



### Chief Complaint-Based Quality Care

#### BACKGROUND

Emergency physicians are playing an increasingly important role in the delivery of acute, unscheduled care. Approximately one-quarter of all acute care visits in the U.S. take place in hospital emergency departments (ED). The majority of ED care is based on diagnosing and treating a patient's chief complaint rather than treating a specific disease or condition, because patients present to the ED with chief complaints rather than definitive diagnoses. In the ED, a chief complaint describes a patient's most significant symptoms or signs of illness (e.g., chest pain, headache, fever, abdominal pain, etc.) that caused him or her to seek healthcare.

Current measurement approaches are primarily based on discharge diagnoses. These approaches do not address the variability in practice required to establish the diagnosis from a chief complaint. Moreover, there is a lack of standard nomenclature to define how chief complaints are organized, categorized, and assigned. In addition, a reliance on diagnosis-based administrative claims for quality measurement creates barriers to establishing valid and reliable patient groups. Currently, there is no national guidance to overcome these barriers to using chief complaints in quality measurement for patients presenting to the ED.

#### COMMITTEE CHARGE

NQF will convene a Committee to guide an environmental scan of chief complaint-based measures and concepts. Specifically, the Committee will:

- Identify chief complaint-based measures and concepts, and measurement gaps
- Develop a conceptual framework for using chief complaints in quality measurement
- Develop recommendations for standardizing chief complaint nomenclature
- Discuss the strengths and weaknesses of potential data sources to describe chief complaints, and which may be more appropriate for measurement

#### COMMITTEE STRUCTURE

Up to 25 individuals will be selected for the Committee for one year. They will provide input and feedback on the environmental scan and measurement framework.

**Participation on the Committee requires a significant time commitment. To apply, Committee members should be available to participate in all currently scheduled calls/meetings.** Over the course of the project, additional calls may be scheduled, or calls may be rescheduled based on project needs; new dates will be set based on the availability of the majority of the Committee.

**Committee participation includes:**

- One two-day in-person meeting in Washington, DC
- Four two-hour web meetings
- Additional web meetings as needed

#### Scheduled Meeting Dates

Meeting	Date
Web Meeting #1	October 17, 2018, 12-2 pm ET
Web Meeting #2	November 28, 2018, 12-2 pm ET
In-Person Meeting (2-day)	January 22-23, 2019
Web Meeting #3	February 20, 2019, 12-2 pm ET
Web Meeting #4	May 22, 2019, 12-2 pm ET

#### PREFERRED EXPERTISE AND COMPOSITION

Committee members are selected to ensure representation from a variety of stakeholders, including consumers, purchasers, providers, professionals, plans, suppliers, community and public health, and healthcare quality experts. Because NQF attempts to represent a diversity of stakeholder perspectives on committees, a limited number of individuals from each of these stakeholder groups can sit on a committee.

NQF is seeking those with expertise in emergency care and diagnostic accuracy. Those serving on previous relevant committees, such as the Diagnostic Accuracy, Patient Safety and Emergency Department Transitions of Care committees, may also be considered for this group. To ensure the inclusion of the patient perspective, NQF is also seeking patient/caregiver representation.

**Please review the NQF conflict of interest policy to learn about how NQF identifies potential conflicts of interest.** All potential Committee members must disclose any current and past activities prior to and during the nomination process in order to be considered.

#### CONSIDERATION AND SUBSTITUTION

Priority will be given to nominations from NQF members when nominee expertise is comparable. Please note that nominations are for an individual, not an organization, so “substitutions” of other individuals are not permitted. Committee members are encouraged to engage colleagues and solicit input from colleagues throughout the process.

## APPLICATION REQUIREMENTS

Nominations are sought for individual subject matter experts. Self-nominations are welcome. Third-party nominations must indicate that the individual has been contacted and is willing to serve.

To nominate an individual to the Chief Complaint Committee, please **submit** the following information:

- a completed [online nomination form](#), including:
  - a brief statement of interest
  - a brief description of nominee expertise highlighting experience relevant to the Committee
  - a short biography (maximum 100 words), highlighting experience/knowledge relevant to the expertise described above
  - curriculum vitae or list of relevant experience (e.g., publications) *up to 20 pages*
- A completed disclosure of interest form. This will be requested upon your submission of the nomination form for Committees actively seeking nominees.

## DEADLINE FOR SUBMISSION

All nominations *MUST* be submitted by **6:00 pm ET on August 13, 2018**.

## QUESTIONS

If you have any questions, please contact Jean-Luc Tilly or Kirsten Reed at 202-783-1300 or [chiefcomplaint@qualityforum.org](mailto:chiefcomplaint@qualityforum.org). Thank you for your interest.