

FINAL MINUTES

MEETING OF:

PATIENT SAFETY AUTHORITY

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

TIME: 10:45 A.M.

DATE: May 8, 2007

PATIENT SAFETY AUTHORITY
Public Meeting
May 8, 2007

Agenda

- I. Call to Order
- II. Approval of April 10, 2007 Meeting Minutes
- III. Report of the Board Chair
- IV. Report of the Board Executive Director
- V. Committee Reports
- VII. PA-PSRS Update
 - Presentation - Update on Patient Safety Quality Improvement Act of 2005, Bill Marella, MBA, PA-PSRS Project Manager
- VIII. Old Business
 - Strategic Plan comment and approval
 - Update on Just Culture initiative by Gary Merica
- IX. New Business
 - Presentation - The Proposed Medical School: Advancing Medical Knowledge through Patient-Centered Care and Service to the Community, Dr. Robert E. Wright, M.D., FACP, Chairman Board of Directors, NEPA Medical Education Development Consortium
- X. Public Comments
- XI. Adjournment

PATIENT SAFETY AUTHORITY

May 8, 2007

Board Members:

Anita Fuhrman, R.N., B.S.
Bill Goodrich [by telephone]
Roosevelt Hairston, Esquire
Lorina Marshall-Blake
Ana Pujols-McKee, Chairperson
Gary A. Merica, R.Ph.
Cliff Rieders
Stanton Smullens, M.D.

PSA Personnel:

Mike Doering, Executive Director
Laurene M. Baker, Communications Director
Sharon Hutton, Administrative Assistant

Also Present:

John Clarke, M.D., ECRI, PA-PSRS Clinical Director
William Marella, ECRI, PA-PSRS Project Manager
Robert E. Wright, M.D.
Bob McGregor

PATIENT SAFETY AUTHORITY

MAY 8, 2007

The regularly scheduled meeting of the Patient Safety Authority was held on Tuesday May 8, 2007. Ana Pujols-McKee, MD, Chairperson, called the meeting to order at 10:45 a.m. also making an announcement that some Authority members were on the phone. She then asked for a motion that the minutes for April 10, 2007 be approved and accepted for the record. Ms. Marshall-Blake moved and Mr. Hairston seconded the motion. The motion carried and the minutes were approved.

REPORT OF THE BOARD CHAIR

Ms. Pujols-McKee again welcomed everyone that was at the meeting. She noted that the Authority will be voting on the strategic plan today. She also noted that the Authority is beginning to reach out to legislators and meet with them to discuss actions the Authority is taking to improve patient safety. The meetings will also allow the Authority to respond to proposals and bills crafted by the legislature that involve the Authority to ensure the Authority has a voice in whatever legislation is eventually made into law. Also Ms. Pujols-McKee reported that she

gave a presentation to the Fox Chase Board. The presentation was a simple overview of what the Patient Safety Authority does and the role of the Board in overseeing the patient safety initiatives in the organization. It was extremely well received. She will be meeting shortly with Carolyn Scanlon president of the Hospital and Healthsystem Association of Pennsylvania to discuss the Authority's strategic plan and create new partnerships of collaboration.

REPORT OF THE BOARD EXECUTIVE DIRECTOR

Mr. Doering noted he's not really interested in making changes for changes sake but there will be some minor adjustments to PA-PSRS. Many facilities using the analytical reports embedded within PA-PSRS have been giving some feedback regarding potential changes to make these reports even more valuable. A user group has been established to discuss the analytical reports. This group will meet in Bethlehem on June 13. There was a brief moment in time when the PA-PSRS site was down and because of that, a redundant network connection is being added. This is very inexpensive for PA-PSRS to do. In Pittsburgh and Bethlehem new user trainings are being canceled because facilities are using the new user training available on the

PSA website thus reducing the number of users interested in the live training. The web training is the same as "live" training and will save facilities money. Instead of the new user training, we are going to use the time slots for discussions about how to standardize reporting (in Pittsburgh) and to discuss improving analytical tools in PA-PSRS (in Bethlehem). The Failure Mode and Effects Analysis trainings are still on schedule for the three different locations. Much of April was spent finalizing and distributing the Annual Report. We did have some press coverage; we had an interview by the Pittsburgh Tribune Review. Our own Bill Goodrich was interviewed by WTAE television in Pittsburgh and Outpatient Magazine picked up and ran a story based on the annual report. The strategic plan has been modified based on discussion at the previous Board meeting and I'll give a presentation on it later today and we will be having a vote. We've also put together a summary of that plan that will be going up on our website, a press release, and the power point presentation that I'll be giving.

PA-PSRS UPDATE - PATIENT SAFETY QUALITY IMPROVEMENT ACT OF 2005.

Mr. Marella started with noting that the Agency for Health

Research and Quality (AHRQ) is expected to release regulations associated with this law fairly soon and at that point the Patient Safety Authority may have to make some decisions as to how the Authority wants to proceed. So this would be a good time to get everyone thinking about it and identify what the decision points are going to be. The Patient Safety and Quality Improvement Act was signed into law by President Bush in July of 2005. The goal of this law is similar to portions of Act 13 that affect the Authority, which is to improve patient safety by encouraging voluntary and confidential reporting of events that adversely affect patients. Mr. Marella said there is a series of criteria that may have to be met and that Patient Safety Organizations are specifically charged with collecting, aggregating, and analyzing reports from healthcare providers just as we currently do for entities in Pennsylvania. This basically provides federal and legal privilege and confidentiality protections to what is called patient safety work product. Reports submitted by a health care facility to these PSOs would be protected much the same way the reports are protected in PA-PSRS under Act 13. In this case, there would be monetary penalties for violations of confidentiality or privilege protection that are comparable to provisions in HIPPA that relate to

unauthorized disclosure. One provision in the law calls for establishment of a network of patient safety data bases. The Secretary of Health and Human Services is determining the national standards that would have to be adhered to in order to participate. In terms of the timeline, in 2006 AHRQ held a series of public meetings to obtain input regarding concerns about AHRQ's plans to implement this law. The Authority participated in these meetings. AHRQ's given us some advance insight into what they're thinking about the national data base. They've solicited small business interests in two different contracts; (1) to create and maintain the network of Patient Safety data bases and (2) for a separate entity to collect data from organizations like ours and basically sanitize it of information that can be used to identify specific patients, specific providers, possibly institutions as well. So AHRQ, took into account one of the issues that the Patient Safety Authority raised, which was if you're envisioning organizations like ours giving you data we have an obligation to protect the confidentiality of that data for the people who provide it to us. So the draft regulations could come out at any time. At whatever time they come out there will most likely be a 45 to 60-day public comment period and

depending on the nature of those comments the rest of the timeline will have to flow from that. AHRQ would definitely have to respond to those comments in a public way. So the Authority basically has two decisions to make, (1) whether to become a Patient Safety Organization as described under the law and (2) whether to participate in the national network of Patient Safety data bases. It was noted that PA-PSRS has one of the largest data bases. One question raised is whether participation in the database would provide the Authority or Pennsylvania Hospitals access to useful data that might otherwise not be available. Also there would be some questions regarding information collected under the Authority's taxonomy and whether we would need to change that and how much effort would be required. The two choices in terms of the database network would be: 1) a virtual network where PSOs are not sending all of their data to be housed elsewhere, but they create one place that allows all the PSO's to compare data to one another; or 2) create a national data awareness network that all data is housed together and made available for searches. The second option is a more viable one for the Authority, but still a decision that would have to be made once all of the details are confirmed.

STRATEGIC PLAN

Mr. Doering noted that the Board and Authority staff have been working on the strategic plan for quite a while. He also noted that the Authority is fairly young and has only started collecting reports less than three years ago and now it is one of the premier patient safety data collections systems in the world. There have been over 1/2 million reports received.

The Authority has produced over 110 articles promoting awareness and offering guidance in the Patient Safety Advisory. Tool kits have been added that provide practical solutions and instruments for implementation. The Authority has given root cause analysis and other education. Failure Mode and Effects Analysis training begins this month. Special projects have also been completed such as the pharmacy system study, the colonoscopy project we just started and things such as the color coded wristbands where we did the survey that graphically pointed out the issues surrounding color coded wristbands. The Authority received the 2006 Eisenberg Award, the highest award in the nation, for the patient safety community. The Authority has a positive relationship with the patient safety community and doesn't use the information to punish or single out individual

facilities. It is used for education and encourages an environment for sharing. But, there's so much more to do. Last year the Board began putting together strategic objectives and listened to what stakeholders said. We talked to focus groups of Patient Safety Officers, to other agencies, non-government entities, and heard from the Administration. What's being said is, you're doing a pretty good job but we need help. Stakeholders basically said they would like an increased presence and exchange of information, education of facility and system leaders, increased education for boards, infection education, more consistent reporting among facilities, and increased collaboration and use of data. The Authority listened and began strategically planning and prioritizing the objectives. We developed some draft strategies and had sounding boards with different folks who discussed our initiatives and objectives with us. The finalized plan was then developed. The goal is safe patient experiences. Heretofore we've been PA-PSRS, which can be described as data collection, analysis, and guidance. We received reports, looked at those reports, provided one-on-one information to hospitals, and also provided information and guidance through the Advisory. Where are we going?; We want to add two things to the Authority. (1) education,

education outside of the Advisory and (2) collaboration, working with others and supporting others with the information that's collected through PA-PSRS. So we now have 11 initiatives. They are (a) Education Executive Management and Boards of Trustees, (b) Infection Awareness and Reduction, (c) Patient Safety Knowledge Exchange, (d) Improve Reporting Consistency and Recommendations, (e) Increase Effectiveness through Extended Presence, (f) the Governor's Office of Healthcare Reform collaboration, (g) Data Collaboration, (h) Patient Safety Methods Training, (i) Nursing Home Data Analysis, (j) PA-PSRS system enhancements, and (k) Maintain the success of the Advisory. Mr. Doering then went on to talk about each of the initiatives briefly. Mr. Rieders brought up a question about the plan possibly encompassing input from stakeholders. One way of doing that would be a brochure that hospitals could give out with a questionnaire that could be filled out. MR. Roosevelt asked what time-frame there was for implementing the plan. Mr. Doering said approximately three years. Dr. Smullens then made a motion to accept the strategic plan and this was seconded by Ms. Marshall-Blake. There was an oral vote taken and the motion carried.

THE PROPOSED MEDICAL SCHOOL

Robert McGregor began by introducing himself and talked very briefly about the philosophy of the new medical school. He then introduced Dr. Robert Wright. Dr. Wright explained a little bit about the residency program that is now in place. In 2004 the idea came up to start a medical school. Weekly meetings started with different people and groups. They looked at numbers and percentages of physicians, where they were located, age, et cetera. It was determined the northeast part of Pennsylvania was short on physicians and in particular specialists. Pennsylvania used to retain about 57 percent of people when they finished their residency program, now it is down to 7 or 8 percent. The feeling is that malpractice is one very significant factor in this. There was information gathered, requests for grant money made, a feasibility study was done, a state building grant was received in October of 2006, Blue Cross made a \$25 million commitment for operations, and this is just the beginning. He talked about the type of school to be developed and what the criteria would be. They want an organization where communication flows freely between all concerned, the absence of fear and blame, develop learning care models that will apply to regional needs, and he went on with much

more information about this. Some of the positions such as Dean, associate dean, chief of staff and administrative assistant have been filled. There is approximately 810 days until this first day of school. They need to be accredited by a charter from the Pennsylvania Department of Education and are also looking for a law firm to advise them.

JUST CULTURE INITIATIVE

Gary Merica went over briefly some information on the Just Culture Initiative. He gave a quick review by stating Just Culture tries to create an open learning environment in organizations where staff members are comfortable in reporting adverse events and errors and know that they will get treated fairly for reporting that. There are two basic guidelines for how facilities deliver care; (1) how we design our systems that our employees work in and (2) the behavioral choices that employees make within those systems. We need to look at system design and at the employee choices. And there are three managerial behaviors in this model that employee's make so to speak; (1) human error, simple mistake that we all do, (2) at risk behavior is kind of drifting into unsafe practices with no intention of causing harm or no real recognition that harm is a

likely outcome, (3) reckless behavior when any reasonable person would know that that activity is likely to lead to harm.

So there is work being done on looking to improve systems and holding staff accountable. This work is really in the state of development right now. I think the next step in a recommendation from the stakeholder group was that there be conference calls with facility human resource professionals, risk managers, and patient safety officers to engage them up front, provide some information, entertain questions, suggestions, and hopefully gain their support before we move forward. The Authority has been participating in discussions with David Marx and stakeholders in Pennsylvania, in particular, the Governor's Office of Healthcare Reform to create a culture of safety within Pennsylvania facilities. Those discussions are ongoing.

ADJOURNMENT

Ms. Pujols-McKee asked for a motion to adjourn the meeting. Mr. Rieders moved for adjournment and it was seconded by Dr. Smullens. The meeting was adjourned.

[Meeting adjourned at 12:15 p.m. on May 8, 2007]