Nevada Sentinel Events Registry - Frequently Asked Questions

(SER_FAQ_2020_v08) (July 14th, 2020)

http://dpbh.nv.gov/Programs/SER/Sentinel_Events_Registry_(SER)-Home/

Providing feedback helps improve the FAQ user experience. Please send any comments, questions, or errors to ser@health.nv.gov

Q1 What is the Sentinel Events Registry? 2
Q2 What is the Research Electronic Data Capture System (REDCaps)? 3
Q3 What is a Sentinel Event? 3
Q4 Who reports Sentinel Events? 4
Q5 Who reports Sentinel Events to the Sentinel Events Registry (SER)? 4
Q6 When there is a change in staff related to Sentinel Event Reporting? 5
Q7 What important timelines do I need to know? 5
Q8 What if I represent more than one facility? 6
Q9 How do I enter an individual sentinel event into the REDCap SER reporting system? 7
Q10 How do I enter the Annual Sentinel Events Summary Report into the REDCaps SER reporting system? 10
Q11 How do I print or save a form after I have entered the information? 11
Q12 How do I Update the Contact Form when there are changes in reporting staff. 12
Q13 How do I check the status of my submission? 13
Q14 What are the SER reporting responsibilities if my facility opened/closed or changed name/ownership during the reporting period? 13
Q15 What is SB457 (2019)? What is Natural Death? 14
Q16 Where can I learn about Patient Safety? 14
Q17 What are the ways to contact the SER? 15
Appendix A - Sentinel Event Report Form 1 16
Appendix B - Sentinel Event Report Form 2 18
Appendix C - Sentinel Event Annual Summary Report Form 23
Appendix D - Notification Letter from 1/2/2020 30
Appendix E - List of NQF required and related voluntary sentinel events 31

Q 1	**Q1 What is the Sentinel Events Registry?**
A 1	The Sentinel Event Registry (SER) tracks reportable sentinel events in healthcare facilities.(NRS 439.805). With the passage of SB457 (2019) the following license types must report. (SB457).
ADA	FACILITY FOR THE TREATMENT OF ABUSE OF ALCOHOL OR DRUGS
ADC	FACILITY FOR THE CARE OF ADULTS DURING THE DAY
AGC	RESIDENTIAL FACILITY FOR GROUPS
ASC	SURGICAL CENTER FOR AMBULATORY PATIENTS
BPR	BUSINESS THAT PROVIDES REFERRALS TO RFFG
CTC	COMMUNITY TRIAGE CENTER
ESRD	FACILITY FOR THE TREATMENT OF IRREVERSIBLE RENAL DISEASE
HBR	AGENCY TO PROVIDE NURSING IN THE HOME - BRANCH OFFICE
HFS	FACILITY FOR HOSPICE CARE
HHA	AGENCY TO PROVIDE NURSING IN THE HOME
HIC	HOME FOR INDIVIDUAL RESIDENTIAL CARE
HOS	HOSPITAL
HPC	HOSPICE CARE - PROGRAM OF CARE
HSB	AGENCY TO PROVIDE NURSING IN THE HOME - SUB UNIT
HWH	HALF-WAY HOUSE FOR RECOVERING ALCOHOL AND DRUG ABUSERS
ICE	INDEPENDENT CENTER FOR EMERGENCY MEDICAL CARE
ICF	FACILITY FOR INTERMEDIATE CARE
IMR	FACILITY FOR INTERMEDIATE CARE/IID
MDX	FACILITY FOR MODIFIED MEDICAL DETOXIFICATION

NSP	NURSING POOL
NTC	FACILITY FOR TREATMENT WITH NARCOTICS
OPF	OUTPATIENT FACILITY
PCO	PERSONAL CARE AGENCY THAT IS ALSO ISO CERTIFIED
PCS	AGENCY TO PROVIDE PERSONAL CARE SERVICES IN THE HOME
PRTF	PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY
RHC	RURAL CLINIC
RUH	RURAL HOSPITAL
SNF	FACILITY FOR SKILLED NURSING
SFD	SKILLED NURSING FACILITY DISTINCT PART OF HOSPITAL
TLF	FACILITY FOR TRANSITIONAL LIVING OF RELEASED OFFENDERS

Q 2	**Q2 What is the Research Electronic Data Capture System (REDCaps)?**
A 2	REDCaps is the technology currently used to enter SER data. This technology is provided free of charge from Vanderbilt university, is considered HIPPA compliant and is also used by the CDC and over 2000 other healthcare related entities world wide The interface can be overwhelming at first, as there are many options and the system is meant to provide the ability to conduct surveys, and perform clinical trial data input, in addition to how the State of Nevada's Sentinel Events Program has adopted it. REDCaps Project About Wikipedia - REDCap Project

Q 3	**Q3 What is a Sentinel Event?**
A 3	"In plain terms a sentinel event is anything that should never happen in a healthcare setting." **Sentinel Event Definition**

	A sentinel event means an event included in Appendix A of "Serious Reportable Events in Healthcare--2011 Update: A Consensus Report," published by the National Quality Forum. If the publication described above is revised, the term "sentinel events" means the most current version of the list of serious reportable events published by the National Quality Forum as it exists on the effective date of the revision which is deemed to be: (a) January 1 of the year following the publication of the revision if the revision is published on or after January 1 but before July 1 of the year in which the revision is published; or (b) July 1 of the year following the publication of the revision if the revision is published on or after July 1 of the year in which the revision is published but before January 1 of the year after the revision is published. If the National Quality Forum ceases to exist, the most current version of the list shall be deemed to be the last version of the publication in existence before the National Quality Forum ceased to exist (NRS 439.830). It is called a sentinel event because it signals the need for immediate investigation and response. Also see: download Does my occurrence qualify as a Sentinel Event - A Decision Tree **See** Appendix E - List of NQF required and related voluntary sentinel events

Q 4	**Q4 Who reports Sentinel Events?**
A 4	A person who is employed by a healthcare facility shall, within 24 hours after becoming aware of a sentinel event that occurred at the healthcare facility, notify the patient safety officer of the facility of the sentinel event; and report to the Division of public health within 13 or 14 days depending on whether the patient safety officer personally discovers or becomes aware of the sentinel event or the other healthcare employee at the healthcare facility discovers or becomes aware of the sentinel event (NRS 439.835).

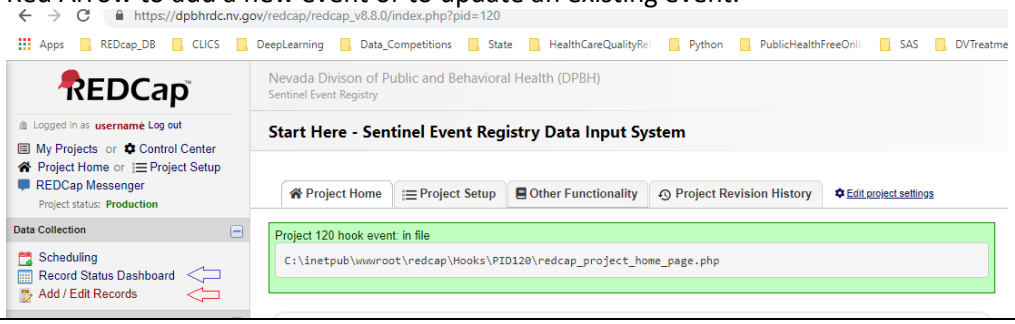
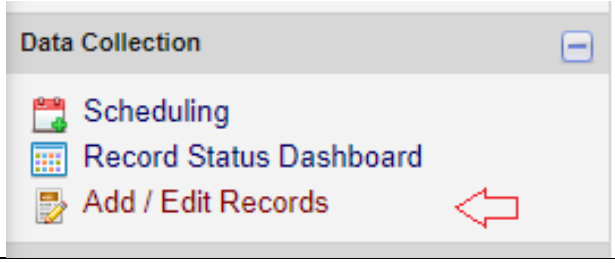
Q 5	**Q5 Who reports Sentinel Events to the Sentinel Events Registry (SER)?**
A 5	The SER reporting system allows three active data entry roles: a) Patient Safety Officer (PSO), (Required) (Enter Data) b) Designated Reporters (DR) maximum of 2 (Optional) (Enter Data) c) Administrator (read only) maximum of 1 (Optional) (View Data Only) The two available Designated Reporter roles are in addition to the Patient Safety Officer. The Administrator role are in addition to the Patient Safety Officer. At no time does the same person hold more than one role or appear more than once on the contact form.

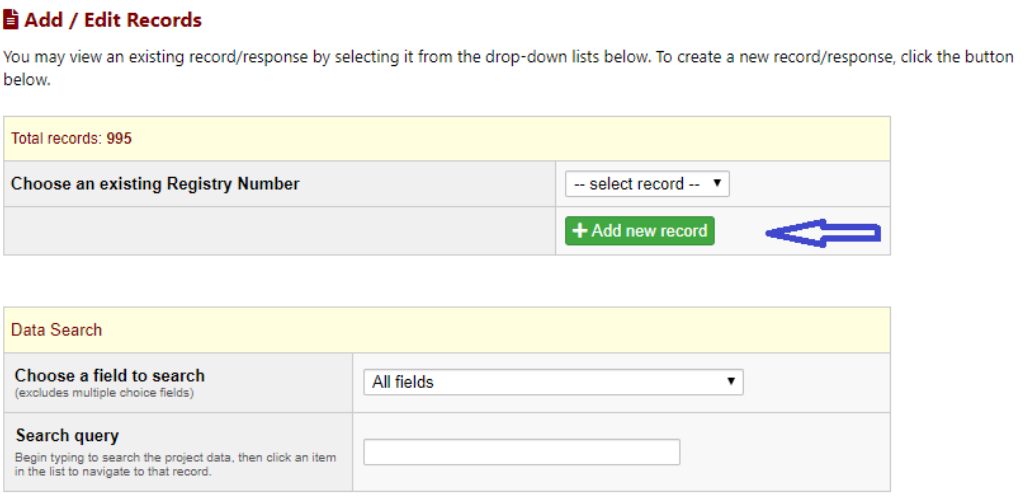
Q 6	Q6 When there is a change in staff related to Sentinel Event Reporting?
A 6	**Please, use your own account. If you need to make an entry or edit a record, but either do not have an account in your name, or have any other difficulty logging in, please contact the SER either by email or phone.** The Sentinel Events Registrar needs to be informed when there is a change in the patient safety officer, or any of the designated reporters or in the admin read only account. This allows the archiving of previous contact information, and the unlocking of the contact form for your facility to update, once the new accounts have been established. ser@health.nv.gov or redcap@health.nv.gov The following information is needed to establish a sentinel events reporting account. 1. First Name 2. Last Name 3. Your email address 4. Your phone number 5. Facility Name 6. HCQC State of Nevada facility license number 7. Your role (PSO, DR, or Admin) 8. Professional designation/staff title Once your account is created, you will receive an email to set your account password. In addition, see question 12 on how to complete a new "Sentinel Event Contact Form" reflecting the new staff, along with effective dates for those accounts to be suspended.

Q 7	Q7 What important timelines do I need to know?
A 7	**1 day (24 hours)** - A person who is employed by a healthcare facility shall After becoming aware of a sentinel event that occurred at the healthcare facility, notify the patient safety officer of the facility of the sentinel event. **7 days** - Not later than 7 days after discovering or becoming aware of a sentinel event that occurred at the healthcare facility, provide notice of that fact to each patient who was involved in that sentinel event. (NRS 439.855) **13 or 14 days** - Report to the Division, depending on whether the patient safety officer personally discovers (13 days) or becomes aware of the sentinel event or the other healthcare employee at the healthcare facility discovers or becomes aware of the sentinel event and must inform the patient safety officer (14 days). Reports are initiated by utilizing the Part 1 form. (NRS 439.835) **45 Days -** Within 45 days of receiving notification or becoming aware of the

	occurrence of a sentinel event, the facility is required to submit the Part 2 form, which includes the facility's quality improvement committee describing key elements of the events, the circumstances surrounding their occurrence, the corrective actions that have been taken or proposed to prevent a recurrence, and methods for communicating the event to the patient's family members or significant other(s). (NAC 439.915) **Calendar Year -** The Annual Summary Report is due by the close of business on March 1 of each year, for the proceeding years' patient safety activities at your facility. (NRS 439.843)

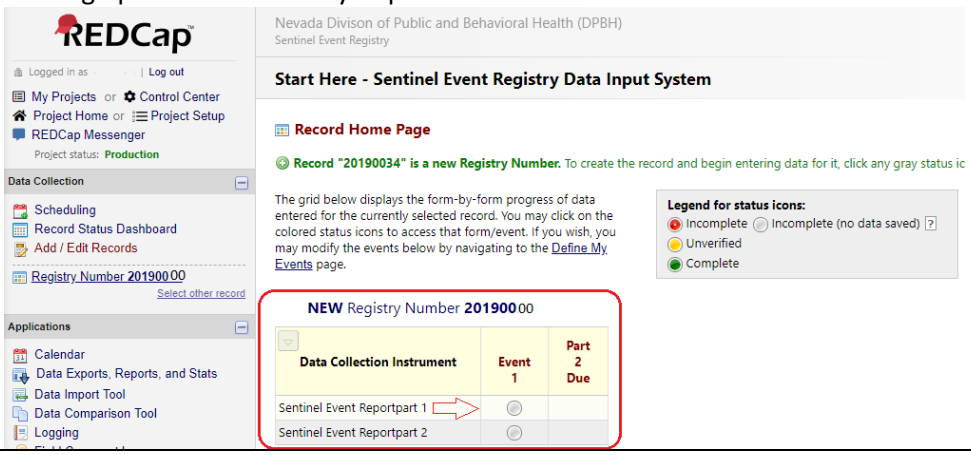
Q 8	**Q8 What if I represent more than one facility?**
A 8	One person, one facility, one account. If you represent more than one facility you will have more than one account. Each account's username follows this pattern, **firstname_lastname_licensenumber.**

Q 9	**Q9 How do I enter an individual sentinel event into the REDCap SER reporting system?**
A 9a	The current form may differ slightly from what is shown here. REDCap SER Reporting system event reporting login: (SER Forms). Select link 1 Enter your username and your password.
A 9b	When you log in, along the top row of buttons, look for "My Projects", click on that button and then select **SER457_EventReporting**. Then on the left under the gray background area titled, "Data Collection" select "Add / Edit Records". Then click on the rectangular green button labeled "+ Add new record." At that point you should be in the form. When you have finished mark the record 'unverified' and select either "Save…." Button. Blue Arrow to view Events Submitted Red Arrow to add a new event or to update an existing event. 
A 9c	Then Select "Add / Edit Records" in the left sidebar under "Data Collection" 
A 9d	Drop down to to update/edit an existing record, or Blue arrow to create a new event.

<table>
<tr><td></td><td>


</td></tr>
<tr><td>A 9e</td><td>Red rectangle added to help locate gray radio button to click.

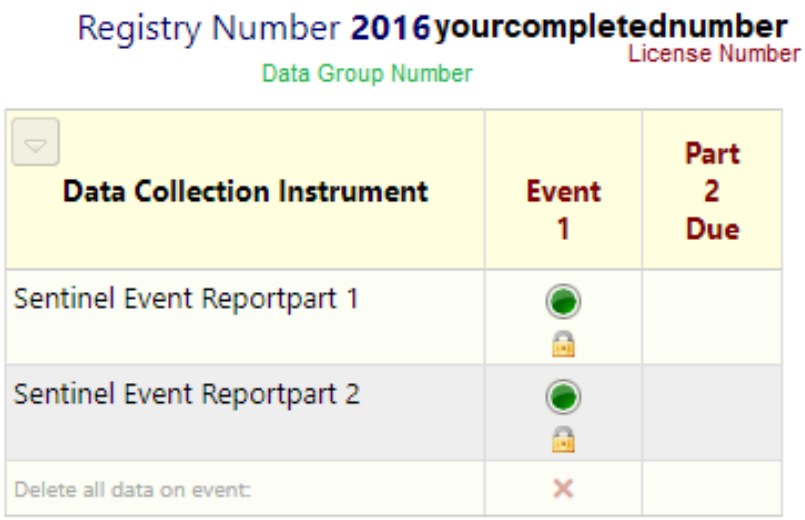
Red arrow points to Sentinel Event Report part 1 row and the Event 1 column.

Clicking opens the data entry Report form 1


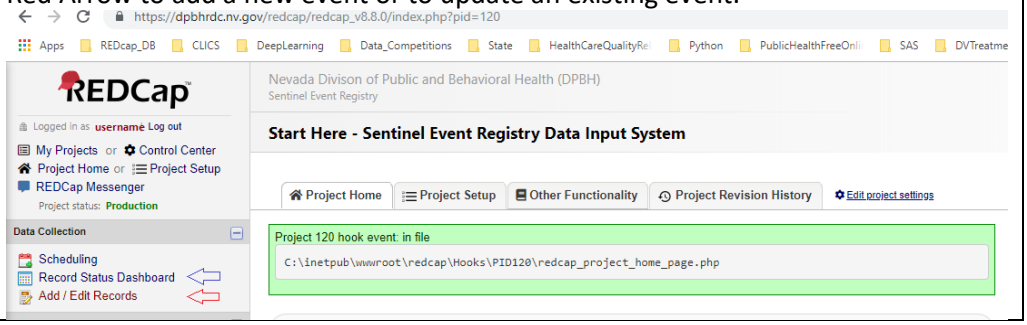
</td></tr>
<tr><td>A 9f</td><td>Event Reportform1 Example

Event Reportform2 Example</td></tr>
<tr><td>A 9g</td><td>Record status legend.
▪ Gray button to initiate a new entry.
▪ Yellow button indicates data entered with status for Registrar to verify.
▪ Green button indicates data entry complete and Registrar verified.
▪ Red button indicates data entry not complete.</td></tr>
</table>

	Legend for status icons: Incomplete Incomplete (no data saved) ? Unverified Complete
A 9h	At the bottom of Report form 1 and Report form 2 Always select “Unverified”. Do not lock the record. Select Save & Exit Form when you have finished completing the form. Form Status Complete? Unverified Incomplete Unverified Complete Lock this record for this form? If locked, no user will be able to edit this record on this form until someone with Lock/Unlock privileges unlocks it. Lock Save & Exit Form Save & ...
A 9i	This view shows after Report part 1 was entered but before Registrar verification and before Report part 2 entered.
A 9j	Registry Number **534-1** License Number **Data Collection Instrument** / **Event 1** / **Part 2 Due** Sentinel Event Reportpart 1 Sentinel Event Reportpart 2
A 9k	This record view means the SER event has parts 1 and 2 completed with the registrar having verified correct data entry. No further action on this record.

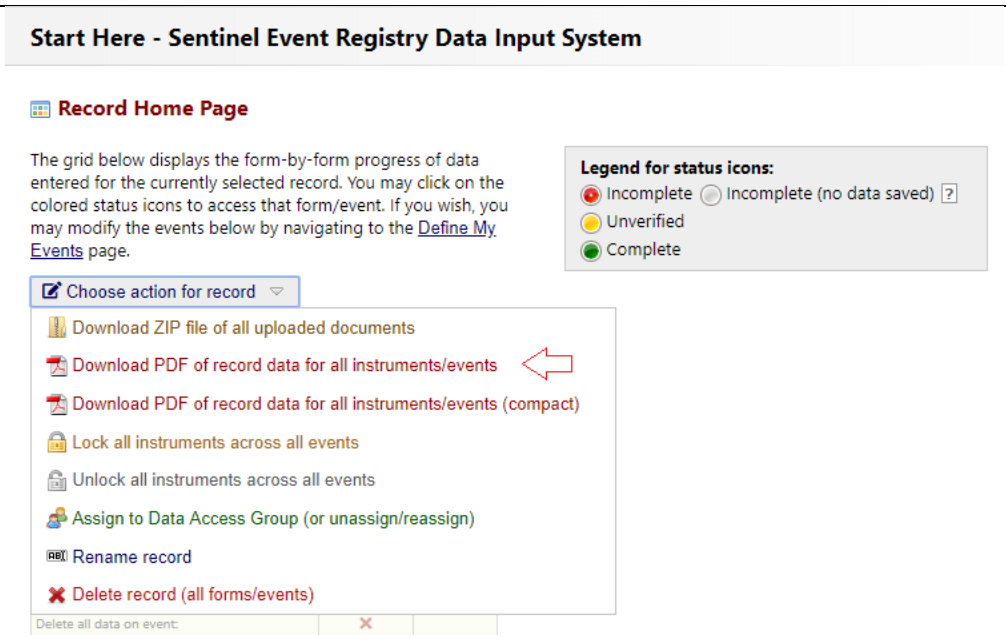


Q 10	**Q10 How do I enter the Annual Sentinel Events Summary Report into the REDCaps SER reporting system?**
A 10a	REDCap SER Reporting system event reporting login: (SER Forms). Select link 2 Enter your username and your password.
A 10b	When you log in, along the top row of buttons, look for "My Projects", click on that button and then select **SER457_ AnnualReport.** Then on the left under the gray background area titled, "Data Collection" select "Add / Edit Records". Then click on the rectangular green button labeled "+ Add new record." At that point you should be in the form. When you have finished mark the record 'unverified' and select either "Save…." Button. "Data Collection", Blue Arrow to view Events Submitted Red Arrow to add a new event or to update an existing event.

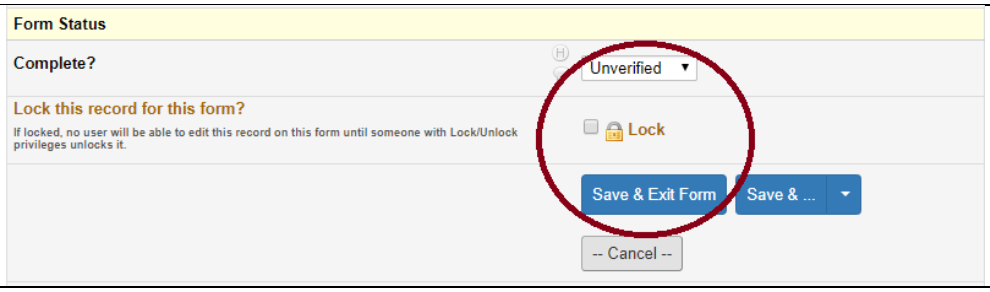
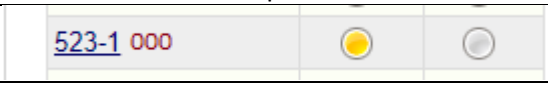
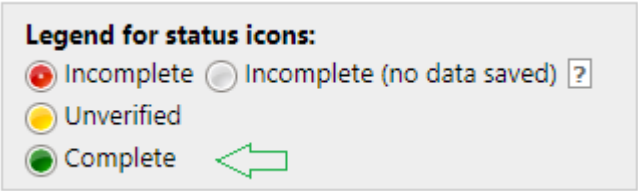


A10c	Select "Record Status Dashboard"
A 10c	
A10d	Select the row for your facility licence number (ID). Red arrow gray button to enter the Annual Sentinel Event Summary Report
A 10d	If your facility has reported no Sentinel Events for the reporting period, please enter a 0 value.
A 10e	Be sure to consider the number of employees at the facility before answereing the section on the Patient Safety Committee as the form options change depending on your answer. (The number is 'the annual average based daily paid workers onsite' for your healthcare facility) **Patient Safety Committee** **-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.** In the "Summarize the activities of the committee" at most 5 sentences to provide a high level overview of specific actvities. When the contact form or the Summary Report data entry is complete, follow the instructions listed on A 9k to set the record status and save your data entry work. In addition to A9k, also refer to A 13b to see what the bottom of the form should look like when your are ready to submit, and prior to clicking the "Save & Exit Form."

Q 11	**Q11 How do I print or save a form after I have entered the information?**
A 11a	Within the project of interest, and the record of interest, look for a marron title below the project name that says "Record Home Pate." Now look for a rectangle gray button with the words "Choose action for record " Left click on the drop-down triangle on the right side of the gray button titled "Choose action for record." Choose "Download PDF of record data for all instruments" and save as pdf file. As illustrated with a red arrow in the image below. (Your screen may not be exactly as below)

A 11b	

Q 12	**Q12 How do I Update the Contact Form when there are changes in reporting staff.**
A 12a	**Do not enter the same person for more than one role.** Send an email to ser@healthcare.nv.gov to have your contact form ready for update (Unlocks the form, saves off old information). REDCap SER Reporting system event reporting login: (SER Forms). Select link 3 Enter your username and your password. Follow Question 10 to Step 10d. Select the first available gray radio button from the left, under the blue arrow and the "Sentinel Event Contact Form."
A 12b	Whenever there is a change in the staff for the roles of the Patient Safety Officer, or any of the Designated Reporters, a new contact form must be completed and verified by the SER Registrar.
A 12c	For each role the full name, nick name if applicable, effective date (date the person assumed that role at the facility), effective end date (Send the name and date to the SER Registrar at the email in A 12a when requesting a change in the contact form (i.e. a change in staff, etc.), technical credentials / regular job title, email, and

	phone number are entered into the form.
A 12d	After completing all the new data, including new staff, and re-entering staff that are continuing in their role.
A 12e	Follow Question A 9h and A 9i to complete the record status and save the form.
Q 13	**Q13 How do I check the status of my submission?**
A 13a	Refer to Answer 9h for a complete record status icon explanation. When your form submission is ready, at the bottom of the form, select the record status of 'Unverified' (yellow), unlocked, and click on 'save-and-exit.' Wait approximately 7 business days to revisit the record. If you have not already been contacted to resolve any issues, your record will have a 'Complete' (green) status. With the green status there is no further action required, your submission has been accepted.
A13b	Bottom of the form when you are ready to submit, then click on 'Save and Exit.'
	
A13c	Record status after Report form 1 entered but not verified by the registrar yet.
A13d	
A13e	Green color on the form radio button indicates registrar verified. No further action needed.
A13f	

Q 14	**Q14 What are the SER reporting responsibilities if my facility opened/closed or changed name/ownership during the reporting period?**
A 14a	If the facility accepted patients at any time during the reporting period, the contact form and the Sentinel Event Summary Report must complete.

Q 15	**Q15 What is SB457 (2019)? What is Natural Death?**
A 15a	SB457 was passed during the 80th session of Nevada's Legislature. This bill modified and expanded the State of Nevada Sentinel Events Registry (NRS 439.800) and other healthcare facility reporting requirements. In addition to the expanded list of healthcare facilities now required to report sentinel events, the reporting of any death in a healthcare facility is required (not related to NQF), with the exception of a "death due to natural causes" as understood in a general meaning and for which it has been established that the cause of death is not due to any contributing factors by the healthcare facility. Additional details can be found in the approved bill found here SB457. https://www.leg.state.nv.us/App/NELIS/REL/80th2019/Bill/6853/Text
A15b	Natural Deaths. To help understand the meaning of the term the following is provided: Natural is defined as death caused solely by disease or natural process. If natural death is hastened by injury (such as a fall or drowning in a bathtub), the manner of death is not considered natural. **A natural death definition.**

Q 16	**Q16 Where can I learn about Patient Safety?**
A 16a	Thanks for asking! Consider the link below as a start. NIH Patient Safety Books NIH About Patient Safety Patient Safety Learning Systems: A Systematic Review and Qualitative Synthesis Wikipedia Patient Safety World Health Organization Patient Safety VA National Center for Patient Safety - The VA's Approach An example Patient Safety Plan NRS Sentinel Event Registry program Sentinel Event Management Model - A Scholar Work Article National Quality Forum – Serious Reportable Events: A CONSENSUS 2011 Type of Reportable Sentinel Event Change as of 2012 Does my occurrence qualify as a Sentinel Event - A Decision Tree NQF Serious Reportable Events Website VA National Center for Patient Safety - The VA's Approach

Q 17	**Q17 What are the ways to contact the SER?**
A 17a	Looking forward to hearing from you! Below are the contact addresses for the SER Program as of December 2019. Registrar 500 Damonte Ranch Parkway Suite 657 Reno, NV 895201 Phone: (775) 684-5297 Administrator 4126 Technology Way Suite 200 Carson City, NV 89706 Phone: (775) 684-5911 Supervisor 3811 W. Charleston Blvd. Suite 205 Las Vegas, NV 89102 Phone: (702) 486-3568 E-mail SER at HEALTH dot NV dot GOV for SER questions And REDCAP at HEALTH dot NV dot GOV for Redcap questions If you send an email to the REDCAP at HEALTH dot NV dot GOV with the title “Looking forward to hearing from you!” and your facility information in the body, your facility will be included in a special shout out in the annual report.

Appendix A - Sentinel Event Report Form 1

Sentinel Event Report Part 1

Assign record to a Data Access Group? -- select a group --

Adding new Registry Number 1

Registry Number	1
Date Received_Part1	Today Y-M-D Please enter the data that the form received
Date of Sentinel Event	Today Y-M-D
Facility Information	
Facility License Number * must provide value	
Facility Name * must provide value	
User Login Name	
First Name (Report Completed by)	
Last Name (Report Completed by) * must provide value	
Middle Initial (Report Completed by)	
Date Facility Became Aware	Today Y-M-D
Date State Notified	Today Y-M-D
Patient Information	

Patient Information	
Patient Control Number:	
Medical Record Number	
Patient's Resident Country	
Patient's Sex	
Patient's Date of Birth	Today Y-M-D
Date Patient / Family/Significant Other Notified of Sentinel Event	Today Y-M-D if expires/no family or significant other, leave blank
Method of Notification	
Department Services Provided to Patient or Where Patient Was Physically Located When Sentinel Event Occurred?	
Type of Event * must provide value	(only NQF)
Additional Information / Comments	Expand

When all data has been entered Form Status > Complete? Should be set to "Incomplete," left unlocked, and then select "Save & Exit Form."

Appendix B - Sentinel Event Report Form 2

Sentinel Event Reportpart 2

Assign record to a Data Access Group? -- select a group --

Adding new Registry Number 1

Registry Number	1
Date Received * must provide value	Today Y-M-D
Date of Sentinel Event	Today Y-M-D
Facility License Number	View equation
User Login Name	
First Name (Report Completed by)	If the report name is different from part1, please enter the name. Otherwise, leave it blank
Last Name (report completed by)	If the report name is different from part1, please enter the name. Otherwise, leave it blank
Middle Initial (report completed by)	If the report name is different from part1, please enter the name. Otherwise, leave it blank
Date Facility Completed Section II:	Today Y-M-D

Primary Contributing Factors (Check all that apply in fields a-f.)	
a. 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
b. 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
c. Organization	☐ Culture-principles, ethics, values ☐ Inappropriate/no policy/process ☐ Patient volume exceeds capacity ☐ Staffing level ☐ Training inadequate/not done
d. Environment	☐ Emergency situation-external ☐ emergency situation-internal ☐ Lighting problem ☐ Noise level ☐ Wet/slippery floor/surface

e. 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
f. 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 indispensing ☐ 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

The single most important contributing factor.	
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

Are changes in policies, procedures or processes of the facility necessary to prevent a subsequent sentinel event under similar circumstances? * must provide value	
Corrective Actions (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
Root Cause Analysis - Number of Staff Interviewed * must provide value	
Root Cause Analysis - Number of Non-Staff Interviewed * must provide value	
Date facility administration provided summary findings of the Root Cause Analysis (RCA). * must provide value	Today Y-M-D
Lessons Learned	Expand
Additional Information/Comments	Expand

When all data has been entered Form Status > Complete? Should be set to "Incomplete," left unlocked, and then select "Save & Exit Form."

Appendix C - Sentinel Event Annual Summary Report Form

Sentinel Event Annual Summary Form

Adding new Record ID **2**

Record ID	2
The annual summary report of sentinel events, and safety related activity at your healthcare facility is to be completed by March 1, covering the preceding year. HR should have your number of employees (average annual paid workers onsite).	
Year Events Occurred	
Name of Person Completing Summary	
Person completing this form's Redcap user account login name.	
Name of Facility	
Facility License Number	
Patient Safety Officer Name	

Patient Information

Patient Control Number:	
Medical Record Number	
Patient's Resident Country	
Patient's Sex	
Patient's Date of Birth	Today Y-M-D
Date Patient / Family/Significant Other Notified of Sentinel Event	Today Y-M-D if expires/no family or significant other, leave blank
Method of Notification	
Department Services Provided to Patient or Where Patient Was Physically Located When Sentinel Event Occurred?	
Type of Event * must provide value	(only NQF)
Additional Information / Comments	Expand

Enter the number of sentinel events reported for each event type category below. For categories having no reported sentinel events over the calendar year please enter a 0. If either of the 'other' categories are used, please also specify the type(s) of event(s) in the text box provided. Event labels such as '1A' reference the coo responding NQF listing.

100 - 1A - Surgery (invasive procedure) on wrong site (body part)	
110 - 1B - Surgery (invasive procedure) on wrong patient	
120 - 1C - Procedure complication(s)	
121 - 1C - Wrong surgery (invasive procedure) performed	
130 - 1D - Unintended retained foreign object	
140 - 1E - Intra- or post-operative death	
141 - 1E - Intra- or post-operative permanent harm	
200 - 2A - Use of contaminated drug(s)	
201 - 2A - Use of contaminated device(s)	
202 - 2A - Use of contaminated biolog(s)	
210 - 2B - Device failure	
211 - 2B - Device use other than intended	
220 - 2C - Air embolism	
300 - 3A - Discharge or release of patient/resident unable to make decisions	
301 - 3A - Discharge to other than authorized person - adult (18+)	
302 - 3A - Discharge to other than authorized person - child (2-17)	
303 - 3A - Discharge to other than authorized person - infant (<2)	
310 - 3B - Elopement (disappearance)	
320 - 3C - Suicide	
321 - 3C - Suicide - attempted	

400 - 4A - Medication error (wrong drug)	
401 - 4A - Medication error (wrong dose)	
402 - 4A - Medication error (wrong patient)	
403 - 4A - Medication error (wrong time)	
404 - 4A - Medication error (wrong rate)	
405 - 4A - Medication error (wrong preparation)	
406 - 4A - Medication error (wrong route of administration)	
410 - 4B - Unsafe administration of blood product(s) (transfusion, draw, etc.)	
411 - 4B - Error in administration of blood product(s) (transfusion, draw, etc.)	
420 - 4C - Maternal low risk pregnancy labor	
421 - 4C - Maternal low risk pregnancy delivery	
422 - 4C - Maternal low risk pregnancy intrapartum	
430 - 4D - Neonate low risk pregnancy labor	
431 - 4D - Neonate low risk pregnancy delivery	
432 - 4D - Neonate low risk pregnancy intrapartum	
440 - 4E - Fall	
450 - 4F - Pressure ulcer (stage 3 or 4 or unstageable)	
451 - 4F - Pressure ulcer (stage 3 or 4 or unstageable) with HAI	
452 - 4F - Pressure ulcer (stage 1 or 2)	
460 - 4G - Wrong egg	
461 - 4G - Wrong sperm	

470 - 4H - Specimen Loss (irretrievable and/or irreplaceable)	
471 - 4H - Specimen ID Error	
480 - 4I - Failure to communicate laboratory test result	
481 - 4I - Failure to communicate pathology test result	
482 - 4I - Failure to communicate radiology test result	
483 - 4I - Failure to communicate (other)	
500 - 5A - Electric shock (faulty equipment-machinery-wiring)	
501 - 5A - Electric shock (Damaged receptacles or connectors or...)	
502 - 5A - Electric shock (Unsafe work practices.)	
503 - 5A - Electric shock (Other)	
510 - 5B - Wrong gas	
511 - 5B - Contaminated gas	
512 - 5B - No gas from system designated for gas to be delivered	
520 - 5C - Burn	
530 - 5D - Use of Physcial Restraint(s)	
531 - 5D - Bedrail associated injury	
600 - 6A - Introduction of metallic object into MRI area (staff Injury)	
601 - 6A - Introduction of metallic object into MRI area (patient/resident injury)	
602 - 6A - Introduction of metallic object into MRI area (Staff & patient/resident injury)	

700 - 7A - Impersonation of healthcare professional - physician	
701 - 7A - Impersonation of health-care professional - nurse	
702 - 7A - Impersonation of health-care professional - pharmacist	
703 - 7A - Impersonation of healthcare provider (all others)	
710 - 7B - Abduction - adult	
711 - 7B - Abduction - adult - attempted	
712 - 7B - Abduction - child	
713 - 7B - Abduction - child - attempted	
714 - 7B - Abduction - infant	
715 - 7B - Abduction - infant - attempted	
720 - 7C - Rape	
721 - 7C - Rape - attempted	
722 - 7C - Sexual assault	
723 - 7C - Sexual assault - attempted	
724 - 7C - Sexual abuse	
725 - 7C - Sexual abuse - attempted	
730 - 7D - Physical Assault	
731 - 7D - Physical Assault - Attempted	
732 - 7D - Homicide	
733 - 7D - Homicide - attempted	

VOLUNTARY. The following are healthcare setting safety related. They are not required reporting per NRS or NQF. This is for research only to help determine the level of these events and to help with data related to potential outreach assistance.

900 - Voluntary for research - Facility-acquired infection - (CAUTI) catheter-related urinary tract infection	
901 - Voluntary for research - Facility-acquired infection - (CLABSI) central line-related bloodstream infection	
902 - Voluntary for research - Facility-acquired infection - decubitus ulcer (stage 3 or 4)	
903 - Voluntary for research - Facility-acquired infection - non-catheter-related urinary tract infection	
904 - Voluntary for research - Facility-acquired infection - non-central line-related bloodstream infection	
905 - Voluntary for research - Facility-acquired infection - other - specify	
906 - Voluntary for research - Facility-acquired infection - (SSI) surgical site infection	
907 - Voluntary for research - Facility-acquired infection - (VAP) ventilator-associated pneumonia	
910 - Voluntary for research - Other - specify	
OR if "Other", please describe detail	Upload file
920 - Voluntary for research - Spinal manipulation	Upload file
930 - Voluntary for research - Treatment delay	
931 - Voluntary for research - Treatment error	

Patient Safety Plan

Summary Received	No / Yes (reset)
Patient Safety Plan Submitted	No / Yes (reset)
Patient Safety Plan	Upload file
Patient Safety Plan without staff names	Upload file

Patient Safety Committee
-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.

Number of Employees (average annual daily paid workers onsite)	

Section B: For facilities that have less than 25 employees, 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?	
Mandatory Staff Attendance?	No / Yes (reset)
Summarize the activities of the committee.	(Expand)

When all data has been entered Form Status > Complete? Should be set to "Incomplete," left unlocked, and then select "Save & Exit Form."

Appendix D - Notification Letter from 1/2/2020

Steve Sisolak
Governor

Richard Whitley, MS
Director

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Division of Public and Behavioral Health

Helping people. It's who we are and what we do.

Lisa Sherych
Administrator

Ihsan Azzam, Ph.D., M.D.
Chief Medical Officer

January 2nd, 2020

To Whom It May Concern:

Senate Bill (SB) 457 was passed during Nevada's 80th Legislative Session. This bill further defined the types of health facilities that must report sentinel events to the Division of Public and Behavioral Health (DPBH). Based on SB 457, **your facility is now required by law to report sentinel events, patient safety related activities, and non-natural deaths** to the Sentinel Events Registry of the State of Nevada.

To assist in acclimating you and your staff to this new requirement, the Nevada Sentinel Event Registry (SER) is here to help you throughout all stages of this process. A great place to start learning about this program and the reporting needed can be found in the attached new "Nevada Sentinel Event Registry Frequently Asked Questions" document. Additional training material will be available soon. We understand this will take time to bring everyone to full compliance; therefore, do not hesitate to reach out if you have any questions.

Please return the attached form with your health facility's information to ser@health.nv.gov by January 16th, 2020. Accounts for the Patient Safety Officer, Designated Reporter1, Designated Reporter2, and if needed, the read only facility administration account will be created in the REDCap reporting system. All reporting facilities need to complete the attached form. If an established account does not conform to the standardized username format of firstname_lastname_HCQCLicenseNumber, a new account will be created for them. All previous reporters will use the new Annual Summary Report form for their 2019 reporting that is due March 1, 2020.

SER report forms one and two are due when a sentinel event occurs at your healthcare facility. The annual summary report is due March 1st and provides a summary of events that did or did not occur in the previous year. The SER contact and staff information form will be used to assign a patient safety officer, designated reporters (up to two) and if needed a facility administrator accounts in the Redcap reporting system. Please use the links below to review the forms used for each category.

- SER Report Form 1 and 2 The reporting / investigation of sentinel events (NQF definition - Serious Report-able Event).
- File Annual Summary Report (Due March 1) The annual summary of sentinel events / patient safety efforts (meeting schedules, participants, patient safety plan, etcetera).
- Update SER Contact and Staff Information. The assigning of the patient safety officer, designated reporters (up to 2), and an administrator account(s) and contact information.

If there are any questions and/or concerns, please feel free to contact the SER team members listed below.
Jenny Harbor, Sentinel Events Registrar: jharbor@health.nv.gov or (775) 684-5297
Jesse Wellman, SER Administrator: jessewellman@health.nv.gov or (775) 684-4112
Kimisha Causey, Sentinel Events Supervisor: kcausey@health.nv.gov or (702) 486-3568

Thank you,

Julia Peek

Julia Peek, Deputy Administrator
Division of Public and Behavioral Health

4150 Technology Way, Suite 300 • Carson City, Nevada 89706
775-684-4200 • Fax 775-687-7570 • dpbh.nv.gov

Page 1 of 1

Appendix E - List of NQF required and related voluntary sentinel events

SER Code	NQF Reference	Event Description
100	1A	Surgery (invasive procedure) on wrong site (body part)
110	1B	Surgery (invasive procedure) on wrong patient
110	1B	Surgery (invasive procedure) on wrong patient
120	1C	Procedure complication(s)
121	1C	Wrong surgery (invasive procedure) performed
121	1C	Wrong surgery (invasive procedure) performed
130	1D	Unintended retained foreign object
140	1E	Intra- or post-operative death
141	1E	Intra- or post-operative permanent harm
200	2A	Use of contaminated drug(s)
201	2A	Use of contaminated device(s)
202	2A	Use of contaminated biolog(s)
210	2B	Device failure
211	2B	Device use other than intended
220	2C	Air embolism
300	3A	Discharge or release of patient/resident unable to make decisions
300	3A	Discharge or release of patient/resident unable to make decisions
301	3A	Discharge to other than authorized person - adult (18+)
302	3A	Discharge to other than authorized person - child (2-17)
303	3A	Discharge to other than authorized person - infant (<2)
310	3B	Elopement (disappearance)
310	3B	Elopement (disappearance)
320	3C	Suicide
321	3C	Suicide - attempted
322	3C	Self harm
323	3C	Self harm - attempted
400	4A	Medication error (wrong drug)
400	4A	Medication error (wrong drug)
401	4A	Medication error (wrong dose)
402	4A	Medication error (wrong patient)
403	4A	Medication error (wrong time)
404	4A	Medication error (wrong rate)
405	4A	Medication error (wrong preparation)
406	4A	Medication error (wrong route of administration)
410	4B	Unsafe administration of blood product(s) (transfusion, draw, etc.)
411	4B	Error in administration of blood product(s) (transfusion, draw, etc.)

420	4C	Maternal low risk pregnancy labor
421	4C	Maternal low risk pregnancy delivery
422	4C	Maternal low risk pregnancy intrapartum
422	4C	Maternal low risk pregnancy intrapartum
430	4D	Neonate low risk pregnancy labor
431	4D	Neonate low risk pregnancy delivery
432	4D	Neonate low risk pregnancy intrapartum
440	4E	Fall
450	4F	Pressure ulcer (stage 3 or 4 or unstageable)
451	4F	Pressure ulcer (stage 3 or 4 or unstageable) with HAI
452	4F	Pressure ulcer (stage 1 or 2)
452	4F	Pressure ulcer (stage 1 or 2)
460	4G	Wrong egg
461	4G	Wrong sperm
470	4H	Specimen Loss (irretrievable and/or irreplaceable)
471	4H	Specimen ID Error
480	4I	Failure to communicate laboratory test result
481	4I	Failure to communicate pathology test result
482	4I	Failure to communicate radiology test result
483	4I	Failure to communicate (other)
500	5A	Electric shock (faulty equipment-machinery-wiring)
501	5A	Electric shock (Damaged receptacles or connectors or...)
502	5A	Electric shock (Unsafe work practices.)
503	5A	Electric shock (Other)
510	5B	Wrong gas
511	5B	Contaminated gas
512	5B	No gas from system designated for gas to be delivered
520	5C	Burn
530	5D	Use of Physcial Restraint(s)
531	5D	Bedrail associated injury
600	6A	Introduction of metallic object into MRI area (staff Injury)
601	6A	Introduction of metallic object into MRI area (patient/resident injury)
601	6A	Introduction of metallic object into MRI area (patient/resident injury)
700	7A	Impersonation of healthcare professional - physician
701	7A	Impersonation of health-care professional - nurse
702	7A	Impersonation of health-care professional - pharmacist
703	7A	Impersonation of healthcare provider (all others)
710	7B	Abduction - adult
711	7B	Abduction - adult - attempted

712	7B	Abduction - child
713	7B	Abduction - child - attempted
714	7B	Abduction - infant
715	7B	Abduction - infant - attempted
720	7C	Rape
721	7C	Rape - attempted
722	7C	Sexual assault
723	7C	Sexual assault - attempted
724	7C	Sexual abuse
725	7C	Sexual abuse - attempted
730	7D	Physical Assault
730	7D	Physical Assault
731	7D	Physical Assault - Attempted
732	7D	Homicide
733	7D	Homicide - attempted
800	8	Death - Other than Natural Causes (SB457)
900	Voluntary for research	Facility-acquired infection - (CAUTI) catheter-related urinary tract infection
900	Voluntary for research	Facility-acquired infection - (CAUTI) catheter-related urinary tract infection
901	Voluntary for research	Facility-acquired infection - (CLABSI) central line-related bloodstream infection
901	Voluntary for research	Facility-acquired infection - (CLABSI) central line-related bloodstream infection
902	Voluntary for research	Facility-acquired infection - decubitus ulcer (stage 3 or 4)
903	Voluntary for research	Facility-acquired infection - non-catheter-related urinary tract infection
904	Voluntary for research	Facility-acquired infection - non-central line-related bloodstream infection
905	Voluntary for research	Facility-acquired infection - other - specify
906	Voluntary for research	Facility-acquired infection - (SSI) surgical site infection
906	Voluntary for research	Facility-acquired infection - (SSI) surgical site infection
907	Voluntary for research	Facility-acquired infection - (VAP) ventilator-associated pneumonia
907	Voluntary for research	Facility-acquired infection - (VAP) ventilator-associated pneumonia
910	Voluntary for	HAI Other - specify

	research	
910	Voluntary for research	Other - specify
920	Voluntary for research	Spinal manipulation
930	Voluntary for research	Treatment delay
931	Voluntary for research	Treatment error
999		Determined Not a Sentinel Event