THE NATIONAL QUALITY FORUM

CONFERENCE CALL OF THE COMMON FORMATS EXPERT PANEL

January 23, 2009

Panel members present: Henry Johnson, MD, MPH (Co-Chair); David C. Classen, MD, MS (Co-Chair); Diane Cousins, RPh; Mark A. Keroack, MD, MPH; Helen Lau, RN, MHROD, BSN; Arthur Levin, MPH; Bryan A. Liang, JD, MD, PhD; Shannon Phillips, MD, MPH; Nancy Ridley, MS; Prof. William Runciman; Heather B. Sherman, PhD; Liaison Member: William Munier, MD

Others present: Amy Helwig, MD, AHRQ; Patricia Sokol, American Medical Association; Lisa Lang, NIH.

NQF Staff: Melinda Murphy, RN, MS, CNA; Alexis Forman, MPH

WELCOME AND INTRODUCTIONS

Following his welcome, Dr. Classen outlined for the Expert Panel the approach to be taken to address the recommendations brought forward by the Panel group that reviewed the Healthcare Event Reporting (HERF), Patient Information (PIF) and Final Assessment (FAF) Forms. The group (Group A), which included Ms. Cousins, Ms. Lau, Dr. Phillips and Dr. Sherman, was lead by Ms. Ridley whom Dr. Classen noted would present the recommendations and would begin with the general recommendations and the less controversial recommendations. Controversial recommendations were held to the end of the discussion with a plan to carry any that could not be resolved in the time allotted forward to the February 25 in-person meeting.

DISCUSSION AND RECOMMENDATIONS

GENERAL RECOMMENDATIONS

Ms. Ridley began by summarizing the Group A discussion and rationale for the set of general recommendations made by the group during its three teleconferences. The general recommendations are as follows:

Guides

- While information about when forms are to be completed and by whom is contained in the Users Guide, it is recommended that the information be more fully and prominently detailed both in the Users Guide and in a new, more accessible "Quick Guide".
- Expand the Users Guide by adding and clarifying items as noted below and in the attached worksheets.
  - Acknowledge that users may find the paper forms confusing because multiple forms are required and overlap occurs.
  - Provide additional guidance as to the connectivity among the forms.
  - Prominently clarify meaning of Final Assessment Form in both Users Guide and "Quick Guide" and possible additional information that may or may not be completed after FAF since users will not be aware or focused on fact that AHRQ expects to issue additional forms such as RCA which would occur after FAF is submitted.
- Add a "Quick Guide" and a set of "FAQs" to provide more quickly accessible references.

- Include in Users Guide, "Quick Guide" and/or FAQs information about transmitting the various forms to PSOs and NPSD in terms of such things as a) institutional options for how forms may be transmitted; e.g., singly or together and b) form completion options; e.g., who may complete various forms, how to address form completion when there are multiple reporters for a single event.
- For frontline staff, place extra emphasis about how to use the forms in both the Users Guide and "Quick Guide".

Forms
- Consider adding some schema, such as lettering (A, B, C, D) to the forms to help people know the sequence in which they should be addressed.

The Panel had no questions or additional discussion regarding the general recommendations and approved that they be forwarded to AHRQ for its action.

GENERIC (HERF, PIF AND FAF) FORM RECOMMENDATIONS

Ms. Ridley asked that Panel members identify any items from the generic forms that they particularly would like discussed during presentation of the discussion and recommendations related to the HERF, PIF and FAF. She noted that Group A had identified items related to a) diagnoses and procedures coding (10 and 11) on the PIF, b) rescue (12 – 16) on the PIF, and c) the prefacing phrase "In your opinion…" (4) on the FAF. The remaining recommendations are viewed as solid and relatively non-controversial. She also noted that there are a few items that are significant but will need to be addressed at a later time as the Common Formats evolve; these were put in the "parking lot" for future consideration.

Ms. Ridley advised that a goal of Group A was to advance a set of recommendations to AHRQ through the Expert Panel to facilitate its getting Common Formats Version 1.0 into the hands of users quickly. She noted that Version 0.1 Beta individual forms as we see them have not been tested; rather, they were derived from prototypes that were tested. The experience of institutional users and Patient Safety Organizations (PSOs) with the actual forms is important to further, future improvements.

A major issue related to the current forms is the "connectivity" among the forms. The recommendations made by Group A relate to improvement of paper forms only since that is the only available format at present. Ms. Ridley noted that many of the comments were reasonable in the context of electronic forms and that the group had to overcome its inclinations in that regard to adjust its thinking and recommendations to the reality of paper forms. Among these were ideas for moving items to different forms; however, as they considered each option they realized that issues inherent in paper forms would limit improved connectivity. This resulted in resisting suggestions for moving items and identification of parking lot issues.

The Panel posed no questions about the process that lead to the recommendation and did not ask for particular items to be pulled out.

HERF

Ms. Ridley presented the recommendations related to the HERF from the attached worksheets (attachment A) which summarize the Group A discussion and lists recommendations.

Dr. Munier sought clarification regarding the recommendation to change Item 17 "Reporter's Job or Position Title". Ms. Ridley noted that the recommendation for changing Item 17 on HERF had been made during discussion of the FAF related Item 3. The recommendation is noted on the FAF worksheet to delete the word "title" thus avoiding institution-specific titles in favor of a generic descriptor.

After a Panel member noted that recommendations were reasonable, all HERF recommendations were approved as recommended. (Approved recommendations are highlighted in red on the attached HERF worksheet.)

PIF

Ms. Ridley again noted that the goal of Group A was to get the forms into the hands of users and the PSOs (41 named at present). Based on the determination to hold Items 10 – 16 for discussion later in the conference call, Ms. Ridley presented comments and recommendations on PIF Items 17, 18 and the general comments.

One general comment had suggested that fields be added for admission and discharge dates and where patient admitted from. Ms. Ridley noted that while this comment suggested additions, many other comments across the forms suggest reducing amount of information requested. The group agreed that, while the information is important, Version 1.0 should be kept as brief as possible without additions thus did not recommend adding these items.

One Panel member noted that "wasn't notified" is not needed in the response options to Item 18 since it is covered by response option "no". The Panel agreed; the option will be struck from the recommendation.

Dr. Munier noted that changing the Item 18 response options to yes / no will require revising the stem question and that without some temporal aspect to the possible responses it would not be possible to determine at what point the response was made. Ms. Ridley agreed that the stem question wording would need to be revised by AHRQ, and stated that this issue is similar to that of the 24 hour issue in PIF Item 13 which Group A recommended be changed to make it generic and had further recommended that the "yes" response option have an additional subsidiary question to identify timeframes within which the response was made. She did note that the group was clear about its position on this item. Dr. Classen recommended that recommendation related to PIF Item 18 response options be held for the February meeting.

The recommendations related to PIF Items 17, 18 (other than PIF 18 response options) and the general comments were approved as recommended. (Approved recommendations are highlighted in red on the attached PIF worksheet.)

FAF

Based on the determination to hold Item 4 for later discussion, Ms. Ridley presented all other FAF comments and recommendations. She reiterated that Group A had tried to offer recommendations to simplify and avoid adding to the forms. She also noted that it appears that many of those who commented on the forms are not aware that additional forms, including one related to root cause analysis (RCA) are to be developed thus leading to the supposition by some that the FAF might serve that purpose.

One of the Panel members commented that he did not understand the value of FAF Item 6 and wondered if it could be eliminated since it is subjective, the sophistication of the responder would be variable, there is little follow up on the response and it might or could be handled in

an RCA. Dr. Johnson noted that it has value in prompting the form user to consider other possible occurrences around an event that warrant further follow up and might prompt further exploration and reporting. Based on the potential teaching value of the question, the Panel did not pursue deletion of the question.

Recommendations on the FAF, other than those related to FAF 4, were approved as recommended.

Discussion and recommendations related to FAF Item 4 were presented. Group A agreed that the question has value. The issue that caused this item to be held as controversial was the introductory phrase "In your opinion, ". To address this issue, the group recommended revising the introduction to remove the personalization and to revise the introductory phrase to "Based on assessment of the event,…" to be clear that the response is informed. A response option, "Provider does not make this determination by policy", was suggested by AHRQ and is recommended by the group to become response option 4.e. Additional recommendations are that 4.e. become 4.f. and be changed to read "Unknown at this time".

The recommendations related to FAF Item 4 were approved. (Approved recommendations are highlighted in red on the attached FAF worksheet.)

PIF Controversial Items

Discussion and recommendations related to PIF Items 10 and 11 were presented. Group A recommended that the principal diagnosis and principal procedure be retained on the form but recommended that a free text option for each be added along with direction that the ICD-9 codes be added when known. Based on the number of comments related to these items and the discussion that occurred within the group, the Expert Panel agreed to table the comments and recommendations related to PIF Items 10 and 11 for its February in-person meeting.

Items placed in the "parking lot" were briefly touched upon, including comments regarding secondary diagnoses and procedures. As noted, they will be held for consideration after Version 1.0 is released.

Discussion and recommendations related to PIF Items 12 – 16 were presented and discussed together. Group A recommended that the word "rescue" be replaced with a term more familiar to frontline staff, such as "intervention". Ms. Ridley noted that the comments to NQF indicate there is considerable concern about the 24 hour timeframe for reporting result of rescue. AHRQ representatives noted that a temporal reference is desired for purpose of comparison and both the group and the full Expert Panel agree that a timeframe would be useful. Ms. Ridley noted that the group was not sure that 24 hours is the right choice for timeframe. To address this, they recommended that "At 24 hours" be deleted from Item 13 in Version 1.0 and a subsidiary question be added to either Item 12 or 13 that offers a series of timeframes ranging from "12 hours" to "more than 7 days" (See worksheet for specific recommended options). In this way, analysis of information gained through use of Version 1.0 can help determine an appropriate temporal reference in the version which follows it.

With respect to PIF Item 15, Group A recommended removing "unplanned" in each place it occurs in both the question and response options and, in the question to add at the end "…as a result of the event?" One of the Expert Panel members noted that frontline staff are not comfortable with committing to event causality and that clinicians who are not nearly certain of causality will likely not provide responses. After some discussion, it was recommended that the additional verbiage recommended by Group A be changed to "…related to the event?"

Recommendations to delete "unplanned" throughout and to add "…related to the Event?" at the end of PIF Item 15 was approved by the Panel.

With respect to Item 16, an Expert Panel member asked Ms. Cousins how the harm scoring system in Item 16 compares to NCC MERP. She responded that it is different from that used by the National Coordinating Council; it is more specific and explicit related to harm. It is not in conflict with NCC MERP. With that information, the Panel member has no objection to the scoring system.

The remaining recommendations related to Items 12 – 16 were presented and approved without change. (See worksheet for specific recommendations.)

Items for Action at February Meeting

- PIF Items 10 and 11 ICD-9 response options
- PIF Item 18 response options

Adjourned.