

DATE: September 19, 2024
TO: Board of Directors
FROM: Regina M. Hoffman, MBA, RN
Executive Director
SUBJECT: Executive Director's Report for September 19, 2024 Board Meeting

Event Reporting

Pennsylvania Patient Safety Reporting System (PA-PSRS)

The Patient Safety Authority (PSA) and Gainwell Information Technology (IT) staff conducted the following PA-PSRS software upgrades:

- Release 3.12 was implemented on June 25, 2024 with 6 new system enhancements and 5 maintenance upgrades.

PSA and Gainwell IT staff are preparing the following PA-PSRS software upgrades:

- Release 3.13 is scheduled for October 24, 2024 and includes 5 new system enhancements and 7 maintenance upgrades.

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

PSA 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

DSRT recently published an analysis in *Patient Safety* on [risk factors for wrong site surgery - informed consent and schedule errors](#). Another article, related to broken drill bits during surgery, is set to be published in an upcoming issue. Additionally, the team published three newsletter articles, related to [identifying racial disparities based on PA-PSRS maternal complication reports](#), [wrong-route errors involving Haloperidol](#), and [enhancing the process of collecting patient medical and surgical history](#).

MedStar Health Research Institute (MHRI)

MHRI completed two articles that were recently published in *Patient Safety*, one focusing on the use of [portable oxygen tanks](#) and the other regarding [special instructions in electronic health record orders](#). PSA's contract with MHRI concluded on June 30, 2024.

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.

Contractor Clinical Work

ECRI – Shoulder Dystocia

ECRI engaged 34 healthcare professionals in a Safe Table discussion on August 6, 2024. A variety of healthcare professionals attended including registered nurses, patient safety officers, nurse midwives, obstetricians, and chief medical officers from several healthcare facilities across the Commonwealth.

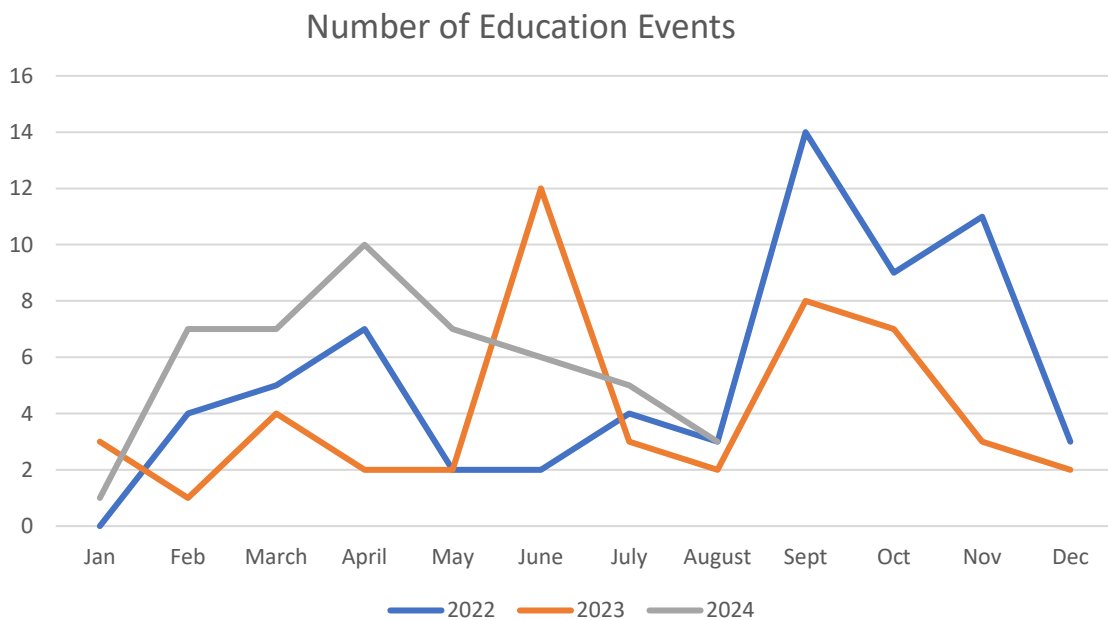
The purpose of the Safe Table was to take a deeper dive into the PSA report Neonatal Serious Events Related to Labor and Delivery with a specific focus on shoulder dystocia. Participants identified five common challenges they face when recognizing and responding to neonates experiencing shoulder dystocia.

ECRI patient safety professionals provided an action strategy guide to PSA on September 4, 2024, it included multiple risk reduction strategies for healthcare facilities to implement.

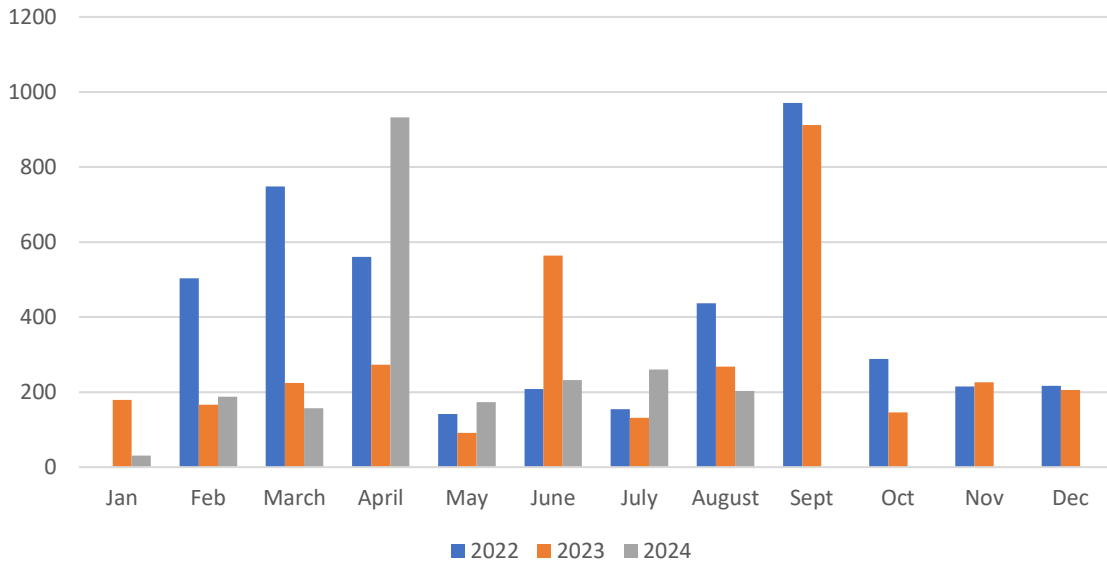
The [Shoulder Dystocia Action Strategy Guide](#) was distributed via email to Pennsylvania Patient Safety Officers on September 10, 2024, and an educational webinar is planned for November 6, 2024.

Outreach and Education (O&E)

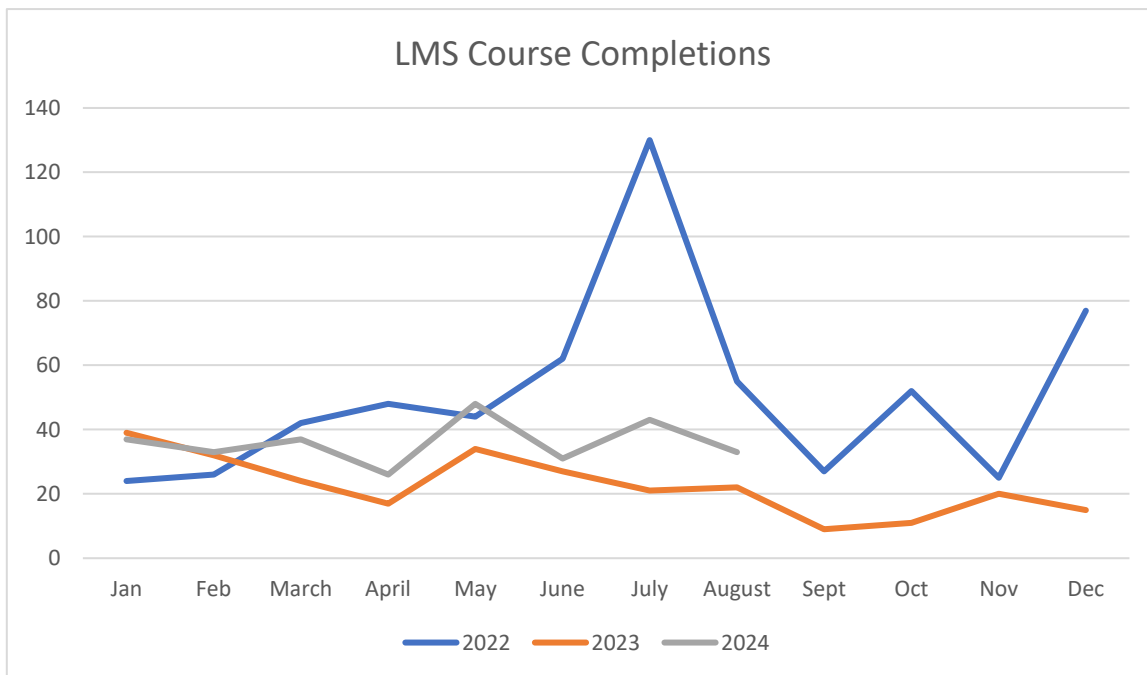
Education Programs



Number of Attendees at Education Events



Learning Management System (LMS)



The LMS site received a refresh. The foundation of the site needed to be updated to preserve important functionality behind the scenes. Check it out at: <https://patientsafetyeducation.org/>

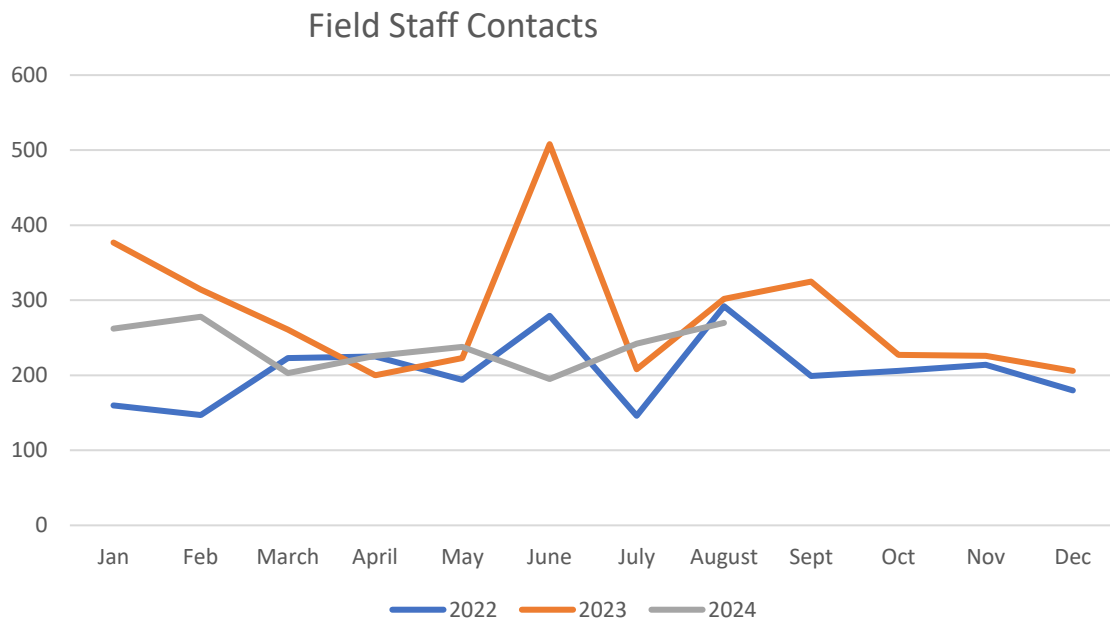
Joint Accreditation

The educational committee meets quarterly to review upcoming education and past evaluations. The group met on July 30th. The next meeting will be in late October or early November. PSA plans to file its Intent of Application form prior to October 1. We will be notified of our eligibility to apply by November 15 and the application will then need to be filed in January 2025. It typically takes up to 12 months to be approved.

Upcoming Scheduled Educational Offerings

Upcoming Education Programs		
Date	Type	Title
September 18	Webinar	Success Cause Analysis
October 1	In Person	What Nurses Are Taught to Promote Patient Safety and How It Fails: HAP Patient Safety & Quality Symposium
October 8	Webinar	Basics Module 1: MCARE Overview
October 10	Webinar	Basics Module 2: The Role of the PSO
October 15	Webinar	Basics Module 3: Reporting
October 17	Webinar	Basics Module 4: Reporting Specific Types of Events
November 6	Webinar	Neonatal Events and Shoulder Dystocia Action Strategies

Outreach



Acute Care

Field staff continue to support acute care facilities by doing outreach with new Patient Safety Officers (PSOs). 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 Surgical Site Infection Surveillance and Reporting for Ambulatory Surgery Facilities (ASFs) launched 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.

Low Volume Reporters

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. Annual letters for 2023 data were sent on July 30th. The Pennsylvania Department of Health, Division of Acute and Ambulatory Care (DOH) was copied on all letters to facilities that were on the list two or more years in a row.

Evaluation and Opportunities to Improve Event Reporting

The Evaluation and Opportunities to Improve Event Reporting project is complete and the follow up items are in progress. The HAI education has been developed and will be rolled out to facilities by the end of September. DOH and PSA met to discuss development of guidance related to patient safety plans. This is in the early stages of development. Clinical leadership met twice with DOH and the Hospital and Healthsystem Association of Pennsylvania (HAP) to discuss a standardization project. The first meeting was to discuss scope and the second meeting to discuss participants. After discussion with PSA clinical leadership, DOH, and HAP, the scope was broadened from the initial proposal (tube dislodgements and glycemic events) to defining injury and event follow up expectations.

Long Term Care (LTC)

Field staff continue to follow up with LTC facilities that have missing utilization data. New Infection Preventionists are offered orientation to the Medical Care Availability and Reduction of Error (MCARE) Act and education about their role. The LTC Newsletter (The Lowdown) is developed and distributed quarterly to all LTC facilities. The fall issue (about vaccines) will be distributed to facilities on September 11th.

Healthcare Associated Infections (HAI) Advisory Panel

The HAI panel met virtually this spring. Members were asked if they wished to extend their terms, which several did. Because there are statutory requirements in Act 52 (See §405(b)(7)) there are new panel members for approval. Please see the attached HAI Advisory Panel documents. The next meeting will be held this fall.

Engagement and Publications (E&P)

E&P concluded part one of its fall Quality Improvement Study Writing Workshop on August 29. There are six participant groups whose projects span a broad range of topics, including optimizing surgical specimen handling, medication safety, and antimicrobial stewardship. Part two is scheduled for October 10.

In conjunction with DSRT and O&E, E&P published four monthly newsletters since the last board meeting. The topics include technology failures (June), maternal complications (July), haloperidol (August), and medical & surgical histories (September).

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 June 1 to August 31

■ **31.6k**

total pageviews

■ **20.0k**

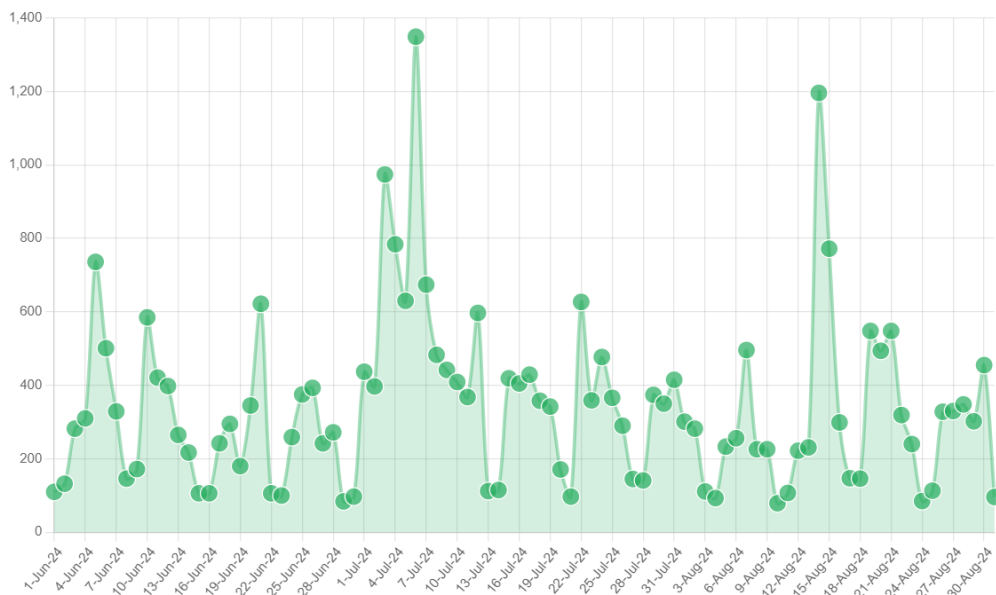
total article pageviews

■ **924**

article downloads

■ **19.6k**

unique visitors



The top-viewed articles during this timeframe were:

- Caffeinated Energy Drinks and Supplements: A Wake-Up Call for Consumers and Healthcare Providers
- Alteplase- and Tenecteplase-Related Errors and Risk Mitigation Strategies in the Treatment of Acute Ischemic Stroke: A Study of Event Reports From 52 Hospitals
- Reduction of Patient Harm Through Decreasing Urine Culture Contamination in an Emergency Department Using Multiple Process Improvement Interventions
- Risk Factors for Wrong-Site Surgery: A Study of 1,166 Reports of Informed Consent and Schedule Errors

PSA in the Media

April 8, 2024 – May 28, 2024

May 29, 2024 – September 6, 2024

May 30 · Peer Review Week 2024 Theme Announced: Innovation and Technology · Aries Systems · <https://www.ariessys.com/blog/peer-review-week-2024-theme-announced-innovation-and-technology/>

June 1 · When Organizing IV Lines means Saving Lives... “What are the negative impacts of IV spaghetti syndrome?” · Triloge · <https://triloge-us.com/>

June 3 · PSA Logo Design · Happy Cog · <https://www.happycog.com/work/pennsylvania-patient-safety-authority>

June 4 · Certification Companion 1st Edition (Acknowledgment to Christine Bingman as contributing author) · APIC · https://apic.org/Resource_/store/books/preview/SLS5022P_Preview.pdf

June 11 · Safe Sleep Video Library: Infant Falls · Safe Sleep Academy · <https://safesleepacademy.org/video-library/>

June 18 · Complications after Central Line Removal · Hospital Procedures Consultants · <https://hospitalprocedures.org/complications-after-central-line-removal/>

June 19 · Automated Dispensing Machines Market Growth, Size, Share, Trends, and Forecast 2032 · Zion Market Research · <https://www.zionmarketresearch.com/report/automated-dispensing-machines-market>

June 24 · Fact Sheet: Protect Pennsylvanians’ Health Care, Stop Venue Shopping · HAP · <https://www.haponline.org/Resource-Center?resourceid=73>

June 24 · Year's first positive sample for West Nile Virus collected in Cumberland County · Fox43 · <https://www.fox43.com/article/news/local/cumberland-county/positive-west-nile-virus-sample-collection-cumberland-county/521-08b6482f-4f6d-4d32-a856-eca64cbf2a51> (photo incorrectly credited to PSA)

June 26 · Patient Safety · Electronic Journals Library · https://ezb.ur.de/ezeit/detail.phtml?bibid=CZS07&colors=7&lang=en&jour_id=477173

July 10 · The Use of Patient Sitters to Reduce Falls: Best Practices · ResearchGate · https://www.researchgate.net/publication/266022031_The_Use_of_Patient_Sitters_to_Reduce_Falls_Best_Practices

July 10 · A Guide and Challenges of Information Technology in the Prevention of Repeated Drug Allergies (Citation) · ThaiJo (Royal Thai Navy Medical Journal) · <https://he01.tci-thaijo.org/index.php/nmdjournal/article/view/258068>

July 11 · A Practical Guide to Nutrition Support in the Oncology Patient: Tips, Tricks, and Ethical Considerations (Citation) ·

<https://link.springer.com/article/10.1007/s11938-024-00454-4>

July 11 · State Senator Nikil Saval · BillTrack50 ·

<https://www.billtrack50.com/legislator/detail/25054>

July 12 · OSHA and Hazard Communication for Healthcare Professionals (PSA Poster) · CEUfast Nursing CE ·

<https://ceufast.com/course/osha-and-hazard-communication-for-healthcare-professionals>

July 14 · Valve Needleless Injector Connector (Turkish) · BHM ·

<https://bhmtr.com/urunlerimiz/valfli-ignesz-enjektör-konnektörü/>

July 18 · Antibiotic Stewardship – Preserving the Miracle · 2024 Annual Summer Symposium on Quality ·

<https://padona.com/continuing-education-summer-symposium/>

July 18 · HW USA Meeting Presentations: James Davis · Health Watch USA ·

<https://www.healthwatchusa.org/HWUSA-Presentations-Meeting/HWUSA-Meeting.htm>

July 22 · State Representative Jason Dawkins · BillTrack50 ·

<https://www.billtrack50.com/legislator/detail/19574>

July 30 · Speaker Details: 2025 ACE Summit: James Davis · ACE Summit and Expo ·

<https://www.acesummitandexpo.com/ACE25/speaker/1303198/james-davis?ref=w3use>

Aug 1 · Revolutionizing Crash Cart Management: A Call For Innovation · Inmar Intelligence ·

<https://www.inmar.com/blog/insights/healthcare/revolutionizing-crash-cart-management-call-innovation>

Aug 8 · Q&A: Regina Hoffman on Pennsylvania's Patient Safety Authority · Betsy Lehman Center ·

https://betsylehmancenterma.gov/news/q-a-regina-hoffman-on-pennsylvanias-patient-safety-authority?utm_source=newsletter&utm_medium=website&utm_campaign=summer-2024-psb

Aug 11 · MEDPLI Pennsylvania Physicians 2024 Buying Guide · MEDPLI ·

<https://medpli.com/pennsylvania-doctors-buying-guide-medical-malpractice-insurance/>

Aug 14 · Risk of Medication Errors With Infusion Pumps: A Study of 1,004 Events From 132 Hospitals Across Pennsylvania · ResearchGate · https://www.researchgate.net/publication/337989145_Risk_of_Medication_Errors_With_Infusion_Pumps_A_Study_of_1004_Events_From_132_Hospitals_Across_Pennsylvania

Aug 29 · Health Literacy Program · Commonwealth of PA · <https://www.pa.gov/en/agencies/health/resources/health-literacy.html>

Aug 30 · 15 Best Patient Safety Blogs & Websites in 2024 · Feedspot · https://medical.feedspot.com/patient_safety_blogs/

Sept 6 · Volume 54 Number 36 · Pennsylvania Bulletin · <https://www.pacodeandbulletin.gov/secure/pabulletin/data/vol54/54-36/54-36.pdf>

Social Media

June 27 · <https://x.com/OpenRecordsPA/status/1806341721040585095>

<https://www.openrecords.pa.gov/Appeals/DocketSheet.cfm?docket=20241408>

Aug 8 · Q&A: Regina Hoffman on Pennsylvania's Patient Safety Authority (Video) · Betsy Legman Center YouTube Channel · <https://www.youtube.com/watch?v=u3-fnn8GEm8>

Aug 8 · <https://x.com/BetsyLehmanCtr/status/1821597211475517678>

2024 Strategic Planning

PSA developed Reimagine Patient Safety 2029, PSA's 2025-2029 strategic plan (fiscal years), for presentation during the Sept. 19 board meeting. PSA's strategic planning process informed the plan, including analysis; planning involving the Board of Directors, leadership, and staff; and healthcare facility stakeholder input. The plan's three goals are as follows:

1. Push the boundaries of information science to identify and understand patient safety issues
2. Leverage relationships to implement changes that improve patient safety
3. Maintain a strong organizational culture that focuses on people and continuous organizational improvement

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	Stakeholder discussion 3 (DOH, associations) June board meeting: progress update Stakeholder summary feedback Driver diagrams (underway)
6/24 - 8/26	Done	Driver diagrams (complete) Strategic plan draft Operational plan (preparation underway)
9/16 - 12/2	To do	September board meeting: Strategic plan presentation/submission for approval, operational plan preparation highlights HAI panel Plan documents finalized
12/9	To do	December board meeting: plan progress presentation

Administration

Anonymous Reports - June - August 2024

PSA received 1 anonymous report in June. This report has been closed with a satisfactory investigation by the facility.

Complaints - June - August 2024

Six patient complaints were received and forwarded to the Department of Health in June. Five patient complaints were received forwarded to the Department of Health in July, and nine patient complaints were received in August. Eight were forwarded to the Department of Health and one was forwarded to the Department of Labor.

333 Market Street and Commonwealth Space Utilization

The Commonwealth will not be renewing the lease on 333 Market Street building in which PSA headquarters is located. PSA is actively communicating its needs (e.g., telework, meeting space, IT, storage) for the Commonwealth's planning for all affected agencies. The Commonwealth expects to complete plan development by end of 2024, with phased relocations beginning in 2025.

Patient Safety Authority Budget and Patient Safety Trust Fund Balance Update

At the September 21, 2023 Board Meeting, the Board approved the PSA's FY23-24 budget totaling \$8,070,000, a \$370,000 increase over the FY22-23 budget. The Board will consider PSA's FY24-25 Budget at today's Board Meeting.

At the close of FY23-24, PSA expenditures totaled \$7,434,682.36 against PSA's FY23-24 budget of \$8,070,000.00, producing a \$635,317.64 surplus.

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 99.3% of the Board's recommended FY23-24 MCARE Assessments of \$7,800,000.

On September 5, 2024, the Treasury invested cash balance in the Patient Safety Trust Fund (PSTF) totaled \$13,794,608.19. The Executive Director is confident that the current PSTF balance is adequate to provide for PSA's cash activities through the remainder of FY24-25. FY24-25 MCARE Assessment transfers should begin in April 2025.

For the first 2 months of FY24-25, PSA received \$114,597 in investment income on the Patient Safety Trust Fund (PSTF) daily balances. In July 2024, PSA received an annualized return of 5.32% on the PSTF investments in PA Treasury's Pool 999. The PSTF completed FY23-24 with \$600,163 in investment income. FY22-23 PSTF investment income totaled \$389,390.

FY23-24 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 August 27, FY23-24 Surcharge transfers totaled \$7,745,605.22, or 99.3% 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 June 2024, the NE Med Care CPI increased 3.05%.

On August 22, 2024, the Board's Budget-Finance Committee approved and recommended to the Board the utilization of the Bureau of Labor Statistics (BLS) *US Hospital and Related Services CPI* for calculation of MAA beginning in FY24-25. This change will be considered at today's meeting.

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

FY23-24 Acute Care Assessments – As of August 27, 2024, the Department has transferred \$6,585,895.98, 99.56%, of FY23-24 Acute Care MCARE Surcharge payments to the PSTF, with expected payments still to be transferred of \$28,838.00, bringing total FY23-24 Acute Care transfers to 99.996%.

Act 52 Nursing Home Assessments

FY23-24 Nursing Home Assessments - As of August 27, 2024, the Department has transferred \$1,159,709.24, 97.87%, of FY23-24 Nursing Home MCARE Surcharge payments to the PSTF, with expected payments still to be transferred of \$18,164.37, bringing total FY23-24 Nursing Home transfers to 99.40%.

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.

For FY23-24 (PY5), MHRI invoiced \$189,273.04 which was \$362,027.96 under budget for PY5. The 60-month contract ended on June 30, 2024 with total expenditures of \$2,274,043.43 against an original contract commitment of \$3,419,185.86. All remaining commitment balances have been liquidated in SAP. The MHRI contract was not renewed.

Gainwell Technologies 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 FY23-24 (PY5), Gainwell invoiced \$1,302,496.25 which was \$97,503.75 under budget for PY5. The 60-month contract ended on June 30, 2024 with total expenditures of \$6,269,970.30 against an original contract commitment of \$7,042,740.00. Remaining commitment balances on this contract have been liquidated in SAP.

New Gainwell and ECRI 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 were executed by the parties, approved as to form and legality by Counsel, the Office of General Counsel, and the Office of Attorney General, and certified by 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 FY24-28, totaling \$7,521,528 for Gainwell and \$1,136,450 for ECRI. Both contracts initiated on of July 1, 2024.

Gainwell Technologies LLC (Gainwell) FY24-25

The new Gainwell 5-Year Contract was implemented covering FY24 through FY28. Through 2-months of FY24-25 (PY1), Gainwell has invoiced \$248,009.84 against the Gainwell PY1 budget of \$1,423,978.

Emergency Care Research Institute (ECRI) FY24-25

The new ECRI 5-Year Contract was implemented covering FY24 through FY28. Through 1-month of FY24-25 (PY1), ECRI has invoiced \$1,419.51 against the ECRI PY1 budget of \$209,818.