



## **Types of Events That Should Be Reported to MMJUA of RI Within 24 Hours**

1. Unanticipated death: not foreseen as an expected natural consequence of the medical situation, includes:
  - a. Suicide
  - b. Suspected medication event
  - c. Suspected medical device/product failure
  
2. Missed, delayed, or wrong diagnosis; serious injury or death that is the result of a failure to (a) establish an accurate and timely explanation of the patient's health problem(s) or (b) communicate that explanation to the patient, examples:
  - a. Cancer
  - b. Fracture
  - c. Missed CVA, Myocardial infarction, aneurysm/bleed, free air in abdomen
  
3. Inappropriate treatment resulting in extended care elsewhere (e.g., prescribing black box med, Stevens-Johnson Syndrome case, e.g., patient receiving cancer treatment, developed liver failure requiring liver transplant because provider did not follow LFTs for cancer treatment)
  
4. Cardiac respiratory arrest: sudden and unexpected cardiac or pulmonary arrest that requires the use of CPR which may be or may not be successful
  
5. Serious Reportable Events/Never Events/CMS Hospital Acquired Conditions (HAC), as defined by the NQF (currently 29 events), for example:
  - a. Wrong site/person/procedure
  - b. Retained foreign body after any procedure
  - c. Death or serious injury from a fall (e.g. brain trauma)
  - d. Patient or staff death or serious injury (disfigurement or scarring) associated with a burn
  - e. Patient or staff death or serious injury resulting from a physical assault
  - f. Hospital-acquired DVT/PE (consider these an incident)
  - g. Blood Incompatibility
  - h. Falls and Trauma (e.g. fracture, crushing injury, dislocation)
  - i. Stage III and IV Pressure Ulcers not considered due to pre-existing condition (e.g. patient in palliative care)

6. Surgical or Anesthesia complications (unexpected): unexpected or rare surgical or anesthesia complications that result in additional treatment/procedures, serious harm, or death; for example,
  - a. Site infections that require additional surgery/revision
  - b. Readmission for additional treatment
  - c. Disfigurement or significant scarring
  
7. Systemic bodily impairment: unanticipated neurological, sensory, or systemic deficits that may include, but are not limited to:
  - a. Brain injury/damage
  - b. Spinal cord injury, permanent paralysis (such as paraplegia/quadriplegia)
  - c. Amputation
  - d. Partial or complete loss of hearing or sight
  - e. Reproductive organ injury that results in inability to bear children
  - f. Major organ injury (ex. kidney failure) or permanent impairment
  
8. Sepsis or infectious disease exposure (nosocomial)
  
9. Multiple event infectious exposure (e.g., instrument contamination due to improper sterilization)
  
10. Maternal/Infant events
  - a. Any maternal death or injury as defined in above (1-5)
  - b. Any unexpected fetal death
  - c. All births with a five min Apgar below 5
  - d. Any infant resuscitation requiring intubation and/or unanticipated transfer to NICU
  - e. Any infant injury involving fracture or dislocation
  - f. Shoulder dystocia with brachial plexus injury
  - g. Infant given wrong breastmilk/fed by wrong mother
  - h. Post-partum hemorrhage that results in extended ICU stay or loss of uterus
  - i. Infant discharged to wrong family
  
11. Significant/complex patient complaint or grievance, as well as those where patients/family members have expressed ongoing anger about a provider or care received
  
12. Potential criminal allegations:
  - a. Allegation of sexual abuse/molestation by provider/staff
  - b. Allegation of child or elder abuse by provider/staff
  - c. Patient harm as a result of drug diversion

### 13. Potential “Batch” claims / Class action lawsuits

- a. For example, one specific radiologist misreads 10 mammograms, leading to potential failure to diagnose or delay in diagnosis of breast cancer.
- b. A class action is a procedural device that permits one or more plaintiffs to file and prosecute a lawsuit on behalf of a larger group, or "class".
- c. Description of class action lawsuits
  - i. a large number of people suffering similar harm by the actions of the same defendant
  - ii. the number of people affected makes individual lawsuits before the court impractical
  - iii. legal counsel for the victims is consolidated into one team
  - iv. legal costs are shared by the plaintiffs making a lawsuit more feasible
  - v. a plaintiff files the lawsuit on their behalf and behalf of the other plaintiffs
  - vi. By joining together in a class-action lawsuit, plaintiffs can seek justice and compensation for their injuries more expeditiously and cost-effectively than through individual actions. Also, by sharing legal expenses, plaintiffs in class action lawsuits can often afford more experienced, skilled counsel than may be otherwise possible.

### 14. Abuse, Neglect & Mistreatment

- a. Resident to Resident Abuse
- b. Staff to Resident (s) Abuse
- c. Injury of Unknown Injury
- d. Neglect
- e. Misappropriation/Exploitation

### 15. Accidents/Incidents/Death

- a. Accident or Incident resulting in hospital admission
- b. Falls requiring any medical intervention
- c. Change in condition requiring transfer out
- d. Accident or incident resulting in death in a facility
- e. Accident or incident resulting in death in the hospital following an accident
- f. Death within 24 hours of admission or prior to physical exam
- g. Elopement (if policy notified)