

THE NATIONAL QUALITY FORUM

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NATIONAL QUALITY FORUM ENDORSES NEW HOSPITAL CARE NATIONAL PERFORMANCE MEASURES AND A COMPREHENSIVE FRAMEWORK FOR HOSPITAL CARE PERFORMANCE EVALUATION

WASHINGTON, DC/January 30, 2003/—The National Quality Forum (NQF) today announced that it approved 8 additional measures to be included in the first set of national voluntary consensus standards for measuring the quality of hospital care, as well as a comprehensive framework for hospital care evaluation.

Using the 8 new measures will permit consumers, providers, purchasers, and quality improvement professionals to compare the quality of care in acute care hospitals across the nation in cardiac care and patient safety; 5 measures will continue to be evaluated and may be approved in the coming months. The 8 new measures will be added to the first group of 31 measures approved by NQF in October 2002. A list of all 39 measures that comprise the initial measure set follows.

While a number of hospital performance measures are currently in use, standardized and uniform measures—intended for public reporting—are not widely available. The approval of a standard set of hospital performance measures for public accountability will provide a roadmap for the selection of high-quality hospital care by consumers and purchasers and drive the improvement of care by hospitals across the United States. NQF endorsement of the hospital performance measures confers upon the measures the special legal status of being voluntary consensus standards, which means that they can be more readily adopted for use by the Medicare program and other healthcare programs funded by the federal government.

The consensus framework for hospital care evaluation presents several principles for implementing, reporting, maintaining, and evaluating hospital performance measures, as well as improving, adding, or deleting measures from the set. The framework includes:

- Three guiding principles addressing leadership and strategic activities to ensure standardized hospital care performance measurement and public reporting;
- Twenty-six recommendations in six key areas where consensus on foundational strategies must be standardized to achieve healthcare quality improvement in hospitals across the United States.

The report's guiding principles and recommendations are unique and establish a standard direction, uniform approach, and set of criteria that will direct hospital performance measurement and eventually lead to a more complete set of measures that fully meets patient needs for information about the quality of healthcare they receive in hospitals.

This work was funded, in part, by the Centers for Medicare and Medicaid, Agency for Healthcare Research and Quality, Robert Wood Johnson Foundation, California HealthCare Foundation, Horace W. Goldsmith Foundation, Department of Veterans Affairs, National Health Care Purchasing Institute, United Hospital Fund of New York, and U.S. Office of Personnel Management.

The NQF is a voluntary consensus standard-setting organization. Any party may request reconsideration of the eight measures, only, in whole or part, by notifying the NQF in writing no later than February 28, 2003 (ATTN: Corporation Secretary, 601 13th Street, NW, Suite 500 North, Washington, DC 20005; fax 202.783.3434). For an appeal to be considered, the notification letter must include information clearly demonstrating that the appellant has interests that are directly and materially affected by the NQF-endorsed recommendations and that the NQF decision has had (or will have) an adverse effect on those interests.

A private, non-profit public benefit corporation, the NQF was created in 1999 in response to the need to develop and implement a national strategy for healthcare quality measurement and reporting. Established as a unique public-private partnership, the NQF has broad participation from nearly 170 organizations who represent all sectors of the healthcare industry, including consumers, employers, insurers, healthcare providers, and other critical stakeholders. Additional information about the NQF and these and other projects is available at www.qualityforum.org.

NQF-ENDORSED VOLUNTARY CONSENSUS STANDARDS FOR HOSPITAL CARE

Priority Area	Measure
Acute Coronary Syndrome	1. Aspirin at arrival for acute myocardial infarction (AMI)
	2. Aspirin prescribed at discharge for AMI
	3. Beta blocker at arrival for AMI
	4. Beta blocker prescribed at discharge for AMI
	5. AMI inpatient mortality
	6. Angiotensin converting enzyme inhibitor (ACEI) for left ventricular systolic dysfunction
	7. Percutaneous coronary intervention (PCI) within 120 minutes of arrival for AMI
	8. Thrombolytic agent within 30 minutes of arrival for AMI
	9. Coronary artery bypass graft (CABG) mortality
	10. ***CABG volume
	11. ***CABG using internal mammary artery
	12. *** PCI volume
	13. ***PCI mortality
Heart Failure	14. Left ventricular function assessment
	15. Detailed discharge instructions
	16. ACEI for left ventricular systolic dysfunction
Pneumonia	17. Oxygenation assessment
	18. Initial antibiotic consistent with current recommendations
	19. Blood culture collected prior to first antibiotic administration
	20. Influenza screen or vaccination
	21. Pneumonia screen or pneumococcal vaccination
	22. Antibiotic timing
Patient Safety	23. ***Urinary catheter-associated urinary tract infection
	24. ***Central line catheter-associated infection
	25. ***Ventilator-associated pneumonia
	26. ***Patient falls
Pregnancy/Childbirth/ Neonatal Conditions	27. Vaginal birth after cesarean delivery rate
	28. Third or fourth degree laceration
	29. Neonatal mortality
	30. Cesarean delivery rate

Priority Area	Measure
Surgical Complications	31. Timing of antibiotic administration (surgical patients)
	32. Selection of antibiotic administration (surgical patients)
	33. Duration of prophylaxis (surgical patients)
Pediatric Conditions	34. Use of relievers for inpatient asthma
	35. Use of systemic corticosteroids for inpatient asthma
	36. Neonate immunization administration
Smoking Cessation	37. Smoking cessation advice/counseling for acute myocardial infarction (AMI) patients
	38. Smoking cessation advice/counseling for heart failure (HF) patients
	39. Smoking cessation advice/counseling for pneumonia patients

***NEWLY APPROVED ON JANUARY 29, 2003

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