



NATIONAL QUALITY FORUM

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Memo

October 13, 2022

To: Patient Safety Standing Committee, Spring 2022

From: National Quality Forum (NQF) staff

Re: Post-comment web meeting to discuss NQF member and public comments received and NQF member expressions of support

Background

Patient safety measurement efforts over the last two decades have focused on improving care delivery and outcomes for patients. Examples include medication reconciliation; healthcare worker immunization rates; determining appropriate dosing levels for radiation-associated procedures; and reductions in central line-associated blood stream infections (CLABSIs), pressure ulcers, inpatient mortality, and others.

For the spring 2022 cycle of the Patient Safety project, the Standing Committee evaluated three newly submitted measures and three measures undergoing maintenance review against NQF's standard evaluation criteria. The Standing Committee recommended five measures for endorsement but did not reach consensus on the sixth and final measure.

The Standing Committee recommended the following measures:

- NQF #3690 Inappropriate Diagnoses of Urinary Tract Infection (UTI) in Hospitalized Medical Patients (University of Michigan/Michigan Hospital Safety Consortium)
- NQF #3671 Inappropriate Diagnosis of Community-Acquired Pneumonia (CAP) in Hospitalized Medical Patients (University of Michigan/Michigan Hospital Safety Consortium)
- NQF #2820 Pediatric Computed Tomography (CT) Radiation Dose (University of California, San Francisco)
- NQF #3658 Adult Blood Culture Contamination Rate (Centers for Disease Control and Prevention)
- NQF #0097 Medication Reconciliation Post-Discharge (National Committee for Quality Assurance)

The Standing Committee did not reach consensus on the following measure:

- NQF #3450 Practice Environment Scale-Nursing Work Index (PES-NWI) (University of Pennsylvania, Center for Health Outcomes and Policy Research)

Standing Committee Actions in Advance of the Meeting

1. Review this briefing memo and [draft report](#).
2. Review and consider the full text of all comments received and the proposed responses to the post-evaluation comments (see Comment Brief).

3. Review the NQF members' expressions of support of the submitted measures.
4. Be prepared to provide feedback and input on proposed post-evaluation comment responses and discuss and revote on consensus not reached measures.

Comments Received

NQF accepts comments on endorsed measures on an ongoing basis through the [Quality Positioning System \(QPS\)](#). In addition, NQF solicits comments for a continuous 16-week period during each evaluation cycle via an online tool located on the project webpage. For this evaluation cycle, the commenting period opened on May 10, 2022, and closed on June 7, 2022. Comments received by June 7, 2022, were shared with the Standing Committee prior to the measure evaluation meetings. Prior to the Standing Committee's evaluation of the measures under review, NQF received 5 comments from individuals pertaining to the measures under review. Following the Standing Committee's evaluation of the measures under review, NQF received 40 comments from 13 organizations (including two NQF-member organizations) and individuals pertaining to the draft report and the measures under review. This memo focuses on comments received after the Standing Committee's evaluation.

NQF members also had the opportunity to express their support ("support" or "do not support") for each measure submitted for endorsement consideration. Two NQF-members submitted their expressions of support. More information on the submitted expressions of support can be found in [Appendix A](#).

NQF staff have included all comments that were received (both pre- and post-evaluation) in the Comment Brief. The Comment Brief contains the commenter's name, comment, associated measure, and draft responses (including measure steward/developer responses if appropriate) for the Standing Committee's consideration. Please review this table in advance of the meeting and consider the individual comments received and the proposed responses for each comment.

To facilitate the discussion, the post-evaluation comments have been categorized into action items and major topic areas or themes. Although all comments are subject to discussion, the intent is not to discuss each individual comment during the post-comment call. Instead, the Standing Committee will spend the majority of the time considering the themes discussed below and the set of comments as a whole. Please note that the organization of the comments into major topic areas is not an attempt to limit the Standing Committee's discussion, and the Standing Committee can pull any comment for discussion. Measure stewards/developers were asked to respond to comments where appropriate.

Consensus Not Reached Measure(s)

NQF #3450 Practice Environment Scale Nursing Work Index (PES-NWI) (Composite and Five Subscales) (University of Pennsylvania, Center for Health Outcomes and Policy Research)

Description: Practice Environment Scale-Nursing Work Index (PES-NWI) is a survey-based measure of the nursing practice environment completed by staff registered nurses; includes mean scores on index subscales and a composite mean of all subscale scores; **Measure Type:** Structure; **Level of Analysis:** Facility; **Setting of Care:** Inpatient/Hospital; **Data Source:** Instrument-Based Data

Consensus was not reached on performance gap. During the discussion on performance gap, a Standing Committee member noted that while measure scores had improved since 2006 (in the data provided for the measure's initial endorsement), there is still a gap in performance, and the data show that lower scores on the instrument were associated with higher rates of poor socioeconomic status. Other Standing Committee members expressed concerns with the lack of disparities testing, especially

considering how long the measure has been in use. The Standing Committee was not able to reach consensus on performance gap.

Comments received were in strong support of the PES-NWI. Numerous commentors stated that the use of this tool is standard practice for most facilities and is critical to their understanding of the nursing work environment.

Action Item:

Review comments received and re-vote on performance gap. If performance gap passes, re-vote on overall recommendation for endorsement.

Appendix A: NQF Member Expression of Support Results

Two NQF members provided their expressions of support. Two of six measures under consideration received support from NQF members. Results for each measure are provided below.

NQF #3450 Practice Environment Scale - Nursing Work Index (PES-NWI) (composite and five subscales) (University of Pennsylvania, Center for Health Outcomes and Policy Research)

Member Council	Commenter Names, Organizations	Support	Do Not Support	Total
Health Professional	Cheryl Peterson, American Nurses Association	1	0	1

NQF #3658 Adult Blood Culture Contamination Rate; A national measure and standard for clinical laboratories and antibiotic stewardship programs (Centers for Disease Control and Prevention)

Member Council	Commenter Names, Organizations	Support	Do Not Support	Total
Provider Organization	Dr. Jacob Sranek, UnityPoint Health	1	0	1