

**DATE:** June 20, 2024  
**TO:** Board of Directors  
**FROM:** Regina M. Hoffman, MBA, RN  
Executive Director  
**SUBJECT:** Executive Director's Report for June 20, 2024 Board Meeting

## Event Reporting, Data Science & Research

### ***PA-PSRS***

The Authority and Gainwell IT staff are preparing for the following PA-PSRS software upgrade:

- AMOD Release 3.12 is scheduled for June 25, 2024 including 6 new system enhancements and 5 maintenance upgrades.

Gainwell is also working with the Executive Director and PSA staff on a redesign of the PSA Public Website.

The Authority and Gainwell continue to prioritize and schedule PA-PSRS system updates through the remainder of 2024.

## 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 system/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***

Three articles written by the DSRT were recently published in *Patient Safety*. These included analyses of PA-PSRS reports submitted by [acute care](#) and [long-term care facilities](#) in 2023, as well as [alteplase and tenecteplase-related medication events](#). One additional article, related to consent and scheduling errors, is set to be published in an upcoming issue. Additionally, the team published two newsletter articles in April and May 2024 on [Glacial Acetic Acid](#) and [Transfusion-Associated Circulatory Overload \(TACO\)](#).

### ***MedStar Health Research Institute (MHRI)***

MHRI completed one article that was recently published in *Patient Safety*, focusing on [nurse wellbeing](#). Two additional articles are set to be published in an upcoming issue, one related to events involving the use of portable oxygen tanks and the other regarding special instructions in electronic health record orders.

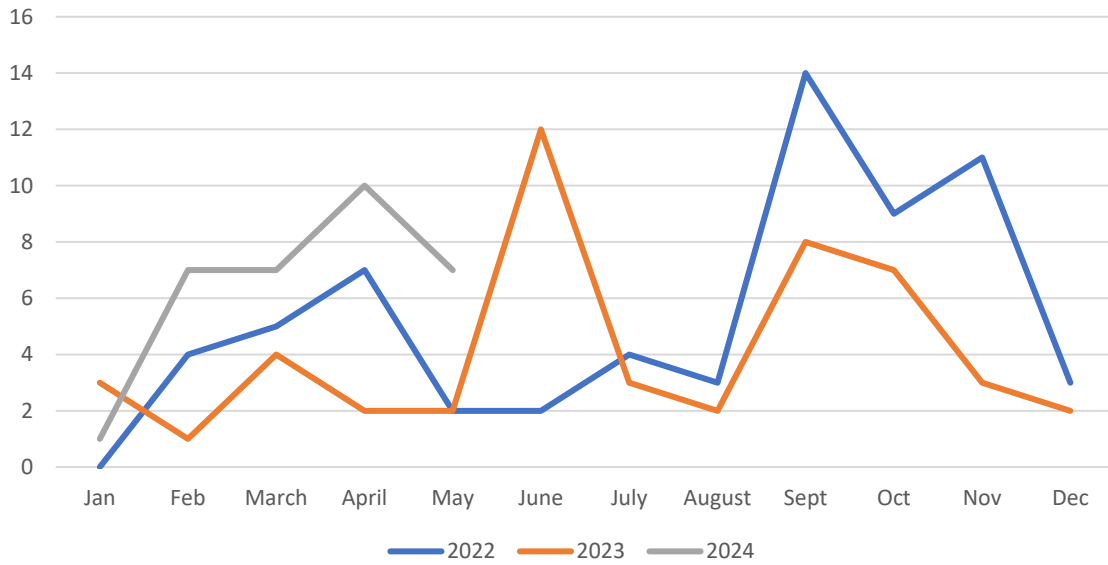
### ***High Harm Events***

The executive director, director of data science and research, director of outreach and education, research scientists, 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.

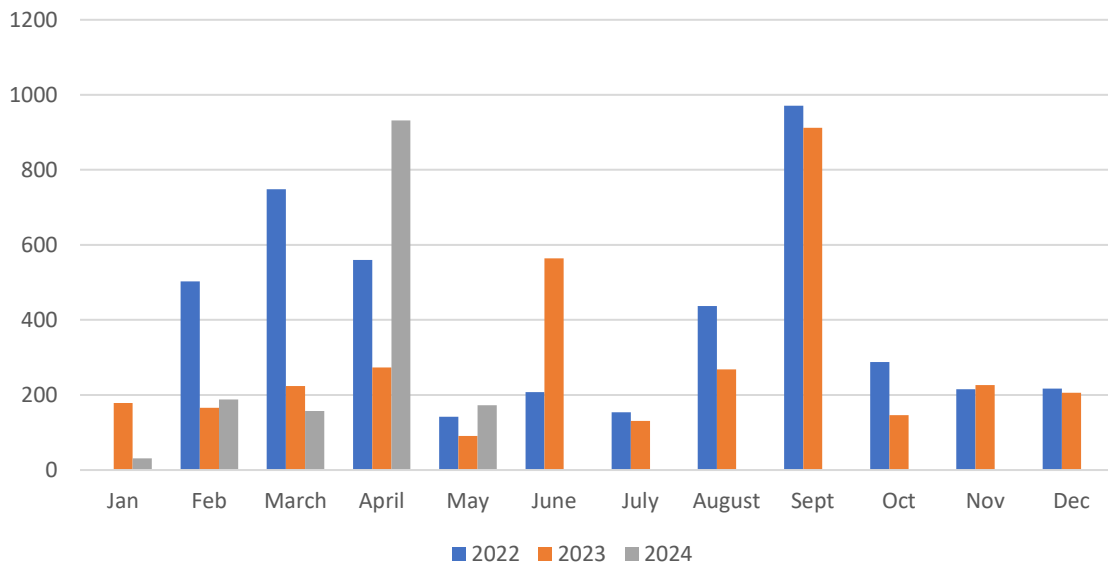
## Education and Outreach

### Education Programs

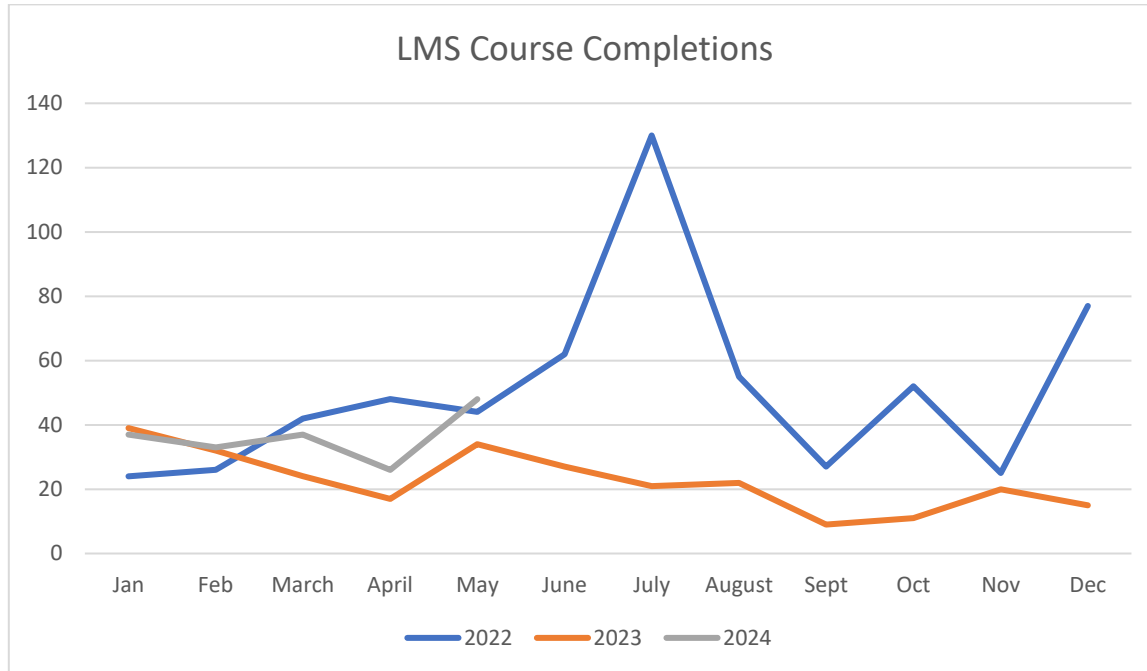
Number of Education Events



Number of Attendees at Education Events



## LMS



LTC Symposia were held in 5 locations during March and April.

JoAnn Adkins and Christine Bingman presented **Antimicrobial Stewardship in Pennsylvania LTCFs** at the national APIC conference on June 3<sup>rd</sup>.

### ***Joint Accreditation***

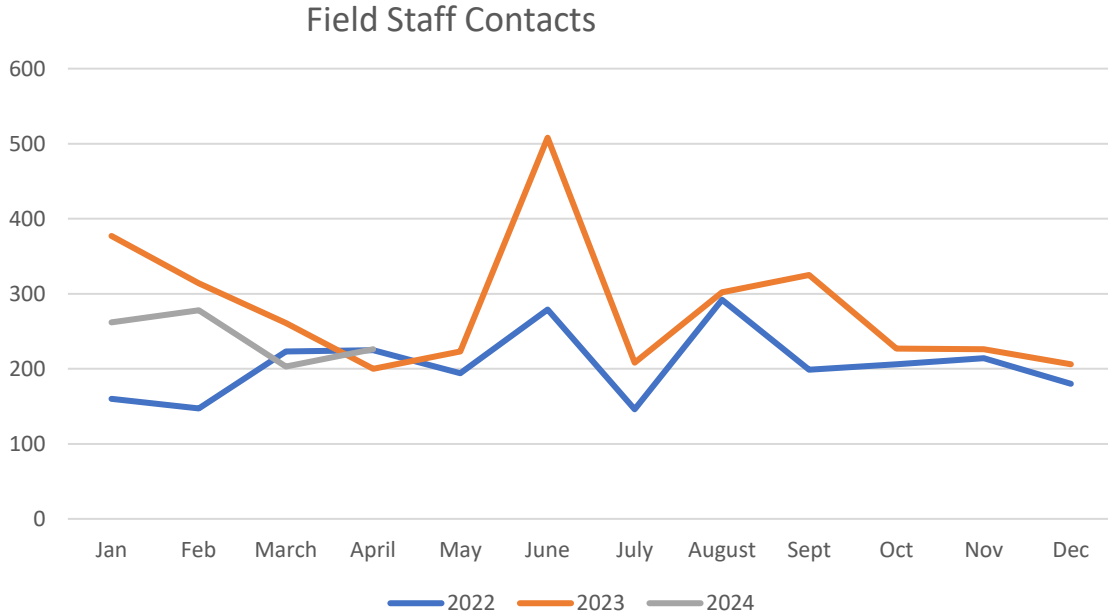
The educational committee meets quarterly to review upcoming education and past evaluations. The next meeting will be held in August.

### ***Upcoming Scheduled Educational Offerings***

<b>Upcoming Education Programs</b>		
<b>Date</b>	<b>Type</b>	<b>Title</b>
July 10	Webinar	Reducing Assaults on Nursing Personnel
August TBD	Webinar	Virtual Nursing

**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 is complete. This project consisted of a series of eight webinars and three workshops (each offered in three locations) to provide facilities with investigative tools to improve the quality of their investigations.

The next Keystone, Keys to Surgical Site Infection Surveillance and Reporting for ASFs will launch in July. Patient Safety Advisors will be consulting with ASFs to review current practices relating to surveillance and reporting. Additional support, resources, and improvement strategies will be individualized for ASFs based on the results of the initial consultation.

## **LVR**

Low Volume Reporters (LVR) are facilities identified as being at risk of noncompliance with reporting events to PA-PSRS. LVR data for acute care is monitored on a quarterly basis.

Class A ASFs, Abortion Facilities, and Birthing Center data is complete for 2023. There were 4 letters sent to facilities of those types.

### ***Evaluation and Opportunities to Improve Event Reporting***

The Evaluation and Opportunities to Improve Event Reporting project is complete. See Final Report.

## **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) is developed and distributed quarterly to all LTC facilities.

### **LTC LVR**

67 LTC facilities received LVR letters for 2023. Letters are sent to facilities who did not report any infections or those that are in the bottom 10<sup>th</sup> percentile for reporting. 13 of the 67 letters were to facilities that received LVR letters last year.

## **Administration**

### ***HAI Advisory Panel***

The HAI Advisory Panel was asked to provide feedback on the upcoming Keys to SSI Surveillance and Reporting for ASFs. We are currently recruiting three open positions to the advisory panel: Not for profit Nursing Home, For profit Nursing Home, and Rural hospital. Engagement and Publications

E&P concluded its spring Writing Workshop on April 18. Each participating team has submitted its manuscript for consideration of publication.

E&P has been working closely with the Outreach & Education team to redesign the online learning management system (LMS). They have also been working closely with Gainwell Technologies on a complete overhaul of the website.

## Patient Safety

### Journal Statistics April 1 to May 31

■ 70.3k

total pageviews

■ 64.1k

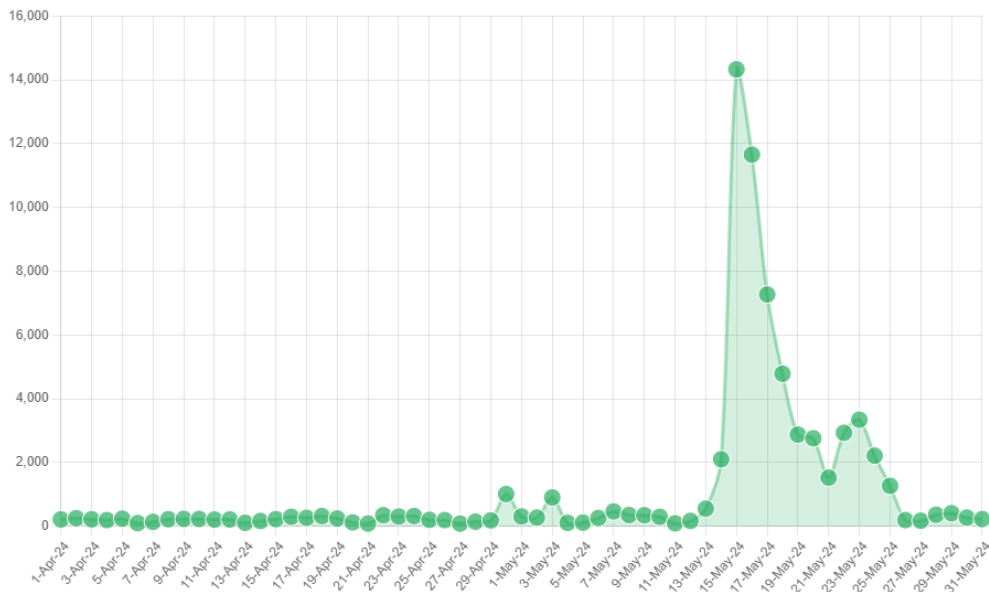
total article pageviews

■ 623

article downloads

■ 57.2k

unique visitors



The top-viewed articles during this timeframe were:

- Caffeinated Energy Drinks and Supplements: A Wake-Up Call for Consumers and Healthcare Providers
- Patient Safety Trends in 2023: An Analysis of 287,997 Serious Events and Incidents From the Nation’s Largest Event Reporting Database
- Reduction of Patient Harm Through Decreasing Urine Culture Contamination in an Emergency Department Using Multiple Process Improvement Interventions
- Transition to a Restraint Free Inpatient Behavioral Health Setting

## PSA in the Media

April 8, 2024 – May 28, 2024

April 16 · Tort Reform in Pennsylvania · MEDPLI · <https://medpli.com/pennsylvania-doctors-buying-guide-medical-malpractice-insurance/>

April 17 · Pulse Oximetry (citation) · Wikipedia · [https://en.wikipedia.org/wiki/Pulse\\_oximetry](https://en.wikipedia.org/wiki/Pulse_oximetry)

April 19 · “Evaluating Sedation Strategies for Magnetic Resonance Imaging: A Comprehensive Review of Intravenous Fentanyl, Butorphanol, and Midazolam in Adult and Pediatric Populations” (citation) · *Cureus* ·

<https://www.cureus.com/articles/245684-evaluating-sedation-strategies-for-magnetic-resonance-imaging-a-comprehensive-review-of-intravenous-fentanyl-butorphanol-and-midazolam-in-adult-and-pediatric-populations#!/>

April 22 · “Practices to prevent non-ventilator hospital acquired pneumonia: a narrative review” (citation) · *The Journal of Hospital Infection* · [https://www.journalofhospitalinfection.com/article/S0195-6701\(24\)00120-8/fulltext](https://www.journalofhospitalinfection.com/article/S0195-6701(24)00120-8/fulltext)

ScienceDirect · <https://www.sciencedirect.com/science/article/pii/S0195670124001208>

April 23 · Community Poll: Cast your Vote for Peer Review Week 2024’s Theme! · Ariess Systems · <https://www.ariessys.com/blog/community-poll-cast-your-vote-for-peer-review-week-2024s-theme/>

April 30 · Patient Safety Authority Annual Reports · PSNet · <https://psnet.ahrq.gov/issue/patient-safety-authority-annual-reports>

May 2 · Revolutionizing Crash Cart Management: A Call For Innovation · INMAR intelligence · <https://www.inmar.com/blog/insights/healthcare/revolutionizing-crash-cart-management-call-innovation>

May 5 · Factors Influencing Pulse Oximeter Accuracy in Seniors · Healthnews · <https://healthnews.com/family-health/aging-in-place/pulse-oximeter-accuracy-seniors/>

May 9 · Medication Errors Involving Nursing Students · Academia · Medication Errors Involving Nursing Students

May 10 · Patient Safety Handbook Available · The Mehaffie Message 5/10/24 – Emailed Newsletter · <https://www.repmehaffie.com/News/34153/Press-Releases/The-Mehaffie-Message-5/10/24---Emailed-Newsletter>

May 15 · Hospital Negligence: A Closer Look at Pittsburgh · Frischman & Rizza, P.C. · <https://www.frlawpa.com/hospital-negligence-a-closer-look-at-pittsburgh>

May 20 · Philly Surgical Teams Leave Items in Patients’ Bodies · The Duffy Firm · <https://www.duffyfirm.com/blog/philly-surgical-teams-leave-items-in-patients-bodies>

May 21 · New nurses and physicians face challenges transitioning from education to practice · Betsy Lehman Center for Patient Safety · <https://betsylehmancenterma.gov/news/new-nurses-and-physicians-face-challenges-transitioning-from-education-to-practice>



## Social Media

April 8 · <https://x.com/RepMaryIsaacson/status/1777335840387318158>



**Rep. Mary Isaacson**  
@RepMaryIsaacson



Are you confused about healthcare jargon? Unsure about your insurance coverage? Don't worry, the Patient Safety Authority has got you covered with the handy Pocket Guide to Understanding Healthcare!

[patientsafety.pa.gov/PATIENTSCONSUM...](https://patientsafety.pa.gov/PATIENTSCONSUM...)

April 10 · <https://x.com/CSaARlab/status/1778121176373469264>



**Comm Science Against Antibiotic Resistance** @CSaARlab · Apr 10



Dive into the Pennsylvania **Patient Safety Authority's** antibiotic stewardship webinar series on YouTube!

This particular webinar highlights the mechanisms of antimicrobial resistance, and you can access it here: [youtube.com/watch?v=CHKJGG...](https://youtube.com/watch?v=CHKJGG...)

April 30 ·

<https://www.linkedin.com/feed/update/urn:li:activity:7188557089898647552/?actorCompanyId=15977659>



**The Betsy Lehman Center for Patient Safety**

1,340 followers

1mo •



Event reports can be the first indication of underlying problems, regardless of whether harm occurs. They also can be tools to trigger change facilitywide—or even nationwide.

The Pennsylvania **Patient Safety Authority** has a searchable database of stories about event reports that inspired staff to make changes that improved patient care and safety throughout their hospital. Check it out:

May 7 ·

<https://www.linkedin.com/feed/update/urn:li:share:7193197333965156352/?actorCompanyId=15977659>

**Susan Burke, MBA, BSN, RN, CPHQ, CLCP (She/Her) • 2nd**  
Certified Life Care Planner @ Healthcare System Specialist...  
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👏 Excellence from Pennsylvania State Patient Safety Reporting. Does your state conduct this level of safety?

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We are pleased to share our 2023 annual report, highlighting PSA's commitment to safer care for Pennsylvanians. Last year's accomplishments include

## Administration

### Anonymous Reports and Complaints April, 2024 to May, 2024

#### Anonymous Reports

PSA received 1 anonymous report in April and 1 anonymous report in May. The report received in April did not meet the requirements for an anonymous report. PSA is awaiting the facility investigation from the May report.

#### Complaints

One patient complaint was received in April and forwarded to the Department of Health and no patient complaints were received in May.

#### Personnel

Kathleen (Kate) Dohey was offered and accepted the position of Patient Safety Advisor and began work on May 13. She is replacing Bob Yonash who is retiring effective June 21. Kate was previously the Chief Quality Officer for Independence Health System.

## **Patient Safety Authority Budget and Patient Safety Trust Fund Balance Update**

At the 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.

As of June 6, 2024, the Authority has expensed \$6,604,226. The Authority is expecting remaining expenditures to include the Gainwell and MHRI May and June invoices, 2.5 payrolls (about \$550,000), and May and June operating expenses not hitting the budget until later in the fiscal year. FY23-24 expenditures currently project to about \$7.5 million against the Authority's FY23-24 \$8.07 million budget.

At the Board's December 7, 2023 meeting, the Board authorized \$7.8 million in FY23-24 MCARE Assessments, an increase of \$100,000 over FY22-23, and \$270,000 less than the FY23-24 budget.

FY23-24 MCARE Assessment transfers to the Patient Safety Trust Fund (PSTF) began on April 16, 2024 and currently total 38% of the Board's recommended FY23-24 MCARE Assessments of \$7,800,000.

On June 6, 2024, the Treasury invested cash balance in the Patient Safety Trust Fund (PSTF) totaled \$10,912,260.27. The Executive Director is confident that the current PSTF balance is adequate to provide for the Authority's cash activities through the remainder of FY23-24 and well into the next fiscal year.

For the first 11 months of FY23-24, the Authority received \$555,594 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 7, 2023 meeting, the Board authorized MCARE FY23-24 Assessments totaling \$7,800,000, \$6,615,000 for Act 13 Acute Care facilities and \$1,185,000 for Act 52 Nursing Homes. The Board increased the FY22-23 Acute Care Act 13 Assessment by \$85,000, 1.30%, and increased the FY22-23 Nursing Home Act 52 Assessment by \$15,000, 1.28%. Following that Board Meeting, the authorized Assessment amounts were communicated to the Department which calculated acute care and nursing home FY23-24 surcharge rates based on the Department's December 31, 2023 census of MCARE units (Act 13 Acute Care) and NH bed counts (Act 52 Nursing Home). The Department sent FY23-24 MCARE surcharge letters and invoices to facilities with payment due dates of June 1, 2024. The Department began FY23-24 Surcharge transfers on April 16, 2024. As of May 17, FY23-24 Surcharge transfers totaled \$2,971,076.34, or 38% of all Assessments.

### ***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 \$1,344,673 MAA for Act 52 NH facilities.

Through April 2024 (10 months of FY23-24), NE Med Care CPI increased 2.1%.

### ***Hospital, ASF, Birthing Center, and Abortion Facility - Act 13 Acute Care Assessments***

*FY23-24 Acute Care Assessments* - Through May 17, 2024, the Department has transferred \$2,523,786.68, 38.15%, of FY23-24 Acute Care MCARE Surcharge payments to the PSTF, with an expected balance due of \$4,091,213.32.

### ***Act 52 Nursing Home Assessments***

*FY23-24 Nursing Home Assessments* - Through May 17, 2024, the Department has transferred \$447,289.66, 37.75%, of FY23-24 Nursing Home MCARE Surcharge payments to the PSTF, with an expected balance due of \$737,710.34.

### ***FY23-24 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.

**MHRI has invoiced \$174,515.46 from July through April, 2024, FY23-24 (PY5), which is \$284,902.04 under budget for the first 10-months of PY5. 2-monthly MHRI invoices remain on the 60-month contract, ending on June 30, 2024.**

***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.

**From July 2023 through April, 2023, FY23-24 (PY5), Gainwell invoiced \$1,084,241.25, that was \$82,425.42 under budget for the first 10-months of PY5. 2-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.

### ***New Vendor Contracts FY24-28***

The Authority's new 5-year contracts covering FY24-28 with Gainwell Technologies LLC (Gainwell) and the ECRI Institute (ECRI) were authorized by the Board at its April 25, 2024 meeting. These contracts have been executed by the parties, approved as to form and legality by Counsel, the Office of General Counsel, and the Office of Attorney General, and are currently awaiting certification with the Office of Comptroller for availability of funds for the contracts. The Comptroller and Office of Budget (OB) have issued Funds Commitments (FC) against the Authority's budgets for the 5-years FY24-28, totaling \$7,521,528 for Gainwell and \$1,136,450 for ECRI. Once the Comptroller's certifications are received, the contracts will be fully executed and will initiate on July 1, 2024.

## 2024 Strategic Planning

PSA sought stakeholder input about strategic aims during three discussion groups: May 30 (healthcare facilities), June 5 (healthcare facilities), and June 12 (associations, Department of Health).

Stakeholders offered and discussed factors (e.g., future state, event reporting, resources) and tactics associated with the following PSA strategic aims:

1. Receive information that leads to meaningful advisement and recommendations
2. Develop and implement a framework for statewide changes to improve patient safety

The stakeholder input will inform forthcoming diagrams about factors contributing to achieving the strategic aims.

PSA 2024 Strategic Planning (during listed weeks)		
Week(s)	Status	Tasks
previous	Done	SOAR Staff input Board input Aims, strategies
4/22	Done	April board meeting: in-progress, roadmap Stakeholders identified, invites started
4/29 - 6/3	Done	Stakeholder meeting prep Stakeholder discussion 1 (facilities) Stakeholder discussion 2 (facilities)
6/10 - 6/17	Done, Doing	Stakeholder discussion 3 (DOH, associations) June board meeting: progress update Stakeholder summary feedback Driver diagrams (underway)
6/24 - 8/26	To do	Driver diagrams (complete) Operational plans Process measures
9/16 - 10/7	To do	September board meeting: operational plans, process measures HAI panel (change management input) Strategic plan documents
12/9	To do	December board meeting: plan presentation