



UnityPoint Health

Government & External Affairs
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February 16, 2021

Marquita Cullom, Associate Director
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Agency for Healthcare Research and Quality
5600 Fishers Lane
Rockville, MD 20857

RE: Strategies to Improve Patient Safety published in Vol. 85 (242) Federal Register 81478-81479 on December 16, 2020.

Submitted electronically via email to PSQIA.RC@ahrq.hhs.gov

Dear Associate Director Cullom:

UnityPoint Health appreciates the opportunity to provide input in response to the Health & Human Services Agency for Healthcare Research and Quality's Strategies to Improve Patient Safety Draft Report to Congress. With more than 400 physician clinics, 40 hospitals, 16 home health locations, 7 Community Mental Health Centers and 4 accredited colleges, UnityPoint Health is one of the nation's most integrated health care systems. Our more than 32,000 employees provide care throughout Iowa, western Illinois, and southern Wisconsin. UnityPoint Health hospitals, clinics and home health provide a full range of coordinated care to patients and families through more than 7.9 million patient visits annually.

UnityPoint Health respectfully offers the following comments.

Strategies to Improve Patient Safety Draft Report

In accordance with the Patient Safety and Quality Improvement Act (Patient Safety Act), the Secretary of Health and Human Services (HHS) seeks comment on the draft report on effective strategies for reducing medical errors and increasing patient safety. The draft report includes measures determined appropriate by the Secretary to encourage the appropriate use of such strategies.

Comment: UnityPoint Health has a strong focus on patient safety and is encouraged to see HHS taking active steps to ensure patient safety across the nation. We agree with the overall concepts addressed in this report and are in support of a national safety committee and safety plan. That said, as a complex integrated health system, we recognize the importance of addressing safety across the continuum of care. UnityPoint Health also recognizes the importance of positive influence on learned behaviors early in clinical training. With this backdrop, **we encourage HHS to consider missed opportunities outlined below.**

The report does not adequately address safety in the ambulatory setting. Research indicates over 12 million Americans suffer a diagnostic error each year in a primary care setting, of which 33% result in serious or permanent damage or death. (*Singh H, et al. The frequency of diagnostic errors in outpatient care. BMJ Qual Saf 2014;23:737-731*) As presented, the report primarily focuses on the hospital setting. Without addressing patient safety in the ambulatory setting, many health care systems risk serious safety events for patients outside the hospital, spanning from misdiagnosis to missed routine care. By merely placing focus on the hospital setting, hefty assumptions are made around the safety of clinics. In fact, it has been noted that more than 30 percent of safety issues for hospital patients originate before admission. (*Kaplan M, The Time Has Come to Improve Safety in Ambulatory Care. IHI 2016*) The risks are potentially greater on the ambulatory side if communication is missed or misdiagnosis occurs.

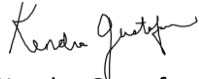
The report does not address early clinical training for safety. In the academic arena, physicians and clinicians are rarely trained in patient safety core principles, such as just culture and continuous learning and improvement. Since early learning behaviors often occur through this academic procurement, it's vital to build foundations of patient safety into curriculum. By elevating the importance and priority of patient safety in clinical training, learned behaviors begin to form around acceptability and encouragement of reporting safety concerns, risks, and medical errors. This is absent from training programs today and therefore presents challenges in gaining buy-in from providers and clinicians, the workforce vital in making an effective patient safety culture.

The report is unclear on benefits of PSO participation. Participation in a Patient Safety Organization (PSO) needs clear benefits for participants, specifically for organizations already successful in building a strong culture of patient safety. It's clear that interoperability plays an important role in supporting a culture of patient safety and is key to keeping the costs down for such support. However, aside from the National Patient Safety Database, it's unclear how an organization can benefit from PSO participation. A one-size-fits-all approach will be detrimental, as many organizations vary in size, readiness, and resources. Reporting in the PSO database today is burdensome to clinicians, even for organizations with advanced EHR and reporting infrastructure in place. An understanding of how this reporting for clinicians can be made easier will be key to effective adoption. As the Agency for Healthcare Research and Quality (AHRQ) moves towards PSO standards, AHRQ should continue to evolve the resources needed to support data submission and automation.

As an addition to this draft report, we encourage AHRQ to consider expanding focus on the ambulatory and other non-hospital-based settings as well as promoting additional education for physician and clinicians during their academic training. Overall, we strongly urge AHRQ to undertake a thoughtful evaluation of next steps ensuring a plan that does not add more regulations or impose structures, but rather guides a diverse landscape of organizations to success.

UPH is pleased to provide input on this draft report. To discuss our comments or for additional information, please contact Stephanie Collingwood, Government & External Affairs at stephanie.collingwood2@unitypoint.org or 319-538-8652.

Sincerely,



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