

<b>CASE ABSTRACT FOR MALPRACTICE CLAIMS</b>		<b>1. DATE OF REPORT</b> (YYYYMMDD)	<b>2. CLAIMANT LAST NAME</b>	<b>REPORT CONTROL SYMBOL</b> DD-HA(AR)1782
<b>3. TYPE OF REPORT</b> ( <i>X one</i> )			<b>4. DATES OF ACT(S) OR OMISSION(S)</b> (YYYYMMDD)	
<input type="checkbox"/> a. INITIAL	<input type="checkbox"/> b. CORRECTION OR ADDITION	<input type="checkbox"/> a. BEGINNING DATE		<input type="checkbox"/> b. ENDING DATE
<input type="checkbox"/> c. REVISION TO ACTION	<input type="checkbox"/> d. VOID PREVIOUS REPORT			
<b>5. DATE CLAIM FILED</b> (YYYYMMDD)	<b>6. DATE OF JUDGMENT OR SETTLEMENT</b> (YYYYMMDD)	<b>7. MEDICAL TREATMENT FACILITY</b>		
		<input type="checkbox"/> a. NAME		<input type="checkbox"/> b. DMIS CODE
<b>8. PRACTITIONER INFORMATION</b>				
<input type="checkbox"/> a. NAME ( <i>Last, First, Middle Initial</i> )		<input type="checkbox"/> b. SSN		<input type="checkbox"/> c. DATE OF BIRTH (YYYYMMDD)
<input type="checkbox"/> d. NAME OF PROFESSIONAL SCHOOL ATTENDED		<input type="checkbox"/> e. DATE GRADUATED (YYYYMMDD)		<input type="checkbox"/> f. SPECIALTY CODE
<input type="checkbox"/> g. STATUS ( <i>X one</i> )				
<input type="checkbox"/> (1) Army	<input type="checkbox"/> (3) Air Force	<input type="checkbox"/> (5) Civilian GS	<input type="checkbox"/> (7) Partnership External	<input type="checkbox"/> (9) Non-Personal Services Contract
<input type="checkbox"/> (2) Navy	<input type="checkbox"/> (4) PHS	<input type="checkbox"/> (6) Partnership Internal	<input type="checkbox"/> (8) Personal Services Contract	
<input type="checkbox"/> h. SOURCE OF ACCESSION ( <i>X all that apply</i> )				
<input type="checkbox"/> (1) Military		<input type="checkbox"/> (2) Civilian		
<input type="checkbox"/> (a) Volunteer	<input type="checkbox"/> (d) National Guard	<input type="checkbox"/> (a) Civil Service	<input type="checkbox"/> (d) Foreign National (Local Hire)	
<input type="checkbox"/> (b) Armed Forces Health Professional Scholarship Program	<input type="checkbox"/> (e) Reserve	<input type="checkbox"/> (b) Contracted	<input type="checkbox"/> (e) Other ( <i>Specify</i> )	
<input type="checkbox"/> (c) Uniformed Services University of Health Sciences	<input type="checkbox"/> (f) Other ( <i>Specify</i> )	<input type="checkbox"/> (c) Consultant		
<input type="checkbox"/> i. LICENSING INFORMATION				
<input type="checkbox"/> (1) State of License		<input type="checkbox"/> (2) License Number		<input type="checkbox"/> (1) State of License
				<input type="checkbox"/> (2) License Number
<b>9. TYPE OF PRACTITIONER AND SPECIALTY (FIELD OF LICENSURE)</b> ( <i>X all that apply</i> )				
<input type="checkbox"/> a. PHYSICIAN DEGREE		<input type="checkbox"/> M.D. (010)		<input type="checkbox"/> D.O. (020)
<input type="checkbox"/> (1) Highest Level of Specialization				
<input type="checkbox"/> (a) Board Certified	<input type="checkbox"/> (b) Residency Completed	<input type="checkbox"/> (c) In Residency (015/025)		<input type="checkbox"/> (d) No Residency
<input type="checkbox"/> (2) Primary Specialty		<input type="checkbox"/> (h) Internal Medicine (Cont.)		<input type="checkbox"/> (l) Otorhinolaryngology
<input type="checkbox"/> (a) In Training	<input type="checkbox"/> (h.c) Infectious Disease	<input type="checkbox"/> (m) Orthopedics	<input type="checkbox"/> (t) Surgery, General (Cont.)	
<input type="checkbox"/> (b) General Practice (GMO)	<input type="checkbox"/> (h.d) Nephrology	<input type="checkbox"/> (n) Pathology	<input type="checkbox"/> (t.d) Oncology	
<input type="checkbox"/> (c) Anesthesiology	<input type="checkbox"/> (h.e) Pulmonary	<input type="checkbox"/> (o) Pediatrics	<input type="checkbox"/> (t.e) Pediatric	
<input type="checkbox"/> (d) Aviation Medicine	<input type="checkbox"/> (h.f) Rheumatology	<input type="checkbox"/> (p) Physical Medicine	<input type="checkbox"/> (t.f) Peripheral Vascular	
<input type="checkbox"/> (e) Dermatology	<input type="checkbox"/> (h.g) Tropical Medicine	<input type="checkbox"/> (q) Preventive Medicine	<input type="checkbox"/> (t.g) Plastic	
<input type="checkbox"/> (f) Emergency Medicine	<input type="checkbox"/> (h.h) Allergy/Immunology	<input type="checkbox"/> (r) Psychiatry	<input type="checkbox"/> (u) Underseas Medicine	
<input type="checkbox"/> (g) Family Practice	<input type="checkbox"/> (h.i) Cardiology	<input type="checkbox"/> (s) Radiology	<input type="checkbox"/> (v) Urology	
<input type="checkbox"/> (h) Internal Medicine	<input type="checkbox"/> (h.j) Endocrinology	<input type="checkbox"/> (t) Surgery, General	<input type="checkbox"/> (w) Intensivist	
<input type="checkbox"/> (h.a) Gastroenterology	<input type="checkbox"/> (i) Neurology	<input type="checkbox"/> (t.a) Cardio-Thoracic	<input type="checkbox"/> (x) Neonatologist	
<input type="checkbox"/> (h.b) Hematology - Oncology	<input type="checkbox"/> (j) Obstetrics/Gynecology	<input type="checkbox"/> (t.b) Colon-Rectal	<input type="checkbox"/> (y) Other ( <i>Specify</i> )	
	<input type="checkbox"/> (k) Ophthalmology	<input type="checkbox"/> (t.c) Neurosurgery		
<input type="checkbox"/> (3) Board Certification(s)				
<input type="checkbox"/> b. DENTIST				
		DENTIST (030)		
<input type="checkbox"/> (1) Highest Level of Specialization				
<input type="checkbox"/> (a) Board Certified	<input type="checkbox"/> (c) In Residency (035)	<input type="checkbox"/> (2) Primary Specialty		
<input type="checkbox"/> (b) Residency Completed	<input type="checkbox"/> (d) No Residency	<input type="checkbox"/> (a) General Dental Officer		<input type="checkbox"/> (c) Other ( <i>Specify</i> )
		<input type="checkbox"/> (b) Oral Surgeon		
<input type="checkbox"/> (3) Board Certification(s)				
<input type="checkbox"/> c. OTHER PRACTITIONERS				
		OTHER PRACTITIONERS		
<input type="checkbox"/> Audiologist (400)	<input type="checkbox"/> Nurse Anesthetist (110)	<input type="checkbox"/> Optometrist (636)	<input type="checkbox"/> Registered Nurse (100)	
<input type="checkbox"/> Clinical Dietician (200)	<input type="checkbox"/> Nurse Midwife (120)	<input type="checkbox"/> Physical Therapist (430)	<input type="checkbox"/> Emergency Medical Technician	
<input type="checkbox"/> Clinical Pharmacist (050)	<input type="checkbox"/> Nurse Practitioner (130)	<input type="checkbox"/> Physician Assistant (642)	<input type="checkbox"/> Other ( <i>Specify</i> )	
<input type="checkbox"/> Clinical Psychologist (370)	<input type="checkbox"/> Occupational Therapist (410)	<input type="checkbox"/> Podiatrist (350)		
<input type="checkbox"/> Clinical Social Worker (300)		<input type="checkbox"/> Speech Pathologist (450)		



**15. PROFESSIONAL REVIEW ASSESSMENT BY MEDICAL TREATMENT FACILITY**

a. ATTRIBUTION OF CAUSE <i>(X all that apply)</i>			b. EVALUATION OF CARE <i>(X one)</i>		
<input type="checkbox"/> (1) Facility or Equipment	<input type="checkbox"/> (2) Physician	<input type="checkbox"/> (3) Personnel other than Physician	<input type="checkbox"/> (1) Met	<input type="checkbox"/> (2) Not Met	
<input type="checkbox"/> (4) Management	<input type="checkbox"/> (5) System		<input type="checkbox"/> (3) Indeterminate		
c. IDENTIFY LOCATION OF CARE <i>(X one)</i>					
<input type="checkbox"/> (1) Ambulatory Clinic	<input type="checkbox"/> (2) Inpatient Clinic	<input type="checkbox"/> (3) Dental Service	<input type="checkbox"/> (4) Emergency	<input type="checkbox"/> (5) Other <i>(Specify)</i>	
d. INJURY SEVERITY <i>(X one)</i>			e. INJURY DURATION <i>(X one)</i>		
<input type="checkbox"/> (1) None	<input type="checkbox"/> (2) Some	<input type="checkbox"/> (3) Death	<input type="checkbox"/> (1) Temporary	<input type="checkbox"/> (2) Permanent	<input type="checkbox"/> (3) Cannot Predict/Undetermined

**16. ASSESSMENT**

a. AFIP REQUIRED?	<input type="checkbox"/> YES	<input type="checkbox"/> NO <i>(Evaluation of Care. X one)</i>	<input type="checkbox"/> (1) Met	<input type="checkbox"/> (2) Not Met	<input type="checkbox"/> (3) Indeterminate
b. OTHER ASSESSMENTS					
(1) UCA or Name	<input type="checkbox"/>	<input type="checkbox"/> (1) Met	<input type="checkbox"/> (2) Not Met	<input type="checkbox"/> (3) Indeterminate	
(1) UCA or Name	<input type="checkbox"/>	<input type="checkbox"/> (1) Met	<input type="checkbox"/> (2) Not Met	<input type="checkbox"/> (3) Indeterminate	
(1) UCA or Name	<input type="checkbox"/>	<input type="checkbox"/> (1) Met	<input type="checkbox"/> (2) Not Met	<input type="checkbox"/> (3) Indeterminate	
(1) UCA or Name	<input type="checkbox"/>	<input type="checkbox"/> (1) Met	<input type="checkbox"/> (2) Not Met	<input type="checkbox"/> (3) Indeterminate	

c. FINAL OTSG DETERMINATION ACT OR OMISSION CODE(S) <i>(Refer to table on Page 4)</i>			d. CLINICAL SERVICE CODE		
<input type="checkbox"/> (1) Primary Act or Omission Code	<input type="checkbox"/>	<input type="checkbox"/> (2) Additional Act or Omission Code	<input type="checkbox"/>	<input type="checkbox"/> (1) Primary	
<input type="checkbox"/> (3) Additional Act or Omission Code	<input type="checkbox"/>	<input type="checkbox"/> (4) Additional Act or Omission Code	<input type="checkbox"/>	<input type="checkbox"/> (2) Secondary	
<input type="checkbox"/> (5) Additional Act or Omission Code	<input type="checkbox"/>	<input type="checkbox"/> (6) Additional Act or Omission Code	<input type="checkbox"/>	<input type="checkbox"/> (3) Tertiary	
<b>17. STANDARD OF CARE (OTSG DETERMINATION)</b> <i>(X one)</i>		<input type="checkbox"/> MET	<b>18. NPDB REPORTED</b>		<input type="checkbox"/> YES
		<input type="checkbox"/> NOT MET			<input type="checkbox"/> NO

**19. REMARKS**

DIAGNOSIS RELATED

- 010 Failure to diagnose (i.e., concluding that patient has no disease or condition)
- 020 Wrong diagnosis (misdiagnosis, i.e., original diagnosis is incorrect)
- 030 Improper performance of test
- 040 Unnecessary diagnostic test
- 050 Delay in diagnosis
- 060 Failure to obtain consent/lack of informed consent
- 090 Diagnosis related (NOC)\*

ANESTHESIA RELATED

- 110 Failure to complete patient assessment
- 120 Failure to monitor
- 130 Failure to test equipment
- 140 Improper choice of anesthesia agent or equipment
- 150 Improper technique/induction
- 160 Improper equipment use
- 170 Improper intubation
- 180 Improper positioning
- 185 Failure to obtain consent/lack of informed consent
- 190 Anesthesia related (NOC)\*

SURGERY RELATED

- 210 Failure to perform surgery
- 220 Improper positioning
- 230 Retained foreign body
- 240 Wrong body part
- 250 Improper performance of surgery
- 260 Unnecessary surgery
- 270 Delay in surgery
- 280 Improper management of surgical patient
- 285 Failure to obtain consent for surgery/lack of informed consent
- 290 Surgery related (NOC)\*

MEDICATION RELATED

- 305 Failure to order appropriate medication
- 310 Wrong medication ordered
- 315 Wrong dosage ordered of correct medication
- 320 Failure to instruct on medication
- 325 Improper management of medication program
- 330 Failure to obtain consent for medication/lack of informed consent
- 340 Medication error (NOC)\*
- 350 Failure to medicate
- 355 Wrong medication administered
- 360 Wrong dosage administered
- 365 Wrong patient
- 370 Wrong route
- 380 Improper technique
- 390 Medication administration related (NOC)\*

INTRAVENOUS AND BLOOD PRODUCTS RELATED

- 410 Failure to monitor
- 420 Wrong solution
- 430 Improper performance
- 440 IV related (NOC)\*
- 450 Failure to insure contamination free
- 460 Wrong type
- 470 Improper administration
- 480 Failure to obtain consent/lack of informed consent
- 490 Blood product related (NOC)\*

OBSTETRICS RELATED

- 505 Failure to manage pregnancy
- 510 Improper choice of delivery method
- 520 Improperly performed vaginal delivery
- 525 Improperly performed C-section
- 530 Delay in delivery (induction or surgery)
- 540 Failure to obtain consent/lack of informed consent
- 550 Improperly managed labor (NOC)\*
- 555 Failure to identify/treat fetal distress
- 560 Delay in treatment of fetal distress (i.e., identified but treated in untimely manner)
- 570 Retained foreign body/vaginal/uterine
- 580 Abandonment
- 590 Wrongful life/birth
- 590 Obstetrics related (NOC)\*

TREATMENT RELATED

- 610 Failure to treat
- 620 Wrong treatment/procedure performed (also improper choice)
- 630 Failure to instruct patient on self care
- 640 Improper performance of a treatment/procedure
- 650 Improper management of course of treatment
- 660 Unnecessary treatment
- 665 Delay in treatment
- 670 Premature end of treatment (also abandonment)
- 675 Failure to supervise treatment/procedure
- 680 Failure to obtain consent for treatment/lack of informed consent
- 685 Failure to refer/seek consultation
- 690 Treatment related (NOC)\*

MONITORING

- 710 Failure to monitor
- 720 Failure to respond to patient
- 730 Failure to report on patient condition
- 790 Monitoring related (NOC)\*

BIOMEDICAL EQUIPMENT/PRODUCT RELATED

- 810 Failure to inspect/monitor
- 820 Improper maintenance
- 830 Improper use
- 840 Failure to respond to warning
- 850 Failure to instruct patient on use of equipment/product
- 860 Malfunction/failure
- 890 Biomedical equipment/product related (NOC)\*

MISCELLANEOUS

- 910 Inappropriate behavior of clinician (i.e., sexual misconduct allegation, assault)
- 920 Failure to protect third parties (i.e., failure to warn/protect from violent patient behavior)
- 930 Breach of confidentiality/privacy
- 940 Failure to maintain appropriate infection control
- 950 Failure to follow institutional policy or procedure
- 960 Other (Provide detailed written description)
- 990 Failure to review provider performance