

DATE: December 7, 2023
TO: Board of Directors
FROM: Regina M. Hoffman, MBA, RN
Executive Director
SUBJECT: Executive Director's Report for December 7, 2023 Board Meeting

Event Reporting, Data Science & Research

PA-PSRS

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

- AMOD Release 3.9 was implemented on October 26, 2023 with 20 enhancements and maintenance upgrades.
- AMOD Release 3.10 is scheduled for December 14, 2023 with 5 enhancements and maintenance upgrades.

The Authority and Gainwell successfully migrated the public web site to HTTPS/SSL on October 13, 2023.

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) operates under the following core objectives:

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

168 supplemental data request forms were sent to 44 facilities on July 13, 2023. Forms were due to be uploaded to PA-PSRS by August 14, 2023.

On November 8, 2023, letters were sent to CEOs of 18 facilities regarding 59 supplemental data forms that had outstanding requests for clarifying information and/or insufficient responses to one or more mandatory questions.

- As of November 27, 2023, 7 updated forms from 4 facilities have been received in response to those letters.
 - 2 of the 7 updated forms did not provide all of the information requested.

As of November 27, 2023, 99.4% (167 of 168) of the requested forms have been uploaded to PA-PSRS. Of the forms that have been uploaded, 68.3% (114 of 167) contain complete answers to all mandatory questions, while 31.7% (53 of 167) are incomplete (i.e., do not contain valid responses to all mandatory questions).

Form status	Number of forms
Form Received - Complete	114
Form Received - Incomplete	53
Form Not Received	1
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): 40.1% (67/167)*
- Question 2 - *Other contributing factors identified during the investigation: 8.4% (14/167)*

- Question 3 - *Actions taken or planned in response to the investigation:* 6.6% (11/167)
- Question 5 - *Additional details discovered during the investigation but not included in the PA-PSRS report:* 37.1% (62/167)

- 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. They are currently working on two additional analyses, one related to events involving the use of portable oxygen tanks and the other related to special instructions in electronic health record orders.

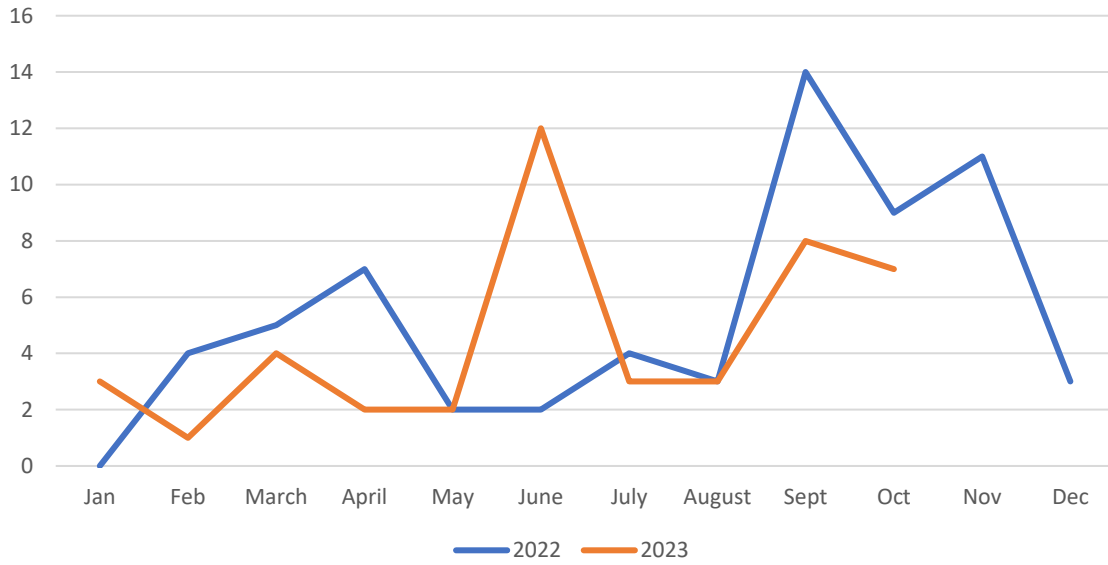
High Harm Events

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.

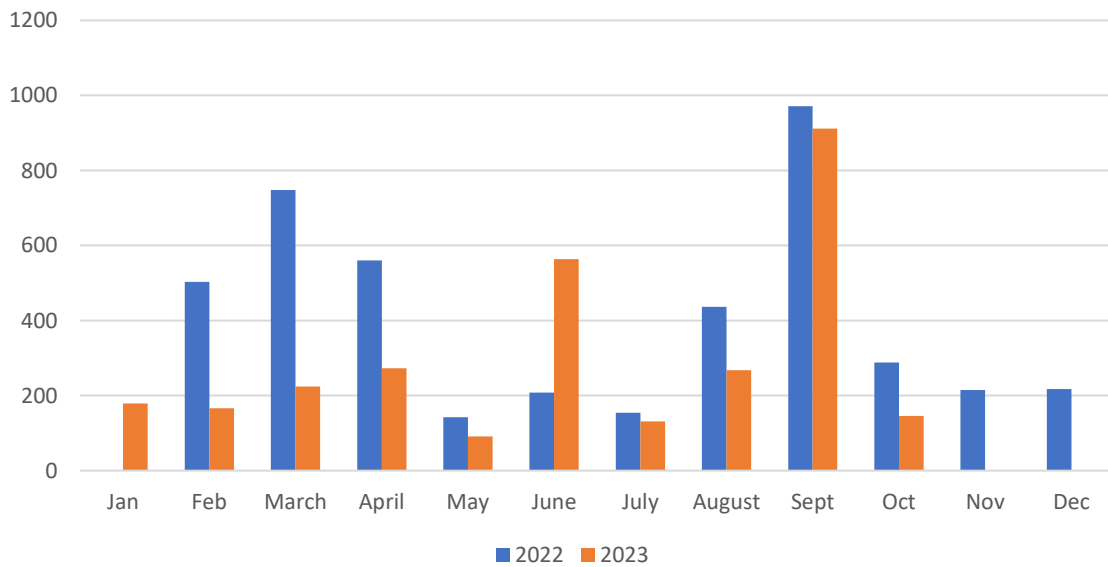
Education and Outreach

Education Programs

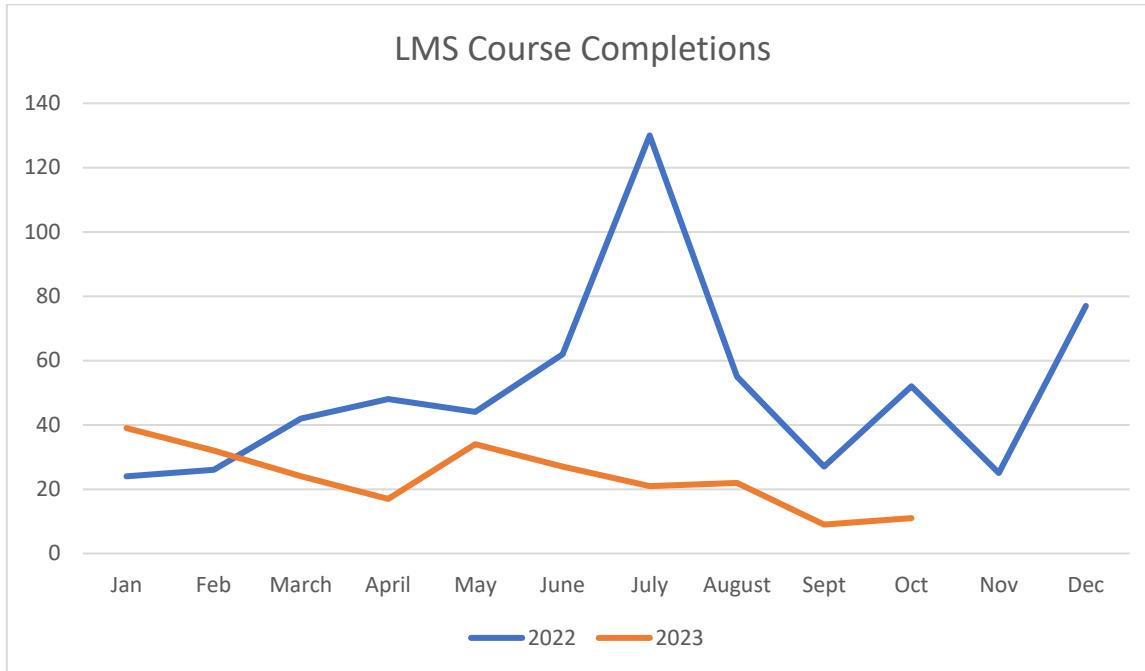
Number of Education Events



Number of Attendees at Education Events



LMS



Joint Accreditation

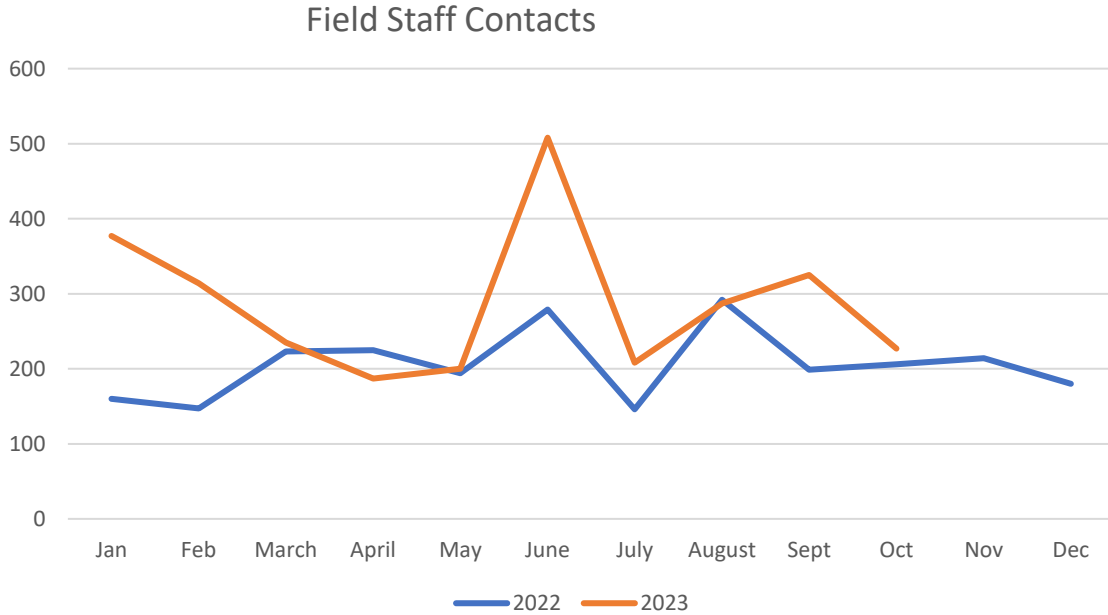
The educational committee continues to meet on a quarterly basis to review upcoming education and past evaluations. The last meeting was held on November 2nd.

Upcoming Scheduled Educational Offerings

Upcoming Education Programs		
Date	Type	Title
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
March 7	Webinar	Keys to Investigation: Implementation/Evaluation/Measurement
March	Workshop	Keys to Investigation: Process Mapping/Timelines/Interviewing Workshop (3 dates/ locations)
March/ April	In Person	Long Term Care Symposia (5 dates/locations)
April	Workshop	Keys to Investigation: Causal Statements/Action Planning Workshop (3 dates/locations)
May	Workshop	Keys to Investigation: Implementation/Evaluation/Measurement Workshop (3 dates/locations)

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.

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 are being scheduled monthly, and workshops will be offered in the spring of 2024. These workshops will be offered regionally and in person to 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. Patient safety advisors continue to follow up with acute care facilities who received a letter to identify opportunities to improve reporting. LVR data for acute care is monitored on a quarterly basis.

Evaluation and Opportunities to Improve Event Reporting

The Evaluation and Opportunities to Improve Event Reporting project is ongoing. LTACHs submitted a list of transfers and deaths from a defined one-year period to PSA and the review samples were selected from these lists. 9 facilities have requested on site review. 3 facilities have requested virtual review. The first site visit was completed on October 31st and November 1st. Potential events identified during this first review were sent to the facility for their response. The next visits are scheduled for late November and early December. Virtual reviews are in process.

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 HAI Advisory Group met on November 2nd. The next meeting will be held in the spring.

Engagement and Publications

The third writing workshop concluded on October 12. Six teams learned how to draft a publishable manuscript based on a completed quality improvement study. Participants were selected based on the robustness of their project and applicably for *Patient Safety* readers. To date, participants in the workshop have a 100% acceptance rate for their articles, compared to the overall journal acceptance rate (~45%). The fourth workshop is scheduled for spring of 2024.

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 hosted a lunch and learn with over 100 registrants 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, co-hosted 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 September 1 to October 31

■ **10.8k**

total pageviews

■ **6.7k**

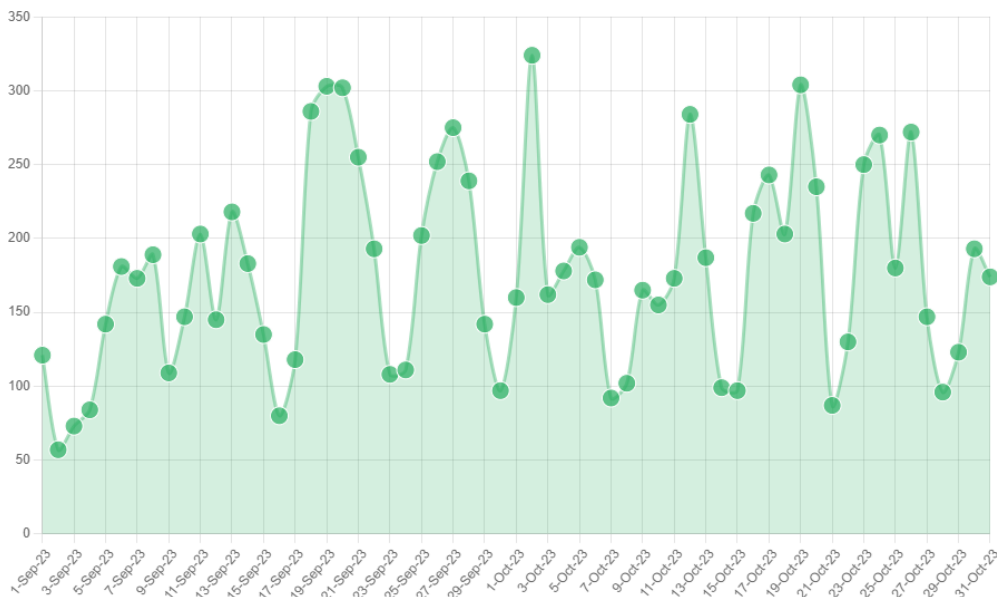
total article pageviews

■ **545**

article downloads

■ **5.3k**

unique visitors



The top-viewed articles during this timeframe were:

- Reduction of Patient Harm Through Decreasing Urine Culture Contamination in an Emergency Department Using Multiple Process Improvement Interventions
- Patient Safety Trends in 2022: An Analysis of 256,679 Serious Events and Incidents From the Nation's Largest Event Reporting Database
- Improving Sepsis Compliance With Human Factors Interventions in a Community Hospital Emergency Room
- Medication Safety in the Emergency Department: A Study of Serious Medication Errors Reported by 101 Hospitals From 2011 to 2020

PSA in the Media

September 1 – November 8, 2023

- Sept. 8 · What Is Alarm Fatigue? Tips for Prevention · Maryville University · <https://nursing.maryville.edu/blog/what-is-alarm-fatigue.html>
- Sept. 9 · What Is a Nasogastric (NG) Tube? · VeryWell Health · <https://www.verywellhealth.com/nasogastric-ng-tube-1943087>
- Sept. 10 · Healthcare Provider Alert! Error-prone EHRs Can Harm Patients · MOS Medical Record Reviews · <https://www.mosmedicalrecordreview.com/blog/healthcare-provider-alert-error-prone-ehrs-can-harm-patients/>
- Sept. 12 · A Three-Pronged Strategy for Modernizing Counts · Outpatient Surgery · <https://www.aorn.org/outpatient-surgery/article/september-13--2023>
- Sept. 12 · Appeal from the Order Entered December 7, 2021 In the Court of Common Pleas of Montgomery County — Judge’s Opinion · White and Williams · <https://www.whiteandwilliams.com/assets/htmldocuments/Pa.%20Hospital%20Must%20Produce%20Admins%20Notes%20In%20Patient%20Death%20Suit%20opinion.pdf>
- Sept. 14 · MEDICAL MALPRACTICE-PEER REVIEW-MCARE-SECTION 311 OF MCARE ACT · Rieders, Travis, Dohrmann, Mowrey, Humphrey & Waters · <https://www.riederstravis.com/medical-malpractice-peer-review-mcare-section-311-of-mcare-act/>
- Sept. 15 · PA Health Policy Update for September 15 · Safety Net Association of Pennsylvania · <https://pasafetynet.org/author/admin/>
- Sept. 27 · Fire safety in the operating room · MediLib · <https://medilib.ir/uptodate/show/94592>
- Oct. 1 · Which Hospital-Acquired Conditions Matter the Most in Trauma? An Evidence-Based Approach for Prioritizing Trauma Program Improvement · National Library of Medicine PubMed Central · <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9489599/>
- Oct. 10 · PUBLIC ZOOM DISCUSSION – LUNCH & LEARN: LET’S TALK PEER REVIEW · Peer Review Week · <https://peerreviewweek.wordpress.com/events-and-activities-2023/>
- Oct. 19 · Temporarily Holding Medication Orders Safely in Order to Prevent Patient Harm · ISMP · <https://www.ismp.org/resources/temporarily-holding-medication-orders-safely-order-prevent-patient-harm>
- Oct. 23 · DISCLOSURE OF ‘ROOT CAUSE ANALYSIS’ · Bordas and Bordas · https://www.bordaslaw.com/blog_post/disclosure-of-root-cause-analysis/

Social Media

- Sept. 21 · <https://twitter.com/BordasLaw/status/1704839846936596789>
- Sept. 21 · <https://twitter.com/scholasticahq/status/1704972244185661750>

Administration

Anonymous Reports and Complaints September and October 2023

Anonymous Reports

PSA received 1 anonymous report in September and 1 anonymous report in October. These two reports as well as the 3 from August have all been closed with satisfactory investigations by the facilities.

Complaints

One patient complaint was received and forwarded to the Department of Health and one patient complaint was forwarded to Division of Long-Term Care

Patient Safety Authority Budget and Patient Safety Trust Fund Balance Update

At its September 21, 2023 Board Meeting, the Board approved the Authority's FY23-24 budget totaling \$8,070,000, a \$370,000 increase over the FY22-23 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, against the FY22-23 \$7,700,000 budget.

At today's Board Meeting, the Board plans to discuss and vote on the FY23-24 MCARE Assessments recommendations. The Board authorized \$7.7 million in FY22-23 MCARE Assessments at its December 8, 2022 Board Meeting.

On November 13, 2023, the Treasury invested cash balance in the Patient Safety Trust Fund (PSTF) was \$11,598,366.40. This balance included \$7,697,905.54 from FY22-23 MCARE Assessment transfers and \$3,900,460.86 in remaining funds from the FY21-22 transfers. FY22-23 MCARE Assessment transfers were completed on November 7, 2023 and total 99.97% 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.

For the first 4 months of FY23-24, the Authority received \$229,242.19 in investment income on the Patient Safety Trust Fund (PSTF) daily balances. The Authority completed FY22-23 with the PSTF receiving \$389,390 in PA Treasury investment income. FY21-22 PSTF 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

The Authority Board’s FY23-24 MCARE Assessments, authorized at today's meeting, will be suggested to the Department, which will then calculate FY23-24 MCARE Surcharges for DAAC and DNCF based on its December 31, 2023 census of licensed healthcare facilities.

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 November 7, 2023, the Department transferred \$1,68,884 (99.90%) in Nursing Home Assessments to the Patient Safety Trust Fund. FY22-23 Nursing Home transfers are now 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 through September, 2023, FY23-24 (PY5), MHRI invoiced \$88,056.18, which was \$49,769.07 under budget for the first 3-months of PY5. 9-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 through October, 2023, FY23-24 (PY5), Gainwell invoiced \$448,301.25, \$18,365.42 under budget for the first 4-months of PY5. 8-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.