

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))

- 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:	MHS Good Samaritan Hospital
Facility Contact:	Linda Furkay, PhD, RN, Patient Safety Officer
Facility web site:	Linda.Furkay@Multicare.org
Date of Event Confirmation:	6/11/14
Facility capacity: (e.g., # of beds, rooms, procedures per year)	286 hospital beds
Other Facility information:	
Event information:	On 6/11/14 we reported 7D Death or serious injury of a patient or staff member resulting for a physical assault (i.e., battery) that occurs within or on the grounds of a healthcare setting.
	This event involved an Emergency Room patient who assaulted an employee, The employee sustained a fractured scapula.



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))

- 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:	MHS Tacoma General Hospital
Facility Contact:	Christine Hertrich, RN Quality Management PSO
Facility web site:	http://www.multicare.org/
Date of Event Confirmation:	6/11/14
Facility capacity: (e.g., # of beds, rooms, procedures per year)	Approx 437 licensed beds
Other Facility information:	
Event Information:	This event involved an Emergency Room patient who assaulted an employee. The employee sustained a closed head injury.
	·
	·
,	
	a 145 car of the artists
·	
	•



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))

- 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:	Leslie Plouse, RN, MN, Patient Safety Consultant
Facility web site:	www.seattlechildrens.org
Date of Event Confirmation:	07/01/14
Facility capacity: (e.g., # of beds, rooms, procedures per year)	250 beds
Other Facility information:	This contextual information relates to our report of adverse event 7.C on 07/02/14
Event Information:	The alleged perpetrator is not a staff member or provider. This report is based on information received from law enforcement as well as clinical observation.



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 70.58.020(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:	Western Washington Medical Group, Inc DBA, Gateway Surgery Center
Facility Contact:	Kathline Sullivan
Facility web site:	
Date of Event Confirmation:	July 30, 2014
Facility capacity: (e.g., # of beds, rooms, procedures per year)	2 operating rooms, approximately 1800 cases per year
Other Facility Information:	
Event Information:	On July 30, 2014 at approximately 8:30 am a wrong site surgery occurred.
,	
	vento de la companya del companya de la companya de la companya del companya de la companya del companya de la companya de la companya de la companya del companya de la companya dela companya de la companya de la companya dela companya dela companya dela companya de la companya dela companya dela companya

Office of Community Health Systems DOH 530-106 (March 2011)



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))

- 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

	Aladian Hamilton
Facility Name:	Skyline Hospital
Facility Contact:	Beth Robison
Facility web site:	www.skylinehospital.com
Date of Event Confirmation:	10/28/2014
Facility capacity: (e.g., # of beds, rooms, procedures per year)	25
Other Facility information:	Critical Access
Event Information:	A 72 year-old male patient had a fall from wheelchair around 2000 on 10/28/2014. He was an SNF patient recovering from a hip fracture pinning. There was a laceration to the eyebrow and later started to c/o hip pain. X-rays and CT were obtained. RAdiologist read the next morning described:
	"Interval development of mild, non-displaced fracture involving the lateral aspect of the proximal left femoral shaft. The newly identified fracture may represent a slight enlargement of subtle fracture on prior radiographs. The appearance of the previously internally fixated left intertrochanteric fracture is unchanged."
	It is not clear to me if this incident represents a fall with fracture, since there was already a fracture at that location. I would welcome advice on how this should be classified.



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))

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

Facility Name:	Yakima Ambulatory Surgical Center
Facility Contact:	Shannon Bickler, RN
Facility web site:	sbickler@yakasc.com
Date of Event Confirmation:	12/6/14
Facility capacity: (e.g., # of beds, rooms, procedures per year)	3 Operating Rooms
Other Facility information:	
Event Information:	On 12/2/14, in addition to the scheduled authorized surgery (debridement & repair of nail bed left 4 <sup>th</sup> finger), a carpal tunnel release was also performed on the same wrist that was not consented for in writing. The patient was pleased that the CTR was performed in addition to the planned procedure. She said that she felt like she got a "two for one."
	As the newly appointed Compliance and Infection Control RN, I did not know how to report this. After searching the DOH website and making many phone calls inquiring about the proper procedure to report such an event, I submitted a complaint form to the Medical Quality Assurance Commission on 12/22/14 as instructed on the phone. The original contact date to verbally report the incident was 12/9/14 and required many transferred calls and wait for return calls. I hope that you can match that report to this one.
	·



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 confextual 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 70.66.020(2)(a))

Complete the following Information and return by:

Email to: <u>AdverseEventReportIng@doh.wa.gov</u>, or

Mail to: DOH Adverse Events, PO Box 47853, Olympia, WA, 98504-7853, or

Fax to: Adverse Events (360) 236-2830

Facility Name:	Kadlec Regional medical Center
Facility Contact:	Shelly Campbell
Facility web site: (	unkadler, over
Date of Event Confirmation;	12-14-14
Facility capacity: (e.g., # of beds, rooms, procedures per year)	270
Other Fability Information:	
Event Information:	Spars 1 1 grant 1 and 1
	Patient arrived with screene
	Proten-Calorie Malnutrition and
·	in a state of cachexia. ARNP
	States the unstageable ulcer
	that occured during hospitalization
,	is "Kennedy-like" Patrent is
1	at end store glipe.

Office of Community Health Systems DOH 530-106 (March 2011)