



Sentinel Event Annual Summary Form

Record ID

1

Please remember to upload your facility's Patient Safety Plan.
Some examples.

<http://www.ihl.org/resources/Pages/Tools/PatientSafetyPlan.aspx,/href>

<https://www.cmh.org/sites/default/files/page-assets/accountability/quality-patient-care/quality-safety-plan2017-46360.pdf>

<https://my.clevelandclinic.org/departments/patient-experience/depts/quality-patient-safety/patient-safety-program>

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

* must provide value

Patient Safety Officer Name

* must provide value

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 corresponding 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

322 - 3C - Self harm

323 - 3C - Self harm - 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 Physical 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

800, 8 - Death - Other than Natural Causes (SB457)

999 - Filed Sentinel Events Determined Not A Sentinel Event.

Total Sentinel Event Occurred (from Jan.1--Dec.31)

Total Sentinel Events that Occurred

Patient Safety Plan

Summary Received

- No
- Yes

Patient Safety Plan Submitted

- No
- Yes

No Staff Names.

IMPORTANT: Starting with the Annual Summary Reporting to be completed between January 1, 2024 and March 1, 2024, ONLY medical facilities, hospitals, rural hospitals and ambulatory surgical centers are required to file a Patient Safety Plan.

In addition, all Patient Safety Plan's MUST BE Americans with Disabilities Act (ADA) COMPLIANT or it will be REJECTED.

(<https://www.ada.gov/>)

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)

** must provide value*

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

Summarize the activities of the committee.

Comments.

Please describe in your own words what a 'Root Cause Analysis' means.

Please describe any new innovations at your facility since last year, related to patient safety.

Please describe any patient safety needs that your facility has.

Date the Annual Summary Report completed.

* must provide value

Y-M-D

**Please enter your signature that you are the person who is responsible for completing this form.
(Please ignore the 'send it' link)**

* must provide value

Form Status

Complete?

Incomplete ▼