

## MEMO

**To:** State-Based Working Group

**From:** Eric Colchamiro, National Quality Forum

**Date:** November 22, 2010

**Re:** Review of State-Based Reporting Survey

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The September 13 conference call of the *State-Based Reporting in Healthcare Initiative* discussed auditing and data validation of adverse event reporting. States spoke on how they analyze the quality of data received, and then amidst data review how they check for events that were potentially not received.

A follow-up two-question survey of states was conducted following this call to gain a broader understanding of state approaches. The responses (N=20) are summarized in the core themes below:

### **Strategies Used by States to Identify Potential Underreported Events**

- Review of adverse event reports received against existing data (MA, CO, FL, OR, MN, CA, OR)
  - Minnesota and Connecticut also compare their data against death records received.
  - California is additionally beginning to consider results of ICD-9 code data.
  - New Jersey compares its data against PSI information.
- Statistical Analysis
  - Oregon compares its adverse event data to the information in national PSO reports.
  - Ohio compares its facilities by size, and then looks for outliers within the data.
- Chart Review
  - New York, as part of its Medicaid utilization review, has a contractor who identifies potential underreported events during a retrospective chart review.
- Complaint-Driven Review/Use of Surveyors
  - Many states address underreporting only if a complaint is filed with the state, or if they become aware of a potential underreported event. In these situations, state surveyors are used to review procedures and determine whether an event was not reported. (CO, CT, ME, IN)
  - Minnesota requires professional boards to report adverse events when they become aware of them.
  - Maryland identifies complaints through hospital committee meeting minutes.
- Use of State Patient Safety/Adverse Events Websites
  - Many states, including New Jersey, said that they receive complaints via their websites.
  - Washington and other states post results of their surveying on their websites.
- Attestation
  - Washington disseminates the “check-in survey” on a quarterly basis, which requests healthcare facilities to confirm whether they had (or did not have) an adverse event in the prior quarter.
  - Minnesota and Oregon require their CEO to sign off on the event reports submitted.
  - Colorado requires an attestation of adverse events at the time of re-licensing.
- Provider Trainings
  - Some states also train a provider’s Patient Safety officer in how to appropriately report an adverse event. (WA, MN)

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### **What Processes Do States Use to Address These Potential Underreported Events?**

- Contact Facility Administrators
  - Many states do a controlled, non-punitive outreach to the facility to understand why the event may not have been reported. (MA, OH, MN)
- Contact Hospital Staff
  - Massachusetts speaks with hospital infection preventionists, and then requires facilities to make revisions to the reported data.
  - New Jersey does regular phone calls and e-mail reminders to get higher response rates.
- Education
  - Minnesota communicates regularly with all facilities about expectations for reporting, and how to determine reportable events. Other states, such as Kansas and Utah, also engage in educational outreach to train them on patient safety best practices. Maine's educational programs are co-sponsored by the state's hospital association.
  - Sparse information was noted about a systematic approach toward education.
- Citation or Violation
  - Citations are an option for many states, although not always used. (CT, CO, FL)
  - Multiple states did note that, after a violation, they will resurvey to ensure that a corrective action plan has been implemented. (KS, UT, CT)
  - Maine provides amnesty following the first known reporting violation.
- Fines
  - Pennsylvania, California, and New Jersey have begun to assess financial penalties on institutions that do not report. Other states, such as Indiana and Florida, have this option but have chosen not to exercise it.
- DRG Matching
  - New York is beginning a process to match potential incidents with low mortality DRGs.