

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

**MEETING OF:**

**PATIENT SAFETY AUTHORITY**

ONE HAAC DRIVE  
WILDWOOD CONFERENCE CENTER  
HARRISBURG, PENNSYLVANIA

TIME: 10:44 A.M.

DATE: MARCH 14, 2006

**Public Meeting  
March 14, 2006**

**Agenda**

- I. Call to Order
- II. Approval of February 6, 2005 Meeting Minutes
- III. Report of the Board Vice Chair
- IV. Report of the Board Administrator
- V. PA-PSRS Update
- VI. Committee Reports
- VII. Old Business
  - Anonymous Report 2005120901
  - Status of the MOU with the Governor's  
Office of General Counsel re: the  
appointment of Barbara Holland as the  
Authority's counsel
  - Annual Report for 2005
- VIII. New Business
  - RFP for Legal Counsel
- IX. Public Comments
- X. Adjournment

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**PATIENT SAFETY AUTHORITY**

**March 14, 2006**

**Board Members:**

Anita Fuhrman, R.N., B.S.  
Joan M. Garzarelli, R.N., MSN (Via teleconference)  
Roosevelt H. Hairston, Esquire  
Lorina L. Marshall-Blake  
Gary A. Merica, R.Ph.  
Cliff Rieders, Esquire  
Stanton N. Smullens, M.D.  
Marshall W. Webster, M.D.  
Nathaniel J. Zuckerman, M.D. (Via teleconference)

**PSA Personnel:**

Alan B.K. Rabinowitz, Board Administrator  
Sharon L. Hutton, Administrative Assistant  
William J. Goodrich, Esquire (Via teleconference)  
Laurene Baker, Communications Director

**Also Present:**

John Clarke, M.D., ECRI, PA-PSRS Clinical Director  
William Marella, ECRIP, PA-PSRS Project Manager  
Mike Doering, PA-PSRS Project Manager  
Alissa Speck, Hospital and Healthsystem Association  
of Pennsylvania  
Fran Charney, Patient Safety Officer, Holy Spirit  
Health System

1 PATIENT SAFETY AUTHORITY

2 March 14, 2006

3 The regularly scheduled meeting of the Patient  
4 Safety Authority was held on Tuesday, March 14, 2006.  
5 Lorina Marshall-Blake, Vice-Chair/Acting Chairperson,  
6 called the meeting to order at 10:44 a.m.

7 \*\*\*

8 Approval of Minutes of February 6, 2006 Meeting

9 MS. MARSHALL-BLAKE:

10 I'd like to call the meeting to order if we  
11 could, please. Thank you. I'd like to move  
12 for adoption of the minutes. Hopefully,  
13 you've read them for the February 6 meeting.  
14 Is there a motion?

15 MS. FUHRMAN:

16 I move for the approval of the minutes, as  
17 presented.

18 MS. MARSHALL-BLAKE:

19 Is there a second?

20 MR. HAIRSTON:

21 Second.

22 MS. MARSHALL-BLAKE:

23 Okay. All those in favor? Okay.

1 [The motion carried unanimously.]

2 \*\*\*

3 Report of the Board Administrator

4 [Alan Rabinowitz first called the Board's attention to  
5 the tabletop display which arrived in time for  
6 national Patient Safety Awareness Week, which was  
7 marked last week. In addition to distributing copies  
8 of the "Stand Up" consumer brochure and issuing a  
9 press release, the Authority marked Patient Safety  
10 Awareness Week by setting up the display in the  
11 Capitol Rotunda. Mr. Rabinowitz next reviewed the  
12 contents of the binders provided to the Board,  
13 explaining each tabbed section. Mr. Rabinowitz  
14 reported on the recently held Patient Safety  
15 Symposium. Mr. Merica, Dr. Smullens, Ms. Garzarelli  
16 and Ms. Fuhrman, all attendees, shared some of their  
17 thoughts and experiences from the symposium. There  
18 was a brief discussion of David Marx's challenge to  
19 the audience about developing a "Just Culture  
20 Community" in Pennsylvania. Mr. Rabinowitz indicated  
21 that he would be following up on this with HAP and  
22 other stakeholders. Mr. Rabinowitz next updated the  
23 Board on the status of the Root Cause Analysis

York Stenographic Services, Inc.

34 North George St., York, PA 17401 - (717) 854-0077

1 training seminar scheduled for May 31-June 1. The  
2 Board was advised that the Department of Health has  
3 issued notice in the Pennsylvania Bulletin that they  
4 would be issuing Letters of Assessment to the  
5 facilities. Mr. Rabinowitz announced that the Board  
6 retreat will take place in Harrisburg on May 23 and  
7 24, 2006. Mr. Rabinowitz next discussed the Advisory  
8 on the color-coded wristbands and the feedback that  
9 has been received from other states, as well the  
10 possibility of facilitating a discussion related to  
11 the solution of color-coded wristbands between  
12 Pennsylvania, Maryland, New Jersey and New York state;  
13 these four states have established patient safety  
14 entities. Dr. John Clarke added that he felt the  
15 issue would be best resolved using a consensus panel  
16 with experts giving testimony on the various issues  
17 associated with the subject of color-coded wristbands,  
18 with leaders then convening to prepare a report. Mr.  
19 Rabinowitz next raised the issue of a series of public  
20 forums that are being held by AHRQ related to the  
21 implementation of the federal Patient Safety  
22 legislation, and Dr. Clarke further elaborated on  
23 these information-gathering sessions.

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2 PA-PSRS Update

3 [Mr. Rabinowitz informed the Board that another

4 version of the PA-PSRS system was released and he

5 described various changes to the system. He then

6 updated the Board on the status of Interface software

7 enhancement development. A discussion was held

8 whether there might be a reduction in the reporting of

9 Serious Events if hospitals have to use a different

10 system for reporting. Mike Doehring felt there would

11 not be a reduction, as they will still have to enter

12 Serious Events into PA-PSRS manually, and Mr. Merica

13 added that having the Interface is strictly a workload

14 benefit. Mr. Rabinowitz suggested that this is

15 something that will be tracked.]

16

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17 OLD BUSINESS

18 Anonymous Report 2005120901

19 [In a closed session, Dr. Clarke reviewed the details

20 of the Anonymous Report and investigation with the

21 Board. A lengthy discussion was held, with various

22 members of the Board asking clarifying questions about

23 the incident leading to the report, as well as the

York Stenographic Services, Inc.

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1 recommendations made by Dr. Clarke. Thereafter, the  
2 meeting resumed as an open session.]

3 \*\*\*

4 [Roosevelt Hairston stepped out briefly after the  
5 above discussion and reentered the room before the  
6 motion was made on Dr. Clarke's report.]

7 \*\*\*

8 MR. RIEDERS:

9 My motion would be to -- I want -- since  
10 we're -- this is being recorded in public, I  
11 do want to say publicly on the record that I  
12 was impressed with the investigation, the  
13 independence shown by the investigators. I  
14 thought it was a very comprehensive and  
15 thorough job and what we'd expect, and I  
16 appreciate it and I think the whole Board  
17 does. My motion would be that the  
18 recommendations in the report be made more  
19 specific both with respect to training  
20 issues concerning reporting of Serious  
21 Events, the role of -- and the role of  
22 anonymous reporters, and that it also be  
23 more specific with respect to the -- with

1           respect to healthcare issues, which I will  
2           not list all of in the motion, but which  
3           concerns...

4 MS. MARSHALL-BLAKE:

5           Healthcare issues.

6 MR. RIEDERS:

7           ...suctioning equipment, oral contrast and  
8           matters of that sort. I would also make  
9           part of my motion that we report this to the  
10          Department of Health, since apparently a  
11          Serious Event report has not been made by  
12          the institution.

13 DR. WEBSTER:

14          I second it.

15 MS. MARSHALL-BLAKE:

16          Okay.

17 DR. ZUCKERMAN:

18          Cliff, do you want to include anything about  
19          asking the institution to come up with an  
20          action plan?

21 MR. RIEDERS:

22          I don't know that we have the right to do  
23          it, but I would like to see that done,

1           consistent with our role as a educational  
2           entity, so -- yes. I would add that, if  
3           it's okay with everyone else.

4 MR. MERICA:

5           As part of the discussion, I just want to --  
6           we'll take a vote. I just want to go on-  
7           record that I will not vote for it because  
8           of the referral to Department of Health,  
9           simply because I think our philosophy all  
10          along has been one of a learning  
11          organization and partnering with the  
12          organizations, and it just strike me that we  
13          haven't gone as far as we should go to take  
14          the recommendation back to this organization  
15          before we refer them to the Department of  
16          Health for not reporting this as a Serious  
17          Event. So, I just want to...

18 DR. SMULLENS:

19           I...

20 DR. ZUCKERMAN:

21           I would agree with Gary on that. I would  
22           like that to be stricken if you don't mind,  
23           temporarily.

1 MR. RIEDERS:

2 Well, I -- the reason why I made it part of  
3 the motion, Nate, is because they didn't  
4 report it as a Serious Event. If they had,  
5 I would not have included it, you know...

6 DR. SMULLENS:

7 Then it would not have been necessary.

8 MR. RIEDERS:

9 ...because I'm impressed with the fact that  
10 the Department of Health is getting these  
11 anyway. Then it's up to them. But, because  
12 they didn't report it and they should have,  
13 this is the only way we will know for sure  
14 that it's reported as a Serious Event.

15 MR. MERICA:

16 I just wonder from a procedural standpoint,  
17 too -- should these two things be addressed  
18 separately? Should John's report and  
19 recommendation be voted on as one vote, and  
20 then should the issue of this organization  
21 being referred to Department of Health for  
22 not reporting be voted on a separate issue?  
23 It strikes me in my mind that they should

1                   be, rather than being wrapped up into one.

2                   But...

3   MR. RABINOWITZ:

4                   Well...

5   DR. WEBSTER:

6                   Well, I wouldn't disagree, but the -- by  
7                   accepting the report, we've accepted John's  
8                   determination that it is a Serious Event.

9                   So, it has to be reported to the Department  
10                  of Health.

11   MR. MERICA:

12                  Well -- no.

13   DR. WEBSTER:

14                  So...

15   MR. MERICA:

16                  It says may. The Act says...

17   DR. WEBSTER:

18                  No, no, no. It has to be reported by...

19   MR. MERICA:

20                  Oh.

21   DR. WEBSTER:

22                  ...them or by us, and I think since -- just  
23                  to keep it less complicated to make sure

1           that -- and not be bothered with making sure  
2           they've reported it, I don't see the harm in  
3           us reporting it, because...

4 MR. MERICA:

5           But, reporting the...

6 DR. WEBSTER:

7           ...it's going to go to Department of Health.

8 MR. MERICA:

9           ...the event as a Serious Event is a  
10          different thing than this Board referring  
11          the organization to the Department of Health  
12          for not reporting it. At least it is in my  
13          mind. I think they're two different things.

14 DR. WEBSTER:

15          Well...

16 DR. SMULLENS:

17          I would tend to support the idea of not  
18          linking the two. I agree that this is a  
19          learning organization and I think it would  
20          not serve us as well as our being supportive  
21          of their learning about this. It gets back  
22          to this kind of situation where this is a  
23          difficult patient with an aganol [ph]

1 admission. So, I would tend to separate the  
2 two and advise the -- this facility very  
3 strongly that we think this is a Serious  
4 Event, with the suggestions for action  
5 plans, and if there is not then a subsequent  
6 report which we will be able to know by  
7 monitoring, then I think we should then  
8 respond to say we're reporting this to  
9 Department of Health. So, I personally  
10 would separate the two, as well.

11 MR. RABINOWITZ:

12 I think procedurally you're accepting John's  
13 report, with certain caveats that Cliff  
14 identified that in theory John is consenting  
15 to, I think, for -- except in the referral  
16 case.

17 DR. CLARKE:

18 The only thing I...

19 MR. RABINOWITZ:

20 And, then that...

21 DR. CLARKE:

22 ...would mention about referrals is that I  
23 think we need to understand that we do not

1           personally need to report the episode -- the  
2           event to the Department of Health to verify  
3           that the Department of Health is aware of  
4           the event. We can monitor quite easily  
5           whether the Department of Health has  
6           received the report from the institution,  
7           and, so, it is not necessary for us to  
8           actually do the reporting to verify that  
9           they have received the report.

10 DR. WEBSTER:

11           Well, I understand that, but I just think it  
12           prolongs the whole process, because if they  
13           come back and say well, we actually disagree  
14           that it's a Serious Event, we just have this  
15           endless thing. And, after all, it's one  
16           Serious Event out of thousands that are  
17           occurring and I just think it's one of those  
18           situations where you need to kind of make a  
19           decision and move on...

20 DR. CLARKE:

21           Well, another thing we...

22 DR. WEBSTER:

23           ...because we don't be bothered with having

1 to go back and verify, etc., etc.

2 DR. CLARKE:

3 Another thing...

4 MR. MERICA:

5 Yeah. But, I...

6 DR. CLARKE:

7 ...we could do would be to just say that we  
8 would recommend that this be reported as a  
9 Serious Event and then make some condition  
10 based on -- make some action statement based  
11 on a condition if they didn't accept that or  
12 if they -- you know, if they didn't report  
13 it within "X" period of time. We could even  
14 make a stipulation that we would --  
15 recommendation that they -- be reported  
16 within say 48 hours of receipt of this  
17 letter as a serious event or something -- 24  
18 hours, I guess, would be consistent with the  
19 law of receipt of this letter. So, we could  
20 build some kind of condition into the  
21 recommendation, if the Board wished.

22 MR. HAIRSTON:

23 Can I make a comment? You could actually

1           accept the report without accepting the  
2           recommendation, and then you can decide  
3           which recommendations you would like to  
4           include to have -- to accept. I mean, you  
5           don't have to report -- you don't have to  
6           accept the report and recommendations  
7           together, and it sounds like there's a  
8           majority sentiment that we would have more  
9           robust recommendations here. So, we can  
10          decide what those recommendations are. You  
11          can accept John's report, factual  
12          backgrounds, etc., the analysis as your  
13          first vote, and then you can then say okay,  
14          let's talk about the recommendations that we  
15          would like to accept.

16 MR. MERICA:

17           I'd just -- and I'd just like to embellish a  
18           little bit on -- Cliff, you'd made a  
19           statement about, you know, some specific  
20           clinical or medical things that they ought  
21           to do, and I agree with that, and what John  
22           has put together here on page nine of the  
23           report, which really talks about the

1 criteria from the America College of  
2 Radiology, having video monitors -- I mean,  
3 very well done -- I would almost -- or I  
4 would suggest that under the recommendation  
5 that they conduct a root cause analysis that  
6 we say they specifically look at the items  
7 that you've identified here, where there's  
8 literature-based evidence of safer care for  
9 this patient. At least in my mind, that  
10 gets to maybe some of the things that you  
11 were referring to, Cliff, from a medical  
12 standpoint.

13 MR. RIEDERS:

14 Yeah. I would trust John for how he  
15 reformulates the medical issues and the  
16 training issues. I think part of the  
17 educational process, however, is also  
18 reporting them to Department of Health for  
19 non-reporting. And, I do think that's sort  
20 of a part of a system that's in place  
21 statutorily that would be -- I think that  
22 would be a good thing. It would be, you  
23 know, a good message. Department of Health

1           may -- probably will do nothing about it,  
2           but at least, you know, we've done our job  
3           of letting them know that this was a non-  
4           reported event. That'll be -- that's the  
5           first time we've ever done that. So it's  
6           not as though we're, you know, beating  
7           people over the head with this all the time.  
8           So, that's why I linked the two.

9   MR. HAIRSTON:

10           But, Cliff, you don't think they -- that  
11           they -- a goal that you said or the  
12           education is accomplished by requiring --  
13           telling them we disagree, explaining the  
14           reasons why and then telling them they need  
15           to report?

16   MR. RIEDERS:

17           I think it's partially accomplished, but I  
18           think of the statutory scheme which is part  
19           of the educational scheme is that if you  
20           don't report something that's -- and it  
21           seems to me fairly obvious that it should  
22           have been reported, at least some component  
23           of it, that that's something the Department

1 of Health has a right to look into. And, to  
2 me, that's part of the whole statutory  
3 scheme of patient safety. So, I think the  
4 majority of it is accomplished without that,  
5 but I think it's just the icing on the cake.

6 DR. SMULLENS:

7 Cliff, would you be willing to accept an  
8 amendment to separate the reporting from the  
9 acceptance of John's report and  
10 recommendations?

11 MR. RIEDERS:

12 Okay. You want to go -- separately, that's  
13 okay with me. Yeah. I...

14 MR. RABINOWITZ:

15 Marshall will have to concur with that,  
16 because of his...

17 DR. WEBSTER:

18 I concur.

19 MR. RABINOWITZ:

20 ...second to the...

21 MS. FUHRMAN:

22 Now we -- the motion is to accept the report  
23 only? Just to clarify...

1 MR. RABINOWITZ:

2 With caveat...

3 MS. MARSHALL-BLAKE:

4 With caveat.

5 MR. RABINOWITZ:

6 Strength in certain areas, but no reference  
7 to the Department of Health...

8 MS. FUHRMAN:

9 Okay.

10 MR. RABINOWITZ:

11 ...at this point.

12 MS. FUHRMAN:

13 Wanted to understand...

14 MR. MERICA:

15 He'll read it in the minutes.

16 MR. RABINOWITZ:

17 You'll want to...

18 MS. MARSHALL-BLAKE:

19 I understand.

20 MR. RABINOWITZ:

21 Do we have that down? Do you have the --

22 Sharon I think has the motion. Do you want

23 to...

1 MS. MARSHALL-BLAKE:

2 Sharon, do you want to reread that?

3 MS. HUTTON:

4 That the -- we accept the report as  
5 submitted with recommendations to strengthen  
6 -- with the recommendation to strengthen  
7 some of the recommendations in John's  
8 report.

9 MR. RIEDERS:

10 Concerning training and specific healthcare  
11 issues.

12 MS. HUTTON:

13 Okay.

14 DR. WEBSTER:

15 The language of which we do not need to  
16 specifically review again.

17 MS. MARSHALL-BLAKE:

18 Is there a second?

19 MR. RABINOWITZ:

20 Marshall's second holds on that.

21 MS. MARSHALL-BLAKE:

22 Did you second...

23 DR. WEBSTER:

1 Second.

2 MS. MARSHALL-BLAKE:

3 ...Marshall?

4 DR. WEBSTER:

5 Yeah.

6 MS. MARSHALL-BLAKE:

7 Okay. Fine. Are we ready to vote? Okay.

8 We'll do by voice vote.

9

10 Anita Fuhrman, R.N., B.S., aye; Joan M.

11 Garzarelli, R.N., MSN, yes; Roosevelt H.

12 Hairston, Esquire, yes; Lorina L. Marshall-

13 Blake, yes; Gary A. Merica, R.Ph., yes;

14 Cliff Rieders, yes; Stanton Smullens, M.D.,

15 yes; Marshall W. Webster, M.D., yes;

16 Nathaniel J. Zuckerman, M.D., yes.

17 [The motion carried unanimously.]

18 \*\*\*

19 MR. RIEDERS:

20 The second motion just again so we have this

21 on the record...

22 MS. MARSHALL-BLAKE:

23 All right. So it's been...

1 MR. RIEDERS:

2 ...would be...

3 MS. MARSHALL-BLAKE:

4 ...moved. Okay? That we -- let me just...

5 MR. RIEDERS:

6 I'm sorry.

7 MS. MARSHALL-BLAKE:

8 Just so we're clear...

9 MS. HUTTON:

10 Yes.

11 MS. MARSHALL-BLAKE:

12 ...that we've all voted in favor of  
13 accepting Dr. Clarke's reports, with certain  
14 caveats; the training and the strengthening.

15 Okay. Fine.

16 MR. RIEDERS:

17 My second motion would be under the Act --  
18 and I forget the section -- that we report  
19 the non-reporting of this serious event to  
20 the Department of Health.

21 DR. WEBSTER:

22 I second that.

23 MS. MARSHALL-BLAKE:

1           Okay. What was -- I'm sorry, Cliff. I  
2           didn't hear you.

3 MR. RIEDERS:

4           That we report to the Department of Health  
5           the fact that there was a non-reporting of  
6           this...

7 MS. MARSHALL-BLAKE:

8           Okay.

9 MR. RIEDERS:

10           ...Serious Event.

11 MS. MARSHALL-BLAKE:

12           All right. Are we ready to vote?

13 MR. RABINOWITZ:

14           And the -- who was the second? Marshall?

15 MS. MARSHALL-BLAKE:

16           Marshall.

17 MR. RABINOWITZ:

18           Okay.

19

20           Anita Fuhrman, R.N., B.S., no; Joan M.

21           Garzarelli, R.N., MSN, yes; Roosevelt H.

22           Hairston, Esquire, no; Lorina L. Marshall-

23           Blake, yes; Gary A. Merica, R.Ph., no; Cliff

1 Rieders, yes; Stanton Smullens, M.D., no;  
2 Marshall W. Webster, M.D., yes; Nathaniel J.  
3 Zuckerman, M.D., no; William J. Goodrich,  
4 Esquire, yes.

5 [The motion was tied. A discussion was held regarding  
6 whether or not the Chairman should be voting unless  
7 there is a tie vote. The Committee reviewed the  
8 results of the vote without the Chairman's vote, and  
9 the tally was four yes votes to five no votes.  
10 Therefore, the motion did not carry.]

11 \*\*\*

12 MR. HAIRSTON:

13 I -- you know, Marshall I appreciate what  
14 you were getting ready to say. It would  
15 seem to me though that we can even be a  
16 little more firm. I just didn't want to  
17 take the step of reporting. I didn't see  
18 the reason at that juncture. So, my sense  
19 would be to -- in corresponding with the  
20 facility that we tell them that they have 72  
21 hours, 48 -- whatever the timeframe people  
22 think from receipt of the letter to report  
23 this matter as a serious event to -- into

1           the PA-PSRS system. Failure to report will  
2           result in our referral to the Department of  
3           Health of this matter.

4 DR. CLARKE:

5           If I could suggest to be consistent with the  
6           law that the time limit be 24 hours, because  
7           that's what the law requires within...

8 DR. WEBSTER:

9           Um-hum.

10 DR. CLARKE:

11           Twenty-four hours of determination of a  
12           Serious Event that it be reported. And, if  
13           you started the clock at the time they  
14           received the letter as -- that was the point  
15           at which it was determined.

16 MR. HAIRSTON:

17           So, I mean I would...

18 MR. RIEDERS:

19           If that's a motion, I'll second it.

20 MS. MARSHALL-BLAKE:

21           Is that...

22 MR. HAIRSTON:

23           That is a motion.

1 MR. RIEDERS:

2 I second it.

3 MR. HAIRSTON:

4 But, I wanted to float it out there as a  
5 consensus.

6 MR. RIEDERS:

7 It's a nice float.

8 MS. MARSHALL-BLAKE:

9 Float first. Float your boat. Right.

10 Okay. Great. There's your vote.

11 DR. ZUCKERMAN:

12 The motion is 24 hours of receipt of the  
13 letter, they better report it?

14 MR. HAIRSTON:

15 And, if they don't...

16 MS. MARSHALL-BLAKE:

17 Don't...

18 MR. HAIRSTON:

19 ...then we will...

20 MS. MARSHALL-BLAKE:

21 We will report it.

22 DR. SMULLENS:

23 We will report it to the...

1 MR. HAIRSTON:

2 ...report the facility to the Department of  
3 Health.

4 DR. SMULLENS:

5 Exactly. Yes.

6 MS. MARSHALL-BLAKE:

7 Okay. It's been moved and seconded. Are we  
8 ready for the vote?

9

10 Anita Fuhrman, R.N., B.S., aye; Joan M.  
11 Garzarelli, R.N., MSN, yes; William J.  
12 Goodrich, Esquire, yes; Roosevelt H.  
13 Hairston, Esquire, yes; Gary A. Merica,  
14 R.Ph., yes; Cliff Rieders, yes; Stanton  
15 Smullens, M.D., yes; Marshall W. Webster,  
16 M.D., yes; Nathaniel J. Zuckerman, M.D.,  
17 yes.

18 [The motion carried unanimously.]

19

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20 [The Chairman reported on the status of the MOU with  
21 the Governor's Office of General Counsel for hiring  
22 Barbara Holland as counsel to the Authority. Mr.  
23 Merica inquired about the two versions of the MOU that

1 had been circulated. Mr. Rieders indicated that he  
2 would contact Mr. Rabinowitz to resolve the issues.  
3 The Chairman next informed the Board of the need for  
4 volunteers to work on the RFP Committee. Mr.  
5 Rabinowitz will distribute a draft RFP and  
6 confidentiality statements to the members.]

7 \*\*\*

8 [Dr. Zuckerman left the meeting at 12:13 p.m.]

9 \*\*\*

10 [The Board next reviewed the Annual Report for 2005  
11 with Dr. Clarke and William Marella. Members offered  
12 some suggestions and Mr. Hairston suggested that  
13 perhaps a pamphlet with the most important points of  
14 the report could be assembled for distribution.]

15 \*\*\*

16 Public Comment

17 [Melissa Speck of HAP informed the Board that last  
18 year HAP developed a PowerPoint presentation as a  
19 summary of the Annual Report, which was very user-  
20 friendly and useful to hospital staffs. She offered  
21 HAP's assistance in working with the Authority to  
22 develop a similar presentation for this year's Annual  
23 Report. Fran Charney, Patient Safety Officer for Holy

1 Spirit Health System, addressed the Board to comment  
2 on the discussion surrounding the Anonymous Report.  
3 She suggested that it would be helpful to her and  
4 other facilities if the Authority could share lessons  
5 learned about the findings in this report and how they  
6 determined that the event should be classified as a  
7 Serious Event.]

8 \*\*\*

9 MS. MARSHALL-BLAKE:

10 Okay. Thank you. Is there anything  
11 further? I'll entertain a motion to adjourn  
12 the meeting.

13 DR. WEBSTER:

14 So moved.

15 MR. GOODRICH:

16 Second.

17 MS. MARSHALL-BLAKE:

18 All right. Second?

19 MR. HAIRSTON:

20 Second.

21 MS. MARSHALL-BLAKE:

22 Great. So moved. Thank you.

23 \*\*\*

1 [The meeting adjourned at 12:24 p.m.]

|    | TIME  | COUNTER<br>NUMBER | AGENDA   |
|----|-------|-------------------|--|
| 1  |       |                   | PATIENT SAFETY AUTHORITY                                   |
| 2  |       |                   | BOARD OF DIRECTORS   |
| 3  |       |                   | REFERENCE INDEX  |
| 4  |       |                   | MARCH 14, 2006   |
| 5  |       |                   |  |
| 6  |       |                   |  |
| 7  |       |                   |  |
| 8  |       |                   |  |
| 9  |       |                   |  |
| 10 | 10:44 | 0034              | Call to Order, Lorina<br>Marshall-Blake, Vice-Chair        |
| 11 |       |                   |  |
| 12 |       |                   |  |
| 13 | 10:44 | 0036              | Approval of Minutes of the<br>February 6, 2006 meeting     |
| 14 |       |                   |  |
| 15 |       |                   |  |
| 16 | 10:45 | 0065              | Report of Board Administrator<br>Alan Rabinowitz           |
| 17 |       |                   |  |
| 18 |       |                   |  |
| 19 | 11:05 | 1295              | PA-PSRS Update   |
| 20 |       |                   |  |
| 21 | 11:15 | 1849              | Old Business - Anonymous<br>Report 2005120901              |
| 22 |       |                   |  |
| 23 |       |                   |  |
| 24 | 12:10 | 6362              | Status of MOU with Governor's<br>Office of General Counsel |
| 25 |       |                   |  |
| 26 |       |                   |  |
| 27 | 12:15 |                   | Annual report for 2005                                     |
| 28 |       |                   |  |
| 29 |       | Tape 2            |  |
| 30 |       |                   |  |
| 31 | 12:22 | 0484              | New Business   |
| 32 |       |                   |  |
| 33 |       | 0508              | Public Comments  |
| 34 |       |                   |  |
| 35 | 12:24 | 0570              | Adjournment  |