



## **SALISH BHO**

### **ADMINISTRATION POLICIES AND PROCEDURES**

**Policy Name:** SENTINEL EVENTS

**Policy Number:** 2.01

**Reference:** State Contract,  
RCW 9.94A.030 (5), RCW 70.56  
WAC 246-302-030, WAC 388-877-0200,  
WAC 388-877-0410, WAC 388-877-0420(14-15)

**Effective Date:** 7/2007

**Revision Date(s):** 12/2012; 3/3016; 7/2017

**Reviewed Date:** 12/2014; 3/2016; 7/2017; 6/2018

**Approved by:** SBHO Executive Board

#### **CROSS REFERENCES**

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

#### **PURPOSE**

The Salish Behavioral Health Organization (SBHO) 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 SBHO/ 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.

- “Sentinel events” and “incident reporting” are synonymous in meaning.

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 individual by a SBHO 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 SBHO contracted facility. A life safety event that requires an evacuation or that is a substantial disruption to the facility.
- Unauthorized leave from an 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**

Each network agency must have policy and procedures to ensure full compliance with SBHO/STATE contract requirements for reporting.

### Provider Record

Each contractor and subcontractor maintains a record of all sentinel events and utilizes SBHO 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. A description of the nature of each individual involved in the incident.
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. Any legally required notifications made by the agency (such as “reported to law enforcement”).
10. How the sentinel event has been reviewed as part of the provider’s or subcontractor’s overall quality management process.

### Category of Events

DBHR has defined the following events in categories.

**Category one:** A network agency must report to the SBHO immediately after becoming aware of a category one event. The SBHO is required to notify the designated DBHR Incident Manager by telephone or email, after immediately becoming aware of the incident, as well as entering the required information in the DBHR database. These incidents include:

- Death or serious injury of patients at a State licensed facility.
- Unauthorized leave of a mentally ill offender or sexual violent offender from a mental health facility (this includes E&T) that accepts involuntary clients.
- Any violent act to include rape or sexual assault or any homicide or attempted homicide committed by a client.
- Any negative event that has attracted media attention.

**Category two:** A network agency must report to the SBHO within one business day of a category two event. The SBHO is required to notify the designated DBHR Incident Manager according to the reporting requirements listed below.

- Alleged client abuse or neglect of a serious nature by an agency employee, volunteer, or another client.
- Threat to facility resulting from a natural disaster.
- Breach of client information.
- Alleged financial exploitation.
- Attempted suicides in a State licensed facility that require medical care.
- Any event likely to attract media attention.
- Credible threats to staff members that occur at State licensed facility.
- Any incident referred to Medicaid Fraud Control Unit.
- Life safety event that requires an evacuation or substantial disruption to the facility.

### Reporting Requirements

1. Providers and subcontractors will report sentinel events to the SBHO 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.

- Verbal notification may be provided; however, it must be followed by written information. The written information is provided on the agency sentinel event reporting form. The format of this form is optional. The form must include the key information regarding the incident.
2. All correspondence shall be sent to the SBHO Compliance Officer. If the SBHO Compliance Officer is unavailable, the provider or subcontractor will report the sentinel event to the SBHO Administrator. If the SBHO Administrator is not available, the provider or subcontractor will report the sentinel event to available SBHO staff.
  3. The SBHO 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 SBHO notification to the Department will include all the required database information, such as:

- 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 (individual 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 DBHR.
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 SBHO has the responsibility of overseeing SBHO funded services provided by the network providers and subcontractors. The SBHO 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 SBHO 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 SBHO Utilization Management and Clinical Directors Committee at least annually. The Committee reviews the statewide reports--compares SBHO to other BHOs for trends, as well as the SBHO specific report over time.
  - Regular review by SBHO 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 SBHO:
  - Annual SBHO 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 SBHO approval. Reference SBHO Corrective Action Plan Policy.