NATIONAL QUALITY FORUM

Serious Reportable Event Submission & Evaluation

The SRE Steering Committee with NQF member and public input has defined Serious Reportable Events (SREs) as preventable, serious, and unambiguous adverse events. The Committee further notes that some types of SREs are universally preventable and should never occur while other types of SREs are largely preventable and over time it may be possible to reduce these to zero as knowledge and safe practices evolve. Both types of SREs should be publicly reported.

Submitters: Complete all the non-shaded areas of this form**. Please fill out a separate form for each event you are submitting to NQF for consideration.** This form may be used to submit comments/changes to existing SREs or submit new SREs.

Reviewers: Complete all the yellow and pink highlighted areas of the form. Provide the rationale for your ratings.

(for NQF staff use) **NQF Review #:** **NQF Project:**
(for NQF staff use**) Has all requested information been provided? Yes** **Staff Notes to Submitter** (*if submission returned*)**:**
Staff Notes to Reviewers (*issues or questions regarding any criteria*)**:**
Staff Reviewer Name(s):

1. CONTACT INFORMATION

Submitter: Julie Apold
Organization: Minnesota Alliance for Patient Safety (includes Minnesota Hospital Association, Minnesota Department of Health, Minnesota Medical Association and over 50 other public-private healthcare organizations.
Street Address: 2550 University Avenue W Suite 350S
City/State/Zip: Saint Paul, MN 55114
Telephone Number: 651-6541-1121
Fax Number: 651-659-1477
Email Address: **japold@mnhospitals.org**

Date of Submission (*MM/DD/YY*)**: 6/16/10**
Is this submission about a currently endorsed SRE or a proposed new SRE? ☒ **Currently Endorsed** ☐ **New Submission** *(If new submission, skip to section 3a)*

2a. CURRENTLY ENDORSED SERIOUS REPORTABLE EVENT

Name of Event: Infant discharged to the wrong person

Suggested Change:
☒ **Specify the Applicable Care Setting(s) marked below**
☐ **Remove Endorsement**
☒ **Modify SRE Specifications**

Describe Suggested Modification(s) in specific detail:
1) **Recommend consideration of "any minor" or "any person unable to make decisions"**
2) **Recommend changing "wrong person" to "unauthorized person"**

Rationale for removing endorsement or modifying the SRE *(include pertinent evidence, data)***:**
1) Being more inclusive in the definition better captures the populations of children and vulnerable adults that should not be discharged to a person not authorized to serve in that role.

If modifications are made, *are the changes likely to result in a substantial change in the current count of SREs?* ☐ Yes ☒ No **If yes, please explain:**

(for NQF staff use) **The proposed change is justified** *(Does the rationale justify the proposed change?)* *Yes*

Y☐
N☐

Applicable Care Settings (Mark all to which event is relevant) ☒ Hospital ☒ Skilled Nursing Facility (SNF) / Nursing home ☒ Outpatient or Office-based Surgery Center ☒ Ambulatory Practice / Physician Offices ☐ Other (*Please specify*):	
Reviewer Comments/Rationale:	
2b. ADDITIONAL INFORMATION for CURRENTLY ENDORSED SERIOUS REPORTABLE EVENT	
Provide any additional information that should be considered:	
Susceptibility to Inaccuracies, Errors, or Unintended Consequences *Identify susceptibility to inaccuracies, errors, or unintended consequences of the event and describe how these potential problems could be audited.*	
(for NQF staff use) Identify related endorsed measures N/A	
Reviewer Comments:	
RECOMMENDATION	
Steering Committee: **Do you recommend the proposed change?** ☐ Do you recommend the proposed change with modification? ☐ Specify the modification **Comments/Rationale:**	**Y**☐ **N**☐ **A**☐
3a. NEW SERIOUS REPORTABLE EVENT	
The Event is a discrete, auditable , and clearly defined occurrence **Name of Proposed New Event:**	**Y**☐ **N**☐
3b. PREVENTABLE, SERIOUS, UNAMBIGUOUS	
Brief Description of Event:	
The event is Preventable *(Describes an event that could have been anticipated and prepared for, but that occurs because of an error or other system failure)* **Briefly summarize the Evidence Base that the event is preventable and provide citations:**	**Y**☐ **N**☐
The event is Serious *(Describes an event that can result in death or loss of a body part, disability or loss of bodily function or risk thereof for harm)* *Please check the appropriate consequence and describe it* ☐ Death or ☐ risk of death ☐ Loss of a body part or ☐ risk of loss **Describe:** ☐ Disability or ☐ risk of disability **Describe:** ☐ Loss of bodily function or ☐ risk of loss **Describe:**	**Y**☐ **N**☐
The event is Unambiguous *(Refers to an event that is clearly defined and easily identified)* **Definitions:** **Codes and descriptors (if used):** **Instructions for counting events, calculating rates, and providing context for low frequency:**	**Y**☐ **N**☐
Reviewer Comments/Rationale:	
3c. ADVERSE, SAFETY SYSTEM PROBLEM, IMPORTANT FOR ACCOUNTABILITY	
Describe the outcome that demonstrates that the event is adverse *(Describes a negative consequence of care that results in unintended injury or illness)*	**Y**☐ **N**☐
Describe how the event is indicative of a problem in a healthcare facility's safety systems:	**Y**☐

	N☐
Describe why the event is important for public credibility or accountability: If the event is used in a public reporting initiative (disclosure of performance results to the public at large), *provide name of initiative(s), locations, Web page URL(s)*:	Y☐ N☐
Reviewer Comments/Rationale:	

3d. SETTINGS, DATA SOURCES

Applicable Care Settings (Mark all to which event is relevant)

- ☐ Hospital
- ☐ Skilled Nursing Facility (SNF) / Nursing home
- ☐ Outpatient or Office-based Surgery Center
- ☐ Ambulatory Practice / Physician Offices
- ☐ Other (*Please describe*):

Data Source *Check the source(s) for the information on the SRE.*

- ☐ Electronic administrative data/ claims
- ☐ Electronic Clinical Data *(e.g., MDS)*
- ☐ Incident Reports
- ☐ Medical Record including Electronic
- ☐ Pharmacy data
- ☐ Public health data/vital statistics
- ☐ Quality / Risk Management Databases
- ☐ Registry data (or database)
- ☐ Reports to External Bodies (states, federal)
- ☐ Regulatory or Accreditation data (FDA, OSHA, etc.)
- ☐ Special or unique data, specify:

Identify the specific data source/data collection instrument (e.g. name of database, clinical registry, collection instrument, etc.); include Web page URL where available:

Data dictionary/code table attached ☐ OR at web page URL:

Process(es) to Collect Data
Provide additional information about how the data regarding the event are collected.
Address verifiability, reliability, and validity, if possible.

Reviewer Comments/Rationale:

3e. ADDITIONAL INFORMATION for NEW SERIOUS REPORTABLE EVENT

Provide any additional information that should be considered:

Susceptibility to Inaccuracies, Errors, or Unintended Consequences
Identify susceptibility to inaccuracies, errors, or unintended consequences of the event and describe how these potential problems could be audited.

(for NQF staff use) Identify related endorsed measures

Reviewer Comments:

RECOMMENDATION

Steering Committee: Do you recommend for endorsement? **Comments/Rationale:**	Y☐ N☐ A☐
Steering Committee Reviewer Name:	

4. PRIORITY AREAS

(for NQF staff use) **Select the most relevant priority area(s), quality domain(s), and consumer need(s).**

National Priority Partners Priority Area ☐ patient and family engagement ☐ population health ☐ safety ☐ care coordination ☐ palliative and end of life care ☐ overuse

IOM Quality Domain ☐ effectiveness ☐ efficiency ☐ equity ☐ patient-centered ☐ safety ☐ timeliness

Consumer Care Need ☐ Getting Better ☐ Living With Illness ☐ Staying Healthy	
(for NQF staff use) **Notes on similar/related endorsed SREs and/or Safe Practices:**	
Steering Committee Reviewer Name:	

NATIONAL QUALITY FORUM

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Reviewers: Complete all the yellow and pink highlighted areas of the form. Provide the rationale for your ratings.

(for NQF staff use) **NQF Review #: NQF Project:**
(for NQF staff use**) Has all requested information been provided? Yes** **Staff Notes to Submitter** (*if submission returned*)**:**
Staff Notes to Reviewers (*issues or questions regarding any criteria*)**:**
Staff Reviewer Name(s):

1. CONTACT INFORMATION

Submitter: Cynthia Lacker, RN, MS, LNCC, CPHRM
Organization: Pennsylvania Patient Safety Authority
Street Address: 5200 Butler Pike
City/State/Zip: Plymouth Meeting, PA 19462
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Email Address: clacker@ecri.org

Date of Submission (*MM/DD/YY*)**: 06/16/2010**
Is this submission about a currently endorsed SRE or a proposed new SRE? ☒ **Currently Endorsed** ☐ **New Submission** *(If new submission, skip to section 3a)*

2a. CURRENTLY ENDORSED SERIOUS REPORTABLE EVENT

Name of Event:
Patient death or serious disability associated with patient elopement (disappearance)

Suggested Change:
☒ **Specify the Applicable Care Setting(s) marked below**
☐ **Remove Endorsement**
☐ **Modify SRE Specifications**

Describe Suggested Modification(s) in specific detail:

Rationale for removing endorsement or modifying the SRE *(include pertinent evidence, data)***:**

If modifications are made, *are the changes likely to result in a substantial change in the current count of SREs?* ☐ Yes ☐ No **If yes, please explain:**

(for NQF staff use) **The proposed change is justified** *(Does the rationale justify the proposed change?)* **Y**☒ **N**☐

Applicable Care Settings (Mark all to which event is relevant)
☐ Hospital
☒ Skilled Nursing Facility (SNF) / Nursing home
☐ Outpatient or Office-based Surgery Center

☐ Ambulatory Practice / Physician Offices ☐ Other (*Please specify*):	
Reviewer Comments/Rationale:	
2b. ADDITIONAL INFORMATION for CURRENTLY ENDORSED SERIOUS REPORTABLE EVENT	
Provide any additional information that should be considered:	
Susceptibility to Inaccuracies, Errors, or Unintended Consequences *Identify susceptibility to inaccuracies, errors, or unintended consequences of the event and describe how these potential problems could be audited.*	
(for NQF staff use) Identify related endorsed measures N/A	
Reviewer Comments:	
RECOMMENDATION	
Steering Committee: **Do you recommend the proposed change?** ☐ Do you recommend the proposed change with modification? ☐ Specify the modification **Comments/Rationale:**	**Y**☐ **N**☐ **A**☐
3a. NEW SERIOUS REPORTABLE EVENT	
The Event is a discrete, auditable , and clearly defined occurrence **Name of Proposed New Event:**	**Y**☐ **N**☐
3b. PREVENTABLE, SERIOUS, UNAMBIGUOUS	
Brief Description of Event:	
The event is Preventable *(Describes an event that could have been anticipated and prepared for, but that occurs because of an error or other system failure)* **Briefly summarize the Evidence Base that the event is preventable and provide citations:**	**Y**☐ **N**☐
The event is Serious *(Describes an event that can result in death or loss of a body part, disability or loss of bodily function or risk thereof for harm)* *Please check the appropriate consequence and describe it* ☐ Death or ☐ risk of death ☐ Loss of a body part or ☐ risk of loss **Describe:** ☐ Disability or ☐ risk of disability **Describe:** ☐ Loss of bodily function or ☐ risk of loss **Describe:**	**Y**☐ **N**☐
The event is Unambiguous *(Refers to an event that is clearly defined and easily identified)* **Definitions:** **Codes and descriptors (if used):** **Instructions for counting events, calculating rates, and providing context for low frequency:**	**Y**☐ **N**☐
Reviewer Comments/Rationale:	
3c. ADVERSE, SAFETY SYSTEM PROBLEM, IMPORTANT FOR ACCOUNTABILITY	
Describe the outcome that demonstrates that the event is adverse *(Describes a negative consequence of care that results in unintended injury or illness)*	**Y**☐ **N**☐
Describe how the event is indicative of a problem in a healthcare facility's safety systems:	**Y**☐ **N**☐
Describe why the event is important for public credibility or accountability:	**Y**☐ **N**☐

If the event is used in a public reporting initiative (disclosure of performance results to the public at large), *provide name of initiative(s), locations, Web page URL(s)*:

Reviewer Comments/Rationale:

3d. SETTINGS, DATA SOURCES

Applicable Care Settings (Mark all to which event is relevant)

- ☐ Hospital
- ☐ Skilled Nursing Facility (SNF) / Nursing home
- ☐ Outpatient or Office-based Surgery Center
- ☐ Ambulatory Practice / Physician Offices
- ☐ Other (*Please describe*):

Data Source *Check the source(s) for the information on the SRE.*

- ☐ Electronic administrative data/ claims
- ☐ Electronic Clinical Data *(e.g., MDS)*
- ☐ Incident Reports
- ☐ Medical Record including Electronic
- ☐ Pharmacy data
- ☐ Public health data/vital statistics
- ☐ Quality / Risk Management Databases
- ☐ Registry data (or database)
- ☐ Reports to External Bodies (states, federal)
- ☐ Regulatory or Accreditation data (FDA, OSHA, etc.)
- ☐ Special or unique data, specify:

Identify the specific data source/data collection instrument (e.g. name of database, clinical registry, collection instrument, etc.); include Web page URL where available:

Data dictionary/code table attached ☐ OR at web page URL:

Process(es) to Collect Data
Provide additional information about how the data regarding the event are collected.
Address verifiability, reliability, and validity, if possible.

Reviewer Comments/Rationale:

3e. ADDITIONAL INFORMATION for NEW SERIOUS REPORTABLE EVENT

Provide any additional information that should be considered:

Susceptibility to Inaccuracies, Errors, or Unintended Consequences
Identify susceptibility to inaccuracies, errors, or unintended consequences of the event and describe how these potential problems could be audited.

(for NQF staff use) Identify related endorsed measures

Reviewer Comments:

RECOMMENDATION

Steering Committee: Do you recommend for endorsement? **Y☐ N☐ A☐**
Comments/Rationale:

Steering Committee Reviewer Name:

4. PRIORITY AREAS

(for NQF staff use) **Select the most relevant priority area(s), quality domain(s), and consumer need(s).**

National Priority Partners Priority Area ☐ patient and family engagement ☐ population health ☐ safety ☐ care coordination ☐ palliative and end of life care ☐ overuse

IOM Quality Domain ☐ effectiveness ☐ efficiency ☐ equity ☐ patient-centered ☐ safety ☐ timeliness

Consumer Care Need ☐ Getting Better ☐ Living With Illness ☐ Staying Healthy

(for NQF staff use) **Notes on similar/related endorsed SREs and/or Safe Practices:**

Steering Committee Reviewer Name:

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Submitter: Julie Apold
Organization: Minnesota Alliance for Patient Safety (includes Minnesota Hospital Association, Minnesota Department of Health, Minnesota Medical Association and over 50 other public-private healthcare organizations.
Street Address: 2550 University Avenue W. Suite 350S
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Date of Submission (*MM/DD/YY*)**: 6/16/10**
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2a. CURRENTLY ENDORSED SERIOUS REPORTABLE EVENT

Name of Event: Patient death or serious disability associated with patient elopement.

Suggested Change:
☒ **Specify the Applicable Care Setting(s) marked below**
☐ **Remove Endorsement**
☐ **Modify SRE Specifications**

Describe Suggested Modification(s) in specific detail:

Rationale for removing endorsement or modifying the SRE *(include pertinent evidence, data)***:**

If modifications are made, *are the changes likely to result in a substantial change in the current count of SREs?* ☐ Yes ☐ No **If yes, please explain:**

(for NQF staff use) **The proposed change is justified** *(Does the rationale justify the proposed change?)* **Y**☐ **N**☐

Applicable Care Settings (Mark all to which event is relevant)
☒ Hospital
☒ Skilled Nursing Facility (SNF) / Nursing home
☒ Outpatient or Office-based Surgery Center
☒ Ambulatory Practice / Physician Offices

☐ Other (*Please specify*):	
Reviewer Comments/Rationale:	
2b. ADDITIONAL INFORMATION for CURRENTLY ENDORSED SERIOUS REPORTABLE EVENT	
Provide any additional information that should be considered:	
Susceptibility to Inaccuracies, Errors, or Unintended Consequences *Identify susceptibility to inaccuracies, errors, or unintended consequences of the event and describe how these potential problems could be audited.*	
(for NQF staff use) Identify related endorsed measures N/A	
Reviewer Comments:	
RECOMMENDATION	
Steering Committee: **Do you recommend the proposed change?** ☐ Do you recommend the proposed change with modification? ☐ Specify the modification **Comments/Rationale:**	**Y**☐ **N**☐ **A**☐
3a. NEW SERIOUS REPORTABLE EVENT	
The Event is a discrete, auditable , and clearly defined occurrence **Name of Proposed New Event:**	**Y**☐ **N**☐
3b. PREVENTABLE, SERIOUS, UNAMBIGUOUS	
Brief Description of Event:	
The event is Preventable *(Describes an event that could have been anticipated and prepared for, but that occurs because of an error or other system failure)* **Briefly summarize the Evidence Base that the event is preventable and provide citations:**	**Y**☐ **N**☐
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The event is Unambiguous *(Refers to an event that is clearly defined and easily identified)* **Definitions:** **Codes and descriptors (if used):** **Instructions for counting events, calculating rates, and providing context for low frequency:**	**Y**☐ **N**☐
Reviewer Comments/Rationale:	
3c. ADVERSE, SAFETY SYSTEM PROBLEM, IMPORTANT FOR ACCOUNTABILITY	
Describe the outcome that demonstrates that the event is adverse *(Describes a negative consequence of care that results in unintended injury or illness)*	**Y**☐ **N**☐
Describe how the event is indicative of a problem in a healthcare facility's safety systems:	**Y**☐ **N**☐
Describe why the event is important for public credibility or accountability: If the event is used in a public reporting initiative (disclosure of performance results to the public at large),	**Y**☐ **N**☐

provide name of initiative(s), locations, Web page URL(s):

Reviewer Comments/Rationale:

3d. SETTINGS, DATA SOURCES

Applicable Care Settings (Mark all to which event is relevant)

- ☐ Hospital
- ☐ Skilled Nursing Facility (SNF) / Nursing home
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Data Source *Check the source(s) for the information on the SRE.*

- ☐ Electronic administrative data/ claims
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- ☐ Medical Record including Electronic
- ☐ Pharmacy data
- ☐ Public health data/vital statistics
- ☐ Quality / Risk Management Databases
- ☐ Registry data (or database)
- ☐ Reports to External Bodies (states, federal)
- ☐ Regulatory or Accreditation data (FDA, OSHA, etc.)
- ☐ Special or unique data, specify:

Identify the specific data source/data collection instrument (e.g. name of database, clinical registry, collection instrument, etc.); include Web page URL where available:

Data dictionary/code table attached ☐ OR at web page URL:

Process(es) to Collect Data
Provide additional information about how the data regarding the event are collected.
Address verifiability, reliability, and validity, if possible.

Reviewer Comments/Rationale:

3e. ADDITIONAL INFORMATION for NEW SERIOUS REPORTABLE EVENT

Provide any additional information that should be considered:

Susceptibility to Inaccuracies, Errors, or Unintended Consequences
Identify susceptibility to inaccuracies, errors, or unintended consequences of the event and describe how these potential problems could be audited.

(for NQF staff use) Identify related endorsed measures

Reviewer Comments:

RECOMMENDATION

Steering Committee: Do you recommend for endorsement? **Y☐ N☐ A☐**
Comments/Rationale:

Steering Committee Reviewer Name:

4. PRIORITY AREAS

(for NQF staff use) **Select the most relevant priority area(s), quality domain(s), and consumer need(s).**

National Priority Partners Priority Area ☐ patient and family engagement ☐ population health ☐ safety ☐ care coordination ☐ palliative and end of life care ☐ overuse

IOM Quality Domain ☐ effectiveness ☐ efficiency ☐ equity ☐ patient-centered ☐ safety ☐ timeliness

Consumer Care Need ☐ Getting Better ☐ Living With Illness ☐ Staying Healthy

(for NQF staff use) **Notes on similar/related endorsed SREs and/or Safe Practices:**

Steering Committee Reviewer Name:

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Reviewers: Complete all the yellow and pink highlighted areas of the form. Provide the rationale for your ratings.

(for NQF staff use) **NQF Review #:** **NQF Project:**
(for NQF staff use**) Has all requested information been provided? Yes** **Staff Notes to Submitter** (*if submission returned*)**:**
Staff Notes to Reviewers (*issues or questions regarding any criteria*)**:**
Staff Reviewer Name(s):

1. CONTACT INFORMATION

Submitter: Erin Graydon Baker
Organization: Partners Healthcare
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City/State/Zip: Needham/MA/02494
Telephone Number: 781-433-3776
Fax Number: 781-433-3667
Email Address: egraydonbaker@partners.org

Date of Submission (*MM/DD/YY*)**: 06/16/10**
Is this submission about a currently endorsed SRE or a proposed new SRE? x☐ **Currently Endorsed** ☐ **New Submission** *(If new submission, skip to section 3a)*

2a. CURRENTLY ENDORSED SERIOUS REPORTABLE EVENT

Name of Event: Patient Death or Serious Disability Associated with Patient Elopement

Suggested Change:
☐ **Specify the Applicable Care Setting(s) marked below**
☐ **Remove Endorsement**
x☐ **Modify SRE Specifications**

Describe Suggested Modification(s) in specific detail: Re-define serious disability as" injury requiring extended hospitalization, prolonged loss of function (affecting the ability to perform activities of daily living) for at least 30 days". Clarify if ED patients are included in this event. Would an ED patient be included only after having been registered with the ED (not patient who left prior to being admitted to the ED). Clarify time from elopement to patient death or serious disability, e.g., 24 hrs, 3 days?

Rationale for removing endorsement or modifying the SRE *(include pertinent evidence, data)***:** The current definition for serious disability leads to subjective interpretation. There should be a time frame after elopement where the hospital is no longer for responsible for the event.

If modifications are made, *are the changes likely to result in a substantial change in the current count of SREs?* ☐ Yes x☐ No **If yes, please explain:**

(for NQF staff use) **The proposed change is justified** *(Does the rationale justify the proposed change?)* **Y☐ N☐**

Yes	
Applicable Care Settings (Mark all to which event is relevant) x☐ Hospital x☐ Skilled Nursing Facility (SNF) / Nursing home x☐ Outpatient or Office-based Surgery Center x☐ Ambulatory Practice / Physician Offices ☐ Other (*Please specify*):	
Reviewer Comments/Rationale:	
2b. ADDITIONAL INFORMATION for CURRENTLY ENDORSED SERIOUS REPORTABLE EVENT	
Provide any additional information that should be considered:	
Susceptibility to Inaccuracies, Errors, or Unintended Consequences *Identify susceptibility to inaccuracies, errors, or unintended consequences of the event and describe how these potential problems could be audited.* More accurate representation of SRE	
(for NQF staff use) Identify related endorsed measures N/A	
Reviewer Comments:	
RECOMMENDATION	
Steering Committee: **Do you recommend the proposed change?** ☐ Do you recommend the proposed change with modification? ☐ Specify the modification **Comments/Rationale:**	**Y**☐ **N**☐ **A**☐
3a. NEW SERIOUS REPORTABLE EVENT	
The Event is a discrete, auditable , and clearly defined occurrence **Name of Proposed New Event:**	**Y**☐ **N**☐
3b. PREVENTABLE, SERIOUS, UNAMBIGUOUS	
Brief Description of Event:	
The event is Preventable *(Describes an event that could have been anticipated and prepared for, but that occurs because of an error or other system failure)* **Briefly summarize the Evidence Base that the event is preventable and provide citations:**	**Y**☐ **N**☐
The event is Serious *(Describes an event that can result in death or loss of a body part, disability or loss of bodily function or risk thereof for harm)* *Please check the appropriate consequence and describe it* ☐ Death or ☐ risk of death ☐ Loss of a body part or ☐ risk of loss **Describe:** ☐ Disability or ☐ risk of disability **Describe:** ☐ Loss of bodily function or ☐ risk of loss **Describe:**	**Y**☐ **N**☐
The event is Unambiguous *(Refers to an event that is clearly defined and easily identified)* **Definitions:** **Codes and descriptors (if used):** **Instructions for counting events, calculating rates, and providing context for low frequency:**	**Y**☐ **N**☐
Reviewer Comments/Rationale:	
3c. ADVERSE, SAFETY SYSTEM PROBLEM, IMPORTANT FOR ACCOUNTABILITY	
Describe the outcome that demonstrates that the event is adverse *(Describes a negative consequence of care that results in unintended injury or illness)*	**Y**☐ **N**☐

Describe how the event is indicative of a problem in a healthcare facility's safety systems:	**Y☐ N☐**
Describe why the event is important for public credibility or accountability: If the event is used in a public reporting initiative (disclosure of performance results to the public at large), *provide name of initiative(s), locations, Web page URL(s)*:	**Y☐ N☐**
Reviewer Comments/Rationale:	

3d. SETTINGS, DATA SOURCES

Applicable Care Settings (Mark all to which event is relevant)

- ☐ Hospital
- ☐ Skilled Nursing Facility (SNF) / Nursing home
- ☐ Outpatient or Office-based Surgery Center
- ☐ Ambulatory Practice / Physician Offices
- ☐ Other (*Please describe*):

Data Source *Check the source(s) for the information on the SRE.*

- ☐ Electronic administrative data/ claims
- ☐ Electronic Clinical Data *(e.g., MDS)*
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- ☐ Medical Record including Electronic
- ☐ Pharmacy data
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- ☐ Quality / Risk Management Databases
- ☐ Registry data (or database)
- ☐ Reports to External Bodies (states, federal)
- ☐ Regulatory or Accreditation data (FDA, OSHA, etc.)
- ☐ Special or unique data, specify:

Identify the specific data source/data collection instrument (e.g. name of database, clinical registry, collection instrument, etc.); include Web page URL where available:

Data dictionary/code table attached ☐ OR at web page URL:

Process(es) to Collect Data
Provide additional information about how the data regarding the event are collected.
Address verifiability, reliability, and validity, if possible.

Reviewer Comments/Rationale:

3e. ADDITIONAL INFORMATION for NEW SERIOUS REPORTABLE EVENT

Provide any additional information that should be considered:

Susceptibility to Inaccuracies, Errors, or Unintended Consequences
Identify susceptibility to inaccuracies, errors, or unintended consequences of the event and describe how these potential problems could be audited.

(for NQF staff use) Identify related endorsed measures

Reviewer Comments:

RECOMMENDATION

Steering Committee: Do you recommend for endorsement? **Comments/Rationale:**	**Y☐ N☐ A☐**
Steering Committee Reviewer Name:	

4. PRIORITY AREAS

(for NQF staff use) **Select the most relevant priority area(s), quality domain(s), and consumer need(s).**

National Priority Partners Priority Area ☐ patient and family engagement ☐ population health ☐ safety ☐ care coordination ☐ palliative and end of life care ☐ overuse

IOM Quality Domain ☐ effectiveness ☐ efficiency ☐ equity ☐ patient-centered ☐ safety ☐ timeliness **Consumer Care Need** ☐ Getting Better ☐ Living With Illness ☐ Staying Healthy	
(for NQF staff use) **Notes on similar/related endorsed SREs and/or Safe Practices:**	
Steering Committee Reviewer Name:	

NATIONAL QUALITY FORUM

Serious Reportable Event Submission & Evaluation

The SRE Steering Committee with NQF member and public input has defined Serious Reportable Events (SREs) as preventable, serious, and unambiguous adverse events. The Committee further notes that some types of SREs are universally preventable and should never occur while other types of SREs are largely preventable and over time it may be possible to reduce these to zero as knowledge and safe practices evolve. Both types of SREs should be publicly reported.

Submitters: Complete all the non-shaded areas of this form**. Please fill out a separate form for each event you are submitting to NQF for consideration.** This form may be used to submit comments/changes to existing SREs or submit new SREs.

Reviewers: Complete all the yellow and pink highlighted areas of the form. Provide the rationale for your ratings.

(for NQF staff use) **NQF Review #: NQF Project:**
(for NQF staff use**) Has all requested information been provided? Yes** **Staff Notes to Submitter** (*if submission returned*)**:**
Staff Notes to Reviewers (*issues or questions regarding any criteria*)**:**
Staff Reviewer Name(s):

1. CONTACT INFORMATION

Submitter: Cynthia Lacker, RN, MS, LNCC, CPHRM
Organization: Pennsylvania Patient Safety Authority
Street Address: 5200 Butler Pike
City/State/Zip: Plymouth Meeting, PA 19462
Telephone Number: 610-825-6000 x5040
Fax Number: 610-834-1275
Email Address: clacker@ecri.org

Date of Submission (*MM/DD/YY*)**: 06/16/2010**
Is this submission about a currently endorsed SRE or a proposed new SRE? ☒ **Currently Endorsed** ☐ **New Submission** *(If new submission, skip to section 3a)*

2a. CURRENTLY ENDORSED SERIOUS REPORTABLE EVENT

Name of Event:
Patient suicide, or attempted suicide resulting in serious disability, while being cared for in a health care facility

Suggested Change:
☒ **Specify the Applicable Care Setting(s) marked below**
☐ **Remove Endorsement**
☐ **Modify SRE Specifications**

Describe Suggested Modification(s) in specific detail:

Rationale for removing endorsement or modifying the SRE *(include pertinent evidence, data)***:**

If modifications are made, *are the changes likely to result in a substantial change in the current count of SREs?* ☐ Yes ☐ No **If yes, please explain:**

(for NQF staff use) **The proposed change is justified** *(Does the rationale justify the proposed change?)* **Y**☒ **N**☐

Applicable Care Settings (Mark all to which event is relevant)
☐ Hospital
☒ Skilled Nursing Facility (SNF) / Nursing home
☐ Outpatient or Office-based Surgery Center

☐ Ambulatory Practice / Physician Offices ☐ Other (*Please specify*):	
Reviewer Comments/Rationale:	
2b. ADDITIONAL INFORMATION for CURRENTLY ENDORSED SERIOUS REPORTABLE EVENT	
Provide any additional information that should be considered:	
Susceptibility to Inaccuracies, Errors, or Unintended Consequences *Identify susceptibility to inaccuracies, errors, or unintended consequences of the event and describe how these potential problems could be audited.*	
(for NQF staff use) Identify related endorsed measures NQF 0111: Bipolar Disorder: Appraisal for risk of suicide and NQF 0104: Major Depressive Disorder: Suicide Risk Assessment	
Reviewer Comments:	
RECOMMENDATION	
Steering Committee: **Do you recommend the proposed change?** ☐ Do you recommend the proposed change with modification? ☐ Specify the modification **Comments/Rationale:**	**Y**☐ **N**☐ **A**☐
3a. NEW SERIOUS REPORTABLE EVENT	
The Event is a discrete, auditable , and clearly defined occurrence **Name of Proposed New Event:**	**Y**☐ **N**☐
3b. PREVENTABLE, SERIOUS, UNAMBIGUOUS	
Brief Description of Event:	
The event is Preventable *(Describes an event that could have been anticipated and prepared for, but that occurs because of an error or other system failure)* **Briefly summarize the Evidence Base that the event is preventable and provide citations:**	**Y**☐ **N**☐
The event is Serious *(Describes an event that can result in death or loss of a body part, disability or loss of bodily function or risk thereof for harm)* *Please check the appropriate consequence and describe it* ☐ Death or ☐ risk of death ☐ Loss of a body part or ☐ risk of loss **Describe:** ☐ Disability or ☐ risk of disability **Describe:** ☐ Loss of bodily function or ☐ risk of loss **Describe:**	**Y**☐ **N**☐
The event is Unambiguous *(Refers to an event that is clearly defined and easily identified)* **Definitions:** **Codes and descriptors (if used):** **Instructions for counting events, calculating rates, and providing context for low frequency:**	**Y**☐ **N**☐
Reviewer Comments/Rationale:	
3c. ADVERSE, SAFETY SYSTEM PROBLEM, IMPORTANT FOR ACCOUNTABILITY	
Describe the outcome that demonstrates that the event is adverse *(Describes a negative consequence of care that results in unintended injury or illness)*	**Y**☐ **N**☐
Describe how the event is indicative of a problem in a healthcare facility's safety systems:	**Y**☐ **N**☐
Describe why the event is important for public credibility or accountability:	**Y**☐ **N**☐

If the event is used in a public reporting initiative (disclosure of performance results to the public at large), *provide name of initiative(s), locations, Web page URL(s)*:

Reviewer Comments/Rationale:

3d. SETTINGS, DATA SOURCES

Applicable Care Settings (Mark all to which event is relevant)

- ☐ Hospital
- ☐ Skilled Nursing Facility (SNF) / Nursing home
- ☐ Outpatient or Office-based Surgery Center
- ☐ Ambulatory Practice / Physician Offices
- ☐ Other (*Please describe*):

Data Source *Check the source(s) for the information on the SRE.*

- ☐ Electronic administrative data/ claims
- ☐ Electronic Clinical Data *(e.g., MDS)*
- ☐ Incident Reports
- ☐ Medical Record including Electronic
- ☐ Pharmacy data
- ☐ Public health data/vital statistics
- ☐ Quality / Risk Management Databases
- ☐ Registry data (or database)
- ☐ Reports to External Bodies (states, federal)
- ☐ Regulatory or Accreditation data (FDA, OSHA, etc.)
- ☐ Special or unique data, specify:

Identify the specific data source/data collection instrument (e.g. name of database, clinical registry, collection instrument, etc.); include Web page URL where available:

Data dictionary/code table attached ☐ OR at web page URL:

Process(es) to Collect Data
Provide additional information about how the data regarding the event are collected.
Address verifiability, reliability, and validity, if possible.

Reviewer Comments/Rationale:

3e. ADDITIONAL INFORMATION for NEW SERIOUS REPORTABLE EVENT

Provide any additional information that should be considered:

Susceptibility to Inaccuracies, Errors, or Unintended Consequences
Identify susceptibility to inaccuracies, errors, or unintended consequences of the event and describe how these potential problems could be audited.

(for NQF staff use) Identify related endorsed measures

Reviewer Comments:

RECOMMENDATION

Steering Committee: Do you recommend for endorsement? **Y☐ N☐ A☐**
Comments/Rationale:

Steering Committee Reviewer Name:

4. PRIORITY AREAS

(for NQF staff use) **Select the most relevant priority area(s), quality domain(s), and consumer need(s).**

National Priority Partners Priority Area ☐ patient and family engagement ☐ population health ☐ safety ☐ care coordination ☐ palliative and end of life care ☐ overuse

IOM Quality Domain ☐ effectiveness ☐ efficiency ☐ equity ☐ patient-centered ☐ safety ☐ timeliness

Consumer Care Need ☐ Getting Better ☐ Living With Illness ☐ Staying Healthy

(for NQF staff use) **Notes on similar/related endorsed SREs and/or Safe Practices:**

Steering Committee Reviewer Name:	

NATIONAL QUALITY FORUM

Serious Reportable Event Submission & Evaluation

The SRE Steering Committee with NQF member and public input has defined Serious Reportable Events (SREs) as preventable, serious, and unambiguous adverse events. The Committee further notes that some types of SREs are universally preventable and should never occur while other types of SREs are largely preventable and over time it may be possible to reduce these to zero as knowledge and safe practices evolve. Both types of SREs should be publicly reported.

Submitters: Complete all the non-shaded areas of this form**. Please fill out a separate form for each event you are submitting to NQF for consideration.** This form may be used to submit comments/changes to existing SREs or submit new SREs.

Reviewers: Complete all the yellow and pink highlighted areas of the form. Provide the rationale for your ratings.

(for NQF staff use) **NQF Review #:** **NQF Project:**
(for NQF staff use**) Has all requested information been provided? Yes** **Staff Notes to Submitter** (*if submission returned*)**:**
Staff Notes to Reviewers (*issues or questions regarding any criteria*)**:**
Staff Reviewer Name(s):

1. CONTACT INFORMATION
Submitter: Julie Apold **Organization:** Minnesota Alliance for Patient Safety (includes Minnesota Hospital Association, Minnesota Department of Health, Minnesota Medical Association and over 50 other public-private healthcare organizations. **Street Address:** 2550 University Avenue W Suite 350S **City/State/Zip:** Saint Paul, MN 5114 **Telephone Number:** 651-641-1121 **Fax Number:** 651-659-1477 **Email Address:** **japold@mnhospitals.org**
Date of Submission (*MM/DD/YY*)**: 6/16/10** **Is this submission about a currently endorsed SRE or a proposed new SRE?** ☒ **Currently Endorsed** ☐ **New Submission** *(If new submission, skip to section 3a)*

2a. CURRENTLY ENDORSED SERIOUS REPORTABLE EVENT	
Name of Event: Patient suicide, or attempted suicide resulting in serious disability or death while being cared for in a healthcare facility	
Suggested Change: ☒ **Specify the Applicable Care Setting(s) marked below** ☐ **Remove Endorsement** ☐ **Modify SRE Specifications** **Describe Suggested Modification(s) in specific detail:** **Rationale for removing endorsement or modifying the SRE** *(include pertinent evidence, data)***:** **If modifications are made,** *are the changes likely to result in a substantial change in the current count of SREs?* ☐ Yes ☐ No **If yes, please explain:** (for NQF staff use) **The proposed change is justified** *(Does the rationale justify the proposed change?)*	**Y**☐ **N**☐
Applicable Care Settings (Mark all to which event is relevant) ☒ Hospital ☒ Skilled Nursing Facility (SNF) / Nursing home ☒ Outpatient or Office-based Surgery Center	

☒ Ambulatory Practice / Physician Offices ☐ Other (*Please specify*):	
Reviewer Comments/Rationale:	
2b. ADDITIONAL INFORMATION for CURRENTLY ENDORSED SERIOUS REPORTABLE EVENT	
Provide any additional information that should be considered:	
Susceptibility to Inaccuracies, Errors, or Unintended Consequences *Identify susceptibility to inaccuracies, errors, or unintended consequences of the event and describe how these potential problems could be audited.*	
(for NQF staff use) Identify related endorsed measures NQF 0111: Bipolar Disorder: Appraisal for risk of suicide and NQF 0104: Major Depressive Disorder: Suicide Risk Assessment	
Reviewer Comments:	
RECOMMENDATION	
Steering Committee: **Do you recommend the proposed change?** ☐ Do you recommend the proposed change with modification? ☐ Specify the modification **Comments/Rationale:**	**Y**☐ **N**☐ **A**☐
3a. NEW SERIOUS REPORTABLE EVENT	
The Event is a discrete, auditable , and clearly defined occurrence **Name of Proposed New Event:**	**Y**☐ **N**☐
3b. PREVENTABLE, SERIOUS, UNAMBIGUOUS	
Brief Description of Event:	
The event is Preventable *(Describes an event that could have been anticipated and prepared for, but that occurs because of an error or other system failure)* **Briefly summarize the Evidence Base that the event is preventable and provide citations:**	**Y**☐ **N**☐
The event is Serious *(Describes an event that can result in death or loss of a body part, disability or loss of bodily function or risk thereof for harm)* *Please check the appropriate consequence and describe it* ☐ Death or ☐ risk of death ☐ Loss of a body part or ☐ risk of loss **Describe:** ☐ Disability or ☐ risk of disability **Describe:** ☐ Loss of bodily function or ☐ risk of loss **Describe:**	**Y**☐ **N**☐
The event is Unambiguous *(Refers to an event that is clearly defined and easily identified)* **Definitions:** **Codes and descriptors (if used):** **Instructions for counting events, calculating rates, and providing context for low frequency:**	**Y**☐ **N**☐
Reviewer Comments/Rationale:	
3c. ADVERSE, SAFETY SYSTEM PROBLEM, IMPORTANT FOR ACCOUNTABILITY	
Describe the outcome that demonstrates that the event is adverse *(Describes a negative consequence of care that results in unintended injury or illness)*	**Y**☐ **N**☐
Describe how the event is indicative of a problem in a healthcare facility's safety systems:	**Y**☐ **N**☐
Describe why the event is important for public credibility or accountability:	**Y**☐ **N**☐

If the event is used in a public reporting initiative (disclosure of performance results to the public at large), *provide name of initiative(s), locations, Web page URL(s)*:

Reviewer Comments/Rationale:

3d. SETTINGS, DATA SOURCES

Applicable Care Settings (Mark all to which event is relevant)

- ☐ Hospital
- ☐ Skilled Nursing Facility (SNF) / Nursing home
- ☐ Outpatient or Office-based Surgery Center
- ☐ Ambulatory Practice / Physician Offices
- ☐ Other (*Please describe*):

Data Source *Check the source(s) for the information on the SRE.*

- ☐ Electronic administrative data/ claims
- ☐ Electronic Clinical Data *(e.g., MDS)*
- ☐ Incident Reports
- ☐ Medical Record including Electronic
- ☐ Pharmacy data
- ☐ Public health data/vital statistics
- ☐ Quality / Risk Management Databases
- ☐ Registry data (or database)
- ☐ Reports to External Bodies (states, federal)
- ☐ Regulatory or Accreditation data (FDA, OSHA, etc.)
- ☐ Special or unique data, specify:

Identify the specific data source/data collection instrument (e.g. name of database, clinical registry, collection instrument, etc.); include Web page URL where available:

Data dictionary/code table attached ☐ OR at web page URL:

Process(es) to Collect Data
Provide additional information about how the data regarding the event are collected.
Address verifiability, reliability, and validity, if possible.

Reviewer Comments/Rationale:

3e. ADDITIONAL INFORMATION for NEW SERIOUS REPORTABLE EVENT

Provide any additional information that should be considered:

Susceptibility to Inaccuracies, Errors, or Unintended Consequences
Identify susceptibility to inaccuracies, errors, or unintended consequences of the event and describe how these potential problems could be audited.

(for NQF staff use) Identify related endorsed measures

Reviewer Comments:

RECOMMENDATION

Steering Committee: Do you recommend for endorsement? **Y☐ N☐ A☐**
Comments/Rationale:

Steering Committee Reviewer Name:

4. PRIORITY AREAS

(for NQF staff use) **Select the most relevant priority area(s), quality domain(s), and consumer need(s).**

National Priority Partners Priority Area ☐ patient and family engagement ☐ population health ☐ safety ☐ care coordination ☐ palliative and end of life care ☐ overuse

IOM Quality Domain ☐ effectiveness ☐ efficiency ☐ equity ☐ patient-centered ☐ safety ☐ timeliness

Consumer Care Need ☐ Getting Better ☐ Living With Illness ☐ Staying Healthy

(for NQF staff use) **Notes on similar/related endorsed SREs and/or Safe Practices:**

Steering Committee Reviewer Name:	