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:	Stafford Creek Correctional Center
Facility Contact:	John Dominoski, Health Care Manager
Facility web site:	www.doc.wa.gov
Date of Event Confirmation:	2-22-12
Facility capacity: (e.g., # of beds, rooms, procedures per year)	
Other Facility information:	
Event Information:	On February 21, 2012 at approximately 1610, [redacted] fell while attempting to change clothes (from orange jumpsuit to hospital pajamas). While placing left leg in pajama, he stated when he placed his leg down to bear weight he collapsed. His fall was not witnessed, but was overheard from nursing and custody staff on the unit. The offender fell on his back and hit his head. There was no loss of ~~consciousness~~ consciousness. He was evaluated by nursing staff immediately.

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:	Samaritan Hospital
Facility Contact:	Rebecca Johnson
Facility web site:	samaritanhealthcare.com
Date of Event Confirmation:	4/28/2012
Facility capacity: (e.g., # of beds, rooms, procedures per year)	50 bed
Other Facility information:	n/a
Event Information:	On 4/26 the patient was referred to our facility for orthopedic care from a nearby critical access hospital after being found down in her home by her family. She was taken to the OR for a hip pinning and at completion of the hip pinning the patient was returned to the supine position in preparation to move the patient from the fracture table to the gurney. The center post was removed, and the mayo stand was being cleared out of the way to make room for the gurney as it was brought into the room at this point the patient fell from the fracture table to the floor. The patient was quickly assessed, placed in a c-collar and on a backboard then transferred to the emergency department for further evaluation. Cervical Spine / Head CT was negative for any acute intracranial processes. There was a right frontal scalp soft tissue hematoma present. Chest X-ray showed mildly displaced acute fractures of the right lateral fifth and sixth ribs no pneumothorax or pleural effusion. There was also a small hematoma in the right lower abdominal wall at the iliac crest. A repeat CT of the head was performed two days later on 4/28 which showed the patient had minimal intraventricular hemorrhage layering in the occipital horns (right greater tha nleft) with interval resolution of the small hemorrhave in the right lateral ventricle along the septum pellucidum.

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:	Cedar Laser and Surgery Center
Facility Contact:	Laura Garrison, RN
Facility web site:	
Date of Event Confirmation:	6/14/2012
Facility capacity: (e.g., # of beds, rooms, procedures per year)	Two Operating Room Ambulatory Surgery Facility
Other Facility information:	
Event Information:	The consent for surgery and all accompanying paperwork for this patient stated a probing and possible surgery of the LEFT blocked tear duct. Time out was taken in the operating room for the LEFT side. The RIGHT side was injected with local anesthetic and a stent was placed in the RIGHT tear duct. The patient was transferred to the PACU where it was discovered that it was the incorrect side. The patient was returned to the operating room where the stent was removed from the RIGHT side and a new stent was placed on the LEFT side. The patient was returned to the PACU in satisfactory condition.

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:	Legacy Salmon Creek Hospital
Facility Contact:	Brian Terrett 503-415-5775
Facility web site:	www.legacyhealth.org
Date of Event Confirmation:	9/26/12
Facility capacity: (e.g., # of beds, rooms, procedures per year)	
Other Facility information:	
Event Information:	Fall with injury. The patient fell secondary to an extension of his stroke, which led to an acute behavior and neurologic change.

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, P.S.
Facility Contact:	Brad Olmstead RN
Facility web site:	nwos-spokane.com
Date of Event Confirmation:	10/10/12
Facility capacity: (e.g., # of beds, rooms, procedures per year)	5 Operating Rooms, 2 Procedure Rooms, Approximately 9,000 procedures
Other Facility information:	
Event Information:	Left knee arthroscopy scheduled. Pt was consented and marked in the Preop area. Patient taken to operating room. Surgical Safety Checklist started. Correct site verified while entering room. After induction right knee lateral port was injected with 1% Lidocaine prior to the Surgical Time Out. Error was identified at that time. The Surgical Time Out then occurred verifying that the left knee was the correct knee. The left knee was then prepped and injection was completed. Surgery was performed on the left knee as consented. The surgeon informed the patient and the family after the surgery.

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:	Seattle Children's Hospital
Facility Contact:	Leslie Lewis, RN, MN, Patient Safety Consultant, (206) 987-6370
Facility web site:	**http://www.seattlechildrens.org/**
Date of Event Confirmation:	October 24, 2012
Facility capacity: (e.g., # of beds, rooms, procedures per year)	250 beds
Other Facility information:	
Event Information:	This case involved the preparation for stainless steel crowning of a primary ("baby") tooth in a child requiring extensive dental restoration under general anesthesia. The error was quickly recognized and the tooth repaired.

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:	Toppenish Community Hospital
Facility Contact:	Merry Fuller RN Direcotor of Risk
Facility web site:	http://www.toppenishhospital.com/
Date of Event Confirmation:	12/27/12
Facility capacity: (e.g., # of beds, rooms, procedures per year)	63
Other Facility information:	Acute Care Hospital
Event Information:	Patient with CVA given Altepase with blood pressures outside of protocol limits on 12/11/12. Pt had subsequent cerebral bleed and died at the transfering facility. This is being reported as an Adverce Medication Error. However, our medical staff is in disagrement as to whether it meets the WASDOH definition of an adverse event, as a cerbral bleed is a known risk of Altepase administration. We are reporting it as such, in order to error on the side of caution and the case merits an RCA either way. The RCA process has been inititated.

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:	Snoqualmie Valley Hospital
Facility Contact:	Tina Shoemaker
Facility web site:	www.snoqualmiehospital.org
Date of Event Confirmation:	10/26/2012
Facility capacity: (e.g., # of beds, rooms, procedures per year)	25-Bed CAH
Other Facility information:	This CAH does not provide Surgery or Obstetrics Services, but does provide acute care, a number of outpatient services, and a 24/7 Emergency Department. The hospital provides Swing Bed Services.
Event Information:	The patient was on high-flow Oxygen and had tanks of compressed air that were being switched out when empty by security or facility personnel. When the reserve tank located in the patient's room was hooked up it was found to be empty even though the tag said "full" and the foil sticker was intact. The conclusion was that the tank arrived empty. The on-call facilities staff member was called and instructions to get out another reserve tank were obtained. Fortunately there was still a small amount of air in the first tank that the patient did not go without. Our internal tracking number for this event is "#13".

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:	Snoqualmie Valley Hospital
Facility Contact:	Tina Shoemaker
Facility web site:	snoqualmiehospital.org
Date of Event Confirmation:	11/20/2012
Facility capacity: (e.g., # of beds, rooms, procedures per year)	25-Bed CAH
Other Facility information:	This CAH does not provide Surgery or Obstetricts services, butr does provide acute and swing bed care, a number of outpatient services and a 24/7 Emergency Department.
Event Information:	There were 2 events that occurred within a week to the same patient. The patient is on high-flow Oxygen in the hospital. In the first event, the patient was transported with O2. The patient and a hospital staff member met with the Doctor and then patient was taken back to pre-radiation work up. When the came out the nurse gave a report and as the hospital staff member the observed patient, he became very gray. When the staff member checked, the O2 the tank was empty. The tank was rapidly changed out with one at the oncology department. The patient took a few deep breaths and regained his coloring. We then wheeled the patient to the Tri-med transport with the O2 tank and then switched it out with the tank in the Tri-med Vehicle. In the second event, the same staff member escorted the same patient to his Radiation appointment and then to an infectious disease appointment. The patient left with a full tank of O2. Based on the previous experience, the staff member asked to switch the tank to the Oncology department's O2 source as soon as they got there. We then switch back to his tank when we left to go to the next appointment. At that Doctor's office, they had no O2 tanks. We were down to about 1500 out of the 2000. I asked that the driver of the Tri-med vehicle get permission to stay as he was the "back up O2. He did stay. We had our appointment and then came home. When we arrived there was 200 left. The driver had a tank with 1000 in it.