

**Activities Concerning Mandatory Reporting of
Sentinel Events as Required by
*Nevada Revised Statutes 439.800 through 439.890***

Presented by

**Alex Haartz, Deputy Administrator
Health Division
Department of Human Resources**

May 12, 2004

EXHIBIT <u>5</u>	HealthCare	Document consists of <u>23</u> pages
<input checked="" type="checkbox"/>	Entire document provided.	
<input type="checkbox"/>	Due to size limitations, pages ____ through ____ provided.	
A copy of the complete document is available through the Research Library (775-684-6827 or e-mail library@leb.state.nv.us)		
Meeting Date		<u>5-12-04</u>

KENNY C. GUINN
Governor

STATE OF NEVADA

YVONNE SYLVA
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MICHAEL J. WILLDEN
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April 27, 2004

Marla McDade Williams
Senior Research Analyst
Research Division, Legislative Counsel Bureau
401 South Carson Street
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Dear Ms. McDade Williams:

Thank you for conveying the Legislative Committee on Health Care's invitation to the Health Division to report on the progress the Division has made in implementing the sentinel events registry and reporting aspects of Assembly Bill 1 (AB 1) of the 2002 18th Special Session of the Nevada Legislature. As you are aware, the sentinel events sections were subsequently codified as Nevada Revised Statutes (NRS) 439.800 -.890. A General Fund appropriation to implement the Health Division's responsibilities was made available effective October 1, 2003, at which time the Health Division began activities.

Attached to this letter is a packet of information, comprised of six (6) exhibits, for the Committee. The exhibits are:

Exhibit A: NRS 439.800-.890.

Exhibit B: Proposed, draft regulations amending Nevada Administrative Code (NAC) pursuant to NRS 439.900.

Exhibit C: Membership of Health Division-formed regulation Steering Committee.

Exhibit D: Membership of Health Division-formed regulation Work Group.


Exhibit E: Sentinel events registry development and implementation timeline.

Exhibit F: List of licensed medical facilities in Nevada covered under NRS 439.805.

Sentinel Events Registry
April 27, 2004
Page 2

I have made arrangements to attend the Committee's May 12, 2002 hearing in Las Vegas. If you have any questions prior to May 12, 2004, please feel free to contact me at (775) 684-4200.

Sincerely,

A handwritten signature in black ink, appearing to be 'AH' with a large loop and a horizontal stroke.

Alex Haartz
Deputy Administrator

AH/ah

Attachment: Sentinel Events Registry Information

cc: Yvonne Sylva, Administrator
Michael Willden, Director, DHR

HEALTH AND SAFETY OF PATIENTS AT CERTAIN MEDICAL FACILITIES

NRS 439.800 Definitions. [Effective July 1, 2003.] As used in NRS 439.800 to 439.890, inclusive, unless the context otherwise requires, the words and terms defined in NRS 439.805 to 439.830, inclusive, have the meanings ascribed to them in those sections.

(Added to NRS by 2002 Special Session, 13, effective July 1, 2003)

NRS 439.805 "Medical facility" defined. [Effective July 1, 2003.] "Medical facility" means:

1. A hospital, as that term is defined in NRS 449.012 and 449.0151;
2. An obstetric center, as that term is defined in NRS 449.0151 and 449.0155;
3. A surgical center for ambulatory patients, as that term is defined in NRS 449.0151 and 449.019; and
4. An independent center for emergency medical care, as that term is defined NRS 449.013 and 449.0151.

(Added to NRS by 2002 Special Session, 13, effective July 1, 2003)

NRS 439.810 "Patient" defined. [Effective July 1, 2003.] "Patient" means a person who:

1. Is admitted to a medical facility for the purpose of receiving treatment;
2. Resides in a medical facility; or
3. Receives treatment from a provider of health care.

(Added to NRS by 2002 Special Session, 13, effective July 1, 2003)

NRS 439.815 "Patient safety officer" defined. [Effective July 1, 2003.] "Patient safety officer" means a person who is designated as such by a medical facility pursuant to NRS 439.870.

(Added to NRS by 2002 Special Session, 13, effective July 1, 2003)

NRS 439.820 "Provider of health care" defined. [Effective July 1, 2003.] "Provider of health care" means a person who is licensed, certified or otherwise authorized by the laws of this state to administer health care in the ordinary course of the business or practice of a profession.

(Added to NRS by 2002 Special Session, 13, effective July 1, 2003)

NRS 439.825 "Repository" defined. [Effective July 1, 2003.] "Repository" means the repository for health care quality assurance created by NRS 439.850.

(Added to NRS by 2002 Special Session, 13, effective July 1, 2003)

NRS 439.830 "Sentinel event" defined. [Effective July 1, 2003.] "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.

(Added to NRS by 2002 Special Session, 13, effective July 1, 2003)

NRS 439.835 Mandatory reporting of sentinel events. [Effective July 1, 2003.]

1. Except as otherwise provided in subsection 2:

(a) A person who is employed by a medical facility shall, within 24 hours after becoming aware of a sentinel event that occurred at the medical facility, notify the patient safety officer of the facility of the sentinel event; and

(b) The patient safety officer shall, within 13 days after receiving notification pursuant to paragraph (a), report the date, the time and a brief description of the sentinel event to:

- (1) The health division; and

(2) The representative designated pursuant to NRS 439.855, if that person is different from the patient safety officer.

2. If the patient safety officer of a medical facility personally discovers or becomes aware, in the absence of notification by another employee, of a sentinel event that occurred at the medical facility, the patient safety officer shall, within 14 days after discovering or becoming aware of the sentinel event, report the date, time and brief description of the sentinel event to:

(a) The health division; and

(b) The representative designated pursuant to NRS 439.855, if that person is different from the patient safety officer.

3. The administrator shall prescribe the manner in which reports of sentinel events must be made pursuant to this section.

(Added to NRS by 2002 Special Session, 13, effective July 1, 2003)

NRS 439.840 Reports of sentinel events: Duties of health division; confidentiality. [Effective July 1, 2003.]

1. The health division shall, to the extent of legislative appropriation and authorization:

(a) Collect and maintain reports received pursuant to NRS 439.835; and

(b) Ensure that such reports, and any additional documents created from such reports, are protected adequately from fire, theft, loss, destruction and other hazards and from unauthorized access.

2. Reports received pursuant to NRS 439.835 are confidential, not subject to subpoena or discovery and not subject to inspection by the general public.

(Added to NRS by 2002 Special Session, 14, effective July 1, 2003)

NRS 439.845 Analysis and reporting of trends regarding sentinel events; treatment of certain information regarding corrective action by medical facility. [Effective July 1, 2003.]

1. The health division shall, to the extent of legislative appropriation and authorization, contract with a quality improvement organization, as defined in 42 C.F.R. § 400.200, to analyze and report trends regarding sentinel events.

2. When the health division receives notice from a medical facility that the medical facility has taken corrective action to remedy the causes or contributing factors, or both, of a sentinel event, the health division shall:

(a) Make a record of the information;

(b) Ensure that the information is aggregated so as not to reveal the identity of a specific person or medical facility; and

(c) Transmit the information to a quality improvement organization.

3. A quality improvement organization to whom information is transmitted pursuant to subsection 2 shall, at least quarterly, report its findings regarding the analysis of aggregated trends of sentinel events to the repository for health care quality assurance.

(Added to NRS by 2002 Special Session, 14, effective July 1, 2003)

NRS 439.850 Repository for health care quality assurance: Creation; function. [Effective July 1, 2003.]

1. The repository for health care quality assurance is hereby created within the health division.

2. The repository shall, to the extent of legislative appropriation and authorization, function as a clearinghouse of information relating to aggregated trends of sentinel events.

(Added to NRS by 2002 Special Session, 14, effective July 1, 2003)

NRS 439.855 Notification of patients involved in sentinel events. [Effective July 1, 2003.]

1. Each medical facility that is located within this state shall designate a representative for the notification of patients who have been involved in sentinel events at that medical facility.

2. A representative designated pursuant to subsection 1 shall, not later than 7 days after discovering or becoming aware of a sentinel event that occurred at the medical facility, provide notice of that fact to each patient who was involved in that sentinel event.

3. The provision of notice to a patient pursuant to subsection 2 must not, in any action or proceeding, be considered an acknowledgment or admission of liability.

4. A representative designated pursuant to subsection 1 may or may not be the same person who serves as the facility's patient safety officer.

(Added to NRS by 2002 Special Session, 14, effective July 1, 2003)

NRS 439.860 Inadmissibility of certain information in administrative or legal proceeding. [Effective July 1, 2003.] Any report, document and any other information compiled or disseminated pursuant to the provisions of NRS 439.800 to 439.890, inclusive, is not admissible in evidence in any administrative or legal proceeding conducted in this state.

(Added to NRS by 2002 Special Session, 15, effective July 1, 2003)

NRS 439.865 Patient safety plan: Development; approval; notice; compliance. [Effective July 1, 2003.]

1. Each medical facility that is located within this state shall develop, in consultation with the providers of health care who provide treatment to patients at the medical facility, an internal patient safety plan to improve the health and safety of patients who are treated at that medical facility.

2. A medical facility shall submit its patient safety plan to the governing board of the medical facility for approval in accordance with the requirements of this section.

3. After a medical facility's patient safety plan is approved, the medical facility shall notify all providers of health care who provide treatment to patients at the medical facility of the existence of the plan and of the requirements of the plan. A medical facility shall require compliance with its patient safety plan.

(Added to NRS by 2002 Special Session, 15, effective July 1, 2003)

NRS 439.870 Patient safety officer: Designation; duties. [Effective July 1, 2003.]

1. A medical facility shall designate an officer or employee of the facility to serve as the patient safety officer of the medical facility.

2. The person who is designated as the patient safety officer of a medical facility shall:

(a) Serve on the patient safety committee.

(b) Supervise the reporting of all sentinel events alleged to have occurred at the medical facility, including, without limitation, performing the duties required pursuant to NRS 439.835.

(c) Take such action as he determines to be necessary to ensure the safety of patients as a result of an investigation of any sentinel event alleged to have occurred at the medical facility.

(d) Report to the patient safety committee regarding any action taken in accordance with paragraph (c).

(Added to NRS by 2002 Special Session, 15, effective July 1, 2003)

NRS 439.875 Patient safety committee: Establishment; composition; meetings; duties; proceedings and records are privileged. [Effective July 1, 2003.]

1. A medical facility shall establish a patient safety committee.
 2. Except as otherwise provided in subsection 3:
 - (a) A patient safety committee established pursuant to subsection 1 must be composed of:
 - (1) The patient safety officer of the medical facility.
 - (2) At least three providers of health care who treat patients at the medical facility, including, without limitation, at least one member of the medical, nursing and pharmaceutical staff of the medical facility.
 - (3) One member of the executive or governing body of the medical facility.
 - (b) A patient safety committee shall meet at least once each month.
 3. The administrator shall adopt regulations prescribing the composition and frequency of meetings of patient safety committees at medical facilities having fewer than 25 employees and contractors.
 4. A patient safety committee shall:
 - (a) Receive reports from the patient safety officer pursuant to NRS 439.870.
 - (b) Evaluate actions of the patient safety officer in connection with all reports of sentinel events alleged to have occurred at the medical facility.
 - (c) Review and evaluate the quality of measures carried out by the medical facility to improve the safety of patients who receive treatment at the medical facility.
 - (d) Make recommendations to the executive or governing body of the medical facility to reduce the number and severity of sentinel events that occur at the medical facility.
 - (e) At least once each calendar quarter, report to the executive or governing body of the medical facility regarding:
 - (1) The number of sentinel events that occurred at the medical facility during the preceding calendar quarter; and
 - (2) Any recommendations to reduce the number and severity of sentinel events that occur at the medical facility.
 5. The proceedings and records of a patient safety committee are subject to the same privilege and protection from discovery as the proceedings and records described in NRS 49.265.
- (Added to NRS by 2002 Special Session, 15, effective July 1, 2003)

NRS 439.880 Immunity from criminal and civil liability. [Effective July 1, 2003.] No person is subject to any criminal penalty or civil liability for libel, slander or any similar cause of action in tort if he, without malice:

1. Reports a sentinel event to a governmental entity with jurisdiction or another appropriate authority;
 2. Notifies a governmental entity with jurisdiction or another appropriate authority of a sentinel event;
 3. Transmits information regarding a sentinel event to a governmental entity with jurisdiction or another appropriate authority;
 4. Compiles, prepares or disseminates information regarding a sentinel event to a governmental entity with jurisdiction or another appropriate authority; or
 5. Performs any other act authorized pursuant to NRS 439.800 to 439.890, inclusive.
- (Added to NRS by 2002 Special Session, 16, effective July 1, 2003)

NRS 439.885 Violation by medical facility: Administrative sanction prohibited when voluntarily reported. [Effective July 1, 2003.] If a medical facility:

1. Commits a violation of any provision of NRS 439.800 to 439.890, inclusive, or for any violation for which an administrative sanction pursuant to NRS 449.163 would otherwise be applicable; and
 2. Of its own volition, reports the violation to the administrator,
- such a violation must not be used as the basis for imposing an administrative sanction pursuant to NRS 449.163.

(Added to NRS by 2002 Special Session, 16, effective July 1, 2003)

NRS 439.890 Adoption of regulations. [Effective July 1, 2003.] The administrator shall adopt such regulations as the administrator determines to be necessary or advisable to carry out the provisions of NRS 439.800 to 439.890, inclusive.

(Added to NRS by 2002 Special Session, 16, effective July 1, 2003)

CHAPTER 439 – ADMINISTRATION OF PUBLIC HEALTH

HEALTH AND SAFETY OF PATIENTS AT CERTAIN MEDICAL FACILITIES

SECTION 1. Definitions. (NRS 439.800) As used in This chapter, unless the context otherwise requires, the words and terms defined in NRS 439.809 to 439.890, inclusive, have the meanings ascribed to them in those sections.

SECTION 2. Medical facility defined. Medical facility as defined in NRS 449.012, 449.0151.

SECTION 3. Patient defined. Patient as defined in NRS 439.810.

SECTION 4. Patient safety officer defined. Patient safety officer as defined in NRS 439.870.

SECTION 5. Provider of health care defined. Provider of health care as defined in NRS 439.820.

SECTION 6. Repository defined. Repository as defined in NRS 439.850.

SECTION 7. Sentinel event defined. Sentinel event as defined in NRS 439.830.

SECTION 8. Reportable Sentinel Events defined.

1. Sentinel events that are reportable by a medical facility to the Health Division include any occurrence that meets any of the following criteria:
 - (a.) Event that has resulted in an unanticipated death or major permanent loss of function not related to the natural course of the patient's illness or underlying condition:
 - (1) A distinction is made between an adverse outcome that is primarily related to the natural course of the patient's illness or underlying condition not reported under the Sentinel Event reporting requirement and a death or major permanent loss of function that is associated with the treatment or lack of treatment of that condition, or otherwise not clearly and primarily related to the natural course of the patient's illness or underlying condition.
 - (2) Major permanent loss of function means sensory, motor, physiologic, or intellectual impairment not present on admission requiring continued treatment or life-style change.
 - (3) When major permanent loss of function cannot be immediately determined, applicability of the reporting requirement is not established until either the patient is discharged with continued major loss of function, or two weeks have elapsed with persistent major loss of function, whichever occurs first; or

- (b.) Event was one of the following that occurred on the premise:
- (1) Suicide of a patient in a setting where the patient receives around-the-clock care;
 - (2) Unanticipated death of a full term infant;
 - (3) Infant abduction;
 - (4) Hemolytic transfusion reaction involving administration of blood or blood products having major group incompatibilities;
 - (5) Rape defined as unconsented sexual contact involving a patient and another patient, staff member, or other perpetrator while being treated or on the premises of the medical facility, one or more of the following must be present to determine the applicability of the reporting rape requirement: any staff-witnessed sexual contact; sufficient clinical evidence obtained by the medical facility to support allegations of unconsented sexual contact; or admission by the perpetrator that sexual contact occurred;
 - (6) Surgery on the wrong patient, regardless of the magnitude of the procedure or outcome;
 - (7) Surgery on the wrong body part, regardless of the magnitude of the procedure or outcome;
 - (8) Wrong procedure performed, regardless of magnitude of the outcome;
 - (9) Assault, homicide or other crime resulting in patient death or major permanent loss of function;
 - (10) Patient death, paralysis, coma or other major permanent loss of function associated with a medication error;
 - (11) Patient fall that results in death or major permanent loss of function as a direct result of injuries sustained in the fall;
 - (12) Intrapartum maternal death related to the birth process;
 - (13) Perinatal death unrelated to a congenital condition in an infant having a birth weight greater than 2500 grams.

SECTION 9. Mandatory reporting of sentinel events.

1. Except as otherwise provided in subsection 2:

- (a) A person who is employed by a medical facility shall, within 24 hours after becoming aware of a sentinel event that occurred at the medical facility, notify the patient safety officer of the facility of the sentinel event; and
- (b) The patient safety officer shall, within 13 days after receiving notification pursuant to paragraph (a), report the date, the time and a brief description as specified in paragraph (c) to:
 - (1) The Health Division in a form as set forth in (d); and

- (2) The representative designated pursuant to NRS 439.855, if that person is different from the patient safety officer.
- (c) The sentinel event report submitted to the Health Division will include:
 - (1) The patient safety officer shall, within 13 days after receiving notification of a sentinel event report the following information:
 - (a) Facility name identified by code;
 - (b) Person reporting from the facility identified by name;
 - (c) Date of the event;
 - (d) Date and time the facility was notified of the event;
 - (e) Date and time the Health Division was notified of the event, evidenced by fax date and time, postmark stamp date, email transmission date and time, or other date and time for another type of transmission;
 - (f) Patient county of residence in Nevada;
 - (g) Patient state or country of residence if not from Nevada;
 - (h) Patient date of birth;
 - (i) Patient gender;
 - (j) Type of event, noting actual occurrence or potential occurrence;
 - (k) Medical facility departments involved in the event;
 - (2) The following information is to be reported on the form administered by the Health Division within 45 days after receiving notification of a sentinel event report:
 - (a) Contributing factors to the event, specifying technical nature of the factors, patient related conditions manifesting as contributing factors, medical facility policies, procedures or situations manifesting as contributing factors, medical facility environmental conditions manifesting as contributing factors, medical facility staff behaviors or situations manifesting as contributing factors, and communication or documentation problems manifesting as contributing factors;
 - (b) Corrective actions taken with respect to the event, including policy/procedure/process review, policy/procedure/process change or development, disciplinary actions/sanctions taken, environmental changes made, equipment modifications made; and education or retraining provided.
- (d.) The Health Division will develop and distribute the reporting form to all medical facilities, which must use this form for reporting events.

2. If the patient safety officer of a medical facility personally discovers or becomes aware, in the absence of notification by another employee under 1.(a), of a sentinel event that occurred at the medical facility, the patient safety officer shall, within 14 days after discovering or becoming aware of the sentinel event, report the date, time and brief description as specified in section 1, paragraph (c) and (d) of the sentinel event to:
 - (a) The Health Division; and
 - (b) The representative designated pursuant to NRS 439.855, if the person is different from the patient safety officer.

SECTION 10. Patient safety committee: Establishment; composition; meetings; duties; proceedings and records are privileged.

1. For those medical facilities having fewer than 25 employees and contractors, they will create a patient safety committee pursuant to subsection 1 composed of:
 - (a) The patient safety officer of the medical facility.
 - (b) At least one medical and one nursing provider of healthcare who treat patients at the medical facility.
 - (c) The Chief Executive Officer or Chief Financial Officer.
 - (d) The patient safety committee shall meet at least quarterly.
2. The proceedings and records of a patient safety committee are subject to the same privilege and protection from discovery as the proceedings and records described in NRS 49.265.

SENTINEL EVENTS REGISTRY STEERING COMMITTEE

Diane Allen
Bureau of Licensure & Certification

Marc Bennett
President/CEO
HealthInsight

Nancy Bridges
Nevada Hospital Association

Noelle Brown
Associate Director, State Relations
Joint Commission on Accreditation
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Sentinel Events Registry Facility Work Group

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SENTINEL EVENTS REGISTRY TIMETABLE

OCTOBER 2003	NOVEMBER 2003	DECEMBER 2003	JANUARY 2004	FEBRUARY 2004	MARCH 2004	APRIL 2004	MAY 2004	JUNE 2004	JULY 2004
SERSC MTG OCT_14__	SERWG MTG NOV_19__	SERWG MTG DEC_17__	SERWG MTG JAN_21__	SERWG MTG FEB_18__	SERSC MAR 2 SERWG MT MAR_16__	Hosp Assoc Board Mtg Apr 7 SERWG Apr 21	SERSC MTG MAY____ Public Workshops May 6 & 7 Regs to LCB May 21	Schedule Public Hearings 50 days from submission to LCB JULY 21	SERWG MTG JUNE____ Public hearings
XXXXXXXXX NEED FOR TEMPORARY REGULATIONS (LCB NOT AVAILABLE FOR REVIEW) XXXXXXXXXXXXXXXXXX ←←←←← LCB REVIEW FOR PERMANENT REGULATIONS →→→→→ XXXXXXXXXXXX									
AUGUST 2004	SEPTEMBER 2004	OCTOBER 2004	NOVEMBER 2004	DECEMBER 2004	JANUARY 2005	JUNE X 2005		DECEMBER 2005	
Health Division Administrator Regulation Hearing	Kick off Annual Hosp Assoc Mtg		Statewide health facility training		Sentinel Events Submission to start * Hospitals will retroactively report back to 7/01/03	End of 2005 Legislative Session		<u>Regulation process repeated for permanent regulations</u>	
SERSC = Sentinel Events Registry Steering Committee									
SERWG = Sentinel Events Registry Work Group									

Hospitals

Acute Rehabilitation at Washoe Village Alan Olive Reno, NV	Health South Rehabilitation Hospital of Reno Michael Choo Reno, NV
Battle Mountain General Hospital Katheren Ancho Battle Mountain, NV	Horizon Speciality Hospital – Las Vegas Stan Lentz Las Vegas
BHC West Hills Hospital Ali Elhaj Reno, NV	Humboldt General Hospital/Harmony Manor Byron Quinton Winnemucca, NV
Boulder City Hospital, Inc. Kim Crandall Boulder City, NV	Incline Village Community Hospital Robert Schapper Incline Village, NV
Carson Rehabilitation Center Anne Testolin Carson City, NV	Integrated Health Serv of LV-Hosp Darrin Cook Las Vegas
Carson Tahoe Hospital Ed Epperson Carson City, NV	Kindred Hospital – Las Vegas Scott Weiss Las Vegas
Churchill Community Hospital Charles Myers Fallon, NV	Kindred Hospital Las Vegas–Flamingo Campus Linn Billingsley Las Vegas
Desert Springs Hospital Carl W. Fitch, Sr. Las Vegas	Lake Mead Hospital Medical Center Jeff Comer, JR. North Las Vegas
Desert Willow Treatment Center Victoria Miller Las Vegas	Monte Vista Hospital Thomas Maher Las Vegas
Dini Townsend Hospital at NNAMHS Harold Cook Sparks, NV	Mount Grant General Hospital Alex Poirier Elko, NV
Grover C. Dils Medical Center & SNF Shawn Wiscombe Caliente, NV	Northern Nevada Medical Center James Pagels Sparks, NV
Health South Hospital at Tenaya Rick Knowland Las Vegas	Nye Regional Medical Center & SNF Vincent Scoccia Tonopah, NV
Health South Rehab of Henderson Christopher Vito Henderson, NV	Pershing General Hospital Chase Mearian Lovelock, NV
Health South Rehab of Las Vegas Gilbert Silbernagel Las Vegas	Progressive Hospital Rosemary Thiele Las Vegas

Saint Mary's Regional Medical Center Ginger Ayala Reno, NV	
South Lyon Medical Center Joan Hall Yerington, NV	
Southern Nevada Adult Mental Health SVCS Jonna Triggs Las Vegas	
Spring Mountain Treatment Center Darryl Dubroca Las Vegas	
St. Rose Dominican Hospital Rod Davis Henderson, NV	
St. Rose Dominican Hospital Siena Campus Rod Davis Henderson, NV	
Summerlin Hospital Medical Center LLC Leslie Paul Luke Las Vegas	
Sunrise Hospital and Medical Center A. Allan Stipe Las Vegas	
Tahoe Pacific Hospital Martin Milner Sparks, NV	
UMC Rancho Rehabilitation Center William Hale Las Vegas	
University Medical Center of Southern Nevada Michael Walsh Las Vegas	
Valley Hospital Medical Center Gregory Boyer Las Vegas	
Washoe Medical Center, Inc. James Miller Reno, NV	
William Bee Ririe Hospital Robert Morasko Ely, NV	
Willow Springs Center Ali Elhaj Reno, NV	

<i>Independent Center for Emergency Medical Care (ICE)</i>	
Carson Valley Medical Center-Emergency Gerald Conley Gardnerville, NV	
Minden Emergency Urgent Care Center Ed Epperson Minden, NV	

Surgical Center for Ambulatory Patients

Ambulatory Surgery Center of Nevada Neal A. Marek Las Vegas	Foot Surgery Center of Northern Nevada Frank Davis Reno, NV
American Surgery Centers of Las Vegas Cynthia Butt Las Vegas	Ford Center for Foot Surgery Bruce Ford Sparks, NV
Carson Ambulatory Surgery Center LP Joan Lapham Carson City, NV	Gastrointestinal Diagnostic Clinic Nourollah Ghahreman Las Vegas
Carson Endoscopy Center Maggie Iverson Carson City, NV	Goldring Surgical Center Texas Gustavson Las Vegas
Carson Valley Ambulatory Surgery Center Laura Strong Gardnerville, NV	Great Basin Surgical Center Mable Guerrero Elko, NV
Centennial Spine and Pain Center Jame Thomas Jr. Las Vegas	Health South's Reno Medical Plaza Margaret Summerfelt Reno, NV
Center for Outpatient Surgery Christine Kreger-Balascoe Reno, NV	Institute of Orthopaedic Surgery Gary Richberg Las Vegas
Diagnostic Imaging of Southern Nevada Eric Gerson Las Vegas	Lake Tahoe Surgery Center Keith Covert Zephyr Cove, NV
Digestive Disease Center Osama Haikal Las Vegas	Las Vegas Surgery Center Kathy King Las Vegas
Digestive Health Center James Laborde Reno, NV	Mesquite Ambulatory Surgery Center Lonnie Empey Mesquite, NV
Endoscopic Institute of Nevada Rebecca Duty Las Vegas	Northern Nevada Plastic Surgery Assoc Gareth Strand Reno, NV
Endoscopy Center of Southern Nevada II LLC Kipak Desai Las Vegas	Parkway Ambulatory Surgery Center Angela Richberg Henderson, NV
Endoscopy Center of Southern Nevada LLC Dipak Desai Las Vegas	Plaza Surgery Center Texas Gustavson Las Vegas
Eye Surgery Center of Nevada Michael Fischer Carson City, NV	Quail Surgical and Pain Management Center Darren Robertson Reno, NV
Flamingo Surgery Center Nicholas Paciello Las Vegas	Reno Endoscopy Center Maggie Iverson Reno, NV

Reno Pacific Surgery Center LP Keith Covert Reno, NV	The Surgical Center at Tenaya Joe Dylag Las Vegas
Sahara Surgery Center Mary Foley Las Vegas	Valley View Surgery Center Sheila Donnell Las Vegas
Seven Hills Surgery Center LLC Karen Zdvorak Henderson	
Shadow Mountain Surgical Center Fay J. De La Cruz Las Vegas	
Shepherd Eye Surgicenter Inc. Christina Kennelley Las Vegas	
Sierra Center for Foot Surgery Kim Bean Carson City, NV	
Single Day Surgery Center Marlene Kent Las Vegas	
Southwest Medical Assoc Amb Surg Ctr Marlene Kent Las Vegas	
Specialty Surgery Center LLC Steven Wilson Las Vegas	
Spring Valley Surgery Center LLC Michael McCoy Las Vegas	
St. Mary's Outpatient Surgery CTR at Galena Christine Balascoe Reno, NV	
Surgical Arts Center Michelle Bennion Las Vegas	
Surgical Arts Surgery Center Catherine Williams Reno, NV	
Surgery Center of Southern Nevada Lynne Ingle Las Vegas	
Tenaya Surgical Center LLC Christine Dowacter Chase Las Vegas	