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2021 Sentinel Events Registry Summary Report

Department of Health and Human Services, Office of Analytics
and

Division of Public and Behavioral Health, Office of Public Health Investigations and Epidemiology, Sentinel Event Registry

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Agenda

- Sentinel event definition
- SB457 as NRS (implementation update)
- Who should report sentinel events?
- Data collection methods
- Data analysis results
- Plans and goals
- Conclusion



Definition

Assembly Bill ([AB28](#)), effective 10/1/2013

Defined as a serious reportable event included in Appendix A of *“Serious Reportable Events in Healthcare—2011 Update: A Consensus Report.”*

- serious, largely preventable, and harmful clinical events that should ‘never’ happen -

Published by the National Quality Forum ([NRS 439.830](#)).

Updated in 2013 to exclude healthcare acquired infections, HAI, reporting. All data included in this report has qualified per the definition of sentinel event in effect for 2017.

Reporting has been conducted in Nevada since 2000, with force of statute since 2011.





Definition Expanded

- N.R.S. associated with legislative session 80, Senate Bill ([SB457](#)), have been in effect for over 2 years
- There may be under reporting of non-natural deaths (UND) .
- 1,843 health care facilities expected to report to the SER.
- 443 facilities signed up, 131 facilities actively participating
- Notices to most non-enrolled health care facilities sent again on 1/2/2022.
- Need to develop NAC to address ‘staffing’ type healthcare businesses



Who Should Report (pre SB457)

- **NRS 439.805 “Medical facility” defined.**
 1. A hospital, as that term is defined in [NRS 449.012](#) and [449.0151](#);
 2. An obstetric center, as that term is defined in [NRS 449.0151](#) and [449.0155](#);
 3. A surgical center for ambulatory patients, as that term is defined in [NRS 449.0151](#) and [449.019](#); and
 4. An independent center for emergency medical care, as that term is defined in [NRS 449.013](#) and [449.0151](#).

Who Should Report (post SB457)

- **NRS 439.803 “Health facility” defined.**
“Health facility” means:
 - 1. Any facility licensed by the Division pursuant to [chapter 449](#) of NRS; and
 - 2. A home operated by a provider of community-based living arrangement services, as defined in [NRS 449.0026](#).
- (Added to NRS by [2019, page 1666](#))

Who Should Report

Facility Type Description	SER Participant	SER Enrolled	Count of Facility Type in Business
Agency To Provide Nursing in the Home	8	31	207
Agency To Provide Nursing in the Home - Branch office	0	0	6
Agency To Provide Nursing in the Home - Sub Unit	0	0	2
Agency to Provide Personal Care Services in the Home	3	43	288
Business That Provides Referrals to RFFG or Other Applicable Group Homes	0	0	4
Community Based Living Arrangement Services - Residential CBLA Facility	0	0	105
Community Based Living Arrangement Services - Service Only Provider	0	0	7
Community Triage Center	0	1	3
Facility for Hospice Care	1	1	4
Facility for Intermediate Care	0	1	3
Facility for Intermediate Care/IID	0	0	7
Facility for Modified Medical Detoxification	2	2	7
Facility for Skilled Nursing	4	20	58
Facility for the Care of Adults During the Day	0	5	34
Facility for the Treatment of Abuse of Alcohol or Drugs	1	8	23
Facility for the Treatment of Irreversible Renal Disease	0	33	55
Facility for Transitional Living of Released Offenders	0	1	6
Facility for Treatment with Narcotics	0	1	15
Freestanding Birthing Center	0	0	1
Half-Way House for Recovering Alcohol and Drug Abusers	0	0	7



Who Should Report

Facility Type Description	SER Participant	SER Enrolled	Count of Facility Type in Business
Home for Individual Residential Care	5	12	123
Hospice Care - Program of Care	4	13	140
Hospital	39	50	51
Independent Center for Emergency Medical Care	0	1	1
Intermediary Service organization	0	0	2
Medication Unit	0	0	1
Nursing Pool	2	9	55
Outpatient Facility	4	11	49
Personal Care Agency that is also ISO Certified	1	3	17
Program for Treatment of Persons Who Commit Domestic Violence	0	0	33
Psychiatric Residential Treatment Facility	0	0	13
Recovery Center Facility	0	1	2
Residential Facility for Groups	23	102	392
Rural Clinic	0	2	18
Rural Hospital	13	15	14
Skilled Nursing Facility Distinct part of Hospital	0	0	8
Surgical Center for Ambulatory Patients	21	77	82



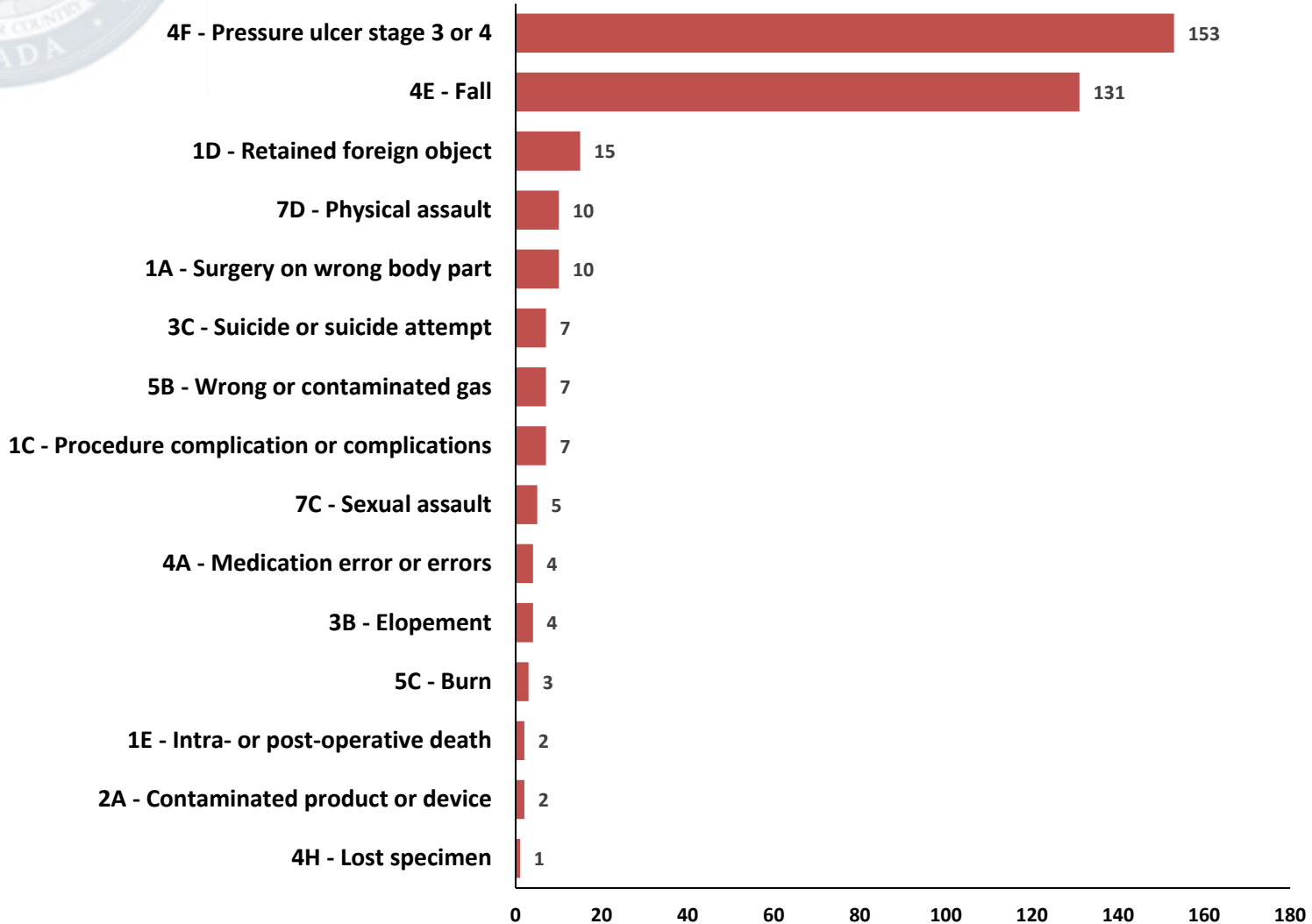


Data Collection Methods

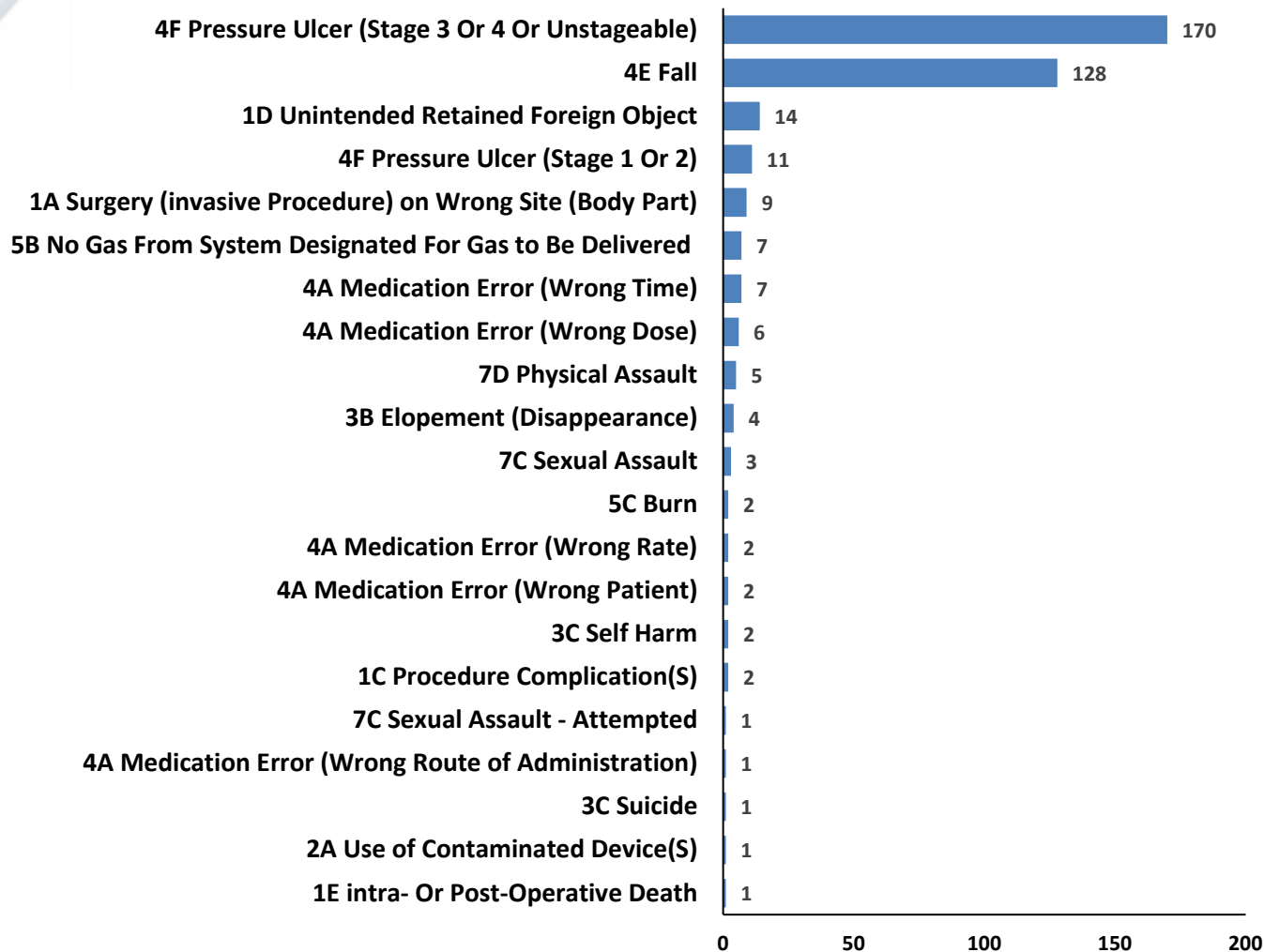
- Individual Event Report forms:
 - Part 1 Initial report to sentinel events registry and
 - Part 2 Factor Areas, Departments, and Root Cause Analysis findings
- Summary Annual Report forms: Sentinel event report summary forms and patient safety committee forms were due on March 1, 2022.
(All reporting facilities required to file)
- Standardized list of reportable events. Voluntary categories and HAI related categories removed.
(retained in database for historical data completeness)



Sentinel Events by Type-Totals

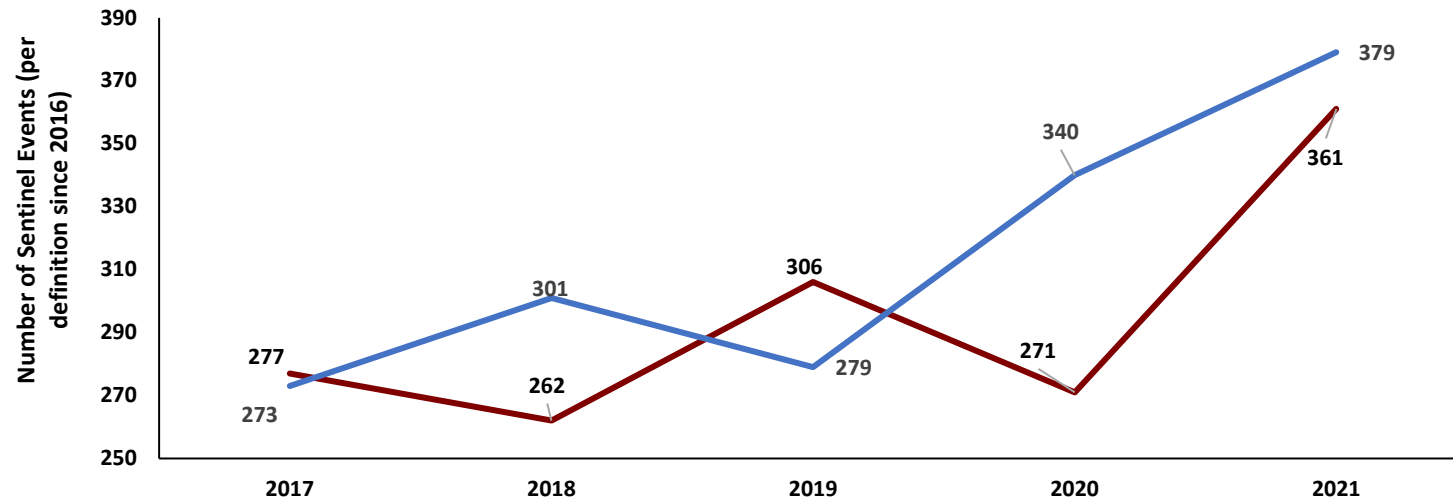


Annual Summary Event Type-Totals





Sentinel Events Reporting Comparison



Year	2017	2018	2019	2020	2021
Registry Un-Natural Death	-	-	-	12	5
Summary Un-Natural Death				2	8
Registry Sentinel Events	277	262	306	271	361
Summary Sentinel Events	273	301	279	340	379
Difference	4	-39	27	69	-18
Difference Percent	-1.5%	13.9%	-9.2%	22.6%	4.9%



Primary Contributing Factor Areas

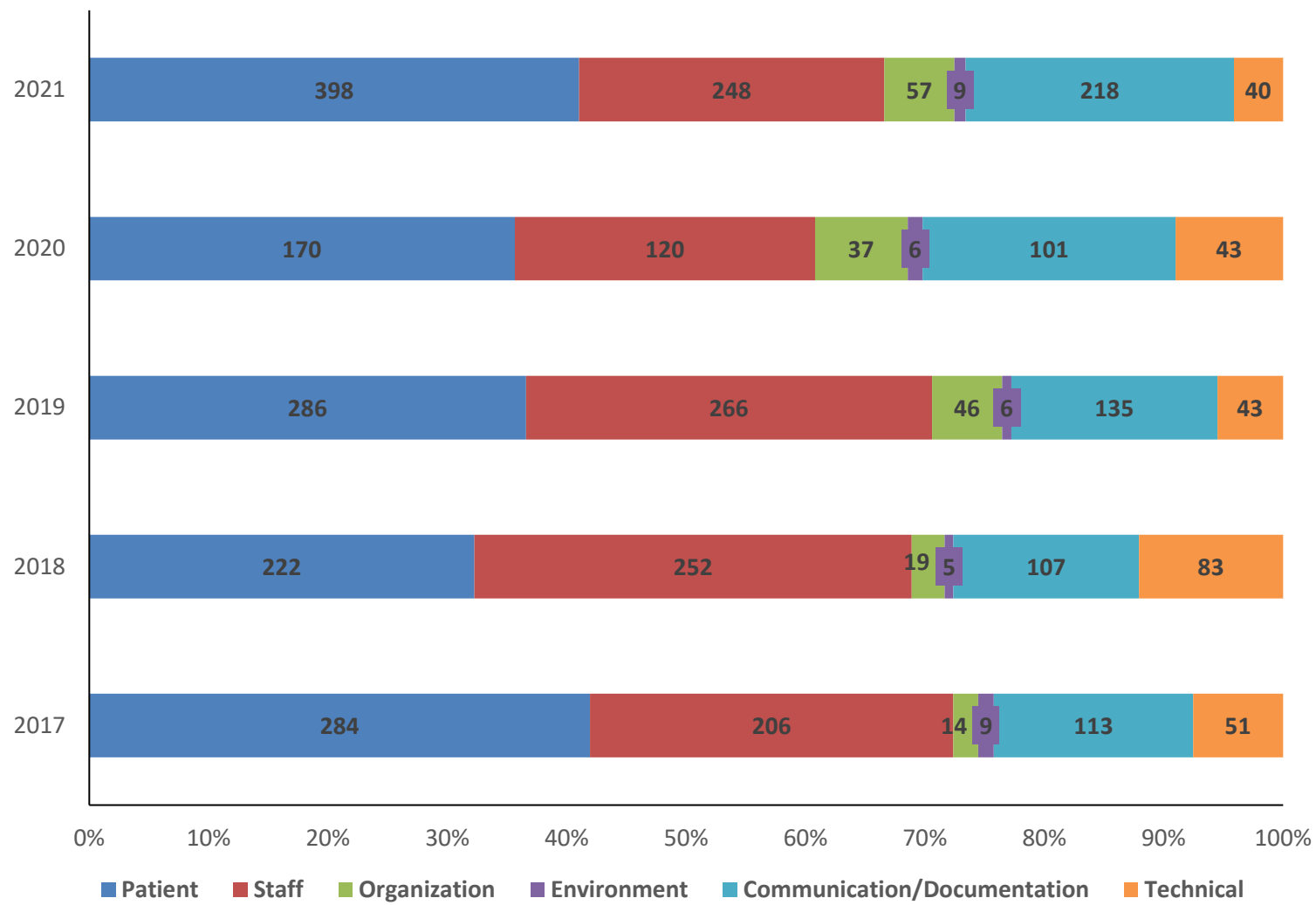
(can select up to 4 specific factors)

Factor Area	2017 count	2017%	2018 count	2018%	2019 count	2019%	2020 count	2020%	2021 count	2021%
Patient	284	41.9%	222	32.3%	286	36.6%	170	35.6%	398	41.0%
Staff	206	30.4%	252	36.6%	266	34.0%	120	25.2%	248	25.6%
Organization	14	2.1%	19	2.8%	46	5.9%	37	7.8%	57	5.9%
Environment	9	1.3%	5	0.7%	6	0.8%	6	1.3%	9	0.9%
Communication/ Documentation	113	16.7%	107	15.6%	135	17.3%	101	21.2%	218	22.5%
Technical	51	7.5%	83	12.1%	43	5.5%	43	9.0%	40	4.1%
Total	677		688		782	100%	477	100%	961	100%

The single most often cited contributing factor for 2021 was “Patient - Impairment Physical”, while in 2020 it was “Staff - Failure to Follow Policy and/or Procedure”



Primary Contributing Factor Areas (A relative comparison)



Sentinel Event Counts by Facility Type Enrolled in 2021

Facility Code	Total Enrolled	0	1	2	3-5	6-9	10-30	>30
Agency To Provide Nursing in the Home	31	7	-	1	-	-	-	-
Agency to Provide Personal Care Services in the Home	43	2	13	-	-	-	1	-
Community Triage Center	1	-	-	-	-	-	-	-
Facility for Hospice Care	1	-	-	-	-	-	-	-
Facility for Intermediate Care	1	-	-	-	-	-	-	-
Facility for Modified Medical Detoxification	2	-	-	-	-	-	-	-
Facility for Skilled Nursing	20	1	15	-	1	-	-	-
Facility for the Care of Adults During the Day	5	-	-	-	-	-	-	-
Facility for the Treatment of Abuse of Alcohol or Drugs	8	-	-	-	-	-	-	-
Facility for the Treatment of Irreversible Renal Disease	33	-	-	-	-	-	-	-
Facility for Transitional Living of Released Offenders	1	-	-	-	-	-	-	-
Facility for Treatment with Narcotics	1	1	-	-	-	-	-	-
Home for Individual Residential Care	12	5	-	-	-	-	-	-
Hospice Care - Program of Care	13	3	1	-	-	-	-	-
Hospital	50	10	6	1	2	4	7	2
Independent Center for Emergency Medical Care	1	-	-	-	-	-	-	-

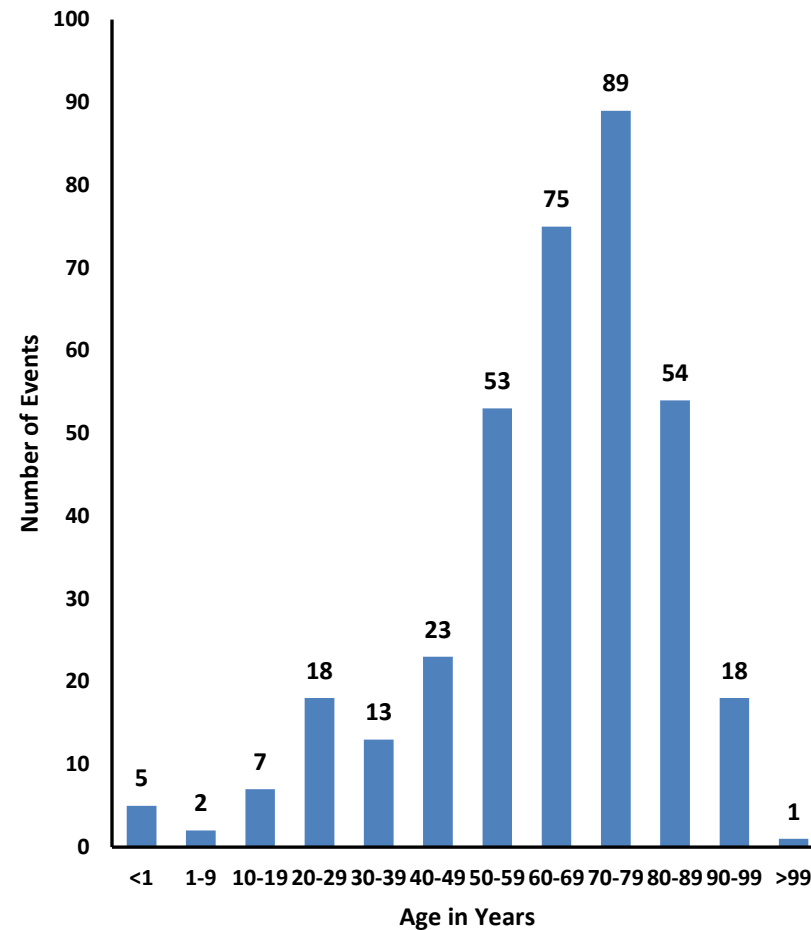
Sentinel Event Counts by Facility Type Enrolled in 2021



Facility Code	Total Enrolled	0	1	2	3-5	6-9	10-30	>30
Nursing Pool	9	1	-	1	-	-	-	-
Outpatient Facility	11	4	-	-	-	-	-	-
Personal Care Agency that is also ISO Certified	3	1	-	-	-	-	-	-
Residential Facility for Groups	102	-	-	-	1	-	-	-
Rural Clinic	2	-	-	-	-	-	-	-
Rural Hospital	15	7	1	1	1	1	-	-
Surgical Center for Ambulatory Patients	77	14	2	1	1	-	-	-
Total	442	56	38	5	6	5	8	2

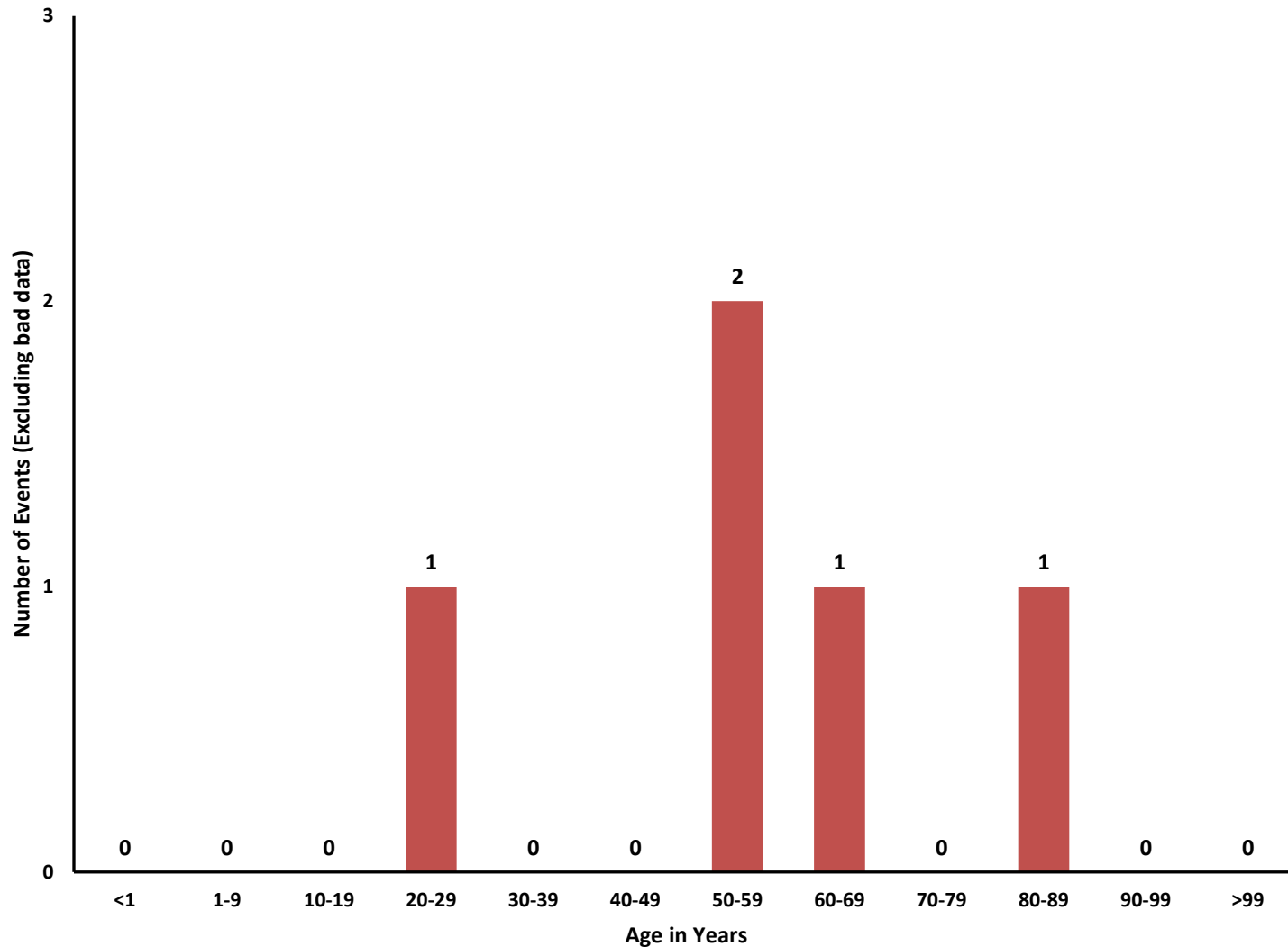
Sentinel Events by Age in 2021

<1 year old	5	1.4%
1-9 years old	2	0.6%
10-19 years old	7	1.9%
20-29 years old	18	5.0%
30-39 years old	13	3.6%
40-49 years old	23	6.4%
50-59 years old	53	14.7%
60-69 years old	75	20.8%
70-79 years old	89	24.7%
80-89 years old	54	15.0%
90-99 years old	18	5.0%
100+ years old	1	0.3%
Missing Data	3	0.8%
100+ years old	361	100.0%





Counts by Age Groups Un-Natural Deaths 2021





Duration in Days between Event Aware and the Patient Notification Date

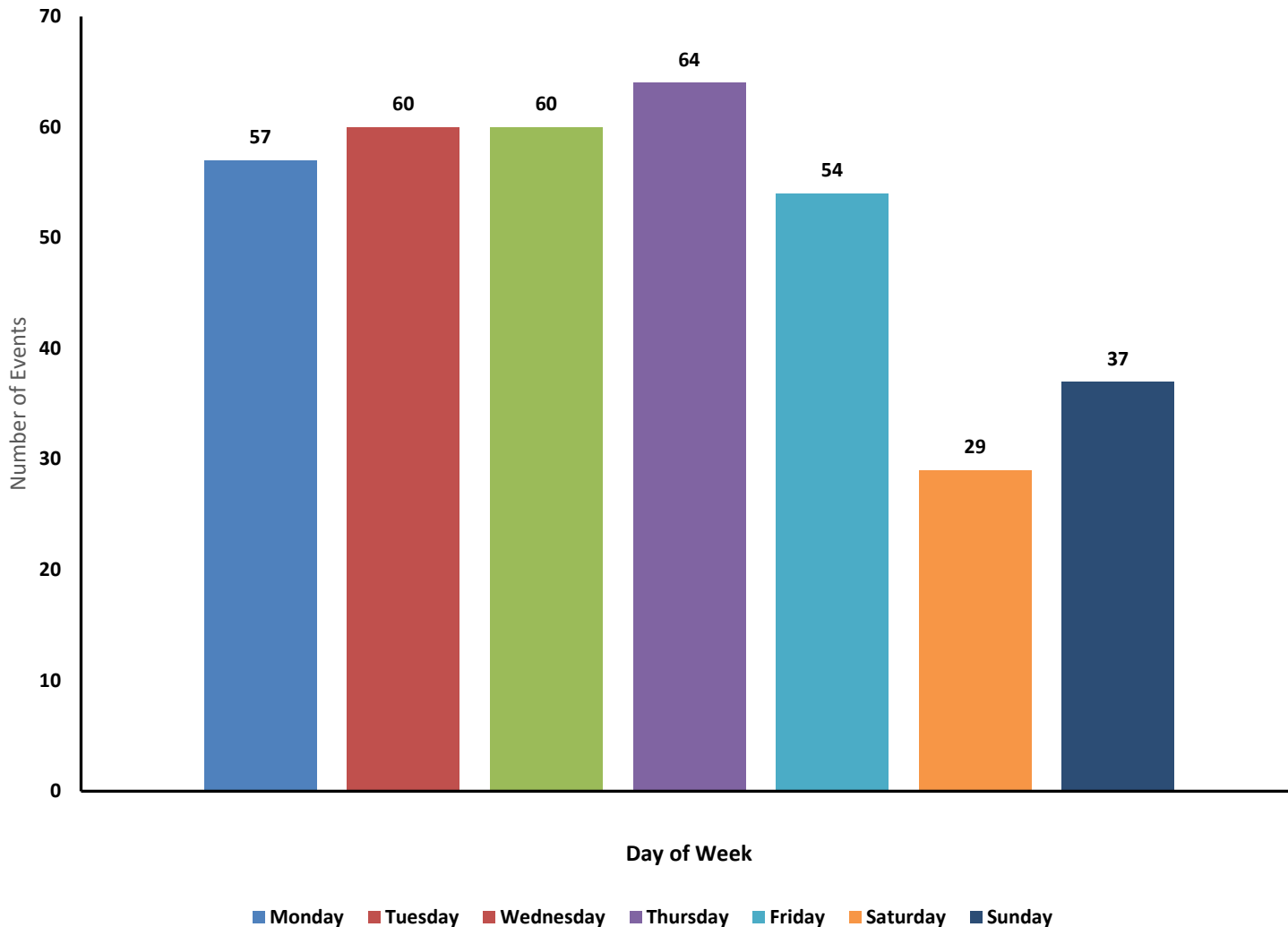
Duration (days)	Number of Events	Percent
<1	226	62.6%
1 - 2	19	5.3%
3 - 5	8	2.2%
6 - 8	5	1.4%
8+	10	2.8%
Bad Date	43	15.9%
Not Notified	50	13.9%
Totals	361	100%



Method of Notification to the Patient

Notification method	Number of Events	Percent
Told in Person	206	57.1%
Telephone	119	33.0%
Not Notified	33	9.1%
Email / US Mail	1	0.3%
Hand-Delivered Message	1	0.3%
No Data or No Next of Kin	1	0.3%
Total	361	100%

Sentinel Events by Day of Week in 2021



Department/Location Where Sentinel Events Occurred in 2021

Department/Location	Count	Percent
Medical/Surgical	85	25.3%
Intensive/Critical Care	84	25.0%
Intermediate Care	40	11.9%
Emergency Department	19	5.7%
Outpatient/Ambulatory Surgery	16	4.8%
Long Term Care	15	4.5%
Ancillary Other	15	4.5%
Psychiatry/Behavioral Health/Geropsychiatry	11	3.3%
Inpatient Surgery	9	2.7%
Inpatient Rehabilitation unit	8	2.4%
Imaging	6	1.8%
Pediatric Intensive/Critical Care	6	1.8%
Nursing/Skilled Nursing	5	1.5%
Anesthesia/PACU	4	1.2%
Pulmonary/Respiratory	3	0.9%
Cardiac Catheterization Suite	2	0.6%
Labor/Delivery	2	0.6%
Observational/Clinical Decision Unit	2	0.6%
Endoscopy	1	0.3%
Neonatal Unit (level 3)	1	0.3%
Pediatrics	1	0.3%
Pharmacy	1	0.3%
Total	336	100.0%



Compliance with Mandated Meeting Periodicity - 2020



Facilities Having 25 or More Employees and Contractors (2021)			Facilities Having Fewer Than 25 Employees and Contractors (2021)		
Monthly Meetings	Total Facilities	Percentage	Quarterly Meetings	Total Facilities	Percentage
Yes	55	82.1%	Yes	39	72.2%
No (Non-Compliant)	6	9.0%	No	6	11.1%
Did Not Report	6	9.0%	Did Not Report	9	16.7%
Total	67	100%	Total	54	100%



Compliance with Mandated Staff Attendance - Safety Meetings



Facilities Having 25 or More Employees and Contractors (2021)			Facilities Having Fewer Than 25 Employees and Contractors (2021)		
Mandatory Staff	Total Facilities	Percentage	Mandatory Staff	Total Facilities	Percentage
Yes	48	71.6%	Yes	33	61.1%
No (Non Compliant)	15	22.4%	No	15	27.8%
Did Not Report	4	6.0%	Did Not Report	6	11.1%
Total	67	100%	Total	54	100%



A few selected excerpts from the form field “Lessons Learned”

“Anonymous staff feedback boxes have been stationed at all hand hygiene stations”

“Took steps to increase awareness of proper PPE use and to encourage staff helping staff meet proper PPE”

“Our facility implemented the use of radios as a confirmation process to the public address system for alerting staff”

“Implemented the use of portable UV lights to reduce pathogen exposure”

“High average daily patient census related to COVID-19 coupled with staffing challenges due to loss of COVID-positive staff have created safety concerns.”

“Our facility is implementing a new patient survey program to get immediate feedback, so a better response to concerns can be provided”

“We have implemented a ‘zero tolerance’ PPE policy including the wearing of masks and hand washing”





REDCap - Research Electronic Data Capture Application

<https://projectredcap.org/> Link to the REDCap Project

Developed by Vanderbilt University with assistance from a CDC grant. Over 5115 institutions in 141 countries.

Grant : X10MC29489

Web based data input in sixth year.

Provided two 1 hour long webinars on the program and using REDCap.

Wide range of Reporter skills and experience.

Application Best-Practice Provided 1-to-1.





Plans and Goals

- Convene a meeting with internal stakeholders to develop NAC as needed.
- Open internal discussion around financial penalties for non compliance.
- Look for funding sources for formal Patient Safety webinars.
- Turn the FAQ into additional media formats
- Study ways to better engage facilities around patient safety and sentinel events.



Conclusion

- Patient Safety continues to be influenced by the same factors as in the past.
- The impact of the Covid 19 pandemic has resulted in an increase in specific types of sentinel events and concerns around adequate implementation of patient safety protocols.
- At least 25% of the facilities appear to have followed the procedures and requirements to submit the specific-event and annual summary reports.
- Most had internal patient safety plans.
- Nevada State Sentinel Events Registry continues to look for ways to improve the safety of patients within the licensed healthcare system.
- Consider a formal USPS mailed SER SB457 changes notification, that mentions the NRS financial penalties for failure to participate in the SER, and why participation is good for patient safety and outcomes.



Resources

- The Sentinel Events Registry main page is located at:
[http://dpbh.nv.gov/Programs/SER/Sentinel_Events_Registry_\(SER\)-Home/](http://dpbh.nv.gov/Programs/SER/Sentinel_Events_Registry_(SER)-Home/)
- [State of Nevada Sentinel Events Registry Website](#)
- REDCap is located at:
<http://dpbh.nv.gov/redcap/>
- [State of Nevada REDCap Website](#)

- SER FAQ at:
http://dpbh.nv.gov/Programs/SER/Docs/SER_FAQ_2020_V08
- PSQU Patient Safety Checklist:
<https://www.psqh.com/marapr05/pschecklist.pdf>
- [PSQH Patient Safety Checklist](#)



Thank You from the team!

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Questions?

