

Patient Safety Action Alliance

Request for Information (RFI) Summary Report

March 2023

Background:

At the direction of Secretary Becerra, the Department of Health and Human Services (HHS) launched a National Healthcare System Action Alliance to Advance Patient Safety. The “Action Alliance” is an initiative to support healthcare delivery organizations in implementing recommendations from the Safer Together: A National Action Plan to Improve Patient Safety report and similar frameworks <https://www.ahrq.gov/patient-safety/reports/safer-together>. The HHS co-created the Action Alliance with multiple Federal and nonfederal stakeholder partners such as healthcare systems, patients and families, professional societies, healthcare service researchers, insurers, the digital health sector, clinicians, employers, and others committed to advancing patient and workforce safety, to determine the greatest and most pressing needs of the larger healthcare community.

Focused on healthcare delivery, the Action Alliance is intended to support improvements across healthcare delivery settings (e.g., hospitals, skilled nursing facilities, ambulatory care settings, home care) and between settings of care. The Action Alliance welcomes all types of healthcare systems, including public, not-for-profit, and for-profit health systems; rural, suburban, and urban systems; and systems focused on caring for diverse populations.

As the Nation's healthcare delivery systems recover, transform, and emerge from the COVID-19 pandemic, there are many priorities, including improving equity, addressing Long COVID, harnessing the potential of telehealth and data sciences, responding to climate change, expanding access to behavioral healthcare, and supporting the well-being of healthcare workers. Patient safety is integral to all these priorities. Patient and healthcare workforce safety is not a separate priority; it is central to everything healthcare systems do. Recognizing that healthcare is not safe until it is safe for all, the Action Alliance will consider issues of equity as it strives to advance patient and workforce safety.

The Action Alliance will embody the four foundational areas from the National Action Plan:

1. **Culture, Leadership, and Governance:** to demonstrate and foster commitments to safety as a core value and promote the development of safety cultures.
2. **Patient and Family Engagement:** to instill the practice of co-designing and co-producing care with patients, families, and care partners to ensure their meaningful partnership in all aspects of care design, delivery, and operations.
3. **Healthcare Workforce Safety:** to ensure the safety and resiliency of organizations and workforces as a precondition to advancing patient safety with a unified, total systems-based approach to eliminate harm to both patients and the workforce.

4. **Learning System:** to foster networked and continuous learning within and across health care organizations at all levels to encourage widespread sharing, learning, and improvement.

The Agency for Healthcare Research and Quality (AHRQ), on behalf of the HHS published a Federal Register notice ([Federal Register: Request for Information on Creating a National Healthcare System Action Alliance To Advance Patient Safety](#)) that officially called on diverse stakeholders and customers to respond to a Request for Information (RFI) and provide written comments. Specifically, the RFI sought input on how the Action Alliance can be most effective and sought comments about innovative models of care, approaches, promising strategies, and solutions for overcoming some of the common impediments to safety being experienced in healthcare today. The RFI will help to inform HHS's work and more specifically the work of the Action Alliance. This RFI is for planning purposes only and should not be construed as a policy, solicitation for applications, or as an obligation on the part of the Government to provide support for any ideas in response to it. HHS will use the information submitted in response to the RFI at its discretion and will not provide comments to any respondent's submission. However, responses to this RFI may be reflected in future initiatives, solicitation(s), or policies. The public comment period was open between December 12, 2022, and January 26, 2023.

In response to the RFI, AHRQ received a total of 99 comments ranging from a paragraph to reports over 20 pages in length. AHRQ heard from a range of stakeholders from across the country, including healthcare systems, patient-led organizations, membership organizations, for-profit organizations, colleges and universities, non-profit organizations, and individuals. All written submissions were individually reviewed by AHRQ staff. The following provides a high-level overview of comments and AHRQ's analysis.

The RFI requested comments on the following questions:

1. What can HHS bring to the Action Alliance in terms of coordination, alignment, tools, training, and other non-financial resources to support the effectiveness of the Action Alliance in assisting healthcare delivery systems and others in advancing patient and healthcare worker safety?
2. How can the voluntary Action Alliance most effectively support healthcare delivery systems and other stakeholders in advancing patient and workforce safety? Are there specific priorities for different types of systems or setting of care? What stakeholders should be part of the Action Alliance to make it most effective?
3. What are other national patient and workforce safety initiatives that the Action Alliance should be aware of and how can the Action Alliance best collaborate, coordinate, and avoid duplication with them?
4. How can the Action Alliance best support healthcare systems in advancing healthcare equity within their patient and workforce safety efforts, including through redesign of care delivery?

5. Are there specific practices or innovations that healthcare delivery systems or others have implemented during or post-pandemic, including practices focused on populations that experience health disparities and individuals living in rural communities, that others could benefit from learning about? Please share any specific details and sharable outcomes data regarding innovations if applicable.

6. What are the main challenges healthcare delivery systems and others are facing in meeting their commitments to advancing patient and healthcare worker safety as they emerge from the pandemic? Are there challenges that are specific to different types of systems, settings of care, or populations of people?

RFI Findings and Key Themes:

Question 1: What can HHS bring to the Action Alliance in terms of coordination, alignment, tools, training, and other non-financial resources to support the effectiveness of the Action Alliance in assisting healthcare delivery systems and others in advancing patient and healthcare worker safety?

Respondents highlighted the following ways HHS can support the effectiveness of the Action Alliance:

- Provide a clear vision, mission, strategic goals, priorities, governance structure, roles, and expectations for the Alliance members.
- Convene stakeholders and experts to develop solutions for workplace safety challenges.
- Provide resources, tools, and training to ease the workflow burdens faced by healthcare professionals.
- Training that is as consolidated as possible would be helpful. Multiple hour-long trainings are no longer beneficial or realistic. Toolkits with actual defined interventions would be helpful instead of high-level nonspecific recommendation. Those tools should include policy and procedure guidance, competency validation tools, access to all education tools free of charge, web-based resources that are accessible in multimodule formats: web, mobile, Android & Apple accessible.
- Serve as a coordinator across Federal departments, agencies, and offices that work on patient and workforce safety (e.g., CMS, OSHA, etc.).
- The Alliance should provide a central repository of lessons learned, best practices, and harm events.
- Educate traveling nurses on universal standards and require training prior to working in a new hospital.
- Encourage patients to engage in their own safety.
- Facilitate improving physician-patient communication.

Question 2: How can the voluntary Action Alliance most effectively support healthcare delivery systems and other stakeholders in advancing patient and workforce safety? Are

there specific priorities for different types of systems or setting of care? What stakeholders should be part of the Action Alliance to make it most effective?

There was overwhelming support for and requests for inclusion in the Action Alliance. Additionally, respondents stated that it would be important to work across all care settings. Key areas of focus and priorities that were repeatedly noted included:

- The Action Alliance should ensure that its focus is across the entire continuum of care by creating specific subgroups or tracks for areas such as primary care, nursing homes, specialty care, ambulatory surgery, home care, and telemedicine.
- The Alliance should focus on settings beyond inpatient (e.g., skilled nursing facilities, home care, etc.).
- Cultivate best practices ('what works') and spread widely.
- Bring urgency and coordination among agencies & stakeholders.
- Understand the budgetary and financial elements of any advancement to patient care.
- The Action Alliance should address workforce issues, including rising labor costs, burnout, and turnover, which hinder the ability of hospitals to rebuild cultures of safety.
- Support coordination of care efforts, particularly for patients with behavioral health and developmental disabilities.
- Establish standards and best practices under each domain from the National Action Plan that intentionally addresses the 17 recommendations.
- Engage with existing coalitions to enhance the work that is already being done, as opposed to reinventing the wheel (avoid duplication).
- Identify gaps in safety to be addressed (near and in the distant future).
- Incentivize/encourage transparency.
- Strengthen partnerships and communication between providers and patients.

Question 3: What are other national patient and workforce safety initiatives that the Action Alliance should be aware of and how can the Action Alliance best collaborate, coordinate, and avoid duplication with them?

Respondents shared several national patient safety and workforce safety initiatives which the Action Alliance should be aware of to leverage resources, expertise, and avoid duplication of effort, some of which are listed below:

- Institute for Healthcare Improvement (IHI): The Lucian Leap Institute
- American Society of Anesthesiologists (ASA)
- National Steering Committee for Patient Safety
- American Association for Nurse Anesthesiology (AANA)
- Center for Medicare & Medicaid Services (CMS)
- The Office of the National Coordinator for Health Information Technology (ONC)
- The Joint Commission – National Patient Safety Goals
- The Children's Hospitals' Solutions for Patient Safety Collaboration
- Occupational Safety and Health Administration (OSHA)
- ECRI

- Workplace Change Collaborative – National Framework on Burnout and Moral Injury in the Health Workforce
- AHRQ, Patient Safety Organizations (PSO's)
- Work around maternal morbidity & mortality

Question 4: How can the Action Alliance best support healthcare systems in advancing healthcare equity within their patient and workforce safety efforts, including through redesign of care delivery?

Based on the comments received, there is strong support for ensuring an equal healthcare delivery system and that equity is a key component of the Action Alliance.

The following key points were frequently mentioned:

- 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.
- Define and develop an equity-based scope of work and establish target goals.
- Develop and train a diverse healthcare workforce.
- 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.
- Collect standardized data to help identify healthcare disparities.
- Review healthcare policies that may serve as barriers to care.
- Build knowledge around health equity (e.g., LGBTQ+ specific material to the curriculum of medical, nursing, and pharmacy schools).
- Support efforts to share best practices to advance health care equity.
- Advocate for incentives for smaller organizations to help them implement equity interventions.
- Maximize full utilization of healthcare professionals (i.e., pharmacists, nurses).
- Invest in the public health infrastructure & community health programs.
- Ensure access to the most advanced, safest technologies for all patients.

Question 5: Are there specific practices or innovations that healthcare delivery systems or others have implemented during or post-pandemic, including practices focused on populations that experience health disparities and individuals living in rural communities, that others could benefit from learning about? Please share any specific details and sharable outcomes data regarding innovations if applicable

The following practices and/or organization-specific innovations were mentioned by respondents:

- The use of telehealth programs, especially the ability to provide access and care for high-risk patient populations (e.g., COVID, postpartum women for hypertension management,

mental health management and coordinated substance use disorder support among others).

- The need for support for pandemic telemedicine policies to remain in effect.
- Development of a standardized de-escalation training for all security professionals and a three-tiered workplace violence program.
- Development of new healthcare equity standards to help address disparities caused by health-related social needs.
- PSO Safe Tables: The utilization of the PSO structure to convene and facilitate open discussions and shared learning within a safe space.

Question 6: What are the main challenges healthcare delivery systems and others are facing in meeting their commitments to advancing patient and healthcare worker safety as they emerge from the pandemic? Are there challenges that are specific to different types of systems, settings of care, or populations of people?

Respondents noted several challenges that healthcare delivery systems and others are facing, which were grouped into the following larger categories: workforce safety, technology, and measurement. The challenges are relevant across all care settings. Particular high-risk patient populations identified included the pediatric population, the elderly, and maternal patients.

Workforce safety issues consistently noted:

- Physical & psychological safety issues, (i.e., burnout, mental health, workplace violence, verbal abuse)
- Infection control and prevention (HAIs), protecting the workforce
- Ergonomic safety
- Staffing turnover and retention
- Staffing reimbursement rates
- Training (i.e., technology, security, de-escalation)
- Availability of equipment and personal protective equipment (PPE)

Technology issues consistently noted:

- Telemedicine: advantages and disadvantages of adoption
- Electronic health records (EHR)s
- Technology infrastructure
- Interoperability/API integration
- Training for staff
- Access
- HHS should consider the additional costs of sustaining healthcare emergency reimbursement rates related to technology, increased security officers, staff education, situational awareness, de-escalation training, and Care for the Caregiver.
- Innovations
- Artificial Intelligence/Machine Learning (i.e., infection control)
 - Establishing standards
- Cybersecurity risks

Measurement issues consistently noted:

- Data requirements (competing and duplicative)
- Require collection of broad disparity data (i.e., race, ethnicity, sex, gender)
- Burden of measurement
- Training
- Outcome-focused (actionable)
- Lagging vs real-time data for the purpose of measuring the Action Alliance progress
- Mandatory reporting of harms data
- Alignment across government agencies & State health organizations (the need for consistent measurement)

Select quotes

A few poignant quotes shared from respondents are included below:

“We don’t compete when it comes to safety.”

“Today, workforce shortages and increased labor costs, as well as reporting burdens, challenge 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, hospitals will be disadvantaged in their efforts to revamp patient safety.”

“Please remember that equity is not just a matter of skin color, language and national origin, but that there are many other subgroups subjected to bias for medical reasons: the mentally ill, the obese, the addicted, the disabled, the elderly, the impoverished, the female.”

“Funding and human capital resources—it takes money, time, and effort to train staff on safety protocols and implement quality improvement systems.”

“By and large, the U.S. does not account for medical care injuries and deaths in our vital statistics, as they are often omitted as causes and/or contributing factors on death certificates. This leaves a blank space on the CDC's annual list of leading causes of death. Where it should say 'medical care harm/injuries,' it's blank. How can we raise awareness if it's invisible to the public?”

“After more than 20 years of research and policymaking in the field of patient safety, we still do not know the magnitude of harm.”

“A number of actions, such as reducing socioeconomic determinants of health, boosting cultural competency within the healthcare personnel, and utilizing data and technology, can support healthcare systems in improving healthcare equity. In order to reduce health inequalities and increase access to healthcare for underserved people, it is essential to address socioeconomic determinants of health, such as poverty, education, and housing, according to a scientific study by the World Health Organization (2020).”

Conclusion:

HHS and AHRQ are grateful for the collaboration and participation of stakeholders in providing feedback on the National Healthcare System Action Alliance to Advance Patient Safety. Stakeholder comments are very important and will help determine the trajectory of the Action Alliance.

From the RFI comments, it is evident that there is wide support for the Action Alliance and that safety must be emphasized across all care settings and that healthcare must be safe for all. There is a distinct call for transparency, innovation, creation of an action-oriented, learning, and sharing network, and a commitment to non-competition on safety.