



Maine Sentinel Event Notification and Near Miss Reporting Form

This form is required pursuant to 22 MRSA, Chapter 1684, and 10-44 CMR Chapter 114, Rules Governing the Reporting of Sentinel Events

Use this form to report a sentinel event or a near miss. Forward the completed form to the Sentinel Event Program confidential fax number (207) 287-3251.

- 1. What is being reported?
 Sentinel Event
 Near Miss
- 2. Today's Date: _____
Date of Discovery: _____
Date of Event: _____
Time of Event: _____ AM/PM
Date of Death (if applicable): _____

3. Patient Age: _____ M F Admitting Diagnosis: _____

4. Briefly describe the event including location: _____

- 5. What type of event is being reported? Check all that apply
 Unanticipated Death Unanticipated Perinatal Death Suicide Within 48 Hrs. of Discharge
 Major Permanent Loss of Function present at discharge Major Permanent Loss of Function in perinatal infant
 Healthcare acquired infection

6. Unanticipated Death or Major Permanent Loss of Function within 48 hours of treatment? Y N

7. Unanticipated patient transfer to another facility? Y N

8. Does this event meet NQF criteria? Y N (If yes, continue on back – check all that apply)

| | | | |
|-------------------------|---|--------------------------------|---|
| 9. Autopsy Requested | <input type="checkbox"/> Y <input type="checkbox"/> N | Autopsy Performed | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Medical Examiner Called | <input type="checkbox"/> Y <input type="checkbox"/> N | Medical Examiner Accepted Case | <input type="checkbox"/> Y <input type="checkbox"/> N |

10. Was equipment e.g., IV pump, medication vials, sequestered? N/A N Y Specify: _____

11. Reporter's Name: _____ Title: _____
Telephone Number: _____ E-mail Address: _____
Facility Name: _____

State notification of a Sentinel Event is required within one (1) business day of discovery. Do not delay notification, for any reason, including pending autopsy or Medical Examiner results.

SENTINEL EVENT HOTLINE (207) 287-5813

**NATIONAL CONSENSUS EVENTS
NATIONAL QUALITY FORUM SERIOUS REPORTABLE EVENTS**

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| Surgical events |
| <input type="checkbox"/> Surgery performed on the wrong body part |
| <input type="checkbox"/> Surgery performed on the wrong patient |
| <input type="checkbox"/> Wrong surgical procedure performed on a patient |
| <input type="checkbox"/> Unintended retention of a foreign object in a patient after surgery or other procedure |
| <input type="checkbox"/> Intraoperative or immediately postoperative death in an American Society of Anesthesiologists Class I patient |
| <input type="checkbox"/> Artificial insemination with the wrong sperm or donor egg |
| Product or device events |
| <input type="checkbox"/> Patient death or serious disability associated with the use of contaminated drugs, devices, or biologics provided by the health care facility |
| <input type="checkbox"/> Patient death or serious disability associated with the use or function of a device in patient care, in which the device is used for functions other than as intended |
| <input type="checkbox"/> Patient death or serious disability associated with intravascular air embolism that occurs while being cared for in a health care facility |
| Patient protection events |
| <input type="checkbox"/> Infant discharged to the wrong person |
| <input type="checkbox"/> Patient death or serious disability associated with patient elopement (disappearance) |
| <input type="checkbox"/> Patient suicide, or attempted suicide resulting in serious disability, while being cared for in a health care facility |
| Care management events |
| <input type="checkbox"/> Patient death or serious disability associated with a medication error (eg, errors involving the wrong drug, wrong dose, wrong patient, wrong time, wrong rate, wrong preparation, or wrong route of administration) |
| <input type="checkbox"/> Patient death or serious disability associated with a hemolytic reaction due to the administration of ABO/HLA-incompatible blood or blood products |
| <input type="checkbox"/> Maternal death or serious disability associated with labor or delivery in a low-risk pregnancy while being cared for in a health care facility |
| <input type="checkbox"/> Patient death or serious disability associated with hypoglycemia, the onset of which occurs while the patient is being cared for in a health care facility |
| <input type="checkbox"/> Death or serious disability (kernicterus) associated with failure to identify and treat hyperbilirubinemia in neonates |
| <input type="checkbox"/> Stage 3 or 4 pressure ulcers acquired after admission to a health care facility |
| <input type="checkbox"/> Patient death or serious disability due to spinal manipulative therapy |
| Environmental events |
| <input type="checkbox"/> Patient death or serious disability associated with an electric shock or electrical cardioversion while being cared for in a health care facility |
| <input type="checkbox"/> Any incident in which a line designated for oxygen or other gas to be delivered to a patient contains the wrong gas or is contaminated by toxic substances |
| <input type="checkbox"/> Patient death or serious disability associated with a burn incurred from any source while being cared for in a health care facility |
| <input type="checkbox"/> Patient death or serious disability associated with a fall while being cared for in a health care facility |
| <input type="checkbox"/> Patient death or serious disability associated with the use of restraints or bedrails while being cared for in a health care facility |
| Criminal events |
| <input type="checkbox"/> Any instance of care ordered by or provided by someone impersonating a physician, nurse, pharmacist, or other licensed health care provider |
| <input type="checkbox"/> Abduction of a patient of any age |
| <input type="checkbox"/> Sexual assault on a patient within or on the grounds of the health care facility |
| <input type="checkbox"/> Death or significant injury of a patient or staff member resulting from a physical assault (ie, battery) that occurs within or on the grounds of the health care facility |