



# Ascension

The Honorable Chiquita Brooks-LaSure  
Administrator  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard  
Baltimore, Maryland 21244-1850

December 22, 2023

Submitted electronically via: <https://p4qm.org/prmr-muc-list#>

## **RE: Pre-Rulemaking Measure Review: 2023 Measures Under Consideration**

Dear Administrator Brooks-LaSure:

Ascension appreciates the opportunity to submit comments regarding 2023 measures under consideration for inclusion in Centers for Medicare & Medicaid (CMS) programs.<sup>1</sup>

Ascension is one of the nation's leading non-profit and Catholic health systems, with a Mission of delivering compassionate, personalized care to all with special attention to persons living in poverty and those most vulnerable. In FY2022, Ascension provided \$2.3 billion in care of persons living in poverty and other community benefit programs. Ascension includes approximately 139,000 associates and 36,000 aligned providers and operates more than 2,600 sites of care – including 139 hospitals in 19 states.

### **Patient Safety Structural Measure**

We write specifically regarding one Measure Under Consideration for the Hospital Inpatient Quality Reporting Program (IQR) Program and PPS-Exempt Cancer Hospital Quality Reporting (PCHQR): MUC2023-188, the Patient Safety Structural Measure. For this measure, the hospital outcome is defined by the five patient safety domains, each containing multiple statements. A hospital must positively attest to all statements within a domain to receive one point for that domain (for a total of 0 – 5 points for the outcome). The five domains defining the numerator are: Domain 1: Leadership Commitment to Eliminating Preventable Harm; Domain 2: Strategic Planning & Organizational Policy; Domain 3: Culture of Safety & Learning Health System; Domain 4: Accountability & Transparency; and Domain 5: Patient & Family Engagement.

Ascension is committed to patient safety and fully supports effective and appropriate efforts to advance it. We are deeply committed to providing quality care to the communities we are privileged to serve and ensuring safety is foundational to this commitment. We believe any safety measure adopted into program measure sets should be data-driven, actionable, and workable. Consequently, Ascension strongly supports the use of the Patient Safety Structural Measure, and we applaud CMS for its efforts to incorporate this innovative measure. The Patient Safety Structural Measure is realistic and is a step in the

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<sup>1</sup> <https://p4qm.org/prmr-muc-list#>

right direction; we encourage the agency to incorporate more innovative measures like this instead of utilizing outcomes-based measures that are lagging indicators.

Moreover, Ascension commends CMS's proposal to add the Patient Safety Structural Measure because of its alignment with the National Action Plan for Advancing Patient Safety (National Action Plan), of which Ascension has been an early adopter. The National Action Plan includes four broad categories composed of seventeen recommendations to advance patient safety, with a focus on eliminating inequities at the point of care.<sup>2</sup> These four categories (Culture, Leadership, and Governance; Patient and Family Engagement; Workforce Safety; and Learning System) align with the five domains outlined in the Patient Safety Structural Measure. Furthermore, both ensure interdependence amongst the scoring areas, which is key to driving meaningful change and advancing the goal of creating the safest health care for patients and those who care for them.

Due to this mirroring, we believe it would be helpful to share our real-world experience with the National Action Plan. When Ascension first integrated it across our system, we scored each of Ascension's markets multiple times, then averaged these scores nationally. The focus provided by the National Action Plan is supporting our dedication to continuous improvement, and we have already seen significant progress to date. We anticipate that when we reassess our markets for the second time in spring of 2024, the data will reinforce this anecdotal evidence.

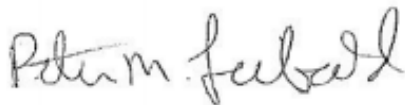
In addition, we would like to specifically reference the question regarding whether organizations participate in a Patient Safety Organization (PSO) that submits data to the National Patient Safety Database. As a leading PSO that submits data to the National Patient Safety database, we applaud CMS for distinguishing the submission of patient safety data to PSOs as an effort that should be recognized and rewarded, and we appreciate such a connection.

We are grateful for the engagement with stakeholders and patient safety experts to ensure the promotion of higher quality of care across hospitals and look forward to future opportunities to comment on and support the development of this and similar measures.

## **Conclusion**

We appreciate your consideration of these comments. If you have any questions, or if there is any additional information we can provide, please contact Mark Hayes, Senior Vice President for Policy and Advocacy for Ascension at [mark.hayes@ascension.org](mailto:mark.hayes@ascension.org).

Sincerely,



Peter M. Leibold  
Executive Vice President and Chief Advocacy Officer  
Ascension

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<sup>2</sup> <https://www.ahrq.gov/patient-safety/reports/safer-together.html>