

AGENCY FOR HEALTHCARE RESEARCH AND QUALITY

AHRQ

Common Formats

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Today's Presentation

- Common Formats for Event Reporting – Nursing Home Version 1.0 – Summarize updates
- Common Formats for Surveillance – Hospital V0.3 Beta Event Descriptions (EDs) – Review Changes
- Other Upcoming Changes to EDs for Common Formats for Surveillance – Hospital:
  - Adding selected NQF Serious Reportable Events and JC Sentinel Events that are not presently included in the Common Formats for Surveillance
    - Especially Mental Health-related Events: Elopements, Suicides, Physical Restraints, etc.

Nursing Homes (NH) Version 1.0 First published in 2011

- Common Formats for Event Reporting -– Nursing Home Event Descriptions have generated limited comments over 8 years. All comments have been addressed.
- Six Event Modules:
  1) Healthcare Event Reporting Form (HERF), Patient Information Form (PIF) and Summary of Initial Report (SIR)
  2) Device or Medical/Surgical Supply, including HIT
  3) Fall
  4) [Hospital Associated Infection]*
  5) Medication or other Substance
  6) Pressure Ulcer
- Updated EDs to align with all other CFs:

*Indicates module with changes

CF – Surveillance Version 0.3 Beta Event Descriptions

Currently, there are 17 Event Descriptions (ED) in 11 modules

1. Birth
   a. Maternal
   b. [Neonatal]*
2. **[Blood]***
3. Device
4. **[Fall]***
5. Generic

*Indicates modules for which changes were made

Event Descriptions *(cont'd)*

6. **[Hospital Acquired Infections]***
   a. Catheter Associated Urinary Tract Infection (CAUTI)
   b. [Clostridium difficile infection (CDI)]*
   c. Central Line Associated Blood Stream Infection (CLABSI)
   d. Hospital Acquired Pneumonia (HAP)
   e. [Surgical Site Infection (SSI) (Other HAIs)]*
   f. Urinary Tract Infection (UTI)

7. **[Medication]***
8. **[Other Outcomes of Interest]***
9. Pressure Ulcer/ Pressure Injury
10. **[Surgery or Anesthesia]***
11. **[Venous Thromboembolism (VTE)]***

*Indicates modules for which changes were made

Venous Thromboembolism (VTE) Module

Three changes

1. See 1.1.1.1

   DVT: Presence of DVT confirmed by both of the following:

   Onset of DVT signs and symptoms 2 or more days after admission, or any time after OR procedure, indicated by pain, tenderness, swelling, and/or redness of limb (other than surgical site) [in a patient that has not received an order for comfort care during this inpatient stay and before the occurrence of the above symptoms]

2. See 1.3.1

   Excludes… Patient receiving [comfort care that was ordered during this stay and before the occurrence of a VTE *(note: this pertains to both DVTs and PEs)]*

3. See 1.3.2

   Excludes… Patient with a [diagnosis of chronic VTE or] who has leg swelling on admission

*Indicates changes that were made

Healthcare-Associated Infections (HAI) – SSIs and "Other HAIs"

Two changes: Explicitly Excluding POA SSIs and Adding New "Other HAIs" (beyond CAUTI, CDI, CLABSI, HAP, UTI, & SSI)

1. A surgical site infection (SSI) is an infection that occurs prior to discharge and within 30 days following an inpatient operative procedure that involves any part of the body that is opened or manipulated as part of the procedure. [A new hospital-acquired SSI is one that is not present on admission or diagnosed during a hospital stay prior to the first operating room procedure performed during that stay.]
2. New "Other HAIs"
   [Other Hospital-acquired infection event
   - Gastrointestinal infection (other than C. difficile)
   - Eye, ear, nose, throat or mouth infection
   - Skin or soft tissue infection
   - Cardiovascular infection
   - Other hospital-acquired infections

   Multi-drug resistant organisms (MDROs) noted as associated with one or more hospital-acquired infections]

*Indicates changes that were made

Medication Module – Opioid section
Surgery or Anesthesia Module

No changes related to adverse event definitions

Small changes related to acquiring information related to discharge prescriptions for opioids

1. Adding ["Tramadol"]* to medication options (added to "pull-down" list in QSRS)
2. Adding Request for ["Dose of Opioid(s)"]* [Prescribed]*
3. Adding Request for ["Number of pills prescribed"]*

Above changes are designed to allow future calculation of Morphine Milligram Equivalents (MMEs) prescribed at discharge to be included in information collected with QSRS.

*Indicates changes that were made

SEs/SREs to CF-S V0.3 Beta

CF-S V0.3 Beta Module	Any JC SEs or NQF SREs to add?	Comments
Birth Maternal	None	Covers death and severe injuries already
[Birth Neonatal]*	Severe neonatal hyperbilirubinemia (bilirubin >30 milligrams/deciliter)	Add to list of other specific types of AEs
[Blood]*	Death related to blood products	
Device	None	Some related to devices will be added to Other Outcomes of Interest (OOOI) module
[Fall]*	Death from fall	Already had several specific injury types, but need to add death to the list
HAIs	None	
Pressure Ulcer	None	
[Surgery or Anesthesia]*	Intraoperative or immediate post-op death in an ASA Class 1 patient	This is a very healthy patient when admitted
VTE	None	

*Indicates modules for which changes were made

SEs/SREs to CF-S V0.3 Beta (OOOI Module)

Topic	Comment

• Patient is victim of an inherently criminal activity
  • Patient abducted during stay
  • Neonate or infant abducted (<1 y.o.)
  • Patient >1 y.o. abducted
  • Patient sexually assaulted or raped during stay
  • Patient physically assaulted during stay (excluding sexual assault or rape)
  • Patient received care ordered by someone impersonating physician, nurse, pharmacist, or other licensed healthcare provider
	Exact phrasing (“inherently criminal”) may not be as shown, but plan to group these several types of related events together, under one initial question

• Add three event types related to imaging: radiation “overdose” , “wrong dose, wrong site, wrong patient” and MRI magnet incident	May group these three under one initial question
• Patient death or serious injury associated with intravascular air embolism that occurs while being cared for in a healthcare setting	Add in Non-OR event section of OOOI
• Patient death or serious injury associated with the use of contaminated drugs, devices, or biologics provided by the healthcare setting	This is a super rare event to get into a patient record.
• Patient death or serious injury resulting from the irretrievable loss of an irreplaceable biological specimen	This is a super rare event to get into a patient record.
• Patient death or serious injury resulting from failure to follow up or communicate laboratory, pathology, or radiology test results	Not strictly an outpatient event…
• Patient or staff death or serious injury associated with an electric shock in the course of a patient care process in a healthcare setting	May add to Device Module or in OOOI (would only include patient event)

Next Steps

- On a continuing basis, AHRQ updates the CFS – Hospital EDs on adverse drug events and consults with it's federal partners which include CMS and the Federal Interagency Patient Safety Workgroup (PSWG).
- AHRQ will post the final EDs for CFER – NH V1.0 on NQF as well as PSOPPC web sites. Comments received in future years then will be considered for CFER – NH Version 2.0.
- AHRQ will submit EDs for CFS – Hospital V0.3 Beta for public comment on the NQF web site.