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# Outside Hospital Transfer Survey

Please complete the survey below.

Thank you!

This survey asks you for your opinions and observations about your ability to care for transferred patients at time of their admission. Specifically, we would like you to reflect on the outside hospital transfer patient(s) that you admitted in the last 24 hours, referred to in the email with this survey link. Participation in this survey is completely voluntary. All data will be collected and presented in aggregate.

Patient's MRN for which this survey corresponds: [patient\_mrn]

Patient's date of admission: [date\_hospit]

Name of Patient for which this survey corresponds: [patient\_name]

1. Overall, how would you rate the quality of the clinical information that you had available at the time that you were admitting the transferred patient?
- Poor  
 Fair  
 Good  
 Very Good  
 Excellent

## In answering the following questions, please consider the experiences that you had admitting and caring for this transferred patient

2. Did you receive any inaccurate or outdated information about this patient (either written or verbal)?
- Yes  No

If yes, please describe:

3. Was any important information missing about this patient?
- Yes  No

- 3b Please select what categories of information were missing (select all that apply). Selection indicates that either this entire aspect of clinical information was missing, or that essential information was missing despite having some information available:
- Medical History  
 Physical exam (i.e., uncertain baseline mental status, etc.)  
 Medications (i.e., missing medications, timing of last antibiotics dosing, etc.)  
 Laboratory data  
 Radiology/procedural reports  
 Radiology/procedural images  
 Hospital Course  
 Other

3c Please describe

4. Did you find yourself uncertain about management decisions because you lacked patient information?
- Yes  No

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If yes, please describe:

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5. Did you have to spend extra time learning about this patient because you lacked essential clinical information?

Yes  No

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5b Please select how you had to spend extra time (select all that apply):

- Looking through incomplete or poorly organized records  
 Trying to reach other providers to get more information  
 Trying to reach family members of the patient to get more information  
 Other

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5c Please describe:

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6. Did you find yourself unable to provide accurate or complete information to a patient, family member, or another member of the care team?

Yes  No

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If yes, please describe:

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7. Was the patient more unstable than you anticipated based on the information you had received?

Yes  No

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If yes, please describe:

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**Did the transferred patient that you admitted experience any of the following after transfer during the time you cared for this patient?**

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8. Tests, procedures, medications, fluids, or other therapies that were of questionable benefit or unnecessary

Yes  No

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If yes, did the problem occur at least in part as a result of inaccurate or omitted information available to you at time of admission?

Yes  No

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Please describe:

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9. Delay in ordering or patient receiving needed tests or procedures, medications, fluids, or other therapies

Yes  No

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If yes, did the problem occur at least in part as a result of inaccurate or omitted information available to you at time of admission?  Yes  No

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Please describe:

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10. Other errors or adverse events related to tests, procedures, medications, fluids, or other therapies  Yes  No

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If yes, did the problem occur at least in part as a result of inaccurate or omitted information available to you at time of admission?  Yes  No

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Please describe:

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11. Orders written that were erroneous but intercepted before reaching the patient (near misses).  Yes  No

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If yes, did the problem occur at least in part as a result of inaccurate or omitted information available to you at time of admission?  Yes  No

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Please describe:

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12. Any other medical error  Yes  No

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If yes, did the problem occur at least in part as a result of inaccurate or omitted information available to you at time of admission?  Yes  No

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Please Describe

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**The section below pertains to any adverse events suffered by the patient after transfer**

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13. Did the patient suffer an adverse event (patient harm due to medical care, including the lack of appropriate care)?  Definitely  Probably  Probably Not  Definitely Not  Unknown

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14. What was the severity of the harm?

- Minor (Symptoms were mild, loss of function or harm was minimal or intermediate but short term, and no or minimal intervention was required)
- Moderate (Patient required intervention, an increased LOS, or caused permanent or long term harm or loss of function)
- Major (Patient required life-saving intervention or major surgical/medical intervention, shortening life expectancy or causing major permanent or long term harm or loss of function)
- Death (On balance of probabilities, death was caused or brought forward in the short term by the incident)
- Unknown

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15. What is the likelihood that this harm was preventable?

- Definitely Preventable
- Probably Preventable
- Probably Not Preventable
- Definitely Not Preventable
- Unknown

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16. What is the likelihood that this harm was amenable (i.e., whether the duration or severity of the harm could have been reduced or mitigated)?

- Definitely Amenable
- Probably Amenable
- Probably Not Amenable
- Definitely Not Amenable
- Unknown

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Please describe the adverse event

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17. Please state your clinical role:

- Attending Physician
- Resident Physician
- Physician Assistant / Nurse Practitioner
- Other

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Please state your clinical role:

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