MEDICAL BOARD OF CALIFORNIA

ADVERSE EVENT REPORTING FORM FOR ACCREDITED OUTPATIENT SURGERY SETTINGS

Business and Professions Code (B&P) Section 2216.3 makes accredited outpatient surgery settings subject to the adverse events reporting requirements mandated in Health and Safety Code Section 1279.1 as follows:

- Facilities shall report an adverse event no later than **five days** after the adverse event has been detected, or
- If that event is an ongoing urgent or emergent threat to the welfare, health, or safety of patients, personnel, or visitors, **no later than 24 hours** after the adverse event has been detected.

Facility Information		
Facility Name:		
Facility Address:		
Contact Person Preparing Report:		
Contact Phone Number:		
Practitioner Information		
Name of Practitioner Performing Procedure:		
License Type/ License Number:		
***Patient Information**		
Patient's Name: **(Last, First, Middle)**		
Patient's Address: **(Street, City, State, Zip)**		
Patient's DOB:	**Patient's Phone Number:**	**Medical Record Number:**
Patient's Next of Kin or Legal Representative (if applicable):		

***Note**: Under the federal Health Insurance Portability and Accountability Act ("HIPAA") the Medical Board of California is deemed a "health oversight agency" (see 45 CFR 501). The disclosure of patient identification information is required for official use, including investigation and possible administrative proceedings regarding any violations of the laws of the State of California.

The patient identifying information **will not** be released pursuant to either a Public Records Act or Information Practice Act request.

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Adverse Event Information		
Date and Time Event Occurred:		**Date of Report:**
Date and Time Event Detected:		
Adverse Event Category	o Surgical Event o Product/Device Event o Patient Protection Event	o Care Management Event o Environmental Event o Criminal Event
Description of Event:		

ADVERSE EVENT DETAIL

Surgical Event, including but not limited to:

- o Surgery performed on a wrong body part inconsistent with the documented informed consent.
- o Surgery performed on the wrong patient.
- o Wrong surgical procedure performed on a patient.
- o Retention of foreign object in a patient after surgery or other procedure.
- o Death during or up to 24 hours after induction of anesthesia in a normal, healthy patient.
- o Other:

Product or device events, including but not limited to:

- o A patient death or serious disability associated with the use of a contaminated drug, device, or biologic provided by the facility.
- o A patient death or serious disability associated with the use or function of a device in patient care in which the device is used or functions other than as intended. For purposes of this section, "device" includes, but is not limited to, a catheter, drain, or other specialized tube, infusion pump, or ventilator.
- o A patient death or serious disability associated with intravascular air embolism that occurs while being cared for in a facility, excluding deaths associated with neurosurgical procedures known to present a high risk of intravascular air embolism.
- o Other:

Patient protection events, including but not limited to:

- o A patient death or serious disability associated with patient disappearance for more than four hours.
- o A patient suicide or attempted suicide resulting in serious disability while being cared for in a facility.
- o Other:

ADVERSE EVENT DETAIL (cont.)

Care management events, including but not limited to:

- o A patient death or serious disability associated with a medication error, including, but not limited to, an error involving the wrong drug, the wrong dose, the wrong patient, the wrong time, the wrong rate, the wrong preparation, or the wrong route of administration.
- o A patient death or serious disability associated with a hemolytic reaction due to the administration of ABO-incompatible blood or blood products.
- o A patient death or serious disability due to spinal manipulative therapy performed at the facility.
- o Other:

Environmental events, including but not limited to:

- o A patient death or serious disability associated with an electric shock while being cared for in a facility.
- o 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 a toxic substance.
- o A patient death or serious disability associated with a burn incurred from any source while being cared for in a facility.
- o A patient death associated with a fall while being cared for in a facility.
- o A patient death or serious disability associated with the use of restraints or bedrails while being cared for in a facility.
- o Other:

Criminal events, including but not limited to:

- o Any instance of care ordered by or provided by someone impersonating a physician, nurse, pharmacist, or other licensed health care provider.
- o Sexual assault on a patient within or on the grounds of a facility.
- o The death or significant injury of a patient or staff member resulting from a physical assault that occurred within or on the grounds of the facility.
- o Other:

Signature of Person Preparing Report **Date**

If a setting fails to report an adverse event pursuant to B&P Section 2216.3, the Medical Board may assess a civil penalty in the amount not to exceed $100 for each day that the adverse event is not reported following the initial five-day period or 24-hour period, as applicable.

Mail completed form to:

Medical Board of California
ATTN: David Ruswinkle
2005 Evergreen Street Suite 1200
Sacramento, CA 95815

For questions or additional information contact David Ruswinkle at (916) 263-2493 or email **David.Ruswinkle@mbc.ca.gov.**