



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:	Kindred Hospital Seattle
Facility Contact:	Jessica Yanny DQM
Facility web site:	https://www.kindredhealthcare.com/locations/ltac/kindred-hospital-seattle-first-hill
Date of Event Confirmation:	1.10.24
Facility capacity: (e.g., # of beds, rooms, procedures per year)	60
Other Facility information:	LTAC
Event Information:	<p>7D event reported to DOH 1.10.2024 on-line send the contextual form as follow up via email,</p> <p>On 1.10.24 the patient reported that sometime last night a female staff member came into her room and grabbed her legs to open the stating she was checking if the patient was wet. The patient has a prior history of rape and felt traumatized by this experience. No injury was sustained no report of additional touching. The identified employee was suspended pending investigation. Nursing leadership followed up immediately with the patient and a police report was filed. Investigation to follow.</p>



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Facility Name:	Kindred Hospital Seattle
Facility Contact:	Jessica Yanny DQM
Facility web site:	https://kindredhealthcare.com/locations/ltac/kindred-hospital-seattle-first-hill
Date of Event Confirmation:	1.11.24
Facility capacity: (e.g., # of beds, rooms, procedures per year)	60
Other Facility information:	LTAC
Event Information:	<p>4F event reported to DOH 1.11.24 Online send the contextual form as follow up via email, RCA to be send once completed and reviewed.</p> <p>Patient admitted on 9.13.23. On 1.11.24 the patient was noted to have an unstagable pressure injury to the ischium. Triad and foam applied. Patient is already on an alternating air mattress.</p> <p>Records reviewed; initial interviews conducted. Followed up by wound care. Care plan updated. Nutrition and Rehab reviews in progress. Nursing huddle completed. Family notified.</p> <p>RCA in progress</p>



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Facility Name:	Kindred Hospital Seattle
Facility Contact:	Jessica Yanny DQM
Facility web site:	https://kindredhealthcare.com/locations/ltac/kindred-hospital-seattle-first-hill
Date of Event Confirmation:	1.31.24
Facility capacity: (e.g., # of beds, rooms, procedures per year)	60
Other Facility information:	LTAC
Event Information:	<p>4F event reported to DOH 1.31.24 Online send the contextual form as follow up via email, RCA to be send once completed and reviewed.</p> <p>Patient admitted on 9.13.23. On 1.23.24 the patient was noted to have an unstagable pressure injury left buttock . Triad and foam applied. Patient is being placed on specialty mattress.</p> <p>Records reviewed; initial interviews conducted. Followed up by wound care. Care plan updated. Nutrition and Rehab reviews in progress. Nursing huddle completed. Family notified.</p> <p>RCA in progress</p>



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Facility Contact:	Jessica Yanny DQM
Facility web site:	https://kindredhealthcare.com/locations/ltac/kindred-hospital-seattle-first-hill
Date of Event Confirmation:	2.6.24
Facility capacity: (e.g., # of beds, rooms, procedures per year)	65
Other Facility information:	LTAC
Event Information:	<p>4F event reported to DOH 2.7.24 Online send the contextual form as follow up via email, RCA to be send once completed and reviewed.</p> <p>Patient admitted on 11.2.23. On 2.6.24 the patient was noted to have an Stage 4 pressure injury right buttocks . Wound vac placed. Patient already on alternating air mattress.</p> <p>Records reviewed; initial interviews conducted. Followed up by wound care. Care plan updated. Nutrition and Rehab reviews in progress. Nursing huddle completed. Family notified.</p> <p>RCA in progress</p>



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Facility Contact:	Jessica Yanny DQM
Facility web site:	https://kindredhealthcare.com/locations/ltac/kindred-hospital-seattle-first-hill
Date of Event Confirmation:	2.6.24
Facility capacity: (e.g., # of beds, rooms, procedures per year)	65
Other Facility information:	LTAC
Event Information:	<p>4F event reported to DOH 2.7.24 Online send the contextual form as follow up via email, RCA to be send once completed and reviewed.</p> <p>Patient admitted on 12.29.23. On 2.6.24 the patient was noted to have a Stage 3 pressure injury to the right heel. Cavilon skin prep applied covered with foam dressing and heels floated off pillow. Patient already on specialty sand bed.</p> <p>Records reviewed; initial interviews conducted. Followed up by wound care. Care plan updated. Nutrition and Rehab reviews in progress. Nursing huddle completed. Family notified.</p> <p>RCA in progress</p>



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Facility web site:	https://kindredhealthcare.com/locations/ltac/kindred-hospital-seattle-first-hill
Date of Event Confirmation:	2.6.24
Facility capacity: (e.g., # of beds, rooms, procedures per year)	65
Other Facility information:	LTAC
Event Information:	<p>4F event reported to DOH 2.7.24 Online send the contextual form as follow up via email, RCA to be send once completed and reviewed.</p> <p>Patient admitted on 12.4.23. On 2.6.24 the patient was noted to have a Stage 3 pressure injury to the coccyx. Triad cream and foam dressing applied.</p> <p>Records reviewed; initial interviews conducted. Followed up by wound care. Care plan updated. Nutrition and Rehab reviews in progress. Nursing huddle completed. Family notified.</p> <p>RCA in progress</p>



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Facility Name:	Smokey Point Behavioral Hospital
Facility Contact:	Emily Crout, Director of Risk
Facility web site:	smokeypointbehavioralhospital.com
Date of Event Confirmation:	02/07/2024
Facility capacity: (e.g., # of beds, rooms, procedures per year)	115 beds, behavioral health
Other Facility Information:	
Event Information:	Patient made allegation of non-consensual sexual intercourse/ contact. End-Harm case started, Police called. Patient refused to speak with police or go to medical hospital. Internal investigation done and unable to substantiate claims however we are reporting in full transparency.

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Facility Name:	Wellfound Behavioral Health Hospital
Facility Contact:	Amy Schreiber
Facility web site:	Amy.Schreiber@wellfound.org
Date of Event Confirmation:	2/12/2024
Facility capacity: (e.g., # of beds, rooms; procedures per year)	
Other Facility information:	
Event Information:	<p>Wellfound Behavioral Health Hospital</p> <p>Confirmed 2/12</p> <p>Patient's peer approached him and unprovoked, punched him in the nose. Patient sustained a nasal bone and maxillary fracture.</p>

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Facility Name:	Wellfound Behavioral Health Hospital
Facility Contact:	Amy Schreiber
Facility web site:	Amy.Schreiber@wellfound.org
Date of Event Confirmation:	2/13/2024
Facility capacity: (e.g., # of beds, rooms, procedures per year)	
Other Facility Information:	
Event Information:	<p>Wellfound Behavioral Health Hospital</p> <p>Confirmed date: 2/13/2024</p> <p>Sexual Assault</p> <p>A male patient walked into patient's room and tried to take off the patient's mask (patient is COVID positive) and ran his hands across the patients' breasts over her scrubs. Translator services was used to talk with patient.</p> <p>After event, Male patient was placed on a constant observer.</p>

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Facility Name:	Wellfound Behavioral Health Hospital
Facility Contact:	Amy Schreiber
Facility web site:	amy.schreiber@wellfound.org
Date of Event Confirmation:	2/15/2024
Facility capacity: (e.g., # of beds, rooms, procedures per year)	
Other Facility information:	
Event Information:	<p>Wellfound Behavioral Health Hospital</p> <p>Confirmed 2/16/2024</p> <p>Alleged Sexual Assault. Allegedly, patient was kissed by her roommate three times against her will. Later reporting that she was penetrated by a toothbrush by roommate. Patient sent to Emergency Room for sane exam.</p> <p>Patient was moved to a different unit.</p>



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Facility Contact:	Jessica Yanny DQM
Facility web site:	https://kindredhealthcare.com/locations/ltac/kindred-hospital-seattle-first-hill
Date of Event Confirmation:	2.19.24
Facility capacity: (e.g., # of beds, rooms, procedures per year)	65
Other Facility information:	LTAC
Event Information:	<p>A total of two 4F event reported to DOH 2.19.24 Online send the contextual form as follow up via email, RCA to be send once completed and reviewed.</p> <p>Patient admitted on 12.5.23. On 2.16.24 he was noted to have DTI to left and right ischium tuberosity. Triad cream w/ foam applied.</p> <p>Records reviewed; initial interviews conducted. Followed up by wound care. Care plan updated. Nutrition and Rehab reviews in progress. Nursing huddle completed. Family notified.</p> <p>RCA in progress</p>



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Facility Name:	University of Washington Medical Center
Facility Contact:	Lisa Robinson
Facility web site:	https://www.uwmedicine.org/
Date of Event Confirmation:	2/22/2024
Facility capacity: (e.g., # of beds, rooms, procedures per year)	810 beds
Other Facility information:	N/A
Event Information:	Patient assault on staff member. During care, patient inappropriately touched female RN's breast. RN informed the ED technician of the event who then notified the charge RN. Security was called and the patient was informed of behavioral expectations. The RN was reassigned to another patient.



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Facility Contact:	Jessica Yanny DQM
Facility web site:	https://kindredhealthcare.com/locations/ltac/kindred-hospital-seattle-first-hill
Date of Event Confirmation:	2.23.24
Facility capacity: (e.g., # of beds, rooms, procedures per year)	65
Other Facility information:	LTAC
Event Information:	<p>A total of two 4F event reported to DOH 2.23.24 Online send the contextual form as follow up via email, RCA to be send once completed and reviewed.</p> <p>Patient admitted on 10.6.23. On 2.23.24 he was noted to have DTI to left and right heels. Foam and boots applied. Heels to be floated.</p> <p>Records reviewed; initial interviews conducted. Followed up by wound care. Care plan updated. Nutrition and Rehab reviews in progress. Nursing huddle completed. Family notified.</p> <p>RCA in progress</p>

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Facility Name:	Cascade Medical
Facility Contact:	Melissa Grimm
Facility web site:	www.cascademedical.org
Date of Event Confirmation:	2/29/24
Facility capacity: (e.g., # of beds, rooms, procedures per year)	Hospital Acute Care is 9 beds
Other Facility information:	Critical Access Hospital
Event Information:	<p>Patient on airborne precautions. Patient got out of bed and bed alarmed. Nurse went to room and asked patient to wait for assistance to go to the bathroom until nurse could don PPE. Patient did not wait and instead ambulated to toilet with the use of walker. Nurse came into room and patient was on toilet. While waiting outside cracked door for privacy at patient's request, nurse asked patient to let her know when done voiding so she could assist patient back to bed. Patient did not advise when done voiding, instead nurse observed through crack door, patient got up to ambulate without assist, so nurse entered bathroom and observed patient fall. Patient fell onto left hip. Hospital team and EMS teams alerted for lift assist and patient care. This fall resulted in a left hip fracture. Patient was transferred to Confluence for fracture repair on 3/1/24.</p>



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Facility Contact:	Jessica Yanny DQM
Facility web site:	https://kindredhealthcare.com/locations/ltac/kindred-hospital-seattle-first-hill
Date of Event Confirmation:	3.4.2024
Facility capacity: (e.g., # of beds, rooms, procedures per year)	65
Other Facility information:	LTAC
Event Information:	<p>A total of two 4F event reported to DOH 3.4.204 Online send the contextual form as follow up via email, RCA to be send once completed and reviewed.</p> <p>Patient admitted on 1.23.24. On 2.28.24 he was noted to have DTI to the right heel. Foam and boots applied. Heels to be floated.</p> <p>Records reviewed; initial interviews conducted. Followed up by wound care. Care plan updated. Nutrition and Rehab reviews in progress. Nursing huddle completed. Family notified.</p> <p>RCA in progress</p>

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Facility Contact:	Jessica Yanny DQM
Facility web site:	https://kindredhealthcare.com/locations/ltac/kindred-hospital-seattle-first-hill
Date of Event Confirmation:	3.5.2024
Facility capacity: (e.g., # of beds, rooms, procedures per year)	65
Other Facility information:	LTAC
Event Information:	<p>A 4F event reported to DOH 3.5.204 Online send the contextual form as follow up via email, RCA to be send once completed and reviewed.</p> <p>Patient admitted on 12.15.23. On 3.5.24 the patient was noted to have an unstagable pressure injury to the sacrum. New orders for triad cream and cover with foam dressing.</p> <p>Records reviewed; initial interviews conducted. Followed up by wound care. Care plan updated. Nutrition and Rehab reviews in progress. Nursing huddle completed. Family notified.</p> <p>RCA in progress</p>



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Facility Contact:	Jessica Yanny DQM
Facility web site:	https://kindredhealthcare.com/locations/ltac/kindred-hospital-seattle-first-hil
Date of Event Confirmation:	4.4.2024
Facility capacity: (e.g., # of beds, rooms, procedures per year)	65
Other Facility information:	LTAC
Event Information:	<p>A 4F event reported to DOH 4.4.2024 Online send the contextual form as follow up via email, RCA to be send once completed and reviewed.</p> <p>Patient admitted on 1.4.24. On 4.4.24 the patient was noted to have a DTI pressure injury to the coccyx. New orders for triad cream and cover with foam dressing. Specialty bed ordered.</p> <p>Records reviewed; initial interviews conducted. Followed up by wound care. Care plan updated. Nutrition and Rehab reviews in progress. Nursing huddle completed. Family notified.</p> <p>RCA in progress</p>



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Facility Name:	Kittitas Valley Healthcare
Facility Contact:	Brandee Coates
Facility web site:	Kvhealthcare.org
Date of Event Confirmation:	4/15/2024
Facility capacity: (e.g., # of beds, rooms, procedures per year)	24 beds
Other Facility information:	
Event Information:	Restless, agitated and at times combative pt had orders for echocardiogram at the bedside. Pt originally following instructions and was in agreement w/ echo. Leads placed and Usterson began exam w/ probe placed on chest area. Pt instantly became angry and combative, attempting to rip off leads for echo. Pt then began to yell, bite and scratch staff. Pt also kicked nurse in abdomen/right side. This resulted in removal from the floor and evaluation in the ED where a rib fx was identified. Staff had to miss work until recovery.



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Facility Contact:	Jessica Yanny DQM
Facility web site:	https://kindredhealthcare.com/locations/ltac/kindred-hospital-seattle-first-hill
Date of Event Confirmation:	4.22.2024
Facility capacity: (e.g., # of beds, rooms, procedures per year)	65
Other Facility information:	LTAC
Event Information:	<p>A 4F event reported to DOH 4.22.2024 Online send the contextual form as follow up via email, RCA to be send once completed and reviewed.</p> <p>Patient admitted on 2.23.24. On 4.22.24 the patient was noted to have a DTI pressure injury to the Sacrum. New orders for triad cream and cover with foam dressing. Specialty bed ordered.</p> <p>Records reviewed; initial interviews conducted. Followed up by wound care. Care plan updated. Nutrition and Rehab reviews in progress. Nursing huddle completed. Family notified.</p> <p>RCA in progress</p>



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:	Kindred Hospital Seattle
Facility Contact:	Jessica Yanny DQM
Facility web site:	https://www.kindredhealthcare.com/locations/ltac/kindred-hospital-seattle-first-hill
Date of Event Confirmation:	4.22.24
Facility capacity: (e.g., # of beds, rooms, procedures per year)	65
Other Facility information:	LTAC
Event Information:	<p>7C event reported to DOH 4.22.2024 on-line send the contextual form as follow up via email,</p> <p>On 4.22.24 the patient claimed that a male staff member raped her. The police were contacted and came to take a report. No injury was sustained. Nursing leadership followed up immediately with the patient and a police report was filed. Police interviewed the patient and staff and determined there was no evidence of rape. We enacted care in pairs with female caregivers only assigned to the patient. Full investigation to follow.</p>



Adverse Event Contextual Information Form (Optional)

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Facility Name:	Kindred Hospital Seattle
Facility Contact:	Jessica Yanny DQM
Facility web site:	https://kindredhealthcare.com/locations/ltac/kindred-hospital-seattle-first-hil
Date of Event Confirmation:	4.30.2024
Facility capacity: (e.g., # of beds, rooms, procedures per year)	65
Other Facility information:	LTAC
Event Information:	<p>A 4F event reported to DOH 4.30.2024 Online send the contextual form as follow up via email, RCA to be send once completed and reviewed.</p> <p>Patient admitted on 4.5.24. On 4.30.24 the patient was noted to have a DTI to the right great toe and a DTI to the right heel. Skin prep, foam, boots, and ordering alternating air mattress.</p> <p>Records reviewed; initial interviews conducted. Followed up by wound care. Care plan updated. Nutrition and Rehab reviews in progress. Nursing huddle completed. Family notified.</p> <p>RCA in progress</p>



Adverse Event Contextual Information Form (Optional)

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Facility Name:	Kindred Hospital Seattle
Facility Contact:	Jessica Yanny DQM
Facility web site:	https://kindredhealthcare.com/locations/ltac/kindred-hospital-seattle-first-hill
Date of Event Confirmation:	5.3.2024
Facility capacity: (e.g., # of beds, rooms, procedures per year)	65
Other Facility information:	LTAC
Event Information:	<p>A 4F event reported to DOH 5.3.2024 Online send the contextual form as follow up via email, RCA to be send once completed and reviewed.</p> <p>Patient admitted on 1.23.2024. On 5.3.24 the patient was noted to have a DTI to the right heel. WOCN provided instructions and education to nursing staff on floating the heels, boots placed.</p> <p>Records reviewed; initial interviews conducted. Followed up by wound care. Care plan updated. Nutrition and Rehab reviews in progress. Nursing huddle completed. Family notified.</p> <p>RCA in progress</p>



Adverse Event Contextual Information Form (Optional)

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Public disclosure requests of an adverse event will include any contextual information the medical facility chose to provide. ([RCW 70.56.020\(2\)\(a\)](#))

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- Mail to: DOH Adverse Events, PO Box 47853, Olympia, WA, 98504-7853, or
- Fax to: Adverse Events (360) 236-2830

Facility Name:	University of Washington Medical Center
Facility Contact:	Lisa Robinson
Facility web site:	www.uwmedicine.org
Date of Event Confirmation:	5/23/2024
Facility capacity: (e.g., # of beds, rooms, procedures per year)	910 Beds
Other Facility information:	N/A
Event Information:	1 of 4 reported a physical assaults on 5/24/24; confirmed 5/23/24. In this event, a patient assaulted a staff member.



Adverse Event Contextual Information Form (Optional)

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- Fax to: Adverse Events (360) 236-2830

Facility Name:	University of Washington Medical Center
Facility Contact:	Lisa Robinson
Facility web site:	www.uwmedicine.org
Date of Event Confirmation:	5/23/2024
Facility capacity: (e.g., # of beds, rooms, procedures per year)	910 Beds
Other Facility information:	N/A
Event Information:	2 of 4 reported a physical assaults on 5/24/24; confirmed 5/23/24. In this event, a patient assaulted a staff member.



Adverse Event Contextual Information Form (Optional)

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Public disclosure requests of an adverse event will include any contextual information the medical facility chose to provide. ([RCW 70.56.020\(2\)\(a\)](#))

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- Fax to: Adverse Events (360) 236-2830

Facility Name:	University of Washington Medical Center
Facility Contact:	Lisa Robinson
Facility web site:	www.uwmedicine.org
Date of Event Confirmation:	5/23/2024
Facility capacity: (e.g., # of beds, rooms, procedures per year)	910 Beds
Other Facility information:	N/A
Event Information:	3 of 4 reported a physical assaults on 5/24/24; confirmed 5/23/24. In this event, a patient assaulted a staff member.



Adverse Event Contextual Information Form (Optional)

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- Fax to: Adverse Events (360) 236-2830

Facility Name:	University of Washington Medical Center
Facility Contact:	Lisa Robinson
Facility web site:	www.uwmedicine.org
Date of Event Confirmation:	5/23/2024
Facility capacity: (e.g., # of beds, rooms, procedures per year)	910 Beds
Other Facility information:	N/A
Event Information:	4 of 4 reported a physical assaults on 5/24/24; confirmed 5/23/24. In this event, a patient assaulted a staff member.



Adverse Event Contextual Information Form (Optional)

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- Mail to: DOH Adverse Events, PO Box 47853, Olympia, WA, 98504-7853, or
- Fax to: Adverse Events (360) 236-2830

Facility Name:	Valley Medical Center
Facility Contact:	Jamie Leviton
Facility web site:	www.valleymed.org
Date of Event Confirmation:	06 June 2024
Facility capacity: (e.g., # of beds, rooms, procedures per year)	321 beds
Other Facility information:	jamie_leviton@valleymed.org 425-690-3096
Event Information:	<p>The following three events will be submitted as part of an aggregate report for 2024 Quarter 2. The report will be submitted by July 15, 2024.</p> <p>ID#: QMN19117205_02 HAPI Location: Heel, Left HAPI Stage: Unstageable Date of Onset: 2024-05-16 Date of Confirmation: 2024-06-06</p> <p>ID#: JLX19117265 HAPI Location: Coccyx HAPI Stage: Unstageable HAPI Stage: 2024-05-05 Date of Confirmation: 2024-06-06</p> <p>ID#: LKN19117438 HAPI Location: Coccyx HAPI Stage: Unstageable HAPI Stage: 2024-05-05 Date of Confirmation: 2024-06-06</p>



Adverse Event Contextual Information Form (Optional)

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- Fax to: Adverse Events (360) 236-2830

Facility Name:	Kindred Hospital Seattle
Facility Contact:	Jessica Yanny DQM
Facility web site:	https://www.kindredhealthcare.com/locations/ltac/kindred-hospital-seattle-first-hill
Date of Event Confirmation:	6.18.24
Facility capacity: (e.g., # of beds, rooms, procedures per year)	65
Other Facility information:	LTAC
Event Information:	<p>7D event reported to DOH 6.18.2024 on-line send the contextual form as follow up via email,</p> <p>On the evening of June 14, 2024 patient alleges a female nurse removed her gown and yanked her like a rag-doll causing pain. No injury was sustained. Provider was notified and examined patient. The identified employee was suspended pending investigation. Nursing leadership followed up immediately with the patient and a police report was filed. Investigation to follow.</p>



Adverse Event Contextual Information Form (Optional)

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Facility Name:	University of Washington Medical Center
Facility Contact:	Diana Guillen
Facility web site:	www.uwmedicine.org
Date of Event Confirmation:	6/27/2024
Facility capacity: (e.g., # of beds, rooms, procedures per year)	910 beds
Other Facility information:	N/A
Event Information:	Confirmed 6/27/24. In this event, a patient sexually assaulted a staff member twice by inappropriately touching female MA's breast. An emergency safety huddle occurred to establish a safety plan including reassignment of the patient, male caregivers only, rounding and communication re patient care plan with team and review of behavioral expectations with the patient.



Adverse Event Contextual Information Form (Optional)

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Facility Name:	University of Washington Medical Center
Facility Contact:	Diana Guillen
Facility web site:	www.uwmedicine.org
Date of Event Confirmation:	6/27/2024
Facility capacity: (e.g., # of beds, rooms, procedures per year)	910 beds
Other Facility information:	N/A
Event Information:	Confirmed on 6/27/24. In this event, a patient assaulted a staff member.



Adverse Event Contextual Information Form (Optional)

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- Fax to: Adverse Events (360) 236-2830

Facility Name:	Valley Medical Center
Facility Contact:	Jamie Leviton
Facility web site:	www.valleymed.org
Date of Event Confirmation:	7/11/2024
Facility capacity: (e.g., # of beds, rooms, procedures per year)	321 beds
Other Facility information:	jamie_leviton@valleymed.org 425-690-3096
Event Information:	<p>The following three events will be submitted as part of an aggregate report for 2024 Quarter 3. The report will be submitted by October 15, 2024.</p> <p>ID#: ZRV19157435 HAPI Location: Neck HAPI Stage: Unstageable Date of Onset: 2024-06-13 Date of Confirmation: 2024-06-06</p> <p>ID#: RCE19157477 HAPI Location: Sacrum HAPI Stage: Unstageable Date of Onset: 2024-06-04 Date of Confirmation: 2024-06-06</p> <p>ID#: IDT19157511 HAPI Location: Coccyx HAPI Stage: Unstageable Date of Onset: 2024-06-12 Date of Confirmation: 2024-06-06</p> <p>ID#: ARN19167036 HAPI Location: Ear HAPI Stage: Unstageable Date of Onset: 2024-06-23 Date of Confirmation: 2024-06-06</p>



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- Fax to: Adverse Events (360) 236-2830

Facility Name:	University of Washington Medical Center
Facility Contact:	Diana Guillen
Facility web site:	www.uwmedicine.org
Date of Event Confirmation:	6/27/2024
Facility capacity: (e.g., # of beds, rooms, procedures per year)	910 beds
Other Facility information:	N/A
Event Information:	Confirmed on 07/25/2024. In this event, a patient assaulted a staff member.



Adverse Event Contextual Information Form (Optional)

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- Fax to: Adverse Events (360) 236-2830

Facility Name:	University of Washington Medical Center
Facility Contact:	Diana Guillen
Facility web site:	www.uwmedicine.org
Date of Event Confirmation:	6/27/2024
Facility capacity: (e.g., # of beds, rooms, procedures per year)	910 beds
Other Facility information:	N/A
Event Information:	Confirmed on 07/25/2024. In this event, a patient assaulted a staff member.



Adverse Event Contextual Information Form (Optional)

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Facility Name:	University of Washington Medical Center
Facility Contact:	Diana Guillen
Facility web site:	www.uwmedicine.org
Date of Event Confirmation:	6/27/2024
Facility capacity: (e.g., # of beds, rooms, procedures per year)	910 beds
Other Facility information:	N/A
Event Information:	Confirmed on 07/25/2024. In this event, a patient assaulted a staff member.



Adverse Event Contextual Information Form (Optional)

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Facility Name:	University of Washington Medical Center
Facility Contact:	Diana Guillen
Facility web site:	www.uwmedicine.org
Date of Event Confirmation:	6/27/2024
Facility capacity: (e.g., # of beds, rooms, procedures per year)	910 beds
Other Facility information:	N/A
Event Information:	Confirmed on 07/25/2024. In this event, the parents of a newborn infant on administrative hold by CPS for determination of a safe discharge plan attempted to leave the hospital with their baby. A successful Code Amber was initiated, and the family was met in the hospital lobby by the response team and the infant was returned to hospital care. The event is being reported as an abduction because the parents made it off the unit with their infant, a Code Amber response was initiated and UWPD was engaged.



Adverse Event Contextual Information Form (Optional)

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- Fax to: Adverse Events (360) 236-2830

Facility Name:	Samaritan Healthcare
Facility Contact:	Anne Foss Durant
Facility web site:	www.samaritanhealthcare.com
Date of Event Confirmation:	7/25/24
Facility capacity: (e.g., # of beds, rooms, procedures per year)	50 beds
Other Facility information:	
Event Information:	On 7/25/24 at approximately 0004, a patient was being loud, rude & threatening to staff, Moses Lake Police Department was called, officers arrived and were on standby in the Emergency Department. Patient was placed in ER hallway bed 1. At approximately 0030, a urinalysis was ordered by the physician, the Police had left the hospital, and patient proceeded to the bathroom with security escort, between rooms number 6 and 7. On the way to the restroom the patient bent over and whispered in the ear of patient in hallway bed #2. The patient, in hallway 2, got up quickly and then proceeded to punch patient #1 in the face 3 times, patient #1 fell to his knees, and security immediately separated the patients'. The Police Department was again called and responded to the ED. Patient #1 was treated for an avulsion of his right maxillary incisor. Patient #2 sat back in the bed and remained cooperative, after which he was discharged.

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Facility Name:	PeaceHealth - United General Medical Center
Facility Contact:	Bridget Taddonio, Manager of Quality and Patient Safety
Facility web site:	www.peacehealth.org/locations/sedro-woolley
Date of Event Confirmation:	8/16/2024
Facility capacity: (e.g., # of beds, rooms, procedures per year)	25 beds are utilized for patient care including critical care, acute care, observation, and swing patients, and an additional 10 beds for Inpatient Rehabilitation. Key services include the Emergency Department, Cancer Center, Surgical Services, Laboratory, Diagnostic Imaging, Acute Care, Progressive Care, Rehabilitation, Pulmonary Rehabilitation, and the Sleep Disorders Center. The services are located on the main campus at 2000 Hospital Drive, adjacent to Highway 20, just west of Sedro-Woolley, Washington.
Other Facility information:	N/A
Event Information:	<p>S – On 8/8/2024 78yo female patient sustained a humerus fracture after falling in the UGMC respiratory hallway while completing an outpatient rest and exercise oximetry test.</p> <p>B – Patient was performing an outpatient rest and exercise oximetry test. While ambulating in the hallway, patient reported catching her shoe on the floor, tripping, falling, and landing on her arm. Patient immediately indicated her arm was hurting. Rapid Response was called. Staff present in hallway assisted patient with gait belt up to wheelchair. Patient transported to ED where it was determined she sustained a nondisplaced, nonangulated fracture through the surgical neck of the proximal right humerus. Patient was stabilized, discharged and referred to an Orthopedic specialist.</p> <p>A – Case was immediately reviewed by department leadership. Respiratory Manager met with Caregiver performing the outpatient procedure to learn more. Caregiver reports that patient did not present as a fall risk. She had no gait disturbance, does not use assistive devices, no dizziness or lightheadedness, no hypoxia, chest pain or other complaints. Patient proceeded with walk test and had no issues for 300ft (3 lengths of hallway) before tripping. An environmental assessment was completed of the respiratory hallway and no floor defects or tripping hazards were noted. Environmental Services confirmed that no new cleaning materials had been used on the floors.</p> <p>R – The UGMC Safety Event Review Team (SERT) does not believe there was a deviation in Generally Accepted Principles (GAPs), however, since the patient did sustain a humerus fracture, we will report this event to the Department of Health as 4E; Patient death or serious injury associated with a fall while being cared for in a healthcare setting.</p>

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- Mail to: DOH Adverse Events, PO Box 47853, Olympia, WA, 98504-7853, or
- Fax to: Adverse Events (360) 236-2830

Facility Name:	Valley Medical Center
Facility Contact:	Jamie Leviton
Facility web site:	www.valleymed.org
Date of Event Confirmation:	08/14/2024
Facility capacity: (e.g., # of beds, rooms, procedures per year)	321 beds
Other Facility Information:	jamie_leviton@valleymed.org 425-690-3096
Event Information:	<p>The following event will be submitted as part of an aggregate report for 2024 Quarter 3. The report will be submitted by October 15, 2024.</p> <p>ID#: SJK19198550</p> <p>HAPI Location: BUTTOCKS</p> <p>HAPI Stage: Stage 4</p> <p>Date of Onset: 2024-07-05</p> <p>Date of Confirmation: 2024-08-14</p>



Adverse Event Contextual Information Form (Optional)

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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:	University of Washington Medical Center
Facility Contact:	Diana Guillen
Facility web site:	www.uwmedicine.org
Date of Event Confirmation:	8/15/2024
Facility capacity: (e.g., # of beds, rooms, procedures per year)	910 beds
Other Facility information:	N/A
Event Information:	Confirmed 8/15/24. In this event, a patient sexually assaulted a staff member.



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Facility Name:	Kindred Hospital Seattle
Facility Contact:	Jessica Yanny DQM
Facility web site:	https://www.kindredhealthcare.com/locations/ltac/kindred-hospital-seattle-first-hill
Date of Event Confirmation:	9.16.24
Facility capacity: (e.g., # of beds, rooms, procedures per year)	65
Other Facility information:	LTAC
Event Information:	<p>7D and 7C event reported to DOH 9.16.2024 on-line send the contextual form as follow up via email,</p> <p>On the evening of September 15, 2024 patient alleges her nurse restrained her against her will and sexually assaulted her. Provider was notified and examined patient and offered transfer to an ED for a sane exam. The identified employee was suspended pending investigation. Nursing leadership followed up immediately with the patient and a police report was filed. Investigation to follow.</p>

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Facility Name:	Harbor Regional Health Community Hospital
Facility Contact:	Jon Lapacek, RN
Facility web site:	ghcares.org
Date of Event Confirmation:	09/16/2024
Facility capacity: (e.g., # of beds, rooms, procedures per year)	
Other Facility information:	Page 1 of 1
Event Information:	<p>Wound care consult complete.</p> <p>History of wound: This patient has had a prolonged, complicated hospital stay with multiple comorbidities and surgeries including septic shock (multi-organism cultures in abdominal fluid), acute hypoxic respiratory failure, peritonitis requiring 6 surgeries thus far s/p partial colectomy with end colostomy, severe PCM on lipids and TPN with TF ordered, and DM-2. His nurse tells me that his skin and coccyx had been checked prior to his first surgery and was intact, but when he came back from surgery - intubated and on pressers - they noticed the deep tissue injury for the first time.</p> <p>Barriers to care: Multiple co-morbidities as listed above. Currently on bedrest and kept partially sedated. Max care with bed mobility and positioning. On TPN and lipids and with tube feeding ordered.</p> <p>Assessments and Recommendations on following page</p>

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Facility Name:	Harbor Regional Health Community Hospital
Facility Contact:	Jon Lapacek, RN
Facility web site:	Ghcares.org
Date of Event Confirmation:	09-16-2024
Facility capacity: (e.g., # of beds, rooms, procedures per year)	
Other Facility information:	Page 2 of 2
Event Information:	<p>Assessments and Recommendations:</p> <p>Head to toe skin check with John and Libby. Heels, elbows, and shoulder blades intact. This ulcer began as a deep tissue injury with intact maroon/purple skin over a very prominent coccyx bone immediately following surgery, when patient remained intubated and on pressers. He was placed on an airbed with frequent turns and a foam dressing. He has now been extubated and is off the pressers and the wound appears to be starting to evolve. This ulcer is considered a Non-stageable pressure injury at this point. More than likely a Kennedy terminal ulcer r/t how quickly it came on while the patient was in a critical condition. Measurements 5.0cm x 6.8cm x 0.2cm.</p> <p>Recommendations: Xeroform gauze, continue airbed, frequent turns side to side (avoid positioning on his buttocks) (Do not bridge to avoid splitting) and continue to support his nutrition, while offloading.</p>



Adverse Event Contextual Information Form (Optional)

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Facility Name:	Kindred Hospital Seattle
Facility Contact:	Jessica Yanny DQM
Facility web site:	https://kindredhealthcare.com/locations/ltac/kindred-hospital-seattle-first-hill
Date of Event Confirmation:	9.24.2024
Facility capacity: (e.g., # of beds, rooms, procedures per year)	65
Other Facility information:	LTAC
Event Information:	<p>A 4F event reported to DOH 9.24.2024 Online send the contextual form as follow up via email, RCA to be send once completed and reviewed.</p> <p>Patient admitted on 8.24.2024. On 9.24.24 the patient was noted to have an unstagable wound on her right scapula and an unstagable wound on her left scapula. Wounds cleaned, triad cream and foam dressing applied. Will place patient on an alternating air pressure mattress.</p> <p>Records reviewed; initial interviews conducted. Followed up by wound care. Care plan updated. Nutrition and Rehab reviews in progress. Nursing huddle completed. Family notified.</p> <p>RCA in progress</p>



Adverse Event Contextual Information Form (Optional)

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Facility Name:	Kindred Hospital Seattle
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Facility web site:	https://kindredhealthcare.com/locations/ltac/kindred-hospital-seattle-first-hill
Date of Event Confirmation:	9.24.2024
Facility capacity: (e.g., # of beds, rooms, procedures per year)	65
Other Facility information:	LTAC
Event Information:	<p>A 4F event reported to DOH 9.24.2024 Online send the contextual form as follow up via email, RCA to be send once completed and reviewed.</p> <p>Patient admitted on 8.24.2024. On 9.24.24 the patient was noted to have an unstagable wound on her right scapula and an unstagable wound on her left scapula. Wounds cleaned, triad cream and foam dressing applied. Will place patient on an alternating air pressure mattress.</p> <p>Records reviewed; initial interviews conducted. Followed up by wound care. Care plan updated. Nutrition and Rehab reviews in progress. Nursing huddle completed. Family notified.</p> <p>RCA in progress</p>



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Facility Name:	University of Washington Medical Center
Facility Contact:	Diana Guillen
Facility web site:	www.uwmedicine.org
Date of Event Confirmation:	9/26/2024
Facility capacity: (e.g., # of beds, rooms, procedures per year)	910 beds
Other Facility information:	N/A
Event Information:	Confirmed 9/26/24. In this event, a patient sexually assaulted a staff member by inappropriately touching female MA's breast.

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Facility Name:	.Garfield County Hospital District
Facility Contact:	Stephanie Hughes, LPN
Facility web site:	www.pomeroymd.com
Date of Event Confirmation:	9/26/2024
Facility capacity: (e.g., # of beds, rooms, procedures per year)	25
Other Facility information:	Swing Bed Program
Event Information:	<p>4E - Patient death or serious injury associated with a fall</p> <p>Patient had fall from wheelchair on afternoon of 9/24/24. During initial assessment, patient was noted to have split to the bridge of her nose, and was sent to ED for further treatment as bleeding would not stop. Patient denied pain/discomfort upon initial assessment. On 9/26/24, patient began verbalizing soreness as well as pain/discomfort to her neck and ribs. At this time provider noted increased swelling to L hand and provider ordered imaging. Imaging revealed suspected acute mildly displaced fracture at the dorsal/ulnar head of the 5th metacarpal. Hand splint and ace wrap placed at this time with repeat x-ray scheduled.</p>

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Facility Name:	WhidbeyHealth Sleep Care
Facility Contact:	Shanna Harney-Bates
Facility web site:	whidbeyhealth.org
Date of Event Confirmation:	10/18/2024
Facility capacity: (e.g., # of beds, rooms, procedures per year)	Clinic Event off-site Sleep Care
Other Facility information:	Sleep Care Clinic
Event Information:	<p>Patient went to the restroom and we heard a loud bang. The door was locked and I had to unlock door. I found the patient lying on the floor awake. Immediately MA and NP came and assessed patient. I called 911 per NP request. Per NP, patient was awake, no loss of consciousness. Patient had an abrasion on the back of his head and was bleeding. There was an indent on the wall. Patient stated he lost his balance and fell. Wife and son were here with patient who did not seem alarmed with the incident. Paramedics arrived and transported patient to WhidbeyHealth emergency department with family to follow. Supervisor contacted and she was here when ambulance arrived. Post assessment at WhidbeyHealth Emergency Room and decision was made to transfer to a higher level of care due to co-morbidities and concern of injury due to fall.</p> <p>Follow-up call with spouse, was informed that patient had passed away during care in Seattle.</p>

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Facility Name:	WhidbeyHealth Medical Center
Facility Contact:	Shanna Harney-Bates
Facility web site:	whidbeyhealth.org
Date of Event Confirmation:	10/22/2024
Facility capacity: (e.g., # of beds, rooms, procedures per year)	25 beds
Other Facility information:	360-678-7656 ext 6304
Event Information:	Patient scheduled for a lesion lumpectomy located a six o'clock on the left breast. The imaging also identified a lesion on the left breast located at twelve o'clock. The order for wire localization clearly stated to identify and mark the six o'clock left breast lesion. The wire localization was not in the correct location and identified the twelve o'clock lesion which was benign and removed. At the Six month surgical follow up; imaging identified that the six o'clock left breast lesion was still present.

Adverse Event Contextual Information Form (Optional)

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Facility Name:	Inland Northwest Behavioral Health
Facility Contact:	Susan Giovanini 509-992-1348
Facility web site:	susan.giovanini@uhsinc.com
Date of Event Confirmation:	10/27/2024
Facility capacity: (e.g., # of beds, rooms, procedures per year)	100
Other Facility information:	Video was reviewed by the Compliance Officer and CNO. Staff completed rounds every 13-15 minutes. There was a hallway monitor and also there was a staff memebr in the hallway performing environmental rounds. (Picking Up Towels and Getting Patients for medications)
Event Information:	<p>On 10/28/2024 NL reported to the MHT that he and his roommate really liked each other, and he ended up performing oral sex on him last night. NL reported that it was right after bedtime, in between rounds. TP admits to receiving oral sex but did not ejaculate; it stopped before that could happen as they heard staff in the hall and did not want to get caught.</p> <p>Applicable facts within two hours prior to incident: Patient's were in community wrap up group. Upon group ending, the patients were lined up in the hallway to get their hygiene buckets as it was shower time. In between shower time, patients were at the medication window to receive their nightly medications. Upon completion of showers and medication administration, the patients were in their bedrooms for lights out and bedtime. Patients were seen in the hallway on video laughing and talking to the patients across the hall from them.</p> <p>Precautions Ordered prior to incident:</p> <p>TP was on Suicide, Self-Harm, Elopement and Medical Risk (Asthma)</p> <p>NL was on Suicide, Self-Harm and Sexual Victim Precautions</p> <p>NL is a 13-year-old male who was admitted on voluntary basis due to suicidal ideation after an argument with his mother. Patient has multiple previous admissions, with his last admit last month. Patient has chronic family conflict, with poor coping skills and the development of suicidal ideation. Patient smokes marijuana 3-4 times a week.</p> <p>Psychiatric Diagnosis:</p> <p>Major depressive disorder, recurrent, moderate</p>

Adverse Event Contextual Information Form (Optional)

	<p>Generalized anxiety disorder</p> <p>Chronic PTSD</p> <p>Medical Diagnosis:</p> <p>N/A</p> <p>TP is a 15-year-old male who was admitted on voluntary admission due to suicidal ideation. Patient claimed that he has been suicidal for a while, exacerbated by death of his dog last weeks and overall stressors at home and at school. Patient claims that he overdosed last week, was evaluated at the Sacred Heart Emergency room, and was released with follow-up. Patient is adopted, lives with adoptive mother, uses cannabis about once a week, as well as nicotine.</p> <p>Psychiatric Diagnosis:</p> <p>Major depressive disorder, recurrent, moderate</p> <p>Generalized anxiety disorder</p> <p>ADHD, Mixed Type</p> <p>Medical Diagnosis:</p> <p>N/A</p> <p>Facility Immediate Actions Taken:</p> <p>Staff immediately separated the patients and moved NL to a new room. Staff notified the Director of Risk and the physician. The patient's parents were called along with the police. (The 15 year old wanted to notify the police but not press charges as it was consensual) TP was placed on sexual victim precautions and NL was placed on Sexual Aggression Precautions today as he was already on sexual victim precautions.</p>
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Facility Name:	Harborview Medical Center – UW Medicine
Facility Contact:	Christine Cottingham, Patient Safety Officer 206-744-5051 – cotting@uw.edu
Facility web site:	Harborview Medical Center in Seattle UW Medicine
Date of Event Confirmation:	10-28-2024
Facility capacity: (e.g., # of beds, rooms, procedures per year)	500 beds
Other Facility information:	The UW Medicine physicians, staff and other healthcare professionals based at Harborview provide exemplary patient care in leading-edge centers of emphasis, including emergency medicine, trauma and burn care; neurosciences, ophthalmology, vascular surgery, HIV/AIDS psychiatry and rehabilitation medicine.
Event Information:	<p>Related to staff assaults submitted with confirmation date 5-22-2023. UW Medicine is committed to providing the safest possible work environment for our staff. Toward that end, we have approved standard criteria for defining the serious harm associated with DOH standard 7D. – “Death or serious injury of a patient or staff member resulting from a physical assault that occurs in or on the grounds of a healthcare setting.”</p> <p><i>The following standards will be used to identify a “serious injury” of a staff member from an assault while on the grounds on the grounds of a UW Medicine facility. This will include a physical assault resulting in inpatient hospitalization, an invasive procedure or a physician’s order for ≥ 14 days away from work (excluding modified duty, restricted duty or an alternative posting.)</i></p> <p>This case was submitted after meeting this “time away from work” criteria.</p>



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Facility Name:	Kindred Hospital Seattle
Facility Contact:	Jessica Yanny DQM
Facility web site:	https://www.kindredhealthcare.com/locations/ltac/kindred-hospital-seattle-first-hill
Date of Event Confirmation:	10.29.24
Facility capacity: (e.g., # of beds, rooms, procedures per year)	65
Other Facility information:	LTAC
Event Information:	<p>7D event reported to DOH 10.29.2024 on-line send the contextual form as follow up via email,</p> <p>Patient alleges he was hit in the head with a towel. The patient does not know what time or what day or what the assailant looks like. The provider was notified and examined the patient for injury. Nursing leadership followed up immediately with the patient and a police report was filed. Investigation to follow.</p>

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Facility Name:	Rainier Springs
Facility Contact:	Jennifer McWatters
Facility web site:	rainiersprings.com
Date of Event Confirmation:	11/5/2024
Facility capacity: (e.g., # of beds, rooms, procedures per year)	72 beds
Other Facility information:	
Event Information:	<p>On November 5, 2024, the therapist, Greg B., informed the patient they were starting group and asked people to the group room for their therapy group session.</p> <p>During our leadership meeting, we received a call for a CODE 100; the nursing leadership, Clinical Service Director (DCS), and I immediately went to the Cedars unit. We learned the unit had a patient quarantined in the south patient area. The staff reported that the patient wanted to hurt the group therapist after an altercation. To get information, the patient's nurse, a patient care assistant, and I were able to speak with the patient in a private room due to his being "deaf." We learned he could speak but needed to write his book publicly for safety. The patient shared he entered the group room and shared a paragraph in his book with the therapist. He and the therapist had not gotten off on the right foot, and he wanted the therapist to be kind to him after the bad start. The therapist read the wrong entry, felt threatened by the patient, and asked him to leave. The therapist went to the door to get the patient out of the room or to ask for help. The door appeared to be blocked by the patient with the book or by the employee trying to get the book out of his face. The employee pushed the patient away from the door or opened the door to protect himself from the patient. The patient began to grab a chair, but our employee or the door knocked it out of his hand. The staff member eventually used his forearm and pushed the patient up against the wall. At the wall, the employee appears to choke the patient. They were leaving the patient with a small abrasion on his left eye from the wall. No other visible injuries were present. The patient was transferred to another unit due to the event; the staff has been suspended pending an investigation. The Director of Quality visited with all the patients involved to ensure they felt heard if they had any complaints or concerns.</p> <p>On there was an altercation between a patient and staff member. The patient would only communicate by writing publicly in his book for safety. The patient is very paranoid and has been using his book to communicate. The patient had already informed the staff he prefers to write his words because "people are after him and are going to hurt him." While interacting with the patient, the patient shared a paragraph with the therapist that he had written in his book that resulted in the therapist feeling threatened. The therapist</p>

**Adverse Event Contextual Information
Form (Optional)**

	<p>asked the patient to leave the room and went to the door to ask for help. The door appeared to be blocked by the patient with the book or by the employee trying to get the book out of his face. The employee appeared to push the patient away from the door to protect himself from the patient. The patient began to grab a chair, but then dropped it- it was unclear if the employee, or the door, knocked it out of his hand. The staff member eventually used his forearm and pushed the patient up against the wall. At the wall, the incident was observed on video as our staff placing his forearm on the back of the patient neck, the patient facing the wall, and the patient was able to get free. Other staff members were able to open the door, the two individuals were separated, staff called a CODE 100, and the patient was taken out of the room. The patient had a small abrasion on his left eye from the wall. No other visible injuries were present. The patient was transferred to another unit due to the event; the staff has been suspended pending an investigation. Debriefing was done with the other patients on the unit that were present at the time.</p>
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Adverse Event Contextual Information Form (Optional)

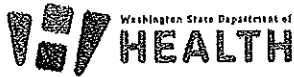
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- Fax to: Adverse Events (360) 236-2830

Facility Name:	Kindred Hospital Seattle
Facility Contact:	Jessica Yanny DQM
Facility web site:	https://kindredhealthcare.com/locations/ltac/kindred-hospital-seattle-first-hil
Date of Event Confirmation:	11.25.2024
Facility capacity: (e.g., # of beds, rooms, procedures per year)	65
Other Facility information:	LTAC
Event Information:	<p>A 4F event reported to DOH 11.26.2024 Online send the contextual form as follow up via email, RCA to be send once completed and reviewed.</p> <p>Patient admitted on 9.14.24 On 11.25.24 the patient was noted to have an a new DTI to right hip. Wound cleaned and optiview clearview dressing applied. Patient placed on a C200 specialty mattress.</p> <p>Records reviewed; initial interviews conducted. Followed up by wound care. Care plan updated. Nutrition and Rehab reviews in progress. Nursing huddle completed. Family notified.</p> <p>RCA in progress</p>



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)). Please do not include any personally identifiable information for any patient, healthcare professional or facility employee in this form.

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Facility Name:	Seattle Surgery Center
Facility Contact:	Stefanie Jeppesen
Facility web site:	seattlesurgerycenter.com
Date of Event Confirmation:	12/12/24
Facility capacity: (e.g., # of beds, rooms, procedures per year)	7 ORs, 1 procedure room
Other Facility Information:	
Event Information:	Discovered that patient had a piece of guide wire retained, it wasn't seen during the initial procedure and it wasn't noticed by anyone that the tip of the guidewire broke off. It wasn't noticed until post op x-rays



Adverse Event Contextual Information Form (Optional)

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Public disclosure requests of an adverse event will include any contextual information the medical facility chose to provide. (RCW 70.56.020(2)(a))

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Facility Name:	Kindred Hospital Seattle
Facility Contact:	Jessica Yanny DQM
Facility web site:	https://kindredhealthcare.com/locations/ltac/kindred-hospital-seattle-first-hil
Date of Event Confirmation:	12.17.2024
Facility capacity: (e.g., # of beds, rooms, procedures per year)	65
Other Facility information:	LTAC
Event Information:	<p>A 4F event reported to DOH 12.18.2024 Online send the contextual form as follow up via email, RCA to be send once completed and reviewed.</p> <p>Patient admitted on 11.26.24 On 12.17.24 the patient was noted to have an a new DTI to left buttock. Wound cleaned, triad cream applied and covered with foam dressing. Patient already on specility mattress.</p> <p>Records reviewed; initial interviews conducted. Followed up by wound care. Care plan updated. Nutrition and Rehab reviews in progress. Nursing huddle completed. Family notified.</p> <p>RCA in progress</p>



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\(2\)\(a\)](#))

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- Fax to: Adverse Events (360) 236-2830

Facility Name:	University of Washington Medical Center
Facility Contact:	Diana Guillen
Facility web site:	www.uwmedicine.org
Date of Event Confirmation:	12/19/2024
Facility capacity: (e.g., # of beds, rooms, procedures per year)	910 beds
Other Facility information:	N/A
Event Information:	Based on review, this RFO was determined unlikely to have been retained during previous surgeries performed at UWMC. The event is being reported because an RFO was discovered and definitive determination of when and where the retention occurred cannot be made.



Adverse Event Contextual Information Form (Optional)

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Facility Name:	University of Washington Medical Center
Facility Contact:	Diana Guillen
Facility web site:	www.uwmedicine.org
Date of Event Confirmation:	12/19/2024
Facility capacity: (e.g., # of beds, rooms, procedures per year)	910 beds
Other Facility information:	N/A
Event Information:	No deviations in practice found on review. This is a suspected device failure, the NG fractured on removal. Reported to FDA.



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.

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Facility Name:	University of Washington Medical Center
Facility Contact:	Diana Guillen
Facility web site:	www.uwmedicine.org
Date of Event Confirmation:	12/19/2024
Facility capacity: (e.g., # of beds, rooms, procedures per year)	910 beds
Other Facility information:	N/A
Event Information:	This was a patient-to-patient assault event in which shoving resulted in a fall from which injury was sustained.



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))

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Date of Event Confirmation:	12/19/2024
Facility capacity: (e.g., # of beds, rooms, procedures per year)	910 beds
Other Facility information:	N/A
Event Information:	No deviations in practice found on review. This is a suspected device failure, the NG fractured on removal. Reported to FDA.



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.

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Facility Name:	Kindred Hospital Seattle
Facility Contact:	Jessica Yanny DQM
Facility web site:	https://www.kindredhealthcare.com/locations/ltac/kindred-hospital-seattle-first-hill
Date of Event Confirmation:	12.20.24
Facility capacity: (e.g., # of beds, rooms, procedures per year)	65
Other Facility information:	LTAC
Event Information:	<p>7C event reported to DOH 12.20.2024 on-line send the contextual form as follow up via email.</p> <p>Patient's sister alleges that patient informed her he was sexually assaulted on 12.19.24 by a nurse. Patient presents as lethargic and confused. The identified employee was suspended pending investigation. Nursing leadership followed up immediately with the patient and a police report was filed. Investigation to follow.</p>