

# NATIONAL QUALITY FORUM

## CONFERENCE CALL OF THE PATIENT SAFETY MEASURES PERINATAL TECHNICAL ADVISORY PANEL

**August 11, 2010**

*Technical Advisory Panel members present:* Steven Clark, MD (chair); Alan Fleischman, MD; Diana Jolles, CNM, MS; Elliott Main, MD; Karen Peddicord, PhD; Laura Riley, MD; Carol Sakala, MSPH, PhD

*NQF Staff:* Peter Angood, MD; Heidi Bossley, MSN, MBA; Ann Hammersmith, JD; Andrew Lyzenga, MPP; Elisa Munthali, MPH; Lindsey Tighe, MS; Jessica Weber, MPH

*Others Present:* Rita Munley Gallagher, PhD, RN; Kay Jewell, MD; Janet Muri, MBA

### **WELCOME AND INTRODUCTIONS**

Mr. Lyzenga welcomed the Technical Advisory Panel (TAP) members and explained that the measures originally designated for the TAP to evaluate had been withdrawn. Ms. Hammersmith then asked the TAP for an oral disclosure of conflict of interest.

Dr. Angood provided the TAP with a brief overview of NQF's patient safety projects, noting that the development of patient safety measures is a very important piece of the safety portfolio. The TAP then was asked to evaluate NQF's perinatal measure portfolio to identify gap areas in measure development.

### **GAP AREAS IN PERINATAL MEASURES**

The TAP members noted the following gap areas in NQF's perinatal measures portfolio:

- measures that assess quality of care during the labor and delivery process;
- measures that assess quality and optimal care administered (e.g., of women who indicate a desire to breastfeed, how many are given instructions prior to discharge?);
- measures of appropriateness of care for women who do not require extensive intervention;
- meaningful maternal outcome measures;
- new onset conditions that women experience in the first two months after hospital discharge;
- new onset conditions that women experience in the first six months after hospital discharge;
- readmission following delivery and postpartum readmission measures in which risk for c-section is considered;
- measures that address disparities, care coordination, and shared decision making; and
- term healthy babies that are discharged with or without complications.

It was noted that NQF's current set of perinatal measures is focused primarily at the level of the facility, and TAP members suggested that a greater focus on other levels of measurement is needed. The TAP acknowledged that the majority of measures were likely developed for use at the facility level because data are easily attainable and accessible.

TAP members also recognized the potential data collection and implementation burden associated with an increased number of measures, particularly with regard to competing measures that are not harmonized. To facilitate a more targeted process in identifying existing gap areas, the TAP recommended that NQF categorize endorsed perinatal measures by topic area.

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## **PUBLIC COMMENT**

Janet Muri from the National Perinatal Information Center (NPIC) questioned the rationale for harmonizing competing measures with those already endorsed by NQF if those measures are part of a composite measure. TAP members reiterated that harmonization of similar measures lessens confusion about which measure to utilize.

Ms. Muri asked whether readmissions to non-delivering hospitals could be tracked back to the delivering hospital. Dr. Main stated that since data on readmissions are available at the state level, connecting the readmission to the admitting hospital would be easy. A TAP member cautioned that for many reasons including lack of resources, some states are ill equipped to handle this flow of information. Nonetheless, the Committee believed the likelihood of a readmission after delivery to a hospital other than the admitting hospital would be a rare occurrence, and measures addressing readmissions should be prioritized.

## **NEXT STEPS**

NQF staff will distribute a summary of the meeting for TAP member review.

**Adjourn.**