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# Patient Safety, Spring 2022 Measure Review Cycle

## Post-Comment Standing Committee Meeting

Tamara Funk, Director

Erin Buchanan, Senior Manager

Sean Sullivan, Analyst

Yemsrach Kidane, Senior Project Manager

*October 13, 2022*

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

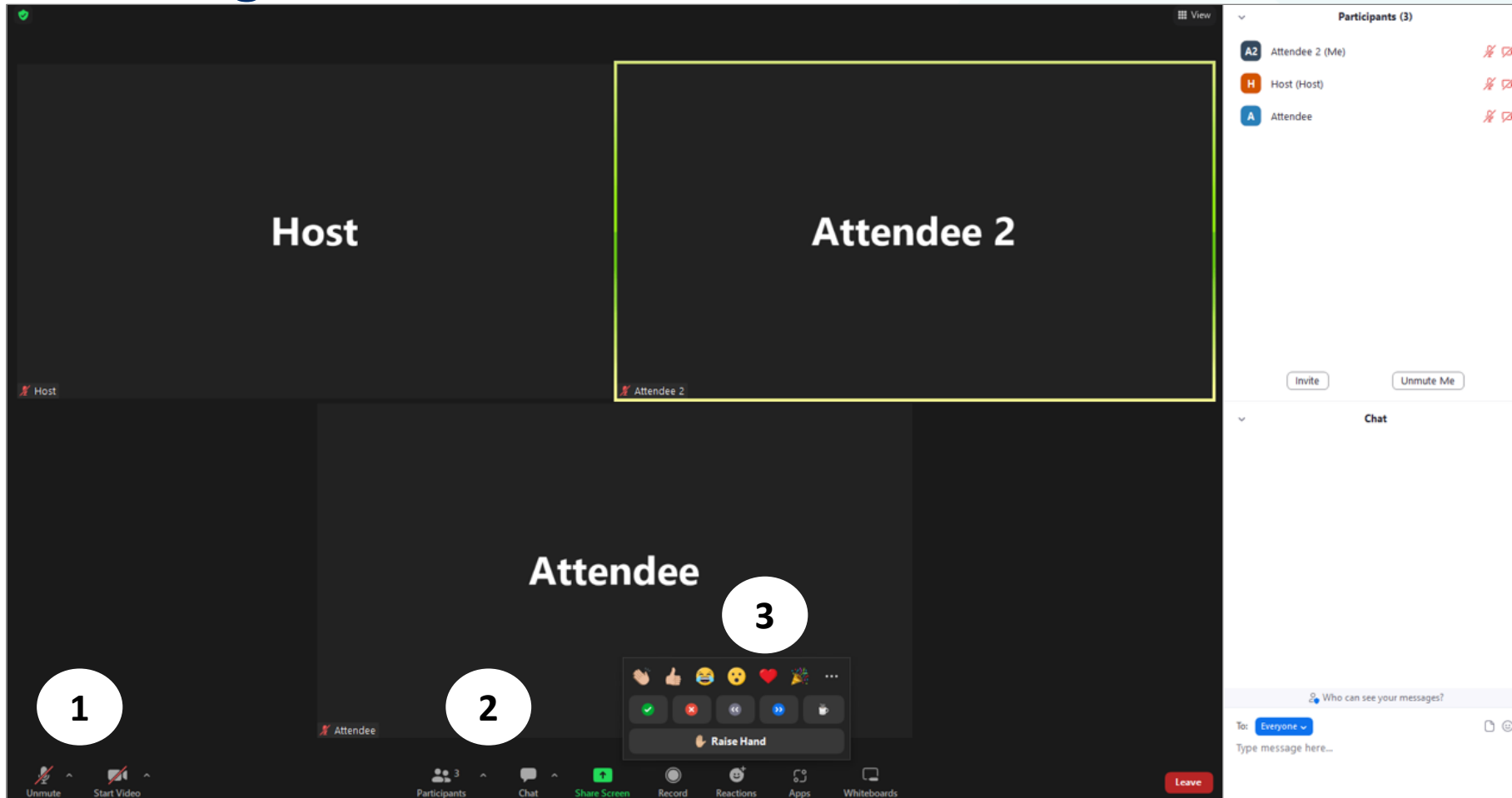
# Welcome

## Housekeeping Reminders

- This is a Zoom 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

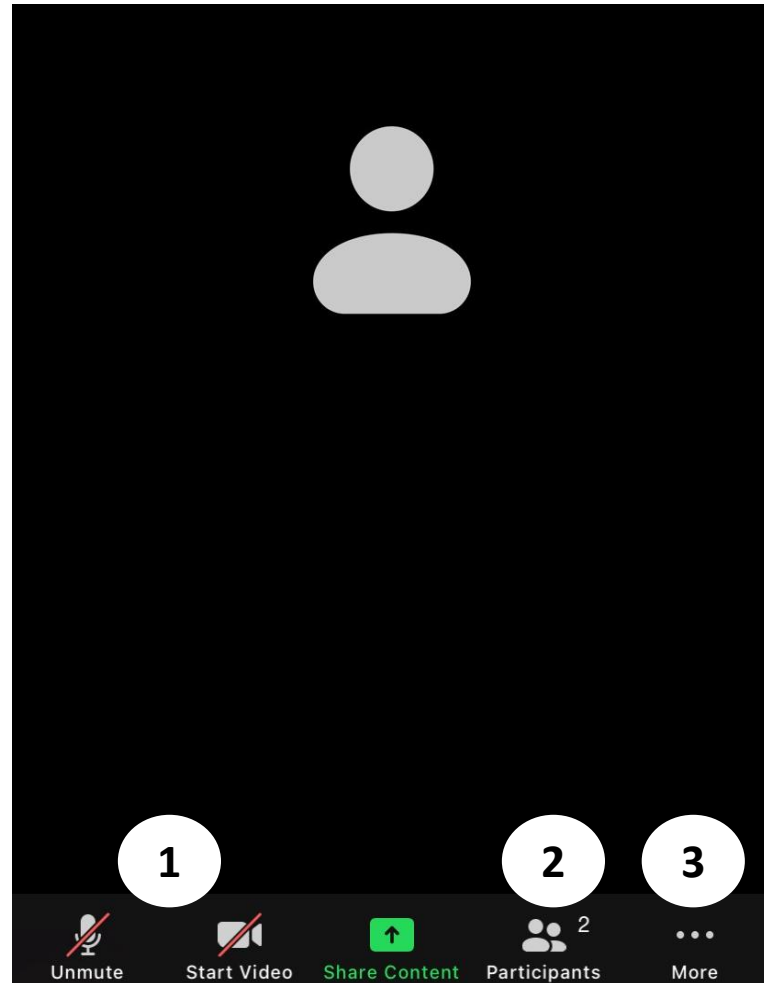
If you are experiencing technical issues, please contact the NQF project team at [patientsafety@qualityforum.org](mailto:patientsafety@qualityforum.org)

## Using the Zoom Platform

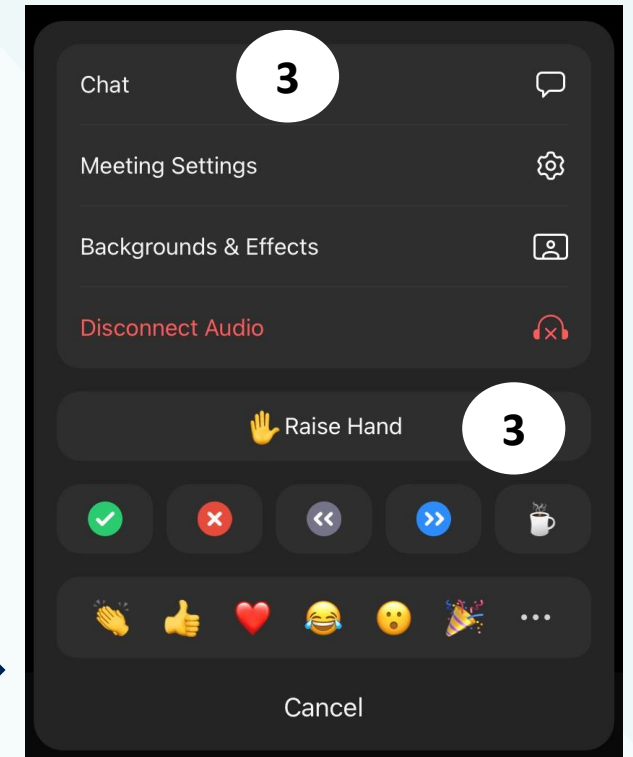


- 1 Click the lower part of your screen to mute/unmute, start or pause video
- 2 Click on the participant or chat button to access the full participant list or the chat box
- 3 To raise your hand, select the raised hand function under the reactions tab

## 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 view the chat box or raise your hand. To raise your hand, select the raised hand function under the reactions tab



## Meeting Ground Rules

- Be prepared, having reviewed the meeting materials 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

## Agenda

- Consideration of Consensus Not Reached Measure
- Discuss Comments Received on Recommended Measures and Draft Report
- Related and Competing Measures
- NQF Member and Public Comment
- Next Steps
- Adjourn

## Project Team — Patient Safety Committee



**Tamara Funk, MPH**  
Director



**Erin Buchanan, MPH**  
Senior Manager



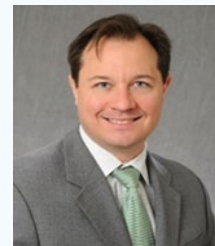
**Sean Sullivan, MA**  
Analyst



**Poonam Bal, MHSA**  
Senior Director



**Yemsrach Kidane, PMP**  
Senior Project Manager



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



## 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

# Spring 2022 Cycle Measures

## ■ Six measures were reviewed

### ▣ Measures Recommended for Endorsement

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

### ▣ Consensus Not Reached Measure

- *#3450 Practice Environment Scale – Nursing Work Index (University of Pennsylvania Center for Health Outcomes and Research)*

# Voting Test

## Voting Test

# Screenshare Voting Platform

# **Review and Discuss Consensus Not Reached Measure and Comments Received on Recommended Measures and Draft Report**

## **Discussion of CNR Measures and Comments Received on Recommended Measures and Draft Report**

# **Screenshare Memo**

# Related and Competing Measures

## 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

# Activities and Timeline – Spring 2022 Cycle

**\*All times ET**

Meeting	Date, Time*
CSAC Review	December 9 & 12, 2022
Appeals Period (30 days)	December 15 - January 13, 2023

- Staff will incorporate comments and responses to comments into meeting materials for the Consensus Standards Approval Committee (CSAC) meeting
- CSAC meets to endorse measures
- Opportunity for public to appeal endorsement decision

## 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/Projects/PatientSafety/SitePages/Home.aspx>

# THANK YOU.

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