

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

## Event Reporting, Data Science & Research

### *PA-PSRS*

In March 2024, the Authority successfully performed the following PA-PSRS AMOD software upgrade:

- AMOD Release 3.11 was implemented on March 21, 2024 with 11 enhancements and maintenance upgrades.
- AMOD Release 3.12 is scheduled for June 20, 2024 with 8 enhancements and maintenance upgrades.
- Gainwell is 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 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***

Four articles written by the DSRT will be published in *Patient Safety* in the coming months, including analyses of PA-PSRS reports submitted by acute care and long-term care facilities in 2023, alteplase and tenecteplase-related medication events, and consent and scheduling errors.

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

MHRI completed one article 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.

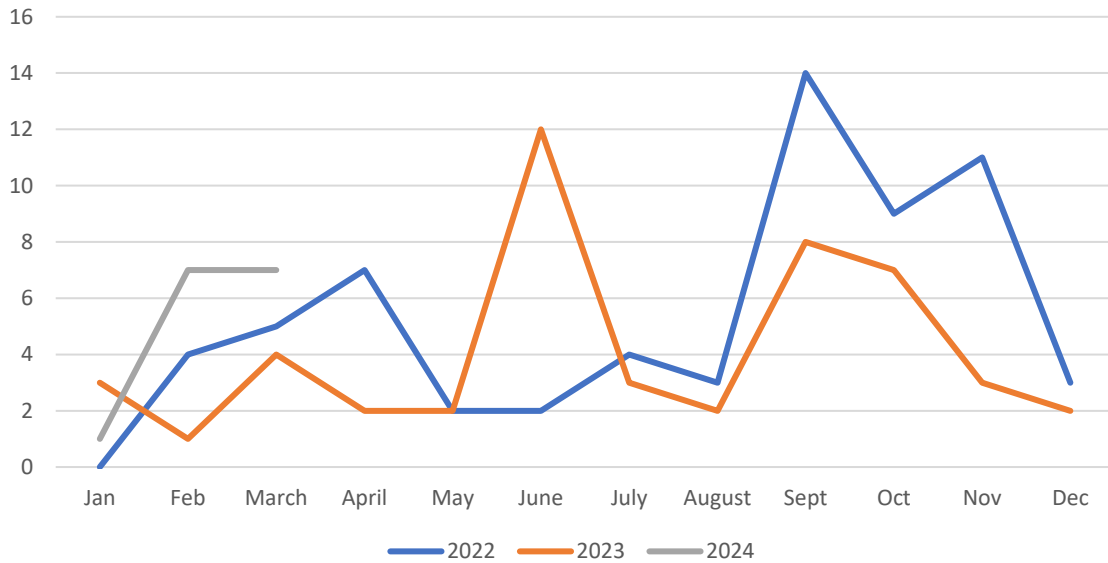
### ***High Harm Events***

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.

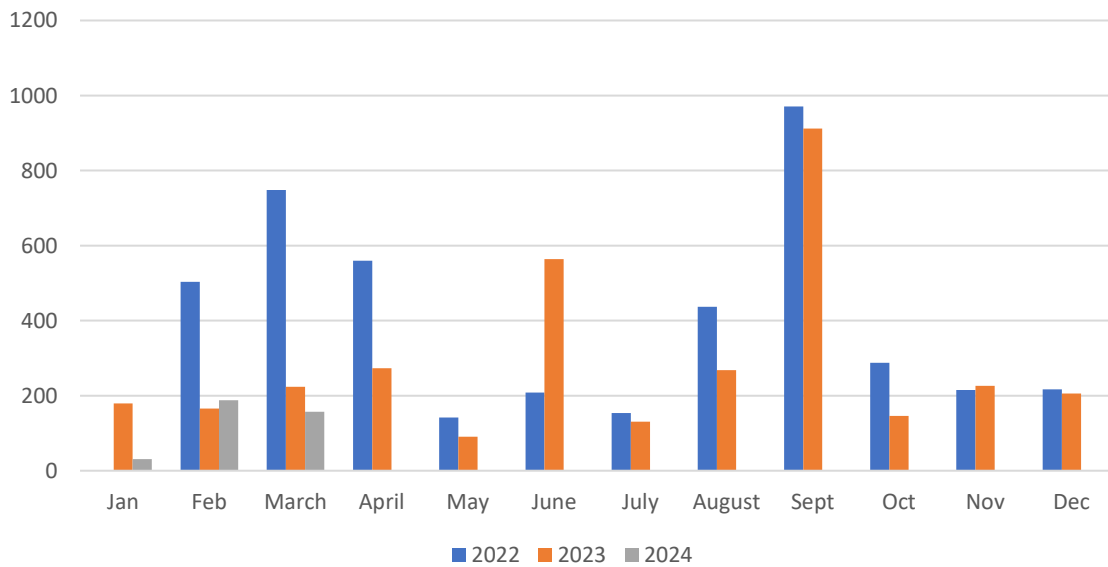
## Education and Outreach

### Education Programs

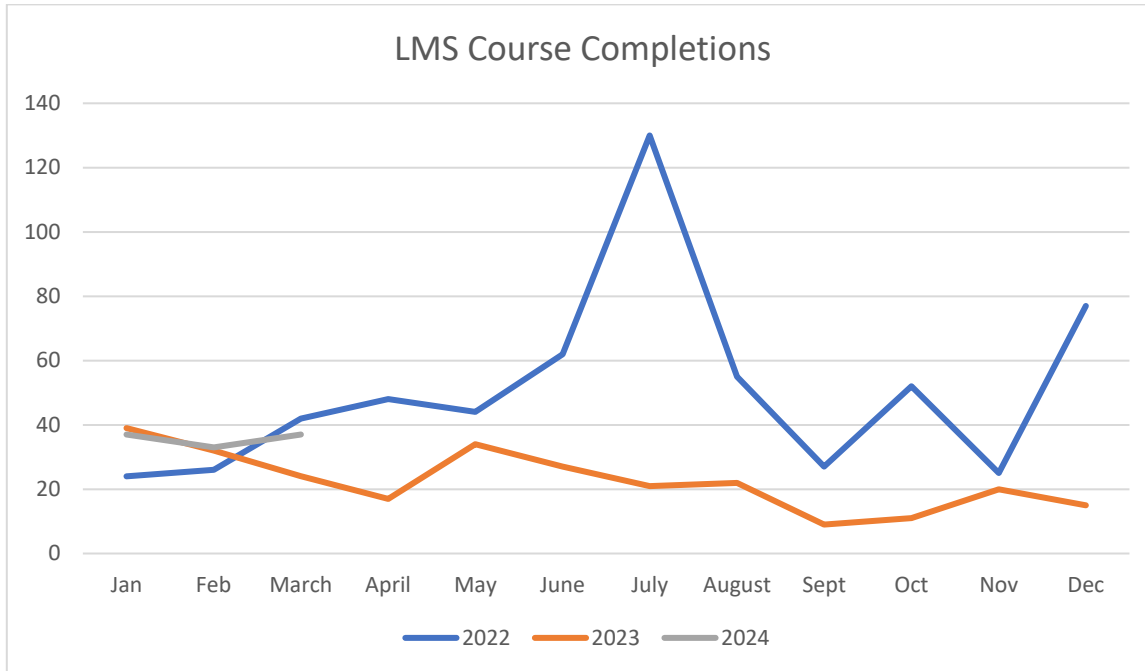
Number of Education Events



Number of Attendees at Education Events



## LMS



### Joint Accreditation

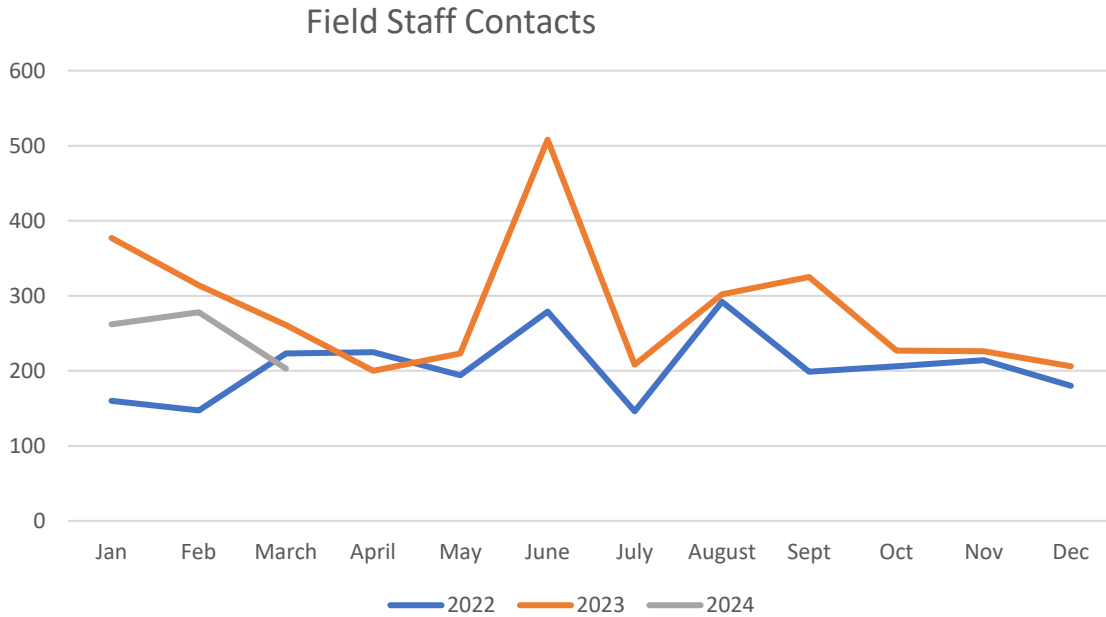
The educational committee meets quarterly to review upcoming education and past evaluations. The next meeting will be held May 7<sup>th</sup>.

### Upcoming Scheduled Educational Offerings

Upcoming Education Programs		
Date	Type	Title
April 26	Workshop	Keys to Investigation: Causal Statements/ Action Planning (Pittsburgh)
May 16	Workshop	Keys to Investigation: Implementation/Evaluation/Measurement Workshop (Pittsburgh)
May 16	Workshop	Keys to Investigation: Implementation/Evaluation/Measurement Workshop (Summerdale)
May 21	Workshop	Keys to Investigation: Implementation/Evaluation/Measurement Workshop (Plymouth Meeting)
June 4	Webinar	PSO Basics Module 1
June 6	Webinar	PSO Basics Module 2
June 11	Webinar	PSO Basics Module 3
June 13	Webinar	PSO Basics Module 4

## **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. A webinar series was held to review investigative concepts. A series of workshops are being held this spring. 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. 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. All record reviews are complete. Additional information is needed from 3 facilities. Final reports are complete or are in progress for the remainder.

### ***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.

## **Engagement and Publications**

The fourth writing workshop kicked off on March 7 and is once again being co-moderated by Olivia Lounsbury, a quality and safety program coordinator for Johns Hopkins. E&P selected five teams to participate based on the robustness of their project and applicability to applicably for *Patient Safety* readers. The workshop is scheduled to conclude on April 18. To date, workshop manuscripts have a 100% acceptance rate, compared to the overall journal acceptance rate (~45%).

E&P released another round of Changemaker stories in March. Changemakers highlights reported events that have catalyzed widespread change (e.g., hospital-wide, statewide). This campaign aims to promote the residual benefits of event reporting outside of just meeting regulatory requirements.

E&P is exploring additional options to disseminate *The Patient's Companion*, the handbook developed to provide patients and clinicians with tools to have more productive conversations. These options include partnering with patient advocacy groups, insurance companies, electronic medical records vendors, and legislators. The simplified Chinese version will also be disseminated shortly.

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 were announced on March 8. Winners this year ranged from teams who identified and addressed malfunctioning equipment to an individual who spearheaded the creation of a novel sepsis alert.

## Patient Safety

### Journal Statistics January 1 to March 31

■ **26.9k**

total pageviews

■ **15.8k**

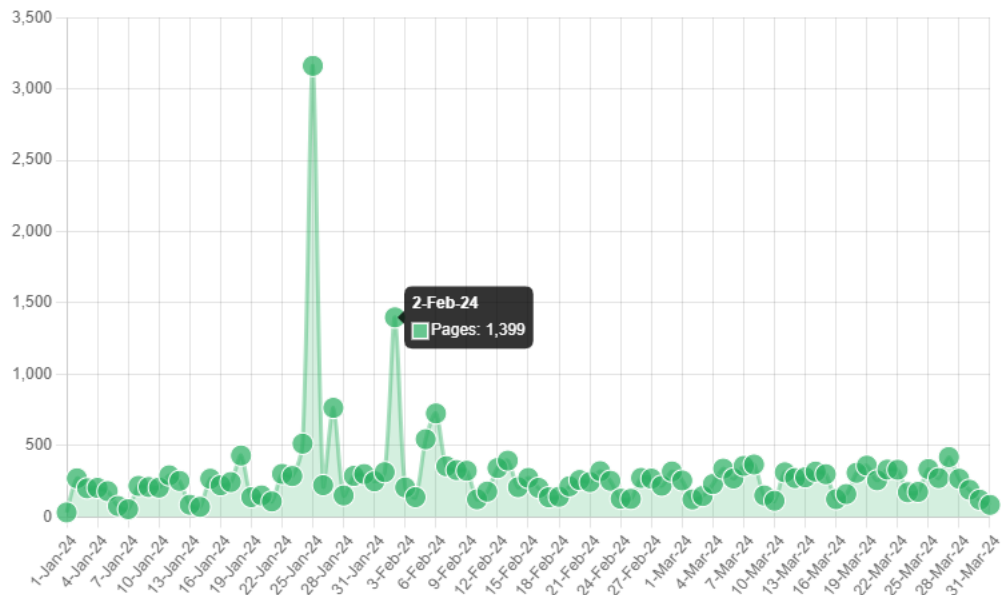
total article pageviews

■ **892**

article downloads

■ **16.0k**

unique visitors



The top-viewed articles during this timeframe were:

- System-Based Multidisciplinary Initiatives for Improvement in Tracheostomy Care and Safety: Experience of an Academic Health Institution Hospital Network
- Assessing Equipment, Supplies, and Devices for Patient Safety Issues
- 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

## PSA in the Media

### January 16 – April 8, 2024

Jan. 22 · 2024–2025 Request for Health Resources (Health Care Associated Infections) · PA DOH ·

<https://www.health.pa.gov/topics/Documents/Administrative/24-25%20Brochure.pdf>

Jan. 29 · LTC Symposia Registration · Pennsylvania Coalition of Affiliated Healthcare & Living Communities · <https://www.pacahpa.org/news/2024/long-tern-care-infection-prevention-symposia-2024>

Jan. 31 · Improving MRI Safety for Patients and Staff: Tobias Gilk · Lean Blog · <https://www.leanblog.org/2024/01/improving-mri-safety-for-patients-and-staff-tobias-gilk/>

Feb. 16 · Citation: Patient Re-Identification Based on Deep Metric Learning in Trunk Computed Tomography Images Acquired from Devices from Different Vendors · Springer Link · <https://link.springer.com/article/10.1007/s10278-024-01017-w>

Feb. 16 · CLINICAL DATA ANALYST SKILLS FOR YOUR RESUME AND CAREER: #10 Patient Safety · Zippia · <https://www.zippia.com/clinical-data-analyst-jobs/skills/>

Feb. 28 · Citation: Ultrasonic Cleaning vs. Manual Cleaning · Ultra Clean Systems · <https://ultracleansystems.com/ultrasonic-cleaning-vs-manual-cleaning/>

March · Why Patient-Centered Built Environment Standards Matter More Than Numbers of Beds in Inpatient Psychiatry · AMA Journal of Ethics · <https://journalofethics.ama-assn.org/article/why-patient-centered-built-environment-standards-matter-more-numbers-beds-inpatient-psychiatry/2024-03>

March · ECRI Top 10 Health Technology Hazards for 2024 · Patient Safety Solutions: What's New in the Patient Safety World · [https://www.patientsafetysolutions.com/docs/March\\_2024\\_ECRI\\_Top\\_10\\_Health\\_Technology\\_Hazards\\_for\\_2024.pdf](https://www.patientsafetysolutions.com/docs/March_2024_ECRI_Top_10_Health_Technology_Hazards_for_2024.pdf)

March 1 · When nurses kill: N.J. has tried to prevent these deaths. Pa. should do more. · Philadelphia Inquirer · <https://www.inquirer.com/opinion/commentary/murder-nurse-pennsylvania-charles-cullen-heather-pressdee-20240301.html>

March 6 · Citation: Automated surveillance of non-ventilator-associated hospital-acquired pneumonia (nvHAP): a systematic literature review · BMC · <https://aricjournal.biomedcentral.com/articles/10.1186/s13756-024-01375-8>



March 6 · [Paywall] Avoid Pitfalls of Practice Drift · Hospital Pharmacy Technician's Letter · <https://hospital-pharmacytech.therapeuticresearch.com/Content/Articles/PTLH/2024/Mar/Avoid-Pitfalls-of-Practice-Drift>

March 9 · PA Bulletin Vol. 54 No. 10 ·

<https://www.pacodeandbulletin.gov/secure/pabulletin/data/vol54/54-10/54-10.pdf>

March 9 · DNP Project Poster: Improving Dobhoff Tube Insertion by Utilizing the Two-Step X-ray Process · Lindsey Bloom & Dr. Brigit VabGraafeiland, Johns Hopkins School of Nursing · <https://nursing.jhu.edu/wp-content/uploads/2024/03/Bloom-L-Spr-2021-DNP-Project-Poster.pdf>

March 13 · Citation: Adverse Outcomes of Patients with Non-Ventilator-Associated Hospital-Acquired Pneumonia (nvHAP)—A Single Centre Cohort Study · National Library of Medicine · <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10961785/>

March 14 · Listing for Patient Safety Journal · Mohawk Library · <https://library.mohawkcollege.ca/topic-guides/professional-practice-skills/patient-safety>

March 15 · Citation: Race, ethnicity, ancestry, and aspects that impact HLA data and matching for transplant · National Library of Medicine · <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10978785/>

March 20 · Do Not Use Medical Abbreviations: Do This Instead · Textexpander · <https://textexpander.com/blog/do-not-use-medical-abbreviations>

March 26 · Artificial intelligence in the detection of non-biological materials · Emergency Radiology, Springer Link · <https://link.springer.com/article/10.1007/s10140-024-02222-4>

March 2024 · Quality of referrals for lower extremity ultrasonography and computed tomography pulmonary angiography and associations with positive findings of venous thromboembolism · Radiography, Science Direct · <https://www.sciencedirect.com/science/article/pii/S1078817424000646>

## **Social Media**

Jan. 26 · <https://twitter.com/ptsafetylearn/status/1750863154781790610>

March 25 · <https://twitter.com/MyName69868909/status/1772282856473031063>

## Administration

### Anonymous Reports and Complaints January to March 2024

#### Anonymous Reports

PSA received 3 anonymous reports in January, 10 anonymous reports in February, and 1 report in March. The January anonymous reports have been closed with a satisfactory investigation by the facility. Of the 10 reports in February, 6 have been closed with a satisfactory investigation by the facility, 4 have been rejected. The one received in March was rejected.

#### Complaints

Twelve patient complaints were received in January and forwarded to the Division of Long-term Care. Five patient complaints were received in February and forwarded to the Department of Health and zero patient complaints were received in March.

#### Personnel

Denise Cutting was offered and accepted the position of Infection Prevention Advisor and began work on February 19. Denise was previously the Regional Manager of Infection Prevention and Control for Penn State Health Holy Spirit and Hampden Medical Center.

Jesse Munn was offered and accepted the position of Director of Transformation and Strategic Initiatives and began work on April 1. Jesse previously worked with PSA for 13 years through a vendor contract and most recently served as Director of Evidence Contracts and Consulting for ECRI

### **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 April 8, 2024, the Treasury invested cash balance in the Patient Safety Trust Fund (PSTF) was \$8,885,989.78. FY22-23 MCARE Assessment transfers were completed on November 7, 2023 and totaled 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. The Authority is expecting FY23-24 MCARE Assessment transfers from the Department to begin sometime in April and conclude over the summer. These transfers will add approximately \$7,700,000 to the Patient Safety Trust Fund Balance

For the first 9 months of FY23-24, the Authority received \$473,386.36 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 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 has sent FY23-24 MCARE surcharge letters and invoices to facilities with a payment due date of June 1, 2024. FY23-24 MCARE Surcharge transfers to the PSTF should begin shortly.

### ***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.

## ***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. FY23-24 MCARE Acute Care Surcharge transfers to the PSTF are expected to begin shortly.

## ***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. FY23-24 MCARE Nursing Home Surcharge transfers to the PSTF are expected to begin shortly.

## ***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 February, 2024, FY23-24 (PY5), MHRI invoiced \$169,696.92, which was \$197,837.08 under budget for the first 8-months of PY5. 4-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 March, 2023, FY23-24 (PY5), Gainwell invoiced \$990,226.25, \$59,773.75 under budget for the first 9-months of PY5. 3-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.

The Executive Director expects the Gainwell renewal contract to be presented to the Board for approval at the April 25<sup>th</sup> meeting. A final draft version of the 5-year agreement (a 3-year commitment with 2 option years) running from July, 2024 through June, 2029 is with Gainwell for signature.