



Partnership for  
Quality Measurement

# Patient Safety, Fall 2022 Measure Review Cycle

Post-Comment Standing Committee Meeting

June 13, 2023

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# Welcome



# Welcome to Today's Meeting!



- Housekeeping reminders:
  - The system will allow you to mute/unmute yourself and turn your video on/off throughout the event
  - Please raise your hand and unmute yourself when called on
  - Please lower your hand and mute yourself following your question/comment
  - Please state your first and last name if you are a Call-In-User
  - We encourage you to keep your video on throughout the event
  - Feel free to use the chat feature to communicate with Battelle staff
- If you are experiencing technical issues, please contact the project team via chat on the virtual platform or at [PQMsupport@battelle.org](mailto:PQMsupport@battelle.org).

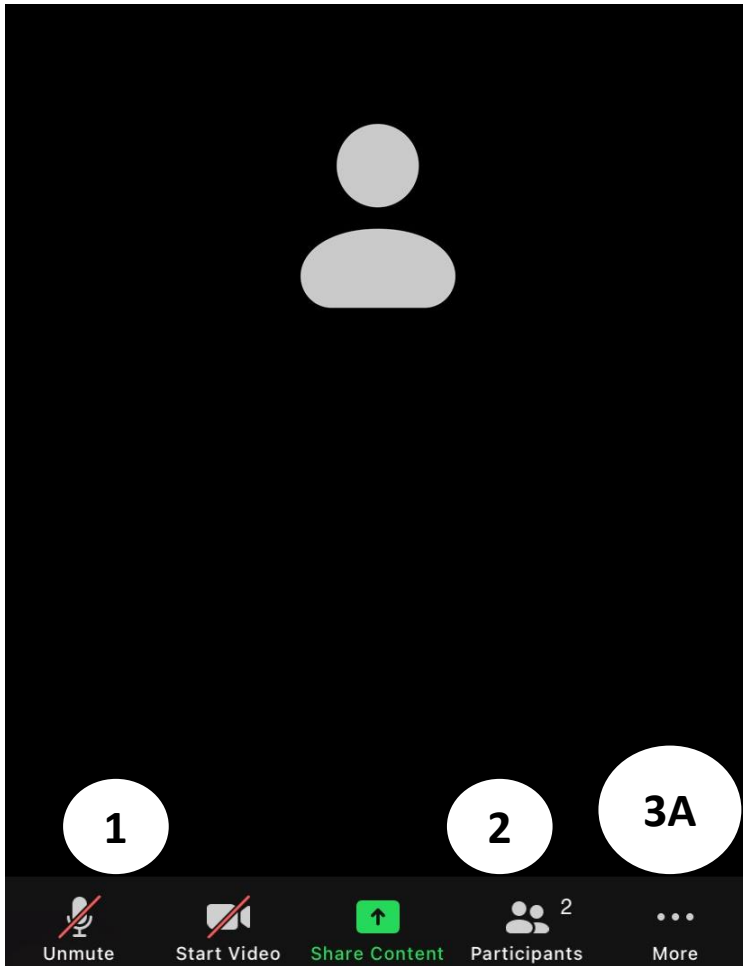
# Using the Zoom Platform



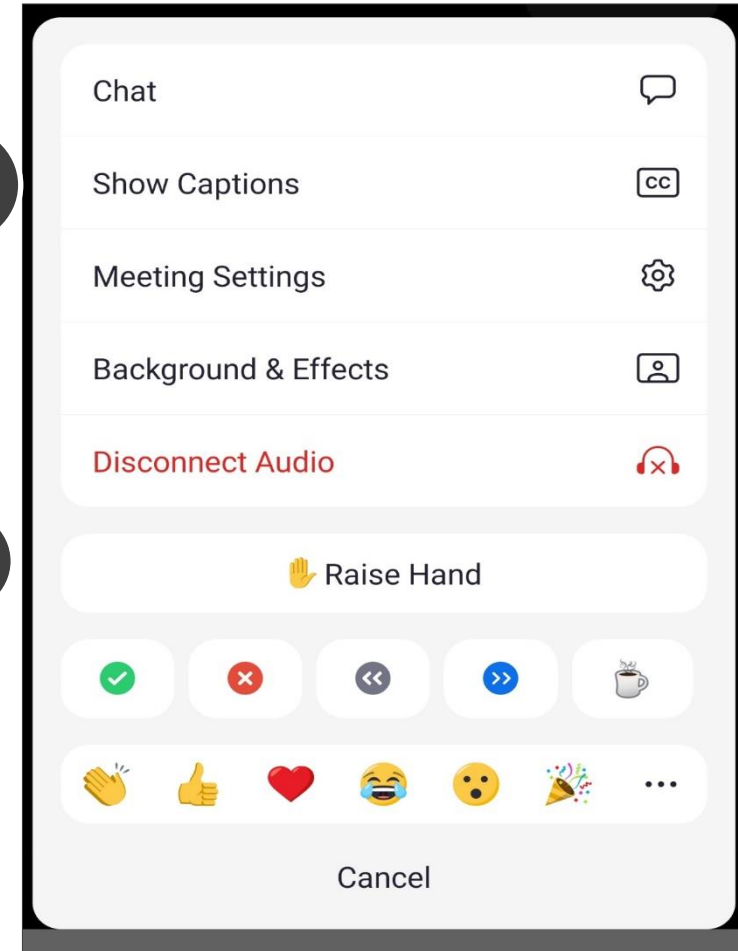
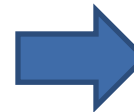
The screenshot shows a Zoom meeting interface. The main area is split into two video feeds: 'Host' on the left and 'Attendee 2' on the right. The 'Attendee 2' feed is highlighted with a yellow border. At the bottom, there is a toolbar with various icons. Three numbered callouts are present: 1. A white circle with the number '1' is positioned over the bottom toolbar. 2. A white circle with the number '2' is positioned over the 'Participants' button in the bottom toolbar. 3. A white circle with the number '3' is positioned over the 'Reactions' menu, specifically pointing to the 'Raise Hand' option. On the right side of the interface, there is a 'Participants (3)' panel showing a list of attendees: 'Attendee 2 (Me)', 'Host (Host)', and 'Attendee'. Below this list are 'Invite' and 'Unmute Me' buttons. Below the participants panel is a 'Chat' panel with a 'Who can see your messages?' dropdown and a 'Type message here...' input field. At the bottom right of the interface is a red 'Leave' button.

- 1 Click the lower part of your screen to mute/unmute, start, or pause video
- 2 Click on the participant or chat button to access the full participant list or the chat box
- 3 To raise your hand, select the raised hand function under the reactions tab

# Using the Zoom Platform (Phone View)



- 1 Click the lower part of your screen to mute/unmute, start or pause video
- 2 Click on the participant button to view the full participant list
- 3 Click on “more” button to (3A) view the chat box, (3B) show closed captions, or to (3C) raise your hand. To raise your hand, select the raised hand function under the reactions tab



# Meeting Ground Rules



- Be prepared, having reviewed the meeting materials beforehand
- Respect all voices
- Remain engaged and actively participate
- Base your evaluation and recommendations on the measure evaluation criteria and guidance
- Keep your comments concise and focused
- Be respectful and allow others to contribute
- Share your experiences
- Learn from others

# Agenda



- Welcome and Review of Meeting Objectives
- Roll Call
- Voting Test
- Consideration of Consensus Not Reached Measures
- Review and Discuss Comments Received
- Related and Competing Measures
- Opportunity for Public Comment
- Next Steps
- Adjourn

# Project Team



- Nicole Brennan, MPH, DrPH, Executive Director
- Brenna Rabel, MPH, Deputy Director
- Quintella Bester, PMP, Senior Program Manager
- Matthew Pickering, PharmD, Principal Quality Measure Scientist
- Katie Goodwin, MS, Social Scientist IV
- Isaac Sakyi, MS, Social Scientist III
- Jessica Ortiz, MA, Social Scientist II
- Elena Hughes, MS, Social Scientist I



# Patient Safety Fall 2022 Cycle Standing Committee



- John James, PhD (Co-Chair)
- Geeta Sood, MD, ScM (Co-Chair)
- Emily Aaronson, MD, MPH
- Joel Bundy, MD, FACP, FASN, CPE (inactive)
- Elissa Charbonneau, DO, MS
- Curtis Collins, PharmD, MS
- Theresa Edelstein, MPH, LNHA
- Jason Falvey, PT, DPT, PhD
- Robert Green, MD, MPH, MA
- Sara Hawkins, PhD, RN, CPPS
- Bret Jackson
- Laura Kinney, MA, BSN, RN
- Arpana Mathur, MD, MBA
- Raquel Mayne, MPH, MS, RN
- Anne Myrka, RPh, MAT
- Edward Pollak, MD
- Jamie Roney, DNP, NPD-BC, CCRN-K
- Nancy Schoenborn, MD
- David Seidenwurm, MD, FACR
- Iona Thraen, PhD, ACSW
- Yanling Yu, PhDName, Credentials

# Fall 2022 Cycle Measures



- **Five measures were reviewed**

- **Measures Recommended for Endorsement**

- **#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 Clostridioides 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)

- **Consensus Not Reached Measure**

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

# Voting Test



# Consideration of Consensus Not Reached Measures

*Screenshare Post-comment Memo*



# Review and Discuss Comments

*Screenshare Post-comment Memo*



# Related and Competing Measures



# Related and Competing Measures



If a measure meets the four criteria **and** there are endorsed/new related measures (same measure focus **or** same target population) or competing measures (both the same measure focus **and** same target population), the measures are compared to address harmonization and/or selection of the best measure.

| Target Population                   | Same concepts for measure focus-target process, condition, event, outcome   | Different concepts for measure focus-target process, condition, event, outcome           |
|-------------------------------------|---|--|
| Same target population              | <b>Competing measures - Select best measure</b> from competing measures or justify endorsement of additional measure(s).                            | <b>Related measures - Harmonize</b> on target patient population or justify differences. |
| Different target patient population | <b>Related measures - Combine</b> into one measure with expanded target patient population or justify why different harmonized measures are needed. | Neither a harmonization nor competing measure issue                                      |

# Related and Competing Measures (continued 1)



- Related and competing measures will be grouped and discussed after the recommendations for all related and competing measures are determined. Only measures recommended for endorsement will be discussed.
- The standing committee can discuss harmonization and make recommendations. The developers of each related and competing measure will be encouraged to attend any discussion.



# Measure #3025 Related Measures



- #0269: Timing of Prophylactic Antibiotics-Administering Physician
- #0527: Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision
- #0528: Prophylactic Antibiotic Selection for Surgical Patients
- #0529: Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time
- #2687: Hospital Visits after Hospital Outpatient Stay
- #3357: Facility-Level 7-Day Hospital Visits after General Surgery Procedures Performed at Ambulatory Surgical Centers

# Measure #3025 Related Measure



- **#0269** Timing of Prophylactic Antibiotics-Administering Physician (American Society of Anesthesiologists)
  - Steward/Developer: American Society of Anesthesiologists
  - Description: Percentage of surgical patients aged 18 years and older who receive an anesthetic when undergoing procedures with the indications for prophylactic parenteral antibiotics for whom administration of a prophylactic parenteral antibiotic ordered has been initiated within one hour (if fluoroquinolone or vancomycin, two hours) prior to the surgical incision (or start of procedure when no incision is required)
  - Numerator: Surgical patients for whom administration of a prophylactic parenteral antibiotic ordered has been initiated within one hour (if fluoroquinolone or vancomycin, two hours) prior to the surgical incision (or start of procedure when no incision is required).

# Measure #3025 Related Measure (continued 1)



- **#0269** Timing of Prophylactic Antibiotics-Administering Physician (American Society of Anesthesiologists)
  - Denominator: All surgical patients aged 18 years and older who receive an anesthetic when undergoing procedures with the indications for prophylactic parenteral antibiotics.
  - Target Population: Children, Women, Elderly
  - Care Setting: Outpatient Services, Inpatient/Hospital
  - Level of Analysis: Clinician: Individual, Clinician: Group/Practice, Facility

# Measure #3025 Related Measure (continued 2)



- **#0527: Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision (CMS/Oklahoma Foundation for Medical Quality)**
  - Steward/Developer: CMS/Oklahoma Foundation for Medical Quality
  - Description: Surgical patients with prophylactic antibiotics initiated within one hour prior to surgical incision. Patients who received vancomycin or a fluoroquinolone for prophylactic antibiotics should have the antibiotics initiated within two hours prior to surgical incision.
  - Numerator: Number of surgical patients with prophylactic antibiotics initiated within one hour prior to surgical incision.
  - Denominator: All selected surgical patients with no evidence of prior infection.
  - Target Population: Elderly
  - Care Setting: Inpatient/Hospital
  - Level of Analysis: Facility, Other

# Measure #3025 Related Measure (continued 3)



- **#0528: Prophylactic Antibiotic Selection for Surgical Patients (CMS/Oklahoma Foundation for Medical Quality)**
  - Steward/Developer: CMS/Oklahoma Foundation for Medical Quality
  - Description: Surgical patients who received prophylactic antibiotics consistent with current guidelines (specific to each type of surgical procedure).
  - Numerator: Number of surgical patients who received prophylactic antibiotics recommended for their specific surgical procedure.
  - Denominator: All selected surgical patients with no evidence of prior infection.
  - Target Population: Elderly
  - Care Setting: Inpatient/Hospital
  - Level of Analysis: Facility, Other

# Measure #3025 Related Measure (continued 4)



- **#0529** Prophylactic Antibiotics Discontinued Within 24 Hours After
- Surgery End Time (CMS)
  - Steward/Developer: CMS
  - Description: Surgical patients whose prophylactic antibiotics were discontinued within 24 hours after Anesthesia End Time.
  - Numerator: Number of surgical patients whose prophylactic antibiotics were discontinued within 24 hours after Anesthesia End Time (48 hours for CABG or Other Cardiac Surgery).
  - Denominator: All selected surgical patients with no evidence of prior infection.
  - Target Population: Elderly
  - Care Setting: Inpatient/Hospital
  - Level of Analysis: Facility, Other

# Measure #3025 Related Measure (continued 5)



- **#2687** Hospital Visits after Hospital Outpatient Stay (Yale Center for Outcomes Research & Evaluation [Yale CORE])
  - Steward/Developer: Yale CORE
  - Description: Facility-level risk-standardized rate of acute, unplanned hospital visits within 7 days of a procedure performed at a hospital outpatient department (HOPD) among Medicare Fee-For-Service (FFS) patients aged 65 years and older.
  - Numerator: The outcome is all-cause, unplanned hospital visits, defined as 1) an inpatient admission directly after the surgery or 2) an unplanned hospital visit (emergency department [ED] visit, observation stay, or unplanned inpatient admission) occurring after discharge and within 7 days of the surgical procedure.
  - Denominator: Outpatient same-day surgeries performed at HOPDs for Medicare FFS patients aged 65 years and older.

# Measure #3025 Related Measure (continued 6)



- **#3357 Facility-Level 7-Day Hospital Visits after General Surgery Procedures Performed at Ambulatory Surgical Centers (Yale CORE)**
  - Steward/Developer: Yale CORE
  - Description: Facility-level risk-standardized ratio of acute, unplanned hospital visits within 7 days of a general surgery procedure performed at an ambulatory surgical center (ASC) among Medicare Fee-For-Service (FFS) patients aged 65 years and older.
  - Numerator: Facility-level risk-standardized ratio of acute, unplanned hospital visits within 7 days of a general surgery procedure performed at an ASC among Medicare Fee-For-Service (FFS) patients aged 65 years and older.
  - Denominator: The target population for this measure is Medicare FFS patients aged 65 years and older, undergoing outpatient general surgery procedures in ASCs.



# Measure #3025 Related Measures Discussion



- Are the measure specifications for the related measure harmonized to the extent possible?
- Are there differences that could impact interpretability and add data collection burden?
- Are the differences justified?

# Measure #3688 Related Measure



- #1717: CDC, NHSN Facility-wide Inpatient Hospital-onset Clostridium difficile Infection (CDI)

# Measure #3688 Related Measure (continued 1)



- **#1717: CDC, NHSN Facility-wide Inpatient Hospital-onset Clostridium difficile Infection (CDI)**
  - Steward/Developer: CDC
  - Description: Standardized infection ratio (SIR) based on fully electronic capture of Healthcare facility onset, antibiotic Treated Clostridiode Difficile Infection (HT CDI) events among inpatients in the facility.
  - Numerator: Total number of observed incident healthcare facility-onset, antibiotic-treated CDI (HT CDI) events among all inpatients in the facility.
  - Denominator: Total number of expected incident HT CDI events based on redictive models using facility-level and patient-level factors.
  - Target Population: Adults, Children
  - Care Setting: Inpatient/Hospital
  - Level of Analysis: Facility

# Measure #3688 Related Measure Discussion



- Are the measure specifications for the related measure harmonized to the extent possible?
- Are there differences that could impact interpretability and add data collection burden?
- Are the differences justified?

# Opportunity for Public Comment



# Next Steps



# Activities and Timeline – Fall 2022 Cycle



| Meeting                  | Date, Time*          |
|--------------------------|----------------------|
| CSAC Review              | July 24, 10am – 5pm  |
| Appeals Period (30 days) | August 1 – August 30 |

- PQM staff will incorporate comments and responses to comments into meeting materials for the Consensus Standards Approval Committee (CSAC) meeting
- CSAC meets to endorse measures
- Opportunity for public to appeal endorsement decision

\* All times are Eastern

# Project Contact Information



- Email: [PQMsupport@battelle.org](mailto:PQMsupport@battelle.org)
- PQM Webpage: [Endorsement | Partnership for Quality Measurement \(p4qm.org\)](https://www.p4qm.org)



Thank You





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