NATIONAL QUALITY FORUM
Driving measurable health improvements together

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 February 3 and 5, 2020 to evaluate four measures.

Welcome, Introductions, and Review of Meeting Objectives

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

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 four 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 tentatively on March 11, 2020 for public comment on the NQF website. The draft technical report will be posted for 30 calendar days.

Rating Scale: H – High; M – Medium; L – Low; I – Insufficient; NA – Not Applicable

0684 Percent of Residents with a Urinary Tract Infection (Long Stay) (CMS/Acumen)

Measure Steward/Developer Representatives at the Meeting

- Sriniketh Nagavarapu, Carol Schwartz, and Alan Levitt

Standing Committee Votes

- Evidence: Pass-18; No Pass-0
- Performance Gap: H-2; M-16; L-0; I-0
- Reliability: Does the Committee accept NQF Scientific Methods panel's MODERATE rating of Reliability? Yes – 17 No - 1
    - This measure was 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-1; I-0
- Validity: Does the Committee accept NQF Scientific Methods panel's MODERATE rating of Validity? Yes – 18 No - 0
    - This measure was deemed as complex and was evaluated by the NQF Scientific Methods Panel.
    - The NQF Scientific Methods Panel's ratings for Validity: H-1; M-3; L-1; I-1
- Feasibility: H-8; M-10; L-0; I-0
- Use: Pass-18; No Pass-0
- Usability: H-4; M-14; L-0; I-0

Standing Committee Recommendation for Endorsement: Yes-18; No-0

The Standing Committee recommended the measure for continued endorsement. This measure was originally endorsed in 2011 and went through maintenance in 2014. The developer also convened a technical expert panel (TEP) in 2019 to review this measure. This is an outcome measure, therefore the Committee discussed whether there were one or more actions that could be done to reduce the incidence of urinary tract infections in long-stay patients. While it was recognized that there is a substantial literature to demonstrate that a related measure – catheter-associated urinary tract infection was preventable, there was discussion whether similar studies had been conducted in nursing home patients. The developer responded that there are several evidence-based ways to reduce urinary tract infections in nursing homes, including hand hygiene, reducing catheter use, as well as comprehensive infection control programs and staff training. In particular, practices that are implemented as bundles were associated with lower infection rates.

There was also discussion about how a urinary tract infection is defined in the Minimum Data Set (MDS 3.0), which the developer responded that evidence-based microbiological criteria used to determine whether a patient had a urinary tract infection (UTI) as well as being diagnosed by a physician. There were also concerns that other factors may contribute to differences in rates such as the community prevalence of disease. The developer described some feedback from the TEP that some factors, particularly functional status or hospice status, could be considered as risk adjustors. The developer described a process that potential risk adjustors that were identified by the TEP were tested and that these were not clearly related to measures performance, so were not included in the risk adjustment model.

The Committee discussed that there was improved (i.e. downward) performance on the measure in recent years over time but still a gap exists, and the measure had not yet topped out. The Committee also discussed the feasibility of this measure, in particular whether there as additional burden in filling out the MDS. The developer clarified that the MDS is gathered in the regular course of care for a variety of purposes, therefore did not add addition burden to nursing facilities.

0686 Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (Long Stay) (CMS/Acumen)

Measure Steward/Developer Representatives at the Meeting

- Sriniketh Nagavarapu, Carol Schwartz, and Alan Levitt

Standing Committee Votes

- Evidence: H-0; M-17; L-1; I-0
- Performance Gap: H-2; M-16; L-0; I-0
- Reliability: H-0; M-18; L-0; I-0
- Validity: H-2; M-16; L-0; I-0
- Feasibility: H-11; M-7; L-0; I-0
- Use: Pass-18; No Pass-0
- Usability: H-7; M-11; L-0; I-0

Standing Committee Recommendation for Endorsement: Yes-18; No-0

The Standing Committee recommended the measure for continued endorsement. This measure was last endorsed in 2011. In the Committee discussion, there were several questions for the developers from the Committee on risk adjustment -- specifically bowel incontinence and pressure ulcers are used the model, and how that was determined. The developer described that it was a combination of clinical and empirical analysis that drove the selection of the risk adjustment variables. Clinical factors were chosen

based on input from a Technical Expert Panel (TEP) that was convened by the developer in 2019. The was discussion by the Committee about the importance of continued measurement by nursing homes given the impact on quality of life – as well as the risk of urinary tract infections – in long-term nursing home residents. The Committee also agreed that there was a significant performance gap that justified continued endorsement, despite having been in use for a long time. The Committee felt that the developer addressed concerns on reliability and validity, notably the exclusions as well as the risk adjustment methodology. There was also discussion that this measure (similar to 0684) is an MDS 3.0 measure, that there were no concerns about feasibility. The Committees also had no concerns about Use and Usability given this measure is publicly reported and used in accountability programs.

2456 Medication Reconciliation: Number of Unintentional Medication Discrepancies per Medication Per Patient (Brigham and Women´s Hospital)

Measure Steward/Developer Representatives at the Meeting

- Jeff Schnipper

Standing Committee Votes

- Evidence: Pass-19; No Pass-1
- Performance Gap: H-10; M-10; L-0; I-0
- Reliability: Does the Committee accept NQF Scientific Methods panel's MODERATE rating of Reliability? Yes-20; No-0
    - This measure is deemed as complex and was evaluated by the NQF Scientific Methods Panel (SMP).
    - The NQF Scientific Methods Panel's ratings for Reliability: H-0; M-4; L-2; I-0
- Validity: H-0; M-16; L-4; 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 Validity: H-0; M-3; L-2; I-1 *(Consensus not reached)*
- Feasibility: H-1; M-17; L-2; I-0
- Use: Pass-12; No Pass-6
- Usability: H-1; M-14; L-4; I-0

Standing Committee Recommendation for Endorsement: Yes-15; No-4

The Standing Committee recommended the measure for continued endorsement. The developer introduced the measure focusing on validity, since the Scientific Methods Panel (SMP) did not reach consensus on this criterion. The developer noted that the measure is risk-adjusted for the number of gold standard medications and that even though there is a preference for electronic quality measures, the developer commented that manual chart review is the only way to target medication reconciliation quality. The measure has been used in several research studies, which have been published in top-tier journals. Lastly, the developer noted that when hospitals take steps to improve medication reconciliation, the metric improves.

The Committee agreed on the importance of preventing medication discrepancies and that there is evidence to support that mitigating medication discrepancies can improve outcomes. The Committee unanimously upheld the SMP's review of the measure reliability. For validity, the Committee did not raise any question or concerns. However, the Committee did seek clarification on changes to the numerator. Specifically, the measure originally looked at the number of medications per patient. The developer explained that the change to the measure was to show the number of discrepancies per medications, such that the measure captures the number of opportunities for error. For feasibility, the developer noted that the measure is used within over 1,400 hospitals. The Committee sought input on who is conducting the medication reconciliation. The developer stated that the medication reconciliation data should be provided by a trained pharmacist.

There was discussion by the Committee on public reporting. The measure is currently used within a LeapFrog program in which the measure rate is not reported. Rather, what is publicly reported within the LeapFrog program is whether or not a hospital has reported on the measure (i.e., provided the appropriate data for the measure). A few Committee-members felt that reporting the measure rate constitutes public reporting and not whether or not there was any reporting of the appropriate data. The Committee ultimately passed the measure on Use and Usability.

3533e Hospital Harm – Severe Hyperglycemia (CMS/IMPAQ International)

This is an electronic clinical quality measure (eCQM)

Measure Steward/Developer Representatives at the Meeting

Stacie Schilling, Bo Feng, Chana West, and Jacqueline C. Stocking

Standing Committee Votes

- Evidence: Pass-18; No Pass-0
- Performance Gap: H-4; M-14; L-0; I-0
- Reliability: Does the Committee accept NQF Scientific Methods Panel's HIGH rating of Reliability? 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 Reliability: H-6; M-0; L-0; I-0
- Validity: Does the Committee accept NQF Scientific Methods Panel's HIGH rating of 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-4; M-1; L- 0; I- 1
- Feasibility: H-8; M-10; L-0; I-0
- Use: Pass-18; No Pass-0
- Usability: H-7; M-11; L-0; I-0

Standing Committee Recommendation for Endorsement: Yes-18; No-0

The Standing Committee recommended the measure for NQF endorsement. This is a new eCQM. It is an outcome measure at the facility level of analysis. The developer submitted evidence indicating severe hyperglycemia can be reduced through proper glycemic management. The Committee had no concerns with the evidence and believe the evidence supports the importance of this measure. The Committee also had no concerns with the performance gap. The developer provided the rate of severe hyperglycemic events across six hospitals. The rate of severe hyperglycemic events varied across the hospitals, which suggests that there are opportunities for improvement in glycemic management.

The Committee had no concerns with the scientific acceptability criteria of the measure. The Scientific Methods Panel reviewed and passed the measure with a high rating for both reliability and validity. One Committee member noted the thresholds for hyperglycemia in the measure were appropriate. There is no risk adjustment currently of the measure. However, a Committee member hopes that once the measure is implemented in a public reporting program, risk adjustment of the measure can be readdressed in the future.

One Committee member inquired if the measure captures both a point of care glucose test versus lab glucose test. The developer responded both are in the value set of the measure and acceptable, as long as it is in a standardized structured field from the electronic health record. The Committee member also inquired if the measure accurately captures data from two separate structured fields, elaborating the laboratory structure field and the bedside care structured field (i.e. nurse flowsheet-where a point of care glucose test would be documented). The developer, as well as other Committee members, confirmed that point of care glucose tests are uploaded to the electronic health record, so would not be concerned about that value being captured. However, the Committee recommends developer verify this information with EHR vendors, to confirm no underlying feasibility issues of this measure.

The measure is currently not in use in a public reporting and/or accountability program but is being considered for CMS federal program. The Committee discussed a “paired” measure, 3503e Hospital Harm-Severe Hypoglycemia, which was recently endorsed in the Spring 2019 cycle by this Committee. The developer noted 3533e and 3503e are individually being proposed at this time to ensure each measure is reliable and valid. In the future, there could be potential of developing a composite measure with these two measures. One Committee member noted that although the measures align, they each stand alone well.

Public Comment

For this evaluation cycle, the commenting period opened on November 26, 2019 and will close on April 9, 2020. As of January 21, 2020, no NQF member comment was received during the pre-commenting period. No public or NQF member comments were provided during the February 3 and 5 measure evaluation web meetings.

Next Steps

NQF will post the draft technical report tentatively on March 11, 2020 for public comment for 30 calendar days. The continuous public comment with member support will close on April 9, 2020. NQF will re-convene the Standing Committee for the post-comment web meeting on April 30, 2020.