

**DATE:** January 25, 2024  
**TO:** Board of Directors  
**FROM:** Regina M. Hoffman, MBA, RN  
Executive Director  
**SUBJECT:** Executive Director's Report for January 25, 2024 Board Meeting

## Event Reporting, Data Science & Research

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

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

- AMOD Release 3.10 was implemented on December 14, 2023 with 5 enhancements and maintenance upgrades.
- AMOD Release 3.11 is scheduled for March 21, 2024 with 7 enhancements and maintenance upgrades.

The Authority and Gainwell continue to prioritize and schedule PA-PSRS system enhancements 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***

- Neonatal Complications

168 supplemental data request forms were sent to 44 facilities on July 13, 2023. As of January 11, 2024, 100% (168 of 168) of the requested forms have been uploaded to PA-PSRS. Of the forms that have been uploaded, 68.5% (115 of 168) contain complete answers to all mandatory questions, while 31.5% (53 of 168) are incomplete (i.e., do not contain valid responses to all mandatory questions).

In the interest of proceeding with data analysis and publication, a decision was made to cease data collection from updated forms submitted after December 14, 2023. The data science and research team is currently in the process of coding the final dataset.

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

MHRI completed one analysis that was recently published in *Patient Safety*, focusing on [nurse wellbeing](#). 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 that will be published in *Patient Safety* later this year.

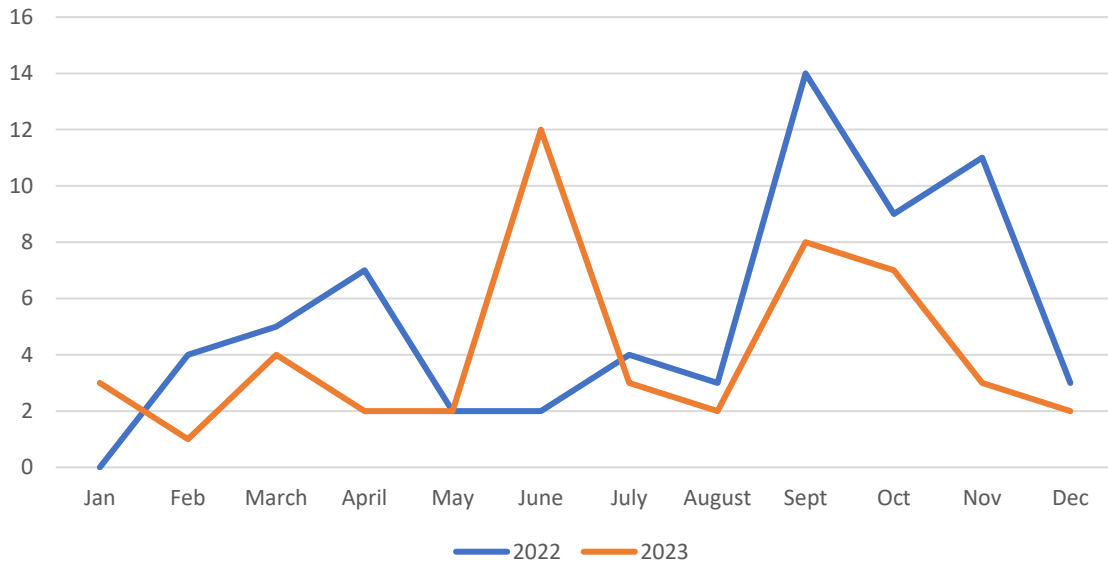
## ***High Harm Events***

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.

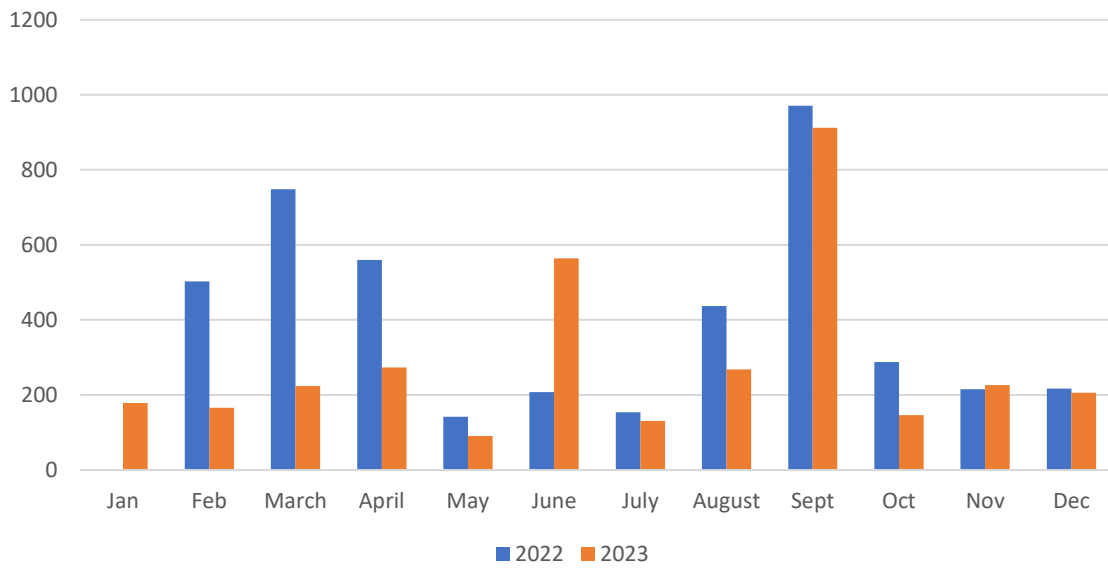
# Education and Outreach

## Education Programs

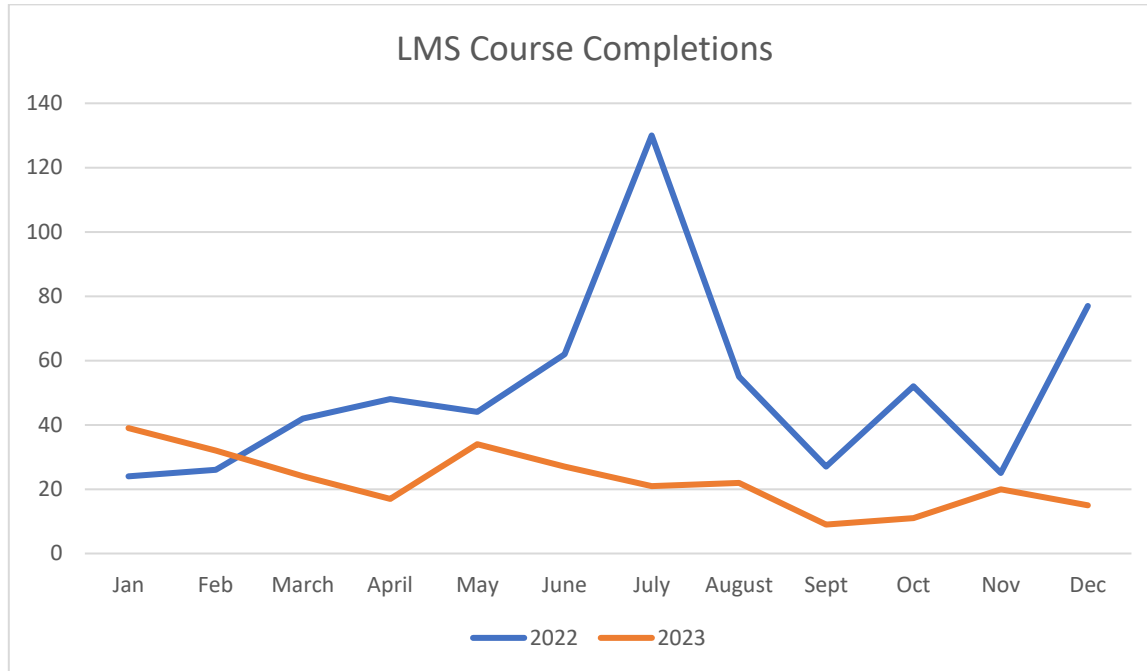
### Number of Education Events



### Number of Attendees at Education Events



## LMS



### Joint Accreditation

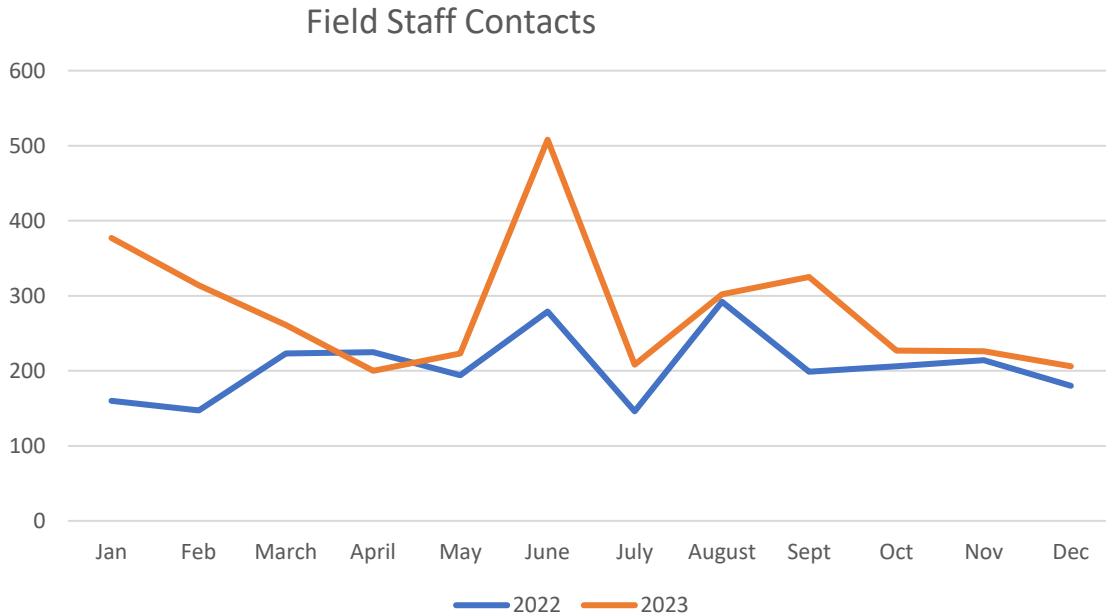
The educational committee continues to meet on a quarterly basis to review upcoming education and past evaluations. The next meeting will be held February 6<sup>th</sup>.

### Upcoming Scheduled Educational Offerings

Upcoming Education Programs		
Date	Type	Title
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. Twelve LTACHs are participating in the project. As of January 10<sup>th</sup>, one facility has received their final report. One final report is in progress. Response to secondary review is pending for four facilities. Two facilities are pending secondary review. Two reviews are in progress this week, and the final two are scheduled to be completed before the board meeting on January 25<sup>th</sup>.

### ***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 2<sup>nd</sup>. The next meeting will be held in the spring.

## **Engagement and Publications**

The fourth writing workshop is scheduled to begin on March 7. E&P has begun accepting applications for participants who have recently completed a quality improvement study. The two-part workshop will once again be co-moderated by Olivia Lounsbury, a quality and safety program coordinator for Johns Hopkins. Participants will be 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%).

*Patient Safety* successfully transitioned to a rolling publication schedule. A comprehensive issue highlighting published PSA advisements and articles will be printed in January and distributed to Pennsylvania facilities.

The Patient Safety Authority was once again solicited by the Pennsylvania Medical Society (“PAMED”) for inclusion in its annual anthology of journal articles. This publication offers physicians continuing medical education credits for completing coursework related to selected articles and is published each summer.

The I AM Patient Safety annual achievement awards recently concluded its submission period. Winners will be selected by a team of national patient safety experts and announced this spring.

## 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 November 1 to December 31

13.4k

total pageviews

7.2k

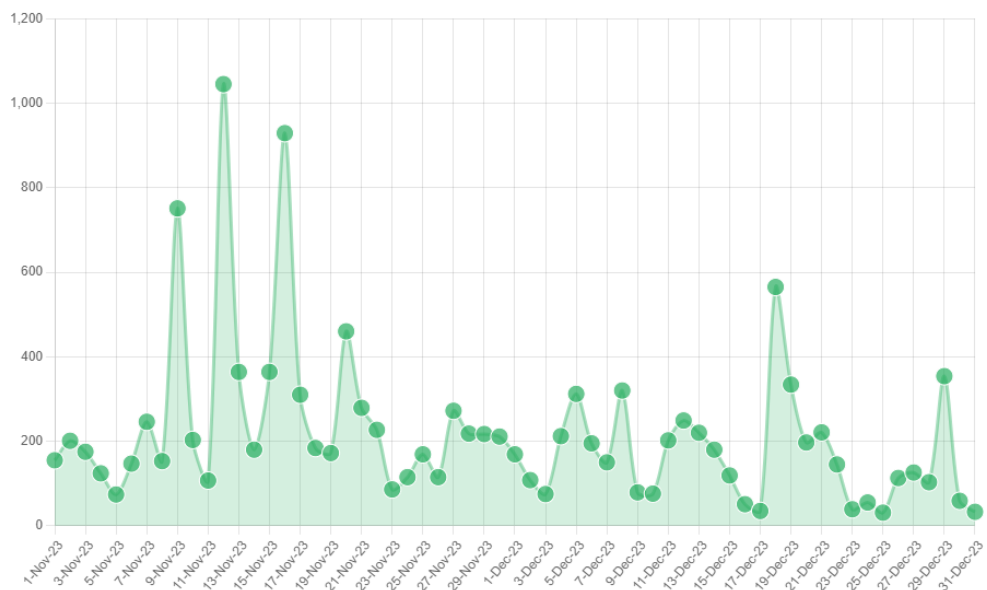
total article pageviews

434

article downloads

7.2k

unique visitors



The top-viewed articles during this timeframe were:

- No Time To Lose: Meet the Physician Predicting the Healthcare of Tomorrow
- 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
- 2022 Pennsylvania Patient Safety Reporting: Updated Rates for Acute Care Event Reports

## PSA in the Media

### November 8, 2023 – January 16, 2024

Nov. 13 · Pennsylvania Could Better Ensure That Nursing Homes Comply With Federal Requirements for Life Safety, Emergency Preparedness, and Infection Control · HHS · <https://oig.hhs.gov/oas/reports/region3/32200206.pdf> (PDF Report)

Nov. 17 · PA Health Policy Update for November 17: Patient Safety Authority – December 7 Board Meeting · PA Safety Net · <https://pasafetynet.org/pa-health-policy-update-for-november-17/>

Nov. 26 · Pennsylvania Appellate Court Affirms Hospital Must Disclose Root Cause Analysis Notes Regarding Patient’s Bad Surgical Outcome · MedicalMalpracticeLawyers.com · <https://medicalmalpracticelawyers.com/pennsylvania-appellate-court-affirms-hospital-must-disclose-root-cause-analysis-notes-regarding-patients-bad-surgical-outcome/>

Dec. 1 · PA Health Policy Update for December 1: Patient Safety Authority – December 7 Board Meeting · <https://pasafetynet.org/author/admin/>

Dec. 4 · Wrong-route drug administration errors: A review of the literature · South African Medical Journal · <https://samajournals.co.za/index.php/samj/article/view/1043>

Dec. 6 · Innovating for Tomorrow: Transforming Healthcare Today · Australian Friends of Sheba Medical Centre · <https://friendsofsheba.org.au/Innovating-for-Tom/>

Dec. 15 · Lahr v. Lehigh Valley Hosp. · casetext · <https://casetext.com/case/lahr-v-lehigh-valley-hosp>

Dec. 15 · Critical values notification: A nationwide survey of practices among clinical laboratories across Nigeria · NIH NLIM · <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10729493/> (citation)

Jan. 2 · Pulse Oximetry in Bronchiolitis: Have We Reached Saturation? · AAP · <https://publications.aap.org/hospitalpediatrics/article-abstract/doi/10.1542/hpeds.2023-007505/196365/Pulse-Oximetry-in-Bronchiolitis-Have-We-Reached?redirectedFrom=fulltext> (citation)



Jan. 11 · Patient Safety Authority Public Meeting · PA Med ·  
<https://www.pamedsoc.org/home/news-resources/pamed-news>

## **Social Media**

Dec. 1 · <https://twitter.com/OutpatientSurg/status/1730618536085553430>

Dec. 1 · <https://twitter.com/lovemoz1/status/1730470905212785030>

## **Administration**

### **Anonymous Reports and Complaints November and December 2023**

#### **Anonymous Reports**

PSA received 1 anonymous report in November and 1 anonymous report in December. The November anonymous report has been closed with a satisfactory investigation by the facility. PSA is still awaiting a response from the December report.

#### **Complaints**

One patient complaint was received in November and forwarded to the Department of Health. Twelve patient complaints were received in December and forwarded to the Division of Long-Term Care and one patient complaint was forwarded to the VA Hospital Office of Inspector General.

### **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.

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 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.

On January 1, 2024, the Treasury invested cash balance in the Patient Safety Trust Fund (PSTF) was \$11,008,015.73. This balance included \$7,697,905.54 in FY22-23 MCARE Assessment transfers and \$3,310,110.19 in remaining funds from 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 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 5 months of FY23-24, the Authority received \$280,909.72 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 Assessments for FY23-24 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 will calculate 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 is preparing FY23-24 MCARE surcharge letters and invoices to 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 November, 2023, FY23-24 (PY5), MHRI invoiced \$131,449.68, which was \$98,259.07 under budget for the first 5-months of PY5. 7-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 December, 2023, FY23-24 (PY5), Gainwell invoiced \$653,363.75, \$46,636.25 under budget for the first 6-months of PY5. 6-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.