1730 M Street, NW, Suite 502
Washington, DC 20036

phone » (202) 659-9440
fax » (202) 659-9422
web » www.ahima.org

American Health Information Management Association®

October 2008 - AHRQ Common Data Formats: Background

In February 2008, the Agency for Healthcare Research and Quality (AHRQ) and the Office for Civil Rights released a proposed rule for the development of a framework by which hospitals, doctors and other healthcare providers can voluntarily and confidentially report information on patient safety events. For more information regarding the PSO program and a copy of the proposed rule, go to http://edocket.access.gpo.gov/2008/pdf/E8-2375.pdf.

The Patient Safety and Quality Improvement Act of 2005 (Patient Safety Act) provides for the formation of Patient Safety Organizations (PSOs), which would collect and analyze confidential information reported by healthcare providers. The Patient Safety Act authorizes the collection of this information in a standardized manner. As requested by the Secretary of the Department of Health and Human Services (HHS), AHRQ coordinated the development of a set of common definitions and reporting formats (Common Formats) which would facilitate the voluntary collection of patient safety data and reporting of this information to PSOs.

AHRQ released its Beta version of common formats for collecting and reporting patient safety information through PSOs. The first version of the formats—which provide standardized definitions and reporting methods for healthcare professionals to collect and report adverse events, near misses and conditions considered unsafe for patients—can be downloaded from the AHRQ website. AHRQ partnered with the National Quality Forum (NQF) to collect feedback on the formats and to incorporate suggested changes and updates in later versions.

The term Common Formats describes the technical requirements and reporting specifications which establish a mutual method for all health care providers to collect and submit patient safety event information using common language and definitions. Use of the Common Formats will assure consistency of reporting among PSOs as it begins to aggregate patient safety event information. Their main purposes are to:

- Standardize data collection of 1) patient safety events 2) their root causes 3) actions taken to reduce these causes and 4) actions' effectiveness
- Aggregate non-identifiable collected data for purposes of pattern analysis, learning, and trending as required by the Patient Safety Act.[i]

AHIMA Responds

In response to AHRQ and NQF's request for feedback on the Common Formats, AHIMA hosted two conference calls in September and October 2008 to allow for volunteer input to the Common Formats and the generic and event specific forms. The tables below outline the feedback/comments captured from the volunteers and AHIMA staff that were submitted via NQF's online comment log.

1. Generic Forms

Healthcare Event Reporting Form (HERF)		
Item	**Question**	**AHIMA Response**
1.	3. Event Time (enter HH:MM am/pm):	AHIMA recommends this information be captured in military time as there may be human error in selecting am/pm options.
2.	4. Where did the event or unsafe condition occur? Describe location:	AHIMA recommends making this question consistent with the Final Assessment Form (FAF) form regarding the question itself and not allowing it to be an open-ended question.
3.	13. Anonymous Reporter:	The health information community understands the purpose of reporting incidents and accidents without repercussions. We request further clarification on the purpose of allowing an opportunity for selecting "anonymous"? AHIMA suggests this would allow for increased selection of the option.
4.	For general comments on this form, click here.	The "event ID" in the upper right-hand corner serves to link all the forms, however, it is not clear how the documentation will be linked if it is all paper based? Is the intent to use this for when the data is captured electronically? AHIMA requests further clarification on this question.

Patient Information Form (PIF)		
Item	**Question**	**AHIMA Response**
1.	3. Patient's Date of Birth (enter mmddyyyy):	Our comment applies to this question and the correlating question #6. It is not clear what the intent is for this information if there is a similar question #6 and it is also captured in the HERF form. AHIMA requests further clarification on the intent of these questions.
2.	8. Patient's race: Check all that apply:	AHIMA recommends adding the option of "other" as this is a very small list from which to choose a race. If the intent of these questionnaires is to capture quality information, then it would be beneficial to allow for entry of "other" races. If AHRQ/NQF observes there is a critical mass for one potential specific race, than that race could be added as a listed item. Leaving just unknown as the outlier option allows for reduced quality data capture.
3.	9. Patient's weight: (enter in kilograms)	It is unclear why this information is being requested in "kilograms".
4.	10. Patient's principal	1. AHIMA recommends that future consideration be

Patient Information Form (PIF)		
	diagnosis: (enter ICD-9-CM Code)	given to the upcoming ICD changes to ICD-10. 2. We are unsure who is expected to fill this information out? It would imply that this information needs to be filled out by someone with clinical and coding knowledge, which would be toward the end of the patient's visit. Because this form is in paper, we recommend that consideration should be given to the burden of filling this information out along with other patient safety reporting events that are electronic.
5.	12. Following discovery of the incident, was "rescue" attempted? Check one: a. Yes » Go to 13	It is unclear who is expected to fill this information out, particularly if it is to be filled out 24 hours after the fact. Because these forms are considered Patient Safety Work Products and cannot become part of the medical record, what is the expectation for this information to be filled out? AHIMA recommends providing further clarification.

Final Assessment Form (FAF)		
Item	**Question**	**AHIMA Response**
1.	3. What type of person reported the event or unsafe condition? (Please refer to HERF question 17) Check one: a. Healthcare practitioner or professional	It is not clear to the reader what this question means? These naming conventions could represent a number of different types of practitioners. Also the actual terms could have different meanings for various stakeholders. Does this mean a nurse, resident? AHIMA recommends providing further clarification on this term OR provide additional detailed options for the user to select.
2.	4. In your opinion, how preventable was the event or unsafe condition? Check one:	It would be helpful to have some context applied to this question. These answers allow for open interpretation, therefore AHIMA recommends further clarification is provided.
3.	For general comments on this form, click here.	This form is very similar to the HERF form. It is not clear what the distinction is between the two and what the purposes are to have the two forms. AHIMA recommends further clarification is provided.

2. Event Specific Forms

Device and Medical or Surgical Supply		
Item	**Question**	**AHIMA Response**
1.	1. What type of device was involved in the event? Check	If this option is selected, how is it expected that the user of the form move on to other questions? What is the

Device and Medical or Surgical Supply		
	first applicable category: a. Implantable device (device intended to be inserted into and remain permanently in tissue) » Go to 2 b. Non-implantable device or any other type of medical equipment » Go to 4 c. Medical/surgical supply » Go to 4 d. Unknown	purpose of completing the other questions if this is selected, thus, why complete the form if no data is captured? We recommend further clarification be provided.
2.	6. What was the device involved in the event? Check one:	AHIMA recommends allowing for the option to select "other"
3.	For general comments on this form, click here.	We are unsure if there is any cross referencing to the FDA regulations that require forms to be filled out similar to this one? AHIMA requests further clarification.

Fall		
Item	**Question**	**AHIMA Response**
1.	1. Was the fall observed? Check one:	AHIMA recommends inserting "skip logic" for this question. If the answer is a "No" then what would be the point of completing the remainder of the form.
2.	3. At the time of the fall, was the patient ambulating with: Check first applicable category:	AHIMA recommends adding "other" as an option. Allowing for only 3 options is very limiting to the user of the questionnaire.
3.	11. What interventions were in place or being used to prevent falls for this patient? Check all that apply:	We are unsure about how the individual will know this information being requested? AHIMA requests additional guidance or further information on filling out this section.

Healthcare-Associated Infection		
Item	**Question**	**AHIMA Response**
1.	3. Was a healthcare-associated infection (HAI) a reason for admission or transfer to this	The descriptions of this specific report (in the header section) "For an inpatient care location, there must be no evidence that the infection was present or incubating at

	facility? Check one:	the time of admission" conflicts with question #3. AHIMA recommends providing further clarification.

Pressure Ulcer		
Item	**Question**	**AHIMA Response**
1.	12. During the stay in the facility, did the patient develop a secondary morbidity, such as osteomyelitis or sepsis? Check one:	The term, "secondary morbidity" can be open to interpretation. AHIMA recommends providing a more clear definition and removing the examples listed.

Medication & Other Substances		
Item	**Question**	**AHIMA Response**
1.	5. Which of the following identifiers are known? Check all that apply:	At the point in time when this information is completed, we are unsure how the individual completing this form will know this information? For example, finding and locating the National Drug Code (NDC) is very difficult to locate.

3. General Comments on the Common Formats

General Comments		
Item	**Question**	**AHIMA Response**
1.	Overall, what would improve usability of the Common Formats in your organization?	AHIMA appreciates the work that AHRQ and NQF have undertaken to promote the development and use of standardized data capture elements to improve patient safety initiatives. This effort is a noteworthy first step in coordinating and aligning standardization of data to allow for the collection, aggregation and analysis that support patient safety. We would encourage AHRQ and NQF to transition to an electronic data capture methodology and process as soon as possible in order to continue taking steps forward for patient safety improvement.
2.	Overall, for general comments on these forms, click here.	1. For all the event specific forms, it is unclear who will be expected to complete them. Also, with various questions requiring expertise from several different functional areas within a facility it could become difficult to the proper completion of the forms. 2. Overall, good use of skip logic. 3. There is a lot of use of the option for

General Comments		
		"unknown" in all of the questionnaires. This does not allow for detailed and accurate data capture. AHIMA recommends adding more options for "other" to allow for some details. This allows for the capture of information and the possibility of trending on the data received.

[i] PSO Privacy Protection Center – Common Formats. https://www.psoppc.org/web/patientsafety/commonformats.