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**FINAL MINUTES**

**MEETING OF:  
PATIENT SAFETY AUTHORITY**

ONE HALL DRIVE  
WILDWOOD CONFERENCE CENTER  
HARRISBURG, PA

TIME: 10:43 a.m.

DATE: January 9, 2007

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**PATIENT SAFETY AUTHORITY**

**Public Meeting**

**January 9, 2007**

Agenda

- I. Call to Order
- II. Approval of December 12, 2006 Meeting Minutes
- III. Report of the Board Chair
- IV. Report of the Board Administrator
- V. Committee Reports
  - Data Committee, Joan Garzarelli
  - Strategic Planning Committee, Dr. Stanton Smullens
- VII. PA-PSRS Update
  - Presentation on Infection Event Reports, Jan Johnston RN, JD, PA-PSRS Analyst at ECRI
  - Colonoscopy Project Update, Dr. John Clarke
- VIII. Old Business
- IX. New Business
  - Election of Officers
- X. Public Comments
- XI. Adjournment

1 Patient Safety Authority

2 January 9, 2007

3 Ana Pujols-McKee, M.D., Chair  
4 Lorina L. Marshall-Blake (phone)  
5 Anita Fuhrman, RN, BS  
6 Joan M. Garzarelli, RN, MSN  
7 Gary A. Merica, R.Ph.  
8 Cliff Rieders, Esquire  
9 Stanton Smullens, M.D.  
10 Marshall W. Webster, M.D. (phone)  
11 Mike Doering, Board Administrator  
12 Sharon L. Hutton, Administrative Assistant  
13 Laurene Baker, Communications Director  
14 Barbara J. Holland, Esquire  
15  
16 Also Present:  
17  
18 John Clarke, M.D.  
19 Jan Johnston, RN, JD, PA-PSRS  
20 Melissa Speck

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PATIENT SAFETY AUTHORITY

The regularly scheduled meeting of the Patient Safety Authority was held on Tuesday, January 9, 2007. Ana Pujols-McKee, M.D., Chairperson, called the meeting to order at 10:43 a.m.

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Approval of Minutes of previous meeting.

DR. MCKEE:

I will first start by asking for an approval of the minutes for the December 12, 2006 meeting.

MS. MARSHALL-BLAKE:

So moved.

DR. WEBSTER:

Second.

DR. MCKEE:

Thank you.

[The motion carried unanimously.]

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Report of Board Administrator

[Mr. Doering reported that the Department of Health provided a list of 14 abortion facilities that qualify for reporting. Once they've submitted their patient safety plans to DOH, they will begin reporting. Mr.

1 Doering added that eleven of the qualifying abortion  
2 facilities attended a PA-PSRS training session held by  
3 the PSA which is good news. Welcome packages and  
4 access to PA-PSRS are being provided to all those  
5 facilities. He briefly reported on the focus groups  
6 being conducted with the PSOs and stated that he was  
7 impressed by the amount of change regarding patient  
8 safety that had taken place in many of the facilities.  
9 The facilities gave some of the credit for that change  
10 to the implementation of Act 13 and the PA-PSRS  
11 system. The PA-PSRS staff is putting together a  
12 report regarding these sessions and hopefully a  
13 presentation to the Board as well.

14 Mr. Doering stated regarding the advisories that a  
15 cursory review showed that 70 percent of the  
16 respondents said that they implemented some of the  
17 guidance from the advisories, and some of them used  
18 multiple articles in the advisories, which resulted in  
19 300 to 400 policy or process changes in hospitals due  
20 to the advisories. He said he wants to be as  
21 transparent as possible with PSA financial information  
22 would like to prepare something for the board to  
23 review on a quarterly basis. He stated the current PSA  
24 fund balance stands at \$3.4 million and expenditures  
25 for the first five months of this fiscal year were

1 approximately \$1.6 million. Mr. Doering added that the  
2 interface project is moving along with UPMC and  
3 Jefferson Health System expected to be using the  
4 interface soon and about 30 smaller facilities  
5 expected to use the interface in the next couple of  
6 months. Once these facilities are on board, about one-  
7 third of the Incidents submitted to PA-PSRS will be  
8 submitted through the interface. He said more  
9 facilities will be encouraged to use the interface in  
10 the near future, but if the PSA can get 33 percent of  
11 Incidents through the interface that will be pretty  
12 good. His goal is for 50 percent to be on board and is  
13 pleased we are on track to the reaching that goal.  
14 Lastly, Mr. Doering gave an overview of a meeting held  
15 with the Delaware Valley Healthcare Council (DVHC)  
16 that he attended with board members Dr. McKee and Gary  
17 Merica. Andrew Wigglesworth, CEO of the DVHC,  
18 requested de-identified composite data to help their  
19 constituent hospitals determine how to focus their  
20 patient safety efforts. PSA Legal Counsel, Barbara  
21 Holland, said she saw no legal issues with the request  
22 as long as the data is de-identified in the composite.  
23 Next steps are to meet with PA-PSRS staff and Mr.  
24 Wigglesworth's staff to work out details. Mr. Doering  
25 added he sees this as a positive project that falls

1 within the charge of the Patient Safety Authority.  
2 Further discussion from board members raised the  
3 question of protocol for such data requests, Barbara  
4 Holland is going to develop a letter that ensures the  
5 data given is used solely for the purpose it is meant  
6 to be used and other pertinent items in regard to  
7 ownership of the data. The board also requested  
8 feedback from the project and the recent focus group  
9 meetings as well, which Mr. Doering assured them they  
10 would receive.]

11 \*\*\*

12 Committee Reports

13 [Joan Garzarelli reported that the Data Committee has  
14 met once and had a good session looking at the  
15 processes for receipt of the information and analysis  
16 of the information. She stated the charge of the  
17 committee now is to decide what exactly is their role  
18 and how do they bring information from the contractor  
19 to the Board in a fashion that is helpful to the  
20 Board. She stated the role of the committee in the  
21 future will be one of more clinical review than as  
22 data analysis, and that in concert with the strategic  
23 plan specific objectives will be formulated. Ms.  
24 Garzarelli added that she has asked board member Anita  
25 Fuhrman, R.N., B.S. to join her on the data committee

1 to help with clinical analysis. Dr. McKee asked that  
2 the data review committee also look at other aspects  
3 of Act 13 such as board recommendations.]

4 \*\*\*

5 [Stanton Smullens, M.D. reported that the strategic  
6 plan process began with a retreat held in May of last  
7 year where the committee met and discussed different  
8 ideas, and from that discussion a commitment was made  
9 to finish the strategic plan by the end of the first  
10 quarter of this calendar year. The process should be  
11 completed by the April meeting. Dr. Smullens said  
12 there will be a meeting held in Philadelphia on  
13 February 2, 2007. Dr. Jim Bagian will participate in  
14 the meeting at Dr. Smullen's request for no monetary  
15 compensation other than travel reimbursement.  
16 Preliminary work that has been done along with any  
17 recommendations made at this meeting will be used to  
18 come up with a plan that will be discussed at the  
19 March meeting and then finalized by the April  
20 meeting.]

21 \*\*\*

22 PA-PSRS Update

23 [Jan Johnston gave a presentation on information  
24 regarding infection control. She discussed at length  
25 what are categorized as nosocomial infections and two

1 types of event subtypes under nosocomial infection  
2 that have been the most commonly reported types of  
3 occurrences, wound or surgical type infection, and  
4 antibiotic-associated diarrhea. She stated that in  
5 2006 there has been an increase in the number of  
6 reports relating to the category of nosocomial  
7 infections with urinary tract infections being  
8 reported third overall in regard to infections. Ms.  
9 Johnston attributes the UTI infection increase to an  
10 addition to the PA-PSRS taxonomy that included UTI's  
11 as an option for reporting the event. This addition,  
12 she believes, reminded PSOs that UTI's are reportable  
13 events. Board member Cliff Rieders asked if the data  
14 discussed regarding infections were all acquired in a  
15 hospital setting. Ms. Johnston said there are several  
16 factors involved in reporting infections. She said  
17 facilities do use the CDC recognized definitions for  
18 HIA's and nosocomial infections, but Act 13  
19 definitions provide another factor. She continued that  
20 traditionally in health care nosocomial infections  
21 have been part of the health care environment for so  
22 long that it's sometimes considered a part of doing  
23 business, which is why she believes many facilities  
24 may not believe infections are reportable under PA-  
25 PSRS definitions because they are not considered

1 "unanticipated." Gary Merica asked if Ms. Johnston  
2 believed the increase of infection reports are because  
3 people are more aware of it or reporting more. Ms.  
4 Johnston said the increase has more to do with  
5 increased awareness in part due to PA-PSRS staff  
6 reaching out (at the request of the board) to the low  
7 volume reporters and discussing Act 13 definitions.  
8 She continued that two trends that are occurring in  
9 the data include an increase in the numbers of reports  
10 from 2005 to 2006 and that the two most frequently  
11 reported kinds of reports are again surgical site  
12 infections and antibiotic-associated diarrhea. Ms.  
13 Johnston continued that data also indicates an  
14 increase in reporting rates in all regions in  
15 Pennsylvania as far as infection reports, the  
16 reporting rate for 10,000 patient days is quite  
17 varied. The variation among PA-PSRS data, PHC4 data,  
18 national data, Ms. Johnston attributes to the  
19 interpretation differences in Act 13 definitions.  
20 Regionally, she believes infection control initiatives  
21 done throughout the state have contributed to  
22 increased reports for some areas i.e. PRHI. Ms.  
23 Johnston added that although a greater awareness of  
24 infections may contribute an increase in reports,  
25 there's also a greater awareness that infections are

1 patient safety related kinds of issues. She reminded  
2 members that over time patient safety and infection  
3 control have grown up in separate silos. Ms. Johnston  
4 said that only recently have people realized that  
5 there are very serious outcomes that are actually  
6 occurring as a result of these kinds of infections,  
7 and that there's now much more of a realization and a  
8 beginning linkage between infection control and  
9 patient safety. She highlighted specific infections  
10 that are prominent in the system that include central  
11 line infections and drug resistant organism infections  
12 (i.e.MRSA). Ms. Johnston said when looking at the  
13 narrative descriptions on these reports, she can tell  
14 several facilities have implemented initiatives to  
15 prevent infections, particularly in regard to  
16 ventilator assisted pneumonia. She continued that most  
17 of the nosocomial infections are categorized as  
18 incidents, while very serious outcomes from an  
19 infection are reported as Serious Events and attempts  
20 are made to find out why the event occurred. Ms.  
21 Johnston continued that she isn't sure why the reports  
22 are considered Incidents by PSOs, other than the  
23 general feeling that infections are the cost of  
24 business. But she said trends show that belief is  
25 changing. Ms. Johnston gave examples of some reasons

1 for the infections that include: personal protective  
2 equipment not being used or not being used properly,  
3 hand washing either not being performed or being  
4 performed in a way that's not protocol. She said most  
5 often it is the healthcare worker spreading the  
6 contamination or receiving wrong information in regard  
7 to sterilization techniques. She mentioned a recent  
8 MRSA outbreak that occurred at a facility involving  
9 neonatal deaths. The facility is considering writing  
10 an article so that other facilities can learn from the  
11 event. Ms. Johnston also cited communication issues as  
12 factors in reports, not just infection related  
13 reports. She added that PA-PSRS staff is looking into  
14 these issues and working to find ways to help  
15 facilities improve their infection control. She  
16 discussed the various advisories and procedures for  
17 maintaining and implementing infection control  
18 procedures that include articles on C-Diff, bioburden  
19 and surgical instruments, and Toxic Anterior Segment  
20 Syndrome (TASS) Ms. Johnston clarified that TASS is  
21 not an infection, but facilities have been reporting  
22 them as nosocomial infections. She said it is a toxin  
23 and PA-PSRS staff have done peer review articles on  
24 TASS to help facilities reporting them understand what  
25 actually causes TASS. She said national figures of

1 TASS are unknown at this time, but PA-PSRS has seen  
2 approximately two dozen reports. The board asked for  
3 updates on any articles done on TASS since it is a  
4 relatively new discovery. Ms. Holland asked about  
5 doing a health alert on issues such as this in the  
6 future since the information is timely. The board  
7 agreed to look into such alerts.]

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9 [John R. Clarke, M.D. gave an update on the  
10 colonoscopy project. He stated an advisory has been  
11 issued outlining the objectives, and that a  
12 gastroenterologist who is willing to chair the project  
13 has been contacted. Expectations of the advisory task  
14 are being drafted and several facilities have  
15 volunteered to participate. Some of the professional  
16 societies will be contacted in the future in regard to  
17 their participation.]

18

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19 [The meeting adjourned at 11:21 a.m.]

PATIENT SAFETY AUTHORITY  
BOARD OF DIRECTORS  
REFERENCE INDEX  
JANUARY 9, 2007

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| 5  |       |                               |
| 6  |       |                               |
| 7  | TIME  | AGENDA                        |
| 8  |       |                               |
| 9  | 10:43 | Call to Order, Ana            |
| 10 |       | Pujols-McKee, M.D., Chair     |
| 11 |       |                               |
| 12 | 10:43 | Approval of Minutes of the    |
| 13 |       | previous meeting              |
| 14 |       |                               |
| 15 | 10:44 | Report of Board Administrator |
| 16 |       | Mike Doering                  |
| 17 |       |                               |
| 18 | 10:53 | Committee Reports             |
| 19 |       |                               |
| 20 | 10:57 | PA-PSRS Update                |
| 21 |       |                               |
| 22 | 11:21 | Adjournment                   |