NATIONAL QUALITY FORUM
Driving measurable health improvements together

Meeting Summary

Patient Safety Standing Committee Fall 2021 Post-Comment Web Meeting

The National Quality Forum (NQF) held the Patient Safety fall 2021 post-comment web meeting on June 3, 2022, from 2:00 – 4:00 PM ET.

Welcome, Review of Meeting Objectives, and Attendance

Tamara Funk, NQF director, welcomed the Standing Committee and provided an overview of the meeting's objectives:

- Review and discuss comments received during the post-evaluation public and member comment period
- Provide input on proposed responses to the post-evaluation comments
- Review and discuss NQF members' expressions of support of the measures under consideration
- Determine whether reconsideration of any measures or other courses of action are warranted

As part of the fall 2021 review cycle, the Patient Safety Standing Committee reviewed five measures during the measure evaluation meetings on February 16, 2021. The Standing Committee recommended all five measures for endorsement. The draft report was posted on the project webpage for public and NQF member comment on March 31, 2021, for 30 calendar days. During this commenting period, NQF received eight comments from three member organizations.

Discussion of Post-Evaluation Comments

Ms. Funk presented the comments for discussion by introducing each measure and describing the comments received, along with the developers' responses to those comments.

Ms. Funk summarized one comment related to NQF #3636 *Quarterly Reporting of COVID-19 Vaccination Coverage Among Healthcare Personnel* (Surveillance Branch, Division of Healthcare Quality Promotion [DHQP], Centers for Disease Control and Prevention [CDC]). The commenter did not support the endorsement of the measure and raised concerns that the reporting of this measure is duplicative because the same information is reported to the Department of Health and Human Services (HHS) as part of current coronavirus disease 2019 (COVID-19) reporting requirements. The commenter also stated that the vaccination status of contract personnel was challenging to capture. The commenter finally noted that this type of vaccination documentation is unique to COVID-19, is not common practice for other transmissible diseases, and is not based on evidence-based interventions that result in improved patient outcomes.

Ms. Funk noted that another commenter expressed support for the measure and the Standing Committee's deliberation. Ms. Funk summarized the written response to the non-supportive comment submitted by the developer, stating that COVID-19 vaccination for healthcare workers is associated with reduced infections and death; the developer also stated that although reporting the measure may pose some challenges, it is an important intermediate outcome directly related to patient safety. The

developer clarified that reporting for contractors is not required under this measure and that similar reporting has been conducted for influenza vaccination coverage among healthcare personnel since 2013. The Standing Committee reviewed the draft response to the commenter and proposed edits that would better acknowledge the commenter's concerns while maintaining that the original recommendation for endorsement stands. The comment was edited to provide additional details about the lack of burden and to reiterate the alignment of this measure with existing reporting.

Next, Ms. Funk summarized one non-supportive comment that applied to three measures: NQF #3633e *Excessive Radiation Dose or Inadequate Image Quality for Diagnostic Computed Tomography (CT) in Adults (Clinician Level)*, NQF #3662e *Excessive Radiation Dose or Inadequate Image Quality for Diagnostic Computed Tomography (CT) in Adults (Clinician Group Level)*, and NQF #3663e *Excessive Radiation Dose or Inadequate Image Quality for Diagnostic Computed Tomography (CT) in Adults (Facility Level)*. The commenter expressed concerns with the Standing Committee's failure to adequately consider the opinions provided by the commenter's pre-evaluation public comment and reiterated the concerns provided in the pre-evaluation public comment, which included concerns about the measure's specifications and usability.

Ms. Funk briefly highlighted the commenter's points of concerns and the developer's written response to each item. Regarding the commenter's concern about an unscientific characterization of computed tomography (CT) scan risk, the developer explained that the measure is not focused on radiation risk and does not calculate nor report radiation risk. The measure evaluates dose length product (DLP), and specifically whether size-adjusted DLP exceeds thresholds specific to the CT category. Regarding the commenter's concern about the lack of usability of these measures, the developer explained that entities that report the measure using the measure steward's software are provided information to both identify causes of performance gaps and make targeted changes to improve quality. Regarding the commenter's concern about the complexity of the CT categorization, the developer explained that the CT category is assigned by the measure (reflecting the indication and appropriate radiation dose level for the scan) and does not rely on the protocol name at all. The goal in creating the CT categorization decision rules was to identify exams that are exceptions to the routine dose category. Regarding the commenter's concern that the noise measure is not an adequate parameter of overall image quality, the developer explained that the measure is not intended to be a robust measurement of image quality. Instead, the primary focus of the measure is to assess radiation dose adjusted for body size and that the image quality component was included to protect against the unlikely possibility of substantial degradation of image quality as an unintended consequence of dose reduction.

Ms. Funk continued by describing the commenter's concern about inadequate image quality assessment. In response, the developer explained that the measures provide a standardized method for monitoring the performance of diagnostic CT to discourage unnecessarily high radiation doses while preserving image quality. Regarding the commenter's concern that the developer was operating under flawed assumptions regarding clinical CT practice, the developer explained that they involved medical physicists in all aspects of their work, including both measure development and all of the work in the preceding decade that laid the foundation for the development of this measure. Regarding the commenter's concern about inadequate accuracy in patient size estimation, the developer explained that the approach for using mid-scan diameter is highly correlated with patient weight. They also stated that for these measures, patient size is measured using CT image pixel data, either on the mid-scan axial image or the coronal scout image when the mid-scan axial image was not available. This is an approach that has been validated using data from the University of California San Francisco (UCSF) Health and the UCSF Registry, as well as the data assembled for measure testing from 16 hospitals and 13 outpatient imaging centers. In addition, the adequacy of size adjustment was shown empirically using data

assembled from the testing sites. Regarding the commenter's concern about the limited expertise and track record of Alara Imaging, the developer explained that measure stewardship is in collaboration with UCSF, who was responsible for all measure development, scientific research, and measure validation work and has a track record of successfully performing projects of this scope. In addition to the above concerns, the commenter stated that their original comments submitted in February were not adequately considered in the Standing Committee's deliberations and that it failed to consider their expert opinion during the measure evaluation meeting.

The Standing Committee reviewed the draft response prepared by NQF staff and discussed whether it agreed that the concerns from the specialty societies had been properly considered during the measure evaluation meeting.

One Standing Committee member noted that when professional societies comment on measures, they should be strongly considered. This member recalled having spoken to several professional radiologists who expressed concerns regarding the unintended consequences of the measures. However, this member also stated that they thought all these issues were considered during the Standing Committee meeting and that the overall vote for endorsement should stand. They suggested that in the future, for similarly technical measures, a Technical Expert Panel (TEP) could be convened to review some of the measure's nuances, similar to the Scientific Methods Panel (SMP) review but subject-specific.

Another Standing Committee member questioned whether the Standing Committee thoroughly considered the issues noted in the pre-evaluation comment and further questioned how much the Standing Committee should defer to the opinions of specialty societies. The developer reminded the Standing Committee that this comment was not in favor of the measures and that several comments from other organizations in favor of the measure had been submitted during the pre-evaluation meeting.

Another Standing Committee member echoed the concern that more radiology expertise on the Standing Committee would have been helpful. Building on this concern, a Standing Committee member who had been recused from discussion and voting on these three measures expressed frustration with the recusal process and expressed that they could have added subject-matter expertise to the discussion during the measure review. Another Standing Committee member suggested that NQF consider allowing recused Standing Committee members to participate in such discussions, but not vote, in the future.

Poonam Bal, NQF senior director, emphasized that the process for the measure review was followed during the measure evaluation meeting and that NQF is exploring options for ensuring appropriate technical expertise is available to the Standing Committee during the measure review. Standing Committee members requested clarification from NQF staff about the options available for these measures, given the Standing Committee's desire for additional input from technical experts. Ms. Bal presented the Standing Committee with three options to address their concerns: (1) The Standing Committee could agree that the measures met all NQF criteria and vote to stand by the recommendation to endorse these measures; (2) The Standing Committee could re-vote on the measures' endorsement or a specific criterion based on a credible rationale that the criteria were not met; and (3) The Standing Committee could vote to postpone further review and NQF could convene a TEP to provide additional expert feedback to the Standing Committee. Since it was not clear from the discussion what option the Standing Committee was most interested in, a vote was taken.

Before the vote took place, NQF staff confirmed that the quorum was met to hold voting. There are 22 active Standing Committee members on the Patient Safety Standing Committee, with one Standing

Committee member recused from the discussion and voting on these three measures; therefore, at least 14 Standing Committee members needed to be present in order to vote. Since 14 non-recused Standing Committee members were present, the quorum was met. The Standing Committee members were instructed to use the "raise hand" feature to submit their votes, or to verbally state their vote if they were on the phone only. The majority vote would move an option forward. The majority of the Standing Committee (11 out of 14 present, non-recused members) voted to stand by the recommendation to endorse these measures; therefore, no subsequent votes were held and the Standing Committee's recommendation to endorse all three measures stood. The Standing Committee suggested that NQF staff modify the proposed response to state that all public comments are reviewed and are part of the Standing Committee's deliberations, whether or not they are discussed verbally during the measure evaluation meeting.

NQF Member and Public Comment

Hannah Ingber, NQF manager, opened the web meeting to allow for public comment. No public or NQF member comments were provided during this time.

Next Steps

Sean Sullivan, NQF associate, reviewed the next steps. Mr. Sullivan informed the Standing Committee that the Consensus Standards Approval Committee (CSAC) will consider the Standing Committee's recommendations during its meeting on July 26, 2022. Following the CSAC meeting, the 30-day Appeals period will be held from August 1–30, 2022. Mr. Sullivan also reminded the Standing Committee that its next meeting would be held on June 23, 2022, for the spring 2022 measure evaluation web meeting.