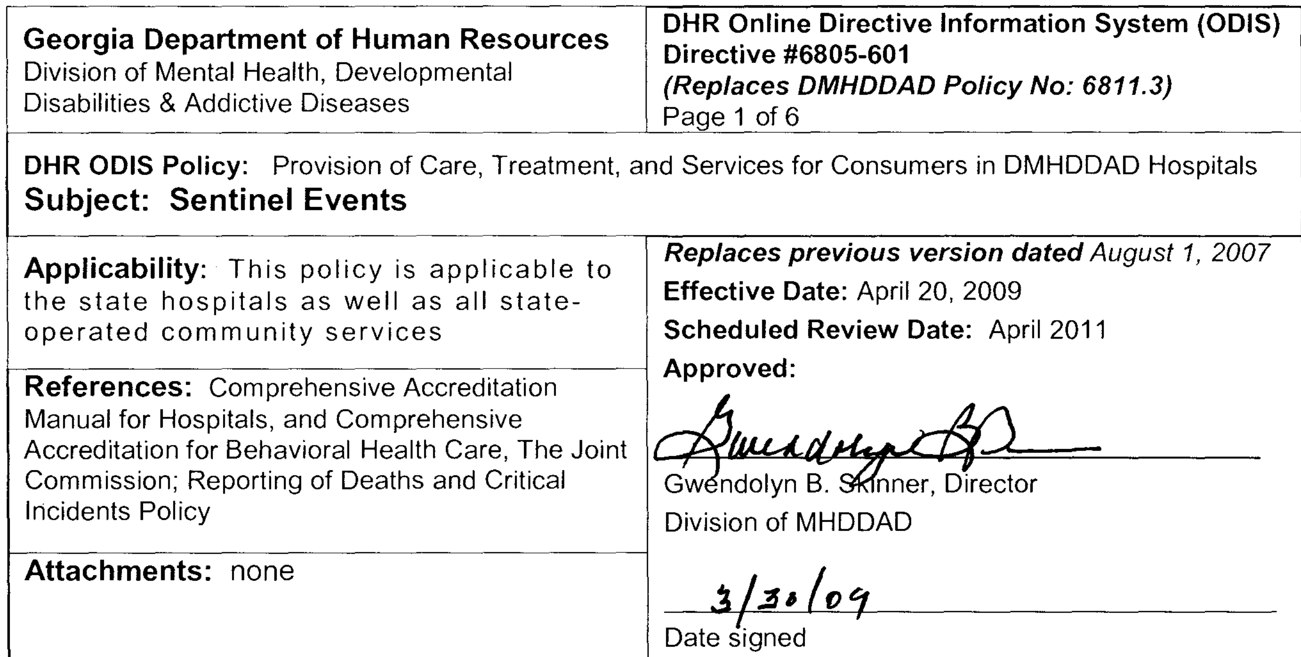

Georgia Department of Human Resources Division of Mental Health, Developmental Disabilities & Addictive Diseases	**DHR Online Directive Information System (ODIS) Directive #6805-601** ***(Replaces DMHDDAD Policy No: 6811.3)*** Page 1 of 6
DHR ODIS Policy: Provision of Care, Treatment, and Services for Consumers in DMHDDAD Hospitals **Subject: Sentinel Events**	
Applicability: This policy is applicable to the state hospitals as well as all state-operated community services	***Replaces previous version dated*** *August 1, 2007* **Effective Date:** April 20, 2009 **Scheduled Review Date:** April 2011 **Approved:**
References: Comprehensive Accreditation Manual for Hospitals, and Comprehensive Accreditation for Behavioral Health Care, The Joint Commission; Reporting of Deaths and Critical Incidents Policy	Gwendolyn B. Skinner, Director Division of MHDDAD
Attachments: none	3/30/09 Date signed

SENTINEL EVENTS

POLICY

Whenever an actual or potential sentinel event, or other serious risk incident, occurs in a Division of Mental Health, Developmental Diseases and Addictive Diseases (DMHDDAD) state hospital or a community service program operated by a state hospital, the hospital is responsible for notifying the Director of Hospital Operations first by email and then with a follow up telephone call. The hospital is also responsible for implementing a process to understand and address the causes that underlie the event.

The Regional Hospital Administrator (RHA) is responsible for ensuring an organizational culture conducive to identification, reporting, analysis, and prevention of sentinel events, and other serious risk incidents, and for ensuring the consistent and effective implementation of a mechanism to accomplish these activities. Any time a sentinel event occurs (or when otherwise directed by the Director of Hospital Operations and/or MHDDAD Medical Director for serious incidents that do not meet the definition of a sentinel event), the hospital completes a thorough and credible Root Cause Analysis (RCA), implements improvements to reduce risk, and monitors the effectiveness of the improvements as part of its ongoing performance improvement efforts. Additionally, a RCA may be conducted for "near misses" or other serious risk incidents deemed appropriate by the RHA, Director of Hospital Operations, and/or MHDDAD Medical Director.

DEFINITIONS

Sentinel event: In conjunction with The Joint Commission (TJC), MHDDAD defines a sentinel event as follows: "an unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof. Serious injury

specifically includes loss of limb or function. The phrase 'or the risk thereof' includes any process variation for which a recurrence would carry a significant chance of a serious adverse outcome." Such events are called "sentinel" because they signal the need for immediate investigation and response. The terms "sentinel event" and "medical error" are not synonymous; not all sentinel events occur because of an error, and not all errors result in sentinel events.

Sentinel events that are subject to this policy. The specific subset of sentinel events that is subject to the requirements set forth in this policy includes those sentinel events subject to review by TJC. This subset includes any occurrence that meets any of the following criteria:

1. Any suicide, including suicide following elopement from the hospital or within 72 hours following discharge.

2. Any rape. Rape, as a reviewable sentinel event, is defined as unconsented sexual contact involving a patient and another patient, staff member, or unknown perpetrator while being treated or on the premises of the organization, including oral, vaginal or anal penetration or fondling of the patient's sex organ(s) by another individual's hand, sex organ, or object. One or more of the following must be present to determine reviewability:
    a. Any witnessed sexual contact as described above;
    b. Sufficient clinical evidence obtained by the organization to support allegations of unconsented sexual contact; or
    c. Admission by the perpetrator that sexual contact, as described above, occurred on the premises.

3. Any unanticipated (*unexplained)* patient death or major permanent loss of function not related to the natural course of the patient's illness or underlying condition. *(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 reviewable under the Sentinel Event Policy} and a death or major permanent loss of function that is associated with the treatment {including "recognized complications"} 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 {reviewable under the Sentinel Event Policy}).*

    In indeterminate cases, the event will be presumed reviewable, and the hospital's response will be reviewed under the Sentinel Event Policy according to the prescribed procedures and time frames without delay for additional information such as autopsy results.

4. Any patient death, paralysis, coma, or other major permanent loss of function associated with a seclusion or restraint.

5. Any patient death, paralysis, coma, or other major permanent loss of function associated with a medication error.

6. Any elopement (AWOL) of a patient resulting in a temporally related death (suicide or homicide) or major permanent loss of function.

7. Assault, homicide, or other crime resulting in patient death or major permanent loss of function.

8. A patient fall that results in death or major permanent loss of function as a direct result of the injuries sustained in the fall.

9. Discharge of a child to the wrong family/guardian, or abduction of any patient.

Major permanent loss of function means sensory, motor, physiologic, or intellectual impairment not present on admission requiring continued treatment or lifestyle change.

When a major permanent loss of functioning cannot be immediately determined, reporting is not expected 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.

Other serious and unusual incidents that are subject to this Policy. The Director of Hospital Operations and/or the MHDDAD Medical Director may also require state-operated hospitals and community programs to conduct a thorough and credible RCA for other serious and unusual incidents, “near misses,” or identified patterns of performance.

Root Cause Analysis (RCA): RCA is a formal process for identifying the most basic or causal factors that underlie a variation in performance. It focuses on organizational systems and processes and on changes that can be made to improve performance and reduce the risk of the recurrence of a serious adverse event. The practice of RCA is predicated on the belief that problems are best solved by attempting to correct or eliminate root causes, as opposed to merely addressing the immediately obvious symptoms. By directing corrective measures at root causes, it is hoped that the likelihood of problem recurrence will be minimized. This analysis is conducted as a peer review activity by a team of hospital staff who are appointed by the RHA. At a minimum, the composition of this team must meet the requirements, under Georgia law, for a medical peer review, and must also include at least one member of the hospital’s Leadership

Team in addition to an appropriate number of staff who were involved in the event. The Director of Hospital Operations and the MHDDAD Medical Director are ex officio members on any RCA team. Hospitals are expected to use TJC's "Sentinel Event Root Cause Analysis Tool Guide" (http://www.jointcommission.org/SentinelEvents/).

Note Regarding the Requirements of TJC: TJC encourages each organization to report to TJC any sentinel event meeting their criteria for reviewable sentinel events, but does not require them to do so. When sentinel events that meet TJC criteria occur, the default position of MHDDAD is that the events will be reported to TJC. Any decision to not report a sentinel event must be vetted by the Director of Hospital Operations and the MHDDAD Medical Director. Whether the sentinel event is reported to TJC or not, the hospital is expected to prepare a thorough and credible RCA in accordance with this policy and TJC requirements. A hospital or community program that experiences a sentinel event that does not meet the criteria for review under TJC's Sentinel Event Policy is still expected to complete a RCA, but does not need to submit it to TJC; the RCA is maintained by the hospital following review by the Director of Hospital Operations as outlined in this policy. When a decision is made to submit a RCA and action plan to TJC, the hospital is expected to use the online RCA collection tool (accessible from the "Continuous Compliance Tools" section of TJC's home page, under the "Sentinel Event Activities" link).

Sentinel Event Date: For purposes of this policy, the term "sentinel event date" is used to refer to the date on which a sentinel event occurred **or** the date on which the incident was determined to meet the definition of a sentinel event.

PROCEDURES

Any time an event occurs that is a potential or actual sentinel event, the procedure delineated below must be followed.

A. As soon as possible, but within 24 hours (including weekends and holidays) of the occurrence or determination of a potential sentinel event, the RHA, or designee, notifies the Director of Hospital Operations first by email and then with a follow up telephone call. Sentinel Events that meet the definition of a critical incident are also reported according to the requirements of MHDDAD policies for incident reporting.

B. If information is pending that is needed in order to determine whether the event meets the definition of a sentinel event, such as a coroner's report or toxicology report, then the hospital forwards the information to the Director of Hospital Operations and MHDDAD Medical Director within one business day of receipt of that information.

C. Within three business days of the sentinel event date, the RHA determines:
   1. the type of event;
   2. whether the event is a reportable or non-reportable sentinel event, and
   3. the subsequent procedural steps to be taken, including whether or not to report to TJC.

   If necessary, the RHA or designee contacts the Director of Hospital Operations to discuss the decision regarding reporting to TJC.

D. <u>If the incident WILL be voluntarily reported to TJC</u>, then within five business days of the sentinel event date, the RHA or his/her designated staff:
   1. Notifies TJC by completing the "Self-Reported Sentinel Event" reporting form available on TJC's website or by calling the TJC Hotline;
   2. Emails an electronic copy of the completed TJC reporting form to the Director of Hospital Operations and MHDDAD Medical Director; AND
   3. Contacts the TJC Sentinel Event Hotline within three days of the notification to TJC, to verify that the report has been received and inquire as to whether any additional information and/or clarification are needed.

E. Within 30 calendar days of the sentinel event date, or the date that the Director of Hospital Operations and/or MHDDAD Medical Director requested a RCA, the hospital conducts a RCA and prepares a report of the findings relating to the sentinel event. The draft RCA, including all attachments, is sent to the Director of Hospital Operations and MHDDAD Medical Director via e-mail. (If necessary, the attachments are submitted as scanned documents in PDF format). The RCA <u>must</u> meet all requirements of TJC for an acceptable, thorough, and credible RCA as set forth in TJC's Sentinel Events Policy. Additionally, if the event is a death, the mortality review must be included as a part of the RCA.

F. Within five calendar days of receipt of the draft report, the Director of Hospital Operations reviews the RCA and provides feedback to the hospital's RHA. This review and feedback process may include request(s) for additional information and/or clarification.

G. Within five calendar days of receiving feedback about the draft report, the hospital finalizes the report and forwards a copy to the Director of Hospital Operations via same method(s) as in Section E.

H. If any further revision is deemed necessary, the Director of Hospital Operations notifies the RHA, who makes necessary changes and forwards the completed report to the Director of Hospital Operations within the next five calendar days via same method(s) as in Section E.

I. If the RCA is to be submitted to TJC, the hospital transmits it to TJC, per their guidelines (see Note Regarding The Requirements of TJC), in order to meet the required 45 day due date.

J. The hospital tracks the completion of the risk reduction strategies and action steps via its monthly Performance Improvement meetings and documents this in the meeting minutes.