



NATIONAL  
QUALITY FORUM

# Patient Safety, Spring 2019 Measure Review Cycle

Standing Committee Measure Evaluation  
In-Person Meeting

Andrew Lyzenga

Jesse Pines

Nicolette Mehas

Hiral Dudhwala

Desmirra Quinnonez

*June 17, 2019*

# Welcome

- Restrooms
  - ▣ Exit main conference area, past elevators, on right.
- Breaks
  - ▣ 10:10 am – 20 minutes
  - ▣ 11:45 pm – Lunch provided by NQF
  - ▣ 3:10 pm – 20 minutes
- Laptops and cell phones
  - ▣ Wi-Fi network
    - » User name: **guest**
    - » Password: **NQFguest**
  - ▣ Please mute your cell phone during the meeting

# NQF Staff

- Project staff
  - ▣ Andrew Lyzenga, Senior Director
  - ▣ Nicolette Mehas, Director
  - ▣ Jesse Pines, Consultant
  - ▣ Hiral Dudhwala, Project Manager
  - ▣ Desmirra Quinnonez, Project Analyst
  
- NQF Quality Measurement leadership staff
  - ▣ Elisa Munthali, Senior Vice President, Quality Measurement

# Agenda for Today's Meeting

- Welcome
- Introductions and Disclosure of Interest
- Overview of Evaluation Process and Voting Process
- Review of Candidate Measures
- NQF Member and Public Comment
- Next Steps
- Adjourn

# Introductions and Disclosures of Interest

# Patient Safety Standing Committee

- Ed Septimus, MD (Co-chair)
- Iona Thraen, PhD, ACSW (Co-chair)
- Jason Adelman, MD, MS
- Richard Brill, MD, FAAP, FCCM
- Charlotte Alexander, MD
- Laura Ardizzone, BSN, MS, DNP, CRNA
- Curtis Collins, PharmD, MS
- Christopher Cook, PharmD, PhD
- Melissa Danforth, BA
- Theresa Edelstein, MPH, LNHA
- Lillee Gelinas, MSN, RN, CPPS, FAAN
- John James, PhD
- Stephen Lawless, MD, MBA, FAAP, FCCM
- Lisa McGiffert
- Susan Moffatt-Bruce, MD, PhD
- Patricia Quigley, PhD, MPH, ARNP, CRRN, FAAN, FAANP
- Leslie Schultz, PhD, RN, NEA-BC, CPHQ
- David Stockwell, MD, MBA
- Tracy Wang, MPH
- Kendall Webb, MD, FACEP
- Albert Wu, MD, MPH, FACP
- Donald Yealy, MD, FACEP
- Yanling Yu, PhD

# Patient Safety Standing Committee

## Expert Reviewers

- Jamie Roney, DNP, RN-BC, CCRN-K
  - ▣ (Infectious Disease)
- Pranavi Sreeramoju, MD, MPH, CMQ, FSHEA, FIDSA
  - ▣ (Infectious Disease)
- Bruno Digiovine, MD
  - ▣ (Pulmonary)
- Edgar Jimenez, MD, FCCM
  - ▣ (Pulmonary)
- Emily Aaronson, MD
  - ▣ (Infectious Disease)
  - ▣ Kimberly Applegate, MD, MS, FACR
  - ▣ (Radiology)

# Overview of Evaluation Process



# Ground Rules for Today's Meeting

## **During the discussions, Committee members should:**

- Be prepared, having reviewed the measures beforehand
- Base evaluation and recommendations on the measure evaluation criteria and guidance
- Remain engaged in the discussion without distractions
- Attend the meeting at all times (except at breaks)
  - ▣ If you need to step away, please send a chat.
- Keep comments concise and focused
- Announce your name prior to speaking (important on Web platform)
- Avoid dominating a discussion and allow others to contribute

# Roles of the Standing Committee

## *During the Evaluation Meeting*

- Act as a proxy for the NQF multistakeholder membership
- Work with NQF staff to achieve the goals of the project
- Evaluate each measure against each criterion
  - ▣ Indicate the extent to which each criterion is met and rationale for the rating
- Make recommendations regarding endorsement to the NQF membership
- Oversee portfolio of Patient Safety measures

# Process for Measure Discussion and Voting

- Brief introduction by measure developer (2-3 minutes)
- Lead discussants will begin Committee discussion for each criterion:
  - ▣ 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
  - ▣ Noting, if needed, the preliminary rating by NQF
    - » This rating is intended to be used as a guide to facilitate the Committee's discussion and evaluation.
- Developers will be available to respond to questions at the discretion of the Committee
- Full Committee will discuss, then vote on the criterion, if needed, before moving on to the next criterion

# Voting

- Votes will be taken after the discussion of each criterion
- Importance to measure and report (must pass):
  - ▣ Vote on Evidence
  - ▣ Vote on Gap
  - ▣ Composite measures only - rationale
- Scientific acceptability of measure properties (must pass):
  - ▣ Vote on Reliability
  - ▣ Vote on Validity
  - ▣ Composite measures only – quality construct
- Feasibility
- Use (must pass)
  - ▣ Must pass for maintenance measures
- Usability
- **If a measure does not pass a must-pass criterion, discussion and subsequent voting on remaining criteria will stop.**
- **Vote on the measure as specified.**

# NQF's Major Endorsement Criteria

## Criterion #1: Importance to Measure and Report

Criteria emphasis is different for new vs. maintenance measures

New measures	Maintenance measures
<ul style="list-style-type: none"><li>• Evidence – Quantity, quality, consistency (QQC)</li><li>• Established link for process measures with outcomes</li></ul>	<p><b>DECREASED EMPHASIS:</b> Require measure developer to attest evidence is unchanged evidence from last evaluation; Standing Committee to affirm no change in evidence</p> <p>IF changes in evidence, the Committee will evaluate as for new measures</p>
<ul style="list-style-type: none"><li>• Gap – opportunity for improvement, variation, quality of care across providers</li></ul>	<p><b>INCREASED EMPHASIS:</b> data on current performance, gap in care and variation</p>

## Criterion #2: Scientific Acceptability - Reliability and Validity

New measures	Maintenance measures
<ul style="list-style-type: none"><li>• Measure specifications are precise with all information needed to implement the measure</li></ul>	NO DIFFERENCE: Require updated specifications
<ul style="list-style-type: none"><li>• Reliability</li><li>• Validity (including risk-adjustment)</li></ul>	<p><b>DECREASED EMPHASIS:</b> If prior testing adequate, additional testing not required unless there has been: a change in data source, level of analysis, or setting; or if previous testing was limited to face validity only.</p> <p>All measures must address use of social risk factors in risk-adjustment approach.</p>

## Criteria #3 & 4: Feasibility and Usability and Use

### Feasibility

New measures	Maintenance measures
<ul style="list-style-type: none"><li>Measure feasible, including eMeasure feasibility assessment</li></ul>	NO DIFFERENCE: Implementation issues may be more prominent

### Usability and Use

New measures	Maintenance measures
<ul style="list-style-type: none"><li>Use: used in accountability applications and public reporting</li><li>Usability: impact and unintended consequences</li></ul>	<b>INCREASED EMPHASIS:</b> Much greater focus on measure use and usefulness, including both impact and unintended consequences. Use is must pass sub-criterion.

# Achieving Consensus

- Quorum: 66% of the Committee
- Pass/Recommended: Greater than 60% “Yes” votes of the quorum (this percent is the sum of high and moderate)
- Consensus not reached (CNR): 40-60% “Yes” votes (inclusive of 40% and 60%) of the quorum
- Does not pass/Not Recommended: Less than 40% “Yes” votes of the quorum
- CNR measures move forward to public and NQF member comment and the Committee will revote



# Questions?

# Voting Overview

# Spring 2019 Cycle Measures

## Eleven Measures for Committee Review

- **0138** National Healthcare Safety Network (NHSN) Catheter-associated Urinary Tract Infection (CAUTI) Outcome Measure (Centers for Disease Control and Prevention)\*
- **0139** National Healthcare Safety Network (NHSN) Central line-associated Bloodstream Infection (CLABSI) Outcome Measure (Centers for Disease Control and Prevention)\*
- **0204** Skill mix (Registered Nurse [RN], Licensed Vocational/Practical Nurse [LVN/LPN], unlicensed assistive personnel [UAP], and contract) (American Nurses Association)
- **0205** Nursing Hours per Patient Day (American Nurses Association)
- **2720** National Healthcare Safety Network (NHSN) Antimicrobial Use Measure (Centers for Disease Control and Prevention)
- **2726** Prevention of Central Venous Catheter (CVC)-Related Bloodstream Infections (American Society of Anesthesiologists)

*\*Reviewed and passed by Scientific Methods Panel*

# Spring 2019 Cycle Measures

## Eleven Measures for Committee Review (continued)

- **3498e** Hospital Harm- Pressure Injury(CMS/IMPAQ International)\*
- **3501e** Hospital Harm – Opioid-Related Adverse Events (CMS/IMPAQ International)\*
- **3502** Hybrid Hospital-Wide (All-Condition, All-Procedure) Risk-Standardized Mortality Measure (CMS/Yale-CORE)\*
- **3503e** Hospital Harm – Severe Hypoglycemia (CMS/IMPAQ International)\*
- **3504** Claims-Only Hospital-Wide (All-Condition, All-Procedure) Risk-Standardized Mortality Measure (CMS/Yale-CORE)\*

*\*Reviewed and passed by Scientific Methods Panel*

# Scientific Methods Panel Review

## **Reviewed and did not pass Scientific Acceptability Validity and/or Reliability criterion**

- **0141** Patient Fall Rate (American Nurses Association)
- **0202** Falls with Injury (American Nurses Association)
- **3516** Percent of Patients or Residents Experiencing One or More Falls with Major Injury (CMS/RTI International)

# Consideration of Candidate Measures

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- **2726** Prevention of Central Venous Catheter (CVC)-Related Bloodstream Infections (American Society of Anesthesiologists)

# Consideration of Candidate Measures

- **0139** National Healthcare Safety Network (NHSN) Central line-associated Bloodstream Infection (CLABSI) Outcome Measure (Centers for Disease Control and Prevention)



# NQF Member and Public Comment

# Break

# Consideration of Candidate Measures

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- **0138** National Healthcare Safety Network (NHSN)  
Catheter-associated Urinary Tract Infection (CAUTI)  
Outcome Measure (Centers for Disease Control and  
Prevention)

# Consideration of Candidate Measures

- **2720** National Healthcare Safety Network (NHSN)  
Antimicrobial Use Measure (Centers for Disease Control  
and Prevention)

# NQF Member and Public Comment

# Lunch

# Consideration of Candidate Measures



# Consideration of Candidate Measures

- **3498e** Hospital Harm – Pressure Injury (CMS/IMPAQ International)

# Consideration of Candidate Measures

- **3501e** Hospital Harm – Opioid-Related Adverse Events (CMS/IMPAQ International)

# Consideration of Candidate Measures

- **3503e** Hospital Harm – Severe Hypoglycemia (CMS/IMPAQ International)

# Consideration of Candidate Measures

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- **3502** Hybrid Hospital-Wide (All-Condition, All-Procedure) Risk-Standardized Mortality Measure (CMS/Yale-CORE)

# Consideration of Candidate Measures

- **3504** Claims-Only Hospital-Wide (All-Condition, All-Procedure) Risk-Standardized Mortality Measure (CMS/Yale-CORE)

# NQF Member and Public Comment

# Break



# Consideration of Candidate Measures

# Consideration of Candidate Measures

- **0204** Skill mix (Registered Nurse [RN], Licensed Vocational/Practical Nurse [LVN/LPN], unlicensed assistive personnel [UAP], and contract) (American Nurses Association)

# Consideration of Candidate Measures

- **0205** Nursing Hours per Patient Day (American Nurses Association)

# NQF Member and Public Comment

# Next Steps

# Activities and Timeline – Spring 2019 Cycle

Meeting	Date/Time
Committee Post-Measure Evaluation Web Meeting	June 24, 2019, 1-3 pm ET
Draft Report Comment Period (30 days)	July 25 - August 23, 2019 (tentative)
Committee Post-Comment Web Meeting	September 18, 2019, 1-3 pm ET
CSAC Review	Late October/early November 2019
Appeals Period (30 days)	October 30 - November 28, 2019 (tentative)

# Project Contact Info

- Email: [patientsafety@qualityforum.org](mailto:patientsafety@qualityforum.org)
- NQF phone: 202-783-1300
- Project page:  
[http://www.qualityforum.org/Patient\\_Safety.aspx](http://www.qualityforum.org/Patient_Safety.aspx)
- SharePoint site:  
[http://share.qualityforum.org/Projects/patient\\_safety/SitePages/Home.aspx](http://share.qualityforum.org/Projects/patient_safety/SitePages/Home.aspx)

# Questions?



# Adjourn