

F I N A L M I N U T E S

MEETING OF:

PATIENT SAFETY AUTHORITY

October 14, 2003

TIME: 9:45 A.M.

COMMONWEALTH KEYSTONE BUILDING
HEARING ROOM #2

HARRISBURG, PENNSYLVANIA

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PATIENT SAFETY AUTHORITY

October 14, 2003

Board Members:

Robert Muscalus, D.O., Chair, Physician General
The Hon. Mary Ann Dailey
Anita Fuhrman
Lorina Marshall-Blake
Danae Powers, M.D. (telephone)
Cliff Rieders, Esq.
Stanton Smullens, M.D.

Authority Personnel

Alan B. K. Rabinowitz, Administrator
Sharon Hutton
Peter Hoffman, Esquire
Erin Verano, Esquire

Also Present:

Jeffrey Lerner, CEO, ECRI
Ronni Solomon, V.P and General Counsel, ECRI
Jonathan Gaev, ECRI Project Manager
William Marella, ECRI
Badal Sanghvi, EDS Project Manager
Michael Cohen, President, ISMP

1 their dedicated work. In addition, Dr. Muscalus
2 advised that he has relocated the Office of Physician
3 General from the Department of Health in the Health
4 and Welfare Building to the Patient Safety Authority
5 offices in the Forum Building. However, his mailing
6 address, telephone number, and e-mail address will
7 remain the same as before. Dr. Muscalus introduced
8 Jeffrey Brent, who will be project manager under a
9 contract the Authority signed with ISG, the
10 Information Services Group, which is the same
11 consulting firm that the Authority previously hired to
12 draft the Request for Proposal (RFP). Jeff's primary
13 responsibility is to make sure that all deliverables
14 in the ECRI contract are completed on time. Dr.
15 Muscalus also introduced Laurie Baker, who has been
16 hired as the Director of Communications. Laurie
17 previously worked in Senator Mellow's office. Dr.
18 Muscalus then thanked Kristen Miller, Office for
19 Information Technology Planning and Support in the
20 Office of Administration for assisting the Authority
21 with the technical components of the contract,
22 particularly assuring that IT systems developed for
23 the reporting system will be compatible with existing

1 Commonwealth IT systems. Dr. Muscalus also thanked
2 Erin Verano, contracts attorney in the Department of
3 State, for her help in the contract negotiations.]

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5 Report of the Board Administrator
6 [Mr. Rabinowitz reported that the Authority has
7 communicated with all 400 facilities subject to Act 13
8 reporting requirements to advise them of the impending
9 contract and to develop a data base of facilities and
10 relevant senior managers. He then called attention to
11 several documents for the Board's review: a draft
12 outline for a Business Plan, an outline for a
13 Communications Plan, and a projected budget document
14 for the current fiscal year. He gave an update on the
15 current facility assessment; the Department of Health
16 has advised that almost all moneys from the first half
17 of the FY2003-04 assessment have been received. The
18 question is whether there is need for the second half
19 of the annual assessment. Mr. Rabinowitz indicated
20 that someone from the Department of State will make a
21 budget presentation at the next Board meeting to
22 prepare the Board to recommend appropriate action to
23 the Department of Health.]

1 ***

2 Old business

3 [There was no old business.]

4 ***

5 New Business

6 Introduction of ECRI

7 [Dr. Muscalus introduced staff from ECRI: Jeffrey
8 Lerner, President; Ronni Solomon, Executive Vice-
9 President/General Counsel; Jonathan Gaev, project
10 manager; and Bill Marella, senior analyst. He also
11 introduced Badal Sanghvi, project manager from EDS,
12 and Michael Cohen, president of the Institute for Safe
13 Medication Practices (ISMP). Mr. Lerner and Ms.
14 Solomon then each addressed the Board to convey their
15 enthusiasm and commitment to the project. Mr. Cohen
16 also spoke briefly.]

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18 Presentation of the reporting system

19 [Jonathan Gaev, ECRI Project Manager, made a
20 PowerPoint presentation detailing the Authority's
21 contract with ECRI and the proposed reporting system.
22 He described ECRI's qualifications and experiences, as
23 well as those of their partners, EDS and the Institute

1 for Safe Medication Practices (ISMP). He explained
2 that the proposed data collection and analysis system
3 would be based on an existing reporting system called
4 Patient Safety Net (PSN), developed by the University
5 HealthSystem Consortium (UHC). ECRI and EDS will
6 modify the system to meet Pennsylvania-specific and
7 Patient Safety Authority requirements. Mr. Gaev
8 reported that this is an easy-to-use, web-based system
9 that does not require any additional software or
10 expenditures for a facility other than having internet
11 access. UHC's experience is that it takes an average
12 of three minutes to enter a report. Mr. Gaev then
13 demonstrated the PSN system by submitting a "test"
14 report and showing some of the analytical capacity
15 available within the system. He explained that there
16 will be an initial phase to test the system, which the
17 Authority is calling the Pennsylvania Patient Safety
18 Reporting System (PA-PSRS, pronounced "PAY-sirs"), and
19 that 16-20 facilities have so far volunteered to
20 participate. After receiving feedback and making
21 appropriate changes, they expect to roll out the PA-
22 PSRS system through 18 training sessions around the
23 state. Following Mr. Gaev's presentation, there was

1 discussion on several issues related to PA-PSRS and to
2 Act 13. These included the Authority's relationship
3 with the Departments of Health and State; Act 13
4 confidentiality and whistleblower protections;
5 anonymous reports; and identifying trends. Some
6 conclusions: Facilities will continue Chapter 51
7 reporting until the beta testing of the Patient Safety
8 Authority reporting system is completed and all
9 facilities have been trained to use the system. Dr.
10 Muscalus indicated that the Department of Health feels
11 that the PA-PSRS system will meet all of its data
12 collection needs, and that they will have the ability
13 to contact a facility if they need further information
14 for an investigation. As proposed, anonymous reports
15 will be submitted to the Patient Safety Authority in
16 written form. They would then be forwarded to ECRI,
17 who will check the system to see if the facility filed
18 a report. Depending on the outcome, the Authority
19 will conduct its own review consistent with
20 requirements in Section 404(b) of Act 13. If the
21 investigation results in findings that the Authority
22 believes requires it to report the facility to the
23 Department of Health or to report specific individuals

1 to their appropriate Licensing Boards, then those will
2 be included in the annual report to the General
3 Assembly. Mr. Gaev explained that both the Patient
4 Safety Authority and Department of Health will receive
5 a report of a serious event, the Patient Safety
6 Authority will receive incidents, and infrastructure
7 failures will be submitted to the Department of
8 Health. Dr. Muscalus asked for feedback from the Board
9 on how the state should be divided into geographic
10 regions for purposes of the annual report as required
11 by Act 13. He mentioned that the Department of Health
12 has divided the state into six public health
13 districts, and it was recommended that the Authority
14 use those districts, at least for the time being. Dr.
15 Muscalus stressed that the system is just being
16 developed and that the Authority is seeking feedback
17 from the Board and the facilities that will
18 participate in the initial phase.]

19 ***

20 Adjournment

21 DR. POWERS:

22 I make a motion to adjourn.

23 .

1 DR. SMULLENS:

2 Second.

3 DR. MUSCALUS:

4 All in favor indicate by saying aye.

5 Opposed?

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7 [The meeting was adjourned at 11:47 a.m.]

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Brad Weirich
Minute Clerk
York Stenographic Services