Internal Review of a Sentinel Event Form

This report must be completed under supervision of an independent consultant holding an appropriate medical credential. This review form is intended only to help members of the sports medicine team assess the emergency action plan utilized during the described event, and, therefore, may not be protected by the same legal doctrine overseeing medical peer-review boards. As generally provided by State's Law, and except as otherwise provided, the proceedings and records of medical peer review boards shall not be subject to discovery or introduction into evidence. No person who was in attendance at a meeting of that board shall be permitted or required to testify as to any matters presented during the proceedings of that board or as to any findings, recommendations, evaluations, opinions, or other actions of that board or any members of the board. This general statement is not intended as legal advice. Consult with proper legal counsel for specific state and federal laws pertaining to medical peer review.

FACILITY INFORMATION

Name of Facility: _____Telephone:_____

Person Reporting: _____ Title: _____

Email: _____

PATIENT INFORMATION

Patient DOB: _____ Age: _____ Gender: F ____ M ____

Principle Admitting Diagnosis Date of Admission: _____

ICD Code
(if known) Narrative Descriptions

_____ _____

_____ _____

_____ _____

_____ _____

Principle Discharge Diagnosis
(ICD and CPT codes if known)

_____ _____

_____ _____

_____ _____

_____ _____

The EMSoft name and logo are trademarks of Sports Medicine Concepts, Inc. © Sports Medicine Concepts, Inc. All Rights Reserved.

EVENT INFORMATION

Date of Event _____ Time _____ Date of Determination _____

- ☐ Death
- ☐ Major permanent loss of function
- ☐ Other (Please describe)

_____
_____
_____

Narrative Description (to give context)

Patient's Cognitive Status prior to event: (Check one)

- ☐ Alert/Oriented
- ☐ Dementia
- ☐ Mentally Retarded
- ☐ Confused
- ☐ Alzheimer's
- ☐ Comatose
- ☐ Unknown
- ☐ Other

Location of Patient when event occurred: (Check one)

- ☐ Patient Room
- ☐ Recovery Room
- ☐ Emergency Room
- ☐ Operating Room
- ☐ ICU/CCU
- ☐ Radiology
- ☐ Procedure Room (Cath, Endo, GI)
- ☐ Labor/Delivery
- ☐ Laboratory
- ☐ Lobby/Waiting
- ☐ Hallway
- ☐ Home
- ☐ Facility Campus

_____

- ☐ Other (please specify)

_____

The EMSoft name and logo are trademarks of Sports Medicine Concepts, Inc. © Sports Medicine Concepts, Inc. All Rights Reserved.

Type of Occurrence: (Check one)

Death or Major Permanent Loss of Function arising from:

Surgery and/or Procedure:

- ☐ Performed on wrong body part.
- ☐ Performed on wrong patient.
- ☐ Incorrect surgery and/or procedure performed on a patient.
- ☐ Retention of a foreign object in a patient after surgery or other procedure except:
  - o Objects intentionally implanted;
  - o Objects present prior to surgery and left in place; and
  - o Broken micro-needles.
- ☐ Intraoperative or immediately post-operative death in an ASA Class I patient within 24 hours of surgery.
- ☐ Other _____

Product or Device Event:

- ☐ Arising from the use of contaminated drugs, devices, or biologics provided by the healthcare facility.
- ☐ Associated with the use or function of a device in patient care in which the device is used for an off-label use except pursuant to informed consent.
- ☐ Associated with intravascular air embolism that occurs while being cared for in a healthcare facility except when associated with neurosurgical procedures.
- ☐ Other_____

Patient Protection Event:

- ☐ Infant discharged to the wrong person.
- ☐ Patient death or major permanent loss of function arising from patient elopement.
- ☐ Patient suicide or attempted suicide while being cared for in a healthcare facility or within 72 hours of discharge.
- ☐ Other_____

The EMSoft name and logo are trademarks of Sports Medicine Concepts, Inc. © Sports Medicine Concepts, Inc. All Rights Reserved.

Care Management Event:

- ☐ Arising from a medication error (e.g., errors involving the wrong drug, wrong dose, wrong patient, wrong time, wrong rate, wrong preparation, or wrong route of administration).
- ☐ Arising from a hemolytic reaction due to the administration of ABO/HLA-incompatible blood or blood products.
- ☐ Arising from labor and/or delivery of a low-risk pregnancy while being cared for in a health care facility
  - o Except deaths from pulmonary or amniotic fluid embolism;
  - o Acute fatty liver of pregnancy;
  - o Cardiomyopathy
- ☐ Unanticipated death of a full-term infant.
- ☐ Arising from hypoglycemia, the onset of which occurs while the patient is being cared for in a healthcare facility.
- ☐ Kernicterus associated with failure to identify and treat hyperbilirubinemia and/or bilirubin greater than 30 milligrams per deciliter in neonates.
- ☐ Stage 3 or 4 pressure ulcers acquired after admission to a healthcare facility:
  - o Except those that progress from stage 2 to stage 3 if the stage 2 ulcer was documented upon admission.
- ☐ Due to spinal manipulative therapy.
- ☐ Prolonged fluoroscopy with cumulative dose greater than 1500 rads to a single field.
- ☐ Radiotherapy to the wrong body region
- ☐ Radiotherapy greater than 25% above the planned radiotherapy.
- ☐ Related to a healthcare acquired infection.
- ☐ Other_____

Environmental Event:

- ☐ Arising from an electric shock while being cared for in a healthcare facility:
  - o Excluding emergency defibrillation in ventricular fibrillation and electroconvulsive therapies.
- ☐ 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.
- ☐ Arising from a burn incurred from any source while being cared for in a healthcare facility.
- ☐ Associated with the use of restraints or bedrails while being cared for in a healthcare facility.
- ☐ Arising from a fall while being cared for in a healthcare facility including fractures and/or head injuries with intracranial hemorrhage.
- ☐ Other_____

Criminal Event:

- ☐ Any care ordered by or provided by someone impersonating a physician, nurse, pharmacist, or other licensed healthcare provider.
- ☐ Abduction of a patient of any age.
- ☐ Nonconsensual sexual contact on a patient, staff member or visitor by another

The EMSoft name and logo are trademarks of Sports Medicine Concepts, Inc. © Sports Medicine Concepts, Inc. All Rights Reserved.

patient, staff member or unknown perpetrator while on the premises of the healthcare facility.

- ☐ Criminal assault or battery that occurs on the premises of the healthcare facility.
- ☐ Other_____

Other (please specify):

_____
_____
_____
_____
_____
_____

If a Facility suspects that a patient safety sentinel event may have occurred to a patient who was transferred from another facility, the receiving facility shall report the suspected patient safety event to the facility that initiated the transfer.

The EMSoft name and logo are trademarks of Sports Medicine Concepts, Inc. © Sports Medicine Concepts, Inc. All Rights Reserved.

EMERGENCY ACTION PLAN INFORMATION

Personnel

Were scene management /security personnel able to effectively secure and maintain control of the incident scene?	□ Yes □ No
Were all first responders EAP trained personnel?	□ Yes □ No
Were first responders able to begin appropriate care without delay?	□ Yes □ No
Was completion of all critical care tasks efficiently choreographed?	□ Yes □ No
Were specific personnel locations found to be appropriate?	□ Yes □ No
Were first responders appropriately equipped to execute their respective roles?	□ Yes □ No

Noteworthy:

Resulting EAP Amendments(s):

Emergency Response Equipment

Was all necessary and appropriate emergency medical equipment properly located?	□ Yes □ No □ NA
Were equipment site locations easily accessible?	□ Yes □ No □ NA
Was all equipment fully stocked with necessary supplies?	□ Yes □ No □ NA
Were credentialed personnel available to operate all appropriate emergency response equipment?	□ Yes □ No □ NA
Was all emergency response equipment fully functional throughout the incident?	□ Yes □ No □ NA
Did first responders have access to all appropriate emergency medical equipment?	□ Yes □ No □ NA
Were first responders appropriately equipped to carry out their respective roles?	□ Yes □ No □ NA
Were all emergency medicines and properly located?	□ Yes □ No □ NA
Were all appropriate formularies calculated and properly located?	□ Yes □ No □ NA

Noteworthy:

Resulting EAP Amendments(s):

The EMSoft name and logo are trademarks of Sports Medicine Concepts, Inc. © Sports Medicine Concepts, Inc. All Rights Reserved.

Communications

Were hand signals effective in communicating needs?	□ Yes □ No □ NA
Were radios effective communication devices?	□ Yes □ No □ NA
Were cell phones effective communication devices?	□ Yes □ No □ NA
Were land lines effective communication devices?	□ Yes □ No □ NA

Noteworthy:

Resulting EAP Amendments(s):

EMS Review

Was an ambulance on-site prior to activating EMS?	□ Yes □ No □ NA
Did EMS receive call appropriately?	□ Yes □ No □ NA
Was all necessary information readily accessible for communication to EMS dispatch?	□ Yes □ No □ NA
Was the appropriate level of EMS service initially dispatched?	□ Yes □ No □ NA
Was there a significant delay in expected EMS response time?	□ Yes □ No □ NA
If yes, what resulted in the delay? □ Crowd □ Directions □ Distance □ Diversion □ HazMat □ Safety □ Staff delay □ Traffic □ Vehicle crash □ Vehicle failure □ Weather □ Other	□ Yes □ No □ NA
Was all planned on-site equipment available to EMS?	□ Yes □ No □ NA
Was EMS prepared to manage equipment-laden / large athlete?	□ Yes □ No □ NA
Was EMS properly equipped to complete their specific roles?	□ Yes □ No □ NA
Was EMS summoned to the proper rendezvous point?	□ Yes □ No □ NA
Was EMS appropriately met at rendezvous point?	□ Yes □ No □ NA
Was EMS appropriately ushered to incident scene?	□ Yes □ No □ NA
Was an EMS orientation provided prior to event?	□ Yes □ No □ NA

Noteworthy:

Resulting EAP Amendments(s):

The EMSoft name and logo are trademarks of Sports Medicine Concepts, Inc. © Sports Medicine Concepts, Inc. All Rights Reserved.

Receiving Facilities Review

Was the appropriate receiving facility selected?	□ Yes □ No □ NA
Was receiving hospital notified of incoming patient?	□ Yes □ No □ NA
Was receiving hospital properly staffed?	□ Yes □ No □ NA
Was receiving hospital equipment-laden athlete ready?	□ Yes □ No □ NA
Was injured patient re-directed from initial receiving hospital?	□ Yes □ No □ NA
If yes, was an appropriate secondary facility selected?	□ Yes □ No □ NA
Has receiving hospital staff attended EAP rehearsal sessions?	□ Yes □ No □ NA

Noteworthy:

Resulting EAP Amendments(s):

General EAP Review

Had a venue specific EAP been distributed to all necessary personnel prior to the incident?	□ Yes □ No □ NA
Was a venue specific EAP appropriately posted on-scene?	□ Yes □ No □ NA
Were all scheduled rehearsal sessions completed prior to event?	□ Yes □ No □ NA
Was the injury scenario covered during any rehearsal sessions?	□ Yes □ No □ NA
Was a visitor EAP review orientation completed prior to event?	□ Yes □ No □ NA
Was visiting team EAP information appropriately posted?	□ Yes □ No □ NA
Was the visiting team provided an appropriate EAP document prior to arrival?	□ Yes □ No □ NA
Has a Venue Specific Emergency Equipment Deployment and Readiness Report been completed post-event?	□ Yes □ No □ NA

Noteworthy:

Resulting EAP Amendments(s):

The EMSoft name and logo are trademarks of Sports Medicine Concepts, Inc. © Sports Medicine Concepts, Inc. All Rights Reserved.

Administrative Review

Were administrative officials appropriately contacted?	□ Yes □ No
Was medical and insurance information readily accessible?	□ Yes □ No
Were all medical / legal forms completed and submitted in a timely fashion?	□ Yes □ No
Was a post-transport report completed?	□ Yes □ No
Does anyone require post-event counseling?	□ Yes □ No

Noteworthy:

Resulting EAP Amendments(s):

Patient Outcome

□ Treated and released	□ Expired on scene
□ Admitted with life-threatening injury	□ DOA
□ Admitted ICU	□ Unknown
□ Admitted - guarded	

Noteworthy:

Resulting EAP Amendments(s):

The EMSoft name and logo are trademarks of Sports Medicine Concepts, Inc. © Sports Medicine Concepts, Inc. All Rights Reserved.

ROOT CAUSE ANALYSIS AND CORRECTIVE ACTION

Type of Harm/Outcome: (Check all that apply):

- ☐ Brain Injury
- ☐ Burn
- ☐ Confinement
- ☐ Decline in Condition
- ☐ Decubitus Pressure Ulcer
- ☐ Dislocation
- ☐ Emotional Harm/Upset
- Other (Please Specify):
- ☐ Fracture
- ☐ Infection
- ☐ Laceration
- ☐ Spinal Injury
- ☐ Unwelcome Sexual Contact/Advance

Contributing Factors: (Check all that apply)

- ☐ Availability of Info
- ☐ Care Planning
- ☐ Communication
- ☐ Continuum of Care
- ☐ Device Breakdowns
- ☐ Environ. Safety/ Security
- ☐ Equipment - List Equipment used:
- ☐ Failure to recognize changes
- ☐ Human Factors
- ☐ Leadership
- ☐ Lack of Monitoring
- ☐ Organization Culture
- ☐ Orientation/Competency/ Training
- ☐ Patient Assessment
- ☐ Procedural Compliance
- ☐ Process Breakdowns
- ☐ Staffing
- ☐ Other (Please specify):

Actions Taken: (Check all that apply)

- ☐ Documentation Changes – (please specify):
- ☐ Documentation Changes – Charting Tool
- ☐ Documentation Changes – Checklist
- ☐ Documentation Changes – Form
- ☐ Education
- ☐ Equipment taken out of service
- ☐ Information System Change
- ☐ Policy & Procedure Addition/Revision
- ☐ Staffing Changes
- ☐ Work Flow Process Redesign
- ☐ Other: (Please specify) _

The EMSoft name and logo are trademarks of Sports Medicine Concepts, Inc. © Sports Medicine Concepts, Inc. All Rights Reserved.

Any other comments or narrative explanations:

Sports Medicine Concepts, Inc., Audit Statement

At the time this report was issued, the organization was recognized as having completed this Internal Review of a Sentinel Event Report in accordance with Sports Medicine Concepts, Inc., sports emergency care standards and best practices. This report is thus certified accurate.

Sports Medicine Concepts, Inc., Representative
Typed Name:
Title:
e-Signature:

The signed Sports Medicine Concepts, Inc., representative is authorized to sign this report.

Michael Cendoma, MS, ATC
Program Director, Sports Medicine Concepts, Inc

e-Signature:

The EMSoft name and logo are trademarks of Sports Medicine Concepts, Inc. © Sports Medicine Concepts, Inc. All Rights Reserved.