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:	Trask Surgery Center
Facility Contact:	Megan Shelton
Facility web site:	www.everettclinic.com/locations/trask-surgery-center
Date of Event Confirmation:	January 28, 2015
Facility capacity: (e.g., # of beds, rooms, procedures per year)	17,946 procedures in 2014
Other Facility Information:	
Event Information:	There is no direct, concrete evidence to confirm that a foreign body was retained in the patient The decision to report was based on circumstantial evidence; predominantly, the patient's claim that she passed a piece of surgical material after a gynecological procedure. The patient did not experience injury or harm as a result of this alleged occurrence.

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:	Kittitas Valley Healthcare
Facility Contact:	Mandee Olsen
Facility web site:	http://www.kvhealthcare.org/
Date of Event Confirmation:	7/15/2015
Facility capacity: (e.g., # of beds, rooms, procedures per year)	CAH 25 beds, performed 479 inpatient surgeries and 1,168 outpatient surgeries in 2014
Other Facility information:	
Event Information:	On 7/15/2015 we reported a 1D Unintended retention of a foreign object in a patient after surgery or other invasive procedure. This event involved a patient presenting with ectopic pregnancy requiring surgical interventin on 7/14/2015. The surgeon initially proceeded with laparoscopic procedure that was later converted to an open min laparotome procedure due to bleeding. The patient was taken to PACU at 2327 on 7/14/2015. Apporximately 0005 7/15/2015 the scrub RN on the case realized she did not recal a specimen collection pouch being removed and alerted the surgeon. The patient and spouse were notified and consented by the surgeon to return to surgery. At 0030, the patient returned to surgery and the device was retrieved surgically. At this time, no additional complications have been identified. The patient was admitted overnight and discharged on 7/15/2015.

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:	Clearview Surgery and Laser dba Westwood Eye
Facility Contact:	Shelby Milne, RN
Facility web site:	Clearviewseattle.com
Date of Event Confirmation:	8/3/15
Facility capacity: (e.g., # of beds, rooms, procedures per year)	4 beds, 2 O.R., 2,000 proceduves per year
Other Facility Information:	
Event Information:	- An LTP Laser procedure is a quick, painless procedure done to decrease intraocular pressure. - Goal for this patient was to have both eyes done, 2 weeks apart. - In this event: OD was scheduled first OD was consented OD was marked Time Out was done for OD procedure was performed on OS - no injury to patient, second eye scheduled as planned

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:	EvergreenHealth Kirkland
Facility Contact:	Jaclyn Owings
Facility web site:	
Date of Event Confirmation:	9/22/15
Facility capacity: (e.g., # of beds, rooms, procedures per year)	Ambulatory physician practice-estimated patients visits per year to be roughly 6,205 in the imaging department of the clinic and 4,648 in the vascular practice.
Other Facility information:	Vacular Care & Imaging
Event Information:	This event was reported using the electronic reporting form on 9/22/15. However, the electronic form does not give the option of selecting ambulatory practice settin/Office-based practices. So, I reported this fall with fracture under the hospital. It actually occurred in our vascular ambulatory practice. Please correct the report to reflect the event as occuring in our abmulatory practice rather than the hospital. For additional questions, I can be reached at jtowings@evergreenhealth.com or at 425-899-2554. Thank you.

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:	Spokane Eye Surgery Center
Facility Contact:	Lisa Noland
Facility web site:	www.spokaneeye.com
Date of Event Confirmation:	September 22, 2015
Facility capacity: (e.g., # of beds, rooms, procedures per year)	5 ORs; 9861 procedures CY 2014
Other Facility information:	
Event Information:	On 9/17/15 Pt consented for laser procedure on Right eye. Right eye had previously been lasered on 9/10/15. When error was recognized, patient had laser done on Left eye that day. Laser is a non-invasive procedure frequently done after cataract surgery to remove excess scar tissue. This procedure does not negatively impact vision.

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:	Northwest Orthopaedic Specialists
Facility Contact:	Brad Olmstead RN, Administrator
Facility web site:	http://www.nworthopaedicspecialists.com/
Date of Event Confirmation:	10/16/15
Facility capacity: (e.g., # of beds, rooms, procedures per year)	5 Operating Rooms, 2 Procedure Rooms, Approximately 10,000 cases per year
Other Facility information:	
Event Information:	The patient was marked and consented in the preop area per facility policy. Pt brought to room, surgical safety checklist initiated. All time outs performed properly. During the case the surgeon checked the incorrect patient films that were up on the computer screen and proceeded with the surgery and performed the procedure on the incorrect level. Radiology studies are not a portion of our Surgical Safety Checklist. A Root Cause Analysis will be submitted within 45 days.

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:	VALLEY MEDICAL CENTER | UW MEDICINE
Facility Contact:	CATHERINE SWEENEY
Facility web site:	
Date of Event Confirmation:	11/5/2013, 9/29/2013 & 12/1/2013
Facility capacity: (e.g., # of beds, rooms, procedures per year)	
Other Facility Information:	
Event Information:	All three events occured in 2013, all falls with injury. During a Review of Coded data for purposes of insurance Carrier review became aware of these events. All reported on 10/28/15 to WA DOH.

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:	Eastside Surgery Center
Facility Contact:	Kasia Rossi, Administrator
Facility web site:	www.eastsidesurgerycenter.com
Date of Event Confirmation:	11/18/2015
Facility capacity: (e.g., # of beds, rooms, procedures per year)	9 beds, 2 operating rooms, estimatation of 2100 procedures for 2015
Other Facility Information:	Multispecialty: Podiatry, Pain Management, Orthopedics, Ophthalmology
Event Information:	A patient had cataract surgery on the correct eye and the incorrect intraocular lens was implanted.