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: Seattle Children's Hospital
Date of Event Confirmation: January 10, 2011
Adverse Event: 1. Surgery performed on the wrong body part

Suggestions for optional contextual information:

1. **Facility contact name and phone number:**
   Dena Brownstein, MD, Associate Medical Director, Patient Safety 206/987-2629

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

3. **Facility Capacity (beds, birthing rooms, units, stations):** 250 beds

4. **Total number of annual facility patient days, visits, other:**
   FY10- 14,303 inpatient admissions; 248,980 ambulatory visits; 39,504 ED visits

5. **Total number of annual procedures performed (indicate type):**
   FY10- 13,551 surgical, cardiac, nephrology and solid organ transplant procedures

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:**
   This case involved the preparation of a wrong tooth in a child requiring extensive dental restoration under general anesthesia. The error was quickly recognized and the tooth repaired.

Washington State Department of Health

Optional
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: Virginia Mason Medical Center

Date of Event Confirmation: January 20, 2011

Adverse Event: #17 Stage 3 or 4 Pressure Ulcer Acquired After Admission to a Health Care Facility

Suggestions for optional contextual information:

1. Facility contact name and phone number:
   Dahlia Liao 206-583-6465
2. Facility Web site:
   www.vmmc.org
3. Facility capacity (beds, birthing rooms, units, stations): 360 beds
4. Total number of annual facility patient days, visits, other: Nearly 17,000 inpatient visits
5. Total number of annual procedures performed (indicate type):
   N/A at time of report
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 73 year old patient was admitted to the CCU after undergoing a Whipple procedure and partial left nephrectomy. There was no pressure ulcer noted upon admission. The patient developed a stage 2 pressure ulcer during the hospital stay, which led to further care including placement of the patient on specialty bed. The pressure ulcer progressed during the hospital stay and was determined to be unstageable during multiple skin assessments by the wound nurse. The pressure ulcer was still unstageable on day of the patient's discharge.

   Wound base visibility is the limiting factor for staging an unstageable ulcer. Literature review suggested some deep tissue injuries do not progress or worsen but improve to a stage 2 or heal. This patient has since returned for care and it appears the pressure ulcer has healed. The care team however considered that an unstageable pressure ulcer most often is a stage 3 or 4 once the wound base becomes visible, and this information factored into our review and notification of this particular adverse event.

Washington State Department of Health

Optional
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: Skyline Hospital

Date of Event Confirmation: 03/07/2011

Adverse Event: 13 no death

Suggestions for optional contextual information:

1. **Facility contact name and phone number:**
   Mark Lesage 509-637-2964
2. **Facility Web site:** Skylinehospital.com
3. **Facility capacity (beds, birthing rooms, units, stations):** 30 beds
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 Web site, or other information you deem important for the public to know. Use more paper as needed:**

Washington State Department of Health

Adverse Event Contextual Information Form (Optional)

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 within 48 hours of confirming an event. Notification includes date, type of adverse event, and facility contact information. Facilities may also include contextual information regarding the reported event by completing and submitting this form. This form is optional and not required as part of the reporting requirements.

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

Complete the following information and return by:

- Email to: AdverseEventReporting@doh.wa.gov, or
- Mail to: DOH Adverse Events, PO Box 47853, Olympia, WA, 98504-7653, or
- Fax to: Adverse Events (360) 236-2830

Facility Name:	Yakima Valley Memorial Hospital
Facility Contact:	Melanie Gilmore, RN, BSN Risk Manager
Facility web site:	
Date of Event Confirmation:	7/11/2011
Facility capacity: (e.g.,# of beds, rooms, procedures per year)	250
Other Facility information:	
Event Information:	Pt brought in small blue plastic cap and reported that this had eroded through her vaginal wall a few weeks ago. She took it to her OB/GYN physician and was told he didn't know what it was. She brought it to me and I facilitated an independent OB/GYN physician to order a CT scan to confirm there were no other FBs in the pt. The pt has had four c-sections at our hospital, the first was in 1999 and the last was in 2008. So far, no success in identifying the origin of this little cap. CT scan did not reveal any FB. Pt relieved and supportive that we try to identify how this cap was introduced and where it came from.

Washington State Department of Health

Adverse Event Contextual Information Form (Optional)

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 within 48 hours of confirming an event. Notification includes date, type of adverse event, and facility contact information. Facilities may also include contextual information regarding the reported event by completing and submitting this form. This form is optional and not required as part of the reporting requirements.

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

Complete the following information and return by:

- Email to: AdverseEventReporting@doh.wa.gov, or
- Mail to: DOH Adverse Events, PO Box 47853, Olympia, WA, 98504-7653, or
- Fax to: Adverse Events (360) 236-2830

Facility Name:	TASC, LLC
Facility Contact:	Jayson Forbes
Facility web site:	
Date of Event Confirmation:	8/15/11
Facility capacity: (e.g.,# of beds, rooms, procedures per year)	4 OR
Other Facility information:	
Event Information:	Physician performed orchiectomy on left testicle when written consent only included the right testicle.

Washington State Department of Health

Adverse Event Contextual Information Form (Optional)

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 within 48 hours of confirming an event. Notification includes date, type of adverse event, and facility contact information. Facilities may also include contextual information regarding the reported event by completing and submitting this form. This form is optional and not required as part of the reporting requirements.

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

Complete the following information and return by:

- Email to: AdverseEventReporting@doh.wa.gov, or
- Mail to: DOH Adverse Events, PO Box 47853, Olympia, WA, 98504-7853, or
- Fax to: Adverse Events (360) 236-2830

Facility Name:	Seattle Children's Hospital
Facility Contact:	Dena Brownstein, MD
Facility web site:	Seattlechildrens.org
Date of Event Confirmation:	9/8/11
Facility capacity: (e.g.,# of beds, rooms, procedures per year)	240
Other Facility information:	This contextual information relates to our report of incident #26 on 9/8/11.
Event Information:	This incident involved adolescent peer on peer touching on the inpatient psychiatric unit.

Washington State Department of Health

Adverse Event Contextual Information Form (Optional)

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 within 48 hours of confirming an event. Notification includes date, type of adverse event, and facility contact information. Facilities may also include contextual information regarding the reported event by completing and submitting this form. This form is optional and not required as part of the reporting requirements.

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

Complete the following information and return by:

- Email to: AdverseEventReporting@doh.wa.gov, or
- Mail to: DOH Adverse Events, PO Box 47853, Olympia, WA, 98504-7853, or
- Fax to: Adverse Events (360) 236-2830

Facility Name:	Seattle Children's Hospital
Facility Contact:	Dena Brownstein, MD
Facility web site:	http://www.seattlechildrens.org/
Date of Event Confirmation:	10/28/2011
Facility capacity: (e.g.,# of beds, rooms, procedures per year)	254 beds FY11- 13,715 surgical, cardiac, nephrology and solid organ transplant procedures
Other Facility information:	
Event Information:	This patient underwent a complex surgical procedure requiring placement of two stents. At the time of the scheduled surgery to remove the stents, only one was removed, necessitating a third procedure to retrieve the remaining stent. The patient had a good surgical outcome, with no permanent harm.