

THE NATIONAL QUALITY FORUM

CONFERENCE CALL OF THE COMMON FORMATS EXPERT PANEL

May 11, 2009

Panel members present: Henry Johnson, MD, MPH (Co-Chair); David C. Classen, MD, MS (Co-Chair); Peter L. Elkin, MD; Paul A. Gluck, MD; Mark Keroack, MD, MPH; Mary Krugman, PhD, RN; Helen Lau, RN, MHROD, BSN; Shannon Phillips, MD, MPH; Nancy Ridley, MS; Liaison Member: William Munier, MD

Others present: Jason Byrd, American Society of Anesthesiologists; Diane Cousins, Amy Helwig, John Moquin, AHRQ; Rita Munley Gallagher, American Nurses Association; Kay Jewell, Tara Center; Lori Paine, Johns Hopkins Hospital; Patricia Sokol, Carol Vargo, American Medical Association; Allison Viola, American Health Information Management Association

NQF Staff: Melinda Murphy, RN, MS, NE-BC; Peter Angood, MD, FCCM; Eric Colchamiro, MPA; Melissa Marinelareña, RN, BSN.

WELCOME AND INTRODUCTIONS

Following Dr. Classen's welcome, Ms. Murphy took a roll-call of Panel members. Dr. Classen then introduced Drs. Munier and Helwig from the Agency for Healthcare Research and Quality (AHRQ), to provide an update on revisions to AHRQ's Common Formats for event reporting.

UPDATE ON REVISIONS TO COMMON FORMATS

GENERAL COMMENTS

Dr. Munier stated that NQF received over 900 comments on the Common Formats, which were then triaged to AHRQ either directly or were provided, with recommendations, through the Expert Panel. He was pleased by the breadth of the comments and with the recommendations, and said that they raised conceptual issues that will be considered within the forms. AHRQ expects to take action and give feedback as the suggestions are considered and incorporated into Version 1.0; though the extent of the comments and recommendations makes it unlikely they will be able to give individualized feedback. Prior to finalizing Version 1.0 AHRQ will discuss the comments, recommendations and potential revisions with their federal partners.

In terms of giving feedback to the Expert Panel, one suggestion received was to revise the relevant forms to conform to the Centers for Disease Control and Prevention's (CDC) National Healthcare Safety Network (NHSN). As the Panel noted, the NHSN requirements are extremely detail-oriented and as the PSO effort is voluntary, AHRQ does not want to put into place something that was so labor intensive that it discourages use of the forms. AHRQ did, however, revisit the NHSN standards, with the help of a contractor. The core difference identified is that the Common Formats asks fewer questions than NHSM. AHRQ has subsequently been in meetings with The Department of Health and Human Services (HHS), brokered by the American Hospital Association, to explore whether there is a less-labor intensive way of adhering to NHSN standards; i.e., an NHSN lite version; as many hospitals do

not fully engage in this effort. AHRQ will be working with CDC to create a less-detailed version of the NHSN to encourage hospital participation. This effort is unlikely to be completed by August, when the Common Formats Version 1.0 is scheduled to be published. Therefore, AHRQ staff may delay the release of the Healthcare-Associated Infections (HAI) form or publish a version of the form without NHSN alignment.

Dr. Classen suggested that since NHSN definitions are added and revised with some frequency, it would be beneficial for CDC to publish the “NHSN lite” HAI data requirements on the NHSN website. Dr. Munier noted they have suggested that NHSN definition changes be limited to annually.

SPECIFIC COMMENTS

Dr. Helwig said that AHRQ revisions to the following forms is virtually complete: HERF, FAF (now Summary of Initial Reports – SIR), Pressure Ulcers, Falls, and Devices . Comments are almost fully integrated for Perinatal, and HAI is expected to take longer as noted. She noted that, based on overlaps between the Surgery and Anesthesia forms, AHRQ may combine the two.

A Panel member complimented AHRQ on the two brochures recently released and raised the question of whether state agencies are a potential third user of the Common Formats. As many states are requiring reporting of NQF’s Serious Reportable Events (SREs), and data will eventually be drawn from voluntary and mandatory reporting, it is important to have a standardized taxonomy, definitions and formatting for reporting. This Panel member suggested that NQF and AHRQ consider a collaboration to standardize the SRE process. In response, Dr. Munier said that AHRQ sees the states as potential users of the Common Formats, and that mandatory and voluntary reporting will play an important role in future efforts. There are different roles for the data emanating from mandatory and voluntary reporting, confidential and public reporting, and SREs in comparison to a broader array of events. The commonality among these efforts is the need for a standardized method of reporting, a gap that can potentially be filled by the Common Formats. AHRQ has committed to including a way to indicate on the forms whether an event is an SRE; e.g, a checkbox although it is uncertain whether AHRQ has the resources currently to address the need for specificity within the SRE definitions.

Peter Angood informed the Panel that NQF will be undertaking a comprehensive revision of the SREs later in 2009. NQF will be looking at how the SREs relate to the NQF-endorsed Safe Practices for Better Healthcare, and how those two efforts relate to NQF’s broader range of endorsed measures. NQF will then consider how these internal efforts can build upon or interact with other work being done in the industry, such as the Common Formats and the different taxonomies or classification systems, including the International Classification for Patient Safety (ICPS). In addition, NQF will be looking at expanding its list of hospital-associated conditions (HACs), and expanding the environments of care to which the SREs currently apply.

Dr. Munier noted that AHRQ is trying to coordinate its Common Formats work with the work being done by HHS to expand HACs. There has also been discussion by the ICPS working group around the similarities and overlap of the Common Formats to the ICPS, and there was consensus that these two efforts share a similar mission, but address slightly different needs since the Common Formats are a set of reporting tools whereas the ICPS is a classification tool. As the two efforts continue, these projects will ideally continue to be developed in a way that ensures they fit together.

In response to a question from Dr. Johnson, Dr. Munier said that AHRQ plans to release the specifications for the electronic version of the Common Formats Version 1.0 by December. In terms of new content, Dr. Munier noted that AHRQ is considering whether to expand to another setting of care or to another part of the cycle in 2010 since resources will likely preclude doing both. If it expands to another part of the cycle, a Root Cause Analysis form in the Common Formats version 2.0 will likely be the first expansion, to be released in summer 2010.

NQF MEMBER COMMENT

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

PLANS FOR EXPERT PANEL MEETINGS THROUGH JUNE 2009

The tentative agenda for the Expert Panel conference call on June 8 includes further updates from AHRQ on revisions to the Common Formats Version 1.0. There will also be a discussion on the approach used by the Expert Panel in its work with comments on Version 0.1beta to determine whether there are changes the Panel would like to make to the process.

REMINDERS

The first annual meeting of PSOs will be convened by AHRQ on September 16-18, 2009, in Rockville, MD. This immediately follows AHRQ's annual meeting. NQF staff is working to have the Expert Panel on site for the PSO meeting, and then convene separately in during that period.

The next Common Formats Expert Panel conference call will be Monday, June 8, 2008 from 4:00-5:30 p.m. ET. Materials and dial-in information for the call will be sent via email prior to the call.