

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:

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:

Once completed please save and email this form to ser@health.nv.gov