



### Patient Safety Spring 2022 Post-Comment Web Meeting

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The National Quality Forum (NQF) held the Patient Safety spring 2022 post-comment web meeting on Thursday, October 13, 2022, from 11:00 AM – 2:00 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:

- Discuss comments received during the post-evaluation comment period
- Discuss and re-vote on the "consensus not reached" (CNR) measure
- Discuss related and competing measures
- Receive public and member comments
- Review next steps

#### Discussion on Comments Received During the Post-Evaluation Comment Period

During the spring 2022 review cycle, the Patient Safety Standing Committee reviewed six measures during the measure evaluation meetings on June 23 and 28, 2022. The Standing Committee recommended five measures for endorsement but did not reach consensus on one measure.

One of the five recommended measures, NQF #0097 *Medication Reconciliation Post-Discharge*, underwent a revote on validity during these meetings due to a mathematical error that occurred during its fall 2020 review cycle and the Standing Committee passed it on validity. It was subsequently recommended for endorsement as part of the spring 2022 cycle and immediately sent to the Consensus Standards Approval Committee (CSAC) for review in July 2022. The CSAC upheld the Standing Committee's recommendation; therefore, this measure was not part of the spring 2022 post-comment proceedings.

The spring 2022 draft report was posted on the project webpage for public and NQF member comment on August 8, 2022, for 30 calendar days. During this commenting period, NQF received 40 comments from 13 organizations, including two NQF member organizations, that applied to four of the measures. No comments were received on the draft report.

Ms. Funk addressed the public comments for three of the recommended measures (NQF #3671 *Inappropriate Diagnosis of Community-Acquired Pneumonia [CAP] in Hospitalized Medical Patients*, NQF #3690 *Inappropriate Diagnosis of Urinary Tract Infection (UTI) in Hospitalized Medical Patients*, and NQF #3658 *Adult Blood Culture Contamination Rate*) by confirming for the Standing Committee that all these comments supported the measures and the Standing Committee's decisions. Therefore, no adjudication was required from the Standing Committee for these comments. One other measure recommended by the Standing Committee during this cycle (NQF #2820 *Pediatric Computed Tomography [CT] Radiation Dose*) did not receive any public comments and therefore also did not require any further action from the Standing Committee.

Following the discussion of comments received on recommended measures, the Standing Committee moved to a discussion and revote on one measure for which consensus was not reached: NQF #3450 *Practice Environment Scale-Nursing Work Index*.

## Discussion and Revote on Consensus Not Reached Measure

NQF staff provided an overview of the process for discussing and re-voting on the measure for which consensus was not reached. NQF clarified for the Standing Committee that during the post-comment measure review, a vote must exceed 60 percent of Standing Committee votes of “pass”; otherwise, it does not pass. During the meeting, the Patient Safety Standing Committee voted on the measure for which consensus was not reached from the spring 2022 measure evaluation meeting.

Fourteen Standing Committee members were present for the discussion; however, a quorum (16 of 23 active Standing Committee members) was not met for live voting, necessitating that the Standing Committee vote following the meeting using an online survey tool. The discussion and vote are presented below.

### 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*

- Dr. Eileen Lake

**Importance to Measure and Report 1b. Performance Gap:** High–2; Moderate–13; Low–0; Insufficient–0 (Pass)

#### *Standing Committee Recommendation for Endorsement: Yes–15; No–0 (Pass)*

During the initial evaluation of this measure on June 23, 2022, the Standing Committee did not reach consensus on the vote for performance gap. During this initial measure evaluation meeting, a Standing Committee member noted that the measure scores had improved since the measure’s initial endorsement in 2006 and that there still appeared to be a gap in performance; however, since the most recent data provided were from 2016, it was difficult to know whether the gap persisted. The developer submitted a pre-evaluation public comment utilizing more recent data showing that the gap did persist. Still, other Standing Committee members expressed concerns with the lack of disparities testing, especially considering how long the measure has been in use.

Public comments received following the measure evaluation meeting were in support of NQF #3450. Numerous commenters stated that the use of the tool is standard practice for most facilities and is critical to their understanding of the nursing work environment. The developer provided a public comment referencing additional data from as recent as 2021 showing that a large gap in performance still exists at the hospital level and that the values within the subscales demonstrate that wide variation also exists within categories that make up the measure score. Concerning disparities data, the developer found significant differences in the work environment in neonatal intensive care units classified according to very low birth weight infants of Black race. Lower scores on the instrument were also associated with higher rates of poor socioeconomic status.

During the post-comment meeting discussion, the Standing Committee noted the supportive public comments, which highlighted the widespread use of this measure and discussed the clarifying comments submitted by the developer. A Standing Committee member asked whether disparities could be included in future work-index surveys. The developer responded by explaining that the survey would need to include demographic questions to capture such disparities data, which nurses are sometimes hesitant to answer, and that this is an area the developer has not yet explored. The developer did note that they have examined the disparities question from the patient side but not from the nurse respondent side. They compared the measure between hospitals with high proportions of patients of Black race and hospitals with low proportions of patients of Black race and found that the work environment was poorer where there are disproportionately high numbers of Black patients.

The Standing Committee noted that statistical differences exist in measure scores between accountable entities as shown in the data provided by the developer via public comment and asked the developer for clarification on whether these actually represent a meaningful difference in scores. Referencing a boxplot of measure score and subscale results, the developer explained that at a “two” response, nurses disagree that the items in question are present in their work environment (e.g., adequate supervision), while at a “three” response, nurses agree that the items in question are present, meaning a single increment represents a large difference in opinions.

The Standing Committee indicated that their questions and concerns on the measure had been addressed and had no further comments on performance gap. The Standing Committee re-voted following the meeting and passed the measure on performance gap and overall suitability for endorsement.

### **Discussion on Related and Competing Measures**

Ms. Funk led the Standing Committee in a discussion of related measures for all six of the recommended measures. No competing measures were identified for any of these measures. The goal of this discussion was to identify potential measurement burden due to misaligned or duplicative measures. The Standing Committee agreed that each set of related measures was harmonized to the extent possible and posed no unnecessary burden to the system. The related and competing measure discussion was not held for NQF #3450 since the endorsement decision for this measure was not yet decided at the time of the call due to lack of a voting quorum.

### **NQF Member and Public Comment**

Ms. Funk 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 analyst, 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 meetings on December 9 and 12, 2022. Following the CSAC meeting, the 30-day Appeals period will be held from December 15, 2022 to January 13, 2023.