OPTIONAL CONTEXTUAL INFORMATION ABOUT AN ADVERSE EVENT NOTIFICATION FORM

RCW 70.56.020 states that a when a medical facility confirms that an adverse event has occurred, it shall submit to the Washington State Department of Health: Notification of the event, with the date, type of adverse event, and any contextual information the facility chooses to provide, within forty-eight hours.

Any public disclosure of an adverse event notification must include any contextual information the medical facility chose to provide under RCW 70.56.020(2)(a)

Completing this form is optional. This form may accompany the Adverse Event Notification Form and may be used to provide contextual information. This form may be mailed to the Department of Health, Adverse Event Reporting Program, PO Box 47853, Olympia, WA 98504.

Facility Name: <u>Legacy Salmon Creek Hospital</u>

Date of Event Confirmation: 12/11/09

Adverse Event: Unintended retention of a foreign object

Suggestions for optional contextual information:

1.	Facility contact name and phone number: Brian Terrett 503-415-5775
2.	Facility website: http://www.legacyhealth.org/body.cfm?id=82
3.	Facility Capacity (beds, birthing rooms, units, stations)
4.	Total number of annual facility patient days, visits, other:
5.	Total number of annual procedures performed (indicate type):
6.	Additional information (this may include health care facts; a link to a quality website; or other information you deem important for the public to know) - add additional sheets as needed:

CONTEXTUAL INFORMATION ABOUT AN ADVERSE EVENT NOTIFICATION FORM

RCW 70.56.020 states that a when a medical facility confirms that an adverse event has occurred, it shall submit to the Washington State Department of Health: Notification of the event, with the date, type of adverse event, and any contextual information the facility chooses to provide, within forty-eight hours.

Any public disclosure of an adverse event notification must include any contextual information the medical facility chose to provide under RCW 70.56.020(2)(a)

Completing this form is optional. This form may accompany the <u>Adverse Event Notification Form</u> and may be used to provide contextual information. This form may be faxed to the Department of Health (360-236-2830) or mailed to DOH Adverse Events, PO Box 47852, Olympia, WA 98504.

Facility Name: Seattle Children's Hospital Date of Event Confirmation: 12/08/09

Adverse Event: Surgery performed on the wrong body part

Facility contact name and phone number: <u>Jill Langle, RPh, MHA, Director Patient</u> Safety

Facility website: http://www.seattlechildrens.org/

Facility Capacity (beds, birthing rooms, units, stations) 250 beds

Total number of annual facility patient days, visits, other: FY09 - 14,106 inpatient admissions, 227,901 ambulatory visits, 37,508 emergency visits

Total number of annual procedures performed (indicate type): <u>FY09 - 13,331</u> surgical, cardiac, nephrology and solid organ transplant

Additional information: This incident involved an injection of botulinum toxin in the wrong limb (i.e., wrong side of the body) in an ambulatory clinic setting.