NATIONAL QUALITY FORUM

Meeting Summary

Patient Safety Standing Committee Web Meeting

The National Quality Forum (NQF) convened a public web meeting for the Patient Safety Standing Committee on December 3, 2018.

Welcome, Introductions, and Review of Web Meeting Objectives

Co-chairs Iona Thraen and Ed Septimus welcomed participants to the web meeting. Hiral Dudhwala, NQF project manager, explained the objective of the meeting: to review the fall 2018 cycle work and to continue the discussion of potential harmonization of medication reconciliation specifications.

Fall 2018 Cycle Measures for Review and Activities

Ms. Dudhwala reviewed with the Standing Committee six maintenance measures for Committee review for the fall 2018 cycle.

- NQF 0553 Care for Older Adults (COA) –Medication Review
- NQF 0555 INR Monitoring for Individuals on Warfarin
- NQF 0753 American College of Surgeons – Centers for Disease Control and Prevention (ACS-CDC) Harmonized Procedure Specific Surgical Site Infection (SSI) Outcome Measure*
- NQF 1716 National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-onset Methicillin-resistant Staphylococcus aureus (MRSA) Bacteremia Outcome Measure*
- NQF 1717 National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-onset Clostridium difficile Infection (CDI) Outcome Measure*
- NQF 3450 Practice Environment Scale -Nursing Work Index (PES-NWI)*

NQF's Scientific Methods Panel reviewed four of the six maintenance measures, as they are complex measures (noted with asterisk above). The Panel passed NQF 1716, 1717, and 3450 on the scientific acceptability criterion. The Scientific Methods Panel did not reach consensus on NQF 0753, and this measure will move forward to the Patient Safety Standing Committee for evaluation. In addition, Ms. Dudhwala noted that the Panel reviewed NQF 2456 *Medication Reconciliation: Number of Unintentional Medication Discrepancies per Patient,* but the measure did not pass scientific acceptability criterion. The Panel noted that the measure does not meet NQF's requirement for validity due to lack of empirical testing as well as concerns about the generalizability of the measure and the fairness of comparisons of the measure results across facilities.

Ms. Dudhwala reviewed the fall 2018 timeline with the Standing Committee including commenting periods starting on November 29, 2018, and the upcoming Standing Committee web meetings for the fall 2018 cycle.

Harmonization of Medication Reconciliation Measures Discussion

Nicolette Mehas, NQF director, reviewed background on why the Patient Safety Standing Committee is discussing harmonization of medication reconciliation, which began during discussions by the Behavioral Health Standing Committee in 2017 and the CSAC in April 2018. The Patient Safety Standing Committee discussed the topic in their September 2018 Committee web meeting, and the Standing Committee requested a comparison of attributes across measures. NQF performed this comparison for the six NQF-endorsed measures regarding medication reconciliation/medication review:

- 0097 Medication Reconciliation Post-Discharge
- 0419e Documentation of Current Medications in the Medical Record
- 0553 Care for Older Adults (COA)-Medication Review
- 2456 Medication Reconciliation: Number of Unintentional Medication Discrepancies per Patient
- 3317 Medication Reconciliation on Admission
- 2988 Medication Reconciliation for Patients Receiving Care at Dialysis Facilities

NQF shared a detailed comparison of attributes with Committee members and summarized findings from the comparison, focusing on the areas of major differences in measure attributes which included:

- Medication reconciliation/review setting
- Defining medication reconciliation/review requirements
- Documenting the medication reconciliation/review process
- Individuals eligible to perform the medication reconciliation/review
- Frequency of medication reconciliation/review
- Information source for medication reconciliation/review
- Populations and risk factors

The Committee discussed identifying attributes that can and cannot be reconciled and whether there are standards for medication reconciliation that are independent of setting and patient age. One Committee member noted that it would be good to think of medication reconciliation in the context of transitions of care, and that any time there is a transition (e.g., admission or discharge to various settings) it is important to do medication reconciliation. By removing the notion of setting and thinking about transition, the application of measures can become more global. Another Committee member mentioned that there still are considerations around the responsibilities and accountability of health professionals at these handoffs. Some professionals may not be comfortable addressing certain medications with which they are less familiar and did not prescribe. Setting-specific details may be important based on certain types of encounters.

Committee members and NQF staff noted that some of the medication reconciliation measures involved compiling a medication list, but not making clinical decisions. This led to discussion by the Committee about how quality measures should be moving towards outcomes based on medication reconciliation rather than checking whether or not it was performed. The Committee stressed that they would like developers to be thinking about measures that capture outcomes of reconciliation.

One Committee member stated that a pharmacist or pharmacy technician may be the best clinician to perform the medication reconciliation. Another member noted that, in the future, the "eligible clinician" attribute may be one in which the Committee can make a recommendation.

The Committee discussed that there are multiple steps in the medication reconciliation process (i.e., getting an accurate list and making decisions regarding the medications) and whether these should be measured separately or together. Committee members brought up the possibility of defining how measures should accurately capture the entire process or the possibility of a composite measure that includes structure, process, and outcomes. It was discussed that an "outcome," for example, could be a referral request for a medication change or if duplicate medication were removed. One Committee member stated that there should be a standardized definition that includes these types of elements.

The Committee noted that what needs to be reconciled (e.g., prescription medications versus OTCs) and what information should be included (e.g., dosage, route, frequency) should be areas that are easier to harmonize.

The Committee is interested in better understanding specifics in the medication reconciliation process that have led to improvement and what outcomes are being measured (e.g., resolution of drug therapy problems) based on evidence provided from developers. One member asked if there is evidence that the medication reconciliation measures, as currently specified today (e.g., verifying an updated medication list), have led to improved outcomes.

Committee members confirmed that harmonizing the medication reconciliation measures is important to improving quality. As the science is still evolving, these conversations can help move measurement forward in this area. One member stressed that while harmonizing the current measures is useful, there is a need to move towards more outcome-focused medication reconciliation measures.

Public Comment

Ms. Quinnonez opened the web meeting to allow for public comment. No public comments were offered.

Next Steps

Ms. Quinnonez reviewed the next steps for the Patient Safety project with the Standing Committee and expert reviewers. For the fall 2018 cycle, Ms. Quinnonez noted that the Patient Safety Committee would be reviewing six maintenance measures during the upcoming measure evaluation web meetings, on January 29 and 31, 2019. In addition, the medication reconciliation harmonization process will continue.