



Provider Preventable Conditions (PPCs) Reporting Form

Submit by E-mail or fax to: (925) 608-9453

Patient under 21 years of age? Yes No
Patient Name:
Medical Record Number:
Patient Address:
Address:
City: State: Zip:

Name of Facility:
National Provider Identifier (NPI):
Type of Facility: Inpatient Outpatient
Inpatient/Outpatient Address:
Address:
City: State: Zip:

PPC – Other Provider Preventable Condition (OPPC) in any health care setting
Date of OPPC:
Wrong surgery/invasive procedure
Surgery/invasive procedure on the wrong body part
Surgery/invasive procedure on the wrong patient
PPC – Health Care Acquired Conditions (HCAC) in an acute inpatient setting
Date of HCAC:
Air embolism
Blood incompatibility
Catheter-associated urinary tract infection
Deep vein thrombosis/pulmonary embolism
Falls/trauma
Foreign object retained after surgery
Iatrogenic pneumothorax with venous catheterization
Manifestations of poor glycemic control
Stage III or IV pressure ulcers
Surgical site infection
Vascular catheter-associated infection

Person Completing This Form

Name: Title: Fax:
Phone: Email:
Signature: Date: