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**FINAL MINUTES**

**MEETING OF:  
PATIENT SAFETY AUTHORITY**

ONE HAAC DRIVE  
WILDWOOD CONFERENCE CENTER  
HARRISBURG, PENNSYLVANIA

TIME: 10:00 A.M.

DATE: January 10, 2006



- 1 VIII. Old Business  
2 -Status of the MOU with the Governor's  
3 Office of General Counsel re: the  
4 Appointment of Barbara Holland as the  
5 Authority's counsel  
6
- 7 IX. New Business  
8 -Update on Patient Safety Activities in  
9 Southeast Pennsylvania: Andrew  
10 Wigglesworth, President, Delaware Valley  
11 Healthcare Council  
12 -Grant Proposal and Concept Paper submitted  
13 by the PA Medical Society re: Pilot  
14 Mediation Program  
15
- 16 X. Public Comments  
17
- 18 XI. Adjournment  
19

1 Patient Safety Authority

2 January 10, 2006

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4 Board Members

5 Joan M. Garzarelli, R.N., MSN (Telephone)

6 Roosevelt Hairston, Esquire

7 Lorina L. Marshall-Blake

8 Gary A. Merica, R.Ph.

9 Stanton Smullens, M.D.

10 Marshall Webster, M.D.

11 PSA Staff

12 Alan B.K. Rabinowitz, Board Administrator

13 Sharon Hutton, Administrative Assistant

14 Laurene Baker, Communications Director

15 Also Present:

16 John R. Clarke, M.D., PA-PSRS Clinical Director

17 Andrew Wigglesworth, President, Delaware Valley

18 Healthcare Council

19 Matt Frick, Institute for Safe Medication Practices

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PATIENT SAFETY AUTHORITY

The regularly scheduled meeting of the Patient Safety Authority was held on Tuesday, January 10, 2006. Lorina Marshall-Blake, Vice-Chair/Acting Chairperson, called the meeting to order at 10:50 a.m. There was insufficient attendance to constitute a quorum, pending participation by one or more members via telephone conference call.

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Report of Board Administrator  
[Mr. Rabinowitz distributed financial statement forms from the State Ethics Commission and reminded members that all members are required to complete and submit this annual disclosure document. He also distributed a recent press release and the accompanying *Patient Safety Advisory*. He pointed out that the lead article on ambulatory surgical facilities discharge instructions has generated some interest, and another recent press release and the accompanying *Advisory* on color-coded wristbands has also generated a great deal of interest around the country. Mr. Rabinowitz then briefly discussed a recent article by Dr. Lucian Leape, which he had previously distributed to the Board, on ethical considerations related to patient

1 safety. He considers it a "call to arms" for  
2 physicians, calling on them to get on board in support  
3 of full and open disclosure, and stated that he  
4 personally thinks it should be required reading by  
5 every physician and medical student in the country.  
6 Mr. Rabinowitz also reported on training sessions  
7 around the state. Those sessions were devoted to new  
8 users of the PA-PSRS system. The 110 participants  
9 represented about 75 facilities around the state. He  
10 also reported that the second user survey is about to  
11 be released. Feedback will be solicited from all PA-  
12 PSRS users, primarily the patient safety officers,  
13 about how Act 13 and PA-PSRS have impacted them, how  
14 it may have changed patient safety protocols within  
15 the facility, how they are using the data in the  
16 system and so forth. Mr. Rabinowitz then advised the  
17 Board that the Department of Health has not yet made  
18 the assessment of facilities in Pennsylvania. In July  
19 the Board sent a letter to the Department of Health  
20 conveying the Board's recommendation that facilities  
21 be assessed for a total of \$2.5 million, half of what  
22 the maximum assessment could be. The department in  
23 the past has made that assessment to the facilities  
24 around December for collection in January or February.  
25 An inquiry had been made as to what the status of that

1 assessment was. Mr. Rabinowitz stated he was recently  
2 informed that they have not made the assessment and  
3 there may be a delay in or "problems" associated with  
4 making the assessment. He prepared a letter for  
5 Lorina's signature to send to the Secretary of Health  
6 inquiring about the status of the assessment, and  
7 advised Board that he will keep them posted.]

8

9 [Joan Garzarelli informed the Board via telephone  
10 speakerphone that she joined the meeting about ten  
11 minutes earlier, establishing a quorum for the  
12 meeting.]

13

14 [Mr. Rabinowitz then discussed a Root Cause Analysis  
15 training course that the Authority would sponsor for  
16 hospitals. He has been in touch with Dr. Jim Bagian  
17 of the Veterans Administration Center for Patient  
18 Safety, and Dr. Bagian is interested in conducting a  
19 two-day intensive RCA training seminar similar to the  
20 programs he conducts for the VA and AHRQ. He then  
21 updated the Board on the status of the partnership  
22 with the Medical Society to offer CMEs to physicians  
23 for *Advisory* articles, and provided background on  
24 Patient Safety Awareness Week during March 5 through  
25 11, 2006; this year's national campaign is targeted to

1 involving patients and consumers in patient safety  
2 promotion activities. He reminded the Board about the  
3 annual Patient Safety Symposium, sponsored by HAP, on  
4 March 9, 2006. The Authority is a co-sponsor and will  
5 underwrite the keynote address by David Marx on the  
6 topic of "just culture." Mr. Rabinowitz next advised  
7 the Board the outline for the contents of the new  
8 annual report is being developed. By the next Board  
9 meeting there will be an outline related to the annual  
10 report to present and to get feedback. It was the  
11 consensus of the Board to reschedule the February  
12 public Board meeting to the first week of the month,  
13 and that staff would confirm the specific date in a  
14 subsequent communication. Mr. Rabinowitz next noted  
15 that the PA-PSRS data base has exceeded 240,000  
16 reports, 95% of which are Incidents. He also noted  
17 that they had received another Anonymous Report, for a  
18 total of two active cases, and that Dr. Clarke was  
19 following up with the facilities. Mr. Rabinowitz then  
20 gave an update on the Interface Project, a software  
21 development project that will allow facilities to  
22 integrate their internal reporting systems with PA-  
23 PSRS to avoid redundant reporting. Because there are  
24 considerable costs of several hundred thousand dollars  
25 associated with this, he is processing a contract

1 amendment with ECRI and EDS that is now going through  
2 the approval channels with the Department of State and  
3 the Comptroller's Office. Nothing has been heard back  
4 yet on the status of those contract amendments. Mr.  
5 Rabinowitz then discussed several new editorial  
6 features in the Patient Safety Advisories. The  
7 discussion turned to the responses from clinicians and  
8 other healthcare professionals around the country to  
9 the recent article concerning color-coded wristbands.]

10 \*\*\*

11 [John Clarke, M.D. came forward to discuss these  
12 issues in greater detail. PA-PSRS reports indicate  
13 that use of color-coded wristbands can cause  
14 confusion, if not serious harm, since a specific color  
15 can mean one thing in one hospital and in another  
16 hospital it means something else. The article itself  
17 highlighted a potentially fatal incident in which a  
18 patient was not immediately resuscitated because of  
19 misunderstanding about the meaning of the wristband  
20 color. Dr. Clarke stated there's the whole debate or  
21 issue as to whether color coding is a good idea rather  
22 than having a sticker or something like that. The  
23 second is what kind of information ought to be color  
24 coded. Another question is what colors one would use.  
25 He noted the need for consistency among healthcare

1 workers and suggested a panel on the order of NIH  
2 consensus panels. Because of the statewide and  
3 national interest in following up with the PA-PSRS  
4 analysis, Dr. Clarke suggested that something should  
5 be done that would be consistent with what other  
6 people are doing throughout the country and one would  
7 want to be consistent with any kind of potential  
8 national standard on this as well. Further discussion  
9 was held on these issues.]

10 \*\*\*

11 Approval of Minutes of the November 7, 2005, meeting.

12 MS. MARSHALL-BLAKE:

13 I'd like to move for the approval of the  
14 minutes again since we do have a quorum.

15 DR. WEBSTER:

16 So moved.

17 MS. MARSHALL-BLAKE:

18 Thank...

19 DR. SMULLENS:

20 Second.

21 MS. MARSHALL-BLAKE:

22 All right. All those in favor. Aye, okay.

23 [The motion carried unanimously.]

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1 Old Business

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I would like to move ahead with Item #8 in

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the agenda under old business. The status

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of the MOU at the Governor's Office of

6

General Counsel regarding the appointment of

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Barbara Holland as the Authority's counsel

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and have some discussion around that on what

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it is we would like to do and consider at

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this time. Doctor?

11 DR. WEBSTER:

12

I would like to move that the decision on

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the MOU be tabled pending the decision of

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subcommittee of the Board appointed to

15

consider the special needs and what our

16

options might be regarding counsel's

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authority.

18 MS. MARSHALL-BLAKE:

19

Okay. Is there a second? Is there any

20

discussion?

21

22 [Dr. Smullens seconded the motion.]

23

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25



1 steps healthcare workers can take to prevent or reduce  
2 the spread of these infections.

3

4 [Lorina Marshall-Blake and Joan Garzarelli left the  
5 meeting. Dr. Smullens assumed the chair. Mr.  
6 Rabinowitz noted there was no quorum present.]

7

8 [Mr. Rabinowitz proposed mailing a hard copy reprint  
9 of the C-Diff article to every licensed physician in  
10 the state. There was considerable discussion about the  
11 merits and costs associated with doing this. No  
12 consensus was reached.]

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15 Legislative update

16 [Laurene Baker reported that the Governor signed into  
17 law House Bill 2041, Act 88, which further establishes  
18 the Patient Safety Authority's independence. She  
19 stated that House Bill 1591, which pertains to  
20 abortion facilities being placed under the Healthcare  
21 Facilities Act, which they would then have to report  
22 through PA-PSRS any abortion facility that received  
23 100 procedures per year and would have to adhere to  
24 Act 13. That bill has been placed in the  
25 Appropriations Committee because there's a question as

1 to how it would be paid for.]

2 \*\*\*

3 Committee Reports

4 [Roosevelt Hairston, Esquire reported that the  
5 Legislative Committee will be meeting with various  
6 members of the legislature in an effort to increase  
7 communications with the legislature. He stated that  
8 when these meetings are scheduled that the dates would  
9 be made available for any member of the Authority to  
10 attend, if possible. He mentioned a recent meeting  
11 with Senator Stack, with himself, Dr. Smullens and  
12 Laurie Baker present, and that the senator was  
13 impressed with what the Authority is doing. He noted  
14 that we need to build on that and do more of those  
15 types of meetings.

16

17 MR. HAIRSTON:

18 The other thing that I think bears  
19 mentioning --and I think that we're going to  
20 continue to need to really address this in a  
21 vigilant way -- and that is when we do meet  
22 with legislators, regulators, testify in  
23 front of committees, I think it's imperative  
24 that the Board continue to be very clear  
25 about the expectation. Number one, if we're

1           doing it as a part of our official duties as  
2           a member of this Authority's Board then we  
3           need to make that clear. If we are not  
4           doing it as a member of this Authority and  
5           on behalf of this Authority we likewise need  
6           to make that clear. I continue to be  
7           concerned that we have members of this Board  
8           who appear to be speaking on behalf of the  
9           Authority but, in fact, they are not. And,  
10          it's an issue that, I think, we need to  
11          really deal with in an upfront and a very,  
12          very direct way if we are going to be able  
13          to message in a way that we all can support.  
14          So, while I hope to have everyone on the  
15          Board participate in these meetings, at some  
16          point or another, it also is very, very  
17          important that we continue to adhere to what  
18          we've all agreed to previously. And, that  
19          is that if we are going to be talking, or we  
20          are going to be presenting as a member of  
21          this Authority's Board and we are doing it  
22          in our personal capacity though, we are not  
23          doing it on behalf of the Authority, even  
24          though we may sit on the Authority's Board,  
25          we need to make it clear that we are

1           articulating our personal views if we are  
2           not acting in our official capacity. And,  
3           that continues to be a concern of mine and  
4           we need to figure out at some point how we  
5           monitor that in a more effective fashion and  
6           make sure that we are messaging in the  
7           appropriate way.

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9    [There was considerable discussion on this matter, and  
10   reference to the By-Laws which include an article on  
11   this issue.]

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15   [Stanton Smullens, M.D. reported that there was a  
16   conference call meeting of the Long Range Planning  
17   Work Group held on November 15. Several important  
18   issues were discussed at this meeting and several  
19   recommendations were made. One of these was that a  
20   strategic planning retreat is needed, and to engage a  
21   consultant with expertise with patient safety  
22   organizations to help facilitate and develop a long  
23   range strategic plan for the organization. The second  
24   one was relating to funding. He stated the  
25   recommendation was that no outside organizations be

1 funded at this point until a strategic plan is in  
2 place, but noted that the Board supported an exception  
3 with funding the upcoming Patient Safety Symposium.  
4 He also cited the importance of developing a research  
5 protocol for outside researchers. The Board engaged  
6 in discussion about a retreat and conveyed interest in  
7 holding a retreat within the current fiscal year.]

8 \*\*\*

9 New Business

10 [Andrew Wigglesworth gave an update on patient safety  
11 activities in southeastern Pennsylvania. He reported  
12 concerns being expressed in a variety of quarters  
13 about quality, patient safety, and the rising cost of  
14 health insurance coverage. He discussed two efforts  
15 being undertaken by the Delaware Valley Healthcare  
16 Council. One was the Regional Medication Safety  
17 Program for hospitals that was focused on an  
18 intervention that related to 16 different action goals  
19 at all the hospitals in the Delaware Valley. Another  
20 step is bringing together trustees, chief medical  
21 officers, representatives of administration, and  
22 patient safety officers to expand patient safety  
23 activities. Mr. Wigglesworth discussed various  
24 patient safety activities projects currently in  
25 place.]

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[The last item on the agenda was a proposal submitted by the Pennsylvania Medical Society related to a pilot program on mediation. The item was referred to the Long Range Planning group for review.]

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[The meeting adjourned at 1:43 p.m.]

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Tim Wagner,  
Minute Clerk,  
York Stenographic Services

PATIENT SAFETY AUTHORITY  
BOARD OF DIRECTORS  
REFERENCE INDEX  
JANUARY 10, 2006

	TIME	COUNTER NUMBER	AGENDA
1			
2			
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4			
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10	10:50	30	Call to Order, Lorina Marshall-Blake, Vice-Chair
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12			
13	10:52	97	Report of Board Administrator Alan Rabinowitz
14			
15			
16	11:21	1321	PA-PSRS Update
17			
18	11:35	2235	Approval of Minutes of the September 12, 2005 meeting
19			
20			
21	11:31	1743	Motion on status of MOU
22			
23	11:47	2449	Legislative Update
24			
25	11:50	2585	Committee Reports
26			
27	12:44	5792	Adjournment