New Jersey Department of Health

REPORT OF SERIOUS PREVENTABLE *ADVERSE EVENT*

NJDOH INTERNAL USE ONLY
Report No.

This form must be completed for any serious preventable adverse event. All information is protected based on the provisions of the Patient Safety Act [N.J.S.A. 26:2H-12.25(f)]

Is this a revision of an earlier report to the Patient Safety Initiative for the same event? ☐ Yes ☐ No	If yes, give NJDOH Report Number:	Facility Internal Tracking Number of this event, if known:

SECTION A - GENERAL INFORMATION

1. FACILITY IDENTIFICATION

Facility Name: _____ Facility License No.: _____

Facility Street Address: _____ County: _____

City: _____ State: _____ Zip Code: _____

Name of Person Submitting: _____ Telephone No.: _____

Title or Position: _____ Fax No.: _____

Email Address: _____

2. PLEASE SUPPLY A BRIEF DESCRIPTION (2 TO 3 SENTENCES) OF THE EVENT OR SITUATION YOU ARE REPORTING:

Event Information:

Event Date: _____ Time: _____ ☐ AM ☐ PM

Date Event Discovered: _____ Time: _____ ☐ AM ☐ PM

3. HOW WAS EVENT DISCOVERED? *(Check only one)*

☐ 1. Report by staff/physician
☐ 2. Report by family/visitor
☐ 3. Report by patient/resident
☐ 4. Assessment of patient/resident after event
☐ 5. Review of chart/record
☐ 6. Other: _____

4. PATIENT/RESIDENT INFORMATION

☐ Inpatient or ☐ Outpatient

Admission through: ☐ Emergency Department ☐ Direct Admission ☐ Transfer from Acute Care General Hospital ☐ Transfer from LTC or Assisted Living

Patient/Resident Billing Number: _____

Patient/Resident Name: _____ Medical Record No.: _____

Street Address: _____ County: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Gender: _____

Admission Date or Date of Ambulatory Encounter: _____

Admission Diagnosis: _____

Race:

☐ Caucasian ☐ Amer. Indian/Alaskan Native ☐ Native Hawaiian/Pacific Islander ☐ Other: _____
☐ Black ☐ Asian ☐ Unable to Determine

Ethnicity:

☐ Non-Hispanic/Unable to Determine ☐ Hispanic

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SECTION B - EVENT DETAILS

5. TYPES OF SERIOUS PREVENTABLE ADVERSE EVENTS *(Check only one)*

A. CARE MANAGEMENT EVENTS in a Health Care Facility

- ☐ 1. Patient/resident death/harm due to a medication error
- ☐ 2. Patient/resident death/harm due to a hemolytic reaction due to the administration of ABO-incompatible blood or blood products
- ☐ 3. Maternal death/harm due to labor/delivery in a low-risk pregnancy
- ☐ 4. Patient/resident death/harm due to hypoglycemia
- ☐ 5. Patient/resident death/harm due to failure to identify and treat hyperbilirubinemia in neonates
- ☐ 6. Stage 3 or 4 pressure ulcers acquired after admission (excludes progression from Stage II to Stage III if Stage II was recognized and documented upon admission)
- ☐ 7. Patient/resident death/harm due to spinal manipulative therapy
- ☐ 8. Other event causing patient/resident death or harm that lasts seven days or is present at discharge

B. ENVIRONMENTAL EVENTS in a Health Care Facility

- ☐ 1. Patient/resident death/harm due to an electric shock
- ☐ 2. Any event in which a line designated for oxygen/other gas to be delivered to a patient/resident contains the wrong gas or is contaminated by toxic substances
- ☐ 3. Patient/resident death/harm due to a burn incurred from any source
- ☐ 4. Patient/resident death/harm due to a fall
- ☐ 5. Patient/resident death/harm due to the use of restraints or bedrails
- ☐ 6. Other event causing patient/resident death or harm that lasts seven days or is present at discharge

C. PRODUCT OR DEVICE EVENTS in a Health Care Facility

- ☐ 1. Patient/resident death/harm due to the use of contaminated drugs/devices/biologics
- ☐ 2. Patient/resident death/harm due to the use/function of a device in patient/resident care in which the device is used/functions other than as intended
- ☐ 3. Patient/resident death/harm due to intravascular air embolism
- ☐ 4. Patient/resident death/harm due to the use of a single-use device in which the device is used/functions other than as intended:
  - ☐ new single-use device
  - ☐ reprocessed single-use device
- ☐ 5. Other event causing patient/resident death or harm that lasts seven days or is present at discharge

D. SURGERY-RELATED EVENTS

- ☐ 1. Surgery performed on the wrong body part
- ☐ 2. Surgery performed on the wrong patient
- ☐ 3. Wrong surgical procedure performed on a patient
- ☐ 4. Retention of a foreign object in a patient after surgery or other procedure
- ☐ 5. Intraoperative or post-operative (i.e., within 24 hours) coma, death or other serious preventable adverse event for an ASA Class I inpatient or for <u>any</u> ASA Class same day surgery patient or outpatient (includes situations where anesthesia was administered)
- ☐ 6. Other event causing patient death or harm that lasts seven days or is present at discharge

E. PATIENT/RESIDENT PROTECTION EVENTS in a Health Care Facility

- ☐ 1. Infant discharged to the wrong person
- ☐ 2. Patient/resident death/harm due to patient elopement
- ☐ 3. Patient/resident suicide/attempted suicide
- ☐ 4. Other event causing patient/resident death or harm that lasts seven days or is present at discharge

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6. IF 5.A.1 WAS SELECTED, COMPLETE THIS SECTION:

What type of medication error occurred? ***(Check all that apply)***

- ☐ Administration After Order Discontinued/Expired
- ☐ Monitoring Error
- ☐ Omission
- ☐ Wrong Diluent/Concentration/Dosage Form
- ☐ Wrong Dose
- ☐ Wrong Drug
- ☐ Wrong Frequency
- ☐ Wrong Patient
- ☐ Wrong Route
- ☐ Wrong Time
- ☐ Other: _____

Brand/Product Name (If Applicable): _____

Generic Name: _____

7. WHERE WAS THE PATIENT/RESIDENT WHEN THE EVENT OCCURRED? *(Check all that apply)*

- ☐ Cardiac Catheterization Laboratory
- ☐ Emergency Department
- ☐ Emergency Department Crisis Screening/Observation
- ☐ Hallway/Common Area
- ☐ In Transit
- ☐ Laboratory
- ☐ NICU
- ☐ Nursery
- ☐ Operating Room
- ☐ PACU
- ☐ Procedure Room
- ☐ Radiology
- ☐ Rehabilitation Areas
- ☐ Other:

_____

- ☐ Patient Room *(Check Unit below)*
- ☐ Patient Bathroom *(Check Unit below)*

Units

- ☐ Med/Surg
- ☐ ICU/CCU/TCU
- ☐ Step Down
- ☐ Telemetry
- ☐ Labor/Delivery
- ☐ Behavioral Health

8A. IMMEDIATE CLINICAL ACTION(S) TAKEN FOR THE PATIENT:

8B. IMMEDIATE CORRECTIVE ACTIONS TO PREVENT FUTURE SIMILAR EVENTS: