

RULE DESCRIPTION, PRACTICAL IMPLICATIONS AND RECOMMENDATIONS

DEFINITIONS

The definitions listed in the rule for adverse event, preventable, serious and health care facility are approved by the National Quality Forum and listed in the report below. Hospitals should review and incorporate these definitions into their policies and procedures as needed.

You may download Table I or order the electronic or printed copy of the “Serious Reportable Events in Healthcare: 2006 Update” at www.qualityforum.org/publications/reports/sre_2006.asp. Table I contains the list of the NQF serious reportable events and additional specification and implementation guidance for each reportable event.

PAYMENT

Payment will only be withheld or reduced if an event was determined to have been preventable, resulted in serious harm, was within the control of the health care facility, occurred during an inpatient admission, outpatient hospital surgery care or care at an ambulatory surgical center.

Outpatient encounters, such as an emergency room visit or radiology exams are excluded. Outpatient surgery is included in the rule.

Payment denials or reductions will be calculated by the MO HealthNet Division based on the facts of each serious adverse event and will be reviewed by the MHN director. The division’s final decision on denying payment is subject to review by the Administrative Hearing Commission pursuant to the provisions of [208.156, RSMo](#).

Payment denials will not be applied to care provided by another hospital if the patient is transferred or admitted to another facility.

ADVERSE EVENTS INCLUDED IN THE RULE

The rule identifies the NQF serious reportable events and the CMS hospital-acquired conditions subject to payment denials or reductions. If an event is on either list, the event also must be serious and preventable per the rule definitions to be subject to payment restrictions.

Only 26 of the 28 NQF serious reportable events are listed in the rule. “Artificial insemination with the wrong donor sperm or donor egg” was not included because artificial insemination is not covered by MHN. “Death or significant injury of a patient or staff member resulting from a physical assault (battery) that occurs within or on the

grounds of a health care facility” was excluded because MHN views this event as not under the control of the health care facility.

A December 2008 report, “Adverse Events in Hospitals,” from the U.S. Department of Health and Human Services Office of Inspector General estimated the incidence of NQG serious adverse events at 0.7 percent of the hospitalized Medicare population. This report is available at www.oig.hhs.gov/oei/reports/oei-06-08-00220.pdf

The table below lists the NQF events, as well as additional definitions and specifications, from the 2006 NQF Update available at www.qualityforum.org/publications/reports/sre_2006.asp.

NQF Adverse Event	Additional Information
1. Surgery performed on the wrong body part 2. Surgery performed on the wrong patient 3. Wrong surgical procedure on a patient	These specifications include items that constitute a wrong procedure and defines procedures that are considered a surgery, including minimally invasive or minor procedures such as biopsies and endoscopies.
4. Foreign object left in a patient after surgery or other procedure	An event excludes objects that are intentionally left in the patient when the risk of removal exceeds the risk of retention. For reporting year 2007-2008, 64 percent of retained foreign objects reported under the Minnesota Adverse Health Care Event Reporting Law are retained sponges in vaginal deliveries.
5. Intraoperative or immediately postoperative death in a normal health patient	Immediately postoperative means within 24 hours after the procedure was completed or after anesthesia was administered if surgery was not completed.
6. Patient death or serious disability associated with the use of contaminated drugs, devices or biologics provided by the health care facility	The contaminants must be detectable by generally used mechanisms, such as cultures and changes in pH.
7. Patient death or serious disability associated with the use or function of a device in patient care in which the device is used or functions other than as intended	This is intended to capture occurrences whether or not the use is intended or described by the manufacturers’ literature and includes devices such as catheters, drains, infusion pumps, ventilators, etc.
8. Patient death or serious disability associated with intravascular air embolism that occurs while being cared for in a health care facility	Neurosurgical procedures known to present a high risk of intravascular air embolism are excluded.
9. Infant discharged to the wrong person	An infant is defined as an individual who is less than 1 year old.

10. Patient death or serious disability associated with patient elopement (disappearance) for more than four hours	Excludes events involving competent adults
11. Patient suicide or attempted suicide resulting in serious disability while being cared for in a health care facility	Limited to events occurring after admission
12. Patient death or serious disability associated with a medication error (error involving the wrong drug, wrong dose, wrong patient, wrong time, wrong rate, wrong preparation, or wrong route of administration)	Includes administration of known allergic drugs
13. Patient death or serious disability associated with a hemolytic reaction due to the administration of ABO-incompatible blood or blood products	Must be detectable by ABO/HLA matching
14. Maternal death or serious disability associated with labor or delivery on a low-risk pregnancy while being cared for in a health care facility	This includes events that occur within 42 days post-delivery, but excludes deaths from pulmonary or amniotic fluid embolism, acute fatty liver of pregnancy or cardiomyopathy. Definition of a low-risk pregnancy is defined in the NQF report.
15. Patient death or serious disability associated with hypoglycemia, the onset of which occurs while the patient is being cared for in a health care facility	Hypoglycemia is defined as blood glucose level of less than 60 mg/dl.
16. Death or serious disability (Kernicterus) associated with failure to identify and treat hyperbilirubinemia in neonates	Hyperbilirubinemia is defined as bilirubin levels greater than 30 mg/dl. Neonate refers to an infant's first 28 days of life.
17. Stage 3 or 4 pressure ulcers acquired after admission to a health care facility	Excludes progression from Stage 2 to Stage 3 if Stage 2 was present on admission.
18. Patient death or serious disability due to spinal manipulative therapy	Spinal manipulative therapy is defined in the NQF report.
19. Patient death or serious disability associated with an electric shock while being cared for in a health care facility	Excludes planned treatments, such as elective cardioversion.
20. 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 21. Patient death or serious disability associated with a burn incurred from any source while being cared for in a health care facility	No additional specifications or definitions were given for items 20 through 26 in the NQF report.

<p>22. Patient death associated with a fall while being cared for in a healthcare facility</p> <p>23. Patient death or serious disability associated with the use of restraints or bedrails while being cared for in a healthcare facility</p> <p>24. Any instance of care ordered by or provided by someone impersonating physician, nurse, pharmacist, or other licensed healthcare provider</p> <p>25. Abduction of a patient of any age</p> <p>26. Sexual assault on a patient with or on the grounds of a health care facility</p>	
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Ten hospital-acquired conditions (HACs), identified by CMS as of December 15, 2008, are subject to the rule provisions. Many of these conditions also are considered to be serious reportable events by NQF. For more information on HACs, visit www.cms.hhs.gov/HospitalAcqCond/Downloads/HACFactsheet.pdf. HACs include the following.

1. Foreign Object Retained After Surgery
2. Air Embolism
3. Blood Incompatibility
4. Stage III and IV Pressure Ulcers
5. Falls and Trauma
 - Fractures
 - Dislocations
 - Intracranial Injuries
 - Crushing Injuries
 - Burns
 - Electric Shock
6. Manifestations of Poor Glycemic Control
 - Diabetic Ketoacidosis
 - Nonketotic Hyperosmolar Coma
 - Hypoglycemic Coma
 - Secondary Diabetes with Ketoacidosis
 - Secondary Diabetes with Hyperosmolarity
7. Catheter-Associated Urinary Tract Infection
8. Vascular Catheter-Associated Infection
9. Surgical Site Infection following:
 - Coronary Artery Bypass Graft—Mediastinitis
 - Bariatric Surgery
 - Laparoscopic Gastric Bypass
 - Gastroenterostomy
 - Laparoscopic Gastric Restrictive Surgery

- Orthopedic Procedures
 - Spine
 - Neck
 - Shoulder
 - Elbow
- 10. Deep Vein Thrombosis (DVT)/Pulmonary Embolism (PE)
 - Total Knee Replacement
 - Hip Replacement

PRESENT ON ADMISSION (POA) INDICATOR

Beginning July 1, hospitals currently paid under Medicare IPPS must use the POA indicator on the UB-4 when submitting MHN claims.

Hospitals not currently paid under IPPS — rehabilitation, psychiatric, long-term care hospitals, children’s and critical access hospitals — will be required to use the POA indicator system on all MHN claims beginning July 1, 2010. For more information, visit www.cms.hhs.gov/HospitalAcqCond/Downloads/POAFactsheet.pdf.

For coding instructions, see Appendix I, “Present on Admission Reporting Guidelines,” in the “ICD-9-CM Official Guidelines for Coding and Reporting” at www.cdc.gov/nchs/data/icd9/icdguide.pdf.

Consistent, complete documentation by a provider such as a physician, physician assistant or advanced practice nurse, involved in the patient’s care to support determination if a condition was present on admission in the medical record cannot be overemphasized.

In December 2008, the HIDI Data Committee endorsed a recommendation that all Missouri hospitals participating in HIDI move to the current HIDI-400 layout that was introduced to hospitals in early 2007. The layout conforms to new UB-04 standards and accommodates full reporting of POA.

MHA’s Center for Education plans to host additional POA coding and documentation webinars this fall.

REPORTING TO A PATIENT SAFETY ORGANIZATION

On or before January 1, 2010, all in-state and out-of-state hospitals or ASCs enrolled as MHN providers should have a contract, subject to MHN review, with a federally-designated Patient Safety Organization to report the occurrence of a serious reportable event the root cause analysis of the event and to participate in PSO-related improvement strategies as outlined in the contract. Hospitals and ASCs should report occurrences of serious adverse events per PSO contract requirements.

See the Missouri Center for Patient Safety Center overview for more information.

RECOMMENDATIONS

- Assemble a team to oversee implementation of the rule provisions. Include finance, health information, patient safety, risk management, education and medical services staff.
- Download and review the attached resources.
- Select a PSO and negotiate a contract for reporting serious events and root cause analysis and for participating in PSO-related improvement strategies.
- Designate a point person and establish a patient safety evaluation system to manage the flow of patient safety.
- Develop organizational policies and procedures to identify and document adverse events and patient safety information for reporting to a PSO.
- Incorporate rule definitions into policies and procedures as needed.
- Develop an education plan on coding and billing for health information and finance staff; POA documentation for physicians, PA and APN involved in the treatment of patients; and on the regulation and any related policies for affected staff.
- Review and update billing and adverse event software as needed.
- Analyze administrative, quality and risk management data for potential vulnerability.
- Review evidence-based guideline resources on preventing health care acquired conditions from the National Guideline Clearinghouse.
- Proactively identify possible denials of serious, preventable adverse events that meet the rule definitions to avoid billing MHN.