



**Minnesota Hospital Association**

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January 26, 2023

The Honorable Robert Otto Valdez  
Director  
Agency for Healthcare Research and Quality  
5600 Fishers Lane  
Rockville, MD 20857

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

Dear Dr. Valdez,

Minnesota hospitals and health systems have a long history of advancing patient and workforce safety. The Minnesota Hospital Association (MHA) has over 20 years of quality and safety experience, working with hospitals and health systems' various quality improvement initiatives, including workforce safety. On behalf of our 140 member hospitals and health systems, MHA offers the following comments regarding the Agency for Healthcare Research and Quality's request for information on creating a National Healthcare System Action Alliance ("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 healthcare worker safety?**

MHA has several recommendations to support the effectiveness of the Action Alliance, however we are concerned with the agency's singular focus on non-financial resources. While we hope the following recommendations are considered, the agency should also consider financial incentives to better support the institutions and workforce committed to advancing patient and healthcare worker safety. MHA urges HHS to consider the following support mechanisms:

- Coordinate and standardize quality reporting amongst various entities to reduce burden of reporting to multiple different systems and condense duplicative metrics.
- Streamline and connect existing patient safety efforts rather than add additional requirements.
- Assist in developing targeted solutions to alleviate the hospital discharge crisis and prevent patient safety issues manifesting from avoidable hospital days.
- Coordinate with community resources and local social service organizations.
- Provide resources to improve access to telehealth services, including expanding broadband availability.

- Invest in training programs to attract workers to the health care industry.
- Provide centralized training resources and standards for health care worker support and well-being programs, including specific tools to address the unique challenges of patient care.
- Consider novel health care delivery processes to better utilize other professions that may not have the traditional health care certifications or education.

**Question 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?**

Our experienced leaders from various hospitals and health systems recommend the following methods:

- Support efforts to overcome barriers of virtual care and telehealth such as travel, reimbursement, and credentialing.
- Collaborate with payers to ensure streamlined requirements.
- Empower health care stakeholders to focus on provider patient relationships rather than overwhelming regulatory reporting requirements.
- Support coordination of care efforts, particularly for patients with behavioral health and developmental disabilities. Some post-acute care settings are unwilling to take patients and their families are unable to care for the individuals. Given that state and county resources are not always helpful, hospitals have become the true safety net institution. The Action Alliance should help health care organizations identify and create avenues for appropriate patient placement to ensure the right care, at the right time, and in the right setting.
- Involve additional stakeholders and organizations to alleviate the immense responsibility of providing whole-person care. Other social service groups could be better connected with hospitals and health systems to provide needed services including housing, access to food, and transportation.

**Question 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?**

MHA and member hospitals and health systems have participated in several local and national patient and workforce safety initiatives over the last 20+ years. We found great success through Centers for Medicare and Medicaid Services (CMS) initiatives such as the Hospital Improvement and Innovation Network (HIIN). We recommend ongoing funding for existing programs such as the CMS Quality Improvement Initiatives and the Hospital Quality Improvement Contract (HQIC) and recommend expanding eligibility for non-critical access rural hospitals to participate. The Action Alliance should ensure all the relevant partners are able to collaborate and provide feedback, and hospitals and health systems are not overly burdened.

**Question 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?**

Minnesota's hospitals and health systems continue to prioritize advancing health care equity within their patient and workforce safety efforts. The Action Alliance can support these efforts by identifying consistent measures and providing clear definitions, to ensure a strong foundation prior to data collection. The Action Alliance should also prioritize the implementation of payment models that foster connections between health care providers and the communities they are serving to continuously focus on wellness and patient preferences.

**Question 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.**

There have been several best practices and innovations in Minnesota's hospitals and health systems during and post-pandemic that have focused on populations that experience health disparities and individuals living in rural communities. Some examples of innovative practices include:

- Increased use of telehealth services resulting in a decrease of "no show" appointments and improved access to care.
- Hospital at home services that integrate virtual and in-home care delivery.
- Pediatric mobile health units which provide pediatric health care to families who are hesitant and/or unable to come to a facility.
- Providing vaccinations at manufacturing worksites to better reach diverse populations.
- Increased access to care by offering same day clinics staffed by advance practice providers.
- New partnerships with other care providers, including federally qualified health centers.

**Question 6: 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?**

Hospital and health systems have been incredibly challenged in the last three years and are still navigating the aftermath of the pandemic. The main challenges health care delivery systems and others are facing in meeting their commitments to advancing patient and health care worker safety as they emerge from the pandemic include:

- Health care workforce shortages, due to the high rates of job vacancies and a decrease in full-time employees. Both retention and recruitment of health care workers continue to be a challenge, especially for night and weekend shifts.

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- Timely licensure for out of state health care workers. Health care professionals are waiting months for state licensing due to existing onerous administrative and financial requirements.
- Financial stability.
- Lack of investment in public health infrastructure and behavioral health.
- Increased incidents of workplace violence at hospitals and health systems.
- Increased costs associated with evolving infrastructure, security, and staffing needs.

As HHS continues to develop the Action Alliance, MHA appreciates the opportunity to comment on this important work and hopes to be involved in future discussions.

Sincerely,

A handwritten signature in black ink, appearing to read "Jennifer Schoenecker", is placed over a light gray dotted rectangular background.

Jennifer Schoenecker  
Associate Vice President, Quality and Safety