

NATIONAL QUALITY FORUM

CALL FOR MEASURES: PATIENT SAFETY - COMPLICATIONS ENDORSEMENT MAINTENANCE: PHASE II

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."¹ The Centers for Disease Control and Prevention (CDC) estimate that HAIs cost U.S. hospitals at least \$5.7 billion per year, and potentially up to \$31.5 billion.²

Falls and pressure ulcers are also high cost and high volume adverse events. Falls are the leading cause of injury-related death for individuals 65 and older, and it is estimated that patient falls among the elderly will cost over \$30 billion by 2020.^{3,4} In 2007, there were 257,412 reported cases of Medicare patients who had a pressure ulcer as a secondary diagnosis during hospitalization—these cases had an average charge of \$43,180.⁵ In addition, beginning October 1, 2008, Medicare no longer reimburses for either the extra cost of treating Category/ Stage III and IV pressure ulcers that occur while the patient is in the hospital or the extra cost of treatment for serious injuries resulting from falls.

HAIs, falls, and pressure ulcers, while occurring in relatively high numbers, are only a few 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 unsafe care will protect patients from harm and lead to more affordable, effective, and equitable care.

This project seeks to identify and endorse new performance measures for accountability and quality improvement that address patient safety, and, specifically, complications of health care. Additionally, consensus standards related to patient safety endorsed by NQF before 2009 also will be evaluated under

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

² Scott RD, *The Direct Medical Costs of Healthcare-Associated Infections in U.S. Hospitals and the Benefits of Prevention*, Division of Healthcare Quality Promotion, National Center for Preparedness, Detection, and Control of Infectious Diseases, Coordinating Center for Infectious Diseases, Centers for Disease Control and Prevention; March 2009.

³ CDC, 2006: Centers for Disease Control and Prevention. National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS). Available at <http://www.cms.hhs.gov/hospitalacqcond/>. Last accessed October 30, 2009.

⁴ Ulrich R, Zimring C. *The Role of the Physical Environment in the Hospital of the 21st Century: A Once-in-a-Lifetime Opportunity*. Concord, CA: The Center for Health Design; 2004 Sept.

⁵ Armstrong DG, Ayello EA, Capitulo KL, et al. New opportunities to improve pressure ulcer prevention and treatment: implications of the CMS inpatient hospital care present on admission indicators/hospital-acquired conditions policy -- a consensus paper from the International Expert Wound Care Advisory Panel. *Adv Skin Wound Care* 2008; 21:469-470, 472-478.

the maintenance process. This project is being conducted in two phases. The first phase addressed measures related to venous thromboembolism, medication safety, and surgical safety, among other subjects. Topics addressed in the second phase will include falls, pressure ulcers, and healthcare associated infections.

As quality measurement has matured, better data systems have become available, electronic health records are closer to widespread adoption, and the demand for meaningful performance measures has prompted development of more sophisticated measures of healthcare processes and outcomes. An evaluation of NQF-endorsed® patient safety measures and consideration of new measures will ensure the currency of NQF's portfolio of voluntary consensus standards.

CALL FOR MEASURES

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; and
- healthcare-associated infections.

NQF is particularly interested in composite and outcome measures; measures applicable to more than one setting; measures that capture broad populations, including children and adolescents where applicable; measures of chronic care management and care coordination for these conditions; and measures sensitive to the needs of vulnerable populations, including racial/ethnic minorities and Medicaid populations. To the extent possible, NQF encourages the inclusion of electronic specifications for the measures submitted to this project.

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 data for reliability and validity are not eligible for submission; however, a few exceptions may apply.

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 April 9, 2012.

For further information, contact Heidi Bossley, MSN, MBA, or Andrew Lyzenga, MPP, at 202-783-1300. E-mails may be sent to patientsafety@qualityforum.org. Thank you for your assistance.