

NATIONAL QUALITY FORUM

CONFERENCE CALL FOR THE SERIOUS REPORTABLE EVENTS IN HEALTHCARE TECHNICAL ADVISORY PANEL FOR PHYSICIAN OFFICES

August 11, 2010

TAP members present: Tejal Gandhi, MD, MPH (chairperson); Steven A. Kaplan, MD; Catherine Roberts, MD; Michael Steinman, MD; Diana Swanson, MSN, NP-C; James Taylor, MD; Saul Weingart, MD, PhD; Elizabeth Wertz Evans, RN

NQF Staff: Peter Angood, MD; Ann Hammersmith, JD; Melinda Murphy, RN MS; Lindsey Tighe, MS; Eric Colchamiro, MPA

Others Present: Rita Munley Gallagher, PhD, RN; Kay Jewell

WELCOME AND INTRODUCTIONS

Dr. Angood welcomed the Technical Advisory Panel (TAP) members and thanked them for their participation. Ms. Hammersmith, general counsel for NQF, then asked the TAP members to provide an oral disclosure of interest. Members noted no conflicts.

PROJECT UPDATE

Dr. Angood provided the TAP members with a brief update of other ongoing National Quality Forum (NQF) projects related to patient safety. He explained that a reporting framework for patient safety events had been drafted, voted upon by NQF membership, and approved by NQF's Consensus Standards Approval Committee. This report provides guidance to issuers of public reports of adverse patient safety events. The report is scheduled to go to the NQF Board for endorsement during Fall 2010. Dr. Angood also noted that Common Formats for reporting of adverse events have been developed by the Agency for Healthcare Research and Quality (AHRQ), and NQF currently convenes an expert panel that provides ongoing guidance and recommendations for refinement to the Common Formats based on comments received through its web-based commenting tool. Dr. Angood informed the TAP that patient safety measures are currently being vetted through NQF's Consensus Development Process, and it is likely that these measures will be complementary to some of the Serious Reportable Events.

EVALUATION OF EXISTING SERIOUS REPORTABLE EVENTS

Dr. Gandhi led the TAP members in discussion of the current listing of the existing and newly submitted Serious Reportable Events.

For convenience and succinctness, salient points of the discussion are captured in the spreadsheets attached to the minutes.

- Overall Discussion
 - A Serious Reportable Event (SRE) list for physician offices is appropriate and may prove valuable in driving improvement. The latter can be facilitated through tailoring implementation guidance to illuminate issues specific to the environment.
 - In general, all the SREs that the TAP viewed as relevant are considered serious and either preventable or largely preventable. Ambiguity is an issue in a number of the events either

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- generally or in the Physician Offices setting. Where particularly relevant these issues are discussed in the spreadsheet.
- Preventability recommendations from the TAP are listed in the spreadsheet.
 - Generally, the TAP stated that use of the term “healthcare setting” rather than “healthcare facility” would be more encompassing of the Ambulatory Outpatient environment.
 - The question regarding susceptibility to inaccuracies, errors or unintended consequences was, with rare exception, not explored; where it was discussed, that discussion is included in the spreadsheet.
 - Proposed modifications to the SREs were discussed by the TAP; their recommendations are included in the spreadsheet.
- Event-Specific General Discussion
 - When defined to include procedures, the surgical events apply to physician office settings. Consideration should be given to revising the event descriptions 1.A. – 1.D. by replacing “surgery” with “procedure.”
 - Events that may be discovered in the physician office settings but were not caused by the actions of the healthcare providers were not recommended for inclusion on the SRE listing (hypoglycemia, stage 3 or 4 pressure ulcers, etc.).
 - The criminal events should not be combined based on their heterogeneity.

PUBLIC COMMENT

Dr. Gallagher expressed appreciation for the TAP’s work on behalf of the nation’s nurses and others. She commended the inclusion of negative events that impact staff of Physician Offices.

Ms. Jewell commented that the TAP may want to consider how the perimeter of a facility is defined from a risk management perspective. She acknowledged that patients likely expect policies to be in place to protect them throughout the grounds of a healthcare facility.

EVALUATION OF NEWLY SUBMITTED SERIOUS REPORTABLE EVENTS

All discussion related to the new submissions is reflected in the spreadsheet.

PUBLIC COMMENT

There were no comments during the second public commenting period.

NEXT STEPS

TAP members were informed that a summary of the call would be distributed for their approval in the upcoming week. Dr. Gandhi would then present the summary to the Steering Committee for the Serious Reportable Events in Healthcare project. The Steering Committee meetings are scheduled for the end of August and beginning of September. If the Steering Committee has any questions for the TAP, the TAP will be notified via e-mail and a conference call may be scheduled.

Once the Steering Committee makes the final decisions regarding recommendation for endorsement of the events, a draft report will be prepared. This draft report will be posted to NQF’s website for NQF Member and public comment.

Adjourn.