AMERICA'S ESSENTIAL HOSPITALS

January 26, 2023

Robert Otto Valdez, PhD, MHSA
Director
Agency for Healthcare Research and Quality
5600 Fishers Lane
Rockville, MD 20857

Ref: Request for Information on Creating a National Healthcare System Action Alliance to Advance Patient Safety

Dear Director Valdez:

Thank you for the opportunity to comment on the above-captioned request for information. America's Essential Hospitals appreciates that the Agency for Healthcare Research and Quality (AHRQ), on behalf of the Department of Health and Human Services (HHS), seeks input from stakeholders on patient safety and related issues. Essential hospitals work tirelessly to address social drivers of health and provide efficient, high-quality care to all. Improving patient safety and care quality is important work for our association, its members, and the entire nation. As AHRQ and HHS look to establish the National Healthcare System Action Alliance to Advance Patient Safety (Action Alliance) to support patient safety improvements across care settings, we ask that the agencies consider the following comments on supporting essential hospitals in their health equity work and mitigating their obstacles to advancing patient safety while maintaining a mission to serve all.

America's Essential Hospitals is the leading champion for hospitals and health systems dedicated to high-quality care for all. Our more than 300 members provide a disproportionate share of the nation's uncompensated care, and three-quarters of their patients are uninsured or covered by Medicare or Medicaid. In 2020, people of color made up more than half of our members' discharges.[1] Further, a disproportionate number of essential hospitals' patients face sociodemographic challenges to accessing care, including housing instability, language barriers, and low health literacy. Essential Hospitals Institute, the research, education, dissemination, and leadership development arm of America's Essential Hospitals, works with essential hospitals to identify promising practices from the field, conduct research, and disseminate innovative strategies, all with an eye toward improving individual and population health, especially for people who face significant social and economic barriers to care.

Essential hospitals' commitment to serving all people, regardless of income or insurance status, and their diverse patient mix pose special challenges. Seven and a half million people in

[1] Clark D, Ramiah K, Taylor J, et al. *Essential Data 2022: Our Hospitals, Our Patients—Results of America's Essential Hospitals 2020 Annual Member Characteristics Survey*. America's Essential Hospitals. https://essentialdata.info. Accessed January 11, 2023.

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essential hospital communities have limited access to healthy food, and nearly 16 million live below the federal poverty line.[2] Uniquely situated to target these social determinants of health, essential hospitals are committed to serving these marginalized patients, but these circumstances compound challenges and strain resources, requiring flexibility to ensure essential hospitals can continue to provide safe and effective care. HHS should consider the following comments when developing the Action Alliance initiative.

1. The Action Alliance should work to identify the root causes of the decline in patient safety during the COVID-19 pandemic and lay the foundation for a more resilient safety culture.

The COVID-19 public health emergency's immediate and significant effects on hospital operations and care delivery were felt across care settings and have persisted even as COVID-19–related hospitalizations decrease and stabilize. Ongoing challenges from the protracted battle against COVID-19 and the consequential emotional toll on staff remain evident. Hospitals have reported recent setbacks to the impressive reductions in health care–associated infections and other complications they achieved for years prior to the pandemic. Today we feel the effect of disruptions in teams and teamwork, which is critical to quality, resulting from the extreme workforce challenges and trauma of the pandemic.

HHS first must identify the recognizable challenges and aspects of the pandemic-related disruptions to hospital patient safety efforts. For example, the Centers for Disease Control and Prevention (CDC) reported that, during the pandemic, hospitals were faced with extraordinary circumstances of increased patient caseload, staffing challenges, and other operational changes that limited the implementation and effectiveness of standard infection prevention practices.3 Supply chain disruptions reduced access to personal protective equipment, putting both patients and health care workers at risk, and upended workflows required redesign to mitigate infection spread. These challenges continue in many respects and must be recognized.

The role of COVID-19 cannot be ignored. For example, changes to standard lines of communication, physical environment, and human factors all are possible factors in hospitals' and clinicians' inability to maintain patient safety programs. Pandemic-related challenges were especially acute for resource-strapped essential hospitals, (e.g., infection prevention and control can be a significant challenge for hospitals without modern private patient rooms). With this information in hand, the Action Alliance can better identify evidence-based, quality improvement intervention options that target the root causes of the decline in patient safety because of the pandemic and help lay the foundation for a more resilient future system.

2. HHS should promote coordination across federal agencies to better support the Action Alliance as a voluntary initiative and look to existing national efforts to avoid duplication.

We support HHS as it renews its commitment to advancing patient and workforce safety. Essential hospitals long have been committed to reducing preventable harm. As a member of the national steering committee the Institute for Healthcare Improvement (IHI) convened in 2018, America's Essential Hospitals supports the IHI's National Action Plan to Advance Patient

[2] Ibid.
[3] Weiner-Lastinger L, Pattabiraman V, Konnor R, et al. The impact of coronavirus disease 2019 (COVID-19) on healthcare-associated infections in 2020: A summary of data reported to the National Healthcare Safety Network. *Infection Control & Hospital Epidemiology*. 2022;*43*(1):12–25.

Safety.[4] The plan draws on evidence-based practices, widely known and effective interventions, exemplar case examples, and recent innovations. Its content and recommendations center on four foundational areas that broadly affect safety across the continuum of care: culture, leadership, and governance; patient and family engagement; workforce safety; and learning systems. The plan includes implementation tactics, case examples, tools, and other resources to help hospitals and other health care organizations act on the recommendations and achieve progress in each of the four foundational areas. **We urge HHS to review the National Action Plan as it develops the Action Alliance to ensure national patient safety efforts are aligned and not duplicative.**

Patient safety does not exist in a silo. We appreciate that the proposed Action Alliance will bring together multiple stakeholders, including health care systems, clinicians, patients, and professional societies. **To effectively support health care systems and providers in advancing patient and workforce safety, HHS also must ensure effective coordination across federal agencies.** We support the Action Alliance as a voluntary initiative that can bring together HHS and other federal partners, including but not limited to the Centers for Medicare & Medicaid Services (CMS), CDC, and the Food and Drug Administration, to align efforts and share best practices around patient safety.

3. **The Action Alliance should consider issues of equity as part of its mission and provide resources to target the clinical and social factors that affect patient safety outcomes.**

America's Essential Hospitals applauds HHS for recognizing that "health care is not safe until it is safe for all." For essential hospitals, the journey to eliminate health care disparities is ongoing and began long before the COVID-19 pandemic. However, the pandemic shone a light on the reality our members face daily: that the communities they serve are plagued by social and economic disparities rooted in a history of structural racism. These inequities manifest as chronic stress and chronic medical conditions, traumatic injuries, substance use disorders, and other profound challenges for marginalized people.

For example, language barriers compromise the health of many limited English proficiency (LEP) individuals and communities by affecting their ability to access care and communicate with their health care providers. This, in turn, increases the risk of life-threatening errors, wrong procedures, preventable readmissions, and other adverse events.[5] It is critical that a patient safety initiative, including the proposed Action Alliance, considers the unique role of health equity and its interaction with patient safety.

Empowering patients to take charge of their own health and work collaboratively with their providers is critical to achieving high-quality health care, especially in settings that serve marginalized people. America's Essential Hospitals and its members continually advance work to improve cultural competency, increase health literacy, and provide communication and language assistance. To further HHS' and essential hospitals' shared goals of tackling health disparities and promoting patient safety, it is imperative the department recognizes the

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[4] National Steering Committee for Patient Safety. *Safer Together: A National Action Plan to Advance Patient Safety*. Boston: Institute for Healthcare Improvement; 2020. www.ihi.org/SafetyActionPlan.
[5] Karliner LS, Jacobs EA, Chen AH, et al. Do Professional Interpreters Improve Clinical Care for Patients with Limited English Proficiency? A Systematic Review of the Literature. *Health Services Research*. 2007;42(2):727–754. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1955368/. Accessed October 27, 2022.

resources these hospitals require to support the language access needs of their diverse patient populations.

Further, systemic racism and other harmful societal inequities tend to concentrate in certain populations. We encourage the Action Alliance to promote the collection and use of data to identify gaps in patient safety metrics related to social determinants of health, such as housing and food insecurity, as part of hospital quality improvement. Upon the identification of specific challenges and inequities, we encourage the Action Alliance to disseminate evidence-based interventions and tailored resources so that hospitals and other stakeholders can leverage their patient safety programs to advance equity.

As the Action Alliance compiles resources and identifies channels for dissemination of evidence-based programs to advance equity, we encourage HHS to leverage the Network of Quality Improvement and Innovation Contractors (NQIIC) program. The existing NQIIC infrastructure would be a logical and efficient way to support and disseminate this work. Established in 2018, the NQIIC program is designed as a potential 10-year, $25 billion contract vehicle to support health care improvement initiatives. It allows preselected contractors to work with the health care field to target public health, behavioral health, patient safety, care coordination, and chronic disease self-management—issues that are critical to advancing health equity and are focus areas for essential hospitals.

4. HHS should address challenges that impede the potential success of the Action Alliance, including workforce issues and administrative burden.

Hospitals continue to recover and emerge from the COVID-19 pandemic. As safety net providers, essential hospitals must balance efforts to advance patient safety with resources needed for existing and emerging priorities, including improving equity, addressing long COVID, harnessing the potential of telehealth, responding to climate change, expanding access to behavioral health care, complying with evolving standards and regulations, and supporting the well-being of health care workers.

HHS seeks to identify "non-financial resources to support the effectiveness of the Action Alliance." Today, workforce shortages and increased labor costs, as well as reporting burdens, challenge essential hospitals in meeting their commitment to advancing patient safety. Without additional funding to pay for increased costs associated with new patient safety initiatives, ongoing staff training, care redesign, and process changes, essential hospitals will be disadvantaged in their efforts to revamp patient safety. Further, The Action Alliance should address these challenges to better support health systems as they emerge from the pandemic and look to prioritize limited resources.

a. <u>The Action Alliance should address workforce issues, including rising labor costs, burnout, and turnover, which hinder the ability of essential hospitals to rebuild cultures of safety.</u>

The United States faces a significant and pervasive health care workforce shortage, especially in underserved communities. The pandemic has placed an enormous strain on essential hospital employees, with burnout at an all-time high. Demand for care forces essential hospitals to compete for staff with more financially stable, profitable systems, making recruitment and retention immediate concerns. Provider shortages have the potential not only to affect patient care but also to stretch staff's mental health to the limits, exacerbating challenges to maintaining a healthy workforce at sufficient levels.

Further, during periods of surge, many hospitals have been forced to rely upon staffing agencies and travel nurses to fill gaps in their facilities. Workforce turnover and contract or temporary staffing can impede the development of strong team processes and cultures, which are important for patient safety and good clinical outcomes. Further, turnover has been linked to worse patient experiences[6] and worse quality of care.[7] Adequate training and adherence to safety guidelines can be a challenge for workers, particularly during surge or with a primarily transient workforce. It is everyone's job to promote patient safety and to use evidence-based methods to strengthen team-based care. **It is important that the Action Alliance assist health systems in identifying effective learning methods to integrate travel nurses and other temporary staff quickly into the health care team to ensure these team members understand their role in supporting a facility's safety culture.**

The Action Alliance should aim to support a safe working environment for all health care workers by promoting policies that invest in health care workers' well-being. Working in health care is customer-focused, fast-paced, and physically demanding, leaving little room for self-care. Further, violence and intimidation in health care settings are increasing, and an unprecedented increase in violence in recent years is partly due to the COVID-19 pandemic.

Both the U.S. Surgeon General[8] and the National Academy of Medicine[9] released recommendations to address health care workforce burnout and well-being. Common themes include retaining a diverse and inclusive workforce, supporting staff with mental health and substance use services, reducing administrative burdens, and creating and sustaining a positive work environment. Recommendations require action from all stakeholders, though many focus on actions by hospitals and health care systems. However, the health care workforce shortage and current reimbursement models will make progress difficult. At essential hospitals, patients will continue to come first, leaving little time and funding to implement well-being initiatives, let alone initiate organizational cultural change. **HHS will need to invest in both evidence-based practices for health worker well-being and reimbursement models to make a real change in health care worker well-being.**

The composition, distribution, and training of the health care workforce also influence health equity and outcomes. Today, Black, Latino, and Native American individuals are significantly underrepresented in the health care workforce.[10] Challenges finding a health professional who reflects a patient's race and ethnicity can negatively affect a patient's experience and

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[6] Reddy A, Pollack CE, Asch DA, et al. The effect of primary care provider turnover on patient experience of care and ambulatory quality of care. *JAMA Internal Medicine*. 2015;175(7):1157–1162.
[7] Gandhi A, Yu H, Grabowski DC. High nursing staff turnover in nursing homes offers important quality information. *Health Affairs*. 2021;40(3):384–391.
[8] U.S. Surgeon General. *Addressing Health Worker Burnout: The U.S. Surgeon General's Advisory on Building a Thriving Health Workforce*. 2022. https://www.hhs.gov/sites/default/files/health-worker-wellbeing-advisory.pdf. Accessed October 17, 2022.
[9] National Academy of Medicine. *National Plan for Health Workforce Well-being*. 2022. https://nap.nationalacademies.org/read/26744/chapter/1. Accessed October 17, 2022.
[10] Salsberg E, Richwine C, Westergaard S. Estimation and Comparison of Current and Future Racial/Ethnic Representation in the US Health Care Workforce. *JAMA Network Open*. 2021;4(3):e213789. https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2777977. Accessed October 13, 2022.

outcomes.[11,12] In addition, the effects of the overall provider shortage in this country can be even greater for underserved populations, including people of color. Providers serving Medicaid beneficiaries and uninsured patients face high turnover rates and struggle to compete for staff with more financially stable systems serving less medically complex patients.

HHS must develop and sustain a diverse, inclusive, and cohesive health care workforce that reflects the country's multicultural communities; mitigate health disparities; and ensure quality and patient safety. As discussed in America's Essential Hospitals' white paper, *Leveraging Section 1115 Demonstrations to Drive Equity in Medicaid,*[13] and above, more training opportunities for physicians, nurses, allied health, and nontraditional providers are needed, as well as initiatives that will increase the diversity of the health care workforce and establish career pathways not only to mitigate the health care workforce shortage but also lessen its effect on patients. Further, a diverse and inclusive workforce will help to retain staff and reduce turnover that negatively affects quality and safety.

b. HHS should work with its agencies, including CMS, to reduce unnecessary administrative burden and promote innovative approaches to patient safety.

Essential hospitals have long supported quality measurement and pay-for-performance initiatives as vitally important tools for improving value. However, continued work to reduce the number of measures and reporting requirements is needed. **CMS should streamline quality measures across its programs to focus on high-impact, high-value quality measures that are meaningful to patients and promote improved outcomes while minimizing costs**. A set or several sets of "core measures" should be identified that could be used across CMS quality programs and private payer pay-for-performance programs. To the extent that measures are used in multiple CMS programs, there should be alignment in the efforts of hospitals, physicians, and others along the care continuum, to reduce unnecessary data collection and reporting efforts.

Additionally, as major providers of care to Medicaid and Medicare patients, essential hospitals adhere to the regulatory requirements and conditions of participation (CoP) they must meet to participate in these programs. CoP are process-oriented and cover every hospital service and department; they were put in place to protect the health and safety of patients. However, some of the requirements might become obsolete as the health care system evolves over time. Further, compliance with frequently changing CoP can place administrative burden, as well as financial stress to invest funds into compliance efforts, on some hospitals. **CMS should continue to review and revise obsolete, unnecessary, or burdensome provisions in CoP to ensure continued patient safety, as well as reduced regulatory burden on essential hospitals.** Overall, we urge CMS to provide hospitals the flexibility to shape their programs and policies in the way that best and most efficiently serves the needs of their patients, particularly as hospitals consider new and innovative ways to deliver care to their communities.

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[11] Cooper L, Roter D, Johnson R, et al. Patient-Centered Communication, Ratings of Care, and Concordance of Patient and Physician Race. *Annals of Internal Medicine*. 2003;139(11):907–15. https://pubmed.ncbi.nlm.nih.gov/14644893/. Accessed October 13, 2022.
[12] Takeshita J, Wang S, Loren A, et al. Association of Racial/Ethnic and Gender Concordance Between Patients and Physicians With Patient Experience Ratings. *JAMA Network Open*. 2020;3(11):e2024583. https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2772682. Accessed October 13, 2022.
[13] America's Essential Hospitals. *Leveraging Section 1115 Demonstrations to Drive Equity in Medicaid*. April 2022. https://essentialhospitals.org/wp-content/uploads/2022/04/Medicaid-1115-Equity-White-Paper-April-2022.pdf. Accessed October 17, 2022.

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We look forward to working closely with HHS and other health care organizations to advance patient safety through the Action Alliance initiative. If you have questions, please contact Senior Director of Policy Erin O'Malley at 202-585-0127 or eomalley@essentialhospitals.org.

Sincerely,

Bruce Siegel, MD, MPH
President and CEO