2024 Pennsylvania Patient Safety Reporting: Updated Rates for Acute Care Event Reports

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Introduction

In the patient safety trends article published on April 21, 2025,[1] reporting rates for 2024 were calculated based on data from the first half of the year, as data for Q3 and Q4 were not available as of the publication date. This brief update provides the final rates for 2024 using all quarters of data and compares them to the 2024 rates based on Q1 and Q2 as well as rates for prior years.

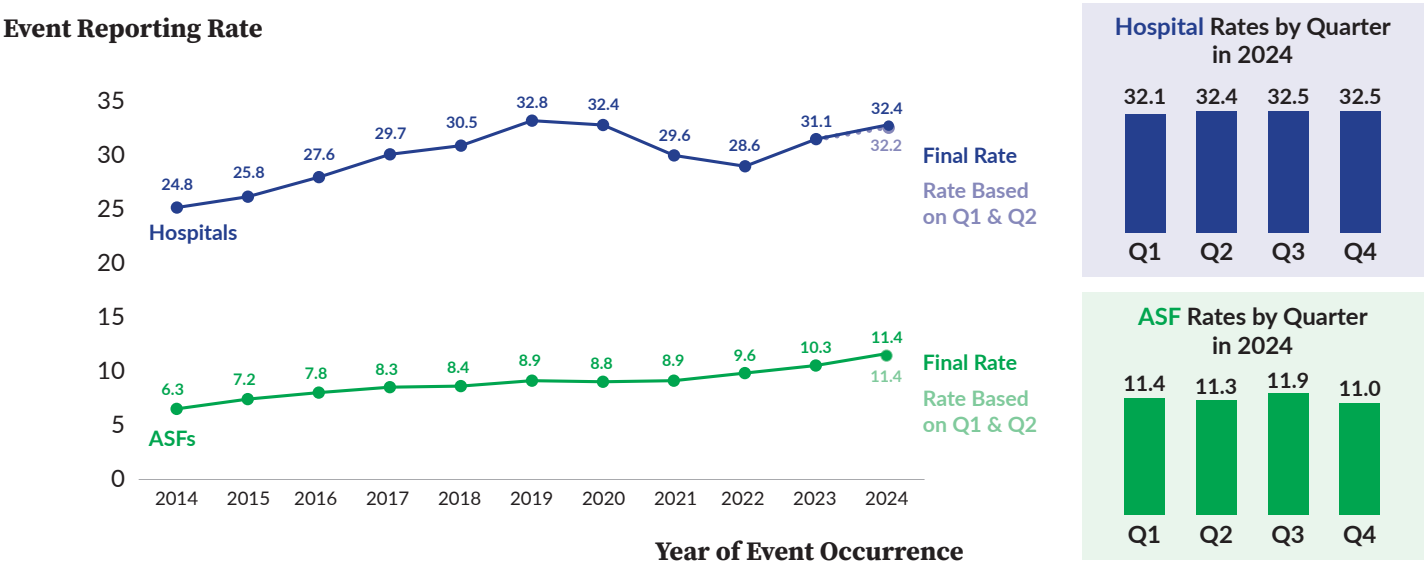
Methods

This analysis was performed using data extracted from the Pennsylvania Patient Safety Reporting System (PA-PSRS)[a] on June 30, 2025, and data obtained from the Pennsylvania Health Care Cost Containment Council (PHC4)[b] on June 9, 2025. Rates are calculated as the number of reports of events occurring in a given time frame per 1,000 patient days for hospitals and per 1,000 surgical encounters for ambulatory surgical facilities (ASFs). Since rates are based on the event occurrence date, and not submission date, some rates in this brief update are slightly different than previously published rates. This is due to reports for events that occurred in prior periods being submitted after the original data extraction dates. To determine whether a significant trend exists over time, simple linear regression analyses were used with a level of significance of $\alpha=0.05$.

[a]PA-PSRS is a secure, web-based system through which Pennsylvania hospitals, ambulatory surgical facilities, abortion facilities, and birthing centers submit reports of patient safety–related incidents and serious events in accordance with mandatory reporting laws outlined in the Medical Care Availability and Reduction of Error (MCARE) Act (Act 13 of 2002). All reports submitted through PA-PSRS are confidential and no information about individual facilities or providers is made public.

[b]The Pennsylvania Health Care Cost Containment Council (PHC4) is an independent state agency responsible for addressing the problem of escalating health costs, ensuring the quality of healthcare, and increasing access to healthcare for all citizens regardless of ability to pay. PHC4 has provided data to this entity in an effort to further PHC4's mission of educating the public and containing healthcare costs in Pennsylvania. PHC4, its agents, and its staff have made no representation, guarantee, or warranty, express or implied, that the data—financial-, patient-, payor-, and physician-specific information—provided to this entity are error-free, or that the use of the data will avoid differences of opinion or interpretation. This analysis was not prepared by PHC4. This analysis was done by the Patient Safety Authority. PHC4, its agents, and its staff bear no responsibility or liability for the results of the analysis, which are solely the opinion of this entity.

Figure 1. PA-PSRS Event Report Rates for Hospitals and ASFs From 2014 Through 2024



Note: Since rates are based on the event occurrence date, and not submission date, some rates may be slightly different than previously published. This is due to reports for events that occurred in prior periods being submitted after prior published results.

Results

Figure 1 shows rates by year from 2014 through 2024. With the addition of Q3 and Q4 data, the final hospital rate for 2024 increased by 0.2 points compared to the rate using only Q1 and Q2. The 2024 hospital rate of 32.4 represents the second increase since 2019 and has rebounded to a level comparable to 2020. For ASFs, the final rate for 2024 stayed the same as the rate using only Q1 and Q2. The 2024 ASF rate of 11.4 continued a significant upward trend (R^2=0.92, F(1,9)=110.78, $p < 0.0001$) from 2014 through 2024. The accompanying bar charts in **Figure 1** show rates for each of the four quarters of 2024 for hospitals and ASFs and show why 2024 final rates have values close to the rates based on Q1 and Q2 only.

Note

This analysis was exempted from review by the Advarra Institutional Review Board.

Data used in this study cannot be made public due to their confidential nature, as outlined in the Medical Care Availability and Reduction of Error (MCARE) Act (Pennsylvania Act 13 of 2002).[2]

References

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