



**American Hospital  
Association**

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March 11, 2005

Kenneth Kizer, MD, MPH  
President and CEO  
National Quality Forum  
601 Thirteenth Street, NW  
Suite 500 North  
Washington, DC 20005

Dear Dr. Kizer:

On behalf of the American Hospital Association's (AHA) 4,700 member hospitals and health care systems and our 31,000 individual members, the AHA applauds the National Quality Forum's (NQF) effort to identify a patient safety taxonomy that will facilitate the collection and analysis of patient safety information. Hospitals and health systems are eager to learn about new and effective strategies for improving safety, and that begins with having a clearer understanding of the underlying causes of mistakes in care.

We commend the NQF's Steering Committee and Technical Expert Panel (TEP) on the work they have done to review candidate taxonomies and select one that, with some modification, can be adopted as a standard taxonomy. Like the Steering Committee and the TEP, we believe the JCAHO's Patient Safety Event Taxonomy (PSET) provides a solid beginning, and, with some improvements and expansions, could be broadly used.

What is less clear is whether the PSET is ready to be put into broad use now and refined over time, or whether it needs further refinements now, before it is put into broad use. Any taxonomy works to frame the information that is collected and focus efforts to analyze and understand it. The taxonomy provides the window through which we see the data, but if the "window" is too narrow, is missing critical elements, or distorts what we see and how it is analyzed, then we may miss out on the opportunity to gain vital insights into patient safety improvement. We need to draw on organizations with experience in collecting and analyzing large amounts of patient safety data—the likely users of such taxonomies—to ensure that the standard we endorse is adequate.

Of course, only a couple of such organizations were represented on the Steering Committee or TEP, but we believe it is possible to rapidly get information on how potential users of this



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taxonomy view the current product and obtain their input on what modifications might be advantageous. To ensure the proposed taxonomy works effectively to further our understanding of how to create safer health care, NQF should work with the Agency for Healthcare Research and Quality (AHRQ) to invite reactions from a variety of researchers running large patient safety data analyses projects. Specifically, AHRQ awarded 16 large Patient Safety Reporting Demonstration grants approximately four years ago. These demonstration projects used a variety of data sources and approaches to analyzing patient safety information, and collected data in a variety of care settings. They were specifically designed to further the nation's understanding of how to effectively collect and analyze patient safety data so that we could provide safer care.

Working through its Patient Safety Research Coordinating Center, AHRQ could help the NQF obtain vital input on this taxonomy from these grantees, who represent an array of the kinds of stakeholders we would like to see using the taxonomy. Because AHRQ could work through its Coordinating Center to obtain this input, we believe that it could be obtained rapidly—perhaps within 30 days—and would greatly enhance the credibility, effectiveness and adoption of this taxonomy. We urge NQF and AHRQ to take this additional step prior to the final review of this taxonomy by the Steering Committee so that it can be brought forward to members for a vote.

If you need further information, please contact Nancy Foster, our vice president for quality and patient safety policy, at 202-626-2337.

Sincerely,

Carmela Coyle  
Senior Vice President