Attachment M - Diagnostic Safety Event Report

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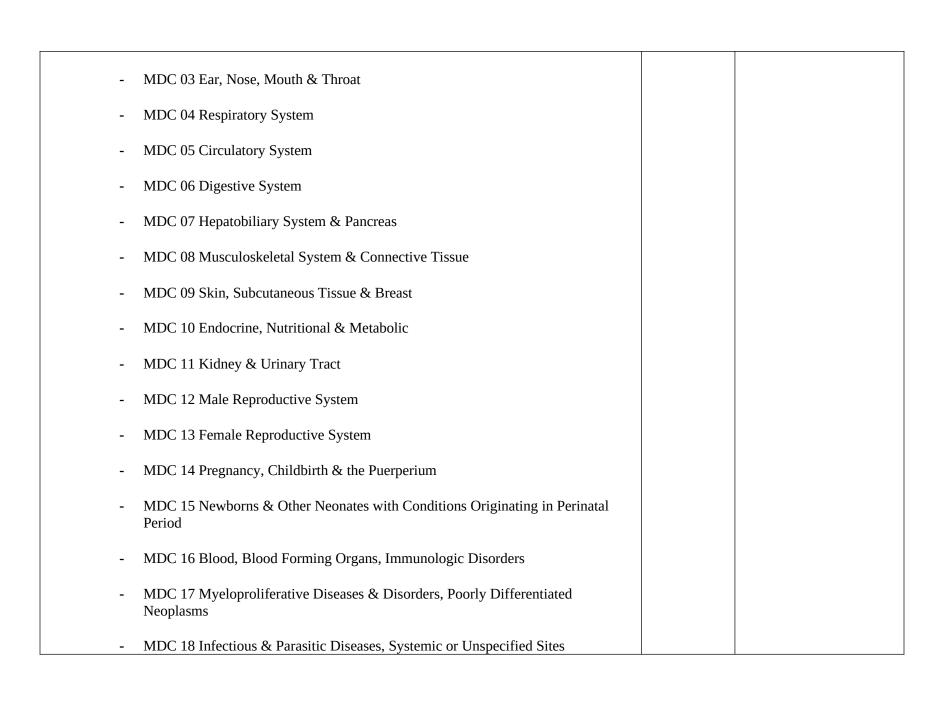
Instructions: PLEASE FILL IN aggregated numbers for given site with no potentially identifiable factor linked to any other potentially identifiable factor. **Bold = required fields**

Aggregated Data Elements *If numbers don't add up to total, please use notes field to explain discrepancy.*	Value	*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		

Aggregated Data Elements *If numbers don't add up to total, please use notes field to explain discrepancy.*	Value	*Open-ended notes field for comments*

Total patients <u>at site</u>:
  - **Race/Ethnicity:**
    o **% Hispanic**
    o **% White**
    o **% Black**
    o **% Asian/API**
    o **% Other**
 	
  - **Primary Language:**
    o **% English:**
    o **% Non-English primary language:**		

Number of diagnostic safety events identified
Total identified:
By source:
  - **Patient complaints:**
  - **Patient surveys:**
  - **EHR:**
  - **Clinician reported:**
  - **Other source:**		

Number of diagnostic safety events identified
Total identified:
by
  - **Diagnostic safety event type:**
    o **Missed:**
    o **Delayed:**
    o **Wrong:**
  - **Degree of error:**
    o **Near miss:**
    o **Mild:**
    o **Moderate:**
    o **Serious:**
  - **Harm:**		

o **None:**
    o **Mild:**
    o **Moderate:**
    o **Severe no mortality:**
    o **Severe w/ mortality:**		

ROWS BELOW ARE NOT REQUIRED INFORMATION; PLEASE FILL IN WHAT YOU 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)
  - Diagnosis category, such as Major Diagnosis Category (MDC) **(NOTE: THE RESPONSE CATEGORIES BELOW ARE SHOWN AS AN EXAMPLE; FINAL SET MAY COMBINE CATEGORIES TO REDUCE OPTIONS; NOT TO EXCEED 26 OPTIONS).**
 	
    - MDC 00 Ungroupable
 	
    - MDC 01 Nervous System
 	
    - MDC 02 Eye		

- MDC 03 Ear, Nose, Mouth & Throat - MDC 04 Respiratory System - MDC 05 Circulatory System - MDC 06 Digestive System - MDC 07 Hepatobiliary System & Pancreas - MDC 08 Musculoskeletal System & Connective Tissue - MDC 09 Skin, Subcutaneous Tissue & Breast - MDC 10 Endocrine, Nutritional & Metabolic - MDC 11 Kidney & Urinary Tract - MDC 12 Male Reproductive System - MDC 13 Female Reproductive System - MDC 14 Pregnancy, Childbirth & the Puerperium - MDC 15 Newborns & Other Neonates with Conditions Originating in Perinatal Period - MDC 16 Blood, Blood Forming Organs, Immunologic Disorders - MDC 17 Myeloproliferative Diseases & Disorders, Poorly Differentiated Neoplasms - MDC 18 Infectious & Parasitic Diseases, Systemic or Unspecified Sites		

- 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 diagnostic safety events (*for hospitals only*), by Unit
- These may not add up to the total
    o Inpatient
    o ED
    o ICU
    o PACU
    o Labor & delivery
    o Other1 – please provide unit name:
    o Other2 – please provide unit name:		