



## CALL FOR NOMINATIONS TO SURGERY STANDING COMMITTEE

### BACKGROUND

The rate of surgical procedures is increasing annually. In 2010, 51.4 million inpatient surgeries in the United States were performed and 53.3 million procedures in ambulatory surgery centers were completed<sup>1</sup>. Ambulatory surgery centers account for 43 percent of all same-day surgery in the United States, and have been the fastest growing provider type participating in Medicare.<sup>2</sup>

The National Quality Forum (NQF) has endorsed surgical measures through a variety of projects beginning in 2004 with the National Voluntary Consensus Standards for Cardiac Surgery. Most recently, the Surgical Endorsement Maintenance 2010 evaluated general and specialty surgical care across settings of care. The current NQF surgery portfolio includes measures focused on key surgical care processes, and outcomes for surgical procedures.

As part of NQF's ongoing work with performance measures for patients undergoing surgery, this project seeks to identify and endorse surgical performance measures for accountability and quality improvement that address a number of surgical processes including pre and post-surgical care, anesthesia and surgical outcomes including but not limited to survival, symptom and functional outcomes and adverse outcomes. Twenty-four surgical measures endorsed prior to 2011 are due for maintenance and will be re-evaluated against the most recent NQF measure evaluation criteria.

### COMMITTEE CHARGE

A multi-stakeholder Standing Committee will be established to evaluate newly submitted measures and measures undergoing maintenance review and make recommendations for which measures should be endorsed as consensus standards. This Committee will work to identify and endorse new performance measures for accountability and quality improvement that specifically address surgical care processes, including cardiac, thoracic, vascular, orthopedic, neurosurgery, and general surgery. Additionally, the Committee will evaluate consensus standards previously endorsed by NQF under the maintenance process.

The Standing Committee's primary work is to evaluate the submitted measures against NQF's standard [measure evaluation criteria](#) and make recommendations for endorsement. The Committee will also:

- oversee the Surgery portfolio of measures;
- identify and evaluate competing and related measures;
- identify opportunities for harmonization of similar measures;
- recommend measure concepts for development to address gaps in the portfolio;
- provide advice or technical expertise about the subject to other committees (i.e. cross cutting committees or the Measures Application Partnership);
- ensure input is obtained from relevant stakeholders;

**Nominations Due By Friday, January 31, 2014 6:00 PM ET**

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- review draft documents; and
- recommend specific measures and research priorities to NQF Members for consideration under the Consensus Development Process (CDP).

To learn more about the work of NQF's CDP Standing Committees, review our [Committee Guidebook](#).

### STANDING COMMITTEE

This Committee will be seated as a standing committee comprised of 20-25 individuals, with members serving terms that may encompass multiple measure review cycles. The Steering Committee will consist of a variety of stakeholders, including consumers, purchasers, providers, professionals in surgical and post-surgical care, plans, suppliers, community and public health, and healthcare quality experts. Select members from the previous Surgery Steering Committee may serve on this new Committee to ensure continuity across the work.

#### *Terms*

**Standing Committee members will initially be appointed to a 2 or 3 year term.** Each term thereafter would be a 3 year term, with Committee members permitted to serve two consecutive terms. After serving two terms, the Committee member must step down for one full term (3 years) before becoming eligible for reappointment. For more information, please reference the [Standing Committee Policy](#).

**Participation on the Committee requires a significant time commitment. To apply, Committee members should be available to participate in all currently scheduled calls/meetings.** Over the course of the Committee member's term, additional calls will be scheduled or calls may be rescheduled; new dates will be set based on the availability of the majority of the Committee.

Each measure review cycle generally runs about 7 months in length.

#### **Committee participation includes:**

- Review measure submission forms during each cycle of measure review
  - Each committee member will be assigned a portion (1-5) of the measures to fully review (approximately 1-2 hours/measure) and provide a preliminary evaluation on a workgroup call
  - Each committee member should familiarize themselves with all measures being reviewed (approximately 15-30 minutes per measure)
- Participate in the orientation call (2 hours)
- The option to attend one of two NQF staff-hosted measure evaluation Q & A calls (1 hour)
- Review measures with the full Committee by participating in one of 4 workgroup calls (2 hours); workgroup assignments will be made by area of expertise;
- Attendance at initial in-person meeting (2 full days in Washington, DC);
- Complete measure review by attending the post-meeting conference call (2 hours)
- Attend conference call following public commenting to review submitted comments (2 hours)
- Complete additional measure reviews via webinar
- Participate in additional calls as necessary

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- Complete surveys and pre-meeting evaluations
- Present measures and lead discussions for the Committee on conference calls and in meeting

**Table of scheduled meeting dates**

Meeting	Date/Time
Orientation Call (2 hours)	March 25, 2014 2:00-4:00pm ET
Measure Evaluation Q &A	April 15, 2014 or April 24, 2014 2:00-3:00pm ET
Workgroup Call (2 hours)	May 1, 2014 2:00-4:00pm ET May 8, 2014 2:00-4:00pm ET May 13, 2014 2:00-4:00pm ET May 19, 2014 2:00-4:00pm ET
In-person meeting (2 days in Washington, DC)	May 28, 2014 8:30AM-5:00PM EST to May 29, 2014 8:30AM-3:00PM EST
Post meeting conference call (2 hours)	June 10, 2014 2:00-4:00pm ET
Post Draft Report Comment Call (2 hours)	August 26, 2014 2:00-4:00pm ET

### ***Preferred Expertise & Composition***

Standing Committee members are selected to ensure representation from a variety of stakeholders, including consumers, purchasers, providers, professionals, plans, suppliers, community and public health, and healthcare quality experts. Because NQF attempts to represent a diversity of stakeholder perspectives on committees, a limited number of individuals from each of these stakeholder groups can be seated onto a committee.

Nominees should possess relevant knowledge and/or proficiency in process and outcome quality measurement and/or clinical expertise in surgical care processes, and risk-adjusted outcomes related to surgical care. NQF is seeking nominees with a variety of clinical experience, including physicians, nurses, therapists, case managers, unit managers, and executives. We also are seeking expertise in disparities and care of vulnerable populations.

Please review the NQF [Conflict of interest policy](#) to learn about how NQF identifies potential conflict of interest. All potential Steering Committee members must disclose any current and past activities prior to and during the nomination process in order to be considered.

### **CONSIDERATION AND SUBSTITUTION**

Priority will be given to nominations from NQF Members when nominee expertise is comparable. Please note that nominations are to an individual, not an organization, so “substitutions” of other individuals from an organization at conference calls, meetings or for voting is not permitted. Committee members are encouraged to engage colleagues and solicit input from colleagues throughout the process.

### **APPLICATION REQUIREMENTS**

Self-nominations are welcome. Third-party nominations must indicate that the individual has been contacted and is willing to serve. To be considered for appointment to the Steering Committee, please submit the following information:

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- a completed [online nomination form](#), including:
  - a brief statement of interest;
  - a brief description of nominee expertise highlighting experience relevant to the committee;
  - a short biography (maximum 100 words), highlighting experience/knowledge relevant to the expertise described above and involvement in candidate measure development; and
  - curriculum vitae or list of relevant experience (e.g., publications) *up to 20 page*.
- a completed conflict of interest form. This will be requested upon your submission of the nominations form for Committees actively seeking nominees.
- confirmation of availability to participate in currently scheduled calls and meeting dates. Committees or projects actively seeking nominees will solicit this information upon submission of the online nomination form.

### DEADLINE FOR SUBMISSION

All nominations *MUST* be submitted by **6:00 pm ET on January 31, 2014**.

### QUESTIONS

If you have any questions, please contact Andrew Lyzenga or Wunmi Isijola, at 202-783-1300 or [surgery@qualityforum.org](mailto:surgery@qualityforum.org). Thank you for your interest.

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<sup>1</sup> [National Hospital Discharge Survey: 2010 table, Procedures by selected patient characteristics - Number by procedure category and age](#)

<sup>2</sup> [http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/ASC\\_HAI\\_MAP.pdf](http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/ASC_HAI_MAP.pdf)