A TWO-STEP APPROACH TO IDENTIFYING INPATIENT ADVERSE EVENTS

TOOL IA – SCREENING TOOL (ADULTS)

REVIEWER

Q.1 Reviewer ID : _____

Q.2 Date of data collection : _____

PATIENT

Q.3 Case Number : _____

Q.4 Date of birth *(dd/mm/yyyy)* : _____

Q.5 Sex **(1 = Female, 2 = Male)** : _____

Q.6 Service Line : _____

Q.7 Department : _____

Q.8 Admission status : _____

(1 = Elective, 2 = Acute, 3 = Direct admission, 4 = Don't Know)

Q.9 Date of admission *(dd/mm/yyyy)* : _____

Q.10 Date of discharge *(dd/mm/yyyy)* : _____

Q.11 Discharge disposition : _____

Q.12	Diagnosis	
ICD-9 Code	**Description**	**Type**
		A
		1

Discharge Disposition	
DOA	Dead on arrival
DOR	Discharged on request
E	Expired
LAMA	Left against medical advice
SH	Sent home
TR	Transferred
TRV	Transferred due to non-availability of ventilator
TROR	Transferred due to other reasons

Q.13	Procedure	
ICD-9 Code	**Description**	**Type**

Diagnosis Type Key	
A	Admitting diagnosis
1	Primary diagnosis
Y	Associated diagnoses
N	Comorbidities
U	New conditions
W	Post-operative complications

Procedure Type Key	
1	Primary procedure
2	Secondary procedure
n	Secondary procedure

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Charlson Comorbidity Index (CCI)

Hierarchy Rule

The milder condition should not contribute to the CCI score if the more severe condition is present even though both may apply to an individual.

- Hemiplegia or Paraplegia trumps Cerebrovascular Disease
- Liver disease (moderate to severe) trumps Liver Disease (severe)
- Diabetes (with chronic complications) trumps Diabetes (without chronic complications)
- Renal Disease (severe) trumps Renal Disease (mild to moderate)
- Metastatic Solid Tumor trumps Any Malignancy
- AIDS trumps HIV Infection

Q.14 CCI Score ☐

No.	Condition Description	Points
1	Myocardial infarction	1
2	Congestive heart failure	1
3	Peripheral vascular disease	1
4	Cerebrovascular disease	1
5	Dementia	1
6	Chronic pulmonary disease	1
7	Rheumatic disease	1
8	Peptic ulcer disease	1
9	Liver disease, mild	1
10	Diabetes without chronic complications	1
11	Renal disease, mild to moderate	1
12	Diabetes with chronic complications	2
13	Hemiplegia or paraplegia	2
14	Any malignancy	2
15	Liver disease, moderate to severe	3
16	Renal disease, severe	3
17	HIV infection, no AIDS	3
18	Metastatic solid tumor	6
19	AIDS	6

NCC-MERP INDEX HARM CATEGORY (HC)	
Code	**Description**
NO ERROR	
A	Circumstances or events that have the capacity to cause error
ERROR, NO HARM	
B	An error occurred but the error did not reach the patient (An "error of omission" does reach the patient)
C	An error occurred that reached the patient but did not cause patient harm
D	An error occurred that reached the patient and required monitoring to confirm that it resulted in no harm to the patient and/or required intervention to preclude harm
LIKELY AN ADVERSE EVENT	
ERROR, HARM	
E	An error occurred that may have contributed to or resulted in temporary harm to the patient and required intervention
F	An error occurred that may have contributed to or resulted in temporary harm to the patient and required initial or prolonged hospitalization
G	An error occurred that may have contributed to or resulted in permanent patient harm
H	An error occurred that required intervention necessary to sustain life
ERROR, DEATH	
I	An error occurred that may have contributed to or resulted in the patient's death

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TRIGGER MODULES

Q.15	EMERGENCY ROOM (ER) MODULE		
CODE	**TRIGGER**	**HC**	**EVENT DESCRIPTION**
ER1	Readmission to ER within 48 hours		
ER2	Time in ER greater than 6 hours[1]		
ER3	Other		

Q.16	PATIENT CARE MODULE		
CODE	**TRIGGER**	**HC**	**EVENT DESCRIPTION**
PC1	Transfusion or use of blood products[2]		
PC2	Code/arrest/rapid response team		
PC3	Acute dialysis[3]		
PC4	Positive blood culture		
PC5	X-ray or Doppler studies for emboli or DVT		
PC6	Decrease of greater than 25% in hemoglobin or hematocrit[2]		
PC7	Patient fall		
PC8	Pressure ulcers		
PC9	Readmission within 30 days		
PC10	Restraint use		

PC11	Healthcare-associated infection		
PC12	In-hospital stroke		
PC13	Transfer to higher level of care[3]		
PC14	Any procedure complication[4]		
PC15	Other		

Q.17	**MEDICATION MODULE**		
CODE	**TRIGGER**	**HC**	**EVENT DESCRIPTION**
MED1	Clostridium difficile positive stool		
MED2	Partial thromboplastin time greater than 100 seconds[5]		
MED3	International Normalized Ratio (INR) greater than 6[6]		
MED4	Glucose less than 50 mg/dl		
MED5	Rising BUN or serum creatinine greater than 2 times baseline		
MED6	Vitamin K administration[7]		
MED7	Benadryl (Diphenhydramine) use[3]		
MED8	Flumazenil use		

MED9	Naloxone (Narcan) use[3]		
MED10	Anti-emetic use[8]		
MED11	Over-sedation or hypotension		
MED12	Abrupt medication stop		
MED13	Other		

Q.18	**SURGERY MODULE**		
CODE	**TRIGGER**	**HC**	**EVENT DESCRIPTION**
SG1	Return to surgery		
SG2	Change in procedure[9]		
SG3	Admission to intensive care post-operatively[10]		
SG4	Intubation/reintubation/ BiPAP in Post Anesthesia Care Unit (PACU)		
SG5	X-ray intra-operatively or in PACU[11]		
SG6	Intra-operative or post-operative death		
SG7	Mechanical ventilation greater than 24 hours post-op		
SG8	Intra-op epinephrine[12], norepinephrine[12], naloxone, or flumazenil		

SG9	Post-op troponin level greater than 1.5 ng/ml		
SG10	Injury, repair, or removal of organ		
SG11	Any other operative complication		
SG12	Other		

Q.19	**CRITICAL CARE MODULE**		
CODE	**TRIGGER**	**HC**	**EVENT DESCRIPTION**
CC1	Pneumonia onset		
CC2	Readmission to intensive care		
CC3	In-unit procedure[13]		
CC4	Intubation/reintubation		
CC5	Other		

Q.20	**PERINATAL MODULE**		
CODE	**TRIGGER**	**HC**	**EVENT DESCRIPTION**
PN1	Terbutaline use		
PN2	3rd or 4th degree lacerations		
PN3	Platelet count less than 50,000		
PN4	Estimated blood loss > 500 ml (vaginal) or > 1,000 ml (C-section)		

PN5	Specialty consult		
PN6	Oxytocic agents[14]		
PN7	Instrumented delivery		
PN8	General anesthesia		
PN9	Other		

Q.21 Any triggers present? **(1 = Yes, 2 = No)** _____

Q.22 Number of triggers present? _____

Q.23 Number of potential adverse events? _____

Q.24 Please state the positive trigger codes (TC) and whether they were associated with an adverse event (AE) **(1 = Yes, 2 = No)**

TC	AE	TC	AE	TC	AE	TC	AE	TC	AE

[1] Time between landing in the ER and a decision being made for transfer or discharge.

[2] Within 48-72 hours of receiving a medical treatment/surgical intervention.

[3] As a result of receiving medical care and not as part of treatment/natural pathology of a known disease.

[4] Procedures occurring outside of the OR.

[5] In-patients on heparin therapy and with additional evidence of a bleed, bruising or drop in Hb/Hct.

[6] In the presence of any evidence of a bleed and following a medical intervention.

[7] In response to increased INR and an evidence of either bleeding, drop in Hb/Hct or guaiac-positive stool.

[8] Excluding intra-op and post-op Recovery Room (RR) administration but including 72 hours period post-op starting from patient being shifted out of RR.

[9] Unless informed consent is obtained for potential failure of planned procedure.

[10] Aside from planned post-op admission as standard protocol.

[11] Aside from standard C-arm/imaging use in the OR.

[12] Aside from on-pump cardiac surgery.

[13] All bedside procedures undertaken on ICU patients.

[14] Used outside of routine administration for induction of labor.