



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))

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:	Dayton General Hospital
Facility Contact:	Janet Inle
Facility web site:	
Date of Event Confirmation:	11/09/2016
Facility capacity: (e.g., # of beds, rooms, procedures per year)	25 bed CAH
Other Facility Information:	
Event Information:	Pressure Ulcer listed by RN as stage II, 2 days post admit. 8 days later patient was transferred to another facility as higher level of care was required for other medical/surgical reasons. At this time, there was no indication that the pressure ulcer was more than a stage II. Patient was transferred back to our facility after another 8 days, at which time the admitting physician noted stage IV pressure ulcer....this was on 09/17/16. QI discovered the documentation during routine chart selection process for physician peer review in late October. In reviewing the case with nursing director, it was thought that the pressure ulcer developed to stage III-IV while patient was away from our facility. QI decided to confirm that by requesting records from transferring facility, received today. Their documentation identified the ulcer present on admission to their facility as "unstageable."



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Facility Name:	Snoqualmie Valley Hospital
Facility Contact:	Rachel Weber BSN, RN, Director of Nursing
Facility web site:	snoqualmiehospital.org
Date of Event Confirmation:	October 20, 2016
Facility capacity: (e.g., # of beds, rooms, procedures per year)	25 beds per Med-Surg unit. Critical Access Hospital with a Swing Bed Program, (very active one). We have approximately 600 patient days per month.
Other Facility Information:	
Event Information:	<p>Patient was admitted on September 7, 2016. As required per policy a two nurse skin assessment was performed. Documentation stated heels were noticed to be red and to float heels. Patient experiences pain in left lower extremity and is on partial weight bearing precautions. Patients daily schedule includes being transported to outpatient dialysis center for 6 hour periods Monday, Wednesday, and Friday from 6:00am to 12:00pm. It was stted that the patient was often found to be non-compliant with heel floating interventions. On October 6, 2016 the morning nurse documented a scab on the patient's left heel. The wound nurse was notified on October 9, 2016 after documentation of the left heel wound occurred. The wound nurse examined the wound and wound care treatment was established per unstageable wound care protocol. On October 17, 2016 a safety incident was submitted in regards to the patient's left heel wound and was confirmed to be an unstageable pressure ulcer on October 20, 2016.</p>



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Facility Name:	Yakima Valley Memorial Hospital
Facility Contact:	Lynda Boggess, Senior Director of Critical Care Services
Facility web site:	https://www.yakimamemorial.org/
Date of Event Confirmation:	06/21/2016 8/29/2016 per attached email.
Facility capacity: (e.g., # of beds, rooms, procedures per year)	2,026 Bed Acute Care Hospital
Other Facility information:	
Event Information:	On 8-28-2016 at 0655 a 49 y.o. male patient MR# 10092440 with a new left lower leg amputation was attempting to get out of bed and fell striking the suture line on his left amputation site. The fall caused the sutures to open up at one side and the surgical site began to bleed. Pressure was applied and the bleeding stopped. Later that same day the orthopedic surgeon took the patient back to the OR and under general anesthesia removed the old sutures and debrided the wound and resutured the amputation site.



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Facility Name:	Trios Health
Facility Contact:	Michelle Crumby
Facility web site:	www.trioshealth.org
Date of Event Confirmation:	5/15/2016
Facility capacity: (e.g., # of beds, rooms, procedures per year)	111 beds
Other Facility Information:	Home Health Clinics under the hospital license.
Event Information:	The event occurred in a clinic setting as the patient was being escorted to an examination room ambulatory with the spouse.



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Facility Name:	Snoqualmie Valley Hospital
Facility Contact:	Rachel Weber BSN, RN Director of Nursing
Facility web site:	
Date of Event Confirmation:	05/19/2016
Facility capacity: (e.g., # of beds, rooms, procedures per year)	25 beds per Med-Surg unit. Critical Access Hospital with a Swing Bed Program, (very active one). We have approximately 600 patient days per month.
Other Facility Information:	We take patients from tertiary care for rehab. We have a nurse staffing committee that looks at all NSQI's every other month. We submit our very low number fall data to QHI and benchmark with other CAH's in Wa State.
Event Information:	The patient had been given a sitter due to a history of impulsive standing and was here for rehab from a wrist fracture due to a fall. The family insisted that she not have a sitter, apparently, and insisted she be in a private room. She was placed close to the nurses station with a bed alarm on and instituted routine rounding. She voided at midnight. She sporadically used the call light, but usually tried to get up on her own. She was rounded on at 0632 to be asleep, at 0659 staff heard a loud noise and she had fallen.



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Facility Name:	Eastside Surgery Center
Facility Contact:	Kasia Rossi, Administrator
Facility web site:	www.eastsidesurgerycenter.com
Date of Event Confirmation:	05-12-2016
Facility capacity: (e.g., # of beds, rooms, procedures per year)	9 beds, 2 operating rooms, estimation of 2100 procedures for 2016
Other Facility Information:	Multi-specialty: Podiatry, Pain Management, Orthopedics, Ophthalmology
Event Information:	Patient had shoulder arthroscopic surgery with 2 instruments that had been decontaminated but not sterilized.



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Facility Name:	Lake Chelan Community Hospital and Clinics
Facility Contact:	Vernita Nolan BSN, RN
Facility web site:	www.LakeChelanHospital.com
Date of Event Confirmation:	04/26/16
Facility capacity: (e.g., # of beds, rooms, procedures per year)	25 beds
Other Facility information:	14 of our beds are in "The Sanctuary" a chemical dependency program, which is where this event occurred.
Event information:	Patient fell in activity room on 04/25/16 and did not report this fall to staff until the next day (04/26/16) when she was experiencing pain. Xrays were obtained and a minimally displaced fracture of the left great trochanter was found. Treatment has consisted of weight bearing as tolerated, ambulate with cane and utilize wheelchair for fatigue and discomfort, limit range of motion to affected hip, NSAIDS, ice. Follow up x-ray the next morning to assure non-displacement. The patient has remained in our program with the plan of staying until completion. Of note, this event was called into the DOH hotline on 04/28/16.



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Facility Name:	Seattle Home Maternity Service and Childbirth Center
Facility Contact:	Suzanne Wastler
Facility web site:	seattlehomematernity.com
Date of Event Confirmation:	4/3/16
Facility capacity: (e.g., # of beds, rooms, procedures per year)	Single birth suite
Other Facility Information:	
Event Information:	<p>Summary:</p> <p>Essentially normal pregnancy and normal course of labor. Unexpected shoulder dystocia diagnosed after birth of the head. Birth of the baby was accomplished by midwife 3 mins after delivery of the head. Baby needed immediate resuscitation at time of delivery and 911 was summoned for transfer of care to hospital where baby was admitted to NICU. MRI reportedly showed evidence of brain injury possibly related to hypoxia during the birth process.</p>



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State law requires facilities to confirm adverse events with the Department of Health when they occur. (RCW 70.06.020) 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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- Mail to: DOH Adverse Events, PO Box 47863, Olympia, WA, 98504-7863, or
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Facility Name:	Northwest Hospital / UW Medicine
Facility Contact:	Kristen Krebs @ nwhsca.org
Facility web site:	nwhospital.org
Date of Event Confirmation:	3/13/16
Facility capacity: (e.g., # of beds, rooms, procedures per year)	281 licensed beds
Other Facility Information:	
Event Information:	35 year old male admitted with critical illness. Rotaprone bed ordered and applied on day 18 of hospitalization. Pt. on Rotaprone therapy for 11 days. On the day he was moved to a regular bed, an unstageable ulcer was noted on his foot. Wound care RN ordered immediately. Pt. discharged on day 69.



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Facility Name:	Northwest Hospital / UW Medicine
Facility Contact:	Kristen Krebs @ nwhsea.org
Facility web site:	nwhospital.org
Date of Event Confirmation:	3/18/16
Facility capacity: (e.g., # of beds, rooms, procedures per year)	281 licensed beds
Other Facility Information:	
Event Information:	62 year old male admitted with pain related to fracture (pelvic) sustained at home several weeks prior. Multiple co-morbidities. On day 42 fell and sustained left hip fracture. Staff was present at the patient's room but donning protective garb due to the patient's isolation status, which delayed their entry. Patient fell despite verbal cues to stay in bed.