

NATIONAL QUALITY FORUM

CONFERENCE CALL OF THE PATIENT SAFETY REPORTING FRAMEWORK STEERING COMMITTEE

November 20, 2009

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

Panel members absent: Anne Flanagan, MS, RN; Bruce Spurlock, MD

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

WELCOME AND INTRODUCTIONS

Following the introduction of the co-chairs and NQF staff, Dr. Angood provided background on NQF's patient safety activities and the deliverables outlined in a current Department of Health and Human Services contract with NQF.

NQF PATIENT SAFETY ACTIVITIES

Dr. Angood's overview of NQF patient safety activity highlighted the role of the National Priorities Partners (NPP). The NPP is a group of 32 collaborators that collectively influence virtually every part of the healthcare industry. The group was convened by NQF to address the challenges of the US healthcare industry. The NPP has set goals to target six priority areas. In addition to patient safety, those areas are patient and family engagement, population health, care coordination, palliative and end-of-life care, and overuse.

Dr. Angood detailed the ongoing activities related to patient safety at NQF. He explained that the three patient safety related deliverables of the Department of Health and Human Services (HHS) contract are 1) to update and expand the NQF Serious Reportable Events (SREs) to other environments of care; 2) to develop and expand existing patient safety measures; and 3) to develop a reporting framework. He discussed the update and expansion of the SREs, of which there are currently 28 events that focus on adverse events in an inpatient environment. He noted that the goal of the update is to expand the SREs to encompass events occurring in other healthcare environments, with an initial focus on ambulatory care settings, long term care facilities, and home and community settings. This expansion will eventually continue into home health, urgent care, and dialysis healthcare environments.

Dr. Angood then briefly discussed update of the 34 NQF-endorsed™ *Safe Practices for Better Healthcare*, which will occur during 2010. Dr. Angood also mentioned update and expansion of NQF-endorsed patient safety measures to be undertaken in the next year. He finished by explaining that the overarching goal during the expansion of NQF's patient safety activities is to bring the SREs, Safe Practices and patient safety measures into better alignment.

Steering committee members asked about the patient safety reporting framework project and about NQF's related patient safety activities. The first question related to definition of

framework. Dr. Angood responded that issues related to measurement evaluation strategies should be teased out and the guidance should speak to how reporting should occur; e.g., how to convey event occurrences in meaningful ways. He noted that NQF would share several existing products with the group, including the AHRQ Common Formats, the NQF-endorsed Patient Safety Event Taxonomy, the WHO International Classification for Patient Safety, and information about the WHO Reporting and Learning project. He explained that the group has flexibility in choosing its approach. A member commented that it is important to note that terms used by clinically trained professionals might not be meaningful to the lay public.

A member then asked if NQF has an example framework report that could provide information for this upcoming project. Dr. Angood noted that the NQF report, *National Voluntary Consensus Standards for Hospital Care 2007 – Guidelines for Consumer Focused Public Reporting* is a good starting point. Also, prior to the December meeting, Ms. Murphy will provide the committee a draft framework report outline.

Another steering committee member asked about the background work that has been done for this project. Dr. Angood discussed the NQF staff review of existing NQF-endorsed measures, of which approximately 20 percent are patient safety related. He mentioned the upcoming review of the RAND review of patient safety measures. He informed the group that NQF staff had performed a literature review of the use of NQF patient safety products. Finally, he discussed the NQF-convened meeting of representatives from 22 of the 27 reporting states and the District of Columbia.

Questions related to the target audience and expected use of the framework were asked. Dr. Angood noted that HHS, as the funder, will be an audience for receipt of the framework and the intended users of the guidance in the framework are those entities that are either developing or refining public reports. The target audience(s) for the resulting public reports is to be recommended as part of the work of the committee.

Finally, a committee member asked if any steering committee members serve on multiple patient safety committees; i.e. the reporting framework Steering Committee and Serious Reportable Events Steering Committee. Dr. Angood explained that individual members of these committees are seated on only one of the committees; however, NQF has established a Patient Safety Advisory Committee (PSAC) to help ensure coordination among the various patient safety committees and activities by being informed about the various patient safety projects. A request was made for a flow chart of how the various committees fit together and the point was made that the groups working on various aspects of the overall project should be kept aware of activities relevant to their work.

FRAMEWORK DEVELOPMENT

After a general orientation to NQF structure and processes including the Consensus Development Process, an overview of the framework tasks was provided along with a series of questions for committee consideration. Discussion touched on a number of topics that the committee considers important to address as the work begins. Those topics include:

- Differences between this work and other quality and safety work – A number of differences exist that the committee will discuss including lack of standardization around terminology and taxonomy.

- Standardization – Relevant work, including taxonomies, by NQF and organizations such as the Agency for Healthcare Research and Quality, World Health Organization, RAND, and others will be reviewed to inform the work in terms of such things as approach, definitions, and guidelines.
- Resources for the work – While the framework will be developed by the committee, there is work that has been done and is ongoing that will be useful to the group’s deliberations; links to or copies of resources will be provided.
- Guiding principles – Explicit statements of the beliefs that underlie the framework content and approach should be a first item of committee work.
- Framework content – The framework should give clear guidance about how public reporting of patient safety information should be done.
- States input – The issues and comments, related to public reporting, articulated during the recent NQF convened state-based meeting will be considered by the committee.
- Case studies and examples – Use of material to clarify meaning should enhance understanding and can be used as deemed appropriate.
- Audience – Consumers (patients, current and future, and families/support systems) was the group discussed as the primary audience for whom public reports of patient safety should be designed. The committee’s decision in this regard will help focus the framework guidance to report developers.
- Language selection – Language and information displays advocated in the framework must be selected to resonate with the target audience

In response to a question, clarification was offered that since this work will not involve consideration of products covered by intellectual property agreements, there are no bars related to content that committee members may discuss with colleagues in order to draw thoughts for their consideration in developing the framework.

In preparation for the next committee teleconference, committee members will review the questions in the briefing memo as well as the NQF report, *National Voluntary Consensus Standards for Hospital Care 2007 – Guidelines for Consumer-Focused Public Reporting*, previously provided to the committee. Additionally, Ms. Murphy will provide the committee with a ‘strawman’ outline for the framework report.

REMINDERS

Committee members were asked to ensure that NQF staff has complete contact information for the members and their assistants. This will enable timely notification about the activities of the committee.

DATES FOR CALENDARS

January 12-13, 2010 replaces December 9 – 10, 2009 as the single in-person meeting of the committee based on recent polling and the commitment of 13 members on the call that they are available to attend on those dates. The meeting will be held in Washington DC.

December 11, 11:30 am – 1:30 pm EST will be the next conference call.

January 7, 3:00 pm – 5:00 pm EST will be the last conference call prior to the in person meeting.

ADJOURN.