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 must be submitted to the Patient Safety Surveillance & Improvement System via secure email, fax or mail. See last page of form for contact information.

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 or Invasive Procedure Events**
- ☐ Surgery or other invasive procedure performed on the wrong site.
- ☐ Surgery or other invasive procedure performed on the wrong patient.
- ☐ Unintended retention of a foreign object in a patient after surgery or other invasive procedure.
- ☐ Intraoperative or immediately postoperative/ post procedure death in an ASA Class I patient.

☐ **Product or Device Events**
- ☐ Patient death or serious injury associated with the use of contaminated drugs, devices, or biologics provided by the healthcare setting.
- ☐ Patient death or serious injury 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 injury associated with intravascular air embolism that occurs while being cared for in a healthcare setting.

☐ **Patient Protection Events**
- ☐ Discharge or release of a patient/resident of any age, who is unable to make decisions, to other than an authorized person.
- ☐ Patient death or serious injury associated with patient elopement (disappearance).
- ☐ Patient suicide, attempted suicide, or self-harm that results in serious injury, while being cared for in a healthcare setting.

☐ **Care Management Events**
- ☐ Patient death or serious injury associated with a medication error (e.g., errors

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involving the wrong drug, wrong dose, wrong patient, wrong time, wrong rate, wrong preparation, or wrong route of administration).

- ☐ Patient death or serious injury associated with unsafe administration of blood products.
- ☐ Maternal death or serious injury associated with labor or delivery in a low-risk pregnancy while being cared for in a healthcare setting.
- ☐ Death or serious injury of a neonate associated with labor or delivery in a low-risk pregnancy.
- ☐ Patient death or serious injury associated with a fall while being cared for in a healthcare setting.
- ☐ Any Stage 3, Stage 4, and unstageable pressure ulcers acquired after admission/presentation to a healthcare setting.
- ☐ Artificial insemination with the wrong donor sperm or wrong egg.
- ☐ Patient death or serious injury resulting from the irretrievable loss of an irreplaceable biological specimen.
- ☐ Patient death or serious injury resulting from failure to follow up or communicate laboratory, pathology, or radiology test results.

☐ **Environmental Events**

- ☐ Patient or staff death or serious injury associated with an electric shock in the course of a patient care process in a healthcare setting.
- ☐ Any incident in which systems designated for oxygen or other gas to be delivered to a patient contains no gas, the wrong gas, or are contaminated by toxic substances.
- ☐ Patient or staff death or serious injury associated with a burn incurred from any source in the course of a patient care process in a healthcare setting.
- ☐ Patient death or serious injury associated with the use of physical restraints or bedrails while being cared for in a healthcare setting.

☐ **Radiological Events**

- ☐ Death or serious injury of a patient or staff associated with the introduction of a metallic object into the MRI area.

☐ **Potential Criminal Events**

- ☐ Any instance of care ordered by or provided by someone impersonating a physician, nurse, pharmacist, or other licensed healthcare provider.
- ☐ Abduction of a patient/resident of any age.
- ☐ Sexual abuse/assault on a patient or staff member within or on the grounds of a healthcare setting.
- ☐ Death or serious 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 setting.

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

5. When did the event occur?

Date event occurred: _____ Time: _____

Date you became aware of event: _____

Date event reported to Patient Safety Program: _____

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

- ☐ Patient's room
- ☐ Intensive care
- ☐ Medical/surgical
- ☐ Newborn nursery
- ☐ Obstetrics/Gynecology
- ☐ Pediatrics
- ☐ Hallway or common area
- ☐ Emergency Department
- ☐ Labor and Delivery
- ☐ Operating Room
- ☐ Radiology
- ☐ Recovery Room
- ☐ Rehabilitative Services
- ☐ Other

7. 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

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8. Patient information

Patient age: Gender:
(do not include date of birth)
Date of hospital admission: _____
Patient type (*check only one*):

- ☐ Inpatient
- ☐ Outpatient
- ☐ Observation
- ☐ Patient type not known

9. 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).

10. Was the patient or family notified about the event?

- ☐ Yes Date of notification: _____
- ☐ No If no disclosure, why?

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11. Do you know why this event might have happened? (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.
☐	**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 email, fax or mail the completed form to the Patient Safety Program:

Email to: sre@vpqhc.org

Fax form to: Vermont Program for Quality in Health Care, Inc.
802-262-1307
Attention: Patient Safety Program

Mail form to: Vermont Program for Quality in Health Care, Inc
Attention: Patient Safety Program
132 Main Street
Montpelier, VT 05602