

TECHNICAL EXPERT PANEL NOMINATION FORM

Project Title: Patient Safety Measure Development and Maintenance

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 Expected Time Commitment:

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.

TEP Requirements:

We are seeking a TEP of approximately 12-15 individuals including representatives from provider groups impacted by the measures and their professional organizations, other stakeholders, consumers and other users, quality alliances, medical or specialty societies, measure developers, accrediting organizations, and public and private payers with differing perspectives and areas of **Subject Matter Expertise (SME)** such as:

- One or more individuals with expertise in falls
- One or more individuals with expertise in post-operative bleeding
- One or more individuals with expertise in diagnostic errors
- One or more individuals with expertise in patient safety
- One or more individuals with expertise with drug adverse events
- One or more individuals with expertise in healthcare disparities
- One or more individuals with expertise in performance measurement
- One or more individuals with expertise in quality improvement

- One or more individuals with experience representing the consumer and patient perspective
- One or more individuals with experience representing the family and caregiver perspective
- One or more currently practicing acute care inpatient clinicians specializing in various disciplines
- One or more individuals with inpatient nursing and/or nursing management experience
- One or more individuals with expertise in electronic health record (EHR) systems
- One or more individuals with expertise in clinical standards and ontologies used to capture data within EHR systems

Instructions:

Applicants/nominees must submit these documents ***with this completed and signed form***:

A letter of interest (not to exceed two pages) highlighting experience/knowledge relevant to the expertise described above and involvement in measure development. Consumer/patient/family (caregiver) applicants/nominees are not expected to have experience in measure development.

Curriculum vitae or a summary of relevant experience (including publications) for a maximum of 10 pages. Consumer/patient/family (caregiver) applicants/nominees are not required to submit a curriculum vitae.

Send this completed and signed TEP Nomination form, statement of interest, CV to IMPAQ with “Hospital Harm Nomination” in the subject line at PatientSafetyMeasures@impagint.com. Due by close of business December 13, 2019 Eastern Time.

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 potential patient participants wish to keep their names confidential, that request can be accommodated. Any questions about confidentiality will be answered by IMPAQ.

All potential TEP members must disclose any significant financial interest or other relationships that may influence their perceptions or judgment. It is unethical to conceal (or fail to disclose) conflicts of interest. However, the disclosure requirement is not intended to prevent individuals with particular perspectives or strong points of view from serving on the TEP. The intent of full disclosure is to inform the measure developer, other TEP members, and CMS about the source of TEP members’ perspectives and how that might affect discussions or recommendations.

Applicant/Nominee Information (Self-Nominations Are Acceptable):

Name:

Credentials:

Role:

Organizational Affiliation, if any:

City:

State:

Mailing address:

Telephone:

Email:

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 they are agreeable to serving on the TEP. The measure developer will request the required information from the nominee.

Name:

Credentials:

Role:

Organizational Affiliation, if any:

City:

State:

Mailing address:

Telephone:

Email:

I attest that I have notified the nominee of this action and that the nominee is agreeable to serve on the TEP.

Signature: _____ Date: _____

Applicant/Nominee's Disclosure:

This section addresses disclosure of any current and past activities that may indicate a conflict of interest. As a measure developer for the Centers for Medicare & Medicaid Services (CMS), IMPAQ must ensure independence, objectivity, scientific rigor, and balance in its measure development activities.

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, describe (grant/research support, consultant, speaker's bureau, and major stock shareholder, other financial or material support). Include the name of the corporation/ organization.

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

Applicant/Nominee's Agreement:

If at any time during my service as a member of this TEP my conflict of interest status changes, I will notify the measure developer and the TEP chair.

It is anticipated that there will be 4-8 meetings annually, with a total time commitment of approximately 16-32 hours per year. I am able to commit to attending the TEP meetings in person, by teleconference, or by mutually agreed-upon alternative means.

If selected to participate in the TEP and the measures are submitted to a measure endorsement organization (such as the National Quality Forum), I will be available to discuss the measures with the organization or its representatives and work with the measure developer to make revisions to the measures, if necessary.

I understand that my participation on the TEP is voluntary. As such, 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.

If selected to participate in the TEP, I will keep all materials and discussions confidential until such time that CMS authorizes their release.

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

Signature: _____ Date: _____

For patient participants only: I wish to keep my name confidential. ☐Yes ☐No