Adverse Event Report Form Resource Sheet

Link: https://redcap.link/ncps_form

Last Updated: 5/13/2024

Helpful tips:

- Hover over answer choices for additional information
- Italics contain instructions on response profiles and information bubbles
- Items marked with an asterisk (*) are required

Questions?

- For questions related to patient safety resources, please contact Emily Barr, Executive Director of NCPS, at embarr@unmc.edu or Carla Snyder, Patient Safety Program Director, at carlasnyder@unmc.edu
- For technical questions regarding RedCap event reporting, please contact Ashley Dawson (ashley.dawson@unmc.edu)

CORE REPORT FORM

Section 1. "Type of Event"

Reporter Name: [Not required]

Reporter Email Address: [Not required]

Q1*. Select your facility. *(Select one)*

- ☐ [Select from a list of current NCPS members]

Q1a. Please list your facility.

Q2*. Select the appropriate event classification *(Select one)*

- ☐ Incident *(A patient safety event that has reached the patient, whether or not the patient was harmed)*
- ☐ Near Miss *(A patient safety event that did not reach the patient)*
- ☐ Unsafe Condition *(Any circumstance that increases the probability of a patient safety event)*

Q3*. Select ALL relevant patient safety concern categories (Check all that apply)

- ☐ Anesthesia
- ☐ Blood or Blood Product
- ☐ Device or Medical/Surgical Supply
- ☐ Fall
- ☐ Healthcare-Associated Infection
- ☐ Medication or other Substance
- ☐ Perinatal
- ☐ Pressure Injury
- ☐ Surgery
- ☐ Venous Thromboembolism
- ☐ Care Coordination/Management
- ☐ Lab/Specimen
- ☐ Patient Protection Event – NOT Suicide/Attempt
- ☐ Patient Protection Event – Suicide/Attempt
- ☐ Other, specify *(Include free text field)*

[Any supplemental items will be shown automatically when you select the relevant patient safety concern category. Supplemental questions can be found at the end of this guide].

Section 2. "Narrative of Event"

Q4. Provide a brief narrative description (5-7 lines) of the patient safety event, describing the circumstances of the event, including what occurred, the outcome, and how the event was discovered.

Q5. Would you like a representative from the Nebraska Coalition for Patient Safety to follow up with you regarding this event?

- Yes
- No

Q5a. What is your preferred method of contact? Please enter your information.

- Phone
- Email

Section 3. "Circumstances of Event"

Q6. Select the date the patient safety event occurred.

- MM/DD/YYYY

Q7. Select the time the patient safety event occurred in military time (leave blank if unknown).

- __Hour __Minutes

Q8*. Select the location in which the patient safety event occurred. *(select one)*

- Inpatient general care area *("For example, a medical or surgical suite)*
- Special care area *("For example, the ICU, CCU, or NICU")*
- Labor and delivery
- Operating room or procedure area, including PACU or recovery area *("For example, cardiac catheter lab, endoscopy area)*
- Radiology/imaging department, including onsite mobile units
- Pharmacy
- Laboratory, including pathology department
- Blood bank
- Emergency department
- Other area within the facility, specify_____
- Outpatient care area
- Outside area, specify_____ *("For example, grounds of the facility")*

Q8a. Select the special care area in which the patient safety event occurred. *(select one)*

- Intensive care unit
- Critical care unit
- Neonatal intensive care unit
- Rehabilitation
- Burn unit
- Dialysis
- Transplant
- Oncology
- Cardiac
- Outside area, specify_____

Q8b. Select the outpatient care area in which the patient safety event occurred. *(select one)*

- ☐ Wound care
- ☐ Infusion
- ☐ Physical or occupational therapy
- ☐ Outside area, specify_____

Q9*. Select ALL factors that contributed to the patient safety event (Check all that apply).

- ☐ Communication, other than at the time of handoff/handover
- ☐ Handover/handoff
- ☐ Data issues *("For example, availability and/or accuracy")*
- ☐ Environment *("For example, culture of safety, physical surroundings")*
- ☐ Human factors *("For example*, *fatigue, stress, inattention, cognitive factors")*
- ☐ Policies and procedures, including clinical protocols *("For example, absence, adequacy, clarity")*
- ☐ Staff qualifications *("For example, competence or training")*
- ☐ Supervision/support (*"For example, clinical or managerial")*
- ☐ Health information technology (HIT)
- ☐ Other, specify_____
- ☐ No known contributing factors

Q9a. Select ALL factors that contributed to the patient safety event related to health information technology (Check all that apply).

- ☐ Administrative/billing or practice management system *("For example, master patient index, registration/appointment scheduling system, coding/billing system)*
- ☐ Automated dispensing system
- ☐ Electronic health record (EHR) or component of EHR *(Information bubble, "For example, CPOE system, pharmacy system, e-MAR, clinical documentation system")*
- ☐ Human interface device *("For example, keyboard, mouse, touchscreen, speech recognition system, monitor/display, printer")*
- ☐ Laboratory information system, including microbiology or pathology systems
- ☐ Radiology/diagnostic imaging system, including picture archiving and communication system (PACS)
- ☐ Other HIT device or system, specify_____

Section 4. "Patient Information"

Q10*. Patient date of birth (leave blank if unknown).

- ☐ ___ ___ *(M-D-Y)*

Q11*. Patient sex *(select one)*

- ☐ Male
- ☐ Female
- ☐ Other, Specify_____
- ☐ Unknown

Q12*. Patient ethnicity *(select one)*

- Hispanic
- Non-Hispanic
- Unknown

Q13*. Patient race (Check all that apply).

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- More Than One Race
- Unknown

Q14*. Select the degree of harm (AHRQ Harm Scale) that the patient experienced *(select one)*

- Death
- Severe harm *("Bodily or psychological injury, including pain or disfigurement, that interferes substantially with functional ability or quality of life)*
- Moderate harm *("Bodily or psychological injury adversely affecting functional ability or quality of life, but not at the level of severe harm")*
- Mild harm *("Bodily or psychological injury resulting in minimal symptoms or loss of function, or injury limited to additional treatment, monitoring, and/or increased length of stay")*
- No harm *("Event reached patient, but no harm was evident)*

Q15*. Select the duration of harm to the patient *(select one)*

- Permanent *("Patient is not expected to revert to approximately normal [patient baseline]")*
- Temporary *("Patient is expected to revert to approximately normal [patient baseline]")*

Q16*. Select the job or position of the event reporter. *(select one)*

- Healthcare professional *(For example, doctor, dentist, nurse, nurse practitioner, physician assistant, pharmacist, allied health professional")*
- Healthcare worker *(For example, nursing assistant, patient transport/retrieval personnel, assistant/orderly, clerical/administrative personnel, interpreter, translator, technical/lab personnel, patient care assistant, administrator/manager, housekeeping, maintenance, pastoral care, biomedical engineer")*
- Emergency service personnel *(For example, police officer, fire fighter, other emergency service officer)*
- Patient, family member, volunteer, caregiver, home assistant

Q16a. Select the option that describes the reporter's healthcare professional job or position *(select one)*

- Doctor or dentist, including student
- Nurse, nurse practitioner, physician assistant, including student
- Pharmacist or pharmacy technician, including student

- ☐ Allied health professional *("Including paramedic, speech, physical, or occupational therapist, dietician"*

Q17. Was this event scored using the SAC Matrix? *(select one)* * Information about using the SAC Matrix may be found here.

- ☐ Yes
- ☐ No

Q17a. What was the SAC Matrix score? *(select one)*

- ☐ 1
- ☐ 2
- ☐ 3

Q18. Has a Root Cause Analysis of this Event been conducted? *(select one)*

- ☐ Yes
- ☐ No

Q18a. What additional action items were completed as a result of this event?

Q19. Will a Root Cause Analysis be conducted in the future? *(select one)*

- ☐ Yes
- ☐ No

Q20. Please attach the RCA flow chart or timeline.

Q21. Please attach the RCA causal statement with action plan.

Q22. Please attach the RCA causal map.

Users can attach a pdf of their RCA to these sections (Q20, Q21, and Q22).

SUPPLEMENTAL ITEM FORMS

FALL REPORT FORM

Section 1. "Definition of Event"

Q1*. Indicate whether the fall was assisted or unassisted. *(select one)*

- ☐ Unassisted
- ☐ Assisted *("For example, when a patient begins to fall and is assisted to the ground by another person")*

Q2*. Select ALL patient outcomes (Check all that apply).

- ☐ Intracranial injury
- ☐ Fracture
- ☐ Dislocation
- ☐ Laceration requiring sutures
- ☐ Skin tear, avulsion, hematoma, or significant bruising
- ☐ Other injury, specify _____
- ☐ No injury

Q3*. Indicate whether the patient was assessed for risk prior to fall. *(select one)*

- ☐ At increased risk for fall
- ☐ Not at increased risk for fall
- ☐ Patient was not assessed

MEDICATION OR OTHER SUBSTANCE REPORT FORM

Section 1. Definition of Event

Q1*. Select the most appropriate description of the medication- or substance-related event (Check all that apply).

- ☐ Medications
- ☐ Biological products
- ☐ Medical gases
- ☐ Contrast media
- ☐ Radiopharmaceuticals
- ☐ Other, specify ____

Q1A. Select the class of medication that was involved in the adverse patient safety event. *(select all that apply)*

- ☐ Prescription or over-the-counter
- ☐ Compound preparations
- ☐ Investigation drugs

Q1B. Select the biological products that were involved in the adverse patient safety event. *(select all that apply)*

- ☐ Vaccines
- ☐ Other biological products, specify ___

Q2*. Select the process(es) of care that led to the adverse patient safety event (Check all that apply).

- ☐ Incorrect patient
- ☐ Incorrect medication or substance
- ☐ Incorrect dose
- ☐ Incorrect route of administration
- ☐ Incorrect timing
- ☐ Incorrect rate
- ☐ Incorrect duration of administration or course of therapy
- ☐ Incorrect form of dosage *("For example, enteric coating, sustained release, capsule, tablet)*
- ☐ Incorrect strength or concentration
- ☐ Incorrect preparation *("Including inappropriate cutting of tablets, error in compounding, mixing, etc.)*
- ☐ Expired or deteriorated medication/substance
- ☐ Adverse drug reaction due to allergy or sensitivity
- ☐ Adverse drug reaction due to other contraindication
- ☐ Incorrect action by patient or family *(For example, self-administration error)*
- ☐ Other incorrect action involving medication or substance, specify___

Q2A. Select the appropriate characterization of the incorrect dose *(select one)*

- ☐ Overdose

- ☐ Underdose
- ☐ Missed or omitted dose
- ☐ Extra dose

Q2B. Select the intended route of administration (Check all that apply) *("The route of administration that should have taken place")*

- ☐ Cutaneous, topical administration
- ☐ Subcutaneous
- ☐ Ophthalmic
- ☐ Oral, including sublingual or buccal
- ☐ Otic
- ☐ Nasal
- ☐ Inhalation
- ☐ Intravenous
- ☐ Intramuscular
- ☐ Intrathecal
- ☐ Epidural
- ☐ Gastric
- ☐ Rectal
- ☐ Vaginal
- ☐ Intra-arterial
- ☐ Intraperitoneal
- ☐ Intra-osseous
- ☐ Other, specify____

Q2C. Select the actual route of administration (Check all that apply) *("The route of administration that actually took place")*

- ☐ Cutaneous, topical administration
- ☐ Subcutaneous
- ☐ Ophthalmic
- ☐ Oral, including sublingual or buccal
- ☐ Otic
- ☐ Nasal
- ☐ Inhalation
- ☐ Intravenous
- ☐ Intramuscular
- ☐ Intrathecal
- ☐ Epidural
- ☐ Gastric
- ☐ Rectal
- ☐ Vaginal
- ☐ Intra-arterial
- ☐ Intraperitoneal
- ☐ Intra-osseous
- ☐ Other, specify____

Q2D. Indicate whether the timing was too early or too late *(select one)*

- Too early
- Too late

Q2E. Indicate whether the rate of administration was too quick or too slow *(select one)*

- Too quick
- Too slow

Q2F. Indicate whether the strength or concentration was too high or low *(select one)*

- Too high
- Too low

Q2G. Indicate whether the adverse drug reaction took place in a patient known or unknown to be allergic or sensitive to the medication or substance *(select one)*

- Known allergy or sensitivity
- Unknown allergy or sensitivity

Q2H. Select the classification of contraindication *(select one)*

- Drug-drug
- Drug-food
- Drug-disease

Section 2. Circumstances of Event

Q3*. Select the stage of process where the event originated, regardless of where the event was discovered *(select one)*

- Purchasing
- Storing
- Prescribing/ordering
- Transcribing
- Preparing
- Dispensing
- Administering
- Monitoring
- Other, specify___ *("Specify" only revealed if other is selected, reveal free text field)*

Q4. Provide the following relevant information on the medication or substance involved in the patient safety event. If a field is not relevant to the medication or substance, put N/A in the free text field.

Prescribed drug name_____
Given drug name_____
Prescribed brand name_____
Given brand name_____
Prescribed manufacturer_____
Given manufacturer_____

Prescribed concentration/strength_
Given concentration/strength____
Prescribed dosage form_____
Given dosage form_____
If compound preparation, list of ingredients___
If vaccine, lot number_____
If expired medication or substance, expiration date___ *(M-D-Y format required)*

ANESTHESIA REPORT FORM

Section 1. Definition of Event

Q1*. Select the process(es) of care the led to the patient safety event (Check all that apply)

- ☐ Problem with anesthetic, medical gas, medication, or other substance
- ☐ Problem with device used in the delivery of anesthesia
- ☐ Difficulty managing airway

Q1A. Indicate where the difficulty managing airway occurred *(Check all that apply)*

- ☐ Difficulty during tracheal intubation
- ☐ Difficulty maintaining airway during procedure
- ☐ Esophageal intubation
- ☐ Re-intubation, following extubation, in the operating or recovery room
- ☐ Other, specify___

Q2*. Select the class(es) of patient injury that occurred because of the patient safety event (Check all that apply).

- ☐ Dental injury
- ☐ Ocular injury
- ☐ Peripheral nerve injury
- ☐ Awareness during general anesthesia
- ☐ Malignant hyperthermia
- ☐ Physiologic complication not present prior to anesthesia
- ☐ Other complication, specify____

Q2A. Indicate the type of physiologic complication that occurred (Check all that apply)

- ☐ Cardiac or circulatory event
- ☐ Central nervous system event
- ☐ Renal failure, impairment, or insufficiency
- ☐ Respiratory failure
- ☐ Other physiologic complication not present prior to anesthesia, specify___

Q2B. Select the class of respiratory failure *(select one)*

- ☐ Prolonged ventilator support following anesthesia
- ☐ Re-institution of ventilator support after discontinuance following anesthesia
- ☐ Use of ventilator postoperatively only
- ☐ Other manifestation of respiratory failure, specify___ *(free text field revealed only if other option is selected)*

Section 2. Risk Assessments and Preventive Actions

Q3*. Select the appropriate American Society of Anesthesiologists physical status classification *(select one)*

- ☐ Class 1—Normal healthy patient

- Class 2—Patient with mild systemic disease
- Class 3—Patient with severe systemic disease
- Class 4—Patient with severe systemic disease that is a constant threat to life
- Class 5—Moribund patient who is not expected to survive without the operation

Section 3. Circumstances of Event

Q4*. Describe the procedure associated with the event *(free text field)*

Q5*. Select the type of anesthesia and/or sedation that was administered *(Check all that apply)*

- General anesthesia
- Regional anesthesia *("For example, epidural, spinal, or peripheral nerve blocks")*
- Local or topical anesthesia
- Sedation

Blood or Blood Product Report Form
Section 1. Definition of event

Q1*. Select the blood or blood product(s) that were involved in the adverse patient safety event (Check all that apply)

- ☐ Red blood cells
- ☐ Platelets
- ☐ Plasma
- ☐ Cryoprecipitate
- ☐ Hematopoietic stem cells
- ☐ Whole blood
- ☐ Lymphocytes
- ☐ Granulocytes
- ☐ Other blood product (not including plasma derivatives), Specify___ *(free text field revealed only if other option is selected)*

Q2*. Select the process(es) of care that led to the adverse patient safety event (Check all that apply)

- ☐ Incorrect patient
- ☐ Incorrect ABO/Rh type
- ☐ Incorrect volume *("For example, number of millimeters or units")*
- ☐ Incorrect IV fluid *("For example, administered product with incorrect IV fluid)*
- ☐ Incorrect timing *("For example, delay in administration)*
- ☐ Incorrect rate
- ☐ Incorrect product *("For example, product was not irradiated when ordered or red blood cells given when plasma was ordered)*
- ☐ Incorrect sequence of product administration
- ☐ Use of expired or unacceptably stored products
- ☐ Other incorrect action, Specify___

Q2A. Indicate whether the volume was too much/many or too little/few *(select only one)*

- ☐ Too much/many
- ☐ Too little/few

Q2B. Indicate whether the rate was too fast or too slow *(select only one)*

- ☐ Too fast
- ☐ Too slow

Section 2. Circumstance of Event

Q3*. Select the stage of process where the event originated, regardless of where the event was discovered (Check all that apply)

- ☐ Product check-in
- ☐ Test or product order
- ☐ Sample collection
- ☐ Sample handling

- Sample receipt
- Sample testing
- Product storage
- Available for issue
- Product selection
- Product manipulation/processing/testing
- Request for pickup
- Product issue or delivery
- Product administration *(“For example, transfusion or infusion”)*
- Post-transfusion or administration
- Other , Specify___

Q3A. Select the area where the blood or blood product was stored *(select only one)*

- Blood bank
- Operating room
- Other clinical care, Specify___

DEVICE OR MEDICAL/SURGICAL SUPPLY REPORT FORM

Section 1. Definition of Event

Q1*. Select the type of device or medical/surgical supply involved in the adverse patient safety event *(select only one)*

- ☐ Implantable device *("A device intended to be inserted into, and remain permanently in, tissue")*
- ☐ Medical equipment *("For example, walker or hearing aid")*
- ☐ Medical/surgical supply, including disposable product *("For example, incontinence supply)*

Q2*. Select the process(es) of care that led to the adverse patient safety event (Check all that apply)

- ☐ Device failure or defect
- ☐ Use error
- ☐ Combination or interaction of device defect or failure and use error

Section 2. Circumstances of Event

Q3*. Select the circumstance(s) that most closely align(s) with the adverse patient safety event (Check all that apply)

- ☐ Reuse of a device intended for a single use
- ☐ Event or unsafe condition also involved a medication or other substance
- ☐ Event prior to implantation
- ☐ Event at time of implantation resulting in device removal
- ☐ Event at time of implantation not resulting in device removal
- ☐ Event following implantation

Q4. Provide the following relevant information on the device or medical/surgical supply involved in the patient safety event. If a field is not relevant to the device or medical/surgical supply, put N/A in the free text field *(free text field)*

Unique Device Identifier (UDI)___
Name of device, product, software, or medical/surgical supply___
Name of manufacturer___
Model number___
Software version___
Firmware version___
Serial number___
Lot or batch number___
Other unique product identifier; list the type and identifier in the text field___
Expiration date____*(force MM/DD/YYYY format)*
Asset tag____

PRESSURE INJURY REPORT FORM

Section 1. Definition of Event

Q1*. Indicate whether the pressure injury was newly developed or was present at admission and worsened during stay *(select one)*

- Newly developed
- Present at admission and worsened during treatment

Q1A. Select the stage of the pressure injury *(select one)*

- Stage 1
- Stage 2
- Stage 3
- Stage 4
- Unstageable
- Deep

Q2*. Indicate whether the patient developed a secondary morbidity *(select one)*

- The patient developed a secondary morbidity, Specify ___
- The patient did not develop a secondary morbidity

Section 2. Risk Assessments and Preventive Actions

Q3*. Indicate whether a skin inspection was documented at the time of admission *(select one)*

- A skin inspection upon admission was documented
- A skin inspection upon admission was not documented

Q4*. Indicate whether a risk assessment was documented prior to the event *(select one)*

- A risk assessment was documented prior to the event
- A risk assessment was not documented prior to the event

Q4A. Indicate whether the risk assessment documented an increased risk of pressure injury *(select one)*

- The risk assessment indicated patient was at increased risk
- The risk assessment did not indicate that the patient was at increased risk

Q4B. Select the appropriate timing of the risk assessment *(select one)*

- Within 24 hours of admission
- After 24 hours, but prior to the discovery of a newly-developed, or advancement of an existing pressure injury

Q4C. Indicate the method used for assessment *(select one)*

- Formal assessment *("For example, Braden, Braden Q, Norton, Waterloo")*
- Clinical Assessment
- Both formal and clinical assessment

Section 3. Contributing Factors

Q5*. Select which, if any, factors contributed to the development or advancement of the pressure injury (Check all that apply)

- ☐ Anti-embolic device
- ☐ Intraoperative positioning device
- ☐ Orthopedic appliance *("For example, cast, splint, orthotic")*
- ☐ Oxygen delivery device *("For example, nasal prongs, oxygen mask")*
- ☐ Restraints
- ☐ Tube
- ☐ Limited functional ability
- ☐ Other, Specify ___
- ☐ None

Q5A. Indicate which type of tube was involved in the pressure injury *(select one)*

- ☐ Endotracheal
- ☐ Gastrotomy
- ☐ Nasogastric
- ☐ Tracheostomy
- ☐ Urinary catheter

SURGERY REPORT FORM

Section 1. Definition of Event

Q1*. Select the most appropriate description(s) of the surgery-related adverse patient safety event (Check all that apply)

- Surgical site infection
- Bleeding requiring return to the operating room
- Burn
- Operating room fire
- Retained surgical item
- Incorrect surgical or invasive procedure
- Iatrogenic pneumothorax
- Unintended laceration or puncture
- Dehiscence, flap, or wound failure or disruption, or graft failure
- Unintended blockage, obstruction, or ligation
- Unplanned removal or an organ
- Air embolus
- Other type of adverse surgical outcome, Specify___
- Physiologic complication not present prior to surgery

Q1A. Indicate what errors took place during the incorrect surgical or invasive procedure (Check all that apply)

- Incorrect patient
- Incorrect side
- Incorrect site
- Incorrect procedure
- Incorrect Implant

Q1B. Indicate whether the implant was used by mistake or if the correct implant was unavailable *(Select only one)*

- By mistake
- Correct implant was unavailable

Q1C. Select the type of physiologic complication(s) related to the surgical event (Check all that apply)

- Cardiac or circulatory event
- Central nervous system event
- Renal failure, impairment, or insufficiency
- Respiratory failure
- Other physiologic complication not present prior to surgery, Specify ____

Q1D. Select the most appropriate cause(s) of the respiratory failure during the surgical event (Check all that apply)

- Prolonged ventilator support following surgery
- Re-institution of ventilator support after discontinuance following surgery

- ☐ Use of ventilator post-operatively only
- ☐ Other manifestation of respiratory failure, Specify ____

Section 2. Circumstances of Event

Q2*. Indicate what type of procedure was associate with the event _____

Q3*. Select the type of anesthesia used during the surgical procedure *(Select only one)*

- ☐ General anesthesia
- ☐ Regional anesthesia *("For example, epidural, spinal, or peripheral nerve blocks")*
- ☐ Local or topical anesthesia
- ☐ Sedation

VTE REPORT FORM

Section 1. Definition of Event

Q1*. Select the type of embolism involved in the adverse patient safety event *(Select only one)*

- ☐ Deep vein thrombosis
- ☐ Pulmonary embolism

Q1A. Indicate where the deep vein thrombosis took place *(Select only one)*

- ☐ Upper extremity/upper thorax
- ☐ Lower extremity/pelvis

Section 2. Risk Assessment and Preventive Actions

Q2*. Indicate whether a risk assessment related to venous thromboembolisms was conducted *(Select only one)*

- ☐ A risk assessment was performed
- ☐ A risk assessment was not performed

Q2A. Indicate whether a venous thromboembolism prophylaxis order set was used *(Select only one)*

- ☐ A prophylaxis order set was used
- ☐ No prophylaxis order set was used

Q3*. Indicate whether pharmacologic anticoagulant prophylaxis was given prior to onset of the venous thromboembolism event *(Select only one)*

- ☐ Prophylaxis given
- ☐ Prophylaxis not given

Q3a. Indicate the reason(s) why anticoagulant prophylaxis was not given (Check all that apply)

- ☐ Contraindicated
- ☐ Patient determined to be at low risk
- ☐ Risk/benefit did not warrant prophylaxis
- ☐ Patient refused
- ☐ Other, Specify ___

Q4. Indicate whether physical or mechanical prophylaxis was applied prior to the onset of the venous thromboembolism event *(Select only one)*

- ☐ Prophylaxis applied
- ☐ Prophylaxis not applied

Section 3. Circumstances of the Event

Q5*. Indicate when the venous thromboembolism occurred *(Select only one)*

- ☐ Onset during hospitalization
- ☐ Onset within 30 days of discharge and before readmission, if any

- Postmortem examination finding that an embolism likely contributed to death of the patient

Q6*. Indicate if an intravenous catheter was present at the site of the embolism *(Select only one)*

- Intravenous catheter present
- Intravenous catheter not present

PERINATAL REPORT FORM

Section 1. Definition of Event

Q1*. Indicate which patient or patients were affected by the perinatal safety event (Check all that apply)

- Mother
- Fetus(es)
- Neonate(s)

Q2a*. Indicate the outcome(s) of the patient safety event experienced by the mother (Check all that apply)

- Death
- Hemorrhage
- Eclampsia
- Magnesium toxicity
- Infection
- Injury to body part, organ, or vasculature
- Other adverse maternal outcome, specify___

Q2a1. Select the type of infection(s) experienced by the mother (Check all that apply)

- Chorioamnionitis
- Endometriosis
- Other infection, specify___

Q2a2. Select the location where the maternal injury occurred (Check all that apply)

- Uterine rupture
- Ureter
- Bladder
- Bowel
- Vasculature
- Perineal tear or laceration, 3rd or 4th degree
- Other injury to body part, organ, or vasculature *(specify)*

Q2b*. Indicate the outcome of the patient safety event experienced by the fetus(es) *(Select only 1)*

- Unexpected death

- ☐ Injury

Q2c*. Indicate the outcome(s) of the patient safety event experienced by the neonate (Check all that apply)

- ☐ Unexpected death
- ☐ Brain trauma/injury
- ☐ Five-minute Apgar under 7 and birthweight greater than 2500 grams
- ☐ Hypoxic ischemic encephalopathy
- ☐ Seizure
- ☐ Infection
- ☐ Other adverse neonatal outcome, specify___

Q2c1. Select the type of birth trauma/injury (Check all that apply)

- ☐ Subdural or cerebral hemorrhage
- ☐ Injury to brachial plexus, including Erb's or Klumpke's paralysis
- ☐ Other birth trauma, specify___

Q2c2. Specify the Apgar score at five minutes *(Select one)*

Section 4. Circumstances of Event

Q3*. Indicate whether the event involved a live birth *(Select only one)*

- ☐ The patient safety event involved a live birth
- ☐ The patient safety event did not involve a live birth
- ☐ Unknown

Q3a. Specify the date of birth.

- ☐ MM/DD/YYYY
- ☐ Unknown

Q3b. Specify the number of live births.

- ☐ ___ Births
- ☐ Unknown

Q4. Specify the gestational age of the fetus(es) in weeks.

- ☐ ___ Weeks
- ☐ Unknown

Q5. Specify the birthweight of the neonate in grams.

- ☐ ___ Grams
- ☐ Unknown

Q6. Specify the number of children previously born to the mother.

- ☐ ___ Previous births
- ☐ Unknown

Q7. Indicate whether the mother had a previous cesarian section *(Select only one)*

- The mother had a previous C-section
- The mother did not have a previous C-section
- Unknown

Q8. Indicate whether the birth was augmented or induced *(Select only one)*

- The birth was augmented
- The birth was induced
- The birth was neither augmented or induced
- Unknown

Q9. Indicate the type or birth involved in the patient safety event *(Select only one)*

- Vaginal birth
- Trial of labor followed by Cesarean birth
- Cesarean birth
- Unknown

Q10. Indicate whether instrumentation was used during the birth (Check all that apply)

- Instrumentation was not used
- A vacuum was used
- Forceps were used
- Unknown

CARE COORDINATION/MANAGEMENT

Q1. Select the most appropriate description of the event.

- Coordination across departments within an organization
- Coordination across organizations
- Care management event not otherwise specified

Q2. Select the process(es) of care that led to the adverse patient safety event (check all that apply).

- Communication
- Patient and family education
- Lack of medication reconciliation

Q3. Select the communication process(es) of care that led to the adverse patient safety event (check all that apply).

- Lack of a common plan of care
- Lack of/or delay in a summary of care provided by the sender
- Lack of patient's goals and preferences including advanced directives
- Lack of updated list of problems, e.g. baseline physical and cognitive functional status, medications, allergies
- Lack of contact information for caregivers and PCP
- Lack of follow-up for outstanding tests and follow-up appointments

Q4. Select the process(es) of care related to patient and family education that led to the adverse patient safety event (check all that apply).

- ☐ Lack of education regarding expectations
- ☐ Lack of explicit education regarding warning signs/symptoms to monitor that may indicate a worsening condition and name/number of person to contact if this occurs

Q5. Select all patient outcomes (check all that apply).

- ☐ Unanticipated death or major permanent loss of function, not related to the natural course of the patient's illness or underlying condition.
- ☐ Failure/delayed response to change in patient's condition

LAB/SPECIMEN

Q1. Select the process(es) of care that led to the adverse patient safety event (Check all that apply).

- ☐ Patient Identification Issue
- ☐ Ordering Issue
- ☐ Specimen Collection Issues
- ☐ Errors in the process of obtaining or processing a laboratory specimen (e.g. specimen lost, specimen not collected correctly or not collected at all)
- ☐ Specimen Acceptability (specimen was unusable e.g.)
- ☐ Testing Issue
- ☐ Communicating results issue
- ☐ Treatment/Diagnosis Follow-up issue

Q1a. Select the appropriate ordering issue category (Check all that apply).

- ☐ No order
- ☐ Ordered at wrong time
- ☐ Wrong ordering physician
- ☐ Wrong patient
- ☐ Wrong test ordered or test not ordered when appropriate
- ☐ Proficiency testing issue
- ☐ Results-delayed
- ☐ Results-lost
- ☐ Results-posted to wrong patient chart

Q1b. Select the appropriate specimen acceptability issue (Check all that apply).

- ☐ Specimen clotted
- ☐ Specimen collected from wrong patient
- ☐ Specimen exceeds stability requirements
- ☐ Specimen hemolyzed
- ☐ Specimen mislabeled
- ☐ Supply issue- recalled product

Q1c. Select the appropriate testing issue category (Check all that apply).

- Calibration error or failure
- Equipment failure
- Equipment performance issue
- Quality control issue
- Reagent
- Test performed incorrectly
- Unacceptable results filed

Q1d. Select the appropriate category for issues related to communicating the lab/specimen results (Check all that apply).

- Information issue- staff provided incorrect/inadequate information
- Error in the process of provider receiving accurate laboratory results in a timely fashion

PATIENT PROTECTION (NOT SUICIDE/ATTEMPT)

Q1. Select the most appropriate description of the patient protection event (Check all that apply).

- Abandonment
- Abduction
- Abuse/Assault-Physical
- Abuse/Assault- Verbal
- AMA-Against Medical Advice
- BRRT Call
- Disorderly person
- Duress alarm
- Elopement
- Elopement attempt
- Entrapment
- Fire/fire alarm
- Left without being seen
- Missing/wandering patient
- Sexual abuse/assault of a patient or staff member within or on the grounds of a healthcare setting
- Patient protection event not otherwise specified

Q2. Select all patient outcomes (Check all that apply).

- Death or serious injury of a patient or staff member resulting from physical assault that occurs within or on the grounds of a healthcare setting
- Patient death or serious injury associated with patient elopement

PATIENT PROTECTION (SUICIDE/ATTEMPT SUICIDE ONLY)

Q1. Select the most appropriate description of the patient protection event (Check all that apply).

- Safety procedure violation

- ☐ Security concern
- ☐ Threat of violence

Q2. Select all patient outcomes (Check all that apply).

- ☐ Patient suicide or attempted suicide resulting in serious injury, while being care for in a health care facility or if the institution becomes aware of such an event within 72 hours of dismissal
- ☐ Self-Injury