



Surgery Standing Committee—Measure Evaluation Web Meeting

The National Quality Forum (NQF) convened the Surgery Standing Committee for a web meeting on June 28, 2018 to evaluate two measures.

Welcome, Introductions, and Review of Meeting Objectives

NQF welcomed the Standing Committee and participants to the meeting. NQF staff reviewed the meeting objectives. Committee members each introduced themselves and disclosed any conflicts of interest.

Topic Area Introduction and Overview of Evaluation Process

NQF staff provided an overview of the topic area and the current NQF portfolio of endorsed measures. There are currently 62 measures in the surgery portfolio. Additionally, NQF reviewed the Consensus Development Process (CDP) and the measure evaluation criteria.

Measure Evaluation

During the meeting, the Surgery Standing Committee evaluated two maintenance measures for endorsement consideration. A summary of the Committee deliberations will be compiled and provided in the draft technical report. NQF will post the draft technical report on August 7, 2018 for public comment on the NQF website. The draft technical report will be posted for 30 calendar days.

Measure Evaluation Criteria Rating Key: H – High; M – Medium; L – Low; I – Insufficient

2063 Performing Cystoscopy at the Time of Hysterectomy for Pelvic Organ Prolapse to Detect Lower Urinary Tract Injury (American Urogynecologic Society)

Measure Steward/Developer Representatives at the Meeting

Colleen Skau, Jaime Long, Jill Rathburn

Standing Committee Votes

- Evidence: H-1; M-14; L-0; I-0
- Performance Gap: H-0; M-14; L-2; I-0
- Reliability: H-0; M-15; L-0; I-0
- Validity: H-0; M-16; L-0; I-0
- Feasibility: H-0; M-13; L-3; I-0
- Use: Pass-16; No Pass-0
- Usability: H-0; M-13; L-3; I-0

Standing Committee Recommendation for Endorsement: Yes-15; No-0

The Standing Committee recommended the measure for continued endorsement. Although the Committee highlighted the importance of outcome measures, they agreed there is a strong link between this process measure and the outcome, a decrease in lower urinary tract injury.

2558 Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Coronary Artery Bypass Graft (CABG) Surgery (Centers for Medicare & Medicaid Services/Yale CORE)

Measure Steward/Developer Representatives at the Meeting

Karen Dorsey

Standing Committee Votes

- Evidence: Carried over votes from previous evaluation.
- Performance Gap: H-7; M-8; L-0; I-0
- Reliability: Accepted the Scientific Methods Panel evaluation
 - This measure is deemed as complex and was evaluated by the NQF Scientific Methods Panel.
- Validity: Accepted the Scientific Methods Panel evaluation
 - This measure is deemed as complex and was evaluated by the NQF Scientific Methods Panel.
- Feasibility: H-11; M-4; L-0; I-0
- Use: Pass-15; No Pass-0
- Usability: H-14; M-1; L-0; I-0

Standing Committee Recommendation for Endorsement: Yes-15; No-0

The Standing Committee recommended the measure for continued endorsement. The Committee agreed the measure met NQF criteria then discussed the additive value to similar measures, specifically NQF #0119 *Risk Adjusted Operative Mortality for CABG* (Society of Thoracic Surgeons). The developer explained the differences between the two measures including target population, age, isolated CABG, period of observation, and included hospitals.

Public Comment

No public or NQF member comments were provided during the measure evaluation meeting.

Next Steps

NQF will post the draft technical report on August 7, 2018 for public comment for 30 calendar days. The continuous public comment with member support will close on September 5, 2018. NQF will re-convene the Standing Committee for the post-comment web meeting on September 27, 2018.