

Workgroup Discussions Summary

*November 28,
2011*



NATIONAL
QUALITY FORUM

475: Measurement of Hepatitis B Vaccine Administration to All Newborns Prior to Hospital or Birthing Facility Discharge (Centers for Disease Control)

Importance to Measure and Report

High Impact

- High: 3
- Moderate: 2
- Low: 0
- Insufficient: 0

Opp. for Improvement

- High: 3
- Moderate: 2
- Low: 0
- Insufficient: 0

Meets Importance:

- Yes: 5
- No: 0

Rationale:

- Is the case incidence of Hepatitis B decreasing?
- What is the value?
- What is the percent that get the entire series?

Evidence

Quantity

- High: 3
- Moderate: 2
- Low: 0
- Insufficient: 0

Quality

- High: 1
- Moderate: 4
- Low: 0
- Insufficient: 0

Consistency

- High: 4
- Moderate: 1
- Low: 0
- Insufficient: 0

Rationale:

475: Measurement of Hepatitis B Vaccine Administration to All Newborns Prior to Hospital or Birthing Facility Discharge (Centers for Disease Control)

Scientific Acceptability

Reliability

- High: 3
- Moderate: 2
- Low: 0
- Insufficient: 0

Validity

- High: 3
- Moderate: 2
- Low: 0
- Insufficient: 0

Rationale:

- Issues with parental refusal; it's common for parents to refuse vaccine especially when mother is not infected.
- Difficult to look at for public reporting if there are differences in populations for refusal rates

475: Measurement of Hepatitis B Vaccine Administration to All Newborns Prior to Hospital or Birthing Facility Discharge (Centers for Disease Control)

Usability

- High: 1
- Moderate: 3
- Low: 1
- Insufficient: 0

Rationale:

How do you capture and report patients who refuse, with contraindications, etc?

Feasibility

- High: 0
- Moderate: 4
- Low: 1
- Insufficient: 0

Rationale:

- Varied hospital capacity for providing data

Suitable for endorsement

Yes: 3

No: 2

Rationale:

- Seems to be a largely solved problem. Does not seem good value for money.
- While meets criteria from my perspective, I do have questions regarding implementation and hospital capacity to report measure
- Although I think this is a good measure and the health outcome of immunization is significant until data is able to be accurately obtained regarding parental refusal via ICD-10 coding I think this measure would be difficult to report accurately and in a fair manner.
- When does value of measure decline over time?

582: Diabetes and Pregnancy: Avoidance of Oral Hypoglycemic Agents (Resolution Health)

Importance to Measure and Report

High Impact

- High: 3
- Moderate: 0
- Low: 1
- Insufficient: 1

Opp. for Improvement

- High: 0
- Moderate: 3
- Low: 0
- Insufficient: 2

Meets Importance:

- Yes: 1
- No: 4

Rationale:

- Not sure there is enough performance gap, range is currently 81-100%
- Is the measure indicating patients taking nothing at all or taking insulin? Not specific enough: maybe success should be women who are pregnant going on insulin
- Growing evidence that oral hypoglycemics are appropriate for some patients.

Evidence

Quantity

- High: 2
- Moderate: 1
- Low: 1
- Insufficient: 0

Quality

- High: 2
- Moderate: 1
- Low: 1
- Insufficient: 0

Consistency

- High: 3
- Moderate: 0
- Low: 1
- Insufficient: 0

Rationale:

- Mixed evidence on the effectiveness of OHAs during pregnancy: new evidence showing they are good for some patients
- The evidence is evolving

582: Diabetes and Pregnancy: Avoidance of Oral Hypoglycemic Agents (Resolution Health)

Revised specifications were submitted after Workgroup Call.

Scientific Acceptability

Reliability

- High: 2
- Moderate: 0
- Low: 1
- Insufficient: 0

Validity

- High: 2
- Moderate: 0
- Low: 1
- Insufficient: 0

Rationale:

- Comment: Developer claims validity is demonstrated by fact that many doctors have used and have not reported weaknesses, nor have medical directors of health plans that adopted this as a QI measure. These seem weak indicators of validity.

582: Diabetes and Pregnancy: Avoidance of Oral Hypoglycemic Agents (Resolution Health)

Usability

- High: 2
- Moderate: 0
- Low: 0
- Insufficient: 1

Feasibility

- High: 1
- Moderate: 1
- Low: 1
- Insufficient: 0

Rationale:

- This is intended for use as an internal QI measure, not for public reporting. Absent more data regarding its impact it is difficult to evaluate whether the results were useful in the QI context.

Rationale:

Suitable for endorsement

- Yes: 1
- No: 2

Rationale:

- Questions about the measure and the current evidence. New data showing OHAs are not as bad as previously thought.
- Concerns with wording of measure.
- Measure may not be in line with current clinical practice.

473: Appropriate DVT prophylaxis in women undergoing cesarean delivery (Hospital Corporation of American)

Importance to Measure and Report

High Impact

- High: 3
- Moderate: 4
- Low: 1
- Insufficient: 0

Opp. for Improvement

- High: 1
- Moderate: 4
- Low: 3
- Insufficient: 0

Meets Importance:

- Yes: 3
- No: 5

Rationale:

- Ability to significantly reduce PE in women post-cesarean. (1a) No data to support performance gap, but deduced from clinical knowledge (1b)
- The problem with this measure is that there are no randomized trials in pregnancy. Most of the data is extrapolated from other populations and other forms of surgery.
- Low prevalence, but high morbidity

Evidence

Quantity

- High: 1
- Moderate: 4
- Low: 3
- Insufficient: 0

Quality

- High: 1
- Moderate: 4
- Low: 3
- Insufficient: 0

Consistency

- High: 3
- Moderate: 2
- Low: 2
- Insufficient: 0

Rationale:

- Only 3 studies. No RCTs in pregnant women, however evidence from other prospective studies in other populations can be inferred given the pro-thromboembolic state of pregnancy. The conduct of a large RCT in pregnancy is not likely to be done.
- ACOG now has specific recommendation for prophylaxis.

473: Appropriate DVT prophylaxis in women undergoing cesarean delivery (Hospital Corporation of American)

Scientific Acceptability

Reliability

- High: 3
- Moderate: 2
- Low: 2
- Insufficient: 0

Validity

- High: 3
- Moderate: 4
- Low: 0
- Insufficient: 0

Rationale:

- Data elements are straightforward with only one exclusion fostering ease of data collection and calculation. However, there is confusion in this section as terminology switches to PCD. Although documents testing in 220,000 patients over 2 yrs in HCA facilities, minimal data were actually provided.
- No evidence of reliability analysis testing.
- See 2a1.20 - Check this for accuracy - only includes PCDs (not heparin) and the denominator seems wrong.
- Questions about heparin vs. boots

473: Appropriate DVT prophylaxis in women undergoing cesarean delivery (Hospital Corporation of American)

Usability

- High: 5
- Moderate: 2
- Low: 1
- Insufficient: 0

Rationale:

Feasibility

- High: 6
- Moderate: 1
- Low: 1
- Insufficient: 0

Rationale:

- Again, the inappropriate use of PCD throughout.

Suitable for endorsement

Yes: 4

No: 4

Rationale:

- Important, infrequent, preventable outcome
- Not well-studied in OB population

477: Under 1500g infant Not Delivered at Appropriate Level of Care (California Maternal Quality Care Collaborative)

Importance to Measure and Report

High Impact

- High: 5
- Moderate: 0
- Low: 0
- Insufficient: 0

Opp. for Improvement

- High: 5
- Moderate: 0
- Low: 0
- Insufficient: 0

Meets Importance:

- Yes: 5
- No: 0

Rationale:

- Agreed on importance
- 60% greater level of survival if delivered at Level 3 NICU
- Non medical factors may be out of doctor's control—does that affect usefulness of measure?
- Health People 2010 and 2020 measure

Evidence

Quantity

- High: 3
- Moderate: 1
- Low: 0
- Insufficient: 0

Quality

- High: 3
- Moderate: 1
- Low: 0
- Insufficient: 0

Consistency

- High: 4
- Moderate: 0
- Low: 0
- Insufficient: 0

Rationale:

- Strong data on benefits of regionalized care
- Data indicates most non-compliance due to non-medical factors

477: Under 1500g infant Not Delivered at Appropriate Level of Care (California Maternal Quality Care Collaborative)

Scientific Acceptability

Reliability

- High: 5
- Moderate: 0
- Low: 0
- Insufficient: 0

Validity

- High: 4
- Moderate: 1
- Low: 0
- Insufficient: 0

Rationale:

- No risk-adjustment for geographic or population factors. It is impossible to achieve a perfect score (0%) at any site due to rapid labors and legal concerns due to EMTALA regulations. Sites may not transport mothers due to fear of federal fines from potential EMTALA violation.
- Hospitals with less than 50 deliveries are excluded, should be included so can be tracked, especially if hospital with no delivery service or pediatric care

477: Under 1500g infant Not Delivered at Appropriate Level of Care (California Maternal Quality Care Collaborative)

Usability

- High: 1
- Moderate: 3
- Low: 1
- Insufficient: 0

Feasibility

- High: 4
- Moderate: 1
- Low: 0
- Insufficient: 0

Rationale:

- The outpatient provider has a responsibility to direct patients with problems handled in the office or by telephone to present at the appropriate facility.
- Also, there is a factor of EMS responsibility in delivering pregnant women to a facility inadequate to handle their potential complications. Once the patient presents, the fear of EMTALA fines puts institutions in adverse situation. Due to potential penalty, there is incentive to transfer neonate after birth.
- There is also financial incentive for hospitals and providers to avoid transfer due to ability to bill and possibly collect professional and technical charges associated with the delivery.

Rationale:

- The data elements for this measure -- birth weight and gestational age -- come from hospital birth records. Extent to which those are in electronic form will vary across states. Thus burden can be high in some areas.

Suitable for endorsement

Yes: 5
No: 0

Rationale:

- Consideration for inclusion of all facilities with minimum door-to-doctor time benchmarks for any pregnancy > 20 weeks to assure best possibility to transfer prior to delivery for VLBW infant. Consideration to EMTALA language and penalties --- is it counter to the spirit of this measure? Should fines apply in this situation?

478: Nosocomial blood stream infections in neonates (NQI #3) (AHRQ)

Importance to Measure and Report

High Impact

- High: 5
- Moderate: 0
- Low: 0
- Insufficient: 0

Opp. for Improvement

- High: 4
- Moderate: 1
- Low: 0
- Insufficient: 0

Meets Importance:

- Yes: 5
- No: 0

Rationale:

- General agreement on high impact
- Patient safety outcome measure
- Issues when patients are transferred from another hospital

Evidence

Quantity

- High: 4
- Moderate: 1
- Low: 0
- Insufficient: 0

Quality

- High: 2
- Moderate: 3
- Low: 0
- Insufficient: 0

Consistency

- High: 2
- Moderate: 2
- Low: 0
- Insufficient: 1

Rationale:

478: Nosocomial blood stream infections in neonates (NQI #3) (AHRQ)

Scientific Acceptability

Reliability

- High: 2
- Moderate: 3
- Low: 0
- Insufficient: 0

Validity

- High: 1
- Moderate: 4
- Low: 0
- Insufficient: 0

Rationale:

- Denominator targets patients with outcome related to measure focus (death); not clear how specific claims codes are for health-care related bloodstream infections; no chart validation has been done.
- Similar to VON measure there are some biases secondary to transfer bias and mortality. In addition, the RA model may not be optimal in composition and method. The denominator exclusions are not clear to me.
- Limits of codes

478: Nosocomial blood stream infections in neonates (NQI #3) (AHRQ)

Usability

- High: 3
- Moderate: 2
- Low: 0
- Insufficient: 0

Feasibility

- High: 4
- Moderate: 1
- Low: 0
- Insufficient: 0

Rationale:

- Harmonized with 1731
- Any stratification by level of NICU?
- How big an issue are transfers? Potential bias

Rationale:

Suitable for endorsement

Yes: 5

No: 0

Rationale:

- Weakest aspect is sensitivity/specificity of the ICD-9 codes for the outcome.

474: Birth trauma – Injury to neonate (PSI #17) (AHRQ)

<p>Importance to Measure and Report</p> <p>High Impact</p> <ul style="list-style-type: none"> •High: 0 •Moderate: 6 •Low: 2 •Insufficient: 0 	<p>Opp. for Improvement</p> <ul style="list-style-type: none"> •High: 1 •Moderate: 3 •Low: 3 •Insufficient: 1 	<p>Meets Importance:</p> <p>Yes: 4</p> <p>No: 4</p>
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Rationale:

- Low rate, heterogenous group of injuries. Cites study [51] indicating no excess LOS, cost or mortality.
- Excludes brachial plexus injuries. – removes most common trauma.
- Main opportunity for improvement is cesarean delivery, but there is no predictive model.
- Low impact, grab bag of traumas.

<p>Evidence</p> <p>Quantity</p> <ul style="list-style-type: none"> •High: 0 •Moderate: 3 •Low: 4 •Insufficient: 0 	<p>Quality</p> <ul style="list-style-type: none"> •High: 0 •Moderate: 3 •Low: 4 •Insufficient: 0 	<p>Consistency</p> <ul style="list-style-type: none"> •High: 0 •Moderate: 4 •Low: 3 •Insufficient: 0
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Rationale: outcome measure

- Again, the evidence presented in mostly on shoulder dystocia and not on the broader subject of birth trauma which would include trauma from cesareans, assisted deliveries etc. And, there is still the issue of the exclusion of brachial plexus injuries which is not explained.

474: Birth trauma – Injury to neonate (PSI #17) (AHRQ)

Scientific Acceptability

Reliability

- High: 1
- Moderate: 4
- Low: 2
- Insufficient: 0

Validity

- High: 3
- Moderate: 2
- Low: 2
- Insufficient: 0

Rationale:

- The list of denominator exclusions are lengthy and cumbersome.
- Should it be stratified by vaginal vs. c-sections? Or just look at vaginal deliveries?
- Easiest way to avoid forceps injury is a c-section: what about the unintended consequences?

474: Birth trauma – Injury to neonate (PSI #17) (AHRQ)

Usability

- High: 3
- Moderate: 3
- Low: 2
- Insufficient: 1

Rationale:

- I have never found this measure to be meaningful for Quality Improvement. The numbers are so small that meaningful comparisons are hard to make.

Feasibility

- High: 6
- Moderate: 0
- Low: 2
- Insufficient: 1

Rationale:

- The codes include distinct types of birth trauma and it appears difficult to tell which type of trauma is responsible for the overall index. Are characteristics such as fetal distress and route of delivery included? Concerned that this may not be usable since it aggregates many traumas that are of different scale and importance.

Suitable for endorsement

Yes: 3

No: 5

Rationale:

- Weak linkage to improvement other than prevention by cesarean. One study estimated 250 planned cesareans to prevent one shoulder dystocia.

483: Proportion of infants 22 to 29 weeks gestation screened for retinopathy of prematurity (Vermont Oxford Network)

Importance to Measure and Report

High Impact

- High: 4
- Moderate: 1
- Low: 0
- Insufficient: 0

Opp. for Improvement

- High: 0
- Moderate: 4
- Low: 1
- Insufficient: 0

Meets Importance:

- Yes: 4
- No: 1

Rationale:

- General agreement measure is important
- Gap – data not published; rate of compliance is low
- Shortage of specialists to perform exam
- What about follow-up after discharge?

Evidence

Quantity

- High: 4
- Moderate: 0
- Low: 0
- Insufficient: 1

Quality

- High: 2
- Moderate: 2
- Low: 1
- Insufficient: 0

Consistency

- High: 3
- Moderate: 2
- Low: 0
- Insufficient: 0

Rationale:

- Solid evidence base on when to screen
- What about up to 32 weeks, as per AAP recommendations (currently goes by VON 22-29 weeks)?

483: Proportion of infants 22 to 29 weeks gestation screened for retinopathy of prematurity (Vermont Oxford Network)

Scientific Acceptability

Reliability

- High: 4
- Moderate: 1
- Low: 0
- Insufficient: 0

Validity

- High: 5
- Moderate: 0
- Low: 0
- Insufficient: 0

Rationale:

- Generally high on reliability and validity, but outborn infants admitted more than 28 days after birth are excluded due to VON eligibility criteria.

483: Proportion of infants 22 to 29 weeks gestation screened for retinopathy of prematurity (Vermont Oxford Network)

Usability

- High: 4
- Moderate: 1
- Low: 0
- Insufficient: 0

Rationale:

- Mainly used for QI, not accountability
- VON measures are not publicly reported;

Feasibility

- High: 4
- Moderate: 1
- Low: 0
- Insufficient: 0

Rationale:

- VON registry

Suitable for endorsement

Yes: 5

No: 0

Rationale:

- Question: what about follow up?

484: Proportion of infants 22 to 29 weeks gestation treated with surfactant who are treated within 2 hours of birth (VON)

After Workgroup Call, developer asks to withdraw the measure.

<p>Importance to Measure and Report</p> <p>High Impact</p> <ul style="list-style-type: none"> •High: 4 •Moderate: 1 •Low: 0 •Insufficient: 0 	<p>Opp. for Improvement</p> <ul style="list-style-type: none"> •High: 4 •Moderate: 1 •Low: 0 •Insufficient: 0 	<p>Meets Importance:</p> <p>Yes: 4</p> <p>No: 1</p>
<p>Rationale:</p> <p>•5 years ago, routine was to intubate and provide surfactant immediately, but new evidence shows this may not be the right strategy. New protocol is to try babies on CPAP and see how they do. There was no difference in primary outcome in RTC on CPAP vs. intubate and surfactant so field is now moving towards CPAP, which is less invasive</p>		
<p>Evidence</p> <p>Quantity</p> <ul style="list-style-type: none"> •High: 4 •Moderate: 1 •Low: 0 •Insufficient: 0 	<p>Quality</p> <ul style="list-style-type: none"> •High: 4 •Moderate: 0 •Low: 1 •Insufficient: 0 	<p>Consistency</p> <ul style="list-style-type: none"> •High: 4 •Moderate: 0 •Low: 1 •Insufficient: 0
<p>Rationale:</p>		

484: Proportion of infants 22 to 29 weeks gestation treated with surfactant who are treated within 2 hours of birth (VON)

Scientific Acceptability

Reliability

- High: 4
- Moderate: 1
- Low: 0
- Insufficient: 0

Validity

- High: 4
- Moderate: 0
- Low: 1
- Insufficient: 0

Rationale:

- Generally surfactant not given past 2 days old, should babies be excluded 48 hours after birth?

484: Proportion of infants 22 to 29 weeks gestation treated with surfactant who are treated within 2 hours of birth (VON)

Usability

- High: 4
- Moderate: 0
- Low: 0
- Insufficient: 1

Rationale:

Feasibility

- High: 5
- Moderate: 0
- Low: 0
- Insufficient: 0

Rationale:

Suitable for endorsement

Yes: 4

No: 1

Rationale:

481: First temperature measured within one hour of admission to the NICU (Vermont Oxford Network)

After Workgroup Call, developer willing to combine measures 481 and 482.

<p>Importance to Measure and Report</p> <p>High Impact</p> <ul style="list-style-type: none"> •High: 3 •Moderate: 2 •Low: 0 •Insufficient: 0 	<p>Opp. for Improvement</p> <ul style="list-style-type: none"> •High: 2 •Moderate: 0 •Low: 3 •Insufficient: 0 	<p>Meets Importance:</p> <p>Yes: 2</p> <p>No: 3</p>
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Rationale:

- 98% performance for most, so gap is small, but should be 100% for everyone—even 95% is not acceptable performance
- Vital sign check within 1 hour of arriving at NICU is a low bar measure but it is a key indicator of how well hospitals are maintaining temps for neonates
- Combine with other temperature measure (First NICU temperature < 36 degrees)? Measure is not strong on its own.

<p>Evidence</p> <p>Quantity</p> <ul style="list-style-type: none"> •High: 2 •Moderate: 1 •Low: 1 •Insufficient: 1 	<p>Quality</p> <ul style="list-style-type: none"> •High: 3 •Moderate: 1 •Low: 0 •Insufficient: 1 	<p>Consistency</p> <ul style="list-style-type: none"> •High: 3 •Moderate: 1 •Low: 0 •Insufficient: 1
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Rationale:

481: First temperature measured within one hour of admission to the NICU (Vermont Oxford Network)

Scientific Acceptability

Reliability

- High: 5
- Moderate: 0
- Low: 0
- Insufficient: 0

Validity

- High: 4
- Moderate: 1
- Low: 0
- Insufficient: 0

Rationale:

- Question about exclusions: why are outborn infants excluded? Would expect all infants to have temperature taken; outborn infants in particular have problems with temperature control

481: First temperature measured within one hour of admission to the NICU (Vermont Oxford Network)

Usability

- High: 2
- Moderate: 2
- Low: 1
- Insufficient: 0

Feasibility

- High: 4
- Moderate: 1
- Low: 0
- Insufficient: 0

Rationale:

- Although the measure is meaningful, the performance gap is not as significant as other measures.
- Not clear how used for public reporting. Rationale was presented but not clear how relevant given overall small opportunity for improvement.

Rationale:

Suitable for endorsement

Yes: 3

No: 1

Rationale:

482: First NICU temperature < 36 degrees C (Vermont Oxford Network)

After Workgroup Call, developer willing to combine measures 481 and 482.

<p>Importance to Measure and Report</p> <p>High Impact</p> <ul style="list-style-type: none"> •High: 5 •Moderate: 0 •Low: 0 •Insufficient: 0 	<p>Opp. for Improvement</p> <ul style="list-style-type: none"> •High: 5 •Moderate: 0 •Low: 0 •Insufficient: 0 	<p>Meets Importance:</p> <p>Yes:</p> <p>No:</p>
<p>Rationale:</p> <ul style="list-style-type: none"> •General agreement on high importance •Questions about 36 vs. 36.5 as the target 		
<p>Evidence</p> <p>Quantity</p> <ul style="list-style-type: none"> •High: 1 •Moderate: 4 •Low: 0 •Insufficient: 0 	<p>Quality</p> <ul style="list-style-type: none"> •High: 1 •Moderate: 4 •Low: 0 •Insufficient: 0 	<p>Consistency</p> <ul style="list-style-type: none"> •High: 3 •Moderate: 2 •Low: 0 •Insufficient: 0
<p>Rationale:</p>		

482: First NICU temperature < 36 degrees C (Vermont Oxford Network)

Scientific Acceptability

Reliability

- High: 4
- Moderate: 1
- Low: 0
- Insufficient: 0

Validity

- High: 3
- Moderate: 2
- Low: 0
- Insufficient: 0

Rationale:

- Question about where temperature is taken and reliability of site; temps are different based on how taken, how does that affect performance?
- Specs need to be standardized and more precise - what method taking temperature?

482: First NICU temperature < 36 degrees C (Vermont Oxford Network)

Usability

- High: 3
- Moderate: 2
- Low: 0
- Insufficient: 0

Feasibility

- High: 4
- Moderate: 1
- Low: 0
- Insufficient: 0

Rationale:

Rationale:

- This measure is better for QI than public reporting, but still has moderate feasibility for public
- Excellent candidate for eMeasure.

Suitable for endorsement

Yes: 5

No: 0

Rationale:

Important though question of appropriate target value.

303: Late sepsis or meningitis in neonates (risk-adjusted) (VON)

After Workgroup Call, developers asks to combine measures 303 and 304.

Importance to Measure and Report

High Impact

- High: 4
- Moderate: 1
- Low: 0
- Insufficient: 0

Opp. for Improvement

- High: 4
- Moderate: 1
- Low: 0
- Insufficient: 0

Meets Importance:

- Yes: 5
- No: 0

Rationale:

- Outcome measure

Evidence

Quantity

- High: 2
- Moderate: 1
- Low: 0
- Insufficient: 1

Quality

- High: 2
- Moderate: 2
- Low: 0
- Insufficient: 0

Consistency

- High: 4
- Moderate: 0
- Low: 0
- Insufficient: 0

Rationale:

- Numerous studies supporting this measure, but QI largely based on observational studies

303: Late sepsis or meningitis in neonates (risk-adjusted) (VON)

Scientific Acceptability

Reliability

- High: 2
- Moderate: 3
- Low: 0
- Insufficient: 0

Validity

- High: 2
- Moderate: 2
- Low: 1
- Insufficient: 0

Rationale:

- Denominator is complicated, lots of data abstraction
- How important is the type of bacteria?
- What is the data quality for VON registry?
- Suggested to combine with 304, but 304 uses distinct risk-model.
- VLBW infants are at higher risk of infection
- Hospital with small n may have mediocre results if data is not presented well
- Risk-model includes race as a co-factor.

303: Late sepsis or meningitis in neonates (risk-adjusted) (VON)

Usability

- High: 4
- Moderate: 1
- Low: 0
- Insufficient: 0

Rationale:

- Appears utility is for VON members only; no public reporting unless hospital chooses to report. Usability clearly high for VON members.

Feasibility

- High: 3
- Moderate: 2
- Low: 0
- Insufficient: 0

Rationale:

- Multiple similar measures (478, 1731, 303 and 304)

Suitable for endorsement

Yes: 4

No: 1

Rationale:

- The measure numerator and denominator are complex, and denominator is defined in part by patient outcome (death). Heavy burden to abstract information. Attribution may be inappropriate for outborn infants. Data quality unclear.
- Measure used by over 900 NICUs worldwide. Casts a broader net than CLABSI measures, less influenced by gaming. Very useful and a high health policy priority.

304: Late sepsis or meningitis in Very Low Birth Weight (VLBW) neonates (risk-adjusted) (VON)

After Workgroup Call, developers asks to combine measures 303 and 304.

Importance to Measure and Report

High Impact

- High: 3
- Moderate: 2
- Low: 0
- Insufficient: 0

Opp. for Improvement

- High: 4
- Moderate: 1
- Low: 0
- Insufficient: 0

Meets Importance:

- Yes: 5
- No: 0

Rationale:

- Important sub-set of measure 303; VLBW are at higher risk
- Outcome measure

Evidence

Quantity

- High: 2
- Moderate: 1
- Low: 0
- Insufficient: 1

Quality

- High: 2
- Moderate: 2
- Low: 0
- Insufficient: 0

Consistency

- High: 4
- Moderate: 0
- Low: 0
- Insufficient: 0

Rationale:

304: Late sepsis or meningitis in Very Low Birth Weight (VLBW) neonates (risk-adjusted) (VON)

Scientific Acceptability

Reliability

- High: 2
- Moderate: 3
- Low: 0
- Insufficient: 0

Validity

- High: 1
- Moderate: 4
- Low: 0
- Insufficient: 0

Rationale:

Reliability: Well specified by data reliability and measure reliability (test re-test) not really addressed. Validity - performance reports not provided (only summary). Validity testing is face validity only. Variable period of observation for outcome -- so affected by differences in LOS.

304: Late sepsis or meningitis in Very Low Birth Weight (VLBW) neonates (risk-adjusted) (VON)

Usability

- High: 3
- Moderate: 2
- Low: 0
- Insufficient: 0

Rationale:

Feasibility

- High: 3
- Moderate: 1
- Low: 0
- Insufficient: 1

Rationale:

Suitable for endorsement

Yes: 4

No: 1

Rationale:

472: Prophylactic antibiotic received within one hour prior to surgical incision or at the time of delivery – Cesarean section. (Massachusetts General Hospital/Partners)

Importance to Measure and Report

High Impact

- High: 7
- Moderate: 1
- Low: 0
- Insufficient: 0

Opp. for Improvement

- High: 5
- Moderate: 2
- Low: 0
- Insufficient: 0

Meets Importance:

- Yes: 7
- No: 1

Rationale:

•Prophylactic ATB prior to or at cesarean has been demonstrated in multiple trials to ameliorate the risk of postoperative infection. With more than 32% of all American women experiencing cesarean delivery, the potential for harm reduction of cesarean is significant.

Evidence

Quantity

- High: 8
- Moderate: 0
- Low: 0
- Insufficient: 0

Quality

- High: 6
- Moderate: 2
- Low: 0
- Insufficient: 0

Consistency

- High: 8
- Moderate: 0
- Low: 0
- Insufficient: 0

Rationale:

•The consistent caveat in the evidence is the failure to evaluate neonatal outcomes for potential baby harms. This is a serious omission in the literature but not atypical of many ob trials. The benefits to the mother are consistent across various meta-analyses and systematic reviews.

472: Prophylactic antibiotic received within one hour prior to surgical incision or at the time of delivery – Cesarean section. (Massachusetts General Hospital/Partners)

Scientific Acceptability

Reliability

- High: 5
- Moderate: 3
- Low: 0
- Insufficient: 0

Validity

- High: 6
- Moderate: 2
- Low: 0
- Insufficient: 0

Rationale:

•For infection prevention in women, 2 systematic reviews support pre-incision antibiotics. However, there are concerns and much uncertainty about implications of peripartum antibiotic exposure to babies, including adverse persistent effects on gut colonization (with increased vulnerability to chronic disease) and sensitivity to long-term programming at this time. The cesarean procedure separately appears to pose risks for adverse gut colonization. Post-clamping administration would be the cautious timing for newborns.

472: Prophylactic antibiotic received within one hour prior to surgical incision or at the time of delivery – Cesarean section. (Massachusetts General Hospital/Partners)

Usability <ul style="list-style-type: none">•High: 7•Moderate: 1•Low: 0•Insufficient: 0	Feasibility <ul style="list-style-type: none">•High: 6•Moderate: 1•Low: 0•Insufficient: 0
Rationale:	Rationale: Requires advanced EMR for ease of data collection. Even then, some interpretation is required and the algorithm for denominator case selection carefully specified and implemented (e.g. maternal allergies, GBS prophylaxis, other pre-operative atb tx, etc.) Currently in operational use in MA. The phrase "precipitous" deliveries in this context is inappropriate. The issue is the truly emergent cesarean. Acknowledgement that an acceptable % of tx to reflect the highest quality care has no current standard, although theoretically 100% is the goal.
Suitable for endorsement Yes: 8 No: 0	
Rationale: <ul style="list-style-type: none">•Remaining concern re: the inability from the evidence to speak to potential infant harms—high risk of unintended consequences•Concern re: the difficulty of data abstraction in non-high level EMR systems.	

1746: Intrapartum antibiotic prophylaxis for Group B Streptococcus (GBS) (Massachusetts General Hospital)

Importance to Measure and Report High Impact <ul style="list-style-type: none"> •High: 5 •Moderate: 0 •Low: 0 •Insufficient: 0 			Opp. for Improvement <ul style="list-style-type: none"> •High: 2 •Moderate: 3 •Low: 0 •Insufficient: 0 	Meets Importance: Yes: 5 No: 0
Rationale: <ul style="list-style-type: none"> •High volume, high severity of illness •New data showing opportunity for improvement •CDC documents significant variation •Data can be useful to encourage clinicians to do GBS screen 				
Evidence Quantity <ul style="list-style-type: none"> •High: 3 •Moderate: 2 •Low: 0 •Insufficient: 0 	Quality <ul style="list-style-type: none"> •High: 3 •Moderate: 2 •Low: 0 •Insufficient: 0 	Consistency <ul style="list-style-type: none"> •High: 2 •Moderate: 3 •Low: 0 •Insufficient: 0 		
Rationale: <ul style="list-style-type: none"> •Guidelines do not address major blind spot: 61.4% infants with GBS had negative maternal cultures, would not get treatment •Very prevalent intervention, may not be possible to do RTC •National guidelines from CDC and ACOG. 				

1746: Intrapartum antibiotic prophylaxis for Group B Streptococcus (GBS) (Massachusetts General Hospital)

Scientific Acceptability

Reliability

- High: 3
- Moderate: 1
- Low: 0
- Insufficient: 0

Validity

- High: 3
- Moderate: 1
- Low: 0
- Insufficient: 0

Rationale:

- Use of culture-based treatment strategy misses opportunity for treatment.
- Question validity of CDC recommendations to ignore risk factors in setting of negative culture.
- Issue of false negative tests for mother
- What about stratification for term vs preterm?

1746: Intrapartum antibiotic prophylaxis for Group B Streptococcus (GBS) (Massachusetts General Hospital)

Usability

- High: 3
- Moderate: 1
- Low: 0
- Insufficient: 0

Rationale:

Feasibility

- High: 2
- Moderate: 2
- Low: 0
- Insufficient: 0

Rationale:

- Can use electronic data sources
- Exclusions may be tricky.

Suitable for endorsement

Yes: 4

No: 0

Rationale:

479: Birth dose of hepatitis B vaccine and hepatitis immune globulin for newborns of mothers with chronic hepatitis B (California Department of Public Health)

<p>Importance to Measure and Report</p> <p>High Impact</p> <ul style="list-style-type: none"> •High: 2 •Moderate: 1 •Low: 1 •Insufficient: 1 	<p>Opp. for Improvement</p> <ul style="list-style-type: none"> •High: 0 •Moderate: 1 •Low: 4 •Insufficient: 0 	<p>Meets Importance:</p> <p>Yes: 1</p> <p>No: 4</p>
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Rationale:

- Already high performance. Relatively few cases, so not clear it is a specific national health goal to address.
- Problem appears largely resolved. Value of continued monitoring would not appear justified for possible improvement.

<p>Evidence</p> <p>Quantity</p> <ul style="list-style-type: none"> •High: 3 •Moderate: 0 •Low: 0 •Insufficient: 2 	<p>Quality</p> <ul style="list-style-type: none"> •High: 3 •Moderate: 1 •Low: 0 •Insufficient: 1 	<p>Consistency</p> <ul style="list-style-type: none"> •High: 3 •Moderate: 0 •Low: 0 •Insufficient: 2
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Rationale:

- Evidence not presented in application itself, except clinical guideline, but likely high quality.
- Good evidence for vaccine itself, and for importance of outcome

479: Birth dose of hepatitis B vaccine and hepatitis immune globulin for newborns of mothers with chronic hepatitis B (California Department of Public Health)

Scientific Acceptability

Reliability

- High: 3
- Moderate: 0
- Low: 1
- Insufficient: 1

Validity

- High: 4
- Moderate: 1
- Low: 0
- Insufficient: 0

Rationale:

- Application just asserts data are reliable and easy to abstract, but no reliability or validation has been done.
- Question: What about parents who refuse vaccine? How are they accounted for?
- Why was 12 hours chosen when 24 hours is reported to CDC? 12 hours is ACIP recommendation; shouldn't they be consistent?
- Is there data for other states besides CA on infection rates, etc?

479: Birth dose of hepatitis B vaccine and hepatitis immune globulin for newborns of mothers with chronic hepatitis B (California Department of Public Health)

Usability

- High: 4
- Moderate: 1
- Low: 0
- Insufficient: 0

Feasibility

- High: 3
- Moderate: 2
- Low: 0
- Insufficient: 0

Rationale:

Rationale:

- Can this be done with paper records, or only EHRs?

Suitable for endorsement

Yes: 3

No: 2

Rationale:

- Would also like to discuss results/compliance in other states...are they as high as 97%...how much more room for improvement is there? Also, can #475 be harmonized with this measure?

502: Pregnancy test for female abdominal pain patients (American College of Emergency Physicians)

Importance to Measure and Report

High Impact

- High: 4
- Moderate: 1
- Low: 1
- Insufficient: 0

Opp. for Improvement

- High: 2
- Moderate: 2
- Low: 2
- Insufficient: 0

Meets Importance:

- Yes: 3
- No: 3

Rationale:

- high impact: patient volume, severity of illness (ectopic pregnancy)
- performance gap: NHAMCS survey showed that 67% of patients did not have testing when indicated by symptoms

Evidence

Quantity

- High: 0
- Moderate: 2
- Low: 4
- Insufficient: 0

Quality

- High: 0
- Moderate: 3
- Low: 3
- Insufficient: 0

Consistency

- High: 1
- Moderate: 3
- Low: 2
- Insufficient: 0

Rationale:

- Quantity: few studies, mainly expert opinion
- Quality: limited by diagnosis inclusion: what about nausea, vomiting, back pain, etc.
- Consistency: different gaps identified, with greater gap in survey vs chart review, which highlights issues in data extraction

502: Pregnancy test for female abdominal pain patients (American College of Emergency Physicians)

Scientific Acceptability

Reliability

- High: 1
- Moderate: 5
- Low: 0
- Insufficient: 0

Validity

- High: 1
- Moderate: 4
- Low: 1
- Insufficient: 0

Rationale:

- Reliability hampered by lack of discrete fields in existing EHR to document testing. Would require an EHR intake checklist to capture exclusions, as these questions might not be routine or documentation may be overlooked.
- It might be obvious that the patient has a hysterectomy but may not be clearly documented as the caregivers would exclude pregnancy from the differential diagnosis routinely.
- Also unreliable if testing done elsewhere (patient reports negative hCG in outpatient office or urgent care, another hospital --- problems with importing external paper records into EHR)

502: Pregnancy test for female abdominal pain patients (American College of Emergency Physicians)

Usability

- High: 2
- Moderate: 3
- Low: 1
- Insufficient: 0

Rationale:

- Most audiences understand what a pregnancy test measures and how GYN causes of abdominal pain must be screened.

Feasibility

- High: 1
- Moderate: 4
- Low: 1
- Insufficient: 0

Rationale:

- Exclusions require knowledge of patient medical history -- such as post-menopausal status - not captured in administrative data. Compliance with specifications would require chart review, at least.

Suitable for endorsement

Yes: 3

No: 3

Rationale:

- Best reporting would be through development of checklist at entry to care that could be developed into EHR. Decision support and automated ordering/results that would populate discrete fields would give most accurate reflection of compliance.

470: Incidence of episiotomy (Cristiana Care)

Importance to Measure and Report

High Impact

- High: 5
- Moderate: 4
- Low: 0
- Insufficient: 0

Opp. for Improvement

- High: 6
- Moderate: 3
- Low: 0
- Insufficient: 0

Meets Importance:

Yes: 8
No: 1

Rationale:

- Good evidence, high impact

Evidence

Quantity

- High: 6
- Moderate: 2
- Low: 0
- Insufficient: 1

Quality

- High: 4
- Moderate: 4
- Low: 0
- Insufficient: 1

Consistency

- High: 6
- Moderate: 1
- Low: 0
- Insufficient: 1

Rationale:

470: Incidence of episiotomy (Cristiana Care)

Scientific Acceptability

Reliability

- High: 8
- Moderate: 1
- Low: 0
- Insufficient: 0

Validity

- High: 4
- Moderate: 5
- Low: 0
- Insufficient: 0

Rationale:

- Agree that shoulder dystocia is an accepted rationale for the performance of an episiotomy, the problem is the definition of "what is shoulder dystocia?" This dx is frequently used in the U.S. and diagnostically is, similar to uterine dystocia, in the eye of the beholder.
- Calculating this rate at the provider level may be more helpful to the public. However, the same can be said for a number of measures, e.g. NTSD, c/s.
- Not risk-adjusted

470: Incidence of episiotomy (Cristiana Care)

Usability

- High: 5
- Moderate: 4
- Low: 0
- Insufficient: 0

Rationale:

- Useful for QI, moderately useful for reporting

Feasibility

- High: 8
- Moderate: 1
- Low: 0
- Insufficient: 0

Rationale:

- Some inconsistency in data coding/quality

Suitable for endorsement

Yes: 8

No: 1

Rationale:

- Primarily an overuse measure

480: Exclusive breastfeeding at hospital discharge (Joint Commission)

<p>Importance to Measure and Report</p> <p>High Impact</p> <ul style="list-style-type: none"> •High: 4 •Moderate: 1 •Low: 0 •Insufficient: 0 	<p>Opp. for Improvement</p> <ul style="list-style-type: none"> •High: 4 •Moderate: 1 •Low: 0 •Insufficient: 0 	<p>Meets Importance:</p> <p>Yes: 5</p> <p>No: 0</p>
<p>Rationale:</p> <ul style="list-style-type: none"> •General agreement on support for evidence, opportunity for improvement, impact on health outcomes •Affects very large percent of population, would developer consider increasing level of analysis to include health plans, state populations? 		
<p>Evidence</p> <p>Quantity</p> <ul style="list-style-type: none"> •High: 4 •Moderate: 1 •Low: 0 •Insufficient: 0 	<p>Quality</p> <ul style="list-style-type: none"> •High: 5 •Moderate: 0 •Low: 0 •Insufficient: 0 	<p>Consistency</p> <ul style="list-style-type: none"> •High: 5 •Moderate: 0 •Low: 0 •Insufficient: 0
<p>Rationale:</p> <ul style="list-style-type: none"> •High evidence for benefits of breastfeeding 		

480: Exclusive breastfeeding at hospital discharge (Joint Commission)

Scientific Acceptability

Reliability

- High: 3
- Moderate: 2
- Low: 0
- Insufficient: 0

Validity

- High: 5
- Moderate: 0
- Low: 0
- Insufficient: 0

Rationale:

- Exclusion criteria: all maternal exclusions are medical reasons

480: Exclusive breastfeeding at hospital discharge (Joint Commission)

Usability

- High: 4
- Moderate: 1
- Low: 0
- Insufficient: 0

Rationale:

- Easy for consumers to understand, and translates well to QI

Feasibility

- High: 4
- Moderate: 1
- Low: 0
- Insufficient: 0

Rationale:

- Does require some data abstraction

Suitable for endorsement

Yes: 5

No: 0

Rationale:

- Generally good measure

469: Elective delivery prior to 39 completed weeks gestation (Joint Commission)

Importance to Measure and Report

High Impact

- High: 7
- Moderate: 0
- Low: 1
- Insufficient: 0

Opp. for Improvement

- High: 8
- Moderate: 0
- Low: 0
- Insufficient: 0

Meets Importance:

- Yes: 7
- No: 1

Rationale:

- High impact, high burden, significant opportunity for improvement
- Not possible to get to 0, there will always be medically indicated deliveries, but there's no way to code for that

Evidence

Quantity

- High: 7
- Moderate: 1
- Low: 0
- Insufficient: 0

Quality

- High: 3
- Moderate: 4
- Low: 1
- Insufficient: 0

Consistency

- High: 7
- Moderate: 0
- Low: 1
- Insufficient: 0

Rationale:

- Consensus statement includes classical C/S and myomectomy as indications for early delivery.
- Quantity of Body of Evidence: Not specifically tested in postpartum pts. Consistency of Body of Evidence: Extrapolated data, cost analysis; No systematic attempt to quantify compliance; not specifically tested in postpartum pts

469: Elective delivery prior to 39 completed weeks gestation (Joint Commission)

Scientific Acceptability

Reliability

- High: 5
- Moderate: 2
- Low: 0
- Insufficient: 1

Validity

- High: 4
- Moderate: 4
- Low: 0
- Insufficient: 0

Rationale:

- No adequate ICD-9 codes for active labor, spontaneous rupture, so need to do chart audit; this adds to burden and decreases reliability
- Low hanging fruit: exclude any obvious medical conditions, then refine later
- Questions about whether exclusions are adequate, no exclusions for classical C/S or myomectomy

469: Elective delivery prior to 39 completed weeks gestation (Joint Commission)

Usability

- High: 4
- Moderate: 3
- Low: 0
- Insufficient: 1

Feasibility

- High: 2
- Moderate: 6
- Low: 0
- Insufficient: 0

Rationale:

- Potential for gaming

Rationale:

- We found that there were often errors due to physician and nursing documentation and occasionally with a computer glitch.
- Concerned about provider gaming of exclusion criteria. Would TJC consider dropping exclusions, since there is evidence that a large majority in this GA range are elective?

Suitable for endorsement

Yes: 7

No: 1

Rationale:

471: Cesarean rate for low-risk first birth women (aka NTSV CS rate) (Joint Commission)

Importance to Measure and Report

High Impact

- High: 7
- Moderate: 0
- Low: 0
- Insufficient: 0

Opp. for Improvement

- High: 7
- Moderate: 0
- Low: 0
- Insufficient: 0

Meets Importance:

- Yes: 7
- No: 0

Rationale:

- Lowering the rate of cesarean for nulliparous women (1 baby, vertex, term) has and is a national health priority. Unfortunately, there has been no improvement.
- ACOG notes this to be the optimal focus for Cesarean section rates
- Lower is better only to a point (U-shaped curve)

Evidence

Quantity

- High: 6
- Moderate: 0
- Low: 0
- Insufficient: 0

Quality

- High: 4
- Moderate: 2
- Low: 0
- Insufficient: 0

Consistency

- High: 5
- Moderate: 1
- Low: 0
- Insufficient: 0

Rationale:

- The outcome of cesarean delivery is directly related to the processes of care, particularly the decision-making of professionals.

471: Cesarean rate for low-risk first birth women (aka NTSV CS rate) (Joint Commission)

Scientific Acceptability

Reliability

- High: 6
- Moderate: 1
- Low: 0
- Insufficient: 0

Validity

- High: 4
- Moderate: 3
- Low: 0
- Insufficient: 0

Rationale:

- Age is one factor where risk adjustment made a difference
- “direct standardization” rather than risk-adjustment
- High face validity with providers

471: Cesarean rate for low-risk first birth women (aka NTSV CS rate) (Joint Commission)

Usability

- High: 5
- Moderate: 2
- Low: 0
- Insufficient: 0

Rationale:

- The risk adjustment detracts from face validity and usability.

Feasibility

- High: 6
- Moderate: 1
- Low: 0
- Insufficient: 0

Rationale:

- Already in use by JC

Suitable for endorsement

Yes: 7

No: 0

Rationale:

- This is an extremely critical outcome measure for both women and their infants. Reducing this rate has been the focus of national health objectives for over 2 decades. It should be a mandatory publically reportable outcome for all institutions providing obstetrical/neonatal care.

476: Appropriate use of antenatal steroids (Joint Commission)

Importance to Measure and Report

High Impact

- High: 5
- Moderate: 0
- Low: 0
- Insufficient: 0

Opp. for Improvement

- High: 5
- Moderate: 0
- Low: 0
- Insufficient: 0

Meets Importance:

- Yes: 5
- No: 0

Rationale:

- Prematurity is a huge issue, large numbers affected
- Current performance is 64.9%, so clearly there's a gap and room for improvement

Evidence

Quantity

- High: 5
- Moderate: 0
- Low: 0
- Insufficient: 0

Quality

- High: 5
- Moderate: 0
- Low: 0
- Insufficient: 0

Consistency

- High: 5
- Moderate: 0
- Low: 0
- Insufficient: 0

Rationale:

- multiple citations with consistent finding of benefit from antenatal steroid administration

476: Appropriate use of antenatal steroids (Joint Commission)

Scientific Acceptability

Reliability

- High: 5
- Moderate: 1
- Low: 0
- Insufficient: 0

Validity

- High: 5
- Moderate: 0
- Low: 0
- Insufficient: 0

Rationale:

- Developer obtained and reviewed feedback on specifications from user hospitals and modified criteria in several instances to make it more consistent across users and therefore yielding comparable results.

476: Appropriate use of antenatal steroids (Joint Commission)

Usability

- High: 5
- Moderate: 0
- Low: 0
- Insufficient: 0

Rationale:

•Steroids do need to be documented in medical record when delivery takes place; if patient is taken to nearest hospital for delivery may not be available

Feasibility

- High: 3
- Moderate: 2
- Low: 0
- Insufficient: 0

Rationale:

•Some of the data comes from chart review, which may or may not be done electronically depending upon sophistication of hospital record system.

Suitable for endorsement

Yes: 5

No: 0

Rationale:

•Accurate reporting will require institutions to create special builds in EHR to track. Institutions without this capacity will face high manpower expense for extraction. Both tracking methods require ongoing provider education to document accurately.

1731: Health care-associated bloodstream infections in newborns (Joint Commission)

<p>Importance to Measure and Report</p> <p>High Impact</p> <ul style="list-style-type: none"> •High: 3 •Moderate: 1 •Low: 0 •Insufficient: 0 	<p>Opp. for Improvement</p> <ul style="list-style-type: none"> •High: 3 •Moderate: 1 •Low: 0 •Insufficient: 0 	<p>Meets Importance:</p> <p>Yes: 4</p> <p>No: 0</p>
<p>Rationale: see 478</p>		
<p>Evidence</p> <p>Quantity</p> <ul style="list-style-type: none"> •High: 1 •Moderate: 2 •Low: 0 •Insufficient: 0 	<p>Quality</p> <ul style="list-style-type: none"> •High: 2 •Moderate: 1 •Low: 0 •Insufficient: 0 	<p>Consistency</p> <ul style="list-style-type: none"> •High: 2 •Moderate: 1 •Low: 0 •Insufficient: 0
<p>Rationale:</p>		

1731: Health care-associated bloodstream infections in newborns (Joint Commission)

Scientific Acceptability

Reliability

- High: 1
- Moderate: 3
- Low: 0
- Insufficient: 0

Validity

- High: 0
- Moderate: 3
- Low: 0
- Insufficient: 0

Rationale:

- Precisely specified but not tested for reliability. Reported results do not identify difference in performance. Risk adjustment includes adjustment for transfer status, which is highly affected by regional and health system differences, and "transferred out/died," so that hospitals that have worse outcomes for their infected patients will look better on the measure.
- Biggest concern is validation (do hospitals with infection control programs do better?), lack of variation, and risk adjustment strategy.
- Additional testing on reliability being completed now

1731: Health care-associated bloodstream infections in newborns (Joint Commission)

Usability

- High: 2
- Moderate: 1
- Low: 1
- Insufficient: 0

Rationale:

- Harmonized with measure 478

Feasibility

- High: 2
- Moderate: 2
- Low: 0
- Insufficient: 0

Rationale:

Suitable for endorsement

Yes: 4

No: 0

Rationale:

- It's good that the measure is harmonized with AHRQ's, but it's not clear whether either is a valid measure of care quality. It would be good to see how ratings among hospitals on the two compare.