

## **NATIONAL QUALITY FORUM**

### **CALL FOR NOMINATIONS TO STEERING COMMITTEE**

#### **Perinatal and Reproductive Healthcare Endorsement Maintenance Project 2011**

Research suggests that morbidity and mortality associated with pregnancy and childbirth are to a large extent preventable through adherence to existing evidence-based guidelines. Lower quality care during pregnancy, labor and delivery, and the postpartum period can translate into unnecessary complications, prolonged lengths of stay, costly neonatal intensive care unit (NICU) admissions, and anxiety and suffering for patients and families. Moreover, numerous studies have documented persistent racial, ethnic, and socioeconomic disparities in maternal morbidity and mortality, preterm births, low birthweight infants, and other adverse outcomes.<sup>i</sup> However, without appropriate information about hospital performance at a national level, perinatal quality improvement efforts will be unfocused and incentives for improvement limited.

This project seeks to identify and endorse measures for public reporting and quality improvement that specifically address:

- reproductive health;
- pregnancy;
- childbirth and post-partum care; and
- newborn care.

Additionally, as part of this process, perinatal and reproductive health-related consensus standards that were endorsed by NQF before June 2009 will be evaluated under the maintenance process.

**BACKGROUND:** NQF has endorsed consensus standards applicable to perinatal and reproductive health in a number of previous projects, including Hospital Care-Initial Performance Set 2003; [National Voluntary Consensus Standards for Ambulatory Care](#); [National Voluntary Consensus Standards for Emergency Care](#); [National Voluntary Consensus Standards for Ambulatory Care Using Clinically Enriched Administrative Data](#); and [Patient Outcomes: Child Health](#). The NQF project focused on healthcare disparities, [Healthcare Disparities and Cultural Competency](#), will provide important guidance to this project.

**STEERING COMMITTEE:** A multi-stakeholder Steering Committee will oversee the development of a draft consensus report that will include recommendations for which measures should be endorsed as consensus standards. The draft consensus report will also include recommendations for measures undergoing maintenance that should continue as endorsed consensus standards. The Steering Committee membership should reflect expertise in reproductive health, pregnancy, childbirth & postpartum care, and newborn care across multiple care settings. Nominees should possess relevant knowledge and/or proficiency in process and outcome quality measurement and/or clinical expertise in reproductive health, pregnancy, childbirth & postpartum care, and

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newborn care. We are also seeking nominees with expertise in disparities and care of vulnerable populations.

**Steering Committee members should not have a vested interest in the candidate measures. This includes employees or contractors of measure owners/developers; members of workgroups that developed the measures; and members of committees that approve measures, or direct or set policy for measure development.** Please see the NQF website for additional information about the [conflict of interest policy](#). All potential Steering Committee members must disclose any current and past activities during the nomination process.

The Steering Committee will work with NQF staff to develop specific project plans, provide advice about the subject, ensure input is obtained from relevant stakeholders, review draft products, and recommend specific measures and research priorities to NQF Members for consideration under the Consensus Development Process.

**TIME COMMITMENT:** *The Steering Committee will meet in person for a two-day meeting on November 29-30, 2011 in Washington, DC.* Committee members must be available to attend the meetings. Additionally, Steering Committee members will meet two to three times by conference call for two hours each and be will asked to review materials and provide feedback throughout the process. Additional conference calls may be needed. The introductory orientation call is mandatory for all Steering Committee members and is scheduled for **November 2, 2011, from 2:00-4:00pm ET**. An optional conference call will be held on November 15, 2011, from 2:00-4:00pm ET to address Committee members' questions about measure evaluation as they review the measures before the in-person meeting. There will be a mandatory post-comment period conference call on **March 6, 2012, from 2:00-4:00pm ET** to discuss the comments received on the measures and the responses.

**CONSIDERATION AND SUBSTITUTION:** Priority will be given to nominations from NQF Members. Please note that nominations are to an individual, not an organization, so "substitutions" of other individuals from an organization at conference calls are not permitted.

**MATERIAL TO SUBMIT:** Self-nominations are welcome. Third-party nominations must indicate that the individual has been contacted and is willing to serve. To be considered for appointment to the Steering Committee, please send the following information:

- a completed Nomination Form;
- confirmation of availability to participate in the orientation call on November 2; the November 29-30 in-person meeting; and the March 6 post-comment period call;
- a 2-page letter of interest and a short biography (750 characters), highlighting experience/knowledge relevant to the expertise described above and involvement in candidate measure development;
- curriculum vitae or list of relevant experience (e.g., publications) *up to 20 pages*; and
- a completed [conflict of interest](#) form.

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Materials should be submitted through the project page on the NQF website.

**DEADLINE FOR SUBMISSION:** All nominations *MUST* be submitted by **6:00 pm ET on Wednesday, August 31, 2011.**

**QUESTIONS:** If you have any questions, please contact Reva Winker, MD or Suzanne Theberge, MPH, at 202.783.1300 or [perinatal@qualityforum.org](mailto:perinatal@qualityforum.org). Thank you for your assistance.

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<sup>i</sup> David RJ, Collins JW Jr, Differing birth weight among infants of U.S.-born blacks, African-born blacks, and U.S.-born whites, *N Engl J Med*, 1997;337(17):1209-1214.

Saftlas AF, Koonin LM, Atrash HK, Racial disparity in pregnancy-related mortality associated with livebirth: can established risk factors explain it? *Am J Epidemiol*, 2000;152(5):413-419.

Luo ZC, Wilkins R, Kramer MS, The Fetal and Infant Health Study Group of the Canadian Perinatal Surveillance System, Disparities in pregnancy outcomes according to marital and cohabitation status, *Obstet Gynecol*, 2004;103(6):1300-1307.

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