

# 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? 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 Ave W. Suit 350 S 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): 06/16/10 Is this submission about a currently endorsed SRE or a proposed new SRE? <input checked="" type="checkbox"/> Currently Endorsed    New Submission (If new submission, skip to section 3a)	
2a. CURRENTLY ENDORSED SERIOUS REPORTABLE EVENT	
Name of Event: Overall Recommendation for Serious Disability	
Suggested Change: <input type="checkbox"/> Specify the Applicable Care Setting(s) marked below <input type="checkbox"/> Remove Endorsement <input checked="" type="checkbox"/> Modify SRE Specifications	
Describe Suggested Modification(s) in specific detail: 1) Recommend changing the term "serious disability" used in a number of the event categories to "serious injury".	
Rationale for removing endorsement or modifying the SRE (include pertinent evidence, data): 1) The definition of serious disability is difficult to apply with consistency. Minnesota has worked over the years to develop a consistent definition. For the past few years, we have applied this definition which appears to be working well and can be applied consistently. However, the definition is more reflective of serious injury than serious disability. For the public, serious disability implies different connotations than the term serious injury which is more reflective of the type of outcomes that we are attempting to capture.	
If modifications are made, are the changes likely to result in a substantial change in the current count of SREs? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No    If yes, please explain:	
	Y <input type="checkbox"/> N <input type="checkbox"/>

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

Describe how the event is indicative of a problem in a healthcare facility's safety systems:	Y <input type="checkbox"/> N <input type="checkbox"/>
Describe why the event is important for public credibility or accountability:	Y <input type="checkbox"/> N <input type="checkbox"/>
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:	
<b>3d. SETTINGS, DATA SOURCES</b>	
Applicable Care Settings (Mark all to which event is relevant)	
<input type="checkbox"/> Hospital <input type="checkbox"/> Skilled Nursing Facility (SNF) / Nursing home <input type="checkbox"/> Outpatient or Office-based Surgery Center <input type="checkbox"/> Ambulatory Practice / Physician Offices <input type="checkbox"/> Other (Please describe):	
Data Source Check the source(s) for the information on the SRE.	
<input type="checkbox"/> Electronic administrative data/ claims <input type="checkbox"/> Electronic Clinical Data (e.g., MDS) <input type="checkbox"/> Incident Reports <input type="checkbox"/> Medical Record including Electronic <input type="checkbox"/> Pharmacy data <input type="checkbox"/> Public health data/vital statistics	
<input type="checkbox"/> Quality / Risk Management Databases <input type="checkbox"/> Registry data (or database) <input type="checkbox"/> Reports to External Bodies (states, federal) <input type="checkbox"/> Regulatory or Accreditation data (FDA, OSHA, etc.) <input type="checkbox"/> 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 <input type="checkbox"/> 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:	
<b>3e. ADDITIONAL INFORMATION for NEW SERIOUS REPORTABLE EVENT</b>	
Provide any additional information that should be considered:	
Susceptibility to Inaccuracies, Errors, or Unintended Consequences <i>Identify susceptibility to inaccuracies, errors, or unintended consequences of the event and describe how these potential problems could be audited.</i>	
<i>(for NQF staff use)</i> Identify related endorsed measures	
Reviewer Comments:	
<b>RECOMMENDATION</b>	
Steering Committee: Do you recommend for endorsement? Comments/Rationale:	Y <input type="checkbox"/> N <input type="checkbox"/> A <input type="checkbox"/>
Steering Committee Reviewer Name:	
<b>4. PRIORITY AREAS</b>	
<i>(for NQF staff use)</i> Select the most relevant priority area(s), quality domain(s), and consumer need(s).	
National Priority Partners Priority Area <input type="checkbox"/> patient and family engagement <input type="checkbox"/> population health <input type="checkbox"/> safety <input type="checkbox"/> care coordination <input type="checkbox"/> palliative and end of life care <input type="checkbox"/> overuse	

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