

NATIONAL QUALITY FORUM

CONFERENCE CALL OF THE PATIENT SAFETY ADVISORY COMMITTEE

Monday, July 26, 2010

Committee Members Present: James Bagian, MD; Bob Bunting Jr., MSA, CPHRM, CPHQ, MT (ASCP); David Classen, MD, MS; Michael Cohen, MS, ScD, RPh; Dan Ford, MBA; John Hickner, MD, MSc; Nancy Leville, MS, RN; William Maisel, MD, MPH; Philip Mehler, MD; Denise Murphy, BSN, CIC, MPH, RN; Rita Shane, PharmD; Sam Watson, MSA

NQF Staff present: Peter Angood, MD; Laura Miller; Eric Colchamiro, MPA

Others present: Hayley Burgess, Texas Medical Institute of Technology

WELCOME AND REVIEW OF AGENDA

Dr. Angood welcomed the Committee, and noted that the purpose of the call was to review the Patient Safety Advisory Committee's (PSAC's) draft report; Dr. Mehler and Ms. Shane were asked to serve as primary discussants to start this conversation. As the PSAC was formed to provide perspective on the National Quality Forum (NQF) Patient Safety portfolio (for its current status and future directions for the program), this strong external input is essential for the strategic planning for the program.

PATIENT SAFETY PROJECT UPDATES

- **Serious Reportable Events (SREs)**

Eleven new events are currently under consideration for the *Serious Reportable Events in Healthcare* project, which is midway through its activity. The project has a tentative completion date of March 2011.

The current project is operating under a new proposed definition of an SRE; NQF sought comment on this definition initially and may do so again as the project evolves. This project is

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reviewing the current list of 28 SREs, and then expanding them into different categories, beyond hospital settings, which include:

- ambulatory and office-based surgery centers;
- nursing homes, specifically skilled nursing facilities; and
- ambulatory practice settings, specifically physician offices.

- **Safe Practices**

Dr. Angood next discussed the *NQF Safe Practices for Better Healthcare 2010*; a detailed, in-depth review was conducted in 2009 and 2010. The full report is available as an electronic document on NQF's website. As the Patient Safety measures and SRE projects near completion, NQF will begin implementing an integration strategy for these three core projects.

- **Patient Safety Measures**

NQF has received 44 measure submissions through its Call for Measures for this project, as part of NQF's Consensus Development Process. This project is focused on endorsing a broad set of patient safety measures, to supplement NQF's existing set of roughly 100 patient safety measures. Three Technical Advisory Panels—Perinatal Care, Medication Safety, and Healthcare Associated Infections—will meet to review the measures.

- **Framework for Public Reporting of Patient Safety Events**

The *Framework for the Measurement, Evaluation, and Reporting of Patient Safety Event Information* intended to lay out the variety of issues related to the complexity of public reporting; and includes a variety of recommendations that can be used to construct improved public reporting systems. This report has been completed and awaits approval from NQF's Board of Directors for final endorsement.

Dr. Angood also noted that NQF continues to work with the Agency for Healthcare Research and Quality on the Common Formats for Patient Safety Organizations (PSOs), and also the State-Based Reporting Agencies in terms of issues related to Serious Reportable Events, Healthcare Associated Infections, and the impact of PSOs on these agencies.

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PSAC REPORT REVIEW AND DISCUSSION

Ms. Shane first provided comments on the report, and stressed the importance of a harmonization strategy, and assembling a crosswalk of NQF patient safety metrics. It is vital for NQF to gain understanding about, and convey to the field, where evidence-based safety measures exist that can be used to prevent harm. Another Committee member added that it would be crucial to also identify where near-miss measures exist. In addition, it would be useful for NQF to engage the public and prioritize the measures that capture the highest frequency events.

Ms. Shane also addressed NQF's State-Based Reporting initiative, noting that California has created a punitive environment for providers within its current reporting structure, which fines individual facilities for any failures to report. Since reporting in California is public, the context in which the information is released to the public is critical.

Dr. Mehler served as the second respondent from the Committee. He acknowledged the challenges the Committee has faced in considering and understanding the NQF portfolio, and where the focus should be. Part of that difficulty, he suggested, is that there needs to be evidence as to where harm exists; without a fuller blanket of information, it is difficult to set priorities. NQF could lead by identifying and focusing on where harm exists; as currently, the field is not clear about how quality and safety can be improved, so it is not clear where NQF should intervene in affecting care.

Committee members agreed with Dr. Mehler's comments, but added that NQF should keep a narrow focus in identifying harm. While cultural measures may be cross-cutting, and identify wide areas of harm, it is difficult to engage clinicians in utilizing these metrics to improve care. In further conversation, Committee members added that past efforts in the field may have been misguided because measures were not based on evidence-based information. Information technology was also mentioned by multiple Committee members as a way to identify harmful issues in areas such as medication management and end-of-life care.

The National Priorities Project (NPP) safety goal, mentioned in the report, focuses on perioperative care. Dr. Angood noted that it will continue into other areas of the hospital.

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Depending on how the NPP Working Group evolves, there may be an opportunity to work their efforts into a measures integration strategy.

NEXT STEPS

The final call of the Patient Safety Advisory Committee will be on **Monday, September 27 from 4:00 pm-5:30 pm ET**. Materials (including a redrafted report of the Committee's work, incorporating suggestions from this call) and dial-in information will be sent prior to the call.

Committee members were encouraged to provide further feedback via e-mail about the draft report distributed.