

# The Physician Consortium for Performance Improvement®

Convened by the American Medical Association

September 7, 2010

Janet Corrigan, PhD, MBA  
CEO and President  
The National Quality Forum  
601 Thirteenth Street, NW  
Washington, DC 20005

Re: National Voluntary Consensus Standards for *Pediatric Cardiac Surgery* report

Dear Dr. Corrigan:

The Physician Consortium for Performance Improvement® (PCPI) appreciates the opportunity to comment on the National Quality Forum's (NQF) *National Voluntary Consensus Standards for Pediatric Cardiac Surgery: A Consensus Report*. The PCPI believes performance measures for this population undergoing cardiac surgery are needed and we appreciate NQF's efforts to review and endorse such measures.

While the PCPI supports many of these measures, we have concerns regarding the level of measurement for one of the measures, a request for additional specificity for one of the measures, as well as additional information regarding the intent of a measure.

### ***Level of measurement***

- **PCS-021-09:** Standardized mortality ratio for congenital heart surgery, Risk Adjustment for Congenital Heart Surgery (RACHS-1 method)

While this measure addresses important areas of care, we cannot support it as an accountability measure at the clinician level to be used for public reporting. There are other factors beyond the care directly provided by clinicians (including the efforts of other health care professionals) that could affect the care of those patients who would be impacted by this measure. We believe that performance measures are only appropriate at the clinician level when it has been consistently shown that the outcome is directly dependent on the clinician, and not when such results are dependent on other healthcare professionals or other factors exogenous to the care a clinician provides; such is the case with mortality. Accordingly, this type of measure is best represented at "higher" levels of data

collection or aggregation. Reporting of this outcome at high levels of collection or aggregation does not take away from their value to individual clinicians and others who are part of the team of care.

*We recommend that NQF, in consultation with the measure developer, replace “Can be measured at all levels” with non-“clinician” levels for the Level of Measurement/Analysis for proposed measure PCS-021-09.*

***Specificity regarding “Surgery Delayed”***

- **PCS-010-09:** Timing of antibiotic administration for pediatric and congenital cardiac surgery patients

The appropriate timing of antibiotic administration for pediatric and congenital cardiac surgery patients is clinically important. However, we are concerned that this measure lacks sufficient specificity with respect to instances when surgery is delayed. Given that this measure counts redosed patients with delayed surgery in the numerator, we believe clinicians could benefit from additional instruction regarding the timing of antibiotic administration in these instances. For instance, one might question how long of a delay is acceptable. Additionally, one might question what is the appropriate course of action regarding redosing when the rescheduled time is unknown. Answering these questions and others could aid clinicians in appropriately determining which patients should be counted in the numerator for this measure.

*We recommend that additional specificity is provided regarding instances when a patient’s surgery is delayed for proposed measure PCS-010-09.*

***Determining “Body Weight Appropriate” and Intent of Measure***

- **PCS-011-09:** Selection of antibiotic administration for pediatric and congenital cardiac surgery patients

We are concerned that though this measure relies on the “body weight appropriate” dosage of prophylactic antibiotics, no algorithm or guidance is provided regarding how a clinician would calculate such dosage.

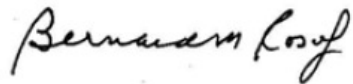
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*We recommend that the measure developer provide some algorithm or guidance with proposed measure PCS-011-09 so that users can determine body weight appropriate dosage.*

In reviewing this measure it appears that it does not simply relate to the "selection of antibiotic administration" as is implied by the measure title. Rather it also concerns the issue of appropriate dosage, as noted.

*We recommend that the measure title and numerator for proposed measure PCS-011-09 be revised so that the intent of the measure is more clearly specified.*

Sincerely,

A handwritten signature in cursive script that reads "Bernard Rosof".

Bernard Rosof, MD, MACP