

DATE: September 21, 2023
TO: Board of Directors
FROM: Regina M. Hoffman, MBA, RN
Executive Director
SUBJECT: Executive Director's Report for September 21, 2023 Board Meeting

Event Reporting, Data Science & Research

PA-PSRS

In July 2023, the Authority successfully performed the following PA-PSRS AMOD software upgrade:

- AMOD Release 3.8 was implemented on July 20, 2023 with 14 enhancements and maintenance upgrades.
- AMOD Release 3.9 is scheduled for November 16, 2023 with 17 enhancements and maintenance upgrades.

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) met to re-evaluate its core objectives and set team goals for FY23-24. The team's core objectives are as follows:

1. Monitor, 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*.
4. Strengthen the integrity and usability of PA-PSRS data.
5. Incorporate state-of-the-art data modeling techniques to optimize the efficiency and effectiveness of PA-PSRS data analysis.

Data Analysis, Research, and Manuscripts

- Neonatal Complications

The supplemental data request forms were sent to facilities on July 13, 2023. Forms were due to be uploaded to PA-PSRS by August 14, 2023.

As of September 11, 2023, 92.9% (156 of 168) of the requested forms have been uploaded to PA-PSRS. Of the forms that have been uploaded, 37.8% (59 of 156) contain complete answers to all mandatory questions, while 62.2% (97 of 156) are incomplete (do not contain valid responses to all mandatory questions). Of the incomplete forms, 51.5% (50 of 97) are pending responses from facilities to outstanding question and will be marked as complete if those responses are received.

Form status	Number of forms
Form Received - Complete	59
Form Received - Incomplete	97
<i>Incomplete - Final</i>	47
<i>Incomplete - Pending</i>	50
Form Not Received	12
Total	168

Of the forms that have been uploaded to PA-PSRS, the following is a breakdown of the number and percentage that contained valid responses to each of the **optional** questions (note that responses such as “None” and “There is nothing additional to report” were counted as valid responses where appropriate):

- Question 1 - *Primary cause of the event as identified during the investigation (or causal statement): 42.9% (67/156)*
- Question 2 - *Other contributing factors identified during the investigation: 7.7% (12/156)*
- Question 3 - *Actions taken or planned in response to the investigation: 7.7% (12/156)*
- Question 5 - *Additional details discovered during the investigation but not included in the PA-PSRS report: 39.7% (62/156)*

- Annual Data Analyses

The two annual data analysis manuscripts were published in the summer issue of *Patient Safety*.

- [Patient Safety Trends in 2022: An Analysis of 256,679 Serious Events and Incidents From the Nation's Largest Event Reporting Database](#)
- [Long-Term Care Healthcare-Associated Infections in 2022: An Analysis of 20,216 Reports](#)

MedStar Health Research Institute (MHRI)

MHRI completed one analysis that was published in the summer issue of *Patient Safety*, focusing on [display design in healthcare](#). MHRI also recently finished a manuscript on nurse wellbeing that will be published this fall.

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.

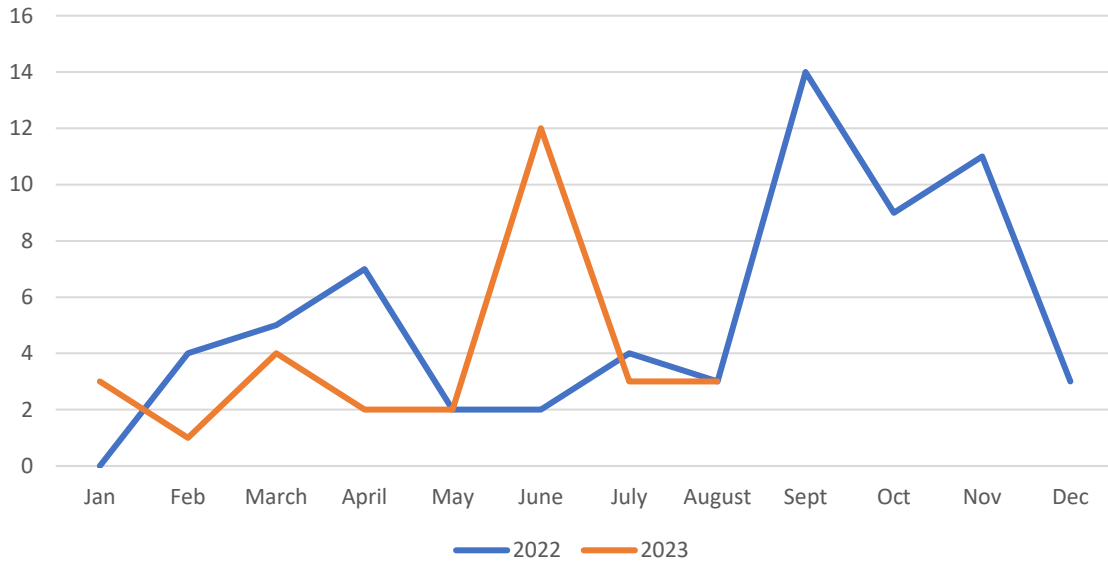
Center of Excellence for Improving Diagnosis

The Center of Excellence (CoE) and O&E teams completed the improving diagnosis keystone project in June 2023. The project involved piloting 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, six Pennsylvania hospitals completed the entire project and received a final report outlining overall findings, opportunities for improvement, and resources for improving diagnosis.

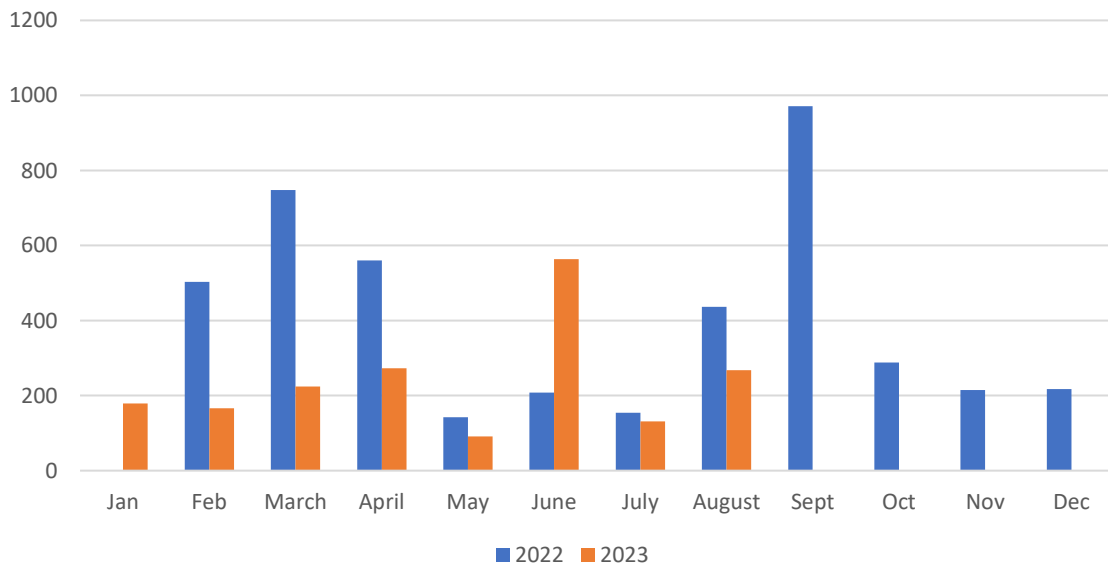
Education and Outreach

Education Programs

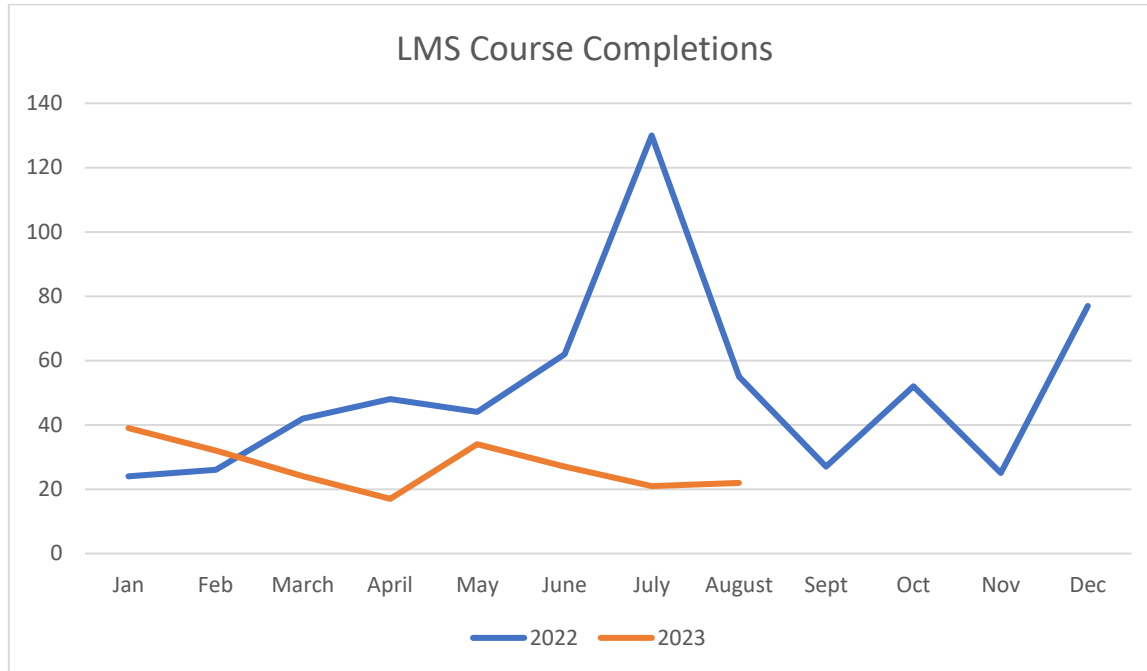
Number of Education Events



Number of Attendees at Education Events



LMS



Joint Accreditation

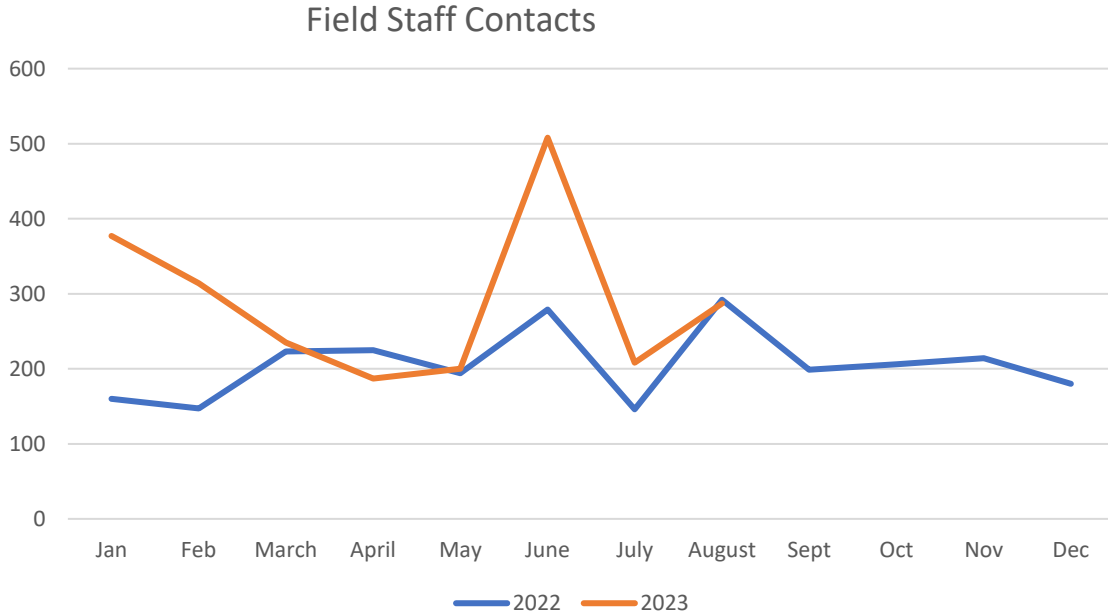
The educational committee continues to meet on a quarterly basis to review upcoming education and past evaluations. The last meeting was held on August 1st.

Upcoming Scheduled Educational Offerings

Upcoming Education Programs		
Date	Type	Title
September 28	Webinar	Keys to Investigation: How to Determine the Type of Investigation
October 5	Webinar	Keys to Investigation: “Every Day” Investigation
October 12	Webinar	Antibiotic Stewardship Webinar Series: Antimicrobial Usage Data
October 17	Webinar	Patient Safety Officer (PSO) Basics: Patient Safety Essentials in Pennsylvania: Module I: MCARE Overview
October 19	Webinar	Patient Safety Officer (PSO) Basics: Patient Safety Essentials in Pennsylvania: Module II: The Role of the PSO
October 24	Webinar	Patient Safety Officer (PSO) Basics: Patient Safety Essentials in Pennsylvania: Module III: Reporting
October 26	Webinar	Patient Safety Officer (PSO) Basics: Patient Safety Essentials in Pennsylvania: Module IV: Reporting
November 2	Webinar	Keys to Investigation: Introduction to Investigative Tools
December 14	Webinar	Keys to Investigation: Change Management
January 11	Webinar	Keys to Investigation: Process Mapping/Timelines/ Interviewing
February 15	Webinar	Keys to Investigation: Causal Statements/Action Planning

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 questions about reporting or to receive support in relation to specific events.

New Keystone: Keys to Investigation launched July 1. Advisors are contacting facilities to review their investigative process(es) and discuss the upcoming opportunities for education. Webinars will be held monthly for 8 months, and there will be 4 workshops offered in the spring of 2024. These workshops will be offered regionally and in person, and they will reinforce and allow for practicing the skills discussed during the webinar series.

LVR

Low Volume Reporters (LVR) are facilities identified as being at risk of noncompliance with reporting events to PA-PSRS. LVRs were calculated for CY 2022. A total of 38 facilities were identified as LVR. This is a decrease of 5 from CY 2021.

Letters are sent to LVR facility PSOs with a cc to the facility Senior Corporate Official, the facility Patient Safety Advisor, and (if they received a letter last year) the Division Chief of Acute and Ambulatory Care.

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 November 2nd. Engagement and Publications.

Engagement and Publications

The first part of the third writing workshop is scheduled on September 14. Six participants will learn how to translate their quality improvement project into a publishable manuscript. The second part is scheduled for October 12. Completed manuscripts will be published in Patient Safety.

Patient Safety will transition from a serial to a rolling publication schedule this fall to better align with current industry practices and provide readers the information as quickly as possible. A comprehensive issue highlighting published PSA advisements and articles will be printed in December and distributed to Pennsylvania facilities.

For this year's Peer Review Week, the Engagement team will host a lunch and learn on September 28 to teach first-time reviewers about the process. Zane Wolf, a well-published nurse from La Salle University and member of the *Patient Safety* editorial board will co-host the event.

Patient Safety

Patient Safety recently migrated to a new backend platform, Scholastica. This new system provides advanced analytics, a modern interface, and a comprehensive peer review management system.

Journal Statistics June 1 through August 31

■ **23.8k**

total pageviews

■ **11.7k**

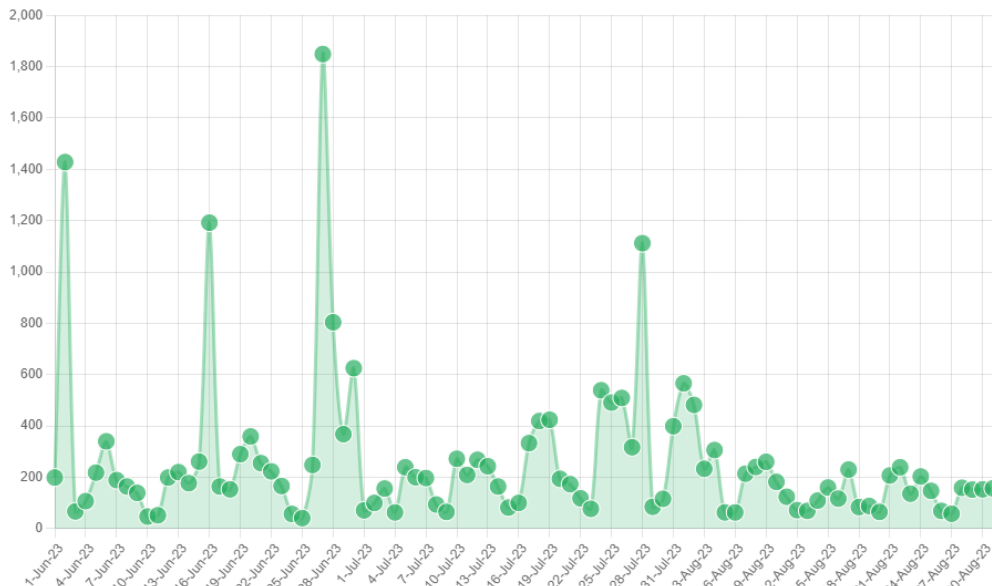
total article pageviews

■ **851**

article downloads

■ **11.7k**

unique visitors



The top-viewed articles during this timeframe were:

- Patient Safety Trends in 2022: An Analysis of 256,679 Serious Events and Incidents From the Nation’s Largest Event Reporting Database
- Artificially Intelligent? Machine Learning in Healthcare and Why It May Not Be As Advanced As You Think
- Patient Safety Alert: Methylprednisolone and Patients With Hypersensitivity to Cow’s Milk Components
- Improving Sepsis Compliance With Human Factors Interventions in a Community Hospital Emergency Room

PSA in the Media

June 1 – August 31, 2023

June 4 · PREVIOUS HEALTH CARE, EMERGENCY/ AND ESSENTIAL WORKER HEROES SELECTIONS: JoAnn Adkins · Susquenita Blackhawk Foundation · <https://www.sqnblackhawkfoundation.org/previous-health-care-emergency-and-essential-worker-heroes-selections.html>

June 5 · [Citation] Health and Clinical Informatics Research: A Turn-Key EHR Simulation Program to Reduce Diagnostic Error in Ambulatory Care · Oregon Health & Science University · <https://www.ohsu.edu/school-of-medicine/medical->

informatics-and-clinical-epidemiology/health-and-clinical-informatics /
<https://reporter.nih.gov/project-details/10242662>

June 5 · [Citation] Fetal Laceration During C-Section · Simon Law PC ·
<https://simonlawpc.com/medical-malpractice/fetal-lacerations-caused-by-c-sections/>

June 8 · Pennsylvania Patient Safety Authority Reports a Rise in Infant Injuries and Deaths in PA Hospitals · Stark & Stark Attorneys at Law Newsroom ·
<https://www.stark-stark.com/blog/pennsylvania-patient-safety-authority-reports-a-rise-in-infant-injuries-and-deaths-in-pa-hospitals/>

June 14 · Hospital Patient Catches on Fire, Highlights Need for Prevention · Medscape · <https://www.medscape.com/viewarticle/993232>

June 15 · [Citation] Lessons Learned in Change Management in Deploying Novel Informatics Solutions: Experience Implementing a Point-of-Care Patient Photography System with Radiography · Springer Link ·
<https://link.springer.com/article/10.1007/s10278-023-00796-y>

June 16 · [Citation] MEDICAL ERRORS: HEALTHCARE PROFESSIONALS PERSPECTIVE AT A TERTIARY HOSPITAL IN KUWAIT PLOS ONE · Boa Forma Academia ·
<https://academiaboaforma.com.br/medical-errors-healthcare-professionals-5/>

June 18 · [Article Link: “From Virtual Autopsies to Expedited Stroke Detection: How Facilities are Improving the Diagnostic Process”: Listening to Reason: Strategies for Instilling a Culture of Clinical Reasoning] Clinical Reasoning · University of Pittsburgh · <https://clinicalreasoning.pitt.edu/>

June 22 · [Citation] Identifying a list of healthcare ‘never events’ to effect system change: a systematic review and narrative synthesis · NIH NLM ·
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10314656/>

June 22 · [Event] Hershey Family Weekend CME 2023 · PCOM · chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/<https://www.pcom.edu/news/event/s/pdfs/pcom-family-medicine-hershey-weekend-cme-june-2023.pdf>

June 29 · Pennsylvania Patient Safety Authority Reports a Rise in Infant Injuries and Deaths in PA Hospitals · Harrisburg Wellness Reporter ·
<https://www.harrisburgwellnessreporter.com/latest-news/>

July · [Citation] Medication errors in children visiting pediatric emergency departments · Science Direct/*Farmacia Hospitalaria* ·
<https://www.sciencedirect.com/science/article/pii/S1130634323000272>

July 7 · [Citation] Smart Alert: a harbinger of adverse events in critical care settings · Philips Healthcare · <https://www.philips.co.in/healthcare/article/smart-alerts>

July 11 · Pa. agency rejects mandate, gives hospitals option to report details on baby injuries, deaths · Penn Live · <https://www.pennlive.com/health/2023/07/pa-agency-rejects-mandate-gives-hospitals-option-to-report-details-on-baby-injuries-deaths.html>

July 11 · Pennsylvania agency makes reporting newborn injury details voluntary for hospitals · Becker's Clinical Leadership · <https://www.beckershospitalreview.com/patient-safety-outcomes/pennsylvania-agency-makes-reporting-newborn-injury-details-voluntary-for-hospitals>

July 13 · Obituary for Sharon Marie Bradley · Wetzel and Son · <https://www.wetzelandson.com/browserecord.php?recid=30646>

July 13 · Weekly Rundown, #3 · The Investigator/Spotlight · <https://www.spotlightpa.org/newsletters/investigator/why-this-pa-budget-standoff-is-unusual/>

July 19 · [Event] Improving Infection Prevention Practices Using Human Factors and Healthcare Safety System Design · ECRI · <https://www.ecri.org/events/improving-infection-prevention-practices-using-human-factors-and-healthcare>

July 24 · [Citation] Pragmatic Approaches to Interoperability – Surmounting Barriers to Healthcare Data and Information Across Organizations and Political Boundaries · *Telehealth and Medicine Today* · <https://telehealthandmedicinetoday.com/index.php/journal/article/view/421>

July 27 · [Website copy] · Grievances & Complaints · Lewisburg Plastic Surgery & Dermatology · <https://www.lewisburgplastic.com/patient-resources/practice-forms-policies/grievances-and-complaints/>

July 31 · Building Capacity for Patient Safety · PSNet · <https://psnet.ahrq.gov/perspective/building-capacity-patient-safety>

July 31 · In Conversation with Regina Hoffman about Building Capacity for Patient Safety · PSNet · https://psnet.ahrq.gov/perspective/conversation-regina-hoffman-about-building-capacity-patient-safety?utm_content=bufferf1ee5&utm_medium=social&utm_source=twitter.com&utm_campaign=buffer

August 5 · [Website copy] Surgical Errors Documented By Pennsylvania Patient Safety Authority · Philadelphia Medical Malpractice Lawyer ·
<https://medicalmalpracticelawyerinphiladelphia.com/areas-served/yorktown/>

August 16 · [photo credit (for stock photo)] Cumberland County will conduct mosquito spraying operations in five municipalities Thursday night, officials say · Fox43 · <https://www.fox43.com/article/news/health/cumberland-county-mosquito-spraying-operations-august-16/521-9b516021-6969-42e2-bfde-bd617650cea0>

Social Media

June 22 ·
https://m.facebook.com/story.php?story_fbid=pfbid0cNHqJLwX4Vpzbdyq3Q9HyLir4pw2VZ2fvHYdmvZ1kNyqsv5CGSVZkPX2TEccX6KPI&id=200664509944727&eav=AfYINvR-BdFOOZsyw37Qf8z8lpOmle1N2HRIMDBVuHn6FTrr4nsGMiAL71eamzhoVbo&m_entstreaam_source=timeline&paipv=0

June 22 · <https://twitter.com/StarkAndStark/status/1671941570650677248>

June 24 · <https://twitter.com/natlawfooddrug/status/1672597086263705601>

June 5 · https://twitter.com/odonohue_steph/status/1665824522304385024

July 2 · <https://twitter.com/MedProProtector/status/1675565214475907073>

July 6 · <https://twitter.com/MedProProtector/status/1677045317471027200>

July 6 · <https://twitter.com/ptsafetylearn/status/1676982083573391361>

July 6 · <https://twitter.com/BetsyLehmanCtr/status/1676962964828717058>

July 7 · <https://twitter.com/OSSHealth/status/1677357610012385280>

July 11 · <https://twitter.com/BeckersHR/status/1678837809652674567>

July 11 · <https://twitter.com/PatriotNews/status/1678698149123112960>

July 11 · <https://twitter.com/hhask/status/1678773520783020033>

July 11 · <https://twitter.com/ChristianLillis/status/1678775475198648323>

July 11 · <https://twitter.com/MarianHolling/status/1678799587946139650>

July 13 · <https://twitter.com/PaCapitolNews/status/1679442658199060480>

July 13 · <https://twitter.com/PatriotNews/status/1679426702999470080>

August 15 · <https://twitter.com/BetsyLehmanCtr/status/1691454703320944641>

Administration

Anonymous Reports and Complaints June, July and August 2023

Anonymous Reports

Production Release 3.8 was completed on July 20, and included the online submission of Anonymous Reports. Prior to this release, Anonymous Reports must be submitted via mail or email. This new functionality allows for direct web-based submission, as well as maintaining the option for mail and email submissions.

PSA received 3 anonymous reports in August.

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.

The Authority completed FY22-23 with expenditures totaling \$7,160,162, with \$4,999,419 in Personnel and \$2,169,744 in Operations. The Authority ended FY22-23 with a budget surplus of \$539,838.

At today's meeting, the Board plans to review the FY22-23 Authority budget results and discuss and vote on the Authority's FY23-24 budget.

On September 5, 2023, the Treasury invested cash balance in the Patient Safety Trust Fund (PSTF) was \$12,999,100. This balance included \$7,695,471 from FY22-23 MCARE Assessment transfers and \$5,303,629 in remaining funds from the FY21-22 transfers. FY22-23 MCARE Assessment transfers were completed on August 15, 2023 and total 99.94% of the Board's recommended FY22-23 MCARE Assessments of \$7,700,000. The Executive Director believes the current PSTF balance is adequate to provide for the Authority's cash activities through the remainder of FY23-24.

The Board authorized \$7.7 million in FY22-23 MCARE Assessments at its December 8, 2022 Board Meeting. FY23-24 MCARE Assessments are planned for consideration by the Board at its December 7, 2023 meeting.

The Authority completed FY22-23 with the Patient Safety Trust Fund receiving \$389,390 in PA Treasury investment income. FY21-22 investment income totaled \$11,630.

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 Act 13 Acute Care facilities and \$1,170,000 for Act 52 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 units (Act 13 Acute Care) and bed counts (Act 52 Nursing Home). The Department then prepared MCARE surcharge letters and invoices to facilities with a payment due date of June 1, 2023. Notices were posted in the PA Bulletin. The Department began transferring the FY22-23 MCARE surcharge receipts to the Patient Safety Trust Fund on February 20, 2023.

The Department’s **Division of Acute and Ambulatory Care (DAAC)** provided the following CYE22 (December 31, 2022) Acute Care facility census 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)** provided the following CYE22 (December 31, 2022) NH census totals:

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.

From June 2022 to June 2023, the NE Med Care CPI decreased by 3.69% resulting in a FY23-24 total MAA of \$9,673,666, with \$8,328,992 MAA for Act 13 AC facilities, and \$1,344,673MAA for Act 52 NH facilities.

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

FY22-23 Acute Care Assessments – Through August 15, 2023, the Department transferred \$6,529,021.68 (99.99%) of FY22-23 Acute Care Assessments to the Patient Safety Trust Fund. FY22-23 Acute Care transfers are complete.

Act 52 Nursing Home Assessments

FY22-23 Nursing Home Assessments - Through August 15, 2023, the Department transferred \$1,166,449 (99.70%) in Nursing Home Assessments to the Patient Safety Trust Fund. FY22-23 Nursing Home transfers are 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 submitted invoices in FY22-23 (PY4) from July 2022 through June 2023 totaling \$445,418, and completed PY4 \$251,269 under budget for PY4, resulting in a 48-month budget surplus of \$559,735.

For July 2023 of FY23-24 (PY5), MHRI invoiced \$27,630.56, \$18,311.19 under budget for the first month of PY5. 11-monthly MHRI invoices remain on the 60-month contract.

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.

Gainwell submitted invoices in FY22-23 (PY4) from July 2022 through June 2023 totaling \$1,251,764, and completed PY4 \$199,456 under budget for PY4, resulting in a 48-month budget surplus of \$613,846.

For July 2023 of FY23-24 (PY5), Gainwell invoiced \$106,453.75, \$10,212.92 under budget for the first month of PY5. 11-monthly Gainwell invoices remain 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.