

Instructions for Completing Other Side

Purpose

- This form is used by healthcare workers *to report an event* to the Commonwealth of Pennsylvania's Patient Safety Authority.
- Before reporting an event to the Patient Safety Authority, make sure you or someone else has filed a report according to your healthcare facility's Patient Safety Plan.

Important Instructions

- Complete all sections of this form to the best of your ability.
- Please PRINT in BLACK INK
- Required information is designated with an asterisk (*).
- Please write only in the spaces provided.
- When your report is complete, send it to PA-PSRS via regular mail or facsimile:

MAIL
PA-PSRS

PO Box 706
5200 Butler Pike
Plymouth Meeting, PA 19462-0706

FAX
PA-PSRS

(610) 567-1114

Thank you!

Thank you for submitting this report to PA-PSRS. Our program staff will follow-up on your report with the appropriate healthcare facility.


CONTINUE TEXT FROM FRONT IN SPACE BELOW, IF NEEDED

DO NOT WRITE BELOW THE DOTTED LINE

ANONYMOUS Reporting:

What You Should Know





ANONYMOUS Reporting:

What You Should Know

If you are a healthcare worker and feel a patient in your facility suffered an unanticipated injury involving clinical care, your first obligation is to report this internally via your organization's patient safety plan. If you are not satisfied with the manner in which the report was handled by the organization, please consider submitting an Anonymous Report with the Pennsylvania Patient Safety Authority.

All information submitted is confidential and you will not be subject to any retaliatory action for reporting an event that has caused harm to a patient. You will be protected by the strongest Whistleblower Law in Pennsylvania. (P.L. 1559, No. 169)

If you would like to file an Anonymous Report about an event that has happened in your facility that has caused harm to a patient, you must follow the guidelines listed below. The attached form can be used if you decide to file an Anonymous Report.

- You must be a healthcare worker working in the facility where the event occurred.
- The patient must have suffered harm or death resulting from clinical care given in your facility.
- Before submitting an Anonymous Report to the Patient Safety Authority, you must make sure you or someone else has filed a report within your facility according to your healthcare facility's Patient Safety Plan.
- If you are not satisfied with the manner in which a report was handled where a patient was harmed, please consider filing an Anonymous Report with the Patient Safety Authority. All information submitted is confidential and you will be protected by the strongest Whistleblower Law in Pennsylvania (P.L. 1559, No. 169)
- Complete all sections of the form to the best of your ability.
- Please PRINT in BLACK INK.
- Required information is designated with an asterisk (*).
- Please write only in the spaces provided.
- When your report is complete, send it to PA-PSRS via regular mail or facsimile:

MAIL TO:
 PA-PSRS
 P.O. Box 706
 5200 Butler Pike
 Plymouth Meeting, PA 19462-0706

FAX TO:
 PA-PSRS
 (610) 567-1114

Please contact the Patient Safety Authority if you have any questions at 717-346-0469.



Pennsylvania Patient Safety Reporting System Anonymous Report Form

SEE IMPORTANT INSTRUCTIONS ON BACK

Office Use Only
 ART No. _____
 Date Rec'd: _____

*Have you (or someone you know) reported this event as required by your healthcare facility's Patient Safety Plan? Yes No Don't Know

If you answer "no" the Authority by law cannot process this form.

*Did this event cause harm to the patient? Yes No

Who was harmed?

*Patient's Gender: Male Female *Inpatient or Outpatient: Inpatient Outpatient

Patient's Age: [] [] [] years [] [] months (for infants only)

Where?

*Facility Name (please print): _____

*City (please print): _____

*Location in Facility (please print): _____ For example: ED, OR, NICU, patient room, etc.

When?

*Date of event (MM/DD/YYYY): [] [] / [] [] / [] [] [] [] For example: 01/01/2007

Time (HH:MM): [] [] : [] [] [] AM [] PM

What was the outcome?

This event contributed to or resulted in... (check one):
 Low Temporary harm that required treatment or intervention
 Temporary harm that required initial or prolonged hospitalization
 Permanent harm
 A near-death event
 High Death of the patient

What happened?

*Describe the event. Continue on back if necessary. Please print.

ALL INFORMATION BELOW THE DOTTED LINE IS OPTIONAL

May we contact you if we need to clarify any aspect of your report? Yes No

Name _____
 Street Address _____
 City, State, Zip _____
 Telephone _____
 E-mail _____

It is not necessary to identify yourself to submit a report, but it will enable us to get more detail if we have any follow-up questions. We will not disclose your name to anyone and we will return this portion of the Report Form to you when our follow-up analysis is completed. Under Act 13 of 2002, Section 308(c), healthcare workers who report serious events to the Patient Safety Authority through the Anonymous Reporting process are protected by the Whistleblower Law (PL 1559).