

NATIONAL QUALITY FORUM

CONFERENCE CALL OF THE PATIENT SAFETY REPORTING FRAMEWORK STEERING COMMITTEE

December 11, 2009

Panel members present: Eliot Lazar, MBA, MD (Co-chair); Ann Monroe (Co-chair); Cindy Barnard, MBA; Carol Birk, MS, RPh; Joanne Campione, PhD; Anne Flanagan, MS, RN; Lisa McGiffert; Jan Orton, MS, RN, CPHQ; Eleanor Perfetto, PhD; Leslie Schultz, PhD; Bruce Spurlock, MD; Timothy Stockdale, RN, MS; Susan Turney, MD, MS, FACMPE, FACP; Sam Watson, MSA, MHA

Panel members absent: Daniel Hyman, MD; Shea Polancich, PhD, RN

NQF Staff: Peter Angood, MD; Melinda Murphy, RN, MS, NE-BC; Lindsey Tighe, MS

Others present: Patrice Holtz, RN, MS; Edward Garcia

WELCOME AND INTRODUCTIONS

Ms. Monroe and Dr. Lazar welcomed the steering committee members and thanked them for their participation on the call. The committee was reminded that the task of developing a reporting framework is both very important and complex. Dr. Angood underscored the importance of developing the framework, explaining that there is a drive for improved reporting and this will have the potential to be an example nationally as well as internationally.

Minutes of the November 20 conference call were approved, with corrections to the date of the in-person meeting, which will take place January 12-13, 2010 and the inclusion of Sam Watson as a participant.

DEVELOPING THE FRAMEWORK

The steering committee began work by reviewing questions from a briefing document distributed with the November meeting materials. The questions are intended to help establish goals and set some boundaries for developing the framework. The committee members proceeded to review the questions and discuss answers as follows.

- What group(s) should be the primary target audiences for the framework guidance?
 - The committee agreed that organizations, both public and private, which are currently reporting, organizations planning to revise their reporting strategies, as well as organizations planning to report in the future are the primary target audiences for the guidance that will be included in the framework.
- What group(s) can be expected to be secondary audiences to be considered?
 - Generally, this would be groups whose information will be reflected in the reports, such as providers and professional organizations. State-based reporting agencies, data collectors, and regulators would also be considered secondary audiences. The committee believes it is important to encourage entities to use the framework as a standardized approach in lieu of using varying reporting approaches.
 - The committee agreed that groups collecting the data, such as the Quality Improvement Organizations (QIO), are important secondary audiences because use of the framework will help demonstrate to QIOs that the data is being used in a standardized, accepted manner.

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- The committee agreed that it is important to recognize that there will be overlapping roles among report users; e.g., the groups who collect the data may also be users of the data; it will be important to be explicit about this in the framework.
- The committee noted that, while elements of the framework will be drawn from the literature and based on existing evidence and expert opinion, this framework will be untested; thus it will be important to pay attention to any problems that develop over the process of implementing the guidance and to modify the guidance as necessary.
- The committee members recognized the importance of determining if, and how, the framework might be used for research or marketing; ultimately the committee decided to return to this point during the course of the development of the framework.
- The committee stated the need to encourage researchers to test the guidance, including existing mandated reporting where reporting to the public is already taking place.
- To which environments of care will the framework apply? Are there differences or nuances to be considered for the different environments of care?
 - Dr. Angood informed the committee that the other Department of Health and Human Services (DHHS) contract deliverables involve expansion to other environments of care. There is a need for harmonization among the projects; NQF staff will assume this responsibility.
 - The committee agreed on the need to develop a reporting framework that works for the majority of the healthcare environments and acknowledges issues, known differences and nuances. There is also a need to recognize the challenges around measurement when developing the framework since the framework will provide guidance related to measurement though it will not be a measurement tool.
 - The committee recognized that the framework needs to encompass reporting of serious but rare events as well as events that happen more frequently and are useful signals pointing to the need for improvement in quality and safety in healthcare facilities.
 - It was noted that there are measures that are disease and environment specific (i.e. relating to the treatment of congestive heart failure from the time of admission to discharge) as well as measures that encompass events over the continuum of care (i.e. treatment of the patient in different settings, measurements of readmission, etc.); each of these need to be considered in the framework.

STATED PURPOSE OF THE FRAMEWORK

The steering committee members were provided with a draft stated purpose for the framework which they reviewed and revised during the conference call. The committee was asked to modify the draft purpose statements to more accurately reflect what they envision as used of the framework.

Draft Statement	Suggested Revision	Steering Committee Comments
"To clarify/understand organizational issues around each of the topic areas - measuring, evaluating and meaningful public reporting of patient safety including as it relates to HACs"	<i>"To clarify/understand organizational issues around each of the topic areas - measuring, evaluating and meaningful public reporting of patient safety including as it relates to SREs and HACs "</i>	<ul style="list-style-type: none"> ● For harmonization across NQF projects, the steering committee members agreed to include NQF-endorsed Serious Reportable Events in the purpose statement.

<p>“To distinguish reporting strategies that may need to differ based on the kind of event(s) being reported”</p>	<p><i>No change other than to include SRE s/HACs</i></p>	<ul style="list-style-type: none"> • The committee felt this to be very important, as methods for reporting may be different given the type of event.
<p>“To identify an approach to mitigating the issues in public reports to provide honest, balanced reporting”</p>	<p><i>“To identify an approach to mitigating the issues in public reports to provide honest, balanced reporting, such as including validation and comparison strategies”</i></p>	<ul style="list-style-type: none"> • The committee noted the importance of accurate reporting by adding language about validation and comparison strategies. • The committee stated the need to recognize that the guidance be updated with the evolving evidence. This would potentially be an addendum to the stated purpose.
<p>“To design or refine public reports to convey information about the safety of care delivered in ways that resonate with the target audience(s)”</p>	<p><i>“To design or refine public reports to convey information about the safety of care delivered in ways that resonate with and provide meaningful comparisons for the target audience”</i></p>	<ul style="list-style-type: none"> • The committee asked for NQF staff to research what information currently exists about how to convey information that resonates with the target audience. • The committee agreed to add language that the information provided from reporting needs to allow for meaningful comparisons of healthcare facilities. • The committee stated that meaningful information includes display, analysis and explanation of the data.

The committee recognized the importance of increasing patient awareness of, and education about, problems in healthcare; however, the committee members agreed that this may be beyond the scope of the framework to be developed. They did agree that addressing the issue of reduction in healthcare costs is outside the scope. Committee members also discussed the inclusion of parameters for gauging success of the framework; however, they left this topic for further discussion as a possible addendum to the report. The committee expects to address the subject of accountability as part of the framework; NQF staff will draft a statement of principle to address this.

Based on the discussion throughout the call, Ms. Murphy is to draft a general set of principles for Steering committee review.

NQF staff will provide a set of patient safety-related concept definitions as well as the criteria for endorsing the serious reportable events and safe practices to help the committee clarify terms and definitions it will use.

GENERAL GUIDANCE FOR DEVELOPING A FRAMEWORK

The steering committee members discussed several topics pertaining to the challenges and opportunities related to both the measurement and the evaluation of patient safety performance.

The committee unanimously agreed that there is a need for a framework for measuring, evaluating, and publicly reporting patient safety. The committee members recognized that taxonomies and labels for groups of events are varied and intermingled, making it challenging for both the public and the healthcare providers to understand the meaning of information included in reports. There was agreement that the framework needs to both use language and provide information that is meaningful to the lay public as well as to medical professionals. NQF staff will provide definitions drawn from NQF and other work, including taxonomies/classification systems, as well as a listing of the NQF-endorsed Serious Reportable Events for the steering committee to review during the development of the framework.

The committee also felt it important to include reporting of “near misses” in the framework, recognizing that this is a particularly challenging undertaking. Discussion as to the feasibility of including near misses will take place once the development of the framework is further along.

Steering committee members discussed the importance of developing a framework for reporting patient safety events that includes guidance about how to handle what are significant differences between reporting adverse events, with small numerators and large denominators, and other quality data. There was agreement that even within the serious events there are differences that must be considered. For example, while the more common adverse events can be conveyed using performance measures, it is difficult to convey truly rare events with performance measures. Such events are better reported in other ways that promote understanding and accountability. The members also discussed the potential that different thresholds for inclusion do, or need to, exist depending on the evidence that action can reduce an event to zero vs. to an irreducible minimum.

The concept of risk adjustment was broached; committee members believe that it must be further discussed to determine how it should be treated in the framework. Committee members stated that the ultimate goal of reporting these events is to eliminate the occurrence of them; as such, risk adjustment may not be necessary for the framework. The committee noted that the occurrence of some events have to be treated differently than others, as patients arrive with different conditions and comorbidities that make them more or less likely to experience an adverse event (i.e. infection rates of populations treated in large cancer centers will more likely be higher than those in smaller hospitals based on the characteristics of the patients served). To achieve comparability, risk adjustment based on the populations served must occur or the data must be presented in a way that acknowledges such things as volume, case mix, etc. Dr. Lazar will provide NQF staff with his primer on risk adjustment and staff will provide information

about risk adjustment work done by NQF to help the committee decide how to move forward in this area.

DATES FOR CALENDARS

January 12 - 13, 2010 is the date of the in-person meeting of the steering committee. The meeting will be held in Washington DC.

January 7, 3:00 pm - 5:00 pm EST will be the last conference call prior to the in-person meeting. There will be additional conference calls and electronic interchange after the in-person meeting.

ADJOURN.