**Background:** In June 2006, the adverse health events and incident reporting system became law. ([Chapter 70.56 RCW](#)) The law requires hospitals, child birthing centers, psychiatric hospitals, Department of Corrections medical facilities, and ambulatory surgical facilities to report when one of the **29 adverse events** occurs. ([Chapter 246-302 WAC](#)) Facilities must then conduct a root cause analysis and forward those findings to the Department of Health.

This Guide outlines in detail the steps to follow in reporting adverse events.

<table>
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<th>Step</th>
<th>Description</th>
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| 1. | **Determine** if the event meets the adverse event definition.  
   • When an event occurs in your facility, you will need to decide if the event meets the adverse event definition. Use the list of **29 adverse events** and review the descriptions and definition provided by the National Quality Forum (NQF).  
   For a full review of NQF guidance, you can download the [2011 Update full report](#). You can find more definition guidance on the [Resources webpage](#). |
| 2. | **Confirm** the adverse event is included on the list and notify DOH within 48 hours.  
   • Once you have confirmed the adverse event, complete the **electronic notification form** within 48 hours. You can also notify us by:  
     o Email: send [report](#) to [AdverseEventReporting@doh.wa.gov](mailto:AdverseEventReporting@doh.wa.gov), or  
     o Fax: send [report](#) Attn. Adverse Events at (360) 236-2830, or  
     o Phone: speak [report](#) at (888) 524-6257  
     o You can also mail the notification form to:  
       DOH, Adverse Events  
       P.O. Box 47853  
       Olympia, WA 98504-7853  
   • For reporting multiple adverse events, you can complete one form if the events are the same type but occurred more than once. For multiple, different types of events you must complete a separate Notification Form for each type of the events. For example:  
     o If you report two occurrences of event type 1.D. (unintended retention of an object) you can complete the form once but list the dates of each occurrence.  
     o If reporting two occurrences of event type 4.F. (pressure ulcer) and one occurrence of event type 1.B. (surgery/invasive procedure performed on wrong patient) you must complete one form for event type 4.F.- listing each date, and a separate form for event type 1.B. |
| 3. | **Optional:** Complete a Contextual Information Form and submit with Notification Form.  
   • Your facility may want to include more information on the circumstances of the adverse event by completing the [Contextual Information Form](#). You can find this form on the [Adverse Events Resources webpage](#). You do not have to complete this form, it is voluntary.  
   Submit the Contextual Information when notifying the department about an adverse event. |
### Adverse Events

**GUIDE: Reporting an Adverse Event**

4. **Conduct a Root Cause Analysis (RCA) to determine the causes of the event.**
   - After notifying the department about the adverse event, you must conduct a Root Cause Analysis (RCA) to determine the root causes of the event.
     - Use the method outlined in the [RCA Process Guide](#).
   - Use one of the following approved RCA reporting formats:
     - The Joint Commission on Accreditation of Health Care Organizations, or
     - The Department of Veterans Affairs National Center for Patient Safety, or
     - Other published RCA methodology DOH has accepted in the past.
   - For multiple occurrences of the same event type in one reporting quarter, we encourage facilities to conduct an aggregate review. We listed guidance on reporting Aggregate Reviews and samples of acceptable reviews on the [Resources webpage](#).

   Note: Acute care hospitals must include nurse staffing information in the RCA. Please see Chapter 246-320-146 WAC Adverse health events and reporting system for details [Sections (4a), (4b), and (4c)].

5. **Implement a corrective action plan for each adverse event consistent with the findings of the RCA.**
   - Create and implement a corrective action plan for each adverse event consistent with the RCA. Each corrective action plan must explain how the facility will address and correct each finding by including:
     - What actions the facility will take to prevent each finding from reoccurring
     - When the facility will complete each correction
     - Who is responsible to make the corrections
     - How you will know the actions are effective
   - Document the corrective action plan.

6. **Prepare the RCA report and include the corrective action plan.**
   - Send the completed RCA report with corrective action plan to the department. The report is due within 45 days following confirmation of the adverse event. Be sure you have omitted all patient identifiers and healthcare staff names from the report.
     - Mail reports to:
       - **(for U.S. Postal Service)**
         - DOH, Adverse Events
         - Attn: Nicole Fernandus
         - P.O. Box 47853
         - Olympia, WA 98504-7853
     - **(for other courier delivery)**
       - DOH Adverse Events
       - Attn: Nicole Fernandus
       - 111 Israel Road SE
       - Tumwater, WA 98501
     - We do not recommend email for sending confidential information.

7. **Submit the completed RCA Report to DOH within 45 days.**