

## NATIONAL QUALITY FORUM

### CALL FOR MEASURES: COMPLICATIONS-RELATED PATIENT SAFETY: ENDORSEMENT MAINTENANCE PROJECT 2011

#### 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."<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.

The current project will be conducted in three parts to address patient safety concerns in specific areas, the first of which is performance measures. This stage of the project seeks to identify and endorse performance measures for accountability and quality improvement that specifically address complications of health care.

Additionally, 44 complications-related consensus standards endorsed by NQF prior to June 2009 will be evaluated under the maintenance process. This is important to ensure endorse measures reflect current evidence and as the quality measurement enterprise has matured, better data systems have become available; electronic health records are closer to reality; and the demand for meaningful performance measures has prompted development of more sophisticated measures of healthcare processes and outcomes. An evaluation of previously NQF-endorsed measures and consideration of new measures will ensure the currency of NQF's portfolio of voluntary consensus standards.

#### CALL FOR MEASURES

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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.

In this call, NQF is seeking performance measures that could be used in accountability, including but not limited to the following topic areas:

- pressure ulcers;
- falls;
- venous thromboembolism;
- healthcare-associated infections;
- medication safety;
- administration of blood and blood products; and
- burns, shock, or other trauma experienced in a healthcare setting

Additionally, NQF is seeking:

- individual or composite measures of process or outcomes from all care settings;
- measures sensitive to the needs of vulnerable populations, including racial/ethnic minorities and
- to the extent possible, the inclusion of electronic specifications for the measures submitted to this project.

As noted, this consensus standards endorsement maintenance project consists of two activities:

1. Identification and endorsement of new complications-related patient safety measures for accountability and quality improvement.
2. Maintenance of 44 NQF-endorsed<sup>®</sup> voluntary consensus standards endorsed prior to 2009 that are relevant to patient safety and complications of health care. These measures were reviewed prior to 2009 in various NQF projects.

Any organization or individual may submit measures for consideration. To be included as part of the evaluation, candidate consensus standards must be within the scope of the project and meet the following general conditions as specified in the [measure evaluation criteria](#):

- A. The measure is in public domain and a [measure steward agreement](#) is signed.
- 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 every three years.
- C. The intended use of the measure includes both accountability and quality improvement.
- D. The measure must be fully specified and tested for reliability and validity.
- E. The measure developer/steward attests that harmonization with related measures and issues with competing measures have been considered and addressed, as appropriate.
- F. The requested measure submission information is complete and responsive to the questions so that all the information needed to evaluate the measure(s) against all criteria is provided.

Measures without testing on reliability and validity will not be eligible for consideration unless certain specific exceptions apply. NQF staff can be contacted regarding the exceptions.

To submit a measure, please complete the following:

- online [measure submission form](#) (available on the project page)
- [measure steward agreement](#) for those measure not in the public domain

Please note that materials will not be accepted for measures not in the public domain unless accompanied by a fully executed [measure steward agreement](#). Submissions not meeting this requirement will be returned to the sender.

Materials must be submitted using the online submission process by **6:00 pm ET on September 14, 2011**.

For further information, contact Melinda Murphy, RN, MS, at 202.531.0550 or Andrew Lyzenga, MPP, at 202-783-1300. E-mails may be sent to [patientsafety@qualityforum.org](mailto:patientsafety@qualityforum.org). Thank you for your assistance.