



TO 28: Ambulatory Care Patient Safety

BACKGROUND

According to CDC, more than 83% of U.S. adults use ambulatory care services annually through visits to primary care physicians, urgent care centers, dialysis centers, and other outpatient providers. Although there has been tremendous research on patient safety in inpatient settings, much less is known about effectively addressing safety issues in ambulatory care. The 1999 National Academy of Medicine publication, *To Err is Human*, raised awareness of the critical importance of improving patient safety across the healthcare continuum and spurred a national call to measure the quality of care across outpatient settings. With the increasing number of individuals seeking outpatient care, it has never been more important to ensure patient safety in ambulatory care settings.

In this project, NQF will convene an advisory group to conduct an environmental scan of performance measures—including current measures, measures in development, and measure concepts—for ambulatory care settings. This work, funded by the U.S. Department of Health and Human Services, will inform the development of priority measures to improve patient safety across ambulatory care settings for patients younger than age 65. Building on NQF's earlier work that sets measurement standards for ambulatory care, this work will help make care safer and more effective for millions of Americans.

COMMITTEE CHARGE

NQF will convene an advisory group to guide an environmental scan to inform the development of priority measures for patient safety in the ambulatory care setting for the non-elderly population. Specifically, the Advisory Group will help:

- Identify measures of patient safety that are in use or have been developed for use regardless of whether they are endorsed;
- Identify measure concepts that have been used in ambulatory care settings;
- Prioritize measures of patient safety; and
- Identify measurement gaps

COMMITTEE STRUCTURE

NQF will select up to six individuals for the advisory group and will provide input and feedback on the environmental scan. Members of the advisory group will serve for one year.

Participation on the advisory group requires a significant time commitment. To apply, individuals should be available to participate in all currently scheduled calls/meetings. Over the

course of the project, additional calls may be scheduled or calls may be rescheduled based on project needs; new dates will be set based on the availability of the majority of the advisory group.

Committee participation includes:

- Web Meeting #1 – Advisory group orientation
- Web Meeting #2 – Provide input on draft environmental scan
- Web Meeting #3 – Respond to public comments on draft environmental scan

Table of scheduled meeting dates

Meeting	Date/Time
Web Meeting #1 – Advisory group orientation	November 20 from 1:00 – 3:00PM ET
Web Meeting #2 – Provide input on draft environmental scan	January 25 from 1:00 – 3:00PM ET
Web Meeting #3- Respond to public comments on draft environmental scan	March 29 from 1:00 – 3:00PM ET

PREFERRED EXPERTISE & COMPOSITION

Advisory group 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.

NQF is seeking those with expertise in ambulatory care and patient safety; those serving on previous relevant committees, such as the Improving Diagnostic Quality and Safety and Patient Safety committees, may also be considered for this group.

Please review the NQF Conflict of interest policy to learn about how NQF identifies potential conflict of interest. All potential advisory group members must disclose any current and past activities prior to and during the nomination process in order to be considered.

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 colleagues and solicit input from colleagues throughout the process.

APPLICATION REQUIREMENTS

Nominations are sought for individual subject matter experts. Self-nominations are welcome.

Nominations Due By October 10, 2017 by 6:00 PM ET

Third-party nominations must indicate that the individual has been contacted and is willing to serve.

To nominate an individual to the Ambulatory Care Patient Safety advisory group, 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; CDP only]
 - 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.

DEADLINE FOR SUBMISSION

All nominations *MUST* be submitted by **6:00 pm ET on October 10**.

QUESTIONS

If you have any questions, please contact Christy Skipper at 202-783-1300 or ambulatorycareps@qualityforum.org. Thank you for your interest.