NATIONAL QUALITY FORUM

CONFERENCE CALL OF THE COMMON FORMATS EXPERT PANEL

November 13, 2009

Panel members present: Henry Johnson, MD, MPH (Co-Chair); John R. Clarke, MD; Peter L. Elkin, MD; Paul A. Gluck, MD; Matthew Grissinger, RPh, MS; Mary Krugman, PhD, RN; Helen Lau, MHROD, BSN; Arthur Levin, MPH; Lori Paine, RN, BSN; Shannon Phillips, MD, MPH; Nancy Ridley, MS; Heather Sherman, PhD; Liaison Member: William Munier, MD

Others present: Peter Goldschmidt, MD; Amy Helwig, MD; John Moquin; Debbie Perfetto; Susan Terrillion; and Ira Yanowitz, AHRQ. Lisa Vidovic, The Joint Commission; Teresa Wallace, Institute for Safe Medication Practices

NQF Staff: Peter Angood, MD; Eric Colchamiro, MPA; Melinda Murphy, RN, MS, NE-BC

WELCOME, INTRODUCTIONS, AND APPROVAL OF OCTOBER MINUTES

Following Dr. Johnson's welcome, the Expert Panel approved the minutes of its October in-person meeting without change. Dr. Johnson then thanked the members for their effort over the course of the entire project. He noted the action that had been taken on the comments triaged to the Expert Panel to date and the approach to be taken for full panel consideration of the subgroup recommendations at this meeting.

AHRQ PLANS FOR VERSION 1.1

Dr. Helwig began by thanking the Expert Panel members for their insight and guidance throughout the process. She noted that changes from Version 1.0 to Version 1.1 likely will not be drastic but will reflect recommended refinements. She also noted that AHRQ staff already has been working on elements of the technical specifications that can be addressed prior to a design freeze. The target date for the design freeze is December 15. This will allow completion of the technical specifications and CDA file format for transferring information to the Privacy Protection Center and on to the Network of Patient Safety Databases by the time of release of Version 1.1. The timeframe for release is late February or March, 2010.

Dr. Munier added that work on the healthcare-associated infections (HAI) elements of the Common Formats is continuing as AHRQ staff works with the Centers for Disease Control and Prevention (CDC) to achieve interoperability with the National Healthcare Safety Network (NHSN). The current content of the HAI elements of the Common Formats is approved by CDC and can go forward in their present form if the goal of interoperability cannot be met.

Dr. Johnson noted that the recommendations made by the Expert Panel at this meeting will be considered by AHRQ in its revisions to Version 1.0. Comments received during the NQF commenting period, which closes on December 31, will be considered by the subgroups and the full Expert Panel at its meeting in February 2010. Those recommendations will be considered in the Common Formats version beyond Version 1.1.

RECOMMENDATIONS AND PANEL ACTION RELATED TO HERF/PIF/SIR

Ms. Ridley led the presentation of Group A recommendation related to the Healthcare Event Reporting Form (HERF), Patient Information Form (PIF) and Summary of Initial Report (SIR). She noted that 10 comments had been triaged to the Expert Panel and that Group A also

discussed five items that had been triaged to AHRQ, offering consultation to AHRQ on those five. Ms. Ridley said that approximately half of the issues raised by the comments had been dealt with in detail during Group A deliberations related to Version 0.1 beta; e.g., ICD-9, preventability, 24 hour post event actions, and rescue. She also noted that, in each instance, individual comments were made by a single individual. Group A made no recommendations for change because its members believe that a) more time is needed for use before changes are made and b) several of the issues will be addressed through automation. The group did offer comment on the Serious Reportable Event (SRE) listing and on the Office of Management and Budget (OMB) statement which appears on each form. Ms. Ridley asked for feedback on both these. With respect to the OMB statement, which is required when questions are to be asked of more than nine people, she noted that the language of the statement related to "public reporting burden" could have a chilling effect if reporting individuals interpreted that to mean that the results of the report would be publicly reported. Dr. Munier indicated that AHRQ will flag the fact that this statement does not mean that the reports will be made public. With respect to SRE (Event Description 1.3, SIR question 13), the question was raised about using only SREs in the face of other existing national lists. Ms. Ridley noted that the ultimate goal should be to have a standardized, single agreed-upon list across all entities and that this goal should be kept in mind moving forward. Dr. Angood commented that NQF is about to embark on an update of the SREs and will be working to define 'healthcare-acquired conditions' and to look at the best way to expand the SREs beyond hospitals.

There were no initial questions from the Expert Panel related to Group A recommendations. See the discussion and recommendations related to HERF, PIF, and SIR in Group A minutes.

More broadly, one panel member noted that UHC had submitted comments on Monday, November 9. Dr. Munier noted that those comments had been submitted to AHRQ on the noted date thus after all subgroups had completed their consideration of comments. This means there is not time to put them through the subgroup and full Expert Panel process. AHRQ did enter the comments into the NQF tool and will consider them, to the extent possible, in Version 1.1. The Expert Panel will have the opportunity to make recommendations related to these items at the time it considers all comments received from November 6 through December 31, 2009. Ms. Murphy said that the twelve comments from UHC are distributed across six of the Common Formats sets of forms. No other comments have been received to date and these will be provided to the group by e-mail. Comments received from this date will be reviewed to identify 'show stoppers' and those will go immediately to AHRQ. All comments received going forward will be reviewed by the subgroups in January; none will be lost to review.

RECOMMENDATIONS AND PANEL ACTION RELATED TO SURGERY AND ANESTHESIA, DEVICES

Dr. Clarke reviewed the comments received and recommendations made by Group B. There were no additional issues raised or recommendations made. See the discussion and recommendations related to the Surgery and Anesthesia, and Devices elements in Group B minutes.

RECOMMENDATIONS AND PANEL ACTION RELATED TO BLOOD, FALL, PRESSURE ULCERS

Ms Krugman opened by acknowledging that Dr. Barbee Whitaker, American Association of Blood Banks, consulted on the Blood elements. The group reviewed 10 comments related to the blood elements, most related to clarification of instructions or terminology. She noted that the group recommended, and AHRQ agreed to, follow up with Dr. Whitaker about some relatively minor refinements of a few terms.

The group considered 12 comments related to falls. Ms. Krugman commented that the issues raised were, for the most part, issues that had been discussed extensively during consideration of comments about Version 0.1 beta. Generally, the group felt no changes are needed until after a period of use. After use, changes to existing items and, potentially, addition of missing items can be considered. AHRQ did propose change to the wording of question 10 on the blood reporting form. Group C agreed that the change, noted in Group C documentation, is appropriate and supports it.

The group raised one question related to wording of question 2 on the pressure ulcer reporting form. This related to advancement of a pressure ulcer to Stages 3 or 4. The change recommended would capture change from Stage 2 to Stage 3 and is included with Group C minutes. Dr. Helwig clarified that the issue is that the advancement from Stage 2 to Stage 3, while only one stage, is a significant change. Dr. Munier agreed with the substance of the discussion and noted that AHRQ is working to ensure that the Common Formats are evidence based and, where possible, aligned with other expert groups. In this case, current wording is aligned with the national pressure ulcer advisory group, VA and DoD. He noted that AHRQ can deviate if there is a compelling reason to so and noted that in this case, the recommendation of the full panel may be a compelling reason. Dr. Helwig observed that the change would not be inconsistent with those organizations. Dr. Munier agreed that collecting this one step advancement from Stage 3 to Stage 4 would remain consistent with expectations of the other groups.

See the discussion and recommendations related to the Blood or Blood Product, Fall, and Pressure Ulcer elements in Group C documentation.

RECOMMENDATIONS AND PANEL ACTION RELATED TO HEALTHCARE-ASSOCIATED INFECTIONS, MEDICATION AND OTHER SUBSTANCES, PERINATAL

Dr. Gluck lead the discussion of Group D recommendations and opened by noting that he would present only those items for which there were other than cosmetic comments. He first presented HAI Event Description 1.1.1.2 "cannot classify" response option. The group did not identify a solution for the concern presented; rather it recommended referring the issue to AHRQ for additional work that will allow the language of the reporting form to continue to be consistent with CDC while also improving clarity. AHRQ agreed that change is needed and will structure questions more specifically so that non-infection control practitioners should be able to complete them accurately.

Dr. Gluck noted that most comments and questions were generated occurred with the Medication elements. A comment related to having the incorrect patient receive a medication (reporting form question 8.a.) related to a desire for linkages. This was discussed in terms of the desirability of identifying linkages; however, the group does not recommend change at this time. Dr. Grissinger noted that while this would be nice to know, paper forms do not lend

themselves to linking. Dr. Munier said that when the technical specifications are available, they will include question(s) asking of a reported event is linked to another event. In this way, information about linkages can go beyond the provider and the narrative information important to local understanding and learning can be captured by the reporting organization. Dr. Grissinger noted that a comment about adverse drug reactions (ADR) resulted in no recommendation since ADRs are unpreventable events and are captured by other sources.

One question on the perinatal elements related to adverse outcomes to the mother, (reporting form questions 11 and 12) and related neonatal adverse outcome questions (17 and 18) occasioned the most discussion over three conversations. The form asks the reporter to make a judgment regarding the most severe outcome. The group felt this might not be possible to do accurately and that further, there could be linked outcomes. It was recommended that this be resolved by removing 'death' since it is reported on the harm scale then change the direction to "Check most severe" to "Check all that apply". In this way all potential outcomes, including those that may be linked, can be selected. The reporter is not required to make the judgment at the initial report and in subsequent root cause analysis or evaluation; the outcomes could be further explored. Additionally a response option, amniotic fluid embolism, which had been missed was recommended. Dr. Gluck then pointed out that questions 17 and 18 are parallel to 11 and 12 and recommendations were made for handling those questions consistent with those for the first set. Also, response question 18, response option b. is a rare event and was recommended for elimination with the understanding that it can be captured in the "other" response option.

EXPERT PANEL RECOMMENDATION.
The Expert Panel approved the recommendations of the subgroups and discussed during the meeting.

NQF MEMBER COMMENT
The meeting was opened to NQF member comments or questions; none were received.

REMINDERS
- The next Common Formats Expert Panel conference call is scheduled for Monday, December 14, 4:00 – 5:30 pm ET. Materials and dial-in information for the call will be sent via email prior to the call.
- The subgroups will reconvene in January to consider all comments received through the NQF commenting tool from October 6 through December 31, 2009.
- The next Common Formats Expert Panel in person meeting is scheduled for February 17 and 18, 2010.

Ms. Ridley closed by advising the group that she will be retiring at the end of November. She will continue with the Panel if possible. Both panel members and AHRQ staff voiced their support of her continued work with the Expert Panel.

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