WELCOME

Most reporting systems for adverse medical events are concerned with collecting information for use by health care providers. The Empowered Patient Coalition survey is designed to answer questions that are important to patients. What procedures are associated with harm? What are the common factors patients see as leading to harm, and how do health care providers respond? This survey is a way for patients to report their experiences as they have lived it, and to know that their report will be counted and added to the voices of other people.

The survey is divided into sections covering various categories of medical adverse events. Answers in the categories can be as brief or as lengthy as you wish. Boxes simply can be checked but we encourage you to use the narrative boxes to share vital details, observations and suggestions. Those who prefer not to fill out a survey can click through and leave a full narrative in the space provided at the end.

If you have had more than one unrelated adverse event or hospitalization, we would appreciate it if you would fill out a separate survey for each event. Adverse events do not have to be recent - events can be reported from any time period.

Unless you explicitly give it to us, we do not collect your computer IP address, contact information, or location. Reports are tallied by state or province where that information is available, and data will be aggregated nationally. With the understanding that this is a voluntary survey with subjective information, we make our findings available at www.EmpoweredPatientCoalition.org.

Please click below to begin the survey and thank you for sharing your experiences.

1. Personal Information

Name: 
City/Town: 
State/Province: 
Country: 
Email Address: 
Phone Number: 

2. May we contact you regarding your survey? (Please be sure to provide contact information)
   Yes
   No

3. State, province, or country where incident occurred

   | Unspecified location | Maryland       | Tennessee |
   | Unspecified location | Michigan       | Utah      |
   | Alabama              | Minnesota      | Vermont   |
   | Alaska               | Mississippi    | Virginia  |
   | Arizona              | Missouri       | Washington|
   | Arkansas             | Montana        | West Virginia |
   | California           | Nebraska       | Wisconsin |
   | Colorado             | Nevada         | Wyoming   |
   | Connecticut          | New Hampshire  | Alberta   |
   | Delaware             | New Jersey     | British Columbia |
   | District of Columbia |               |           |
   | Florida              | New Mexico     | Manitoba  |
   | Georgia              | New York       | New Brunswick |
   | Hawaii               | North Carolina | Newfoundland |
   | Idaho                | North Dakota   | Nova Scotia |
   | Illinois             | Ohio           | Ontario   |
   | Indiana              | Oklahoma       | Prince Edward Island |
   | Iowa                 | Oregon         | Quebec    |
   | Kansas               | Pennsylvania   | Saskatchewan |
   | Kentucky             | Rhode Island   | Northwest Territories |
   | Louisiana            | South Carolina | Nunavut   |
   | Maine                | South Dakota   | Yukon     |

Country or territory outside the United States or Canada (please specify)

4. Year incident occurred


5. Age of patient at time of incident

6. Sex of patient
   M
   F

7. In what size community did the incident occur?
   - Very large city (greater than 1,000,000 population)
   - Very small city (50,000-100,000 population)
   - Large city (500,000-1,000,000 population)
   - Small town or rural setting
   - Small to mid-sized city (100,000-500,000 population)
   - Very small city (50,000-100,000 population)

   (OPTIONAL) Name of city or community

8. What type of medical insurance did the patient have at the time of the event?
   - Traditional indemnity- "fee for service"
   - Medicaid
   - PPO (preferred provider organization)
   - State sponsored insurance
   - HMO (health maintenance organization)
   - State "high risk" policy
   - Medicare
   - County insurance plan
   - Medicare with a supplemental policy
   - No insurance/self pay
   - Other insurance (please specify)

9. Who is making this report?
   - Patient
   - Healthcare professional
   - Relative
   - Other (please specify below)
   - Friend

   (OPTIONAL) If relative or "other," what is your relationship to the patient?
10. If you are reporting an incident that affects you or a loved one as a patient, but you (or the patient) are also a practicing or retired healthcare professional, please specify your occupation.

Physician  
Registered nurse  
Allied health professional  
Healthcare administrator  
Other

Additional comments

GENERAL MEDICAL INFORMATION

11. For what condition was the patient seeking treatment when the adverse event occurred?

12. (OPTIONAL) what if any chronic or underlying disease did the patient have at the time of the incident? (Examples: cancer, heart disease, asthma or lung disease)

13. Please list the procedure, treatment or surgery associated with the original adverse event.

TYPE OF EVENT 

The following sections include questions about different types of adverse events. Several but probably not all categories will be relevant to your event. Please click through the survey and check as many boxes as apply under those questions that pertain to your event.

Narrative comment is always welcome; every question has a comment box for further explanation if you
should so desire. If you would like to leave narrative only, please scroll through to the narrative box at the end of the survey.

PLEASE NOTE: Any events that are criminal in nature, including abductions, assaults, or homicides are NOT to be reported on this form and should be reported to your local police department.

SURGICAL OR PROCEDURE-RELATED ERRORS OR COMPLICATIONS

14. Surgical or procedure-related errors or complications (Check all that apply)

- Blood loss from surgery or other procedure
- Unintentional cut, puncture, or tear of a blood vessel, organ, nerve, or other body part
- Foreign object left in patient after surgery or procedure
- Complications from an implanted medical device (please specify type of device below)
- Complications from organ transplant
- Anesthesia awareness (patient was awake or felt pain while under anesthesia)
- Other anesthesia-related complication
- Burns from a fire on the patient in the operating room (surgical fire)
- Other complications/Additional comments

15. Did the patient get an infection or pneumonia while under medical treatment or in a healthcare-related facility? If not, please skip to Question 19.

Yes (Please answer Questions 16 and 17)
No (Please skip to Question 18)

16. Healthcare-associated infection or pneumonia (Check all that apply)

- Infection at the site of surgery
- Urinary tract infection associated with a urinary
17. If patient got an infection, please name the bacteria, virus, or fungus involved, if known. (Check all that apply)

- Don't know
- Achromobacter
- MRSA (antibiotic-resistant Staph aureus)
- MRSE (antibiotic-resistant Staph epidermis)
- VRSA (vancomycin-resistant Staph)
- Staph infection (antibiotic resistant)
- Staph infection (not antibiotic resistant)
- Streptococcus (Strep)

Other pathogen/Comments

- Clostridium difficile (C-diff)
- Carbapenem-resistant Enterobacteriaceae (CRE)
- VRE (vancomycin-resistant Enterococcus)
- E.coli
- Enterococcus not specified as antibiotic-resistant
- Acinetobacter baumannii
- Pseudomonas aeruginosa
- Enterobacter
- Unspecified gram negative bacteria
- Serratia marcescens
- Aspergillus or other fungus
- Candida or other yeast infection
- Klebsiella
- Legionella
- Other pathogen not listed above (please list below)

PROBLEMS WITH MEDICATIONS

18. If patient had a bloodstream infection or sepsis, please specify the origin of the infection at site of IV
- Infection at site of central line, PICC line or port
- Pneumonia that developed while on a ventilator (breathing machine)
- Other pneumonia
infection, if known (Check all that apply)

Don't know
Nic or perforation during surgery or other procedure
Infection at the site of surgery
Pressure sore or ulcer (bed sore)
IV line

Central line, PICC line or port
Urinary catheter
Back, hip, knee or other joint surgery with implanted hardware
Back, hip, knee or other joint surgery without implanted hardware
Perforated ulcer or damage to bowel from medication

Other origin/Additional information

19. Adverse medication events (Check all that apply)

Overdose
Epidural or spinal anesthesia error
Overdose or underdose related to patient-controlled analgesia (PCA pump)
Medication prescribed to which patient was known to be allergic
Medication was improperly administered
Medication prescribed for incorrect purpose or at incorrect dosage
Drug interaction (medications that should not be used together were given)
Patient was not given medication that he or she needed to have

Patient not given adequate medication to control pain
Patient was prescribed or given medication that should not be given to a person with the patient's condition
Patient was given medication that was not prescribed for him/her or was intended for another patient
Pharmacist filled prescription incorrectly
Patient was prescribed a generic medication that did not work as well as brand-name drug
Healthcare providers did not recognize that the patient was suffering from medication side-effects
Patient became addicted to pain medication
Patient had reaction to medication according to accepted use

Other medication events/Additional comments
20. If patient experienced an adverse medication event, please give the medication(s) involved and briefly describe what happened to the patient.

- Blood thinners (Heparin, Warfarin, Coumadin, Plavix, Lovenox, etc.)
- Narcotic pain medications (Morphine, Dilaudid, Oxycontin, etc.)
- Insulin
- Other diabetes medications
- NSAID pain medications (Toradol, Vioxx, Motrin, Advil, etc.)
- Benzodiazepenes (Ativan, Valium, etc.)
- Sleep medications (Ambien, Halcion, triazolam, etc.)
- Antibiotics
- Steroids
- Chemotherapy medications
- Psychiatric medications including antidepressants, anticonvulsants, ADD drugs
- Acetaminophen (Tylenol)
- Drugs used in anesthesia
- Heart (cardiac) medications
- Diuretics (Lasix, Diuril, etc.)

Please specify other medication and briefly describe what happened to the patient

21. Did the patient have a complication associated with childbirth? If not, please skip to Question 25.

Yes (Please answer Questions 22, 23 and 24)

No (Please skip to Question 25)

COMPLICATIONS OF CHILDBIRTH OR COMPLICATIONS IN A NEWBORN

22. Complications in infant at birth (Check all that apply)

- Death of baby at birth or baby born dead
- Baby was dropped and suffered injury
- Brain damage in baby at birth
- Infection in newborn
- Shoulder injury to baby during birth (shoulder dystocia or Erb's Palsy)
- Complication from untreated jaundice in a newborn (kernicterus)
- Complication from inadequate monitoring of baby's heart rate
- Complication related to circumcision
- Delay in performing Caesarean section
- Complication related to immunization (Hep B vaccine)
23. Childbirth-related complications in a mother (Check all that apply)

- Death of mother in childbirth or associated with childbirth
- Complication associated with labor-inducing drugs
- Complication associated with epidural or other regional anesthesia
- Complication of episiotomy
- Injury to mother associated with forceps delivery
- Respiratory distress or pneumonia in baby
- Severe bleeding during labor or delivery, or following birth
- Retained placenta
- Deep vein thrombosis or other blood clots requiring treatment
- Infection in mother following childbirth or Caesarean section
- Postpartum depression or psychosis (depression or severe mental changes following birth)

Other complications/Additional comments

24. If the patient experienced a childbirth-related complication, please describe the conditions of the birth and interventions used (Check all that apply)

- Unmedicated childbirth with natural-onset labor
- VBAC (vaginal birth after Caesarean)
- Twins or other multiple birth
- Other high-risk pregnancy
- Vacuum extractor
- Forceps
- Episiotomy
- Repair of a tear
- Labor induced by Pitocin drip or other drugs
- Labor induced by artificial rupture of membranes (i.e. breaking the bag of waters)
- Epidural or spinal anesthesia
- General anesthesia
- Scheduled Caesarean section
- Unplanned or emergency Caesarean section
- Home birth

Other complications/Additional comments
OTHER COMPLICATIONS OF MEDICAL TREATMENT

25. Other complications or errors in diagnosis or treatment (Check all that apply)

- Misdiagnosis
- Laboratory or pathology error
- Delay in diagnosis or treatment
- Proper tests not ordered
- Test results were lost, misplaced or disregarded
- Delay in providing treatment to a patient who was getting worse (failure to rescue)
- Pulmonary embolism, blood clot or DVT (deep vein thrombosis)

Pressure ulcer or bedsore
Complications from not controlling blood sugar levels
Blood transfusion error or reaction
Problem with IV or central line (excluding infections listed above)
Ventilator (breathing device) injury or death (excluding infections listed above)
Medical equipment problem

Other complications or errors/Additional comments

ACCIDENTS OR FAILURE TO PROPERLY SUPERVISE THE PATIENT

26. Accidents or failure to properly supervise the patient (Check all that apply)

- Patient fall or injury while walking or trying to walk
- Patient fall or injury while trying to climb over bedrails
- Patient injury or death while in restraints
- Burn not associated with surgery
- Patient slipped away from a facility without a planned discharge
- Patient slipped away from a facility while trying to walk
- Suicide while a patient in a medical facility
- Unexpected death or suicide while under outpatient medical or psychiatric treatment

Other accidents/Additional comments
27. PATIENT OUTCOME FROM EVENT (Check all that apply) 
(Please briefly provide details in the box at the end of the question)

Death (other than suicide)        Short-term loss of function (less than 3 months)
Suicide                           Long-term loss of function (more than 3 months)
Brain damage                      Permanent loss of function or disability
Chronic pain                       Post-traumatic stress or emotional trauma
Need for additional surgery        Financial loss
Readmission to the hospital within 30 days
Loss of bowel or bladder control
Disfigurement (change in appearance)

Other outcome/Additional comments

28. What was the effect of the event on the patient's family and significant others? 
(Check all that apply)

Little or no effect Financial loss Loss of home
Emotional trauma or Loss of employment Stress of caregiving
Post-traumatic stress (PTSD) Loss of lifestyle Divorce
Guilt

Other effect/Additional comments

29. If the patient experienced financial loss or had to utilize additional resources, 
please categorize the type of expenditure. (Check all that apply)

Personal expense (out-of-pocket or use of savings)
Employer benefits (use of sick or vacation time)
Catastrophic illness funds
Bankruptcy filed due to medical bills
Personal expense (private loan or bank loan)
Medicaid coverage
Food stamps
Community/state funding (please list below)
Home care expense
Unemployment benefits
GENERAL INFORMATION ABOUT THE EVENT

30. WHERE DID THE EVENT HAPPEN?

- General hospital
- Teaching hospital
- Psychiatric or behavioral health facility
- Emergency department
- Nursing home
- Assisted living facility
- Rehab unit or long-term acute care facility
- Dialysis unit
- Freestanding birthing center
- Outpatient surgery center
- Other outpatient clinic or health center
- Home
- Clinical laboratory (for lab or pathology error)
- Doctor's office or other healthcare provider's office
- Pharmacy or drugstore
- Other location/Additional comments

31. PERSONNEL INVOLVED (Check all that apply)

- Primary care physician
- Surgeon
- Board-certified obstetrician (for birth)
- Lay midwife
- Other physician (please list specialty below)
- Resident physician or intern
- Pathologist
- Nurse practitioner
- Nurse's Aide
- Hospital administration
- Pharmacist
- Chiropractor
- Other professional health worker (Examples: radiation tech, respiratory therapist)
- Other professional health worker (Examples: radiation tech, respiratory therapist)
- Medical assistant, patient care assistant or other assistive personnel
**32. CONTRIBUTING FACTORS TO THE ADVERSE EVENT (Choose as many as apply)**

<table>
<thead>
<tr>
<th>Did not occur or not applicable</th>
<th>Occurred, but not a serious problem</th>
<th>Serious problem in patient's care</th>
<th>Major factor affecting patient outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient was not given the information needed to make an informed decision</td>
<td>Healthcare personnel did not listen to patient or family</td>
<td>Patient was not properly monitored</td>
<td>Nurse did not respond quickly to the call button</td>
</tr>
<tr>
<td>Doctor was slow to arrive</td>
<td>Healthcare personnel did not communicate well with each other</td>
<td>Healthcare personnel seemed untrained or lacking in knowledge</td>
<td>Healthcare personnel seemed over-confident</td>
</tr>
<tr>
<td>Healthcare personnel seemed overtired or fatigued</td>
<td>Occurred, but not a serious problem in patient's care</td>
<td>Major factor affecting patient outcome</td>
<td></td>
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<td>--------------------------------------------------</td>
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<td>----------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Healthcare personnel seemed overworked, rushed, or behind schedule</td>
<td>Serious problem in patient's care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Healthcare personnel did not seem familiar with the patient's case</td>
<td>Did not occur or not applicable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Healthcare personnel did not communicate important information to patient</td>
<td>Did not occur or not applicable</td>
<td></td>
<td></td>
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<tr>
<td>Healthcare personnel did not seem concerned about the patient</td>
<td>Did not occur or not applicable</td>
<td></td>
<td></td>
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<tr>
<td>Patient's room not cleaned properly, environment not sanitary</td>
<td>Did not occur or not applicable</td>
<td></td>
<td></td>
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<tr>
<td>Healthcare personnel did not follow sanitary procedure</td>
<td>Did not occur or not applicable</td>
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<tr>
<td>Medical procedures or treatments were not performed carefully</td>
<td>Did not occur or not applicable</td>
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<tr>
<td>Premature discharge</td>
<td>Did not occur or not applicable</td>
<td></td>
<td></td>
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<tr>
<td>Lack of follow-up after discharge</td>
<td>Did not occur or not applicable</td>
<td></td>
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</tr>
<tr>
<td>Other (please describe below)</td>
<td>Did not occur or not applicable</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
HEALTHCARE PROVIDER/FACILITY RESPONSE TO THE EVENT

33. HOW DID YOU LEARN WHAT HAD HAPPENED? (Check all that apply)

- I am still trying to find out what happened
- Institution or healthcare provider disclosed error
- From the patient (or you are the patient)
- Witnessed the event personally
- Staff member warned you privately that something had gone wrong
- From a witness (not healthcare provider or staff)

Other means/Additional comments

34. HOW DID THE FACILITY OR HEALTHCARE PROVIDER RESPOND? (Check all that apply)

- Open, concerned, transparent
- Apologized and took responsibility for incident
- Offered to compensate or otherwise make amends to patient/family
- Event was investigated and patient/family were kept informed
- Patient/family were interviewed as part of investigation of the event
- Patient/family were included as part of the investigating team
- Secretive or unwilling to include patient or family in evaluating the event
- No response after request to investigate
- Denied responsibility
- Told patient/family that care was "appropriate" when it did not seem to be
- Individual providers who were involved were not available to discuss the event with patient/family
- Tried to prevent patient/family from getting crucial information
- Removed information or altered medical records
35. Do you feel that the patient or patient's family members later had a difficult time getting medical care because of the adverse event?

   Yes
   No

Comments

36. Did the patient or family consider suing over the adverse event?

   Yes (please answer Questions 38 - 45)
   No (please answer question 37 and then skip to Question 46)

LEGAL AND REGULATORY CONSEQUENCES OF THE ADVERSE EVENT (OPTIONAL)

37. If the patient or family DID NOT want to sue, what were the reasons? (Check all that apply)

   Patient/family did not want to sue because provider or facility seemed remorseful and open
   Patient/family felt there was no point in suing because a lawsuit would not change the past
   Patient/family did not feel a need to sue because provider or facility provided compensation without a lawsuit
   Patient/family did not want to be subjected to the ordeal of litigation
   Patient/family received an apology
   Patient/family were concerned about the expense of litigation
   The event was not serious enough for a lawsuit

Other reason/Comment

38. If the patient or family DID want to sue, what were the reasons? (Check all that
apply)

- Patient/family wanted to hold the responsible parties accountable
- Patient/family wanted to find out what had happened
- Patient/family wanted to sue because of the financial losses they had suffered
- Patient/family were angry at the way they had been treated by the provider or facility
- Patient/family wanted to be sure that the same thing did not happen to someone else

Other reason/Additional comment

39. Did the patient or family consult a lawyer concerning the adverse event?

- Yes (Please answer Questions 40-45)
- No (Please skip to Question 46)

40. If the patient or family consulted a lawyer, what was the outcome of the interaction with the attorney? (Check all that apply)

- Family told they did not have legal standing to sue under state/provincial law
- After consulting a lawyer, patient/family decided not to file lawsuit
- Patient/family did not sue because no suitable lawyer wanted to take the case
- Patient/family acted as their own attorney
- Lawyer told patient/family that caps on medical malpractice payments made the case too expensive to bring

Other outcome (please specify)

41. If the patient or family pursued legal action, what was the outcome of the case? (Check all that apply)
42. If the patient or family settled a case, did they sign a confidentiality clause agreeing not to discuss any of the following? (Check all that apply)

- The amount of the settlement
- The existence of the settlement
- The details of the adverse event
- The names of the parties to the lawsuit
- The existence of the confidentiality agreement

Other agreements/Additional comments

43. If the patient or family signed a confidentiality agreement, what was the reason for signing?

- Patient/family felt compelled to sign because they were told the defense would not settle without a confidentiality agreement
- Patient/family signed the agreement voluntarily because they wanted to keep the details of the settlement confidential

Other/Additional comments
44. If the patient or family pursued legal action (with or without success), how long did the legal process last?


45. If the patient or family received a legal settlement or other financial compensation, how much did they receive after medical liens, subrogation of medical expenses, and legal expenses?

- The lawsuit cost us more than we received
- $101,000 - $250,000
- Less than $30,000
- $251,000 - $500,000
- $31,000 - $100,000
- $501,000 - $1,000,000
- More than $1 million

Other /Additional comments

REGULATORY FOLLOW-UP TO THE ADVERSE EVENT

PLEASE NOTE that the scope of problems in medical care can only be assessed if problems are reported to the appropriate authorities. Links to regulatory and accrediting agencies can be found at www.empoweredpatientcoalition.org/report-a-medical-event. If you have not yet reported your event, we urge you to do so, even if the event is not recent.

46. To what agencies and institutions, if any, did the patient, family, or other individuals report the adverse event?

- Not reported
- Reported to the Food and Drug Administration (FDA)
- Reported to administration of facility or office where incident occurred
- Medicare or Medicaid (CMS)
- Reported to state health department
- Reported to the Institute for Safe Medication Practices (ISMP) or ConsumerMedSafety
- Reported to state medical, nursing, or other licensing board
- Ombudsman or Patient Relations
- Reported to the Joint Commission
- Insurance Company
- Reported to the Accreditation Council for Graduate Medical Education (ACGME)
- Canadian Health Authority

Report a Medical Event Survey
https://www.surveymonkey.com/s/ZJT6H6D

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Filed HIPAA complaint for privacy violation (FIPAA in Canada)

Other agencies/Additional comments

47. Were you satisfied with the response of the institutions or agencies to which you reported the adverse event?
   
   Yes
   
   No

Please briefly describe the response to your reports, if any

OPTIONAL NARRATIVE OR COMMENT

48. NARRATIVE (Please give a brief description of the incident and any additional comments or suggestions you have for how the incident might have been prevented.)

   NARRATIVE:

   Comments
49. CONSUMERS UNION
This survey was created in a joint collaboration between The Empowered Patient Coalition and the Consumers Union Safe Patient Project (www.safepatientproject.org), which welcomes input from those who would like to share their stories of medical harm. The Consumers Union Safe Patient Project seeks to eliminate medical harm through public disclosure of patient safety events such as hospital-acquired infections and medical errors, as well as information about health care providers, the safety of prescription drugs and problems with medical devices.

May we share your story with Consumers Union?
Yes
No

50. Are you interested in sharing your story with members of the media reporting on health care issues? If so, please be sure that you have entered your contact information above or enter it in the box below.
51. Patient Harm Questionnaire from Propublica.

Please consider filling out an additional survey sponsored by Propublica at http://www.propublica.org/article/patient-harm-questionnaire

52. Thank you for completing our survey. Please tell us if you have suggestions for improving our reporting process and please alert others who may have experienced adverse events to complete the survey. For more information or to see survey results, please visit www.EmpoweredPatientCoalition.org.