

Original Summary

Airway Management Event (2345) - 03-20-2025



Board of Registration
in Medicine

File State: New

Entered Date: 03-20-2025

Owner: Common Administrator

Fields labeled with an asterisk(*) are required.

Quality and Patient Safety Division

THE MASSACHUSETTS BOARD OF REGISTRATION IN MEDICINE (BORIM), THROUGH ITS PATIENT CARE ASSESSMENT (PCA) REGULATIONS, (243 CMR 3.00-3.14), IS RESPONSIBLE FOR ENSURING THAT ALL MASSACHUSETTS HOSPITALS AND AMBULATORY CLINICS, AS A CONDITION OF DEPARTMENT OF PUBLIC HEALTH (DPH) LICENSURE, HAVE QUALIFIED PCA PROGRAMS. THE REGULATIONS REQUIRE THAT HOSPITALS SUBMIT REPORTS OF QUALITY ASSURANCE ACTIVITIES (243 CMR 3.07) AND REPORTS OF UNEXPECTED PATIENT OUTCOMES KNOWN AS SAFETY AND QUALITY REVIEW (SQR) REPORTS (243 CMR 3.08). THROUGH THE SUBMISSION OF THESE REPORTS, HOSPITALS AND AMBULATORY CLINICS DEMONSTRATE TO THE BORIM THAT THEY HAVE ROBUST SYSTEMS AND PROCESSES IN PLACE TO IDENTIFY ADVERSE EVENTS, CONDUCT INTERNAL REVIEWS, AND IMPLEMENT CORRECTIVE MEASURES TO PREVENT A RECURRENCE AND TO IMPROVE PATIENT CARE.

Date and Facility Site

EVENT DATE AND HCF SITE

Date Event Occured

03-20-2025

File Owner

Common Administrator

Site

Drop down or pre-fill

Facility Type

Pre-filled

Cohort Teams

Pre-filled

Patient Involved in Event

PATIENT DETAILS

Date of Birth

Type in

Age

This will prefill when you press enter after date of birth

Gender

Drop down

Race

Drop down

Ethnicity

Drop down

Admission Date

Type in

Type of Patient Affected

Drop down

Admitting Diagnosis

Type in

Airway Management

This will indicate what event type chosen from icon screen

GENERAL INFORMATION ABOUT THE AIRWAY MANAGEMENT EVENT

Airway Event Type

Airway obstruction/laryngospasm

Drop Down

Other Airway Event

Airway Management Details

DETAILS OF THE AIRWAY MANAGEMENT EVENT

Airway Type

Drop down

Safety and Quality Review

SAFETY AND QUALITY REVIEW FORM

Type of Report

Preliminary or Complete

Type of Event

Drop down

Type 1- Maternal Death related to delivery Type 2- Death in the course of, or resulting from, elective ambulatory procedure Type 3- An invasive diagnostic procedure or surgical intervention performed on the wrong organ, extremity, or body part Type 4- Death or major or permanent impairment of bodily function that was not ordinarily expected as a result of the patient's condition on presentation

Harm Level

Drop down

NQF Serious Reportable Event (SRE)?

Yes or No

Was this patient transferred to another facility

☐ Yes

☐ No

☐ Not applicable

☐ Unknown/Unsure

Was a credentialed provider involved in this event?

☒ Yes

☐ No

Credentialed Providers Involved in Event

• General Surgeon

Pick list

Was a non-credentialed provider involved in this event?

☒ Yes

☐ No

Non-Credentialed Providers involved in event

• Registered Nurse (RN)

Pick list

Narrative of the Event

Please provide a detailed narrative of the event

Internal Review

INTERNAL REVIEW DETAILS

Event Reviewed by

Pick list

Internal Review Findings

If other, please list

Description of Results of Internal Review

Please provide a detailed accounting of the findings of the internal review

Quality Improvement Measures or Corrective Actions

Safety and Quality Improvement Measures

Pick list

If other, please list

Description of Quality Improvement Measures or Corrective Action

Please provide a detailed description of the quality improvement measures or corrective actions taken

Credentialed Health Care Provider(s) Data and Findings

WHEN APPLICABLE, PLEASE PROVIDE DE-IDENTIFIED PERFORMANCE DATA AND ANALYSIS FOR INVOLVED CREDENTIALLED HEALTH CARE PROVIDERS.

Credentialed Health Care Provider Data and Findings

Please include DE-IDENTIFIED provider metrics and data that was considered when reviewing the event

Attachments

ATTACHMENTS

No Attachment

Follow-Up on File

HEALTHCARE FACILITY- USE THIS SECTION TO ADD FOLLOW-UP ONLY AFTER A SUBMISSION HAS BEEN MADE. QPSD WILL ADD FOLLOW-UP TO A SUBMISSION ONCE THE REVIEW IS COMPLETE.

Follow-Up Actions

Not Specified

End of Form