

NATIONAL QUALITY FORUM

CALL FOR MEASURES: SURGERY ENDORSEMENT MAINTENANCE 2010-PHASE 2

Phase 2 of the Surgery Endorsement Maintenance project includes general surgery and surgical specialties including but not limited to thoracic, vascular, orthopedic, neurosurgery, and other sub-specialty surgical areas.

BACKGROUND

The rate of surgical procedures is increasing annually. In 2006, 46 million in-patient surgeries in the United States were performed,¹ and 53.3 million procedures in ambulatory surgery centers were completed.² With this rise, there has been a rapid increase in the number of ambulatory surgery centers. In 2007, there were 4,964 Medicare-certified ambulatory surgery centers, which was a 64 percent increase from 2000.³ NQF has endorsed a number of consensus standards for surgical procedures and care of surgical patients over the past six years. An evaluation of all NQF-endorsed[®] surgical measures and consideration of new measures will ensure the currency and relevance of NQF's portfolio of voluntary consensus standards.

NQF has endorsed 63 consensus standards for surgical procedures and care of surgical patients over the past six years. In 2004, under the National Voluntary Consensus Standards for Cardiac Surgery project, NQF endorsed 21 consensus standards for cardiac surgery, the largest number of surgical measures endorsed in a single project.

As the quality measurement enterprise has matured, better data from clinical registries and electronic health records can support the demand for meaningful performance measures. There has also been a shift to focus on outcomes and composite measures.

This Consensus Standards Endorsement Maintenance project consists of two activities:

1. Evaluation of new measures related to surgical procedures. NQF will solicit new measures for general surgery and surgical specialties, including but not limited to: cardiac, thoracic, vascular, orthopedic, neurosurgery, and other specialty surgical areas. This call encompasses pre-operative evaluation, post-operative care, diagnostic studies, and treatments associated with these surgeries.

Submitted measures may be:

- a. structure, process, outcome, or composite measures;
- b. applicable to any care setting and ideally applicable to multiple care settings; and
- c. applicable to any age, including children as appropriate.

¹ DeFrances CJ, Lucas CA, Buie VC, et al., 2006 National Hospital Discharge Survey, *Natl Health Stat Report*, 2008;(5):1-20. Available at <http://www.cdc.gov/nchs/data/nhsr/nhsr005.pdf>.

² Cullen KA, Hall MJ, Golosinskiy A, Ambulatory surgery in the United States, 2006, *Natl Health Stat Report* 2009;(11):1-25. Available at <http://www.cdc.gov/nchs/data/nhsr/nhsr011.pdf>.

³ DeFrances CJ.

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2. Maintenance of endorsement for NQF-endorsed voluntary surgical consensus standards that were endorsed prior to [June 2008](#).

Due to the number of measures, the project will be conducted in two phases:

Phase 1—cardiac surgery, including pre-operative evaluation, post-operative care, diagnostic studies, and treatments associated with these surgeries.

The Call for Measures for Phase 1 closed on October 28, 2010. We will not be accepting new submissions for Phase 1 measures at this time.

Phase 2—general surgery and surgical specialties including but not limited to thoracic, vascular, orthopedic, neurosurgery, and other sub-specialty surgical areas.

The Call for Measures for Phase 2 will begin on November 15, 2010.

The online submission forms for measures undergoing maintenance became available September 15, 2010.

Any organization or individual may submit measures for consideration. To be evaluated, candidate consensus standards must be within the scope of the project and meet the following general conditions as specified in the [measure evaluation criteria](#):

- A. The measure is in the public domain,⁴ or an [intellectual property agreement](#) is signed.
- B. The measure owner/steward verifies there is an identified responsible entity and process to maintain and update the measure on a schedule that is commensurate with the rate of clinical innovation; at least every three years.⁵
- C. The intended use of the measure includes both public reporting and quality improvement.
- D. The requested measure submission information is complete. Generally, measures should be fully developed and tested so that all the evaluation criteria have been addressed and information needed to evaluate the measure is provided.

*Measures without testing results (as outlined in the [Scientific Acceptability of Measure Properties](#)) may be eligible for time-limited endorsement if all of the following conditions are met:

- An incumbent measure does not address the specific topic of interest in the proposed measure;
- A critical timeline must be met (e.g., legislative mandate);
- The measure is not complex (e.g., composite, requires risk adjustment); and
- The Measure Steward must verify a timeline and committed resources to conduct testing within 12 months if granted time-limited endorsement.

To submit a measure, please complete the following:

⁴ NQF requires any nongovernment organization submitting a measure for endorsement to execute a Measure Steward Agreement that addresses intellectual property protection and disclosure of the measure's proprietary components, including but not limited to specifications, risk-adjustment methodologies, data collection instrument, data collection or analysis software, and database access. For details, please see the [Policy on Endorsement of Proprietary Measures](#).

⁵ Measure stewards must execute a [Measure Steward Agreement](#) with NQF.

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- [Online Measure Submission Form](#)
Clicking on this link will redirect you to the webpage for this project, from which you can access the online measure submission form.
- [Measure Steward Agreement Form](#)

Please note that no material will be accepted without submission of a fully executed *Measure Steward Agreement Form*. All materials not meeting this requirement will be returned to the sender.

Materials must be submitted using the online submission process by 6:00 pm, ET on Tuesday, December 14, 2010. If you have any questions, please contact, Melinda Murphy, RN, MS, NE-BC at 202-531-0550 or Alexis Forman, MPH at 202-783-1300 or via e-mail at surgery@qualityforum.org. Thank you for your assistance with this project!