

**New Jersey Department of Health and Senior Services**  
**REPORT OF SERIOUS PREVENTABLE ADVERSE EVENT**  
**IN A NEW JERSEY GENERAL HOSPITAL**

<b>NJDHSS INTERNAL USE ONLY</b>
Report No. _____

*This form must be completed for any serious preventable adverse event, which results in death or loss of a body part, or disability or loss of bodily function lasting more than seven (7) days or present at discharge.*

Is this a revision of an earlier report to the Patient Safety Reporting Initiative for the same event? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, give DHSS Report Number: _____	Facility Internal Tracking Number of this incident, if known: _____
--	--	---

**SECTION A - GENERAL INFORMATION**

**1. YOU MUST SUBMIT REPORTS TO THE QUALITY IMPROVEMENT DEPT., B214, ATTENTION: RICHARD M. WEINBERG, MD**

Facility Name: The University Hospital-UMDNJ (all Newark campus sites) Facility License No.: 10702  
 Facility Street Address: 150 Bergen St. County: Essex  
 City: Newark State: NJ Zip Code: 07101-1709  
**Your Name:** \_\_\_\_\_ **Your Extension.:** \_\_\_\_\_  
**Your Title or Position:** \_\_\_\_\_ **Fax No.:** \_\_\_\_\_  
 Email Address: \_\_\_\_\_

**2. PLEASE SUPPLY A SIMPLE AND CLEAR DESCRIPTION OF THE EVENT OR SITUATION YOU ARE REPORTING:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Incident Information:**

Incident Date: \_\_\_\_\_ Time: \_\_\_\_\_  AM     PM  
 Date you became aware of event: \_\_\_\_\_ Time: \_\_\_\_\_  AM     PM

**3. HOW WAS EVENT DISCOVERED?**

1. Report by staff/physician       4. Assessment of patient after event  
 2. Report by family/visitor       5. Review of chart/record  
 3. Report by patient       6. Other: \_\_\_\_\_

**4. PATIENT INFORMATION**

Inpatient    or     Outpatient  
 Admission through:     ED     Direct     Transfer  
 Patient Billing Number: \_\_\_\_\_  
 Patient Name: \_\_\_\_\_ Medical Record No.: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ County: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_  
 Admission Date or Date of Ambulatory Encounter: \_\_\_\_\_  
 Primary Diagnosis: \_\_\_\_\_  
 Race:  
 Caucasian     Amer. Indian/Alaskan Native     Native Hawaiian/Pacific Islander     Other: \_\_\_\_\_  
 Black     Asian     Unable to Determine  
 Ethnicity:     Non-Hispanic/Unable to Determine     Hispanic

New Jersey Department of Health and Senior Services  
**REPORT OF SERIOUS PREVENTABLE ADVERSE EVENT  
IN A NEW JERSEY GENERAL HOSPITAL**  
Continued

NJDHSS INTERNAL USE ONLY

Report No.

**SECTION B - EVENT DETAILS**

**5. TYPES OF SERIOUS PREVENTABLE ADVERSE EVENTS (Check only one)**

**A. CARE MANAGEMENT EVENTS in a Health Care Facility**

- 1. Patient death/harm due to a medication error
- 2. Patient death/harm due to a hemolytic reaction due to the administration of ABO-incompatible blood or blood products
- 3. Maternal death/harm due to labor/delivery in a low-risk pregnancy
- 4. Patient death/harm due to hypoglycemia
- 5. Patient death/harm due to failure to identify and treat hyperbilirubinemia in neonates
- 6. Stage 3 or 4 pressure ulcers acquired after admission
- 7. Patient death/harm due to spinal manipulative therapy
- 8. Other event causing patient death or harm that lasts seven days or is present at discharge

**B. ENVIRONMENTAL EVENTS in a Health Care Facility**

- 1. Patient death/harm due to an electric shock
- 2. Any event in which a line designated for oxygen/other gas to be delivered to a patient contains the wrong gas or is contaminated by toxic substances
- 3. Patient death/harm due to a burn incurred from any source
- 4. Patient death/harm due to a fall
- 5. Patient death/harm due to the use of restraints or bedrails
- 6. Other event causing patient death or harm that lasts seven days or is present at discharge

**C. PRODUCT OR DEVICE EVENTS in a Health Care Facility**

- 1. Patient death/harm due to the use of contaminated drugs/devices/biologics
- 2. Patient death/harm due to the use/function of a device in patient care in which the device is used/functions other than as intended
- 3. Patient death/harm due to intravascular air embolism
- 4. Other event causing patient death or harm that lasts seven days or is present at discharge

**D. SURGERY-RELATED EVENTS**

- 1. Surgery performed on the wrong body part
- 2. Surgery performed on the wrong patient
- 3. Wrong surgical procedure performed on a patient
- 4. Retention of a foreign object in a patient after surgery or other procedure
- 5. Intraoperative or immediately post-operative coma or death in an ASA Class I (hospital) or any ASA Class patient (ambulatory surgery center)
- 6. Other event causing patient death or harm that lasts seven days or is present at discharge

**E. PATIENT PROTECTION EVENTS in a Health Care Facility**

- 1. Infant discharged to the wrong person
- 2. Patient death/harm due to patient elopement
- 3. Patient suicide/attempted suicide
- 4. Other event causing patient death or harm that lasts seven days or is present at discharge

New Jersey Department of Health and Senior Services  
**REPORT OF SERIOUS PREVENTABLE ADVERSE EVENT  
IN A NEW JERSEY GENERAL HOSPITAL**  
Continued

NJDHSS INTERNAL USE ONLY

Report No.

**6. IF 5.A.1 WAS SELECTED, COMPLETE THIS SECTION:**

What type of medication error occurred? (Check all that apply)

- Wrong Patient
- Wrong Drug
- Wrong Dose
- Wrong Route
- Wrong Frequency
- Wrong Time
- Omission
- Administration After Order Discontinued/Expired
- Wrong Diluent/Concentration/Dosage Form
- Monitoring Error
  
- Other: \_\_\_\_\_

Brand/Product Name (If Applicable): \_\_\_\_\_

Generic Name: \_\_\_\_\_

**7. WHERE WAS THE PATIENT WHEN THE EVENT OCCURRED? (Check only one)**

- Patient Room
  - Emergency Department
  - Radiology
  - Laboratory
  - Operating Room
  - Nursery
  - Recovery Room
  - Rehabilitation Areas
  - In Transit
  - ICU / CCU / TCU
  - NICU
  - Hallway or Other Common Area
  - Other:
- \_\_\_\_\_

**8. IMMEDIATE CORRECTIVE ACTION(S) TAKEN:**