

NATIONAL QUALITY FORUM

CONFERENCE CALL OF THE SERIOUS REPORTABLE EVENTS IN HEALTHCARE STEERING COMMITTEE

April 7, 2010

Steering Committee members present: Gregg Meyer, MD, MSc (Co-Chair); Sally Tyler, MPA (Co-Chair); Leah Binder; Susan Gentili, MBA, RHIA, CPHQ; Helen Lau, RN, MHROD, BSN, BMus; Kathryn McDonagh, PhD; John Morley, MD, FACP; Deborah Nadzam, PhD, RN, FAAN; Stancel Riley, Jr., MD, MPA, MPH; Diane Rydrych, MA; Doron Schneider, MD, FACP; Philip Schneider, FASHP, MS; Eric Tangalos, MD, FACP, AGSF, CMD; Michael Victoroff, MD

Steering Committee members absent: Patrick Brennan, MD; Tejal Gandhi, MD, MPH; Christine Goeschel, RN, MPA; Cynthia Hoen, Esq, MPH, FACHE; Martha Radford, MD, FACC, FAHA

NQF Staff: Peter Angood, MD; Eric Colchamiro, MPA; Lindsey Tighe, MS

WELCOME AND INTRODUCTIONS

Dr. Angood welcomed the Committee and thanked them for their participation on the call. He stated that the purpose of this call was to review and address any concerns regarding the proposed working serious reportable events (SRE) definition in order to facilitate moving forward with the SRE project work. Dr. Meyer and Ms. Tyler also thanked the Committee and reminded them of the complexity of the upcoming work.

SRE DEFINITION

Dr. Angood asked the Committee to review and provide comments on the SRE definition, which was drafted based on previous Committee discussions and public comment. The definition states that SREs are “preventable, serious, and unambiguous adverse events. Some types of SREs are universally preventable and should never occur. 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.”

In response to a question from a Steering Committee member, Dr. Angood stated that the term “unambiguous” refers to an event that is clearly defined and easily identified, per the Steering Committee discussion at the November 18-19, 2009 meeting.

The Committee’s Purchaser member stated that it is still important to set a standard for the types of events that should never occur in healthcare. She explained that even if some adverse events are not fully preventable, some still should not occur. There is a need to recognize that prevention efforts should still be at the highest level of priority; as such, the statement that SREs should never occur is appropriate in the definition. She then provided a recap of the most recent NQF Purchaser’s Council conference call, where the SRE definition was discussed. The Purchaser’s Council reiterated that the word “never” sends a powerful and important message to the healthcare industry.

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The Steering Committee then agreed that there was strong consensus for the definition as currently stated and that it achieves the necessary compromise following the Public Comment period. They also agreed by strong consensus that the definition allows the Committee to move forward with its project work of reviewing and expanding the list of SREs.

A Committee member raised the concern that preventability may not be the appropriate dividing line between different types of SREs. The question was also raised that if preventability were to be the basis for categorization of SREs, who would delineate where individual SREs fall on the spectrum of preventability? The Committee discussed the possibility that once the SRE list is published, the open market would use the SRE listing regardless of the NQF recommendations. As such, some Committee members stated that they did not believe that NQF should determine which events are universally preventable and which are largely preventable. Others stated that NQF should provide guidance to the market as to which SREs are wholly preventable and which are not so as to achieve uniformity across the healthcare field. The Committee agreed to revisit this discussion during the next meeting.

NEXT STEPS

Dr. Angood informed the Committee that NQF will be posting a Call for Events and a Call for Technical Advisory Panel (TAP) members in the upcoming two weeks. For the Call for Events, NQF will request the following submissions:

- 1) comments regarding the current 28 SREs as listed and whether modifications, or deletions, to any of these SREs should be considered;
- 2) comments regarding the current 28 SREs and whether, or how, they are appropriate for the expanded environments of care listed above; and
- 3) solicitations for new SREs that should potentially be added to the existing NQF list of 28 SREs; as well as to any, or all, of the expanded environments of care listed above.

The TAPs will be formed to review SRE submissions and provide recommendations to the Steering Committee regarding SREs in each of the expanded environments of care. The Steering Committee will review the TAP input and make the final decision as to what information is included in the report submitted for ultimate endorsement by the NQF Board of Directors. Committee members were encouraged to nominate individuals with appropriate expertise.

The Steering Committee suggested that NQF staff draft information that can be disseminated via organizational newsletters to members of professional organizations that are related to the expanded environments of care. The Committee stated that these are important parties who need to be informed of the ongoing activities and their inclusion will result in a more robust product.

REMINDERS

There will not be an in-person Steering Committee in May 2010.

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The Committee can expect to receive information on SRE submissions and TAP meetings by e-mail. Conference calls will be scheduled as necessary during the upcoming months.

Adjourn.