The Sentinel Event Registry Toolkit

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This toolkit is intended to be used as a guide to help medical providers deemed to be mandatory reporters for Sentinel Events based upon NRS 439.835.

This is the first version of the Sentinel Event Toolkit. This guide includes information such as sentinel event laws, sentinel event definition, data collection, data reporting, patient safety plan, and the Nevada Sentinel Event Registry REDCap database.

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Sentinel Event Introduction

Nevada Sentinel Event Registry (SER) is a program within the Division of Public and Behavioral Health that tracks reportable sentinel events in acute care hospitals, surgical centers for ambulatory patients, independent centers for emergency medical care, and obstetric centers. The Nevada Sentinel Event Registry hopes to accomplish the goals outlined below.

Goals of the Nevada Sentinel Event Registry Program

- Develop a Sentinel Event database to facilitate the reporting, tracking, and analysis of Sentinel Events.
- Provide guidance for medical facilities to report the data accurately and efficiently.
- Provide sentinel event related NRS (Nevada Revised Statutes) and NAC (Nevada Administrative Code), as well as technical assistance, to medical facilities.

Sentinel Event Definition

According to NRS 439.830, "sentinel events" means an event included in Appendix A of "Serious Reportable Events in Healthcare--2011 Update: A Consensus Report," published by the National Quality Forum (NQF).

The following is the list of the sentinel event types that are included in the document mentioned above:

- Surgery or other invasive procedure on wrong patient
- Surgery or other invasive procedure on wrong site
- Wrong surgical procedure or other invasive procedure on patient
- Unintended retained foreign object in patient after surgery or other invasive procedure
- Intra- or post-operative death in an ASA Class I patient
- Patient death or serious injury associated with use of contaminated drug, device, or biologic
- Patient death or serious injury associated with unintended use of a devise
- Patient death or serious injury associated with air embolism
- Discharge or release of patient to unauthorized person
- Patient death or serious injury associated with patient elopement
- Patient suicide, attempted suicide, or self-harm that results in serious injury
- Patient death or serious injury associated with medication error
- Patient death or serious injury associated with unsafe administration of blood
- Maternal death or serious injury with labor or delivery in a low-risk pregnancy
- Death or serious injury of neonate during labor or delivery in a low-risk pregnancy
- Patient death or serious injury associated with a fall
- Any stage 3 or stage 4 and unstageable pressure ulcer
- Artificial insemination with wrong donor sperm or egg
- Patient death or serious injury resulting from irretrievable loss or irreplaceable biological specimen
- Patient death or serious injury resulting from failure to communicate test result
- Patient death or serious injury associated with electronic shock

- Wrong or contaminated gas
- Patient or staff death or serious injury associate with a burn in the course of treatment
- Patient death or serious injury associated with the use of restraints or bedrails
- Death or serious injury of patient or staff associated with introduction of metallic object into MRI area
- Care ordered by an impersonator of a healthcare provider
- Abduction of patient or resident
- Sexual assault of patient or staff member on facility grounds
- Death or serious injury of patient or staff from a physical assault on facility grounds

For the definition details, please check the Appendix A from Serious Reportable Events in Healthcare—2011 Update: A Consensus Report.

Mandatory Reporters and Timelines When A Sentinel Event Occurs

Based on the NRS 439.835, a person who is employed by a medical facility shall, within 24 hours after becoming aware of a sentinel event that occurred at the medical facility, notify the patient safety officer. The patient safety officer shall, within 13 or 14 days after receiving notification report the date, time and a brief description of the sentinel event to the Division, which is the sentinel event Part 1 form. Within 45 days after becoming aware of the occurrence of a sentinel event, the Part 2 form should be submitted to the Division (NAC 439.915.)

If a medical facility that receives a patient who was transferred or discharged from another medical facility believes that a sentinel event affecting the patient occurred at the other medical facility, the medical facility that received the patient shall report the sentinel event to the facility from which the patient was transferred or discharged (NAC 439.916.)

“Medical facility” described above means hospitals, obstetric centers, surgical centers for ambulatory patients, and the independent centers for emergency medical care (NRS 439.805.)

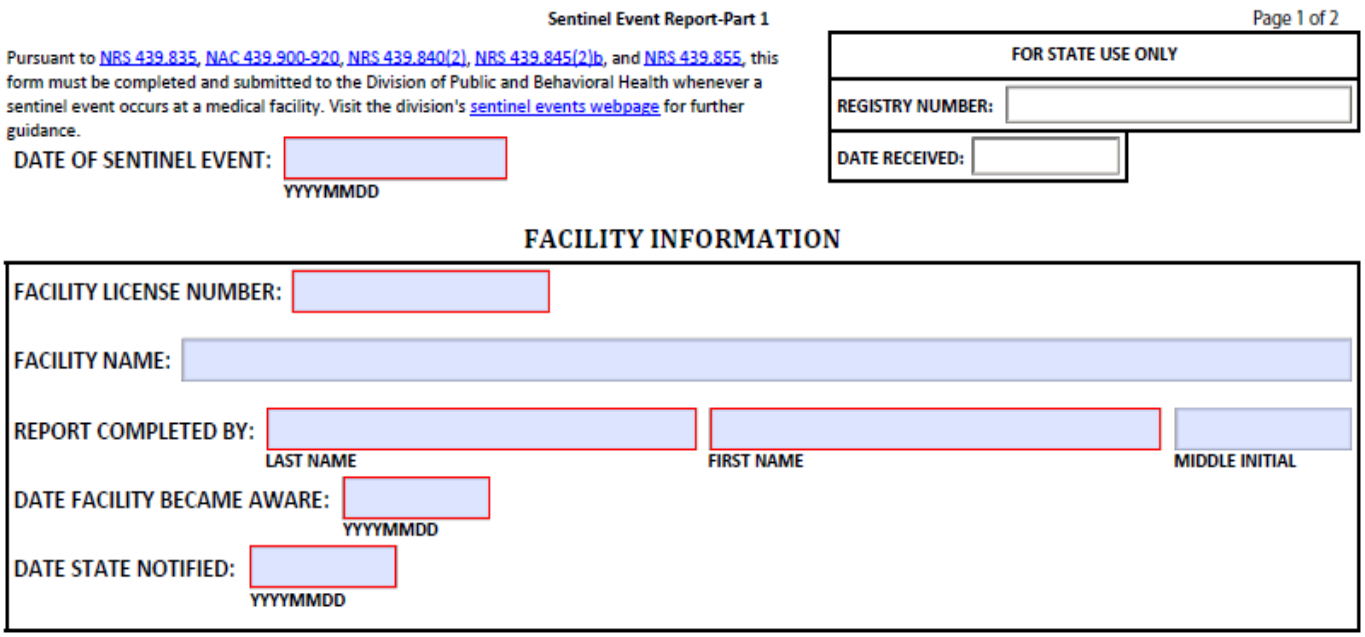
Data Collection Forms

For the convenience of the medicial facilities, Nevada Sentinel Event Registry has created data collection forms that cover all the data required to be collected according to NRS and NAC. These forms mirror the REDCap online database, which will be covered in the next section.

There are four data collection forms, which include: Sentinel Event Part 1 Form, Sentinel Event Part 2 Form, Sentinel Event Contact Form, and Sentinel Event Report Summary Form. Upon completion of the forms, data should be submitted to Nevada Sentinel Event Registry using Nevada REDCap, the secure, online database. Pursuant to NRS 439.835, NAC 439.900-920, NRS 439.840(2), NRS 439.845(2)b, and NRS 439.855, Sentinel Event part 1 form must be completed and submitted to the Division of Public and Behavioral Health whenever a sentinel event occurs at a medical facility.

Sentinel Event Part I Form

This form must be completed and submitted to the Division via REDCap within 13-14 days after a healthcare worker or patient safety officer becomes aware of a sentinel event.



Sentinel Event Report-Part 1

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Pursuant to NRS 439.835, NAC 439.900-920, NRS 439.840(2), NRS 439.845(2)b, and NRS 439.855, this form must be completed and submitted to the Division of Public and Behavioral Health whenever a sentinel event occurs at a medical facility. Visit the division's sentinel events webpage for further guidance.

DATE OF SENTINEL EVENT: YYYYMMDD

FOR STATE USE ONLY

REGISTRY NUMBER:

DATE RECEIVED:

FACILITY INFORMATION

FACILITY LICENSE NUMBER:

FACILITY NAME:

REPORT COMPLETED BY: LAST NAME FIRST NAME MIDDLE INITIAL

DATE FACILITY BECAME AWARE: YYYYMMDD

DATE STATE NOTIFIED: YYYYMMDD

Registry Number: The sentinel event registrar will issue this number based on a method that will show what year and when the event occurred. The number should always be eight digits long and the first four numbers of the registry number should be the year in which the event occurred. The registry number is issued in sequential order and duplicate registry number cannot be assigned or used.

Date received: The date that the Division receives Sentinel Event Part 1 Form report from facilities, or the date that the facility enters the Part 1 data into the REDCap database.

Facility Information Session

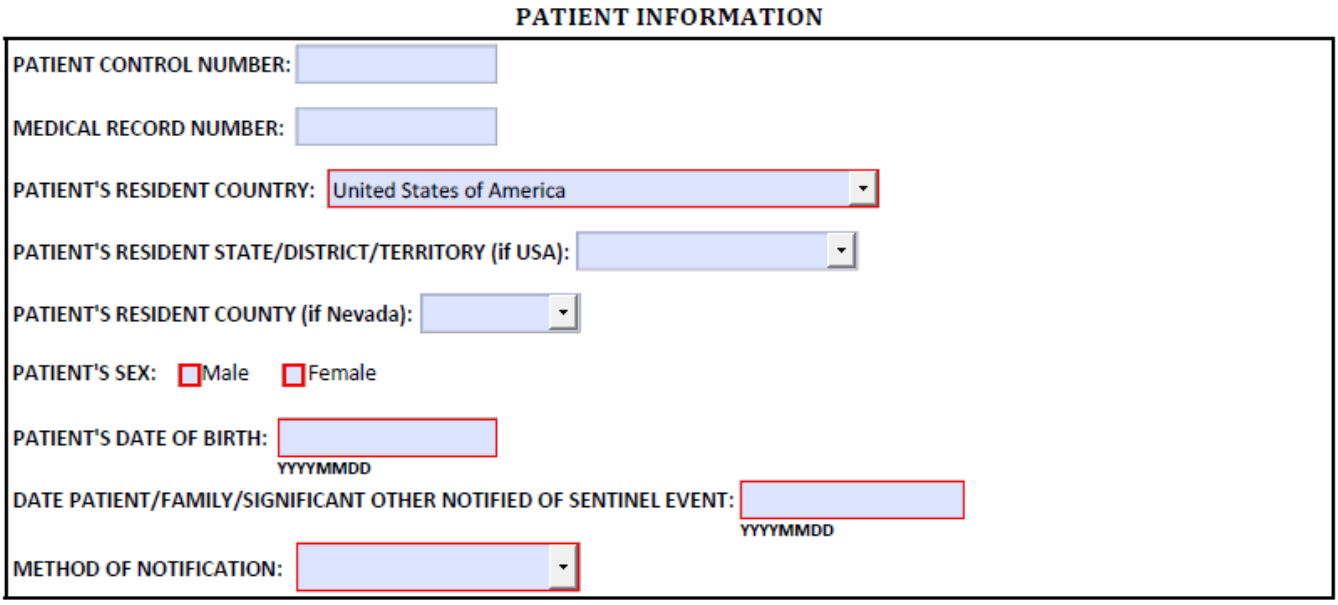
Date of sentinel event: The date that sentinel event occurred. *YYYY/MM/DD*

Facility License Number: The facility ID/ license number that must match the facility ID number in the Bureau of Health Care Quality Compliance (BHCQC) Licensure and Certification Database.

Facility Name: The legal and complete name of facility. This is the name that your facility is registered under on your license with the state.

Report Completed by: First Name, Last Name, Middle Initial: The legal first and last names, and middle initial of the person who completes this report.

Date Facility Became Aware: The date that facility became aware that a sentinel event has occurred. YYYY/MM/DD



Patient Information:

Patient Control Number: Fill out the patient control number. This is an optional field.

Medical Record Number: The medical record number of the patient.

Patient's Resident Country: Choose the country where the patient currently resides.

Patient's Resident State/District/Territory (if USA): Choose the state where the patient currently resides.

Patient's Resident County (if Nevada): Choose the county where the patient currently resides if he or she lives in Nevada.

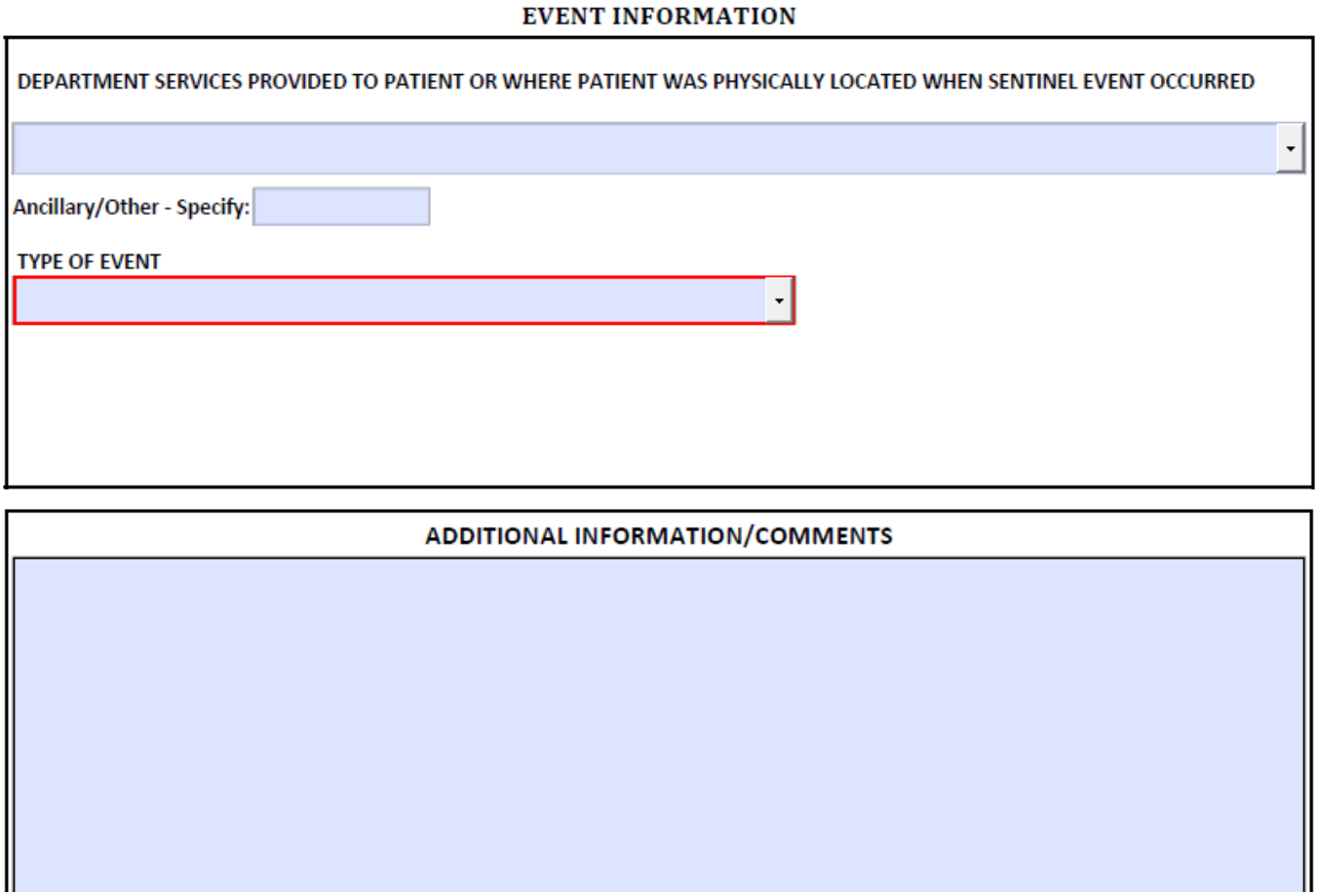
Patient's Sex: Check the sex of the patient.

Patient's Date of Birth: The birth date of the patient. YYYY/MM/DD

Date Patient/Family/Significate Other Notified of Sentinel Event: The date that facility notified the patient/family/ significate others that a sentinel event has occurred. If the patient expires and they have no family members or significant other to notify that the patient was involved in a sentinel event, the sentinel event reporter or Patient Safety Officer will leave this field blank. However, the detail should be explained in the "additional information/comments" field of the form.

Method of Notification: Choose the method that facility notified the patient/family/significate others. If the patient expires and they have no family members or significant other to notify, the sentinel event reporter or Patient Safety Officer will leave this field blank and provide detail notes in the "additional information/comments" field of the form.

Notes: According to NRS 439.855 **Notification of patients involved in sentinel events**
Each medical facility, should not later than 7 days after discovering or becoming aware of a sentinel event that occurred at the medical facility, provide notice of that fact to each patient who was involved in that sentinel event.



Event Information:

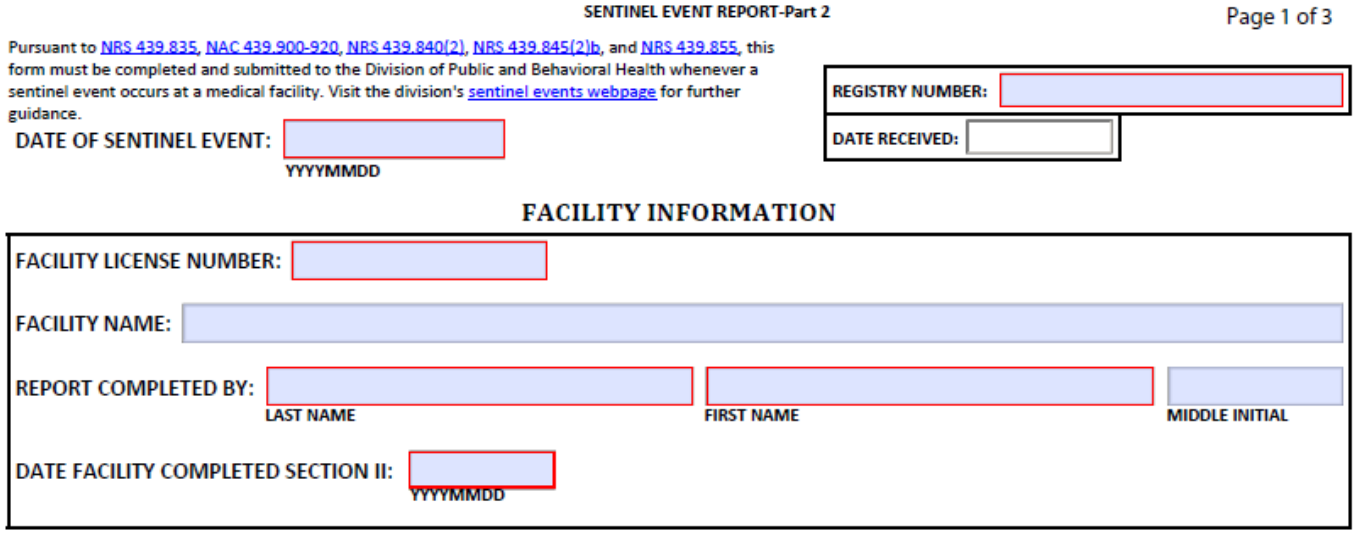
Department services provided to patient or where patient was physically located when sentinel event occurred: Provide the department services names.

Type of Event: Choose the event type. Please follow the sentinel event types in the Serious Reportable Events in Healthcare—2011 Update: A Consensus Report.

Additional Information/Comments: Provide the additional information or comments related the sentinel event that will help to describe the sentinel event. This is an optional field. This field must be populated when the "date patient/facility/significant other notified of sentinel event" field is left blank.

Sentinel Event Part II Form

Complete this form within 45 days of occurrence of a Sentinel Event at a medical facility.



SENTINEL EVENT REPORT-Part 2

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Pursuant to NRS 439.835, NAC 439.900-920, NRS 439.840(2), NRS 439.845(2)b, and NRS 439.855, this form must be completed and submitted to the Division of Public and Behavioral Health whenever a sentinel event occurs at a medical facility. Visit the division's sentinel events webpage for further guidance.

DATE OF SENTINEL EVENT: YYYYMMDD

REGISTRY NUMBER:

DATE RECEIVED:

FACILITY INFORMATION

FACILITY LICENSE NUMBER:

FACILITY NAME:

REPORT COMPLETED BY: LAST NAME FIRST NAME MIDDLE INITIAL

DATE FACILITY COMPLETED SECTION II: YYYYMMDD

Registry Number: Sentinel event registrar will issue this number based on the year of sentinel event occurs and accumulation of the events during the year. The number should always be eight numbers long, and the first four numbers of the registry number should be the year in which the event occurred. The registry number is issued in sequential order and duplicate registry number cannot be assigned or used.

Date received: The date that Division receives Sentinel Event Part 2 Form from facilities, or the date that the facility enter the Sentinel Event Part 2 Form data into the REDCap database.

Date of sentinel event: The date that sentinel event occurred. This date must match the sentinel event date on the Sentinel Event Part 1 Form. *YYYY/MM/DD*

Facility License Number: The facility ID/ license number that must match the facility ID number in the Health Care Quality Compliance (HCQC) Licensure and Certification Database. This number must match the license number submitted on the Sentinel Event Part 1 Form.

Facility Name: The legal and complete name of facility. This is the name that your facility is registered under on your license with the state. This facility name must match the name of the facility name submitted on the Sentinel Event Part 1 Form.

Report Completed by: First Name, Last Name, Middle Initial: The legal first and last name, and middle initial of the person who completes this report. Middle initial is optional.

Date Facility Completed Section II: The date that a facility completed the Sentinel Event Part 2 Form. *YYYY/MM/DD*

PRIMARY CONTRIBUTING FACTOR(S)
(Check a maximum of 4 boxes.)

PATIENT-RELATED		
☐ alcohol/drugs	☐ training inadequate/not done	☐ equipment - failure(s)
☐ allergy - known	**ENVIRONMENT**	☐ equipment - incorrect
☐ allergy - unknown	☐ emergency situation - external	☐ equipment - unavailable
☐ confusion	☐ emergency situation - internal	☐ expiration date issue
☐ frail/unsteady	☐ lighting problem	☐ failure in dispensing
☐ language barrier	☐ noise level	☐ fax/scanner problem
☐ line/catheter/endotracheal tube removed	☐ wet/slippery floor/surface	☐ incorrect dilution/concentration
☐ medicated	**COMMUNICATION/ DOCUMENTATION**	☐ incorrect dose
☐ non-compliant	☐ abbreviation(s)	☐ incorrect infusion rate
☐ physical impairment	☐ hand-off/teamwork/cross-coverage	☐ incorrect medication route
☐ psychosis	☐ illegible documentation	☐ labeling/packaging - ambiguous
☐ self-administration	☐ lack of communication	☐ labeling/packaging - incorrect
☐ self-harm	☐ lack of/inadequate documentation	☐ omission
STAFF-RELATED	☐ medical record - incorrect	☐ prescription - incorrect
☐ clinical decision/assessment	☐ medical record - unavailable	☐ prescription - unavailable
☐ clinical performance/ administration	☐ transcription error(s)	☐ supplies - incorrect
☐ failure to follow policy and/or procedure	☐ verbal communication - inadequate	☐ supplies - unavailable
☐ iatrogenic error(s)	☐ verbal communication - incorrect	☐ test - incorrect
☐ patient identification	☐ written communication - inadequate	☐ test - unavailable
☐ working outside scope of practice	☐ written communication - incorrect	☐ test results - incorrect
ORGANIZATION	**TECHNICAL**	☐ test results - unavailable
☐ culture - principles, ethics, values	☐ computer error(s)	☐ treatment delay
☐ inappropriate/no policy/process	☐ dose miscalculation	☐ wristband - incorrect
☐ patient volume exceeds capacity	☐ drug names similar/confusing	☐ wristband - unavailable
☐ staffing level	☐ drug/blood product - incorrect	☐ wrong frequency
	☐ drug/blood product - unavailable	☐ other
		☐ none

other - Specify.

A maximum of 4 boxes can be checked in this area.

CONTRIBUTING DEPARTMENT(S)
(Check a maximum of 4 boxes.)

☐ anesthesia/PACU	☐ intermediate care	☐ outpatient/ambulatory surgery
☐ antepartum	☐ labor/delivery	☐ pediatric emergency department
☐ cardiac catheterization suite	☐ laboratory	☐ pediatric intensive/critical care
☐ dialysis unit	☐ long term care	☐ pediatrics
☐ emergency department	☐ medical/surgical	☐ pharmacy
☐ endoscopy	☐ neonatal unit (level 2)	☐ postpartum
☐ gynecology	☐ neonatal unit (level 3)	☐ psychiatry/behavioral health/ geropsychiatry
☐ imaging	☐ newborn nursery (level 1)	☐ pulmonary/respiratory
☐ inpatient rehabilitation unit	☐ nursing/skilled nursing	☐ trauma emergency department (level 1)
☐ inpatient surgery	☐ observational/clinical decision unit	☐ trauma emergency department (level 2)
☐ intensive/critical care	☐ outpatient/ambulatory care	☐ trauma emergency department (level 3)
		☐ ancillary/other

ancillary/other - Specify.

A maximum of 4 boxes can be check for the contributing department field.

CORRECTIVE ACTION(S)
(Check all that apply.)

☐ disciplinary action(s)	☐ procedure modification
☐ environmental change(s)	☐ procedure review
☐ equipment modification(s)	☐ process development
☐ equipment repair(s)	☐ process modification
☐ policy development	☐ process review
☐ policy modification	☐ situation analysis
☐ policy review	☐ staff education/in-service training
☐ procedure development	☐ other

other - Specify.

Check all that apply for the corrective actions.

Other-Specify: Please specify the specific corrective action(s) if the "other" is checked.

LESSONS LEARNED

Provide the description of what the facility learned from the event/experience.

ADDITIONAL INFORMATION/COMMENTS

Provide the additional explanations or comments that help to better understand/describe the events.

Notes:

Based on NRS 439.837 **mandatory investigation of sentinel event by medical facility**, a medical facility shall, upon reporting a sentinel event pursuant to NRS 439.835, conduct an investigation concerning the causes or contributing factors, or both, of the sentinel event and implement a plan to remedy the causes or contributing factors, or both, of the sentinel event.

Sentinel Event Report Summary Form

Complete this form annually on or before March 1 each year based on NRS 439.843.

Year Events Occurred*:* The year that the sentinel events occurred.

Name of the Person Completing Summary: Name of person who completed the summary report, include the first name and last name.

Name of facility: This is the legal and complete name of facility. This facility name must match the name of the facility name submitted on the Sentinel Event Part 1 Form.

Facility License Number: The facility ID/ license number that must match the facility ID number in the Bureau of Health Care Quality Compliance (BHCQC) Licensure and Certification Database. This number must match the license number submitted on the Sentinel Event Part 1 Form.

Patient Safety Officer Name: Name of Patient Safety Officer in the facility, which includes both the first name and last name.

Enter the number of sentinel events reported for each event type category below. For categories having no reported sentinel events over the calendar year, you may leave them blank. If either of the 'other' categories are used, please also specify the type(s) of event(s) in the text box provided.

Surgery on Wrong Body Part	**Suicide**	**Electric Shock**
Surgery on Wrong Patient	**Medication Error**	**Wrong or Contaminated Gas**
Wrong Surgical Procedure	**Transfusion Error**	**Burn**
Retained Foreign Object	**Maternal Labor or Delivery**	**Restraint**
Intra- or Post-Operative Death	**Neonate Labor or Delivery**	**Introduction of Metallic Object into MRI Area**
Contaminated Drug, Device, or Biologic	**Fall**	**Impersonation of Healthcare Provider**
Device Failure	**Pressure Ulcer**	**Abduction**
Air Embolism	**Wrong Sperm or Egg**	**Sexual Assault**
Discharge to Wrong Person	**Lost Specimen**	**Physical Assault**
Elopement	**Failure to Communicate Test Result**	**Other**

If "other" please specify the type(s) of event(s):

Total Sentinel Events that Occurred in 2015 0

Total Sentinel Events that Occurred: This is an automatically calculated field.

PATIENT SAFETY COMMITTEE

Number of Employees

If employee count is greater than or equal to 25, please fill out section A below.
If less than 25 employees, fill out section B.

Section A

For facilities that have more than or equal to 25 employees, their Patient Safety Committee must consist of the following people. Please fill in the **names** of each.

Infection Control Officer:
Patient Safety Officer:
MD
RN
Pharmacist
Executive Member

Does your Patient Safety Committee meet AT LEAST monthly?

Yes No

Section B

For facilities that have less than 25 employees and/or contractors, their Patient Safety Committee must consist of the following people. Please fill in the **names** of each.

Patient Safety Officer:
MD
RN
CEO or CFO

Does your Patient Safety Committee meet AT LEAST quarterly?

Yes No

Summarize the activities of the committee.

Number of Employees: Include the number of employees and/or contactors in your facility.

Infection Control Officer: Provide the first and last name of infection control officer.

Patient Safety Officer: Provide the first and last name of the Patient Safety Officer.

MD (Medical Doctor): Provide the first and last name of the medical doctor.

RN (Registered Nurse): Provide the first and last name of the registered nurse.

Pharmacist: Provide the first and last name of the pharmacist.

Executive Member: Provide the first and last name of the executive members.

CEO or CFO: Provide the first and last name of the Chief Executive Officer or Chief Financial Officer.

Summarize the activities of the committee: Provide one or more paragraphs to summarize the activities or any additional information.

Sentinel Event Contact Form

Please complete this form whenever you have a change of your facility information. It is a facility's responsibility to keep this information updated.

Sentinel Event Contact Form

Pursuant to NRS 439.870, each medical facility required to report sentinel events must designate a Patient Safety Officer. This officer or employee of the facility has the responsibility to serve on the Patient Safety Committee (NRS 439.875 and NAC 439.920), supervise the reporting of the sentinel events, take action as deemed necessary to ensure patient safety at the facility, and report any action taken to the Patient Safety Committee.

Date: 2/3/16

Facility Name:

Patient Safety Officer:

Nick Name

Email:

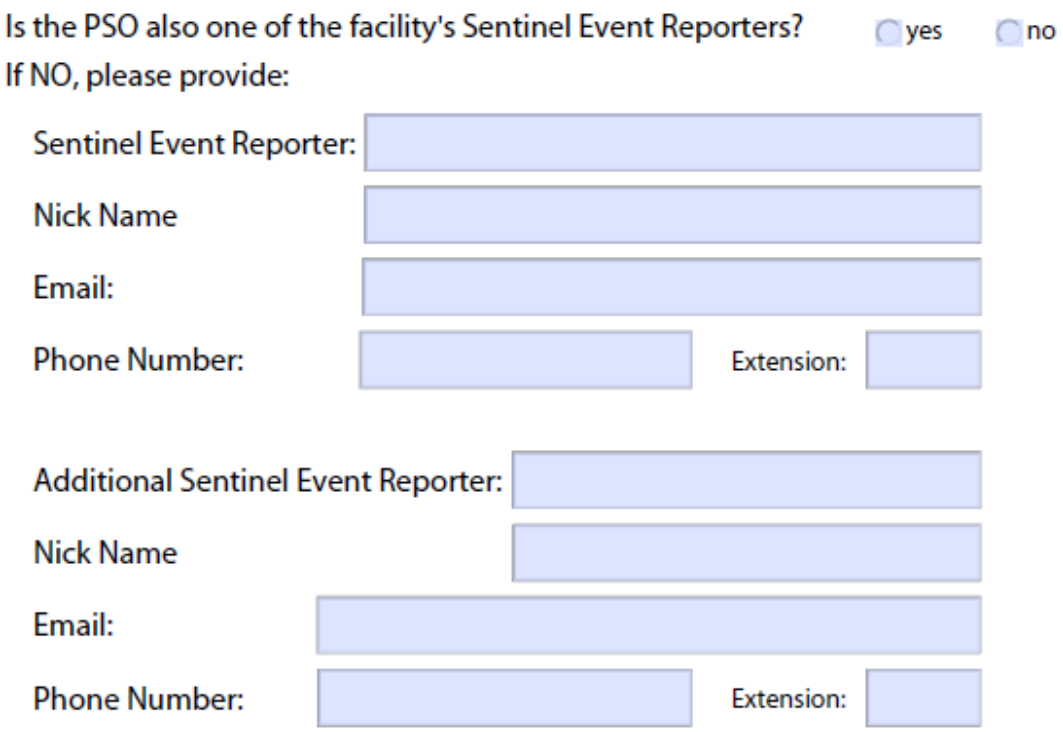
Phone Number: Extension:

Date: Date of completing this form. YYYY/MM/DD

Facility Name: This facility name must match the name of the facility name submitted on the Sentinel Event Part I Form.

Patient Safety Officer: Provide the first and last name of the Patient Safety Officer.

Phone Number, Extension: Provide the phone number and extension for the Patient Safety Officer.



Sentinel Event Reporter/additional sentinel event reporter: Provide the first and last name of an alternative person who would report the sentinel event for the facility.

Nick Name: This is an optional field. If you used a nick name to report the sentinel event, please fill out this field.

Email: Provide the email address of Patient Safety Officer.

Phone Number, Extension: Provide the phone number and extension for the alternative sentinel event reporter/additional sentinel event reporter.

Sentinel Event REDCap Database

The Nevada Sentinel Event Registry team has created a web-based data management system for the collection of Sentinel Event data using REDCap, a secure web application. The goal of creating a web-based data system is to simplify the reporting process and aid in collecting real-time data.

In this tutorial, you will learn how to use REDCap to enter the data collected onto the data collection forms introduced in the previous section. If you have any questions, please contact the REDCap administrator at REDCap@health.nv.gov.

Logging In

To access REDCap, go to https://dpbhrdc.nv.gov/redcap.

To access your project, you should have received an automatic email that generated from REDCap as shown below.

> [This message was automatically generated by REDCap]
>
> A REDCap account has been created for you in which your REDCap username is 'XXXX Click the link below to set your new password and log in.
>
> Set your new REDCap password

Once you have received this email from REDCap, you will be able to use your user name and the link to setup your password and access to REDCap. Generally, your user name will be your first initial and last name.

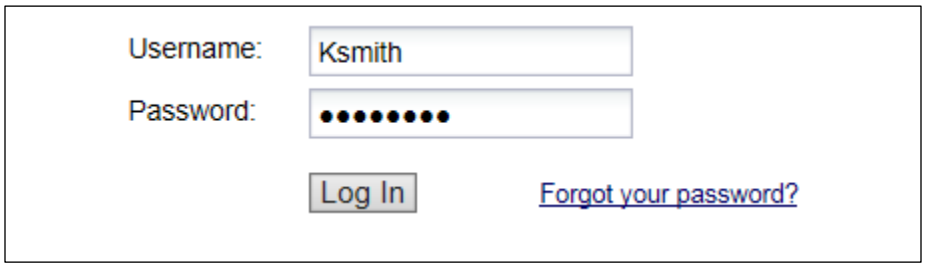
You will be prompted to change your password the first time you log in. The password will expire every 90 days and the past 5 passwords cannot be reused.

You will also be prompted to set up a password recovery question. Once you have filled out this information, if you forget your password, you can click the '**Forgot Your Password**?' link on the REDCap login screen. Setting up your password recovery question is very important. It will help you to reset your password. Please do so the first time when you access REDCap.

Once a project has been granted for you to access, you will receive the email similar to the following. You will be able to access the project indicated in the email with your user name and the password.

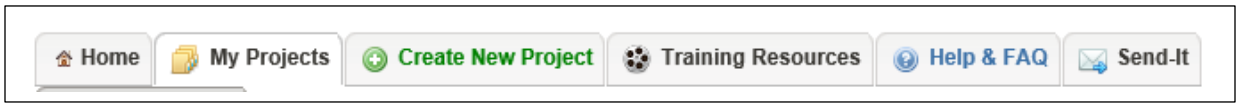
> [This message was automatically generated by REDCap]
>
> You have been given access to the REDCap project named "practice Project2------ABC!". Using your user name "XXX", you may log in to the project using the link below.
>
> https://dpbhrdc.nv.gov/redcap/

By clicking the link provided in the email, you will be able to access to your project. In this tutorial, we will use the user name "Ksmith" to log into the system. Once you have provided your security question, you also be able to reset your password by clicking "Forgot your password?" to reset your password.



Entering Data

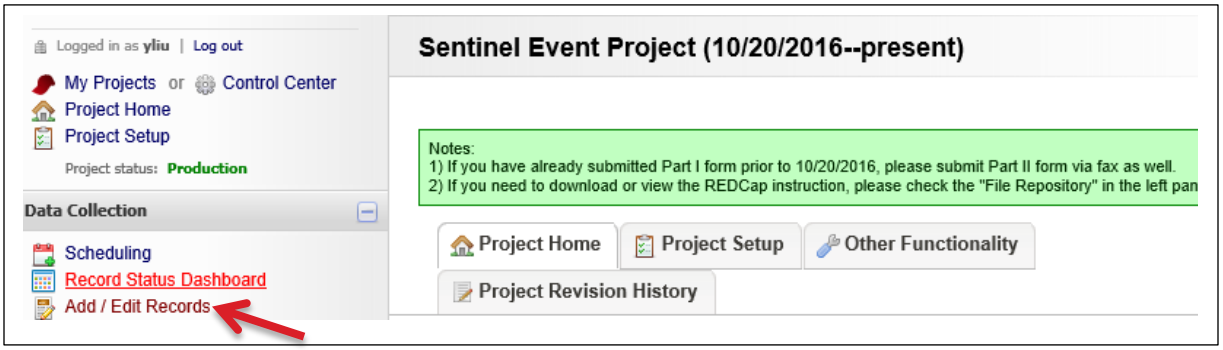
After logging into the system, please select the **'My Projects'** tab near the top of the page.



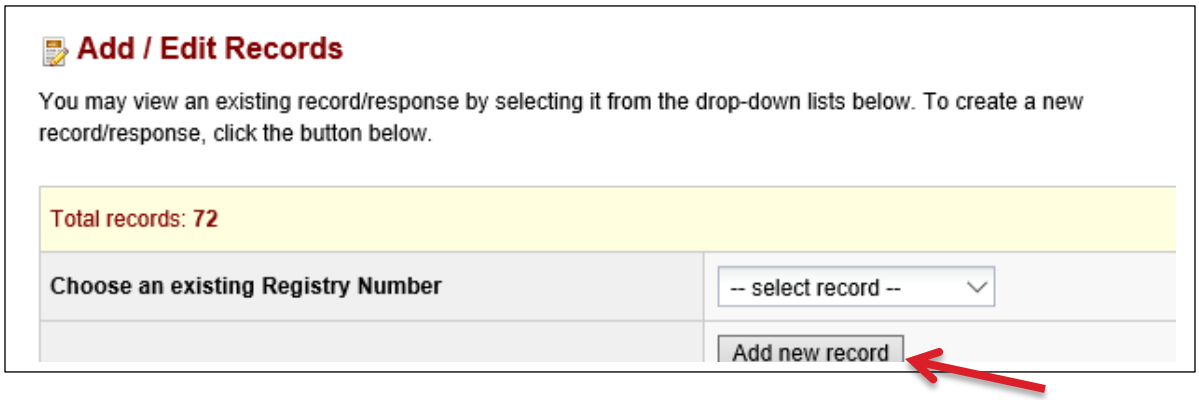
You will receive another email generated from REDCap stating that you are granted access to a specific project. You will be able to view the projects that you are granted access to in your screen after you click "**My Projects**."

You should have access to the projects to "**Sentinel Event Report**" and "**Sentinel Event Summary Report,**" where all data from the data collection corms will be entered.

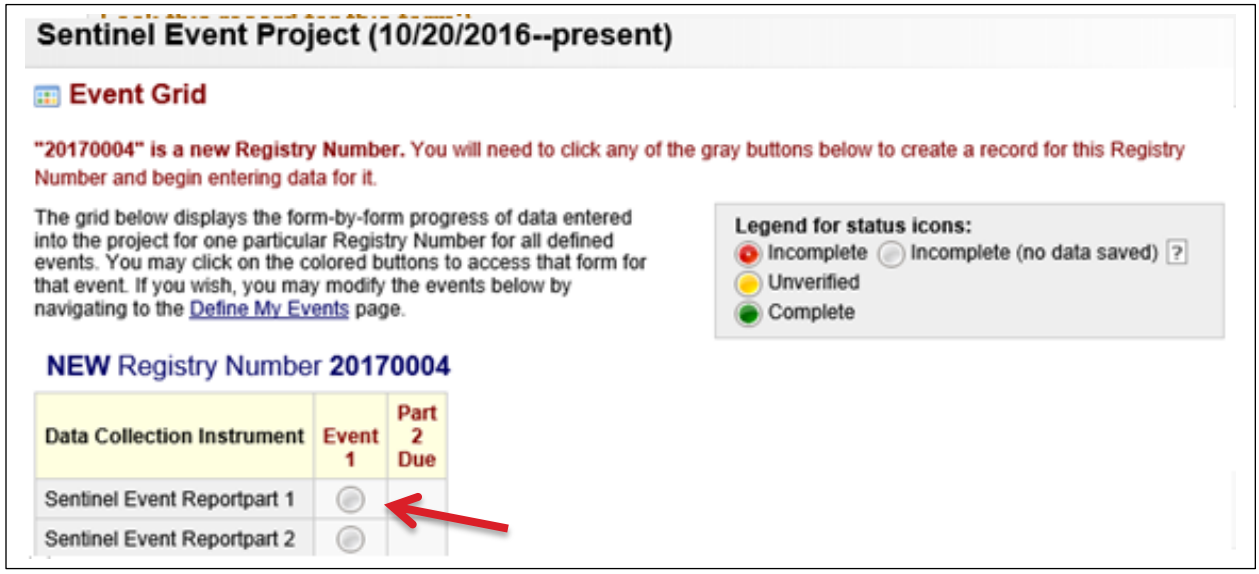
Click a project such as "Sentinel Event Report" or "Sentinel Event Summary Report." In the column on the left, under data collection, select **'Add/Edit Records.'**



Click **'Add new record.'**



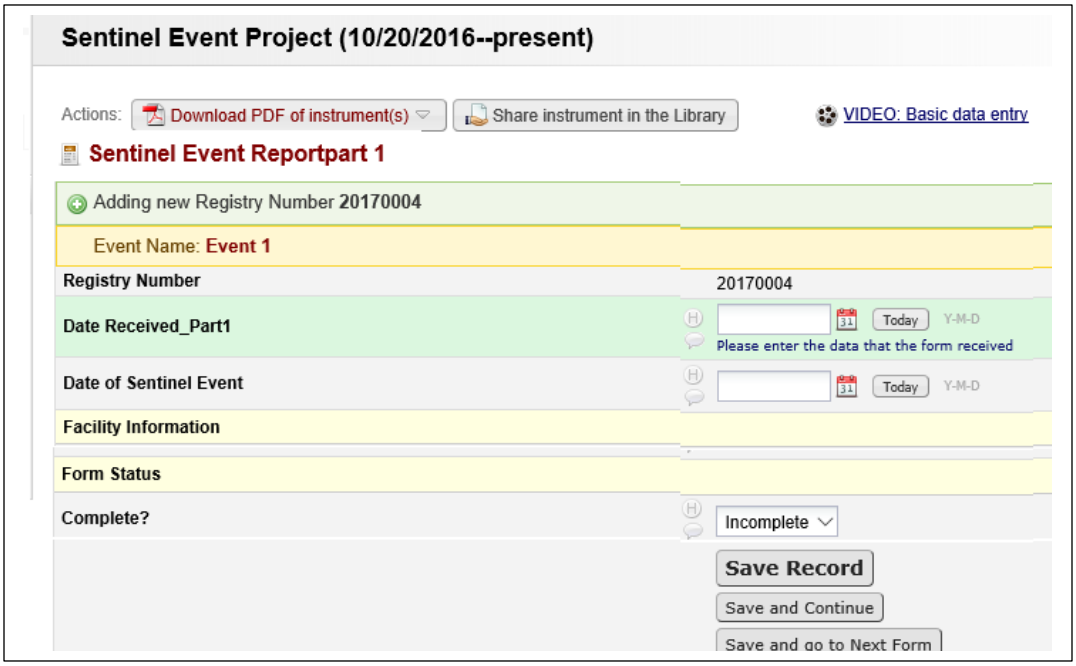
After selecting a form that you would like to work on, you will be able to see a grid.



For example, if you want to enter the data for the Sentinel Event Report-Part 1 form, you need to click the gray button next to the form "Event 1." This will bring you to the data entry form. An example of the form is shown below.

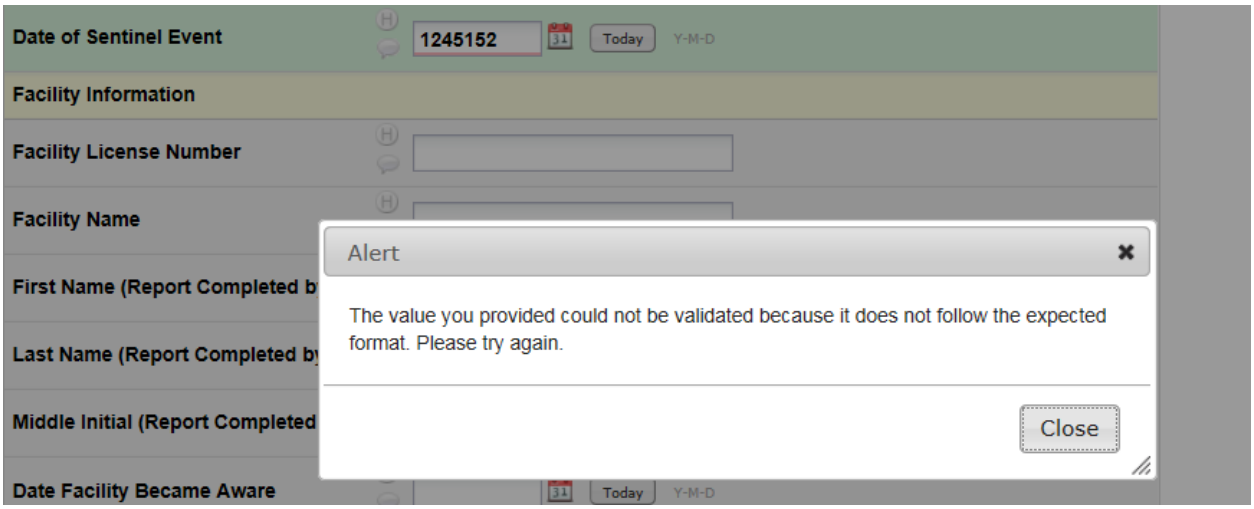
From the screen shot below,

1) "**Download PDF of instrument(s)"**: You can dowload a blank REDCap format of this form. If you finished the data entry, you also can download a completed form if you would like to.
2) "**VIDEO: Basic data entry**": You can watch a video to show you how to enter the data using REDCap.
3) **For any date fields** - You can enter the date or click the "calender" to choose a date.
4) **Form Status**: After you finished this form, click the dropdown menu to choose "incomplete," or "unverify" to identify your form status.
5) You must "**save record**" by clicking this icon after you finish the form.
6) You can click "**Save and Continue**" button, if you choose to save and continue in this form.
7) Click "**Save and go to Next Form**" if you choose to save and go to the Part 2 form.



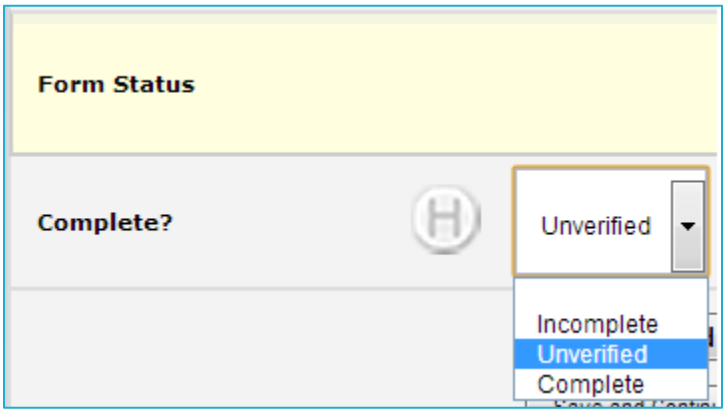
Each field corresponds to the same information of the paper version of the "Sentinel Event Report Part 1." Note: To move from one field to the next, either click the next field or hit the **'Tab'** key, not **'Enter.'** Hitting **'Enter'** will save the form and move to a new page.

Some fields will not allow invalid data to be entered. In the **"Date of Sentinel Event"** field enter **'1245152.'** Since this is not a valid date, the following error message will appear:



REDCap will not let you continue entering data until this error is corrected. Enter '**12/20/2015**.'

Scroll down to the bottom of the page, to the field labeled **'Complete?'** under **'Form Status.'** Click the down arrow to reveal the drop-down box.



Select **'Unverified,'** if you have finished the form and are ready for the sentinel event registrar to verify your record. This field will change the color of the circle in the Event Grid corresponding to the current form to yellow . Sentinel event registrar will select '**Complete**' once the form has been verified and record will be locked. This will change the circle to green , and allow you to quickly check which forms are incomplete or in progress.

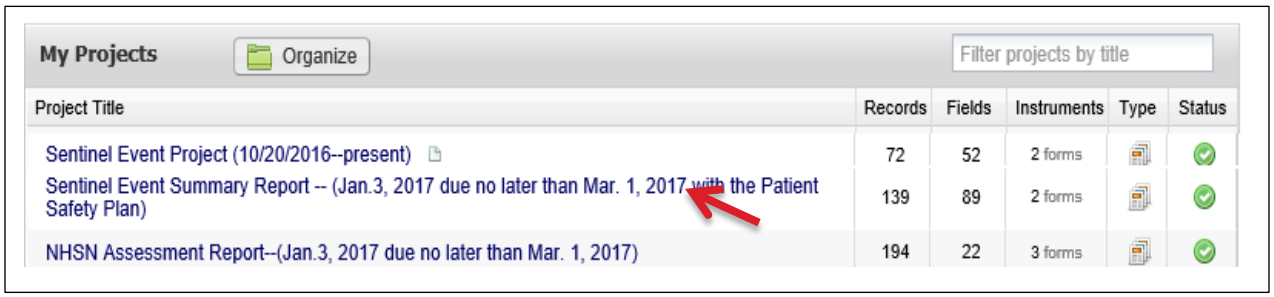
Click **'Save Record.'**

Note: REDCap will *not* automatically save your data if you leave the page before clicking save.

If you want to view the data or want to continue with you data entry, follow by using these instructions:

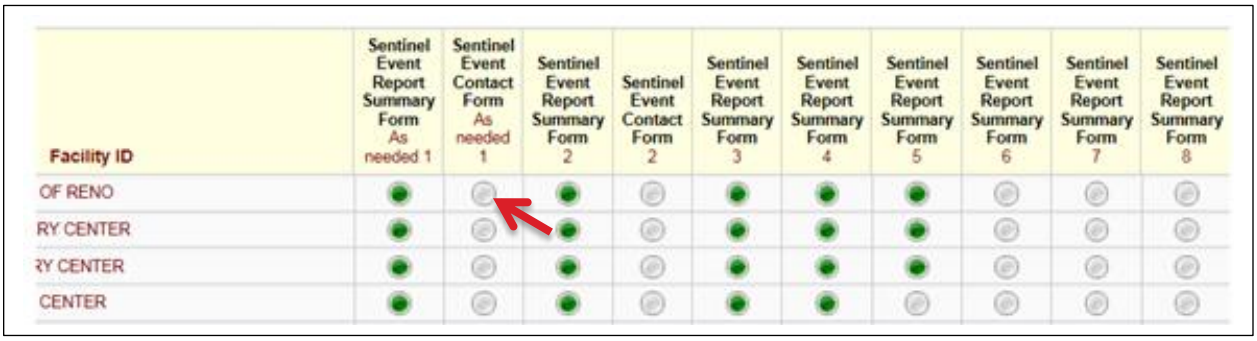
Click "**My Projects**."

Choose the project that you want to view or continuing to enter the data. For example, I will choose the "Sentinel Event Summary Report" this time.

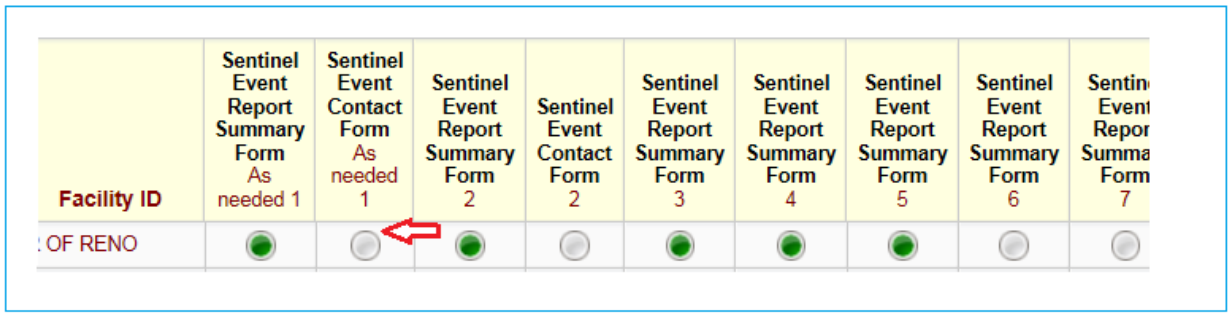


Go to the left panel and click "**Record Status Dashboard**" under the "**Data Collection**."

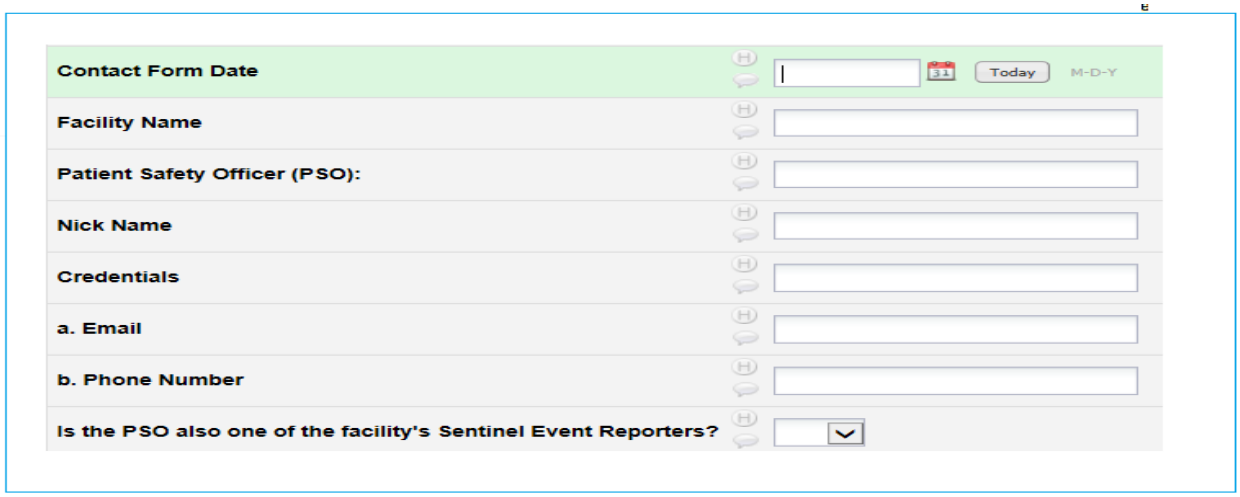
By clicking "**Record Status Dashboard**," the following grid will show in your window. "Facility ID" shows your facility ID and your facility name. If a green button shows under a specific form, this indicates this form is completed. If a yellow button shows under a specific form, which indicates the form is unverified. Red icon represents that the form is incomplete. A gray button indicates that no data has been entered in the form. For example, in the first facility there is a gray button under the "Sentinel Event Contact Form As Needed 1." This means that there is no data entered in this form.



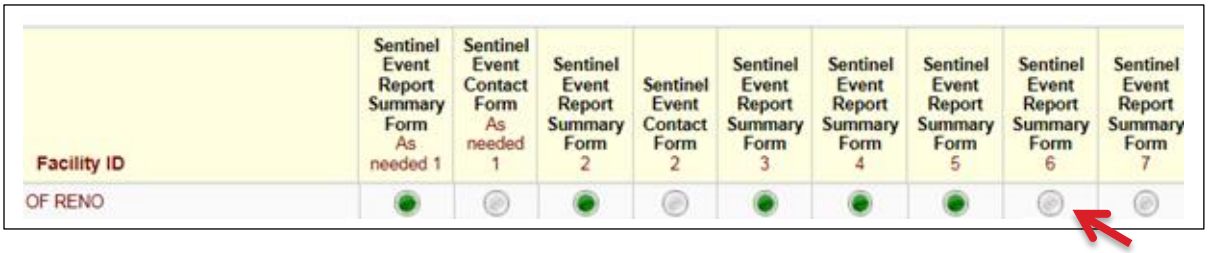
You can review the data or enter the data by clicking a specific icon under the form. For example, if you want to update/enter the facility contact information to the Sentinel Event Contact Form, click the icon under the form.



This will take you to the actual form, so that you can enter the contact information here.



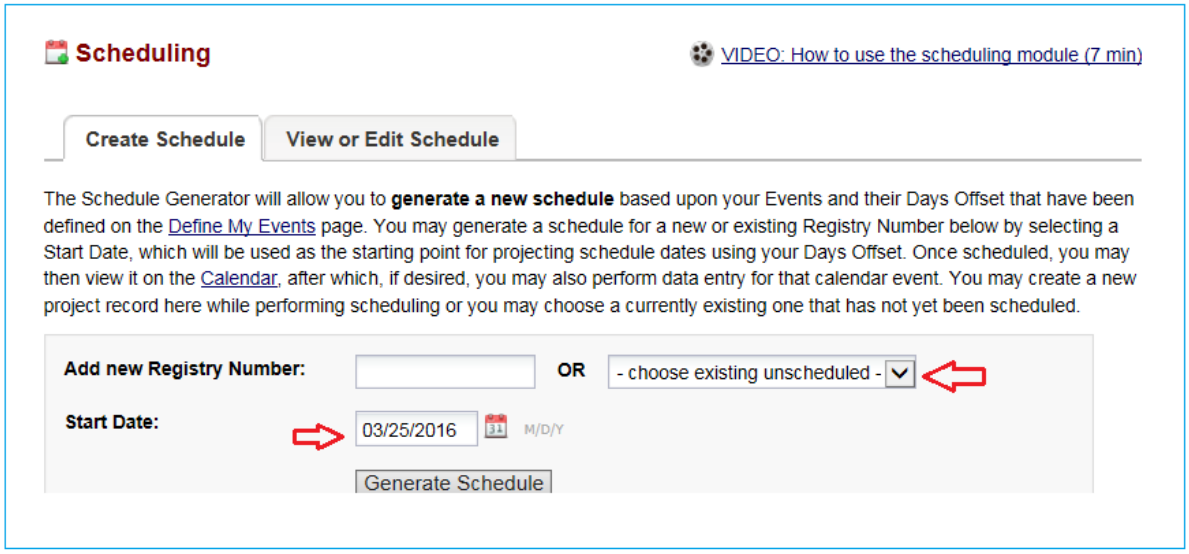
If you would like to enter a new year's summary data to the database, you may click the gray button next to the previous year's button. In this case, if "Sentinel Event Report Summary Form 5" represents your previous year's data, you may choose "Sentinel Event Report Summary Form 6" for the new data entry form. You will enter the form by clicking this gray icon.



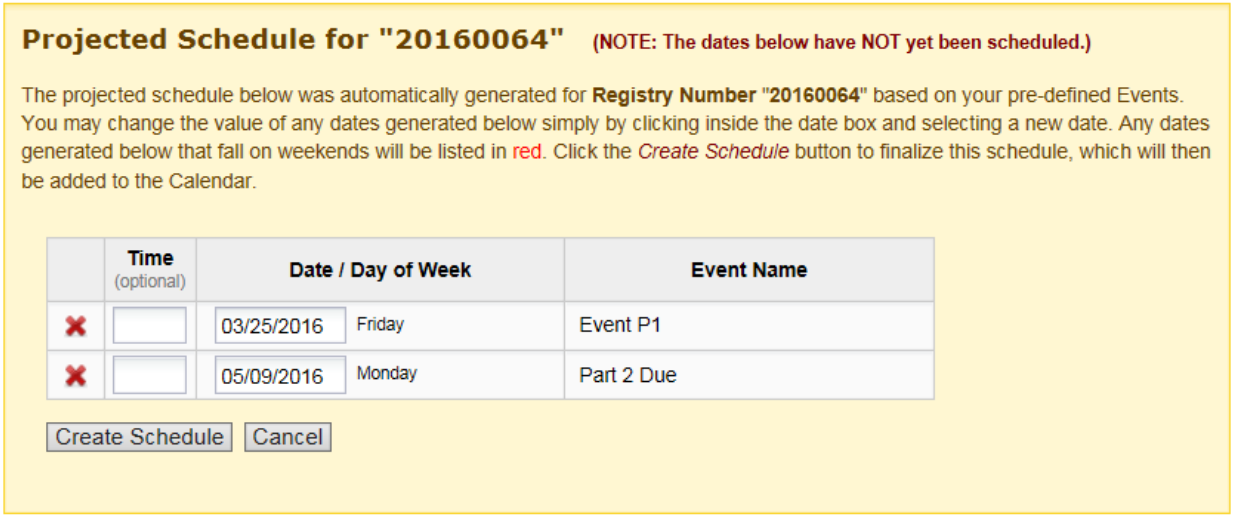
After you have entered a new record, you can click **Scheduling** in the column on the left to schedule the Part 2. (Only Sentinel Event Report database can use scheduling to schedule your event since it's a longitudinal database.)

REDCap scheduling and calendar

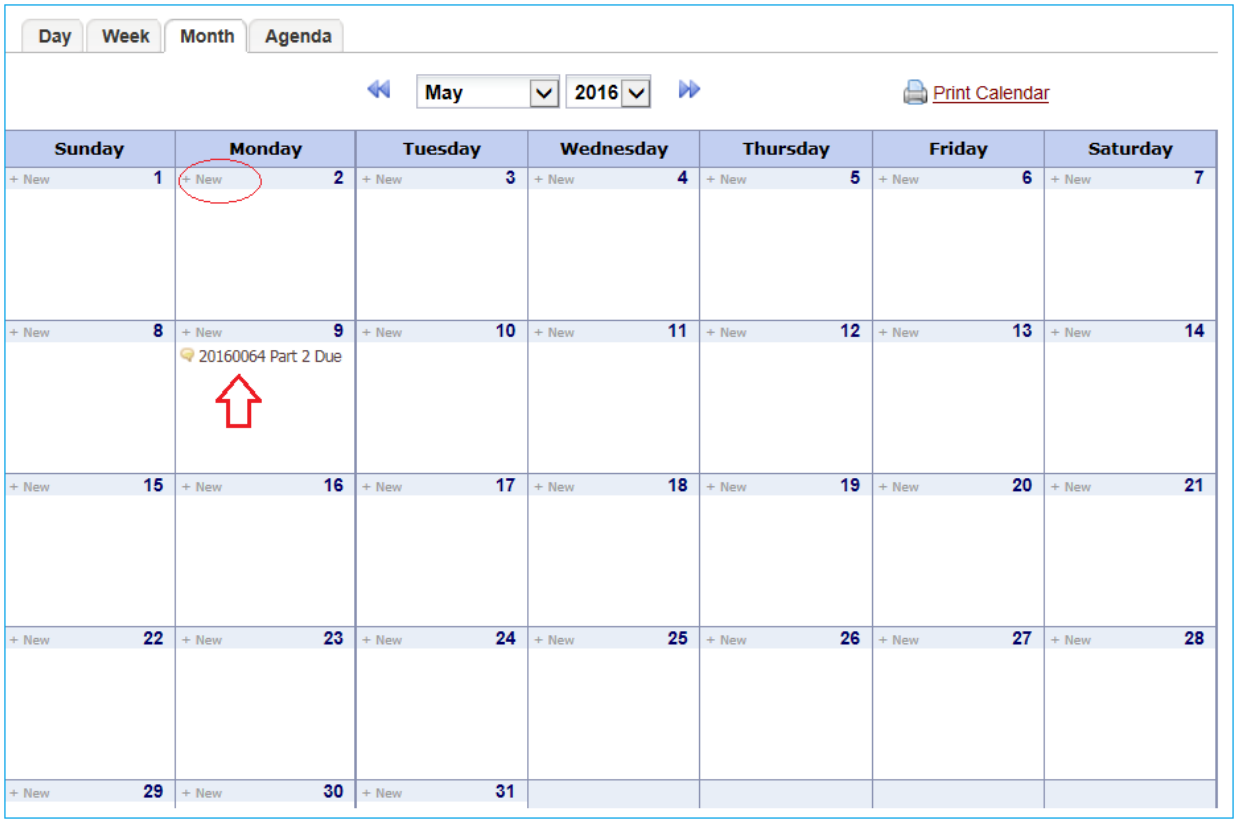
Click on '**choose existing unscheduled**' and select the Registry Number that you want to schedule. You also have a choice to choose the start date, which is the date of the sentinel event occurred, and then click on '**Generate Schedule**.'



The projected schedule for the event will appear, with dates for the Part 2 form due based on the sentinel event date (45 days apart from the sentinel event date). You need to choose the start date as the sentinel event date, and then "**Generate Schedule.**" If the Part 2 due date falls on a weekend, which will be listed in red, you can change the date. Click on '**Create Schedule'** to finalize the schedule and add it to the calendar.

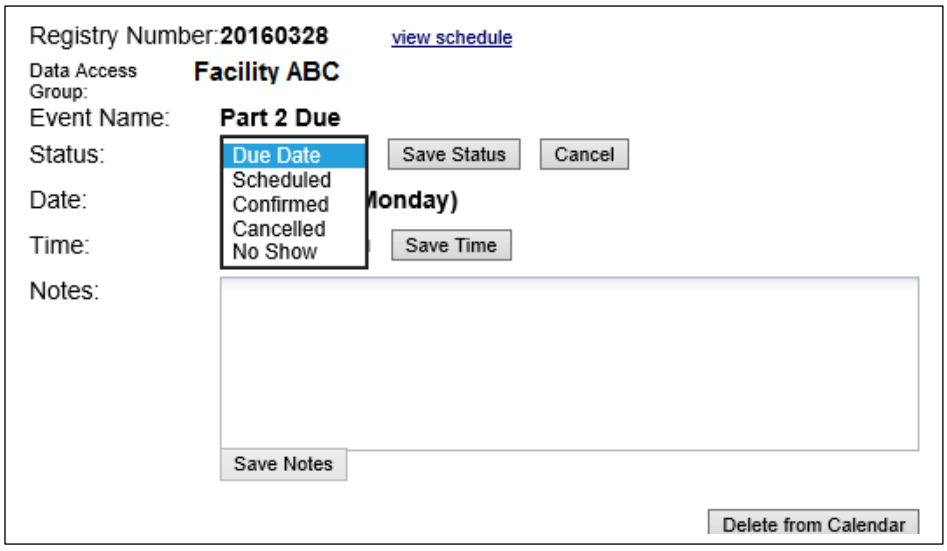


Choose '**Calendar'** in the column on the left. You will now see the newly added items on the calendar.

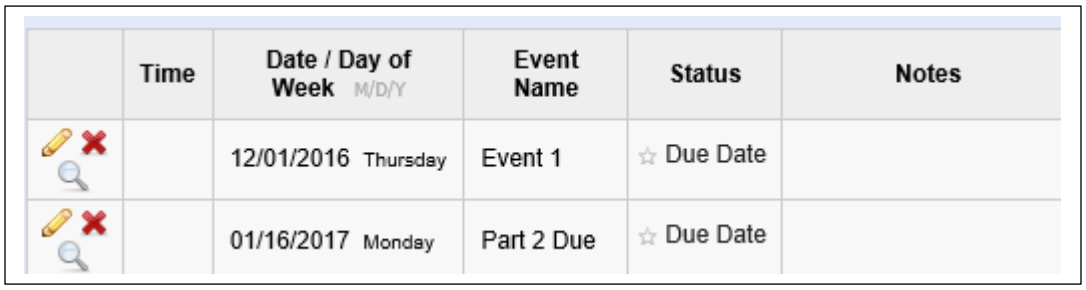


Also, you can click "**+New**" on the day you choose to add the events to your calendar.

Click on the registry number in the calendar to bring up the Calendar Event. On this screen, you can add notes to the event; view the entire event schedule for the registry number if you have multiple events. You also will be able to change the status for the scheduled event.



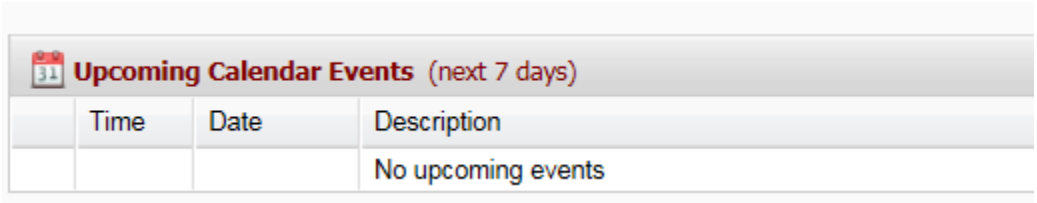
If you find that you need to edit the schedule of the event, choose the **'View Schedule'** tab at the top. You edit your schedule by clicking the pencil and X buttons on the left.



	Time	Date / Day of Week M/D/Y	Event Name	Status	Notes
		12/01/2016 Thursday	Event 1	☆ Due Date	
		01/16/2017 Monday	Part 2 Due	☆ Due Date	

If you would like to see what is due in the coming month, on the project's home page click on the calendar icon in the left panel. The calendar will be opened. If you want details about any of the calendar entries, click on the item. This is a printable calendar.

From your "**Project Home**" page, you will be able to see the upcoming Calendar Events for the next seven days.

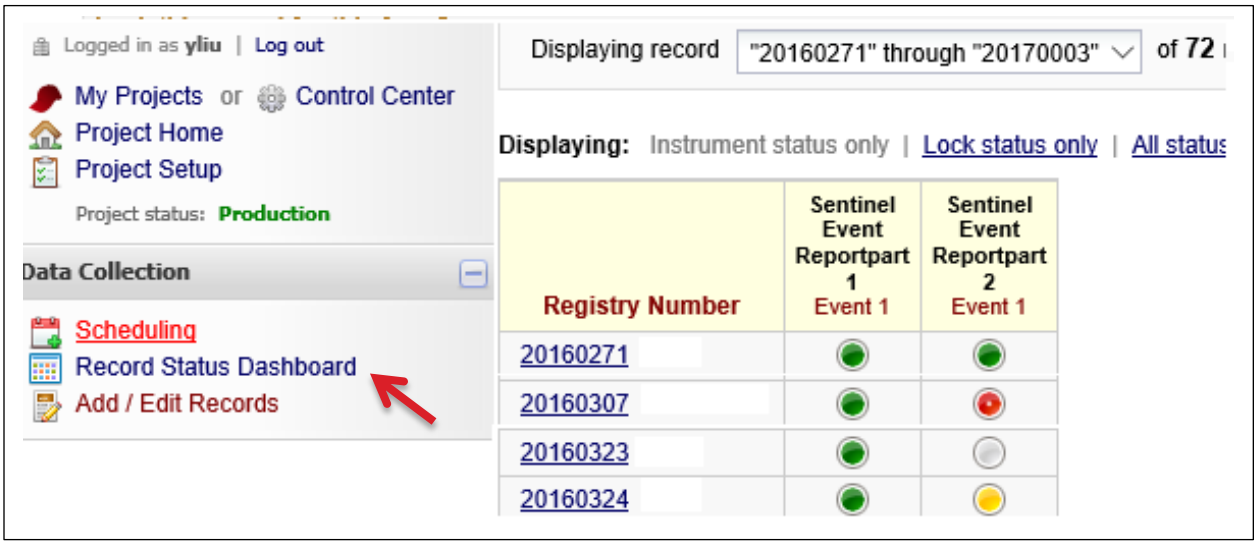


Upcoming Calendar Events (next 7 days)

	Time	Date	Description
			No upcoming events

REDCap Record Status Dashboard

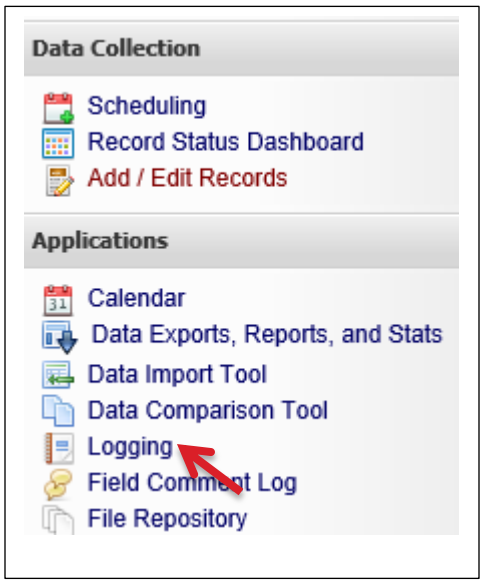
The records dashboard allows you to see what forms have been completed for each registry ID. Incomplete forms that are due will show as red. Each colored button is clickable to view that form; this function allows you to check if the form is applicable to your facility.

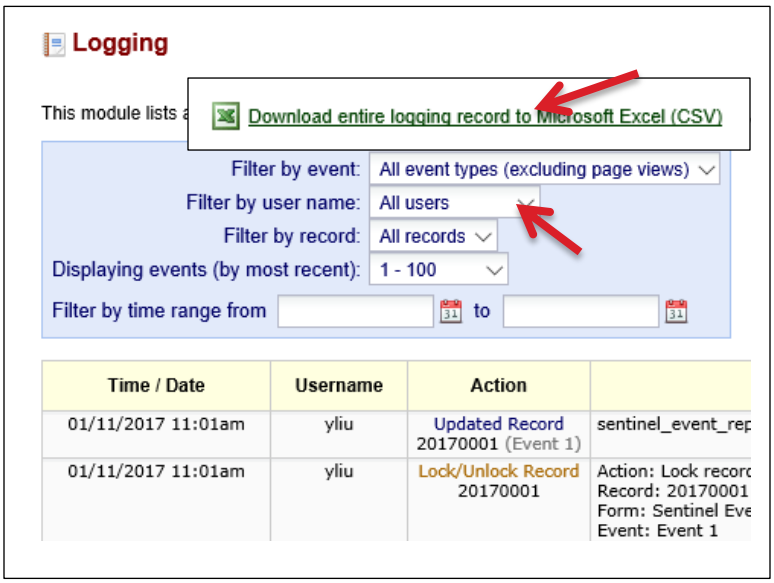


Who is in your REDCap group

To view who is in your group, and will be able to view your data, please follow the instructions below.

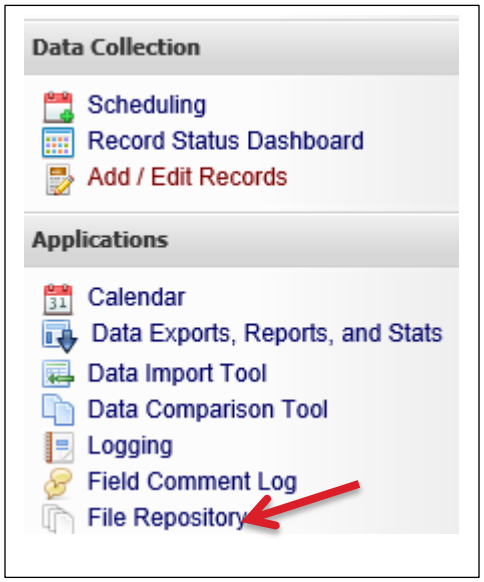
From the "**project home,**" click "**logging**" on the left and "**Filter by user name**." You will be able to view all the actions from each specific user. You also will be able to download all the users' actions for your data.

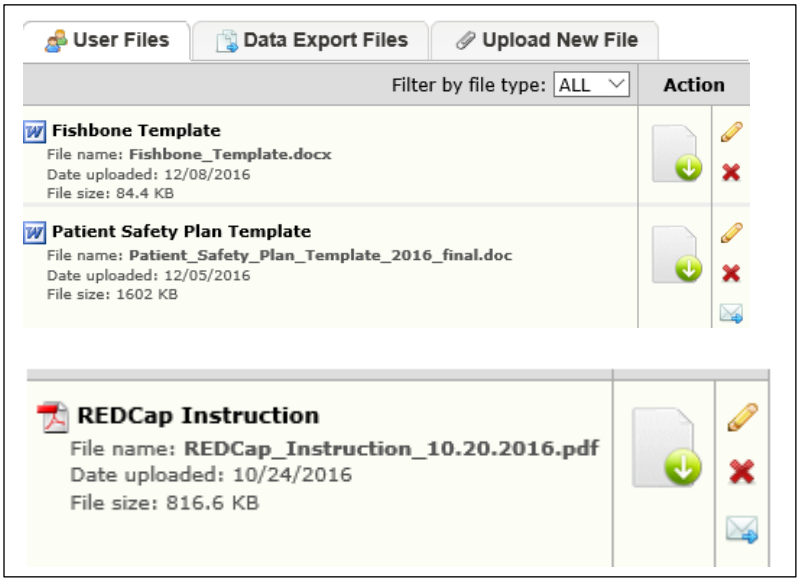




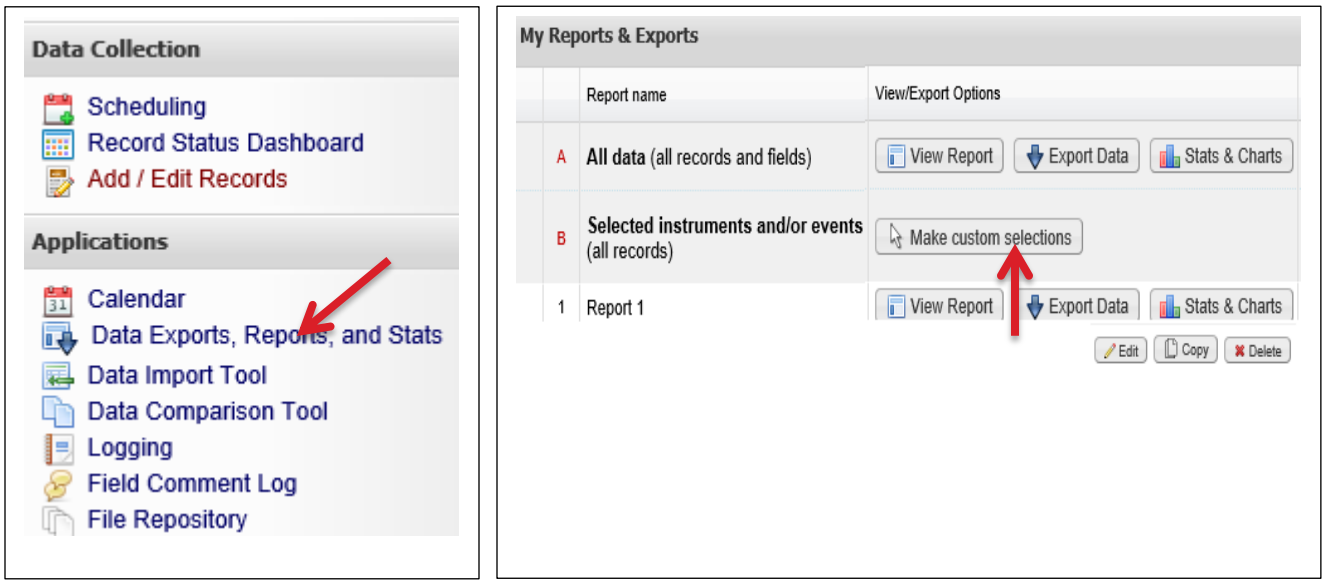
File Repository

To share or check the project related documents that were posted, you can use the "**File Repository"** to check what documents are avaiable for you to download.



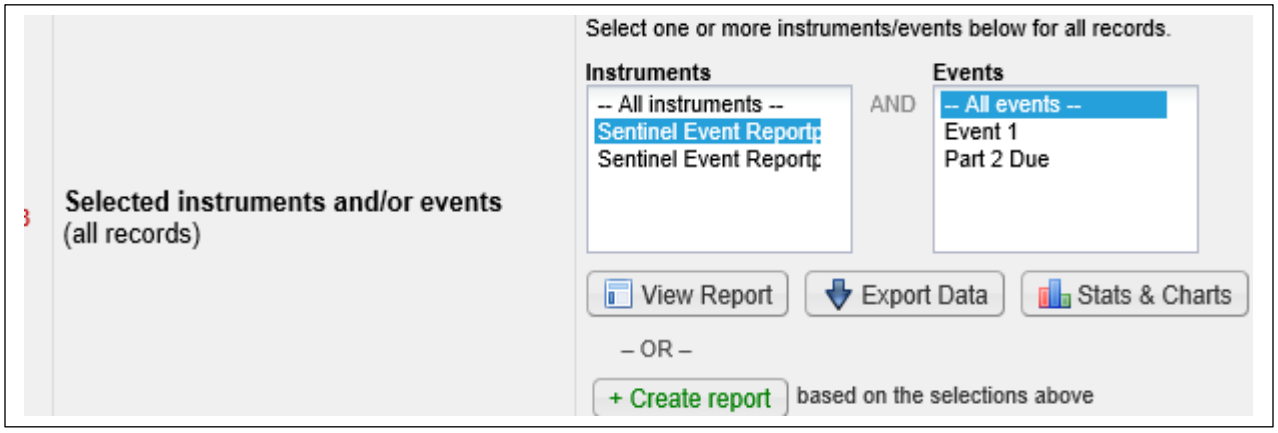


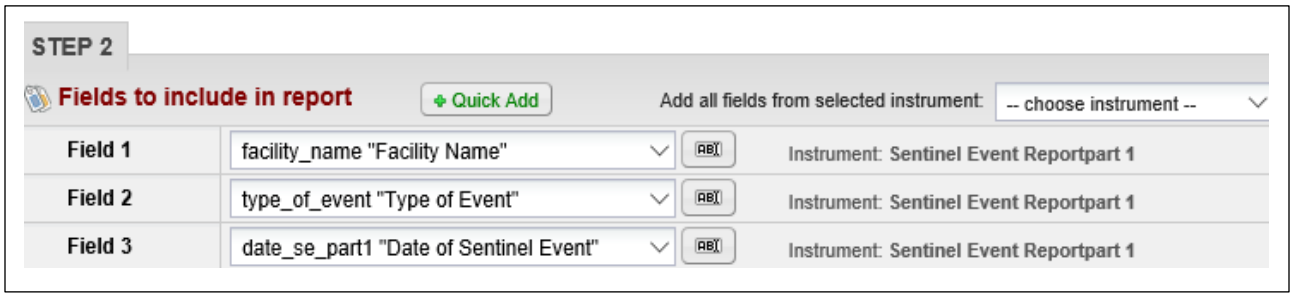
Build the report



From this page, you will be able to create custom reports, view your data, export data, and view some simple statistics and charts.

By choosing "Make custom selections," you will be able to choose the instruments that you would like to create a custom report by selecting the custom fields.





SER Summary Reporting

Pursuant to the NRS 439.843 and NRS 439.835, each medical facility shall provide to the Division a sentinel event summary report on or before March 1 of each year, as well as the Patient Safety Plan. The Division shall submit to the State Board of Health the annual summary report on or before June 1 of each year.

The summary report must include, without limitations with a) the total number and types of sentinel events reported during the reporting year by the medical facilities, b) a summary of the patient Safety Committee activities and memberships, and any other information that required by the State Board of Health.

The Division will provide additional data analysis which would help medical facilities, patients, families, legislators, and public to better understand the data and make better decisions to improve the healthcare of Nevada.

The previous Sentinel Event Summary Reports are located in the Sentinel Event Registry website: http://dpbh.nv.gov/Programs/SER/dta/Publications/Sentinel_Events_Registry_(SER)__-_Publications/.

Patient Safety Committee and Patient Safety Plan

Patient Safety Committee

According to NRS 439.875, a medical facility shall establish a patient safety committee. A patient safety committee shall:

(a) Receive reports from the patient safety officer pursuant to NRS 439.870.
(b) Evaluate actions of the patient safety officer in connection with all reports of sentinel events alleged to have occurred at the medical facility.
(c) Review and evaluate the quality of measures carried out by the medical facility to improve the safety of patients who receive treatment at the medical facility.
(d) Review and evaluate the quality of measures carried out by the medical facility to prevent and control infections at the medical facility.
(e) Make recommendations to the executive or governing body of the medical facility to reduce the number and severity of sentinel events and infections that occur at the medical facility.
(f) At least once each calendar quarter, report to the executive or governing body of the medical facility regarding:
(1) The number of sentinel events that occurred at the medical facility during the preceding calendar quarter;
(2) The number and severity of infections that occurred at the medical facility during the preceding calendar quarter; and
(3) Any recommendations to reduce the number and severity of sentinel events and infections that occur at the medical facility.
(g) Adopt patient safety checklists and patient safety policies as required by NRS 439.877, review the checklists and policies annually and revise the checklists and policies as the patient safety committee determines necessary.

The patient safety committee should meet monthly or quarterly depend on the total number of the employees and contractors in the facility. If there are fewer than 25 employees and contractors in the facility, the patient safety committee shall meet at least once a quarter. Otherwise, they should meet at least once a month.

For the details regarding to Sentinel Event Patient Safety Committee, please refer to NRS 439.870, NRS 439.873, NRS 439.875, and NRS 439.877.

Patient Safety Plan

Each facility must submit a Patient Safety Plan to the Division by March 1st each year for the previous year's sentinel event summary (NRS 439.843). According to NRS 439.865, the patient safety plan must include, without limitation of the patient safety checklists and patient safety policies, as well as the infection control program to prevent and control infections within the medical facility. The medical facility shall submit its patient safety plan to the governing board of the medical facility. After a medical facility's patient safety plan has been approved, the medical facility shall notify all providers of health-care who provide treatment to patients at the medical facility of the existence of the plan and of the requirement of the plan. A medical facility shall require compliance with its patient safety plan.

After receiving the sentinel event summary report and the patient safety plan form each facility, the Division will conduct a sentinel event annual summary report and post each facility's most current

Patient Safety Plan on the Division website (NRS439.843). Please refer to the Quality and Patient Safety Plan template with the Sentinel Event Registry for the details.

Violation of Reporting

According to NRS 439.885:

1. if a medical facility

a) commits a violation of any provision of NRS 439.800 to 439.890, inclusive, or for any violation for which an administrative sanction pursuant to NRS 449.163 would otherwise be applicable; and

(b) Of its own volition, reports the violation to the Administrator, such a violation must not be used as the basis for imposing an administrative sanction pursuant to NRS 449.163.

2. If a medical facility commits a violation of any provision of NRS 439.800 to 439.890, inclusive, and does not, of its own volition, report the violation to the Administrator, the Division may, in accordance with the provisions of subsection 3, impose an administrative sanction:

(a) For failure to report a sentinel event, in an amount not to exceed $100 per day for each day after the date on which the sentinel event was required to be reported pursuant to NRS 439.835;

(b) For failure to adopt and implement a patient safety plan pursuant to NRS 439.865, in an amount not to exceed $1,000 for each month in which a patient safety plan was not in effect; and

(c) For failure to establish a patient safety committee or failure of such a committee to meet pursuant to the requirements of NRS 439.875, in an amount not to exceed $2,000 for each violation of that section.

3. Before the Division imposes an administrative sanction pursuant to subsection 2, the Division shall provide the medical facility with reasonable notice. The notice must contain the legal authority, jurisdiction and reasons for the action to be taken. If a medical facility wants to contest the action, the facility may file an appeal pursuant to the regulations of the State Board of Health adopted pursuant to NRS 449.165 and 449.170. Upon receiving notice of an appeal, the Division shall hold a hearing in accordance with those regulations.

4. An administrative sanction collected pursuant to this section must be accounted for separately and used by the Division to provide training and education to employees of the Division, employees of medical facilities and members of the general public regarding issues relating to the provision of quality and safe healthcare.

Appendix A: Data Collection Forms

Sentinel Event Report-Part 1

Pursuant to NRS 439.835, NAC 439.900-920, NRS 439.840(2), NRS 439.845(2)b, and NRS 439.855, this form must be completed and submitted to the Division of Public and Behavioral Health whenever a sentinel event occurs at a medical facility. Visit the division's sentinel events webpage for further guidance.

DATE OF SENTINEL EVENT: _____ YYYYMMDD

FOR STATE USE ONLY	
REGISTRY NUMBER:	
DATE RECEIVED:	

FACILITY INFORMATION

FACILITY LICENSE NUMBER: _____

FACILITY NAME: _____

REPORT COMPLETED BY: _____ LAST NAME _____ FIRST NAME _____ MIDDLE INITIAL

DATE FACILITY BECAME AWARE: _____ YYYYMMDD

DATE STATE NOTIFIED: _____ YYYYMMDD

PATIENT INFORMATION

PATIENT CONTROL NUMBER: _____

MEDICAL RECORD NUMBER: _____

PATIENT'S RESIDENT COUNTRY: United States of America

PATIENT'S RESIDENT STATE/DISTRICT/TERRITORY (if USA): _____

PATIENT'S RESIDENT COUNTY (if Nevada): _____

PATIENT'S SEX: ☐ Male ☐ Female

PATIENT'S DATE OF BIRTH: _____ YYYYMMDD

DATE PATIENT/FAMILY/SIGNIFICANT OTHER NOTIFIED OF SENTINEL EVENT: _____ YYYYMMDD

METHOD OF NOTIFICATION: _____

EVENT INFORMATION

DEPARTMENT SERVICES PROVIDED TO PATIENT OR WHERE PATIENT WAS PHYSICALLY LOCATED WHEN SENTINEL EVENT OCCURRED

_____

Ancillary/Other - Specify: _____

TYPE OF EVENT

_____

Sentinel Event Report-Part 1

Pursuant to NRS 439.835, NAC 439.900-920, NRS 439.840(2), NRS 439.845(2)b, and NRS 439.855, this form must be completed and submitted to the Division of Public and Behavioral Health whenever a sentinel event occurs at a medical facility. Visit the division's sentinel events webpage for further guidance.

FOR STATE USE ONLY	
REGISTRY NUMBER:	

ADDITIONAL INFORMATION/COMMENTS

Fax to (775) 684-5999 or send via certified mail with a return receipt to:

ATTN: Sentinel Events Registry
Division of Public and Behavioral Health
4150 Technology Way Ste 300
Carson City NV 89706-2009

print

SENTINEL EVENT REPORT-Part 2

Pursuant to NRS 439.835, NAC 439.900-920, NRS 439.840(2), NRS 439.845(2)b, and NRS 439.855, this form must be completed and submitted to the Division of Public and Behavioral Health whenever a sentinel event occurs at a medical facility. Visit the division's sentinel events webpage for further guidance.

DATE OF SENTINEL EVENT: _____ YYYYMMDD

REGISTRY NUMBER: _____

DATE RECEIVED: _____

FACILITY INFORMATION

FACILITY LICENSE NUMBER: _____

FACILITY NAME: _____

REPORT COMPLETED BY: _____ LAST NAME _____ FIRST NAME _____ MIDDLE INITIAL

DATE FACILITY COMPLETED SECTION II: _____ YYYYMMDD

PRIMARY CONTRIBUTING FACTOR(S)
(Check a maximum of 4 boxes.)

PATIENT-RELATED
- ☐ alcohol/drugs
- ☐ allergy - known
- ☐ allergy - unknown
- ☐ confusion
- ☐ frail/unsteady
- ☐ language barrier
- ☐ line/catheter/endotracheal tube removed
- ☐ medicated
- ☐ non-compliant
- ☐ physical impairment
- ☐ psychosis
- ☐ self-administration
- ☐ self-harm

STAFF-RELATED
- ☐ clinical decision/assessment
- ☐ clinical performance/ administration
- ☐ failure to follow policy and/or procedure
- ☐ iatrogenic error(s)
- ☐ patient identification
- ☐ working outside scope of practice

ORGANIZATION
- ☐ culture - principles, ethics, values
- ☐ inappropriate/no policy/process
- ☐ patient volume exceeds capacity
- ☐ staffing level
- ☐ training inadequate/not done

ENVIRONMENT
- ☐ emergency situation - external
- ☐ emergency situation - internal
- ☐ lighting problem
- ☐ noise level
- ☐ wet/slippery floor/surface

COMMUNICATION/ DOCUMENTATION
- ☐ abbreviation(s)
- ☐ hand-off/teamwork/cross-coverage
- ☐ illegible documentation
- ☐ lack of communication
- ☐ lack of/inadequate documentation
- ☐ medical record - incorrect
- ☐ medical record - unavailable
- ☐ transcription error(s)
- ☐ verbal communication - inadequate
- ☐ verbal communication - incorrect
- ☐ written communication - inadequate
- ☐ written communication - incorrect

TECHNICAL
- ☐ computer error(s)
- ☐ dose miscalculation
- ☐ drug names similar/confusing
- ☐ drug/blood product - incorrect
- ☐ drug/blood product - unavailable
- ☐ equipment - failure(s)
- ☐ equipment - incorrect
- ☐ equipment - unavailable
- ☐ expiration date issue
- ☐ failure in dispensing
- ☐ fax/scanner problem
- ☐ incorrect dilution/concentration
- ☐ incorrect dose
- ☐ incorrect infusion rate
- ☐ incorrect medication route
- ☐ labeling/packaging - ambiguous
- ☐ labeling/packaging - incorrect
- ☐ omission
- ☐ prescription - incorrect
- ☐ prescription - unavailable
- ☐ supplies - incorrect
- ☐ supplies - unavailable
- ☐ test - incorrect
- ☐ test - unavailable
- ☐ test results - incorrect
- ☐ test results - unavailable
- ☐ treatment delay
- ☐ wristband - incorrect
- ☐ wristband - unavailable
- ☐ wrong frequency
- ☐ other
- ☐ none

other - Specify. _____

SENTINEL EVENT REPORT-Part 2

Pursuant to NRS 439.835, NAC 439.900-920, NRS 439.840(2), NRS 439.845(2)b, and NRS 439.855, this form must be completed and submitted to the Division of Public and Behavioral Health whenever a sentinel event occurs at a medical facility. Visit the division's sentinel events webpage for further guidance.

REGISTRY NUMBER:

CONTRIBUTING DEPARTMENT(S)
(Check a maximum of 4 boxes.)

- ☐ anesthesia/PACU
- ☐ antepartum
- ☐ cardiac catheterization suite
- ☐ dialysis unit
- ☐ emergency department
- ☐ endoscopy
- ☐ gynecology
- ☐ imaging
- ☐ inpatient rehabilitation unit
- ☐ inpatient surgery
- ☐ intensive/critical care
- ☐ intermediate care
- ☐ labor/delivery
- ☐ laboratory
- ☐ long term care
- ☐ medical/surgical
- ☐ neonatal unit (level 2)
- ☐ neonatal unit (level 3)
- ☐ newborn nursery (level 1)
- ☐ nursing/skilled nursing
- ☐ observational/clinical decision unit
- ☐ outpatient/ambulatory care
- ☐ outpatient/ambulatory surgery
- ☐ pediatric emergency department
- ☐ pediatric intensive/critical care
- ☐ pediatrics
- ☐ pharmacy
- ☐ postpartum
- ☐ psychiatry/behavioral health/ geropsychiatry
- ☐ pulmonary/respiratory
- ☐ trauma emergency department (level 1)
- ☐ trauma emergency department (level 2)
- ☐ trauma emergency department (level 3)
- ☐ ancillary/other

ancillary/other - Specify.

CORRECTIVE ACTION(S)
(Check all that apply.)

- ☐ disciplinary action(s)
- ☐ environmental change(s)
- ☐ equipment modification(s)
- ☐ equipment repair(s)
- ☐ policy development
- ☐ policy modification
- ☐ policy review
- ☐ procedure development
- ☐ procedure modification
- ☐ procedure review
- ☐ process development
- ☐ process modification
- ☐ process review
- ☐ situation analysis
- ☐ staff education/in-service training
- ☐ other

other - Specify.

SENTINEL EVENT REPORT-Part 2

Pursuant to NRS 439.835, NAC 439.900-920, NRS 439.840(2), NRS 439.845(2)b, and NRS 439.855, this form must be completed and submitted to the Division of Public and Behavioral Health whenever a sentinel event occurs at a medical facility. Visit the division's sentinel events webpage for further guidance.

REGISTRY NUMBER:

LESSONS LEARNED

ADDITIONAL INFORMATION/COMMENTS

Sentinel Event Contact Form

Pursuant to NRS 439.870, each medical facility required to report sentinel events must designate a Patient Safety Officer. This officer or employee of the facility has the responsibility to serve on the Patient Safety Committee (NRS 439.875 and NAC 439.920), supervise the reporting of the sentinel events, take action as deemed necessary to ensure patient safety at the facility, and report any action taken to the Patient Safety Committee.

Date: 3/25/16

Facility Name:

Patient Safety Officer:

Nick Name

Email:

Phone Number: Extension:

Is the PSO also one of the facility's Sentinel Event Reporters? ◯ yes ◯ no

If NO, please provide:

Sentinel Event Reporter:

Nick Name

Email:

Phone Number: Extension:

Additional Sentinel Event Reporter:

Nick Name

Email:

Phone Number: Extension:

Year Events Occured

SENTINEL EVENT REPORT SUMMARY FORM

Name of Person Completing Summary

Name of Facility

Facility License Number

Patient Safety Officer Name

Enter the number of sentinel events reported for each event type category below. For categories having no reported sentinel events over the calendar year, you may leave them blank. If either of the 'other' categories are used, please also specify the type(s) of event(s) in the text box provided.

Surgery on Wrong Body Part		**Suicide**		**Electric Shock**	
Surgery on Wrong Patient		**Medication Error**		**Wrong or Contaminated Gas**	
Wrong Surgical Procedure		**Transfusion Error**		**Burn**	
Retained Foreign Object		**Maternal Labor or Delivery**		**Restraint**	
Intra- or Post-Operative Death		**Neonate Labor or Delivery**		**Introduction of Metallic Object into MRI Area**	
Contaminated Drug, Device, or Biologic		**Fall**		**Impersonation of Healthcare Provider**	
Device Failure		**Pressure Ulcer**		**Abduction**	
Air Embolism		**Wrong Sperm or Egg**		**Sexual Assault**	
Discharge to Wrong Person		**Lost Specimen**		**Physical Assault**	
Elopement		**Failure to Communicate Test Result**		**Other**	

If "other" please specify the type(s) of event(s):

Total Sentinel Events that Occurred in 2015 0

PATIENT SAFETY COMMITTEE

Number of Employees

If employee count is greater than or equal to 25, please fill out section A below.
If less than 25 employees, fill out section B.

Section A

For facilities that have more than or equal to 25 employees, their Patient Safety Committee must consist of the following people. Please fill in the **names** of each.

Infection Control Officer:
Patient Safety Officer:
MD
RN
Pharmacist
Executive Member

Does your Patient Safety Committee meet AT LEAST monthly?

Yes No

Section B

For facilities that have less than 25 employees and/or contractors, their Patient Safety Committee must consist of the following people. Please fill in the **names** of each.

Patient Safety Officer:
MD
RN
CEO or CFO

Does your Patient Safety Committee meet AT LEAST quarterly?

Yes No

Summarize the activities of the committee.

Please check box below.

A copy of the patient safety plan will accompany this form.

Appendix B: Reference

1. Nevada Sentinel Event Program: http://dpbh.nv.gov/Programs/SER/Sentinel_Events_Registry_(SER)-Home/
2. Sentinel Event related PDF forms: http://dpbh.nv.gov/Programs/SER/dta/Forms/Sentinel_Event_Registry_(SER)_-_Forms/
3. Sentinel Event publications/annual summary report: http://dpbh.nv.gov/Programs/SER/dta/Publications/Sentinel_Events_Registry_(SER)__-_Publications/
4. "Serious Reportable Events in Healthcare—2011 Update: A Consensus Report," published by the National Quality Forum (NRS 439.830)." http://dpbh.nv.gov/uploadedFiles/dpbh.nv.gov/content/Programs/SER/dta/Publications/CR_serious_reportable_events_2011.pdf
5. NRS 439.805 "Medical facility" defined.
6. NRS 439.810 "Patient" defines.
7. NRS 439.815 "Patient safety officer" defined.
8. NRS 439.820 "Provider of healthcare" defined.
9. NRS 439.830, NAC 439.912 "Sentinel event" defined.
10. NRS 439.835, NAC 439.915 Mandatory reporting of sentinel events.
11. NRS 439.837, NAC 439.917 Mandatory investigation of sentinel event by medical facility.
12. NRS 439.840 Reports of sentinel events: Duties of Division; confidentiality.
13. NRS 439.841 Authority of Division to request additional information or to conduct audit or investigation; report of findings; payment of costs.
14. NRS 439.843 Annual summaries of reports of sentinel events; compilation by Division; confidentiality; posting of patient safety plans by Department on Internet website.
15. NRS 439.845 Analysis and reporting of trends regarding sentinel events; treatment of certain information regarding corrective action by medical facility.
16. NRS 439.855 Notification of patients involved in sentinel events.
17. NRS 439.865 Patient safety plan: Development; inclusion of infection control program to prevent and control infections; approval; notice; compliance; annual review and update.
18. NRS 439.870 Patient safety officer: Designation; duties. Designation, duties and qualifications of infection control officer; required ratio of patients to employees with certain training in infection control; Division to provide education and technical assistance.
19. NRS 439.875, NAC439.920 Patient safety committee: Establishment; composition; meetings; duties; proceedings and records are privileged.
20. NRS 439.877 Patient safety checklists and patient safety policies: Adoption by patient safety committee; required provisions; duties of patient safety committee.
21. NRS 439.880 Immunity from criminal and civil liability.
22. NRS 439.885 Violation by medical facility: Administrative sanction prohibited when voluntarily reported; administrative sanction imposed when not voluntarily reported; appeal of imposition of sanction; accounting and expenditure of money.
23. NRS 439.890 Adoption of regulations.
24. NAC 439.902 "Division" defined.
25. NAC 439.916 Reporting of sentinel event by a medical facility receiving a patient who was transferred or discharged from another medical facility.

Citations

National Quality Forum. Serious Reportable Events In Healthcare-2011 Update: A Consensus Report. Washington, DC: NQF; 2011. Available at:

www.qualityforum.org/Publications/2011/12/Serious_Reportable_Events_in_Healthcare_2011.aspx

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