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| *Please enter information in the gray-highlighted text box and submit this form to our office. Notification must be given to the department within 48 hours of event confirmation. You may save this form or print out for your records after submitting to the department.* | | | | | For DOH use only:  Notification method: Confirmation of event: Confirmation sent:  RCA received: Database: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Multiple same events: | |
| **Facility Name:** | |  | | |
| **Facility Contact Name:** | |  | | |
| **Phone Number:** | |  | | |
| **Contact Email:** | |  | | |
| **Event Confirmation Date:** | |  | | |
| **Event Type (number and letter):** | |  | | |
| **Report by:** | | * Website: <https://fortress.wa.gov/doh/opinio/s?s=AdverseEventReporting> * Phone (24 hours/7 days): **Adverse Events Hotline (888) 524-6257**, or * Fax (24 hours/7 days): Adverse Events **(360) 236-2830**, or * Email: [AdverseEventReporting@doh.wa.gov](mailto:AdverseEventReporting@doh.wa.gov), or * Mail form: DOH, Adverse Events, P.O. Box 47853, Olympia, WA 98504-7853 | | | | |
| *1. Surgical or Invasive Procedure Events* | | | *4. Care Management Events cont’d* | | |
| A. | Surgery or other invasive procedure performed on the wrong site | | E. | Patient death or serious injury associated with a fall while being cared for in a healthcare setting | |
| B. | Surgery or other invasive procedure performed on the wrong patient | | F. | Any Stage 3, Stage 4, and unstageable pressure ulcers acquired after admission/presentation to a healthcare setting | |
| C. | Wrong surgical or other invasive procedure performed on a patient | | G. | Artificial insemination with the wrong donor sperm or wrong egg | |
| D. | Unintended retention of a foreign object in a patient after surgery or other invasive procedure | | H. | Patient death or serious injury resulting from the irretrievable loss of an irreplaceable biological specimen | |
| E. | Intraoperative or immediately postoperative/postprocedure death in an ASA class 1 patient | | I. | Patient death or serious injury resulting from failure to follow up or communicate laboratory, pathology, or radiology test results | |
| *2. Product or Device Events* | | | *5. Environmental Events* | | |
| A. | Patient death or serious injury associated with the use of contaminated drugs, devices, or biologics provided by the healthcare setting | | A. | Patient or staff death or serious injury associated with an electric shock while in the course of a patient care process in a healthcare setting | |
| B. | Patient death or serious injury associated with the use or function of a device in patient care, in which the device is used or functions other than as intended | | B. | Any incident in which systems designed for oxygen or other gas to be delivered to a patient contains no gas, the wrong gas, or are contaminated by toxic substances | |
| C. | Patient death or serious injury associated with intravascular air embolism that occurs while being cared for in a healthcare setting | | C. | Patient or staff death or serious injury associated with a burn incurred from any source in the course of a patient care process in a healthcare setting | |
| *3. Patient Protection Events* | | | D. | Patient death or serious injury associated with the use of physical restraints or bedrails while being cared for in a healthcare setting | |
| A. | Discharge or release of a patient/resident of any age, who is unable to make decisions, to other than an authorized person | | *6. Radiologic Events* | | |
| B. | Patient death or serious injury associated with patient elopement.  (disappearance) | | A. | Death or serious injury of a patient or staff associated with the introduction of a metallic object into the MRI area | |
| C. | Patient suicide, or attempted suicide, or self-harm that results in serious injury, while being cared for in a healthcare setting | | *7. Potential Criminal Events* | | |
| *4. Care Management Events* | | | A. | Any instance of care ordered by a or provided by someone impersonating a physician, nurse, pharmacist, or other licensed health care provider | |
| A. | Patient death or serious injury associated with 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) | | B. | Abduction of a patient/resident of any age | |
| B. | Patient death or serious injury associated with unsafe administration of blood products | | C. | Sexual abuse/assault on a patient or staff member within or on the grounds of a healthcare setting | |
| C. | Maternal death or serious injury associated with labor or delivery in a low-risk pregnancy while cared for in the healthcare setting | | D. | Death or serious injury of a patient or staff member resulting from a physical assault (i.e., battery) that occurs within or on the grounds of a healthcare setting | |
| D. | Death or serious injury of a neonate associated with labor or delivery in a low-risk pregnancy. | | **For additional adverse event definitions please see the** [**National Quality Forum website**](http://www.qualityforum.org/Topics/SREs/Serious_Reportable_Events.aspx). | | |