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Meeting Summary

Patient Safety Standing Committee – Measure Evaluation Web Meeting

The National Quality Forum (NQF) convened the Patient Safety Standing Committee for a web meeting on June 23 and 28, 2022, to evaluate six measures for the spring 2022 cycle.

Welcome, Review of Meeting Objectives, Introductions, and Overview of Evaluation and Voting Process

Tamara Funk, NQF director, welcomed the Standing Committee and participants to the web meeting. NQF staff reviewed the meeting objectives. The Standing Committee members each introduced themselves and disclosed any conflicts of interest. One Standing Committee member disclosed conflicts of interest with NQF #3690 and NQF #3671, which led to their recusal from the discussion and voting of those measures. A second Standing Committee member disclosed a conflict with NQF #2820 and was subsequently recused from the discussion and voting of that measure. Erin Buchanan, NQF manager, then reviewed the Consensus Development Process (CDP) and the measure evaluation criteria.

Some Standing Committee members were unable to attend the entire meeting due to early departures and late arrivals. The vote totals reflect members present and eligible to vote. A quorum of 14 (for #3690, #3671, and #2820) or 15 (for #3450 and #0097) was met and maintained during the review of these five measures. However, quorum was lost during the discussion of #3658. Therefore, the Standing Committee discussed all remaining criteria for this measure and voted after the meeting using an online voting tool. Voting results for all measures are provided below.

Measure Evaluation

During the meeting, the Patient Safety Standing Committee evaluated six measures (three maintenance and three new) for endorsement consideration. A more detailed summary of the Standing Committee's deliberations will be compiled and provided in the draft technical report.

A measure is recommended for endorsement by the Standing Committee when greater than 60 percent of eligible voting members select a passing vote option (Pass, High and Moderate, Yes) on all must-pass criteria and overall suitability for endorsement. A measure is not recommended for endorsement when less than 40 percent of voting members select a passing vote option on any must-pass criterion or overall suitability for endorsement. If a measure does not pass a must-pass criterion, voting during the measure evaluation meeting will cease. The Standing Committee will not re-vote on the measures during the post-comment meeting unless the Standing Committee decides to reconsider the measure(s) based on submitted comments or a formal reconsideration request from the developer. The Standing Committee has not reached consensus on the measure if between 40 and 60 percent of eligible voting members select a passing vote option on any must-pass criterion or overall suitability for endorsement. The Standing Committee will re-vote on criteria that did not reach consensus and potentially on overall suitability for endorsement during the post-comment web meeting. The Standing Committee was not able to discuss related and competing measures during the meeting; however, the discussion will occur during the post-comment meeting.

Voting Legend:

- *Evidence (Outcome Measures) and Use:* Pass/No Pass
- *Accepting Scientific Methods Panel (SMP) Rating and Overall Suitability for Endorsement*: Yes/No
- *All Other Criterion:* H – High; M – Medium; L – Low; I – Insufficient; NA – Not Applicable
- *Maintenance Criteria for Which the Standing Committee Decided Additional Discussion/Vote Was Not Needed (Evidence, Reliability, Validity only):* Accepted Previous Evaluation

NQF #3690 Inappropriate Diagnosis of Urinary Tract Infection (UTI) in Hospitalized Medical Patients (University of Michigan/Michigan Hospital Medicine Safety Consortium)

Description: The inappropriate diagnosis of UTI in hospitalized medical patients (or "Inappropriate Diagnosis of UTI") measure is a process measure that evaluates the annual proportion of hospitalized adult medical patients treated for UTI who do not meet diagnostic criteria for UTI (thus are inappropriately diagnosed and overtreated); **Measure Type**: Process; **Level of Analysis**: Facility; **Setting of Care**: Hospital; **Data Source**: Electronic Health Data

Measure Steward/Developer Representatives at the Meeting

- Valerie Vaughn
- Tim Hofer

Standing Committee Votes

- **Evidence:** Total Votes-17; H-0; M-15; L-1; I-1 (15/17 – 88%, Pass)
- **Performance Gap:** Total Votes-17; H-16; M-10; L-1; I-0 (16/17 – 94%, Pass)
- **Reliability:** Total Votes-17; H-3; M-13; L-1; I-0 (16/17 – 94%, Pass)
- **Validity:** Total Votes-17; H-4; M-12; L-1; I-0 (16/17 – 94%, Pass)
- **Feasibility:** Total Votes-16; H-0; M-13; L-3; I-0 (13/16 – 81%, Pass)
- **Use:** Total Votes-16; Pass-15; No Pass-1 (15/16 – 94%, Pass)
- **Usability:** Total Votes-16; H-3; M-12; L-1; I-0 (15/16 – 94%, Pass)
- **Standing Committee Recommendation for Endorsement:** Total Votes-16; Yes-15; No-1 (15/16–94%, Pass)

The Standing Committee recommended the measure for initial endorsement.

This facility-level measure was newly submitted for endorsement. It is currently in use in an accountability program led by the Michigan Hospital Medicine Safety Consortium.

During the evidence discussion, the Standing Committee noted that the justification for the measure is largely focused on a guideline released by the Infectious Disease Society of America (IDSA) in 2019 that did not recommend treatment for asymptomatic bacteria in the urine (also known as "bacteriuria"). The Standing Committee ultimately passed the measure on evidence. During the discussion on performance gap, the Standing Committee questioned why there were differences based on insurance for the measure gap. The developer clarified that it was likely due to Medicare patients being older and having higher rates of asymptomatic bacteriuria. The Standing Committee ultimately passed the measure on performance gap.

The Standing Committee discussed some concerns with the measure's specifications. First, there could be delays in diagnosis and treatment in patients who are unable to report symptoms. The developer referred to the growing evidence that treating asymptomatic bacteriuria in the elderly without other symptoms was not shown to improve outcomes. The Standing Committee requested clarification on how the measure performed in small hospitals, and the developer informed them that the measure was not tested in critical access hospitals but *was* tested in small hospitals. In addition, the developer stated that almost all of them could obtain sufficient samples to meet pre-determined reliability thresholds. The Standing Committee ultimately passed the measure on reliability.

The Standing Committee had several questions about the validity of the measure. It sought confirmation that only patients who received antibiotics would be included in the measure and asked about measure exclusions, specifically when patients cannot verbalize symptoms of urinary tract infection (UTI). In response, the developer explained that they ultimately decided to define the measure based on the 2019 IDSA guideline, which stated that patients with altered mental status or who were unable to provide symptoms would be able to meet the definition through systemic inflammatory response syndrome (SIRS) or physical examination findings (e.g., costovertebral angle tenderness). The Standing Committee ultimately passed the measure on validity.

During the review of feasibility, the Standing Committee questioned whether hospitals outside of the Michigan collaborative would be able to implement this measure, highlighting that 22.5 percent of hospitals in Michigan reported having trouble extracting data from the EHR for the measure, the abstractor training takes a full day, and smaller hospitals may not have adequate staffing to accommodate the measure. The developer reassured the Standing Committee that the EHR abstraction for this measure is similar to how other chart review measures are abstracted. The Standing Committee ultimately decided to pass the measure on feasibility.

Regarding the use of this measure, a Standing Committee member noted that it may be more difficult to generalize the use of this measure outside of Michigan where there are incentives to invest resources into measure abstraction. The Standing Committee had no other concerns and passed the measure on use. The Standing Committee also discussed the possibility of unintended consequences, particularly whether delays in diagnosis lead to delays in treatment and subsequent morbidity, such as higher rates of sepsis and dissatisfaction from patients who were not given antibiotics; it noted that 25 percent of hospitals also foresaw such unintended consequences. Ultimately, the Standing Committee decided to pass the measure on usability and overall suitability.

NQF #3671 Inappropriate Diagnosis of Pneumonia in Hospitalized Medical Patients (University of Michigan/Michigan Hospital Medicine Safety Consortium)

Description: The inappropriate diagnosis of CAP in hospitalized medical patients (or "Inappropriate Diagnosis of CAP") measure is a process measure that evaluates the annual proportion of hospitalized adult medical patients treated for CAP who do not meet diagnostic criteria for pneumonia (thus are inappropriately diagnosed and treated); **Measure Type**: Process; **Level of Analysis**: Facility; **Setting of Care**: Hospital; **Data Source**: Electronic Health Data

Measure Steward/Developer Representatives at the Meeting

- Valerie Vaughn
- Tim Hofer

Standing Committee Votes

- **Evidence**: Total Votes-16; H-0; M-11; L-3; I-2 (11/16 – 69%, Pass)

- **Performance Gap**: Total Votes-16; H-0; M-14; L-1; I-1 (14/16 – 88%, Pass)
- **Reliability**: Total Votes-16; H-1; M-13; L-1; I-1 (14/16 – 88%)
- **Validity**: Total Votes-15; H-1; M-12; L-0; I-2 (13/15 – 87%, Pass)
- **Feasibility**: Total Votes-15; H-1; M-10; L-3; I-1 (11/15 – 73%, Pass)
- **Use**: Total Votes-15; Pass-14; No Pass-1 (14/15 – 93%, Pass)
- **Usability**: Total Votes-15; H-1; M-10; L-3; I-1 (11/15 – 73%, Pass)
- **Standing Committee Recommendation for Endorsement:** Total Votes-16; Yes-13; No-3 (13/16 – 81%, Pass)

The Standing Committee recommended the measure for initial endorsement.

This facility-level measure was newly submitted for endorsement. It is currently used in an external benchmarking program led by the Michigan Hospital Medicine Safety Consortium.

The Standing Committee first discussed evidence and whether the measure appropriately associated the diagnosis of pneumonia, rather than antibiotic overuse, with adverse outcomes, the concern being that the clinical diagnosis of pneumonia does not fully correlate with the measure's definition. The Standing Committee ultimately passed the measure on evidence. Overall, the Standing Committee agreed that a gap existed. However, one Standing Committee member expressed concern with whether the observed gap reflected real differences in quality of care or whether it was due to the aforementioned issues with the definition of pneumonia. Ultimately, the Standing Committee agreed that the data sufficiently captured that a gap exists due to the existing quality of care and passed the measure on performance gap.

The Standing Committee had no concerns with the reliability testing for this measure and passed the measure on this criterion. For validity, a Standing Committee member expressed appreciation for the way in which the measure identified patients who did not have pneumonia. The Standing Committee had no concerns and passed the measure on validity. The Standing Committee's concerns on the measure's feasibility were very similar to those for the previous measure, NQF #3690, since NQF #3671 is also a chart abstraction measure and ultimately decided to pass the measure on feasibility.

While the measure was tested in a variety of hospitals, a Standing Committee member questioned whether the measure would be as usable outside of collaborative networks. Although the measure is not currently publicly reported, the developer informed the Standing Committee of ongoing conversations to include it in public programs; the Standing Committee passed the measure on use. In addition, the Standing Committee brought up similar concerns to the last measure about possible unintended consequences regarding delays in diagnosis and a potential increase in sepsis rates. The Standing Committee noted that the rate of inappropriate diagnoses had dropped by 32 percent since the program was launched and passed the measure on usability and overall suitability for endorsement.

NQF #2820 Pediatric Computed Tomography (CT) Radiation Dose (University of California, San Francisco)

Description: Radiation dose is measured as the dose-length product for every diagnostic brain, skull, and abdomen and pelvis CT scan performed by a reporting facility on any child less than 18 years of age during the reporting period of 12 months. The dose associated with each scan is evaluated as "high" or

"acceptable," relative to the 75th percentile benchmark for that type of scan and age of patient. Median doses are calculated at the facility level for each type of scan and age of patient stratum, and then compared with the same 75th percentile benchmark. The overall proportion of high dose exams is calculated including all CT scans; **Measure Type**: Intermediate Clinical Outcome; **Level of Analysis**: Facility; **Setting of Care**: Hospitals; **Data Source**: Electronic Health Records; Registry Data

Measure Steward/Developer Representatives at the Meeting

- Rebecca Smith-Bindman
- Missy Danforth

Standing Committee Votes

- **Evidence**: Total Votes-17; H-5; M-11; L-1; I-0 (16/17 – 94%, Pass)
- **Performance Gap**: Total Votes-17; H-8; M-9; L-0; I-0 (17/17 – 100%, Pass)
- **Reliability**: Total Votes-17; Y-17; N-0 (17/17 – 100%, Pass)
    - The SMP evaluated this measure and deemed it complex.
    - The Standing Committee accepted the SMP's rating for Reliability: High (Total Votes-10; H-5; M-4; L-0; I-1).
- **Validity**: Total Votes-17; Y-17; N-0 (17/17 – 100%, Pass)
    - The SMP evaluated this measure and deemed it complex.
    - The Standing Committee accepted the SMP's rating for Validity: Moderate (Total Votes-10; H-1; M-7; L-1; I-1).
- **Feasibility**: Total Votes-17; H-7; M-10; L-0; I-0 (17/17 – 100%, Pass)
- **Use**: Total Votes-17; Pass-17; No Pass-0 (17/17 – 100%, Pass)
- **Usability**: Total Votes-17; H-2; M-14; L-1; I-0 (16/17 – 94%, Pass)
- **Standing Committee Recommendation for Endorsement**: Total Votes-17; Yes-17; No-0 (17/17 – 100%, Pass)

The Standing Committee recommended the measure for continued endorsement.

This is a maintenance measure originally endorsed in 2016. It is currently used by the Leapfrog Group and is publicly reported as part of their Hospital and Surgery Center Ratings.

The radiology expert on the Patient Safety Standing Committee was recused from the discussion due to a conflict of interest; therefore, NQF invited Dr. Robert Rosenberg, a radiologist from the Cancer Standing Committee, to serve as a non-voting consultant and subject-matter expert for this measure to aid the Patient Safety Standing Committee in discussing this scientifically complex measure.

The Standing Committee noted that the evidence for this measure has remained strong since its last review, with additional supportive studies provided, and passed the measure on evidence. The Standing Committee agreed that a performance gap existed but questioned why patients with a low socioeconomic status receive higher doses of radiation. The developer explained that the number of

computed tomography (CT) scans is higher in poorer areas and clarified that the measure under discussion focuses on dose per scan, for which there is not a disparity associated with this variable. Ultimately, the Standing Committee passed the measure on performance gap.

The SMP reviewed this measure prior to the meeting and passed it on both reliability and validity. The Standing Committee agreed that the reliability testing scores were high but questioned how the binary nature of the measure affected the reliability. The developer stated that the threshold approach proved more reliable than adding more categories, particularly at non-children's specific hospitals that do not have a high number of scans in subcategories. Therefore, the Standing Committee passed the measure on reliability. The Standing Committee discussed the validity testing, noting the high sensitivity and specificity of the measure. With no concerns, the Standing Committee passed the measure on validity.

The Standing Committee also had no concerns with feasibility, considering that the data elements for this measure are in defined fields in electronic sources, and passed the measure on feasibility. The measure is also currently in use. The Standing Committee had no concerns and passed the measure on use. With regard to usability, the Standing Committee expressed concern that this measure might lead to repeated CT scans. The developer noted that a close relationship typically exists between the technologist and the radiologist to optimize image quality and that any need for rescanning would be very small in comparison to the overall variation in dose. The Standing Committee passed the measure on usability and recommended the measure for endorsement.

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

Description: Practice Environment Scale-Nursing Work Index (PES-NWI) is a survey-based measure of the nursing practice environment completed by staff registered nurses; includes mean scores on index subscales and a composite mean of all subscale scores; **Measure Type**: Structure; **Level of Analysis**: Facility; **Setting of Care**: Hospitals; Nursing Units; **Data Source**: Instrument-Based Data

Measure Steward/Developer Representatives at the Meeting

- Eileen Lake

Standing Committee Votes

- **Evidence**: Total Votes-17; H-0; M-15; L-2; I-0 (15/17 – 88%, Pass)
- **Performance Gap**: Total Votes-17; H-0; M-9; L-6; I-2 (9/17 – 53%, Consensus Not Reached)
- **Reliability**: Total Votes-16; H-1; M-14; L-1; I-0 (15/16 – 94%, Pass)
- **Validity**: Total Votes-17; H-1; M-16; L-0; I-0 (17/17 – 100%, Pass)
- **Feasibility**: Total Votes-17; H-5; M-11; L-1; I-0 (16/17 – 94%, Pass)
- **Use**: Total Votes-17; Pass-17; No Pass-0 (17/17 – 100%, Pass)
- **Usability**: Total Votes-18; H-2; M-14; L-2; I-0 (16/18 – 89%, Pass)
- **Standing Committee Recommendation for Endorsement:** Vote Not Taken

The Standing Committee did not vote on the recommendation for endorsement during the meeting because the Standing Committee did not reach consensus on performance gap—a must-pass criterion. The Standing Committee will re-vote on the measure during the post-comment web meeting.

This facility-level measure was originally endorsed in 2009 and last retained endorsement in 2019. It is publicly reported and is used in several accountability programs as well as benchmarking and internal quality improvement programs.

Since the measure's last endorsement, the developer included new evidence connecting better hospital nurse work environments to positive patient outcomes. The Standing Committee had no concerns and passed the measure on evidence. During the discussion on performance gap, a Standing Committee member noted that while measure scores had improved since 2006 (in the data provided for the measure's initial endorsement), there is still a gap in performance, and data show that lower scores on the instrument were associated with higher rates of poor socioeconomic status. Other Standing Committee members expressed concerns with the lack of disparities testing, especially considering how long the measure has been in use. The Standing Committee was not able to reach consensus on performance gap.

The developer provided studies demonstrating reliability at both the encounter and accountable-entity levels. The Standing Committee had no concerns and passed the measure on reliability. One of these studies was also used to show validity testing at the accountable-entity level. The Standing Committee discussed whether this measure was susceptible to selection bias. A Standing Committee member shared that many hospitals mandate completion of this survey, while another member noted that research was also done on non-respondents and that the responses were found to be similar to the respondents. The Standing Committee passed the measure on validity.

The Standing Committee had no concerns with the measure's feasibility or use since the survey can be collected through electronic survey software. In addition, the measure is in use and publicly reported. Therefore, the Standing Committee passed the measure on feasibility and use. For usability, the Standing Committee expressed concerns that the improvement shown on the measure from 2006 to 2016 was negligible but ultimately decided to pass the measure on usability, stating that even small gains could be clinically significant. A vote on overall suitability was not taken since the Standing Committee did not reach consensus on performance gap.

NQF #0097 Medication Reconciliation Post-Discharge (National Committee for Quality Assurance)

Description: The percentage of discharges from January 1–December 1 of the measurement year for patients 18 years of age and older for whom medications were reconciled the date of discharge through 30 days after discharge (31 days total); **Measure Type**: Process; **Level of Analysis**: Health Plan; **Setting of Care**: Outpatient; **Data Source**: Electronic Health Records, Paper Medical Records

Measure Steward/Developer Representatives at the Meeting

- Pam Lighter

Standing Committee Votes

- **Validity**: Total Votes-17; H-1; M-11; L-3; I-2 (12/17 – 71%, Pass)
- **Standing Committee Recommendation for Endorsement**: Total Votes-16; Yes-12; No-4 (12/16 – 75%, Pass)

The Standing Committee recommended the measure for continued endorsement.

This measure was originally reviewed during the fall 2020 cycle as a maintenance measure. During that time, a mathematical error was made in calculating whether the measure passed on validity. The measure was stated to have passed but was in fact "consensus not reached" on validity. The error was

not identified until after the post-comment call, where "consensus not reached" votes are typically resolved. Therefore, the discussion and revote on validity, and subsequently on overall suitability for endorsement, were moved to the current spring 2022 measure evaluation meeting. The measure retained endorsement in the interim.

This health plan-level measure was originally endorsed in 2007 and last retained endorsement in 2015. This measure was reported in the Physician Quality Reporting Systems (PQRS) prior to its inactivity and is currently reported in the CMS Medicare Advantage Plan Rating System (STARS) Program.

The Standing Committee discussed whether documentation of medication reconciliation was a surrogate of whether medical reconciliation was performed effectively, or simply whether any discrepancies were detected. A Standing Committee member noted that while it is not perfect, this measure does drive actions performed by clinicians to assess medications. Another member of the Standing Committee noted that the medication reconciliation performed by pharmacists also detects issues that are then remediated. Another Standing Committee member commented that medication reconciliation was more of an intermediary step. They also commented that the question of whether outcomes of changing medications or the accuracy of medication reconciliation may be more effective as a separate measure, although it was also stated that medication reconciliation is a complicated process, and it may be problematic to create a measure related to medication reconciliation accuracy. Ultimately, the Standing Committee passed the measure on validity and overall suitability for endorsement.

NQF #3658 Adult Blood Culture Contamination Rate (Centers for Disease Control and Prevention)

Description: The Blood culture contamination (BCC) rate is a process measure designed to follow healthcare providers' adherence to pre-analytic blood culture collection instructions established by the hospital clinical laboratory in patients 18 years or older. Blood culture contamination is defined as having certain commensal organisms (bacteria or fungus that normally colonizes human skin, without causing disease) isolated from only one blood culture set out of two or more sets collected within a 24-hour period (this is considered a false positive test result). A secondary related measure is the single set blood culture rate in patients 18 years or older. A single set blood culture in a 24-hour period is not an adequate volume of blood to make an accurate diagnosis of bacteremia (which can lead to false negatives) and a single set blood culture positive predefined commensal organisms cannot be evaluated using the definition for possible contamination without the second set blood culture. The purpose of the measure is to ensure that all hospitals that collect blood cultures follow best practices for how blood culture collection is performed by healthcare providers and monitor the performance of the healthcare providers by calculating and reporting the blood culture contamination and single set rate back to collecting personnel and hospital units. This will allow process improvements to be implemented to reduce BCC contamination to be measured and evaluated on a monthly basis; **Measure Type**: Process; **Level of Analysis**: Facility; **Setting of Care**: Hospital; **Data Source**: Electronic Health Data

Measure Steward/Developer Representatives at the Meeting

- Jake Bunn
- Nancy Cornish

Standing Committee Votes

- **Evidence**: Total Votes-15; H-15; M-0; L-0; I-0 (15/15 – 100%, Pass)
- **Performance Gap**: Total Votes-16; H-2; M-13; L-1; I-0 (15/16 – 94%, Pass)
- **Reliability**: Total Votes-15; H-7; M-8; L-0; I-0 (15/15 – 100%, Pass)

- **Validity**: Total Votes-19; H-1; M-17; L-0; I-1 (18/19 – 95%, Pass)
- **Feasibility**: Total Votes-19; H-4; M-15; L-0; I-0 (19/19 – 100%, Pass)
- **Use**: Total Votes-19; Pass-19; No Pass-0 (19/19 – 100%, Pass)
- **Usability**: Total Votes-19; H-1; M-18; L-0; I-0 (19/19 – 100%, Pass)
- **Standing Committee Recommendation for Endorsement**: Total Votes-19; Yes-18; No-1 (18/19 – 95%, Pass)

The Standing Committee recommended the measure for initial endorsement.

This facility-level measure was newly submitted for endorsement and is currently used for internal quality improvement at facilities.

The Standing Committee agreed with the evidence that driving down rates of blood culture contamination can both improve antibiotic stewardship and reduce overuse and passed the measure on evidence. The Standing Committee also noted varying levels of performance scores between data quartiles presented by the developer and passed the measure on performance gap.

During the reliability discussion, the Standing Committee questioned whether emergency departments (EDs) had higher rates of contamination. The developer replied that while this may be true, they did not have data to show it. Another Standing Committee member noted that higher ED rates could be because it can be more difficult to obtain blood cultures in this population, thereby potentially increasing the rate of contamination. The Standing Committee did not believe this matter warranted too much concern and passed the measure on reliability. The Standing Committee also largely found the face validity testing provided by the developer to be sufficient and passed the measure on validity.

The Standing Committee quorum was lost following the discussion of and vote on reliability. Therefore, voting for the measure occurred offline for validity, feasibility, use, usability, and overall suitability for endorsement. The Standing Committee noted that the data are generated by a lab professional, using lab software for data analysis, and had no concerns about the implementation of the measure. The Standing Committee ultimately passed the measure on feasibility. The measure is currently used for quality improvement at several hospitals, and a plan is underway for its use in accountability programs. Therefore, the Standing Committee passed the measure on use. For usability, a concern was expressed regarding anemia potentially being a major problem in hospitalized patients. Another member of the Standing Committee replied that while there may be issues with anemia, this matter is more related to daily labs rather than blood cultures, which are a rarer event. The Standing Committee noted the data provided pertaining to the use of the measure by Johns Hopkins hospitals; it also noted that blood culture contamination rates dropped from 3–4 percent to 1 percent. Ultimately, the Standing Committee passed the measure on usability and overall suitability for endorsement.

Public Comment

Ms. Funk opened the lines for NQF member and public comments. No public or NQF member comments were provided at this time or during the measure evaluation meeting.

General Discussion

The Standing Committee made several suggestions regarding the Patient Safety measure portfolio. The Standing Committee sought additional ways to provide recommendations for improvements to measures that it would like developers to account for in future reviews and requested that NQF consider

a concept of "conditional improvement" for measures, similar to that used in the Measure Applications Partnership (MAP). The Standing Committee also expressed an interest in reviewing the entire Patient Safety measure portfolio to gain a better understanding of the current burden of measurement before recommending additional new measures in future cycles.

Next Steps

Sean Sullivan, NQF associate, provided an overview of the next steps. NQF will post the draft technical report containing the Standing Committee's discussion and recommendations for public comment for 30 calendar days beginning on August 8, 2022. The continuous public commenting period with member support will close on September 6, 2022. NQF will reconvene the Standing Committee for a post-comment web meeting in the fall of 2022.