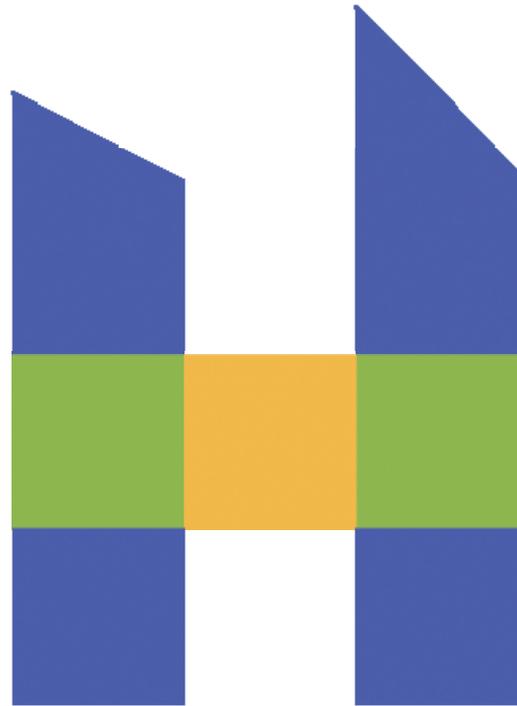


# APPENDIX 5

The authors and presenters have no financial relationships to report



Presenters:

Jane Robinson & Dr. Arthur Garbutt

# Adverse/Sentinel Event Reporting Training

CCHCS/DHCS

March 2013

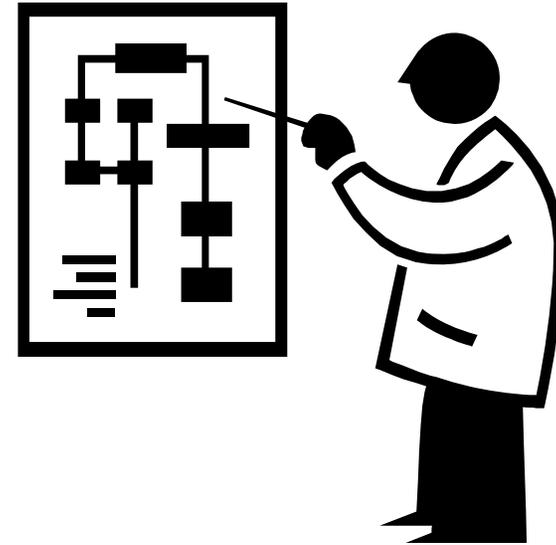
# What We're Covering Today

- Why adverse/sentinel event reporting is important for patient safety and overall health care quality
- New process for adverse/sentinel event reporting (including unusual occurrences and near-misses)
- How to report adverse/sentinel events



# Training Objectives

- Why report
- Who should report
- What to report
- How and when to report



# Why Adverse/Sentinel Event Reporting?

- Find problematic or “faulty” health care processes
- Take time to analyze why these processes aren’t working
- Fix them in a way that is sustainable
- Protect patients and staff
- Improve the work environment
- Meet regulatory requirements
- A trigger for root cause analysis

# CCHCS Approach: Patient Safety Program

- New policy and procedures issued at the end of 2012
- Health care staff must report Adverse/Sentinel Events (including Unusual Occurrences) within 24 hours of discovery
- Also important to report “near misses”



CALIFORNIA CORRECTIONAL  
HEALTH CARE SERVICES

VOLUME 3: QUALITY MANAGEMENT	Effective Date: 11/26/12
CHAPTER 7: PATIENT SAFETY	Revision Date(s):
3.7.1: PATIENT SAFETY PROGRAM POLICY	Attachments: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

## I. POLICY

California Correctional Health Care Services (CCHCS) maintains a Patient Safety Program to identify and redesign health care processes that endanger patients and staff which if left unaddressed, may cause clinical errors and accidents and may result in preventable disability or death.

The CCHCS Patient Safety Program includes:

- Routine program surveillance to identify problematic health care processes, including a statewide system for reporting patient safety issues, “near misses”, and adverse/sentinel events;
- An annual Patient Safety Plan, which determines priority areas for statewide interventions and performance objectives;
- Statewide and institution-level interventions designed to protect patients and improve outcomes;
- Regular communication in the form of patient safety alerts, program reports, and other mechanisms to ensure that all institutions are aware of patient safety issues;
- Technical assistance, staff development programs, and decision support tools, such as forms, checklists, and flowcharts, to support root cause analysis and process redesign;
- A patient safety culture that encourages staff to proactively identify and mitigate risk to patients and emphasizes continuous learning and improvement;
- A triaging process to ensure that patient safety issues that present immediate danger to patients and/or staff are resolved quickly and effectively and provide direction to institutions about appropriate follow up;
- A headquarters committee to provide oversight to the statewide Patient Safety Program, review patient safety data, and take action to prevent poor patient outcomes; and
- A referral process for adverse or sentinel events that involve blameworthy acts, including criminal activities.

## II. PURPOSE

The CCHCS Patient Safety Program serves to:

- Protect patients from poor outcomes due to faulty health care processes and clinical errors;
- Improve health care quality and cost effectiveness;
- Increase efficiencies and reduce waste; and
- Comply with legal and regulatory requirements.

November 2012

Policy 3.7.1  
PATIENT SAFETY PROGRAM POLICY

Page 1 of 3

# CCHCS Approach: Culture of Safety

- Implement a system to identify and address risks to patients, staff, and visitors
- Shift away from focusing on the individual to focusing on system processes
  - Reckless behavior, a blameworthy act, intentionally withholding information, or providing misleading or false information will be appropriately addressed to ensure patient and staff safety
- All staff is responsible for reporting adverse/sentinel events

# Patient Safety Culture Statement

## ATTACHMENT II

### CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES

#### PERFORMANCE IMPROVEMENT CULTURE STATEMENT

---

Patient safety is the fundamental responsibility of every individual in the correctional health care delivery system. To promote an effective performance improvement program, CCHCS actively cultivates a culture of continuous learning and improvement where all staff focus on making health care delivery processes and outcomes as safe and effective as possible and developing and implementing systems that support sustainable, high-quality performance.

#### CCHCS RECOGNIZES THAT . . .

- Human error is inevitable and we continually strive to monitor and improve systems to prevent errors.
- Most incidents of unfavorable variances from expected patient care involve process or system breakdowns that must be addressed before performance can reliably improve.
- A punitive environment does not fully take into account systems issues, nor does a blame-free environment hold individuals appropriately accountable.
- A culture of learning and improvement recognizes that people operate within processes and systems and can make mistakes; acknowledges that even competent people can develop erroneous patterns of behavior, yet has zero tolerance for reckless behavior, blameworthy acts and delayed reporting of care incidents.
- To effectively identify opportunities for improvement and resolve system problems, CCHCS staff at all reporting levels must be able to report care incidents without being subject to unjust punitive investigation and penalties.

#### CCHCS STAFF WILL . . .

- Support a learning environment that encourages and fosters the reporting and review of all errors, near-misses, adverse events, and system weaknesses.
- Critically analyze existing processes to proactively identify potential problem areas and opportunities for improvement.
- Proactively analyze processes, design and improve systems to support a safe patient care environment.
- Promote collaboration across ranks and disciplines to find sustainable solutions to patient safety issues.
- Respond quickly and reasonably to actions, decisions, and behaviors that may result in unsafe acts, realizing that most actions, decisions, and behaviors do not warrant corrective or adverse action. The most severe penalties, such as demotion, reduction in pay, suspension with or without pay, and termination, are reserved for reckless behavior and blameworthy acts and, as warranted, delayed reporting.
- Report discovered patient care incidents within the timeframes prescribed in relevant Policies and Procedures.
- Use standardized algorithms based upon learning and improvement concepts to determine individual accountability.

#### A BLAMEWORTHY ACT . . .

Although performance improvement processes will primarily target the identification and resolution of process breakdowns, reckless behavior and blameworthy acts discovered in this context will be appropriately addressed to ensure patient and staff safety. Reckless behavior includes situations in which an individual takes a substantial and unjustifiable risk that may result in patient harm. A blameworthy patient care act possesses one of the following three characteristics: it involves a criminal act, a purposefully unsafe act, or events involving patient abuse of any kind. Reckless behavior, a blameworthy act, intentionally withholding information, or providing misleading or false information may result in adverse action in accordance with the Disciplinary Matrix.

# Who is responsible for reporting adverse/sentinel events?

- All health care staff is responsible for reporting adverse/sentinel events.



# What are the timeframes for reporting adverse/sentinel events?

Health care staff must:

- Report adverse/sentinel events and unusual occurrences, which include near-misses within 24 hours of discovery.



# Which events are reportable?

- Adverse/Sentinel Event: An event or series of events that cause the death or serious disability of a patient, personnel, or visitor.
  - Includes sentinel events per the California Health and Safety Code (GACH requirement) and unusual occurrences per Title 22 (CTC requirement).
- Unusual Occurrence: An occurrence which poses a potential or actual risk to the safety of a patient or personnel.
- Near-Miss: An event or situation that could have resulted in an adverse/sentinel event but did not, either by chance or through timely intervention.

# Specific Reportable Events

<b>Surgical Events</b> 	Death or serious disability associated with:
	Wrong body part
	Wrong patient
	Wrong procedure
	Retention of a foreign object (unintentional)
	Death during surgery or up to 24 hours after induction of anesthesia – normal, healthy patient
<b>Product or Device Events</b> 	Death or serious disability associated with:
	Contaminated drug, device, or biologic*
	Use or function of a device
	Intravascular embolism

*\*Biologic - A preparation, such as a drug, a vaccine, or an antitoxin, that is synthesized from living organisms or their products and used as a diagnostic, preventive, or therapeutic agent.*

# Specific Reportable Events

<p>Care Management Events</p> 	Death or serious disability associated with:
	Medication Error
	Labor and delivery in a low-risk pregnancy
	Hypoglycemia
	Stage 3 or 4 ulcer acquired after admission to health facility
	Spinal manipulative therapy
<p>Environmental Events</p> 	Death or serious disability associated with:
	Electric shock
	Wrong gas or toxic substance given (via oxygen or other line to patient)
	Burn
	Fall
	Use of restraints or bedrails

# Specific Reportable Events

Criminal Events	Death or serious disability associated with:
	Sexual assault
	Physical assault
Patient Protection Events	Death or serious disability associated with:
	Suicide or attempted suicide



# Specific Reportable Events

## Unusual Occurrences



Poisonings

Fires or explosions

Death of patient, employee, or visitor due to unnatural causes

Sexual acts involving patients who are minors, non-consenting adults, or persons incapable of consent

Physical assaults on patients, employees, or visitors

All suspected criminal acts involving patients, employees, or visitors

All suspected incidents of physical or sexual abuse of a patient

Unexplained or illicit disappearance or loss of patient or patient remains

Disruption of CTC services

# Specific Reportable Events

## Near-Miss

An event or situation that could have resulted in an adverse/sentinel event but did not, either by chance or through timely intervention.



# Examples of adverse/sentinel events

- A patient received treatment of the wrong tooth



# Examples of adverse/sentinel events

- Patient experiences a severe medication reaction, and is sent to the hospital with an injury that lasts 9 days.



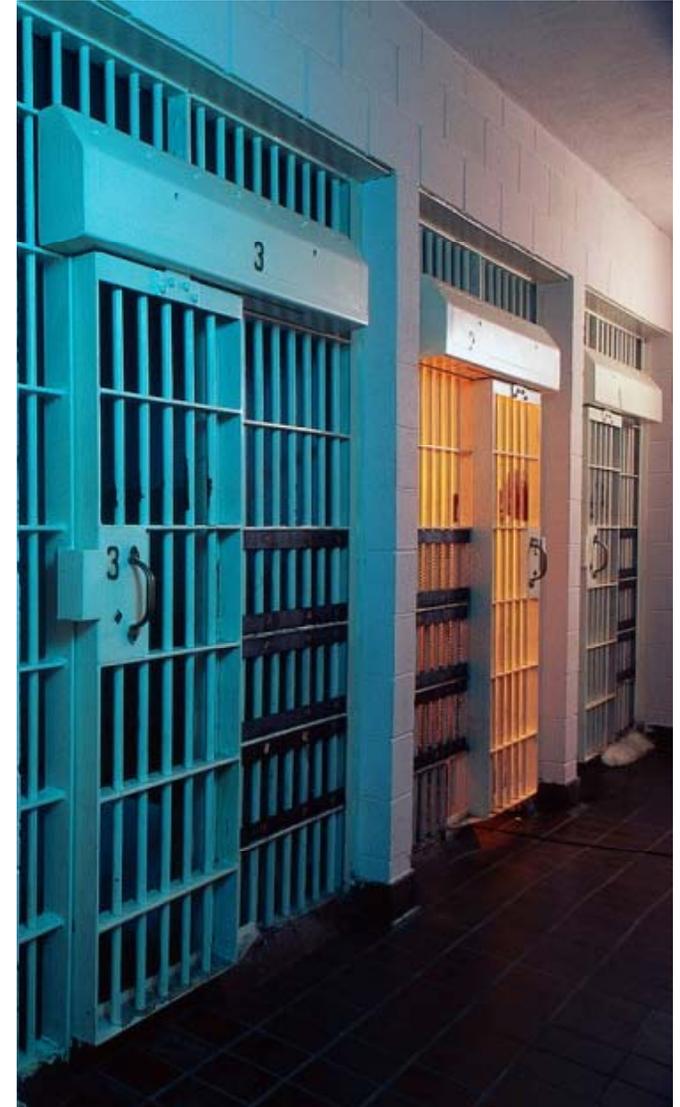
# Examples of adverse/sentinel events

- Patient transfers from county jail with a history of suicide.
- Patient found hanging in his cell 2 weeks later.



# Examples of adverse/sentinel events

- Patient with previously well controlled schizophrenia decompensates and seriously injures himself by smashing his head on the cell door.



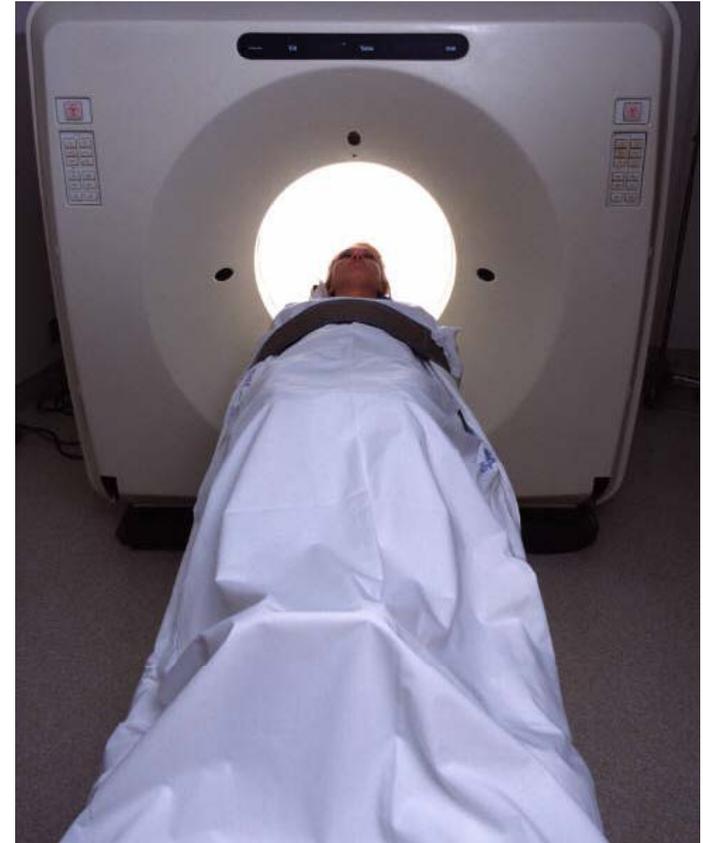
# Examples of adverse/sentinel events

- A diabetic patient has a leg wound which becomes infected and he is sent out to the hospital and has his leg amputated.



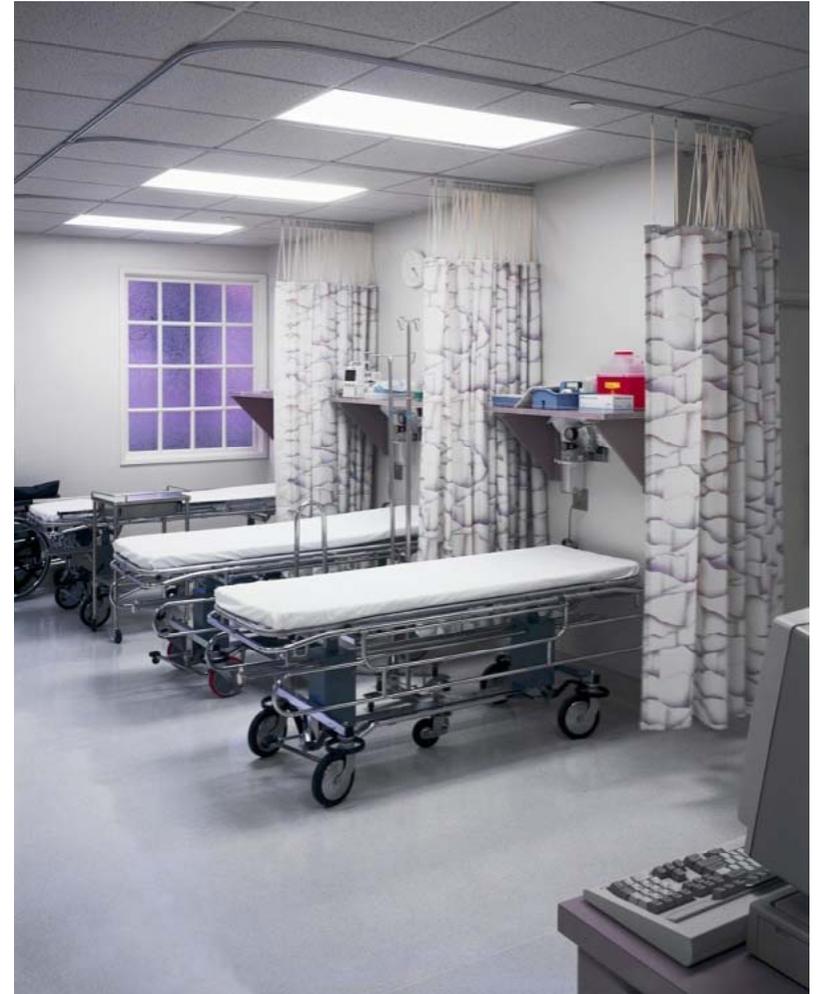
# Examples of adverse/sentinel events

- Patient complains of an episode of blood in his urine.
- One and a half years go by and the patient again complains of blood in his urine.
- It is discovered that the patient has a large inoperable kidney cancer and dies 4 months later.



# Examples of adverse/sentinel events

- Patient with end stage liver disease in a CTC bed is being treated for an episode of encephalopathy.
- Patient falls out of the bed and develops an intracranial bleed and dies.



# What should I do when I discover an adverse/sentinel event?

- Stabilize the patient
- Remove any unsafe devices, equipment, medications, etc.
- Address other immediate risks
- Support the staff
- Document and collect information
- Report the event



# How and when do I report an adverse/sentinel event?



- Access the Sentinel Event / Adverse Event Reporting (SEAE) form on Lifeline
- Complete Part 1 of the form
- You can remain anonymous if you want
- Have a supervisor complete Part 2A
- Supervisor will notify the CEO immediately
- Submit the SEAE form to HQ within 24 hours of discovery

# Where do I locate the SEAE Form?



## Divisions

- Administrative Support
- Allied Health Services
- Communications
- Corrections Services
- Human Resources
- Information Technology
- Legal
- Legislation
- Medical Services
- Nursing
- Policy & Risk Management

Congratulations to the entire medical team at Mule

## Patient Safety Program and Training Schedule

Introducing the Patient Safety Program, a new statewide program that systematically identifies and addresses health care processes that may pose a risk to patients and staff. To learn more about the Patient Safety Program click on the following link: [IMSP&P – Patient Safety Program \(Volume 3, Chapter 7\)](#).

Mandatory for all staff, training will be provided to support the implementation of some of the Patient Safety Program's major elements. Below is the latest training available:

- Adverse/Sentinel Event Reporting Training  
(Select a training that best fits your schedule)  
Thursday 4/4/13, 9:00AM – 10:00AM  
Thursday 4/4/13, 1:30PM – 2:30PM  
Tuesday 4/9/13, 7:30AM – 8:30AM  
Tuesday 4/9/13, 3:00PM – 4:00PM

## Resources

- [Help for SROA/Surplus/Layoff Candidates](#)
- [Automated Timesheet](#)
- [Blank Timesheet](#)
- [CCHCS Executive Org Chart](#)
- [Bulletin Board](#)
- [I.T. Solution Center](#)
- [IMSP&P](#)
- [CCHCS Information Security Training](#)
- [Adverse/Sentinel Event Reporting Resources](#)
- [Patient Safety](#)

# The Sentinel Event / Adverse Event Reporting Form

State of California



Reference Number: <HQ ONLY>

## SENTINEL EVENT/ ADVERSE EVENT REPORTING FORM

USE THIS FORM TO REPORT SENTINEL/ADVERSE EVENTS, UNUSUAL OCCURRENCES, AND NEAR-MISSES  
**COMPLETE PARTS 1 AND 2 AND SUBMIT THIS DOCUMENT AND SUPPORTING MATERIALS VIA EMAIL TO: [HealthIncidentReporting@cdcr.ca.gov](mailto:HealthIncidentReporting@cdcr.ca.gov) WITHIN 24 HOURS OF DISCOVERY**

### PART 1: SENTINEL EVENT ADVERSE EVENT REPORT – TO BE COMPLETED BY REPORTING STAFF

Check this box if reporting a medication related event and click this link to access the [Medication Error Report](#) form.

Institution:	CDC#:	Date Completed: (MM/DD/YYYY)
Patient location if not currently endorsed at this facility:	Last Name:	
Reporter Name (OPTIONAL):	DOB:	Housing Unit:
Incident Identified By (if other than reporter):		
Exact Location of Event:	Date of Event:	Time of Event:
Attached Forms:	<input type="checkbox"/> PC Huddle Sheet <input type="checkbox"/> Adverse Drug Rx Report <input type="checkbox"/> CDCR Form 7219 <input type="checkbox"/> CADDIS Report <input type="checkbox"/> EMR Review Form <input type="checkbox"/> CDCR Form 7229A <input type="checkbox"/> CDCR Form 837 <input type="checkbox"/> TTA Log <input type="checkbox"/> Med. Error Report <input type="checkbox"/> CDCR Form 7229C <input type="checkbox"/> Other	

Summary of the Event:

Please select at least one event category to describe this event:

Surgical Events >	<input type="checkbox"/> 1.1 Wrong Body Part	<input type="checkbox"/> 1.2 Wrong Patient	<input type="checkbox"/> 1.3 Wrong Procedure	<input type="checkbox"/> 1.4 Retention of Foreign Object	<input type="checkbox"/> 1.5 Anesthesia Incident/Death
Production/Device Events >	<input type="checkbox"/> 2.1 Contaminated Drug or Device	<input type="checkbox"/> 2.2 Intraosseous Air Embolism	<input type="checkbox"/> 2.3 Misused Device		
Patient Protection Events >	<input type="checkbox"/> 3.1 Patient Disappearance	<input type="checkbox"/> 3.2 Patient Suicide/Attempted Suicide	<input type="checkbox"/> 3.3 Patient-to-Patient		
Care Management Events >	<input type="checkbox"/> 4.1 Medication Error	<input type="checkbox"/> 4.2 Hypoglycemia	<input type="checkbox"/> 4.3 Stage 3 or 4 Ulcer	<input type="checkbox"/> 4.4 Spinal Manipulative Therapy	
Environmental Events >	<input type="checkbox"/> 5.1 Electrical Shock	<input type="checkbox"/> 5.2 Wrong Gas / Toxic Substance	<input type="checkbox"/> 5.3 Burns	<input type="checkbox"/> 5.4 Patient Fall	<input type="checkbox"/> 5.5 Bed Restraints
Criminal Events >	<input type="checkbox"/> 6.1 Patient Abduction	<input type="checkbox"/> 6.2 Sexual Assault	<input type="checkbox"/> 6.3 Physical Assault	<input type="checkbox"/> 6.4 Staff Impersonation	
Unusual Occurrence >	<input type="checkbox"/> 7.1 Suspected Abuse	<input type="checkbox"/> 7.2 Serious Injury	<input type="checkbox"/> 7.3 Poisoning	<input type="checkbox"/> 7.4 Fire	<input type="checkbox"/> 7.5 Flooding
	<input type="checkbox"/> 7.6 Hazardous Spill	<input type="checkbox"/> 7.7 Infectious Disease	<input type="checkbox"/> 7.8 Toxicologic Outbreak	<input type="checkbox"/> 7.9 Utilities Issue	
Undefined Events >	<input type="checkbox"/> 9.1 An adverse event or series of events that caused death or serious disability of a patient, personnel, or visitor.				
Near-Miss >	<input type="checkbox"/> 9.2 An event or situation that could have resulted in an adverse/sentinel event but did not, either by chance or through timely intervention.				

### PART 2A: SENTINEL EVENT ADVERSE EVENT REPORT – TO BE COMPLETED BY A SUPERVISOR

Immediate Actions Taken to Stabilize Patient: \_\_\_\_\_

Treatment Provided: \_\_\_\_\_

Effects of Actions and Treatment: \_\_\_\_\_

Current Condition of Patient: \_\_\_\_\_

Other Pertinent Information: \_\_\_\_\_

<p>Verify that the following steps have been taken by staff who responded to the incident (if applicable):</p> <input type="checkbox"/> Incident Documented in Progress Note <input type="checkbox"/> Harm to Staff, Patients, or Visitors Addressed <input type="checkbox"/> Unsafe Devices Removed <input type="checkbox"/> Photographs Taken <input type="checkbox"/> Electronic Data Preserved	<p>Materials/Supplies and Other Related Items Collected</p> <input type="checkbox"/> Healthcare Devices and Equipment <input type="checkbox"/> Medications (Containers, Package Labels, Inserts) <input type="checkbox"/> Intravenous Bags and Tubing <input type="checkbox"/> Syringes <input type="checkbox"/> Supply Containers and Packages <input type="checkbox"/> Laboratory and Pathology Specimens <input type="checkbox"/> Any Other Applicable Physical Items (Describe)
--	---

Date Completed: (MM/DD/YYYY) \_\_\_\_\_ Describe: \_\_\_\_\_

State of California



Reference Number: <HQ ONLY>

### PART 2B: REQUIRED NOTIFICATIONS

Chief Executive Officer (REQUIRED): _____	Date Notified: (MM/DD/YYYY) _____	Time Notified: _____
<p>Use this section to indicate notifications made based on program areas that may be impacted or involved in the event.</p> <p>Medical/Nursing – CEO, CME, CNE    Dental – CEO, Supervising Dentist    Notify CA DPH for licensed beds    Notify SRNII if incident occurred after-hours          Mental Health – CEO, Chief of MH    Med. Errors – CEO, CME, CNE, PIC    Notify Patient/Family if required by law</p>		
Name/Classification: _____	Date: (MM/DD/YYYY) _____	Name/Classification: _____
Time: _____	Time: _____	Time: _____
Name/Classification: _____	Date: (MM/DD/YYYY) _____	Name/Classification: _____
Time: _____	Time: _____	Time: _____

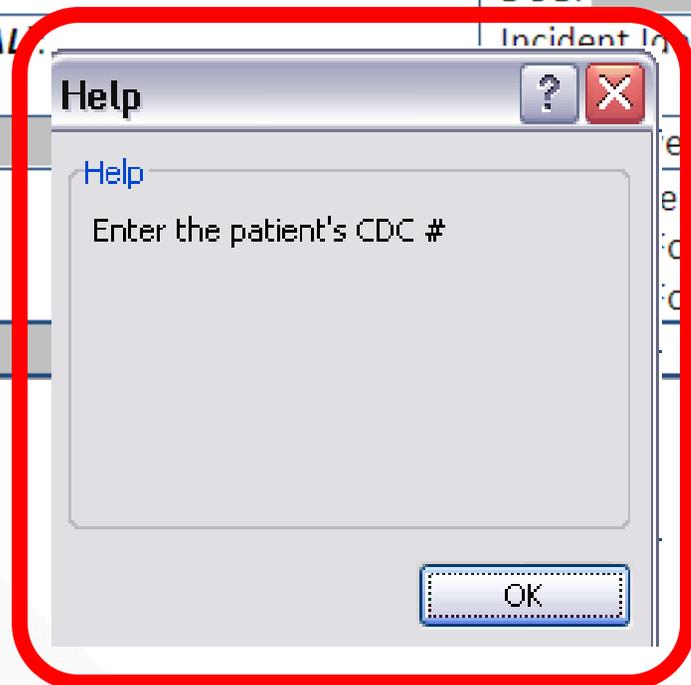
### What are your responsibilities when an adverse/sentinel event occurs?

Institution Responsibilities	Headquarters Responsibilities
<p>Ensure safety of patient/visitor/staff. Notify supervisor and CEO.</p> <p>Complete and submit this form to HQ within 24-hours. <i>Keep a copy for your records.</i></p> <p>Email forms to: <a href="mailto:HealthIncidentReporting@cdcr.ca.gov">HealthIncidentReporting@cdcr.ca.gov</a></p> <p>If a Root Cause Analysis (RCA) is required, the Institution must submit report findings and a plan of action within 45 days of the incident to HQ.</p> <p>Email reports to: <a href="mailto:HealthIncidentReporting@cdcr.ca.gov">HealthIncidentReporting@cdcr.ca.gov</a></p> <p>Note: The Institution CEO may decide to initiate the RCA process as needed upon notification of the incident.</p>	<p>Sentinel Event Review Executives (SEREs) triage the report and determine immediate actions needed.</p> <p>The Institution's Plan of Action will be monitored by the IIQ Adverse/Sentinel Event Committee for a period of at least 4 months.</p>

# Need help?

- Click on a grey box and press F1 on your keyboard to get helpful hints.

PART 1: SENTINEL EVENT ADVERSE EVENT REPORT – TO BE COMPLETED BY REPORTING STAFF		
<input type="checkbox"/> Check this box if reporting a medication related event and click this link to access the <a href="#">Medication Error Report</a> form.		
Institution: <input type="text"/>	CDC #: <input type="text"/>	<b>Date Completed:</b> (MM/DD/YYYY) <input type="text"/>
Patient location if not currently endorsed at this facility: <input type="text"/>	Last Name: <input type="text"/>	Housing Unit: <input type="text"/>
Reporter Name (OPTIONAL): <input type="text"/>	DOB: <input type="text"/>	Incident Identified (if other than reporter): <input type="text"/>
Exact Location of Event: <input type="text"/>	Time of Event: <input type="text"/>	
<b>Attached Forms:</b> <input type="checkbox"/> CADDIS Report <input type="checkbox"/> TTA Log	<input type="checkbox"/> e Drug Rx Report <input type="checkbox"/> Form 7229A <input type="checkbox"/> Form 7229C	<input type="checkbox"/> CDCR Form 7219 <input type="checkbox"/> CDCR Form 837 <input type="checkbox"/> Other
Summary of the Event: <input type="text"/>		



# SEAE Form Part 1 – Reporter

- Reporter name is optional, you may remain anonymous

PART 1: SENTINEL EVENT ADVERSE EVENT REPORT – TO BE COMPLETED BY REPORTING STAFF					
<input type="checkbox"/> Check this box if reporting a medication related event and click this link to access the <a href="#">Medication Error Report</a> form.					
Institution: [ ]		CDC #: [ ]		Date Completed: (MM/DD/YYYY)	
Patient location if not currently endorsed at this facility: [ ]		Last Name: [ ]		[ ]	
Reporter Name (OPTIONAL): [ ]		DOB: [ ]		Housing Unit: [ ]	
Exact Location of Event: [ ]		Date of Event: [ ]		Time of Event: [ ]	
Incident Identified By (if other than reporter): [ ]					
<b>Attached Forms:</b>		<input type="checkbox"/> PC Huddle Sheet		<input type="checkbox"/> Adverse Drug Rx Report	
<input type="checkbox"/> CADDIS Report		<input type="checkbox"/> EMR Review Form		<input type="checkbox"/> CDCR Form 7219	
<input type="checkbox"/> TTA Log		<input type="checkbox"/> Med. Error Report		<input type="checkbox"/> CDCR Form 7229A	
				<input type="checkbox"/> CDCR Form 7229C	
				<input type="checkbox"/> CDCR Form 837	
				<input type="checkbox"/> Other	
Summary of the Event: [ ]					
Please select at least one event category to describe this event:					
Surgical Event >	<input type="checkbox"/> 1.1 Wrong Body Part	<input type="checkbox"/> 1.2 Wrong Patient	<input type="checkbox"/> 1.3 Wrong Procedure	<input type="checkbox"/> 1.4 Retention of Foreign Object	<input type="checkbox"/> 1.5 Anesthesia Induced Death
Product or Device Event >	<input type="checkbox"/> 2.1 Contaminated Drug or Device	<input type="checkbox"/> 2.2 Intravascular Air Embolism	<input type="checkbox"/> 2.3 Misused Device		
Patient Protection Event >	<input type="checkbox"/> 3.1 Patient Disappearance	<input type="checkbox"/> 3.2 Patient Suicide/ Attempted Suicide	<input type="checkbox"/> 3.3 Patient Self-Harm		
Care Management Event >	<input type="checkbox"/> 4.1 Medication Error	<input type="checkbox"/> 4.2 Hypoglycemia	<input type="checkbox"/> 4.3 Stage 3 or 4 Ulcer	<input type="checkbox"/> 4.4 Spinal Manipulative Therapy	
Environmental Event >	<input type="checkbox"/> 5.1 Electrical Shock	<input type="checkbox"/> 5.2 Wrong Gas / Toxic Substance	<input type="checkbox"/> 5.3 Burns	<input type="checkbox"/> 5.4 Patient Fall	<input type="checkbox"/> 5.5 Bed Restraints
Criminal Event >	<input type="checkbox"/> 6.1 Patient Abduction	<input type="checkbox"/> 6.2 Sexual Assault	<input type="checkbox"/> 6.3 Physical Assault	<input type="checkbox"/> 6.4 Staff Impersonation	
Unusual Occurrence >	<input type="checkbox"/> 7.1 Suspected Abuse	<input type="checkbox"/> 7.2 Serious Injury	<input type="checkbox"/> 7.3 Poisoning	<input type="checkbox"/> 7.4 Fire	<input type="checkbox"/> 7.5 Flooding
	<input type="checkbox"/> 7.6 Hazardous Spill	<input type="checkbox"/> 7.7 Infectious Disease	<input type="checkbox"/> 7.8 Epidemic Outbreak	<input type="checkbox"/> 7.9 Utilities Loss	
Undefined Event >	<input type="checkbox"/> 8.1 An adverse event or series of events that cause death or serious disability of a patient, personnel, or visitor.				
Near-Miss >	<input type="checkbox"/> 9.1 An event or situation that could have resulted in an adverse/sentinel event but did not, either by chance or through timely intervention.				

- Notify a supervisor as soon as possible

# SEAE Form Part 2 – Supervisor

PART 2A: SENTINEL EVENT ADVERSE EVENT REPORT – TO BE COMPLETED BY A SUPERVISOR			
Immediate Actions Taken to Stabilize Patient: [REDACTED]			
Treatment Provided: [REDACTED]			
Effects of Actions and Treatment: [REDACTED]			
Current Condition of Patient: [REDACTED]			
Other Pertinent Information: [REDACTED]			
<b>Verify that the following steps have been taken by staff who responded to the incident (if applicable):</b> <input type="checkbox"/> Incident Documented in Progress Note <input type="checkbox"/> Harm to Staff, Patients, or Visitors Addressed <input type="checkbox"/> Unsafe Devices Removed <input type="checkbox"/> Photographs Taken <input type="checkbox"/> Electronic Data Preserved		<b>Materials/Supplies and Other Related Items Collected</b> <input type="checkbox"/> Healthcare Devices and Equipment <input type="checkbox"/> Medications (Containers, Package Labels, Inserts) <input type="checkbox"/> Intravenous Bags and Tubing <input type="checkbox"/> Syringes <input type="checkbox"/> Supply Containers and Packages <input type="checkbox"/> Laboratory and Pathology Specimens <input type="checkbox"/> Any Other Applicable Physical Items (Describe)	
Date Completed: (MM/DD/YYYY) [REDACTED]		Describe: [REDACTED]	
PART 2B: REQUIRED NOTIFICATIONS			
Chief Executive Officer (REQUIRED): [REDACTED]		Date Notified: (MM/DD/YYYY) [REDACTED]	Time Notified: [REDACTED]
<b>Use this section to indicate notifications made based on program areas that may be impacted or involved in the event.</b> <i>Medical/Nursing – CEO, CME, CNE    Dental – CEO, Supervising Dentist    Notify CA DPH for licensed beds    Notify SRNII if incident occurred after-hours</i> <i>Mental Health – CEO, Chief of MH    Med. Errors – CEO, CME, CNE, PIC    Notify Patient/Family if required by law</i>			
Name/Classification: [REDACTED]	Date: (MM/DD/YYYY) [REDACTED] Time: [REDACTED]	Name/Classification: [REDACTED]	Date: (MM/DD/YYYY) [REDACTED] Time: [REDACTED]
Name/Classification: [REDACTED]	Date: (MM/DD/YYYY) [REDACTED] Time: [REDACTED]	Name/Classification: [REDACTED]	Date: (MM/DD/YYYY) [REDACTED] Time: [REDACTED]

- Notify CEO and submit the report via email within 24-hours to: [HealthIncidentReporting@cdcr.ca.gov](mailto:HealthIncidentReporting@cdcr.ca.gov)

# What happens after the report is submitted?

- A multi-disciplinary group of staff, the HQ Sentinel Event Review Executives (SEREs) reviews the report and makes recommendations
- The Institution may be asked to complete a Root Cause Analysis (RCA) on the adverse/sentinel event
- If an RCA is necessary, it is due to HQ within 45 days of assignment.
- The SEREs at Headquarters will track all incoming reports and monitor institution RCAs

# Root Cause Analysis Process

- The Adverse Sentinel Event Committee will review the institution's RCA for acceptability, thoroughness, and credibility (*there will be a training on the RCA process coming soon*).
- Once the RCA is approved, the institution will submit a monthly progress report for at least 4 months to ensure that the Plan of Action is fully implemented and successful.

- IST Code # 8158

January							February							March							
SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	
			1	2	3	4	5						1	2						1	2
6	7	8	9	10	11	12	3	4	5	6	7	8	9	3	4	5	6	7	8	9	
13	14	15	16	17	18	19	10	11	12	13	14	15	16	10	11	12	13	14	15	16	
20	21	22	23	24	25	26	17	18	19	20	21	22	23	17	18	19	20	21	22	23	
27	28	29	30	31			24	25	26	27	28			24	25	26	27	28	29	30	
														31							

April							May							June								
SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT		
			1	2	3	4	5	6				1	2	3	4							
7	8	9	10	11	12	13	5	6	7	8	9	10	11	2	3	4	5	6	7	8		
14	15	16	17	18	19	20	12	13	14	15	16	17	18	9	10	11	12	13	14	15		
21	22	23	24	25	26	27	19	20	21	22	23	24	25	16	17	18	19	20	21	22		
28	29	30					26	27	28	29	30	31		23	24	25	26	27	28	29		
														30								

July							August							September							
SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	
			1	2	3	4	5	6				1	2	3							
7	8	9	10	11	12	13	4	5	6	7	8	9	10	8	9	10	11	12	13	14	
14	15	16	17	18	19	20	11	12	13	14	15	16	17	15	16	17	18	19	20	21	
21	22	23	24	25	26	27	18	19	20	21	22	23	24	22	23	24	25	26	27	28	
28	29	30	31				25	26	27	28	29	30	31	29	30						

October							November							December							
SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	
			1	2	3	4	5														
6	7	8	9	10	11	12	3	4	5	6	7	8	9	8	9	10	11	12	13	14	
13	14	15	16	17	18	19	10	11	12	13	14	15	16	15	16	17	18	19	20	21	
20	21	22	23	24	25	26	17	18	19	20	21	22	23	22	23	24	25	26	27	28	
27	28	29	30	31			24	25	26	27	28	29	30	29	30	31					