Washington State Department of Health

OPTIONAL
CONTEXTUAL INFORMATION ABOUT AN ADVERSE EVENT NOTIFICATION FORM

RCW 70.56.020 states that a when a medical facility confirms that an adverse event has occurred, it shall submit to the Washington State Department of Health: Notification of the event, with the date, type of adverse event, and any contextual information the facility chooses to provide, within forty-eight hours.

Any public disclosure of an adverse event notification must include any contextual information the medical facility chose to provide under RCW 70.56.020(2)(a)

Completing this form is optional. **This form may accompany the Adverse Event Notification Form and may be used to provide contextual information. This form may be faxed to the Department of Health (360-236-2901) or mailed to DOH Adverse Events, PO Box 47852, Olympia, WA 98504.**

Facility Name: Stevens Hospital
Date of Event Confirmation: May 18, 2010

Adverse Event: 17. Stage 3 pressure ulcer acquired after admission to a health care facility.

Suggestions for optional contextual information:

1. **Facility contact name and phone number:**
   Michael Rose; 425-640-4382

2. **Facility website: www.stevenshospital.org**

3. **Facility Capacity (beds, birthing rooms, units, stations): 217**

4. **Total number of annual facility patient days, visits, other:_____**

5. **Total number of annual procedures performed (indicate type):**
   _____

6. **Additional information (this may include health care facts; a link to a quality website; or other information you deem important for the public to know) - add additional sheets as needed:**

Sixty-one year old male with incomplete paraplegia, diabetes mellitus with neuropathy admitted with bilateral lower extremity cellulitis. Wound care consult ordered for cellulitis. Nursing note states, "he would prefer to lie on his back". Another nursing note states "patient refuses to turn; he was comfortable on his back". Upon consult by wound care RN it was noted that patient had deep tissue injury right buttock 5 cm long by 6 cm wide. The family stated that it was most likely caused by a fall that had

occurred at the home ofthe patient, prior to being admitted to the hospital. Later, on a follow-up consult, the wound care nurse noted that the patient was on the wrong type of mattress. The correct bed was ordered and patient placed on low air loss alternating pressure mattress. Despite this clinical intervention, it was then determined that the patient's wound had gradually worsened. ###

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Contextual Information about an Adverse Event Notification Form

State law requires facilities to confirm adverse events with the Department of Health when they occur. (RCW 70.56.020) The facility must notify the department of an event within 48 hours. It must include the date, type of adverse event and any contextual information the facility chooses to provide.

Public disclosure requests of an adverse event will include any contextual information the medical facility chose to provide. (RCW 70.56.020(2)(a))

This form is optional. Facilities may send this form with the adverse event notification. They can use it to explain the context of the event. Send a PDF of this form to AdverseEventReporting@doh.wa.gov or mail it to DOH Adverse Events, PO Box 47852, Olympia, WA, 98504.

Facility Name: Puget Sound Surgical Center

Date of Event Confirmation: May 27, 2012

Adverse Event: Unintended retention of a foreign body after surgery.

Suggestions for optional contextual information:

1. Facility contact name and phone number: Matthew Crouthamel, MD 425.778.2220
2. Facility Web site: www.pugetsoundsurgicalcenter.com
3. Facility capacity (beds, birthing rooms, units, stations) N/A: ASC (1 OR)
4. Total number of annual facility patient days, visits, other: 350 procedures/year
5. Total number of annual procedures performed (indicate type): 350 procedures/year (general survey)
6. Additional information. This may include health care facts, a link to a quality Web site, or other information you deem important for the public to know. Use more paper as needed:

   A fragment of an implant was unintentionally left in place. This was discovered by a CT scan done for another purpose. The patient had no symptoms related to the retention of this device fragment. The patient was informed immediately. The implant was removed laparoscopically without complicationion. The Department of Health was notified promptly and a Corrective Action Plan was implemented to prevent future errors.

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Facility Name: Spokane Eye Surgery Center

Date of Event Confirmation: 11/16/2010

Adverse Event: Wrong-side Surgery

Suggestions for optional contextual information:

1. Facility contact name and phone number: Dan Simonson, CRNA (509) 623-9766
2. Facility Web site: www.spokaneeye.com
3. Facility capacity (beds, birthing rooms, units, stations) 5 OR ASC
4. Total number of annual facility patient days, visits, other: N/A
5. Total number of annual procedures performed (indicate type): 7000 ophthalmic surgical procedures per year
6. Additional information. This may include health care facts, a link to a quality Web site, or other information you deem important for the public to know. Use more paper as needed: The report was submitted as a result of a miscommunication in performing laser surgery. As treatment for glaucoma, the patient was scheduled to have both eyes done, one week apart. Permission was obtained for both procedures. However, instead of doing the right eye first, as was originally planned, the surgeon treated the left eye first as a result of a miscommunication with the patient. The issue was noted, the patient informed, and the patient returned the next week to have the fellow eye treated. Although no harm came to the patient, we have instituted changes in our systems to address the issue. We are committed to quality and we view this incident as an impetus for even greater vigilance.

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Facility Name: Seattle Children's Hospital
Date of Event Confirmation: 05/19/10
Adverse Event: Stage 3 Pressure Ulcer

Facility contact name and phone number: Jill Langle, RPh, MHA, Director Patient Safety

Facility website: http://www.seattlechildrens.org/

Facility Capacity (beds, birthing rooms, units, stations) 250 beds

Total number of annual facility patient days, visits, other: FY09 - 14,106 inpatient admissions, 227,901 ambulatory visits, 37,508 emergency visits

Total number of annual procedures performed (indicate type): FY09 - 13,331 surgical, cardiac, nephrology and solid organ transplant

Additional information: This incident involved a situation where an adult patient actively chose not to participate in the plan of care for pressure ulcer prevention.

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Facility Name: Seattle Children's Hospital
Date of Event Confirmation: 05/28/10
Adverse Event: Stage 3 Pressure Ulcer

Facility contact name and phone number: Jill Langle, RPh, MHA, Director Patient Safety

Facility website: http://www.seattlechildrens.org/

Facility Capacity (beds, birthing rooms, units, stations) 250 beds

Total number of annual facility patient days, visits, other: FY09 - 14,106 inpatient admissions, 227,901 ambulatory visits, 37,508 emergency visits

Total number of annual procedures performed (indicate type): FY09 - 13,331 surgical, cardiac, nephrology and solid organ transplant

Additional information: This incident involved development of a device-related pressure ulcer in a patient with unique anatomy despite development and monitoring of a customized skin care plan to address these unique factors.