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FINAL MINUTES

MEETING OF:

PATIENT SAFETY AUTHORITY

HARRISBURG AREA COMMUNITY COLLEGE
WILDWOOD CONFERENCE CENTER
ONE HAAC DRIVE
HARRISBURG, PENNSYLVANIA

TIME: 9:50 A.M.

MARCH 1, 2004

1 Patient Safety Authority

2 March 1, 2004

3 Board Members:

4 Robert S. Muscalus, D.O., Chairperson, Pennsylvania
5 Physician General
6 The Hon. Mary Ann Dailey
7 Anita Fuhrman, R.N.
8 Joan M. Garzarelli, MSN (telephone)
9 Patricia Clancy Kienle, R.Ph. (telephone)
10 Lorina L. Marshall-Blake
11 Danae Powers, M.D.
12 Cliff Rieders, Esquire
13 Stanton N. Smullens, M.D.
14 Nathaniel J. Zuckerman, M.D.

15
16 Authority Personnel:

17 Alan B.K. Rabinowitz, Board Administrator
18 Sharon Hutton
19 Joan Plump, Esquire
20 Laurie Baker, Communications Director

21
22 Also Present:

23
24 John Clark, M.D., PA-PSRS Clinical Director, ECRI
25 Jonathan Gaev, PA-PSRS Project Manager, ECRI
26 Bandal Sanghvi, PA-PSRS Project Manager, EDS
27

1 Patient Safety Authority

2 March 1, 2004

3 ***

4 The regularly scheduled meeting of the Patient
5 Safety Authority was held on Monday, March 1, 2004.
6 Robert S. Muscalus, D.O., Chairman, called the meeting
7 to order at 9:50 a.m.

8 ***

9 Approval of Minutes of the February 2, 2004, meeting
10 DR. ZUCKERMAN:

11 I move to adopt the minutes of the February
12 2, 2004, meeting as submitted.

13 MS. MARSHALL-BLAKE:

14 Second.

15 DR. MUSCALUS:

16 Any discussion? All those in favor indicate
17 by saying aye. Those opposed nay?

18 [The motion carried unanimously.]

19 ***

20 Report of the Communications Director

21 [Laurie Baker addressed the Board at 9:52 a.m. to
22 report that in preparation for Patient Safety Week
23 March 7-13, 2004, an advisory/newsletter publication
24 is being planned that will contain studies from

1 national trends along with case studies that the
2 Authority has received to date. Dr. Muscalus noted
3 that the week's activities will also allow PSA an
4 opportunity to highlight where it is with regard to
5 the reporting system. Ms. Baker concluded by noting
6 that on April 22, 2004, representatives from the
7 Authority will be addressing the House Insurance
8 Committee.]

9

10 Report of Board Administrator

11 [Alan B.K. Rabinowitz addressed the Board to review
12 the various handouts it was provided with. Dr.
13 Muscalus reiterated that including a sub-category or
14 stand-alone category for capturing data on errors of
15 omission is in the process of being addressed by Dr.
16 Clark at ECRI. He also noted the moving to a five-
17 point severity/frequency scale is being contemplated,
18 similar to what is being utilized in Australia. Mr.
19 Rabinowitz informed the Board that as of November 17,
20 2003, through Wednesday, February 25, 2004, there have
21 been 2,500 reports of both serious events and
22 incidents have been submitted to the Authority from
23 the 22 participating facilities. Mr. Rabinowitz

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1 reminded the Board that Phase 2 will be implemented
2 beginning March 15, 2004. Dr. Muscalus clarified that
3 under Phase 2 (1) Facilities will now have access to
4 all the analytical capacity that the system has; and
5 (2) The reporting of serious events and infrastructure
6 failures will be forwarded to the Department of
7 Health.

8 Mr. Rabinowitz continued by providing the
9 implementation schedule of mandatory reporting as
10 follows: Facilities within the eastern region will
11 begin mandatory reporting on Monday, May 17, 2004;
12 facilities within the western region will begin
13 mandatory reporting beginning June 6, 2004 and the
14 facilities within the central region will begin
15 mandatory reporting beginning June 28, 2004. He
16 pointed out that training will be offered over a two-
17 month period of time to all 400 plus facilities. Mr.
18 Rabinowitz concluded by noting that he is awaiting a
19 reply from the Budget Office concerning various Board
20 members' question concerning the Department of
21 Health's ability to utilize \$358,000 from PSA's
22 trustfund for costs associated with the MCare Act.]

23

1 [The Board engaged in a brief discussion concerning
2 whether the report form should contain a category that
3 captures transfers to other facilities. Dr. Muscalus
4 pointed out that there may be a variety of factors
5 that resulted in a patient needing to be transferred
6 to another facility and that ultimately each facility
7 will be accountable and responsible for making that
8 determination. He noted that he will inquire into how
9 well the system as it currently exists would capture
10 or has the ability to capture those serious events
11 that would require a patient transfer, whether it was
12 because of something that happened that shouldn't have
13 or something that should have happened but didn't and
14 make sure that the system captures such. Mr. Rieders
15 requested that the report submission form be revised
16 with regard to the phraseology "and/or" and also
17 "Event, No Harm." Dr. Muscalus suggested that Mr.
18 Rieders provide the Board with suggested language
19 concerning this matter.]

20 ***

21 Old Business

22 [The Board engaged in a very lengthy, substantive
23 discussion concerning the following: Once mandatory

1 reporting commences what information the Authority
2 will get in the system, what information will be
3 required and what the Authority will use as a starting
4 point; how the data elements within PSRS in addition
5 to being viewed and available to the Department can
6 also be transmitted out of PSRS and transmitted into
7 the Department of Health's internal system that they
8 use on an ongoing daily basis for management, for
9 oversight and to follow-up on reports that have
10 already been submitted. Various members of the Board
11 expressed their concern that the Department of
12 Health's requests may cause a further delay in getting
13 the system "up and running." Barbara Holland, Chief
14 Counsel, Department of Health, along with Dick Lee,
15 Deputy for Quality Assurance, Department of Health
16 were present to address the Board's questions/concerns
17 with regard to what the Department is requesting. Mr.
18 Lee noted that the "big sticking point" at the current
19 time is whether the Department of Health will be able
20 to adequately test the data that is currently coming
21 into PSRS before it can sign off on a Pennsylvania
22 Bulletin notice which says that the Department's
23 Chapter 51 requirement disappears.]

1

2 New Business

3 [Dr. John Combes, Senior Medical Advisor, Hospital and

4 Healthsystem Association, addressed the Board to

5 express his concern over the questions that will

6 require hospitals to perform a root-cause analysis on

7 low harm score events/incidents. Mr. Rieders

8 expressed concern over the fact that having less

9 analysis of serious events could lead to potential

10 harm. He noted that more thorough reporting and more

11 thorough self-analysis will in the long-term lead to

12 less serious events which is the intent of Act 13.

13 Discussion was held concerning how the system handles

14 questions that are responded to with "To be

15 determined" or "Not applicable." Dr. Muscalus noted

16 that the system as it stands now will alert the

17 Department of Health to any unanswered questions, and

18 that after December 31, 2004, the system will reject

19 report forms that have any unanswered questions.]

20

21 [Mr. Rieders inquired as to how the Board will be

22 advised of any major changes, if any, in the system

23 within the next month. Dr. Muscalus noted that

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1 although he does not anticipate any major changes
2 should any occur he would seek input from the
3 Executive Committee. He also provided the assurance
4 that if there are issues that need to be brought
5 before the entire Board, an emergency meeting can be
6 scheduled.]

7 DR. ZUCKERMAN:

8 I'd like to make a motion that we adhere to
9 our timeline in terms of training,
10 publication in the Pennsylvania Bulletin
11 with the submission of the mandatory
12 reporting date of May 17, realizing that it
13 can be modified after discussion by mutual
14 agreement.

15 MR. RIEDERS:

16 Second.

17 DR. MUSCALUS:

18 Is there discussion? All those in favor
19 indicate by saying aye. Those opposed nay?
20 [The motion carried unanimously.]

21 ***

22 [Dr. John Clark addressed the Board briefly concerning
23 the possibility of changing the harm score or

1 utilizing a different one at some point in time. Dr.
2 Muscalus assured the Department of Health that this is
3 not something that the Authority is looking at doing
4 anytime soon but if the need arises the Department
5 will be included in the dialogue.]

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7 Adjournment

8 [The meeting was adjourned at 12:10 p.m.]

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21 _____
22 Charles Brown,
23 Minute Clerk,
24 York Stenographic Services

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		COUNTER	
	TIME	NUMBER	AGENDA
1			PATIENT SAFETY AUTHORITY
2			REFERENCE INDEX
3			MARCH 1, 2004
4			
5			
6			
7			
8	9:50	0090	Call to Order, Robert S. Muscalus,
9			D.O., Chairman
10			
11	9:50	0100	Approval of Minutes of the
12			February 2, 2003, meeting
13			
14	9:51	0162	Report of the Communications
15			Director, Laurie Baker
16			
17	9:54	0334	Report of the Board Administrator,
18			Alan B.K. Rabinowitz
19			
20	10:10	1582	Old Business
21		Tape #2	
22	11:45	0277	New Business
23			
24	12:10		Adjournment