



Outpatient Procedure Component Same Day Outcome Measures

This form is used for reporting data on each patient having experienced one or more of the same day outcome measures events.

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*required for saving

| | | | |
|---|-------|--------------------|---------|
| Facility ID: | | Event #: | |
| *Patient ID: | | Social Security #: | |
| Secondary ID #: | | Medicare #: | |
| Patient Name | Last: | First: | Middle: |
| *Gender: F M Other | | *Date of Birth: | |
| Ethnicity (Specify): | | Race (Specify): | |
| *Date of Encounter (Admission) at the Outpatient Procedure Center (MM/DD/YYYY): | | | |

Same Day Outcome Measures

*Specify event: (check all that apply)

| | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> Patient burn | <input type="checkbox"/> Patient fall | <input type="checkbox"/> Hospital transfer/admission |
| Wrong Event (any that apply) | <input type="checkbox"/> Wrong side | <input type="checkbox"/> Wrong patient |
| | <input type="checkbox"/> Wrong implant | <input type="checkbox"/> Wrong site |
| | <input type="checkbox"/> Wrong procedure | |

Custom Fields

| Label | Label |
|---------------------|---------------------|
| _____ / ____ / ____ | _____ / ____ / ____ |
| _____ / ____ / ____ | _____ / ____ / ____ |
| _____ / ____ / ____ | _____ / ____ / ____ |
| _____ / ____ / ____ | _____ / ____ / ____ |
| _____ / ____ / ____ | _____ / ____ / ____ |
| _____ / ____ / ____ | _____ / ____ / ____ |

Assurance of Confidentiality: The voluntarily provided information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 306 and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)).

Public reporting burden of this collection of information is estimated to average 40 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Reports Clearance Officer, 1600 Clifton Rd., MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0666).