

<b>Title:</b>	<b>Sentinel Event Reporting and Investigation</b>	<b>Effective Date:</b>	<b>02/05/2013</b>
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<b>Functional Area:</b>	<b>Performance</b>		

### POLICY

The leaders, supervisors and managers of all programs/contracts of Liberty Healthcare Corporation and its Affiliates (Liberty) are expected to accurately identify possible sentinel events, respond in an appropriate and timely fashion, comply with proper reporting procedures, and apply corrective actions or improvements as applicable.

The primary purposes of the Sentinel Event policy are to:

1. Specify the procedures for identifying, reporting and responding to sentinel events.
2. Keep Liberty's Corporate leadership informed of the occurrence and management of sentinel events at the program level and enable management intervention at the Corporate level as indicated.
3. To prevent future sentinel events by identifying possible organizational cause and effect patterns and implementing improvements and corrective actions.

### DEFINITIONS

The **Responsible Party** is defined as the Program Director, the designated on-site Administrative Manager or, if no Program Director or Manager exists, the Liberty staff person involved.

A **Sentinel Event** is defined by The Joint Commission as "any unanticipated event in a healthcare setting resulting in death or serious physical or psychological injury to a patient or patients, not related to the natural course of the patient's illness." The term "clients" will be used in this policy to apply to any patient, client, consumer, offender or resident of a program in which Liberty provides services. Liberty leadership and supervisory staff will exercise their best judgment in identifying any given adverse incident as a "sentinel event" requiring corporate review, but the following list is provided as a guideline:

- Alleged sexual assault or complaint of nonconsensual sexual activity.
- Sexual violation of a non-consenting or incompetent adult, including sexual activity considered inappropriate because of circumstances, situation or environment, which infringes on a person's freedom or rights or involves high risk of disease transmission.
- Elopement, escape or period in which a client is missing from a restricted living unit or supervised/escorted activity or unsupervised furlough/visit/pass.
- Incident involving a client that occurs in the community, such as an arrest, crime or conflictive situation with another person(s) that could potentially result in a negative outcome or media attention.
- Death of a client that occurs while in the care or residence of a Liberty program/service or death that occurs within seven days of discharge from a Liberty program/service, which may be attributed to an unusual occurrence, accidental or unnatural cause, "unattended" status, or procedural/treatment error.
- Threats or acts of violence, such as bomb threats, arson, abduction, or the use of weapons and/or toxic chemical agents.
- Homicide or credible suicide attempt occurring within the program/service.
- Confirmed/substantiated allegations of client physical abuse, gross neglect or exploitation.
- Significant incidents affecting the life and safety of a patient that appear highly unusual for the program/setting.
- Legal issues and/or events that could result in possible litigation (e.g. lawsuits filed by a client that could bring

media attention).

- Felonious behavior (e.g., production/sale/distribution of illegal drugs, murder, manslaughter, rape) or significant illicit behavior involving staff or clients that could adversely impact the reputation of the organization.
- Five or more falls or accidents of a client within a one year period resulting in injury.
- Serious injury (e.g., wounds requiring more than three sutures/staples to close, concussions, fractures, dislocations, or injury which, in the opinion of the Physician, may result in permanent disability, impairment, or disfiguration) of a client or employee requiring treatment by a Physician.
- Any loss or destruction of the facility property with a replacement cost of \$500 or more.

A **Corporate Compliance Reportable Event** is defined as any event, including a potential sentinel event that is reported through the channels for corporate compliance reporting (i.e., the Employee Help Line or direct communication through chain of command, Human Resources, or the Corporate Compliance Officer). Any such event is investigated by the Corporate Compliance Officer in accordance with LHC-CP Policy #6 – Procedures for Reporting, Investigating & Responding to Compliance Issues.

## **PROCEDURE**

### **REPORTING REQUIREMENTS AND TIMEFRAMES**

- a) **Initial notification of Vice President of Operations (VPO) and Vice President, Performance/Corporate Compliance/Privacy Officer (VPPCCPO)** In the event of a reviewable sentinel event, the Liberty Responsible Party contacts the Vice President of Operations (VPO)/ Contract Manager and the VPPCCPO within two business days. If the event is very serious and requires immediate attention, the Responsible Party will contact the VPO immediately by telephone.

**Note:** The Responsible Party (and other on-site leadership, if applicable) is expected to use his/her judgment in determining whether an incident is a sentinel event and/or whether it falls within the scope of Liberty’s contractual responsibilities. Liberty would not be responsible for reporting an event that occurs at a program site if the event does not involve Liberty staff and/or potential culpability. If uncertain, staff is encouraged to consult with the designated VPO/Contract Manager.

- b) **Completion of written Sentinel Event Report:** The Responsible Party completes a written Sentinel Event Report or assigns an appropriate staff person to write the report. Part I of the Sentinel Event Report must be submitted within two business days of the incident in accordance with the procedures described in Sections 3 and 4 below.
- c) **Investigation:** An investigation of the sentinel event must be completed at the program site within 10 calendar days of the event, and documented on Part II of the Sentinel Event Report Form.
- d) **Follow up:** In the 90 calendar days after the sentinel event, the corrective action plan is implemented, and, if applicable, a brief summary of the effectiveness of the actions implemented is written on Part III of the Sentinel Event Report Form.

### **REQUIRED ELEMENTS OF THE SENTINEL EVENT REPORT**

- a) The VPO ensures that the Liberty personnel at any given program are provided with either (1) Liberty’s Sentinel Event Report Form (see attached) or (2) a recognized equivalent reporting form that is required by the contract customer.
- b) The Sentinel Event reporting form includes the following elements:
- |                             |   |
|-----------------------------|---|
| #1 Date of event            | #7 Persons directly involved in event       |
| #2 Time of event            | #8 Witnesses of event                       |
| #3 Location of event        | #9 Summary review of event                  |
| #4 Person completing report | #10 Analysis and findings of the evaluation |
| #5 Date of report           | #11 Corrective Action Plan                  |
| #6 Description of event     | #12 Follow-up of Corrective Action Plan     |

### **PART I: INITIAL COMPLETION OF THE SENTINEL EVENT REPORT FORM (ITEMS 1– 7)**

(Completed within two business days of the event and submitted to the VPO and VPPCCPO.

- #1. **Date of event:** The date (month/day/year) is recorded. If unknown, the date should be estimated to the best of available knowledge.
- #2. **Time of event:** The time of the event is recorded. If unknown, the time should be estimated to the best of available knowledge.
- #3. **Location of event:** The location of the event is recorded.
  - (i) If event occurred at a program site, record the name of the building, wing or unit.
  - (ii) If event occurred at a support program outside of the primary program location, the name/location of the external site/program is recorded.
  - (iii) If event occurred at a public location, record the complete address, if possible, with as much specificity as possible.
- #4. **Person completing report:** Full name and job title of the person responsible or assigned to complete the report form. Also include disciplinary specialty, if applicable (e.g., Ph.D., Psy.D., MD, RN, LPN, MSW).
- #5. **Date of report:** The date (month/day/year) when the report form is initiated. This is the date that the report is initiated, which may not be the same as the date of the event itself.
- #6. **Description of event:** Clear and concise description of the salient facts of the event.
  - Describe the events or situation that immediately preceded the sentinel event (e.g., client eloped from the south door of the west wing).
  - Describe any injuries incurred, including the location and side of the body (e.g., right elbow), its size (e.g., 2.0 cm) and appearance (e.g., swollen without broken skin).
  - If there was no physical injury, describe any other risks of physical or psychological injury, such as the demeanor or appearance of the client (e.g., client was found at a local bar and appeared confused and disoriented).
- #7. **Persons directly involved:** List the full names of all persons (including their respective job titles/functions or role/status) who were directly involved in the incident. This could include clients, staff, employees, subcontractors, visitors, family members, or others. If applicable, written statements should be included. It may also be useful to identify the employment status of involved staff that are part-time, temporary or only work afterhours/weekends.

## **PART II: INVESTIGATION OF THE SENTINEL EVENT (ITEMS 8– 11)**

(Completed within 10 calendar days of the event and submitted to the VPO and VPPCCPO)

Items #s 8, 9, 10 and 11 of the Sentinel Event Form may be completed at the time of the initial report, or after a more in depth investigation of a more complex event within 10 calendar days of the event.

- #8. **Witnesses:** Record the full names of any witnesses (including their respective job titles/functions or role/status) who observed a relevant aspect of the incident/event, but were not directly involved in the event. If applicable, written statements should be attached.
- #9. **Summary review:** This section should be a concise and logical review of precipitating factors, both individual and systemic, that may have influenced or contributed to the occurrence, duration or course of the sentinel event. These could include medical, medication and behavioral issues; recent changes in client privileges or health status; human errors; pertinent risk factors; and clinical and operational processes and systems. This section may provide vital information for subsequent analysis of potential causes and risk factors preceding the incident. Useful questions to consider include the following:

### Interpersonal issues:

- Was the staff notified of potential problems, risk factors and/or recent issues concerning the client, such as new medication, visitation, and arguments or discord with peers, staff or family, etc.?
- Was the staff appropriately trained or aware of the client's individualized treatment plan/service plan/discharge plan prior to the sentinel event?
- Were the staff adequately oriented to the direct service setting (e.g., new unit, wing, building) prior to delivering services?

Documentation issues:

- Was the staff following established policy and procedures?\_
- Was the treatment plan/service plan/discharge plan up to date and accurate?\_
- Did the staff agree to provide something requested by the client and fail to obtain that resource (e.g., newspaper, toiletries, copy of plan of care)?\_

Methodology issues:

- Did Supervisors/Managers update staff training if proactive actions were not taken or were not considered?\_
- Was the staffing patterns and coverage adequate and appropriate?\_
- Are Supervisors, Managers, Directors and other leaders working together to improve processes when multiple sentinel events occur with the same individual?\_
  - Can the individual's current treatment plan/service plan/discharge plan be implemented and maintained with the resources available?
  - Has leadership sought consultation with other medical/clinical sources when behavior continues to be dangerous or harmful to self or others?
  - Has leadership discussed alternate placement possibilities if serious incidents continue or escalate?
- Has leadership applied consequences or discipline for staff who continue to fail to take appropriate actions to prevent the recurrence of the sentinel event?

Equipment issues:

- If faulty equipment was the cause of the sentinel event, were staff aware of and report the equipment problem?
- Did the program arrange for the faulty equipment to be repaired or replaced?
- If the event occurred off-site due to faulty equipment, did any of the contracted staff recognize and report the problem?
- If the faulty equipment was maintained by an outside vendor, did the program notify them that the equipment needed to be repaired or replaced?
- Was the equipment in working order, available and accessible to the clients (e.g., communication devices, exercise, and computer)?

**#10. Analysis and findings of the evaluation:** This section presents the analysis and findings of the evaluation of the sentinel event. The analysis should focus on systems and processes rather than individual staff performance. The analysis should include a description of the following:

- Any actual or risk of injury resulting from the event.
- Any disruptions in service operations that may have occurred as a result of the event.
- Description of any previous formal actions that are pertinent to the event and its prevention, especially any safety precautions that had already been implemented.
- Identification of potential risk factors that potentially contribute to this type of incident for similar clients and settings.
- Identification of potential improvements in systems or processes that could address risk factors or a conclusion that no such improvements are practicable.

**#11. Corrective Action Plan:** This section should identify the Corrective Action Plan and follow-up actions to address and measure the effectiveness of the corrective response. It should describe the changes that will be implemented to reduce risk, or present an explanation for not undertaking such changes or for why no changes are required. (Appropriate responses may include conducting a timely, thorough, and credible root cause analysis (RCA); developing an action plan designed to implement improvements to reduce risk; implementing the improvements; and monitoring the effectiveness of those improvements.) The following elements should be explicitly identified:

- The individual or entity that is responsible for implementing the corrective plan.
- When the plan will be implemented.
- How the effectiveness of the plan will be monitored or evaluated.

**PART III: FOLLOW-UP OF CORRECTIVE ACTION PLAN (ITEM 12)**

(If applicable, completed within 90 calendar days of the event and submitted to the VPO and VPPCCPO)

**#12. Effectiveness of Actions Taken:** If a Corrective Action Plan was written, the responsible entity must complete a **follow-up evaluation** of the effectiveness of actions taken. If this measurement cannot be completed within the 90 day reporting timeframe, the reasons or circumstances should be documented.

**ACTIONS AT THE CORPORATE LEVEL**

- a) Upon receipt of the Sentinel Event Report Form, the VPO reviews the Sentinel Event Report and, if indicated, contacts the Responsible Party for additional questions and clarification.
- b) The VPPCCPO may determine that the Sentinel Event is of such significance to have legal implications, and in that case will forward a copy of the Sentinel Event Report to Liberty’s General Counsel.

**Corporate Quarterly Reporting Process:** The VPPCCPO summarizes, aggregates and analyzes data about sentinel events in Quarterly Summary Reports to the Corporate leadership. Review of these reports is intended to facilitate identification of recurrent risk factors or negative trends or patterns, which might warrant intervention or response by Corporate management.

**Approved By:** \_\_\_\_\_