

January 23, 2023

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Associate Director, Agency for Healthcare Research and Quality
Department of Health and Human Services
Agency for Healthcare Research and Quality
5600 Fishers Lane
Rockville, MD 20857

Submitted via email at PSActionAlliance@AHRQ.hhs.gov

Re: Request for Information on Creating a National Healthcare System Action Alliance To Advance Patient Safety [Docket No. 2022-26897]

Dear Associate Director Cullom,

The American Nurses Association (ANA) is pleased to respond to the Request for Information posted by the Agency for Healthcare Research and Quality (AHRQ) seeking feedback on the creation of a national Action Alliance to advance patient safety. ANA strongly believes that patient and health care worker safety are inextricably linked and to meaningfully address patient safety, the safety of nurses and the health care workforce must be part of the solution. Nurses are essential to reducing hospital readmissions and improving patient outcomes yet staffing shortages, violence in the workplace, and the ongoing COVID-19 pandemic have created a hazardous environment for nurses—which impacts the quality of care for patients. ANA encourages the Action Alliance to involve more nurse and health care workforce voices and priorities, thereby improving the safety and efficacy of our health care system for all.

In these comments ANA will address questions 1 through 4, highlighting the following key issues:

- The Action Alliance would benefit from more workforce safety perspectives,
- Addressing nurse staffing shortages will improve safety for nurses and patients,
- Addressing violence in the health care workplace will improve safety for nurses and patients,
- The Action Alliance should closely partner with the National Steering Committee for Patient Safety, and
- Valuing nursing supports health access and equity.

- 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?**

Safety for nurses and the health care workforce

The ability of health care workers to be safe in their workplace is a health equity issue. Work is a well-established social determinant of health, impacting many other social determinants, yet often is missing

from conversations on health inequities.¹ ANA urges the Action Alliance to approach safety for nurses and the entire health care workforce as part of the national call to action for health equity. Everyone deserves a safe and healthy work environment, but the ongoing pandemic, staffing shortages, and violence in the workplace have created an unsafe environment impacting nurses' mental and physical well-being. Almost 40 percent of nurses in a recent American Nurses Foundation survey reported they did not feel their work environment is healthy.² Listening to nurses and addressing their critical safety issues supports their right to a healthy workplace and allows them to focus on providing the high-quality patient care that is "the mainstay of safe care."³

Moreover, a key value of the Action Alliance is serving as a central location to gather firsthand feedback, amplify issues, and coordinate among federal agencies. ANA urges the Action Alliance to incorporate more workforce safety agencies including the Department of Labor, Occupational Safety and Health Administration (OSHA) and the Centers for Disease Control and Prevention, National Institute for Occupational Safety and Health (NIOSH). Additionally, the Action Alliance would benefit from more workforce advocate perspectives to ensure a holistic approach to patient and health care workforce 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?

Nurse staffing shortages

Long before the COVID-19 pandemic, nurses have been warning about the impact of inadequate staffing across all settings of care. The ongoing nurse staffing crisis directly impacts nurses' personal safety and ability to provide high-quality patient care. Adequate staffing levels reduce mortality rates, length of patient stays, and preventable incidents. The pandemic has only exacerbated the staffing crisis by increasing burnout within the nursing profession, thus driving up the nursing shortage. The solutions to this crisis must directly involve nurse leadership to develop staffing plans and sustainable solutions. ANA has urged the Centers for Medicare and Medicaid Services (CMS) to utilize nurse leaders in developing and enforcing staffing levels. The Action Alliance can convene stakeholder meetings to gather nurse and other health care provider input and drive solutions across CMS, all appropriate agencies, and the broader health system.

¹ Paul A. Schulte, et al. *Expanding the Focus of Occupational Safety and Health: Lessons from a Series of Linked Scientific Meetings*. International Journal of Environmental Research and Public Health. 2022; 19(22):15381. Available at <https://doi.org/10.3390/ijerph192215381>.

² American Nurses Foundation. *Pulse on the Nation's Nurses Survey Series: 2022 Workplace Survey*. August 2, 2022. Available at: <https://www.nursingworld.org/~4a209f/globalassets/covid19/anf-2022-workforce-written-report-final.pdf>.

³ Brent C. James, et al. *Patient Safety Performance: Reversing Recent Declines through Shared Profession-Wide System-Level Solutions*. NEJM Catalyst Innovations in Care Delivery. December 12, 2022. Available at: <https://catalyst.nejm.org/doi/full/10.1056/CAT.22.0318>.

Violence in the health care workplace

OSHA identified that health care personnel face increased risk for workplace violence when working alone and when units are understaffed.⁴ As shown frequently in the news, nurses are harassed and assaulted across settings of care but face the highest risk in acute care. According to 2022 data from Press Ganey, more than two nurses are assaulted every hour.⁵ This exacerbates staffing shortages as inpatient health care personnel experience violence requiring time off at a rate five to twelve times higher than the private sector.⁶ Currently, health care workplace violence prevention is a patchwork of standards—leaving gaps in enforcement and prevention. The Joint Commission recently added a workplace violence prevention accreditation standard for hospitals.⁷ Some states and employers have implemented programs, but ANA strongly believes a set of federal prevention standards from OSHA and robust enforcement is necessary to effectively address workplace violence. ANA has a zero-tolerance stance for violence, incivility, and bullying in the workplace and urges the Action Alliance to adopt one in their work.⁸ The Action Alliance can bring needed urgency and coordination among agencies and stakeholders to more definitively address these systemic issues of safety.

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?

National Steering Committee for Patient Safety

ANA strongly encourages the Action Alliance to closely coordinate with the National Steering Committee for Patient Safety.⁹ ANA, along with other key stakeholders in patient safety, have participated in the National Steering Committee since its inception. One outcome from the National Steering Committee is the publication *Safer Together: A National Action Plan to Advance Patient Safety*, a comprehensive report that lays the foundation and a roadmap for addressing patient and health care worker safety.¹⁰

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?

⁴ Occupational Health and Safety Administration. *Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers*. 2016. Available at <https://www.osha.gov/sites/default/files/publications/osh3148.pdf>.

⁵ Press Ganey. *On average, two nurses are assaulted every hour, new Press Ganey analysis finds*. September 2022. Accessible at: <https://www.pressganey.com/news/on-average-two-nurses-are-assaulted-every-hour-new-press-ganey-analysis-finds/>.

⁶ Government Accountability Office. *Workplace Safety and Health: Additional Efforts Needed to Help Protect Health Care Workers from Workplace Violence*. March 2016. Available at: <https://www.gao.gov/assets/gao-16-11.pdf>.

⁷ The Joint Commission. *Workplace Violence Prevention Resources*. Available at: <https://www.jointcommission.org/resources/patient-safety-topics/workplace-violence-prevention/>.

⁸ American Nurses Association. *Incivility, Bullying, and Workplace Violence*. July 2015. Available at: <https://www.nursingworld.org/practice-policy/nursing-excellence/official-position-statements/id/incivility-bullying-and-workplace-violence/>.

⁹ Institute for Healthcare Improvement. *National Steering Committee for Patient Safety*. Available at: <https://www.ihl.org/Engage/Initiatives/National-Steering-Committee-Patient-Safety/Pages/default.aspx>.

¹⁰ Institute for Healthcare Improvement. *Safer Together: A National Action Plan to Advance Patient Safety*. 2020. Available at: <https://www.ihl.org/Engage/Initiatives/National-Steering-Committee-Patient-Safety/Pages/National-Action-Plan-to-Advance-Patient-Safety.aspx>.

Nursing and health equity

ANA remains focused on the prominent issue of advancing health equity in our nation's health care delivery system. Providing culturally competent care to patients has long been an ethical imperative for the nursing profession. Nurses embrace diversity and cultural humility, while working to remove unconscious biases to effectively promote meaningful patient outcomes. Ultimately, nurses are key in designing and directing care that appropriately meets the needs of patients, improves access to needed care, promotes positive outcomes, and reduces disparities.

Nurses, in addition to providing quality care to patients, often serve as advocates for their patients and are best positioned to identify factors that could result in inequitable health outcomes. Nurses also typically reflect the people and communities they serve—allowing them to recognize the challenges faced by their patients and ensure that their patients receive culturally informed, equitable health care services. However, chronic understaffing and the threat of workplace violence strains the nurse's ability to spend the necessary time with patients to identify what barriers and inequities they face.

For example, according to the World Health Organization, nurses and midwives “are often the first and only point of care in their communities” and essential to achieving universal health coverage.¹¹ Expanding access to nursing care is critical for addressing U.S. health inequities. For example, 36 percent of U.S. counties are “maternity care deserts” where no obstetric care is available, including no access to certified nurse midwives.¹² These counties are low-income, rural, and have very low health insurance coverage rates. Certified nurse midwives can fill these gaps with culturally competent and specialized care.¹³ A recent study found hospital-based midwives can reduce cesarean section rates 30-40 percent for low-risk women.¹⁴ Black women remain three times more likely to die from pregnancy-related causes than white women¹⁵, with higher rates of cesarean sections among black women being one dangerous factor.¹⁶

Nurses are leaders in implementing processes that further quality patient care and highlight existing gaps in care delivery, leading to measurable improvements. Expanding access to and valuing nurses is a health equity imperative, but outdated practice restrictions and payment models prevent access to care. The Action Alliance should conduct nurse-led discussions on critical workforce updates to health care systems that will advance health equity.

¹¹ World Health Organization. *Year of the Nurse and the Midwife 2020*. Available at:

<https://www.who.int/campaigns/annual-theme/year-of-the-nurse-and-the-midwife-2020>.

¹² March of Dimes. *Maternity Care Deserts Report, 2022*. Available at: <https://www.marchofdimes.org/maternity-care-deserts-report>.

¹³ Ann Ledbetter. *Maternity care in the U.S. is in crisis. It's time to call the midwife*. Statnews.com. October 12, 2022. Available at: <https://www.statnews.com/2022/10/12/maternity-care-in-the-u-s-is-in-crisis-its-time-to-call-the-midwife/>

¹⁴ Vivienne Souter, et al. *Comparison of Midwifery and Obstetric Care in Low-Risk Hospital Births*. *Obstet Gynecol*. 2019 Nov;134(5):1056-1065. Available at: <https://pubmed.ncbi.nlm.nih.gov/31599830/>.

¹⁵ Centers for Disease Control and Prevention. *Working Together to Reduce Black Maternal Mortality*. April 6, 2022. Available at: <https://www.cdc.gov/healthequity/features/maternal-mortality/index.html>.

¹⁶ Centers for Disease Control and Prevention. *National Vital Statistics Reports, Births: Final Data for 2019*. March 23, 2021. Available at: <https://www.cdc.gov/nchs/data/nvsr/nvsr70/nvsr70-02-508.pdf>.

Valuing nursing

Equitable payment policies will help more nurses stay in the profession, increasing health care worker safety and positive patient outcomes. Current payment systems do not recognize the full scope of nursing services and the positive impact on patient outcomes of care coordination, patient advocacy, and holistic care the nurse provides. Federal health programs must lead the way in valuing nurses through direct and adequate payment policies. Additionally, ANA believes all RNs and APRNs should have a national provider identifier (NPI) to ensure nursing services are recognized and fully counted in patient care.¹⁷ The most important part of nursing, in reducing inequities and negative patient outcomes, is the holistic care perspective, which is difficult to capture under current reimbursement methodologies that generally only track time spent with a patient. The Action Alliance can coordinate data and nurse feedback collection on these issues to create payment systems that more accurately reflect the nature and scope of nursing care. ANA urges the Action Alliance to work to ensure payment parity that recognizes nurses and their value, which will help lead to increased nurse workforce retention, keeping nurses and patients safe and healthy.

ANA is the premier organization representing the interests of the nation's 4.4 million registered nurses (RNs) through its state and constituent member associations, organizational affiliates, and the individual members. ANA advances the nursing profession by fostering high standards of nursing practice, promoting a safe and ethical work environment, bolstering the health and wellness of nurses, and advocating on health care issues that affect nurses and the public. RNs serve in multiple direct care, care coordination, and administration leadership roles, across the full spectrum of health care settings. RNs provide and coordinate patient care, educate patients and the public about various health conditions including essential self-care, and provide advice and emotional support to patients and their family members. ANA members also include the four APRN roles: nurse practitioner, certified nurse midwife, clinical nurse specialist, and certified registered nurse anesthetist. ANA is dedicated to partnering with health care consumers to improve practice, policies, delivery models, outcomes, and access across the health care continuum.

Thank you for the opportunity to comment on the importance of health care worker safety in addressing patient safety and care. If you have any questions, please contact Tim Nanof, Vice President, Policy and Government Affairs, at tim.nanof@ana.org or (301) 628-5166.

Sincerely,



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cc: Jennifer Mensik Kennedy, PhD, RN, NEA-BC, FAAN, ANA President
Loessa Cole, DNP, MBA, RN, NEA-BC, FAAN, ANA Chief Executive Officer

¹⁷ American Nurses Association. *National Provider Identifier (NPI) as the Unique Nurse Identifier*. 2022. Available at: <https://www.nursingworld.org/~4aa53a/globalassets/practiceandpolicy/nursing-excellence/ana-position-statements/nursing-practice/npi-position-statement.pdf>.