

MAP Hospital Workgroup: DRAFT Ad Hoc Review Input

Initial Recommendations

During the web meeting on Monday, June 10, the Hospital Workgroup came to agreement on recommendations for two measures: the IPFQR Survey Measure and PSI-3. The draft below captures the workgroup's recommendation and rationale for each measure.

Inpatient Psychiatric Facility Quality Reporting

Measure: *Did you do a patient experience of care survey on your patients?*

Recommendation: Split between Support Direction and Do Not Support

Rationale: The recommendation categories did not adequately represent the workgroup's recommendation. The group stressed the importance of gaining the patient's perspective of care in psychiatric facilities and encouraged CMS to move quickly to incorporate a meaningful measure of patient experience of care into the IPFQR program. Those who supported the direction of this structural measure believed that it could be a useful interim step to signal that a patient experience of care survey would be required for these facilities in the near future and to gather information about the availability and feasibility of patient experience of care surveys for psychiatric facilities. Those who did not support this measure believed that it would not be a meaningful first step and that there are better ways to assess patient experience surveys for psychiatric facilities.

HAC Reduction Program

Measure: *PSI-3: Pressure ulcer rate*

Recommendation: Do Not Support

Rationale: The workgroup raised significant concerns about the validity and reliability of this claims-based measure, which has not been evaluated against the NQF endorsement criteria for scientific acceptability as a stand alone measure. The workgroup expressed frustration that there is not an accurate measure that can currently be collected for this program for the important and frequently under detected condition of pressure ulcers. MAP has previously recommended a Pressure Ulcer Prevalence measure (NQF #0201) for inclusion in its Safety Family of Measures. Although it is more resource intensive for providers to conduct a one-day prevalence study to gather data for the measure, the workgroup reinforced the importance of the measure and recommended #0201 be adopted for the Inpatient Quality Reporting Program as soon as possible so that it can be considered for the HAC Reduction Program in the future.

Draft Input

The draft input below is based on the results of the workgroup's pre-meeting exercise and the direction of the June 10 discussion. Recommendations will be further discussed and finalized during the web meeting on Thursday, June 13. In the interest of time, the draft input below provides the workgroup with a more structured start to discussions on the PSI-6 and PSI-10 measures.

HAC Reduction Program, Continued

Measure: PSI-6: Iatrogenic pneumothorax rate

Draft Input: Support Direction

Draft Rationale: This measure has been reviewed individually against the NQF endorsement criteria and was found to be valid and reliable. Though this is a claims-based measure, it is more likely to be coded correctly because it is an acute event that is rarely present on admission. However, the workgroup expressed concerns that the denominator should be limited to patients at risk for iatrogenic pneumothorax, rather than all medical and surgical patients, and that the rarity of these events would impact the reliability of the measure for many hospitals.

Measure: PSI-10: Postoperative physiologic and metabolic derangement rate

Draft Input: Do Not Support

Draft Rationale: The workgroup noted that this measure was removed from the PSI-90 composite measure during NQF review and that it has not been reviewed as a stand alone measure, so it may not provide accurate or meaningful information to consumers, purchasers, and providers. The group also noted that the conditions addressed by this measure may not be avoidable in certain populations, making it more appropriate for programs with an improvement component, such as Hospital Value-Based Purchasing.