# NATIONAL QUALITY FORUM

## CONFERENCE CALL FOR THE COMMON FORMATS EXPERT PANEL

**December 13, 2010**

*Panel Members Present*: David Classen, MD, MS (co-chair); Henry Johnson, Jr., MD, MPH (co-chair); Debra Bakerjian, PhD, RN, FNP; John Clarke, MD; Peter Elkin, MD, MACP; Matthew Grissinger, RPh, MS; Arthur Levin, MPH; Scott MacLean; Shannon Phillips, MD, MPH; Nancy Ridley, MS; Heather Sherman, PhD; Liaison Member: William Munier, MD, MBA

*NQF Staff Present*: Peter Angood, MD; Melinda Murphy, RN, MS; Lindsey Tighe, MS

*Others Present:* Diane Cousins, RPh; Jay Crowley; Maureen Dailey; Peter Goldschmidt, MD; Amy Helwig, MD, MS; Chuck McCullough; John Moquin; Rita Munley Gallagher, PhD, RN; Karen Nast; Debbie Perfetto; Susan Raetzman; Susan Terrillion; Ira Yanowitz

### WELCOME AND INTRODUCTIONS

Dr. Johnson welcomed the Common Formats Expert Panel to the call and thanked them for their continued participation. Dr. Johnson then asked Dr. Clarke to provide a summary of the sub-group B recommendations on the Common Formats Device with HIT form.

### GROUP B RECOMMENDATIONS ON COMMON FORMAT DEVICE WITH HIT

Dr. Clarke reviewed Group B's recommendations, summarizing the discussion into the following overarching points:

- Comments were received that indicated that people believed the Device with HIT form was intended to capture HIT as a causative factor of an adverse event. Group B stated that, while the form can capture events that HIT is implicated as the cause of an event, in most instances HIT will be a contributing factor to the event, which may not be recognized by frontline providers at the time of the event. It will then be reported as an adverse event with direct impact on the patient. For example, in the event of a medication error arising from a problem with the electronic health records (EHR), the error would be reported as a medication error with the HIT form appended to expand information about HIT contribution to the event.
- Comments were received suggesting that questions be added to the reporting form that would provide a higher level of detail about the event being reported. Group B believes the comments are important to a full understanding of HIT-related events. The group was, however, mindful of the need to achieve a balance of collecting information to provide initial understanding of the event while ensuring that the Device with HIT form is not off-putting in its length. As noted in the Group B meeting summary for December 6, 2010, the group recommended that the Agency for Healthcare Research and Quality (AHRQ) use the comments to inform the development of the future Root Cause Analysis formats.

### EXPERT PANEL DISCUSSION

An Expert Panel member asked whether there were any specific questions received in the comments that should be used for the future Root Cause Analysis format. Dr. Clarke stated that the comments provide a great level of detail that should be useful and drew the group's attention to comments related to event description item 1.2. as a detailed example.

The question of whether Group B felt a separate HIT form rather than the combined Device with HIT form would be preferred was raised. Dr. Clarke stated that Group B did not feel a separate HIT form was necessary, as there was a great deal of overlap between the questions that would be asked about an HIT-related event and a Device event. Having these as separate forms would require the frontline reporter to determine whether the event was related to an HIT problem or a device problem, which Group B felt

would be challenging to do when the initial reporting is taking place. Group B acknowledged that there may be instances when a near miss occurs primarily due to an HIT error and this can be reported using the Device with HIT form. Dr. Helwig further clarified that both hardware failure and failure of wireless capability or a wireless network can be reported on the Device with HIT form. AHRQ acknowledged that it would have been more easily accepted politically to create a separate HIT form; however, as the form was developed, AHRQ staff and federal partners at the Food and Drug Administration (FDA) realized the redundancy that would occur with two forms. They also acknowledged that a frontline reporter may not recognize which type of failure caused the event.

The concern that an expectation that near misses arising from computer malfunctions or failures may lead to over reporting and over utilization of frontline staff time was stated. Dr. Clarke explained that in states where reporting is mandatory, reporting of unexpected failures in HIT are likely to be reported, but as people expect that computers will not always work perfectly, such events, absent patient impact, are less likely to be reported. Typically events that occur because the systems in place fail to catch the error are reported; errors that are expected to occur and have systems in place to work around the errors when they do occur are not usually reported.

It was asked if there is a way to report staffing issues that contribute to adverse events, such as not having someone to repair a malfunctioning computer in the middle of the night. Dr. Helwig stated that a contributing factor such as a lack of staffing is captured as a generic contributing factor which is contained on the Summary of the Initial Report (SIR).

An Expert Panel member suggested that Frequently Asked Questions be developed that could include HIT-related issues or that additions to the Users Guide be made. AHRQ acknowledged that these suggestions were useful and will explore approaches for a resource to assist users.

Following discussion, the Panel approved the recommendations from Group B:

1. The HIT-related Common Format reporting form require as much detail as is needed for initial understanding of the occurrence and that no more detail be added unless it conceptually simplifies data collection.
2. AHRQ should review and improve definitions and instructions in the HIT-related common format using the pertinent comments from the attached list and considering the comments focused on clarification about what HIT is and what it includes.
3. AHRQ should mine the full list of commenter recommendations for content as it develops the planned RCA Common Formats.
4. AHRQ should consider the HIT area of concern in its initial RCA development work as an important opportunity to advance usability and adoption of reporting formats and ultimately to facilitate improvement of the technology.
5. AHRQ should consider a) adding a question to the reporting form to elicit information about whether there was alarm fatigue; e.g., alarm warnings ignored; and b) reversing the order of reporting form Questions 20 and 24. (See “Alert fatigue/alarm fatigue” and “Comments on the Reporting Form” on attached list.)
6. AHRQ should add to its instruction for data collection that “screen capture” of HIT-related items perceived as being cause or contributor to an occurrence be captured for local use as an important part of the reporting narrative.

**UPDATE ON COMMON FORMATS VERSION 1.1**

Dr. Helwig reiterated NQF staff remarks that Expert Panel recommendations related to comments about Version 1.1 received through the NQF tool through December 31 will be used in updating the set to Version 1.2. The comments triaged directly to AHRQ will be reviewed during the first quarter of 2011, with an expected release date of the updated Version 1.2 around March 31, 2011. Ms. Murphy stated that

the full set of comments, noting those triaged to the Expert Panel, would be sent to the Panel in January 2011. An in-person meeting date to review comments is set for February 3 & 4, 2011. Soon after December 31, NQF staff will inform the Expert Panel as to the number of comments received and the number triaged to the Panel. The volume of comments to be considered by the Panel will determine whether this meeting should be held in-person or as a conference call.

**UPDATE ON COMMON FORMATS FOR SKILLED NURSING FACILITIES (SNF)**
Dr. Helwig stated that publication of the SNF Common Formats is expected to occur in the second half of January 2011. There will be a federal register notice sent out the day the formats are released. NQF expects the SNF commenting tool will open within a day of that announcement.

In response to a question from an Expert Panel member, Dr. Helwig explained that AHRQ is working to harmonize the NQF Serious Reportable Events (SREs) with the SNF Common Formats where appropriate. AHRQ has referenced the SRE draft report in the SNF Common Formats and will incorporate the SRE listing into both the Common Formats for SNF and Common Formats Version 1.2 when the SRE listing is finalized.

**INTERNATIONAL CLASSIFICATION FOR PATIENT SAFETY (ICPS)**
In response to a question from Dr. Classen, Dr. Sherman noted that ICPS has been converted into an electronic version. This work is overseen by the "Program for Patient Safety" of which a Panel member, Dr. Runciman, is a lead. It is expected that ICPS will become part of the International Classification of Diseases (ICD) family of classification tools in 2014. Dr. Munier reported that the Common Formats are being incorporated into ICPS.

**NEXT STEPS**
The next conference call will take place on Friday, January 14 at 10 am ET.