

**Appendix B**  
**2014/15 Hospital Quality Reporting Steering Committee Minutes**



**Statewide Quality Reporting and Measurement system**  
**Hospital Quality Reporting Steering Committee**

**Date:** October 27, 2014

**Members present:**

Peter Benner  
Judy Bernhardt  
Demeka Campbell  
Allie Coronis  
Terry Crowson  
Marie Dotseth  
Kathy Geier  
Cheryl Hubrig  
Jennifer Lundblad (facilitator)  
Laurie Drill-Mellum  
Vicki Tang Olson (facilitator)  
Tammy Suchy  
Carolyn Pare  
Hugh Renier  
Shaina Witt

**Ex-officio members present:**

Mark Sonneborn  
Stefan Gildemeister

**Hospital Quality Reporting Steering Committee  
Summary of Recommendations for 2016 Hospital Measures**

Denise McCabe  
David Hesse  
Dina Wellbrock  
Anne McGeary Snowden

**Not present:**

Darrell Carter  
Larry Lee  
John Kvasnicka  
Mary Mayer  
Steve Meisel

<b>Topic</b>	<b>Discussion/Decision</b>	<b>Follow-up: Who/What/When</b>
<p><i>Welcome and introductions</i></p> <p>Supporting materials:</p> <ul style="list-style-type: none"> <li>• Mini-bios</li> </ul>		<p>Corrections:</p> <p>Remove RN after Tammy's name</p>
<p><i>Setting the context for hospital quality measures</i></p> <p>Supporting materials:</p> <ul style="list-style-type: none"> <li>• Quality Reporting and Value-Based Purchasing: National and Minnesota</li> </ul>	<p>Jennifer gave context of national priorities and structure</p>	

**Hospital Quality Reporting Steering Committee  
Summary of Recommendations for 2016 Hospital Measures**

<ul style="list-style-type: none"> <li>National Quality Strategy <a href="http://www.ahrq.gov/workingforquality/">http://www.ahrq.gov/workingforquality/</a></li> </ul>		
<p><i>Reminding ourselves of the SQRMS criteria and process</i></p> <p>Supporting materials:</p> <ul style="list-style-type: none"> <li>2014 Hospital Quality Reporting Steering Committee Charge</li> <li>Approaches to measures – previously endorsed vs developmental</li> <li>Measure purpose: Improvement, public reporting, payment</li> </ul>	<p>Jennifer reviewed charter and background on measurement purpose</p> <ul style="list-style-type: none"> <li></li> </ul>	<p>Correct “Recommendations” in project charter</p>
<p><i>Review meeting goals and desired outcome</i></p>	<p>Jennifer reviewed meeting goals:</p> <ul style="list-style-type: none"> <li>Frame the Committee’s 2014-2015 work</li> <li>Review expert input received to date and determine measurement area priorities</li> <li>Summarize work to date and plan for alignment of SQRMS and current CMS measures and programs</li> <li>Identify next priority area(s) for expert input</li> </ul>	

**Hospital Quality Reporting Steering Committee  
Summary of Recommendations for 2016 Hospital Measures**

<p><i>Identify hospital measurement priorities</i></p>	<p>A prioritization vote was taken among the committee members at the meeting, focused at a high level on topic areas, to get a preliminary “pulse” among the group. Each committee member could select three priority measurement areas. Results in priority order:</p> <ol style="list-style-type: none"> <li>1. <i>Care Transitions and readmissions – 10 votes</i></li> <li>2. <i>Safer care and avoiding harm – 7 votes</i></li> <li>3. <i>Cost/Spending – 5 votes</i></li> <li>4. <i>Behavioral health – 4 votes</i></li> <li>5. <i>End of Life Care – 4 votes</i></li> <li>6. Emergency and time critical care – 3 votes</li> <li>7. Mortality – 2 votes</li> <li>8. Patient and Family Centered care – 2 votes</li> <li>9. Rural relevant/small volume – 2 votes</li> </ol> <p>As a result of the vote, the committee agreed that the efforts will initially be on the italicized topics above.</p>	
<p><i>Gather input from expert groups and discuss priorities</i></p> <p>Supporting materials:</p> <ul style="list-style-type: none"> <li>• NQF Patient Safety Family of Measures</li> <li>• MHA Patient Safety Registry expert feedback</li> <li>• 2015 Draft Hospital Measure Summary</li> <li>• Stratis Health feedback during SQRMS comment period</li> </ul>	<p>Two overall discussion themes emerged from the committee discussion:</p> <p>Always ask ourselves, “What is the point of this measure – is it going to make a difference?”</p> <p>Be clear about the purpose of the measure – for consumers, for accountability, for incentives, for improvement</p> <p><b><u>Safety</u></b></p>	

**Hospital Quality Reporting Steering Committee  
Summary of Recommendations for 2016 Hospital Measures**

	<p>3 themes emerged in the “safer care and avoiding harm” arena after hearing the input from the MHA Safety Registry Committee (from a September 2014 meeting):</p> <ol style="list-style-type: none"> <li>1. Measuring safety as a system attribute <ul style="list-style-type: none"> <li>• Culture, learning, reporting, patient engagement, and feedback loops</li> </ul> </li> <li>2. Measuring safety in ways meaningful for consumers <ul style="list-style-type: none"> <li>• Infections are example of something meaningful and understandable to consumer</li> </ul> </li> <li>3. Measuring safety by measuring delayed and missed diagnosis/misdiagnosis <ul style="list-style-type: none"> <li>• There is an IOM report in the works now on this, slated for release in Fall 2015. MMIC reports this is a high malpractice payment occurrence</li> <li>• Examples might be missed AMI, sepsis and failure to rescue, access to specialists via telemedicine</li> </ul> </li> </ol> <p>Additional information needed for continuing safety measurement discussions:</p> <ul style="list-style-type: none"> <li>• MN performance on existing measures that fall into safety family of measures <ul style="list-style-type: none"> <li>○ MN compared to national</li> <li>○ Variation within MN hospitals</li> </ul> </li> <li>• Understanding national efforts <ul style="list-style-type: none"> <li>○ IOM report draft</li> </ul> </li> </ul> <p>Diagnostic Error in Health Care</p>	<p>Safety</p> <p>Convene Safety subgroup – Marie Dotseth , Steve Meisel, Mark Sonneborn, Carolyn Pare, Allie Coronis</p>
--	--	--

**Hospital Quality Reporting Steering Committee  
Summary of Recommendations for 2016 Hospital Measures**

	<p><a href="http://www8.nationalacademies.org/cp/projectview.aspx?key=49616">http://www8.nationalacademies.org/cp/projectview.aspx?key=49616</a></p> <p>Who are committee members and might we “interview” one or more of them?</p> <p>Improvediagnosis.org – Mark Graber leader</p> <p>Sepsis</p> <ul style="list-style-type: none"><li>• Discussion about proposal to have structural measure that hospitals would report yes/no related to bundle use (not on each patient, but overall process implementation)</li><li>• Committee members thought it would be helpful to require of all hospitals, not just CAHs</li><li>• Look at NY state</li></ul> <p><b><u>Care Transitions</u></b></p> <p>Background given by MDH and MHA on RARE subcommittee looking at a study to understand readmission patterns throughout state using Minnesota’s all payor claims database (APCD)</p> <p>Request data summary of current readmission rates:</p> <p>MN rates compared to national</p>	
--	---	--

**Hospital Quality Reporting Steering Committee  
Summary of Recommendations for 2016 Hospital Measures**

	<p style="text-align: center;">Variations within MN hospitals</p> <p>Invite a presentation from this APCD data workgroup at future Committee meeting</p> <p><i>After the meeting, individual committee members raised the following issues for consideration:</i></p> <ul style="list-style-type: none"> <li>• Race, ethnicity, language data will be part of future state reporting mandate – how to consider in this Committee’s work?</li> <li>• What more do we need to consider from a cost and capacity perspective for implementing sepsis bundles in CAHs?</li> </ul>	<p>Care Transitions</p> <p>Committee members are invited to share ideas on what questions would be helpful to ask of the APCD that would inform actions to improve readmission rates</p> <p>Have update at January meeting from the RARE subgroup</p>
--	---	---

**Hospital Quality Reporting Steering Committee  
Summary of Recommendations for 2016 Hospital Measures**

<p><i>Establishing the plan leading up to recommendations in April 2015</i></p>	<p>Schedule meetings/calls for January, Feb, and March 2015.</p> <p>Before January meeting</p> <ul style="list-style-type: none"> <li>• Convene safety subgroup</li> <li>• Prepare and share data at next meeting</li> <li>• Follow-up with information requests</li> <li>• Develop proposed next steps on the other prioritized areas (cost/spending, behavioral health, end of life)</li> </ul>	



**Hospital Quality Reporting Steering Committee  
Summary of Recommendations for 2016 Hospital Measures**

**Statewide Quality Reporting and Measurement system**

**Hospital Quality Reporting Steering Committee**

**Date:** January 9, 2015

**Members present:**

Peter Benner  
Judy Bernhardt  
Terry Crowson  
Marie Dotseth  
Kathy Geier  
Cheryl Hubrig  
Jennifer Lundblad (facilitator)  
Mary Mayer  
Steve Meisel  
Laurie Drill-Mellum  
Vicki Tang Olson (facilitator)  
Tammy Suchy  
Carolyn Pare  
Hugh Renier  
Shaina Witt

**Ex-officio members present:**

Mark Sonneborn  
Denise McCabe  
David Hesse  
Anne McGearry Snowden

**Not present:**

Allie Coronis  
Demeka Campbell  
Darrell Carter  
Larry Lee  
John Kvasnicka

## Hospital Quality Reporting Steering Committee Summary of Recommendations for 2016 Hospital Measures

Stefan Gildemeister  
Dina Wellbrock

Topic	Discussion/Decision	Follow-up: Who/What/When
<p><i>Welcome and introductions</i></p>	<p><b>Meeting Goals:</b></p> <ul style="list-style-type: none"> <li>• Follow-up on priorities identified in October meeting: safer care and avoiding harm, care transitions, end of life, cost and spending, and behavioral health</li> <li>• Review alignment of current SQRMS measures to measures included in federal programs</li> <li>• Identify timeline and remaining work to achieve hospital measure recommendations for SQRMS</li> </ul>	
<p><i>Recap of committee work to date</i></p> <ul style="list-style-type: none"> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>• Society of Thoracic Surgeons reporting via Consumer Reports, are there other data/measure repositories useful to be aware of for hospital SQRMS?</li> <li>• Prompted the idea of SQRMS not only reporting on a set of hospital measures, but referring and/ or endorsing measures or measure sets published by others</li> <li>• Need to be attentive to consumer access, which can be a challenge with proprietary databases and repositories</li> </ul>	<p>Stratis Health, MNCM and MDH will meet to discuss:</p> <ul style="list-style-type: none"> <li>• <i>Longer planning cycles:</i> As the measurement of hospital quality evolves and reflects new research in what contributes to quality and safety, it is becoming more sophisticated, thus, it calls for longer multi-year planning cycles. The discussion today on development of a hospital safety</li> </ul>

**Hospital Quality Reporting Steering Committee  
Summary of Recommendations for 2016 Hospital Measures**

		<p>composite or index, and on preparing for measuring and reporting diagnostic error, are examples of this.</p> <ul style="list-style-type: none"> <li>• <i>‘Endorsement’ as well as reporting role:</i> As more organizations measure and report hospital quality and safety, the question was raised at today’s meeting about whether SQRMS could not only report measures, but also endorse and refer to other measures.</li> <li>• <i>Coordinated hospital and clinic measurement:</i> Today’s discussions on measuring and reporting care transitions and on end-of-life care/advance care planning are appropriate and needed in both acute and ambulatory settings of care. Might there be possibility in the future of some joint SQRMS work?</li> </ul>
--	--	--

**Hospital Quality Reporting Steering Committee  
Summary of Recommendations for 2016 Hospital Measures**

<p><i>Safer Care: sub-group update and recommended next steps</i></p>	<ul style="list-style-type: none"> <li>• Reviewed MN Safety Performance Snapshot:             <ul style="list-style-type: none"> <li>○ MMIC failure to rescue measure</li> <li>○ Research is emerging on the relationship between clinician/staff burnout and safety culture and outcomes (Bryan Sexton/Johns Hopkins)</li> <li>○ Are there questions to be excerpted from HCAHPS related to safety? (e.g., pain management)</li> </ul> </li> <li>• Discussed sub-group recommendation to develop safety composite or index over the long term, in a phased or staged approach             <ul style="list-style-type: none"> <li>○ Group consensus was that this is a worthwhile direction, but challenging, and needs MDH support</li> <li>○ An index needs to have appropriate explanation and description to help patients use and interpret the data (e.g., JD Powers rating) – why important?</li> <li>○ MHA measures Potentially Preventable Complications – could this be used as part of a composite/index?</li> <li>○ Preliminary discussion of criteria for an index: reflective of data which are easily retrievable, risk adjusted appropriately, reflect community consensus, adequate volume to be meaningful</li> </ul> </li> <li>• Potential resource: “Unaccountable: What Hospitals Won’t Tell You and How Transparency Can Revolutionize Health Care”, Marty Makary</li> <li>• Pending MDH follow-up discussion, committee agreed that sub-group should continue working in this direction toward a composite or index</li> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>
---	--	---

**Hospital Quality Reporting Steering Committee  
Summary of Recommendations for 2016 Hospital Measures**

<p><i>Diagnostic Error in Healthcare: update and recommended next steps</i></p>	<ul style="list-style-type: none"> <li>• Stratis Health and Laurie Drill-Mellum are having a call with IOM committee member Dr. Mark Graber for insight on measuring mis/missed diagnosis and delays</li> <li>• Very complex to distinguish errors from good care that has poor results – assessment, inappropriate testing, lack of follow-up</li> <li>• Consumer desire for specificity to know “what is the probability of error for my condition?” So measure for high likelihood/high risk conditions?</li> <li>• Committee agreed that this topic is for learning, and keeping our eye on for future potential hospital SQRMS measures, perhaps revisiting post-IOM report in late 2015             <ul style="list-style-type: none"> <li>○ Consider community forum (outside of SQRMS work, but potentially informing future measurement) – co-sponsored by multiple orgs (e.g., MHA, MMIC, MAPS, Stratis Health, MNMCM, ICSI)</li> </ul> </li> </ul>	<p>Call scheduled for February 11</p>
<p><i>Alignment with federal programs: CMS/MBQIP and recommended next steps</i></p>	<ul style="list-style-type: none"> <li>• Reviewed NQF MAP recommendations and 2015 federal/state measure summary             <ul style="list-style-type: none"> <li>○ MAP themes: safety culture, falls with injury, nursing measures, complications, and revised definitions</li> </ul> </li> <li>• Convene critical access hospital advisory group, overlapping with HQRSC             <ul style="list-style-type: none"> <li>○ Tammy, Cheryl, Mary</li> </ul> </li> <li>•</li> </ul>	<p>For February Committee call, Stratis Health will convene CAH and PPS group to provide specific recommendations to bring SQRMS hospital measures into alignment with federal measures</p>
<p><i>Plan for remaining priority measurement areas</i></p>	<p>Care transitions and readmissions</p>	<p>Action will be to get a report back from the RARE APCD workgroup at the March meeting</p>

**Hospital Quality Reporting Steering Committee  
Summary of Recommendations for 2016 Hospital Measures**

	<ul style="list-style-type: none"> <li>• MDH All Payer Claims Database (APCD), could provide data for study of readmissions patterns, RARE workgroup is currently prioritizing areas for study</li> <li>• Readmissions to different facility is important but currently unknown – 22% of Medicare readmissions are to a different facility, but huge variation across the state</li> <li>• Caution raised about appropriate readmissions – current pressures in the marketplace not to re-admit, even if necessary</li> <li>• Big opportunity in end of life care, and readmissions with different diagnosis</li> <li>• Need to re-define “readmissions” – can the Committee play a role in this?             <ol style="list-style-type: none"> <li>1. What is preventable or avoidable?</li> <li>2. Consider process/structural measures (rather than rates)</li> </ol> </li> </ul> <p>End of life</p> <ul style="list-style-type: none"> <li>• Reviewed current inpatient and outpatient measurement of advanced care planning</li> <li>• Discussion hospice family surveys, oncology measures, goals of care discussion</li> <li>• MN Epic Users Group has previously identified access to advanced care planning as a priority, nearly all MN hospitals now have and an EHR, and Meaningful Use Stage 2 includes advanced directives as an optional measure.</li> <li>• As a result, committee supported moving toward the Stage 2 Meaningful Use measure, potentially collecting it through the annual Minnesota HIT hospital survey supplement.</li> </ul>	
		<p>Will add meaningful use measure to recommendations list to be reviewed at March meeting</p>

**Hospital Quality Reporting Steering Committee  
Summary of Recommendations for 2016 Hospital Measures**

	<p>Cost and spending (Did not get to this during the meeting)</p> <p>Behavioral health (Did not get to this during the meeting)</p>	<p>Vicki will meet with Mark Sonneborn and Joe Shindler to do some brainstorming on cost measures</p> <p>Will add to future agenda</p>
<p><i>Workplan, Timeline, Upcoming Meetings</i></p>	<ul style="list-style-type: none"> <li>• February 10 Committee call will be focused on national measure alignment</li> <li>• March 26 meeting needs to result in final set of recommendations for 2016 reporting, and for any longer terms plans or goals</li> <li>•</li> </ul>	

## Hospital Quality Reporting Steering Committee Summary of Recommendations for 2016 Hospital Measures

### Statewide Quality Reporting and Measurement system

#### Hospital Quality Reporting Steering Committee

**Date:** February 10, 2015 9-10

**Members present:**

Peter Benner; Judy Bernhardt; Demeka Campbell; Allie Coronis; Terry Crowson; Marie Dotseth; Kathy Geier; Jennifer Lundblad (facilitator); Vicki Tang Olson (facilitator); Tammy Suchy; Carolyn Pare; Hugh Renier

**Ex-officio members present:**

David Hesse; Denise McCabe; Mark Sonneborn; Dina Wellbrock

**Not present:**

Demeka Campbell; Darrell Carter; Laurie Drill-Mellum; Larry Lee; Shaina Witt; Stefan Gildemeister; Cheryl Hubrig; John Kvasnicka; Mary Mayer; Steve Meisel; Anne McGearry Snowden;

Topic	Discussion/Decision	Follow-up: Who/What/When
<i>Welcome and introductions</i>	<p><b>Meeting Goals:</b></p> <p>Review feedback from subgroups on aligning SQRMS hospitals measures with federal programs</p> <ul style="list-style-type: none"> <li>• Review alignment of current SQRMS measures to measures included in federal programs</li> <li>• Identify next steps with new measure areas of cost spending and behavioral health</li> </ul>	
<i>Alignment with federal programs: PPS alignment with CMS</i>	Two subgroups met to give feedback on the what inpatient and outpatient measures the committee should consider for adding, keeping or removing from the hospital slate of SQRMS measures.	1.



**Hospital Quality Reporting Steering Committee  
Summary of Recommendations for 2016 Hospital Measures**

•	<p>The committee walked through a summary of these recommendations, 2016 SQRMS Hospital Measure Alignment with Federal Programs Recommendations. Some of the considerations were the changes in the inpatient program to have both electronic and chart abstraction as data submission options for some measures.</p> <p>It was recommended to</p> <ul style="list-style-type: none"><li>• Not add the VTE and Stroke eCQM measures set for either CAH or PPS hospitals. Stroke – 1 is not an eCQM would be appropriate for PPS hospitals and was recommended.</li><li>• Keep PC-01 for CAH and PPS hospitals</li><li>• Keep ED-1 and ED-2 for PPS hospitals.</li><li>• Add Safe surgery checklist for CAH and evaluate again after one year.</li><li>• Add the other 30 day mortality measures for PPS hospitals: Stroke, COPD and CABG.</li><li>• Add total knee/total hip complication for PPS hospitals</li><li>• Add all of the inpatient cost measures for PPS hospitals: Medicare spending per beneficiary, AMI payment, Heart Failure payment, Pneumonia payment</li><li>• Not add OP-1 to either PPS hospitals or CAH</li></ul>	
---	--	--

**Hospital Quality Reporting Steering Committee  
Summary of Recommendations for 2016 Hospital Measures**

	<ul style="list-style-type: none"> <li>• Not add any of the outpatient imaging measures since they need further analysis</li> <li>• Add OP-18, 20, 22, and 23 the outpatient throughput measures to both CAH and PPS hospital measures. Check on the volume for OP-21.</li> <li>• Defer decision to future for readmission measures and outpatient endoscopy measures</li> <li>• Add CLABSI as well as the MBQIP required measure of HCP/OP 27 to CAH slate of measures</li> <li>• Remove AMI mortality from the CAH measures since these patients are transferred and not admitted unless they are end of life/making a choice for nonaggressive treatment.</li> </ul>	
<i>Cost/spending measures</i>	Vicki Olson, Mark Sonneborn and Joe Schindler met at MHA to brainstorm cost/spending measures. Currently, there is a Medicare spending per beneficiary measure in the inpatient program and the value-based purchasing program. There are no spending measures in MBQIP for CAH but MHA is planning to do some financial modeling to identify ways to align incentives to the financial model.	It was suggested that we do a pilot with the MSPB measure in several hospitals to better understand the relationship between the claims types and time periods.
<i>Discussion of plan for remaining priority measurement areas of behavioral health</i>	This will be deferred for future meeting discussion.	
<i>Timeline, steps for preliminary slate of measures due April 1<sup>st</sup></i>	Our final meeting to recommend preliminary measures is on March 26, 2015. It will be a face-to-face meeting.	

**Hospital Quality Reporting Steering Committee  
Summary of Recommendations for 2016 Hospital Measures**

**Statewide Quality Reporting and Measurement system**

**Hospital Quality Reporting Steering Committee**

**Date:** March 26, 2015 9-11

**Members present:**

Peter Benner; Judy Bernhardt; Allie Coronis; Terry Crowson; Marie Dotseth; Kathy Geier; Cheryl Hubrig; John Kvasnicka; Jennifer Lundblad(facilitator); Mary Mayer; Steve Meisel; Vicki Tang Olson (facilitator); Tammy Suchy; Carolyn Pare; Hugh Renier

**Ex-officio members present:**

Stefan Gildemeister; David Hesse; Denise McCabe; Mark Sonneborn; Anne McGeary Snowden; Dina Wellbrock

**Not present:**

Demeka Campbell; Darrell Carter; Laurie Drill-Mellum; Larry Lee; Shaina Witt

<b>Topic</b>	<b>Discussion/Decision</b>	<b>Follow-up: Who/What/When</b>
<i>Welcome and introductions</i>	<p><b>Meeting Goals:</b></p> <ul style="list-style-type: none"> <li>• Agree on how the Hospital Quality Reporting Steering Committee can best contribute to and recommend SQRMS hospital measures going forward:               <ul style="list-style-type: none"> <li>○ In PPS hospital reporting</li> <li>○ In critical access hospital reporting</li> <li>○ For all hospitals</li> </ul> </li> <li>• Recommend a hospital slate of measures for 2016 SQRMS reporting</li> </ul>	
<p><i>Alignment with federal programs: PPS alignment with CMS</i></p> <ul style="list-style-type: none"> <li>•</li> </ul>	<p>The Committee voted by consensus to preliminarily recommend that SQRMS align quality reporting for PPS hospitals in 2016 with the CMS incentive programs, i.e., to report the PPS hospital Total Performance Score (both the composite measure and the component measures), along</p>	<p>2. The Committee would like to see the complete list of measures which would be reported under this approach, and the complete list of measures currently reported which would no longer be reported.</p>

**Hospital Quality Reporting Steering Committee  
Summary of Recommendations for 2016 Hospital Measures**

	<p>with the Readmissions and HAC CMS incentive program measures.</p> <p>Once the Committee has been presented with this information, the recommendation can move from preliminary to full recommendation. The Committee affirms that alignment with the incentive programs, and the use of the Total Performance Score composite measure, is a good platform for future reporting, with a future goal of a better approach to reporting in ways meaningful and useful to consumers.</p>	<p>3. The Committee wants the reporting to clearly indicate which of the CMS incentive program measures are Medicare only, and which are all payer measures.</p>
<p><i>Alignment with federal programs: CAH alignment with MBQIP</i></p>	<p>The Committee voted by consensus to recommend that SQRMS align quality reporting for critical access hospitals in 2016 with the HRSA MBQIP (Medicare Beneficiary Quality Improvement Program) measures, i.e., to report on a suite of 16 measures; and to add for 2017 a MBQIP composite measure to also be publicly reported.</p> <ul style="list-style-type: none"> <li>○ The MBQIP alignment approach was endorsed by a CAH sub-group of the Committee.</li> <li>○ The Committee voiced strong support for escalating a falls measure in terms of priority and importance for public reporting. Recognizing that this is not a required measure for PPS hospitals at this time either, the committee was willing to defer adding this until it can be considered for both PPS and CAH, perhaps as part of the patient safety composite measure</li> </ul>	<p>The Committee would like to see the complete list of measures which would be reported under this approach, and the complete list of measures currently reported by CAHs which would no longer be reported.</p>

**Hospital Quality Reporting Steering Committee  
Summary of Recommendations for 2016 Hospital Measures**

<p><i>Advance Directives</i></p>	<p>The Committee voted by consensus to recommend that SQRMS add an advance directive measure for 2016 reporting for all hospitals, specifically, to include a question on the annual HIT hospital survey taken verbatim from the CMS EHR Meaningful Use Stage 2 measures.</p> <p><i>More than 50 percent of all unique patients 65 years old or older admitted to the eligible hospital's or CAH's inpatient department (POS 21) during the EHR reporting period have an indication of an advance directive status recorded as structured data.</i></p> <p>The Committee noted that advance care planning and advance directives is a measurement area which lends itself to cross-setting measurement, and work is simultaneously underway to report an advance directive measure in Health Care Homes and more generally for clinics. The Committee voiced support for continuing to work toward more meaningful structure and process measures around end-of-life care.</p>	
<p><i>Safer Care: sub-group update and recommended next steps</i></p>	<p>In addition to the recommended changes above for 2016 reporting, the Committee endorsed the proposed plan to develop a patient safety composite or index measure, recognizing the challenges in doing this well, but willing to take it on given the importance of measuring hospital safety.</p>	