

Sentinel Event Reporting Form (SERF)

Date by default on submission:

Healthcare Facility	It is mandatory by CBAHI policies for quality improvement and patient safety initiatives to report every sentinel event that occurs within accredited healthcare facilities on CBAHI's portal within a maximum of 5 working days.			
	Type:	Hospital: <input type="checkbox"/> Primary Healthcare Center: <input type="checkbox"/> Laboratory: <input type="checkbox"/> Ambulatory: <input type="checkbox"/> Other: <input type="checkbox"/>		
	Name:			
	City:		Region:	
	Category:	Governmental: <input type="checkbox"/>	Private: <input type="checkbox"/>	Others: _____
	Accredited by CBAHI	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Accredited by other body	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Reporter Information				
	Reporter Name:			
	Profession:	Physician: <input type="checkbox"/>	Nurse: <input type="checkbox"/>	Other: _____
	Department:			
Patient Information				
	Name:			
	Age:		Gender:	
	Diagnosis:			
Description of the Event	Department:		Medical Record #:	
	Type of Sentinel Event (check all that apply)			
	Sentinel Event	الحدث الجسيم		
	Performing diagnostic or therapeutic procedure on the wrong patient	إجراء تشخيصي أو علاجي للمريض الخطأ		<input type="checkbox"/>
	Wrong Site Surgery	إجراء جراحة في المكان الخطأ		<input type="checkbox"/>
	Adverse blood transfusion reaction	ضرر جسيم ناتج عن نقل الدم		<input type="checkbox"/>
	Inpatient Suicide	انتحار في قسم التنويم		<input type="checkbox"/>
Retained Instruments or a Sponge	نسيان الأدوات و الفوط الجراحية		<input type="checkbox"/>	
Major Medication Error Leading to Death or Major Morbidity	دواء خاطئ يؤدي إلى الوفاة أو مضاعفات خطيرة		<input type="checkbox"/>	

	Infant Discharged to Wrong Family	تسليم مولود إلى غير ذويه	<input type="checkbox"/>
	Infant Abduction	اختطاف مولود	<input type="checkbox"/>
	Maternal death	وفيات الامهات الحوامل	<input type="checkbox"/>
	Unexpected Death	وفاة غير متوقعة	<input type="checkbox"/>
	Unexpected Loss of a Limb or a Function	فقدان غير متوقع لطرف أو وظيفة عضو	<input type="checkbox"/>
	Air embolism	انسداد هوائي لوعاء دموي	<input type="checkbox"/>
	Describe the event: (what happened, when, where and how it happened)		
Other relevant information:			
CBAHI Quality & Research	NOTE: Please fill in the information, print the document for your sign then scan, submit and send it back to us on SERF@cbahi.gov.sa		
	Reference Number <input type="text"/>		
	<input type="checkbox"/> Does match criteria	<input type="checkbox"/> HAD Notification	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Does not match criteria		
	Comment on RCA and CAP:		<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
	<input type="checkbox"/> If unsatisfactory	Comment:	
	<input type="checkbox"/> If satisfactory, Progress report after 45 working days.		
	Safety Assessment Code Matrix:		
	Recommendation to ADC:		<input type="checkbox"/> RCA and CAP satisfactory no further action <input type="checkbox"/> Suspend <input type="checkbox"/> Revoke <input type="checkbox"/> Other _____
ADC Recommendations	<input type="checkbox"/> RCA and CAP satisfactory no further action <input type="checkbox"/> Suspend <input type="checkbox"/> Revoke <input type="checkbox"/> Other _____		

N.B. To be filed after completion in HCF File (HAD-CBAHI)

Signatures: