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Patient Safety Fall 2020 Review Cycle

CSAC Review

June 29-30, 2021

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Standing Committee Recommendations

- Six measures reviewed for fall 2020
 - Three measures reviewed and passed by the Scientific Methods Panel
- Five measures recommended for endorsement:
 - **#0468 Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Pneumonia Hospitalization** (Yale New Haven Health Services Corporation/Center for Outcomes Research and Evaluation (Yale CORE)) (maintenance)
 - **#0531 Patient Safety Indicator (PSI) 90: Patient Safety and Adverse Events Composite** (IMPAQ International) (maintenance)
 - **#1893 Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Chronic Obstructive Pulmonary Disease (COPD) Hospitalization** (Yale CORE) (maintenance)
 - **#2993 Potentially Harmful Drug-Disease Interactions in Older Adults (DDE)** (National Committee for Quality Assurance (NCQA)) (maintenance)
 - **#0022 Use of High-Risk Medications in Older Adults (DAE)** (NCQA) (maintenance)



Standing Committee Recommendations (continued)

- One measure received a consensus not reached:
 - ▣ **#0097 Medication Reconciliation Post-Discharge (National Committee for Quality Assurance (NCQA) (maintenance))***

*An error in the validity vote (a must-pass criterion) was determined prior to CSAC review, in which the measure was stated as “passing on validity”, when in fact, the vote score is Consensus Not Reached. The vote tally is as follows: **Total Votes-23; High-0; Moderate-13; Low-8; Insufficient-2 (57% passing votes).**

The criterion should have been re-voted during the post-comment meeting, but the voting error was not discovered at that time. Once discovered, it was not possible to reconvene the Standing Committee prior to CSAC.

The Patient Safety Team and co-chairs recommend that the measure retain endorsement until the Standing Committee revote on validity and the overall suitability for endorsement during the Fall 2021 cycle.



Overarching Issues

■ Importance of Linking Process to Outcomes

- ❑ The Standing Committee expressed concerns that a process that does not have good evidence to support a linkage to improved outcomes, specifically “checkbox” measures that are now facilitated by electronic health records (EHRs), should be scrutinized carefully. In the future, measures of outcomes may be more appropriate.

■ Appropriate Risk Adjustment

- ❑ Measures that use covariates to adjust measure scores should use confounding variables to ensure that accountable entities are compared appropriately. Specific examples that were mentioned include adjusting for transfers for patients admitted to the hospital from skilled nursing facilities or other long-term care facilities and risk-adjusting for social risk factors.
- ❑ The Standing Committee recognizes that there are limitations in the data that are available to effectively adjust for social risk factors and will continue to evaluate measures and more approaches to adjusting for social risk factors as they become available.



Public and Member Comment and Member Expressions of Support

- 15 comments received
 - ▣ Eight in support of measures under review (NQF# 0022, NQF #2993, NQF #0097*)
 - ▣ Three not supportive due to concerns around reliability thresholds and intraclass correlation coefficients at the minimum sample size (NQF #0468, NQF #1893)
 - ▣ Three not supportive due to concerns around the lack of inclusion of social risk factors (NQF #0468, NQF #1893)
 - ▣ One not supportive due to concerns about post surgical hip fracture being the only representative measure used for falls with injury (NQF #0531)

*Due to the CNR on validity, the Patient Safety Team and co-chairs recommend that the measure retain endorsement until the Standing Committee revotes on validity and the overall suitability for endorsement during the Fall 2021 cycle.



Public and Member Comment and Member Expressions of Support (continued)

- Four NQF member expressions of support received:
 - ▣ One member expressed support of NQF #2993
 - ▣ Two members expressed support of NQF #0022 and NQF #0097*
 - ▣ One member expressed non-support of NQF #0468
 - ▣ One member expressed non-support of NQF #1893
 - ▣ Two members expressed non-support of NQF #0531

*Due to the CNR on validity, the Patient Safety Team and co-chairs recommend that the measure retains endorsement until the Standing Committee revotes on validity and the overall suitability for endorsement during the Fall 2021 cycle.



Questions?

- NQF Project team:
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