

January 26, 2023

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Director

Agency for Healthcare Research and Quality

5600 Fishers Lane

Rockville, Maryland 20857

Re: *Request for Information on Creating a National Healthcare System Action Alliance To Advance Patient Safety*

Dear Director Valdez:

On behalf of the American Nephrology Nurses Association (ANNA), we appreciate the opportunity to comment on the Request for Information on Creating a National Healthcare System Action Alliance to Advance Patient Safety (RFI).

The American Nephrology Nurses Association improves members' lives through education, advocacy, networking, and science. Since its establishment as a nonprofit organization in 1969, ANNA has been serving members who span the nephrology nursing spectrum. ANNA has a membership of over 8,000 registered nurses and other healthcare professionals at all levels of practice. Members work in areas such as conservative management, peritoneal dialysis, hemodialysis, continuous renal replacement therapies, transplantation, industry, and government/regulatory agencies. ANNA is committed to advancing the nephrology nursing specialty and nurturing every ANNA member. We achieve these goals by providing the highest quality educational products, programs, and services. Our members are leaders who strive to inspire excellence through patient advocacy, peer mentorship and government lobbying efforts.

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?*

CMS should recognize the negative impacts of replacing nephrology nurses with other licensed or unlicensed professionals.¹ Given the nature of home dialysis care, nephrology registered nurses (RNs) and other health providers must anticipate and prepare for complications that may occur to both allow patient-independent in-home dialysis therapy and to prevent failure in therapy. This requires a significant

¹ David Walz, "Working with and Not 'Around' Nephrology Nurses", *Nephrology Nursing Journal*, Vol. 49, No.2, March-April 2022.

investment in educating nephrology RNs so they have the proper skill set to train and educate individuals and their caregivers for home therapy, as well as prepare additional RNs to be proficient and competent at in-home dialysis training and therapy management. In addition, advanced practice nephrology RNs require further training and education to transition in-center patients to home therapies, provide adequate dialysis prescriptions, and troubleshoot complications. ANNA has actively educated RNs about home dialysis therapies to increase patient access to these therapies. However, due to workforce issues compounded by the COVID-19 pandemic, nephrology RNs are leaving the profession in large numbers, and it is impacting the number of nurses available to train and manage patients on home dialysis therapy.

One solution to this nursing shortage has been to try to fill the gap with other healthcare and non-healthcare providers. Nephrology RNs are uniquely situated to provide dialysis care, and this type of replacement strategy may ultimately cause serious harm to the individuals we serve. Additionally, we stress that the scope of practice for nephrology RNs cannot be transferred to other licensed or unlicensed professionals without serious consequences to patients. Nephrology RNs regularly assess an individual's needs, evaluate that data, develop an individualized plan with identified outcomes, and then educate patients and their caregivers on how to execute the care plan. The consistency and quality of care suffer when these critical activities are not completed as they cannot be delegated to other licensed or unlicensed professionals since they do not have the educational requirements or skill set to fulfill the role components of an RN.

The nephrology RN must be involved at the inception of a patient's care as this fosters trust, familiarity, and communication between the RN and the patient. Additionally, these RNs are trained to quickly identify and troubleshoot a patient's therapy challenges; early identification of challenges and learning patient's needs is imperative to long-term therapy success and sustainability.

Since the release of HHS' *Advancing American Kidney Health Initiative* in July 2019, ANNA has supported efforts to increase home dialysis care and services. We have routinely emphasized the essential role nephrology RNs have in providing home dialysis care and education to ensure long-term therapy success and individual safety. In turn, we request that CMS recognize the importance of nephrology RNs to patient safety and ensure that an easy solution (i.e., allowing other licensed or unlicensed professionals) is not pursued to solve current workforce issues. Such a solution may have a profound negative impact on patient health and safety. We stand ready to work with CMS on this important issue.

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 settings of care? What stakeholders should be a part of the Action Alliance to make it more effective?*

ANNA joined with the Nursing Community Coalition (NCC) in supporting the *Workplace Violence Prevention for Health Care and Social Service Workers Act*. Nurses and health care practitioners are among the professions with the highest rates of workplace violence. In 2018, the U.S. Bureau of Labor Statistics found that 73% of all nonfatal workplace incidents due to violence were among health care workers.² In fact, those working in health care and social services are five times more likely to suffer workplace violence than other professions. Currently, the Occupational Safety and Health Administration (OSHA) has longstanding voluntary guidance. However, that is not solving the problem. The *Workplace Violence Prevention for Health Care and Social Service Workers Act* would work to specifically address the startling realities of workplace violence by directing OSHA to put forth enforceable safety standards.

Additionally, ANNA would be supportive of legislation addressing preventable acts of violence towards medical professionals as well as legislation aimed at reducing workplace injuries through safe patient handling.

Lastly, we urge HHS to include RNs with direct experience in patient and workforce safety as stakeholders in the Action Alliance.

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?*

ANNA recommends the following initiatives for HHS' consideration:

Home Dialysis Therapies Task Force: To ensure that individuals receiving dialysis at home are provided with the best care to ensure their health and safety, ANNA has developed a Home Dialysis Therapies Task Force to gather and analyze information on the role of the nephrology nurse for home dialysis therapies. Additionally, the task force clarifies nurse-specific tasks versus tasks that may be delegated to support staff.

National Patient Safety Goals – Joint Commission:³ The mission of The Joint Commission is to, in collaboration with other stakeholders, continuously improve

² U.S. Bureau of Labor Statistics. (April 2020). Fact Sheet, Workplace Violence in Healthcare, 2018, available at <https://www.bls.gov/iif/oshwc/cfoi/workplace-violence-healthcare-2018.htm>. Last visited January 24, 2023.

³ National Patient Safety Goals Joint Commission, available at <https://www.jointcommission.org/who-we-are/>. Last visited January 24, 2023.

healthcare for the public, by evaluating healthcare organizations and inspiring them to excel in providing safe and effective care of the highest quality and value. Their vision is that all people consistently experience the safest, highest quality, best-value healthcare across all settings.

The Commission accomplishes these goals by setting quality standards, evaluating an organization's performance, and providing an interactive educative experience that gives innovative solutions and resources to support continuous improvement.

Institute for Healthcare Improvement:⁴ IHI was officially founded in 1991 and is committed to redesigning healthcare into a system without errors, waste, delays, and unsustainable costs. They use science to teach quality improvement methods to enable sustainable changes in health and healthcare.

The IHI also published the *National Action Plan to Advance Patient Safety*,⁵ which provides clear direction that healthcare leaders, delivery organizations, and associations can use to make significant advances toward safer care and reduced harm across the continuum of care.

National Safety Council:⁶ The National Safety Council (NSC), America's leading nonprofit safety advocate for more than 100 years, focuses on areas it can make the greatest impact including workplace, roadway and impairment.

NSC starts in the workplace, giving companies resources workers can actually use around risks they are actually facing. NSC helps employers create a culture of safety that will make people safer -- from the workplace to anyplace. Employers benefit from both organizations' world-class thought leadership, dynamic on-the-ground workplace safety consulting services, and membership in NSC Networks.

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?*

The greatest support the Action Alliance can provide will be through resources; resources to facilities are needed to support initiatives for workplace safety such as education, training, reporting systems conducting quality assessments and safety inspections, and equipment or materials needed to implement hazard controls. While we recognize that funding for such initiatives will take significant advocacy, without these resources, bettering workplace safety may not be feasible.

⁴ Institute for Healthcare Improvement, *available at* <https://www.ihl.org/about/Pages/History.aspx>. Last visited January 24, 2023.

⁵ National Action Plan to Advance Patient Safety, *available at* <https://www.ihl.org/Engage/Initiatives/National-Steering-Committee-Patient-Safety/Pages/National-Action-Plan-to-Advance-Patient-Safety.aspx>. Last visited January 24, 2023.

⁶ National Safety Council, *available at* <https://www.nsc.org/company>. Last visited January 24, 2023.

Additionally, we urge HHS to invest in ensuring there is an adequate and qualified nursing force, including recruiting and retaining nephrology nurses. We provide greater detail on this idea in the next section of our comments.

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 shareable outcomes data regarding innovations if applicable.*

Telehealth visits have demonstrated to be a useful tool for providing healthcare services. Through telehealth, you can now participate in telehealth visits, order medications, schedule appointments, access health records and laboratory results, and retrieve information in multiple languages. However, it is prudent to note that while telehealth continues to increase access, the lack of broadband internet results in inequitable access to care visits as well as to a broad range of communication resources such as online portals and audio/video enabled tools. Many healthcare services now require internet access to schedule appointments, complete the registration process, and receive care results for continuity of care between providers.

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?*

Workforce retention and attrition are growing issues. ANNA continues to have great concerns about ensuring an adequate, qualified, and resilient nursing workforce. This includes recruiting and retaining qualified nephrology RNs, and appropriately training, educating, and preparing RNs to care for individuals with kidney disease. It also includes the need for essential resources from stakeholders in building an RN workforce that is supported and valued for its contributions. These resources include but are not limited to: ample personal protective equipment, policies for vaccination and screening, reasonable lengths of shifts, safe nurse-patient caseloads, and an overall healthy work environment that allows for vacation time and breaks and is free of verbal and physical abuse from patients and other staff.

We remain concerned about the increasing shortage of qualified nephrology RNs and the factors contributing to the shortage and position vacancies that have expanded over time. These contributing factors include an aging workforce, a lack of adequate training, unsupportive and unsafe work environments, limited exposure to nephrology in undergraduate and graduate nursing programs, and the ongoing need for individuals needing kidney replacement treatments.

Several nurse leaders recently published an opinion editorial about the challenges facing America’s nurses since the pandemic. “One clear takeaway from the pandemic so far is that it has unlocked new momentum in the delivery of care to patients, with notable advancements powered by nurses. Examples include nurse-led command centers that deploy health system resources to treat patients more effectively, creative partnerships that connect homebound individuals to highly trained health practitioners, tighter collaborations between points of care and the academic institutions that prepare nurses to practice, and more.”⁷ This expanded care demand requires a workforce to meet these patients’ needs and preferences.

To address the RN shortage and resulting position vacancies, strategies to grow the pipeline of registered and advanced practice RNs and build a “nursing workforce for tomorrow’s needs should involve planning at the national level. Broader educational opportunities outside of traditional acute-care settings, as well as diversified continuing education, will help create more professional pathways for RNs, fill the expanding roles RNs will play across the healthcare continuum, bolster their skills, and reduce attrition. RNs of many backgrounds, demographic identities, and skill sets are increasingly essential to meet the dynamic health needs of the U.S., now and into the future.”⁸ As such, ANNA urges HHS and CMS to coordinate action to address these important issues, particularly the following:

1. **Work environment.** ANNA has commented previously about the connection between the work environment and the pressure on nephrology RNs to perform with limited staffing support, while managing increasingly high patient caseloads, and working an extraordinary number of hours. The result of these work conditions is a high number of nephrology RNs leaving the specialty and, in some cases, leaving the nursing profession entirely.

As the *New York Times* Opinion Editorial noted, “We celebrate nurses now. We call them heroes. But if we value their sacrifices and want them to be there when we need them, we must prevent a return to the poor pre-pandemic working conditions that led to high nurse burnout and turnover rates even before COVID-19.”⁹ The focus of nephrology RNs is steadfastly on their patient’s health and safety. However, a nurse’s health is equally as important, as underscored by the *Code of Ethics for Nurses*, which unequivocally states that nurses owe a duty to their health, well-being, and safety.¹⁰ Therefore, we ask HHS, CMS, and lawmakers to partner with ANNA

⁷ Andrew Jacobs, *New York Times*, August 21, 2021, “Nursing is in Crisis: Staff Shortages Put Patients at Risk”.

⁸ Linda H. Aiken, *New York Times*, August 12, 2021, “Nurses Deserve Better. So do their patients”.

⁹ Andrew Jacobs, *New York Times*, August 21, 2021, “Nursing is in Crisis: Staff Shortages Put Patients at Risk”.

¹⁰ American Nurses Association, *Code of Ethics for Nurses*, January 2015, <https://www.nursingworld.org/practice-policy/nursing-excellence/ethics/code-of-ethics-for-nurses/coe-view-only/> (last visited July 21, 2022).

to improve the work environment to ensure these vital frontline workers do not prematurely leave the workforce.

2. **Workplace violence.** According to the Bureau of Labor Statistics, in 2019, the incidence rate for violence and other injuries by persons in the healthcare and social assistance industry was 14.7 for every 10,000 full-time workers. The total rate for all industries was 4.4. The danger faced by healthcare workers ultimately may lead to a decision to leave the industry, which contributes to the ongoing workforce shortage issues. As previously stated, ANNA encourages CMS to be vigilant in efforts to protect nephrology nurses, and all healthcare providers playing a role in the treatment of Medicare ESRD beneficiaries.
3. **Mental health of nephrology nurses.** ANNA is most concerned by the extremely high level of “burnout” impacting RNs across the country, including nephrology RNs. The increased burnout has not merely resulted in nurses leaving the specialty or the profession, but it has dramatically affected their mental health and in some cases, has led to an increase in nurse suicide.

When mental health is not protected and the overall well-being of nurses is strained, not only is the nurse in danger but patient care can also be jeopardized. In a 2020 issue of the *Nephrology Nursing Journal*, an article on nurse burnout shared, “In the outpatient dialysis unit, reducing nurse burnout is vital to retaining nurses and ensuring patients receive the quality of care essential to their needs (O’Brien, 2011). Burnout compromises job performance and patient safety (Gutsan et al., 2018).”

Burnout is not only a phenomenon of professional fatigue resulting in emotional, physical, and mental exhaustion. The *Nephrology Nursing Journal* article further explains, “there are many potential contributors to burnout in nurses, including lack of control, unclear expectations, dysfunctional work dynamics, extremes of activity, lack of social support, and work-life imbalance.”¹¹ However, what is most striking from the journal article is the following:

“Further, suicide may be a severe consequence of clinician burnout (Davidson et al., 2018; National Academy of Medicine, 2019). Davidson and colleagues (2020), in a long-term study on nurse suicide in the United States, found that nurses are at a higher risk for suicide than the general population. In addition, while dealing with a pandemic from COVID-19, nurses are

¹¹ “Prevention Strategies to Cope with Nurse Burnout” (*Nephrology Nursing Journal*, November-December 2020, Vol. 47, No.6).

also dealing with a public health epidemic of nurse burnout, depression, and suicide.”¹²

The nursing profession is in overdrive to serve those in need during this public health emergency and the full impact on the nursing profession is yet to be seen. Based on this information, ANNA strongly recommends policymakers consider initiatives and reforms to support and stabilize the nursing profession.

- 4. Update to Payment System.** Lastly, the payment system used to reimburse for such services must be updated to recognize the cost of labor so nephrology nurses can remain competitive and attract more RNs to the profession.

Conclusion. We appreciate the opportunity to comment on this important RFI. As always, we are eager and available to be a resource to you and your staff on these and other important healthcare matters. Please do not hesitate to contact me (angie.kurosaka@gmail.com) if you have any questions or if we can assist.

Sincerely,



Angie Kurosaka, DNP, RN, CNN, CCM, NEA-BC
President
American Nephrology Nurses Association

¹² *Id.*