CASE ABSTRACT FOR MALPRACTICE CLAIMS

1. DATE OF REPORT *(YYYYMMDD)*	2. CLAIMANT LAST NAME	REPORT CONTROL SYMBOL
		DD-HA(AR)1782

3. TYPE OF REPORT *(X one)*

☐ a. INITIAL ☐ b. CORRECTION OR ADDITION
☐ c. REVISION TO ACTION ☐ d. VOID PREVIOUS REPORT

4. DATES OF ACT(S) OR OMISSION(S) *(YYYYMMDD)*

a. BEGINNING DATE	b. ENDING DATE

5. DATE CLAIM FILED *(YYYYMMDD)*	6. DATE OF JUDGMENT OR SETTLEMENT *(YYYYMMDD)*	7. MEDICAL TREATMENT FACILITY	
		a. NAME	b. DMIS CODE

8. PRACTITIONER INFORMATION

a. NAME *(Last, First, Middle Initial)*	b. SSN	c. DATE OF BIRTH *(YYYYMMDD)*
d. NAME OF PROFESSIONAL SCHOOL ATTENDED	**e. DATE GRADUATED *(YYYYMMDD)***	**f. SPECIALTY CODE**

g. STATUS *(X one)*

☐ (1) Army ☐ (2) Navy ☐ (3) Air Force ☐ (4) PHS ☐ (5) Civilian GS ☐ (6) Partnership Internal ☐ (7) Partnership External ☐ (8) Personal Services Contract ☐ (9) Non-Personal Services Contract

h. SOURCE OF ACCESSION *(X all that apply)*

(1) Military

☐ (a) Volunteer
☐ (b) Armed Forces Health Professional Scholarship Program
☐ (c) Uniformed Services University of Health Sciences
☐ (d) National Guard
☐ (e) Reserve
☐ (f) Other *(Specify)*

(2) Civilian

☐ (a) Civil Service
☐ (b) Contracted
☐ (c) Consultant
☐ (d) Foreign National (Local Hire)
☐ (e) Other *(Specify)*

i. LICENSING INFORMATION

(1) State of License	(2) License Number	(1) State of License	(2) License Number

9. TYPE OF PRACTITIONER AND SPECIALTY (FIELD OF LICENSURE) *(X all that apply)*

a. PHYSICIAN DEGREE ☐ M.D. (010) ☐ D.O. (020)

(1) Highest Level of Specialization

☐ (a) Board Certified ☐ (b) Residency Completed ☐ (c) In Residency (015/025) ☐ (d) No Residency

(2) Primary Specialty

☐ (a) In Training
☐ (b) General Practice (GMO)
☐ (c) Anesthesiology
☐ (d) Aviation Medicine
☐ (e) Dermatology
☐ (f) Emergency Medicine
☐ (g) Family Practice
☐ (h) Internal Medicine
☐ (h.a) Gastroenterology
☐ (h.b) Hematology - Oncology
☐ (h) Internal Medicine (Cont.)
☐ (h.c) Infectious Disease
☐ (h.d) Nephrology
☐ (h.e) Pulmonary
☐ (h.f) Rheumatology
☐ (h.g) Tropical Medicine
☐ (h.h) Allergy/Immunology
☐ (h.i) Cardiology
☐ (h.j) Endocrinology
☐ (i) Neurology
☐ (j) Obstetrics/Gynecology
☐ (k) Ophthalmology
☐ (l) Otorhinolaryngology
☐ (m) Orthopedics
☐ (n) Pathology
☐ (o) Pediatrics
☐ (p) Physical Medicine
☐ (q) Preventive Medicine
☐ (r) Psychiatry
☐ (s) Radiology
☐ (t) Surgery, General
☐ (t.a) Cardio-Thoracic
☐ (t.b) Colon-Rectal
☐ (t.c) Neurosurgery
☐ (t) Surgery, General (Cont.)
☐ (t.d) Oncology
☐ (t.e) Pediatric
☐ (t.f) Peripheral Vascular
☐ (t.g) Plastic
☐ (u) Underseas Medicine
☐ (v) Urology
☐ (w) Intensivist
☐ (x) Neonatologist
☐ (y) Other *(Specify)*

(3) Board Certification(s)

b. DENTIST ☐ DENTIST (030)

(1) Highest Level of Specialization

☐ (a) Board Certified ☐ (b) Residency Completed ☐ (c) In Residency (035) ☐ (d) No Residency

(2) Primary Specialty

☐ (a) General Dental Officer ☐ (b) Oral Surgeon ☐ (c) Other *(Specify)*

(3) Board Certification(s)

c. OTHER PRACTITIONERS ☐ OTHER PRACTITIONERS

☐ Audiologist (400)
☐ Clinical Dietician (200)
☐ Clinical Pharmacist (050)
☐ Clinical Psychologist (370)
☐ Clinical Social Worker (300)
☐ Nurse Anesthetist (110)
☐ Nurse Midwife (120)
☐ Nurse Practitioner (130)
☐ Occupational Therapist (410)
☐ Optometrist (636)
☐ Physical Therapist (430)
☐ Physician Assistant (642)
☐ Podiatrist (350)
☐ Speech Pathologist (450)
☐ Registered Nurse (100)
☐ Emergency Medical Technician
☐ Other *(Specify)*

10. PATIENT DEMOGRAPHICS

a. NAME *(Last, First, Middle Initial)*	b. SEX *(X one)*	c. AGE
	☐ (1) Male ☐ (2) Female ☐ (3) Unknown	

d. STATUS *(X and complete as applicable)*

☐ (1) Dependent of Active Duty ☐ (3) Retired Member ☐ (5) Active Duty
☐ (2) Dependent of Retired Member ☐ (4) Civilian Emergency ☐ (6) Other *(Specify)*

e. SSN OF SPONSOR

11. DIAGNOSES	**ICD9-CM CODE**	**12. PROCEDURES**	**ICD9-CM CODE**
a. *(Primary)*		a. *(Principal)*	
b.		b.	
c.		c.	

13. PATIENT ALLEGATION(S) OF NEGLIGENT CARE

a. DESCRIPTION OF THE ACTS OR OMISSIONS AND INJURIES UPON WHICH THE ACTION OR CLAIM WAS BASED *(Limit to 300 characters.)*

b. ACT OR OMISSION CODE(S) *(Refer to table on Page 4)*

					c. CLINICAL SERVICE CODE	
	(1) Primary Act or Omission Code		(2) Additional Act or Omission Code			(1) Primary
	(3) Additional Act or Omission Code		(4) Additional Act or Omission Code			(2) Secondary
	(5) Additional Act or Omission Code		(6) Additional Act or Omission Code			(3) Tertiary

d. DESCRIPTION OF FINDINGS ON WHICH THE ACTION OR CLAIM WAS PAID

14. MALPRACTICE CLAIM MANAGEMENT

a. AMOUNT CLAIMED	b. ADJUDICATIVE BODY CASE NUMBER	c. ADJUDICATIVE BODY NAME	d. DATE OF PAYMENT *(YYYYMMDD)*

e. OUTCOME *(X one)*

☐ (1) Administratively Settled (Service)
☐ (2) Denied: Dismissed by Plaintiff or by Agreement
☐ (3) Denied: Statute of Limitations
☐ (4) Denied: FERES
☐ (5) Denied: Not a Legitimate Claim, Non-Meritorious
☐ (6) Litigated: Decision for Plaintiff
☐ (7) Litigated: Decision for U.S.
☐ (8) Litigated: Out or Court Settlement (DOJ)
☐ (9) Other *(Specify)*

f. AMOUNT PAID	g. NUMBER OF CLAIMS FOR THIS INCIDENT	h. NUMBER OF PRACTITIONERS ON WHOSE BEHALF PAYMENT WAS MADE

15. PROFESSIONAL REVIEW ASSESSMENT BY MEDICAL TREATMENT FACILITY

a. ATTRIBUTION OF CAUSE *(X all that apply)*

( ) (1) Facility or Equipment ( ) (2) Physician ( ) (3) Personnel other than Physician
( ) (4) Management ( ) (5) System

b. EVALUATION OF CARE *(X one)*

( ) (1) Met ( ) (2) Not Met ( ) (3) Indeterminate

c. IDENTIFY LOCATION OF CARE *(X one)*

( ) (1) Ambulatory Clinic ( ) (2) Inpatient Clinic ( ) (3) Dental Service ( ) (4) Emergency ( ) (5) Other *(Specify)*

d. INJURY SEVERITY *(X one)*

( ) (1) None ( ) (2) Some ( ) (3) Death

e. INJURY DURATION *(X one)*

( ) (1) Temporary ( ) (2) Permanent ( ) (3) Cannot Predict/Undetermined

16. ASSESSMENT

a. AFIP REQUIRED? ( ) YES ( ) NO *(Evaluation of Care. X one)* ( ) (1) Met ( ) (2) Not Met ( ) (3) Indeterminate

b. OTHER ASSESSMENTS

(1) UCA or Name ( ) (1) Met ( ) (2) Not Met ( ) (3) Indeterminate

(1) UCA or Name ( ) (1) Met ( ) (2) Not Met ( ) (3) Indeterminate

(1) UCA or Name ( ) (1) Met ( ) (2) Not Met ( ) (3) Indeterminate

(1) UCA or Name ( ) (1) Met ( ) (2) Not Met ( ) (3) Indeterminate

c. FINAL OTSG DETERMINATION ACT OR OMISSION CODE(S) *(Refer to table on Page 4)*

	(1) Primary Act or Omission Code		(2) Additional Act or Omission Code		(1) Primary
	(3) Additional Act or Omission Code		(4) Additional Act or Omission Code		(2) Secondary
	(5) Additional Act or Omission Code		(6) Additional Act or Omission Code		(3) Tertiary

d. CLINICAL SERVICE CODE

17. STANDARD OF CARE (OTSG DETERMINATION) *(X one)*

( ) MET
( ) NOT MET

18. NPDB REPORTED

( ) YES
( ) NO

19. REMARKS

20. ACT OR OMISSION CODES *NOC = Not Otherwise Classified

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