

The Right Door for Hope, Recovery and Wellness

Chapter Title	Section #		Subject #
Clinical	C		392
Subject Title Sentinel Events	Adopted 11/22/04	Revised 3/26/18	Reviewed: 2/21/06; 2/26/07; 2/23/09; 1/25/10; 1/24/11; 1/23/12; 4/22/13; 4/28/14; 3/23/15; 3/28/16; 03/27/17; 3/26/18

POLICY

Application

This policy shall apply to staff and contractual providers of The Right Door for Hope, Recovery and Wellness.

1.0 INTENT

It is the intent of this policy to ensure that the organization identifies, reports, and responds appropriately to all sentinel events occurring in the organization or associated with services the organization provides.

2.0 DEFINITIONS

Sentinel Event: an unexpected occurrence involving death (not due to the natural course of a health condition) or serious physical or psychological injury, or the risk thereof. Serious injury specifically includes loss of limb or function. The phrase "or the risk thereof" includes any process variation for which a recurrence would carry a significant chance of a serious adverse outcome. Any injury or death that occurs from the use of any behavior intervention is considered a sentinel event.

Root Cause Analysis (or Investigation): a process for identifying the basic or causal factor(s) that underlie variation in performance, including the occurrence or possible occurrence of a sentinel event. A root cause analysis focuses primarily on systems and processes.

3.0 IDENTIFYING SENTINEL EVENTS - MDHHS

Incidences that meet the following criteria are reviewed as sentinel events and are subsequently reported to MDHHS per reporting requirements:

- 1) The individual falls within the definition of MDHHS Reportable Population, and,
- 2) The incident meets the definition of a sentinel event, and,
- 3) The incident falls into one of the following categories:

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- **Suicide** for any individual actively receiving services at the time of death, and any who have received emergency services within 30 days prior to death. Once it has been determined whether or not a death was suicide, the suicide must be reported within 30 days after the end of the month in which the death was determined. If 90 calendar days have elapsed without a determination of cause of death, the CMHSP must submit a “best judgment” determination of whether the death was a suicide. In this event the time frame described in “a” above shall be followed, with the submission due within 30 days after the end of the month in which this “best judgment” determination occurred.
- **Non-suicide death** for individuals who were actively receiving services and were living in a Specialized Residential facility (per Administrative Rule R330.1801-09) or in a Child-Caring institution; or were receiving community living supports, supports coordination, targeted case management, ACT, Home-based, Wraparound, Habilitation Supports Waiver, SED waiver or Children’s Waiver services. If reporting is delayed because the CMHSP is determining whether the death was due to suicide, the submission is due within 30 days after the end of the month in which the PIHP determined the death was not due to suicide.
- **Emergency Medical treatment due to Injury or Medication Error** for people who at the time of the event were actively receiving services and were living in a Specialized Residential facility (per Administrative Rule R330.1801-09) or in a Child-Caring institution; or were receiving either Habilitation Supports Waiver services, SED Waiver services or Children’s Waiver services.
- **Hospitalization due to Injury or Medication Error** for individuals who were living in a Specialized Residential facility (per Administrative Rule R330.1801-09) or in a Child-Caring institution; or receiving Habilitation Supports Waiver services, SED Waiver services, or Children’s Waiver services.
- **Arrest of Consumer** for individuals who were living in a Specialized Residential facility (per Administrative Rule R330.1801-09) or in a Child-Caring institution; or receiving Habilitation Supports Waiver services, SED Waiver services, or Children’s Waiver services.

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Methodology and instructions for reporting are posted on the MDHHS web site at www.michigan.gov/mdhhs. Click on Mental Health and Substance Abuse, then “Reporting Requirements.”

4.0 IDENTIFYING SENTINEL EVENTS - CARF

Incidences meeting the following criteria are subject to review by the Commission on Accreditation of Rehabilitation Facilities (CARF):

An unexpected occurrence within a CARF-accredited program involving death or serious physical or psychological injury or the risk thereof.

Serious injury specifically includes loss of limb or function. The phrase “or 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.

5.0 REPORTING and INVESTIGATION

- 5.1 Procedures shall assure all suspected, alleged, or actual sentinel events shall be reported immediately to appropriate personnel.
- 5.2 The incident will be reviewed to determine if it meets the MDHHS or CARF definition of a sentinel event and appropriate analysis/investigation and action planning will be initiated.
- 5.3 All incidences determined to be a sentinel event shall be reported to state and local authorities as required by law. All occurrences determined to be a sentinel event according to MDHHS and/or CARF criteria shall be reported to MDHHS and/or CARF according to their reporting requirements and as permissible by law.

References

CARF Standards Manual

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MDHHS/CMHSP Managed Mental Health Supports and Services Contract, Management Information/Reporting Requirements.

Nancy Patera, Board Chairperson	Date		