



# VERMONT

Department of Health  
Patient Safety Surveillance and Improvement System

**Reportable Adverse Event  
Report**  
Submit no later than (7) seven calendar days  
from discovery of event

Please complete all sections of this form by printing or typing the required information. The form may be submitted to the Patient Safety Surveillance & Improvement System via secure fax or mail. See last page of form for contact information. If you have questions about the form, please call 802-229-2152 x15 or email AvrilC@vpqhc.org.

**1. Facility identification:**

Facility name: \_\_\_\_\_

Facility address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

**2. Contact information:**

Name and title of person submitting report: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

**3. What happened? (Check all that apply)**

**Surgical Event**

- Surgery performed on a wrong body part.
- Surgery performed on the wrong patient.
- The wrong surgical procedure performed on a patient.
- Unintended retention of a foreign object in a patient after surgery or other procedure.
- Intraoperative or immediately postoperative death in an ASA Class I patient.

**Product or Device Event**

- Patient death or serious disability associated with the use of contaminated drugs, devices, or biologics provided by the healthcare facility.
- Patient death or serious disability associated with the use or function of a device in patient care in which the device is used or functions other than as intended.
- Patient death or serious disability associated with intravascular air embolism that occurs while being cared for in a healthcare facility.

*(More event options on next page)*



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**Patient Protection Event**

- An infant discharged to the wrong person.
- Patient death or serious disability associated with patient elopement (disappearance).
- Patient suicide, or attempted suicide, resulting in serious disability while being cared for in a healthcare facility.

**Care Management Event**

- Patient death or serious disability associated with a medication error (e.g. errors involving the wrong drug, the wrong dose, wrong patient, wrong time, wrong rate, wrong preparation, or wrong route of administration).
- Patient death or serious disability associated with a hemolytic reaction due to the administration of ABO/HLA incompatible blood or blood products.
- Maternal death or serious disability associated with labor or delivery in a low-risk pregnancy while being cared for in a healthcare facility.
- Patient death or serious disability associated with hypoglycemia, the onset of which occurs while the patient is being cared for in a healthcare facility.
- Patient death or serious disability (kernicterus) associated with failure to identify and treat hyperbilirubinemia in neonates.
- Stage 3 or 4 pressure ulcers acquired after admission to a healthcare facility.
- Patient death or serious disability due to spinal manipulative therapy.
- Artificial insemination with the wrong donor sperm or wrong egg.

**Environmental Event**

- Patient death or serious disability associated with an electric shock while being cared for in a healthcare facility.
- Any incident in which a line designated for oxygen or other gas to be delivered to a patient contains the wrong gas or is contaminated by toxic substances.
- Patient death or serious disability associated with a burn incurred from any source while being cared for in a healthcare facility.
- Patient death or serious disability associated with a fall while being cared for in a healthcare facility.
- Patient death or serious disability associated with the use of restraints or bed rails while being cared for in a healthcare facility.



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**Criminal Event**

- Any instance of care ordered by or provided by someone impersonating a physician, nurse, pharmacist, or other licensed health care provider.
- Abduction of a patient of any age.
- Sexual assault on a patient within or on the grounds of a healthcare facility.
- Death or significant injury of a patient or staff member resulting from a physical assault (i.e., battery) that occurs within or on the grounds of a healthcare facility.

**4. Procedure codes**

If the event was a surgical event, provide the procedure codes (ICD-10-CM) \_\_\_\_\_

**5. Brief factual narrative about event:** (If you prefer, you may attach a separate document containing this information.)

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**6. When did the event occur?**

Date event occurred: \_\_\_\_\_ Time: \_\_\_\_\_ AM  or PM

Date you became aware of event: \_\_\_\_\_

Date event reported to Patient Safety Program: \_\_\_\_\_



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**7. Where did the event occur?** (Check only one)

- |  |  |
|--|--|
| <input type="checkbox"/> Patient's room        | <input type="checkbox"/> Emergency Department    |
| <input type="checkbox"/> Intensive care        | <input type="checkbox"/> Labor and Delivery      |
| <input type="checkbox"/> Medical/surgical      | <input type="checkbox"/> Operating Room          |
| <input type="checkbox"/> Newborn nursery       | <input type="checkbox"/> Radiology               |
| <input type="checkbox"/> Obstetrics/Gynecology | <input type="checkbox"/> Recovery Room           |
| <input type="checkbox"/> Pediatrics            | <input type="checkbox"/> Rehabilitative Services |
| <input type="checkbox"/> Other _____           | <input type="checkbox"/> Hallway or common area  |
|  | <input type="checkbox"/> Other _____             |

**8. How was the event discovered?** (Check only one)

- Report by staff
- Nursing staff
  - Medical staff
  - Pharmacy staff
  - Clinical support staff
  - Other: \_\_\_\_\_
- Patient assessment
- Report by family or visitor
- Review of chart/record
- Report by patient
- Other: \_\_\_\_\_

**9. Patient information:**

Patient age: \_\_\_\_\_ Gender: \_\_\_\_\_

Date of hospital admission: \_\_\_\_\_

List all relevant Diagnosis Codes (ICD-10): \_\_\_\_\_

Patient type (Check only one):

- Inpatient
- Outpatient
- Observation
- Patient type not known



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**10. Severity of event:** (Check only one)

- Category C – Event/error reached the patient but caused no harm.
- Category D – Event/error increased the need for monitoring/intervention but caused no harm.
- Category E – Event/error increased the need for treatment/intervention and caused temporary harm.
- Category F – Event/error that contributed to or resulted in temporary harm and required initial or prolonged hospitalization.
- Category G – Event/error that contributed to or resulted in permanent harm and required initial or prolonged hospitalization.
- Category H – Event/error that required intervention necessary to sustain life.
- Category I – Event/error that contributed to or resulted in death (unexpected death).

**11. Was the patient or family notified about the event?**

- Yes; Date of notification: \_\_\_\_\_
- No; If no disclosure, why?

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**12. Do you know why this event might have occurred?** (Check all that apply)

- Communication** – Communication; flow of information; availability of information.
- Training** - Routine job training; special training; continuing education; timing of training.
- Fatigue/Scheduling** - Influence of stress and fatigue that may result from change, scheduling and staffing issues, sleep deprivation, or environmental distractions such as noise.
- Environment/Equipment** - Use and location of equipment; fire protection and disaster drills; codes, specifications and regulations; the general suitability of the environment; and the possibility of recovery after an error has occurred.



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- Rules/Policies/Procedures:** Existence and ready accessibility of directives including technical information for assessing risk, mechanisms for feedback on key processes, effective interventions developed after previous events, compliance with national policies, the usefulness of and incentives for compliance with codes, standards, and regulations.
- Barriers** - Barriers protect people and property from adverse events. Example: A negative pressure room for an infectious patient is a barrier to the spread of the disease. If the ventilation in the room stops working, a critical barrier has been compromised.
- Not yet determined.**

**You may fax or mail the completed form to the Patient Safety System.**

**Fax form to :**

Vermont Program for Quality in Health Care, Inc.  
802-262-1307  
Attention: Avril Cochran, RN

**Mail form to:**

Vermont Program for Quality in Health Care, Inc  
Attention: Avril Cochran, RN  
132 Main Street  
Montpelier, VT 05602