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:
Patient death or serious disability associated with an electric shock or electrical cardioversion while being cared for in a 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 ☐ 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 **Name of Proposed New Event:**	**Y**☐ **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)* **Briefly summarize the Evidence Base that the event is preventable and provide citations:**	**Y**☐ **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)* *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:**	**Y**☐ **N**☐
The event is Unambiguous *(Refers to an event that is clearly defined and easily identified)* **Definitions:** **Codes and descriptors (if used):** **Instructions for counting events, calculating rates, and providing context for low frequency:**	**Y**☐ **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**☐ **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:	**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.*

- ☐ 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**
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: Patient death or serious disability associated with a burn incurred from any source while being cared for in a healthcare facility/Patient death or serious disability associated with an electric shock or elective cardioversion while being cared for in a healthcare facility

Suggested Change: Patient death or disability as a complication of medical care associated with electrical, chemical or thermal injury while being cared for in a healthcare facility
☐ **Specify the Applicable Care Setting(s) marked below**
☐ **Remove Endorsement**
☐ **Modify SRE Specifications**

Describe Suggested Modification(s) in specific detail: the modifications would combine two Serious Reportable Events

Rationale for removing endorsement or modifying the SRE *(include pertinent evidence, data)***:** this would streamline the Serious Adverse 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:**

(for NQF staff use) **The proposed change is justified** *(Does the rationale justify the proposed change?)* **Y☐ N☐**
Occurrence of these events is not likely related to the same system or process error. Reporting of

them together may lessen the ability to learn from occurrence of the events.	
Applicable Care Settings (Mark all to which event is relevant) ☐X Hospital ☐-XSkilled Nursing Facility (SNF) / Nursing home ☐ Outpatient or Office-based Surgery Center ☐ 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.* there could conceivably be fewer reported events due to injury as a consequence of elective cardioversion	
(for NQF staff use) Identify related endorsed measures —NQF 0263: Patient Burn	
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 **Name of Proposed New Event:**	**Y**☐ **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)* **Briefly summarize the Evidence Base that the event is preventable and provide citations:**	**Y**☐ **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)* *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:**	**Y**☐ **N**☐
The event is Unambiguous *(Refers to an event that is clearly defined and easily identified)* **Definitions:** **Codes and descriptors (if used):** **Instructions for counting events, calculating rates, and providing context for low frequency:**	**Y**☐ **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**☐ **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: 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? **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: 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: Patient death or serious disability associated with an electrical shock.

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

☐ 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 **Name of Proposed New Event:**	**Y**☐ **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)* **Briefly summarize the Evidence Base that the event is preventable and provide citations:**	**Y**☐ **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)* *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:**	**Y**☐ **N**☐
The event is Unambiguous *(Refers to an event that is clearly defined and easily identified)* **Definitions:** **Codes and descriptors (if used):** **Instructions for counting events, calculating rates, and providing context for low frequency:**	**Y**☐ **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**☐ **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: If the event is used in a public reporting initiative (disclosure of performance results to the public at large),	**Y**☐ **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** **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: Patient Death or Serious Disability Associated with Electric Shock or Elective Cardioversion

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

Describe Suggested Modification(s) in specific detail: Remove " elective cardioversion" and replace with "any unintended electric shock"

Rationale for removing endorsement or modifying the SRE *(include pertinent evidence, data):* Patients may die despite efforts for a therapeutic cardioversion. The current definition is ambiguous.

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:** small number of events

(for NQF staff use) **The proposed change is justified** *(Does the rationale justify the proposed change?) Elective cardioversion is currently an exclusion to the event; it may be reportable rather than an exclusion. It should not be replaced in the exclusions with unintended shock as reporting of unintended shocks is intended to be captured in this event.* **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 *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 **Name of Proposed New Event:**	**Y**☐ **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)* **Briefly summarize the Evidence Base that the event is preventable and provide citations:**	**Y**☐ **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)* *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:**	**Y**☐ **N**☐
The event is Unambiguous *(Refers to an event that is clearly defined and easily identified)* **Definitions:** **Codes and descriptors (if used):** **Instructions for counting events, calculating rates, and providing context for low frequency:**	**Y**☐ **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**☐ **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: 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.*

- ☐ 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**
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 incident in which a line designated for oxygen or other gas to be delivered to a patient contains the wrong gas or is contaminated by toxic substances

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 ☐ 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 **Name of Proposed New Event:**	**Y**☐ **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)* **Briefly summarize the Evidence Base that the event is preventable and provide citations:**	**Y**☐ **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)* *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:**	**Y**☐ **N**☐
The event is Unambiguous *(Refers to an event that is clearly defined and easily identified)* **Definitions:** **Codes and descriptors (if used):** **Instructions for counting events, calculating rates, and providing context for low frequency:**	**Y**☐ **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**☐ **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:	**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.*

- ☐ 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** **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: Any incident in which a line designated for oxygen or other gas to be delivered to a patient contained the wrong gas or is contaminated.	
Suggested Change: ☒ **Specify the Applicable Care Setting(s) marked below** ☐ **Remove Endorsement** ☒ **Modify SRE Specifications** **Describe Suggested Modification(s) in specific detail:** Recommend addition of "while being cared for in a healthcare facility." **Rationale for removing endorsement or modifying the SRE** *(include pertinent evidence, data)***:** Adding "while being cared for in a facility" provides consistency with the other categories. **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?)* *Yes*	**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 ☐ 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 **Name of Proposed New Event:**	**Y**☐ **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)* **Briefly summarize the Evidence Base that the event is preventable and provide citations:**	**Y**☐ **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)* *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:**	**Y**☐ **N**☐
The event is Unambiguous *(Refers to an event that is clearly defined and easily identified)* **Definitions:** **Codes and descriptors (if used):** **Instructions for counting events, calculating rates, and providing context for low frequency:**	**Y**☐ **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**☐ **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: 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.*

- ☐ 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** **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:
Patient death or serious disability associated with a burn incurred from any source while being cared for in a 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?) Yes* **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 ☐ 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 NQF 0263: Patient Burn	
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 **Name of Proposed New Event:**	**Y**☐ **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)* **Briefly summarize the Evidence Base that the event is preventable and provide citations:**	**Y**☐ **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)* *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:**	**Y**☐ **N**☐
The event is Unambiguous *(Refers to an event that is clearly defined and easily identified)* **Definitions:** **Codes and descriptors (if used):** **Instructions for counting events, calculating rates, and providing context for low frequency:**	**Y**☐ **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**☐ **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:	**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? 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** **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: Patient death or serious disability associated with a burn incurred from any source while being cared for in 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:

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 ☐ 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 NQF 0263: Patient Burn	
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 **Name of Proposed New Event:**	**Y**☐ **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)* **Briefly summarize the Evidence Base that the event is preventable and provide citations:**	**Y**☐ **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)* *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:**	**Y**☐ **N**☐
The event is Unambiguous *(Refers to an event that is clearly defined and easily identified)* **Definitions:** **Codes and descriptors (if used):** **Instructions for counting events, calculating rates, and providing context for low frequency:**	**Y**☐ **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**☐ **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:	**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.*

- ☐ 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** **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: Patient Death or Serious Disability Associated with a Burn

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

Describe Suggested Modification(s) in specific detail: Clarify with the DPH definition

Rationale for removing endorsement or modifying the SRE *(include pertinent evidence, data):* Definition of a burn needs additional clarity

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:** small number of events

(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 *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 NQF 0263: Patient Burn	
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 **Name of Proposed New Event:**	**Y**☐ **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)* **Briefly summarize the Evidence Base that the event is preventable and provide citations:**	**Y**☐ **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)* *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:**	**Y**☐ **N**☐
The event is Unambiguous *(Refers to an event that is clearly defined and easily identified)* **Definitions:** **Codes and descriptors (if used):** **Instructions for counting events, calculating rates, and providing context for low frequency:**	**Y**☐ **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**☐ **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: If the event is used in a public reporting initiative (disclosure of performance results to the public at large),	**Y**☐ **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** **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:
Patient death or serious disability associated with a fall while being cared for in a 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 ☐ 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 NQF 0035: Fall risk management in older adults: a. Discussing fall risk, b.Managing fall risk; NQF 0202: Falls with injury; NQF 0101: Falls: Screening for Fall Risk; NQF 0537: Multifactor Fall Risk Assessment Conducted in Patients 65 and Older; NQF 0266: Patient Fall; NQF 0141: Patient Fall Rate	
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 **Name of Proposed New Event:**	**Y**☐ **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)* **Briefly summarize the Evidence Base that the event is preventable and provide citations:**	**Y**☐ **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)* *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:**	**Y**☐ **N**☐
The event is Unambiguous *(Refers to an event that is clearly defined and easily identified)* **Definitions:** **Codes and descriptors (if used):** **Instructions for counting events, calculating rates, and providing context for low frequency:**	**Y**☐ **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**☐ **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:	**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? 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** **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: Patient death or serious disability associated with a fall while being cared for in 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: Move to "Care Management" or remove category headings for all categories (i.e. care management, environmental, surgery, etc.)

Rationale for removing endorsement or modifying the SRE *(include pertinent evidence, data)***:** Including the falls category under "environmental" suggests that reportable falls are limited to falls that occur due to the environment. Alternative suggestion is to remove all of the category headings and have only a listing of the events.

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
☐ 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 NQF 0035: Fall risk management in older adults: a. Discussing fall risk, b.Managing fall risk; NQF 0202: Falls with injury; NQF 0101: Falls: Screening for Fall Risk; NQF 0537: Multifactor Fall Risk Assessment Conducted in Patients 65 and Older; NQF 0266: Patient Fall; NQF 0141: Patient Fall Rate

Reviewer Comments:

RECOMMENDATION

Steering Committee:
Do you recommend the proposed change? ☐ **Y**☐ **N**☐ **A**☐
Do you recommend the proposed change with modification? ☐ Specify the modification

Comments/Rationale:

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: 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? **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: Margaret Driscoll
Organization: Children's Hospital Boston
Street Address: 300 Longwood Avenue
City/State/Zip: Boston, MA 02115
Telephone Number: 617-355-7359
Fax Number: 617-730-0637
Email Address: margaret.driscoll@childrens.harvard.edu

Date of Submission (*MM/DD/YY*)**:** 06/16/10
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: Patient Death or serious disability associated with fall while being cared for in 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: Include exclusions or exclusionary language for pediatric patients when the fall is related to growth and development unless internal review determines that the fall was preventable and there is an identifiable breach in care.

Rationale for removing endorsement or modifying the SRE: Pediatric patients are more susceptible to falls because of their developmental age, cognition and motor skill development. Preventing falls is difficult due to the unpredictability of falls in the pediatric population. In the hospital, we strongly emphasize families' involvement in care delivery. This can have the consequence of children falling while in their families' care. Children's Hospital Boston believes falls and trauma should be applicable only in events where the fall or trauma was preventable and there is an identifiable breach in care.

Y☐
N☐

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?)*
Yes

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 specify*):

Reviewer Comments/Rationale:

2b. ADDITIONAL INFORMATION for CURRENTLY ENDORSED SERIOUS REPORTABLE EVENT

Provide any additional information that should be considered: Falls in the pediatric patient are not always be preventable or unexpected.

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 NQF 0035: Fall risk management in older adults: a. Discussing fall risk, b.Managing fall risk; NQF 0202: Falls with injury; NQF 0101: Falls: Screening for Fall Risk; NQF 0537: Multifactor Fall Risk Assessment Conducted in Patients 65 and Older; NQF 0266: Patient Fall; NQF 0141: Patient Fall Rate

Reviewer Comments:

RECOMMENDATION

Steering Committee:
Do you recommend the proposed change? ☐ **Y☐**
Do you recommend the proposed change with modification? ☐ Specify the modification **N☐**
A☐
Comments/Rationale:

3a. NEW SERIOUS REPORTABLE EVENT

The Event is a discrete, auditable , and clearly defined occurrence **Y☐**
Name of Proposed New Event: **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)* **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: **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.*

- ☐ 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** **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: Patient Death or Serious Disability Associated with a Fall

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

Describe Suggested Modification(s) in specific detail: Consider moving this event within the Care Management category

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 *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 NQF 0035: Fall risk management in older adults: a. Discussing fall risk, b.Managing fall risk; NQF 0202: Falls with injury; NQF 0101: Falls: Screening for Fall Risk; NQF 0537: Multifactor Fall Risk Assessment Conducted in Patients 65 and Older; NQF 0266: Patient Fall; NQF 0141: Patient Fall Rate	
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 **Name of Proposed New Event:**	**Y**☐ **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)* **Briefly summarize the Evidence Base that the event is preventable and provide citations:**	**Y**☐ **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)* *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:**	**Y**☐ **N**☐
The event is Unambiguous *(Refers to an event that is clearly defined and easily identified)* **Definitions:** **Codes and descriptors (if used):** **Instructions for counting events, calculating rates, and providing context for low frequency:**	**Y**☐ **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**☐ **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:	**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.*

- ☐ 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** **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:
Patient death or serious disability associated with the use of restraints or bedrails while being cared for in a 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 ☐ 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 NQF 0640: HBIPS-2 Hours of physical restraint use; NQF 0203: Restraint prevalence (vest and limb only)	
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 **Name of Proposed New Event:**	**Y**☐ **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)* **Briefly summarize the Evidence Base that the event is preventable and provide citations:**	**Y**☐ **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)* *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:**	**Y**☐ **N**☐
The event is Unambiguous *(Refers to an event that is clearly defined and easily identified)* **Definitions:** **Codes and descriptors (if used):** **Instructions for counting events, calculating rates, and providing context for low frequency:**	**Y**☐ **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**☐ **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:	**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? 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** **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: Patient death or serious disability associated with the use of restraints or bedrails while being cared for in 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:

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 ☐ 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 NQF 0640: HBIPS-2 Hours of physical restraint use; NQF 0203: Restraint prevalence (vest and limb only)	
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 **Name of Proposed New Event:**	**Y**☐ **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)* **Briefly summarize the Evidence Base that the event is preventable and provide citations:**	**Y**☐ **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)* *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:**	**Y**☐ **N**☐
The event is Unambiguous *(Refers to an event that is clearly defined and easily identified)* **Definitions:** **Codes and descriptors (if used):** **Instructions for counting events, calculating rates, and providing context for low frequency:**	**Y**☐ **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**☐ **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:	**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.*

- ☐ 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** **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: Patient Death or Serious Disability Associated with the Use of Restraints

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

Describe Suggested Modification(s) in specific detail: Consider moving this event within the Care Management category

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
☐ Outpatient or Office-based Surgery Center
☐ 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 NQF 0640: HBIPS-2 Hours of physical restraint use; NQF 0203: Restraint prevalence (vest and limb only)	
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 **Name of Proposed New Event:**	**Y**☐ **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)* **Briefly summarize the Evidence Base that the event is preventable and provide citations:**	**Y**☐ **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)* *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:**	**Y**☐ **N**☐
The event is Unambiguous *(Refers to an event that is clearly defined and easily identified)* **Definitions:** **Codes and descriptors (if used):** **Instructions for counting events, calculating rates, and providing context for low frequency:**	**Y**☐ **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**☐ **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:	**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.*

- ☐ 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: