



## PENINSULA RSN

### ADMINISTRATION POLICIES AND PROCEDURES

**Policy Name:** SENTINEL EVENTS

**Policy Number:** 2.01

**Reference:** DBHR Contract,  
RCW 9.94A.030 (5)

**Effective Date:** 7/2007

**Revision Date(s):** 12/2011

**Approved by:** PRSN Executive Board

#### CROSS REFERENCES

- Form: Sentinel Events Incident Reporting Form
- Plan: Quality Management Plan
- Policy: Corrective Action Plans

#### PURPOSE

The Peninsula Regional Support Network (PRSN) shall ensure all sentinel events that it becomes aware of that occur within the provider network are reported to the Division of Behavioral Health and Recovery (DBHR) and reviewed in a standardized way.

#### DEFINITIONS

Sentinel events are those events or occurrences which place part or all of the PRSN/ pre-paid inpatient plan (PIHP) system at risk, or which represent an unusual occurrence which may provide an opportunity to improve system effectiveness, efficiency, integrity or safety.

Examples of sentinel events include, but are not limited to:

- Homicide.
- Attempted homicide.
- Suicide or death under unusual circumstance.
- Abuse, neglect and/or exploitation of consumer by a PRSN staff, provider or subcontractor employee or volunteer.

- Incidents that are referred to Medicaid Fraud Unit.
- Violent acts.
- Events where the potential for negative media coverage exist.
- Allegation of rape or sexual assault.
- Death or serious injury of patients, clients, staff or public citizens at a PRSN contracted facility.
- Unauthorized leave from a Evaluation and Treatment Center.
- Alleged client abuse or neglect of a serious and emergent nature by an employee, volunteer, contractor or another client.
- A natural disaster (to include earthquake, tsunami, volcanic eruption, fire, flood, outbreak of communicable disease, etc.) presenting substantial risk to facility operations and/or client safety.'
- Any breach or loss of client data in any form that is reportable in accordance with the Health Information Technology for Economic and Clinical Health (HITECH) Act and that would allow for the unauthorized use of client personal information.
- In addition to all incidents described above, the contractor is required to utilize professional judgment and report incidents that fall outside the scope of this section.

## **PROCEDURE**

### Provider Record

Each contractor and subcontractor maintains a record of all sentinel events and utilizes PRSN Sentinel Event Form capturing the following needed information:

1. Agency name, date, time and location of the incident or event.
2. Identity of all persons involved including client ID number.
3. Description of the incident.
4. Results of the incident.
5. Potential risks represented by adverse incident.
6. Any outcomes or responses to the incident.
7. Any implications to the service delivery system at the provider or subcontractor and regional level.
8. Recommendations to prevent, lessen or intervene with similar incidents in the future.

9. How the sentinel event has been reviewed as part of the provider's or subcontractor's overall quality management process.

### Reporting Requirements

1. Providers and subcontractors will report sentinel events to the PRSN during the same business day in which the provider or subcontractor becomes aware of such an event. If the event occurs after business hours, notice must be given as soon as possible during the next business day.
2. All correspondence shall be sent to the PRSN Care Coordinator. If the PRSN Care Coordinator is unavailable, the provider or subcontractor will report the sentinel event to the PRSN Administrator. If the PRSN Administrator is not available, the provider or subcontractor will report the sentinel event to PRSN staff available.
3. The PRSN will report the incident to the Department's Incident Manager within two hours of provider or subcontractor notification. If the event occurs after business hours, notice shall be given as soon as possible during the next business day.

The PRSN notification to the Department will include:

- A written description of the event.
  - Provider or subcontractor name, date, time and location of the incident or event.
  - Identity of persons involved in the incident (consumer and employees).
  - Any actions taken in response to the incident and the reason for those actions.
  - Any implications to the service delivery system.
  - Timeframes for additional follow-up, if requested by the MHD
4. The contractor will notify the following agencies or any others when required by law:
    - Adult Protective Services
    - Child Protective Services
    - Department of Health
    - Local Law Enforcement
    - Medicaid Fraud Control Unit
    - Washington State Patrol

## Incident Review

The PRSN has the responsibility of overseeing PRSN funded services provided by the network providers and subcontractors. The PRSN shall be provided access to clinical documentation and agency documentation (i.e. QA Committee or Safety Committee notes) to investigate adverse incidents and potential for negative media events.

1. When requested by the Department, the PRSN will work with the provider(s) to give follow-up information within two weeks of the original notification regarding the efforts to prevent or lessen the possibility of future similar incidents.
2. Sentinel event trends are reviewed by the PRSN Utilization Management and Clinical Directors Committee at least annually. The Committee reviews the statewide reports- compares PRSN to other RSNs for trends, as well as the PRSN specific report over time.
  - Regular review by PRSN staff is designed to identify trends and implement regional processes with the intent to avoid or reduce the impact of such events in the future.

## **MONITORING**

This policy is mandated by statute and contract.

1. This policy will be monitored through use of PRSN:
  - Annual PRSN Provider and Subcontractor Administrative Review
  - Targeted provider clinical chart review of incident chart
  - Targeted review of provider critical incident file
2. If a provider performs below expected standards during any of the reviews listed above a corrective action will be required for PRSN approval. Reference PRSN Corrective Action Plan Policy.