



**NATIONAL  
QUALITY FORUM**

Driving measurable health  
improvements together

# Patient Safety, Spring 2022 Measure Review Cycle

## Measure Evaluation Standing Committee Meeting

Tamara Funk, Director  
Erin Buchanan, Senior Manager  
Hannah Ingber, Manager  
Sean Sullivan, Associate

*June 23, 2022*

*Funded by the Centers for Medicare & Medicaid Services under contract HHSM-500-2017-00060I Task Order HHSM-500-T0001.*

# Welcome

## Housekeeping Reminders

- This is a Webex meeting with audio and video capabilities.
- Please mute your computer when not speaking.
- The system will allow you to mute/unmute yourself and turn your video on/off throughout the event.
- We encourage you to keep the video on throughout the event.
- We encourage you to use the following features:
  - ▣ Chat box: to message NQF staff or the group
  - ▣ Raise hand: to be called upon to speak
- We will conduct a Standing Committee roll call once the meeting begins.

If you are experiencing technical issues, please contact the NQF project team at [patientsafety@qualityforum.org](mailto:patientsafety@qualityforum.org)

## Project Team — Patient Safety Committee



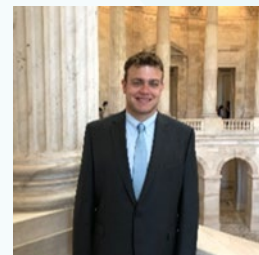
**Tamara Funk, MPH**  
Director



**Erin Buchanan, MPH**  
Senior Manager



**Hannah Ingber, MPH**  
Manager



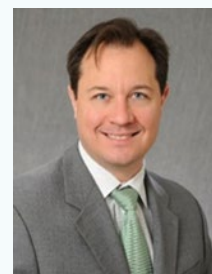
**Sean Sullivan, MA**  
Associate



**Poonam Bal, MHSA**  
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 Spring 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
- Elissa Charbonneau, DO, MS
- Curtis Collins, PharmD, MS
- Theresa Edelstein, MPH, LNHA
- Terry Fairbanks, MD, MS, FACEP
- 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 (**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 (15 of 22 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.

***\*The quorum denominator will change if any Standing Committee members are recused from discussion for a measure.***

## 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

# Measures Under Review

# Spring 2022 Cycle Measures

## ■ 3 Maintenance Measures for Standing Committee Review

- **#2820** Pediatric Computed Tomography (CT) Radiation Dose (University of California San Francisco)
- **#3450** Practice Environment Scale - Nursing Work Index (PES-NWI) (composite and five subscales) (University of Pennsylvania, Center for Health Outcomes and Policy Research)
- **#0097** Medication Reconciliation Post-Discharge (National Committee for Quality Assurance) (Discussion and voting on validity and suitability for endorsement only.)

## ■ 3 New Measures for Standing Committee Review

- **#3690** Inappropriate diagnosis of urinary tract infection (UTI) in hospitalized medical patients (University of Michigan/Michigan Hospital Medicine Safety Consortium)
- **#3671** Inappropriate diagnosis of community-acquired pneumonia (CAP) in hospitalized medical patients (University of Michigan/Michigan Hospital Medicine Safety Consortium)
- **#3658** Adult Blood Culture Contamination Rate (Centers for Disease Control and Prevention)

## 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

- The SMP independently evaluated the scientific acceptability of one measure:
  - ▣ #2820 Pediatric Computed Tomography (CT) Radiation Dose
- The SMP passed the measure.

# Consideration of Candidate Measures

## #3690 Inappropriate Diagnosis of UTI in Hospitalized Medical Patients

- **Measure Steward/Developer:** University of Michigan/Michigan Hospital Medicine Safety Consortium
  - ▣ New measure
- **Brief Description of Measure:**
  - ▣ The inappropriate diagnosis of UTI in hospitalized medical patients (or “Inappropriate Diagnosis of UTI”) measure is a process measure that evaluates the annual proportion of hospitalized adult medical patients treated for UTI who do not meet diagnostic criteria for UTI (thus are inappropriately diagnosed and overtreated).



## #3671 Inappropriate Diagnosis of CAP in Hospitalized Medical Patients

- **Measure Steward/Developer:** University of Michigan/Michigan Hospital Medicine Safety Consortium
  - ▣ New measure
- **Brief Description of Measure:**
  - ▣ The inappropriate diagnosis of CAP in hospitalized medical patients (or “Inappropriate Diagnosis of CAP”) measure is a process measure that evaluates the annual proportion of hospitalized adult medical patients treated for CAP who do not meet diagnostic criteria for pneumonia (thus are inappropriately diagnosed and overtreated).

**Lunch Break**  
*(return at 12:30 pm ET)*

## #2820 Pediatric Computed Tomography (CT) Radiation Dose

- **Measure Steward/Developer:** University of California, San Francisco
  - ▣ Maintenance measure
- **Brief Description of Measure:**
  - ▣ Radiation dose is measured as the dose-length product for every diagnostic brain, skull, and abdomen and pelvis CT scan performed by a reporting facility on any child less than 18 years of age during the reporting period of 12 months. The dose associated with each scan is evaluated as “high” or “acceptable,” relative to the 75th percentile benchmark for that type of scan and age of patient. Median doses are calculated at the facility level for each type of scan and age of patient stratum, and then compared with the same 75th percentile benchmark. The overall proportion of high dose exams is calculated including all CT scans.

## #3450 Practice Environment Scale - Nursing Work Index

- **Measure Steward/Developer:** University of Pennsylvania, Center for Health Outcomes and Policy Research
  - ▣ Maintenance measure
- **Brief Description of Measure:**
  - ▣ Practice Environment Scale-Nursing Work Index is a survey-based measure of the nursing practice environment completed by staff registered nurses; it includes mean scores on index subscales and a composite mean of all subscale scores.

**Break**  
*(return at 2:40 pm ET)*

## #3658 Adult Blood Culture Contamination Rate

- **Measure Steward/Developer:** Centers for Disease Control and Prevention
  - ▣ New measure
- **Brief Description of Measure:**
  - The blood culture contamination measure follows healthcare providers' adherence to pre-analytic blood culture collection instructions established by the hospital clinical laboratory in patients 18 years or older. Blood culture contamination is defined as having certain commensal organisms isolated from only one blood culture set out of two or more sets collected within a 24-hour period.
  - A secondary related measure is the single set blood culture rate in patients 18 years or older. A single set blood culture in a 24-hour period is not an adequate volume of blood to make an accurate diagnosis of bacteremia and a single set blood culture positive predefined commensal organisms cannot be evaluated using the definition for possible contamination without the second set blood culture.

## #0097 Medication Reconciliation Post-Discharge

- **Measure Steward/Developer:** National Committee for Quality Assurance
  - ▣ Maintenance measure
  - ▣ A mathematical error occurred during the validity vote in the fall 2020 measure evaluation meeting. The measure was stated as “passing on validity” when in fact, the votes indicated consensus was not reached. The error was not discovered until after the post-comment meeting; therefore, the measure was moved to the spring 2022 cycle. The Standing Committee will re-vote on validity and the measure’s overall suitability for endorsement today.
- **Brief Description of Measure:**
  - ▣ The percentage of discharges from January 1–December 1 of the measurement year for patients 18 years of age and older for whom medications were reconciled the date of discharge through 30 days after discharge (31 days total).

# 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.

## #3690 Related Measures

- #0138 National Healthcare Safety Network (NHSN) Catheter-associated Urinary Tract Infection (CAUTI) Outcome Measure
- #0684 Percent of Residents with a Urinary Tract Infection (Long Stay)

## #3690 Related Measures (Cont.)

- **#0138 National Healthcare Safety Network (NHSN) Catheter-associated Urinary Tract Infection (CAUTI) Outcome Measure**
  - ▣ **Steward/Developer:** Centers for Disease Control and Prevention
  - ▣ **Description:** Standardized Infection Ratio (SIR) of healthcare-associated, catheter-associated urinary tract infections (UTI) will be calculated among patients in bedded inpatient care locations, except level II or level III neonatal intensive care units (NICU).

This includes acute care general hospitals, long-term acute care hospitals, rehabilitation hospitals, oncology hospitals, and behavior health hospitals.
  - ▣ **Target Population:** Children; Populations at risk; Women; Elderly; Dual eligible beneficiaries; Individuals with multiple chronic conditions; Veterans
  - ▣ **Care Setting:** Post-acute care; Inpatient/Hospital; Other
  - ▣ **Level of Analysis:** Facility; Population: regional and state; Other

## #3690 Related Measures (Cont-2.)

- **#0684 Percent of Residents with a Urinary Tract Infection (Long Stay)**
  - ▣ **Steward/Developer:** Centers for Medicare & Medicaid Services/Acumen, LLC
  - ▣ **Description:** This measure reports the percentage of long-stay residents in a nursing home who have a urinary tract infection in the 30 days prior to the target assessment. This measure is based on data from the Minimum Data Set (MDS) 3.0 OBRA, PPS, and/or discharge assessments during the selected quarter. Long-stay nursing home residents are identified as those who have had 101 or more cumulative days of nursing home care.
  - ▣ **Target Population:** Populations at risk; Elderly; Individuals with multiple chronic conditions
  - ▣ **Care Setting:** Post-acute care
  - ▣ **Level of Analysis:** Facility

## #3690 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?

## #3671 Related Measures

- #0468: Hospital 30-day, all-cause, risk-standardized mortality rate (RSMR) following pneumonia hospitalization

## #3671 Related Measures (Cont.)

- **#0468: Hospital 30-day, all-cause, risk-standardized mortality rate (RSMR) following pneumonia hospitalization**
  - ▣ **Steward/Developer:** Centers for Medicare & Medicaid Services/Yale CORE
  - ▣ **Description:** The measure estimates a hospital-level 30-day risk-standardized mortality rate (RSMR). Mortality is defined as death for any cause within 30 days after the date of admission for the index admission, discharged from the hospital with a principal discharge diagnosis of pneumonia, including aspiration pneumonia or a principal discharge diagnosis of sepsis (not severe sepsis) with a secondary diagnosis of pneumonia (including aspiration pneumonia) coded as present on admission (POA). CMS annually reports the measure for patients who are 65 years or older and are either Medicare fee-for-service (FFS) beneficiaries and hospitalized in non-federal hospitals or patients hospitalized in Veterans Health Administration (VA) facilities.
  - ▣ **Target Population:** Populations at risk; Elderly
  - ▣ **Care Setting:** Inpatient/Hospital
  - ▣ **Level of Analysis:** Facility



## #3671 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?

## #2820 Related Measure

- #3621 Composite weighted average for 3 CT Exam Types: Overall Percent of CT exams for which Dose Length Product is at or below the size-specific diagnostic reference level (for CT Abdomen-pelvis with contrast/single phase scan, CT Chest without contrast/single)

## #2820 Related Measures

- **#3621 Composite weighted average for 3 CT Exam Types: Overall Percent of CT exams for which Dose Length Product is at or below the size-specific diagnostic reference level (for CT Abdomen-pelvis with contrast/single phase scan, CT Chest without contrast/single)**
  - ▣ **Steward/Developer:** American College of Radiology
  - ▣ **Description:** Weighted average of 3 CT Exam Types: Overall Percent of CT exams for which Dose Length Product is at or below the size-specific diagnostic reference level (for CT Abdomen-pelvis with contrast/single phase scan, CT Chest without contrast/single phase scan and CT Head/Brain without contrast/single phase scan)
  - ▣ **Target Population:** All patients regardless of age.
  - ▣ **Care Setting:** Inpatient/hospital; Emergency Department and Services; Outpatient Services; Other
  - ▣ **Level of Analysis:** Clinician: Group/practice; Facility

## #2820 Related Measure 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?

## #3450 Related Measures

- #0204 Skill mix (Registered Nurse [RN], Licensed Vocational/Practical Nurse [LVN/LPN], unlicensed assistive personnel [UAP], and contract)
- #0205 Nursing Hours per Patient Day

## #3450 Related Measures (Cont.)

- **#0204 Skill mix (Registered Nurse [RN], Licensed Vocational/Practical Nurse [LVN/LPN], unlicensed assistive personnel [UAP], and contract)**
  - ▣ **Steward/Developer:** American Nurses Association/University of Kansas Medical Center
  - ▣ **Description:** NSC-12.1 - Percentage of total productive nursing hours worked by RN (employee and contract) with direct patient care responsibilities by hospital unit.  
NSC-12.2 - Percentage of total productive nursing hours worked by LPN/LVN (employee and contract) with direct patient care responsibilities by hospital unit.  
NSC-12.3 - Percentage of total productive nursing hours worked by UAP (employee and contract) with direct patient care responsibilities by hospital unit.  
NSC-12.4 - Percentage of total productive nursing hours worked by contract or agency staff (RN, LPN/LVN, and UAP) with direct patient care responsibilities by hospital unit.  
Note that the skill mix of the nursing staff (NSC-12.1, NSC-12.2, and NSC-12.3) represent the proportions of total productive nursing hours by each type of nursing staff (RN, LPN/LVN, and UAP); NSC-12.4 is a separate rate.  
Measure focus is structure of care quality in acute care hospital units.
  - ▣ **Target Population:** Children; Populations at risk
  - ▣ **Care Setting:** Inpatient/Hospital
  - ▣ **Level of Analysis:** Facility; Other

## #3450 Related Measures (Cont-2.)

### ■ #0205 Nursing Hours per Patient Day

- **Steward/Developer:** American Nurses Association/University of Kansas Medical Center
- **Description:** NSC-13.1 (RN hours per patient day) – The number of productive hours worked by RNs with direct patient care responsibilities per patient day for each in-patient unit in a calendar month.  
NSC-13.2 (Total nursing care hours per patient day) – The number of productive hours worked by nursing staff (RN, LPN/LVN, and UAP) with direct patient care responsibilities per patient day for each in-patient unit in a calendar month.  
Measure focus is structure of care quality in acute care hospital units.
- **Target Population:** Children; Populations at risk
- **Care Setting:** Inpatient/Hospital
- **Level of Analysis:** Facility; Other

## #3450 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?



# 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 table, 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 – Spring 2022 Cycle

**\*All times ET**

Meeting	Date, Time*
Measure Evaluation Follow-up Web Meeting (if needed)	June 28, 10:00am – 1:00 pm
Draft Report Comment Period	August 5 – September 2
Standing Committee Post-Comment Web Meeting	TBD
CSAC Review	TBD
Appeals Period (30 days)	TBD

## Project Contact Info

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

# Questions?

# THANK YOU.

**NATIONAL QUALITY FORUM**

<http://www.qualityforum.org>