Nevada Sentinel Events Registry - Frequently Asked Questions

(SER_FAQ_2020_v05)

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

Sentinel Events Registry - ser@health.nv.gov - redcap@health.nv.gov

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
TLF	FACILITY FOR TRANSITIONAL LIVING OF RELEASED OFFENDERS

Q 2	**Q2 What is the Research Electronic Capture System (REDCaps)?**
A 2	REDCaps is the technology currently used to enter SER data. 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: Does my occurrence qualify as a Sentinel Event - A Decision Tree

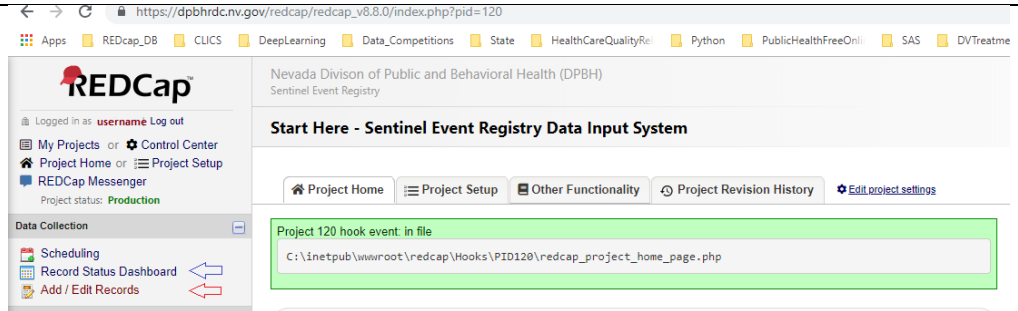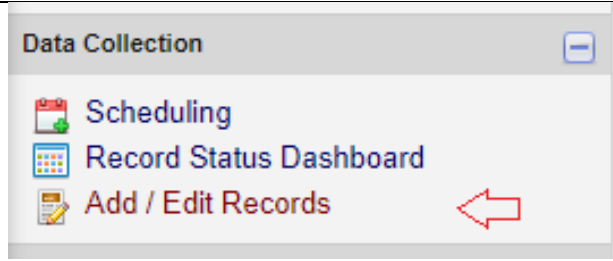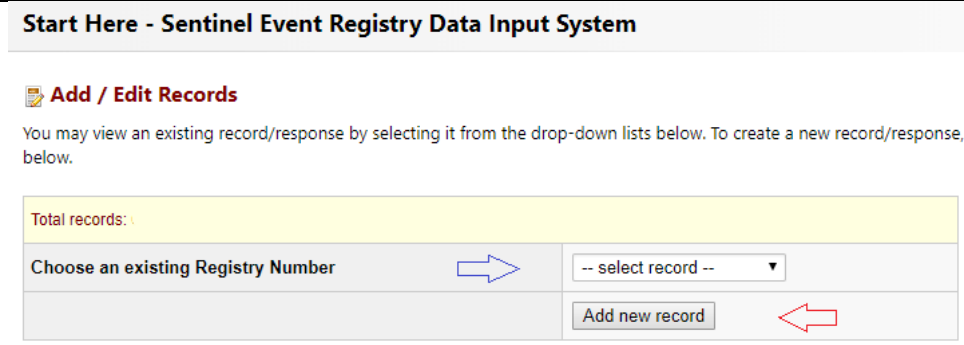| Q 4	Q4 Who reports Sentinel Events?
A 4	A person who is employed by a healthcare facility shall, within 24 hours after becoming aware of a sentinel event that occurred at the healthcare facility, notify the patient safety officer of the facility of the sentinel event; and report to the Division of 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),
	    b) Designated Reporters (DR) maximum of 2
	    c) Administrator (read only) maximum of 1
	
	Once the appropriate accounts/users have been established, then a new contact form needs to be completed.

Q 6	Q6 When there is a change in staff related to Sentinel Event Reporting?
A 6	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

Sentinel Events Registry - ser@health.nv.gov - redcap@health.nv.gov

	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)

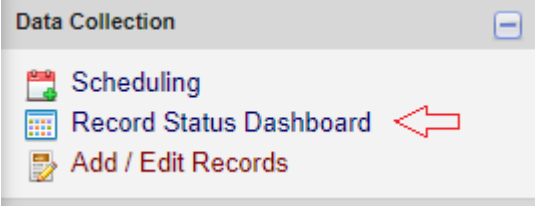| Q 8	**Q8 What if I represent more than one facility?**
A 8	One person, one facility, one account. If you represent more than one facility you will have more than one account. Each account's username follows this pattern, **firstname_lastname_licensenumber.**

Q 9	**Q9 How do I enter an individual sentinel event into the REDCap SER reporting system?**
A 9a	REDCap SER Reporting system event reporting login: (SER Forms). Select link 1 Enter your username and your password.
A 9b	Depricated.
A 9c	Blue Arrow to view Events Submitted Red Arrow to add a new event or to update an existing event.
A 9d	Then Select "Add / Edit Records" in the left sidebar under "Data Collection"
A 9e	Blue arrow to update/edit an existing record, or Red arrow to create a new event.
A 9f	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

A 9g	[Event Reportform1 Example](#) [Event Reportform2 Example](#)
A 9h	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.
A 9i	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.
A 9j	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.
A 9k	**Registry Number 2016yourcompletednumber** License Number Data Group Number 	Data Collection Instrument	Event 1	Part 2 Due	 Sentinel Event Reportpart 1 · ⬤🔒 · Sentinel Event Reportpart 2 · ⬤🔒 · Delete all data on event: · ✕ ·

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	Depricated.
A 10b	Depricated.
A10c	Select "Record Status Dashboard"

A 10c	
A10d	Select the row for your facility licence number (ID). ~~Blue arrow first gray button from left to enter new Contact Form.~~ Red arrow gray button to enter the Annual Sentinel Event Summary Report. Always select the most recent preceding year.
A 10d	Depricated.
A 10e	If your facility has reported no Sentinel Events for the reporting period, please enter a 0 value. 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 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 9h and A 9i to set the record status and save your data entry work. In addition to A9h and A9i, also refer to A13b 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	Left click on the drop-down triangle on the right side of the gray button titled "Choose action for record" and to save as pdf file with the data selected the second from the top, as illustrated with a red arrow in the image below.

A 11b	Start Here - Sentinel Event Registry Data Input System
	Record Home Page The grid below displays the form-by-form progress of data entered for the currently selected record. You may click on the colored status icons to access that form/event. If you wish, you may modify the events below by navigating to the Define My Events page. **Legend for status icons:** ● Incomplete ○ Incomplete (no data saved) [?] ○ Unverified ● Complete ☑ Choose action for record ▽ 📄 Download ZIP file of all uploaded documents 📄 Download PDF of record data for all instruments/events ⇐ 📄 Download PDF of record data for all instruments/events (compact) 🔒 Lock all instruments across all events 🔓 Unlock all instruments across all events 👥 Assign to Data Access Group (or unassign/reassign) 🔤 Rename record ✖ Delete record (all forms/events) Delete all data on event: ✕
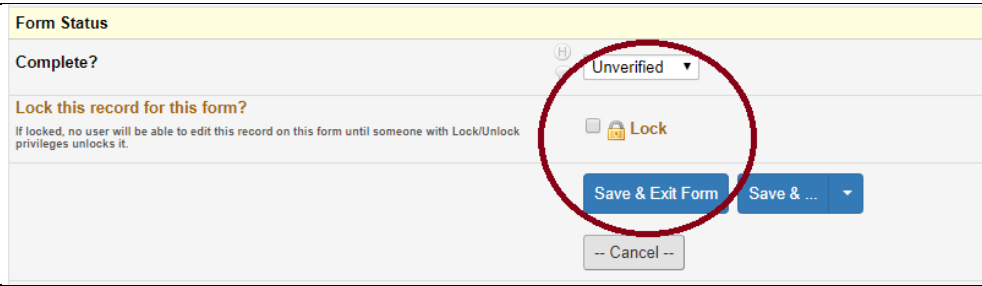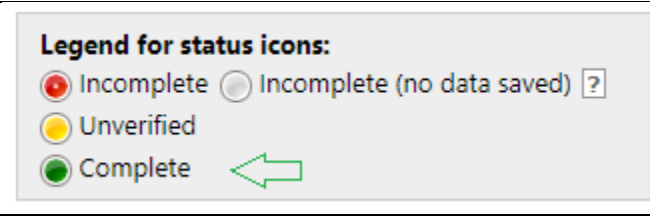
Q 12	**Q12 How do I Update the Contact Form when there are changes in reporting staff.**
A 12a	Send an email to ser@healthcare.nv.gov to have your contact form ready for update (Unlocks the form, saves off old information). REDCap SER Reporting system event reporting login: (SER Forms). Select link 3 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 and end date (as appropriate), 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 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

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:	[text field]
Medical Record Number	[text field]
Patient's Resident Country	[dropdown]
Patient's Sex	[dropdown]
Patient's Date of Birth	[date field] 📅 [Today] Y-M-D
Date Patient / Family/Significant Other Notified of Sentinel Event	[date field] 📅 [Today] Y-M-D if expires/no family or significant other, leave blank
Method of Notification	[dropdown]
Department Services Provided to Patient or Where Patient Was Physically Located When Sentinel Event Occurred?	[dropdown]
Type of Event * must provide value	[dropdown] (only NQF)
Additional Information / Comments	[text area] 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	ℹ ⓗ 〇 [ ] 📅 [Today] Y-M-D
Date of Sentinel Event	ℹ ⓗ 〇 [ ] 📅 [Today] Y-M-D
Facility License Number	ℹ ⓗ 〇 [ ] View equation
User Login Name	ℹ ⓗ 〇 [ ]
First Name (Report Completed by)	ⓗ 〇 [ ] If the report name is different from part1, please enter the name. Otherwise, leave it blank
Last Name (report completed by)	ⓗ 〇 [ ] If the report name is different from part1, please enter the name. Otherwise, leave it blank
Middle Initial (report completed by)	ⓗ 〇 [ ] If the report name is different from part1, please enter the name. Otherwise, leave it blank
Date Facility Completed Section II:	ℹ ⓗ 〇 [ ] 📅 [Today] Y-M-D

Sentinel Events Registry - ser@health.nv.gov - redcap@health.nv.gov

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.	ⓗ ⬜ [dropdown ▼]

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   Y-M-D

Date Patient / Family/Significant Other Notified of Sentinel Event   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

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