Sentinel Event Contact Form

Record ID	10998
Contact Form Date	_____ M-D-Y

FACILITY FORM

Facility Name
* must provide value

_____

Facility State License Number
* must provide value

_____

Facility Type
* must provide value

- ○ HHA - AGENCY TO PROVIDE NURSING IN THE HOME
- ○ HBR - AGENCY TO PROVIDE NURSING IN THE HOME - BRANCH OFFICE
- ○ HSB - AGENCY TO PROVIDE NURSING IN THE HOME - SUB UNIT
- ○ PCS - AGENCY TO PROVIDE PERSONAL CARE SERVICES IN THE HOME
- ○ BPR - BUSINESS THAT PROVIDES REFERRALS TO RFFG
- ○ CBA - COMMUNITY BASED LIVING ARRANGEMENT SERVICES - SERVICE ONLY PROVIDER
- ○ CBL - COMMUNITY BASED LIVING ARRANGEMENT SERVICES - RESIDENTIAL CBLA FACILITY
- ○ CTC - COMMUNITY TRIAGE CENTER
- ○ HFS - FACILITY FOR HOSPICE CARE
- ○ ICF - FACILITY FOR INTERMEDIATE CARE
- ○ IMR - FACILITY FOR INTERMEDIATE CARE/IID
- ○ MDX - FACILITY FOR MODIFIED MEDICAL DETOXIFICATION
- ○ SNF - FACILITY FOR SKILLED NURSING
- ○ SFD - SKILLED NURSING FACILITY DISTINCT PART OF HOSPITAL
- ○ ADC - FACILITY FOR THE CARE OF ADULTS DURING THE DAY
- ○ ADA - FACILITY FOR THE TREATMENT OF ABUSE OF ALCOHOL OR DRUGS
- ○ ESRD - FACILITY FOR THE TREATMENT OF IRREVERSIBLE RENAL DISEASE
- ○ TLF - FACILITY FOR TRANSITIONAL LIVING OF RELEASED OFFENDERS
- ○ NTC - FACILITY FOR TREATMENT WITH NARCOTICS
- ○ HWH - HALF-WAY HOUSE FOR RECOVERING ALCOHOL AND DRUG ABUSERS
- ○ HIC - HOME FOR INDIVIDUAL RESIDENTIAL CARE

○ HPC - HOSPICE CARE - PROGRAM OF CARE

○ HOS - HOSPITAL

○ ICE - INDEPENDENT CENTER FOR EMERGENCY MEDICAL CARE

○ ISO - INTERMEDIARY SERVICE ORGANIZATION

○ MED - MEDICATION UNIT

○ NSP - NURSING POOL

○ OBC - OBSTETRIC CENTER

○ OPF - OUTPATIENT FACILITY

○ PCO - PERSONAL CARE AGENCY THAT IS ALSO ISO CERTIFIED

○ PRTF -PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY

○ DVP - PROGRAM FOR TREATMENT OF PERSONS WHO COMMIT DOMESTIC VIOLENCE

○ AGC - RESIDENTIAL FACILITY FOR GROUPS

○ RHC - RURAL CLINIC

○ RUH - RURAL HOSPITAL

○ ASC - SURGICAL CENTER FOR AMBULATORY PATIENTS

Facility County (2 letters)
* must provide value

Facility Zip (5 numbers only)
* must provide value

Average Number of Employees Per Day (unique paid workers on site average per day)
* must provide value

Does the facility have a previous name?   ○ Yes   ○ No

This facility is closed or is closing in this year?   ○ Yes   ○ No

PATIENT SAFETY OFFICER (PSO)

Patient Safety Officer (PSO First Name):

Patient Safety Officer (PSO Last Name):

PSO Redcap account login user name

Nick name or how greeted on the phone.

PSO Effective Date   [   ] M-D-Y

PSO End Date   [   ] M-D-Y

PSO Credentials (highest level of certification)

PSO Staff Title:

PSO Email
* must provide value

PSO Phone Number
* must provide value

I have read with the NQF Adverse Events Definitions,understand patient safety concepts, and have read the FAQ on how to report to the sentinel events registry of Nevada.

○ Yes
○ No

DESIGNATED REPORTER 1 (DR1) (If needed)

DR1 Sentinel Event Reporter first name:

DR1 Redcap account user last name

DR1 Redcap account login user name

Nick name or how greeted on the phone.

DR1 Sentinel Event Reporter Effective Date

M-D-Y

DR1 Sentinel Event Reporter End Date

M-D-Y

DR1 Credentials (highest level of certification)

DR1 Staff Title:

DR1 Email

DR1 Phone number

I have read with the NQF Adverse Events Definitions,understand patient safety concepts, and have read the FAQ on how to report to the sentinel events registry of Nevada.

○ Yes
○ No

DESIGNATED REPORTER 2 (DR2) (If needed)

DR2 Sentinel Event Reporter first name:

DR2 Sentinel Event Reporter last name:

DR2 Redcap account login user name

Nick name or how greeted on the phone.

[   ]

DR2 Sentinel Event Reporter Effective Date

[   ] M-D-Y

DR2 Sentinel Event Reporter End Date

[   ] M-D-Y

DR2 Credentials (highest level of certification)

[   ]

DR2 Staff Title:

[   ]

DR2 Email

[   ]

DR2 Phone number

[   ]

I have read with the NQF Adverse Events Definitions,understand patient safety concepts, and have read the FAQ on how to report to the sentinel events registry of Nevada.

○ Yes
○ No

Facility Administrator (read only) account information (If needed)

Facility read only Administrator first name:

[   ]

Facility read only Administrator last name:

[   ]

Facility read only Administrator Redcap User Account Login

[   ]

Nick name or how greeted on the phone.

[   ]

Facility admin Sentinel Event Reporter Effective Date

[   ] M-D-Y

Facility admin Sentinel Event Reporter End Date

[   ] M-D-Y

Facility admin Staff Title:

[   ]

Facility admin Email

[   ]

Facility admin phone number

[   ]

I have read with the NQF Adverse Events Definitions,understand patient safety concepts, and have read the FAQ on how to report to the sentinel events registry of Nevada.

○ Yes
○ No

Form Status

Complete?

[Incomplete ▾]