

June 27, 2025

Submitted electronically to: patientsafety@mitre.org

Re: Feedback on Opportunities to Update the Patient Safety Indicators

To Whom It May Concern,

Vizient, Inc. appreciates the opportunity to provide feedback to the Agency for Healthcare Research and Quality (AHRQ) in response to a listening session regarding future Patient Safety Indicator (PSI) measurement and related analyses.^{1,2} PSIs are important tools that providers utilize to help inform quality improvement efforts. Vizient offers recommendations for AHRQ's consideration, including those related to communications and future use of composite measures.

Background

[Vizient, Inc.](#), the nation's largest provider-driven healthcare performance improvement company, serves more than 65% of the nation's acute care providers, including 97% of the nation's academic medical centers, and more than 35% of the non-acute market. The Vizient contract portfolio represents \$140 billion in annual purchasing volume enabling the delivery of cost-effective, high-value care. With its acquisition of Kaufman Hall in 2024, Vizient expanded its advisory services to help providers achieve financial, strategic, clinical and operational excellence. Headquartered in Irving, Texas, Vizient has offices throughout the United States. Learn more at www.vizientinc.com.

Recommendations

Vizient appreciates AHRQ's commitment to updating and modernizing PSIs to better reflect the preventable harm landscape across healthcare settings. As the agency considers future refinements to the PSI program, Vizient encourages AHRQ to strengthen the clarity of measure specification language and to provide insights regarding potential future composite measures. In addition, Vizient welcomes the opportunity to participate in future listening sessions or expert panels to help inform AHRQ's work. Below, Vizient further details these recommendations and responds to various questions AHRQ provided during the May 2025 listening session.

AHRQ's PSI Update Process

Measure Specificity

In the listening session, AHRQ asked for feedback to help balance between PSI measure specificity (e.g., to identify actionable, preventable harm) and the need for broad applicability across healthcare settings. Vizient's comments aim to improve the utility of existing measures

¹<https://qualityindicators.ahrq.gov/Downloads/Resources/Opportunities%20to%20Update%20the%20AHRQ%20PSI%20Program%20Webinar%20Slides%2005.07.25.pdf>

²https://qualityindicators.ahrq.gov/Downloads/Resources/ListeningSessionVersion_GapAnalysis_May_2025.pdf

and the development of future measures, including those that may be applicable in different settings of care. Additionally, Vizient encourages AHRQ to consider opportunities to ensure measures are interpreted consistently before developing new measures that could pose similar issues for providers.

Hospitals frequently indicate that a significant challenge with PSIs is the lack of clarity in interpreting vague or missing language in the description and exclusion criteria sections of certain measures. For example, some of our hospital clients have sought clarification on how to interpret the terms “elective,” “emergent,” and “urgent” admissions, particularly in relation to PSI 10 (Postoperative Acute Kidney Injury Rate)³, PSI 11 (Postoperative Respiratory Failure Rate)⁴, and PSI 13 (Postoperative Sepsis Rate)⁵. The specifications for each measure include an interpretation of “elective” in the measure’s description and denominator but fail to include clarification of what would classify as an “emergent” or “urgent” admission, leading hospitals to interpret these terms differently. Specifically, elective admissions may trigger PSI inclusion if documentation is insufficient, while emergent cases are generally excluded. This lack of clarity can lead to inconsistencies in interpretation across hospitals, resulting in variable application (e.g., misclassification of patient cases, incorrect application of exclusions, discrepancies in documentation requirements) and assessment issues (e.g., performance-related penalties, difficulty in benchmarking).

Another example of PSI language that causes challenges for providers is in the 2024 revisions to the numerator criteria for PSI 15 (Abdominopelvic Accidental Puncture or Laceration Rate)⁶, which increased the complexity of the measure. Previously, the numerator included only procedures that occurred on the actual date of service. However, the revised criteria expanded the timeframe to include procedures performed within 1 to 30 days after the abdominopelvic procedure. Consequently, hospitals may be unaware that a case qualifies for PSI inclusion until it appears in post-submission data, particularly when earlier procedures were not visible at the time of reporting.

These above examples show that hospitals either must interpret measure criteria on their own, or possibly be penalized for issues beyond their control, creating disparities in classification and resulting in hospitals being fined for incorrect documentation. Vizient urges the agency to release clearer guidance, delivered through improved and standardized written materials, to support more consistent interpretation and implementation of the measures. To aid in this process, Vizient recommends continued direct engagement with clinicians during the refinement and revision process to help ensure PSIs effectively support patient safety improvements and provide a more inclusive and accurate reflection of hospital performance.

Additionally, responses to hospital inquiries can be improved to include more actionable guidance. For example, providers have shared with Vizient that email outreach to AHRQ frequently yields vague responses that defer to generalized definitions or external references, offering little clarity on how to navigate specific, real-world scenarios. While flexibility in how to interpret PSI criteria can be helpful in some circumstances, a lack of clarity or confirmation regarding a specific interpretation can generate additional administrative burden and lead to unnecessary uncertainty. As a starting point, the agency could develop measure-specific FAQ documents with customized responses to recurring questions, enhanced documentation guidance and clearly designated points of contact to support hospitals in effectively applying PSI measures. Additionally, Vizient

³ [PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis.xlsx](#)

⁴ [PSI 11 Postoperative Respiratory Failure Rate.xlsx](#)

⁵ [PSI 13 Postoperative Sepsis Rate.xlsx](#)

⁶ [PSI 15 Abdominopelvic Accidental Puncture or Laceration Rate.xlsx](#)

encourages AHRQ to establish a more robust technical assistance framework that offers timely, detailed and practical support.

PSI Effectiveness

In the listening session, AHRQ requested feedback on the effectiveness of the PSIs, specifically seeking input on how the impact of these measures should be evaluated. As AHRQ continues to refine the PSIs, Vizient seeks clarification on whether AHRQ anticipates forthcoming PSI updates will include the development of additional composite measures. Vizient notes that components of composite measures, such as PSI 90's structure and uneven weighting of the ten component indicators, make it difficult to use the measure to identify and target opportunities for improvement.⁷ In other words, while composite measures can offer a broad view of patient safety, they may also conceal critical distinctions between individual indicators, making it challenging for hospitals to identify specific areas for quality improvement and leading to misleading conclusions about hospital performance. Vizient urges AHRQ to carefully consider the potential consequences of introducing additional composite PSIs and provide transparency regarding the intent and methodology behind any such efforts. Greater clarity will enable hospitals and stakeholders to more effectively interpret the measures, offer recommendations for improvement and apply them to drive meaningful improvements in patient safety.

Conclusion

Vizient appreciates AHRQ's efforts to gain feedback to help update and modernize PSIs. Vizient provides solutions and services that improve the delivery of high-value care for more than 65% of the nation's healthcare providers. In closing, on behalf of Vizient, I would like to thank AHRQ for providing the opportunity to provide feedback. Please feel free to contact me, or Randi Gold at Randi.Gold@vizientinc.com, if you have any questions or if Vizient may provide any assistance as you consider these recommendations.

Respectfully submitted,



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⁷ CMS Patient Safety Indicators PSI-90 (NQF #0531), <https://www.cms.gov/priorities/innovation/files/fact-sheet/bpciadvanced-fs-psi90.pdf>