

# National Action Alliance for Patient & Workforce Safety QIO Meeting Presentation

**December 6, 2023** 

## **National Action Alliance Goals**



using an adapted maturity model rubric.

2024	2025	2026
50% Reduction in Harm by 2026		
Healthcare systems will complete a baseline self-assessment by December 2024.	Implementation of robust safety measurement systems including solicitation of patient and employee concerns by 2025	Implementation of robust safety measurement systems including documented improvements by December 2026
Healthcare systems will develop a safety plan that empowers the voice of patients and families by 2024.	Measure both the adoption and impact of engineering safety practices metrics throughout 2025 and beyond.	Implementation of robust communication and resolution programs with reported event feedback provisions by 2026.
HHS will convene human factors engineers, safety science experts, bedside clinicians, and technology leaders to identify 5 key actions that stakeholders (including patients and families) agree will facilitate engagement between stakeholders (care delivery organizations, regulators, and vendors including software developers, medical device developers, pharma, etc) for optimized safety design of new/future high-frequency + high-risk healthcare technology to optimize safety by design.	HHS will work with industry partners to create safety standards, evaluation protocols, and certification processes for devices, software, AI applications, and other technology tools that balance the support for rapid-cycle innovation with the need to build-in safety by design beginning January 2025.	Working with a cross-section of the nation's healthcare systems willing to serve as change leaders who agree to transparently document and share promising practices for implementation of safety practices and strategies to overcome barriers to adoption. This will be demonstrated 50% improvement in patient and workforce safety among hospitals/health systems actively participating in the LN within 24 months (December 2026).
We will develop a set of safety science competencies that can be used in education and continuing education training programs by July 2024	on demonstrated competencies by the end of December 2025.	Progression of the LN will be measured and assessed based on progress against a goal of 50% reduction in harm, active data sharing and participation by LN participants., participant retention and growth, maturation of LN annually

## **National Action Alliance Aims**





Health Equity

safety leaders.

and practice knowledge needs

## Alignment Between the National Action Alliance Aims and the Vision for the 13<sup>th</sup> SOW

AHRQ



"Team learning is the process of **aligning** and developing the capacity of a team to **create the results** its members truly desire."

-Peter Senge, The Fifth Discipline

# How can we work together to improve patient and workforce safety?



- QIOs can leverage the strength of AHRQ's network
  - The National Action Alliance core structure establishes several key partner groups
- The Action Alliance can use the results of QIO A3C organizational gap assessments to inform its work
  - QIOs can align assessments with the evidence-based recommendations in the National Action Plan

### Collaborate to achieve safety goals

- Patient safety begins with workforce safety
- A stable workforce is an essential element of Quality Management infrastructure (13<sup>th</sup> SOW 3.2.1.)
- Use data to help achieve a 50% reduction in harm toward the goal of safer care everywhere for all
- Identify data alignment opportunities to decrease burden



## **Next Steps**



- Engage with the Action Alliance through its several partner groups and national webinars
- Share key elements of the National Action Plan with your member organizations
- Promote the goal of achieving a 50% improvement in patient and workforce safety #SaferCareEverywhereForAll
- Stay connected through the Action Alliance website:
  - National Action Alliance To Advance Patient and Workforce Safety | Agency for Healthcare Research and Quality (ahrq.gov)
  - ► Scroll to the bottom of the page to sign up for email updates

#### AHRQ Safety Program for Telemedicine: Improving Antibiotic Use



Improve **patient safety** and **reduce harm** associated with **antibiotics** in primary and urgent care settings that provide care via telemedicine.

#### Benefits:

#### **Program Details**

- 18-month program beginning June 2024
- Build antibiotic stewardship within telemedicine
- No cost to participate

For more information, visit <u>safetyprogram4telemedicine.or</u> <u>g</u> or email: <u>safetyprogram4telemedicine@</u> <u>norc.org</u> Learn evidence-based strategies from nationally-renowned experts in telemedicine diagnosis and antibiotic prescribing

Receive CEU/CME and ABIM MOC points



Improve efficiency and patient satisfaction with antibiotic prescribing, using approaches such as scripting for live & patient portal interactions



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Perform better on antibiotic-related quality measures (e.g., HEDIS, MIPS)

Practices participating in a prior similar program saw a 9% decrease in antibiotic prescribing overall and a 15% decrease for acute respiratory infections





OHNS HOPKINS

Keller SC, Caballero TM, Tamma PD, et al. Assessment of Changes in Visits and Antibiotic Prescribing During the Agency for Healthcare Research and Quality Safety Program for Improving Antibiotic Use and the COVID-19 Pandemic. JAMA Netw Open 2022;5:e2220512.