NATIONAL QUALITY FORUM

CONFERENCE CALL OF THE PATIENT SAFETY ADVISORY COMMITTEE

January 25, 2010

PSAC members present: James Bagian, MD; Jane Barnsteiner, RN, PhD; Bob Bunting Jr., MSA, CPHRM, DFASHRM, CPHQ, MT (ASCP); Charles Denham, MD; Dan Ford, MBA; Helen Haskell, MA; John Hickner, MD, MSc; Nancy Leville, MS, RN; Philip Mehler, MD; Denise Murphy, BSN, CIC, MPH, RN; Rita Shane, PharmD, FASHP; Arjun Sharma, MD; Sam Watson, , MSA

PSAC members not present: Michael Cohen, MS, ScD, RPh, FASHP; David Classen, MD, MS; Bruce Hall, MD, PhD, MBA; Richard Hawkins, MD, FACP; David Knowlton, MA; William Maisel, MD, MPH; David Mayer, MD; Robert Wears, MD, MS, FACEP

NQF Staff present: Peter Angood, MD, FACS; Helen Burstin; Eric Colchamiro, MPA; Lindsey Tighe; Andrew Lyzenga, MPP; Melinda Murphy, RN, MS, NE-BC

WELCOME, INTRODUCTIONS, AND APPROVAL OF NOVEMBER MINUTES
Following Dr. Angood's welcome and roll call, the Patient Safety Advisory Committee (PSAC) approved the minutes of its November in-person meeting without change.

GENERAL COMMENTS
Dr. Angood began by noting that the purpose of the call was to discuss and review the PSAC survey on patient safety priorities, provide an update on the NQF safety portfolio, and discuss how NQF patient safety can best move forward.

PSAC members were reminded that the Committee was convened for 15 to 18 months, culminating with a final report of NQF patient safety recommendations; as the Committee's work continues, a decision will be made as to whether that timeframe should be modified. Dr. Angood encouraged Committee members to continue to monitor NQF initiatives on the web. He also said that NQF staff would continue to engage and seek feedback from PSAC members with draft documents regarding NQF patient safety initiatives.

REVIEW OF PSAC SURVEY ON PATIENT SAFETY PRIORITIES
Mr. Colchamiro introduced the survey and reminded Committee members that the goal of the survey is to help chart the direction of NQF's patient safety programs. Although respondents' familiarity with the safety portfolio differs, their varying opinions are a sample of the U.S. healthcare field.

A Committee member noted that NQF patient safety programs fall into three categories: *What are the important safety issues*, which encompasses SREs, NPP Patient Safety, and Patient Safety measures; *how should we measure and report safety issues*, which includes Common Formats, Reporting Framework, and State-Based Reporting Agencies; and *how do we improve patient safety*, which includes solely the Safe Practices for Better Healthcare initiative.

The first survey question addressed the perceived benefits of patient safety programs to U.S. healthcare. Committee members were asked to rate each program, 1-7, with 1 being the best

perceived benefit. The Safe Practices were the best perceived, with a mean of 2.52. The Serious Reportable Events (SREs), perhaps NQF's best known project, had a mean of 3.82 and a mode of 4. The National Priorities Partnership (NPP) Patient Safety initiative had a mode of 1, but a standard deviation of 2.27, reflecting a broad range of opinions about this program.

A Committee member noted the clear-cut nature of both the Patient Safety Measures and the Safe Practices programs and the value in more precise programs in facilitating understanding and awareness within the field. PSAC members also stressed the importance of outcomes-based projects for providing strong value to the field.

It was also noted that NQF should recognize that the SREs, ranked in the middle of Safety initiatives, have varying benefits as they are not as actionable as other initiatives. Committee members encouraged NQF to prioritize the SREs in terms of use and harm caused. It was also noted that insurers are often wary about hospitals having to do too much reporting; there is a value in showing hospitals how to report and helping them recognize the value of different reporting initiatives.

Another Committee member noted the value of SREs to consumers, as an easily understandable measure of harm and as an introduction to the concept of error. Dr. Angood noted that the SRE Steering Committee is currently considering changing the definition of an SRE from a serious event that should "never occur" to one that should "not occur." NQF has sought to discourage the use of the term "never events." Committee members were invited to participate in the public comment period over this proposed definition change. Further discussion then ensued about the value of the term "never," which can galvanize, but is often used for an event that may actually happen.

The next question concerned which organizations NQF should harmonize its patient safety programs with. PSAC members were asked to indicate whether they supported harmonization, with a higher rating indicating a stronger desire for harmonization. PSOs, a target of NQF's Common Formats effort, rated a low 31 percent. Some of NQF's traditional partners, such as The Joint Commission and CMS, were among the highest at roughly 80 percent support. Some policymakers, such as the U.S. Congress and state government agencies, were rated among the lowest at 31 and 38 percent respectively.

Committee members encouraged NQF to harmonize and cooperate with a range of organizations. NQF has become increasingly proficient and necessary as a neutral convener, as evidenced by its work with the state agencies, AHRQ, and other national organizations. NQF is thinking strategically about these alliances, as well as measure endorsement as a whole.

The final question asked for suggestions for NQF patient safety. This topic included gaining a better understanding of how patient safety measures are being used by the field and the need to focus the range of efforts. Committee members also suggested: insurance-related outpatient circumstances; human factors; systems reengineering; and building bonds between patients, families, and clinicians.

REVIEW OF CURRENT NQF PATIENT SAFETY INITIATIVES

Dr. Angood next led the Committee into an update of ongoing initiatives:

- **Common Formats for Patient Safety Data**

Ms. Murphy provided a brief update about the Common Formats effort. Collection of comments on Version 1.0 of the Common Formats has been completed; the initial beta version generated 700 comments, the beta version resulted in 188 comments on the three generic forms and eight event-specific forms. NQF will maintain ongoing efforts as the Common Formats move into electronic forms, which will go into use by the 78 PSOs nationwide.

- **Framework for the Measurement, Evaluation, and Reporting of Healthcare Acquired Conditions**

Ms. Tighe provided a brief update on the Framework project. The in-person meeting on January 12 and 13 focused on reporting factors that are specific to patient safety. This Committee is now drafting a report, which will be available for public and member comment on March 15.

- **National Voluntary Consensus Standards for Patient Safety**

Mr. Lyzenga noted that this project has issued a Call for Nominations and a Call for Measures to generate potential Committee members and patient safety measures for this effort. These Calls both subsequently closed on February 2, 2010.

- **Safe Practices for Better Healthcare**

Mr. Lyzenga then discussed the Safe Practices project, which is under reconsideration by NQF and its partner the Texas Medical Institute of Technology. The new evolving strategy calls for the Safe Practices to undergo routine maintenance on an ongoing basis, and then be subject to a more substantial review in late 2010 or early 2011.

- **State Based Reporting Initiative**

Mr. Colchamiro spoke on the State-Based effort. NQF will be part of planning for another meeting of this group in the first quarter of 2010, and then aims to continue engaging this group regularly via e-mail, conference calls, and possibly future meetings. NQF staff continue to respond to questions from these state partners to inform and educate them on patient safety initiatives.

NQF MEMBER COMMENT

The meeting was opened to NQF member comments or questions; none were received.

REMINDERS

The Patient Safety Advisory Committee will next meet on Monday, March 8, 2010 via conference call from 3:00-4:30 p.m. ET. Materials and dial-in information for the call will be sent via e-mail prior to the call.