

Technical Expert Panel (TEP) Nomination Form

Project Name: Development of Ventilator Weaning Rate and Ventilator Bundle Quality Measures

Instructions

Applicants/nominees must submit the following documents along with this completed and signed form:

- ◆ A statement of interest summarizing relevant expertise and knowledge of the applicant (2-page maximum).
- ◆ A curriculum vitae (CV) and/or list of relevant experience (e.g., publications) (10-page maximum).
- ◆ A disclosure of any current and past activities that may indicate a conflict of interest. As a contractor for the Centers for Medicare & Medicaid Services (CMS), RTI International must ensure balance, independence, objectivity, and scientific rigor in its measure development activities.
- ◆ Send completed and signed TEP Nomination form, statement of interest, and CV to RTI International with "Nomination" in the subject line, to jlyden@rti.org. Due by close of business March 21, 2014 Eastern Time.

Potential Technical Expert Panel (TEP) members must be aware that participation on the TEP is voluntary. Consequently, individuals wishing to participate on the TEP should understand that their input will be recorded in the meeting minutes. Proceedings of the TEP will be summarized in a report that is disclosed to the general public. If participants have disclosed private, personal data by their own choice, then that material and those communications are not deemed to be covered by patient-provider confidentiality. If potential patient participants wish to keep their names confidential, that request can be accommodated. Any questions about confidentiality will be answered by RTI International.

All potential TEP members must disclose to RTI International, CMS, and other TEP members any significant financial interest or other relationships that may affect their judgment or perceptions. The intent of this disclosure is not to prevent individuals with potential for conflict of interest from serving on the TEP, but to provide RTI International, other TEP members, and CMS the information to form their own judgment. It is for the measure contractor, other TEP members, and CMS to decide whether the individual's interest or relationships may affect the discussions or conclusions.

Applicant/Nominee Information (Self-Nominations Are Acceptable)

First and last name:

Suffix/degrees (RN, MD, PhD, etc.)/title:

Organization:

Mailing address:

Telephone/fax number(s):

E-mail address:

Person Recommending the Nominee

Complete this section only if you are nominating a third party for the TEP. You must sign this form and attest that you have notified the nominee of this action and that he or she is agreeable to serving on the TEP. The measure contractor will request the required information from the nominee.

First and last name:

Suffix (RN, MD, PhD, etc.)/title:

Organization:

Mailing address:

Telephone/fax number(s):

E-mail address:

I attest that I have notified the nominee of this action and that he/she is agreeable to serving on the TEP.

Signature: _____

Date: _____

Ventilator Weaning Rate and Ventilator Bundle Quality Measures

Applicant/Nominee's Disclosure

1. Do you or any family members have a financial interest, arrangement, or affiliation with any corporate organizations that may create a potential conflict of interest?

Yes No

If yes, please describe (grant/research support, consultant, speaker's bureau, major stock shareholder, other financial or material support). Please include the name of the corporation/organization.

2. Do you or any family members have intellectual interest in a study or other research related to the quality measures under consideration?

Yes No

If yes, please describe the type of intellectual interest and the name of the organization/group.

Applicant/Nominee's Agreement

1. If at any time during my service as a member of this TEP my conflict-of-interest status changes, I will notify RTI International and the TEP chair.
2. It is anticipated that there will be 2 to 3 webinars and consultations as needed and a 1-day in-person meeting in Baltimore, MD. I am able to commit to attending at least 90 percent of all TEP meetings (in person or by teleconference).
3. If selected to participate on the TEP and the measures are submitted to a measure endorsement organization (such as the National Quality Forum) for approval, I will be available to discuss the measures with the organization or its representatives and to work with the measure contractor to make revisions to the measures, if necessary.
4. I understand that my participation on the TEP is voluntary. Consequently, I understand that my input will be recorded in the meeting minutes. Proceedings of the TEP will be summarized in a report that is disclosed to the general public. If I have disclosed private, personal data by my own choice, then that material and those communications are not deemed to be subject to any confidentiality laws.

For patient participants only:

1. I wish to keep my name confidential. Yes No
2. If selected to participate on the TEP, I will keep all materials and discussions confidential until such time that CMS authorizes their release.

Yes No

I have read the above and agree to abide by it.

Signature: _____ Date: _____