



Chief Complaint-Based Quality of Emergency Care Standing Committee Web Meeting

The National Quality Forum (NQF) convened a public web meeting for the Chief Complaint-Based Quality of Emergency Care Standing Committee on October 17, 2018.

Welcome, Introductions, and Review of Web Meeting Objectives

Ashlie Wilbon, NQF Senior Director, welcomed participants to the web meeting. Ms. Wilbon provided opening remarks and reviewed the following meeting objectives:

- Introductions
- Overview of NQF
- Overview of the Project
- Introduction to Environmental Scan
- Committee Discussion
- SharePoint Overview
- Opportunity for Public Comment
- Next Steps

The NQF team then introduced themselves. Ameera Chaudhry, NQF Project Analyst, then conducted a roll call of the Standing Committee. During the roll call, Committee members each provided a brief introduction of themselves. All Committee members were in attendance.

Overview of NQF

Kirsten Reed, NQF Project Manager, discussed NQF's role in the quality measurement arena—to bring together public- and private-sector stakeholders to reach consensus on healthcare performance measurement. Ms. Reed further highlighted NQF's primary activities, including performance measure endorsement, the Measure Applications Partnership (MAP), and convening partners to elicit action on healthcare topics and provide guidance on measurement science.

Overview of the Project

Dr. Jesse Pines, a consultant on the Chief Complaint project, introduced the current landscape of chief complaint-based performance measurement and addressed existing challenges within the arena. Dr. Pines then listed the objectives of the project, which are to:

- Establish a framework for understanding chief complaint-based quality measurement
- Further assess the current landscape
- Develop a written report summarizing findings, characterizing challenges, and providing recommendations supporting further chief complaint-based measurement

Dr. Pines also discussed related NQF work in the Emergency Department Transition of Care and Diagnostic Accuracy framework projects.

Dr. Arjun Venkatesh, a co-chair on the Chief Complaint project, presented a list of working definitions for commonly used emergency department terms. Dr. Venkatesh urged Committee members to reach a consensus on how to define the following:

- Chief Complaint
- Reason for Visit
- Clinical Syndrome
- Outcome of Visit

Ms. Wilbon outlined the project approach, which included:

- Literature Review
- Environmental Scan for Measures and Classification Systems
- Key Informant Interviews
- Convene Expert Standing Committee
- Draft Report

Ms. Wilbon also provided an overview of the timeline of deliverables.

Introduction to the Environmental Scan

Jean-Luc Tilly, NQF Senior Project Manager, presented an overview of the Chief Complaint environmental scan, including information on measure scan sources, the classification system scan, and the literature review. Mr. Tilly reviewed the scan results to date for measures and classification systems.

Committee Discussion of Environmental Scan

Co-chair Dr. Margaret Samuels-Kalow led the Committee in discussion on the following:

- Additional chief complaints that should be included in the scan
- Specific search terms that should be explored
- Other sources NQF should use to discover chief complaint-based measures or concepts
- Additional information on chief complaint systems or approaches to standardizing chief complaint data

Committee members provided recommendations on additional key words, related topics, and literature of interest, as well as on the list of conditions on which to focus the scan and frame Committee discussion on chief complaints. Recommendations included patient-reported outcome literature and literature focusing on the relationship between the chief complaint and the discharge diagnosis. The Committee recommended adding conditions to the scan including seizures and dizziness/syncope. They also discussed the need to determine which complaints might be combined (e.g., nausea and vomiting) and which should be considered separately (e.g., numbness and weakness). They further recommended that complaints should be distinguished and prioritized based on complexity of diagnostic workup (e.g., dizziness versus fracture or sprain).

Ms. Wilbon led the Committee in discussion regarding the key informant interviews. The Committee provided a list of potential key informant interviewees, including Dr. Larry

Nathanson, Floyd Eisenberg (from the HL7 Clinical Quality Information Work Group), Dr. Maria Raven, Dr. David Hunt, and Chris Chute (an informaticist at John Hopkins working on ICD-11). The Committee also suggested reaching out to potential individuals at SNOMED and major electronic health record vendors.

Dr. Venkatesh revisited the previously discussed working definitions and stimulated a discussion on how to best define the key terms which will serve as foundation for further Committee discussion throughout the project. The Committee had extensive discussion on the key terms and suggested additional terms for adding to the Committee's lexicon such as "presenting problem" and proposed that the terminology recognize the patient and provider perspectives. Committee members also discussed the relationship of chief complaints to clinical syndromes or known diagnoses and the need to differentiate chief complaints within certain clinical populations (e.g., sickle cell) from others where the diagnostic workup and outcomes may be very different. Further, they acknowledged that patients often have multiple complaints which may give a clinical picture or indication of a clinical syndrome on which the physician would focus the workup.

SharePoint Overview

Ms. Chaudhry provided instructions on accessing and navigating the SharePoint page.

Public Comment

Ms. Chaudhry opened the web meeting to allow for public comment. No public comments were offered.

Next Steps

Ms. Reed provided next steps including the date for the next meeting, November 28, 2018. She urged Committee members to complete a review of the background materials and to send NQF any additional feedback on the environmental scan and key informant interviews.