



Delivering a **Healthy WA**



Government of **Western Australia**
Department of **Health**

Sentinel Event Notification Form

Notification date:

RCA report due date:

OSQH use only

Notify the Director, Office of Safety and Quality in Healthcare, within seven (7) working days of the sentinel event.

Hospital Name:

Hospital ID:

Event Date:

Event Description:

**Initial sentinel event notification assigns a potential category.
This may be amended according to the outcome of the investigative process.**

Category		Sentinel Event Tick one only
1.	Procedures involving the wrong patient or body part resulting in death or major permanent loss of function	
2.	Suicide of a patient in an inpatient unit	
3.	Retained instruments or other material after surgery requiring re-operation or further surgical procedure	
4.	Intravascular gas embolism resulting in death or neurological damage	
5.	Haemolytic blood transfusion reaction resulting from ABO incompatibility	
6.	Medication error resulting in major permanent loss of function or death of a patient reasonably believed to be due to incorrect administration of drugs	
7.	Maternal death or serious morbidity associated with labour or delivery	
8.	Infant discharged to wrong family or infant abduction	
9.	Other adverse event resulting in serious patient harm or death. This includes: <ul style="list-style-type: none"> • Complication of resuscitation <input type="checkbox"/> • Complication of anaesthetic management <input type="checkbox"/> • Complication of surgery <input type="checkbox"/> • Fetal complication <input type="checkbox"/> • Misdiagnosis and subsequent management <input type="checkbox"/> • Complication of an inpatient fall <input type="checkbox"/> • Infection control breach <input type="checkbox"/> • Patient absconding with adverse outcome <input type="checkbox"/> • Hospital process issues <input type="checkbox"/> • Medication error (not death) <input type="checkbox"/> • Other – please describe <input type="checkbox"/> 	



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Outcome tick [] Death Disability No adverse outcome / patient harm

Tick [] if this notification occurred following review of an inpatient death via the WA Review of Mortality (WARM) process. WARM

Have any additional reporting requirements been completed?

- The Executive Director, Public Health for maternal deaths, perinatal and infant deaths and deaths of persons under anaesthesia Yes No N/A
- The Coroner for reportable deaths Yes No N/A
- Office of the Chief Psychiatrist for patient suicides and serious incidents that occur in mental health Yes No N/A
- Therapeutic Goods Association to report a problem with a medicine or medical device Yes No N/A

If no, please explain: _____

Indicate how the event will be investigated:

- State qualified privilege via registered committee
- Commonwealth qualified privilege via AIMS

Indicate whether the hospital will undertake the Open Disclosure Process with the patient and, with their permission, their nominated relatives/carers regarding this sentinel event:

- Yes No

A clinical investigation of contributing factors is required for all reported sentinel events.

Consultants from the Department of Health are available at no cost to guide and train staff in the investigative process.

See the *Sentinel Event Policy* for further information.

Forward the completed form via e-mail or fax:

Email: sentinel.events@health.wa.gov.au

Fax: (08) 9222 4014

On receipt of the initial notification the Office of Safety and Quality in Healthcare (OSQH) will provide the hospital/health facility with a Sentinel Event Reference Number, to be indicated on all future correspondence regarding this sentinel event.

This form is available electronically at:

<http://www.health.wa.gov.au/safetyandquality/sentinel>

Contact the OSQH on (08) 9222 4080 if you have questions regarding this process or visit the OSQH website.