



Sentinel Event Reportpart 2

Registry Number

20230820

Date Received (State SER notified)

* must provide value

Y-M-D

Date of Sentinel Event

Y-M-D

Facility License Number

User Login Name

* must provide value

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:

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

d. Environment

- Training inadequate/not done
- 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 dispensing
- 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.

- Anesthesia/PACU
- Antepartum
- Cardiac catheterization suite
- Dialysis unit
- Emergency department
- Endoscopy
- Gynecology
- Imaging/Radiology
- Inpatient rehabilitation unit/Physical Therapy
- 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

Contributing Department(s)-Check a maximum of 4 boxes.

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

Y-M-D

Lessons Learned

Additional Information/Comments

Form Status

Complete?

Incomplete ▼