

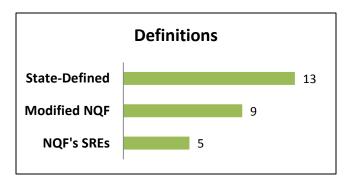
Variability of State Reporting of Adverse Events

Twenty-six states and the District of Columbia have enacted reporting systems to help practitioners identify and learn from serious reportable events (SREs). While most states incorporate some portion of NQF's 2006 list of 28 SREs, the variation among states in their approach toward reporting patient safety events affects efforts to improve from these adverse events.

Definitions

Each state makes its own determination about which events providers should report:

- State-defined lists do not include any of the language within NQF's SREs, but may use NQF's standards or others as a launching pad.
- Modified NQF lists reference the SREs but add, remove, or modify NQF's events or definitions. A list can be classified as "modified" even by removing one SRE.
- **NQF's SREs** are also used entirely and exactly as written for creating legislation.



State Defined: FL, GA, KS, MD, ME, NV, OH, PA, RI,

SC, SD, TN, UT

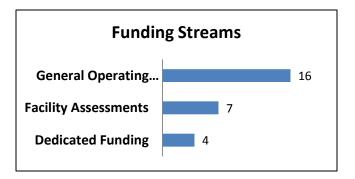
Modified NQF: CA, CO, CT, DC, MA, NJ, NY, OR, WA

NQF's SREs: IL, IN, MN, NH, VT¹

Funding Streams

States mainly use three different sources to fund adverse event reporting systems:

- General operating funds, which include multiple funding sources, but come primarily from a budget from their state agency
- Facility assessments, in which a tax or fee is levied on providers of care, and no state funding is allocated
- Dedicated funding, in which a specific, annual state appropriation is given for its adverse event reporting system



General Operating Funds: CT, FL, GA, IN, KS, MA,

MD, NJ, NY, OH, RI, SC, SD, TN, UT, WA

Facility Assessments: CA, CO, DC, MN, OR, PA, VT

Dedicated Funding: IL, ME, NH, NV

¹ Rosenthal J, Takach M, 2007 Guide to State Adverse Event Reporting, Portland, ME: National Academy for State Health Policy, 2007. Available at www.nashp.org/sites/default/files/shpsurveyreport adverse2007.pdf. Last accessed November 2010. Please note, additional NQF analysis was performed in October 2011.