STATE OF CONNECTICUT

#18348

DEPARTMENT OF PUBLIC HEALTH
ADVERSE EVENT REPORTING FORM

DEMOGRAPHIC DATA – All Facilities

FACILITY INFORMATION:

Type of Facility: ☐ Chronic Disease Hospital ☒ General Hospital/Children's Hospital	☐ Hospital for Mentally Ill Persons ☐ Hospital for the Care of Hospice Patients ☐ Maternity Hospital ☐ Outpatient Surgical Facility
Facility Name and Address: Yale-New Haven Hospital 20 York Street New Haven, CT 06504	License Number: 0044 Sequential Report Number: 0044-15-27
Reporter's Name: Victoria Dahl Vickers	
Contact Person: Name: Victoria Dahl Vickers	Telephone Number: (203) 688-6374

PATIENT INFORMATION:

Medical Record Number:	Age	Date of Admission: 05/18/15
Patient's Billing Number:	Sex	Date and Time of Event: Date: 05/18/15 Time: pm
		Date and Time Event First Known: Date: 05/19/15 Time: am
Date of Patient Death (if applicable):		
Admission Diagnosis: Nonallopathic lesion of rib cage		

Phone: (860) 509-7400
Telephone Device for the Deaf (860) 509-7191
410 Capitol Avenue - MS # 12HSR
P.O. Box 340308 Hartford, CT 06134
An Equal Opportunity Employer

Form AE #1
2/11/2010

DEPARTMENT OF PUBLIC HEALTH
ADVERSE EVENT REPORTING FORM
HOSPITALS & OUTPATIENT SURGICAL FACILITIES

Sequential Report Number
0044-15-27

DEMOGRAPHICS – Hospitals Only

☒ Inpatient ☒ Hospital Based ☐ Off Campus Satellite Site Name:______________ Address______________	☐ Outpatient ☐ Hospital Based ☐ Off Campus Satellite Site Name:______________ Address______________
LOCATION OF OCCURENCE: ☐ Medical Intensive Care ☐ Neonatal Intensive Care ☐ Surgical Intensive Care Unit ☐ Adult Medical ☐ Adult Surgical ☐ Ambulatory Surgical ☐ Cardiac Cath Lab ☐ Cardiac Care ☐ Dialysis ☐ Emergency Department	☐ Obstetrical /Gynecological ☒ Operating Room ☐ Outpatient Services - Specify Type ______________ ☐ Pediatrics ☐ Psychiatric ☐ Diagnostic Services – Specify Type: ______________ ☐ Rehabilitative Services – Specify Type: ______________ ☐ Other______________

NOTIFICATIONS:

PATIENT AND/OR AUTHORIZED REPRESENTATIVE NOTIFIED OF EVENT: Y☒ Date notified 05/19/15 N ☐

DID THE PATIENT EXPIRE? Y☐ N ☒
If yes:

MEDICAL EXAMINER NOTIFIED Y☐ N☐ CASE NUMBER (if applicable)	AUTOPSY PERFORMED (if applicable) Y☐ N☐ Unknown ☐ LOCATION:

At the time of this report, were any other entities known to have been notified of this event?

Check all that apply:

- ☐ Centers for Medicare/Medicaid Services
- ☐ Department of Children and Families
- ☐ Food and Drug Administration
- ☐ Joint Commission on the Accreditation of Health Care Organizations
- ☐ Local/State Police
- ☐ Office of Protection and Advocacy for Persons with Disabilities
- ☐ State Fire Marshal
- ☐ Department of Social Services, Protective Services
- ☐ Unknown to reporter at time of report

Sequential Report Number

DEPARTMENT OF PUBLIC HEALTH
ADVERSE EVENT REPORTING FORM
HOSPITALS & OUTPATIENT SURGICAL FACILITIES

0044-15-27

"CUT & PASTE" DESCRIPTION OF EVENT HERE FROM LIST

NQF 1A. Surgery or other invasive procedure performed on the wrong site.

Facts of Event and Status of Patient Condition:

The patient presented on May 18, 2015 for removal of the 8th rib due to a mass. A post-operative x-ray revealed the incorrect rib was removed.

Immediate Plan of Action:

The patient was notified that the incorrect rib was removed and returned to the operating room the following day. The procedure was performed without complication and the patient was discharged to home on May 20, 2015.

FOR DPH USE ONLY

Date Report Received- Emergent	
Date Report Received 5/21/15	
Date Corrective Action Plan Received	

18348

DEPARTMENT OF PUBLIC HEALTH
ADVERSE EVENT REPORTING FORM
HOSPITALS & OUTPATIENT SURGICAL FACILITIES

CORRECTIVE ACTION PLAN (CAP)

Facility: Yale-New Haven Hospital- York Street Campus(YSC)	Sequential Report Number for which this plan is being submitted: 0044-15-27
Patient Billing Number: [redacted]	Date CAP Submitted: 6/11/15

Event being addressed:
NQF 1A. Surgery or other invasive procedure performed on the wrong site.

Findings:

There is an opportunity to improve communication regarding the outage of the radiographic imaging system to the Surgical Team. A timely communication would have allowed a built in opportunity to reflect and a moment to collaborate on next steps.

Corrective Action Plan to prevent reoccurrence:

1. The event will be shared at the Thoracic Surgery Morbidity and Mortality (M&M) meeting.
2. Perioperative Services will institute a method of communication that will provide timely notification of system outages including, but not limited to, Picture Archiving and Communication System (PACS) and Epic.

Does JCAHO require a root cause analysis for this event? Y ☐ N ☐

Time line for implementation:	Completion date for CAP:
1. 6/17/15 2. 6/8/15	1. 7/16/15 2. 12/1/15

1. Identification of staff member, by title, who has been designated the responsibility for monitoring CAP implementation: Professor and Chief, Thoracic Surgery
2. Vice President, Surgical Services; Clinical Chief, Perioperative Services; Vice President, Associate Chief Information Officer

Submitted by: Victoria Dahl Vickers	Date: 6/11/15