



**APIC Comments to the National Quality Forum on
NQF-Endorsed Measures for Patient Safety
June 26, 2014**

Background:

The National Quality Forum (NQF) Patient Safety Standing Committee is charged with overseeing the NQF Patient Safety measure portfolio, evaluating newly submitted measures and previously endorsed measures, identifying gaps in the portfolio and providing feedback. The committee also contributes to any ad hoc or expedited projects in its topic area.

On April 17-18 2014 the Committee evaluated four new measures and 12 measures undergoing maintenance review. The Committee released its [draft report](#) for comment on May 28, 2014.

Infection-related measures recommended by the Committee include:

- #0138: National Healthcare Safety Network (NHSN) Catheter-associated Urinary Tract Infection (CAUTI) Outcome Measure
- #0139: NHSN Central Line-associated Bloodstream Infection (CLABSI) Outcome Measure
- #0684: percent of Residents with a Urinary Tract Infection (Long-Stay).

Infection-related measures not recommended by the Committee include:

- #0464: Prevention of Catheter-related Bloodstream Infections (CRBSI) – Central Venous Catheter (CVC)

The Committee also conducted an ad hoc review of [NQF #0500](#): Severe Sepsis and Septic Shock: Management Bundle. Concerns have been raised about the level of evidence supporting element “F” of the composite, related to the use of invasive central venous pressure monitoring and oxygenation levels in patients with severe sepsis or septic shock. Upon review, the Committee recommended removal of element “F” from the measures for lack of sufficient evidence for invasive monitoring.

APIC Comments:

General comments:

- APIC re-iterates our position that measures evaluating healthcare-associated infections (HAI) should not be obtained through the use of claims-based, administrative data, but rather determined with the use of standardized definitions and evidence-based criteria as are found in the NHSN definitions and database. These are considered the gold standard for HAI surveillance and reporting.
- APIC supports and encourages the alignment of the National Database of Nursing Quality Indicators (NDNQI) with NHSN for all measures related to HAI.

NHSN CAUTI outcome measure (#0138) and NHSN CLABSI outcome measure (#0139)

- APIC supports the NQF Patient Safety Standing Committee's recommended endorsement for the both NHSN CAUTI (0138) and CLABSI (0139) Outcome Measures. These measures are currently in use by the U.S. Centers for Medicare & Medicaid Services (CMS) quality reporting and incentive programs and are now part of a validation process by CMS.
- APIC shares the Committee's concerns about the Adjusted Ranking Measure (ARM), particularly if it perpetuates consumer confusion. We encourage monitoring and ongoing assessment of this ranking.
- APIC appreciates the Standing Committee's discussion on data validity, particularly with measures being used by CMS for the Hospital Value-Based Purchasing (VBP) Program. We recognize, as did the Standing Committee, that NHSN CAUTI definitions are in need of adjustment, and are aware that CDC/NHSN continues to work on this issue. Additionally, we agree that variation in urinary culture frequency and device-day retrieval methods can influence data validity. That being said, we feel this measure continues to provide direction and benchmarking for infection prevention strategies.
- APIC recognizes the concerns with the CAUTI and CLABSI measures beyond the ICU setting and will continue to investigate, through the work of our membership, the use of these measures in settings outside of the ICU. The validity of this data requires monitoring due to the variations in methods of retrieving device day information, particularly during a time of transition between paper and electronic data formats.
- APIC notes that the NQF Pediatric Technical Advisory Panel concluded that healthcare-associated UTI is not a priority for measurement in pediatrics because of the low frequency of catheter use, and the difficulty of attributing UTIs to the receipt of healthcare. We recommend that the measure be updated to reflect this conclusion.
- In regard to the CAUTI measure, which encourages reduced use of urinary catheters in the patient population, APIC recognizes the concern expressed by healthcare groups advocating and caring for spinal cord injured patients. APIC supports the exclusion of this patient population from the measure in the non-acute care setting until further research and study can be completed in this area. Recommended alternate strategies for indwelling urinary catheterization, such as intermittent catheterization, are not appropriate for certain individuals with spinal cord injury due to anatomical defects or psychological barriers.¹ The unintended consequences of aggressive attempts to reduce urinary catheterization in this specialized patient population needs to be considered.

Prevention of Catheter-related Bloodstream Infection (CRBSI) – Central Venous Catheter (CVC) (#0464)

APIC supports NQF in not recommending #0464: Prevention of Catheter-Related Bloodstream Infections (CRBSI)-Central Venous Catheter (CVC), a process measure. While we support measures to assist with the reduction in central-line infections, measures that are non-validated and solely dependent upon claims-based and/or self-reported documentation do not provide reliable data for prevention and benchmarking purposes.

Percent of Residents with a Urinary Tract Infection (Long-Stay) (#0684)

APIC would like to highlight that the endorsement of these types of measures, particularly those used for public reporting and reimbursement, should be based on current, evidence-based research. In light of the Patient Safety Standing Committees' concern about the currency of the evidence presented for this measure, we express our concern for ongoing re-endorsement until the measure developer brings forward current, evidence-based research to support the credibility of the measure.

Severe Sepsis and Septic Shock: Management Bundle (#0500)

APIC recognizes the significant strides that have been made over the recent years in Sepsis and Septic Shock management and endorses ongoing work in this arena. However, in light of the recent ProCESS trial report,² we support the removal of element “F” from NQF #0500. The associated risks of mandated central line use, which include infection and pneumothorax, must be considered in this already at-risk patient population. The argument presented to the committee for use of mandated lines in community hospitals (which were stated to have fewer resources to care for critically ill patients) is concerning in that one could consider that same situation would increase the risk for infection and pneumothorax, given the perceived lack of resources. Ongoing trial studies should be monitored in the future for new information to support or dissuade the recent findings from the ProCESS trial.

¹ Consortium for Spinal Cord Medicine (2006). *Bladder Management for Adults with Spinal Cord Injury: A Clinical Practice Guideline for Health-Care Providers*. Paralyzed Veterans of America.

² Yealy DM, et al. A randomized trial of protocol-based care for early septic shock. *N Engl J Med*. 2014 May 1;370(18):1683-93.