



Call for Measures and Measure Concepts: Patient Safety

The National Quality Forum (NQF) is seeking new measures and concepts related to patient safety that can be used for accountability and public reporting for all populations and in all settings of care. This project will address topic areas including but not limited to:

- Healthcare-associated infections
- Medication safety
- Imaging safety

NQF is particularly interested in:

- measures of intermediate clinical outcomes or longer term health outcomes, including complications;
- composite measures;
- measures applicable to more than one setting;
- measures that capture broad populations, including children and adolescents where applicable;
- measures that are harmonized with similar measures; and,
- measures that are sensitive to vulnerable populations, including racial/ethnic minorities; and Medicaid populations.

This project launched **October 25, 2013**. The final submission deadline is **January 6, 2014**.

BACKGROUND

Medical errors and unsafe care kill tens of thousands of Americans each year. NQF's *National Voluntary Consensus Standards for the Reporting of Healthcare-Associated Infection Data* reports that "an estimated 2 million HAIs alone occur each year in the United States, accounting for an estimated 90,000 deaths and adding \$4.5 billion to \$5.7 billion in healthcare costs."¹ The Institute of Medicine report *Preventing Medication Errors* identifies error rates across a variety of settings and types, estimating that about 400,000 preventable adverse drug events (ADEs) occur each year in U.S. hospitals; another 800,000 in long-term care, and more than 500,000 among Medicare patients in outpatient settings. The report also notes that costs associated with preventable medication errors have not been well researched but conservatively estimates that the annual cost to hospitals of the 400,000 ADEs, in 2006 dollars, was \$3.5 billion.²

¹ NQF, *National Voluntary Consensus Standards for the Reporting of Healthcare-Associated Infection Data: A Consensus Report*, Washington, DC: NQF; 2008.

² Institute of Medicine, *Preventing Medication Errors*, Washington, DC: National Academies Press; 2006.



HAIs and preventable medication errors, while occurring in relatively high numbers, are only two of the many types of patient safety-related events that occur in healthcare settings. The costs are passed on in a number of ways—premiums, taxes, lost work time and wages, and health threats, to name a few. Proactively addressing medical errors and unsafe care will protect patients from harm and lead to more affordable, effective, and equitable care.

NQF has a ten-year history of focusing on patient safety. Through various projects, NQF has previously endorsed over 100 consensus standards related to patient safety. In addition, NQF endorsed 34 safe practices in the 2010 update of the Safe Practices for Better Healthcare and 29 Serious Reportable Events (SRE). The Safe Practices, SREs, and NQF-endorsed patient safety measures are important tools for tracking and improving patient safety performance in American healthcare. However, significant gaps remain in the measurement of patient safety. There is also a recognized need to expand available patient safety measures beyond the hospital setting and harmonize safety measures across sites and settings of care. In order to develop a more robust set of safety measures, NQF will be soliciting patient safety measures to address environment-specific issues with highest potential leverage for improvement.

MEASURE CONCEPTS

In addition to soliciting fully-developed measures for consensus-based endorsement review, NQF is also soliciting measure concepts through NQF's new Measure Inventory Pipeline. This pipeline will serve as an important source of information for HHS and other stakeholders on new measure development in the broader healthcare community. It will also enable NQF to track current and planned measure development to ensure early collaboration among developers to drive harmonization and alignment of measures.

In an effort to capture comprehensive information on measures in development, NQF seeks input on several variables, including:

- measure description;
- numerator statement;
- denominator statement (target population);
- planned use,
- stage of development; and
- other relevant information.

Please note that the information entered through NQF's Measure Inventory Pipeline will not be evaluated by the Steering Committee against the NQF Criteria. Submitted information will be catalogued by NQF and used to help inform the Steering Committee's measure gaps discussion. NQF will also share the information with HHS to inform CMS' Measure Inventory Pipeline, which is a reference for several stakeholders.



NQF's Measure Inventory Pipeline will be available for concept submissions in November 2013.

MEASURE SUBMISSION REQUIREMENTS

To submit a measure, please complete the following:

- [Measure Submission Form](#) Clicking on this link will redirect you to the webpage for this project, from which you can access the online measure submission form.
- Measure Steward Agreement Please note that no materials will be accepted without submission of a fully executed *Measure Steward Agreement Form*. All materials not meeting this requirement will be returned to the sender.

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Materials must be submitted using the online submission form by 6:00 pm, ET December 6, 2013. If you have any questions, please contact Suzanne Theberge, Project Manager, or Andrew Lyzenga, Senior Project Manager, at 202-783-100 or via e-mail at patientsafety@qualityforum.org.

Conditions for Consideration:

- The measure owner/steward verifies there is an identified responsible entity and process to maintain and update the measure on a schedule that is commensurate with the rate of clinical innovation, but at least every three years.³
- The intended use of the measure includes both public accountability and quality improvement.
- The measure is fully specified and [tested for reliability and validity](#). Measures that are not tested will not be accepted in this project.
- The measure developer/steward attests that [harmonization](#) with related measures and issues with competing measures have been considered and addressed, as appropriate.
- The requested measure submission information is complete and responsive to the questions so that all the information needed to evaluate all [criteria](#) is provided.

Submission Guidance:

- Developer guidebook:
 - A [Developer Guidebook](#) has been created to assist developers in the measure submission and evaluation process. The Guidebook contains all the information developers need to know when submitting a measure to NQF.
- ICD-10-CM/PCS:

³ Measure stewards must execute a Measure Steward Agreement with NQF.



- Beginning April 1, 2013 measures specified with administrative claims data must submit a set of ICD-9-CM and ICD-10-CM/PCS codes. Click [here](#) for further information on this requirement.
- eMeasures:
 - Must be submitted in Health Quality Measures Format (HQMF) and the quality data model (QDM);
 - Review the [current measure evaluation criteria and guidance](#)
- Composite measures:
 - Please notify project staff if you plan to submit a composite measure

Technical Assistance

NQF project staff will provide technical assistance to measure developers at any time during the measure submission process up to the submission deadline. Contact the project team with any questions about the criteria, how to answer the questions in the form, any technical issues with the online submission process... or anything else!

MEASURE SUBMISSION COMPLETENESS CHECKLIST

- Measure steward agreement or concept agreement is completed and signed, and attached to the submission.
- Conditions for submission are addressed.
- There are responses in all fields on measure submission form (MSF.)
- Attachments included: eMeasure specifications (S.2a); data dictionary/code list (S.2b); Evidence and Measure Testing appendices
- All URLs are active and accurate.
- Harmonization/competing measures: Did you present a plan for harmonization of the related/competing measures identified by staff during early identification/triage? (see Harmonization process)
- Paired measures should be submitted on separate forms.
- An eMeasure must be submitted in HQMF format and the quality data model (QDM).
- Composite measures (contains individual measures with a single score) - responses to the composite measure questions are included.
- Both ICD-9 and ICD-10 codes included

RESOURCES FOR MEASURE DEVELOPERS AND STEWARDS

For more details on measure evaluation criteria, please see the following reports:

- [Evidence Task Force Report](#)
- [Measure Testing Task Force Report](#)
- [Harmonization Report](#)



- [Competing Measures Report](#)

Evaluation and Measure Submission Guidance:

- [eMeasure Testing Guidance Report](#)
- [Guidance on Quality Performance Measure Construction](#)
- [Evidence and Importance to Measure and Report](#)
- [Measure Testing and Scientific Acceptability of Measure Properties](#)
- [Composite Evaluation Criteria](#)
- [Resource Use Measure Evaluation Criteria](#)
- [Endorsement Maintenance Policy](#)