



Patient Safety Event Report – Hospital:



PATIENT INFORMATION FORM (PIF)

Use this form only if you are reporting an incident. (When reporting a perinatal incident that affected a mother and a neonate, complete a PIF for the mother and a separate PIF for the neonate.) Highlighted fields are collected for local facility and PSO use. This information will not be forwarded to the Network of Patient Safety Databases (NPSD).

1. At the time of the event what was the patient’s age? CHECK ONE:

- a. Neonate (0-28 days)
b. Infant (>28 days <1 year)
c. Child (1-12 years)
d. Adolescent (13-17 years)
e. Adult (18-64 years)
f. Mature adult (65-74 years)
g. Older adult (75-84 years)
h. Aged adult (85+ years)
i. Unknown

2. Is the patient’s ethnicity Hispanic or Latino? CHECK ONE:

- a. Hispanic or Latino
b. Not Hispanic or Latino
c. Unknown

3. What is the patient’s race? CHECK ONE:

- a. American Indian or Alaska Native
b. Asian
c. Black or African American
d. Native Hawaiian or Other Pacific Islander
e. White
f. More than one race
g. Unknown

4. Enter the patient’s ICD-9-CM or ICD-10-CM principal diagnosis code at discharge (if available):

ICD-9-CM OR ICD-10-CM CODE

5. Was any intervention attempted in order to “rescue” the patient (i.e., to prevent, to minimize, or to reverse harm)? CHECK ONE:

- a. Yes
b. No
c. Unknown



6. Which of the following interventions (rescue) were documented?

CHECK ALL THAT APPLY:

- a. Transfer, including transfer to a higher level care area within facility, transfer to another facility, or hospital admission (from outpatient)
b. Monitoring, including observation, physiological examination, laboratory testing, phlebotomy, and/or imaging studies
c. Medication therapy, including administration of antidote, change in pre-incident dose or route
d. Surgical/procedural intervention
e. Respiratory support (e.g., ventilation, tracheotomy)
f. Blood transfusion
g. Counseling or psychotherapy
h. Unknown
i. Other intervention: PLEASE SPECIFY _____

7. After discovery of the incident, and any subsequent intervention, what was the extent of harm to the patient (i.e., extent to which the patient's functional ability is expected to be impaired subsequent to the incident and any attempts to minimize adverse consequences)? CHECK FIRST APPLICABLE:

AHRQ Harm Scale

- a. **Death:** Dead at time of assessment.  ANSWER QUESTION 9
- b. **Severe harm:** Bodily or psychological injury (including pain or disfigurement) that interferes significantly with functional ability or quality of life.
- c. **Moderate harm:** Bodily or psychological injury adversely affecting functional ability or quality of life, but not at the level of severe harm.
- d. **Mild harm:** Minimal symptoms or loss of function, or injury limited to additional treatment, monitoring, and/or increased length of stay.
- e. **No harm:** Event reached patient, but no harm was evident.  ANSWER QUESTION 9
- f. Unknown

8. What is the anticipated duration of the harm to the patient? CHECK ONE:

- a. Permanent (one year or greater)
- b. Temporary (less than one year)
- c. Unknown

9. Approximately when after discovery of the incident was harm assessed? CHECK ONE:

- a. Within 24 hours
- b. After 24 hours but before 3 days
- c. Three days or later
- d. Unknown

10. Did, or will, the incident result in an increased length of stay? CHECK ONE:

- a. Yes
- b. No (or not anticipated)
- c. Unknown

11. After the discovery of the incident, was the patient, patient's family, or guardian notified? CHECK ONE:

- a. Yes
- b. No
- c. Unknown

Thank you for completing these questions.

OMB No. 0935-0143

Exp. Date 10/31/2014

Public reporting burden for the collection of information is estimated to average 15 minutes per response. 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: AHRQ Reports Clearance Officer, Attention: PRA, Paperwork Reduction Project (0935-0143), AHRQ, 540 Gaither Road, Room #5036, Rockville, MD 20850.