This document is for reference regarding the questions in the Patient Safety Event Reporting Tool. To submit the actual event, please go onto the webpage to enter data through the portal: http://www.entnet.org/content/patient-safety-tool. (For privacy, we cannot accept pdf submissions).

1. **What type of event is being reported?**
   - ☐ Near Miss: An event or situation that could have resulted in injury but did not either by chance or through timely intervention
   - ☐ Unsafe Condition: Any circumstance that increases the probability of a patient safety event
   - ☐ Adverse Event: An undesirable or unwanted outcome resulted from some aspect of diagnosis or therapy, not from the underlying disease process

2. **Was there any evidence of harm to a patient at the time of this report?**
   - ☐ Yes ☐ No ☐ Unknown

3. **Briefly describe the event that occurred: (Note: participants are reminded NOT to submit any information that may identify the clinician, their colleagues, their institution, or their patient.)**
   - ☐ Device or medical/surgical supply ☐ Medication or other substance ☐ Surgery or anesthesia ☐ Fall ☐ Healthcare-associated infection ☐ Other

   Briefly describe the patient safety event or unsafe condition including information on contributing factors, any corrective action taken and steps taken for future prevention: (Note: Participants are reminded NOT to submit any information that may identify)

4. **Briefly describe the location where the event occurred:**
   - ☐ Office ☐ Hospital floor/ward ☐ Emergency room ☐ Operating room at hospital ☐ Ambulatory surgical center ☐ Other

5. **At the time of the event what was the patient's age?**
   - ☐ Neonate (0-28 days) ☐ Infant (>28 days <1 yr) ☐ Child (1-12 yrs) ☐ Adolescent (13-17 yrs) ☐ Adult (18-64 yrs)
   - ☐ Mature Adult (65-74 yrs) ☐ Older Adult (74-84 yrs) ☐ Aged Adult (85+ yrs) ☐ Unknown

6. **After discover of the incident, what was the extent of harm to the patient (i.e. extent to which the patient's functional ability is expect to be impaired subsequent to the incident and any attempt to minimize adverse consequences)?**
   - ☐ Death: Dead at time of assessment.
   - ☐ Severe permanent harm: Severe lifelong bodily or psychological injury or disfigurement that interferes significantly with functional ability or quality of life. Prognosis at time of assessment.
   - ☐ Permanent harm: Lifelong bodily or psychological injury or increased susceptibility to disease. Prognosis at time of assessment.
   - ☐ Temporary harm: Bodily or psychological injury, but not likely permanent. Prognosis at time of assessment.
   - ☐ Additional treatment: Injury limited to additional intervention during admission or encounter and/or increased length of stay, but no other injury. Treatment since discovery, and/or expected treatment in future as a direct result of event.
   - ☐ Emotional distress or inconvenience: Mild and transient anxiety or pain or physical discomfort, but without the need for additional treatment other than monitoring. Distress/inconvenience since discovery, and/or expected in future as a direct result of event.
   - ☐ No harm: Event reached patient, but no harm was evident.
   - ☐ Unknown

7. **Approximately when after discovery of the incident was harm assessed**
   - ☐ Within 24 hours ☐ After 24 hours but before 3 days ☐ Three days or later ☐ Unknown

8. **Was any intervention attempted in order to "rescue" the patient (i.e. to prevent, to minimize, or to reverse harm)?**
   - ☐ Yes ☐ No ☐ Unknown

9. **Did, or will, the incident result in an increased length of stay?**
   - ☐ Yes ☐ No (or not anticipated) ☐ Unknown

10. **After discovery of the incident, was the patient, patient's family, or guardian notified?**
    - ☐ Yes ☐ No ☐ Unknown