

What, When, and How to Report

Oregon's Patient Safety Reporting Program for **ASCs**

What to Report

The Patient Safety Reporting Program (PSRP) collects reports on **adverse events**—events resulting in unintended harm or creating the potential for harm related to any aspect of a patient's care rather than to the underlying disease or condition of the patient. Adverse events may or may not be preventable.

Ambulatory surgery centers (ASCs) participating in PSRP are required to report:

- Any unanticipated, usually preventable event that results in patient harm (see p. 2).
- Any serious adverse events—events that result in patient death or serious physical injury.
- Any one of *thirteen* specific event types regardless of the severity of harm (see p. 2).

However, the Oregon Patient Safety Commission (OPSC) encourages participants to report all adverse events, including non-serious adverse events or close calls that are not included on the reportable event list but that highlight a valuable patient safety lesson.

Reporting Targets

Reporting targets serve as a guide for healthcare facilities so that the information they contribute to PSRP can help to build a comprehensive database for statewide learning.

Reporting Target Elements

- **Quantity.** A reporting goal based on facility type and, in some cases, facility size
- **Timeliness.** A 45-day window, from event discovery to report submission
- **Quality.** A set of quality components that serve as indicators of a strong event review and analysis process that will minimize the risk of similar events

Learn more and view your ASC's reporting targets at oregonpatientsafety.org/psrp

When to Report

To support a prompt event review and analysis and implementation of safety measures, reports should be submitted within **45 days** of event discovery. However, you can submit a report any time after an adverse event has occurred.

How to Report

1. **Log in to the PSRP Online System:** psrp.oregonpatientsafety.org
(Don't have an account? Request one: psrp.oregonpatientsafety.org/reports/accounts/request)
2. **Complete and submit the online form.** Find additional resources on how to report at oregonpatientsafety.org/psrp.

Reportable Adverse Events for ASCs

ASCs participating in PSRP are required to report:

- Any unanticipated, usually preventable event that results in patient harm (listed below).
- Any serious adverse events—events that result in patient death or serious physical injury.¹
- Any one of *thirteen* specific event types regardless of the severity of harm (in **bold** below).

Adverse Events

- Air embolism
- Anesthesia
- Aspiration
- Blood or blood product (including hemolytic reactions)
- Burn (unrelated to use or misuse of a device or product)
- Care delay (including delay in treatment, diagnosis)
- Contaminated drugs, devices, or biologics
- **Contaminated, wrong, or no gas given to patient**
- **Deep vein thrombosis with or without pulmonary embolism**
- Device or medical/surgical supply (including use error)
- Electric shock
- Fall
- Healthcare-associated infection (HAI) (including **surgical site infections up to 30 days postoperatively**)
- Irretrievable loss of an irreplaceable biological specimen
- Medication or other substance (including hypoglycemia)
- Restraint or bed rail related
- Surgical or other invasive procedure
- **Unintended retained foreign object**
- Other adverse event → *Any other adverse event that doesn't fit into one of the listed event types*

Reportable Surgical or Other Invasive Procedure Events

- **Incorrect patient**
- **Incorrect procedure**
- **Incorrect site or side**
- **Intraoperative or immediately postoperative/postprocedure death in an ASA Class 1 patient**
- **Postoperative bleeding requiring return to operating room**
- **Postoperative nausea requiring hospital admission**
- **Unanticipated blood transfusion**
- **Unplanned admission to hospital (within 48 hours of discharge)**
- **Unplanned emergency department visit (within 48 hours of discharge)**

¹ “Unanticipated, usually preventable” refers to adverse events that are caused by an issue of medical or patient management, rather than the underlying disease. “Serious physical injury” includes, but is not limited to, injuries that require a patient to be transferred to a higher level of care.