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Owner **Jennifer Bayersdorfer:**
SVP Chief Quality OfficerPolicy Area **Quality Management**Applicability **PHS - WA & AK**

PSJH-CLIN-1208 Reportable Quality Event Policy

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Executive Sponsor:	Hoda Asmar, EVP, Chief Medical Officer
Policy Owner:	Jennifer Bayersdorfer, SVP, Chief Quality Officer
Contact Person:	Russell Shear, Chief Quality Officer

Scope:

This policy applies to all hospitals doing business as or under the organizational structure of Providence Health & Services-Washington and its Affiliates [i] (collectively known as "Providence") and their workforce members (caregivers, volunteers, trainees, interns, apprentices, students), independent contractors, vendors and all other individuals working at the ministry, whether they are paid by or under the direct control of the facility; employees of affiliated organizations (collectively, "workforce members"). Where an organization is not wholly or majority owned, exceptions may apply.

Applicable Hospitals:

Alaska Region	Puget Sound Region	Eastern Washington Region
Providence Alaska Medical Center	Providence Centralia Hospital	Providence Holy Family Hospital
Providence Kodiak Island Medical Center	Providence Regional Medical Center Everett	Providence Mount Carmel Hospital
Providence Seward Medical Center	Providence St. Peter Hospital	Providence Sacred Heart Medical Center & Children's Hospital
Providence St. Elias Specialty Hospital		Providence St. Joseph's Hospital

Alaska Region	Puget Sound Region	Eastern Washington Region
Providence Valdez Medical Center		Providence St. Luke's Rehabilitation Medical Center
		Providence St. Mary Medical Center

This is a management level policy reviewed and recommended by the Quality Operations Council and the Policy Advisory Committee (PAC) to consider for approval by senior leadership, with final approval by the Division Chief Executives.

Purpose:

The purpose of this policy is to outline consistent expectations for meeting the expectations described in the Corporate Integrity Agreement (CIA) for the identification, investigation, analysis, follow-up and reporting of Reportable Quality Events.

Definitions:

1. A **Reportable Quality Event** ("RQE") means any event or series of events that involves:
 - a. An incident in which items or services furnished to a patient are 1) substantially in excess of the needs of such patients or 2) of a quality which fails to meet professionally recognized standards of health care.
 - i. Services in excess of patient needs as evaluated through a multi-layered impartial expert review to include both expert opinion and regional/national benchmarking.
 - ii. Medical and clinical judgment that failed to meet professionally recognized standards of health care resulting in harm.
 - b. Any other incident that involves or causes actual harm to a patient when such incident is required to be reported to any local, State, or Federal government agency.
2. **Clinical Quality Department** is made up of the following teams as applicable: quality, patient safety, medical staff, and risk management.
3. **Healthcare Performance Improvement, LLC** (HPI) developed a widely adopted definition which includes a Safety Event Classification (SEC) and a Serious Safety Event Rate (SSER).
4. **External Quality Review Organization** (EQRO). To qualify as an EQRO, an organization must have knowledgeable staff and sufficient physical, financial, and technological resources. An EQRO and any of its subcontractors must also be independent from the State Medicaid agency and the MCOs under review.
5. **RQE Committee** membership will be comprised, at a minimum, of at least one representative from each of the three PHS Washington regions, and at least one representative from each of the following functions: CMO, CNO, CQO, Chief of Staff, and Compliance. The RQE Committee will report to the CIA Operational Compliance Committee. Additional subject matter experts (SMEs) will be invited on an ad hoc basis.

Policy:

1. Caregivers and Medical Staff members have a duty to report potential quality and safety issues to Clinical Quality & Patient Safety Department.
2. If concerns of a quality or patient safety event is received by anyone outside the Clinical Quality Department, they should enter the concern in the Event Reporting system and should contact Clinical Quality & Patient Safety Department.
3. RQEs may include, but are not limited to:
 - a. Medically unnecessary items or services
 - b. Substandard care
 - c. Adverse Events/Never Events/Sentinel Events, such as:
 - i. Wrong site surgeries
 - ii. Suicide or attempted suicide
 - iii. Death/serious injury due to medication errors
 - iv. Death/serious injury due to falls
 - v. Stage 3 and 4 pressure ulcers
 - vi. Any other event that meets the definition of state reportable and/or definition of HPI Serious Safety Event 1-4

Requirements:

1. **Investigating Reportable Quality Events**
 - a. All quality and safety reports received, regardless of the method in which they are reported, will be promptly reviewed to determine if they are a potential RQE.
 - b. The review of a potential RQE will be conducted in a similar manner as any other potential quality and safety issue or event, which includes gathering and reviewing documentation, data and any involved equipment as well as conducting interviews, and other activities as appropriate.
 - c. The review will be completed as soon as reasonably possible, but time spent on each review may vary depending on the nature and complexity of the issue.
 - d. If based upon the review it appears the potential RQE meets the definition of an actual RQE, the event is referred to the RQE Committee.
 - e. The RQE Committee will evaluate the event and make a final determination as to whether the event is an actual RQE.
 - f. If the RQE Committee determines that the event is an RQE, appropriate notification will be made to the EQRO within 60 days of that decision.
 - g. RQEs and all related documentation will be maintained in a centralized electronic event tracking system.
2. **Notification to QRO of RQE**

- a. Notification to the EQRO will be made within 60 days after making determination the event is an RQE.
- b. All RQE notifications to EQRO will follow a standard format and, at the minimum, will include:
 - i. A complete description of the event including the relevant facts, persons involved, and legal and Federal health care program authorities implicated.
 - ii. A description of Providence's actions taken to correct the Reportable Quality Event.
 - iii. Any further steps Providence plans to take to address the Reportable Quality Event and prevent it from recurring.
 - iv. If the Reportable Quality Event has resulted in Overpayment, a description of the steps taken by Providence to identify and quantify the Overpayment.

3. Internal Notification of Reports Made to EQRO of RQE

- a. All reports to the EQRO of RQEs will be provided to:
 - i. CIA Governance Committee
 - ii. CIA Operational Compliance Committee
 - iii. Regional Boards
 - iv. Community Mission Boards

References:

None

Attachment:

RE RQE CIA Requirements and Process Flow Chart

Applicability:

Approval Signatures

Step Description	Approver	Date
Division Chief Executives	Carl Winekoff: Executive Director Compliance	09/2022
Policy Advisory Committee	David Lane: Chief Compliance Officer [CJ]	09/2022

Operations	Russell Shear: Chief Quality Officer	09/2022
Policy Owner	Jennifer Bayersdorfer: SVP Chief Quality Officer	08/2022

Standards

No standards are associated with this document

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