



Passion 4 Patients

June 16, 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,

I am writing to you as a Board-Certified Patient Advocate on behalf of all the patients I have had the honor and privilege to serve in navigating the complex healthcare system over the past seven years. My job is to advocate on their behalf, ensuring they get the best patient experience, quality of care, and safety they need and deserve. Recently I was pleased to be appointed to AHRQ's National Advisory Committee.

I am writing to you today to express my strong opposition to the Centers for Medicare & Medicaid Services' proposal to suppress any data for FY 2023 from the public as we deserve to know. My clients and

I use that information. It is information that belongs to the public and should be made public.

Below are a few examples of how I used the information in PSI-90 to help patients:

- Client A reached out to me, but unfortunately, it was too late for their 61-year-old mother. PSI 10 - Postoperative Acute Kidney Injury Requiring Dialysis was why this patient died. The patient went into the hospital with a broken leg. In speaking with the client's son, I told him I looked up this hospital, and it had an extremely high incidence of PSI 10 occurring to their patients. CMS suppressing this data will prevent the public from the crucial information about the hospital in which they are being treated. Therefore, they cannot make informed medical decisions that could prevent medical errors, harm, or death. This client thanked me for letting them know that hospital complication data were available to the public and would use this information in the future to prevent harm or death from occurring to another family member.
- Client B was in a C hospital with a high incidence of PSI 3 and PSI 13. Because of our public knowledge regarding this hospital, we attempted to be more proactive with the patient's care. When we discovered that the patient had developed a wound, we immediately let the hospital know our concern and that this could lead to sepsis. We also let the healthcare team know their ratings/complication rates and that we were extremely concerned. Unfortunately, due to the severity of the wound and sepsis, this patient passed away. However, the family member was at peace, knowing they did everything they could to fight for their dad. The knowledge they learned about the importance of hospital complication rates allowed them to make an informed decision when their husband needed surgery, which was successful.

- Client C was in a hospital with a high incidence of PSI 3 and in a coma. I was contacted by the family 4 weeks after the patient was admitted to be their advocate. Knowing the hospital's poor ratings and complication rates around bedsores, I was able to speak with the healthcare team about our concern and to monitor closely. After the conversation, it was discovered that the patient did, in fact, have a pressure ulcer, and because of the knowledge we obtained from the hospital's public data, they were able to treat the bedsore immediately and aggressively, preventing further harm.
- Client D was in a hospital with a high incident rate of PSI 12. When the family retained me for their services, I noticed in the portal that the patient had blue/purple toes. Due to my knowledge of this hospital's complication rates, I immediately contacted the patient's healthcare team and asked for a bedside huddle. We spoke of our concern about the patient's blue/purple toes, their hospital safety grade, and PSI 12 ratings. After the conversation, it was discovered that this patient had a DVT.
- Client E was an elderly man with several health conditions and in need of a leg amputation. Per the public hospital data provided by CMS, it was discovered they had multiple PSI complications. I was able to have a conversation with the Surgeon and Anesthesiologist to discuss the information, our concerns, and the patient's medical history at length before the procedure. After the surgery, the Surgeon thanked me for the call and the information as they were more aware of the possible complications that could have potentially occurred during the lengthy surgery and therefore had a successful outcome.

As you can see, this information is critical for patients' medical care, safety, and their life! If we do not have this data, how can we make informed medical decisions that are best for our loved ones? I was able to obtain data on these PSIs through the Leapfrog Hospital Safety

Grade, which gets the data from CMS. CMS does not make data on these complications easily accessible to the public but does allow organizations like Leapfrog to make them public for us. CMS should also make the data easily available to us.

If you take this away from the public, how will we remain safe in our hospitals? Taking this away from them is irresponsible. This is going backward in preventing harm or death to patients. Instead of taking information away, I propose making sure the public knows the information is available. Knowledge is power.

As an advocate, my patients and I rely on CMS data to ensure quality and safe care. If you take this away from the public, we will be going into the hospital blind in hopes that one of the complications that you are choosing to take away does not occur. Therefore, I strongly oppose the CMS proposal to suppress any data for FY 2023 as patients rely on you to provide this information. In doing so, it could be life or death. That is your responsibility to the public.

Sincerely,

Krista Hughes, BCPA
Founder and CEO, Passion 4 Patients
Founder and CEO, Hughes Advocacy