



NATIONAL ACTION ALLIANCE
for Patient and Workforce Safety

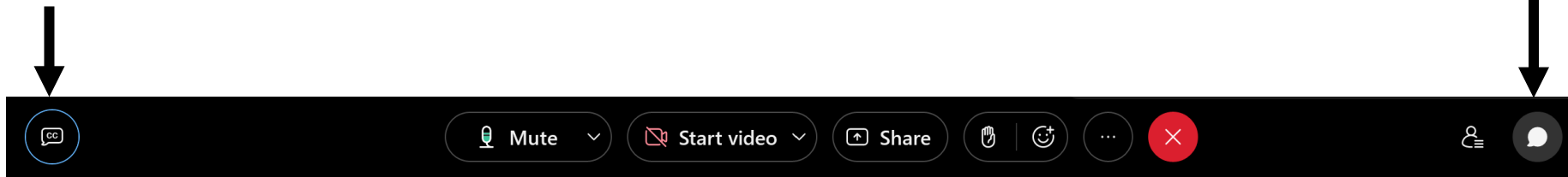
The National Action Alliance for Patient and Workforce Safety - What, Why, and How?

NATIONAL WEBINAR

April 23, 2024

Housekeeping Notes

- This webinar will be recorded and available for viewing on the NAA website
- Please use the 'Chat' function to engage with us throughout to webinar and to ask any questions.
- Closed Captioning (CC) is available.



Questions to Run On

- How are we partnering with federal agencies, private partners, healthcare systems, patients and families, and others to achieve the aims of the National Action Alliance?
- How will we collectively share information, promising practices, and lessons learned through this learning system?

Welcome



**Robert Otto Valdez, Ph.D., M.H.S.A.
Director, Agency for Healthcare Research and Quality**

Perspectives from a Patient and Workforce Safety Champion



Vonda Vaden Bates

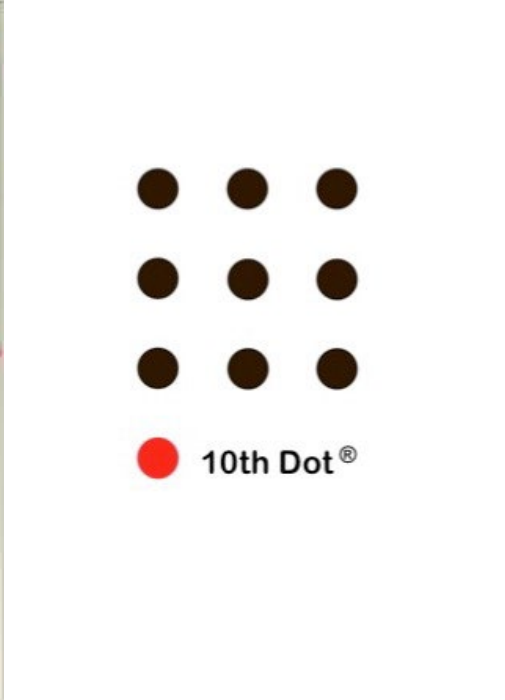
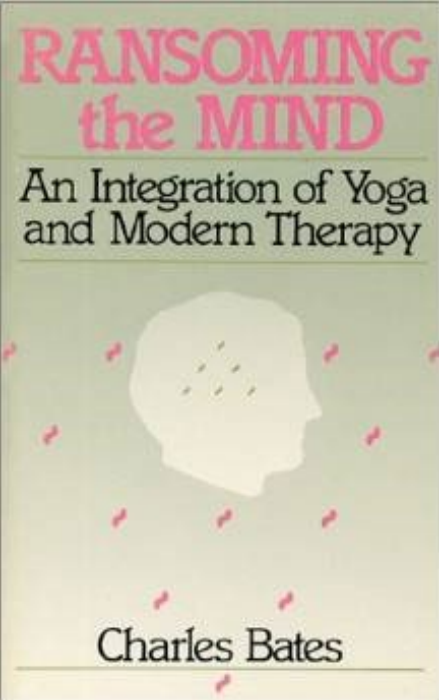


Yogiraj Charles Bates' Hospital Deterioration Experience

A Widow's Perspective on Patient Safety

Our Family 2009





charles bates
Yoga Classes and Recent Paintings

A piece of artwork showing a man in a meditative pose (Padmasana) in front of a black and white geometric abstract background. The man is shirtless and wearing a necklace.

Opening: Reception May 22, 1973 7:30pm
charles bates studios

807 Hennepin Minneapolis, Mn. 612-333-8384
For Special Information and Tours:
Studios will be open May 22 thru May 28
11:00 am to 4:00 pm



PIGS eat

A stylized purple paw print graphic with five toes.

WOLVES

Going into partnership with your dark side

Charles Bates



Charles' HA-VTE

Symptoms of DVT

1. Pain in lower left calf
2. Fever
3. Elevated D-dimer

Symptoms of PE

1. Sudden chest pain
2. Anxiety
3. Labored breathing
4. Low oxygen saturation
5. Inability to complete physical therapy due to sudden collapse
6. Tonic-clonic seizures



Blind Spots

1. Exclusive focus on Charles' brain bleed and deference to neurosurgery
2. Little to no focus on complications from hospitalization and surgery
3. Kind care was confused as safe care
4. Passing off of accountability
5. Safety awareness was not evident for patient or staff





Group Processing

‘WE’ is our Why

What is your Why?

A person is sitting in a field of dandelions, looking towards the sun. The scene is captured in a soft, golden light, suggesting a sunset or sunrise. The person is in the foreground, slightly out of focus, and the dandelions are in sharp focus. The sun is in the upper right corner, creating a bright glow and lens flare. The overall mood is peaceful and contemplative.

**Personalize
Symbolize
Energize**



Hogiraj: Nu
We

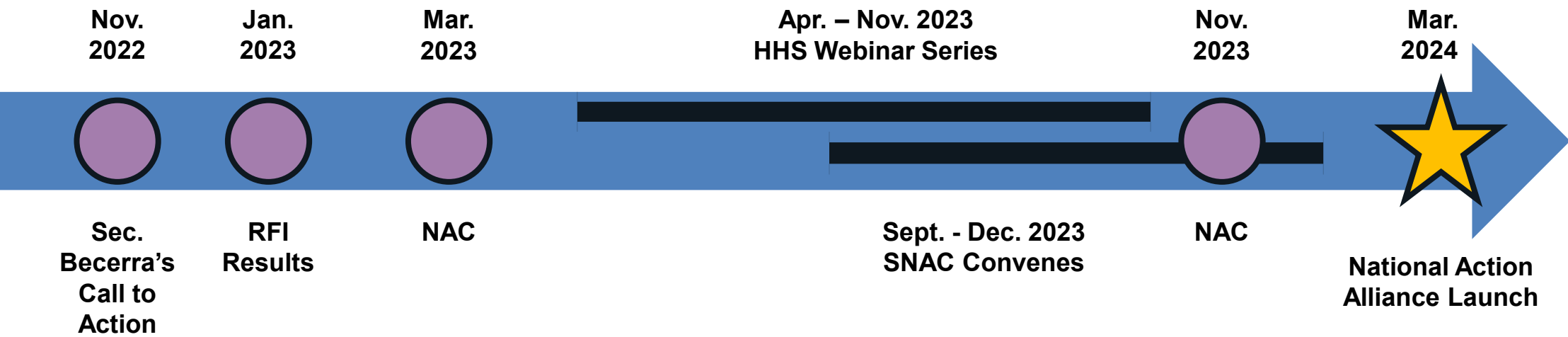


National Action Alliance Overview and Updates



Craig A. Umscheid, M.D., M.S.
Director, Center for Quality Improvement and Patient Safety
Agency for Healthcare Research and Quality

National Action Alliance Timeline



NATIONAL ACTION ALLIANCE for Patient and Workforce Safety

Subcommittee of the National Advisory Council:
Informing the National Action Alliance to Advance Patient and Workforce Safety

Final Report: December 19, 2023

Submitted by:
Lucy A. Savitz, Ph.D., MBA on behalf of the AHRQ Subcommittee

Five Aims of the National Action Alliance for Patient & Workforce Safety

A Total Systems Approach to Safety Informed by Safety Assessments

Strengthen
safety
competencies

Empower the
patient's
voice

Safety by
design



Learning and Research Network

- 1. Advance Organizational Safety Strategies Using Safety Self-Assessments**
 - Make commitment
 - Perform safety self-assessments
 - Enact safety strategy based on identified gaps
- 2. Empower the Patient's Voice in Safety Strategy**
 - Safety event submissions
 - Inclusion in event review
 - Input on safety initiatives
 - Communication and resolution programs
- 3. Make Healthcare Safer by Design**
 - Address five high-priority safety engineering needs
- 4. Strengthen Safety Competencies**
 - Develop, adopt, and report for all team members
- 5. Launch Learning and Research Network**
 - Encourage learning and sharing across network
 - Spotlight change leaders
 - Promote robust measurement
 - Research to address high-priority needs

Using the 2020 National Action Plan for Safety to Inform Safety Self-Assessments

- **Culture, Leadership, Governance**

- Leader annual reviews incorporate safety
- Regular safety culture surveys

- **Patient and Family Engagement**

- Actively engaged PFACs
- Analyzing data using “equity lens”

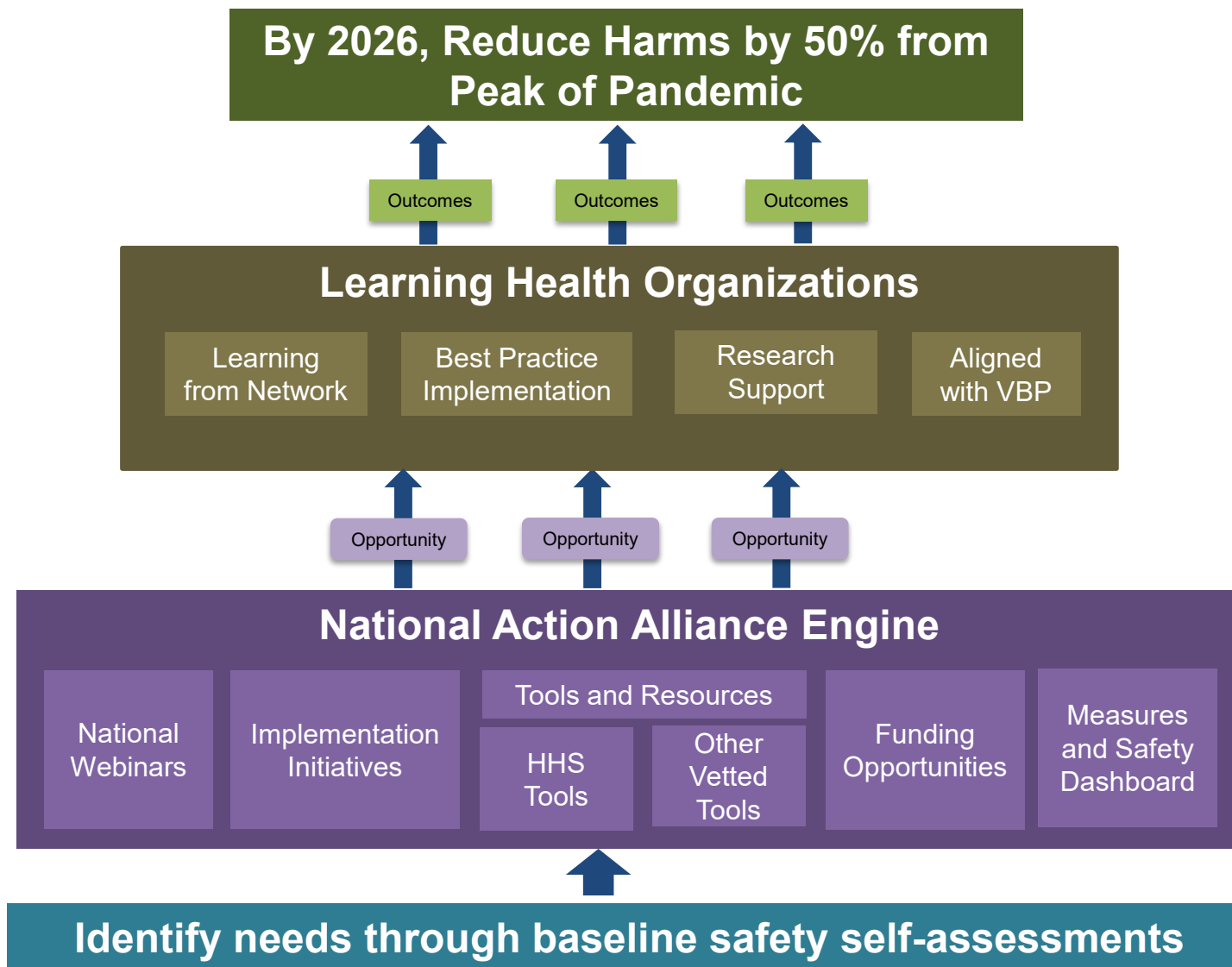
- **Workforce Safety**

- Explicit worker safety strategy
- Occupational safety experts

- **Learning Healthcare Systems**

- Defined safety competencies for all workers
- Regular participation in learning networks

Engaging the National Action Alliance Engine to Power Safe Care Everywhere, Zero Preventable Harm for All



Examples of Tools, Funding Opportunities, and Implementation Initiatives from AHRQ

Culture, Leadership, and Governance

- **Surveys on Patient Safety Culture** (tool)

Patient and Family Engagement

- **TeamSTEPPS 3.0** (tool & implementation initiative)
- **CANDOR** (tool)

Workforce Safety

- **New AHRQ R01: Systems-Based Approaches to Improve Patient Safety by Improving Healthcare Worker Safety and Well-Being** (up to \$2M in funding)

Learning System

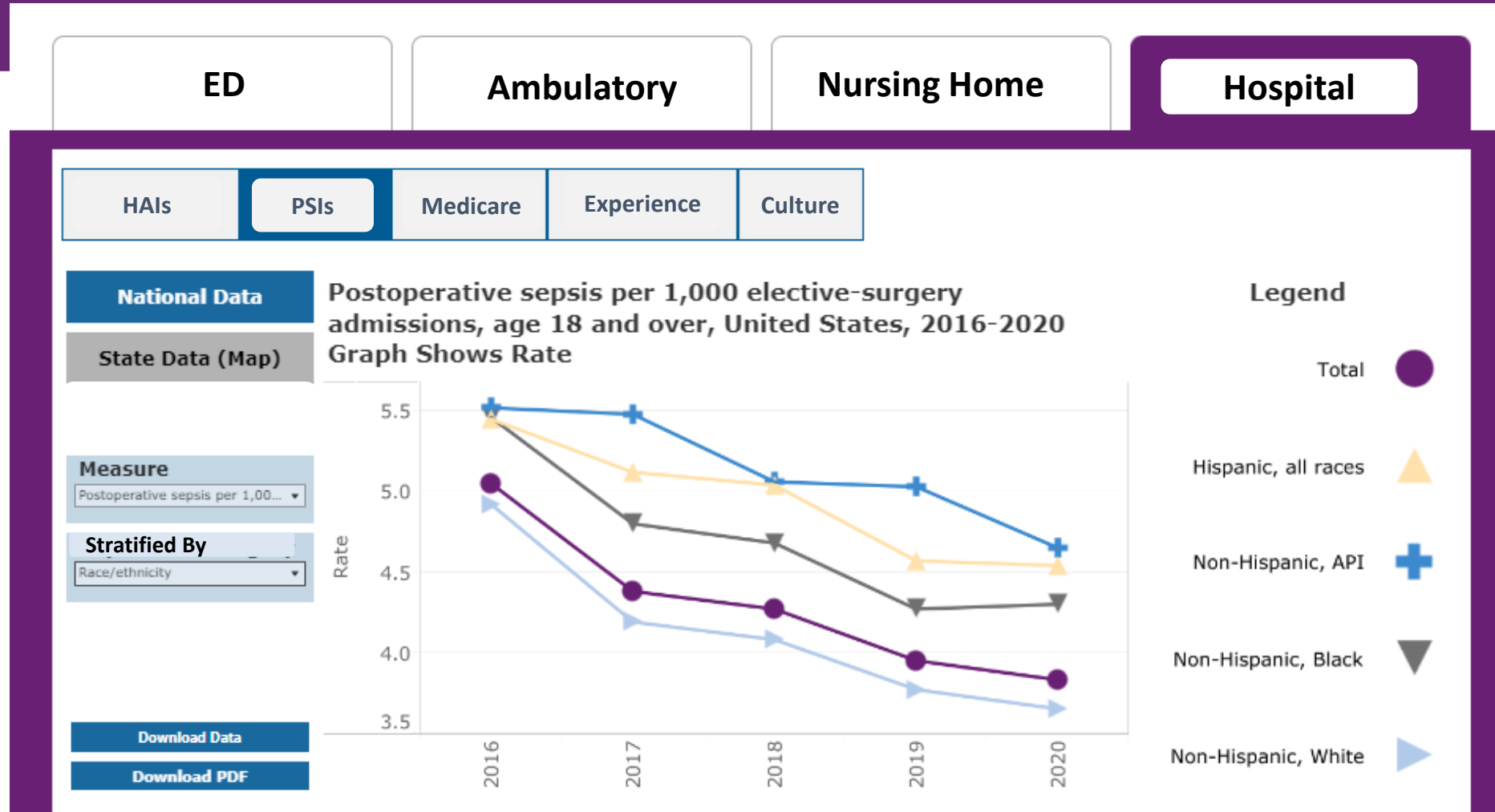
- **PSNet** (tool)
- **Calibrate Dx: Resource to Improve Diagnostic Decisions** (tool & implementation initiative)

Proposed CMS Patient Safety Structural Measure

Domains 1, 2, and 3

PSSM Domain	Key PSSM Specifications
Domain 1: Leadership Commitment to Eliminating Preventable Harm	<ul style="list-style-type: none">• C-suite oversees <u>safety self-assessment</u> and resulting plan and metrics
Domain 2: Strategic Planning	<ul style="list-style-type: none">• Strategic plan publicly shares hospital commitment to <u>“zero preventable harm”</u>• Safety goals include use of <u>metrics to identify and address disparities in safety</u>• Hospital requires <u>implementation of a patient safety curriculum and competencies for all staff</u>• Hospital has <u>action plan for workforce safety</u>
Domain 3: Culture of Safety & Learning Health System	<ul style="list-style-type: none">• Hospital conducts <u>hospital-wide culture of safety survey</u>• Hospital implements:<ul style="list-style-type: none">• <u>Team communication training</u>• Use of <u>human factors engineering principles in design of devices</u>• Hospital <u>participates in large-scale learning network(s) for patient safety</u>

Proposed National Healthcare Safety Dashboard



Adapted from current AHRQ NHQDR data tool:
<https://www.ahrq.gov/data/data-tools/index.html>

Committing to the National Action Alliance for Patient and Workforce Safety

- 1. Championing patient and workforce safety** by designating an Executive Lead accountable for safety
- 2. Performing an organizational safety self-assessment** and implementing a safety plan that addresses gaps, including in healthcare equity
- 3. Empowering the patient's voice** in all aspects of safety
- 4. Strengthening safety competencies** for all team members
- 5. Collaborating when it comes to safety** by sharing lessons learned and using and contributing to safety resources as an active Alliance participant

**NATIONAL
ACTION
ALLIANCE**
for Patient and
Workforce Safety

The National Action Alliance Website Serves as a Hub to Foster Engagement

National Action Alliance for Patient and Workforce Safety



Overview of the National Action Alliance for Patient and Workforce Safety

Learn more about the mission of the National Action Alliance

Webinars

Upcoming on webinars hosted on behalf of the National Action Alliance.

Background

Further information

Areas of Interest



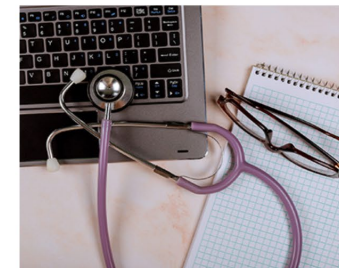
[Select HHS Safety Resources](#)

Additional resources on safety from AHRQ and the CDC.



[Subcommittee of the National Advisory Council](#)

Recommendations to inform the National Action Alliance



[Overview and Call to Action Webinar](#)

The first webinar, held on April 25, highlighted the initiative's primary activities.

<https://www.ahrq.gov/action-alliance/index.html>

Federal Partner Perspectives: CMS



Michelle Schreiber, MD
Deputy Director, Center for Clinical Standards and Quality
Director of the Quality Measurement and Value-Based Incentives Group
Centers for Medicare & Medicaid Services



Advancing Safety:

Promoting Zero Preventable Harm Through the CMS National Quality Strategy

Michelle Schreiber, MD

Deputy Director, Center for Clinical Standards and Quality

Centers for Medicare & Medicaid Services



CMS National Quality Strategy Goals

The Eight Goals of the CMS National Quality Strategy are Organized into Four Priority Areas:



Equity

Advance health equity and whole-person care



Engagement

Engage individuals and communities to become partners in their care



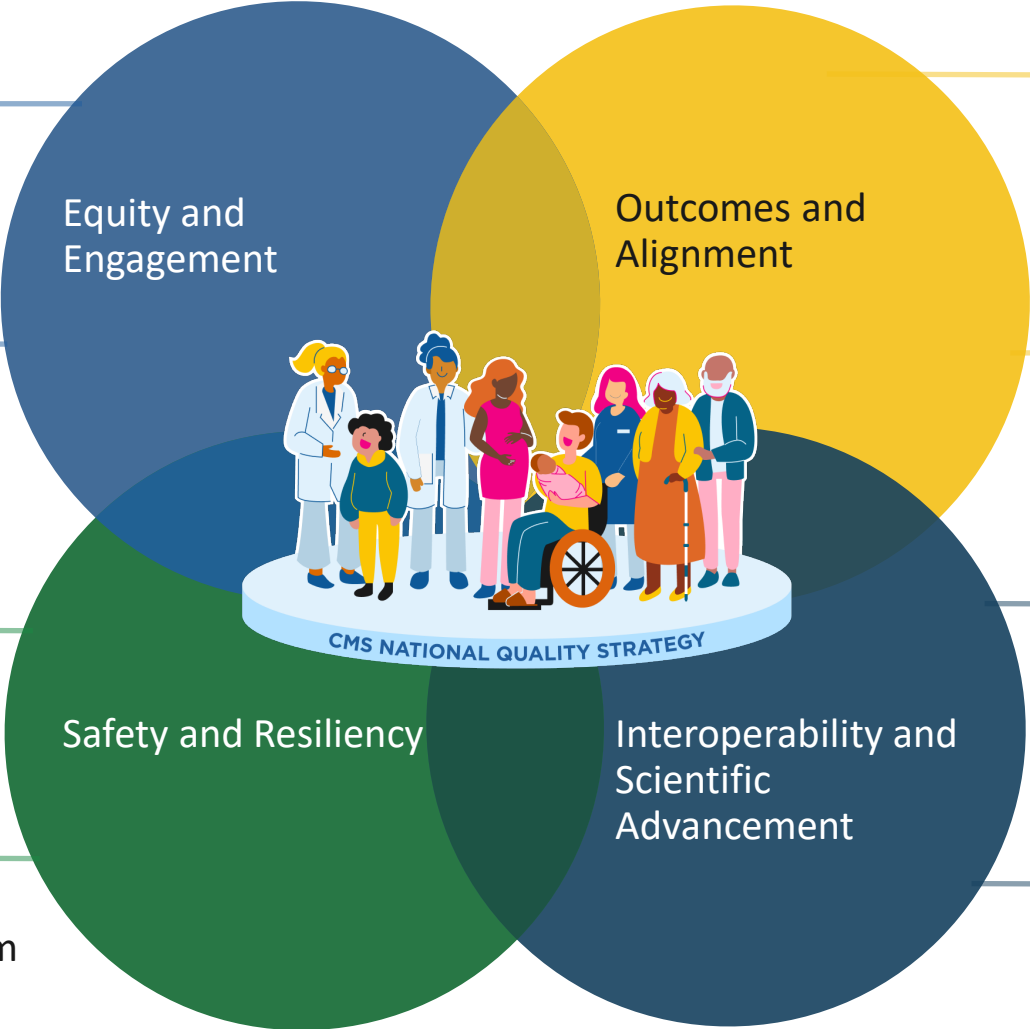
Safety

Achieve zero preventable harm



Resiliency

Enable a responsive and resilient health care system to improve quality



Outcomes

Improve quality and health outcomes across the care journey



Alignment

Align and coordinate across programs and care settings



Interoperability

Accelerate and support the transition to a digital and data-driven health care system



Scientific Advancement

Transform health care using science, analytics, and technology





Safety: Achieve Zero Preventable Harm

OBJECTIVE

Improve performance on key patient safety metrics through the application of CMS levers such as quality measurement, payment, health and safety standards, and quality improvement support

KEY ACTIONS TO DRIVE IMPROVEMENTS IN SAFETY AND REDUCE HARM

Expand transparency to increase accountability for safety

- Increase publicly reported quality and safety information to empower individuals to be critical partners in their care and encourage providers to improve care

Drive improvements in safety through meaningful incentives, quality initiatives, and regulatory oversight

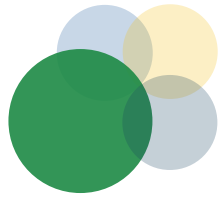
- Support efforts to promote a holistic safety culture to reduce harm and address system-level flaws

Promote safety initiatives that protect the health care workforce

- Provide oversight and technical assistance interventions to ensure a safe working environment

Improve safe use and security of electronic health records (EHRs) and personal data

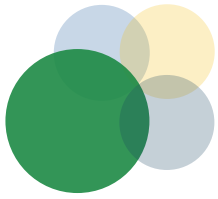
- Facilitate patient safety by advancing the secure use of EHRs through technology requirements and incentive programs



Spotlight: Health Care System Resilience for Safer Care

- CMS releases [draft 13th Statement of Work](#) for the [QIO Program](#):
 - Continues to focus on infection prevention and control, adverse drug events, and safety events
 - Directs resources to impact health care workforce challenges
 - Positions QIOs as the Agency’s “ready resource” to be deployed as needed
- National campaign to develop a resilient nursing home workforce:
 - Partners with Health Resources and Services Administration (HRSA) and others to simplify career paths in nursing homes
 - Builds on actions through the [HHS Health Workforce Initiative](#), including the [HRSA Nursing Workforce Awards](#) to train more nurses and grow the nursing workforce
- Maternal and Infant Health Initiative works with states to improve maternal health outcomes:
 - Provides resources through the [Improving Postpartum Care Learning Collaborative](#) and [the toolkit on Increasing Access, Quality, and Equity in Postpartum Care in Medicaid & CHIP](#)
 - Recognizes hospitals committed to creating a culture of safety with the [“Birthing-Friendly” Hospital Designation](#)





Spotlight: Key CMS Safety Levers

Safety
Reporting

CMS'
Measurement
Portfolio

Technical
Assistance

Conditions of
Participation

Engagement

Public
Reporting

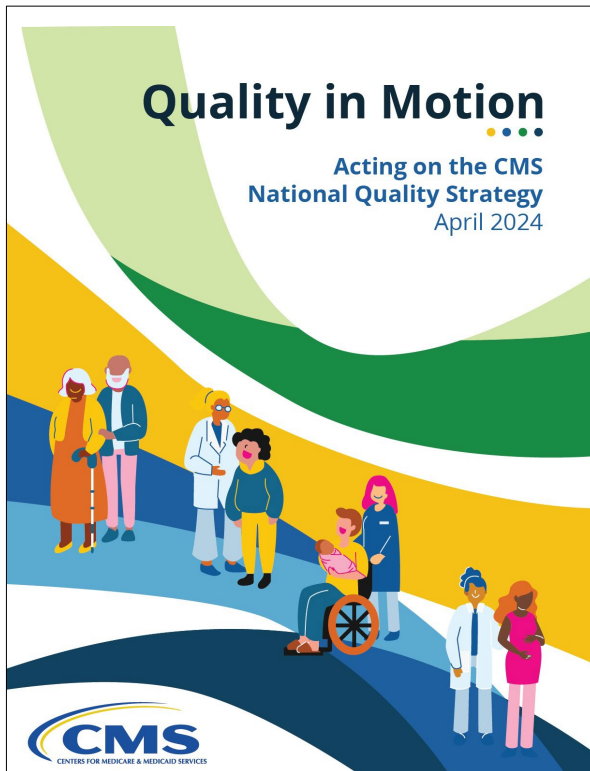
Payment
Policies

Safe Use of
Technology

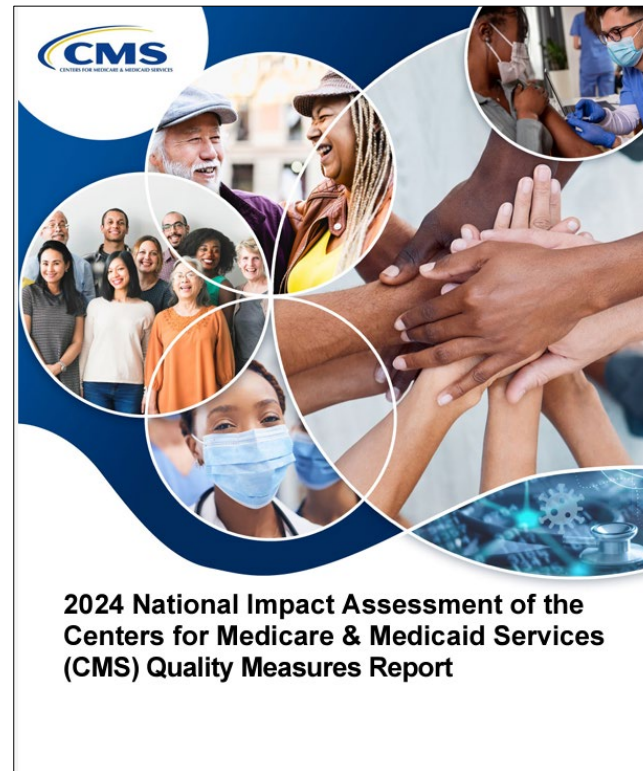
CMS Safety Measurement Portfolio

- CMS has 77 measures across programs, including:
 - **52 measures across hospital settings**
 - **14 measures across PAC/LTC settings**
 - **15 measures in MIPS**
 - **22 measures are across multiple programs**
- The following measures were on the 2023 Measures under Consideration List and reviewed by a multi-stakeholder group.
 - **Hospital Harm - Falls with Injury**
 - **Hospital Harm - Postoperative Respiratory Failure**
 - **Patient Safety Structural Measure**

Reports and Resources



**Quality in Motion:
Acting on the CMS NQS**



**2024 National
Impact Assessment**

The screenshot shows the CMS.gov Measures Inventory Tool interface. It includes a search bar, filter buttons for 'Active' and 'Safety', and a table of measures.

Add to Measure Comparison	CMIT ID	Program-Specific Version Title
Add	00031-01-C-MIPS	Adult Primary Rhegmatogenous Retinal Detachment Surgery: No Return to the Operating Room Within 90 Days of Surgery
Add	00045-01-C-ASCQR	All-Cause Hospital Transfer/ Admission

**CMS Measures
Inventory Tool (CMIT)**

Federal Partner Perspectives: CDC



Amanda Carnes, MPH
Communications Specialist
Centers for Disease Control and Prevention

Project Firstline: Improving Patient & Workforce Safety through Infection Control Education and Training

Amanda Carnes, MPH
April 23, 2024



A New Approach to Education & Training

Project Firstline is a national training and education collaborative aimed at **increasing infection control knowledge and understanding** among the **frontline healthcare workforce**.



Project Firstline is committed to providing clear and effective infection control resources based on:

- adult learning expertise
- education and communication best practices
- CDC's infection control recommendations and the science that informs them
- diverse learning needs and preferences of the healthcare workforce

Expanding Reach Through Partnerships

- As a collaborative, Project Firstline brings together more than **80 partners** to reach a wide range of healthcare audiences and settings across the country
 - Clinical and healthcare partners
 - Public health partners
 - Academic partners
 - Community college partners
 - 64 state, local, and territorial health departments

Grounded in Audience Research



Findings: Experiences with Traditional Training

- Research with healthcare workers (HCWs) found that:
 - Formal training was generic, infrequent, unengaging, outdated, inaccessible
 - Informal training was unstandardized, disjointed
- In addition, traditional training was perceived as:
 - Disconnected from work experience
 - Failing to acknowledge the “why”
 - Not associated with professional growth
 - A barrier to empathetic patient care

Listening & Responding to Healthcare Workers

- Appreciates the value of every healthcare worker
- Addresses equity and accessibility by developing educational resources that follow principles of adult learning and respond to diverse learning needs and preferences
- Recognizes that bandwidth is low
 - Provides "bite-sized" content that's tailored for practice and allows integration into the workday
 - Utilizes channels and platforms that reach audiences where they are with information they need to effectively practice infection control

Project Firstline's Varied & Situational Approach

- Frames content in ways that:
 - Tap into intrinsic work-related motivations
 - Teach the "Why" as much as the "What" and "How"
- Uses language and tone that is both accurate, accessible and actionable, while also being
 - Approachable
 - Conversational
 - Thoughtful
 - Intentional

Communicating with a Health Equity Lens

- Avoid perpetuating inequities in communication when framing information about health disparities
- Work with partners to adapt messaging and products to specific cultural, linguistic, environmental, and historical situations of audience
- Address all people inclusively and respectfully
 - Use person-first language
 - Avoid unintentional blaming
 - Use preferred terms for select population groups
 - Choose images carefully
 - Avoid stereotypes and ensure equity of status

Fact Sheets

Follow these recommended healthcare **Infection Control Actions** to stop the spread of viral respiratory infections like influenza, RSV, and COVID-19.

Respiratory viruses spread by respiratory droplets, very large to very small. Masks block these droplets.

When needed & used correctly, respirators filter respiratory droplets as air is breathed in & out.

Wearing masks & respirators in healthcare facilities will protect you, your patients, and your coworkers.

CDC U.S. Department of Health and Human Services Center for Disease Control and Prevention PROJECT FIRSTLINE cdc.gov/ProjectFirstline

Training Toolkits

Infection Control Micro-Learns User Guide

About the Micro-Learns
The Project Firstline Infection Control Micro-Learns are a series of guided infection control education modules that provide brief, on-the-job educational opportunities. Each micro-learn focuses on a single infection control topic and connects infection control concepts to immediate, practical value. Healthcare workers apply the key points to their daily work and recommended actions to keep germs from spreading.

Using the Micro-Learns
The micro-learns can be incorporated into pre-shift "huddles" or team meetings with infection control expertise.

Each micro-learn package includes:

- Discussion Guide.** The discussion guide is not a script. Facilitators are encouraged to adapt the guide for their facility by incorporating relevant questions and ideas. For instance, you can connect the content to your job duties, facility-specific resources and points of contact information.

Notes for Facilitators

- Before presenting a micro-learn, check the content accordingly.
- Build on your knowledge, experience and events so that your audience can apply the information.
- The micro-learns reinforce infection control concepts in the work environment, not necessarily in visitation.
- Remind your audience that if they see a risk of immediate harm—they should act.

www.cdc.gov/ProjectFirstline

Recognizing Risk Using Reservoirs
Session 1
What Does It Mean to Recognize a Risk?
Project Firstline Infection Control Training Toolkit

CDC U.S. Department of Health and Human Services Center for Disease Control and Prevention PROJECT FIRSTLINE

Infographics and Posters

GERMS LIVE ON THE SKIN.

WHERE IS THE RISK?
Know where germs live to stop spread and protect patients.

Germs spread through touch.

- Many germs grow on healthy skin.
- Germs on skin can get onto surfaces, other people, and things that will touch other people.
- Skin – especially hands – carries many germs and spreads them easily.
- When one's hands touch surfaces, germs can spread from those surfaces to that person and to others.

Germs spread by bypassing or breaking down the body's defenses.

- Healthcare tasks often involve breaking the skin.
- Breaking the skin – from putting in an IV, drawing blood, surgery, or trauma – creates a pathway for germs to spread into the body.

Germs That Live on Skin

- Staphylococcus aureus (staph, including MRSA)
- Streptococcus (strep)
- Candida (including C. auris)

Healthcare Tasks Involving Skin

- Anything that involves touch
- Needlesticks
- Surgery

Infection Control Actions to Reduce Risk

- Hand hygiene
- Appropriate glove use
- Injection safety
- Cleaning and disinfection
- Source control (covering cuts and wounds)

Project Firstline

Millas de microbios en todas partes.

Los riesgos. Los pacientes.

PROJECT FIRSTLINE

Scenario Based Interactives

Activity: When Healthcare Tasks Take a Turn!

Complete these activities to understand how to apply basic infection control practices, so when unexpected challenges arise you know how to respond to keep patients and yourself safe.

DIARRHEA DILEMMA

You go to change a patient's bed linens. When you pull back the sheets, you notice there's diarrhea on the sheets, and some may have gotten on your hands.

NEXT

Diarrhea Dilemma

FIDGETING FELIX GETS AN IV

A child, Felix, has just been admitted to the hospital. You are about to insert an IV into his arm.

NEXT

Fidgeting Felix gets an IV

GIFs

Hundreds of millions of germs live on our skin.

Germs on your skin, especially your hands, can get onto surfaces and other people, including your patients.

Recognize the risks. Take action to stop the spread of germs. Learn more at [CDC.GOV/PROJECTFIRSTLINE](https://www.cdc.gov/ProjectFirstline)

CDC PROJECT FIRSTLINE

Translated & Adapted Resources

- Dedicated Spanish website houses over 75 resources for Spanish-speaking healthcare workers
- 58% of trainings by health departments have been in languages other than English, with 23% in Spanish
- Tribal health partners adapt materials to be culturally relevant
- Additional materials translated into Asian and other languages

Hay miles de microbios en este cartel ... y en todas partes.
Identifique los riesgos. Proteja a sus pacientes.

El cuerpo humano está lleno de reservorios o lugares donde los microbios pueden vivir.

Cách đọc Nhãn thuốc khử trùng
Đọc toàn bộ nhãn.
Dẫn nhãn là theo đúng luật.
Lưu ý: Dưới đây là ví dụ về thông tin có thể thấy trên nhãn thuốc khử trùng.

Thành phần hoạt chất: Hoa chất khử trùng chính là gì?
Số đăng ký EPA: Luật pháp Hoa Kỳ yêu cầu tất cả chất khử trùng phải đăng ký với EPA.
Hướng dẫn sử dụng (Chỉ dẫn sử dụng): Nên sử dụng chất khử trùng ở đâu?
Chất khử trùng này tiêu diệt những vi khuẩn gì?
Có thể sử dụng chất khử trùng này trên những loại bề mặt nào?
Làm thế nào để sử dụng chất khử trùng đúng cách?
Thời gian tiếp xúc: Bề mặt phải giữ ẩm với chất khử trùng trong bao lâu để diệt vi khuẩn?

ACTIVE INGREDIENTS: Alky (A1), C14, D15, C16, D16, C17, D17, C18, D18
OTHER INGREDIENTS: 10.0%
TOTAL: 100.0%

CAUTION
Hazardous to humans and domestic animals. Wear gloves and eye protection.
PRECAUTIONARY STATEMENTS: IRRITATION: Avoid contact with eyes, skin or clothing. Wash thoroughly with soap and water after handling. Avoid contact with food.
FIRST AID - IN EYES: Hold eye open and rinse slowly and gently with water for 15-20 minutes. Remove contact lenses, if present, after the first 5 minutes, then continue rinsing eye.
IF ON SKIN OR CLOTHING: Take off contaminated clothing. Rinse skin immediately with plenty of water for 15-20 minutes.
POISON CONTROL: Call a Poison Control Center (1-800-368-5888) or doctor for treatment advice.
STORAGE AND DISPOSAL: Store this product in a cool, dry area away from direct sunlight and heat. When not in use, keep container tightly closed to prevent moisture loss. Non-flammable contents. Do not reuse or refill this container.

Từ ngữ bảo hiệu (Cảnh trọng, Cảnh báo, Nguy hiểm): Thuốc khử trùng này gây nguy hiểm như thế nào nếu nuốt phải, hít phải hoặc dính lên da?
Công bố phòng ngừa: Làm thế nào để sử dụng chất khử trùng này an toàn? Tôi có cần trang bị bảo hộ cá nhân (PPE) không?
Sơ cứu: Tôi nên làm gì nếu bị dính chất khử trùng vào mắt hoặc miệng, trên da hoặc nếu hít phải?
Bảo quản & Thải bỏ: Nên bảo quản chất khử trùng như thế nào? Làm thế nào để thải bỏ chất khử trùng đã hết hạn? Tôi nên làm gì với bình chứa này?

Use appropriate PPE!
CLINIC RESTROOM
Clean high-touch surfaces, like doorknobs, regularly.
Clean your hands and keep them healthy!
Tip for Healthy Hands: Use facility approved lotion to keep hands moisturized. Keep nails short and natural.
GET VACCINATED

LEAD BY EXAMPLE
AND STOP THE SPREAD OF GERMS

PROJECT FIRSTLINE
NATIONAL COUNCIL OF TRIBAL INDIAN HEALTH

www.cdc.gov/projectfirstline

Reach of Project Firstline & Partners (2020 - July 2023)



300+ CDC products externally facing with Project Firstline branding



807 million+ media impressions



600+ educational products & training materials created by national partners & health departments

2,300+ educational opportunities hosted by national partners & health departments



166,000+ participants engaged through educational opportunities



92% of training participants had improved understanding & **87%** would recommend



Key Takeaways from the Project Firstline Approach

- **One size does not fit all.** Develop educational products and training materials in a variety of formats to meet varied learning needs and preferences.
- Consider **healthcare equity.** Providing culturally and linguistically tailored education and training will help healthcare workers understand and retain critical infection control information.
- Utilize **trusted partnerships and communications channels.** Meet healthcare workers where they already seek out information to allow for a broader, more streamlined approach.

Project Firstline Resources

Project Firstline on CDC.gov:

<https://www.cdc.gov/projectfirstline>

Project Firstline on Facebook:

<https://www.facebook.com/CDCProjectFirstline>

Project Firstline on Twitter:

https://twitter.com/CDC_Firstline

Project Firstline on Instagram:

<https://www.instagram.com/cdcprojectfirstline/>

Project Firstline on YouTube:

<https://www.youtube.com/playlist?list=PLvrp9iOILTQZQGtDnSDGViKDdRtlc13VX>

Project Firstline e-mail listserv:

https://tools.cdc.gov/campaignproxyservice/subscriptions.aspx?topic_id=USCDC_2104

Thank you!

Amanda Carnes
ccarnes@cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention or the Department of Health and Human Services.

Get Involved!

Going forward, what topics would you like to be featured in the NAA webinar series?

***Please submit your response in the chat**

Thank You!

Announcing the Next NAA Monthly National Webinar

Understanding and Operationalizing the National Action Alliance Aim #1: Advance Organizational Safety Strategies Using National Action Plan Foundations

May 21, 2024

Noon- 1:00 PM ET

Registration is open and can be found on the NAA website

<https://cma.ahrq.gov/actionalliancemay>