

ASA Closed Claims Project Data Requests

ASA Closed Claims Project offers customized data retrieval as a service to members of the American Society of Anesthesiologists or their legal representatives. Data retrieval is not available to the general public or for commercial use.

Information will be provided from public sources if available. These sources include articles from scientific journals, ASA newsletters, ASA refresher course lecture notes, and published scientific abstracts. Reprints will be mailed at no charge. Selected items are available on the ASA Closed Claims Project web site (www.asaclosedclaims.org).

For topics that are not included in public reports, customized data retrieval will be performed at no charge for ASA Members (or their legal representatives), subject to the following restrictions:

1. Raw data will not be provided for independent analysis. Only aggregate data (frequency distributions and cross tabulations) will be provided. Narrative summaries will be provided as illustrative case material, subject to restriction #3.
2. Only data that is easily retrieved (coded by category) from the database will be provided. Narrative summaries will be provided if they can be retrieved by coded category.
3. Uncoded data will be retrieved by word search of narrative summaries if the keywords are unambiguous and will not result in a large number of false positive identifications. The ASA Closed Claims Project staff will determine whether such requests will be granted. Narrative summary searches requiring analysis by the project staff will be declined on the basis of keyword ambiguity.
4. Data requests estimated to require more than one hour staff time will be declined. Such requests usually involve multiple or ambiguous keyword or extensive data analysis. Data requests of this level of complexity require more than a casual analysis and indicate a need for thorough, systematic analysis relying on the expertise of the whole Closed Claims Project team. Such complex issues will be investigated only in a peer reviewed format.
5. Active or retired ASA Members (anesthesiologists) can receive data without a mentor. Residents and other types of members of the ASA must identify an ASA member to serve as a mentor for the data usage. This mentor assumes responsibility for adherence to Closed Claims data use practices.
6. Previously unpublished data provided by the ASA Closed Claims Project staff is not intended for presentation or publication without the prior written approval of the Chair of the Committee on Professional Liability, the Director of the Closed Claims Project or the Project Manager of the ASA Closed Claims Project.
7. Previously unpublished ASA Closed Claims Project data will not be provided to corporations or ASA members with corporate ties or other potential conflict of interest if there is potential for commercial use of the data.

Please use the attached form to expedite your data request. You can print the form and fill it out by hand, or you can type in the needed information directly onto the form and then email it to posner@uw.edu.

Anesthesiologists (or their representatives) must complete all four pages of the attached request form before customized data retrieval services will commence. Return the completed form by postal mail, fax, or e-mail to:

Karen L. Posner, Ph.D.
Research Professor
Project Manager, ASA Closed Claims Project
University of Washington
Department of Anesthesiology
Box 356540
Seattle, WA 98195-6540
Phone: (206) 616-2630, Fax: (206) 543-2958, E-mail: posner@uw.edu

ASA Closed Claims Project Data Request

1.

ASA Member Information			
Requester's Name	ASA Member # (<i>Required</i>)	E-mail Address	
Postal Address (<i>as listed with ASA</i>)		Telephone Number	Fax Number
I am a(n)... <input type="checkbox"/> anesthesiologist (active or retired), so a mentor is not required. <input type="checkbox"/> resident or other member of the ASA. My mentor is listed below:			
Mentor's Name	ASA Member # (<i>Required</i>)	Mentor's E-mail Address	
Mentor's Postal Address (<i>as listed with ASA</i>)		Mentor's Telephone Number	

2.

Shipping information	
Deliver to:	<input type="checkbox"/> Postal address (<i>MUST be delivered to ASA Member's address listed above</i>) <input type="checkbox"/> E-mail address <i>listed above</i>
Date needed:	<u> </u> / <u> </u> / <u> </u> MM DD YY
<i>"ASAP" is not a valid date</i> <i>Please allow 4-6 weeks for delivery. RUSH requests will be accommodated when possible. Please provide a <u>date</u> and we will try to meet your needs.</i>	

3.

Research question, hypothesis or topic of interest:

4.

Restrictions of patient population, time period or case characteristics	
Patient ages:	_____ or <input type="checkbox"/> all (0-99)
Years of Interest:	_____ to _____ or <input type="checkbox"/> Any (1970+)
Surgical Procedures:	<input type="checkbox"/> Any, or specify: _____
Anesthetic Technique:	<input type="checkbox"/> Regional, <i>specify</i> : _____ <input type="checkbox"/> General, <i>specify agents</i> : _____ <input type="checkbox"/> MAC <input type="checkbox"/> Other specifications: _____
Chronic pain management:	<input type="checkbox"/> Specify: _____

5.

Information needed:
<input type="checkbox"/> Number of cases like this in the database
<input type="checkbox"/> Events related to this outcome / injuries related to this event
<input type="checkbox"/> Settlements / Award (#% payments and amount)
<input type="checkbox"/> A few illustrative case examples
<input type="checkbox"/> Other: _____

6.

Keywords and hints to facilitate data analysis

ASA Closed Claims Project Data Use Agreement

7.

How will the information be used? Check all that apply.

Personal or limited use

- Case review for litigation, quality assurance, risk management
- Education, with dissemination restricted to organization listed above (e.g., medical staff, residents, CRNAs, medical students)
- M & M Conference, risk management conference
- Background for grant application

Research Use – REQUIRES PRIOR WRITTEN APPROVAL

- Student report (term paper, thesis)
- Local presentation (e.g. state anesthesia or medical society)
- Regional or national presentation
- Citation in book chapter or journal article
- Other _____

Use of Closed Claims Project data for research purposes requires prior written approval by the Closed Claims Project Committee.

8.

Will this information be cited or included in any written or published material?

- No
- Yes, it will be cited or included in... (REQUIRES PRIOR WRITTEN APPROVAL)
 - Handout Book Chapter Abstract Journal Article Slides
 - Newsletter Other: _____

9.

Statement of Data Use Agreement

Please read this agreement carefully. Contact the Project Manager of the ASA Closed Claims Project, if you have any questions about this agreement.

I understand that previously unpublished data provided through this data request is intended for **my use alone**. I may use previously unpublished ASA Closed Claims Data for **personal or limited use** as listed Section 7 without prior written approval. If I wish to use previously unpublished data in **presentations or publications** as listed in Section 7, I must obtain the prior written approval of the Chair of the Committee on Professional Liability, the Director of the Closed Claims Project or the Project Manager of the ASA Closed Claims Project before I may present or publish the data. Prior written approval must be obtained prior to use in each presentation or publication.

I understand that I am responsible for obtaining IRB approval to receive Closed Claims Project data if required by my institution.

I understand that if I wish to disclose previously unpublished data provided through this data request to other individual(s) so that the other individual(s) may use the data for any purpose listed in Section 7, I must obtain the prior written approval of the Chair of the Committee on Professional Liability, the Director of the Closed Claims Project or the Project Manager of the ASA Closed Claims Project before I may disclose the data.

I understand that, with regards to previously published data, the ASA Closed Claims Project expects that I will respect its intellectual property rights and use its material as set forth by the "Fair Use" limitations of U.S. copyright law.

I take responsibility for adherence to this Data Use Agreement.

Requester's Signature & Date

Mentor's Signature (if applicable) & Date

ASA Closed Claims Project Conflict of Interest Statement

10.

Notice about potential conflict of interest

Closed Claims Project data may not be used in advertising or promotion of any commercial product or service.

Previously unpublished ASA Closed Claims Project data will not be provided to corporations or ASA members with corporate ties or other potential conflict of interest if there is potential for commercial use of the data.

All ASA members requesting previously unpublished data must disclose potential conflict of interest by responding to the disclosure questions and providing explanations of any positive responses. Positive responses will be reviewed by the Closed Claims Committee to assess potential conflict of interest.

EXAMPLES OF "FUNDING"

Refers to gifts, research or educational grants, contracts, equity interest, stock option(s), direct or indirect salary support, consultation fee(s), lecture/travel fees or honoraria received within five years of the date of the request from any source (including nonprofit foundations) which has or had financial interest in the subject matter, materials, equipment or devices

EXAMPLES OF "FINANCIAL INTEREST"

Includes patent(s), patent licensing arrangement(s), stocks, equity interest, or any other arrangement(s) that may be of actual or potential financial benefit

11.

Is there any potential conflicts of interest

Do you have any financial interest in the subject matter, materials or equipment that is the subject of the data request, or in competing materials?

- No
- Yes, ***describe on next page.***

Within the last five years, have you participated in the planning, conduct, or reporting of research that has been funded by, or has financial interests in, any source with a real or potential interest in the subject matter, materials, equipment or devices that is subject of the request, or in any competing product or subject?

- No
- Yes, ***describe on next page.***

Within the last five years, have you participated in or been funded by any foundation or other non-governmental source which has received funding from any organization with a real or potential interest in the subject matter, materials, equipment or devices that are subject of the data request, or in any competing product or subject

- No
- Yes, ***describe on next page.***

If you answer "yes" to any of the above items, please provide details, including the name(s) of the persons or organizations involved and the nature of the funding or financial interest.

Section 11, Conflicts of Interest, continues on next page, please be sure to sign

ASA Closed Claims Project Conflict of Interest Statement (continued)

11.

Please disclose the potential conflicts of interest

If you answer "yes" to any of the above items or have any other potential conflicts as described in section 10 above, please provide details, including the name(s) of the persons or organizations involved and the nature of the funding or financial interest.

Possible conflicts of interest, sources of financial support, corporate involvement, patent holdings, etc. are disclosed above or in an accompanying letter.

Requester's Signature & Date

Mentor's Signature (if applicable) & Date

Return this completed form by mail or fax to:

Karen L. Posner, Ph.D.
Research Professor
Project Manager, ASA Closed Claims Project
University of Washington
Department of Anesthesiology
Box 356540
Seattle, WA 98195-6540
Phone: (206) 616-2630, Fax: (206) 543-2958, Email: posner@uw.edu