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

Start

1. Incident Reported

2. Was the incident critical?
   - NO
   - Stop
   - YES, Go to #3

3. Is the population reportable?
   - NO
   - Stop
   - YES, Go to #4

4. Was the event unexpected?
   - NO, Go to #6
   - YES, Go to #5

5. Did the event result in major permanent loss of limb or function?
   - YES, Go to #7
   - NO, Go to #6

6. Was there risk of loss?
   - NO
   - YES, Go to #9

7. Take action to prevent further occurrence

8. Complete Root Cause Analysis
   - YES

9. Report as Sentinel Event
   - YES, Go to #9

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

Document Counseling/Educational Interventions
<table>
<thead>
<tr>
<th>INCIDENT</th>
<th>REPORTABLE SENTINEL EVENT to MDCH?</th>
<th>ACTION TO PREVENT FUTURE OCCURRENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>DEATH</td>
<td>NO</td>
<td>NONE</td>
</tr>
<tr>
<td></td>
<td>YES</td>
<td>RCA</td>
</tr>
<tr>
<td></td>
<td>YES</td>
<td>RCA</td>
</tr>
<tr>
<td>HOSPITAL ADMISSION/EMER. TREATMENT</td>
<td>NO</td>
<td>NONE</td>
</tr>
<tr>
<td></td>
<td>YES</td>
<td>RCA or DOCUMENTED EDUCATION BY MEDICAL STAFF</td>
</tr>
<tr>
<td>BEHAVIOR EPISODE</td>
<td>YES</td>
<td>RCA</td>
</tr>
<tr>
<td>ARREST CONVICTION</td>
<td>YES</td>
<td>NONE</td>
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<tr>
<td>MED ERROR</td>
<td>YES</td>
<td>RCA or DOCUMENTED EDUCATION BY MEDICAL STAFF</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>INFORMATION SOURCES: (Use as indicated)</th>
<th>RELEVANT COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>[] Incident Report</td>
<td></td>
</tr>
<tr>
<td>[] Interview with:</td>
<td></td>
</tr>
<tr>
<td>[] Document review of:</td>
<td></td>
</tr>
<tr>
<td>[] Other:</td>
<td></td>
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</table>

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<td>Was there risk of loss?</td>
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<td>[ ] NO</td>
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<td>Was there death or major permanent loss of function associated with a health care acquired infection?</td>
<td>[ ] YES</td>
<td>[ ] NO</td>
</tr>
<tr>
<td>Should a formal investigation (including a root cause analysis) be conducted?</td>
<td>[ ] YES</td>
<td>[ ] NO</td>
</tr>
<tr>
<td>If yes, who should be involved in that analysis?</td>
<td>[ ] YES</td>
<td>[ ] NO</td>
</tr>
<tr>
<td>Are there any immediate recommendations for actions to be taken in order to prevent further occurrence?</td>
<td>[ ] YES</td>
<td>[ ] NO</td>
</tr>
<tr>
<td>Should this event be reported as a sentinel event to [ ] DCH and/or [ ] LBHCA?</td>
<td>[ ] YES</td>
<td>[ ] NO</td>
</tr>
</tbody>
</table>

**SUMMARY OF INCIDENT:**

**SUMMARY OF FINDINGS:**

**REVIEWER’S SIGNATURE:**

**DATE:**