### **Surgical or Invasive Procedure Events**

- Surgeries or invasive procedures involving a surgery on the wrong site, wrong patient, wrong procedure.
- 2. Foreign object retained after surgery.
- 3. Post-operative death of an ASA Class 1 Patient.
- 4. Surgical site infections following a spinal procedure, shoulder procedure, elbow procedure, laparoscopic gastric bypass, gastroenterostomy, laparoscopic gastric restrictive surgery or cardiac implantable electronic device.
- 5. Deep Vein Thrombosis (DVT) or Pulmonary Embolism (PE) after total knee replacement or after hip replacement.
- 6. latrogenic Pneumothorax with venous catheterization.
- 7. Patient death or severe harm associated with intravascular air embolism that occurs while being cared for in a health care facility

### **Patient Protection Events**

- 1. Discharge or release of a patient of any age, who is unable to make decisions, to someone other than an authorized person.
- 2. Patient suicide, attempted suicide or self-harm that results in severe harm, while being cared for in a health care facility.
- 3. Patient death or severe harm associated with patient elopement.

Find information, news, resources and training info at <u>www.PAETexas.org</u> For questions email us at <u>PAETexas@dshs.state.tx.us</u>



# Texas Preventable Adverse Events by Category

### **Environmental Events**

- Any incident in which systems designated for oxygen or other gas to be delivered to a patient contains no gas, wrong gas, or are contaminated by toxic substances.
- 2. Patient death or severe harm associated with use of physical restraints or bedrails while being cared for in a health care facility.
- 3. Patient death or severe harm associated with an electric shock while being cared for in a health care facility.
- 4. Patient death or severe harm associated with a burn incurred from any source while being cared for in a health care facility.

### **Potential Criminal Events**

- 1. Abduction of a patient of any age.
- 2. Sexual abuse or assault of a patient within or on the grounds of a health care facility.
- 3. Patient death or severe harm resulting from a physical assault that occurs within or on the grounds of a health care facility.
- Any instance of care ordered by or provided by someone impersonating a physician, nurse, pharmacist or other licensed health care provider.

#### **Product or Device Events**

- Patient death or severe harm associated with the use of contaminated drugs/devices or biologics provided by the health care facility.
- 2. Patient death or severe harm associated with the use or function of a device in patient care, in which the device is used or functions other than as intended.

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## **Care Management Events**

- Patient death or severe harm associated with a fall in a health care facility resulting in a fracture, dislocation, intracranial injury, crushing injury, burn or other injury.
- 2. Patient death or severe harm associated with unsafe administration of blood or blood products.
- 3. Patient death or severe harm resulting from the irretrievable loss of an irreplaceable biological specimen.
- 4. Patient death or severe harm resulting from failure to follow up or communicate laboratory, pathology or radiology test results.
- 5. Perinatal death or severe harm (maternal or neonate) associated with labor or delivery in a low-risk pregnancy while being cared for in a health care facility.
- 6. Stage III, Stage IV or Unstageable pressure ulcer acquired after admission/presentation to a health care facility.
- 7. Artificial insemination with the wrong donor sperm or wrong egg.
- 8. Poor glycemic control: hypoglycemic coma.
- 9. Poor glycemic control: diabetic ketoacidosis.
- 10. Poor glycemic control: nonketotic hyperosmolar coma.
- 11. Poor glycemic control: secondary diabetes with ketoacidosis.
- 12. Poor glycemic control: secondary diabetes with hyperosmolarity.
- 13. Patient death or severe harm associated with a medication error.

## **Radiological Event**

1. Patient death or severe harm associated with the introduction of a metallic object into the MRI area.

# First Tier PAE Reporting Beginning January 1, 2015

- 1. Surgeries or invasive procedures involving a surgery on the wrong site, wrong patient, wrong procedure.
- 2. Foreign object retained after surgery.
- 3. Post-operative death of an ASA Class 1 Patient.
- 4. Discharge or release of a patient of any age, who is unable to make decisions, to someone other than an authorized person.
- 5. Any incident in which systems designated for oxygen or other gas to be delivered to a patient contains no gas, wrong gas, or are contaminated by toxic substances.
- 6. Abduction of a patient of any age.
- 7. Sexual abuse or assault of a patient within or on the grounds of a health care facility.
- 8. Patient death or severe harm resulting from a physical assault that occurs within or on the grounds of a health care facility.
- 9. Patient death or severe harm associated with a fall in a health care facility resulting in a fracture, dislocation, intracranial injury, crushing injury, burn or other injury.
- 10. Patient death or severe harm associated with unsafe administration of blood or blood products.
- 11. Patient death or severe harm resulting from the irretrievable loss of an irreplaceable biological specimen.
- 12. Patient death or severe harm resulting from failure to follow up or communicate laboratory, pathology or radiology test results.
- 13. Patient death or severe harm associated with use of physical restraints or bedrails while being cared for in a health care facility.
- 14. Perinatal death or severe harm (maternal or neonate) associated with labor or delivery in a low-risk pregnancy while being cared for in a health care facility.

# Texas Preventable Adverse Event Reporting 3 Tier Phase-In Implementation

# Second Tier PAE Reporting Beginning January 1, 2016

- 1. Deep Vein Thrombosis (DVT) or Pulmonary Embolism (PE) after total knee replacement or after hip replacement.
- 2. Iatrogenic Pneumothorax with venous catheterization.
- Stage III, Stage IV or Unstageable pressure ulcer acquired after admission/presentation to a health care facility.
- 4. Any instance of care ordered by or provided by someone impersonating a physician, nurse, pharmacist or other licensed health care provider.
- 5. Patient suicide, attempted suicide or selfharm that results in severe harm, while being cared for in a health care facility.
- 6. Patient death or severe harm associated with patient elopement.
- 7. Patient death or severe harm associated with an electric shock while being cared for in a health care facility.
- 8. Patient death or severe harm associated with a burn incurred from any source while being cared for in a health care facility.
- 9. Patient death or severe harm associated with the introduction of a metallic object into the MRI area.

# Third Tier PAE Reporting Beginning January 1, 2017

- 1. Surgical site infections following a spinal procedure, shoulder procedure, elbow procedure, laparoscopic gastric bypass, gastroenterostomy, laparoscopic gastric restrictive surgery or cardiac implantable electronic device.
- 2. Artificial insemination with the wrong donor sperm or wrong egg.
- 3. Poor glycemic control: hypoglycemic coma.
- 4. Poor glycemic control: diabetic ketoacidosis.
- 5. Poor glycemic control: nonketotic hyperosmolar coma.
- 6. Poor glycemic control: secondary diabetes with ketoacidosis.
- 7. Poor glycemic control: secondary diabetes with hyperosmolarity.
- Patient death or severe harm associated with the use of contaminated drugs/devices or biologics provided by the health care facility.
- 9. Patient death or severe harm associated with the use or function of a device in patient care, in which the device is used or functions other than as intended.
- 10. Patient death or severe harm associated with intravascular air embolism that occurs while being cared for in a health care facility.
- 11. Patient death or severe harm associated with a medication error.