

Patient Safety Standing Committee—Spring 2023 Post-Comment Web Meeting Summary

Battelle, a consensus-based entity (CBE), convened the Patient Safety standing committee for the Spring 2023 post-comment web meeting on [Friday, October 20, 2023](#), from 10:00 am - 12:00 pm (ET).

Welcome, Review of Meeting Objectives, and Attendance

Dr. Matthew Pickering, the endorsement and maintenance technical lead, welcomed the standing committee and provided an overview of the meeting's objectives:

- Review the [post-comment memo](#) and the [meeting summary](#) from the August 2023 measure evaluation meetings.
- Provide feedback on the [full text of all comments](#) received and the proposed committee responses to the post-evaluation comments.

Dr. Pickering reminded the Patient Safety standing committee it reviewed five measures during the measure evaluation meetings held on August 1 and August 11, 2023, during the Spring 2023 cycle. The committee recommended all five measures for endorsement.

- **Measures Recommended for Endorsement**
 - CBE #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])
 - CBE #3687e ePC-07 Severe Obstetric Complications (The Joint Commission)
 - CBE #3728 Skilled Nursing Facility Healthcare-Associated Infections Requiring Hospitalization (Centers for Medicare & Medicaid Services [CMS]/Acumen LLC)
 - CBE #3746 Avoid Hospitalization After Release with a Misdiagnosis—ED Stroke/Dizziness (Johns Hopkins Armstrong Institute for Patient Safety and Quality)
 - CBE #3749e Diagnostic Delay of Venous Thromboembolism (DOVE) in Primary Care (Brigham and Women's Hospital)

The committee measure evaluation [meeting summary](#) was posted on the Partnership for Quality Measurement (PQM)[™] website for public comment from August 25 to September 13, 2023. During this comment period, the committee received 17 comments from organizations and individuals pertaining to three measures under review (CBE #3636, CBE #3746, and CBE #3749e). Three of the 17 comments raised concern and/or disagreement with the measures and/or the committee's recommendation. The committee did not discuss comments that agreed with its decision and thanks those commenters for their support.

Review and Discuss Post-Evaluation Comments Received

Dr. Pickering presented the public comments received for each of the three measures by summarizing the comments and the developer's responses. After this summary, the committee discussed the comments and provided its response for each of the measures below.

CBE #3636 Quarterly Reporting of COVID-19 Vaccination Coverage among Healthcare Personnel (Surveillance Branch, Division of Healthcare Quality Promotion, CDC)

For CBE #3636, two commenters expressed concern with the clarity of the wording “up-to-date,” stating the lack of clarity in the definition could negatively impact the reliability and validity of the measure. They also expressed concern with the impracticality and potential burden of quarterly reporting, particularly with the end of the coronavirus disease 2019 (COVID-19) public health emergency (PHE).

Dr. Pickering summarized the developer’s response, stating even with the expiration of the PHE, countering COVID-19 and tracking vaccination coverage remains meaningful, particularly because of new strains of COVID-19. The developer noted the current measure clearly delineates the targeted cohort, and the National Healthcare Safety Network (NHSN) and the CDC regularly communicate with facilities so they have a clear understanding of how “up-to-date” is defined.

During the discussion, the standing committee recognized the positive impact of COVID-19 vaccination, health care personnel (HCP) vaccination, and booster COVID-19 vaccine doses. One committee member asked whether the definition of “up-to-date” was covered by the CDC guidelines, which the developer confirmed. Another committee member asked for clarification on how “health care personnel” is defined. The developer responded “health care personnel” includes any individual working in a facility once per week, and while reporting is done on a quarterly basis, one week per month of data is what is being reported. In response, a standing committee member expressed concern over the possible imprecision of such reporting. The developer responded by stating the reporting was designed to minimize burden, and capture individuals who are regularly in facilities while being consistent with other endorsed measures.

The committee did not have any major concerns with the developer’s response, recognizing the term, “up-to-date,” reflects what is covered by the CDC guidelines. The committee further acknowledged the positive impact of COVID-19 vaccination, HCP vaccination, and booster COVID-19 vaccine doses. The standing committee thanked the commenters for their comments.

CBE #3746 Avoid Hospitalization After Release with a Misdiagnosis—ED Stroke/Dizziness (Johns Hopkins Armstrong Institute for Patient Safety and Quality)

For CBE #3746, 14 public comments were received, 12 of which expressed support for the measure. Among these 12 comments were personal stories from patients, caregivers, and patient advocates who have experienced harm due to diagnostic error, including misdiagnosis of dizziness. Several of the 12 supportive comments also underscored the importance of improving diagnostic error in the U.S. They shared until there is a better understanding of current diagnostic performance in this area, it will be difficult for the U.S. health care system to prioritize interventions for improvement. The measure developer and the committee thanked these commenters for their comments and highlighted the importance of reducing harm caused by diagnostic error.

The remaining two comments received for this measure expressed concern over whether CBE #3746 would lead to improved patient outcomes and care. The commenters acknowledged the importance of timely diagnosis; however, they emphasized the need for measures to have modifiable processes linked to meaningful clinical outcomes. They noted the specific processes mentioned in the measure - the eye exam, or even magnetic resonance imaging (MRI) - are not

clearly shown to improve the 30-day risk of stroke (outcome) or functioning (the real outcome). The commenters also raised concern with the absence of broader data demonstrating the measure's clinical utility and cautioned against creating new practice guidelines based on limited data, particularly from a select setting. Lastly, one of the commenters stated overcrowding in the emergency department (ED) is of greater concern.

Dr. Pickering summarized the developer's response, stating this measure received various inputs and endorsements, including from the American College of Emergency Physicians (ACEP), ED clinicians and medical directors. There are accurate, reliable, feasible, and trainable bedside eye movement examinations that can differentiate posterior stroke from benign causes of dizziness. The developer also cited recent systematic reviews and studies showing the Head Impulse, Nystagmus, and Test of Skew (HINTS) eye exam, which is referenced within the measure submission, is more accurate than other bedside examinations and MRI, leading to a "high certainty of evidence" recommendation for ED clinicians using this approach. The developer also noted the HINTS eye exam and judicious use of MRI as neuroimaging are part of the clinical practice guidelines developed and recently published by the Society for Academic Emergency Medicine (SAEM).

The developer further stated the use of MRI in cases of suspected stroke with dizziness has been shown to improve 30-day risk of stroke. In addition, the developer further posited the costs of additional appropriate MRIs are offset by savings from the aforementioned bedside evaluation.

Lastly, the developer noted that while overcrowding in the ED is an important issue, potential patient harms from overcrowding and diagnostic error may not be mutually exclusive. A natural consequence of overcrowding is diagnostic delays, thus reinforcing the need for measuring harms from diagnostic error.

In discussion, the committee did not have any concerns with the developer's response and recognized that the measure would be a net benefit in patient care. In its response, the committee thanked the commenters for their comments and stated that during the initial evaluation meeting, the Patient Safety committee considered the business case and supporting evidence for this measure. The committee agreed there is a gap in care that warrants this measure. The developer also satisfied the validity testing requirements for this measure, which included validating the accuracy of the data elements. However, the committee recommended the developer consider further testing at the measure score/accountable-entity-level to address some of the commenters' concerns. The committee also recommends Battelle generate more guidance and resources about how diagnostic excellence measures should be reviewed. Specifically, these measures should tailor their evidence submissions to show how these diagnostic excellence measures impact outcomes.

CBE #3749e Diagnostic Delay of Venous Thromboembolism (DOVE) in Primary Care (Brigham and Women's Hospital)

For CBE #3749e, one commenter expressed the measure is flawed and requested information about the natural language processing (NLP) training and its algorithm. The developer responded with information about the development, testing, and training surrounding the use of the NLP for this measure.

Moving to discussion, the committee did not have any major concerns with the developer's response. In its response, the committee thanked the commenter for their comment and

mentioned during the initial measure evaluation meetings, it had considered various aspects of the measure, including the developer's NLP algorithm, and determined the measure sufficiently meets the endorsement standards.

Related and Competing Measures

Dr. Pickering reminded attendees the related and competing measures discussion was deferred to the post-comment meeting due to insufficient time during the measure evaluation meeting. Dr. Pickering reviewed the related measure for CBE #3636, which was [CBE #0431 *Influenza Vaccination Coverage Among Healthcare Personnel*](#). One committee member said there may be opportunity for further harmonization as we gain more experience with COVID-19 vaccinations and as influenza and COVID-19 vaccinations are given together.

Dr. Pickering also reviewed related measures for CBE #3728, which were [CBE #0684 *Percent of Residents with a Urinary Tract Infection \(Long-Stay\)*](#), [CBE #0138 *NHSN Catheter-Associated Urinary Tract Infections*](#), [CBE #0139 *NHSN Central Line-Associated Bloodstream Infections*](#), [CBE #1717 *NHSN Facility-Wide Inpatient Hospital-onset Clostridium Difficile Infection*](#), and [CBE #2510 *Skilled Nursing Facility 30-Day All-Cause Readmission Measure*](#). The committee raised no concerns about the related measures.

Opportunity for Public Comment

Dr. Pickering opened the web meeting to allow for public comment. No public comments were provided during this time.

Next Steps

Dr. Pickering reviewed the next steps, informing attendees the Consensus Standards Approval Committee (CSAC) will consider the standing committee's recommendations during its meeting on December 6, 2023. Following the CSAC meeting, the 30-day Appeals period will be held from December 9, 2023 - January 7, 2024. Dr. Pickering then thanked the committee, the co-chairs, the developers, and others on the call and adjourned the meeting.