June 9, 2022

Ms. Chiquita Brooks-LaSure, MPP
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Baltimore, MD

RE: RIN 0938-AU84

Dear Ms. Brooks-LaSure,

On behalf of U.S. PIRG (Public Interest Research Group) and our two dozen state affiliates\(^1\), thank you for the opportunity to submit comments on the proposed Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospitals and Proposed Policy Changes and Fiscal Year 2023 Rates.\(^2\) An important element of these proposed rules - suppression of CMS Patient Safety and Adverse Events Composite (CMS PSI 90) for FY 2023 - will have a dramatic negative impact on work to reduce the errors, accidents and infections in hospitals that kill an estimated 20,000 Americans every month.\(^3\)

PIRG is a nonprofit public interest consumer advocacy organization that speaks out for a healthier, safer world which includes promoting policies that support the delivery of high value healthcare. We promote efforts to improve patient safety through greater transparency in care delivery, especially in the areas of preventable patient harm. Every year, Americans receive substandard care at our nation’s hospitals; lives are lost or severely harmed.\(^4\) Families are changed forever. To add further pain, those families with injured patients then carry the additional financial burden of longer hospital stays, follow up surgeries, more rehabilitation, and extended recovery time/lost work hours to heal from those harms.

PIRG and other consumer and patient groups worked for decades to win transparency and public reporting of patient safety measures. As a result, regulators, researchers and the general public have a greater understanding of the status of patient care at American hospitals. And we have used that publicly reported data to push for better patient care and injury prevention.

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\(^1\) PIRG in the states: Arizona PIRG, CALPIRG, CoPIRG, ConnPIRG, Florida PIRG, Georgia PIRG, Iowa PIRG, Illinois PIRG, MASSPIRG, Maryland PIRG, PIRGIM, MoPIRG, NCPIRG, NHPIRG, NJPIRG, NMPIRG, Ohio PIRG, OSPIRG, PennPIRG, RIPIRG, TexPIRG, WashPIRG, WISPIRG.


\(^3\) “Medical error—the third leading cause of death in the US”, The BMJ, May 3, 2016. [https://www.bmj.com/content/353/bmj.i2139](https://www.bmj.com/content/353/bmj.i2139)

\(^4\) Estimated lives lost, The Leapfrog Group, 2022. [https://www.leapfroggroup.org/sites/default/files/Files/Statistic%20Charts_FINAL.pdf](https://www.leapfroggroup.org/sites/default/files/Files/Statistic%20Charts_FINAL.pdf)
We are deeply concerned to see that the Centers for Medicare & Medicaid Services’ (CMS) proposed rule includes a provision to suppress calculation and publication of the CMS Patient Safety and Adverse Events Composite (CMS PSI 90) for FY 2023.

PSI 90 is a key indicator of patient harm prevention. It includes all of the following situations which cause pain, injury and sometimes death.

Table 1. AHRQ PSI 90 Composite Measure, v2021

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<tr>
<th>PSI 90 PATIENT SAFETY AND ADVERSE EVENTS COMPOSITE 1</th>
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<tr>
<td>PSI 03 Pressure Ulcer Rate</td>
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<td>PSI 06 Iatrogenic Pneumothorax Rate</td>
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<td>PSI 08 In Hospital Fall with Hip Fracture Rate</td>
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<td>PSI 09 Postoperative Hemorrhage or Hematoma Rate</td>
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<td>PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis Rate</td>
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<td>PSI 11 Postoperative Respiratory Failure Rate</td>
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<td>PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate</td>
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<td>PSI 13 Postoperative Sepsis Rate</td>
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<td>PSI 14 Postoperative Wound Dehiscence Rate</td>
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<tr>
<td>PSI 15 Abdominopelvic Accidental Puncture or Laceration Rate</td>
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Each of these indicators are preventable through careful attention to patient care, thorough staff training, and consistent oversight, monitoring and accountability by hospital leadership. For example, prophylactic antibiotics are useful in sepsis prevention. Falls are more likely to be prevented if patients undergo a fall risk assessment and evidence-based preventive practices are put in place. Pressure ulcers require daily skin checks and wound assessment, frequent patient turning and other patient care.

The Agency for Healthcare Research and Quality emphasizes the importance of this composite measure:

“The PSI 90 composite indicator is intended to be used primarily to monitor performance in national and regional reporting, and also for comparative reporting and quality improvement at the provider level…. Use of a composite can assist consumers in selecting hospitals, assist clinicians in allocating resources, and assist payers in

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assessing performance; especially in the presence of competing priorities or where more than one component measure may be important.”

There is no other public source of this important information about patient harm. Today, there are only seven patient measures on the CMS Care Compare website: PSI 90, PSI 4, and five healthcare acquired infections. If the decision to remove PSI 90 from this website stands, we’ll lose a significant amount of information about patient care that is truly actionable by hospitals. Because the PSI 90 focuses on preventable harm, public reporting of this composite score helps regulators, researchers and the public know where patient care improvement can and should happen. The elements that make up the composite measure of PSI 90 capture the harmful and deadly outcomes that are preventable when a hospital institutes evidence-based actions to prevent patients from these incidents.

Earlier this year, leadership at CMS and the Centers for Disease Control and Prevention (CDC) reported a major increase in infections and patient errors since 2020. Now is not the time to turn a blind eye to these problems and hide them from public view. This will not be the last time that America’s health care system will be stretched and tested. Learning from data reported during the COVID-19 pandemic is essential to prepare for the next public health emergency. Regulators and researchers should delve into the information in order to create an action plan to shore up the performance of the worst performing hospitals. America’s patients and families deserve the benefit of this assessment that can only be completed with publicly reported quality data, including PSI 90. Federal agencies and elected officials have a responsibility to the American public, and that responsibility is violated when they suppress data on rates of harm to patients occurring in hospitals.

On behalf of U.S. PIRG and our state affiliates, we urge you to reject the proposal to suppress PSI 90 information. CMS should stand firmly for transparency, even when the information might be troubling, knowing that lessons can be learned and action is needed - for patients and their grieving families. Thank you for the opportunity to comment.

Respectfully submitted,

Patricia Kelmar, JD
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6 PSI Fact Sheet, AHRQ, undated. [https://www.ahrq.gov/sites/default/files/wysiwyg/professionals/systems/hospital/qitoolkit/combined/a1b_combo_psifactsheet.pdf](https://www.ahrq.gov/sites/default/files/wysiwyg/professionals/systems/hospital/qitoolkit/combined/a1b_combo_psifactsheet.pdf)