NATIONAL QUALITY FORUM

Meeting Summary

Patient Safety Standing Committee—Measure Evaluation In-Person Meeting and Post-Measure Evaluation Web Meetings

The National Quality Forum (NQF) convened the Patient Safety Standing Committee for an in-person meeting on June 17, 2019 at the NQF offices in Washington, DC to evaluate 11 safety measures. Two additional web meetings were held on June 24, 2019 and July 2, 2019 to evaluate measures not reviewed at the in-person meeting.

Welcome, Introductions, and Review of Meeting Objectives

NQF welcomed the Standing Committee and participants to the in-person meeting. 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 staff provided an overview of the topic area and the current NQF portfolio of endorsed measures. There are currently 62 measures in the Patient Safety portfolio. Additionally, NQF reviewed the Consensus Development Process (CDP) and the measure evaluation criteria.

Measure Evaluation

During the meetings, the Patient Safety Standing Committee evaluated 11 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 July 25, 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

2726 Prevention of Central Venous Catheter (CVC)-Related Bloodstream Infections (American Society of Anesthesiologists)

Measure Steward/Developer Representatives at the Meeting

Toni Kaye, Matt Popovich, and Arnold Berry

Standing Committee Votes

- Evidence: H-4; M-16; L-0; I-0
- Performance Gap: H-1; M-12; L-7; I-0
- Reliability: H-2; M-14; L-4; I-0
- Validity: H-1; M-17; L-2; I-0
- Feasibility: H-2; M-18; L-0; I-0
- Use: Pass-19; No Pass-1
- Usability: H-1; M-17; L-2; I-0

Standing Committee Recommendation for Endorsement: Yes-18; No-2

The Standing Committee recommended the measure for continued endorsement. The evidence was unchanged from the past review and included various CDC recommendation statements as well as studies showing the link between maximal sterile barrier technique and catheter-related bloodstream infections. The Committee discussed if the measure had potentially topped out and if there is still a performance gap; however, they acknowledged that although mean performance rates have increased, the standard deviation indicates there is still performance variability. The Committee also acknowledged that it is possible to achieve 100 percent performance, and MIPS data may overestimate actual performance nationwide. The Committee accepted the previous score-level reliability testing, which showed reliability scores >0.9, and updated validity testing that compared average reporting rates to CLABSI SIRs over the same time period.

In the future, the Committee would like to see more specificity in the analysis of the measure and the outcome of infections, as well as data regarding opt outs and percentage of lines placed in the U.S. versus those being captured in the registry. Regarding feasibility, the Committee agreed the data are captured through chart review/registry reporting. The developer provided information that all elements of maximal sterile barrier technique must be completed in order to meet numerator requirements. There was also some concern that self-reported rates versus observed rates of appropriate catheter insertion technique may be different. The measure is used in MIPS and for external benchmarking in the National Anesthesia Clinical Outcomes Registry. The Committee discussed the meaning of public reporting and suggested that the developer should aim to increase transparency of performance to members of the public.

0139 National Healthcare Safety Network (NHSN) Central line-associated Bloodstream Infection (CLABSI) Outcome Measure (Centers for Disease Control and Prevention)

Measure Steward/Developer Representatives at the Meeting

Dan Pollock

Standing Committee Votes

- Evidence: Pass- 20; No Pass-0
- Performance Gap: H-5; M-15; L-0; I-0
- Reliability:
    - 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-4; L-0; I-X
    - The Committee accepted the NQF Scientific Methods Panel's Moderate rating, unanimously.
- Validity:
    - 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-1, I-0
    - The Committee accepted the NQF Scientific Methods Panel's Moderate rating, unanimously.

- Feasibility: H-1; M-19; L-0; I-0
- Use: Pass-20; No Pass-0
- Usability: H-7; M-13; L-0; I-0

Standing Committee Recommendation for Endorsement: Yes-20; No-0

The Standing Committee recommended this measure for endorsement. The Committee agreed that there are preventive activities that can reduce the incidence of CLABSI, and that there is a performance gap warranting measurement. The Committee discussed performance gaps on this measure with respect to variation across ethnic groups, rural vs. urban areas, hospital size, and other factors. Committee members discussed the relationship between 'catheter days' and infections, noting that CLABSI risk likely increases the longer a line is left in. The developer noted that the CDC is exploring ways of incorporating this and other factors into measurement calculations. This measure was reviewed against the Scientific Acceptability criteria by NQF's Scientific Methods Panel (SMP); the SMP judged it to have met NQF's standards for reliability and validity. The Patient Safety Standing Committee accepted the SMP's ratings. Committee members agreed that this measure meets the Feasibility and Use and Usability criteria, noting that it is used in federal payment and public reporting programs. Committee members did raise cautions about potential 'gaming' of the measure, suggesting that the developer should be watchful for these issues and find ways of addressing them.

0138 National Healthcare Safety Network (NHSN) Catheter-associated Urinary Tract Infection (CAUTI) Outcome Measure (Centers for Disease Control and Prevention)

Measure Steward/Developer Representatives at the Meeting

Dan Pollock

Standing Committee Votes

- Evidence: Pass-20; No Pass-0
- Performance Gap: H-1; M-19; L-0; I-0
- Reliability: M-14; L-4; I-1
    - This measure is deemed as complex and was evaluated by the NQF Scientific Methods Panel.
    - The Standing Committee chose to vote on the reliability criterion.
- Validity: M-10; L-8; I-2
    - This measure is deemed as complex and was evaluated by the NQF Scientific Methods Panel.
    - The Standing Committee chose to vote on the validity criterion.
- Feasibility: H-2; M-18; L-0; I-0
- Use: Pass-20; No Pass-0
- Usability: H-0; M-18; L-0; I-0

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

The Standing Committee did not vote on the recommendation for endorsement at the meeting because the Committee did not reach consensus on validity—a must-pass criterion. The

Committee agreed that there are preventive activities that can reduce the incidence of CAUTI, and that there is a performance gap warranting measurement of this issue. Committee members suggested that for future endorsement reviews, the developer should analyze and provide data related to performance across different types of institutions (e.g., rehabilitation, acute care, long-term care, etc.). Data element validity testing was conducted, which NQF also accepts as a demonstration of data element reliability; the Scientific Methods Panel evaluated this measure for scientific acceptability, and found it to meet NQF's standards for reliability and validity. The Patient Safety Standing Committee discussed the definition of UTIs and the timeframe for determining whether or not a CAUTI is present, but focused its discussion largely on the issue of appropriate exclusions, particularly for spinal cord injury (SCI) patients.

A number of representatives of the SCI physician community submitted comments and/or attended the Committee meeting in person to voice their concerns about the measure. These commenters suggested that the measure could be causing unintended adverse consequences by encouraging bladder management practices that are inconsistent with appropriate SCI care and have led to harm for SCI patients.

Representatives of the developer (CDC) maintained that there was not enough rigorous evidence supporting exclusion of SCI patients, adding that SCI patients are at high risk for CAUTI and should not be removed from the measure. Committee members expressed their desire to find a resolution to this issue, noting their general support for the measure and their appreciation of the need for evidence to support exclusions, while also acknowledging that the SCI community had brought forth compelling information suggesting that harm to SCI patients could be an unintended consequence of this measure. The Committee voted to pass the measure on the Reliability criterion, but consensus was not reached on the Validity criterion. The Committee continued on to approve the measure with respect to Feasibility and Use and Usability, but did not vote on overall suitability for endorsement; the measure will be revisited after the public comment period.

3498e Hospital Harm – Pressure Injury (CMS/IMPAQ International)

This is an electronic clinical quality measure (eCQM)

Measure Steward/Developer Representatives at the Meeting

Kendall Hall, Stacie Schilling, Jacqueline Stocking, Chana West

Standing Committee Votes

- Evidence: Pass-19; No Pass-0
- Performance Gap: H-1; M-17; L-0; I-1
- Reliability: H-2; M-16; L-0; I-1
    - This measure is deemed as complex and was evaluated by the NQF Scientific Methods Panel.
    - The Standing Committee chose to vote on this measure for reliability criterion.
- Validity: H-0; M-17; L-2; I-0
    - This measure is deemed as complex and was evaluated by the NQF Scientific Methods Panel.

    - The Standing Committee chose to vote on this measure for validity criterion.
- Feasibility: H-0; M-13; L-5; I-1
- Use: Pass-19; No Pass-0
- Usability: H-3; M-15; L-1; I-0

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

The Standing Committee recommended the measure for NQF endorsement. Despite concerns with the feasibility across multiple EHRs, the Committee felt overall that this was a good outcome measure for quality of care, and that it was reliable and valid as specified by the developer. During the Standing Committee meeting, there was discussion that while there were several pressure ulcer measures in the NQF portfolio, this was the first submitted as an eMeasure. This measure applies to new stage 2, 3, and 4 pressure ulcers that develop during a hospitalization. The Committee agreed that there was one or more healthcare activities that can be performed to reduce the incidence of pressure ulcers. This was evaluated by the NQF Scientific Methods Panel; however, the Committee chose to vote on the individual elements of reliability and validity, and there were no major concerns, but there was some discussion of the ability to extract this information within structured fields as well as discussion on testing across multiple EHR vendors. Notably, the developer stated that this had been tested in three separate EHR vendors at beta sites. There were some challenges in the feasibility testing of the eMeasure which the Committee discussed, particularly the variability in where the measure information was documented in structured fields in one of the EHRs. As a result of this discussion, the Committee had some concerns about feasibility, particularly integrating this measure across multiple EHRs that may not have structured fields to capture pressure ulcer data in a standardized way. Regarding usability, the developer stated that the MAP had recommended inclusion in an accountability program pending feedback from the Committee. Therefore there were no concerns about usability.

3501e Hospital Harm – Opioid-Related Adverse Events (CMS/IMPAQ International)

This is an electronic clinical quality measure (eCQM)

Measure Steward/Developer Representatives at the Meeting

Kendall Hall, Stacie Schilling, Chana West

Standing Committee Votes

- Evidence: Pass-18; No Pass-1
- Performance Gap: H-1; M-5; L-4; I-9

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

The Standing Committee did not vote on the recommendation for endorsement because the measure did not pass the Performance Gap criterion—a must-pass criterion. The Committee raised several concerns with this measure. First was whether naloxone use is a good quality measure. There was concern that naloxone can be used as empiric therapy in patients with changed sensorium, so it does not necessarily indicate that there was an opioid overdose. In addition, there were concerns that sometimes naloxone may be used to reverse opioids as part of a plan of care and that the measure may cause providers to be more reluctant to give naloxone when it's needed. There were also concerns about how the measure was specified—as a

proportion of hospitalized patients versus hospitalized patients who received narcotics and how the propensity to use narcotics by a hospital might change performance rates. There were also issues in the measure testing because there are variable places in the EHR where narcotics are documented: in the Medication Administration Record (MAR) or within procedure notes. In addition, there were concerns that the actual rate of occurrence was relatively low in measure testing and did not have a large enough measure gap to justify measurement. For these reasons, this measure did not pass performance gap.

3503e Hospital Harm – Severe Hypoglycemia (CMS/IMPAQ International)

This is an electronic clinical quality measure (eCQM)

Measure Steward/Developer Representatives at the Meeting

Kendall Hall, Stacie Schilling

Standing Committee Votes

- Evidence: Pass-18; No Pass-0
- Performance Gap: H-0; M-17; L-1; I-1
- Reliability:
    - 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-2, M-2, L-0, I-0
    - The Committee accepted the NQF Scientific Methods Panel's Moderate/High rating, unanimously.
- Validity:
    - 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-3, L-0, I-0
    - The Committee accepted the NQF Scientific Methods Panel's Moderate rating, unanimously.
- Feasibility: H-11; M-8; L-0; I-0
- Use: Pass-19; No Pass-0
- Usability: H-7; M-12; L-0; I-0

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

The Standing Committee recommended the measure for NQF endorsement. During the Committee discussion, there was support that this measure represented a good assessment of quality of care, as this was seen as a preventable patient safety event when patients are on antihyperglycemics and have episodes of hypoglycemia. There were some concerns that it did not apply to pediatric populations and only to adults 18 and older. The Committee was also comfortable that there was a sufficient performance gap across hospitals. The Committee voted to accept the NQF Scientific Methods Panel decision, which was to pass this measure. The Committee also discussed this measure's feasibility which was tested as an eMeasure in two separate EHRs and had few concerns. There are also recommendations by the MAP to include this

measure in public accountability programs through CMS; therefore, the Committee passed the measure on usability.

3502 Hybrid Hospital-Wide (All-Condition, All-Procedure) Risk-Standardized Mortality Measure (CMS/Yale-CORE)

Measure Steward/Developer Representatives at the Meeting

Lisa Suter and Karen Dorsey

Standing Committee Votes

- Evidence: Pass-17; No Pass-0
- Performance Gap: H-1; M-17; L-0; I-0
- Reliability: H-1; M-15; L-1; I-0
    - This measure is deemed as complex and was evaluated by the NQF Scientific Methods Panel.
    - The Standing Committee chose to vote on this measure for the reliability criterion.
- Validity: H-0; M-12; L-3; I-2
    - This measure is deemed as complex and was evaluated by the NQF Scientific Methods Panel.
    - The Standing Committee chose to vote on this measure for the validity criterion.
- Feasibility: H-3; M-14; L-0; I-0
- Use: Pass-17; No Pass-0
- Usability: H-0; M-15; L-0; I-2

Standing Committee Recommendation for Endorsement: Yes-16; No-1

The Standing Committee recommended the measure for NQF endorsement. This is a new measure developed in sequence with measure 3504 (starting with measure 3504). Many of the submission sections are identical to those submitted for measure 3504; therefore, the Committee focused their conversation on key differences between the two measures. This measure is aligned with measure 3504, but includes 10 additional risk adjusters captured from EHR data. This measure expands the target age to 50 to 94 years from the 65 to 94 years range used in 3504. The measure was tested in a smaller set of 21 hospitals in one integrated delivery system. The developer noted that they performed face validity for the hybrid measure specifically and tested the data element validity of the EHR elements. The developer stated that they tested the claims-based measure extensively and have no reason to believe this measure would be less valid. The developer performed reliability testing for the hybrid measure (ICC=0.78). There was a suggestion by a Committee member that the developer could look at the performance of the claims-only measure in the integrated delivery system (rather than only Medicare patients). The developer responded that they did look at the integrated delivery system data compared to the national data in terms of representativeness; the population was more similar to the U.S. Medicare population in rates of comorbidities than might be expected. There was conversation about missing lab values and how they are handled. The Committee suggested that the developer further examine the completeness of lab data when the measure is used more broadly. The

Committee generally agreed that the 21 data points from claims and 10 clinical data elements are available in standardized fields and feasible. The Committee acknowledge the plan for the new measure to considered in the future in the Inpatient Quality Reporting Program.

3504 Claims-Only Hospital-Wide (All-Condition, All-Procedure) Risk-Standardized Mortality Measure (CMS/Yale-CORE)

Measure Steward/Developer Representatives at the Meeting

Lisa Suter and Karen Dorsey

Standing Committee Votes

- Evidence: Pass-17; No Pass-0
- Performance Gap: H-1; M-17; L-0; I-0
- Reliability:
    - 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-2, L-0, I-0
    - The Committee accepted the NQF Scientific Methods Panel's Moderate/High rating, unanimously.
- Validity:
    - This measure is deemed as complex and was evaluated by the NQF Scientific Methods Panel.
    - The NQF Scientific Methods Panel's ratings for Validity: The NQF Scientific Methods Panel's ratings for Validity: H-3, M-2, L-0, I-0
    - The Committee accepted the NQF Scientific Methods Panel's Moderate/High rating, unanimously.
- Feasibility: H-4; M-14; L-0; I-0
- Use: Pass-18; No Pass-0
- Usability: H-1; M-16; L-0; I-1

Standing Committee Recommendation for Endorsement: Yes-17; No-1

The Standing Committee recommended the measure for NQF endorsement. This is a new measure developed in sequence with measure 3502 (starting with this measure). The measure divides patients into specialty divisions as well as by the presence or absence of significant surgical procedures in order to develop risk-adjustment models for each of the 15 subdivisions of the overall cohort. The model calculates the standardized mortality (risk) ratio for each of those divisions and rolls that into the overall risk standardized hospital-wide mortality rate. The developer explained that 3504 and 3502 are aligned besides the addition of validated EHR risk variables to the hybrid measure to enhance claims-only risk adjustment. The developer explained that one or the other could be adopted depending on the program and setting. The Committee asked about the upper age limit of 95 years, and the developer responded that mortality rate generally levels off after 95 years and they also used input from a TEP and a patient and caregiver group. The Committee agreed that there are evidence-based strategies to decrease risk of

hospital mortality and that there is a gap in mortality scores based on the range of mortality scores presented: 3.95 percent to 8.70 percent.

The Committee agreed with the SMP's passing ratings of reliability and validity. There was discussion about patients that come into the hospital in a fragile state, at the end of life, or with a complication from lack of quality care outside of the hospital and how complications prior to the visit but not associated with a present-on-admission code impact the measure. The Committee generally agreed with the developer's response that they use a validated algorithm, representing the risk adjustment model, that captures inpatient claims data from the prior 12 months and that they wanted to recognize the opportunity for hospitals that do rescue.

In determining attribution, if a patient is admitted multiple times, one admission per year is randomly selected for inclusion in order to avoid bias that would occur if only the last hospital in a chain of many hospitalizations was assessed. At least one member had some concern about this attribution approach and quality signal (e.g., if the measure is able to appropriately attribute the impact of hospital quality care versus patient-related factors). The developer responded that the hospital-level effect is evident in the distribution rates across hospitals and they also performed analysis to understand the influence of hospital versus patient factors. The developer uses a risk-adjustment model with 21 variables, not including dual eligibility or AHRQ SES Index based on testing results showing very limited impact of these factors on the adjustment model.

The Committee agreed the measure is feasible based on the use of claims data. Regarding use and usability, there was some concern that hospitals not chosen for the measure that served patients who had multiple hospitalizations are not able to see or understand results of the quality of care they provided. The developer stated that patients being admitted repeatedly represent only a small portion of the total measured population and that the measure is complementary to the readmissions measure; admissions not selected as part of the mortality measure may be captured in the readmissions measure, if a readmission occurred.

2720 National Healthcare Safety Network (NHSN) Antimicrobial Use Measure (Centers for Disease Control and Prevention)

Measure Steward/Developer Representatives at the Meeting

Dan Pollock

Standing Committee Votes

- Evidence: H-2; M-13; L-3; I-0
- Performance Gap: H-4; M-13; L-1; I-0
- Reliability: H-0; M-17; L-1; I-0
- Validity: H-0; M-17; L-1; I-0
- Feasibility: H-3; M-14; L-0; I-1
- Use: Pass-16; No Pass-2
- Usability: H-3; M-11; L-2; I-1

Standing Committee Recommendation for Endorsement: Yes-15; No-2

The Standing Committee recommended the measure for continued endorsement. The Committee agreed the measure is important to measure based on the national priority to fight antibiotic overuse and the overabundance of antimicrobial prescribing, which leads to antibiotic resistance and less options for treating a number of certain infections. The measure looks at different units within a facility for both adult and pediatric populations. The measure uses a standardized antimicrobial administration ratio (SAAR) looking at observed to predicted antimicrobial use for 40 antimicrobial agent and patient care groupings.

The Committee discussed that SAAR values that are outliers prompt analysis of possible overuse, underuse, or inappropriate use, but there is not a perfect way to determine the "right" amount of antibiotic use. The Committee agreed that the evidence presented demonstrates a strong link between antimicrobial stewardship and better patient outcomes, including a decrease in C. difficile rates. There was some question as to the link between the measure and improved antibiotic and resistance rates. Other members agreed conceptually, but recognized the lack of data and information available in this area. The developer added that more than 1,200 hospitals are now reporting data (approximately a five-fold increase since first endorsed) and are able to use results for stewardship purposes. The developer also acknowledged they are collecting data on antimicrobial resistance and C. difficile rates and plan to examine these relationships further in the future.

The Committee accepted the reliability and validity testing presented. One Committee member asked if the developer is considering an analysis by infection type, but the developer noted that infection data are not captured in the current version of the measure. The was discussion that data used to build the model will always be behind the current state of antimicrobial prescribing. The CDC advised that the developer use the most recently reported data (CY 2017 for the updated measure) to build their predictive models.

Regarding use, the measure is not proposed for public reporting or payment at this time, but is being used to gauge stewardship intervention. One Committee member wanted to see the data showing that measure use has driven change in prescribing practices. Overall, the Committee felt that although this measure is not ready for accountability, the measure is important as it serves as a marker of potential inappropriate use to drive stewardship. The Committee agreed that broad use provides data needed to refine predictive models so that measured performance accurately distinguishes quality care and differences across facilities.

0204 Skill mix (Registered Nurse [RN], Licensed Vocational/Practical Nurse [LVN/LPN], unlicensed assistive personnel [UAP], and contract) (American Nurses Association)

Measure Steward/Developer Representatives at the Meeting

Emily Cramer and Gregory Craig

Standing Committee Votes

- Evidence: H-5; M-11; L-1; I-0
- Performance Gap: H-1; M-12; L-3; I-1
- Reliability: H-6; M-9; L-1; I-0

- Validity: H-3; M-11; L-2; I-0
- Feasibility: H-0; M-14; L-2; I-0
- Use: Pass-19; No Pass-1
- Usability: H-1; M-18; L-1; I-0

Standing Committee Recommendation for Endorsement: Yes-19; No-1

The Standing Committee recommended the measure for continued endorsement. The Committee agreed this structure measure is important as it assesses the percentage of total productive nursing hours (employee and contract) with direct patient care responsibilities by hospital unit. The Committee agreed the evidence remains strong and did not have further discussion. Initially the Committee had some concern regarding the data presented for performance gap for the various skill mixes in various hospital settings; however, the developer was able to provide tables with differences at the unit level type as well as differences in hospital types. The developer also provided an evidence table linking skill mix to outcomes. The developer noted literature which indicated even increasing 1 hour of RN time impacted patient outcomes in hospitals.

The Committee had no concerns on the reliability and validity testing of the measure. In regard to feasibility, Committee members noted significant education done to promote appropriate data collection of nursing care hours in the NDNQI database and that nursing as whole is highly invested in the NDNQI database.

Related to use and usability, a few Committee members noted it would be helpful to have a consumer-based report for hospitals below the mean to share skill-mix information with consumers. One Committee member would like to see more states than four states using the measure and also more adoption by rural hospital. The developer noted this measure is being considered for CMS reporting at the national level and the conversation has been ongoing. The Committee did lose quorum for voting on the use, usability, and overall endorsement criteria and submitted their vote via SurveyMonkey following the June 24 post-meeting call.

0205 Nursing Hours per Patient Day (American Nurses Association)

Measure Steward/Developer Representatives at the Meeting

Emily Cramer and Gregory Craig

Standing Committee Votes

- Evidence: H-0; M-18; L-1; I-0
- Performance Gap: H-4; M-14; L-1; I-0
- Reliability: H-3; M-15; L-1; I-0
- Validity: H-2; M-16; L-1; I-0
- Feasibility: H-4; M-15; L-0; I-0
- Use: Pass-18; No Pass-1
- Usability: H-7; M-11; L-1; I-0

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

The Standing Committee recommended the measure for continued endorsement. The Committee agreed this structure measure is important as it assesses the number of productive hours worked by RNs with direct patient care responsibilities for each in-patient unit in a calendar month in acute care hospital units. Committee agreed that a performance gap continues to exist across units and within a unit.

This measure (0205) is linked to 0204 in that 0205 is the denominator for measure 0204. The Committee discussed whether both measures 0204 and 0205 were needed and brought up the potential of the creation of a single measure. The developer noted that the measure elements are completely harmonized. The developer noted that both measures help inform nurse staffing, and there is no additional data collection burden by having both measures.

The Committee had no concerns on the reliability of the measure. For validity testing, the developer did convergent validity testing and compared nursing care hours in the NDNQI database with staffing levels reported by RNs in each unit from the RN survey. At the hospital level, there were lower correlation coefficients. However, the Committee felt comfortable with the high correlation coefficients at the unit level and felt the unit level was more pertinent to the validity of the measure.

Regarding feasibility, the developer noted that the majority of hospitals have an electronic staffing system or payroll to pull the data and very few are working off a paper record. For use and usability, the developer noted that this measure is being considered for CMS' inpatient quality reporting program at the national level. The Committee did not have a quorum for voting on the measure and submitted their votes via SurveyMonkey following the July 2 post-meeting call.

Public Comment

NQF held a pre-comment period that began on April 24 and ended on June 5. During that period, 34 comments from the public were received. Thirty-one comments on measure 0138 requested that the Standing Committee carefully examine the risks and benefits of the measure, particularly for persons with spinal cord injury. Two commenters for measure 3498e had concerns related to the 24-hour timeframe from admission to declare a hospital-acquired pressure injury, the reliability and validity, and a lack of clear guidance as to where in the electronic medical record the pressure injury documentation will be extracted. One comment for measure 3498e was supportive of measure 3498e over the existing PSI 03 measure.

One public comment was provided during the in-person measure evaluation meeting on June 17, 2019 for measure 0138 by Dr. Matthew Davis from the American Spinal Injury Association academy of SCI Professionals. Dr. Davis expressed strong concern about the inclusion of the spinal cord injury population in measure 0138 due to negative unintended consequences, including devastating instances of bladder mismanagement. Dr. Davis also commented on the financial incentives that drive acute care hospital to remove Foleys in spinal cord injury patients.

Next Steps

NQF will post the draft technical report on July 25, 2019 for public comment for 30 calendar days. The continuous public comment with member support will close on August 23, 2019. NQF will re-convene the Standing Committee for the post-comment web meeting on September 18, 2019.