

TECHNICAL EXPERT PANEL CHARTER

Project Title: Patient Safety Measure Development and Maintenance

Dates:

December 2019 – February 2024

Documents:

The TEP Membership List is posted below in the download section

Project Overview:

The Centers for Medicare & Medicaid Services (CMS) has contracted with IMPAQ International, LLC to develop and maintain ***Patient Safety Measures of Hospital Harms*** for falls, post-operative bleeding, and diagnostic errors for CMS quality and payment programs such as the Hospital Inpatient Quality Reporting (HIQR) Program and the Hospital Acquired Conditions Reduction Program (HACRP). The contract name is Measure & Instrument Development and Support (MIDS) Patient Safety Measure Development and Maintenance. The contract number is 75FCMC18D0027. As part of its measure development process, IMPAQ convenes groups of stakeholders and experts who contribute direction and thoughtful input to the measure developer during measure development and maintenance.

Project Objectives:

- To improve patient safety and reduce or eliminate hospital-acquired conditions (HACs);
- To evaluate and address performance gaps, identify and incentivize opportunities for improvement; and,
- To develop, maintain, reevaluate, and implement patient safety measures, including electronic clinical quality measures (eCQMs) for falls, post-operative bleeding, and diagnostic errors for CMS' hospital-level quality reporting programs.

TEP Objectives:

To provide information, support, feedback, and perspective on the identification, prioritization, development, specification, testing, maintenance, re-evaluation, and implementation of patient safety measures of hospital harms for CMS programs such as, HIQR and HACRP.

Scope of Responsibilities:

The TEP's role is to provide input and advice to the measure developer on the information gathering, measure development, testing, maintenance and re-evaluation of patient safety measures of hospital harms.

Guiding Principles:

Potential TEP members must be aware that participation on the TEP is voluntary. As such, 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 a participant has disclosed private, personal data by his or her own choice, then that material and those communications are not deemed to be covered by patient-provider confidentiality. If patient

participants (only) wish to keep their names confidential, that request can be accommodated. Any questions about confidentiality will be answered by the TEP organizers.

All potential TEP members must disclose any current and past activities that may pose a potential conflict of interest for performing the tasks required of the TEP. All potential TEP members should be able to commit to the anticipated time frame needed to perform the functions of the TEP.

Estimated Number and Frequency of Meetings:

The TEP members will hold a minimum two-year term with an optional two-year extension. The TEP will meet by teleconference 4-8 times annually for approximately two hours each. There will be approximately 1 hour of pre-work and 1-hour of post-work per scheduled meeting. The total time commitment of approximately 16-32 hours per year.

Activities

1. TEP members will receive pre-meeting material to review and to provide written feedback (1 hour).
2. The TEP meeting will be convened by phone or web conference. Initial feedback and revisions will be discussed during the live meetings along with other relevant topics (2 hours).
3. Post meeting, TEP members will review and comment on meeting minutes and associated documents along with any follow-up action items (1 hour).

Date Approved by TEP:

TBD

TEP Membership:

TBD