Adverse Health Care Events Policy

<table>
<thead>
<tr>
<th>Policy Name</th>
<th>Adverse Health Care Events (Applicable to Facility Services Only)</th>
</tr>
</thead>
</table>

**Summary**

The purpose of this policy is to inform facilities of Medica’s policy pertaining to adverse health care events as described below (“Adverse Health Care Events”). Adverse Health Care Events, sometimes referred to as “Never Events,” are described by the National Quality Forum as “errors in medical care that are clearly identifiable, preventable, and serious in their consequences for patients, and that indicate a real problem in the safety and credibility of a facility.

A facility includes licensed hospital, outpatient surgical center or freestanding ambulatory surgery center (“Facility”).

**Application**

This reimbursement policy applies to services reported using the UB-04 claim form or its electronic equivalent or its successor form.

**Policy Statement**

Facilities are prohibited from billing members for services associated with an Adverse Health Care Event and Medica will not reimburse Facilities for services associated with an Adverse Health Care Event. If an Adverse Health Care Event involving a Medica member occurs, Facilities are required to submit an Adverse Health Care Event Identification Form to Medica (see Attachments section). A quality case review will be initiated for all Adverse Health Care Events reported to Medica.

**Facility Requirements**

1. Facility must comply with the Minnesota Adverse Health Care Events Reporting Act of 2003. Facility will maintain policies and procedures that address Adverse Health Care Events reporting pursuant to MN Statutes § 144.706 to 144.7069.

2. Facility will not seek reimbursement from a Medica member or Medica for services associated with an Adverse Health Care Event unless member liability or Medica liability has been determined by Medica.

3. Facility will immediately notify Medica of an Adverse Health Care Event involving a Medica member by submitting a completed Adverse Health Care Event Identification Form.

**Adverse Health Care Events**

For the full text of each event description, [see MN Statutes § 144.7065](https://www.renaissancepress.com/medica/doc/065664).

**Surgical or Other Invasive Procedures Events**

1. Surgery or other invasive procedure performed on wrong body part.*
2. Surgery or other invasive procedure performed on the wrong patient.*

3. The wrong surgical or other invasive procedure performed on a patient.*

4. Retention of a foreign object in a patient after surgery or other invasive procedure.

5. Death during or immediately after surgery or other invasive procedure of a normal, healthy patient.

* Refer to the [Wrong Surgical or Other Invasive Procedures](#) policy for additional details.

### Product or Device Events

1. Patient death or serious injury associated with the use of contaminated drugs, devices, or biologics provided by the Facility.

2. Patient death or serious injury associated with the use or function of a device in patient care in which the device is used or functions other than as intended.

3. Patient death or serious injury associated with intravascular air embolism that occurs while being cared for in a Facility.

### Patient Protection Events

1. Discharge of a patient of any age who does not have decision-making capacity to the wrong person.

2. Patient death or serious injury associated with patient disappearance.

3. Patient suicide, attempted suicide resulting in serious injury, or self-harm resulting in serious injury or death, while being cared for in a Facility.

### Care Management Events

1. Patient death or serious injury associated with a medication error, including, but not limited to, errors involving the wrong drug, the wrong dose, the wrong patient, the wrong time, the wrong rate, the wrong preparation, or the wrong route of administration.

2. Patient death or serious injury associated with the unsafe administration of blood or blood products.

3. Maternal death or serious injury associated with labor or delivery in a low-risk pregnancy while being cared for in a Facility.

4. Death or serious injury of a neonate associated with labor or delivery in a low-risk pregnancy.

5. Stage 3, 4 and unstagable ulcers acquired after admission to a Facility.
6. Artificial insemination with the wrong donor sperm.

7. Irretrievable loss of an irreplaceable biological specimen.

8. Patient death or serious injury resulting from the failure to follow up or communicate laboratory, pathology, or radiology test results.

9. Patient death or serious injury associated with a fall while being cared for in a Facility.

**Environmental Events**

1. Patient death or serious injury associated with an electric shock while being cared for in a Facility.

2. Any incident in which a line designated for oxygen or other gas to be delivered to a patient contains the wrong gas or is contaminated by toxic substances.

3. Patient death or serious injury associated with a burn incurred from any source while being cared for in a Facility.

4. Patient death or serious injury associated with the use of or lack of restraints or bedrails while being cared for in a Facility.

**Potential Criminal Events**

1. Any instance of care ordered by or provided by someone impersonating a physician, nurse, pharmacist, or other licensed health care provider.


3. Sexual assault on a patient within or on the grounds of a Facility.

4. Death or serious injury of a patient or staff member resulting from a physical assault that occurs within or on the grounds of a Facility.

**Radiological Events**

1. Death or serious injury of a patient associated with the introduction of a metallic object into the MRI area.

**Attachments**

*Adverse Health Care Event Identification Form*

**Resources**

*MN Statutes § 144.7065*

Minnesota Department of Health Website: [www.health.state.mn.us/patientsafety](http://www.health.state.mn.us/patientsafety)
Medica Administrative Manual:

Effective Date
02/11/2008

Revision Updates
07/21/2016 Annual policy review
04/30/2015 Annual policy review
10/16/2014 Annual policy review
10/07/2013 Revisions/Additions to reflect changes to MN Statute § 144.7065
10/04/2012 Annual policy review
01/01/2012 Provider reporting requirement and Adverse Health Care Event Identification Form added
10/06/2011 Annual policy review

© 2008-2016 Medica. Medica® is a registered service mark of Medica Health Plans. “Medica” refers to the family of health plan businesses that includes Medica Health Plans, Medica Health Plans of Wisconsin, Medica Insurance Company, Medica Self-Insured, and Medica Health Management, LLC.