23          environment to make that happen. We would



1           need to talk through on the mechanics of  
2           that and the process. Just like anything  
3           else, processes can be difficult to set up,  
4           but that's not an excuse to say that they  
5           shouldn't. So give us some time to be able  
6           to process that information. Comments from  
7           other members of the public. Okay, any  
8           other comments from members of the Board in  
9           response to either Mary Ellen or anything  
10          else that was talked about? Dr. Wenner.

11 DR. WENNER:

12           Yes. I want to thank Ms. Mannix for her  
13           comments. I use her book in a course that I  
14           teach to the medical students, and I  
15           encourage everyone to read the book to get  
16           an incredible description of what it is like  
17           to have your child be the recipient of these  
18           type events.

19 DR. JOSHI:

20           Thank you. I'm looking toward -- for a  
21           process at this point, Amber. This is the  
22           point we are able to vote, correct?

23 MS. SIZEMORE:

1           Yes, if that's what the Board is ready to  
2           do.

3 DR. JOSHI:

4           Okay. All right, good. Sorry, Regina,  
5           please.

6 MS. HOFFMAN:

7           I apologize. Just a process question to --  
8           and I apologize for going back to Dr.  
9           Wenner's motion to table. We took a vote  
10          for yays, but we didn't take -- do we need  
11          to take a vote for -- do we need to ask for  
12          nays, for matter of procedure?

13 MS. SIZEMORE:

14          I thought we did ask for -- maybe...

15 DR. JOSHI:

16          I think we did -- yeah, and there was no  
17          member of the Board -- I specifically did at  
18          that -- I thought. Okay, and...

19 MS. SIZEMORE:

20          Okay, would you like to -- for the purposes  
21          of clarity, would we like to do that again?

22 DR. JOSHI:

23          Yes.

1 MS. HOFFMAN:

2 I think that you should, yes.

3 DR. JOSHI:

4 I'm sorry, I was getting a choppy. Say that  
5 again, Regina. What were...

6 MS. HOFFMAN:

7 I think that you should be, because I missed  
8 that, and I think a few other people missed  
9 it as well.

10 DR. JOSHI:

11 Okay. So what are we doing again? We were  
12 calling out the motion again for tabling,  
13 correct?

14 MS. HOFFMAN:

15 Yes.

16 DR. JOSHI:

17 And then any -- all -- it's people in favor  
18 of tabling and not in favor of tabling. Is  
19 that appropriate?

20 MS. HOFFMAN:

21 Correct.

22 DR. JOSHI:

23 Okay.

1 MS. HOFFMAN:

2 I believe so.

3 DR. JOSHI:

4 We'll put that motion out again to table  
5 this question off the investigative report  
6 -- investigation request, questions one  
7 through five, tabling that altogether is  
8 what the primary motion was. And all in  
9 favor of tabling the request -- or tabling  
10 -- yeah, it's Dr. Wenner is counted. Anyone  
11 else, by a show of hand, anyone else in  
12 favor of tabling as a yes?

13 DR. LAW:

14 A message just came across from Lynn  
15 Kornblau to table.

16 DR. JOSHI:

17 Okay.

18 MS. MCKINNON:

19 Would you like me to call out the names  
20 individually?

21 DR. JOSHI:

22 I'm sorry, Karen, say that again.

23 MS. MCKINNON:

1           Would you like me to call out the names  
2           individually?

3 DR. JOSHI:

4           Yes. So those in favor of tabling, Karen,  
5           can you call that out please?

6 MS. MCKINNON:

7           Dr. Glunk. You're...

8 MS. SIZEMORE:

9           Dr. Joshi, I would suggest if your going to  
10          do a counted vote just go through the list  
11          and people can say yay or nay to the  
12          table...

13 DR. JOSHI:

14          Okay.

15 MS. SIZEMORE:

16          ...if you're just going to do the counted  
17          vote, you do it one time and people can vote  
18          yay or nay on the table.

19 DR. JOSHI:

20          Okay. Karen, can you please go ahead -- the  
21          motion on the table is -- motion is to table  
22          this issue off the investigation request  
23          form.

1 MS. MCKINNON:

2                   Okay. Dr. Paré.

3 DR. PARÉ:

4                   I vote against tabling.

5 MS. MCKINNON:

6                   Dr. Wenner.

7 DR. WENNER:

8                   I'm sorry, was that aye you called?

9 MS. MCKINNON:

10                   Are you voting against or are you voting for  
11                   tabling, Dr. Paré?

12 DR. WENNER:

13                   Yes, I'm voting for tabling.

14 MS. MCKINNON:

15                   You, Dr. Paré, against or for?

16 DR. PARÉ:

17                   Against. Thank you.

18 MS. MCKINNON:

19                   Linda Waddell.

20 MS WADDELL:

21                   Against.

22 MS. MCKINNON:

23                   Kathleen Law.

1 DR. LAW:  
2                   Against.

3 MS. MCKINNON:  
4                   Eric Weitz.

5 MR. WEITZ:  
6                   Against.

7 MS. MCKINNON:  
8                   Dr. Glunk.

9 DR. GLUNK:  
10                  Against.

11 MS. MCKINNON:  
12                  Veronica Richards.

13 MS. RICHARDS:  
14                  Against.

15 MS. MCKINNON:  
16                  Lynn, I saw your chat, yours is against,  
17                  correct?

18 MS. KORNBLAU:  
19                  I'm sorry, did you say Lynn Kornblau?

20 MS. MCKINNON:  
21                  Yeah, Lynn Kornblau.

22 MS. KORNBLAU:  
23                  Yes, table.

1 MS. MCKINNON:

2                   You're against it, okay.

3 MS. KORNBLAU:

4                   No, no, no...

5 MS. HOFFMAN:

6                   No, she was saying that she is for it. It  
7                   was a yay.

8 MS. MCKINNON:

9                   Oh, okay. Yay.

10 MS. KORNBLAU:

11                   Thank you.

12 MS. MCKINNON:

13                   Okay.

14 MS. HOFFMAN:

15                   So that's six nays and two yays, without  
16                   your vote, Dr. Joshi. So you wouldn't -- I  
17                   don't think you would need to in this case.

18 DR. JOSHI:

19                   Yes.

20 MS. HOFFMAN:

21                   Thank you.

22 DR. JOSHI:

23                   Okay. All right, thank you very much. So



1           at this point I think we would put up the  
2           primary -- the -- you know, the vote again  
3           for questions one, two, three, and five  
4           being optional, and four being required, and  
5           moving ahead with that. That's the motion.  
6           And we will go yes, indicating that you are  
7           for that direction, and no if you are  
8           against. So we'll -- we can do the same  
9           thing, Karen, if we can just go ahead and  
10          call out the names.

11 MS. MCKINNON:

12           Dr. Glunk.

13 DR. GLUNK:

14           Yes.

15 MS. MCKINNON:

16           Dr. Paré.

17 DR. PARÉ:

18           Yes.

19 MS. MCKINNON:

20           Dr. Wenner.

21 DR. WENNER:

22           No.

23 MS. MCKINNON:

1                   Dr. Law.

2   DR. LAW:

3                   Yes.

4   MS. MCKINNON:

5                   Linda Waddell.

6   MS. WADDELL:

7                   Yes.

8   MS. MCKINNON:

9                   Lynn Kornblau?

10  MS. KORNBLAU:

11                  No.

12  MS. MCKINNON:

13                  Eric Weitz.

14  MR. WEITZ:

15                  Yes.

16  MS. MCKINNON:

17                  Veronica Richards.

18  MS. RICHARDS:

19                  Yes.

20  MS. MCKINNON:

21                  Okay. Six yeses and two nos.

22  DR. JOSHI:

23                  Okay, thank you, Karen. So the motion

1 passes. Regina, can you put back the agenda  
2 up again? I just wanted to make sure I  
3 didn't miss anything. Okay. Yeah, so there  
4 we go. Anything else on old business,  
5 Regina?

6 MS. HOFFMAN:

7 Yes, we have item B, which is Evaluation of  
8 Event Reporting that I'd like to make a  
9 comment on.

10 DR. JOSHI:

11 Please.

12 MS. HOFFMAN:

13 So as a point of public information, because  
14 it's been several months, if we go back to  
15 December, there were actually two separate  
16 work plans that were approved by the Board.  
17 The first was the one that we just discussed  
18 at length which was gathering the  
19 investigation data, and the second plan was  
20 to evaluate facility-specific event  
21 reporting practices so that way we would be  
22 able to make recommendations for improvement  
23 where appropriate. And this plan, the

1 implementation of it has been delayed due to  
2 the continued conversation and concerns with  
3 the investigation plan. So our plan at this  
4 point is, in September, to take any public  
5 comment related to work plan two on -- or  
6 evaluation of event reporting, and if  
7 there's any further discussion required by  
8 the Board or the public, that would be the  
9 place to do it, so that way we can begin to  
10 move forward on that one as well.

11 DR. JOSHI:

12 Okay. Any questions or comments on that?

13 Okay, move on to new business. Any items of  
14 new business, Regina, from -- oh, I'm sorry,  
15 Dr. Wenner? Oh, you are on mute I think.

16 DR. WENNER:

17 Regina should address if she has new  
18 business before I will raise some business.

19 DR. JOSHI:

20 Sure. Regina, please.

21 MS. HOFFMAN:

22 I am not aware of any other new business for  
23 the Board at this time.

1 DR. JOSHI:

2 Okay, Dr. Wenner, please.

3 DR. WENNER:

4 Yes. I would like to seek clarification and  
5 action on part of our bylaws, Article 14,  
6 Section 2, entitled External Communications.  
7 When I read through that, I am unable to  
8 interpret what guidelines should apply to  
9 the Board, and so, therefore, I will make a  
10 motion that the Board suspends Section 2 and  
11 forms a committee to look at the issue. I  
12 think that it seems like that the authors,  
13 and that was, what, 13 years ago, were  
14 trying to define and make sure that  
15 individuals were not speaking for the Board,  
16 but the way it is written it is very  
17 difficult to understand precisely where the  
18 barriers exist, and I'm worried that in some  
19 ways it causes kind of a prior restraint and  
20 issues about how it's going to be enforced.  
21 So, again, to repeat my motion, I make a  
22 motion that we temporarily suspend Article  
23 14, Section 2, and that we form a committee

1           to evaluate a better method of addressing  
2           the Board's concerns.

3 MS. SIZEMORE:

4           Dr. Joshi, I might just suggest that might  
5           be two separate pieces. There may be, you  
6           know, a suspension piece and then a  
7           formation of a subcommittee piece. So I  
8           just want to note that.

9 DR. JOSHI:

10           Yeah. So I think by way of process...

11 MS. MCKINNON:

12           I think Amber was just...

13 DR. JOSHI:

14           Yeah. I think that -- so should we craft  
15           two separate motions there then? Suspending  
16           the existing policy would be one, and the  
17           second would be to form a subgroup to  
18           evaluate that in more detail, correct?

19 DR. WENNER:

20           I think we're...

21 MS. SIZEMORE:

22           Yes.

23 DR. WENNER:

1           ...moving at -- point of order, we're kind  
2           of moving out of parliamentary procedure.  
3           There is a motion that has been raised. I  
4           think the next step is, does anybody second  
5           it, and then we could -- somebody could then  
6           move to amend it, if that's what they need  
7           to do.

8 DR. JOSHI:

9           That's fine. Let's start with anyone  
10          second. Okay. So there is no second. Any  
11          -- would it be appropriate to have comment  
12          related to that, or -- because the motion  
13          with no second doesn't -- would not move, I  
14          guess, by way of process.

15 MS. SIZEMORE:

16          If there was another motion, you know, for  
17          another purpose on that topic, that would be  
18          appropriate at this time.

19 DR. WENNER:

20          I'd like to make a motion that we form a  
21          committee to look at Article 14, Section 2.

22 DR. JOSHI:

23          Okay, do we have a second?

1 DR. GLUNK:

2 This is Dan. I'll second that.

3 DR. JOSHI:

4 Okay. All in -- well, all in -- well, we  
5 have a motion and a second, I guess. Any  
6 comment? Okay.

7 DR. PARÉ:

8 Just that it's reasonable. Yes.

9 DR. JOSHI:

10 I think that's reasonable as well. But any  
11 -- by way of process again, do we do a count  
12 of votes then, all in favor? I say we raise  
13 your -- just -- if you can electronically  
14 raise your hand by way of all in favor,  
15 that'll be wonderful. Okay.

16 MS. SIZEMORE:

17 And then, Dr. Joshi, if you would like to  
18 just note the counts...

19 DR. JOSHI:

20 Yes, I...

21 MS. SIZEMORE:

22 ...that would be helpful.

23 DR. JOSHI:



1           ...I'll do that in a second. So we have all  
2           in -- so the people in favor are Dr. Paré,  
3           Dr. Glunk, Veronica Richards, Linda Waddell,  
4           Kathleen Law, Eric Weitz, Dr. Wenner, and  
5           Lynn Kornblau has responded by way of  
6           message that she is. So that's -- those are  
7           all in favor. Now if you can please take  
8           your hands down, we'll do anyone against.  
9           Kathleen, are you against or are you -- you  
10          just have your hand up? I think from...

11 MS. LAW:

12           I can't...

13 DR. JOSHI:

14           ...what I recall...

15 MS. LAW:

16           I can't get my hand down.

17 DR. JOSHI:

18           That's what I thought. That's kind of what  
19           I thought. So there's no one against. So  
20           we will proceed with that. And thank you,  
21           Dr. Wenner, for making that motion.

22 DR. WENNER:

23           I'd like to make a second motion that we

1 temporarily suspend Article 14, Section 2.  
2 I think that because it is so ambiguous that  
3 it is risky to ever enforce it at this time.  
4 It's really difficult to determine where  
5 those boundaries are, and I don't think any  
6 of us want to be accused of breaking the  
7 bylaws when we don't know what the bylaws  
8 even say we can do.

9 DR. JOSHI:

10 Okay. Second to that? Okay, not hearing a  
11 second, that motion does not pass. I  
12 appreciate your bringing it up, and  
13 appreciate your bringing both those issues  
14 to light, and I think we will proceed with  
15 the plan to have a group and set that up and  
16 move that forward. Anything else on, where  
17 are we, new business? Okay, any other  
18 public comment for the public at large in  
19 general? Okay, hearing none, is there  
20 anything else before I adjourn?

21 MS. HOFFMAN:

22 No, Dr. Joshi. Thank you.

23 DR. JOSHI:

