Kingdom of Saudi Arabia
Saudi Health Council
Saudi Central Board for Accreditation
of Healthcare Institutions

CBAHI

المملكة العربية السعودية
المجلس الصحي السعودي
المركز السعودي لاعتماد المنشآت الصحية

Sentinel Event Reporting Form (SERF)

<table>
<tr>
<td rowspan="5">Healthcare Facility</td>
<td colspan="4">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.</td>
</tr>
<tr>
<td>Type:</td>
<td colspan="2">Hospital: ☐ Primary Healthcare Center:☐</td>
<td>Laboratory: ☐</td>
</tr>
<tr>
<td></td>
<td colspan="2">Ambulatory: ☐</td>
<td>Other: ☐</td>
</tr>
<tr>
<td>Name:</td>
<td colspan="3"></td>
</tr>
<tr>
<td>City:</td>
<td></td>
<td colspan="2">Region:</td>
</tr>
</table>

<table>
<tr>
<td>Healthcare Facility</td>
<td>Category:</td>
<td>Governmental: ☐</td>
<td>Private: ☐</td>
<td>Others:_____</td>
</tr>
</table>

<table>
<tr>
<td rowspan="4">Reporter Information</td>
<td colspan="4"></td>
</tr>
<tr>
<td>Reporter Name:</td>
<td colspan="3"></td>
</tr>
<tr>
<td>Profession:</td>
<td>Physician: ☐</td>
<td>Nurse: ☐</td>
<td>Other:_____</td>
</tr>
<tr>
<td>Department:</td>
<td colspan="3"></td>
</tr>
</table>

<table>
<tr>
<td>Reporter Information</td>
<td>Date of incident:</td>
<td></td>
<td>Time of incident:</td>
<td></td>
</tr>
</table>

<table>
<tr>
<td rowspan="5">Patient Information</td>
<td colspan="4"></td>
</tr>
<tr>
<td>Name:</td>
<td colspan="3"></td>
</tr>
<tr>
<td>Age:</td>
<td></td>
<td>Gender:</td>
<td></td>
</tr>
<tr>
<td>Diagnosis:</td>
<td colspan="3"></td>
</tr>
<tr>
<td>Department:</td>
<td></td>
<td>Medical Record #:</td>
<td></td>
</tr>
</table>

<table>
<tr>
<td rowspan="10">Description of the Event</td>
<td colspan="3">Type of Sentinel Event (check all that apply)</td>
</tr>
<tr>
<td>Sentinel Event</td>
<td>الحدث الجسيم</td>
<td></td>
</tr>
<tr>
<td>Performing diagnostic or therapeutic procedure on the wrong patient</td>
<td>إجراء تشخيصي أو علاجي للمريض الخطأ</td>
<td>☐</td>
</tr>
<tr>
<td>Wrong Site Surgery</td>
<td>إجراء جراحة في المكان الخطأ</td>
<td>☐</td>
</tr>
<tr>
<td>Adverse blood transfusion reaction</td>
<td>ضرر جسيم ناتج عن نقل الدم</td>
<td>☐</td>
</tr>
<tr>
<td>Inpatient Suicide</td>
<td>انتحار في قسم التنويم</td>
<td>☐</td>
</tr>
<tr>
<td>Retained Instruments or a Sponge</td>
<td>نسيان الأدوات و الفوط الجراحية</td>
<td>☐</td>
</tr>
<tr>
<td>Major Medication Error Leading to Death or Major Morbidity</td>
<td>دواء خاطئ يؤدي إلى الوفاة أو مضاعفات خطيرة</td>
<td>☐</td>
</tr>
<tr>
<td>Infant Discharged to Wrong Family</td>
<td>تسليم مولود إلى غير ذويه</td>
<td>☐</td>
</tr>
<tr>
<td>Infant Abduction</td>
<td>اختطاف مولود</td>
<td>☐</td>
</tr>
</table>

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Maternal death		وفيات الامهات الحوامل	☐
Unexpected Death		وفاة غير متوقعة	☐
Unexpected Loss of a Limb or a Function		فقدان غير متوقع لطرف أو وظيفة عضو	☐
Air embolism		انسداد هوائي لوعاء دموي	☐
Describe the event: (what happened, when, where and how it happened)			
Other relevant information:			

NOTE: Please fill in the information and then print the document for your sign and send it back to us on SERF@cbahi.gov.sa

CBAHI Quality & Research

Reference Number:

☐ Does match criteria   HAD Notification   ☐ Yes   ☐ No

☐ Does not match criteria

Comment on RCA and CAP: ☐ Satisfactory   ☐ Unsatisfactory

☐ If unsatisfactory | Comment:

☐ If satisfactory, Progress report after 45 working days.

Safety Assessment Code Matrix:

Recommendation to ADC:
☐ RCA and CAP satisfactory no further action
☐ Suspend
☐ Revoke
☐ Other _____

ADC Recommendations

☐ RCA and CAP satisfactory no further action
☐ Suspend
☐ Revoke
☐ Other _____

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

Signatures: