

**PATIENT SAFETY SENTINEL EVENT REPORTING FORM**

(DRAFT) January 2007

**1. FACILITY INFORMATION**

\_\_\_\_\_  
**Name of Facility** (preloaded)

\_\_\_\_\_  
**Telephone**

\_\_\_\_\_  
**Person Reporting**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Email**

**2. PATIENT INFORMATION**

**Patient DOB:** \_\_\_\_\_

**Age** \_\_\_\_\_

**Gender:** F \_\_\_ M \_\_\_

**Principal Admitting Diagnoses**  
**(ICD code if known) (possibly preloaded)**

**Date of Admission** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Principal Discharge Diagnoses: (possibly preloaded)**  
**(ICD and CPT codes if known)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. EVENT INFORMATION**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Time**

\_\_\_\_\_  
**Date of Determination**

- Death
- Major permanent loss of function

**Patient's Cognitive Status prior to event: (Check one)**

- Alert/Oriented
- Dementia
- Mentally Retarded
- Confused
- Alzheimer's
- Comatose
- Unknown
- Other

**Location of Patient when event occurred: (Check one)**

- Patient Room
- Recovery Room
- Emergency Room
- Operating Room
- ICU/CCU
- Radiology
- Procedure Room (Cath, Endo, GI)
- Labor/Delivery
- Laboratory
- Lobby/Waiting
- Hallway

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- Home  Other (please specify)  
 Facility Campus \_\_\_\_\_  
\_\_\_\_\_

**Type of Occurrence: (Check one)**

**Death or Major Permanent Loss of Function arising from:**

***Surgery and/or Procedure:***

- Performed on wrong body part.
- Performed on wrong patient.
- Incorrect surgery and/or procedure performed on a patient.
- Retention of a foreign object in a patient after surgery or other procedure except:
  - Objects intentionally implanted;
  - Objects present prior to surgery and left in place; and
  - Broken micro-needles.
- Intraoperative or immediately post-operative death in an ASA Class I patient within 24 hours of surgery.
- Other \_\_\_\_\_

***Product or Device Event:***

- Arising from the use of contaminated drugs, devices, or biologics provided by the healthcare facility.
- Associated with the use or function of a device in patient care in which the device is used for an off-label use except pursuant to informed consent.
- Associated with intravascular air embolism that occurs while being cared for in a healthcare facility except when associated with neurosurgical procedures.
- Other \_\_\_\_\_

***Patient Protection Event:***

- Infant discharged to the wrong person.
- Patient death or major permanent loss of function arising from patient elopement.
- Patient suicide or attempted suicide while being cared for in a healthcare facility or within 72 hours of discharge.
- Other \_\_\_\_\_

***Care Management Event:***

- Arising from a medication error (e.g., errors involving the wrong drug, wrong dose, wrong patient, wrong time, wrong rate, wrong preparation, or wrong route of administration).
- Arising from a hemolytic reaction due to the administration of ABO/HLA-incompatible blood or blood products.

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- Arising from labor and/or delivery of a low-risk pregnancy while being cared for in a health care facility
  - Except deaths from pulmonary or amniotic fluid embolism;
  - Acute fatty liver of pregnancy;
  - Cardiomyopathy
- Unanticipated death of a full-term infant.
- Arising from hypoglycemia, the onset of which occurs while the patient is being cared for in a healthcare facility.
- Kernicterus associated with failure to identify and treat hyperbilirubinemia and/or bilirubin greater than 30 milligrams per deciliter in neonates.
- Stage 3 or 4 pressure ulcers acquired after admission to a healthcare facility:
  - Except those that progress from stage 2 to stage 3 if the stage 2 ulcer was documented upon admission.
- Due to spinal manipulative therapy.
- Prolonged fluoroscopy with cumulative dose greater than 1500 rads to a single field.
- Radiotherapy to the wrong body region
- Radiotherapy greater than 25% above the planned radiotherapy.
- Related to a healthcare acquired infection.
- Other \_\_\_\_\_

***Environmental Event:***

- Arising from an electric shock while being cared for in a healthcare facility:
  - Excluding emergency defibrillation in ventricular fibrillation and electroconvulsive therapies.
- Any incident in which a line designated for oxygen or other gas to be delivered to a patient contains the wrong gas or is contaminated by toxic substances.
- Arising from a burn incurred from any source while being cared for in a healthcare facility.
- Associated with the use of restraints or bedrails while being cared for in a healthcare facility.
- Arising from a fall while being cared for in a healthcare facility including fractures and/or head injuries with intracranial hemorrhage.
- Other \_\_\_\_\_

***Criminal Event:***

- Any care ordered by or provided by someone impersonating a physician, nurse, pharmacist, or other licensed healthcare provider.
- Abduction of a patient of any age.
- Nonconsensual sexual contact on a patient, staff member or visitor by another patient, staff member or unknown perpetrator while on the premises of the healthcare facility.
- Criminal assault or battery that occurs on the premises of the healthcare facility.
- Other \_\_\_\_\_

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*Other (please specify):*

\_\_\_\_\_

**If a Facility suspects that a patient safety sentinel event may have occurred to a patient who was transferred from another facility, the receiving facility shall report the suspected patient safety event to the facility that initiated the transfer.**

**ANALYSIS AND CORRECTIVE ACTION** *(To be submitted 45 days following the determination of event and after RCA)*

**Type of Harm/Outcome:** (Check all that apply):

- |   |   |
|---|---|
| <input type="checkbox"/> Brain Injury             | <input type="checkbox"/> Fracture                         |
| <input type="checkbox"/> Burn                     | <input type="checkbox"/> Infection                        |
| <input type="checkbox"/> Confinement              | <input type="checkbox"/> Laceration                       |
| <input type="checkbox"/> Decline in Condition     | <input type="checkbox"/> Spinal Injury                    |
| <input type="checkbox"/> Decubitus Pressure Ulcer | <input type="checkbox"/> Unwelcome Sexual Contact/Advance |
| <input type="checkbox"/> Dislocation              |   |
| <input type="checkbox"/> Emotional Harm/Upset     |   |
| <input type="checkbox"/> Other _____              |   |

**Contributing Factors:** (Check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Availability of Info                   | <input type="checkbox"/> Lack of Monitoring               |
| <input type="checkbox"/> Care Planning                          | <input type="checkbox"/> Organization Culture             |
| <input type="checkbox"/> Communication                          | <input type="checkbox"/> Orientation/Competency/ Training |
| <input type="checkbox"/> Continuum of Care                      | <input type="checkbox"/> Patient Assessment               |
| <input type="checkbox"/> Device Breakdowns                      | <input type="checkbox"/> Procedural Compliance            |
| <input type="checkbox"/> Environ. Safety/ Security              | <input type="checkbox"/> Process Breakdowns               |
| <input type="checkbox"/> Equipment - List Equipment used: _____ | <input type="checkbox"/> Staffing                         |
| <input type="checkbox"/> Failure to recognize changes           | <input type="checkbox"/> Other (please describe): _____   |
| <input type="checkbox"/> Human Factors _____                    | _____   |
| <input type="checkbox"/> Leadership                             | _____   |

**Actions Taken:** (Check all that apply)

- Documentation Changes – (please specify): \_\_\_\_\_
- Documentation Changes – Charting Tool
- Documentation Changes – Checklist
- Documentation Changes – Form
- Education

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- Equipment taken out of service
- Information System Change
- Policy & Procedure Addition/Revision
- Staffing Changes
- Work Flow Process Redesign
- Other: (please specify) \_\_\_\_\_

**Any other comments or narrative explanations:**

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**This information is protected from public disclosure under Utah Cod Ann. 26-3-7  
and 8**