POLICY | PURPOSE STATEMENT:
It is the policy of TTUHSC SON Larry Combest Community Health and Wellness Center (herein after referred to as LCCHWC) to identify and manage sentinel events in order to measure, assess, and improve the organization’s performance.

SCOPE:
This policy applies to all TTUHSC SON LCCHWC clinics.

DEFINITIONS:
Sentinel Event: A “Sentinel Event” is defined as an unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof.

PROCEDURE:

1. Sentinel Event. A “Sentinel Event” is defined as an unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof. Serious injury specifically includes the loss of limb or function. The “risk thereof” includes any process variation for which recurrence would carry a significant chance of serious adverse outcomes.

2. Events To Be Reported. Reports should be submitted whenever LCCHWC staff receives or otherwise becomes aware of information, from any source, that reasonably suggests that a Sentinel Event has occurred at a LCCHWC facility. The following is a non-inclusive list of events, identified by the Joint Commission for Sentinel Events in the Ambulatory Clinic setting that should be reported.
   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; or
   b. The event is one of the following (even if the outcome was not death or major permanent loss of function unrelated to the natural course of the patient’s illness or underlying condition):
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1) Surgical and nonsurgical invasive procedures on the wrong patient, wrong site, or wrong procedure.

2) Unintended retention of a foreign object in a patient after surgery or other procedure.

3) Fall resulting in any of the following: any fracture; surgery, casting, or traction; required consult/management or comfort care for a neurological (e.g., skull fracture, subdural or intracranial hemorrhage) or internal (e.g., rib fracture, small liver laceration) injury; a patient with coagulopathy who receives blood products as a result of the fall; or death or permanent harm as a result of injuries sustained from the fall (not from physiologic events causing the fall).

4) Sexual or physical abuse/assault of any patient while receiving care, treatment, and services while on site at the organization/facility. Sexual or physical abuse/assault of a staff member, licensed independent practitioner, visitor, or vendor while on site at the organization/facility or while providing care to patients/clients.

5) Abduction of any patient receiving care, treatment or services.

6) Severe maternal morbidity (not primarily related to the natural course of the patient’s illness or underlying condition) when it reaches a patient and results in permanent harm or severe temporary harm.

3. Reporting Procedure.

a. Any LCCHWC staff who witnesses, discovers or otherwise becomes aware of information that reasonably suggests that a Sentinel Event has occurred is responsible for immediately reporting the incident to his/her Supervisor, Clinic Director/Administrator, or Senior Director of Performance Improvement. An occurrence report should be completed on the event.

b. The Supervisor, Clinic Director/Administrator, or Senior Director of Performance Improvement will report the sentinel event to the Executive Director who will inform TTUHSC Risk Management Office. If needed the Executive Director will work with SON to convene a Peer Review for a sentinel event involving a nurse practitioner. A committee chosen by the Executive Director, should determine a cause (root cause analysis) potentially relating to a Sentinel Event in the LCCHWC clinic setting.

4. Root Cause Analysis. A root cause analysis and action plan will be performed within 45 calendar days to identify basic or causal factors, see Attachment A.
Policy and Procedure


a. If a Sentinel Event occurs at a teaching hospital or other facility, and is determined to be directly related to a LCCHWC Provider, the event will be reviewed as outlined in number 3 above.
b. An action plan will be developed as warranted. Improvement actions will be monitored for effectiveness through the Performance Improvement Committee.

APPROVAL AUTHORITY:

RESPONSIBILITIES | REVIEW | REVISIONS:
It is the responsibility of the Policy & Procedures Committee to review and initiate necessary revisions based on collaboration and input by Policy and Procedure committee and through Administrative management of this policy, including the review and revisions will be the responsibility of the department administrator.

RIGHT TO CHANGE POLICY:
TTUHSC SON Combest reserves the right to interpret, change, modify, amend or rescind this policy in whole or in part at any time to reflect changes in policy and/or law.

ATTACHMENTS:

Attachment A: A Framework for a Root Cause Analysis and Action Plan