

NATIONAL QUALITY FORUM

**Surgery Endorsement Maintenance 2010 Steering Committee
February 28-March 1, 2011**

Washington Hilton
1919 Connecticut Ave., NW
Washington, DC 20009
202-483-3000 – Hilton
202-783-1300 – NQF

Please use the following information to access the conference call line:

**Participant Dial-in Number: 1-888-262-8720
Conference ID: 2912623**

FINAL AGENDA

Day 1 – February 28

- 9:00 am **Welcome and Introductions**
Helen Burstin, MD, MPH, Senior Vice President of Performance Measures
Arden M. Morris, MD, MPH, Co-Chair
David Torchiana, MD, Co-Chair
- Disclosure of Interest**
Ann Hammersmith, General Counsel
- 9:30 am **Expectations and Process for the Meeting**
Dr. Morris
Dr. Torchiana
- 9:45 am **Project Introduction and Overview of Evaluation Process**
Melinda Murphy, RN, MS, Senior Director
Alexis Forman, MPH, Project Manager
- 10:00 am **Consideration of Candidate Measures**
Brief Introduction of Measures by Developer(s)
- 10:20 am **Cardiac-CABG**
- **0113:** Participation in a systematic database for cardiac surgery
 - **0114:** Post-operative renal failure
 - **0115:** Surgical re-exploration
 - **0129:** Prolonged intubation (ventilation)
- 11:15 am **Break**
- 11:30 am **Consideration of Candidate Measures (continued)**
- **0131:** Stroke/cerebrovascular accident

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- **0134:** Coronary artery bypass graft (CABG) using internal mammary artery (IMA)
- **0119:** Risk-adjusted operative mortality for CABG

12:15 pm **NQF Member/Public Comment**

12:30 pm **Lunch Break**

1:00 pm **Consideration of Candidate Measures**

Cardiac-CABG-Valve Replacement/Repair

- **0120:** Risk-adjusted operative mortality for aortic valve replacement (AVR)
- **0121:** Risk-adjusted operative mortality for mitral valve replacement
- **0122:** Risk-adjusted operative mortality MV replacement + CABG surgery
- **0123:** Risk-adjusted operative mortality for AVR + CABG
- **1501:** Risk-adjusted operative mortality for MV repair
- **1502:** Risk-adjusted operative mortality for MV repair + CABG surgery
- **0124:** Surgical volume- a. isolated coronary artery bypass graft (CABG) surgery, b. valve surgery, c. CABG + valve surgery

3:00 pm **Break**

3:15 pm **Consideration of Candidate Measures**

Esophageal Resection and Transfusion

- **0360:** Esophageal resection mortality rate (IQI 8) (risk adjusted)
- **0361:** Esophageal resection volume (IQI 1)
- **1526:** Transfusion consent
- **1527:** RBC transfusion indication
- **1532:** Plasma transfusion indication
- **1539:** Platelet transfusion indication
- **1541:** Blood administration documentation
- **1542:** Preoperative anemia screening
- **1547:** Preoperative blood type testing and antibody screening

5:15 pm **NQF Member/Public Comment**

5:30 pm **Adjourn**

Day 2 – March 1

9:00 am **Welcome, Recap of Day One**

Dr. Morris

Dr. Torchiana

9:10 am **Consideration of Candidate Measures**

Brief Introduction of Measures by Developer(s)

9:25 am Cardiac-CABG and Prophylaxis

- **0116:** Anti-platelet medication at discharge

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- **0118:** Anti-lipid treatment discharge
- **1479:** Patient(s) 18 years of age and older on lipid-lowering medication at admission or within seven days of discharge of an isolated CABG procedure
- **0130:** Deep sternal wound infection rate

10:30 am **Break**

10:45 am **Consideration of Candidate Measures (cont.)**

- **0300:** Cardiac patients with controlled 6 am postoperative serum glucose
- **0217:** Surgery patients with recommended venous thromboembolism (VTE) prophylaxis ordered
- **0218:** Surgery patients who received appropriate venous thromboembolism (VTE) prophylaxis within 24 hours prior to surgery to 24 hours after surgery end time

11:45 am **NQF Member/Public Comment**

12:00 pm **Lunch Break**

12:30 pm **Related and Competing Measures**

1:00 pm **Gaps to be Filled to More Fully Capture an Episode of Care**

1:30 pm **Additional Recommendations**

1:45 pm **Break**

2:00 pm **NQF Member/Public Comment**

2:15 pm **Next Steps/Timeline for Project**

2:30 pm **Adjourn**

NOTE: Please expect that the meeting may run as much as 1 hour later if needed to complete all work.