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Report a Medical Event

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:	<input type="text"/>
City/Town:	<input type="text"/>
State/Province:	<input type="text"/>
Country:	<input type="text"/>
Email Address:	<input type="text"/>
Phone Number:	<input type="text"/>

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 |
| Alabama | Michigan | Utah |
| Alaska | Minnesota | Vermont |
| Arizona | Mississippi | Virginia |
| Arkansas | Missouri | Washington |
| California | Montana | West Virginia |
| Colorado | Nebraska | Wisconsin |
| Connecticut | Nevada | Wyoming |
| Delaware | New Hampshire | Alberta |
| District of Columbia | New Jersey | British 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)

Large city (500,000-1,000,000 population)

Small to mid-sized city (100,000-500,000 population)

(OPTIONAL) Name of city or community

Very small city (50,000-100,000 population)

Small town or rural setting

8. What type of medical insurance did the patient have at the time of the event?

Traditional indemnity- "fee for service"

PPO (preferred provider organization)

HMO (health maintenance organization)

Medicare

Medicare with a supplemental policy

Other insurance (please specify)

Medicaid

State sponsored insurance

State "high risk" policy

County insurance plan

No insurance/self pay

9. Who is making this report?

Patient

Relative

Friend

Healthcare professional

Other (please specify below)

(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

Healthcare administrator

Registered nurse

Other

Allied health professional

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 | Burn during surgery- not associated with a fire |
| Unintentional cut, puncture, or tear of a blood vessel, organ, nerve, or other body part | Surgery performed by resident or other doctor without the patient's knowledge |
| Foreign object left in patient after surgery or procedure | Wrong-site surgery or procedure |
| Complications from an implanted medical device (please specify type of device below) | Procedure or surgery performed on wrong patient |
| Complications from organ transplant | Wrong procedure |
| Anesthesia awareness (patient was awake or felt pain while under anesthesia) | Post-operative infection |
| Other anesthesia-related complication | Other post-operative complication or problem during recovery (please list below) |
| Burns from a fire on the patient in the operating room (surgical fire) | Nerve damage from positioning the patient during surgery (positioning injury) |
| Other complications/Additional comments | |

HEALTHCARE-ASSOCIATED INFECTION OR PNEUMONIA

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 |
|----------------------------------|---|

- Other infection following surgery
- Sepsis or bloodstream infection
- Infected pressure sore or ulcer (bed sore or decubitus ulcer)
- Diarrhea caused by intestinal infection (ex: C-diff)
- Necrotizing fasciitis (flesh-eating bacteria)
- Other Infection or Pneumonia/Additional comments

- catheter
- 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

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)

- 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)

Other pathogen/Comments

PROBLEMS WITH MEDICATIONS

18. If patient had a bloodstream infection or sepsis, please specify the origin of the

infection, if known (Check all that apply)

- Don't know
- Nick 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

Brain damage in baby at birth

Shoulder injury to baby during birth (shoulder dystocia or Erb's Palsy)

Complication from inadequate monitoring of baby's heart rate

Delay in performing Caesarean section

Baby was dropped and suffered injury

Infection in newborn

Complication from untreated jaundice in a newborn (kernicterus)

Complication related to circumcision

Complication related to immunization (Hep B vaccine)

Respiratory distress or pneumonia in baby

Other complications/Additional comments

23. Childbirth-related complications in a mother (Check all that apply)

Death of mother in childbirth or associated with childbirth

Severe bleeding during labor or delivery, or following birth

Complication associated with labor-inducing drugs

Retained placenta

Complication associated with epidural or other regional anesthesia

Deep vein thrombosis or other blood clots requiring treatment

Complication of episiotomy

Infection in mother following childbirth or Caesarean section

Injury to mother associated with forceps delivery

Postpartum depression or psychosis (depression or severe mental changes following birth)

Other complicationa/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

Labor induced by Pitocin drip or other drugs

VBAC (vaginal birth after Caesarean)

Labor induced by artificial rupture of membranes (i.e. breaking the bag of waters)

Twins or other multiple birth

Epidural or spinal anesthesia

Other high-risk pregnancy

General anesthesia

Vacuum extractor

Scheduled Caesarean section

Forceps

Unplanned or emergency Caesarean section

Episiotomy

Home birth

Repair of a tear

Other complications /Additional comments

OTHER COMPLICATIONS OF MEDICAL TREATMENT

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

- | | |
|---|---|
| Misdiagnosis | Pressure ulcer or bedsore |
| Laboratory or pathology error | Complications from not controlling blood sugar levels |
| Delay in diagnosis or treatment | Blood transfusion error or reaction |
| Proper tests not ordered | Problem with IV or central line (excluding infections listed above) |
| Test results were lost, misplaced or disregarded | Ventilator (breathing device) injury or death (excluding infections listed above) |
| Delay in providing treatment to a patient who was getting worse (failure to rescue) | Medical equipment problem |
| Pulmonary embolism, blood clot or DVT (deep vein thrombosis) | |

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

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)
- Suicide
- Brain damage
- Chronic pain
- Need for additional surgery
- Readmission to the hospital within 30 days
- Loss of bowel or bladder control
- Disfigurement (change in appearance)
- Short-term loss of function (less than 3 months)
- Long-term loss of function (more than 3 months)
- Permanent loss of function or disability
- Post-traumatic stress or emotional trauma
- Financial loss
- No injury - near miss
- No serious injury
- Not sure yet (for recent events)

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 Post-traumatic stress (PTSD)
- Loss of employment
- Stress of caregiving
- Guilt
- Loss of lifestyle
- Divorce

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
- Personal expense (private loan or bank loan)
- Medicaid coverage
- Bankruptcy filed due to medical bills
- Home care expense
- Food stamps
- Community/state funding (please list below)
- Unemployment benefits

Employer benefits (short-term disability)

SSI disability income

Other medical expense source (please list below)

Employer benefits (long-term disability)

List community/state funding or other medical expense source

GENERAL INFORMATION ABOUT THE EVENT

30. WHERE DID THE EVENT HAPPEN?

General hospital

Assisted living facility

Other outpatient clinic or health center

Teaching hospital

Rehab unit or long-term

acute care facility

Home

Psychiatric or behavioral health facility

Dialysis unit

Clinical laboratory (for lab or pathology error)

Emergency department

Freestanding birthing center

Doctor's office or other healthcare provider's office

Nursing home

Outpatient surgery center

Pharmacy or drugstore

Other location/Additional comments

31. PERSONNEL INVOLVED (Check all that apply)

Primary care physician

Nurse's Aide

Surgeon

Hospital administration

Board-certified obstetrician (for birth)

Pharmacist

Lay midwife

Chiropractor

Other physician (please list specialty below)

Other professional health worker (Examples: radiation tech, respiratory therapist)

Resident physician or intern

Chiropractor

Pathologist

Medical assistant, patient care assistant or other assistive personnel

Nurse practitioner

Bedside nurse

Emergency Medical Responders (EMS)

Other registered nurse

Social worker

Other personnel/Additional comments

32. CONTRIBUTING FACTORS TO THE ADVERSE EVENT (Choose as many as apply)

	Did not occur or not applicable	Occurred, but not a serious problem	Serious problem in patient's care	Major factor affecting patient outcome
Patient was not given the information needed to make an informed decision				
Healthcare personnel did not listen to patient or family				
Patient was not properly monitored				
Nurse did not respond quickly to the call button				
Doctor was slow to arrive				
Healthcare personnel did not communicate well with each other				
Healthcare personnel seemed untrained or lacking in knowledge				
Healthcare personnel seemed over-confident				

	Did not occur or not applicable	Occurred, but not a serious problem	Serious problem in patient's care	Major factor affecting patient outcome
Healthcare personnel seemed overtired or fatigued				
Healthcare personnel seemed overworked, rushed, or behind schedule				
Healthcare personnel did not seem familiar with the patient's case				
Healthcare personnel did not communicate important information to patient				
Healthcare personnel did not seem concerned about the patient				
Patient's room not cleaned properly, environment not sanitary				
Healthcare personnel did not follow sanitary procedure				
Medical procedures or treatments were not performed carefully				
Premature discharge				
Lack of follow-up after discharge				
Other (please describe below)				

Other contributing factors/Comments

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 | From a doctor or staff member at another hospital or office |
| Institution or healthcare provider disclosed error | Reading the medical record |
| From the patient (or you are the patient) | Through a complaint process |
| Witnessed the event personally | Through my own research or investigation |
| Staff member warned you privately that something had gone wrong | Autopsy |
| 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 | No response after request to investigate |
| Apologized and took responsibility for incident | Denied responsibility |
| Offered to compensate or otherwise make amends to patient/family | Told patient/family that care was "appropriate" when it did not seem to be |
| Event was investigated and patient/family were kept informed | Individual providers who were involved were not available to discuss the event with patient/family |
| Patient/family were interviewed as part of investigation of the event | Tried to prevent patient/family from getting crucial information |
| Patient/family were included as part of the investigating team | Removed information or altered medical records |
| Secretive or unwilling to include patient or family in evaluating the event | |

Other response/Comments

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

LEGAL AND REGULATORY CONSEQUENCES OF THE ADVERSE EVENT (OPTIONAL)

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)

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

Lawyer asked family to pay legal expenses up front

After consulting a lawyer, patient/family decided not to file lawsuit

Lawyer took the case on contingency basis

Patient/family did not sue because no suitable lawyer wanted to take the case

Lawyer took the case, but dropped it before filing a lawsuit

Patient/family acted as their own attorney

Lawsuit was filed and later dismissed

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)

- Lawsuit was dismissed
- Case settled out of court without a lawsuit being filed
- Case settled out of court after filing a lawsuit
- Case settled for attorney's expenses only
- Case went to trial with verdict in favor of plaintiffs
- Case went to trial with verdict in favor of defendants
- Verdict was appealed
- Case was settled according to pre-arranged agreement for less than the jury's verdict
- Insurance company, Medicare or Medicaid placed a lien on settlement or jury award
- Lawsuit is still ongoing

Other outcome/Additional comments

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 |
| 0 | \$251,000 - \$500,000 |
| Less than \$30,000 | \$501,000 - \$1,000,000 |
| \$31,000 - \$100,000 | 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 |

Filed HIPAA complaint for privacy violation
(FIPAA in Canada)

Canada - Provincial Minister of Health

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.

Next