



January 26, 2023

Dr. Robert Otto Valdez, Director
Agency for Health Care Quality and Research
5600 Fishers Lane
Rockville, MD 20857

Re: Request for Information; Creating a National Healthcare System Action Alliance to Advance Patient Safety

Submitted electronically via PSActionAlliance@AHRQ.hhs.gov

Dear Dr. Valdez,

Trinity Health gladly participated in the in-person HHS patient safety event in November 2022 and we appreciate the opportunity to further expand on statements made during that meeting through the comment opportunity for this request for information on creating a National Health System Action Alliance to Advance Patient Safety.

Trinity Health is one of the largest not-for-profit, Catholic health care systems in the nation. It is a family of 123,000 colleagues and more than 26,000 physicians and clinicians caring for diverse communities across 26 states. Nationally recognized for care and experience, the Trinity Health system includes 88 hospitals, 135 continuing care locations, the second largest PACE program in the country, 136 urgent care locations and many other health and well-being services. Trinity Health has 15 medical groups with 1,324 primary care providers and 4,193 specialty care providers. Based in Livonia, Michigan, its annual operating revenue is \$21.5 billion with \$1.4 billion returned to its communities in the form of charity care and other community benefit programs.

Trinity Health has 17 Clinically Integrated Networks (CINs) that are accountable for approximately 2 million lives across the country through alternative payment models. Our health care system participates in 14 markets with Medicare Shared Savings Program (MSSP) Accountable Care Organizations (ACOs), which includes eleven markets partnering in one national MSSP Enhanced Track ACO, Trinity Health Integrated Care. All of these markets participated in the “enhanced track”, which qualifies as an advanced alternative payment model (AAPM). Two of the 14 markets also participate in CPC+. In addition, we have participated since 2014 in the Bundled Payments for Care Improvement Advanced (BPCIA) initiative and the Comprehensive Care for Joint Replacement (CJR) program across 37 hospitals. Our work—and experience in value-based contracting—also extends beyond Medicare as illustrated by our participation in 123 non-CMS APM contracts.

Overarching comments

Trinity Health’s six core values include safety and we consider system-wide safety culture key to future patient and colleague safety successes. We have a plan to leverage our skill, scale and learning to become the safest health care system in the nation. This includes the creation of a national training program, national safety transparent scorecard, addressing colleague and patient safety together, and including safety as part of executive compensation targets. However, we can’t thoroughly address safety without also addressing the unprecedented workforce shortage crisis, escalating violence against health care workers, and mounting

financial pressures that stifle innovative solutions that would improve safety and training. Health systems and hospitals need funding for workforce development and safety initiatives.

The COVID-19 pandemic and its aftershocks have had a profound impact on the health care workforce. Exhausted from the demands of COVID-19, caregivers and support staff joined the great resignation. Like most in the industry, Trinity Health is experiencing a workforce shortage more dire than any we have faced in the past. Our workforce has a nurse vacancy rate of 16% and a clinical support staff vacancy rate of 14%. Competition is intense for these resources, and we are currently experiencing a high level of turnover. The workforce shortage has created significant churn, leaving fewer nurses to treat more complex patients, and fewer staff to run integral functions of the health system—including providers, nurses, and quality and safety staff – all of which increases opportunity for error. Frequent and escalating violence on health care workers further compound this challenge. On top of this, patients are waiting longer for diagnostics and treatment. At Trinity Health, our rate of patients who leave the emergency department without being seen has doubled compared to pre-pandemic levels due to staffing shortages and this is consistent with what is being experienced across the nation.

In addition, Trinity Health and other health systems are facing a significant financial crisis. Hospitals and health systems continued to experience negative operating margins—operating margins are down 44% so far this year compared to 2021 as high labor and other costs continue to outpace revenues¹. Trinity Health is currently operating at a negative margin. Escalating labor costs due to the nursing shortage, the use of expensive contract labor and increased expenses for employed labor, combined with skyrocketing pharmaceuticals and supply expenses, have created significant financial strain on our health system. Trinity Health's cost per COVID-19 case has increased 17%, including 20% increase in labor costs from pre-pandemic levels. On a per-case basis, supply costs have increased 16%, including: drugs 24%, implants 6%, other supplies 17%. There are no signs that any of these costs are returning to a lower level. The current high rate of inflation is not projected to abate in the near term, and inflationary pressures will, without question, continue to be part of wage expectations.

All of this—the workforce shortage, violence against health care workers, and the financial challenges—impact the ability to provide safe care even though we are doing all we can and have made significant investments to innovate how we provide care to meet patient needs in this environment. While there may not be a perfect safety checklist that will fully address these problems, we at Trinity Health have taken a large step forward. In our system-wide implementation of the Epic EHR, we are implementing a research-based risk assessment scoring tool called the Broset Violence checklist. All Emergency Room and admitted patients will be scored for risk, then a safety plan is designed consistent with their level of risk. These will be shared and followed throughout the stay in our acute care systems. We must couple improved safety protocols with resources from HHS and Congress to build new care delivery models that address the realities of today's workforce. Without addressing the workforce shortage, new national standards, metrics, and tools designed by HHS—which are all important--will not be enough to improve patient safety.

We know that 80-90% of all harm events to patients and colleagues occur due to human error. All of the issues mentioned contribute to more errors, some serious preventable ones. Distractions, new staffing with less knowledge, multi-tasking, fatigue, and time pressures are accentuated greatly in the staffing shortage crisis we face, making errors and mistakes more prevalent throughout the American healthcare system.

¹ National Hospital Flash Report, December 2022, Kaufman Hall [Kaufman Hall | National Hospital Flash Report \(December 2022\)](#)

The challenges outlined above are so acute that major change is necessary for Trinity Health to continue building a strong future. We are committed to providing the best patient care possible through innovative care models that benefit patients, families, nurses, and our communities. We are implementing a transformational team care model, Virtual Connected Care, to improve patient care while providing nurses and care partners new opportunities and making them more available to each other and our patients. This initiative came out of a necessity from the workforce shortages and the need to continue serving patients safely.

Please find our detailed comments on the specific questions below.

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?

It is critical hospitals create a culture of safety and build a patient and colleague safety infrastructure. Such infrastructure should include the ability to develop and analyze all safety data. We urge the Action Alliance to develop and provide support for standardized training in safety for all staff in health care, including workforce safety, as well as training to analyze safety data. Standardizing patient safety, primarily preventable patient safety metrics would be greatly welcomed as well. Currently only 25-30% of all patient safety adverse events in American hospitals are seen as preventable.² Trinity Health has chosen and implemented a preventable patient safety metric for serious harm system-wide as its primary patient safety metric.

In addition, we recommend the Action Alliance work to develop new national safety metrics and standards that are more broadly focused, support hospital colleague safety efforts, provide resources to build systems that create broad resilience so we do not falter during future public health emergencies, and support stronger infrastructures for safety – staffing specific for 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?

Industry and regulators have focused many of the safety initiatives on the inpatient setting; however, there has not been the same focus on other settings across the care continuum, including skilled nursing facilities and home care. As more health care is being delivered outside of the hospital, we urge the Action Alliance to consider standardized training and safety measures to address unique safety risks in these settings, including ways to empower patients.

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?

Trinity Health recommends HHS and the Action Alliance collaborate with OSHA to address workforce safety. OSHA has very specific metrics used that are both comparable in and out of healthcare, as well as benchmarkable for all hospitals and health system share. Health care is of the highest in the country of all industries in serious worker

² The Safety of Inpatient Care, January 2023, NEJM <https://www.nejm.org/doi/full/10.1056/NEJMsa2206117>

injuries, primarily acute care systems. These systems need better development and improvement in the entire continuum of workers' safety, from the time the employee is hired to the time they leave. In addition, we recommend partnership with ECRI, a non-profit organization that has been focused on health care safety, including device and human factors for 20 years.

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?

The first step to advancing equity within patient and workforce safety efforts is ensuring we understand the issue so we can dig in and address root causes. For example, which populations do safety and harm events disproportionately impact? The Action Alliance can identify data that would help analyze health equity problems in safety. We recommend working with ARQH to define measures around race/ethnicity and the correlation with race/ethnicity and safety behavior. In addition, ARQH could help with research projects and to refine research questions.

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.

Trinity Health's safety initiative, TogetherSafe, includes three pillars: 1) building the foundation for safety, 2) creating the culture for safety, including engaging leaders and training physicians and colleagues, and 3) requiring accountability by integrating safety behaviors and structures into the care process. Since implementation, TogetherSafe has led to trends in lower OSHA injury rates.

We urge every hospital to designate a safety officer, implement strong operating systems, 100% behavior-based safety training requirements for all staff, and connect colleague and patient safety initiatives and human factors (including real-time review of incidents that includes out of industry experts to redesign process).

Trinity Health has established equal focus for both the safety of our workforce as well as patient safety. In fact, colleague safety injuries are on our annual at-risk compensation scorecards. Employing a variety of strategies and tactics to combat escalating violence toward colleagues, Trinity Health is launching standardized de-escalation training for all security professionals. While this training has existed in various forms, these behavior-based trainings—focused on leveraging nonviolent crisis intervention and verbal intervention techniques—are being deployed to ensure front-line security staff are trained using industry-recognized practices designed for the health care environment.

Additionally, Trinity Health is developing a three-tiered workplace violence program that will support implementation of the new and revised Joint Commission on Accreditation on Healthcare Organizations workplace violence standards. The three tiers refer to: 1) de-escalation trainings for all colleagues in contact with patients, including providers, 2) a 4-hour training for all high-risk areas such as emergency rooms and behavioral health units, and 3) an 8-hour hands on training for specialized groups such as security and code gray teams. These standards were developed in response to the high incidence of workplace violence being experienced in health care settings and are intended to provide a consistent framework to address this issue across health care entities.

Trinity Health is also incorporating evidence-based tools into our electronic health record that will allow for early identification, continuous awareness and communication about high risk of violence patients in an effort to prevent and decrease incidents of violence against our workforce. Several hospitals across Trinity Health have partnered with local police departments to place officers in highly volatile areas of the hospital such as emergency departments; created behavioral emergency response teams; established canine programs; posted signage indicating that violence will not be tolerated; aggressively pursued prosecution of violators of the no tolerance for violence policies; and engaged in other strategies and tactics to stem violent incidences.

Finally, as referenced earlier in our comments, we are implementing a transformational team care model, Virtual Connected Care, to improve patient care while providing nurses and care partners new opportunities and making them more available to each other and our patients. This unique model offers a new virtual role for the experienced nurse to care for patients, coordinate complex care and provide mentoring to early career nurses. Bedside nurses also benefit from having an RN mentor for support in patient care creating a strong nursing pipeline for our health system.

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?

As noted earlier, hospitals are facing an unprecedented workforce crisis, violence against health care workers, and significant financial pressures from increased cost of supplies and labor that makes it incredibly challenging to develop innovative solutions. Policymakers across all levels of government must acknowledge the connection between each of these challenges and safety events and address these issues for the safety of colleagues and patients. Health systems and hospitals need funding for workforce development and safety initiatives. These challenges are multiplied in rural areas and for critical access hospitals who face significant pressure as facilities nearby close and patients are funneled to them. In addition, policymakers must address violence against workforce through continued investment in mental health infrastructure, access, and affordability.

Conclusion

Trinity Health looks forward to collaborating with HHS to provide our patients the safest possible care. If you have any questions on our comments, please feel free to contact me at jennifer.nading@trinity-health.org.

Sincerely,

/s/

Jennifer Nading
Director, Medicare and Medicaid Policy and Regulatory Affairs
Trinity Health