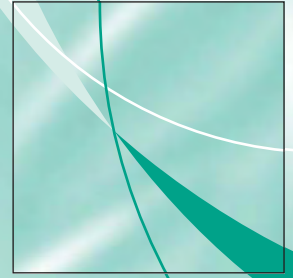


Appendix 8:

National Core Set of Sentinel Events



The Australian Council for Safety and Quality in Health Care has worked closely with all jurisdictions to develop a national core set of sentinel events. The agreed national list of core sentinel events consists of:

1. Procedures involving the wrong patient or body part
2. Suicide of a patient in an inpatient unit
3. Retained instruments or other material after surgery requiring re-operation or further surgical procedure
4. Intravascular gas embolism resulting in death or neurological damage
5. Haemolytic blood transfusion reaction resulting from ABO incompatibility
6. Medication error leading to the death of patient reasonably believed to be due to incorrect administration of drugs
7. Maternal death or serious morbidity associated with labour or delivery
8. Infant discharged to the wrong family.