THE NATIONAL QUALITY FORUM

CONFERENCE CALL OF THE COMMON FORMATS EXPERT PANEL

December 15, 2008

Panel members present: Henry Johnson, MD, MPH (Co-Chair); David C. Classen, MD, MS (Co-Chair); John R. Clarke, MD, FACS; Diane Cousins, RPh; Peter Elkin, MD; Karen Frush, BSN, MD; Paul A. Gluck, MD; Mary Krugman, PhD, RN; Helen Lau, RN, MHROD, BSN; Arthur Levin, MPH; Bryan A. Liang, JD, MD, PhD; Marlene Miller, MD, MSc; Lori Paine, RN, MS; Shannon Phillips, MD, MPH; Nancy Ridley, MS; Prof. William Runciman; Heather B. Sherman, PhD; Liaison Member: William Munier, MD

Others present: Peter Goldschmidt, MD; Amy Helwig, MD; Marcy Opskol; Larry Patton; and John Moquin, AHRQ; Debi Baker, North Shore-Long Island Jewish Health System; Jenissa Haidari, American Academy of Otolaryngology; Crystal Kallem, AHIMA; Patricia Sokol and Carol Vargo, American Medical Association

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

APPROVAL OF MINUTES OF NOVEMBER 10, 2008 CONFERENCE CALL

Following Dr. Johnson's welcome, the minutes from the November 10, 2008 conference call were approved unanimously. There were no new disclosures.

UPDATE REGARDING FINAL RULE AND STATUS OF PATIENT SAFETY ORGANIZATIONS (PSOs)

Dr. Munier stated that the Final Rule was published in the Federal Register on November 21, 2008 and becomes effective January 19, 2009. Dr. Munier explained the most important differences between the proposed rule and the Final Rule. The proposed rule excluded entities such as insurance companies and their components as well as licensed providers from being Patient Safety Organizations (PSOs). In the Final Rule, agents of regulatory agencies, such as Quality Improvement Organizations (QIOs), who are agents of the Centers for Medicare and Medicaid Services (CMS) that regulates providers and mandatory reporting systems, have also been excluded. In the Final Rule, the proposal that a PSO have an IT system separate from a parent organization was eliminated. The Final Rule also eliminated the general restriction on shared staff with parent organization for most PSOs unless they are a component of one of the excluded entities. With the Final Rule, providers can establish a functional system within a hospital to which PSOs have access thus providing full protection, even prior to information being reported. Dr. Munier stated that there was some concern regarding information that will go into a protected space in terms of not be able to remove it without committing a breach of confidentiality. The Final Rule allows information that enters the protected space to be removed and deemed not to be patient safety work product (PSWP); thus addressing circumstances such as learning that information that has been deemed PSWP is subject to mandatory reporting. Dr. Munier and Larry Patton are available to discuss the Final Rule in more detail if any of the Expert Panel members desire additional information.

UPDATE ON STATUS OF AIMS

Professor Runciman stated that if any of the expert panel members are interested in seeing any components of AIMS, he can arrange a structured webcam. Plans to put the content and terms into the public domain are underway. Professor Runciman explained that they are currently negotiating with World Health Organization (WHO) to populate the International Classification of Patient Safety (ICPS) with all of the terms. The relationship with the National Technology Standards Development Organization has made progress in terms of an agreement in principle. Professor Runciman has also met with other nations and organizations such as Daytek and together they are trying to move towards common agreement on the structure and a set of terms.

UPDATE ON STATUS OF ICPS

Dr. Sherman stated that WHO will be developing definitions for the 600 concepts that underlie the top 10 classes of the ICPS. Three papers have been submitted and approved for publication in the February 2009 issue of the International Journal for Quality and Healthcare. The papers will describe the conceptual framework and key concepts of ICPS. An aide memoir related to classification for Version 1.1 should be available at the beginning of January 2009.

ORIENTATION TO COMMON FORMATS COMMENTS DOCUMENTS

Each Panel member has a copy of all comments received to date since no additional comments about the Common Formats have been received by NQF since the December 15 meeting materials (containing a hard copy of the comments) were sent via FedEx to each member of the Expert Panel.

Based on its request, NQF staff has received workgroup preferences from 10 expert panel members. If you have not submitted your workgroup preferences and desire to do so, please email your preferences to Alexis Forman at aforman@qualityforum.org and Melinda Murphy mlmurphy@qualityforum.org right away. NQF staff will accommodate requests to the extent possible.

Four Expert Panel workgroups will be created. One workgroup will address comments related to the PIF, HERF and FAF and the other three workgroups will have three topics each. Once you have been placed in your workgroups, two-hour conference calls will be scheduled in early January 2009 to begin discussing the assigned topics and comments. At the first workgroup conference call, each workgroup should look for the "low hanging fruit", items which are less complex and lend themselves to simple, straightforward recommendations. This will then allow work at the February in-person meeting to be focused on the more complex issues. At the January 23, 2009 conference call, the workgroups will present their recommendations. This will

allow AHRQ to address an initial set of recommendations of the Expert Panel prior to the February meeting.

NQF will be close the comment period for Common Formats Version 0.1 Beta on December 31, 2008. This will ensure that all comments to be considered by the Expert Panel during the January and February 2009 meetings and by AHRQ will be in hand. A new comment period will open once Version 1.0 is released by AHRQ.

APPROACH TO COMMON FORMATS COMMENTS TRIAGED TO AHRQ AND DISCUSSION

Dr. Munier began his discussion by stating AHRQ's four general operating tenets: 1) that the modular format with discrete pieces contained in specific topic areas is not open to question (There were many questions as to why there were different forms. AHRQ feels that their modular construction facilitates conceptual thinking and, ultimately, will aid automation at which point any overlap in the forms can be eliminated); 2) the Common Formats are to be harmonized with ICPS wherever possible (Since ICPS is a classification system and the Common Formats are reporting and data collection tools harmonization is not always possible and, in fact, ICPS includes some things with which AHRQ is not comfortable; e.g., definition of harm. AHRQ, however, is looking to do a crosswalk to relate their categories to ICPS labels); 3) some comments cannot be resolved until automated forms exist though there will be a need to continue paper forms for those organizations without IT systems; and 4) there is some confusion as to how and where the forms are used (Frontline staff only complete the HERF. The current Common Formats forms were developed specifically for the hospital setting though other types of organizations may use them.).

Dr. Helwig noted that AHRQ is currently working on standard lists that will facilitate coding for: 1) provider; 2) facility; and 3) location. These standard lists will be released in a future version. This action will address comments regarding some of the items that now allow free text entry such as on the HERF where there is a question that asks where the event occurred.

Dr. Munier stated that AHRQ's approach to handling the comments triaged to them by NQF staff is to respond to each comment. Once AHRQ staff has recommendations from the Expert Panel, they will process them within their Patient Safety workgroup, as they are doing with the comments triaged directly to them, to revise the Common Formats and create Version 1.0.

Ms. Ridley asked for the current number of official PSOs. She also wanted to know whether the official PSOs were trying to utilize the Common Formats. Dr. Munier stated that there are currently 25 official PSOs and as of Wednesday, December 17, 2008 there will be 28 official PSOs. He also explained that he does know one software vendor that indicates it has incorporated the Common Formats. He has talked to several people who indicate they will use Common Formats but does not know that anyone is currently using the Common Formats. Dr. Helwig added that the Final Rule added specification related to PSO use of Common Formats.

At the end of the third year that an entity is listed as a PSO, each PSO will be required to attest to its use of the Common Formats. If a PSO is not using the Common Formats, they must identify what they are using, why they are not using the Common Formats, and how what they are using will meet the statutory intent related to comparability of information.

A total of 331 comments were triaged to AHRQ; however, based on suggestions from NQF staff and its review of the comments, AHRQ has provided documentation that focuses on 63 comments. Their reaction to those comments is included in a 14-page document that was provided to all members of the Expert Panel electronically today

AHRQ asked that the Expert Panel provide their input related to eight comments the 63 comments that were provided. Those comments can be found in the AHRQ document as follows:

Form	Comment Number	Page Number
Anesthesia	CMT	Page 1
Blood, Tissue, Organ Transplantation, or Gene Therapy	006	Page 2
General Comments	004	Page 5
Patient Information Form (PIF)	013 (the 3rd Comment)	Page 10
Pressure Ulcer	INS (all 3 comments)	Page 13
Surgical and Other Invasive Procedure (except Perinatal)	010	Page 14

Dr. Helwig began discussion of AHRQ's reaction to the comments with those related to Anesthesia. Due to time constraints, discussion was limited to Anesthesia; Blood, Tissue, …; Device and Medical or Surgical Supply.

Specific Panel feedback was given regarding potential value of adding responses to Anesthesia question 003; current need to use multiple forms for single events which will be eliminated in an automated system; ordering of choices when "check first" logic is used to ensure that the order in which choices appear will not lead to a wrong choice; and the value of capturing the level of the reporter and involved provider in terms of what can be learned, and ultimately addressed with solutions. AHRQ will consider each of these observations in moving toward Version 1.0. The point was made that any addition should be considered in terms of its value; i.e., what can be learned from, constructively done with, the information gained in part because long forms are deterrents to reporting.

In closing their discussion, AHRQ staff indicated that they need Expert Panel recommendations by the end February 2009 to reach their goal to release Version 1.0 by June 2009.

NQF MEMBER COMMENT

NQF members present on the call had no comments.

PLAN FOR JANUARY 2009 MEETING

Expert Panel members will receive their workgroup assignments within a week. Once groups are assigned, each group should pay particular attention to comments received related to the forms the group will address, including those triaged to AHRQ. Comments triaged to AHRQ are not subject to Expert Panel deliberation unless specifically requested by AHRQ or by the Expert Panel. Such requests should be the exception but should they occur, please let Ms. Murphy and Ms. Forman know.

NQF staff will provide each workgroup with materials it needs to review in addition to those provided for this meeting and will work with them to schedule conference call(s). The goal of the conference call meetings in advance of the February in person meeting is to formulate recommendations related to "low hanging fruit", as noted earlier. Each workgroup will present recommendations from any meetings that occur prior to the January 23, 2009 conference call of the Expert panel at that meeting.

REMINDERS

The in-person 1 ½ day meeting at the Marriott at Metro Center in Washington, D.C. is scheduled for all day Wednesday, February 25, 2009 and until noon on Thursday, February 26, 2009. The Expert Panel will receive additional information regarding travel and lodging accommodations from NQF staff in the near future.

The next Common Formats Expert Panel conference call will be Friday, January 23, 2009 from 4:00-5:30 p.m. EST. The materials and dial-in information for the call will be sent via email prior to the call.