# 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:** William R. Scharf, M.D.
**Organization:** OSF Healthcare System
**Street Address:** 800 N.E. Glen Oak Avenue
**City/State/Zip:** Peoria, IL 61603
**Telephone Number:** 309-655-4806
**Fax Number:**
**Email Address:** **William.scharf@osfhealthcare.org**

**Date of Submission** (*MM/DD/YY*)**:** **06/10/10**
**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:** 1. Any instance of care ordered by or provided by someone impersonating a physician, nurse, pharmacist, or other licensed provider 2. Abduction of a patient of any age 3. Sexual assault on a patient within or on the grounds of the healthcare facility 4. Death or significant injury of a patient or staff member resulting from a physical assault (ie battery) that occurs within or on the grounds of the healthcare facility

**Suggested Change:** **Criminal event or behavior: (1) Care ordered by or provided by someone impersonating a licensed provider, (2) Abduction, (3) Sexual assault on a patient, or (4) Death or significant injury of a patient or staff member resulting from a physical assault that occurs within or on the grounds of the healthcare facility**
☐ **Specify the Applicable Care Setting(s) marked below**
☐ **Remove Endorsement**
☐X **Modify SRE Specifications**

**Describe Suggested Modification(s) in specific detail:**

**Rationale for removing endorsement or modifying the SRE** *(include pertinent evidence, data)***:** The modification has dual purposes. It would identify "criminal events" as the source of the reportable events. It would streamline the current Serious Reportable event list.

**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:**

**Y**☐
**N**☐

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

**Applicable Care Settings (Mark all to which event is relevant)**
☐X Hospital
☐X Skilled Nursing Facility (SNF) / Nursing home
☐ XOutpatient 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.*

(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** **Y**☐ **N**☐
**Name of Proposed New Event:**

## 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)* **Y**☐ **N**☐

**Briefly summarize the Evidence Base that the event is preventable and provide citations:**

**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)* **Y**☐ **N**☐
*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:**

**The event is Unambiguous** *(Refers to an event that is clearly defined and easily identified)* **Y**☐ **N**☐
**Definitions:**
**Codes and descriptors (if used):**
**Instructions for counting events, calculating rates, and providing context for low frequency:**

**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:**<br><br>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?**<br>**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<br>**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:**
Any instance of care ordered by or provided by someone impersonating a physician, nurse, pharmacist, or other licensed health care provider

**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<br>☒ Ambulatory Practice / Physician Offices<br>☐ 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**<br>*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:**<br>**Do you recommend the proposed change?** ☐<br>Do you recommend the proposed change with modification? ☐ Specify the modification<br><br>**Comments/Rationale:** | **Y**☐<br>**N**☐<br>**A**☐ |
| **3a. NEW SERIOUS REPORTABLE EVENT** | |
| **The Event is a discrete, auditable , and clearly defined occurrence**<br>**Name of Proposed New Event:** | **Y**☐<br>**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)*<br><br>**Briefly summarize the Evidence Base that the event is preventable and provide citations:** | **Y**☐<br>**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)*<br>*Please check the appropriate consequence and describe it*<br>☐ Death or ☐ risk of death<br>☐ Loss of a body part or ☐ risk of loss **Describe:**<br>☐ Disability or ☐ risk of disability **Describe:**<br>☐ Loss of bodily function or ☐ risk of loss **Describe:** | **Y**☐<br>**N**☐ |
| **The event is Unambiguous** *(Refers to an event that is clearly defined and easily identified)*<br>**Definitions:**<br>**Codes and descriptors (if used):**<br>**Instructions for counting events, calculating rates, and providing context for low frequency:** | **Y**☐<br>**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**☐<br>**N**☐ |
| **Describe how the event is indicative of a problem in a healthcare facility's safety systems:** | **Y**☐<br>**N**☐ |
| **Describe why the event is important for public credibility or accountability:** | **Y**☐<br>**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**

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**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**<br>**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<br>**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.<br>**Street Address:** 2550 University avenue W. Suite 350S<br>**City/State/Zip:** saint Paul, MN 55114<br>**Telephone Number:** 651-641-1121<br>**Fax Number:** 651-659-1477<br>**Email Address:** **japold@mnhospitals.org** |
| **Date of Submission** (*MM/DD/YY*)**:** **6/16/10**<br>**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:** Any instance of care ordered by or provided by someone impersonating a physician, nurse, pharmacist or other licensed healthcare provider. | |
| **Suggested Change:**<br>☐ **Specify the Applicable Care Setting(s) marked below**<br>☒ **Remove Endorsement**<br>☐ **Modify SRE Specifications**<br><br>**Describe Suggested Modification(s) in specific detail:** Recommend removing the criminal events.<br><br>**Rationale for removing endorsement or modifying the SRE** *(include pertinent evidence, data)***:** The criminal events are reportable under requirements of state law. In many instances, states that adopt the NQF SREs do not include the criminal events. Removing these events would provide consistency in reporting and reduce duplicate reporting.<br><br>**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:**<br><br>(for NQF staff use) **The proposed change is justified** *(Does the rationale justify the proposed change?)* | **Y**☐<br>**N**☐ |
| **Applicable Care Settings (Mark all to which event is relevant)** | |

| | |
|---|---|
| ☐ Hospital<br>☐ Skilled Nursing Facility (SNF) / Nursing home<br>☐ Outpatient or Office-based Surgery Center<br>☐ Ambulatory Practice / Physician Offices<br>☐ 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**<br>*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:**<br>**Do you recommend the proposed change?** ☐<br>Do you recommend the proposed change with modification? ☐ Specify the modification<br><br>**Comments/Rationale:** | **Y**☐<br>**N**☐<br>**A**☐ |
| **3a. NEW SERIOUS REPORTABLE EVENT** | |
| **The Event is a discrete, auditable , and clearly defined occurrence**<br>**Name of Proposed New Event:** | **Y**☐<br>**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)*<br><br>**Briefly summarize the Evidence Base that the event is preventable and provide citations:** | **Y**☐<br>**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)*<br>*Please check the appropriate consequence and describe it*<br>☐ Death or ☐ risk of death<br>☐ Loss of a body part or ☐ risk of loss **Describe:**<br>☐ Disability or ☐ risk of disability **Describe:**<br>☐ Loss of bodily function or ☐ risk of loss **Describe:** | **Y**☐<br>**N**☐ |
| **The event is Unambiguous** *(Refers to an event that is clearly defined and easily identified)*<br>**Definitions:**<br>**Codes and descriptors (if used):**<br>**Instructions for counting events, calculating rates, and providing context for low frequency:** | **Y**☐<br>**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**☐<br>**N**☐ |
| **Describe how the event is indicative of a problem in a healthcare facility's safety systems:** | **Y**☐<br>**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.*

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- ☐ Medical Record including Electronic
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- ☐ 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.

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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**<br>**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
**Street Address:** 115 4th Ave
**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: Any Instance of Care Ordered by or Provided by Someone Impersonating a Physician…**

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

**Describe Suggested Modification(s) in specific detail:**

**Rationale for removing endorsement or modifying the SRE** *(include pertinent evidence, data):* This is a criminal offense and should be reported as such.

**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☐**

**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**<br>*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:**<br>**Do you recommend the proposed change?** ☐<br>Do you recommend the proposed change with modification? ☐ Specify the modification<br><br>**Comments/Rationale:** | **Y**☐<br>**N**☐<br>**A**☐ |
| **3a. NEW SERIOUS REPORTABLE EVENT** | |
| **The Event is a discrete, auditable , and clearly defined occurrence**<br>**Name of Proposed New Event:** | **Y**☐<br>**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)*<br><br>**Briefly summarize the Evidence Base that the event is preventable and provide citations:** | **Y**☐<br>**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)*<br>*Please check the appropriate consequence and describe it*<br>☐ Death or ☐ risk of death<br>☐ Loss of a body part or ☐ risk of loss **Describe:**<br>☐ Disability or ☐ risk of disability **Describe:**<br>☐ Loss of bodily function or ☐ risk of loss **Describe:** | **Y**☐<br>**N**☐ |
| **The event is Unambiguous** *(Refers to an event that is clearly defined and easily identified)*<br>**Definitions:**<br>**Codes and descriptors (if used):**<br>**Instructions for counting events, calculating rates, and providing context for low frequency:** | **Y**☐<br>**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**☐<br>**N**☐ |
| **Describe how the event is indicative of a problem in a healthcare facility's safety systems:** | **Y**☐<br>**N**☐ |
| **Describe why the event is important for public credibility or accountability:**<br><br>If the event is used in a public reporting initiative (disclosure of performance results to the public at large), | **Y**☐<br>**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
- ☐ 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**<br>**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<br>**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.<br>**Street Address:** 2550 University avenue W. Suite 350S<br>**City/State/Zip:** Saint Paul, MN 55114<br>**Telephone Number:** 651-641-1121<br>**Fax Number:** 651-659-1477<br>**Email Address:** **japold@mnhospitals.org** |
| **Date of Submission** (*MM/DD/YY*)**: 6/16/10**<br>**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:** Abduction of a patient of any age. | |
| **Suggested Change:**<br>☐ **Specify the Applicable Care Setting(s) marked below**<br>☒ **Remove Endorsement**<br>☐ **Modify SRE Specifications**<br><br>**Describe Suggested Modification(s) in specific detail:** Remove criminal events.<br><br>**Rationale for removing endorsement or modifying the SRE** *(include pertinent evidence, data)***:**<br>The criminal events are reportable under other avenues of state law. In many instances, states that adopt the NQF SREs do not include the criminal events. Removing these events would provide consistency in reporting and remove duplicate reporting.<br><br>**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:**<br><br>(for NQF staff use) **The proposed change is justified** *(Does the rationale justify the proposed change?)* | **Y**☐<br>**N**☐ |
| **Applicable Care Settings (Mark all to which event is relevant)**<br>☐ Hospital | |

| | |
|---|---|
| ☐ Skilled Nursing Facility (SNF) / Nursing home<br>☐ Outpatient or Office-based Surgery Center<br>☐ Ambulatory Practice / Physician Offices<br>☐ 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**<br>*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:**<br>**Do you recommend the proposed change?** ☐<br>Do you recommend the proposed change with modification? ☐ Specify the modification<br><br>**Comments/Rationale:** | **Y**☐<br>**N**☐<br>**A**☐ |
| **3a. NEW SERIOUS REPORTABLE EVENT** | |
| **The Event is a discrete, auditable , and clearly defined occurrence**<br>**Name of Proposed New Event:** | **Y**☐<br>**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)*<br><br>**Briefly summarize the Evidence Base that the event is preventable and provide citations:** | **Y**☐<br>**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)*<br>*Please check the appropriate consequence and describe it*<br>☐ Death or ☐ risk of death<br>☐ Loss of a body part or ☐ risk of loss **Describe:**<br>☐ Disability or ☐ risk of disability **Describe:**<br>☐ Loss of bodily function or ☐ risk of loss **Describe:** | **Y**☐<br>**N**☐ |
| **The event is Unambiguous** *(Refers to an event that is clearly defined and easily identified)*<br>**Definitions:**<br>**Codes and descriptors (if used):**<br>**Instructions for counting events, calculating rates, and providing context for low frequency:** | **Y**☐<br>**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**☐<br>**N**☐ |
| **Describe how the event is indicative of a problem in a healthcare facility's safety systems:** | **Y**☐<br>**N**☐ |
| **Describe why the event is important for public credibility or accountability:** | **Y**☐ |

| | |
|---|---|
| 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)*: | 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?**<br>**Comments/Rationale:** | **Y☐**<br>**N☐**<br>**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:**
Sexual assault on a patient within or on the grounds of the 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<br>☐ 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**<br>*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:**<br>**Do you recommend the proposed change?** ☐<br>Do you recommend the proposed change with modification? ☐ Specify the modification<br><br>**Comments/Rationale:** | **Y**☐<br>**N**☐<br>**A**☐ |
| **3a. NEW SERIOUS REPORTABLE EVENT** | |
| **The Event is a discrete, auditable , and clearly defined occurrence**<br>**Name of Proposed New Event:** | **Y**☐<br>**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)*<br><br>**Briefly summarize the Evidence Base that the event is preventable and provide citations:** | **Y**☐<br>**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)*<br>*Please check the appropriate consequence and describe it*<br>☐ Death or ☐ risk of death<br>☐ Loss of a body part or ☐ risk of loss **Describe:**<br>☐ Disability or ☐ risk of disability **Describe:**<br>☐ Loss of bodily function or ☐ risk of loss **Describe:** | **Y**☐<br>**N**☐ |
| **The event is Unambiguous** *(Refers to an event that is clearly defined and easily identified)*<br>**Definitions:**<br>**Codes and descriptors (if used):**<br>**Instructions for counting events, calculating rates, and providing context for low frequency:** | **Y**☐<br>**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**☐<br>**N**☐ |
| **Describe how the event is indicative of a problem in a healthcare facility's safety systems:** | **Y**☐<br>**N**☐ |
| **Describe why the event is important for public credibility or accountability:** | **Y**☐<br>**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**<br>**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:** 651-641-1121
**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:** Sexual assault on a patient within or on the grounds of 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:** Remove criminal events.

**Rationale for removing endorsement or modifying the SRE** *(include pertinent evidence, data)***:**
The criminal events are reportable under other avenues of state law. In many instances, states that adopt the NQF SREs do not include the criminal events. Removing these events would provide consistency in reporting and remove duplicate reporting.

**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<br>☐ Outpatient or Office-based Surgery Center<br>☐ Ambulatory Practice / Physician Offices<br>☐ 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**<br>*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:**<br>**Do you recommend the proposed change?** ☐<br>Do you recommend the proposed change with modification? ☐ Specify the modification<br><br>**Comments/Rationale:** | **Y**☐<br>**N**☐<br>**A**☐ |
| **3a. NEW SERIOUS REPORTABLE EVENT** | |
| **The Event is a discrete, auditable , and clearly defined occurrence**<br>**Name of Proposed New Event:** | **Y**☐<br>**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)*<br><br>**Briefly summarize the Evidence Base that the event is preventable and provide citations:** | **Y**☐<br>**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)*<br>*Please check the appropriate consequence and describe it*<br>☐ Death or ☐ risk of death<br>☐ Loss of a body part or ☐ risk of loss **Describe:**<br>☐ Disability or ☐ risk of disability **Describe:**<br>☐ Loss of bodily function or ☐ risk of loss **Describe:** | **Y**☐<br>**N**☐ |
| **The event is Unambiguous** *(Refers to an event that is clearly defined and easily identified)*<br>**Definitions:**<br>**Codes and descriptors (if used):**<br>**Instructions for counting events, calculating rates, and providing context for low frequency:** | **Y**☐<br>**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**☐<br>**N**☐ |
| **Describe how the event is indicative of a problem in a healthcare facility's safety systems:** | **Y**☐<br>**N**☐ |
| **Describe why the event is important for public credibility or accountability:** | **Y**☐ |

| | |
|---|---|
| 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)*: | 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?**<br>**Comments/Rationale:** | **Y☐**<br>**N☐**<br>**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? Definition not provided**<br>**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
**Street Address:** 115 4th Ave
**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: Sexual Assault on Patient Within the Grounds**

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

**Describe Suggested Modification(s) in specific detail:** Define " grounds" based on EMTALA rules

**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 x ☐ 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)**
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**<br>*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:**<br>**Do you recommend the proposed change?** ☐<br>Do you recommend the proposed change with modification? ☐ Specify the modification<br><br>**Comments/Rationale:** | **Y**☐<br>**N**☐<br>**A**☐ |
| **3a. NEW SERIOUS REPORTABLE EVENT** | |
| **The Event is a discrete, auditable , and clearly defined occurrence**<br>**Name of Proposed New Event:** | **Y**☐<br>**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)*<br><br>**Briefly summarize the Evidence Base that the event is preventable and provide citations:** | **Y**☐<br>**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)*<br>*Please check the appropriate consequence and describe it*<br>☐ Death or ☐ risk of death<br>☐ Loss of a body part or ☐ risk of loss **Describe:**<br>☐ Disability or ☐ risk of disability **Describe:**<br>☐ Loss of bodily function or ☐ risk of loss **Describe:** | **Y**☐<br>**N**☐ |
| **The event is Unambiguous** *(Refers to an event that is clearly defined and easily identified)*<br>**Definitions:**<br>**Codes and descriptors (if used):**<br>**Instructions for counting events, calculating rates, and providing context for low frequency:** | **Y**☐<br>**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**☐<br>**N**☐ |
| **Describe how the event is indicative of a problem in a healthcare facility's safety systems:** | **Y**☐<br>**N**☐ |
| **Describe why the event is important for public credibility or accountability:**<br><br>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**☐<br>**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

**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:**
Death or significant injury of a patient or staff member resulting from a physical assault (ie, battery) that occurs within or on the grounds of the 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<br>☒ Ambulatory Practice / Physician Offices<br>☐ 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**<br>*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:**<br>**Do you recommend the proposed change?** ☐<br>Do you recommend the proposed change with modification? ☐ Specify the modification<br><br>**Comments/Rationale:** | **Y**☐<br>**N**☐<br>**A**☐ |
| **3a. NEW SERIOUS REPORTABLE EVENT** | |
| **The Event is a discrete, auditable , and clearly defined occurrence**<br>**Name of Proposed New Event:** | **Y**☐<br>**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)*<br><br>**Briefly summarize the Evidence Base that the event is preventable and provide citations:** | **Y**☐<br>**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)*<br>*Please check the appropriate consequence and describe it*<br>☐ Death or ☐ risk of death<br>☐ Loss of a body part or ☐ risk of loss **Describe:**<br>☐ Disability or ☐ risk of disability **Describe:**<br>☐ Loss of bodily function or ☐ risk of loss **Describe:** | **Y**☐<br>**N**☐ |
| **The event is Unambiguous** *(Refers to an event that is clearly defined and easily identified)*<br>**Definitions:**<br>**Codes and descriptors (if used):**<br>**Instructions for counting events, calculating rates, and providing context for low frequency:** | **Y**☐<br>**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**☐<br>**N**☐ |
| **Describe how the event is indicative of a problem in a healthcare facility's safety systems:** | **Y**☐<br>**N**☐ |
| **Describe why the event is important for public credibility or accountability:** | **Y**☐<br>**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**<br>**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:** 651-641-1121
**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:** Death or significant injury of a patient or staff member resulting from a physical assault.

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

**Describe Suggested Modification(s) in specific detail:** Recommend removal. If not removed recommend deletion of "staff" from wording.

**Rationale for removing endorsement or modifying the SRE** *(include pertinent evidence, data)***:**
1) The criminal events are reportable under other avenues of state law. In many instances, states that adopt the NQF SREs do not include the criminal events. Removing these events would provide consistency in reporting and remove duplicate reporting.
2) This is the only category that includes staff in the definition which makes it inconsistent with the other patient oriented categories. Injuries to staff are reported under other avenues.

**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:**

**Y**☐
**N**☐

| | |
|---|---|
| (for NQF staff use) **The proposed change is justified** *(Does the rationale justify the proposed change?)* | |
| **Applicable Care Settings (Mark all to which event is relevant)**<br>☐ Hospital<br>☐ Skilled Nursing Facility (SNF) / Nursing home<br>☐ Outpatient or Office-based Surgery Center<br>☐ Ambulatory Practice / Physician Offices<br>☐ 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**<br>*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:**<br>**Do you recommend the proposed change?** ☐<br>Do you recommend the proposed change with modification? ☐ Specify the modification<br><br>**Comments/Rationale:** | **Y**☐<br>**N**☐<br>**A**☐ |
| **3a. NEW SERIOUS REPORTABLE EVENT** | |
| **The Event is a discrete, auditable , and clearly defined occurrence**<br>**Name of Proposed New Event:** | **Y**☐<br>**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)*<br><br>**Briefly summarize the Evidence Base that the event is preventable and provide citations:** | **Y**☐<br>**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)*<br>*Please check the appropriate consequence and describe it*<br>☐ Death or ☐ risk of death<br>☐ Loss of a body part or ☐ risk of loss **Describe:**<br>☐ Disability or ☐ risk of disability **Describe:**<br>☐ Loss of bodily function or ☐ risk of loss **Describe:** | **Y**☐<br>**N**☐ |
| **The event is Unambiguous** *(Refers to an event that is clearly defined and easily identified)*<br>**Definitions:**<br>**Codes and descriptors (if used):**<br>**Instructions for counting events, calculating rates, and providing context for low frequency:** | **Y**☐<br>**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**☐<br>**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:**<br><br>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
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- ☐ Public health data/vital statistics
- ☐ Quality / Risk Management Databases
- ☐ Registry data (or database)
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- ☐ Regulatory or Accreditation data (FDA, OSHA, etc.)
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**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?**<br>**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<br>**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:** Erin Graydon Baker
**Organization:** Partners Healthcare
**Street Address:** 115 4th Ave
**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: Death or Significant Injury of a Patient or Staff Member Resulting from Physical Assault**

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

**Describe Suggested Modification(s) in specific detail:** Remove "staff" from the definition

**Rationale for removing endorsement or modifying the SRE** *(include pertinent evidence, data):* This should only apply as an SRE if patients are affected.

**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☐**

**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**<br>*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:**<br>**Do you recommend the proposed change?** ☐<br>Do you recommend the proposed change with modification? ☐ Specify the modification<br><br>**Comments/Rationale:** | **Y**☐<br>**N**☐<br>**A**☐ |
| **3a. NEW SERIOUS REPORTABLE EVENT** | |
| **The Event is a discrete, auditable , and clearly defined occurrence**<br>**Name of Proposed New Event:** | **Y**☐<br>**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)*<br><br>**Briefly summarize the Evidence Base that the event is preventable and provide citations:** | **Y**☐<br>**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)*<br>*Please check the appropriate consequence and describe it*<br>☐ Death or ☐ risk of death<br>☐ Loss of a body part or ☐ risk of loss **Describe:**<br>☐ Disability or ☐ risk of disability **Describe:**<br>☐ Loss of bodily function or ☐ risk of loss **Describe:** | **Y**☐<br>**N**☐ |
| **The event is Unambiguous** *(Refers to an event that is clearly defined and easily identified)*<br>**Definitions:**<br>**Codes and descriptors (if used):**<br>**Instructions for counting events, calculating rates, and providing context for low frequency:** | **Y**☐<br>**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**☐<br>**N**☐ |
| **Describe how the event is indicative of a problem in a healthcare facility's safety systems:** | **Y**☐<br>**N**☐ |
| **Describe why the event is important for public credibility or accountability:**<br><br>If the event is used in a public reporting initiative (disclosure of performance results to the public at large), | **Y**☐<br>**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
- ☐ 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:**