



Patient Safety Standing Committee – Post-Comment Web Meeting, Spring 2019 Cycle

The National Quality Forum (NQF) convened the Patient Safety Standing Committee for a post-comment web meeting on September 18, 2019.

Welcome, Introductions, and Review of Meeting Objectives

Co-chairs Ed Septimus and Iona Thraen and NQF senior director, Andrew Lyzenga, welcomed the Standing Committee and participants to the post-comment web meeting. NQF staff reviewed the meeting objectives.

Background

During this review cycle, the Patient Safety Standing Committee reviewed 11 measures during the June/July 2019 measure evaluation meetings. Nine were recommended for endorsement; one was not recommended for endorsement; and the Committee did not reach consensus on one measure.

Recommended:

- 0139 National Healthcare Safety Network (NHSN) Central line-associated Bloodstream Infection (CLABSI) Outcome Measure (Centers for Disease Control and Prevention)
- 0204 Skill mix (Registered Nurse [RN], Licensed Vocational/Practical Nurse [LVN/LPN], unlicensed assistive personnel [UAP], and contract) (American Nurses Association)
- 0205 Nursing Hours per Patient Day (American Nurses Association)
- 2720 National Healthcare Safety Network (NHSN) Antimicrobial Use Measure (Centers for Disease Control and Prevention)
- 2726 Prevention of Central Venous Catheter (CVC)-Related Bloodstream Infections (American Society of Anesthesiologists)
- 3498e Hospital Harm – Pressure Injury (CMS/IMPAQ International)
- 3502 Hybrid Hospital-Wide (All-Condition, All-Procedure) Risk-Standardized Mortality Measure (CMS/Yale-CORE)
- 3503e Hospital Harm – Severe Hypoglycemia (CMS/IMPAQ International)
- 3504 Claims-Only Hospital-Wide (All-Condition, All-Procedure) Risk-Standardized Mortality Measure (CMS/Yale-CORE)

Not Recommended:

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

Consensus Not Reached:

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

Review Comments and Re-vote of Consensus Not Reached Measure 0138 National Healthcare Safety Network (NHSN) Catheter-associated Urinary Tract Infection (CAUTI) Outcome Measure

Measure Steward/Developer Representatives at the Meeting

Dan Pollock

Standing Committee Votes

Validity: M-13; L-4; I-2

Standing Committee Recommendation for Endorsement: Yes-13; No-5

The Committee did not initially reach consensus on validity on measure 0138 at the measure evaluation meeting on June 17, 2019. The discussion on the September 18 post-comment meeting started with a verbal public comment from Dr. Matthew Davis from American Spinal Injury Association Academy of SCI Professionals. Dr. Davis reiterated spinal cord injury (SCI) patients are at high risk of catheter associated urinary tract infection (CAUTI) because they often do not have sensation in their bladders and require catheterization to void. He described the literature that indwelling catheters or intermittent catheterization has a similar risk of urinary tract infection. However, in this population, when quality measures like 0138 promote removal of indwelling catheters, this can place patients at risk for autonomic dysreflexia, which is a sudden increase in blood pressure that can be harmful to patients. Therefore, he stressed the importance of looking at the literature and the risk benefit of the measure in this population and potential for unintended consequences and maintained his advocacy for the removal of this population from the measure denominator. The developer from the Centers for Disease Control and Prevention (CDC), Dan Pollock, responded to the public comment by noting that CAUTI is preventable in spinal cord injury patients, which is addressed in existing guidelines. CDC re-emphasized the importance of measure 0138 across all populations including those with SCI in promoting awareness of CAUTI in infection surveillance and driving evidence-based interventions to reduce infections. Specifically, he described that despite the considerable progress in CAUTI prevention, there are still large numbers of CAUTI being reported to the NHSN. Committee members asked the developer if the SCI population should be excluded from the measure and/or there was longitudinal risk adjustment to examine the overall time of the catheter is in place. CDC responded that currently there is not sufficient evidence and data to support excluding the SCI population from the measure and noted that from their perspective, there has not been any rebut from front line practitioners/clinicians to support this as a valid exclusion, nor identify it as an adverse consequence. One Committee member recommended data be collected to gather information on this patient population. After Committee discussion, the Committee re-voted on the validity criterion. The Committee passed the measure on the validity criterion and overall recommendation for NQF endorsement.

Review Measures and Public Comments Received

The draft report for this measure cycle was posted on the project webpage for public and NQF member comment on July 26, 2019 for 30 days. The commenting period closed on August 26, 2019. NQF Senior Director Andrew Lyzenga summarized the comments received during the public

comment period. NQF received 19 comments from four member organizations. Some comments expressed similar concerns raised during the June/July measure evaluation Committee meeting. A summary of the public comments and developer responses are in the [comment memo](#) and [comment table](#). Eight public comments were received for measure #0138; the Committee had had a thorough discussion on this measure (noted in the summary of #0138 above). The comments for the remaining ten measures addressed a wide variety of areas including: support of the Committee's recommendation; appropriateness of validity testing; suggested improvements in the risk adjustment or stratification approaches; concern if measure is capturing information in the electronic health record; and/or concern if measures are appropriate for accountability purposes. The developers of the measures provided detailed written responses to the public comments, which were captured in the [comment memo](#) and [comment table](#).

The Committee overall were satisfied with the developers' written responses and felt the Committee adequately discussed and addressed the concerns in these public comments at the measure evaluation meetings in June/July 2019. The Committee did not elect to reconsider any of their previous recommendations for endorsement of the measures.

Discuss Related and Competing Measures

NQF staff shared related measures with the Committee members for the measures under review during this cycle. Although the related measures are not under review during this cycle and there is no best-in-class voting, NQF noted the importance of promoting alignment by the Standing Committee and developers. The Standing Committee had no further discussion.

Public Comment

Dr. Matthew Davis, American Spinal Injury Association Academy of SCI Professionals, submitted a verbal public comment not supporting measure 0138 National Healthcare Safety Network (NHSN) Catheter-associated Urinary Tract Infection (CAUTI) Outcome Measure (as noted in detail in the summary above of #0138). A representative from the CDC verbally submitted a public comment on the September 18 web meeting supporting the feasibility and validity of measure 3503e. He noted that measure 3503e Hospital Harm – Severe Hypoglycemia was validated through chart review and also feasible with full electronic capture of the measure specification.

Next Steps

Spring 2019 Cycle:

NQF will convene the CSAC web meeting on October 21-22 for review and approval of the 11 measures. Following CSAC review, there will be an appeals period tentatively scheduled from October 30 through November 28, 2019.

Fall 2019 Cycle:

NQF will hold a Call for Nominations opening October 10 to fill gaps on the Consensus Development Process (CDP) Standing Committees. For the spring 2019 cycle, there will be 5 measures for review. Three measures are considered "complex" and will be reviewed by the NQF Scientific Methods Panel for the scientific acceptability criterion.