

Patient Safety, Spring 2023 Measure Review Cycle

Post-Comment Standing Committee Meeting

October 20, 2023

Welcome

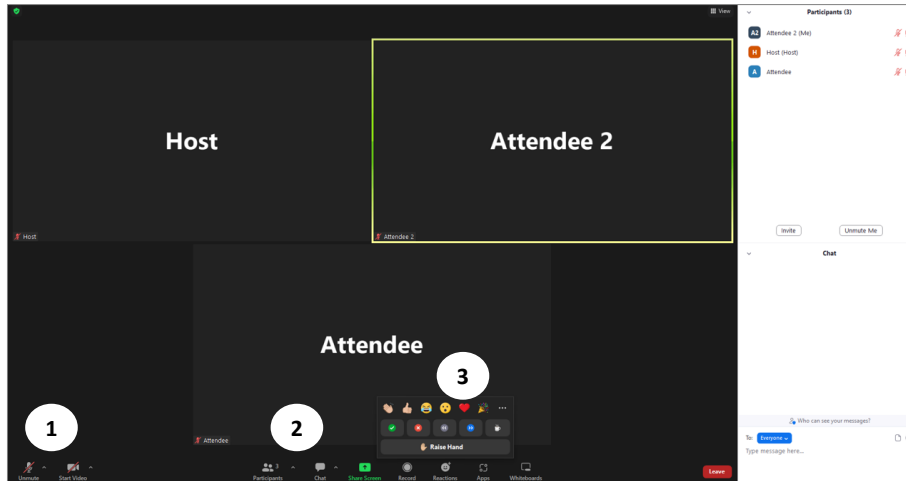


Welcome to Today's Meeting!



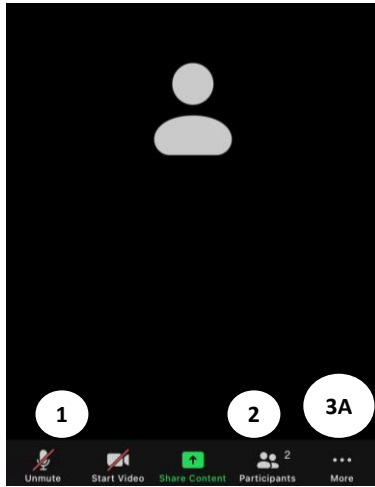
- Housekeeping reminders:
 - The system will allow you to mute/unmute yourself and turn your video on/off throughout the event
 - Please raise your hand and unmute yourself when called on
 - Please lower your hand and mute yourself following your question/comment
 - Please state your first and last name 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.

Using the Zoom Platform

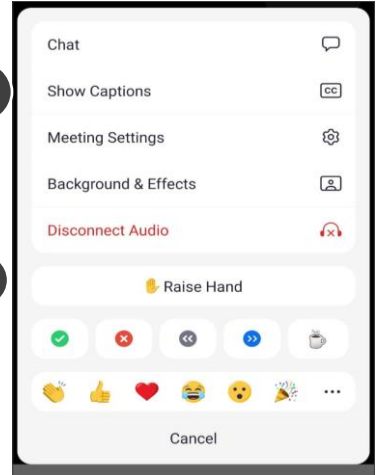


- 1 Click the lower part of your screen to mute/unmute, start, or pause video
- 2 Click on the participant or chat button to access the full participant list or the chat box
- 3 To raise your hand, select the raised hand function under the reactions tab

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
- Review and Discuss Comments Received
- Related and Competing Measures
- Opportunity for Public Comment
- Next Steps
- Adjourn

Project Team – Patient Safety Committee



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

Patient Safety Spring 2023 Cycle Standing Committee



- John James, PhD (Co-chair)
- Geeta Sood, MD, ScM (Co-chair)
- Elissa Charbonneau, DO, MS
- Curtis Collins, PharmD, MS
- Theresa Edelstein, MPH, LNHA
- Jason Falvey, DPT, PhD
- Sara Hawkins, PhD, RN, CPPS
- Bret Jackson
- Arpana Mathur, MD, MBA

- Raquel Mayne, MS, MPH, RN
- Anne Myrka, RPh, MAT
- Edward Pollak, MD
- Jamie Roney, DNP, NPD-BC, CCRN-K
- David Seidenwurm, MD, FACR
- Iona Thraen, PhD, ACSW
- Yanling Yu, PhD

Perinatal and Women's Health Committee Members:

- Martha Carter, DHSc, MBA, APRN, CNM, FACNM
- Sheila Owens-Collins, MD, MPH, MBA
- Christina Davidson, MD
- Kimberly Gregory, MD, MPH

Spring 2023 Cycle Measures



- **5 Measures were reviewed**

- **Measures Recommended for Endorsement**

- #3687e ePC-07 Severe Obstetric Complications (The Joint Commission)
- #3728 Skilled Nursing Facility Healthcare-Associated Infections Requiring Hospitalization (Centers for Medicare & Medicaid Services [CMS]/Acumen LLC)
- #3746 Avoid Hospitalization After Release with a Misdiagnosis—ED Stroke/Dizziness (Johns Hopkins Armstrong Institute for Patient Safety and Quality)
- #3749e Diagnostic Delay of Venous Thromboembolism (DOVE) in Primary Care (Brigham and Women's Hospital)
- #3636 Quarterly Reporting of COVID-19 Vaccination Coverage among Healthcare Personnel (Surveillance Branch, Division of Healthcare Quality Promotion, Centers for Disease Control and Prevention [CDC])

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	Competing measures - Select best measure from competing measures or justify endorsement of additional measure(s).	Related measures - Harmonize on target patient population or justify differences.
Different target patient population	Related measures - Combine 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.

#3636 - Quarterly Reporting of COVID-19 Vaccination Coverage among Healthcare Personnel Related Measure



- Related Measure:
 - #0431: Influenza Vaccination Coverage Among Healthcare Personnel

#3636 - Quarterly Reporting of COVID-19 Vaccination Coverage among Healthcare Personnel Related Measure (continued, 1)



- **#0431: Influenza Vaccination Coverage Among Healthcare Personnel (CDC)**

- Percentage of healthcare personnel (HCP) who receive the influenza vaccination.
- Numerator: HCP in the denominator population who during the time from October 1 (or when the vaccine became available) through March 31 of the following year:
 - (a) received an influenza vaccination administered at the healthcare facility, or reported in writing (paper or electronic) or provided documentation that influenza vaccination was received elsewhere; or
 - (b) were determined to have a medical contraindication/condition of severe allergic reaction to eggs or to other component(s) of the vaccine, or history of Guillain-Barré Syndrome within 6 weeks after a previous influenza vaccination; or
 - (c) declined influenza vaccination
- Denominator: Number of HCP in groups(a)-(c) below who are working in the healthcare facility for at least 1 working day between October 1 and March 31 of the following year, regardless of clinical responsibility or patient contact.

#3636 - Quarterly Reporting of COVID-19 Vaccination Coverage among Healthcare Personnel 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?

#3728 - Skilled Nursing Facility Healthcare-Associated Infections Requiring Hospitalization (SNF HAI) Related Measures



- Related Measures:
 - #0684 Percent of Residents with a Urinary Tract Infection (Long-Stay)
 - #0138 National Healthcare Safety Network (NHSN) Catheter-Associated Urinary Tract Infections
 - #0139 NHSN Central Line-Associated Bloodstream Infections
 - #1717 NHSN Facility-Wide Inpatient Hospital-onset Clostridium Difficile Infection
 - #2510 Skilled Nursing Facility 30-Day All-Cause Readmission measure

#3728 - Skilled Nursing Facility Healthcare-Associated Infections Requiring Hospitalization (SNF HAI) Related Measure



- **#0684 Percent of Residents with a Urinary Tract Infection (Long-Stay) (CMS)**
 - This measure reports the percentage of long-stay residents in a nursing home who have a urinary tract infection in the 30 days prior to the target assessment. This measure is based on data from the Minimum Data Set (MDS) 3.0 OBRA, PPS, and/or discharge assessments during the selected quarter. Long-stay nursing home residents are identified as those who have had 101 or more cumulative days of nursing home care.
 - Numerator: The numerator is the number of long-stay nursing home residents in the denominator sample with an episode during the selected quarter with a target assessment that indicates a urinary tract infection within the last 30 days.
 - Denominator: The denominator includes all long-stay residents in the nursing home who have an episode during the selected quarter with a qualifying target assessment (OBRA, PPS or discharge) and who do not meet the exclusion criteria.

#3728 - Skilled Nursing Facility Healthcare-Associated Infections Requiring Hospitalization (SNF HAI) Related Measure (continued, 1)



- **#0138 National Healthcare Safety Network (NHSN) Catheter-Associated Urinary Tract Infections (CAUTI) (CDC)**

- Standardized Infection Ratio (SIR) of healthcare-associated, catheter-associated urinary tract infections (UTI) will be calculated among patients in bedded inpatient care locations, except level II or level III neonatal intensive care units (NICU).
- Numerator: Total number of observed healthcare-associated CAUTI among patients in bedded inpatient care locations (excluding patients in Level II or III neonatal ICUs).
- Denominator: Total number of predicted healthcare-associated CAUTI among inpatient care locations under surveillance for CAUTI during the data period, based on the national CAUTI baseline Data is calculated using the facility's number of catheter days and the following significant risk factors:
 - Acute Care Hospitals: CDC Location, Facility bed size, Medical school affiliation, and Facility type
 - Critical Access Hospitals: Medical school affiliation
 - Long-Term Acute Hospitals: Average length of stay, Setting type, and Location type
 - Inpatient Rehabilitation Facilities: Setting type, Proportion of admissions with traumatic and non-traumatic spinal cord dysfunction, Proportion of admissions with stroke

#3728 - Skilled Nursing Facility Healthcare-Associated Infections Requiring Hospitalization (SNF HAI) Related Measure (continued, 2)



- **#0139 NHSN Central Line-Associated Bloodstream Infection (CLABSI) (CDC)**
 - Standardized Infection Ratio (SIR) and Adjusted Ranking Metric (ARM) of healthcare-associated, central line-associated bloodstream infections (CLABSI) will be calculated among patients in bedded inpatient care locations.
 - Numerator: Total number of observed healthcare-associated CLABSI among patients in bedded inpatient care locations.
 - Denominator: Total number of predicted healthcare-associated CLABSI among patients in bedded inpatient care locations, calculated using the facility's number of central line days and the following significant risk factors:
 - Acute Care Hospitals: CDC location, facility bed size, medical school affiliation, facility type, birthweight category (NICU locations only)
 - Critical Access Hospitals: no significant risk factors, calculation-based intercept only model
 - Inpatient Rehabilitation Facilities: Proportion of admissions with stroke, proportion of admissions in other non-specific diagnostic categories
 - Long Term Acute Care Hospitals: CDC location type, facility bed size, average length of stay, proportion of admissions on a ventilator, proportion of admissions on hemodialysis

#3728 - Skilled Nursing Facility Healthcare-Associated Infections Requiring Hospitalization (SNF HAI) Related Measure (continued, 3)



- **#1717 NHSN Facility-Wide Inpatient Hospital-onset Clostridium Difficile Infection (CDI) (CDC)**
 - Standardized infection ratio (SIR) and Adjusted Ranking Metric (ARM) of hospital-onset CDI Laboratory-identified events (LabID events) among all inpatients in the facility, excluding well-baby nurseries and neonatal intensive care units (NICUs).
 - Numerator: Total number of observed hospital-onset incident CDI LabID events among all inpatients in the facility, excluding NICU, Special Care Nursery, babies in LDRP, well-baby nurseries, or well-baby clinics.
 - Denominator: Total number of predicted hospital-onset CDI LabID events, calculated using the facility's number of inpatient days, facility type, CDI event reporting from Emergency Department and 24-hour observation units, bed size, ICU bed size, affiliation with medical school, microbiological test method used to identify *C. difficile*, and community-onset CDI admission prevalence rate.

#3728 - Skilled Nursing Facility Healthcare-Associated Infections Requiring Hospitalization (SNF HAI) Related Measure (continued, 4)



- **#2510 Skilled Nursing Facility 30-Day All-Cause Readmission Measure (SNFRM) (CMS)**

- The SNFRM estimates the risk-standardized rate of all-cause, unplanned hospital readmissions for Skilled Nursing Facility (SNF) Medicare fee-for-service (FFS) beneficiaries within 30 days of discharge from a prior proximal acute hospitalization.
- **Numerator:** The outcome for this measure is 30-day unplanned all-cause hospital readmissions of SNF patients. We define readmission as an inpatient admission for any cause, with the exception of certain planned admissions, within 30 days from the date of discharge from the patient's prior proximal acute hospitalization.
- **Denominator:** The measure includes admissions for SNF Medicare fee for service (FFS) beneficiaries who have been admitted to a SNF within 1 day of discharge from a prior proximal hospitalization.

#3728 - Skilled Nursing Facility Healthcare-Associated Infections Requiring Hospitalization (SNF HAI) Related Measures Discussion



- Are the measure specifications for the related measures 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 – Spring 2023 Cycle



Meeting	Date, Time *
Consensus Standards Approval Committee (CSAC) Review	December 6, 10am – 5pm and December 7, 10am – 2pm
Appeals Period (30 days)	December 9 – January 7

- Battelle staff will incorporate the developer’s comment and the committee’s response to the comment 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

Thank You!

Have questions? Contact us at
PQMsupport@battelle.org



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