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QUALITY FORUM**

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# Patient Safety, Fall 2022 Measure Review Cycle

## Measure Evaluation Standing Committee Meeting

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Erin Buchanan, Senior Manager

Sean Sullivan, Analyst

*February 9, 2023*

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Order HHSM-500-T0001.*

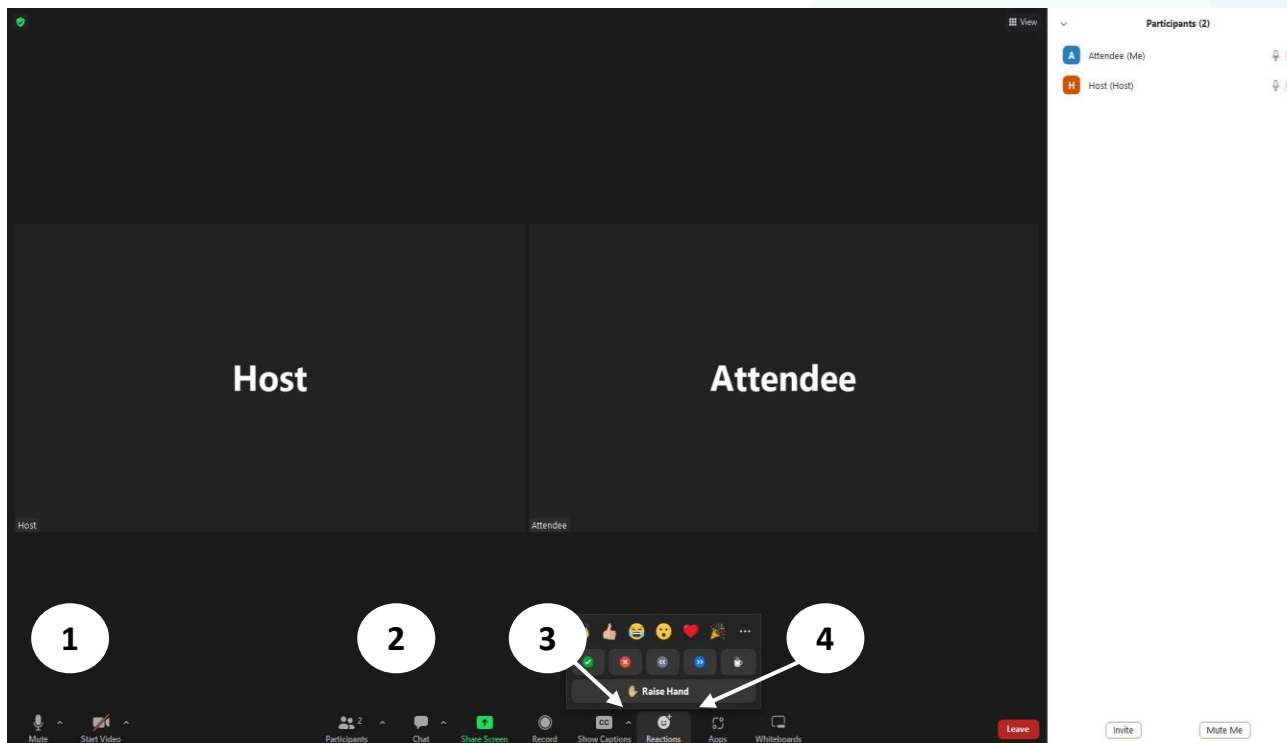
# Welcome



# Welcome to Today's Meeting!

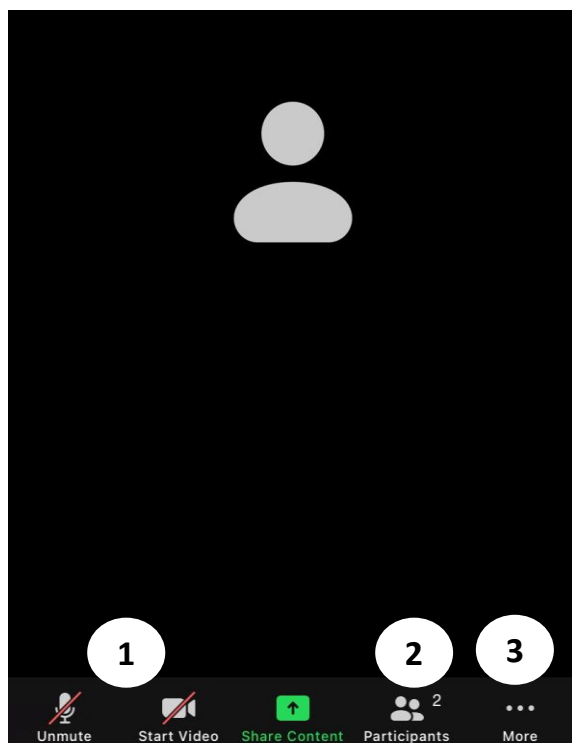
- Housekeeping reminders:
  - ▣ The system will allow you to mute/unmute yourself and turn your video on/off throughout the event
  - ▣ Please raise your hand and unmute yourself when called on
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  - ▣ Please state your first and last name if you are a Call-In-User
  - ▣ We encourage you to keep your video on throughout the event
  - ▣ Feel free to use the chat feature to communicate with NQF staff
- If you are experiencing technical issues, please contact the project team via chat on the virtual platform or at [patientexperience@qualityforum.org](mailto:patientexperience@qualityforum.org)

## Using the Zoom Platform

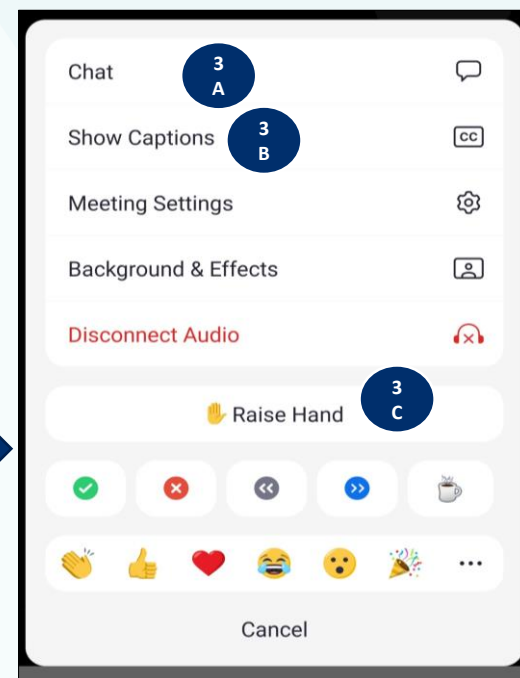


- 1 Click the lower part of your screen to mute/unmute, start or pause video
- 2 Click on the participant or chat button to access the full participant list or the chat box
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- 4 To raise your hand, select the raised hand function under the reactions tab

## Using the Zoom Platform (Phone View)



- 1 Click the lower part of your screen to mute/unmute, start or pause video
- 2 Click on the participant button to view the full participant list
- 3 Click on “more” button to (3A) view the chat box, (3B) show closed captions, or to (3C) raise your hand. To raise your hand, select the raised hand function under the reactions tab



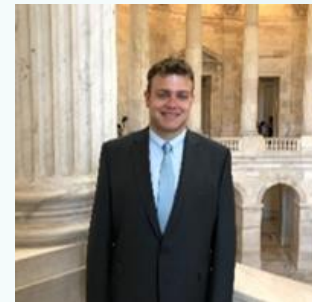
## Project Team — Patient Safety Committee



**Leah Chambers, MHA**  
Director



**Erin Buchanan, MPH**  
Senior Manager



**Sean Sullivan, MA**  
Analyst



**Elizabeth Freedman, MPH**  
Senior Director



**Yemsrach Kidane, PMP**  
Senior Project Manager



**Jesse Pines, MD, MS, MBA**  
Consultant



## Agenda

- Introductions and Disclosures of Interest
- Overview of Evaluation Process and Voting Process
- Voting Test
- Measures Under Review
- Consideration of Candidate Measures
- Related and Competing Measures
- NQF Member and Public Comment
- Next Steps
- Adjourn

# Introductions and Disclosures of Interest



## Patient Safety Fall 2022 Cycle Standing Committee

- John James, PhD (*Co-Chair*)
- Geeta Sood, MD, ScM (*Co-Chair*)
- Emily Aaronson, MD, MPH
- Joel Bundy, MD, FACP, FASN, CPE (*inactive*)
- Elissa Charbonneau, DO, MS
- Curtis Collins, PharmD, MS
- Theresa Edelstein, MPH, LNHA
- Jason Falvey, PT, DPT, PhD
- Robert Green, MD, MPH, MA
- Sara Hawkins, PhD, RN, CPPS
- Bret Jackson
- Laura Kinney, MA, BSN, RN
- Arpana Mathur, MD, MBA
- Raquel Mayne, MPH, MS, RN
- Anne Myrka, RPh, MAT
- Edward Pollak, MD
- Jamie Roney, DNP, NPD-BC, CCRN-K
- Nancy Schoenborn, MD
- David Seidenwurm, MD, FACR
- Iona Thraen, PhD, ACSW
- Yanling Yu, PhD

# Overview of Evaluation Process and Voting Process



## **Roles of the Standing Committee During the Evaluation Meeting**

- Act as a proxy for the NQF multistakeholder membership
- Evaluate each measure against each criterion
  - ▣ Indicate the extent to which each criterion is met and the rationale for the rating
- Respond to comments submitted during the public commenting period
- Make recommendations regarding endorsement to NQF membership
- Oversee the portfolio of Patient Safety measures

## Meeting Ground Rules

- Be prepared, having reviewed the measures beforehand
- Respect all voices
- Remain engaged and actively participate
- Base your evaluation and recommendations on the measure evaluation criteria and guidance
- Keep your comments concise and focused
- Be respectful and allow others to contribute
- Share your experiences
- Learn from others



## Process for Measure Discussion and Voting

- Brief introduction by measure developer (3-5 minutes)
- Lead discussants will begin the Standing Committee discussion for each criterion by:
  - ▣ briefly explaining information on the criterion provided by the developer;
  - ▣ providing a brief summary of the pre-meeting evaluation comments;
  - ▣ emphasizing areas of concern or differences of opinion; and
  - ▣ noting, if needed, the preliminary rating by NQF staff.
    - » This rating is intended to be used as a guide to facilitate the Standing Committee's discussion and evaluation.
- Developers will be available to respond to questions at the discretion of the Standing Committee.
- The full Standing Committee will discuss, then vote on the criterion, if needed, before moving on to the next criterion.

## Endorsement Criteria

- **Importance to Measure and Report (Evidence and Performance Gap):** Extent to which the measure focus is evidence based and important to making significant gains in healthcare quality where there is variation in or overall less-than-optimal performance (**must-pass**).
- **Scientific Acceptability (Reliability and Validity):** Extent to which the measure produces consistent (reliable) and credible (valid) results about the quality of care when implemented (**must-pass**).
- **Feasibility:** Extent to which the specifications require data that are readily available or could be captured and implemented without undue burden
- **Usability and Use:** Extent to which the measure is being used for both accountability and performance improvement to achieve the goal of high quality, efficient healthcare (use is **must-pass** for maintenance measures).
- **Comparison to related or competing measures:** If a measure meets the above criteria and there are endorsed or new related measures or competing measures, the measures are compared to address harmonization and/or selection of the best measure.



## Voting on Endorsement Criteria

Votes will be taken after the discussion of each criterion

- **Importance to Measure and Report**
  - ▣ Vote on Evidence (must pass)
  - ▣ Vote on Performance Gap (must pass)
  - ▣ Vote on Rationale - Composite measures only (must pass)
- **Scientific Acceptability Of Measure Properties**
  - ▣ Vote on Reliability (must pass)
  - ▣ Vote on Validity (must pass)
  - ▣ Vote on Quality Construct - Composite measures only
- **Feasibility**
- **Usability and Use**
  - ▣ Use (must pass for maintenance measures)
  - ▣ Usability
- **Overall Suitability for Endorsement**



## Voting on Endorsement Criteria (continued)

- **Related and Competing Discussion**

- **Procedural Notes**

- ▣ If a measure fails on one of the must-pass criteria, there will be no further discussion or voting on the subsequent criteria for that measure; the Standing Committee discussion moves to the next measure.
- ▣ If consensus is not reached, the discussion will continue with the next measure criterion, but a vote on overall suitability will not be taken.



## Achieving Consensus

- Quorum: 66% of active Standing Committee members (14 of 20 members).

Vote	Outcome
Greater than 60% yes	Pass/Recommended
40% - 60% yes	Consensus Not Reached (CNR)
<40% yes	Does Not Pass/Not Recommended

- “Yes” votes are the total of high and moderate votes based on the number of active and voting-eligible Standing Committee members who participate in the voting activity.
- Consensus Not Reached (CNR) measures move forward to public and NQF member comment, and the Standing Committee will re-vote during the post-comment web meeting.
- Measures that are not recommended will also move on to public and NQF member comment, but the Standing Committee will not re-vote on the measures during the post-comment meeting unless the Standing Committee decides to reconsider them based on submitted comments or a formal reconsideration request from the developer.



## Committee Quorum and Voting

- Please let staff know if you need to miss part of the meeting.
- We must have quorum to vote. Discussion may occur without quorum unless 50% attendance is not reached.
- If we do not have quorum at any point during the meeting, live voting will stop, and staff will send a survey link to complete voting.
  - ▣ Standing Committee member votes must be submitted within 48 hours of receiving the survey link from NQF staff.
- If a Standing Committee member leaves the meeting and quorum is still present, the Standing Committee will continue to vote on the measures. The Standing Committee member who left the meeting will not have the opportunity to vote on measures that were evaluated by the Standing Committee during their absence.



# Evaluation Process Questions?

# Voting Test

## Voting Via Desktop or Laptop Computer (Poll Everywhere)

- Click on the voting link that was emailed to you. You will see a wait message until voting begins.
- When voting opens, you will see the screen below. Enter your first and last name, then click “Continue” to access voting from the options that will appear on the screen.
- Please alert an NQF staff member if you are having difficulty with our electronic voting system.

**Welcome to nqualityforumvote943's presentation!**

**Introduce yourself**  
Enter the screen name you would like to appear alongside your responses.

Name

0 / 50

**Continue**

**Skip**

Using a screen name allows the presenter and other participants to attach your screen name to your responses. You can change your screen name at any time.

# Measures Under Review

## Fall 2022 Cycle Measures

- **1 Maintenance Measure for Standing Committee Review**
  - ▣ **#3025** Ambulatory Breast Procedure Surgical Site Infection (SSI) (Centers for Disease Control and Prevention [CDC])
- **5 New Measures for Standing Committee Review**
  - ▣ **#3686** CDC, National Healthcare Safety Network (NHSN) Hospital-Onset Bacteremia & Fungemia Outcome Measure (CDC)
  - ▣ **#3688** CDC, NHSN Healthcare facility-onset, antibiotic-Treated Clostridioides difficile Infection Outcome Measure (HT-CDI) (CDC)
  - ▣ **#3498e** Hospital Harm - Pressure Injury (Centers for Medicare & Medicaid Services [CMS]/American Institutes for Research [AIR])
  - ▣ **#3713e** Hospital Harm - Acute Kidney Injury (CMS/AIR)

## NQF Scientific Methods Panel (SMP)

- The Scientific Methods Panel (SMP), consisting of individuals with methodologic expertise, was established to help ensure a higher-level evaluation of the scientific acceptability of complex measures.
- The SMP's comments and concerns are provided to developers to further clarify and update their measure submission form with the intent of strengthening their measures to be evaluated by the Standing Committee.
- Certain measures that do not pass on reliability and/or validity are eligible to be pulled by a Standing Committee member for discussion and a revote.





## NQF Scientific Methods Panel Review

- No measures were reviewed by the SMP.

# Consideration of Candidate Measures



## #3025 Ambulatory Breast Procedure Surgical Site Infection Outcome Measure

- **Measure Steward/Developer:** CDC

- ▣ Maintenance measure

- **Brief Description of Measure:**

- ▣ This measure is for the risk-adjusted Standardized Infection Ratio (SIR) for all Surgical Site Infections (SSI) following breast procedures (BRST) conducted at ambulatory surgery centers (ASCs) among adult patients (ages 18 - 108 years) and reported to the NHSN. The measure compares the reported number of surgical site infections observed at an ASC with a predicted value based on nationally aggregated data. The measure was developed collaboratively by the CDC, the Ambulatory Surgery Center Quality Collaboration (ASC QC), and the Colorado Department of Public Health and Environment.



## #3686 CDC, NHSN Hospital-Onset Bacteremia & Fungemia Outcome Measure

- **Measure Steward/Developer:** CDC

- ▣ New measure

- **Brief Description of Measure:**

- ▣ Risk-adjusted ratio of observed bacteremias and fungemias to predicted bacteremias and fungemias among patients previously admitted to acute care hospitals.



## #3688 CDC, NHSN Healthcare Facility-onset, Antibiotic-Treated Clostridioides Difficile Infection Outcome Measure

- **Measure Steward/Developer:** CDC

- ▣ New measure

- **Brief Description of Measure:**

- ▣ Standardized infection ratio (SIR) based on fully electronic capture of Healthcare facility-onset, antibiotic-Treated Clostridioides difficile Infection (HT-CDI) events among inpatients in the facility.

## #3498e Hospital Harm-Pressure Injury

- **Measure Steward/Developer:** CMS/AIR

- ▣ New measure

- **Brief Description of Measure:**

- ▣ This electronic clinical quality measure (eCQM) assesses the proportion of inpatient hospitalizations for patients ages 18 years and older at the start of the encounter who suffer the harm of developing a new stage 2, stage 3, stage 4, deep tissue, or unstageable pressure injury.

## #3713e Hospital Harm-Acute Kidney Injury

- **Measure Steward/Developer:** CMS/AIR

- ▣ New measure

- **Brief Description of Measure:**

- ▣ This eCQM assesses the proportion of inpatient hospitalizations for patients 18 years of age or older who have an acute kidney injury (stage 2 or greater) that occurred during the encounter.
- ▣ Acute kidney injury (AKI) stage 2 or greater is defined as a substantial increase in serum creatinine value, or by the initiation of kidney dialysis (continuous renal replacement therapy (CRRT), hemodialysis or peritoneal dialysis).

# Related and Competing Discussion



## Related and Competing Measures

- If a measure meets the four criteria **and** there are endorsed/new related measures (same measure focus **or** same target population) or competing measures (both the same measure focus **and** same target population), the measures are compared to address harmonization and/or selection of the best measure.

Target Population	Same concepts for measure focus-target process, condition, event, outcome	Different concepts for measure focus-target process, condition, event, outcome
Same target population	<b>Competing measures - Select best measure</b> from competing measures or justify endorsement of additional measure(s).	<b>Related measures - Harmonize</b> on target patient population or justify differences.
Different target patient population	<b>Related measures - Combine</b> into one measure with expanded target patient population or justify why different harmonized measures are needed.	Neither a harmonization nor competing measure issue



## Related and Competing Measures (continued)

- Related and competing measures will be grouped and discussed after the recommendations for all related and competing measures are determined. Only measures recommended for endorsement will be discussed.
- The Standing Committee can discuss harmonization and make recommendations. The developers of each related and competing measure will be encouraged to attend any discussion.



## **Measure #3025 Ambulatory Breast Procedure Surgical Site Infection Outcome Measure Related Measures**

- #0269: Timing of Prophylactic Antibiotics-Administering Physician
- #0527: Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision
- #0528: Prophylactic Antibiotic Selection for Surgical Patients
- #0529: Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time
- #2687: Hospital Visits after Hospital Outpatient Stay
- #3357: Facility-Level 7-Day Hospital Visits after General Surgery Procedures Performed at Ambulatory Surgical Centers

## Measure #3025 Ambulatory Breast Procedure Surgical Site Infection Outcome Measure Related Measure – continued 1

### ■ #0269: Timing of Prophylactic Antibiotics-Administering Physician

- Steward/Developer: American Society of Anesthesiologists
- Description: Percentage of surgical patients aged 18 years and older who receive an anesthetic when undergoing procedures with the indications for prophylactic parenteral antibiotics for whom administration of a prophylactic parenteral antibiotic ordered has been initiated within one hour (if fluoroquinolone or vancomycin, two hours) prior to the surgical incision (or start of procedure when no incision is required)
- Numerator: Surgical patients for whom administration of a prophylactic parenteral antibiotic ordered has been initiated within one hour (if fluoroquinolone or vancomycin, two hours) prior to the surgical incision (or start of procedure when no incision is required).
- Denominator: All surgical patients aged 18 years and older who receive an anesthetic when undergoing procedures with the indications for prophylactic parenteral antibiotics.
- Target Population: Children, Women, Elderly
- Care Setting: Outpatient Services, Inpatient/Hospital
- Level of Analysis: Clinician: Individual, Clinician: Group/Practice, Facility

## Measure #3025 Ambulatory Breast Procedure Surgical Site Infection Outcome Measure Related Measure – continued 2

- **#0527: Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision**
  - ▣ Steward/Developer: CMS/Oklahoma Foundation for Medical Quality
  - ▣ Description: Surgical patients with prophylactic antibiotics initiated within one hour prior to surgical incision. Patients who received vancomycin or a fluoroquinolone for prophylactic antibiotics should have the antibiotics initiated within two hours prior to surgical incision.
  - ▣ Numerator: Number of surgical patients with prophylactic antibiotics initiated within one hour prior to surgical incision.
  - ▣ Denominator: All selected surgical patients with no evidence of prior infection.
  - ▣ Target Population: Elderly
  - ▣ Care Setting: Inpatient/Hospital
  - ▣ Level of Analysis: Facility, Other

## Measure #3025 Ambulatory Breast Procedure Surgical Site Infection Outcome Measure Related Measure – continued 3

- **#0528: Prophylactic Antibiotic Selection for Surgical Patients**
  - ▣ Steward/Developer: CMS/Oklahoma Foundation for Medical Quality
  - ▣ Description: Surgical patients who received prophylactic antibiotics consistent with current guidelines (specific to each type of surgical procedure).
  - ▣ Numerator: Number of surgical patients who received prophylactic antibiotics recommended for their specific surgical procedure.
  - ▣ Denominator: All selected surgical patients with no evidence of prior infection.
  - ▣ Target Population: Elderly
  - ▣ Care Setting: Inpatient/Hospital
  - ▣ Level of Analysis: Facility, Other

## Measure #3025 Ambulatory Breast Procedure Surgical Site Infection Outcome Measure Related Measure – continued 4

- **#0529: Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time**
  - ▣ Steward/Developer: CMS
  - ▣ Description: Surgical patients whose prophylactic antibiotics were discontinued within 24 hours after Anesthesia End Time.
  - ▣ Numerator: Number of surgical patients whose prophylactic antibiotics were discontinued within 24 hours after Anesthesia End Time (48 hours for CABG or Other Cardiac Surgery).
  - ▣ Denominator: All selected surgical patients with no evidence of prior infection.
  - ▣ Target Population: Elderly
  - ▣ Care Setting: Inpatient/Hospital
  - ▣ Level of Analysis: Facility, Other

## Measure #3025 Ambulatory Breast Procedure Surgical Site Infection Outcome Measure Related Measure – continued 5

- **#2687: Hospital Visits after Hospital Outpatient Stay**
  - ▣ Steward/Developer: Yale CORE
  - ▣ Description: Facility-level risk-standardized rate of acute, unplanned hospital visits within 7 days of a procedure performed at a hospital outpatient department (HOPD) among Medicare Fee-For-Service (FFS) patients aged 65 years and older.
  - ▣ Numerator: The outcome is all-cause, unplanned hospital visits, defined as 1) an inpatient admission directly after the surgery or 2) an unplanned hospital visit (emergency department [ED] visit, observation stay, or unplanned inpatient admission) occurring after discharge and within 7 days of the surgical procedure.
  - ▣ Denominator: Outpatient same-day surgeries performed at HOPDs for Medicare FFS patients aged 65 years and older.
  - ▣ Target Population: Elderly, Populations at Risk
  - ▣ Care Setting: Outpatient Services
  - ▣ Level of Analysis: Facility



## Measure #3025 Ambulatory Breast Procedure Surgical Site Infection Outcome Measure Related Measure – continued 6

- **#3357: Facility-Level 7-Day Hospital Visits after General Surgery Procedures Performed at Ambulatory Surgical Centers**
  - ▣ Steward/Developer: Yale CORE
  - ▣ Description: Facility-level risk-standardized ratio of acute, unplanned hospital visits within 7 days of a general surgery procedure performed at an ambulatory surgical center (ASC) among Medicare Fee-For-Service (FFS) patients aged 65 years and older.
  - ▣ Numerator: Facility-level risk-standardized ratio of acute, unplanned hospital visits within 7 days of a general surgery procedure performed at an ASC among Medicare Fee-For-Service (FFS) patients aged 65 years and older.
  - ▣ Denominator: The target population for this measure is Medicare FFS patients aged 65 years and older, undergoing outpatient general surgery procedures in ASCs.
  - ▣ Target Population: Not specified
  - ▣ Care Setting: Outpatient Services
  - ▣ Level of Analysis: Facility



## **Measure #3025 Ambulatory Breast Procedure Surgical Site Infection Outcome Measure Related Measures Discussion**

- Are the measure specifications for the related measure harmonized to the extent possible?
- Are there differences that could impact interpretability and add data collection burden?
- Are the differences justified?



## **Measure #3686 CDC, NHSN Hospital-Onset Bacteremia & Fungemia Outcome Measure Related Measures**

- 0139: NHSN Central line-associated Bloodstream Infection (CLABSI) Outcome Measure
- 1716: NHSN Facility-wide Inpatient Hospital-onset Methicillin-resistant *Staphylococcus aureus* (MRSA) Bacteremia Outcome Measure



## Measure #3686 CDC, NHSN Hospital-Onset Bacteremia & Fungemia Outcome Measure Related Measure – continued 1

- **#0139: NHSN Central line-associated Bloodstream Infection (CLABSI) Outcome Measure**
  - Steward/Developer: CDC
  - Description: Standardized Infection Ratio (SIR) and Adjusted Ranking Metric (ARM) of healthcare-associated, CLABSI will be calculated among patients in bedded inpatient care locations.
  - Numerator: Total number of observed healthcare-associated CLABSI among patients in bedded inpatient care locations.
  - Denominator: Total number of predicted healthcare-associated CLABSI among patients in bedded inpatient care locations, calculated using the facility's number of central line days and the following significant risk factors: Acute Care Hospitals: CDC location, facility bed size, medical school affiliation, facility type, birthweight category (NICU locations only); Critical Access Hospitals: no significant risk factors, calculation based intercept only model; Inpatient Rehabilitation Facilities: Proportion of admissions with stroke, proportion of admissions in other non-specific diagnostic categories; Long Term Acute Care Hospitals: CDC location type, facility bed size, average length of stay, proportion of admissions on a ventilator, proportion of admissions on hemodialysis.
  - Target Population: Children, Dual eligible beneficiaries, Elderly, Individuals with multiple chronic conditions, Populations at Risk, Veterans, Women
  - Care Setting: Inpatient/Hospital, Other, Post-Acute Care
  - Level of Analysis: Facility, Population: Regional and State

## Measure #3686 CDC, NHSN Hospital-Onset Bacteremia & Fungemia Outcome Measure Related Measure – continued 2

- **NQF #1716: NHSN Facility-wide Inpatient Hospital-onset Methicillin-resistant *Staphylococcus aureus* (MRSA) Bacteremia Outcome Measure**
  - Steward/Developer: CDC
  - Description: Standardized infection ratio (SIR) and Adjusted Ranking Metric (ARM) of hospital-onset unique blood source MRSA Laboratory-identified events (LabID events) among all inpatients in the facility
  - Numerator: Total number of observed hospital-onset unique blood source MRSA LabID events among all inpatients in the facility per NHSN protocols.
  - Denominator: Total number of predicted hospital-onset unique blood source MRSA LabID events, calculated from a negative binomial regression model and risk adjusted for facility's number of inpatient days, inpatient community-onset MRSA prevalence rate, average length of patient stay in the hospital, medical school affiliation, facility type, number of critical care beds in the hospital, and outpatient community-onset MRSA prevalence rate from emergency departments and observation units.
  - Target Population: Populations at Risk
  - Care Setting: Emergency Department and Services, Inpatient/Hospital, Post-Acute Care
  - Level of Analysis: Facility, Other, Population: Regional and State



## **Measure #3686 CDC, NHSN Hospital-Onset Bacteremia & Fungemia Outcome Measure Related Measures Discussion**

- Are the measure specifications for the related measure harmonized to the extent possible?
- Are there differences that could impact interpretability and add data collection burden?
- Are the differences justified?



## **Measure #3688 CDC, NHSN Healthcare Facility-onset, Antibiotic-Treated Clostridioides Difficile Infection Outcome Measure Competing Measure**

- #1717: CDC, NHSN Facility-wide Inpatient Hospital-onset Clostridium difficile Infection (CDI)

## **Measure #3688 CDC, NHSN Healthcare Facility-onset, Antibiotic-Treated Clostridioides Difficile Infection Outcome Measure Competing Measure - continued**

- **#1717: CDC, NHSN Facility-wide Inpatient Hospital-onset Clostridium difficile Infection (CDI)**
  - ▣ Steward/Developer: CDC
  - ▣ Description: Standardized infection ratio (SIR) based on fully electronic capture of Healthcare facility-onset, antibiotic-Treated Clostridioides Difficile Infection (HT-CDI) events among inpatients in the facility.
  - ▣ Numerator: Total number of observed incident healthcare facility-onset, antibiotic-treated CDI (HT-CDI) events among all inpatients in the facility.
  - ▣ Denominator: Total number of expected incident HT-CDI events based on predictive models using facility-level and patient-level factors.
  - ▣ Target Population: Adults, Children
  - ▣ Care Setting: Inpatient/Hospital
  - ▣ Level of Analysis: Facility





## **Measure #3688 CDC, NHSN Healthcare Facility-onset, Antibiotic-Treated Clostridioides Difficile Infection Outcome Measure Competing Measure Discussion**

- Do you agree that the measures have both the same measure focus and target population?
- Should both measures be endorsed? Are two or more measures justified?
- Is one measure superior to the other (e.g., a more valid or efficient way to measure quality)?

# **NQF Member and Public Comment**

# Next Steps



## Measure Evaluation Process After the Measure Evaluation Meeting

- Staff will prepare a draft report detailing the Standing Committee's discussion and recommendations
  - ▣ This report will be released for a 30-day public and member comment period
- Staff compiles all comments received into a comment brief, which is shared with the developers and Standing Committee members
- Post-comment call: The Standing Committee will reconvene for a post-comment call to discuss the comments submitted
- Staff will incorporate comments and responses to comments into the draft report in preparation for the Consensus Standards Approval Committee (CSAC) meeting
- The CSAC meets to endorse measures
- Opportunity for public to appeal endorsement decision



## Activities and Timeline – Fall 2022 Cycle

\*All times ET

Meeting	Date, Time*
Measure Evaluation Web Meeting #2 (if needed)	February 15, 2023, 9:00AM-1:00PM ET
Draft Report Comment Period	TBD
Standing Committee Post-Comment Web Meeting	TBD
CSAC Review	TBD
Appeals Period (30 days)	TBD



## Next Cycle – Spring 2023 Cycle Updates

- Intent to submit deadline was January 5, 2023
- 14 measures total were submitted



## Project Contact Info

- Email: [patientsafety@qualityforum.org](mailto:patientsafety@qualityforum.org)
- NQF phone: 202-783-1300
- Project page: <https://www.qualityforum.org/PatientSafety>
- SharePoint site:  
<https://share.qualityforum.org/portfolio/PatientSafety/SitePages/Home.aspx>

# Questions?



# THANK YOU.

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