NATIONAL QUALITY FORUM

Measure Evaluation 4.1
December 2009

This form contains the measure information submitted by stewards. Blank fields indicate no information was provided. Attachments also may have been submitted and are provided to reviewers. The subcriteria and most of the footnotes from the evaluation criteria are provided in Word comments within the form and will appear if your cursor is over the highlighted area. Hyperlinks to the evaluation criteria and ratings are provided in each section.

TAP/Workgroup (if utilized)**:** Complete all yellow highlighted areas of the form. Evaluate the extent to which each subcriterion is met. Based on your evaluation, summarize the strengths and weaknesses in each section.

Note: *If there is no TAP or workgroup, the SC also evaluates the subcriteria (yellow highlighted areas).*

Steering Committee: Complete all pink highlighted areas of the form. Review the workgroup/TAP assessment of the subcriteria, noting any areas of disagreement; then evaluate the extent to which each major criterion is met; and finally, indicate your recommendation for the endorsement. Provide the rationale for your ratings.

Evaluation ratings of the extent to which the criteria are met
C = Completely (unquestionably demonstrated to meet the criterion)
P = Partially (demonstrated to partially meet the criterion)
M = Minimally (addressed BUT demonstrated to only minimally meet the criterion)
N = Not at all (NOT addressed; OR incorrectly addressed; OR demonstrated to NOT meet the criterion)
NA = Not applicable (only an option for a few subcriteria as indicated)

(for NQF staff use) **NQF Review #:** PSM-040-10 **NQF Project:** Patient Safety Measures
MEASURE DESCRIPTIVE INFORMATION
De.1 **Measure Title:** Maternal return to labor and delivery or the operating room
De.2 **Brief description of measure***:* All women who return to the operating room or to labor and delivery during the delivery hospitalization for one of a set of specific indications (see below)
1.1-2 **Type of Measure:** Outcome De.3 **If included in a composite or paired with another measure, please identify composite or paired measure**
De.4 **National Priority Partners Priority Area:** Safety De.5 **IOM Quality Domain**: Safety De.6 **Consumer Care Need:** Staying healthy

CONDITIONS FOR CONSIDERATION BY NQF	
Four conditions must be met before proposed measures may be considered and evaluated for suitability as voluntary consensus standards:	**NQF Staff**
A. The measure is in the public domain or an intellectual property (measure steward agreement) is signed. *Public domain only applies to governmental organizations. All non-government organizations must sign a measure steward agreement even if measures are made publicly and freely available.* A.1 **Do you attest that the measure steward holds intellectual property rights to the measure and the right to use aspects of the measure owned by another entity (e.g., risk model, code set)?** Yes A.2 **Indicate if Proprietary Measure** (*as defined in measure steward agreement*)**:** A.3 **Measure Steward Agreement:** Agreement will be signed and submitted prior to or at the time of measure submission A.4 **Measure Steward Agreement attached:**	**A** **Y**☐ **N**☐
B. 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	**B** **Y**☐

every 3 years. Yes, information provided in contact section	**N**☐
C. The intended use of the measure includes <u>both</u> public reporting <u>and</u> quality improvement. ►**Purpose:** Public reporting, Internal quality improvement	**C** **Y**☐ **N**☐
D. The requested measure submission information is complete. Generally, measures should be fully developed and tested so that all the evaluation criteria have been addressed and information needed to evaluate the measure is provided. Measures that have not been tested are only potentially eligible for a time-limited endorsement and in that case, measure owners must verify that testing will be completed within 12 months of endorsement. D.1**Testing:** Yes, fully developed and tested D.2 **Have NQF-endorsed measures been reviewed to identify if there are similar or related measures?** Yes	**D** **Y**☐ **N**☐
(for NQF staff use**)** **Have all conditions for consideration been met?** **Staff Notes to Steward** (*if submission returned*)**:**	**Met** **Y**☐ **N**☐
Staff Notes to Reviewers (*issues or questions regarding any criteria*)**:**	
Staff Reviewer Name(s):	

TAP/Workgroup Reviewer Name:	
Steering Committee Reviewer Name:	
1. IMPORTANCE TO MEASURE AND REPORT	
Extent to which the specific measure focus is important to making significant gains in health care quality (safety, timeliness, effectiveness, efficiency, equity, patient-centeredness) and improving health outcomes for a specific high impact aspect of healthcare where there is variation in or overall poor performance. *Measures must be judged to be important to measure and report in order to be evaluated against the remaining criteria.* (evaluation criteria) **1a. High Impact**	Eval Rating
(for NQF staff use) Specific NPP goal:	
1a.1 **Demonstrated High Impact Aspect of Healthcare:** Affects large numbers 1a.2 1a.3 **Summary of Evidence of High Impact:** Delivery is one of the most frequent reasons for hospitalization. A higher than average rate of unexpected post-delivery interventions may indicate inadequate care. 1a.4 **Citations for Evidence of High Impact:**	**1a** **C**☐ **P**☐ **M**☐ **N**☐
1b. Opportunity for Improvement 1b.1 **Benefits (improvements in quality) envisioned by use of this measure:** A hospital with a higher than avearge trend in unexpected returns to L&D or OR or in comparison to a group of hospitals should seek to understand/improve their care processes so as to reduce their rate. 1b.2 **Summary of data demonstrating performance gap (variation or overall poor performance) across providers:** 1b.3 **Citations for data on performance gap:**	**1b** **C**☐ **P**☐ **M**☐ **N**☐

1b.4 Summary of Data on disparities by population group: Unkown for return to OR. **1b.5 Citations for data on Disparities:** none	
1c. Outcome or Evidence to Support Measure Focus **1c.1 Relationship to Outcomes** (*For non-outcome measures, briefly describe the relationship to desired outcome. For outcomes, describe why it is relevant to the target population*)**:** **1c.2-3. Type of Evidence:** Expert opinion **1c.4 Summary of Evidence** (*as described in the criteria; for outcomes, summarize any evidence that healthcare services/care processes influence the outcome*)**:** Return to the operating room or a higher acuity care environment (L+D) is not an indicator of poor care. However, the indications that lead to readmission to labor and delivery or necessitate surgery (hemorrhage, infection, surgical wound disruption, retained product of conception) may be preventable or indicate inadequate care. **1c.5 Rating of strength/quality of evidence (***also provide narrative description of the rating and by whom***):** **1c.6 Method for rating evidence:** **1c.7 Summary of Controversy/Contradictory Evidence:** **1c.8 Citations for Evidence (***other than guidelines***):** 1) S.Geller, D.Rosenberg, S.Cox, M.Brown, L.Simonson, S.Kilpatrick. A scoring system identified near-miss maternal morbidity during pregnancy. Journal of Clinical Epidemiology. 2004; 57:716-720. 2) Geller SE, Rosenberg D, Cox SM, Kilpatrick S. Defining a conceptual framework for near-miss maternal morbidity. J Am Med Womens Assoc. 2002; 57:135-9. **1c.9 Quote the Specific guideline recommendation (***including guideline number and/or page number***):** **1c.10 Clinical Practice Guideline Citation:** **1c.11 National Guideline Clearinghouse or other URL:** **1c.12 Rating of strength of recommendation (***also provide narrative description of the rating and by whom***):** **1c.13 Method for rating strength of recommendation** (*If different from* USPSTF system*, also describe rating and how it relates to USPSTF)***:** **1c.14 Rationale for using this guideline over others:**	**1c** **C☐** **P☐** **M☐** **N☐**
TAP/Workgroup: What are the strengths and weaknesses in relation to the subcriteria for *Importance to Measure and Report?*	**1**
Steering Committee: Was the threshold criterion, *Importance to Measure and Report***, met?** **Rationale:**	**1** **Y☐** **N☐**
2. SCIENTIFIC ACCEPTABILITY OF MEASURE PROPERTIES	

Extent to which the measure, as specified, produces consistent (reliable) and credible (valid) results about the quality of care when implemented. (evaluation criteria)	Eval Rating
2a. MEASURE SPECIFICATIONS	
S.1 **Do you have a web page where current detailed measure specifications can be obtained?** S.2 **If yes, provide web page URL:** **2a. Precisely Specified**	
2a.1 **Numerator Statement (***Brief, text description of the numerator - what is being measured about the target population, e.g. target condition, event, or outcome***):** All women who deliver an inborn who meet the diagnostic criteria 2a.2 **Numerator Time Window (***The time period in which cases are eligible for inclusion in the numerator***):** Return must be during the index hospitalization. Data can be reported for any time period. 2a.3 **Numerator Details (***All information required to collect/calculate the numerator, including all codes, logic, and definitions***):** DRG 370-375 or MS DRG 765-768 and 774-775 with one of the following procedure codes in first or second procedure field: 75.92 (evacuation of other hematoma of vulva or vagina) or 69.02 (D&C following delivery), 54.61 (reclosure of postoperative disruption of abdominal wall), 38.86 (other surgical occlusion of abdominal vessels), 39.98 (control of hemorrhage), 69.52 (aspiration curettage following delivery)	
2a.4 **Denominator Statement (***Brief, text description of the denominator - target population being measured***):** All women with inborn delivery during period of evaluation 2a.5 **Target population gender:** Male, Female 2a.6 **Target population age range:** 2a.7 **Denominator Time Window (***The time period in which cases are eligible for inclusion in the denominator***):** Return must be during the index hospitalization. Data can be reported for any time period. 2a.8 **Denominator Details (***All information required to collect/calculate the denominator - the target population being measured - including all codes, logic, and definitions***):** DRG 370-375 or MS DRG 765-768 and 774-775	
2a.9 **Denominator Exclusions (***Brief text description of exclusions from the target population***):** none 2a.10 **Denominator Exclusion Details (***All information required to collect exclusions to the denominator, including all codes, logic, and definitions***):** none	
2a.11 **Stratification Details/Variables (***All information required to stratify the measure including the stratification variables, all codes, logic, and definitions***):** none	
2a.12-13 **Risk Adjustment Type:** No risk adjustment necessary 2a.14 **Risk Adjustment Methodology/Variables (***List risk adjustment variables and describe conceptual models, statistical models, or other aspects of model or method***):** none 2a.15-17 **Detailed risk model available Web page URL or attachment:**	**2a-specs** **C☐** **P☐** **M☐** **N☐**
2a.18-19 **Type of Score:** Rate/proportion 2a.20 **Interpretation of Score:** Better quality = Lower score 2a.21 **Calculation Algorithm (***Describe the calculation of the measure as a flowchart or series of steps***):**	

1) Select all deliveries for the identified time period 2) scan the first or second procedure code for one of the identified codes 3) sum the count of cases with one of the codes This is a weighted measure that is part of the AOI composite measure. It has been assigned a weight of 65. See AOI composite submission for complete algorithm.	
2a.22 Describe the method for discriminating performance *(e.g., significance testing)*: left blank	
2a.23 Sampling (Survey) Methodology *If measure is based on a sample (or survey), provide instructions for obtaining the sample, conducting the survey and guidance on minimum sample size (response rate)*: not applicable	
2a.24 Data Source (*Check the source(s) for which the measure is specified and tested)* Electronic administrative data/claims, Electronic clinical data, Electronic Health/Medical Record **2a.25 Data source/data collection instrument (***Identify the specific data source/data collection instrument, e.g. name of database, clinical registry, collection instrument, etc.***):** Administrative data UB 04 data **2a.26-28 Data source/data collection instrument reference web page URL or attachment:** **2a.29-31 Data dictionary/code table web page URL or attachment:** URL www.npic.org Sample AOI report **2a.32-35 Level of Measurement/Analysis** (*Check the level(s) for which the measure is specified and tested)* Can be measured at all levels **2a.36-37 Care Settings (***Check the setting(s) for which the measure is specified and tested)* Hospital **2a.38-41 Clinical Services** (*Healthcare services being measured, check all that apply*) Clinicians: Nurses, Clinicians: Physicians (MD/DO)	
TESTING/ANALYSIS	
2b. Reliability testing **2b.1 Data/sample** *(description of data/sample and size)*: Administrative data for Beth Israel Deaconess Medical Cenrter for the period Q 3, 2005- Q2 2006 (representing approximately 4,800 deliveries) was reconciled with abstracted data for the same period. **2b.2 Analytic Method** *(type of reliability & rationale, method for testing)*: Case by case review **2b.3 Testing Results** *(reliability statistics, assessment of adequacy in the context of norms for the test conducted)*: Using a limited number of ICD codes improved intent of the measure to only look at cases that has an unplanned return to OR or L&D.	**2b** **C☐** **P☐** **M☐** **N☐**
2c. Validity testing **2c.1 Data/sample** *(description of data/sample and size)*: Beth Israel Deconess Medical Center has been tracking this adverse event as part of their Adverse Outcome Index since early 2001. **2c.2 Analytic Method** *(type of validity & rationale, method for testing)*: Chart review and analysis of the administrative data set for all deliveries during the period. **2c.3 Testing Results** *(statistical results, assessment of adequacy in the context of norms for the test conducted)*:	**2c** **C☐** **P☐** **M☐** **N☐**

Tracking and monitoring decreases in unplanned returns to OR or L&D has improved overall maternal safety.	
2d. Exclusions Justified **2d.1 Summary of Evidence supporting exclusion(s):** none submitted **2d.2 Citations for Evidence:** none submitted **2d.3 Data/sample** *(description of data/sample and size)*: none submitted **2d.4 Analytic Method** *(type analysis & rationale)*: none submitted **2d.5 Testing Results** *(e.g., frequency, variability, sensitivity analyses)*: none submitted	**2d** C☐ P☐ M☐ N☐ NA☐
2e. Risk Adjustment for Outcomes/ Resource Use Measures **2e.1 Data/sample** *(description of data/sample and size)*: none **2e.2 Analytic Method** *(type of risk adjustment, analysis, & rationale)*: none **2e.3 Testing Results** *(risk model performance metrics)*: none **2e.4 If outcome or resource use measure is not risk adjusted, provide rationale:**	**2e** C☐ P☐ M☐ N☐ NA☐
2f. Identification of Meaningful Differences in Performance **2f.1 Data/sample from Testing or Current Use** *(description of data/sample and size)*: This measure has been individually tracked as part of a composite measure. It has been used in three published reports (see references), totalling more than 50,000 deliveries. In addition, the National Perinatal Information center has tracked this across a wide range of clinical settings, totally nearly 500,000 deliveries. 1) Nielsen PE, Goldman MB, Mann S, Shapiro DE, Marcus RG, Pratt SD, et al. Effects of teamwork training on adverse outcomes and process of care in labor and delivery: a randomized controlled trial. Obstet Gynecol 2007; 109:48-55. 2) Pratt SD, Mann S, Salisbury M, et al. Impact of CRM-based team training on obstetric outcomes and clinicians' patient safety attitude. Joint Commission Journal on Quality and Patient Safety 2007; 33:720-5. 3) Nicholson JM, Parry S, Caughey AB, et al. The impact of the active management of risk in pregnancy at term on birth outcomes: a randomized clinical trial. Am J Obstet Gynecol. 2008; 198:511.e1-15. **2f.2 Methods to identify statistically significant and practically/meaningfully differences in performance** *(type of analysis & rationale)*: This measure has not been tracked individually but as part of the AOI composite measure. **2f.3 Provide Measure Scores from Testing or Current Use** *(description of scores, e.g., distribution by quartile, mean, median, SD, etc.; identification of statistically significant and meaningfully differences in performance)*: This measure has not been tracked individually but as part of the AOI composite measure.	**2f** C☐ P☐ M☐ N☐
2g. Comparability of Multiple Data Sources/Methods **2g.1 Data/sample** *(description of data/sample and size)*: Not sampled	**2g** C☐ P☐

2g.2 Analytic Method *(type of analysis & rationale)*: **2g.3 Testing Results** *(e.g., correlation statistics, comparison of rankings)*:	**M☐ N☐ NA☐**
2h. Disparities in Care **2h.1 If measure is stratified, provide stratified results** *(scores by stratified categories/cohorts)*: not applicable **2h.2 If disparities have been reported/identified, but measure is not specified to detect disparities, provide follow-up plans:** not applicable	**2h** **C☐ P☐ M☐ N☐ NA☐**
TAP/Workgroup: What are the strengths and weaknesses in relation to the subcriteria for *Scientific Acceptability of Measure Properties*?	**2**
Steering Committee: Overall, to what extent was the criterion, *Scientific Acceptability of Measure Properties*, **met?** **Rationale:**	*2* **C☐ P☐ M☐ N☐**
3. USABILITY	
Extent to which intended audiences (e.g., consumers, purchasers, providers, policy makers) can understand the results of the measure and are likely to find them useful for decision making. (evaluation criteria)	Eval Rating
3a. Meaningful, Understandable, and Useful Information **3a.1 Current Use:** In use **3a.2 Use in a public reporting initiative (disclosure of performance results to the public at large)** (*If used in a public reporting initiative, provide name of initiative(s), locations, Web page URL(s). If not publicly reported, state the plans to achieve public reporting within 3 years*): Health plan/system **3a.3 If used in other programs/initiatives (***If used in quality improvement or other programs/initiatives, name of initiative(s), locations, Web page URL(s). If not used for QI, state the plans to achieve use for QI within 3 years***):** Currently being used (as part of the AOI measure) by all Team Performance Plus clients, a subset of NPIC member hospitals,members of the Maryland Perinatal Patient Safety Initiative and the Navy Military Treatment facilities. **Testing of Interpretability** (*Testing that demonstrates the results are understood by the potential users for public reporting and quality improvement*) **3a.4 Data/sample** *(description of data/sample and size)*: NA **3a.5 Methods** *(e.g., focus group, survey, QI project)*: NA **3a.6 Results** *(qualitative and/or quantitative results and conclusions)*: NA	**3a** **C☐ P☐ M☐ N☐**
3b/3c. Relation to other NQF-endorsed measures **3b.1 NQF # and Title of similar or related measures:**	
(for NQF staff use) **Notes on similar/related** endorsed **or submitted measures:**	

3b. Harmonization If this measure is related to measure(s) already endorsed by NQF (e.g., same topic, but different target population/setting/data source or different topic but same target population): 3b.2 **Are the measure specifications harmonized? If not, why?**	**3b** C☐ P☐ M☐ N☐ NA☐
3c. Distinctive or Additive Value 3c.1 **Describe the distinctive, improved, or additive value this measure provides to existing NQF-endorsed measures:** 5.1 **If this measure is similar to measure(s) already endorsed by NQF (i.e., on the same topic and the same target population), Describe why it is a more valid or efficient way to measure quality:**	**3c** C☐ P☐ M☐ N☐ NA☐
TAP/Workgroup: What are the strengths and weaknesses in relation to the subcriteria for *Usability*?	**3**
Steering Committee: Overall, to what extent was the criterion, *Usability*, **met?** **Rationale:**	**3** C☐ P☐ M☐ N☐
4. FEASIBILITY	
Extent to which the required data are readily available, retrievable without undue burden, and can be implemented for performance measurement. (evaluation criteria)	Eval Rating
4a. Data Generated as a Byproduct of Care Processes 4a.1-2 **How are the data elements that are needed to compute measure scores generated?** Data generated as byproduct of care processes during care delivery (Data are generated and used by healthcare personnel during the provision of care, e.g., blood pressure, lab value, medical condition), Coding/abstraction performed by someone other than person obtaining original information (E.g., DRG, ICD-9 codes on claims, chart abstraction for quality measure or registry)	**4a** C☐ P☐ M☐ N☐
4b. Electronic Sources 4b.1 **Are all the data elements available electronically?** (*elements that are needed to compute measure scores are in defined, computer-readable fields, e.g., electronic health record, electronic claims*) Yes 4b.2 **If not, specify the near-term path to achieve electronic capture by most providers.**	**4b** C☐ P☐ M☐ N☐
4c. Exclusions 4c.1 **Do the specified exclusions require additional data sources beyond what is required for the numerator and denominator specifications?** No 4c.2 **If yes, provide justification.**	**4c** C☐ P☐ M☐ N☐ NA☐
4d. Susceptibility to Inaccuracies, Errors, or Unintended Consequences 4d.1 **Identify susceptibility to inaccuracies, errors, or unintended consequences of the measure and describe how these potential problems could be audited. If audited, provide results.** In order to calculate this measure using the administrative data set, we needed to define the procedures that are most often associated with an unplanned return to L&D or the OR. In a number of instances there may not be a physical return but a procedure will be required while the patient is still in L&D. Hospitals	**4d** C☐ P☐ M☐ N☐

will dispute the fact that a "return" did not ocurr so it is important to have them appreciate that it is the rate of these ocurrances that is the measure. In the audit, we found that using ICD 9 codes provided an accurate picture of the intent of the measure.	
4e. Data Collection Strategy/Implementation 4e.1 **Describe what you have learned/modified as a result of testing and/or operational use of the measure regarding data collection, availability of data/missing data, timing/frequency of data collection, patient confidentiality, time/cost of data collection, other feasibility/ implementation issues:** Administrative data has improved greatly over the years such that it is a very liable source for calculating quality measure/indicator rates. It is a standard data set across all health care facilities, maintains patient confidentiality, is cost effective to collect and analyze, and can be collected at reasonable intervals (monthly, quarterly etc) so as to identify improvements or deterioration in patient safety. As with any measuring system, facilities being measured should have the opprortunity to review and validate their data prior to their final rate calculations. Numerator case lists can be generated using medical record numbers present on most administrative data sets. Chart review to confirm or correct numerator cases has proven very effective in validating measure rates 4e.2 **Costs to implement the measure** (*costs of data collection, fees associated with proprietary measures*)**:** Administrative data is a secondary data source so the costs to collect/analyze the data are minimal. If supplemental data is required and it is an electronic format the cost should also be manageable and certainly less than manual abstraction of the data. 4e.3 **Evidence for costs:** NPIC´s implentation of AOI metrics and reports over the last 7 years. 4e.4 **Business case documentation:**	**4e** C☐ P☐ M☐ N☐
TAP/Workgroup: What are the strengths and weaknesses in relation to the subcriteria for *Feasibility*?	**4**
Steering Committee: Overall, to what extent was the criterion, *Feasibility*, **met?** **Rationale:**	**4** C☐ P☐ M☐ N☐
RECOMMENDATION	
(for NQF staff use) **Check if measure is untested and only eligible for time-limited endorsement.**	**Time-limited** ☐
Steering Committee: Do you recommend for endorsement? **Comments:**	Y☐ N☐ A☐
CONTACT INFORMATION	
Co.1 **Measure Steward (Intellectual Property Owner)** Co.1 **Organization** Department of OB/Gyn. Beth Israel Deaconess Medical Center, 330 Brookline Ave, Boston, Massachusetts, 02215 Co.2 **Point of Contact** Janet , Muri, MBA, jmuri@npic.org, 401-274-0650-105	
Measure Developer If different from Measure Steward Co.3 **Organization** Department of OB/Gyn. Beth Israel Deaconess Medical Center, 330 Brookline Ave, Boston, Massachusetts, 02215	

Co.4 Point of Contact
Janet, Muri, MBA, jmuri@npic.org, 401-274-0650-105

Co.5 Submitter If different from Measure Steward POC
Janet , Muri, MBA, jmuri@npic.org, 401-274-0650-105, Department of OB/Gyn. Beth Israel Deaconess Medical Center

Co.6 Additional organizations that sponsored/participated in measure development

ADDITIONAL INFORMATION

Workgroup/Expert Panel involved in measure development
Ad.1 Provide a list of sponsoring organizations and workgroup/panel members' names and organizations. Describe the members' role in measure development.
Peter E. Nielsen, MD; Marlene B. Goldman, ScD; Susan Mann, MD; David E. Shapiro, PhD; Ronald G. Marcus, MB, BCh; Stephen D. Pratt, MD; Penny Greenberg, RN; Patricia McNamee, RN, MS; Mary Salisbury, RN, MSN; David J. Birnbach, MD; Paul A. Gluck, MD; Mark D. Pearlman, MD; Heidi King, MS; David N. Tornberg, MD MPH; Benjamin P. Sachs, MB, BS; Lauren Bales, MD, Naval Medical Center Camp Pendleton; Ronald Burkman, MD, Baystate Medical Center; Cynthia Brumfield, MD, University of Alabama at Birmingham Hospital; Peter Cherouny, MD, University of Vermont-Fletcher Allen Health Care; Jack Cooley, MD, National Naval Medical Center; Harold Fox, MD, Johns Hopkins Medical Center; Elizabeth Golladay, MD, Tripler Army Medical Center; Lynn Leventis, MD, Naval Medical Center of San Diego; Robert Lorenz, MD, William Beaumont Hospital; William Lucky, MD, Baptist Hospital of Miami; Patrick Nugent, MD, South Shore Hospital; Spike Lipschitz, MD, South Shore Hospital; Chris Stolle, MD, Naval Medical Center of Portsmouth; Cosmas van DeVen, MD, University of Michigan Medical Center; Frank Witter, MD, Johns Hopkins Medical Center.

In addition, representatives from the American College of Obstetrics and Gyncology, the American Society of Anesthesiogists, Association of Women's Health Obstetric and Neonatal Nurses; the Society for Obstetric Anesthesia and Perinatology; the Armed Forces Institute of Pathology; the U.S. Navy Bureau of Medicine and Surgery; the Office of the Surgeon General, U.S. Army; and TRICARE Management Activity were present.

Consensus panels were developed for the indentification of measure to be included in the composite measure (AOI). This included vetting each of the individual measures. See reference for full description of panel process

1) Mann S, Pratt SD et al. Assessing Quality in Obstetrical Care: Development of Standardized Measures. Jt Comm J Qual Pt Safety. 2006; 32 (9):497-505.

Ad.2 If adapted, provide name of original measure:
Ad.3-5 If adapted, provide original specifications URL or attachment

Measure Developer/Steward Updates and Ongoing Maintenance
Ad.6 Year the measure was first released: 2007
Ad.7 Month and Year of most recent revision: 04, 2008
Ad.8 What is your frequency for review/update of this measure? as needed
Ad.9 When is the next scheduled review/update for this measure? 08, 2010

Ad.10 Copyright statement/disclaimers:

Ad.11 -13 Additional Information web page URL or attachment:

Date of Submission (*MM/DD/YY*)**:** 08/01/2010