



Nevada State Health Division

NRS 439.800-890 and NAC 439.900-920

Mandatory Reporting of Facility-Acquired Infections as Sentinel Events

health2k.state.nv.us/sentinel/

Lynn O'Mara
Health Resource Analyst
Bureau of Health Planning & Statistics
Nevada State Health Division
775-684-4169
lomara@nvhd.state.nv.us



Nevada State Health Division

History: Mandatory Reporting of Sentinel Events

- ◆ Incorporated into NRS 439.800-890 by Assembly Bill 1 (AB1), passed during 2002 18th Special Legislative Session
- ◆ In response to the Institute of Medicine (IOM) *To Err Is Human* and *Crossing the Quality Chasm* reports on safe, quality health care systems
- ◆ **Goal:** self-reporting of sentinel events for the identification of aggregated trends, reduction of occurrences, and enhancement of patient safety
- ◆ NAC 439.900-920 regulations to carry out NRS 439.800-890 became law on November 4, 2004
- ◆ State Health Division/Bureau of Health Planning and Statistics responsible for the Sentinel Events Registry (NRS 439.850)
- ◆ Nevada State Health Division partnered with Nevada Hospital Association for implementation of NRS 439.800-890 and NAC 439.900-920
- ◆ Mandatory reporting became **effective January 1, 2005**



Nevada State Health Division

What facilities must report sentinel events?

NRS 430.805

- ◆ Acute Care Hospitals (31)
- ◆ Inpatient Psychiatric Hospitals (7)
- ◆ Inpatient Rehabilitation Hospitals (14)
- ◆ Ambulatory Surgery Centers (46)
- ◆ Independent Emergency Room Centers (1)
- ◆ Obstetric Centers (none)

- ◆ Total Facilities: 99

Source: State Health Division Bureau of Licensure and Certification



Nevada State Health Division

What sentinel event data must be reported?

- ◆ Date and time of event (NRS 439.835 and NAC 439.900-920)
- ◆ Brief description of event (NRS 439.835 and NAC 439.900-920)
- ◆ Contributing factors (NRS 439.845 and NAC 439.900-920)
- ◆ Corrective actions (NRS 439.845 and NAC 439.900-920)



Nevada State Health Division

Are the sentinel event data reported to the State Health Division confidential?

- ◆ All sentinel event data that must be reported are confidential, per NRS 439.840(2).
- ◆ All sentinel event reports received by the State Health Division, pursuant to NRS 439.800-890 and NAC 439.900-920, are not subject to subpoena or discovery and not subject to inspection by the general public, per NRS 439.840(2).



Nevada State Health Division

AB59

- ◆ Passed during the 2005 73rd Session of the Nevada Legislature and went into effect on October 1, 2005
- ◆ Amends NRS Chapter 439 with the definition of facility-acquired infection (mirrors CDC definition of nosocomial infection)
- ◆ Amends NRS 439.830 with “unexpected occurrence involving facility-acquired infection” as a reportable sentinel event



Nevada State Health Division

AB59: Definition of Facility-Acquired Infection

“Facility-acquired infection” means a localized or systemic condition which results from an adverse reaction to the presence of an infectious agent or its toxins and which was not detected as present or incubating at the time a patient was admitted to a medical facility, including, without limitation:

- 1. Surgical site infections;*
- 2. Ventilator-associated pneumonia;*
- 3. Central line-related bloodstream infections;*
- 4. Urinary tract infections; and*
- 5. Other categories of infections as may be established by the Administrator by regulation pursuant to NRS 439.890.*



Nevada State Health Division

AB59: Revised Definition of Sentinel Event

- ◆ **Original definition:** *NRS 439.830 "Sentinel event" means an unexpected occurrence involving death or serious physical or psychological injury or the risk thereof, including, without limitation, any process variation for which a recurrence would carry a significant chance of a serious adverse outcome. The term includes loss of limb or function.*
- ◆ **Revised definition:** *NRS 439.830 "Sentinel event" means an unexpected occurrence involving **facility-acquired infection**, death or serious physical or psychological injury or the risk thereof, including, without limitation, any process variation for which a recurrence would carry a significant chance of a serious adverse outcome. The term includes loss of limb or function.*



Nevada State Health Division

NHA Sentinel Events Registry Work Group

Drafted NAC 439 regulations and developed uniform data collection tools and training guide for the implementation of AB1 (2002) and AB59 (2005)

- ◆ Nevada Hospital Association
- ◆ Nevada State Health Division - Bureau of Health Planning and Statistics
- ◆ Quality Improvement and Risk Managers from 10 Nevada Hospitals
 - North – Carson Tahoe Regional Medical Center, Saint Mary's Regional Medical Center and Washoe Medical Center
 - South – North Vista Hospital, St. Rose Dominican Hospitals, Spring Valley Hospital Medical Center, Sunrise Hospital and Medical Center, and University Medical Center
 - Rural – South Lyon Medical Center



Nevada State Health Division

AB59 Implementation

- ◆ Worked with the NHA Sentinel Events Registry Work Group to revise the Sentinel Event Report forms and Instruction Guide
- ◆ Feedback obtained from a dozen Nevada APIC members/hospital ICPs regarding current infection control programs and best practices
- ◆ JCAHO definition of "unexpected occurrence" for regular sentinel event also applicable for unexpected occurrence involving facility-acquired infection



Nevada State Health Division

Sentinel Event Report Guide

"A reportable sentinel event is an occurrence that resulted in an unanticipated facility-acquired infection (nosocomial infection), death or major permanent loss of function not related to the natural course of the patient's illness(es) or underlying condition(s) and which may or may not have required that a root cause analysis (RCA) or failure mode and effect analysis (FMEA) be done."



Nevada State Health Division

NEVADA STATE HEALTH DIVISION SENTINEL EVENT REPORT – SECTION I

Pursuant to NRS 439.835 Mandatory reporting of sentinel events and NAC 439.900-920 Health and safety of patients at certain medical facilities, this report is to be completed and submitted to the Nevada State Health Division **within 15 days** after the medical facility is notified of the sentinel event. These data are **confidential**, based upon NRS 439.840(2) and NRS 439.845(2).

FOR STATE HEALTH DIVISION USE ONLY	
STATE REGISTRY#	
DATE/TIME RECEIVED	

PLEASE PRINT or TYPE

1. FACILITY CODE _____	2. DATE OF SENTINEL EVENT _____ MM / DD / YYYY
3. REPORT COMPLETED BY _____ LAST NAME FIRST NAME MI	
4. DATE AND TIME FACILITY NOTIFIED _____ MM / DD / YYYY MILITARY TIME	
5. DATE AND TIME STATE NOTIFIED _____ MM / DD / YYYY MILITARY TIME	
6. PATIENT'S NEVADA COUNTY OF RESIDENCE _____	
7. PATIENT'S US STATE/DISTRICT/TERRITORY OF RESIDENCE (If not Nevada) _____	
8. PATIENT'S COUNTRY OF RESIDENCE (If not USA) _____	
9. PATIENT'S DATE OF BIRTH _____ MM / DD / YYYY	
10. PATIENT'S GENDER (Check box that applies)	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE

**11. DEPARTMENT WHERE PATIENT WAS PHYSICALLY LOCATED
WHEN SENTINEL EVENT OCCURRED (Check ONE box only)**

<input type="checkbox"/> A. Anesthesia/PACU	<input type="checkbox"/> K. Laboratory	<input type="checkbox"/> U. Pediatric Intensive Care/Critical Care
<input type="checkbox"/> B. Antepartum	<input type="checkbox"/> L. Labor/Delivery	<input type="checkbox"/> V. Pediatrics
<input type="checkbox"/> C. Cardiac Catheterization Suite	<input type="checkbox"/> M. Long Term Care	<input type="checkbox"/> W. Pharmacy
<input type="checkbox"/> D. Dialysis Unit	<input type="checkbox"/> N. Medical/Surgical	<input type="checkbox"/> X. Postpartum
<input type="checkbox"/> E. Emergency Department	<input type="checkbox"/> O. Neonatal Unit (Level II & III)	<input type="checkbox"/> Y. Psychiatry/Behav. Health/Geropsych.
<input type="checkbox"/> F. Endoscopy	<input type="checkbox"/> P. Newborn Nursery (Level I)	<input type="checkbox"/> Z. Pulmonary/Respiratory
<input type="checkbox"/> G. Gynecology	<input type="checkbox"/> Q. Observation/Clinic Decision Unit	<input type="checkbox"/> AA. Inpatient Rehabilitation Unit
<input type="checkbox"/> H. Imaging	<input type="checkbox"/> R. Outpatient/Ambulatory Care	<input type="checkbox"/> AB. Inpatient Surgery
<input type="checkbox"/> I. Intensive Care/Critical Care	<input type="checkbox"/> S. Outpatient/Ambulatory Surgery	<input type="checkbox"/> AC. Trauma Emergency Dept.
<input type="checkbox"/> J. Intermediate Care	<input type="checkbox"/> T. Pediatric Emergency Department	<input type="checkbox"/> AD. Ancillary/Other – Specify:

NEVADA STATE HEALTH DIVISION SENTINEL EVENT REPORT – SECTION I

Pursuant to NRS 439.835 Mandatory reporting of sentinel events and NAC 439.900-920 Health and safety of patients at certain medical facilities, this report is to be completed and submitted to the Nevada State Health Division **within 15 days** after the medical facility is notified of the sentinel event. These data are **confidential**, based upon NRS 439.840(2) and NRS 439.845(2).

FOR STATE HEALTH DIVISION USE ONLY	
STATE REGISTRY#	
DATE/TIME RECEIVED	

12. DESCRIPTION OF SENTINEL EVENT

12A. Type of Sentinel Event (Check ONE box only)

<input type="checkbox"/> A. Abduction – Adult	<input type="checkbox"/> K. Infant Perinatal	<input type="checkbox"/> U. Procedure Complication(s)
<input type="checkbox"/> B. Abduction – Child	<input type="checkbox"/> L. Maternal Intrapartum	<input type="checkbox"/> V. Rape
<input type="checkbox"/> C. Abduction – Infant	<input type="checkbox"/> M. Medication Error(s)	<input type="checkbox"/> W. Restraint
<input type="checkbox"/> D. Assault	<input type="checkbox"/> N. Nosocomial Infection – Central line-related bloodstream infection	<input type="checkbox"/> X. Suicide
<input type="checkbox"/> E. Discharge to Wrong Family/Caregiver - Adult	<input type="checkbox"/> O. Nosocomial Infection – Non-central line-related bloodstream infection	<input type="checkbox"/> Y. Transfusion
<input type="checkbox"/> F. Discharge to Wrong Family/Caregiver - Child	<input type="checkbox"/> P. Nosocomial Infection – Surgical site infection	<input type="checkbox"/> Z. Treatment Delay
<input type="checkbox"/> G. Discharge to Wrong Family/Caregiver - Infant	<input type="checkbox"/> Q. Nosocomial Infection – Catheter-related urinary tract infection	<input type="checkbox"/> AA. Treatment Error
<input type="checkbox"/> H. Elopement	<input type="checkbox"/> R. Nosocomial Infection – Non-catheter-related urinary tract infection	<input type="checkbox"/> AB. Wrong Patient/Wrong Surgery Procedure
<input type="checkbox"/> I. Fall	<input type="checkbox"/> S. Nosocomial Infection – Ventilator-associated pneumonia	<input type="checkbox"/> AC. Wrong Site/Surgery Procedure
<input type="checkbox"/> J. Homicide	<input type="checkbox"/> T. Nosocomial Infection – Other – Specify:	<input type="checkbox"/> AD. Other – Specify:

12B. Outcome of Sentinel Event (Check ONE box only)

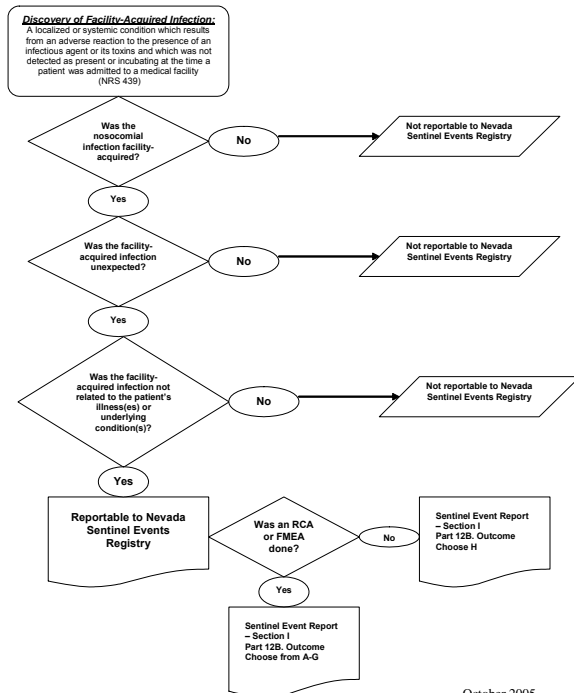
<input type="checkbox"/> A. Actual – Death
<input type="checkbox"/> B. Actual – Physical Injury with Permanent Loss
<input type="checkbox"/> C. Actual – Psychological Injury with Permanent Loss
<input type="checkbox"/> D. Actual – Physical and Psychological Injuries with Permanent Losses
<input type="checkbox"/> E. Risk of – Death
<input type="checkbox"/> F. Risk of – Physical Injury with Permanent Loss
<input type="checkbox"/> G. Risk of – Psychological Injury with Permanent Loss
<input type="checkbox"/> H. Actual Nosocomial Infection ONLY: No adverse outcome or risk of adverse outcome

When form is completed, Fax (775-684-4156) or Send Certified Mail with a Return Receipt to:
Nevada State Health Division
Bureau of Health Planning and Statistics
ATTN: Sentinel Events Registry
505 E. King Street, Room 102
Carson City, NV 89701-4749



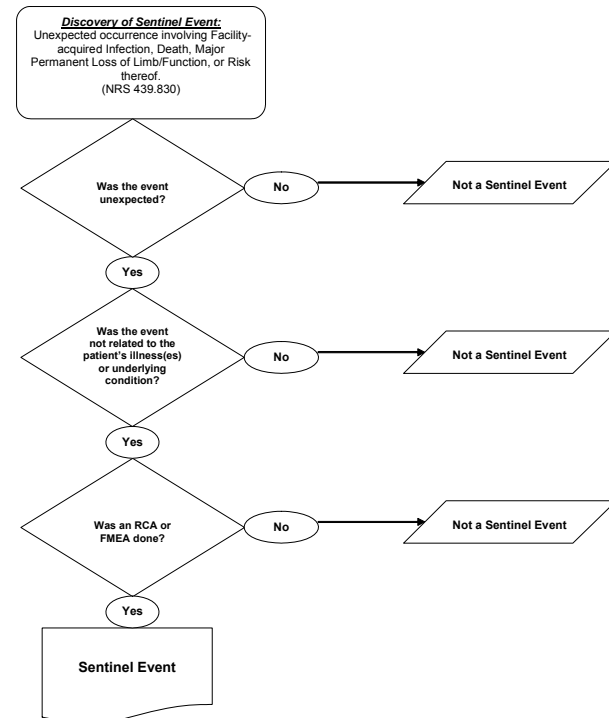
Nevada State Health Division

Nevada State Health Division Sentinel Events Registry Reportable Facility-Acquired Infection Algorithm



October 2005

Nevada State Health Division Sentinel Events Registry Reportable Sentinel Event Algorithm





Nevada State Health Division

Purpose of Sentinel Event Reporting

"The intention of mandatory sentinel events reporting is not meant to be punitive. Instead, we would like to see the Sentinel Events Registry data and 'lessons learned' utilized throughout Nevada, to prevent further occurrences of sentinel events and enhance patient safety."

Alex Haartz, MPH

Administrator for the Nevada State Health Division