

**Community Mental Health Affiliation  
of Mid-Michigan**

<b>PROCEDURE:</b> 4.2	Page 1 of 2	<b>SUBJECT:</b> Sentinel Events
<b>Related Policy:</b> 4.0		<b>SUBJECT:</b> Quality Improvement
<b>Issuing Directors:</b> Director of Quality, Customer Service and Recipient Rights, and Director of Affiliation Operations		<b>Original Effective Date:</b> 2/18/03

**REVISED DATE**

07/02/09
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**Review Date(s)**

3/06/07					

**I. PURPOSE:**

To identify a sentinel event, understand the cause and take necessary action to reduce the probability of a future reoccurrence.

**II. STANDARDS:**

The following Federal and State statutes establish the standards for CMHAMM Sentinel Event Procedure:

- A. 42 CFR 438.10: Information Requirements
- B. 42 CFR 438.400: Appeals and Grievances
- C. MA Contract 6.3 Customer Services

**III. DEFINITIONS:**

- A. **Root Cause:**  
The most basic reason for failure or inefficiency of a process.
- B. **Sentinel Event:**  
An unexpected occurrence to a Medicaid 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 most likely would result in a sentinel event if it reoccurred).

**IV. PROCEDURES:**

- A. Responsibility for conducting Root Cause Analysis (RCA) when a sentinel event occurs is delegated to the CMHSP/CA.
- B. Initial actions to be taken when there is suspicion of a sentinel event:
  - 1. Any provider/contract provider will notify his/her supervisor immediately upon suspicion of a Sentinel Event. An unusual incident form will be completed.
  - 2. The supervisor will notify the Chief Executive Officer(CEO) of the CMHSP/CA where the event occurred.

3. The CEO/Designee will have the responsible administrator meet with the involved staff, the medical director, the rights officer and the quality improvement coordinator to determine if the event was sentinel.

C. Actions to be taken when it has been determined that a sentinel event occurred:

1. The CEO/designee will notify the Director of Affiliation Operations.
2. The CEO/designee will appoint a member of the leadership team to conduct a thorough and credible root cause analysis (RCA) using JCAHO standards for Sentinel Events.
3. **Within 2 business days** the appointed leader shall convene a team to conduct the RCA. Team members will include the medical director and the quality improvement coordinator. The following steps will be included in the RCA:
  - a. All staff with direct knowledge of the event will meet with the RCA team as quickly as possible after the event to chronologically construct the event and identify relevant practices, policies, and procedures and standards of care.
  - b. The RCA team will focus on process, system factors and any identified variations that may have contributed to the Sentinel Event. **Within 45 days** of the event, the RCA team will develop an action plan to reduce risk of a future occurrence.
  - c. The action plan will include responsibilities and time lines for implementation of the plan, oversight, pilot testing as appropriate, and strategies for monitoring the effectiveness of the plan.
  - d. The RCA team leader will report the findings and the action plan to the Director of Affiliation Operations, the quality improvement body and other regulating and accrediting bodies as required.
  - e. The sentinel event will be reported to the Department of Community Health as required in the Master contract.
  - f. Outcomes from the action plan shall be reported to Director of Affiliation Operations and the quality improvement body **in six months** and thereafter as deemed appropriate.

D. 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 involved CMHSP/CA.

**V. APPLICATION:**

All CMHSPs/CAs and Providers.

**VI. MONITOR AND REVIEW:**

The Director of Quality, Customer Service and Recipient Rights shall monitor CMHSP/CA compliance with these functions and review this procedure annually. External review will include MDCH and CMS site visits and reporting.

**VII. RELATED POLICIES AND PROCEDURES:**

CMHAMM Policy      4.0      Quality Improvement