NATIONAL QUALITY FORUM

Meeting Summary

Patient Safety Standing Committee—Measure Evaluation Web Meetings

The National Quality Forum (NQF) convened the Patient Safety Standing Committee for web meetings on January 29 and 31 and February 8 to evaluate six measures.

Welcome, Introductions, and Review of Meeting Objectives

NQF welcomed the Standing Committee and participants to the web meetings. NQF staff reviewed the meeting objectives. Committee members each introduced themselves and disclosed any conflicts of interest.

Topic Area Introduction and Overview of Evaluation Process

NQF reviewed the Consensus Development Process (CDP) and the measure evaluation criteria.

Measure Evaluation

During the meeting, the Patient Safety Standing Committee evaluated six maintenance measures for endorsement consideration. A summary of the Committee deliberations will be compiled and provided in the draft technical report. NQF will post the draft technical report on March 11, 2019 for public comment on the NQF website. The draft technical report will be posted for 30 calendar days.

Measure Evaluation Criteria Rating Key: H – High; M – Medium; L – Low; I – Insufficient

0553 Care for Older Adults (COA)-Medication Review (National Committee for Quality Assurance)

Measure Steward/Developer Representatives at the Meeting

- Shana Sandberg
- Bob Rehm

Standing Committee Votes

- Evidence: H-3; M-8; L-3; I-1
- Performance Gap: H-6; M-6; L-3; I-0
- Reliability: H-1; M-11; L-3; I-0
- Validity: H-0; M-13; L-2; I-0
- Feasibility: H-6; M-9; L-0; I-0
- Use: Pass-12; No Pass-3
- Usability: H-3; M-8; L-3; I-1

Standing Committee Recommendation for Endorsement: Yes-12; No-3

The Standing Committee recommended the measure for continued endorsement. The developer pointed to literature indicating medication reviews are associated with a decrease in the number of drug-related problems, as well as positive impact on health outcomes such as A1C levels, blood pressure, and cholesterol. Although one of the studies provided was based on pharmacist-led medication review, the Committee generally agreed that the studies were similar enough to the specifications in the measure. The Committee discussed the eligibility requirement for who is able to perform the medication review and agreed that the measure is appropriate in allowing a clinical pharmacist or prescribing practitioner to conduct the review.

The Committee discussed that deprescribing, for example, is a one of the goals of medication review, but is not captured in the measure. The Committee strongly recommended that measures move toward determining the quality and outcomes of the medication review (e.g., changes to medication, discrepancies corrected). The Committee expressed interest in the relationship between measure performance and adverse drug events within each health plan, but that type of data is not collected. The developer noted that measuring deprescribing or similar medication review outcomes is not currently possible due to data challenges, especially at the health plan level, but the developer would consider such outcomes for future maintenance or development.

The measure has been used for the past 10 years with steady improvement over time, but there is still performance variation and opportunity for improvement, especially for Medicare patients.

0555 INR Monitoring for Individuals on Warfarin (Centers for Medicare & Medicaid Services)

Measure Steward/Developer Representatives at the Meeting

- Kyle Campbell

Standing Committee Votes

- Evidence: H-4; M-10; L-1; I-0
- Performance Gap: H-6; M-9; L-0; I-0
- Reliability: H-2; M-12; L-1; I-0
- Validity: H-0; M-13; L-1; I-1
- Feasibility: H-7; M-8; L-0; I-0
- Use: Pass-13; No Pass-2
- Usability: H-0; M-12; L-3; I-0

Standing Committee Recommendation for Endorsement: Yes-11; No-4

The Standing Committee recommended this measure for continued endorsement. Some Committee members observed that the measure assesses whether INR is monitored within an 8-week interval, and noted that this is not entirely consistent with the two major existing guidelines, one of which recommends a 4-week monitoring interval, and the other of which recommends a 12-week interval. The developer stated that the evidence continues to support regular monitoring

of INR as the standard of care for patients taking warfarin, and suggested that the 8-week interval is a conservative approach that bridges the gap between these two discrepant recommendations. Committee members also noted the lack of risk adjustment for this measure, suggesting that adjusting for social risk factors may be appropriate for this measure given its partial dependence on patient behavior. The developer pointed out that this is a process measure, and that risk adjustment is not typically expected for process measures, but stated that they would consider risk adjustment in the future.

0753 American College of Surgeons-Centers for Disease Control and Prevention (ACS-CDC) Harmonized Procedure Specific Surgical Site Infection (SSI) Outcome Measure (Centers for Disease Control and Prevention)

Measure Steward/Developer Representatives at the Meeting

- Kathy Bridson
- Daniel Pollock

Standing Committee Votes

- Evidence: Pass-19; No Pass-0
- Performance Gap: H-6; M-12; L-1; I-0
- Reliability: H-1; M-16; L-2; I-0
    - This measure is deemed as complex and was evaluated by the NQF Scientific Methods Panel.
    - The NQF Scientific Methods Panel's ratings for Reliability: H-0; M-2; L-1; I-2 *(Consensus not reached)*
- Validity: Yes-19; No-0
    - This measure is deemed as complex and was evaluated by the NQF Scientific Methods Panel.
    - The NQF Scientific Methods Panel's ratings for Validity: H-1; M-4; L-0; I-0
- Feasibility: H-8; M-14; L-1; I-0
- Use: Pass-18; No Pass-1
- Usability: H-4; M-14; L-1; I-0

Standing Committee Recommendation for Endorsement: Yes-18; No-1

The Standing Committee recommended the measure for continued endorsement. The Committee discussed that an additional publication strengthened the scientific evidence supporting this measure and that data provided from 2014 to 2016 indicated that a performance gap exists.

Since the Methods Panel did not reach consensus on the measure's reliability, the Committee reviewed the Methods Panel's concerns and the developer responses. The Committee commented on the reliability scores being relatively lower. NQF stated that there are not

currently set thresholds for reliability and that lower reliability scores may also be related to low-frequency events. The developer noted that state health departments or external agencies conduct validations, and the reliability testing methodology used varies, but the developer does provide guidance and is aiming to have more consistent data moving forward.

The Committee requested that additional trend analysis of measure performance be provided in the future. The measure is currently publically reported, and the Committee agreed that the measure is useful, feasible, and important.

1716 National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-Onset Methicillin-Resistant Staphylococcus aureus (MRSA) Bacteremia Outcome Measure (Centers for Disease Control and Prevention)

Measure Steward/Developer Representatives at the Meeting

- Kathy Bridson
- Daniel Pollock

Standing Committee Votes

- Evidence: Pass-17; No Pass-0
- Performance Gap: H-5; M-13; L-0; I-0
- Reliability: Yes-17; No-1
    - This measure is deemed as complex and was evaluated by the NQF Scientific Methods Panel.
    - The NQF Scientific Methods Panel's ratings for Reliability: H-0; M-5; L-0; I-0
- Validity: Yes-18; No-0
    - This measure is deemed as complex and was evaluated by the NQF Scientific Methods Panel.
    - The NQF Scientific Methods Panel's ratings for Validity: H-0; M-4; L-1; I-0
- Feasibility: H-12; M-7; L-0; I-0
- Use: Pass-19; No Pass-0
- Usability: H-12; M-7; L-0; I-0

Standing Committee Recommendation for Endorsement: Yes-19; No-0

The Standing Committee recommended the measure for continued endorsement. The Committee strongly agreed that the evidence and performance gap data indicate that this is an important area for measurement with an opportunity for improvement. One Committee member expressed that the performance gap is not clear to the public or hospitals, as most hospitals are middle-performers, and recommended the consideration of additional increments to differentiate performance. There was also interest in measuring based on patient typology or by unit.

The Committee discussed the risk factors included in the adjustment model, especially the use of medical school affiliation and community-onset infection rate, but ultimately agreed with the Methods Panel's validity rating. The developer commented that there is a relationship between colonization in the community and community infection. The developer explained that they do not collect patient-level information, so they rely on high-level factors that have shown through analysis to account for patient mix. The Committee recommended that the developer consider looking at the impact of patient-level factors (e.g., number of oncology patients, immune status, social factors), but also recognized the potential data burden. One Committee member cautioned that adjustment to account for high-risk patients or social factors is not appropriate, noting that hospitals should be responsible for having systems in place to prevent infection for high-risk patients.

1717 National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-onset Clostridium difficile Infection (CDI) Outcome Measure (Centers for Disease Control and Prevention)

Measure Steward/Developer Representatives at the Meeting

- Kathy Bridson
- Daniel Pollock

Standing Committee Votes

- Evidence: Pass-15; No Pass-0
- Performance Gap: H-8; M-8; L-0; I-0
- Reliability: Yes-15; No-0
    - This measure is deemed as complex and was evaluated by the NQF Scientific Methods Panel.
    - The NQF Scientific Methods Panel's ratings for Reliability: H-0; M-5; L-0; I-0
- Validity: Yes-15; No-0
    - This measure is deemed as complex and was evaluated by the NQF Scientific Methods Panel.
    - The NQF Scientific Methods Panel's ratings for Reliability: H-0; M-5; L-0; I-0
- Feasibility: H-10; M-5; L-0; I-0
- Use: Pass-15; No Pass-0
- Usability: H-9; M-6; L-0; I-0

Standing Committee Recommendation for Endorsement: Yes-15; No-0

The Standing Committee recommended the measure for continued endorsement. Committee members agreed that there is strong evidence supporting the measure. Similar to measure 1716, some Committee members expressed concerns about the use of community onset admission rate as a risk-adjustment factor, and referred back to their recommendation to consider examining

patient-level factors for risk adjustment. The Committee agreed with the Scientific Methods Panel's evaluation of the measure's scientific acceptability, and accepted the Methods Panel's ratings for reliability and validity.

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

Measure Steward/Developer Representative at the Meeting

- Eileen Lake

Standing Committee Votes

- Evidence: H-8; M-7; L-0; I-0
- Performance Gap: H-5; M-10; L-0; I-0
- Reliability: Yes-15; No-0
    - This measure is deemed as complex and was evaluated by the NQF Scientific Methods Panel.
    - The NQF Scientific Methods Panel's ratings for Reliability: H-3, M-1, L-0, I-1
- Validity: Yes-14; No-1
    - This measure is deemed as complex and was evaluated by the NQF Scientific Methods Panel.
    - The NQF Scientific Methods Panel's ratings for Validity: H-3, M-1, L-0, I-1
- Feasibility: H-3; M-12; L-0; I-0
- Use: Pass-15; No Pass-0
- Usability: H-5; M-10; L-0; I-0

Standing Committee Recommendation for Endorsement: Yes-15; No-0

The Standing Committee recommended the measure for continued endorsement. This structure measure is based on a survey (PES-NWI) of 31 items completed by a registered nurse on their current job and includes a composite score and five subscales. The measure is designed to analyze organizational traits that support or undermine the professional practice of registered nurses. The Committee and developer noted that this measure is used both nationally and internationally. The evidence, which includes several systematic literature reviews, supports the linkage between better nurse work environments and patient outcomes including—but not limited to—mortality, readmissions, complications, infections, and nurse-rated quality and safety. A Committee member inquired if the composite or a subscale has been correlated with patient outcomes. The developer noted challenges with linking performance data to patient outcomes, but can connect the data with nurse job outcomes.

Both the Committee and developer would like to see more use of this measure, given the number of hospitals in the U.S. However, the developer noted participation in the National Database of Nursing Quality Indicators (NDNQI) is voluntary.

One Committee member commented that culture in the workplace is not mentioned in the PES-NWI. The developer agreed culture in the workplace is important and referenced selected items in the AHRQ's Surveys on Patient Safety Culture. The developer noted, however, that these tools are not directly targeted towards nurses.

The Scientific Methods Panel reviewed this measure and passed the measure on the reliability and validity criteria of scientific acceptability.

Public Comment

NQF held a pre-comment period that began on November 29 and ended on January 18. During that period, seven comments from the public were received. Two comments, one for measure 1716 and one for measure 1717, requested that the Standing Committee examine the data element validity testing to determine if the method used is appropriate for facility-level analysis. Five comments were received for measure 3450. These comments strongly supported the continued endorsement of measure 3450. No public or NQF member comments were provided during the measure evaluation meetings.

Next Steps

NQF will post the draft technical report on March 11, 2019 for public comment for 30 calendar days. The continuous public comment with member support will close on April 9, 2019. NQF will reconvene the Standing Committee for the post-comment web meeting on May 1, 2019.