

CUI (when filled in)

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"/> (1) Met	<input type="checkbox"/> (2) Not Met	<input type="checkbox"/> (3) Indeterminate	
(1) UCA or Name		<input type="checkbox"/> (1) Met	<input type="checkbox"/> (2) Not Met	<input type="checkbox"/> (3) Indeterminate	
(1) UCA or Name		<input type="checkbox"/> (1) Met	<input type="checkbox"/> (2) Not Met	<input type="checkbox"/> (3) Indeterminate	
(1) UCA or Name		<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"/> (2) Additional Act or Omission Code	<input type="checkbox"/> (3) Additional Act or Omission Code	<input type="checkbox"/> (4) Additional Act or Omission Code	<input type="checkbox"/> (1) Primary	<input type="checkbox"/> (2) Secondary
<input type="checkbox"/> (5) Additional Act or Omission Code	<input type="checkbox"/> (6) Additional Act or Omission Code			<input type="checkbox"/> (3) Tertiary	
17. STANDARD OF CARE (OTSG DETERMINATION) <i>(X one)</i>		<input type="checkbox"/> MET	18. NPDB REPORTED		<input type="checkbox"/> YES
		<input type="checkbox"/> NOT MET			<input type="checkbox"/> NO
19. REMARKS					

CUI (when filled in)

20. ACT OR OMISSION CODES

*NOC = Not Otherwise Classified

<p><u>DIAGNOSIS RELATED</u></p> <p>010 Failure to diagnose (i.e., concluding that patient has no disease or condition)</p> <p>020 Wrong diagnosis (misdiagnosis, i.e., original diagnosis is incorrect)</p> <p>030 Improper performance of test</p> <p>040 Unnecessary diagnostic test</p> <p>050 Delay in diagnosis</p> <p>060 Failure to obtain consent/lack of informed consent</p> <p>090 Diagnosis related (NOC)*</p>	<p><u>OBSTETRICS RELATED</u></p> <p>505 Failure to manage pregnancy</p> <p>510 Improper choice of delivery method</p> <p>520 Improperly performed vaginal delivery</p> <p>525 Improperly performed C-section</p> <p>530 Delay in delivery (induction or surgery)</p> <p>540 Failure to obtain consent/lack of informed consent</p> <p>550 Improperly managed labor (NOC)*</p> <p>555 Failure to identify/treat fetal distress</p> <p>560 Delay in treatment of fetal distress (i.e., identified but treated in untimely manner)</p> <p>570 Retained foreign body/vaginal/uterine</p> <p>580 Abandonment</p> <p>590 Wrongful life/birth</p> <p>590 Obstetrics related (NOC)*</p>
<p><u>ANESTHESIA RELATED</u></p> <p>110 Failure to complete patient assessment</p> <p>120 Failure to monitor</p> <p>130 Failure to test equipment</p> <p>140 Improper choice of anesthesia agent or equipment</p> <p>150 Improper technique/induction</p> <p>160 Improper equipment use</p> <p>170 Improper intubation</p> <p>180 Improper positioning</p> <p>185 Failure to obtain consent/lack of informed consent</p> <p>190 Anesthesia related (NOC)*</p>	<p><u>TREATMENT RELATED</u></p> <p>610 Failure to treat</p> <p>620 Wrong treatment/procedure performed (also improper choice)</p> <p>630 Failure to instruct patient on self care</p> <p>640 Improper performance of a treatment/procedure</p> <p>650 Improper management of course of treatment</p> <p>660 Unnecessary treatment</p> <p>665 Delay in treatment</p> <p>670 Premature end of treatment (also abandonment)</p> <p>675 Failure to supervise treatment/procedure</p> <p>680 Failure to obtain consent for treatment/lack of informed consent</p> <p>685 Failure to refer/seek consultation</p> <p>690 Treatment related (NOC)*</p>
<p><u>SURGERY RELATED</u></p> <p>210 Failure to perform surgery</p> <p>220 Improper positioning</p> <p>230 Retained foreign body</p> <p>240 Wrong body part</p> <p>250 Improper performance of surgery</p> <p>260 Unnecessary surgery</p> <p>270 Delay in surgery</p> <p>280 Improper management of surgical patient</p> <p>285 Failure to obtain consent for surgery/lack of informed consent</p> <p>290 Surgery related (NOC)*</p>	<p><u>MONITORING</u></p> <p>710 Failure to monitor</p> <p>720 Failure to respond to patient</p> <p>730 Failure to report on patient condition</p> <p>790 Monitoring related (NOC)</p>
<p><u>MEDICATION RELATED</u></p> <p>305 Failure to order appropriate medication</p> <p>310 Wrong medication ordered</p> <p>315 Wrong dosage ordered of correct medication</p> <p>320 Failure to instruct on medication</p> <p>325 Improper management of medication program</p> <p>330 Failure to obtain consent for medication/lack of informed consent</p> <p>340 Medication error (NOC)*</p> <p>350 Failure to medicate</p> <p>355 Wrong medication administered</p> <p>360 Wrong dosage administered</p> <p>365 Wrong patient</p> <p>370 Wrong route</p> <p>380 Improper technique</p> <p>390 Medication administration related (NOC)*</p>	<p><u>BIOMEDICAL EQUIPMENT/PRODUCT RELATED</u></p> <p>810 Failure to inspect/monitor</p> <p>820 Improper maintenance</p> <p>830 Improper use</p> <p>840 Failure to respond to warning</p> <p>850 Failure to instruct patient on use of equipment/product</p> <p>860 Malfunction/failure</p> <p>890 Biomedical equipment/product related (NOC)*</p>
<p><u>INTRAVENOUS AND BLOOD PRODUCTS RELATED</u></p> <p>410 Failure to monitor</p> <p>420 Wrong solution</p> <p>430 Improper performance</p> <p>440 IV related (NOC)*</p> <p>450 Failure to insure contamination free</p> <p>460 Wrong type</p> <p>470 Improper administration</p> <p>480 Failure to obtain consent/lack of informed consent</p> <p>490 Blood product related (NOC)*</p>	<p><u>MISCELLANEOUS</u></p> <p>910 Inappropriate behavior of clinician (i.e., sexual misconduct allegation, assault)</p> <p>920 Failure to protect third parties (i.e., failure to warn/protect from violent patient behavior)</p> <p>930 Breach of confidentiality/privacy</p> <p>940 Failure to maintain appropriate infection control</p> <p>950 Failure to follow institutional policy or procedure</p> <p>960 Other (Provide detailed written description)</p> <p>990 Failure to review provider performance</p>