HARDIN COUNTY GENERAL HOSPITAL
HOSPITAL-WIDE POLICY

Title: SENTINEL EVENTS & ROOT CAUSE ANALYSIS **Effective Date: 7/3/2006**
Policy Number: 118 **Med Staff:**
Regulation: **Admin:**

I. POLICY

Staff members shall be able to identify a sentinel event or significant occurrence and follow the general guidelines for immediately reporting the facts of the incident to the appropriate personnel and documenting the incident appropriately.

PURPOSE TO:

1. Outline the criteria for identifying a potential sentinel event.
2. Outline the process for reporting a potential sentinel event.
3. Provide direction in the review and analysis of a potential sentinel event.
4. Ensure compliance with requirements for liability coverage and address reporting requirements of sentinel events.

II. DEFINITIONS

1. A sentinel event is defines as an unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof.
2. Serious injury specifically includes loss of limb or function.
3. The phrase, "the risk thereof", includes any process variation for which a recurrence would carry a significant chance of a serious adverse outcome. Such events are called "sentinel" because they signal the need for immediate investigation and response.
4. The following events will apply:
   A. The event has resulted in an unanticipated death or major permanent loss of function, not related to the natural course of the patient's illness or underlying condition.
   B. The event is one of the following (even if the outcome was not death or major permanent loss of function):
      a) Suicide of a patient in a setting where the patient receives around-the-clock care (e.g., hospital, etc);
      b) Infant abduction or discharge to the wrong family;
      c) Rape;
      d) Hemolytic transfusion reaction involving administration of blood or blood products having major blood group incompatibilities; or
      e) Surgery on the wrong patient or wrong body part.

III. RESPONSIBILITY

All employees.

IV. EQUIPMENT

V. PROCEDURES
INFECTION CONTROL: N/A

1. When an event falls under the above definition, complete an incident report and call the Risk Management Department and/or Administration as soon as possible. ***Notice must be give no more than 24 hours after the discovery of the event, and is generally given during the shift when the event is discovered.***
2. Weekend reporting is given to the Hospital Administrator and/or Administrative Duty Representative on call.
3. Other staff and committees that conduct case review and become aware of such events should report the event when it is not known to have been previously reported.
4. The Risk Manager will review the report and conduct the appropriate investigation, reporting, and other actions as deemed necessary, following review by the Quality Improvement Coordinator.
5. **If sentinel event review and analysis is indicated:**
    a) The Chief of Medical Staff and the Hospital Administrator will be notified and the Quality Improvement Committee will appoint a multidisciplinary team consisting of medical staff and clinical services staff to conduct a root cause analysis as a peer review activity.
    b) All proceedings and documents generated by the team will be confidential and protected due to medical staff peer review/quality review processes.
    c) The root cause analysis, along with the proposed corrective action shall be reported to the Quality Improvement Committee for approval.
    d) Upon approval of a corrective plan, the specified staff will implement it. Implementation will be reported to the Chief of Medical Staff, Hospital Administrator, and the hospital governing board.

VI. DOCUMENTATION

1. All patient, staff, and medical staff identifiers will be removed from applicable documents to preserve and protect such information from discovery in possible future litigation and unauthorized disclosures under state and federal law.
2. All requests to copy, review, or remove sentinel event-related materials by independent third parties, including licensing, accrediting, and other governmental agencies, will be referred to administration and legal counsel for appropriate disposition.