



## Surgery Project 2015-2017

### BACKGROUND

Given the increasing rates of, and costs associated with, inpatient and outpatient surgeries in the United States, performance measurement and reporting provides an opportunity to improve the safety and quality of care received by Americans undergoing surgery and surgical procedures. The rate of surgical procedures is increasing annually. In 2010, 51.4 million inpatient surgeries were performed in the United States, and 53.3 million procedures in ambulatory surgery centers were completed.<sup>i</sup> Ambulatory surgery centers account for 43 percent of all same-day surgery in the United States and are the fastest growing provider type participating in Medicare.<sup>ii</sup> In 2012, 28 percent of hospital stays (excluding maternal and neonatal stays) involved operating room procedures and accounted for nearly half (49.1 percent) of total hospital costs.<sup>iii</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. NQF recently completed a surgery endorsement project in February 2015. A second phase of this endorsement project will be completed in November 2015. The NQF surgery portfolio currently includes measures focused on key surgical care processes across an array of procedure types that include outcomes for general and sub-specialty surgical procedures, use of peri-operative chemo-prophylaxis, and all phases of peri-operative care.

As part of NQF's ongoing work with performance measurement 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 topic areas including general and specialty/sub-specialty surgeries such as cardiac, bariatric, vascular, orthopedic, neurologic, urologic, pediatric, and general surgery. Eighteen NQF-endorsed measures are due for maintenance and, along with newly submitted measures, will be re-evaluated against the most recent NQF measure evaluation criteria.

### COMMITTEE CHARGE

A multi-stakeholder Standing Committee has been established to evaluate newly submitted measures and measures undergoing maintenance review and make recommendations to endorse as consensus standards. This Committee will identify and recommend endorsement of new performance measures for accountability and quality improvement that specifically address a number of surgical topic areas, including, but not limited to: pre-, intra- and post-operative care processes across an array of procedure types, use of peri-operative chemo-prophylaxis and adverse surgical outcomes. Measures including outcomes, interventions and procedures associated with surgery and surgical care processes will be considered. 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 Project 2015-2017 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
- review draft documents
- 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](#)

## COMMITTEE STRUCTURE

This Committee is a standing committee comprised of 25 individuals, with members serving terms that may encompass multiple measure review cycles. **There are up to three standing committee seats for individuals with expertise in the areas of cardiothoracic / cardiovascular, neuro, and pediatric surgery specialties.**

### *Terms*

Standing Committee members will initially be appointed to a 2 or 3 year term. Each term thereafter will 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 Committee members.

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

### **Committee participation includes:**

- Participation in the orientation call (2 hours)
- Review of 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

- Presentation of the 1-5 measures evaluated including leading discussions for the Committee on conference calls and in meeting
- Each committee member should familiarize themselves with all measures being reviewed (approximately 15-30 minutes per measure)
- The option to attend one of two NQF staff-hosted measure evaluation Q & A calls (1 hour)
- Review of all measures with the full Committee by attending an in-person meeting (2 full days in Washington, DC);
- Completion of measure review by attending the post-meeting conference call (2 hours)
- Attendance at conference call following public commenting to review submitted comments (2 hours)
- Completion of additional measure reviews via webinar
- Participation in additional calls as necessary
- Completion of surveys and pre-meeting evaluations

**Table of scheduled meeting dates**

Meeting	Date/Time
Committee Orientation Call	July 12, 2016 at 2PM-4PM ET
Measure Evaluation Q&A Call	July 28, 2016 at 1PM-2PM ET
In-person Meeting (2 days in Washington, D.C.)	August 16 – August 17, 2016
Post-meeting Follow-up Call	August 25, 2016 2:00-4:00 PM ET
Post Draft Report Comment Call	November 3, 2016 at 2:00-4:00 PM 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 the evaluation, treatment, diagnostic studies, imaging, interventions, or procedures associated with surgery across multiple care settings. NQF seeks nominees with a variety of clinical experience, including physicians, nurses, therapists, case managers, unit managers, and executives, health plans and purchasers, as well as methodologists. NQF also seeks expertise in disparities and care of vulnerable populations. **For this Surgery Project 2015-2017, NQF is seeking nominees with expertise in the areas of cardiothoracic / cardiovascular, neuro, and pediatric surgery specialties to fill up to three open standing committee seats.**

Please review the NQF [Conflict of Interest Policy](#) to learn about NQF's guidelines for actual or perceived conflicts of interest. All potential Steering Committee members must complete a Disclosure of Interest form during the nomination process in order to be considered for a Committee.

NQF will require Committee members who have a conflict of interest with respect to a particular measure to recuse themselves from discussion and any voting associated with those measures. A potential or current member may not be seated on a Committee if the conflict of interest is so pervasive that the member's ability to participate would be seriously limited. For purposes of this Policy, the term "conflict of interest" means any financial or other interest that could (1) significantly impede, or be perceived to impede, a potential or current member's objectivity, or (2) create an unfair competitive advantage for a person or organization associated with a potential or current Member.

## CONSIDERATION & 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 is *not permitted*.) Committee members are encouraged to engage and solicit input from colleagues throughout the process.

## APPLICATION REQUIREMENTS

Nominations are sought for individuals with relevant knowledge and/or proficiency in process and outcome quality measurement and/or clinical expertise in the areas of cardiothoracic / cardiovascular, neuro, and pediatric surgery specialties. Self-nominations are welcome. Third-party nominations must indicate that the individual has been contacted and is willing to serve.

To nominate an individual to the Standing Committee, please **submit** the following information:

- 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
  - curriculum vitae or list of relevant experience (e.g., publications) *up to 20 pages*
- a completed disclosure 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 May 11, 2016**.

## QUESTIONS

If you have any questions, please contact Christy Skipper or Janine Amirault at 202-783-1300 or [surgery@qualityforum.org](mailto:surgery@qualityforum.org). Thank you for your interest.

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

<sup>ii</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)

<sup>iii</sup> <http://www.hcup-us.ahrq.gov/reports/statbriefs/sb186-Operating-Room-Procedures-United-States-2012.pdf>