

COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEASTERN MICHIGAN		<i>Policy and Procedure</i>		
Department Clinical Services		# of Pages: 50		
Policy Name SENTINEL EVENTS		Type of Policy: <input type="checkbox"/> WCHO <input checked="" type="checkbox"/> Regional <input type="checkbox"/> Network		
Policy Number	Effective Date	Revision Date	Approval Date	
		5/18/06	7/18/06	
Administrative/Board of Directors Sign Off				
Administrative Signature:			Date:	
Board of Directors Signature:			Date:	

I. PURPOSE

To establish a peer review process for collecting and reviewing sentinel event and adverse event information. This is a retrospective system analysis using a case specific analysis to improve services or enhance treatment for clients. This policy will also ensure that any recommended changes will be implemented and monitored in a timely, thorough and credible way. This policy will assist the CSSN Executive Directors in determining which Sentinel Events must also be reported to the WCHO, JCAHO or other accrediting organizations, MDCH or other entity per contractual requirements.

II. APPLICATION

All staff, students, volunteers and staff of the WCHO and contractors. This includes all CSSN Providers and Residential Substance Abuse Providers.

III. DEFINITIONS

CSSN Providers: An organization that is certified as a CMHSP, including a recipient rights systems, services across all populations, a publicly appointed Board of Directors, and accreditation from JCAHO. This includes “look alike” CSSN providers.

Director: For the purpose of this policy, Director is defined as: 1. the Executive Directors of Monroe, Livingston, Lenawee CMHSP’s and the Executive Director of Washtenaw County Community Support and Treatment Services; 2. the Executive Director of the WCHO; and 3. the Directors of all contractual substance abuse providers who provide residential treatment services.

Sentinel Event Coordinator Designee: A member of the Senior Management team that is designated by the Director to implement and oversee the sentinel event process.

Sentinel Events Review Committee (SERC): An ad hoc committee, whose membership will include individuals familiar with agency processes under review and agency leaders, organized for the purpose of analyzing the root cause of a Sentinel Event and strategizing appropriate agency response to minimize risk of recurrence. This is a retrospective peer review process using a case specific analysis to improve services or enhance treatment for clients.

The following definitions are shared by the JCAHO and MDCH:

Action Plan: A plan designed to address and correct any problems identified through the root cause analysis process.

Adverse Event: Events that do not qualify as Sentinel events but are serious and could identify process improvements. The Director will determine if an event is an adverse event when the event does not qualify as a Sentinel Event.

Root Cause Analysis: A process for identifying the basic or causal factors that underlies variation in performance, including the occurrence, or possible occurrence, of a sentinel event.

Sentinel Event: 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 risk thereof’ includes any process variation for which a recurrence would carry a significant chance of a serious adverse outcome. Put another way—if the event had continued or were to recur, the individual would risk death or major permanent loss of function.

The following two definitions are defined by JCAHO:

Major Permanent Loss of Function: Sensory, motor, physiologic, or intellectual impairment not present before the incident, requiring continued treatment or lifestyle changes. When major permanent loss of function can not be immediately determined, reporting to the JCAHO is not expected until either the individual is discharged with continued major loss of function, or two weeks have elapsed with persistent major loss of function, whichever occurs first.

Rape: the determination of “rape” is to be consistent with applicable law and regulation. Rape includes staff-recipient and recipient-recipient allegations. For purposes of JCAHO reporting, the five day time-frame for reporting does not begin until a determination* is made that a rape has occurred. Reporting of a rape to the JCAHO is not expected where such reporting is prohibited by law.

*Per a JCAHO opinion, this determination should be made within the agency and does not require action by the court system.

These remaining definitions are defined by MDCH:

24 Hour Specialized Setting: a specialized residential home certified by the Michigan Department of Consumer and Industry Services for persons with mental illness or developmental disabilities, or substance abuse residential treatment facility.

Accident Resulting in Serious Injury: those serious physical injuries which result from accidents and which require a visit to an emergency room, medical center, or urgent care clinic/center and/or an admission to a hospital.

Activities of Daily Living: bathing, eating, dressing, personal hygiene, shopping, money management and medication monitoring. *This definition adapted from Children's Waiver language.

Death: that which does not occur as a natural outcome to a medical condition (e.g. terminal illness) or old age.

Medication Errors: include any of the following which result in death or serious injury, or risk thereof, to a recipient. It does not include instances in which recipients have refused medication.

- a. wrong medication
- b. wrong dosage
- c. double dosage
- d. missed dosage

Ongoing and Continuous In-Home Assistance: assistance with Activities of Daily Living provided in the recipient's own home at least once a week, for a period of at least six months.

Own Home: a supported independent placement or a client's own home or apartment, regardless of who holds the deed, lease, or rental agreement. This does not include a family's home in which the child or adult recipient is living.

Physical Illness: Any unexpected physical illness which resulted in permanent loss of limb or function, or the risk thereof, and results in admission to a hospital. This does not include planned surgeries, whether inpatient or outpatient. It also does not include admissions directly related to the natural course of the person's chronic illness, or underlying condition.

Serious Challenging Behaviors: are not already addressed in a treatment plan. They include the following if they result in death or serious physical injury or the risk thereof:

- a. attempts at self-inflicted harm

- b. attempts to harm others
- c. unauthorized leaves of absence
- d. property damage in excess of \$100

Serious Psychological Injury/Emotional Harm: impaired psychological functioning, growth, or development of a significant nature as evidenced by observable physical symptomatology and as determined by a mental health professional.

Serious Physical Injury: Physical damage suffered by a recipient that a physician or registered nurse determines caused, or could have caused, the death of a recipient, caused the impairment of his or her bodily functions, or caused the permanent disfigurement of a recipient.

Sentinel Event Guideline Definitions:

JCAHO Reportable Sentinel Events include those Sentinel Events that affect recipients of care (patients, clients, residents) and meet one of the following criteria (See attachment IX. Sentinel Event Decision Tree):

1. Unanticipated death or major permanent loss of function not related to the natural course of the patient's illness or underlying condition, or
2. Any instances of the following regardless of whether it resulted in death or major permanent loss of function.
3. Suicide of a patient who lives in a 24 hour setting or within 72 hours of discharge.
4. Rape (as defined above.)
5. Abduction of any individual receiving care, treatment or services.

MDCH Reportable Sentinel Events include those Sentinel Events that affect recipients of care (patients, clients, residents) and meet the following criteria (See attachment X. Sentinel Event Decision Tree, page two):

1. The recipient lives in a 24 hour Specialized Setting, OR the recipient lives in their Own Home and receives Ongoing and Continuous In-Home Assistance (as defined above.) OR the recipient receives Targeted Case Management or Habilitation Supports Waiver Supports Coordination Services.
2. The event has resulted in Serious Physical Injury, Serious Psychological Injury, or the risk thereof (as defined above.)

If these criteria have been met, then MDCH Reportable Sentinel Events include the following events as defined above:

- a. Death of a recipient
- b. Serious illness requiring admission to a hospital
- c. Alleged case of abuse or neglect resulting in death, serious injury or the risk thereof.
- d. Accident resulting in serious injury to recipient requiring emergency room visit or hospital admission
- e. Seriously challenging behavior
 - 1. Arrest (arrest and conviction are to be counted separately.)
 - 2. Conviction
 - 3. Medication error

This policy refers to **all** sentinel events (as defined by this regional policy) occurring in the organization or associated with services which the organization provides, or provides for. Appropriate response includes conducting a timely, thorough and credible root cause analysis, implementing improvements to reduce risk, and monitoring the effectiveness of those improvements. This is a retrospective system analysis using a case specific analysis to improve services or enhance treatment for clients.

The Root Cause analysis should:

- 1. Include participation by the leadership of the organization and by the individuals most closely involved in the processes and systems under review.
- 2. Focus on systems and processes, rather than on individual performance.
- 3. Progress from special causes in clinical processes to general organizational processes and systems.
- 4. Seek out root causes through a process of asking “Why?” questions until logical problems/answers can be identified.
- 5. Identify opportunities to change systems or processes to improve performance levels while reducing the risk of future events from recurring.
- 6. Include consideration of any relevant literature.
- 7. Be internally consistent, i.e., not contradict itself.
- 8. Not leave obvious questions unanswered.
- 9. Not include the recipient’s name or the names of caregivers involved in the event.

The Action Plan Must Identify:

- 1. Changes that can be implemented to reduce risk, or formulates a rationale for not undertaking such changes.
- 2. Who is responsible for implementing the change.
- 3. When the change will be implemented.
- 4. Who is responsible for monitoring whether the change has been implemented.

5. At what frequency the monitoring will occur.
6. Any pilot testing.
7. How the effectiveness of the change will be evaluated, including who will be responsible and what indicators will be used.

IV. POLICY

The Sentinel Event Review process is a retrospective peer review process using a case specific analysis to improve services or enhance treatment for clients. Any records, data and knowledge collected in this process are confidential; therefore this information is not available under the Freedom of Information Act (FOIA).

The Director will review any potential Sentinel Event to determine whether it qualifies as a Sentinel Event as defined in this policy. The Director will use Guideline Definitions A and B in the previous definitions section to determine whether the event under review requires reporting to JCAHO, MDCH, and/or other entity per contractual requirements.

If the review determines that a Sentinel Event has occurred, all CSSN/Residential Substance Abuse Providers will report each Sentinel Event to the WCHO as described below and will analyze the root cause of each Sentinel Event.

JCAHO accredited CSSN/Residential Substance Abuse providers shall select the appropriate reporting option allowable within the JCAHO standards. CSSN/Residential Substance Abuse providers accredited by bodies other than JCAHO shall still perform a root cause analysis, develop an action plan, and report the findings to the WCHO; they are not expected to report sentinel events to JCAHO.

It shall be the affiliation policy that any events that do not qualify as sentinel events but are serious could be identified as adverse events. These events shall be identified by the Director. The Director will determine if the Sentinel Event Review Committee shall conduct a root cause analysis and notify the Sentinel Event Coordinator Designee.

Additionally, the CSSN/Residential Substance Abuse Provider will form a Sentinel Event Review Committee (SERC) to analyze the root cause of each Sentinel Event and strategize any appropriate agency responses required to minimize risk of recurrence.

Members will use the standard affiliation approved instrument for a Root Cause Analysis and Action Plan in Response to a Sentinel Event to guide the team through the root cause analysis and action planning activities.

A root cause analysis of a sentinel event may result in the conclusion that a plan of action will not be pursued. In such instances, a rationale must be documented.

The CSSN/Residential Substance Abuse provider is not required to submit the root cause analysis to the WCHO; however, the CSSN/Residential Substance Abuse Provider shall

provide documentation to the WCHO PI Coordinator that appropriate processes were followed.

In the event that the root cause analysis determines that a WCHO policy or procedure or a contracted provider was a contributing factor to the Sentinel Event, the CSSN/Residential Substance Abuse provider shall report these findings to the WCHO. The WCHO will then evaluate the findings to determine any necessary action.

Each Director will maintain a single, locked location for the storage of files and documents pertinent to sentinel event response activities.

Each CSSN sentinel event coordinator shall report MDCH sentinel event data to MDCH on a semi-annual basis. The local sentinel event coordinator shall report both MDCH and JCAHO general sentinel event and adverse event data and basic information regarding improvements in systems to the local performance improvement coordinator.

Sentinel event information and data shall be reported to the WCHO in accordance to an established annual calendar for the MDCH reporting as a part of the Performance Improvement System. CMHSP's shall report Child Waiver data directly to MDCH and send a copy to WCHO (PIHP).

Mandatory Reporting

Any information required under the mandatory reporting laws shall be reported jointly by the client service manager/supports coordinator and their supervisor/program administrator. Contracted providers shall also report in accordance with licensing requirements and laws. If a consumer resides in a 24 hour licensed setting, Michigan Department of Human Services Licensing Division shall be notified. Adult Protective Services, Child Protective Services and the Police Department shall be notified in accordance with the law. Reports shall also be made to the Office of Recipient Rights.

V. EXHIBITS

- A. Sentinel Event Policy Flowchart
- B. JCAHO Sentinel Event Determination Form
- C. MDCH Sentinel Event Determination Form
- D. JCAHO Reportable Sentinel Events Timeline Check-off.
- E. MDCH Sentinel Events Timeline Check-off
- F. Regional Root Cause Analysis Form
- G. Regional Root Cause Follow Up Tracking Form

VI. REFERENCES

- A. JCAHO's "A Framework for a Root Cause Analysis and Action Plan in Response to a Sentinel Event"
- B. JCAHO's "Accredited Organization Self-Report Sentinel Event Form"
- C. JCAHO's Sentinel Event Policy and Procedures revised 6-15-99.

- D. JCAHO Prospectus “Changes to Definition of Reviewable Sentinel Events”, March 2005 10-99 MDCH Mental Health and Substance Abuse Services: Guidance on Sentinel Event Reporting
- C. 11-12-99 MDCH Memorandum to CMHSP’s
- D. MDCH Contract, Michigan Mental Health Code, third-party payer requirements, county, state and federal regulations and laws, WCHO Policies and Procedures.
- E. Michigan Public Act 258 of 1974; Section 722 & 723
- F. Michigan Public Act 238 of 1975
- G. Michigan Public Act 519 of 1982
- H. MDCH Administrative Rules 1987: R 330.7001
- I. Michigan Compiled Laws: 331.531, 331.532, 331.533, 333.20175, 333.21513, and 333.21515

VII. MANDATORY AFFILIATION PROCEDURES

WHO	DOES WHAT
Staff working for any contractor of CMHSP’s	<ul style="list-style-type: none"> a. If applicable, takes action to protect, comfort and get treatment for the recipient. b. Alerts a Recipient Rights Officer of the possible Sentinel Event/Rights violation immediately. c. Notifies immediate supervisor. d. Writes Incident Report (IR) and faxes/delivers a copy to Rights Officer by the end of the shift during which the incident occurred, forwarding the original IR through the normal process.
All WCHO staff, CMHSP/CSTS staff, students and volunteers	<ul style="list-style-type: none"> a. If applicable, takes action to protect, comfort and get treatment for the recipient. b. Alerts a Recipient Rights Officer of the possible Sentinel Event immediately. c. Notifies immediate supervisor of a possible Sentinel Event immediately thereafter. d. Writes detailed account of incident on IR. e. Documents actions taken in Progress Notes.

WHO

DOES WHAT

CMHSP/CSTS Immediate Supervisor

- a. Insures appropriate documentation, ORR notification and support of recipient have occurred.
- b. Notifies applicable administrator immediately.

CMHSP/CSTS Immediate Supervisor

- a. Insures appropriate document, ORR notification and support of recipient have occurred.
- b. Notifies applicable administrator immediately.
- c. Provides support to staff as necessary.

CMHSP/CSTS Applicable Administrator

- a. Ensures the Director (CSSN decision maker) is informed and the WCHO Executive Director (In cases involving Medicaid Recipients) is informed of a possible Sentinel Event.
- b. Ensures that the Recipient Rights Office has been notified of the possible Sentinel Event.

Recipient Rights Officer

- a. Addresses potential Rights violations per the Michigan Mental Health Code.

Director

- a. Determines if event qualifies as a Sentinel Event under this policy and completes a Sentinel Event Determination Form (Exhibit B or C.)
- b. Notifies the assigned sentinel event coordinator designee.

Sentinel Event Coordinator Designee

- a. If this is a JCAHO reportable Sentinel Event, Director/Designee may consult with Corporation Counsel on whether to self-report to JCAHO. If yes, a completed copy of the “Accredited Organization Self-Report Sentinel Event Form” which should arrive at JCAHO within five business days of learning of the Sentinel Event.

WHO

DOES WHAT

Sentinel Event Coordinator Designee

- a. Notifies members appointed to SERC of a Sentinel Event and their assignment to the committee.
- b. Arranges first meeting of the SERC within five business days.
- c. Chairs SERC.
- d. Starts appropriate Sentinel Event Timeline Check-off sheet. (Exhibit D or E.)

Sentinel Events Review Committee

- a. Convenes within five business days of notification of assignment.
- b. Uses root cause analysis process to develop an Action Plan, or provides a rationale for not pursuing a plan of action.
- c. Meets as often as necessary to insure completion of a credible and thorough root cause analysis and action plan within 40 calendar days from the date first notified of the Sentinel Event.

Medical Director

- a. Is a mandated member of the Sentinel Event Review Committee (SERC).
- b. Attends SERC meetings to ensure that all clinical issues are identified and adequately addressed.

Designated CMHSP Staff

- a. If regarding a JCAHO Sentinel Event, informs Director on progress of—and issues involved in—Root Cause Analysis on or before 30th calendar day from date first notified of a JCAHO Reportable Sentinel Event.

Director

- a. If regarding a JCAHO Sentinel Event ,on or before the 30th day from date CSSN was first notified of a JCAHO Reportable Sentinel Event, Director will decide whether to implement alternative methods of notifying JCAHO of the process involving this Sentinel Event (see attachment E).

WHO

DOES WHAT

Sentinel Event Coordinator Designee

- a. Submits Root Cause Analysis and Action Plan to the Director for review and approval within 40 calendar days from the date CMHSP/CSTS was first notified of the Sentinel Event.

Director

- a. Reviews Root Cause Analysis and Action Plan, asking the SERC for any needed clarifications/revisions.
- b. Approves of Root Cause Analysis and Action Plan no later than 45 calendar days from the date first notified of the Sentinel Event.
- c. If regarding a JCAHO Sentinel Event and if an alternative reporting method was not used, sees that the Root Cause Analysis and Action Plan arrives at JCAHO within 45 calendar days from the date first notified of the Sentinel Event.

Sentinel Event Coordinator Designee

- a. Ensures implementation of the Action Plan by the appropriate staff/committee.
- b. Reviews with the Management Team who will then monitor implementation of the action plan.
- c. Notifies contract manager of any provider changes needed.
- d. Ensures that the local PI Coordinator receives Sentinel Event/Adverse Event data and required information that must be reported to the Regional PI Committee.
- e. Notifies the designated CSSN staff person of a MDCH Sentinel Event or completes semi-annual report to MDCH if appropriate.

Contract Manager

- a. Communicates to the provider any changes or response needed.
- b. Follows up to ensure completion of the required changes.

Contacted Providers

- a. Implements any needed changes or responds as required.

WHO

DOES WHAT

Designated CSSN staff
(if not completed by SE Coordinator)

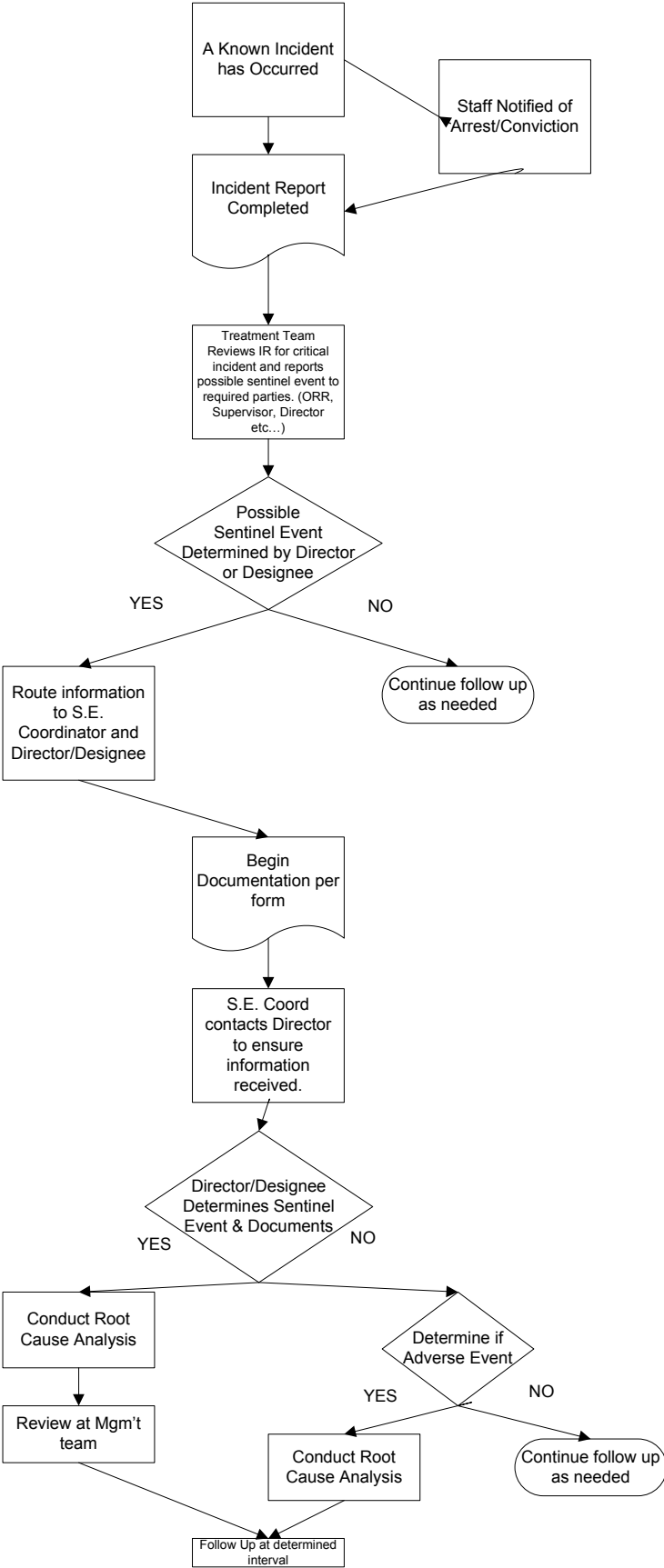
- a. Includes Sentinel Event information in semi-annual aggregate Sentinel Event data Report to MDCH if appropriate.

Senior Management Team

- a. Appoints the responsible party for oversight and monitoring of the Action Plan at a frequency which ensures that the implementation is affecting the targeted deficiency successfully.
- b. If regarding a JCAHO Sentinel Event, this monitoring activity will include the follow-up activity assigned in JCAHO’s “Official Accreditation Decision Report,” which they produce after reviewing Root Cause Analysis and Action Plan.
- c. Creates a report on the success of the intervention within six months from the approval of the Action Plan by the Director —or—within JCAHO’s Decision Report timeline if applicable.
- d. Gives report to the Director five business days prior to the six month/JCAHO mandated due date.

Director

- a. Reviews report, asking the PI Committee for any needed clarifications/revisions.
- b. Approves report within the six month or JCAHO mandated due date and sends to JCAHO if required by an “Official Accreditation Decision Report.”



JCAHO Sentinel Event Determination Documentation

Date: _____ Name of Consumer: _____ Consumer ID: _____

Please check the appropriate population:

Adults with MI Persons with DD Child Waiver
 Children with MI/SED Habilitation Waiver

Medicaid: YES NO

		Please explain any items checked:
1	Possible Sentinel Event is reported. <i>List what is the event, who reported it and when.</i>	
2	Was the incident? Rape Suicide in an 24 hour setting Abduction of any individual receiving care, treatment or services If yes to any, this is a JCAHO sentinel event. Document information and then go to item 5. If no to both continue to 3.	
3	Death of recipient Major permanent loss of function= sensory, motor, physiological or intellectual impairment not present before the incident, requiring continued treatment or lifestyle changes. If yes to either, document information and go to step 4. If no to both=not SE Stop process and go to Item 5 and document that this was not a sentinel event!	
4	Was the outcome related to the natural course of the patient's illness or underlying condition? If no, this is a JCAHO sentinel event. Document information and go to step 5. If yes= not SE Stop process and document that this was not a sentinel event in step 5!	
5	Was this event determined to be JCAHO sentinel event? Document here if determined to be Sentinel Event. If SE, proceed to investigate via root cause analysis and use exhibit D- JCAHO Sentinel Event Timeline Check off. If not document as NO and go to step 6.	
6	See Director or Designated Representative to review this information and to determine if this shall be deemed an Adverse Event. Document here if determined to be Adverse Event. If AE, proceed to investigate via root cause analysis.	

MDCH Sentinel Event Determination Documentation

Date: _____ Name of Consumer: _____ Consumer ID: _____

Please check the appropriate population:

Adults with MI Persons with DD Child Waiver
 Children with MI/SED Habilitation Waiver

Medicaid: YES NO

Please explain any items checked:	
1	Possible Sentinel Event is reported. List what is the event, who reported it and when.
2	Does this person: Living in 24 hour specialized residential setting or child caring institution Living in own home and receiving community living supports Receiving targeted case management, ACT, home-based, Wraparound or HSW If yes to any, document which applies and continue to next question. If no to all=not SE. Stop process and go to step 7!
3	Was this person: Arrested Convicted If yes to either this is automatic SE, document information and go to step 7!
4	Was the incident? (check any that apply) Death of recipient Injury requiring ER visit and/or admission to hospital Physical illness requiring admission to hospital Serious challenging behaviors (that are not addressed in the current treatment plan)- including property damage in excess of \$100, attempt to harm self/others or unauthorized leave of absence Medication error If yes to any, document information and continue to next question. If no to all=not SE. Stop process and go to step 7!
5	Was the incident UNEXPECTED? If yes, document information and continue to next question. If no= not SE. Stop process and go to step 7!
6	Did this event result in death, serious physical or psychological injury or the risk there of? <u>Serious injury</u> =major permanent loss of limb or function <u>Risk</u> =if event had continued, loss would have occurred If yes to any of above, document information and continue to next question. If no to all=not SE. Stop process and go to step 7!
7	If you have answered yes to 1-6, this is an MDCH reportable event. Document here if determined to be Sentinel Event. If SE, proceed to investigate via root cause analysis and use exhibit E- MDCH Sentinel Event Timeline Check off.
8	If at any point in 1-6 no was answered, this is not MDCH reportable event. See Director or Designated Representative to review this information and to determine if this shall be deemed an Adverse Event. Document here if determined to be Adverse Event. If AE, proceed to investigate via root cause analysis.

**Washtenaw Community Health Organization
JCAHO Reportable Sentinel Events Timeline Check off**

(use only if a JCAHO Sentinel Event will be self-reported)

Recipient I.D. # _____ FY _____

		Date	Staff
1	Date CMHSP/WCHO notified of Possible Sentinel Event		
2	Accredited Organization Self-Reported Sentinel Event Form due (within five business days of line 1.)		
3	Date and method above form was sent (mailed/faxed)		
4	Date reports due to JCAHO (45 calendar days from line 1.)		
5	First meeting of S.E.R.C. (within five business days of line 1.)		
6	S.E. Coord. informs Director of progress of S.E.R.C. (within 30 calendar days of line 1.)		
7	Director considers whether to use alternative reporting method. (within 30 calendar days of line 1.)		
8	Reports due to Director (40 calendar days from line 1.)		
9	Date and method Reports sent to JCAHO (45 calendar days from line 1.)		
10	Date that follow-up activity required by JCAHO's "Official Accreditation Decision Report" is due. (typically 6 mo from line 9.)		
11	Q.I. report to Dept. Head due (five business days before line 10.)		
12	Date Follow-up action completed per the "Official Accreditation Decision Report."		
<p>*Note: JCAHO standards state that the requested materials arrive in JCAHO's offices on the 5th or 45th days.</p>			

**Washtenaw Community Health Organization
Sentinel Events Timeline Check off**

(for MDCH and non-self-reported JCAHO Sentinel Events)

Recipient I.D. # _____ FY _____

		Date	Staff
1	Date CMHSP/WCHO learned of Possible Sentinel Event		
2	First meeting of S.E.R.C. (within five business days of line 1.)		
3	Reports due to Director (40 calendar days from line 1.)		
4	Director approval date (within 45 calendar days of line 1.)		
5	Q.I. report to Director due (six months minus five business days from line 4.)		
6	Director approves Q.I. Report. (six months from line 4.)		

IV. Root Cause Analysis

A: Assessment Process

The following should be reviewed by the Core RCA Team, MD, Program Director, and Nurse Manager:

- Hospital Record Autopsy Report Utilization Review Manual
- Medical Record Incident Report Policies & Procedures
- Reports to/from Outside Bodies Staff Interviews

A1. Was the behavioral assessment process comprehensive? Y N
Review the assessment for at least a year prior. If NO, describe:

A2. Does the current assessment adequately assess risk? Y N
If NO, describe:

A3. Was the psychiatric evaluation timely and thorough? Y N
If NO, describe:

A4. Was the mental status well documented with comments explaining positive findings? If NO, describe: Y N

A5. Where was the information for the assessment obtained?

Patient Family Others

A6. Was there additional information received from a referent (i.e. hospital discharge, primary care physician) or other source?

Was that reviewed? If YES, by whom?

If YES, how was information used, if at all? If NO, describe: Y N

A7. Were there any changes in the consumer's behavior or clinical presentation?

Did staff respond to the change? Y N Describe:

A8. If the behavioral assessment is found less than comprehensive are there updates or attempts to obtain more information? Y N
If NO, describe:

A9. Was a failure in the Behavioral Assessment Process a contributing factor to the Sentinel Event? If YES, describe: Y N

A10. How can the Behavioral Assessment process be improved to reduce the risk of such an incident in the future?

B: Physical Assessment Process

B1. Was the physical assessment timely? If NO, describe: Y N

B2. Was the physical assessment complete? If NO, describe: Y N

B3. Was there evidence of coordination with Primary Care? Y N
If NO, describe:

B4. Was the Personal Health Review completed and any questionable/abnormal findings appropriately pursued? Y N
If NO, describe:

B5. Were all requested consultations/tests obtained as requested? Y N
If NO, describe:

B6. Were all consultations/test reports reviewed by appropriate treatment providers? If NO, describe: Y N

B7. Were there any consultations that should have been requested and were not? If YES, describe: Y N

B8. Was the assessment of consumer's medical condition at time of incident adequate? If NO, describe: Y N

B9. Was medical response to incident appropriate? Y N
If NO, describe:

B10. Was medical response to incident timely? Y N
If NO, describe:

B11. Was a failure in the Physical Assessment Process a contributing factor to the Sentinel Event? If YES, describe: Y N

B12. How can the Physical Assessment Process be improved to reduce the risk of such an incident in the future?

C: Consumer Identification Process, i.e. right patient for right procedure/medication

C1. Was there any identifying information that was not obtained or available but should have been obtained or made available? Y N

If No, describe: _____

D1. Were consumer observation policies/procedures followed by staff? Y N
If NO, describe:

D2. Were consumer observation procedures appropriately documented? Y N If NO, describe:

D3. Was the level of observation appropriate for this consumer? Y N
If NO, describe:

D4. Was the level of supervision appropriate to the setting? Y N
If NO, describe:

D5. Was a failure in the Consumer Observation procedures a contributing factor to the Sentinel Event? Y N If YES, describe:

D6. How can the Consumer Observation process be improved to reduce the risk of such an incident in the future?

E: Care Planning Process

E1. Was the level of care appropriate for this consumer? Y N
If NO, describe:

E2. Were the problems and goals identified on the treatment plan consistent with the diagnosis and information? Y N
If NO, describe:

E3. Were there any known medical conditions, and if so, were they included in the diagnosis and treatment plan? Y N
If NO, describe:

E4. Was there documentation of discussion of the treatment plan with consumer/family? If NO, describe: Y N

E5. Was there documentation of any necessary instructions provided to the consumer/family? Y N If NO, describe:

E6. Was treatment plan completed/reviewed/updated according to required time frames? Y N If NO, describe:

E7. Was the diagnosis accurate? Y N If NO, describe:

E8. Were the methods of treatment and interventions appropriate to the treatment goals? If NO, describe: Y N

E9. Was medication prescribed as the medical and psychiatric diagnosis and symptoms warranted? If NO, describe: Y N

E10. Was medication prescribed in a timely manner? If NO, describe: Y N

E11. Were all medications storage, labeling and administration policies/procedures followed? If NO, describe: Y N

E12. Were prescribed medications at therapeutic levels? Y N
If NO, describe:

E13. Were labs ordered and reviewed appropriately? Y N
If NO, describe:

E14. Was there documentation that the consumer's progress was monitored adequately and changes in the treatment were made, if indicated? If NO, describe: Y N

E15. If special treatment procedures were used were the required organizational procedures followed during implementation?

Restraint	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Seclusion	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Time Out	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Hold	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>

If NO, describe:

E16. Was this case reviewed by Behavioral Management?

Y N

Should it have been?

Y N

Describe:

E17. Were there any new medical or psychiatric conditions or symptoms that were manifested? If YES, describe:

Y N

E18. Was a failure in the Care Planning Process a contributing factor to the Sentinel Event? If YES, describe:

Y N

E19. How can the Care Planning Process be improved to reduce the risk of such an incident in the future?

F: Staffing Levels

F1. How many of what kinds of staff were working at the time of the incident?

Employee: _____
Employee: _____
Employee: _____
Employee: _____
Employee: _____
Employee: _____
Employee: _____
Employee: _____

F2. Where was each of them when the incident took place?

Employee: _____	Location: _____
Employee: _____	Location: _____
Employee: _____	Location: _____
Employee: _____	Location: _____
Employee: _____	Location: _____
Employee: _____	Location: _____
Employee: _____	Location: _____
Employee: _____	Location: _____

F3. Who was assigned to this specific consumer at the time of the incident?

Employee: _____
Employee: _____
Employee: _____
Employee: _____
Employee: _____
Employee: _____

Employee: _____

Employee: _____

F4. Were staffing levels and frequency of contacts of involved services provided adequate for consumer's activity? Y N

If No, describe:

F5. Was the staffing level and or frequency of services provided contacts effective for consumer activity? If NO, describe: Y N

F6. Was minimum staffing and or frequency pattern met? Y N

If NO, describe:

F7. Is there a plan that would allow for staff and/or contacts to increase if necessary? Y N If NO, describe:

F8. Would more changes in staffing or a change in intensity reduced the risk of this incident occurring? Y N If YES, please explain:

F9. Was a failure in staffing level or intensity of service a contributing factor to the Sentinel Event? Y N If YES, describe:

F10. How can the staffing level or intensity or service be improved to reduce the risk of such an incident in the future?

G: Orientation, Training, Competency, Credentialing
The following should be reviewed: Professional Development, Competencies, Personnel Files, Credentials Files, Staff Interviews.

G1. Had the staff completed the required orientation and competency training? Y N If NO, describe:

G2. Where applicable were staff trained on an individual person centered plan and retrained on any changes to the plan of service? Y N
Please describe:

G3. At the time of the incident, was staff able to use their training effectively to address the needs of the consumer/emergency/incident? Y N If NO, describe:

G4. Was staff appropriately credentialed? Y N
If NO, describe:

G5. Was a failure in the Orientation, Training, Competency, Credentialing process a contributing factor to the Sentinel Event? Y N If YES, describe:

G5. How can the Orientation, Training, Competency, Credentialing process be improved to reduce the risk of such an incident in the future?

H: Supervision of Staff

H1. Was staff appropriately supervised? Y N
If NO, describe:

H2. Can the staff involved be categorized by any of the scenarios listed?

Are people involved aware of appropriate policy/procedure? Y N

Are staff involved "floating" (staff going to unfamiliar settings)? Y N

Based on those answers, what systemic improvements need to be made?

H3. Was the assigned supervisor available at the time of the incident?
Describe location and accessibility to staff:

13. When was the first contact with the family in relationship to the event?

Date	Time	Person Placing Call	Person Contacted	Documented Where?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

14. Was pertinent information imparted at the time of the initial phone call? If NO, describe: Y N

15. Did other staff follow up with family and document? If YES, describe: Y N

16. Was a failure in Communication with the Family a contributing factor to the Sentinel Event? If YES, describe: Y N

K2. Was available information technology used as intended? Y N

If NO, describe:

K3. Is it possible to redesign information technology to reduce the risk in the future? Y N

If so, what are the recommendations?

K4. Was a failure in the Availability of Information a contributing factor to the Sentinel Event? If YES, describe: Y N

K5. How can the Availability of Information be improved to reduce the risk of such an incident in the future?

L: Equipment Maintenance/Management and Physical Environment, Security Systems and Processes (Drill Logs, Other Logs) Please list:

L1. Were there any equipment maintenance/management issues that played a role in the incident? Y N
If YES, describe and identify the recommended changes:

L2. Did any components in the physical environment (or lack thereof) play a role in the incident? Y N

Consider:

- Furnishings Y N
- Hardware (bars, hooks, rods) Y N
- Lighting Y N
- Distractions Y N
- Monitor Y N
- Generator Y N

If YES, describe and identify the recommended changes:

L3. Were all security systems and process in appropriate operation?
If NO, describe: Y N

L4. Would redesigning the physical environment reduce the risk of this type of event? If so, what is the recommendation? Y N

L5. Was the needed equipment available and used appropriately?
If NO, describe: Y N

L6. Was a failure in the Equipment Maintenance/Management and Physical Environment, Security Systems process a contributing factor to the Sentinel Event? If YES, describe: Y N

L7. How can the Equipment Maintenance/Management and Physical Environment, Security Systems processes be improved to reduce the risk of such an incident in the future?

M: Control of Medications: Storage/Access and Labeling of Medications
Review as applicable:

- Formulary
- Medical Record
- Pharmacy Manual
- Pharmacy Records for Consumer
- Incident Report

M1. Were all medications appropriately labeled, controlled and stored?
If NO, describe: Y N

M2. Were there any medication errors throughout the course of treatment?
If YES, describe: Y N

M3. Were the internal controls (e.g. MD orders, Medication Reconciliation policies and procedures about noting doctor's orders, Pharmacy Supply, Individual Consumer Supply) to reduce medication errors followed? If NO, describe: Y N

M4. Were National Patient Safety Goals followed? Y N
If NO, describe:

M5. Was a failure in the Control of Medications process a contributing factor to the Sentinel Event? Y N
If YES, describe:

M6. How can the Control of Medications process be improved to reduce the risk of such an incident in the future?

N: Continuity of Care Process

N1. Was the consumer's admission to the service (i.e. discharge from the hospital) effected in a smooth manner and according to policy/procedure? If NO, describe: Y N

N2. Were transfers/handoffs effected in a smooth manner and according to policy/procedure? If NO, describe: Y N

N3. Was the consumer's discharge from the agency effected in a smooth manner and according to policy/procedure? Y N
If NO, describe:

V. Corrective Action Plan

1A. Risk Reduction Strategy:

Responsible Party:

Time Frame:

Measure of Effectiveness (How will we know if this works?):

1B. Risk Reduction Strategy:

Responsible Party:

Time Frame: _____

Measure of Effectiveness (How will we know if this works?): _____

1C. Risk Reduction Strategy:

Responsible Party:

Time Frame: _____

ROOT CAUSE ANALYSIS (RCA) – RECOMMENDATIONS AND FOLLOW UP

Consumer ID # and Initials: _____
 Date of Sentinel / Advrs Event: _____
 Date of Commencement of RCA Team: _____
 Date of Completion of RCA: _____
 Date Rec. Reviewed by Admin: _____

Recommendation	Results of Admin Team Review/ Additional Recommend.	Outcome	Measure of Success (MOS) / Target %	Implementation Plan					
				Chp	Who	Will Do What	By When	Progress Review	MOS Results
1.								Date: _____ Progress: _____ _____ Date: _____ Progress: _____ _____	
2.								Date: _____ Progress: _____ _____ Date: _____ Progress: _____ _____	
3.								Date: _____ Progress: _____ _____ Date: _____ Progress: _____ _____	
4.								Date: _____ Progress: _____ _____ Date: _____ Progress: _____ _____	