

**Entities Survey: Module 33**  
**Number of questions: 27**

This module will be completed by the following entities: medical malpractice insurers and participants representing any other entity (e.g., hospitals) who indicate in Module 31 (MMPR – Intro) that they report malpractice payments to the NPDB.

**Experiences of Reporting Medical Malpractice Payments to the NPDB**

**Q 33.1.** How long have your work responsibilities included reporting malpractice payments to the NPDB?

- Less than 1 year
- 1 to 3 years
- 3 to 5 years
- More than 5 years

**Survey Page Break**

**Q 33.2.** Please select one of the following options that applies to you:

- My work responsibilities used to include reporting malpractice payments to the NPDB but no longer do.
- My current work responsibilities include reporting malpractice payments to the NPDB.

**Survey Page Break**

**Q 33.3.** Below we describe the two methods used for reporting to the NPDB. Which of these two methods best describes how you most frequently report medical malpractice payments to the NPDB? Select one option.

**Web-based reporting:** NPDB's Integrated Querying and Reporting Service (IQRS) is a web-based service for querying and reporting by registered entities and authorized agents designated on behalf of registered entities.

**QRXS:** As an alternative to the IQRS, the NPDB offers an XML-based machine-to-machine interface called the Querying and Reporting XML Service (QRXS), which can be used by users who store and manage practitioner data within their own information or credentialing systems or submit a large number of queries or reports to the NPDB.

**Q 33.4.** Overall, how satisfied are you with your experience of reporting medical malpractice payments to the NPDB?

**Rating Scale**

Very Satisfied / Satisfied / Neither Satisfied Nor Dissatisfied / Dissatisfied / Very Dissatisfied

If the response to Q 33.2 is “Web-based reporting”, go to Q 33.4.

If the response to Q 33.2 is “QRXS”, skip to Q 33.5.

**Q 33.5.** Using the scale provided, please rate your satisfaction with the NPDB’s online instructions for using the web-based reporting of medical malpractice payments.

**Rating Scale**

Very Satisfied / Satisfied / Neither Satisfied Nor Dissatisfied / Dissatisfied / Very Dissatisfied

**Survey Page Break**

**Q 33.6.** Please rate your level of agreement with the following statements concerning reporting malpractice payments to the NPDB. (Only one answer per row.)

**Rating Scale**

Completely Agree / Agree / Neither Agree or Disagree / Disagree / Completely Disagree

The first time that I reported to the NPDB, I found it easy to do.  
I feel confident that I can teach a fellow coworker how to report to the NPDB.  
I have difficulties in completing all of the tasks of reporting to the NPDB.

I usually have to ask for help when I report to the NPDB.  
I needed to learn a lot of things before I could get going with reporting to the NPDB.

**Survey Page Break**

**Q 33.7.** Using the scale provided, please rate your experience regarding each of the following aspects of reporting malpractice payments to the NPDB.

**Rating Scale**

Extremely Easy / Easy / Neutral / Difficult / Extremely Difficult / Not Applicable

Finding the Website  
Logging in (DBID, user ID, and password)  
Navigating the Website  
Collecting All of the Required Input  
Selecting the Right Options from the Dropdown Menu  
Knowing What to Report  
Providing a Description (e.g., for the Allegation or Payment field)  
Other (Please Explain) \_\_\_\_\_

Survey Page Break

**Q 33.8.** From the date a malpractice payment was made to the date a Medical Malpractice Payment Report is filed, how much time usually elapses before you file a report to the NPDB?

- 30 days or fewer
- 31 to 60 days
- 61 to 120 days
- More than 120 days

If the response is “less than 30 days,” skip to Q 33.9.

**Q 33.9.** Explain the reason for your choice about the time elapsed from when a medical malpractice payment is made to the date you file a report to the NPDB.

Textbox

Survey Page Break

**Q 33.10.** We are interested in learning about the time it takes your organization to complete a typical Medical Malpractice Payment Report. Please provide estimated time (in minutes) for the following aspects of the reporting process:

Minutes spent collecting information about the report \_\_\_\_\_  
Minutes spent filing the report to the NPDB \_\_\_\_\_

**Q 33.11.** The NPDB malpractice payment report requires users to select one of several responses for the General Nature of Allegations that led to the medical malpractice payment. How difficult is it for you to assign one of the responses below for your reports?

Rating Scale

Very easy / easy / neutral / difficult / very difficult

**General Nature of Allegations**

- Diagnosis Related
- Anesthesia Related
- Surgery Related
- Medication Related
- IV and Blood Products Related
- Obstetrics Related
- Treated Related
- Monitoring Related
- Equipment/Products Related
- Behavioral Health Related
- Other Miscellaneous

**Q 33.12.** While filing your report, if you selected the “Other Miscellaneous” category in your response for the General Nature of Allegations that led to the medical malpractice payment, what were your reasons for doing so? (Select all that apply.)

None of the categories captured the allegations for that report.  
Entity officials or management advised to select the “Other Miscellaneous” option.  
Legal counsel advised to select the “Other Miscellaneous” option.  
It was too hard to find the right code.  
NPDB system prompted to pick “Other Miscellaneous.”  
Not applicable (I have never selected the “Other Miscellaneous” category for general nature of allegations.)

**Q 33.13.** Should any changes be made to the list of General Nature of Allegations for medical malpractice payments?

- Yes, additional responses should be added (please specify) \_\_\_\_\_
- Yes, existing responses should be changed (please specify) \_\_\_\_\_
- No changes are needed (please elaborate) \_\_\_\_\_

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**Q 33.14.** The NPDB malpractice payment report requires at least one, and up to two, responses from a large list of Specific Allegations that led to the malpractice payment (e.g., “Failure to Use Aseptic Technique” or “Medication Administered by Wrong Route”). How difficult is it for you to assign these responses for your reports?

#### Rating Scale

Very easy / easy / neutral / difficult / very difficult

**Q 33.15.** While filing your report, if you selected the “Other” category in the NPDB form for your response for Specific Allegations that led to the malpractice payment, what were your reasons for doing so? (Select all that apply.)

None of the categories captured the allegations for that report.  
Entity officials or management advised to select the “Other” option.  
Legal counsel advised to select the “Other” option.  
It was too hard to find the right code.  
NPDB system prompted to pick “Other.”  
Not applicable (I have never selected the “Other” category for specific allegations.)

**Q 33.16.** Should any changes be made to the list of Specific Allegations for malpractice payments?

- Yes, additional responses should be added (please specify) \_\_\_\_\_
- Yes, existing responses should be changed (please specify) \_\_\_\_\_
- No changes are needed (please elaborate) \_\_\_\_\_

**Q 33.17.** Would you prefer to be able to specify more than two specific allegations in a report, or are two allegations sufficient?

- Yes, prefer to specify more than two
- No, two allegations are sufficient

**Q 33.18.** The NPDB malpractice payment report requires reporters to specify one of many outcome responses (listed below) to describe the severity of the patients' injury resulting from the incident that led to the malpractice payment. How difficult is it for you to assign these responses for your reports?

**Rating Scale**

Very easy / easy / neutral / difficult / very difficult

**Outcome Responses**

Emotional Injury Only

Insignificant Injury

Minor Temporary Injury

Major Temporary Injury

Minor Permanent Injury

Significant Permanent Injury

Major Permanent Injury

Grave Permanent Injury, such as quadriplegic or brain damage, requiring lifelong dependent care

Death

Cannot be deterred from available records

**Q 33.19.** Should any changes be made to the list of Outcome Responses for malpractice payments?

Yes, additional responses should be added (please specify) \_\_\_\_\_

Yes, existing responses should be re-worded (please specify) \_\_\_\_\_

No changes are needed (please elaborate) \_\_\_\_\_

**Q 33.20.** If you have any other comments about the information reported to the NPDB for malpractice payments, please provide them here:

Text box

**Survey Page Break**

**Q 33.21.** NPDB reports contain one or more text fields for reporters to further describe the nature of the allegations. How often do each of the following occur with respect to the information you provide in these text fields for Malpractice Payment Reports?

**Rating scale for each item below:**

Never / Rarely / Sometimes / Often / Always

- Content is drafted by legal counsel
- Content is drafted or reviewed by entity officials or management
- Content is reviewed by legal counsel
- Content is reviewed by the subject of the report prior to filing
- Content is negotiated with the respect to the report

**Survey Page Break**

**Q 33.22.** In your organization, who is named in medical malpractice cases?

- Health Care Practitioner
- Health Care Organization
- Both
- Other (Please Explain) \_\_\_\_\_

**Q 33.23.** Medical malpractice payments can be made due to many reasons, such as, judgment, settlement, and other reasons. Which of these reasons apply to the reports you have filed? (Select all that apply.)

- Payment After Judgment
- Payment as a Results of a “High-Low” Agreement After Judgment
- Payment After Settlement
- Payment Before Settlement
- Communication and Resolution/Disclosure and Offer/Apology Law
- Other (Please Explain): \_\_\_\_\_

**Survey Page Break**

**Q 33.24.** About how many times in the last 3 years was your report submission to the NPDB rejected due to missing information? Select a number below. If you have never experienced this, select zero.

Select a number: \_\_\_\_ [drop down menu of 0 to 10]

If the response is 0 (zero), skip the next question.

**Q 33.25.** The last time this happened, what action did you take? (Select all that apply.)

- None (did not finish the report)
- Inform the NPDB
- Obtained the missing information and re-submitted the report
- Completed the missing information with the “dummy” data option provided by the NPDB
- Other (please explain) \_\_\_\_\_

Survey Page Break

**Q 33.26.** When submitting a malpractice payment report to the NPDB, does your organization use the NPDB's report forwarding service in order to send an electronic report to the appropriate state authority?

- Yes
- No
- Not Applicable
- Other (Please Explain) \_\_\_\_\_

If "yes," show the next question. Otherwise, end this module and go to Module 19.

**Q 33.27.** How would you rate your level of satisfaction with the NPDB's report forwarding service for medical malpractice payments?

- Very Satisfied
- Satisfied
- Neither Satisfied Nor Dissatisfied
- Dissatisfied
- Very Dissatisfied

Piping Logic:

Survey will be directed to Module 19 (Report Information).