National Quality Forum

Comments on the Second Draft Report: Patient Safety Measures
As of February 2, 2011

Topics	Submitter	Organization	Member Council/ Public	Comments
General comments on the draft report	Ms. Tanya Alteras, MPP	National Partnership for Women & Families	Consumer	Overall, while the first set of infection measures to come out of this project added value to the patient safety portfolio, we do not believe that the measures being recommended for endorsement in this second phase of the project meet the high bar that NQF endorsement represents.
General comments on the draft report	Ms. Tanya Alteras, MPP	National Partnership for Women & Families	Consumer	The Consumer-Purchaser Disclosure Project appreciates the opportunity to provide comments to NQF on the second set of patient safety measures currently being recommended for endorsement. Overall, we are very disappointed with the five measures that are now out for comment. Regarding the three colonoscopy measures, we feel that these reflect standard-of-practice activity, and that the NQF endorsement process should not be a means of enforcing basic standards. Standards related to colonoscope cleanliness and reprocessing guidelines should be certainly be enforced, but through other oversight and accreditation bodies, not through the quality measurement enterprise. The bigger question here is where does this type of measurement activity end? If NQF endorses these types of colonoscope measures in the name of patient safety, does that open the door to discrete measures for every type of medical equipment used in practice for which special training and guideline updates are the norm? Regarding the two radiation dosing measures, it is not clear how these passed the importance test, given the statements in the report that radiation indices are not reflective of actual radiation dosing. Further, it is unclear how these measures would be useful to consumers, purchasers or other stakeholders, without a better sense of what the radiation index means for patient safety.

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PSM-014-10: Colonoscope Processing Personnel Instruction	Ms. Tanya Alteras, MPP	National Partnership for Women & Families	Consumer	The three colonoscope measures reflect activity that should be standard of practice, and at the very most, may be appropriate for internal quality improvement. While the goal of reducing the rates of viral infection associated with colonoscopy is certainly one that we support, we do not feel that the best method of doing so, within the quality enterprise, is by endorsing structural measures of whether an office or Ambulatory Surgery Center a) receives colonoscope operating instruction updates annually, b) reviews colonoscope device reprocessing guidelines annually; or c) documents that their staff are competent at reprocessing colonoscopies and/or changes made in the equipment or recommendations. As noted in the report, issues of adherence to training and cleaning guidelines are more appropriately addressed through state and medical licensing bodies. When we consider measures for NQF endorsement, we must consider whether we believe the measures should be linked to public reporting or payment programs, and in this case, we believe the answer is no. In addition, these measures are yet further removed from evidence-based linkage to outcomes; they are not even measuring adherence to cleanliness and equipment sterilization standards, but, rather, whether proper training has taken place.
PSM-043-10: Participation in a Systematic National Dose Index Registry	Stephen Vastagh on behalf of Medical Imaging & Technology Alliance David Fisher	Medical Imaging & Technology Alliance	Public	Re: Support of PSM-043-10: Participation in a Systematic National Dose Index Registry The Medical Imaging & Technology Alliance (MITA), a division of the National Electrical Manufacturers Association (NEMA), is the collective voice of medical imaging and radiation therapy equipment manufacturers, innovators, and product developers, including companies that manufacture x-ray, computed tomography (CT), diagnostic ultrasound, nuclear medicine, magnetic resonance imaging (MRI), and medical imaging informatics equipment. CT manufacturers have developed a new standard for an important new dose notification feature, the CT Dose Check Standard (http://www.nema.org/stds/xr25.cfm#download). The availability of dose index data assists the hospitals and other providers in the implementation and utilization of this feature. Further, MITA also manages the DICOM Standard, the international standard for the communication of digital images and related data. The DICOM standard includes provisions for the reporting

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				of dose index data; dose index databases facilitate the utilization of data recorded to the DICOM reporting specifications. Therefore, MITA supports the Systematic National Dose Index Registry proposal by ACR. Sincerely, Dave FisherExecutive Director
PSM-043-10: Participation in a Systematic National Dose Index Registry	Ms. Tanya Alteras, MPP	National Partnership for Women & Families	Consumer	It is unclear what value this measure would add to the NQF portfolio as currently described in the report or in the measure submission form. The report notes (in line 264) that "dose indices are not directly related to the amount of radiation absorbed by patients," which begs the question of why being able to compare dose index levels will be useful to consumers, purchasers, or providers. We would appreciate NQF explaining in greater detail how being able to compare and benchmark CT dosing levels – which is the argument for why this measure is important -- will lead to patient safety improvements related to radiation absorption. We ask that the pre-voting report from this committee discuss this with more clarity and detail so that consumer and purchaser members can make an informed voting decision.
PSM-043-10: Participation in a Systematic National Dose Index Registry	James A. Brink, MD	Yale Diagnostic Radiology	Public	Commonly used dose indices (CTDIvol and DLP) are measures of the radiation output of the CT scanner, not the radiation dose absorbed by an individual patient. These measures vary greatly according to body habitus. A large person is expected to have values that are much greater than a small person. When analyzed for a large group of people, variations based on body habitus are averaged, and meaningful comparisons can be made. Similarly, estimates of the effective dose human beings rely on conversion factors that are applied to these measures of machine output and generate a dose estimate for a standard size human, not for a specific patient. Thus, I support measure PSM-043-10 (Participation in a Systematic National Dose Index Registry) as it reflects the population-basis of these measures. I also support measure PSM-044-10 (Radiation Dose of Computed Tomography) so long as it is made clear that the reported measures are not indicative of the dose absorbed by an individual patient.

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PSM-044-10: Radiation Dose of Computed Tomography (CT)	James A. Brink, MD	Yale Diagnostic Radiology	Public	Commonly used dose indices (CTDIvol and DLP) are measures of the radiation output of the CT scanner, not the radiation dose absorbed by an individual patient. These measures vary greatly according to body habitus. A large person is expected to have values that are much greater than a small person. When analyzed for a large group of people, variations based on body habitus are averaged, and meaningful comparisons can be made. Similarly, estimates of the effective dose human beings rely on conversion factors that are applied to these measures of machine output and generate a dose estimate for a standard size human, not for a specific patient. Thus, I support measure PSM-043-10 (Participation in a Systematic National Dose Index Registry) as it reflects the population-basis of these measures. I also support measure PSM-044-10 (Radiation Dose of Computed Tomography) so long as it is made clear that the reported measures are not indicative of the dose absorbed by an individual patient.
PSM-044-10: Radiation Dose of Computed Tomography (CT)	Ms. Tanya Alteras, MPP	National Partnership for Women & Families	Consumer	We have similar concerns with this measure as we do with PSM-043-10, and would like more explanation as to why measuring the radiation dosing index would be meaningful to consumers and purchasers, given the statement in the report about lack of relationship between the index quantity and how much radiation is absorbed by patients. We are supportive of the measure developer's statement, noted in the report on line 323, that transparency around dosing information is important for fostering accountability and driving improvement. But as currently described in the report, we do not see how this measure achieves that goal.