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## Patient Safety Data Reporting Template

**Period I:** Jan. 1 - March 31    **Period II:** April 1 - June 30    **Period III:** July 1 - Sept. 30    **Period IV:** Oct. 1 - Dec. 31

Period: \_\_\_\_\_ Year: \_\_\_\_\_

### Facility Information

Facility ID#: \_\_\_\_\_

Name: \_\_\_\_\_

Operating Surgeon: \_\_\_\_\_ Total # of Cases for this Period: \_\_\_\_\_

### Patient Information

Patient Initials: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_  
Ethnicity: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

### Surgical/Procedural Information

Date: \_\_\_\_\_ Duration: \_\_\_\_\_(hours) \_\_\_\_\_(minutes)

Procedure: \_\_\_\_\_

Procedure # 2: \_\_\_\_\_

Procedure # 3: \_\_\_\_\_

*NOTE: If there were additional procedures, please list them on a separate sheet.*

### Anesthesia Information

Type of Anesthesia: \_\_\_\_\_

Anesthesia Provider (e.g. Anesthesiologist, CRNA, RN under the direction of the Operating Surgeon):  
\_\_\_\_\_

Anesthesia Duration: \_\_\_\_\_(hours) \_\_\_\_\_(minutes)

### Medical Record Review

Pathology Report	___ Yes ___ No ___ N/A	Post-Op Recovery Record	___ Yes ___ No ___ N/A
Pre-Op Plan for Treatment	___ Yes ___ No ___ N/A	Anesthesia Record	___ Yes ___ No ___ N/A
Informed Consent	___ Yes ___ No ___ N/A	RX Given to Patient	___ Yes ___ No ___ N/A
Medical History	___ Yes ___ No ___ N/A	Discharge Instructions	___ Yes ___ No ___ N/A
Physical Examination	___ Yes ___ No ___ N/A	Operative Report	___ Yes ___ No ___ N/A
Laboratory Reports	___ Yes ___ No ___ N/A	Recorded in Log	___ Yes ___ No ___ N/A