CONFERENCE CALL OF THE STATE-BASED REPORTING IN HEALTHCARE WORKGROUP

June 28, 2010

Working Group members present: Kathleen J. Billingsley, RN, California Department of Health; Elizabeth Daake, MBA, MPH, Massachusetts Department of Health; Sydney Edlund, Oregon Department of Health; Anne Flanagan, MS, RN, Maine Department of Health; Sharon Haney, Colorado Department of Health; Constance Jones, North Carolina Department of Health; Marie Kokol, LHRM, Florida Agency for Healthcare Administration; Jay Kvam, Nevada Department of Health; Leslee Pool, Georgia Department of Health; Ann Rutherford Reed, Tennessee Department of Health; Lois Sater, Wisconsin Department of Health; Kaliyah Shaheen, MPH, Ohio Department of Health; Bob Stahl, South Dakota Department of Health; Cheryl Theriault, Connecticut Department of Health; Iona Thraen, MSW, Utah Department of Health; Renee Webster, Maryland Department of Health; Terry Whitson, Indiana Department of Health; Feseha Woldu, PhD, District of Columbia Department of Health

NQF Staff present: Peter Angood, MD, FACS; Eric Colchamiro, MPA; Lauren Murray, Shana Campbell

Other Participants present: Ley Arquisola, California Department of Health; Lori Bowman, Hospira; Marissa Brown, Nevada Department of Public Health; Marjory Cannon, Centers for Medicare & Medicaid Services; Barbara Fischer, Illinois Department of Health; Caren Ginsberg, Westat; Liz Gorka, Health Insight (Nevada); Larry Hinkle, National Academy for State Health Policy (NASHP); Rani Jeeva, United States Department of Health and Human Services; Kathy Jenkins, Boston Children's Hospital; Maurice Johnson, Westat; Elizabeth Kane, United States Department of Health and Human Services; Pamela Lovinger, Washington Department of Health; Terri Mack, California Department of Public Health; William Marella, Pennsylvania Patient Safety Authority; John Moquin, Agency for Healthcare Research and Quality; Debbie Perfetto, Agency for Healthcare Research and Quality; Jill Rosenthal, NASHP; Rachel Rowe, Healthy New Hampshire; Kathy Schmitt, Washington Department of Health; Michael Shults,

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California Department of Health; Carol Sniegoski, Agency for Healthcare Research and Quality; Steve Solomon, Centers for Disease Control and Prevention; Susan Terrillion, Agency for Healthcare Research and Quality; Barbee Whitaker, American Association of Blood Banks

WELCOME AND GOALS FOR THE STATE-BASED CONFERENCE CALLS

Dr. Angood welcomed the Committee and reviewed past work to date. The initial in-person meeting of this group, convened by the National Quality Forum (NQF) with support from the Department of Health and Human Services (HHS), was in late October 2009; this was followed by a June 2010 meeting, and supported by the Agency for Healthcare Research and Quality. NQF, through its contract with HHS, will be convening a series of conference calls to continue this dialogue. The goal of these calls, in contrast to the initial meetings, is to emphasize collaborative activity and focus on how these conversations can serve as a means for continuous quality improvement.

UPDATE OF THE NQF PATIENT SAFETY PORTFOLIO

• Safe Practices

Dr. Angood next discussed the *NQF Safe Practices for Better Healthcare 2010*; a detailed, indepth review of the Safe Practices is scheduled for 2010, in order to release a 2011 update. The full report is available as an electronic document on NQF's website.

• Framework for Public Reporting of Patient Safety Events

The Framework for the Measurement, Evaluation, and Reporting of Patient Safety Event Information is intended to develop a patient safety public reporting framework to address the challenges and opportunities related to the public reporting of patient safety information, with a focus on Serious Reportable Events. This report has been completed, and awaits approval from NQF's Board of Directors for final endorsement. Dr. Angood encouraged participants to review this effort, as it is intended to provide guidance in their efforts.

• Serious Reportable Events (SREs)

Discussion next turned to the *Serious Reportable Events in Healthcare* project. This project is an update to the 2006 report; where there are 28 events classified into 6 categories: surgical, product or device, patient protection, care management, environment, or criminal.

The current project seeks to review that list of 28—and then aims to expand the SREs into different categories, beyond hospital settings, which include:

- ambulatory and office-based surgery centers;
- nursing homes, specifically skilled nursing facilities; and
- ambulatory practice settings, specifically physician offices.

Currently, there are 11 new events proposed that will be considered in the coming months. These events will be reviewed by three Technical Advisory Panels—in Ambulatory and Office-Based Surgery, Physician Offices, and Skilled Nursing Facilities—and then the entire Steering Committee. The project has a tentative completion date of March 2011.

• Patient Safety Measures

NQF has received 44 measure submissions through its Call for Measures, as part of NQF's Consensus Development Process. This project is focused on endorsing a broad set of patient safety measures. Three Technical Advisory Panels—Perinatal Care, Medication Safety, and Healthcare Associated Infections—will meet to review the measures.

PRESENTATION: INCREASING COMPLIANCE AND IMPROVING PROVIDER RELATIONSHIPS

Dr. Jenkins next spoke and discussed the relationship between state reporting agencies and providers. She made the following points:

- Regulations can place a significant onus on providers—Massachusetts requires reporting of NQF's Serious Reportable Events verbatim.
- Flexibility and guidance for providers is critical—NQF definitions are not applicable to children, and Boston Childrens Hospital also would benefit from guidance about how to apply billing restrictions.

• State reporting agencies may benefit from having clinicians on staff to more accurately

analyze event reports.

• Required reporting timeframes, coupled with highly specific language and strict timelines

in state reporting requirements, may lead to unintended consequences for/undue burdens

on providers.

State participants noted the frustrations with reporting requirements, but added that funding is a

widespread concern and that states are doing their best to assess and evaluate event reports

within restricted state budgets. Participants reiterated their interest in strong federal guidelines on

adverse event definitions, as an aid to understanding provider reports.

GENERAL DISCUSSION AND ACTION ITEMS

Dr. Angood reminded the call participants that this is the first in a series of calls about state

reporting. Following this discussion, NQF will survey state reporting managers, and get their

opinions on how to effectively move this initiative forward.

Participants expressed a desire to focus on collaborative activity, and structure the calls around

actionable activity and sharing information among the states. Another participant agreed and

noted that since there are few publications or resources to detail activity in the states, that this

state-federal collaboration is vital.

NEXT STEPS

The next State Reporting conference call will be on Monday, September 13, 2010 from 4:00

pm-5:30 pm ET. Materials and dial-in information for the call will be sent via e-mail prior to the

call.

Committee members were reminded to complete the survey on NQF's patient safety initiatives at

http://www.surveymonkey.com/s/BB2KHD7.