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Submitted via electronic mail to:
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January 25, 2023

Robert Otto Valdez, PhD, MHSA
Director
Agency for Healthcare Research and Quality
U.S. Department of Health and Human Services
5600 Fishers Lane
Rockville, MD 20857

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

Dear Director Valdez:

The Association of American Medical Colleges (AAMC) appreciates the opportunity to respond to the Agency for Healthcare Research and Quality (AHRQ) Request for Information (RFI) entitled "Creating a National Healthcare System Action Alliance to Advance Patient Safety," 87 *Fed. Reg* 76046 (December 12, 2022). We appreciate the opportunity to provide input to inform future partnership with health care systems, patients, families and caregivers, the U.S. Department of Health and Human Services (HHS), and other Federal agencies to advance patient and health care workforce safety.

The AAMC is a nonprofit association dedicated to improving the health of people everywhere through medical education, health care, medical research, and community collaborations. Its members comprise all 157 accredited U.S. medical schools; 13 accredited Canadian medical schools; approximately 400 teaching hospitals and health systems, including Department of Veterans Affairs medical centers; and nearly 80 academic societies. Through these institutions and organizations, the AAMC leads and serves America's medical schools and teaching hospitals and the millions of individuals across academic medicine, including more than 191,000 full-time faculty members, 95,000 medical students, 149,000 resident physicians, and 60,000 graduate students and postdoctoral researchers in the biomedical sciences. Following a 2022 merger, the Alliance of Academic Health Centers and the Alliance of Academic Health Centers International broadened the AAMC's U.S. membership and expanded its reach to international academic health centers.

The AAMC is committed to working with the Administration to ensure access to high quality care for patients and advance the well-being of our nation's health care workforce. The COVID-19 pandemic has posed enormous challenges and placed tremendous stress on our entire health care system – and teaching hospitals, medical schools, and teaching physicians have mobilized

on all fronts to contain and mitigate COVID-19. We believe that there is much that we can learn and share from care delivery during the public health emergency (PHE) to inform the voluntary Action Alliance's efforts to advance a culture of patient and workforce safety. Feedback in response to questions posed in the RFI follows.

One of the Greatest Challenges to Advancing Patient and Workforce Safety is the Persistent Strain on the Workforce and Staffing Levels as our Nation's Hospitals Slowly Emerge from the Pandemic

AHRQ asks for examples of specific challenges to advancing patient safety during the COVID-19 pandemic. The pandemic brought about numerous challenges and strained processes in health care systems that had seen steady improvement on patient safety metrics prior to the PHE. Some of the challenges exacerbated by the PHE include: (1) staffing shortages (2) concerns with health care worker exposures and (3) shortages in personal protective equipment (PPE). There have been reports of anticompetitive pricing by nurse-staffing agencies at a time when hospitals desperately needed to hire more nurses.[1] Additionally, hospitals had to contend with health care workers becoming sick and needing to quarantine or being unable to work due to caregiving responsibilities and other challenges. The shortages were compounded by an increase in the complexity of inpatients with a higher case mix index in many hospitals requiring more staffing, often with staff rotated to work on unfamiliar teams and/or "floating" across units and settings.[2] There has also been a trend of increasing length of stay due to difficulties with post-acute placement. Concerns with exposure of health care personnel and limited availability of personal protective equipment (PPE) at the height of the pandemic often meant less frequent contact between health care workers and patients as well as challenges of having newly formed teams with members who were not used to collaborating all interfered with adherence to effective infection prevention procedures and processes. Taken together, these staffing challenges could have impacted rates of healthcare-associated infections (HAIs) and other patient safety indicators.

While we believe that a voluntary Action Alliance can support learning from these challenges about the best ways to mitigate their effect in the event of a future PHE, we caution that there is no "magic bullet" to get back on track. **We believe that it is essential to get back to the drivers of quality health care, including support for hospitals to increase staffing levels (including for staff educators) to meet identified needs, to build team-based approaches, and to expand and adapt training.** Increasing staffing requires investment and strengthening of talent development and pipelines. **Additionally, the Action Alliance should support efforts for**

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[1] *See* Dave Muoio, Lawmakers, AHA urge White House to investigate nurse staffing agencies' price hikes, Fierce Healthcare (Jan. 26, 2022), reporting that a bipartisan group of nearly 200 lawmakers "said it has heard of agencies charging 'two, three or more' times their pandemic rates while pocketing 40% of more of what hospitals are paying out."

[2] *See* Berlin et. al., Nursing in 2021: Retaining the healthcare workforce when we need it most, McKinsey & Company (May 11, 2021), finding that more than 60% of nurses surveyed reported "floating" across nits, acuity levels, and settings during the pandemic, nearly two times the rate pre-pandemic.

renewing commitment to patient and family engagement and developing capabilities for internal auditing and scorecards. Finally, to promote a culture of safety, the Action Alliance must also consider health care workers health and well-being in recognition of the rise of threats of violence against health care workers.[3]

The Action Alliance Should Facilitate Coordination and Cooperation Across HHS and the Federal Government on Patient & Workforce Safety Efforts

AHRQ specifically asks what HHS can do to better support the Action Alliance's work. The AAMC urges HHS to commit to greater coordination across federal Departments that work on patient and workforce safety and the agencies and offices within the Department and. For example, the AAMC has previously called on the Occupational Safety and Health Administration (OSHA) to align its workplace COVID-19 safety requirements with the Centers for Disease Control and Prevention (CDC)'s recommendations for health care infection control practices.[4] Policy efforts to address workplace violence will require coordination across Federal Departments, providing HHS and the Action Alliance an opportunity to lead and tailor this work specific to the health care workforce. Within the Department the AAMC has identified areas for greater coordination. For example, HHS implemented several distinct, yet duplicative, COVID-19 reporting requirements. This creates confusion and burden for hospitals to report the same information in different ways to different parts of the Department – through quality metrics to the Centers for Medicare & Medicaid Services (CMS), public health reporting data to the CDC, and inpatient bed availability and supply chain issues to the Secretary. Additionally, there is growing recognition of cybersecurity as a patient safety issue, and that there is a great need for HHS to speak with one voice in relation to cybersecurity requirements for the health care sector.[5] As part of the agency's efforts to support patient safety through the Action Alliance, HHS should consider how best to engage vendors of electronic health records in patient and workforce safety work as it intersects with data exchange, interoperability,[6] and security. Considering these examples, **the AAMC urges HHS to incorporate a greater commitment to facilitating coordination and cooperation across the federal government as it advances patient and workforce safety.**

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[3] *See* Patrick Boyle, Threats against health care workers are rising. Here's how hospitals are protecting their staffs, AAMC News (Aug. 18, 2022), noting federal statistics that health care workers are five times more likely to experience workplace violence than employees in all other industries and that hospital safety directors reported an escalation in aggression towards staff since the start of the COVID-19 pandemic.

[4] *See*, AAMC Calls on OSHA to Align COVID-19 Requirements with CDC, AAMC Washington Highlights (Apr. 22, 2022), noting the confusion and burden associated with implementing related yet distinct sets of standards.

[5] *See* Office of Senator Mark Warner, Cybersecurity is Patient Safety: Policy Options in the Health Care Sector (Nov. 2022), finding that within HHS, CMS, FDA, and other sub-agencies and departments each set its own policy regarding cybersecurity within its jurisdiction, and that there is concern about different positions and levels of activity, as well as varied prioritization, within HHS.

[6] *See* Hannah Nelson, Lack of Interoperability Exacerbates Staffing Shortages, Clinician Burnout, EHR Intelligence (Jan. 23, 2023), citing a survey of provider organizations noting that technology and data siloes are the most common problem they need help addressing and that the lack of interoperability, poor integration, and scale of solutions exacerbate clinician burnout.

HHS Should Evaluate Opportunities for Financial Investments in Patient Safety Research to Supplement the Action Alliance's Efforts

In the RFI, AHRQ specifically seeks feedback on *nonmonetary* supports HHS could provide to enhance the Action Alliance's work. The AAMC is concerned that without greater financial investment in patient safety research there is a missed opportunity to build new evidence for patient and workforce safety that the Action Alliance can advance. Researchers have found that due to the lack of available research funding, there is an absence of data on the impacts of physician health and well-being on patient safety. "Supporting investigations that examine physician health often 'fall through the cracks' of traditional funding opportunities, landing somewhere between patient safety and workforce development priorities."[7] **Renewing and increasing public investment in patient and workforce safety research are critical to advancing safety through the Action Alliance.**

The Action Alliance Should Consider Structure and Successes of the Children's Hospitals' Solutions for Patient Safety Collaborative – Most Notably its Commitment to Collaboration Over Competition

AHRQ asks for examples of similar learning systems and collaboratives that it should consider when constructing the Action Alliance. The Children's Hospitals' Solutions for Patient Safety Collaborative has brought together most children's hospitals in the nation to work together to transform pediatric patient and employee safety. Through implementing the Collaborative's best practices, participating hospitals have saved over 23,000 children from serious harm with a consistent upward trend in harm prevented each month.[8] The collaborative has five core tenets: (1) leadership matters, (2) mission motivates all that they do, (3) participating hospitals will NOT compete on safety, (4) "all teach, all learn," and (5) participating hospitals must commit to building a "culture of safety."[9] **Considering the documented success of the Children's Hospitals' Collaborative, the AAMC recommends that Action Alliance explore how it can incorporate similar tenets to support patient and workforce safety.**

The Action Alliance Should Advance a Learning Health System's Approach to Support Health Care Systems to Address Health Care Equity as an Integral Aspect of Patient and Workforce Safety

A critical tenet of the Children's Hospitals' Collaborative work on patient safety is an explicit rejection of competition on patient safety. Specifically, the network of hospitals is "built on the fundamental belief that by sharing successes and failures transparently and learning from one another, children's hospitals can achieve their goals more effectively and quickly than working

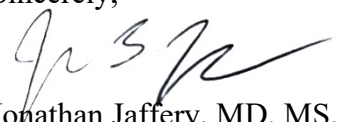
[7] Brooks et. al, Investing in Physicians Is Investing in Patients: Enhancing Patient Safety Through Physician Health and Well-Being Research, Journal of Patient Safety, Vol. 15, 4 (Dec. 2019).
[8] Children's Hospitals' Solutions for Patient Safety: Our Results.
[9] Children's Hospitals' Solutions for Patient Safety: Our Network.

alone."[10] Unfortunately, that tenet is not entirely actionable for patient safety efforts, most notably with current CMS quality reporting and performance programs, in part due to statutory requirements in one program that requires a certain percentage of hospitals to be financially penalized.[11] However, when it comes to advancing patient and workforce safety at the intersection of health care equity, we do have the opportunity to try a different, collaborative, learning health system approach. **The Action Alliance can, and we argue must, ensure that improving health equity does not become a zero-sum proposition.**

Conclusion

The AAMC thanks AHRQ for the opportunity to provide input on this important effort to come together to advance patient and workforce safety. We would be happy to work with you on any of the issues discussed above or other topics that involve the academic medicine community. Please contact my colleague Phoebe Ramsey (pramsey@aamc.org) with any questions about these comments.

Sincerely,



Jonathan Jaffery, MD, MS, MMM
Chief Health Care Officer

cc: David Skorton, MD, AAMC President and CEO

[10] Ibid.
[11] The Hospital-Acquired Condition Reduction Program, as mandated under Section 1886(p) of the Social Security Act, requires CMS to reduce payments to all hospitals that fall in the bottom quartile of performance on HAI metrics, regardless of improvement or significant variation in performance from the top three quartiles.