

Headquarters Air Mobility Command



DD FORM 2852 AND PMQ-R

**AMC/SGK
APRIL 2014**

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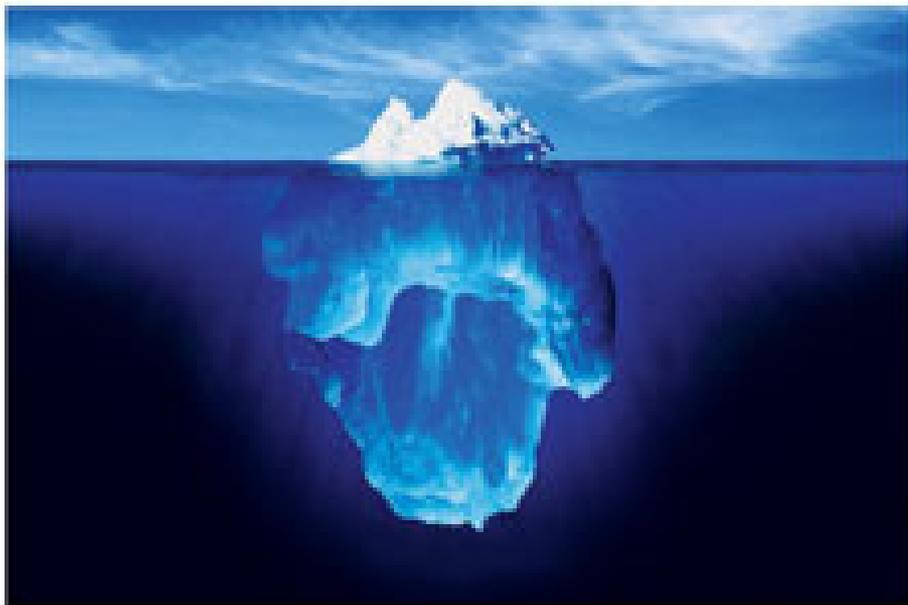
OBJECTIVES



-
- Understand event reporting
 - Understand how to properly complete a DD Form 2852
 - Understand what is needed in an event description
 - Demonstrate the PSM Role with 2852s
 - Demonstrate how to input a DD Form 2852
 - Demonstrate how to trend data in PMQ-R



PATIENT SAFETY REPORTING



3-5% Reported/Known

*Reporting systems
only provide us with
the tip of the iceberg
Leape*

Definition of a Safety Culture:

Enduring, shared beliefs and behaviors that reflect an organization's willingness to learn from errors (Wiegmann, 2002)



EVENT REPORTING & PMQ-R PROGRAM



-
- TRAC2ES Web-based program & data collection tool
 - AE crewmember or ASF personnel complete DD 2852
 - DD 2852 is then entered into PMQ-R in TRAC2ES
 - PMQ-R has 10 categories & 47 sub-categories
 - Multiple categories/sub-categories can be selected
 - Average 120-130 reports/month
 - Basic standard reports capability
-



COMPLETION DD FORM 2852



PATIENT MOVEMENT EVENT/NEAR MISS REPORT			
<small>(Information placed on this form is confidential and privileged in accordance with 10 U.S.C. 1102. Do not file or refer to this form in a patient record.)</small>			
PRIVACY ADVISORY: When completed, this form contains personally identifiable information and personal health information and should be protected in accordance with DoD 5400.11-R (the DoD Privacy Program). Prepare this form to document events that resulted in or had the potential to result in harm to anyone in the PM system. NOTE: If completed by ASF or other MTF staff follow local MDG incident reporting policy in addition to completing this form.			
SECTION I - PERSON COMPLETING FORM			
1. a. LAST NAME	b. FIRST NAME	c. MIDDLE INITIAL	
d. GRADE	e. UNIT OF ASSIGNMENT		
f. TELEPHONE NUMBER <small>(include area code)</small>	g. EMAIL ADDRESS	h. SIGNATURE	
I. WITNESSES TO EVENT			
(1) NAME/GRADE	(2) UNIT OF ASSIGNMENT OR ADDRESS	(3) TELEPHONE	(4) EMAIL ADDRESS
J. PMG-R GENERATED LOG NUMBER <small>(For PM Safety Manager)</small>			
SECTION II - GENERAL INFORMATION			
2. DATE (YYYYMMDD)/ TIME (Z) OF EVENT	3. LOCATION OF EVENT <small>(Be specific)</small>		
a. MTF:	d. EN ROUTE HOLDING AREA:	g. AIRCRAFT <small>(In-Flight)</small> :	
b. ASPIASTS:	a. GROUND TRANSPORT:	h. OTHER:	
c. OTHER RON:	f. AIRCRAFT <small>(Ground)</small> :		
4. a. MAJCOM RESPONSIBLE FOR MISSION		b. SUBMITTING UNIT	
5. DID THIS EVENT RESULT IN DEATH, NEAR DEATH OR HOSPITALIZATION? <small>(X appropriate block)</small> IF YES, CONTACT THE PMRC AS SOON AS POSSIBLE TO REPORT EVENT. <input type="checkbox"/> YES <input type="checkbox"/> NO			
6. PERSON AFFECTED OR POTENTIALLY AFFECTED BY THIS EVENT <small>(X appropriate block)</small> <input type="checkbox"/> PATIENT <input type="checkbox"/> PAX <input type="checkbox"/> CREW <input type="checkbox"/> FACILITY STAFF <input type="checkbox"/> ATTENDANT <input type="checkbox"/> CCATT MEMBER			
7. EVENT CATEGORY <small>(X as applicable)</small>			
a. MEDICATION <input type="checkbox"/> MEDICATION ERROR <input type="checkbox"/> NARCOTIC NOT ACCOUNTED FOR <input type="checkbox"/> SELF MEDICATION ISSUE <input type="checkbox"/>			
b. STATUS CHANGE			
<input type="checkbox"/> AE PROTOCOL USED	<input type="checkbox"/> DEATH IN-FLIGHT	<input type="checkbox"/> SEIZURES	
<input type="checkbox"/> ALLERGIC REACTION	<input type="checkbox"/> DEATH WITHIN 24 HOURS	<input type="checkbox"/> SHORTNESS OF BREATH	
<input type="checkbox"/> BIRTH	<input type="checkbox"/> DESATURATION	<input type="checkbox"/> SUICIDE	
<input type="checkbox"/> CARDIORESPIRATORY ARREST	<input type="checkbox"/> MEDICATION RESPONSE	<input type="checkbox"/> TRANSCENTIMILD STATUS CHANGE	
<input type="checkbox"/> CHEST PAIN			
c. PATIENT PREP			
<input type="checkbox"/> ATTENDANT ISSUES	<input type="checkbox"/> MEDICATION ORDERS	<input type="checkbox"/> SUPPLIES	
<input type="checkbox"/> DOCUMENTATION OF CARE EQUIPMENT	<input type="checkbox"/> PAPERWORK	<input type="checkbox"/> TREATMENT NOT DONE PRIOR TO FLIGHT	
d. OTHER			
<input type="checkbox"/> AIRCRAFT AMPERAGE	<input type="checkbox"/> COMMUNICATION	<input type="checkbox"/> NO MEALS SUPPLIED	
<input type="checkbox"/> AIRCRAFT EMERGENCY	<input type="checkbox"/> FLIGHT CREW EQUIPMENT/MEN DUTY	<input type="checkbox"/> PMRC	
<input type="checkbox"/> AIRCRAFT MAINTENANCE DELAY	<input type="checkbox"/> INDIVIDUAL BODY ARMOR	<input type="checkbox"/> TRANSPORTATION ISSUES	
<input type="checkbox"/> BAGGAGE ISSUES	<input type="checkbox"/> MEDICAL DELAY		
k. PATIENT HANDOFF <input type="checkbox"/> INADEQUATE PATIENT HANDOFF <input type="checkbox"/> NO PATIENT HANDOFF			
l. INFECTION CONTROL <input type="checkbox"/> BLOOD OR OTHER BODY FLUID EXPOSURE <input type="checkbox"/> TRANSPORTATION OF INFECTIOUS PATIENT			
g. ASPIRON SPECIFIC <input type="checkbox"/> ASPIRON TRANSPORTATION ISSUES			
h. ANTI-HIJACK <input type="checkbox"/> COMPLETED INCORRECTLY <input type="checkbox"/> NOT COMPLETED			
i. INJURY <input type="checkbox"/> ACTUAL <input type="checkbox"/> POTENTIAL			
j. EQUIPMENT			
TYPE OF EQUIPMENT		MODEL NUMBER/SERIAL NUMBER <small>(If applicable)</small>	
<input type="checkbox"/> NOT APPROVED FOR FLIGHT <input type="checkbox"/> WAIVER REQUIRED <input type="checkbox"/> FAILURE/MALFUNCTION			

SECTION III - MISSION INFORMATION						
8. MISSION ID NUMBER	9. AIRCRAFT TYPE/ TAIL NUMBER	10. EN-PLANE ICAO	11. DE-PLANE ICAO	12. ORIGINATING FACILITY	13. DESTINATION FACILITY	14. CCATT ONB? <input type="checkbox"/> YES <input type="checkbox"/> NO
SECTION IV - PERSON AFFECTED						
15. a. LAST NAME	b. FIRST NAME	c. AGE	d. SEX	e. STATUS	f. GRADE	
16. CITE NUMBER		17. UNIT OF ASSIGNMENT				
18. PATIENT CLASS		19. MOVEMENT PRECEDENCE <small>(X one)</small> <input type="checkbox"/> U <input type="checkbox"/> P <input type="checkbox"/> R				
20. CONTACT INFORMATION OF PERSON AFFECTED						
a. ADDRESS <small>(include ZIP code)</small>			b. TELEPHONE NUMBER <small>(include area code)</small>			
			c. E-MAIL ADDRESS			
21. DIAGNOSIS						
22. MEDICAL EVALUATION TREATMENT RECEIVED <small>(X and complete as applicable)</small>						
a. DID THE PERSON RECEIVE A MEDICAL EVALUATION AND/OR TREATMENT FOLLOWING THE EVENT?						YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
b. WAS THE PERSON EVALUATED AND/OR TREATED BY A PHYSICIAN ON THE AIRCRAFT OR FLIGHT LINE?						<input type="checkbox"/>
IF YES, CREDENTIALLED HEALTHCARE PROVIDER NAME:						
c. WAS THE PERSON EVALUATED AND/OR TREATED AT THE MTF?						<input type="checkbox"/>
IF YES, MTF NAME AND LOCATION:						
d. IF EVALUATION OR TREATMENT WAS RECOMMENDED, WAS IT REFUSED?						<input type="checkbox"/>
SECTION V - ASSESSMENT						
23. EVENT CLASSIFICATION <small>(X as applicable)</small>						
a. EVENT RESULTING IN THE DEATH, NEAR DEATH OR MAJOR PERMANENT LOSS OF FUNCTION.						
b. EVENT RESULTING IN TEMPORARY PATIENT HARM AND INITIAL OR PROLONGED HOSPITALIZATION.						
c. EVENT RESULTING IN TEMPORARY PATIENT HARM AND EMERGENCY EVALUATION AND/OR TREATMENT.						
d. EVENT DID NOT RESULT IN PATIENT HARM, BUT INCREASED MONITORING REQUIRED.						
e. EVENT DID NOT RESULT IN PATIENT HARM OR NEED FOR INCREASED MONITORING.						
f. EVENT DID NOT REACH PATIENT AND DID NOT RESULT IN PATIENT HARM.						
24. DESCRIPTION OF EVENT <small>(Concise, factual, objective statement)</small>						
24. a. IMMEDIATE ACTIONS TAKEN						

DD FORM 2852, FEB 2011

PREVIOUS EDITION IS OBSOLETE.

Aviation Professional 6.0

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COMPLETING DD FORM 2852



-
- **Guidance in AE Aircrew Forms Guide & AFI 41-307**
 - **All AECMs and ASF personnel receive training**
 - **Quality Assurance Document**
 - **Do not file or refer to 2852 in pt records/3899**
 - **Completed for all near-miss and actual events**
 - **Be objective and state facts & observations**
 - **Avoid subjective adjectives “he was rough with the pts”**
 - **DO NOT use 2852 as tool to threaten or punish**



COMPLETING DD FORM 2852



Section 1 – Person Completing Form

SECTION I - PERSON COMPLETING FORM			
1. a. LAST NAME		b. FIRST NAME	
d. GRADE		e. UNIT OF ASSIGNMENT	
f. TELEPHONE NUMBER <i>(Include area code)</i>		g. EMAIL ADDRESS	h. SIGNATURE
D R A F T			
i. WITNESSES TO EVENT			
(1) NAME/GRADE	(2) UNIT OF ASSIGNMENT OR ADDRESS	(3) TELEPHONE	(4) EMAIL ADDRESS
j. PMQ-R GENERATED LOG NUMBER <i>(For PM Safety Manager):</i>			



COMPLETING DD FORM 2852



■ Section 2 – General Information

SECTION II - GENERAL INFORMATION

2. DATE (YYYYMMDD)/ TIME (Z) OF EVENT	3. LOCATION OF EVENT <i>(Be specific)</i>		
	a. MTF:	d. EN ROUTE HOLDING AREA:	g. AIRCRAFT <i>(In-flight)</i> :
	b. ASF/ASTS:	e. GROUND TRANSPORT:	h. OTHER:
	c. OTHER RON:	f. AIRCRAFT <i>(Ground)</i> :	
4.a. MAJCOM RESPONSIBLE FOR MISSION		b. SUBMITTING UNIT	
5. DID THIS EVENT RESULT IN DEATH, NEAR DEATH OR HOSPITALIZATION? <i>(X appropriate block)</i> IF YES, CONTACT THE PMRC AS SOON AS POSSIBLE TO REPORT EVENT.			
<input type="checkbox"/> YES <input type="checkbox"/> NO			
6. PERSON AFFECTED OR POTENTIALLY AFFECTED BY THIS EVENT <i>(X appropriate block)</i>			
<input type="checkbox"/> PATIENT <input type="checkbox"/> PAX <input type="checkbox"/> CREW <input type="checkbox"/> FACILITY STAFF <input type="checkbox"/> ATTENDANT <input type="checkbox"/> CCATT MEMBER			



COMPLETING DD FORM 2852



■ Section 2 – General Information continued:

7. EVENT CATEGORY *(X as applicable)*

a. MEDICATION MEDICATION ERROR NARCOTIC NOT ACCOUNTED FOR SELF MEDICATION ISSUE

b. STATUS CHANGE

<input type="checkbox"/> AE PROTOCOL USED	<input type="checkbox"/> DEATH IN-FLIGHT	<input type="checkbox"/> SEIZURES
<input type="checkbox"/> ALLERGIC REACTION	<input type="checkbox"/> DEATH WITHIN 24 HOURS	<input type="checkbox"/> SHORTNESS OF BREATH
<input type="checkbox"/> BIRTH	<input type="checkbox"/> DESATURATION	<input type="checkbox"/> SUICIDE
<input type="checkbox"/> CARDIAC/RESPIRATORY ARREST	<input type="checkbox"/> MEDICATION RESPONSE	<input type="checkbox"/> TRANSIENT/MILD STATUS CHANGE
<input type="checkbox"/> CHEST PAIN		

c. PATIENT PREP

<input type="checkbox"/> ATTENDANT ISSUES	<input type="checkbox"/> MEDICATION	<input type="checkbox"/> SUPPLIES
<input type="checkbox"/> DOCUMENTATION OF CARE	<input type="checkbox"/> ORDERS	<input type="checkbox"/> TREATMENT NOT DONE PRIOR TO FLIGHT
<input type="checkbox"/> EQUIPMENT	<input type="checkbox"/> PAPERWORK	

d. OTHER

<input type="checkbox"/> AIRCRAFT AMPERAGE	<input type="checkbox"/> COMMUNICATION	<input type="checkbox"/> NO MEALS SUPPLIED
<input type="checkbox"/> AIRCRAFT EMERGENCY	<input type="checkbox"/> FLIGHT CREW EQUIPMENT/MSN DUTY	<input type="checkbox"/> PMRC
<input type="checkbox"/> AIRCRAFT MAINTENANCE DELAY	<input type="checkbox"/> INDIVIDUAL BODY ARMOR	<input type="checkbox"/> TRANSPORTATION ISSUES
<input type="checkbox"/> BAGGAGE ISSUES	<input type="checkbox"/> MEDICAL DELAY	



COMPLETING DD FORM 2852



■ Section 2 – General Information continued:

e. PATIENT HANDOFF	<input type="checkbox"/> INADEQUATE PATIENT HANDOFF	<input type="checkbox"/> NO PATIENT HANDOFF
f. INFECTION CONTROL	<input type="checkbox"/> BLOOD OR OTHER BODY FLUID EXPOSURE	<input type="checkbox"/> TRANSPORTATION OF INFECTIOUS PATIENT
g. ASF/RON SPECIFIC	<input type="checkbox"/> ASF/RON TRANSPORTATION ISSUES	
h. ANTI-HIJACK	<input type="checkbox"/> COMPLETED INCORRECTLY	<input type="checkbox"/> NOT COMPLETED
i. INJURY	<input type="checkbox"/> ACTUAL	<input type="checkbox"/> POTENTIAL
j. EQUIPMENT		
<input type="checkbox"/> TYPE OF EQUIPMENT		<input type="checkbox"/> MODEL NUMBER (if applicable)
<input type="checkbox"/> NOT APPROVED FOR FLIGHT	<input type="checkbox"/> WAIVER REQUIRED	<input type="checkbox"/> FAILURE/MALFUNCTION



COMPLETING DD FORM 2852



■ Section 3 – Mission Information

SECTION III - MISSION INFORMATION						
8. MISSION ID NUMBER	9. AIRCRAFT TYPE/ TAIL NUMBER	10. EN-PLANE ICAO	11. DE-PLANE ICAO	12. ORIGINATING FACILITY	13. DESTINATION FACILITY	14. CCATT ONBD? <input type="checkbox"/> YES <input type="checkbox"/> NO



COMPLETING DD FORM 2852



Section 4 – Person Affected

SECTION IV - PERSON AFFECTED						
15. a. LAST NAME	b. FIRST NAME	c. AGE	d. SEX	e. STATUS	f. GRADE	
16. CITE NUMBER	17. UNIT OF ASSIGNMENT					
18. PATIENT CLASS	19. MOVEMENT PRECEDENCE (X one) <input type="checkbox"/> U <input type="checkbox"/> P <input type="checkbox"/> R					
20. CONTACT INFORMATION OF PERSON AFFECTED						
a. ADDRESS (Include ZIP code)			b. TELEPHONE NUMBER (Include area code)			
			c. E-MAIL ADDRESS			
21. DIAGNOSIS						
D R A F T						
22. MEDICAL EVALUATION TREATMENT RECEIVED (X and complete as applicable)				YES	NO	N/A
a. DID THE PERSON RECEIVE A MEDICAL EVALUATION AND/OR TREATMENT FOLLOWING THE EVENT?						
b. WAS THE PERSON EVALUATED AND/OR TREATED BY A PHYSICIAN ON THE AIRCRAFT OR FLIGHT LINE?						
IF YES, PHYSICIAN'S NAME:						
c. WAS THE PERSON EVALUATED AND/OR TREATED AT THE MTF?						
IF YES, MTF NAME AND LOCATION:						
d. IF EVALUATION OR TREATMENT WAS RECOMMENDED, WAS IT REFUSED?						

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COMPLETING DD FORM 2852



■ Section 5 – Assessment

SECTION V - ASSESSMENT

23. EVENT CLASSIFICATION *(X as applicable)*

- a. EVENT RESULTING IN THE DEATH, NEAR DEATH OR MAJOR PERMANENT LOSS OF FUNCTION.
- b. EVENT RESULTING IN TEMPORARY PATIENT HARM AND INITIAL OR PROLONGED HOSPITALIZATION.
- c. EVENT RESULTING IN TEMPORARY PATIENT HARM AND EMERGENCY EVALUATION AND/OR TREATMENT.
- d. EVENT DID NOT RESULT IN PATIENT HARM, BUT INCREASED MONITORING REQUIRED.
- e. EVENT DID NOT RESULT IN PATIENT HARM OR NEED FOR INCREASED MONITORING.
- f. EVENT DID NOT REACH PATIENT AND DID NOT RESULT IN PATIENT HARM.

24. DESCRIPTION OF EVENT *(Concise, factual, objective statement)*

24.a. IMMEDIATE ACTIONS TAKEN



REVIEWING 2852



-
- **Key parts of DD Form 2852 for the PSM review:**
 - **Enplaning/Deplaning ICAO**
 - **Originating/Destination Facility**
 - **Person affected information**
 - **Diagnosis**
 - **Description of Event (very important)**
 - **Contact info for person completing form**
 - **Contact Info for person submitting event**

 - **AECM/ASF assigns initial classification of event**
 - **Unit PSM can add updates to comments until submitted**
-



SENDING UPDATES



-
- After event submitted, units cannot add to it
 - Send updates as needed to add to event comments
 - CONUS & PACAF send to Ms Lyn Bell
 - USAFE & CENTCOM send to Ms Laura Hunt
 - Cc appropriate Unit & MAJCOM leadership
 - Subject Line:
 - Always put event # FIRST
 - Follow with short name of event
 - Example: 20102914 No Restraints



DESCRIPTION OF EVENT



-
- **Description is extremely important**

 - **Names not as important but sometimes helpful**

 - **Contributory unit & person position very important**
 - **Bagram CASF nurse provided report on the pt**

 - **Complete the story**
 - **Issue**
 - **Intervention or action taken (what did you do)**
 - **Outcome**



DESCRIPTION OF EVENT



■ Med Error:

- List meds & description how error occurred
- Possible root cause
- How pt affected
- Action taken/outcome

■ Equip Malfunction:

- Type of equip, serial # & model name/number
- If equip was tagged and where turned in
- Description of malfunction, if used on or affected the pt



DESCRIPTION OF EVENT



■ Status Change:

- Description of pt prior to status change
- Description of status change, VS, pain level, etc.
- Related factors if known, ie: “desat after IVP Phenergan”
- Action taken/outcome
- Reported in handoff

■ Patient Prep Issues:

- MAR 3899I issues – describe & send de-identified copy if possible
- Meds not provided – list med names



PSM ROLE WITH 2852's

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PSM ROLE WITH 2852



-
- **First – have a TRAC2ES/PMQ-R account**
 - **Live account and Exercise account (2 different accounts)**

 - **Reviews all 2852 before inputting into PMQ-R**
 - **Seek additional info if incomplete or has questions**
 - **Request MFRs through CN for A – B – C events**
 - **Files information together on A – B – C events**
 - **Maintains any hard copy files in locked cabinet**
 - **Takes action to address issues where possible**
 - **Educate and share lessons learned**
 - **Documents additional info in PMQ-R Comments Section**
-



PSM ROLE WITH 2852



-
- Coords review of 2852s with leadership per local policy
 - Submit events in PMQ-R within 72 hours
 - Exception: A & B Events NLT 24 hours
 - AECM/Unit PSM makes initial classification
 - AMC PSM determines final classification
 - DD Form 2852s are kept for 3 years (currently)



QUESTIONS

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Resources



-
- **AFI 44-307, Aeromedical Evacuation Patient Considerations and Standards of Care**
 - <http://www.e-publishing.af.mil/shared/media/epubs/AFI41-307.pdf>



PMQ SUCCESS STORIES



-
- **Corrected trend of unsigned 3899s at Landstuhl**
 - **Corrected trend of pt prep issues in AOR locations**
 - **Reduced baggage manifest/tagging issues**
 - **Corrected chest tube trends out of an AOR location**
 - **Improved Army notification of events to facilities with corrective actions taken in CONUS**
 - **Clarified and improved trauma alert process at Ramstein**
 - **Improved overall event reporting – up by 40%**
-



EVENT CLASSIFICATION



-
- **Class A: Death, near death, major permanent injury**
 - **Class B: Temp harm with initial or prolonged hospitalization**
 - **Class C: Temp harm with emergency eval &/or treatment**
 - **Class D: No harm but increased monitoring required**
 - **Class E: No harm or need to increase monitoring**
 - **Class F: Did not reach the patient & not result in harm**