Title:	1.1.14, Sentinel Events		
Subject:	BOARD AND ADMINISTRATIVE OPERATIONS		
Section:	Administrative		
Policy: □ **Procedure:** X	**Issued by:** Director of Quality, Customer Service, and Recipient Rights	**Effective Date:** 2/8/06	**Applies to:** **X All CMHA-CEI staff** **□ Contract Providers** **□ Other:**
Page: 1 of 5	**Approved by:** Board of Directors	**Review Date:** 12/9/16	

I. **Purpose:** To identify a sentinel event, understand the cause, and take necessary action to reduce the probability of a future reoccurrence. This procedure is in compliance with the standards established by Mid-State Health Network (MSHN).

II. **Procedures:**

A. Initial actions to be taken when there is suspicion of a sentinel event (refer to Appendix A for flowchart):

1. Any provider/contract provider will notify their direct supervisor immediately upon suspicion of a Sentinel Event. An Incident Report will be completed and/or a Recipient Rights Complaint, as needed.
2. All persons involved in the event will complete a first person account of the event as soon as possible and within 72 hours of the event.
    a. The goal of a first person account is to provide details about the event in a clear, concise manner, giving as many details as you recall as accurately as possible. Describe only what you actually witnessed.
    b. Send the account directly to the QCSRR Director through secure email or interoffice mail.
    c. The first person account will be used by the QCSRR Director or Compliance Officer to complete a timeline of events to better inform those conducing a root causes analysis of the event.
    d. All first person accounts will be peer review protected.
    e. Only the QCSRR Director or Compliance Officer will review the first person accounts.
    f. All first person accounts will be kept confidential and locked in a filing cabinet.
3. Peer review protected first person statements will be sent directly to the Quality, Customer Service, and Recipient Rights (QCSRR) Director as soon as possible and within 72 hours of the event.
4. The QCSRR Director will determine if the event qualifies as a sentinel event. The QCSRR Director may involve others in this decision process.
5. If the event is determined to not meet the definition of a sentinel event, the Incident Report Procedure (3.3.7) and process outlined in that procedure shall be followed or the Recipient Rights Office will process allegations normally as described in the Recipient Rights Procedure (3.6.1). The peer review protected first person statements are not included in the processes outlined in procedures 3.3.7 and 3.6.1.

B. Actions to be taken when it has been determined that a sentinel event occurred:
    1. Within 3 business days of the sentinel event, the QCSRR Director will send notification to the Chief Executive Officer (CEO), the Mid-State Health Network (MSHN), and the Commission on the Accreditation of Rehabilitation Facilities (CARF) that a sentinel event has occurred.

C. Actions to be taken if there is a Recipient Rights complaint or allegation:
    1. The Recipient Rights office will process allegations normally as described in the Recipient Rights Procedure, 3.6.1. The peer review protected first person statements are not included in the process outlined in procedure 3.6.1.
    2. Initiating the root cause analysis (RCA) process within 5 business days of the sentinel event, consultation then occurs within the Review Group (RG) comprised of the QCSRR Director, Medical Director, Compliance Officer, and Clinical Program Director.
    3. The Recipient Rights Office will work closely with the QCSRR Director to progress the root cause analysis process as appropriate.

D. Actions to be taken when there is no Recipient Rights complaint or allegation:
    1. Initiating the RCA process within 5 business days of the sentinel event, consultation then occurs within the Review Group (RG) comprised of the QCSRR Director, Medical Director, Compliance Officer, and Clinical Program Director.
    2. The Review Group will identify an employee to review the event and complete additional fact finding to compose a report that includes a timeline of events and a list of those who had involvement in the event.
    3. The report will be sent to the RG for review.
    4. The RG will convene a meeting, with others attending as needed, to progress the RCA process.
    5. The root causes will be determined and action plans to address the root causes will be implemented.
    6. The RCA action plans are approved by the CEO.
    7. RCA action plans are monitored by the Compliance Officer with oversight form the Critical Incident Review Committee (CIRC).

E. Additional Sentinel event review and reporting may be required by accrediting bodies. This is outside of the scope of this procedure and is the responsibility of the CEI Compliance Officer or the Director of Quality, Customer Service, and Recipient Rights.

F. CMHA-CEI recognizes that some critical occurrences or incidences, not meeting the definition of sentinel event, although not technically reportable to any state organization or accrediting body, warrant a root cause analysis, plan of action, monitoring, and/or evaluation to reduce the risk of its reoccurrence. The QCSRR Director will determine if incidences not meeting the standard for sentinel event should have further actions.

III. Definitions:

A. **Root Cause:** The most basic reason for failure or inefficiency of a process.

B. **Root Cause Analysis:** A method of problem solving used to identify the root cause(s) of faults or inefficiencies.

C. **Sentinel Event:** An unexpected occurrence to a recipient of services involving death or serious physical (loss of limb or function) or psychological injury, or the risk thereof. (Risk thereof includes any process variation that would most likely would result in a

sentinel event if it reoccurred).

D. **Recipient of Services:**
   1. A consumer is considered to an active recipient of services when any of the following occur:
      a. A face-to-face intake has occurred and the individual was deemed eligible for ongoing service, or
      b. CMHA-CEI has authorized the individual for ongoing service, either through a face-to-face screening or a telephone screening, or
      c. The individual has received a non-crisis, non-screening encounter.
   2. The period during which the consumer is considered to be actively receiving services shall take place between the following begin date and end date, inclusively:
      a. Begin Date: Actively receiving services begins when the decision is made to start providing ongoing non-emergent services. Specifically, the beginning date shall be the first start date that any of the 3 conditions referenced above occurs.
      b. End Date: When the consumer is formally discharged from services. The date the discharge takes effect shall be the end date. This should also be the date that is supplied to the consumer when the consumer is notified that services are terminated.

IV. Monitor and Review:

This procedure is reviewed annually by the Director of Quality, Customer Service, and Recipient Rights. This procedure is monitored by accrediting bodies and regulatory agencies as applicable.

V. References:

A. 42 CFR 438.10: Information Requirements
B. 42 CFR 438.400: Appeals and Grievances
C. MA Contract 6.3: Customer Services
D. MSHN Procedure 603: Critical Incidents
E. PIHP Contract Attachment P 7.9.1: Quality Assessment and Performance Improvement Programs for Specialty Pre-Paid Inpatient Health Plans

VI. Related Policies and Procedures:

CMHA-CEI Policy	1.1.14	Sentinel Events
CMHA-CEI Procedure	3.3.7	Incident Reporting
CMHA-CEI Procedure	3.2.08D	Clinical Peer Review

VI. **Review Log**

Review Date	Reviewed By	Changes (if any)
11/20/07	-	-
5/5/11	-	-
4/13/14	-	-
12/09/16	QI Specialist	Updating to new process, adding flow chart, updating definitions and references, update to new format

VII. **Attachments:**

A. CMHA-CEI Sentinel Event Root Cause Analysis (RCA) Process Flowchart

CMHA-CEI Peer Review Sentinel Event Process

Updated – July 2016