

Determining a Sentinel Event

Critical Incidents:

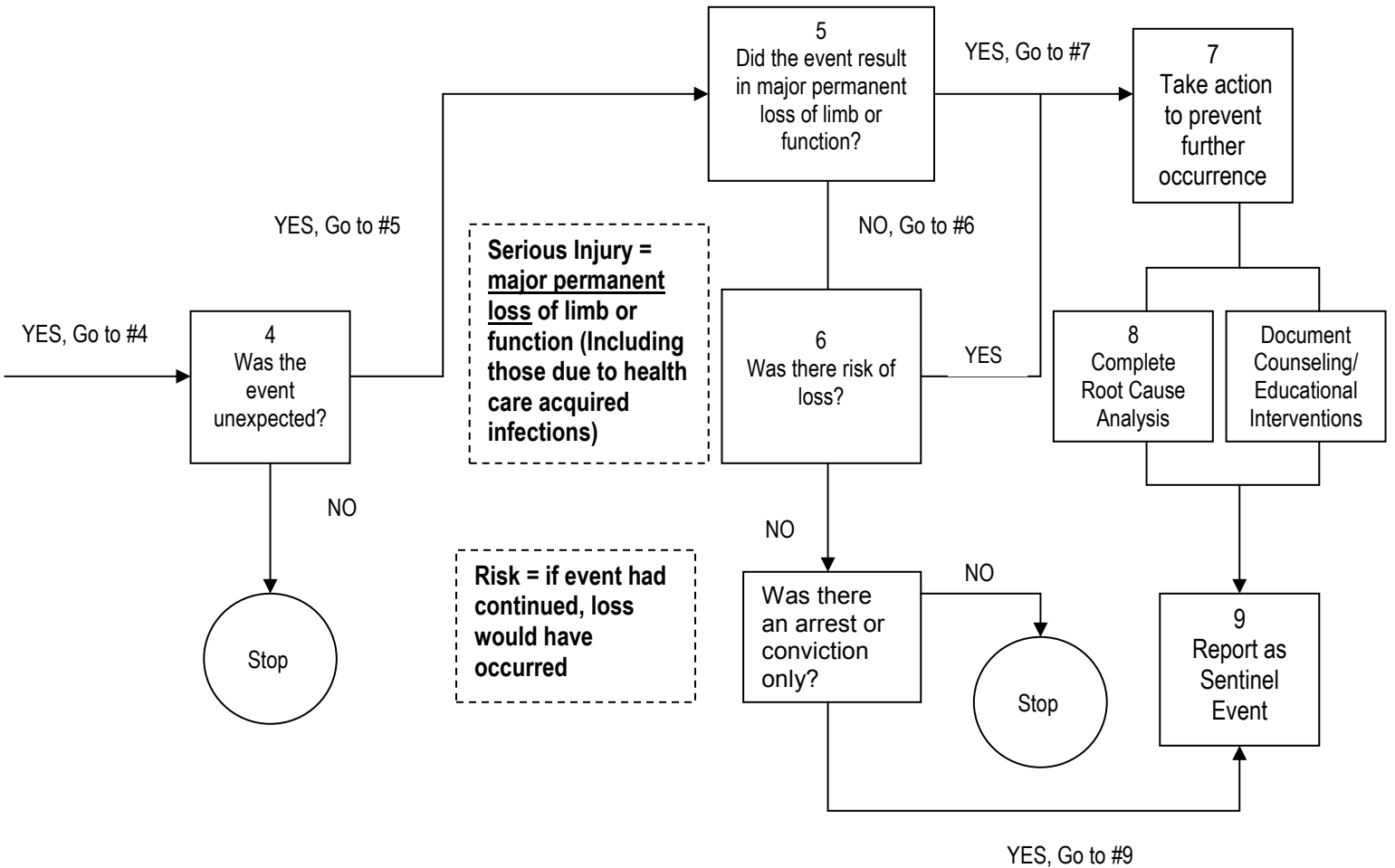
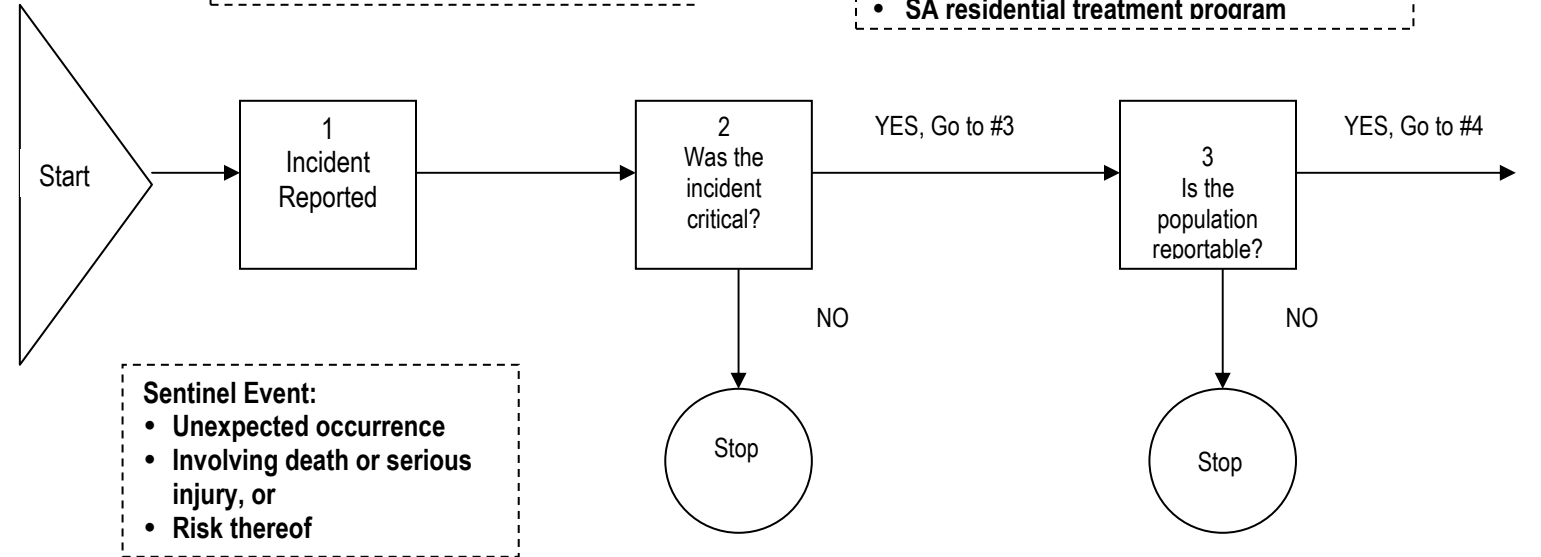
- Death (include those due to health care acquired infections)
- Illness requiring hospitalization
- Abuse/Neglect
- Injury requiring urgent medical care
- Behavioral episodes
- Arrest/conviction (within reportable population)
- Significant Med error

Reportable Populations:

- 24-hour Specialized Residential (inc. child care institution or substance abuse res.)
- Own home receiving community living supports
- Case Management/Supports Coordination
- ACT
- Home Based Services
- Wrap Around Services
- Hab Support Waiver Services
- SA residential treatment program

Sentinel Event:

- Unexpected occurrence
- Involving death or serious injury, or
- Risk thereof



Serious Injury = major permanent loss of limb or function (Including those due to health care acquired infections)

Risk = if event had continued, loss would have occurred

YES, Go to #9

INCIDENT		REPORTABLE SENTINEL EVENT to MDCH?	ACTION TO PREVENT FUTURE OCCURRENCE
DEATH	Did the death occur as the natural culmination or progressions of a terminal illness or disease?	NO	NONE
	Was the death caused or hastened by the actions or lack of actions by staff?	YES	RCA
	Was the death caused by or contributed to by environmental factors within the control of the provider?	YES	RCA
HOSPITAL ADMISSION/ EMER. TREATMENT	Was the admission for a planned surgery or related to the natural course of the person's chronic illness or condition?	NO	NONE
	If admitted/ treated, was it for aspiration pneumonia or failure of staff to follow illness management protocols for a given condition?	YES	RCA or DOCUMENTED EDUCATION BY MEDICAL STAFF
	Injuries resulted from accidents or abuse AND involved serious injury.	YES	RCA
BEHAVIOR EPISODE	1. Is NOT addressed in the plan of service & 2. Involves one of the following: a. Property Damage b. Attempts to Harm Self or others; c. Unauthorized leaves of absence	YES	RCA
ARREST CONVICTION	If the individual falls in one of the reportable populations, DCH has determined a risk of psychological harm does exist to the individual given the vulnerability of the person in the reportable population when arrested or convicted.	YES	NONE
MED ERROR	Did the wrong dosage, wrong medication, or missed dosage pose a risk of functional loss to the person?	YES	RCA or DOCUMENTED EDUCATION BY MEDICAL STAFF

For reporting purposes only: Medicaid Non-Medicaid

POPULATION:

- Adult with MI Child with SED Sub Abuse Disorder
 DD – No Hab Support Waiver Child Waiver Hab Support – DD

- Specialized Residential Own home with CLS support
 Child caring Institution ACT
 Substance Abuse Residential Home Based
 Wrap Around Hab Supports Waiver
 Targeted Case Management Support Coordination
 Other: _____

ACTION TAKEN?

- no action taken as a result of this event
 yes (e.g. Root Cause Analysis or other specific action to reduce the likelihood of reoccurrence)

SPECIFY: _____
 DOCUMENTATION LOCATED: _____

CRITICAL INCIDENT REVIEW

DATE OF IR REPORT:	DATE REVIEWED BY QI:
REPORTING AGENCY/ UNIT:	QI REVIEWER:
CONSUMER NAME:	CASE NUMBER:

INFORMATION SOURCES: (Use as indicated)

- Incident Report
- Interview with:
- Document review of:
- Other:

								RELEVANT COMMENTS
Was the incident critical?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO				
Is the population reportable?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO				
Was the event unexpected?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO				
Did the event result in major permanent loss of limb or function?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO				
Was there risk of loss?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO				
Was there death or major permanent loss of function associated with a health care acquired infection?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO				
Should a formal investigation (including a root cause analysis) be conducted?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO				
If yes, who should be involved in that analysis?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO				
Are there any immediate recommendations for actions to be taken in order to prevent further occurrence?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO				
Should this event be reported as a sentinel event to <input type="checkbox"/> DCH and/or <input type="checkbox"/> LBHCA?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO				

SUMMARY OF INCIDENT:

SUMMARY OF FINDINGS:

REVIEWER'S SIGNATURE:

DATE: