

January 26, 2023

The Honorable Robert Otto Valdez, Ph.D., MHSA
Director
Agency for Healthcare Research and Quality
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,

On behalf of our more than 200 member hospitals and health systems, the Florida Hospital Association (FHA) appreciates the opportunity to comment on advancing patient and healthcare workforce safety through the development of a National Healthcare System Action Alliance to Advance Patient Safety (Action Alliance). Doing this work in partnership with health care systems, patients, families and care givers, federal agencies and other stakeholders is critical to achieve and sustain improvements in patient safety.

We appreciate Health and Human Services Secretary Xavier Becerra recommitting HHS to advancing patient and healthcare workforce safety during the November 14 listening session. As noted in that meeting, patient and healthcare workforce safety cannot be a separate priority but are both integral to a safe, effective healthcare system. HHS leadership and support of the work is critical to alignment of goals and the success of this work.

Improving care and reducing patient harm is a strategic priority of the Florida Hospital Association and our members. The FHA Board of Trustees committed to this work more than 15 years ago, directing staff to lead and leverage initiatives to support member hospital efforts to make care better and safer in Florida. Since 2007, FHA member hospitals were active participants in a variety of care improvement initiatives, most funding through HHS agencies, such as the *On the CUSP: Stop CLABSI*, the AHRQ Learning Network Patient Experience and Patient Family Engagement and the CMS Hospital Engagement Network/Hospital Improvement Innovation Network as well as States Targeting Reduction in Infections via Education (STRIVE). These initiatives

provided the resources, best practices, subject matter experts and other support for all hospitals to leverage in their own work. The collaboration these initiatives instilled was invaluable, with the focus on sharing and helping each other improve care and care delivery.

The Partnership for Patients, launched in 2011, created the first wide-spread network of hospitals working together to reduce hospital acquired conditions by 40% and readmissions by 20%. Hospital Engagement Networks (HEN), a key component of the PFP, provided direct technical assistance to hospitals for implementing evidenced based and best practices. While setting clear achievement goals in specific areas, participation in the HEN was voluntary but required a commitment quantifiable progress in several areas of patient harm and readmissions. Through federal funding, any hospital could participate since cost was not a barrier. Approximately 170 hospitals in Florida participated in the initiative, joining thousands of other hospitals across the country in the biggest quality improvement initiative to have ever occurred.

FHA, working under the contract awarded to the American Hospital Association Health Research and Education Trust, engaged 110 hospitals in Florida to work together to reduce patient harm and readmissions. During the HEN and HIIN, Florida hospitals participating in the FHA/HRET collaborative **prevented 50,000 cases of harm from occurring resulting in an estimated \$450.6 million in hospital costs avoided.** The HEN/HIIN provided focus, measurable results, an forum to work together and resulted in meaningful improvement in our state. Our hospitals were disappointed when it ended and that only a select few hospitals could participate in the Hospital Quality Improvement Contractor (HQIC) work.

Nationally, the progress in reducing preventable patient harm events in such a short time period was unprecedented. Having a national initiative such as the HEN/HIIN raised the profile and importance of the work thorough out the country and at the most senior levels of health care organizations.

Despite all this great work, our hospitals moved into crisis mode to prepare and respond to the COVID-19 public health emergency. Shortages of supplies, the impact on hospital staff both mentally and physically, and trying to figure out the best treatment and response to a new disease was the biggest challenge ever to face our healthcare system. Many of the best practices adopted were affected due to the stress on the

health care environment. As a result, the gains made during the HIIN work eroded, despite the having adopted best practices to prevent patient harm from occurring.

This background is important as HHS, AHRQ and the other federal agencies explore how to best support the development of the Action Alliance.

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 health care worker safety?

As noted above about the HEN/HIIN and some of the other federally funding projects, HHS can best support this work by engaging the subject matter experts to develop tools, training and support to address specific types of patient harm. As part of this work, identification of high performing health care organizations, exploring their strategies and processes and sharing that with the health care community would accelerate adoption of proven practices. Additionally, tracking what was tried and didn't work would help prevent others from testing strategies that do not work.

Additionally, in the development of priorities, HHS should prioritize a few focus areas instead of having so many topics and initiatives that it is hard to do them all well. Alignment of these priorities among all the federal agencies that touch health care is critical since currently hospitals and health care organizations are responding to similar initiatives from multiple agencies that differ in approaches and measures.

Question 2: How can the voluntary Action Alliance can most effectively support health care delivery systems and other stakeholders in advancing patient and workforce safety? Are there specific priorities for different types of systems or care settings? What stakeholders should be part of the Action Alliance to make it most effective?

The voluntary Action Alliance can most effectively support this work by making resources, education and support readily available to all and across the continuum. The flaw in the HEN/HIIN was only focusing on hospitals and not the care continuum in a

coordinated manner. And the priorities need to be aligned through the various HHS programs to promote collaboration among care settings.

Cultivating the knowledge of what works and spreading it to the field would provide a valuable resource for advancing patient safety. To do this, there needs to be lots of communication, engagement and support to ensure awareness, participation and adoption.

Question 6: What are the main challenges health care delivery systems are facing in meeting their commitments to advancing patient and workforce safety as they emerge from the pandemic?

Staffing issues, workplace violence, health care worker stress and burnout are the biggest challenges to advancing patient and workforce safety. With turnover in Florida's hospitals reaching 32% in 2022 along with RN vacancy rates reaching 21%, our hospitals are facing major staffing challenges. Additionally, Florida is projected to have a shortage of 59,100 nurses by 2035. Labor costs have increased dramatically, up 45% from 2019. Trained and experienced staff is key to the ability to advance patient and workforce safety.

Shortages of supplies and pharmaceuticals is another challenge, with hospitals and other health care organizations having to find substitutes for those they have tested and found the most effective. Dealing with these types of shortages contribute to mental fatigue and burnout and increase the risk for an adverse event to occur.

Overarching these themes is financial impact on the health care organizations as they face higher costs but no resulting increase in reimbursement for services. Trying to figure out how to keep the doors open and staff paid override the ability to focus on important initiatives.

AHRQ and other HHS agencies have led over the past couple of decades in this work. We are excited to see the next steps around the Action Alliance and the developments which will support this extremely important work. Please contact me if you have questions, or feel free to have a member of your team contact Michael Williams, Senior Vice President of Federal Affairs at mwilliams@fha.org.

Sincerely,



Mary C. Mayhew

President and CEO

Florida Hospital Association