Partnership for Quality Measurement

Memorandum

June 13, 2023

To: Patient Safety Standing Committee, Fall 2022

From: Battelle staff

Re: Post-comment web meeting to discuss public comments received

Background

The World Health Organization (WHO) recognizes that patient safety is a global health concern and outlines the burden of harm to include issues with medication errors, health care-associated infections, unsafe surgical and injection practices, diagnostic errors, and radiation errors.[1] Patient safety is not only about providing safe and efficient care, but also about providing a culture of safety in health care environment. An environment that fosters psychological safety in reporting errors, implementing solutions, and adopting system improvements is also vital in harm reduction.[2] For the fall cycle of the Patient Safety project, the standing committee evaluated four newly submitted measures and one measure undergoing maintenance review against standard measure evaluation criteria.[3] The standing committee recommended four measures for endorsement but did not reach consensus on one measure.

The standing committee recommended the following measures:

- #3686 CDC, National Healthcare Safety Network (NHSN) Hospital-Onset Bacteremia & Fungemia Outcome Measure (Centers for Disease Control and Prevention [CDC])
- #3688 CDC, NHSN Healthcare Facility-Onset, Antibiotic-Treated Clostridiodes Difficile Infection Outcome Measure (CDC)
- #3498e Hospital Harm-Pressure Injury (Centers for Medicare & Medicaid Services/American Institutes for Research [CMS/AIR])
- #3713e Hospital Harm-Acute Kidney Injury (CMS/AIR)

The standing committee did not reach consensus on the following measure:

- #3025 Ambulatory Breast Procedure Surgical Site Infection Outcome Measure (CDC)

Standing Committee Actions in Advance of the Meeting

1. Review this briefing memo and meeting summary.
2. Review and consider the full text of all comments received and the proposed responses to the post-evaluation comments received and the proposed responses to the post-evaluation comments.
3. Be prepared to provide feedback and input on proposed post-evaluation comment responses and discuss and revote on consensus not reached measure.

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[1] Patient Safety. https://www.who.int/news-room/fact-sheets/detail/patient-safety. Last accessed March 2022.

[2] Rodziewicz TL, Houseman B, Hipskind JE. Medical Error Reduction and Prevention. In: StatPearls. Treasure Island (FL): StatPearls Publishing; 2022. http://www.ncbi.nlm.nih.gov/books/NBK499956/. Last accessed July 2022.

[3] National Quality Forum. Measure Evaluation Criteria and Guidance. 2021.

Comments Received

Following the standing committee's measure evaluation meeting on February 9, 2023, the committee endorsement recommendations were posted on the Partnership for Quality Measurement (PQM)[TM] website for public comment. The commenting period opened on March 28, 2023 and closed on May 5, 2023. The committee received six comments from organizations and individuals pertaining to the measure(s) under review and the committee endorsement recommendations. This memo focuses on three comments received after the standing committee's evaluation. Two comments focused on the consensus not reached measures, CBE #3025, and the third comment was specific to CBE #3713e. The remaining three comments were in support of the measures and/or committee recommendations.

All comments that have been received are posted on the respective committee post-comment webpage.

Battelle staff have included all post-evaluation comments that were received in the Post-comment Response Excel file. Measure stewards/developers were asked to respond to comments where appropriate, which have also been included in the Excel file. Please review this memo, agenda, and the Post-comment Response Excel file in advance of the meeting and consider whether you have any concerns with comments received and the responses for each comment.

In order to facilitate the discussion, the post-evaluation comments have been categorized into action items and major topic areas or themes. Although all comments are subject to discussion, the intent is not to discuss each individual comment during the post-comment call. Instead, Battelle staff will spend the majority of the time considering the themes discussed below and the set of comments as a whole.

Consensus Not Reached

#3025 Ambulatory Breast Procedure Surgical Site Infection Outcome Measure (CDC)
Description: This measure is for the risk-adjusted Standardized Infection Ratio (SIR) for all Surgical Site Infections (SSI) following breast procedures (BRST) conducted at ambulatory surgery centers (ASCs) among adult patients (ages 18 - 108 years) and reported to the Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN). The measure compares the reported number of surgical site infections observed at an ASC with a predicted value based on nationally aggregated data. The measure was developed collaboratively by the CDC, the Ambulatory Surgery Center Quality Collaboration (ASC QC), and the Colorado Department of Public Health and Environment; **Measure Type:** Outcome; **Level of Analysis:** Facility; **Setting of Care:** Ambulatory Care, Outpatient Services; **Data Source:** Electronic Health Records, Electronic Health Data, Data collection for SSIs following outpatient operative procedures is via NHSN Outpatient Procedure Component.

Consensus was not reached on performance gap. During the measure evaluation meeting, the standing committee acknowledged the absence of updated data for performance gap. The previous data, from 2010 to 2013, showed an overall unadjusted surgical site infection (SSI) rate of 0.25 percent. The developer provided a verbal update from the past four years, which showed a consistent 0.26 percent unadjusted SSI rate. Additionally, those data showed variability among facilities with a standardized infection ratio (SIR) ranging from zero to 6.9. The standing committee expressed concern about the low rate and low volume of procedures in

some facilities.

Two comments received were in support of the measure. One commenter expressed that they do not agree with the vote of ‘consensus not reached’ on the performance gap and usability criteria. Another comment in support of the measure emphasized the important gap this measure fills in the reporting of healthcare-associated infections occurring in the ASC setting.

Action Item:
Re-vote on performance gap. If performance gap passes (a must-pass criterion), there will be a re-vote on overall recommendation for endorsement. There is no consensus not reached zone for post-comment votes.

Comments and Their Disposition

Measure-Specific Comments

CBE #3713e Hospital Harm-Acute Kidney Injury (CMS/AIR)

The commenter praised the measure for being a good outpatient measure since pain control is shifting to high dose use of NSAIDs. They questioned whether the measure should include some longitudinal criteria and suggested stratification by age, race, and ethnicity. The commenter also suggested a possible tie in with dose and longevity of use with certain drugs.

Measure Steward/Developer Response:

We thank the commenter for feedback on the Hospital Harm - Acute Kidney Injury eCQM. The proposed measure logic is based on longitudinal assessment of each patient’s kidney function (i.e., serum creatinine values) through their entire hospital stay, for a maximum of 30 days. The proposed measure has been developed as an inpatient measure, for use in the Hospital Inpatient Quality Reporting program, because hospitals have direct control over the fluids and medications that a patient receives in this setting. We encourage other measure developers to consider potential adaptation to outpatient programs, given the increasing use of nonsteroidal anti-inflammatory medications instead of opioids for managing both acute and chronic pain syndromes.

The proposed measure incorporates age adjustment, because older patients are known to be at higher risk of acute kidney injury than younger patients, and the age distribution of patients varies across hospitals. The measure also incorporates the new race-neutral equations for estimating glomerular filtration rate (eGFR), https://www.nejm.org/doi/full/10.1056/NEJMoa2102953. As a result, users are welcome to stratify the measure by race or ethnicity, if desired, but stratification by age is inappropriate. We anticipate that hospitals will indeed link their performance on this measure with the dose and duration of medications that may affect kidney function, such as nonsteroidal anti-inflammatory agents and aminoglycoside antibiotics. Our literature/guideline review highlights some of these known process-outcome associations, but other process-outcome associations may become apparent over time as the measure is implemented.

Proposed Standing Committee Response:

Thank you for your comment. During the measure evaluation meeting on February 9,

2023, the Patient Safety standing committee considered the developer's risk-adjustment of patients with comorbidities, which they acknowledged is necessary in order to account for differences in the way hospitals and providers respond to each medical situation. The committee ultimately passed the measure on the validity criterion, which includes an assessment of risk-adjustment.

Action Item:
Discuss and finalize standing committee response.