Attachment M - Diagnostic Safety Event Report

Form Approved OMB No. 0935 -XXXX Exp. Date XX/XX/20XX

SITE DATA SUBMISSION FORM

Please complete the following information about diagnostic safety events for (ORGANIZATION). It should take no longer than 60 minutes to complete.

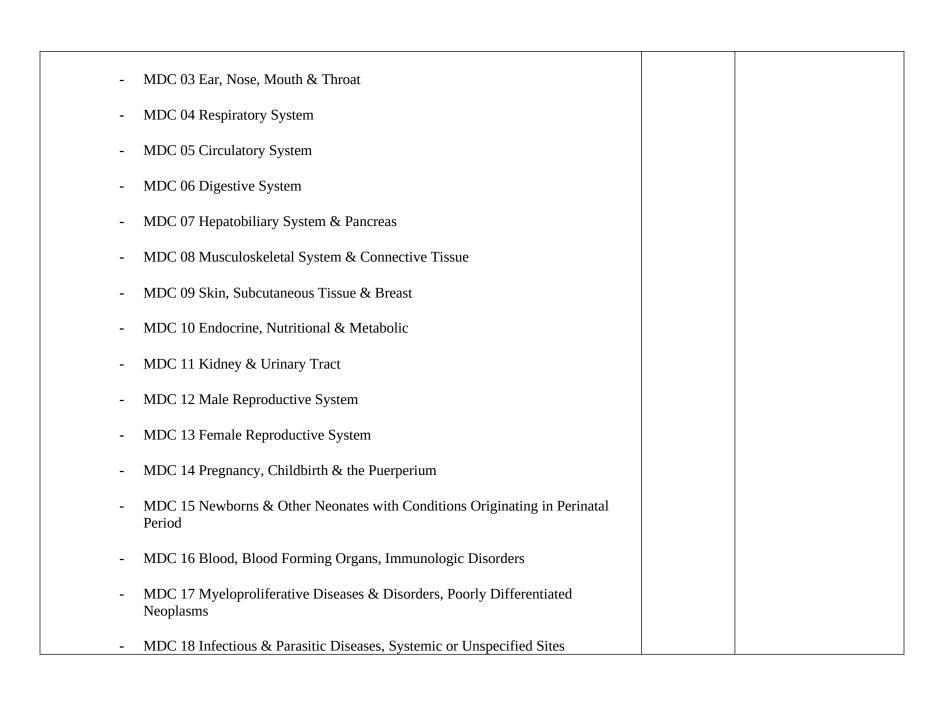
Instructions: PLEASE FILL IN aggregated numbers for given site with no potentially identifiable factor linked to any other potentially identifiable factor. Bold = required fields

Aggregated Data Elements	Value	
If numbers don't add up to total, please use notes field to explain discrepancy.		Open-ended notes field for comments
Site ID		
Site name		
Site type (Check one):		
Hospital		
Children's hospital		
Ambulatory clinic		
Clinic network		
Name(s) of person filling out form:		
Email (to use only for questions):		
Reporting period start date: MM/YY		
Reporting period end: MM/YY		

This survey is authorized under 42 U.S.C. 299a. This information collection is voluntary and the confidentiality of your responses to this survey is protected by Sections 944(c) and 308(d) of the Public Health Service Act [42 U.S.C. 299c-3(c) and 42 U.S.C. 242m(d)]. Information that could identify you will not be disclosed unless you have consented to that disclosure. Public reporting burden for this collection of information is estimated to average 60 minutes per response, the estimated time required to complete the survey. 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. The data you provide will help AHRQ's mission to produce evidence to make health care safer, higher quality, more accessible, equitable, and affordable. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: AHRQ Reports Clearance Officer Attention: PRA, Paperwork Reduction Project (0935-xxxx) AHRQ, 5600 Fishers Lane, Room #07W42, Rockville, MD 20857, or by email to the AHRQ MEPS Project Director at MEPSPROJECTDIRECTOR@ahrq.hhs.gov.

	Aggregated Data Elements	Value	
If numbers don't a	dd up to total, please use notes field to explain discrepancy.		Open-ended notes field
			for comments
Total patients <u>at s</u>			
- Race/Ethi			
o %	Hispanic		
o %	White		
o %	Black		
o %	Asian/API		
o %	Other		
- Primary l	Language:		
o %	English:		
o %	Non-English primary language:		
	ostic safety events identified		
Total identified:			
By source:			
 Patient co 	<u>-</u>		
 Patient su 	rveys:		
- EHR:			
- Clinician			
- Other sou			
	ostic safety events identified		
Total identified:			
by Diagnosti	c safety event type:		
	issed:		
	elayed:		
	•		
	rong:		
- Degree of o No	error: ear miss:		
	ild:		
	oderate:		
	rious:		
	nius.		
- Harm:			

o None:		
o Mild:		
o Moderate:		
O Severe no mortality:		
O Severe w/ mortality:		
ROWS BELOW ARE NOT REQUIRED INFORMATION; PLEASE FILL IN	N WHAT YOU	J ARE ABLE:
Number of diagnostic safety events identified		
Total identified:		
by		
- Number reviewed by QI team:		
- Number reviewed using a standardized tool		
- Revised Safer Dx:		
 Diagnostic Error Evaluation Research (DEER): 		
- Fishbone Diagram for Diagnostic Errors:		
 Common Format for Event Reporting Diagnostic Safety: 		
- Other:		
- Of reviewed events, number of events with learnings for quality improvement:		
Number of patients involved in diagnostic safety events,		
Total patients involved in diagnostic safety events		
by		
- Ethnicity (Hispanic/non-Hispanic)		
- Race (white, Black, Asian/API, other)		
- Sex/gender (female, male, non-binary, prefer not to say)		
- Age categories (<1, 1-5, 6-12, 13-17, 18-39, 40-64, 65-79, 80+)		
- Primary Language (English/non-English)		
- <u>Diagnosis category, such as Major Diagnosis Category (MDC)</u> (NOTE: <u>THE</u>		
RESPONSE CATEGORIES BELOW ARE SHOWN AS AN EXAMPLE; FINAL		
SET MAY COMBINE CATEGORIES TO REDUCE OPTIONS; NOT TO EXCEED		
26 OPTIONS).		
MDC 00 Hazarrakla		
- MDC 00 Ungroupable		
MDC 04 Naverse Control		
- MDC 01 Nervous System		
MDC 00 F		
- MDC 02 Eye		



-	MDC 19 Mental Diseases & Disorders
-	MDC 20 Alcohol/Drug Use & Alcohol/Drug Induced Organic Mental Disorders
-	MDC 21 Injuries, Poisonings & Toxic Effects of Drugs
-	MDC 22 Burns
-	MDC 23 Factors Influencing Health Status & Other Contacts with Health Services
-	MDC 24 Multiple Significant Trauma
-	MDC 25 Human Immunodeficiency Virus Infections
Settings of diag	gnostic safety events (for hospitals only), by Unit
	may not add up to the total
0	Inpatient
0	ED
0	ICU
0	PACU
0	Labor & delivery
0	Other1 – please provide unit name:
0	Other2 – please provide unit name: