CHPSO Event Data Submission Parameters:

last update: 02/07/19

Working with Next Plane, CHPSO's data intermediary, the following report specifications have been developed using RL fields. The report is then downloaded to an Excel or CSV file format to prepare for transmission. It is recommended that a review of the files identified for upload be reviewed for accuracy and appropriateness (based on the UC PSES) prior to submission to the PSO.

1. File ID
2. Location
3. Unit
4. Reporter role – Nurse, physician, pharmacist, etc
5. Submitted Date
6. Event Date
7. Closed Date
8. Event Type
9. Specific Event Type
10. Other Specific Event Type
11. Date of Birth
12. Gender
13. Contributing Factors
14. Severity Level 1
15. Severity Level 2
16. Medication
17. Brief Factual Description

Note: 2 severity level fields are necessary to match the AHRQ common format submission. Change labels to indicate Severity 1 & Severity 2, also change the Brief Factual Description field to "Max_Description". Contributing Factors are being supplied although not consistently being used, as the PSO is encouraging providers capture and report these data.
Date Range: Include files based on the *last modified date* field within the last calendar quarter. It is recommended to submit on a quarterly basis; however it is up to each campus to determine their schedule.
Filtering criteria: Submission includes only closed files that are patient related or hazardous conditions. This excludes any visitor or employee related files. However, it is up to each campus to determine the patient population.
If reporting WPV events:
If any of the incidents and follow up reviews, investigations, etc., can be realistically described as or relating to a patient safety activity then it can be considered PSWP. The following meet these criteria.

- A patient or patient's family violent towards an employee
- Someone at the hospital with criminal intent

Importance of data Integrity:

Maintaining data integrity of event reporting data that is collected and recorded by our event reporting system is integral for there to be trust in the accuracy of the story the data tells us. The data are used not only for internal notifications and tracking, but reports are relied on for decision making. The accuracy of the information obtained depends on the quality of the underlying data. UC event reporting data are submitted to a Patient Safety Organization (CHPSO) for state and national data analysis to improve patient safety and health care quality. It is also uploaded to the UCOP Data Management System for UC systemwide benchmarking and comparisons; helping us to understand what is happening in our Medical Centers, identify best practices and collaborate regarding shared issues. If the information is inaccurate the data will mislead us in helping to understand what issues we are facing and/or where they are occurring.

Mapping fields to the Common Formats:

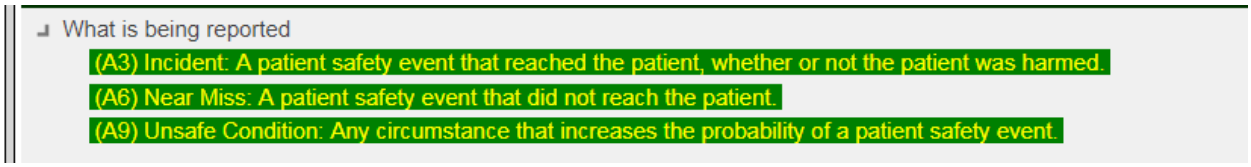
What are Common Formats? In collaboration with the Federal Patient Safety Workgroup (PSWG), the National Quality Forum (NQF), and the public, AHRQ has developed Common Formats for three settings of care—hospitals, nursing homes, and community pharmacies.

Common Formats is the generic term for the standardized reporting formats, using common language and definitions that AHRQ is developing for reporting safety concerns from a variety of health care settings and throughout the quality improvement cycle. Common Formats will allow aggregation of comparable data at local, PSO, regional, and national levels.

Most recently, based on feedback from the PSO community, AHRQ developed Common Formats for Event Reporting—Hospital Version 2.0. This set of Common Formats constitutes a major release and reflects the key changes of a (1) core data set to be used at the local level by providers to PSOs and the PSOPPC for national aggregation and analysis, as well as a (2) supplemental data set that may be collected at the local level for additional analysis, and may be reported to PSOs, but will not be accepted by the PSOPPC for national aggregation and analysis. In addition to the development of condensed event descriptions, the module-specific paper forms were eliminated. These formats were released in May 2017.

Mapping Severity Levels:

Mapping severity levels to Next Plane, our PSO reporting tool; below are ranking definitions mapped to the next plane codes (A3, A6, A9).



Severity Ranking Picklist	**Levels of Harm (definitions)**	**PSO Reporting Code**
No Harm Event Reached Person Affected	No additional monitoring or treatment required.	A3
Near Miss/Low Risk	No additional monitoring or treatment required. - Did NOT Reach Person Affected	A6
Near Miss/High Risk	Potential for major harm resulting in intense pain or requiring life sustaining intervention or major surgery. Potential for loss or impairment of organ, limb or physiologic function; significant change in quality of life, if the impairment or loss lasts more than seven days or is still present at the time of discharge from an inpatient health care facility. - Did NOT Reach Person Affected	A6
Mild Harm event reached Person Affected	Minimal anxiety or discomfort or additional monitoring or non-invasive treatment required; (e.g. additional blood draw, peripheral IV insertion, diagnostic tests), or additional length of stay (any length), or minimal functional loss but no structural loss. No change in quality of life (ADLs, etc.).	A3

Mild Harm Event Reached Person Affected	Minimal anxiety or discomfort or additional monitoring or non-invasive treatment required; (e.g. additional blood draw, peripheral IV insertion, diagnostic tests), or additional length of stay (any length), or minimal functional loss but no structural loss. No change in quality of life (ADLs, etc.).	A3
Moderate Harm Event Reached Person Affected	Instability longer than 24 hours, discomfort sufficient to interfere with ADLs, or intervention such as invasive procedures, transfer to a higher level of care or treatment of iatrogenic infection or complication. Change in function or structure such that ADLs, mobility or interaction is impaired.	A3
Severe Harm Event Reached Person Affected	Major harm resulting in intense pain or requiring life sustaining intervention or major surgery. Loss or impairment of organ, limb or physiologic function; significant change in quality of life, if the impairment or loss lasts more than seven days or is still present at the time of discharge from an inpatient health care facility. Any never event.	A3
Death, Progression of Illness	Death within hospital admission or encounter that is the result of underlying disease and progression of illness	Exclude from reporting
Death, Unexpected	Death within hospital admission or encounter that is NOT the result of underlying disease and progression of illness	A3
Prior Event	Examples: patients admitted with skin issues present upon admission or alleged abuse victims where the abuse occurred prior to our care	Exclude from reporting
Unsafe Condition	Set of circumstances not related to the disease process that increases the likelihood of a serious adverse event or outcome (e.g. wet floor caused fall, broken elevator, equipment failure)	A9
Unable to Determine	Event occurred, but insufficient information to reasonably conclude the outcome.	A3
Non Event	Event that did not occur; issue that is entered only for tracking purposes (e.g. code button pressed in error).	Exclude from reporting
Not Rankable	Insufficient information to reasonably conclude if an event occurred. Can be used for duplicates prior to deletion.	Exclude from reporting

Mapping Gender:

AHRQ only has two classifications, male and female. Experts indicate that the patient should be socially treated according to the gender with which they identify. Though, when it comes to medically treating a patient, their gender would be listed as their sex (e.g. a transgender woman may have to get tested for prostate cancer). CHPSO accepts that the classification scheme is broken, but also acknowledges that it won't be fixed anytime soon. This is not a perfect solution, but for now, to make it consistent, the direction is to treat the patient socially and map as follows:

- Male = Male
- Female = Female
- Transgender MTF = Female
- Transgender FTM = Male
- Gender non-confirming = Unknown (in Next Plane, Unknown is “mapped” by right clicking on Gender non-conforming and selecting Ignore)

Mapping Contributing Factors:

Common Format Contributing Factors

A384	Environment: Culture of safety, management
A387	Environment: Physical surroundings (e.g., lighting, noise)
A390	Staff qualifications: Competence (e.g., qualifications, experience)
A393	Staff qualifications: Training
A396	Supervision/support: Clinical supervision
A399	Supervision/support: Managerial supervision
A402	Policies and procedures, includes clinical protocols: Presence of policies
A405	Policies and procedures, includes clinical protocols: Clarity of policies
A420	Data: Availability
A423	Data: Accuracy
A424	Data: Legibility
A426	Communication: Supervisor to staff
A429	Communication: Among staff or team members
A432	Communication: Staff to patient (or family)
A435	Human Factors: Fatigue
A438	Human Factors: Stress
A441	Human Factors: Inattention
A444	Human Factors: Cognitive factors
A447	Human Factors: Health issues
A66	Other: Please specify

How Long Should we Retain Patient Safety Work Product?

HIPPA may also apply, in which case the retention period would be the greater of the HIPAA retention policy or the following recommended Patient Safety Work Product (PSWP) retention policy:

Record Type	**Retention Period**
Compliance audits and investigations	Six years
Contracts leases and supporting documentation when PSQIA provisions apply	Life of agreement/lease/equipment, plus six years (unless contact specified longer retention)
Authorization for release of PSWP	Six years
PSWP Policies and Procedures, manuals	Six years after expiration
Training records: attendance lists, instructors, dates/times, curricula	Six years
Contracts with study sponsors and principal investigators, including related documentation; human subject search records	30 years after completion of the research
Other research	Six years

PSWP itself does not have a mandatory retention period. However, if you destroy PSWP and a court decides that the documents were not, in fact, protected, the court could reach out to CHPSO for the documents.