

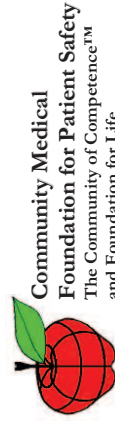
How to Send an SOS Report?

1. In a hospital, complete this Form and drop it in a convenient drop box or give it to your nurse, doctor, or patient safety officer at the hospital.
2. Outside a hospital, complete this Form, fold it and mail it with first class stamp.
3. Anywhere and anytime, go online to www.comofcom.com and share your story.

Why Share our Stories?

Joint Commission Resources specifies Goal #13 of the National Patient Safety Goals 2006 to encourage the active involvement of patients and their families in the patient's care... define and communicate the means for patients and their families to report concerns about safety and encourage them to do so. Whether you are a patient, family member, friend, or a visitor at the hospital, your story is important.

Share our stories and lessons to promote patient safety, improve healthcare quality and save lives!



Share Our Stories® (S.O.S.) is a patient safety program of Community Medical Foundation for Patient Safety. Community Medical Foundation for Patient Safety is non-profit, 501(c) (3) learning organization based in Texas and is recognized and designated by the U.S. Department of Health and Human Services as a Patient Safety Organization (PSO #29). For more information, log on www.comofcom.com

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Community Medical Foundation for Patient Safety

Design by Linsey Grove of Central Michigan University



Share Our Stories®

A patient safety reporting system for the patient, family member or anyone who has a story about a recent medical experience that has caused harm, could have caused harm, or who wants to share a positive story or idea for improvement and safety.

You are not alone when you experience a healthcare problem or want to share a good idea. With SOS you can:

- Share your concern, positive story or idea
- Know that someone is listening
- Learn from others' stories and experiences
- Improve patient safety and healthcare quality
- Save lives
- Save healthcare cost

Place
Stamp
Here

Share Our Stories® (S.O.S.)

Community Medical Foundation for Patient Safety
6300 West Loop South, Suite 288
Bellaire, TX 77401

Describe your experience or good idea

Check circle that apply and write in your information.

When: Date _____ Time _____ (AM) (PM)

Where: City _____
County _____
Zip code _____

Check **specific location** of experience

- Hospital
- Doctor's office
- At home
- Pharmacy
- Nursing home/assisted living
- Other _____

Who were the primary persons involved with your experience?

Check all circles that apply and write in your information.

- Me
- Family member(s)
- Doctor(s)
- Friend(s)
- Nurse(s)
- Another patient
- Pharmacist(s)
- Other caregiver(s)
- Other(s) _____

Who was most responsible for your experience?

What happened?

List the events leading to your experience, or write your good idea below.

Describe the main outcomes of your experience or idea.

What was the most important lesson learned from your experience or idea?

Optional Information

1. Check box that best describes yourself.
- Patient
 - Family of patient
 - Nurse
 - Friend of patient
 - Doctor
 - Pharmacist
 - Other _____

Information you provide will be used strictly for research.

2. What is your date of birth (mm/dd/yyyy)? _____
3. What is your gender? male female
4. What is your ethnic background?
 - White, non-Hispanic
 - Black, non-Hispanic
 - Hispanic
 - Asian or Pacific Islander
 - American Indian
 - Other _____

This information will be used to contact you and acknowledge your story.

Your Name _____
Address _____
Email _____
Telephone _____

I would like more information about patient safety