



## CALL FOR NOMINATIONS TO PATIENT SAFETY STANDING COMMITTEE

### 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 healthcare associated infections (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."<sup>1</sup>

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.<sup>2</sup>

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.

### COMMITTEE CHARGE

A multi-stakeholder Standing Committee will be established to evaluate newly submitted measures and measures undergoing maintenance review and make recommendations for which measures should be endorsed as consensus standards. This Committee will work to identify and endorse new performance

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

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

**Nominations Due By NOVEMBER 25, 2013, 6:00 PM ET**

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measures for accountability and quality improvement that specifically address patient safety. Measures including outcomes, treatments, diagnostic studies, interventions, or procedures associated with these conditions will be considered. Additionally, the Committee will evaluate consensus standards previously endorsed by NQF under the maintenance process.

The Standing Committee's primary work is to evaluate the submitted measures against NQF's standard [measure evaluation criteria](#) and make recommendations for endorsement. The Committee will also:

- oversee the portfolio of patient safety measures
- identify and evaluate competing and related measures
- identify opportunities for harmonization of similar measures
- recommend measure concepts for development to address gaps in the portfolio
- provide advice or technical expertise about the subject to other committees (i.e. cross cutting committees or the Measures Application Partnership)
- ensure input is obtained from relevant stakeholders
- review draft documents
- recommend specific measures and research priorities to NQF Members for consideration under the Consensus Development Process (CDP).

To learn more about the work of NQF's CDP Standing Committees, review our [Committee Guidebook](#).

### STANDING COMMITTEE

This Committee will be seated as a standing committee comprised of 20-25 individuals, with members serving terms that may encompass multiple measure review cycles.

#### *Terms*

**Standing Committee members will initially be appointed to a 2 or 3 year term.** Each term thereafter would be a 3 year term, with Committee members permitted to serve two consecutive terms. After serving two terms, the Committee member must step down for one full term (3 years) before becoming eligible for reappointment. For more information, please reference the Standing Committee Policy.

**Participation on the Committee requires a significant time commitment. To apply, Committee members should be available to participate in all currently scheduled calls/meetings.** Over the course of the Committee member's term, additional calls will be scheduled or calls may be rescheduled; new dates will be set based on the availability of the majority of the Committee.

Each measure review cycle generally runs about 7 months in length.

#### **Committee participation includes:**

- Review measure submission forms during each cycle of measure review
  - Each committee member will be assigned a portion (1-5) of the measures to fully review (approximately 1-2 hours/measure) and provide a preliminary evaluation on a workgroup call

## National Quality Forum

- Each committee member should familiarize themselves with all measures being reviewed (approximately 15-30 minutes per measure)
- Participate in the orientation call (2 hours)
- The option to attend one of two NQF staff-hosted measure evaluation Q &A calls (1 hour)
- Review measures with the full Committee by participating in one of 4 workgroup calls (2 hours); workgroup assignments will be made by area of expertise;
- Attendance at initial in-person meeting (2 full days in Washington, DC);
- Complete measure review by attending the post-meeting conference call (2 hours)
- Attend conference call following public commenting to review submitted comments (2 hours)
- Complete additional measure reviews via webinar
- Participate in additional calls as necessary
- Complete surveys and pre-meeting evaluations
- Present measures and lead discussions for the Committee on conference calls and in meeting

**Table of scheduled meeting dates**

<b>Meeting</b>	<b>Date/Time</b>
<b>Orientation Call (2 hours)</b>	February 4 – 2:00-4:00pm ET
<b>Measure Evaluation Q &amp;A</b>	February 11 – 2:00-4:00pm ET; <i>or</i> February 13 – 2:00-4:00pm ET
<b>Workgroup Calls (2 hours)<sup>3</sup></b>	March 11, 2014 – 2:00-4:00pm ET ; March 13, 2014 – 2:00-4:00pm ET ; March 18, 2014 – 2:00-4:00pm ET
<b>In-person meeting (2 days in Washington, DC)</b>	April 17-18, 2014
<b>Post meeting conference call (2 hours)</b>	April 22, 2014 – 2:00-4:00pm ET
<b>Post Draft Report Comment Call (2 hours)</b>	July 14, 2014 – 2:00-4:00pm ET

### ***Preferred Expertise & Composition***

Standing Committee members are selected to ensure representation from a variety of stakeholders, including consumers, purchasers, providers, professionals, plans, suppliers, community and public health, and healthcare quality experts. Because NQF attempts to represent a diversity of stakeholder perspectives on committees, a limited number of individuals from each of these stakeholder groups can be seated onto a committee.

Nominees should possess relevant knowledge and/or proficiency in process and outcome quality measurement and/or clinical expertise in the evaluation, treatment, diagnostic studies, imaging, interventions, or procedures associated with patient safety, across multiple care settings. NQF is seeking nominees with a variety of clinical experience, including physicians, nurses, therapists, case managers, unit managers, and executives. We also are seeking expertise in disparities and care of vulnerable populations.

## National Quality Forum

Please review the NQF [Conflict of Interest policy](#) to learn about how NQF identifies potential conflict of interest. All potential Steering Committee members must disclose any current and past activities prior to and during the nomination process in order to be considered.

### CONSIDERATION AND SUBSTITUTION

Priority will be given to nominations from NQF Members when nominee expertise is comparable. Please note that nominations are to an individual, not an organization, so “substitutions” of other individuals from an organization at conference calls, meetings, or for voting is not permitted. Committee members are encouraged to engage colleagues and solicit input from colleagues throughout the process.

### APPLICATION REQUIREMENTS

Self-nominations are welcome. Third-party nominations must indicate that the individual has been contacted and is willing to serve. To be considered for appointment to the Steering Committee, please submit the following information:

- A completed [online nomination form](#), including:
  - a brief statement of interest
  - a brief description of nominee expertise highlighting experience relevant to the committee
  - a short biography (maximum 750 characters), highlighting experience/knowledge relevant to the expertise described above and involvement in candidate measure development;
  - curriculum vitae or list of relevant experience (e.g., publications) *up to 20 pages*~A completed disclosure of interest form. This will be requested upon your submission of the nominations form for Committees actively seeking nominees.
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- Confirmation of availability to participate in currently scheduled calls and meeting dates. Committees or projects actively seeking nominees will solicit this information upon submission of the online nomination form.

### DEADLINE FOR SUBMISSION

All nominations *MUST* be submitted by **6:00 pm ET on November 25, 2013**.

*Please note that due to the Thanksgiving holiday nominees will not receive a confirmation email until the following week.*

### QUESTIONS

If you have any questions, please contact Lauralei Dorian, Project Manager, or Andrew Lyzenga, Senior Project Manager, at 202-783-100 or via e-mail at [patientsafety@qualityforum.org](mailto:patientsafety@qualityforum.org). Thank you for your interest.