

OPERATIONAL DEFINITION

MEASUREMENT: Adverse Drug Events (ADE)

I. Description and Rationale

This measure answers the question: How often is a patient harmed due to failure to procure (not related to a drug shortage), store, prescribe, dispense, administer, or monitor medication as intended?

Adverse drug events will be defined per the National Coordinating Council for Medication Error Reporting and Prevention's Index for Categorizing Medication Errors.

II. Population Definition

The patient population for this measure is defined per the patient population operational definition. Inpatient and observational stay patients will be included in the measure.

Inclusion criteria

All patients are included who are defined as inpatient or under observation at the hospital.

Exclusion criteria

Enteral feeds are not counted as drug errors.
Blood products are not counted as drug errors.

III. Data Source(s)

Each hospital will report data using their own collection methods until specific high detection methods are prescribed by the network.

IV. Sampling and Data Collection Plan

Adverse drug events are assigned the month the event occurred.

V. Calculation

Numerator: Number of adverse drug events per NCC MERP's Index for Categorizing Medication Errors.

Numerators will be reported as Level E and combined Level F-I as defined below.

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

I = An error occurred that contributed to or resulted in the patient's death

Denominator: Total number patient days.

Number adverse drug events in category E per number patient days per 1000 patients
(Numerator/Denominator) * 1000

Number of adverse drug events in categories F-I (combined) per number of patient days per 1000 patients
(Numerator/Denominator) * 1000

VI. Data Quality Audit Procedures

Hospitals should develop their own procedures for auditing data quality until quality auditing procedures are suggested by the network.

VII. Notes

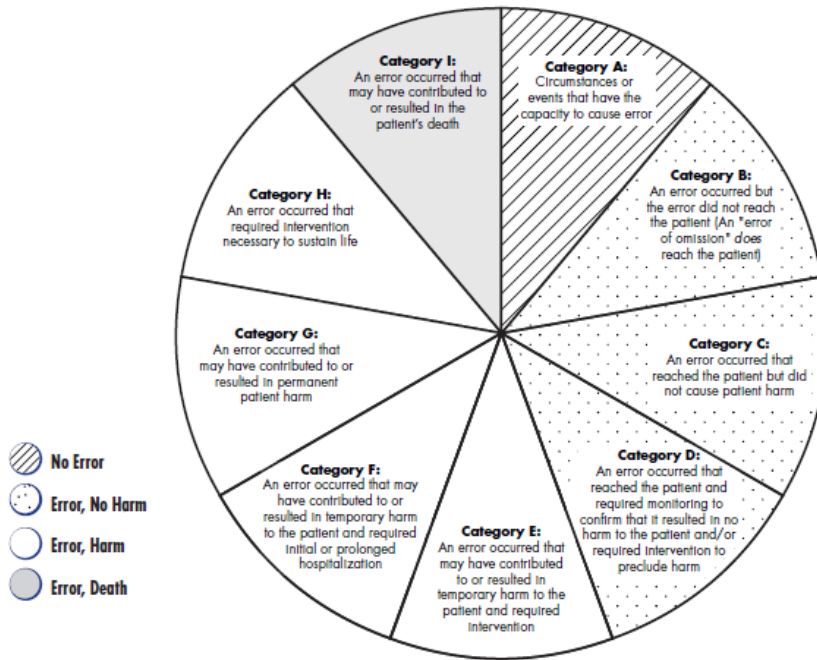
N/A

VIII. Experts/Resources

NCC MERP's Index for Categorizing Medication Errors.

<http://www.nccmerp.org/pdf/indexBW2001-06-12.pdf>

NCC MERP Index for Categorizing Medication Errors



Definitions

Harm
Impairment of the physical, emotional, or psychological function or structure of the body and/or pain resulting therefrom.

Monitoring
To observe or record relevant physiological or psychological signs.

Intervention
May include change in therapy or active medical/surgical treatment.

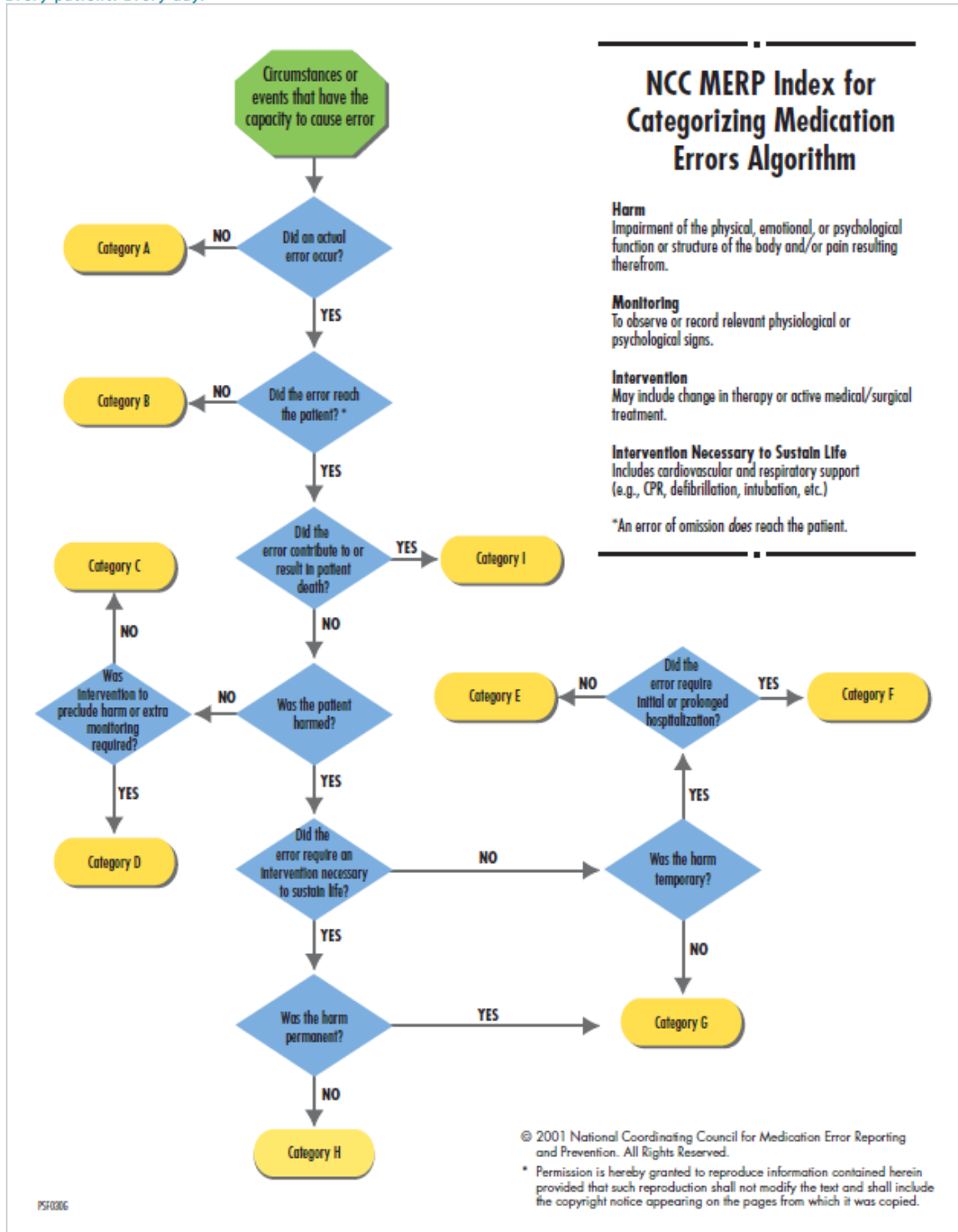
Intervention Necessary to Sustain Life
Includes cardiovascular and respiratory support (e.g., CPR, defibrillation, intubation, etc.)

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NCC MERP Index for Categorizing Medication Errors Algorithm

<https://www.nccmerp.org/sites/default/files/algorColor2001-06-12.pdf>



IX. Attachments

N/A

X. Revision History

Version	Primary Author(s)	Description of Version	Date Completed
Version 1	Karen Zieker	Version 1	30-Mar-2012
Version 2	ADE Co-leaders	Clarified exclusions: Enteral feeds are not counted as drug errors. Blood products are not counted as drug errors	22-MAY-2017
Version 3	ADE co-leaders / Katie Staubach	Clarified errors of omission and added NCC MERP Index for Categorizing Medication Errors Algorithm. Updated the language in the rationale and description.	21-Feb-2019