

PerformCARE®		Policy and Procedure
Name of Policy:	Sentinel Event Review	
Policy Number:	QI-CIR-002	
Contracts:	<input checked="" type="checkbox"/> All counties <input type="checkbox"/> Capital Area <input type="checkbox"/> Franklin / Fulton	
Primary Stakeholder:	Quality Improvement	
Related Stakeholder(s):	Clinical Care Management, Network Operations	
Applies to:	Providers and Associates	
Original Effective Date:	04/01/17	
Last Revision Date:	08/09/24	
Last Review Date:	02/07/25	
OMHSAS Approval Date:	02/07/25	
Next Review Date:	02/01/26	

Policy: Providers are required to report critical incidents that occur in accordance with PerformCare policy *QI-CIR-001 Critical Incident Reporting*. If a reported incident is classified by PerformCare as a sentinel event, Providers may be required to revise or establish policies and/or change practices to prevent future risk of harm to Members. PerformCare requires all Providers to have an internal policy related to the handling of adverse incidents, to include those meeting sentinel event criteria, as outlined below.

Purpose: To understand the underlying causes of a sentinel event in order to review systems and processes to reduce the probability of such an event occurring in the future within the PerformCare network. Such events are called "sentinel" because they signal the need for immediate investigation and response.

Definitions: **Department of Human Services, Commonwealth of Pennsylvania (DHS):** The single state agency with responsibility for the implementation and administration of the Medical Assistance Program also referred to as the Department.

Morbidity and Mortality Review: A review of the treatment record of a Member who is reported deceased in order to monitor support systems and programmatic operations in the months preceding the Member's death. These efforts are to ensure reasonable medical or psychiatric/psychological interventions have been provided. A "reasonable" intervention is one that would have been possible to implement given the known circumstances and resources.

Non-Routine Site Visit (NRSV): Any site visit conducted in response to complaints, concerns and/or issues related to a Provider.

Office of Mental Health and Substance Abuse Services (OMHSAS):

The office within the DHS responsible for the implementation and administration of behavioral health services, including mental health and substance abuse services, under the Medical Assistance Program.

Permanent Harm: An event resulting in any level of harm that permanently alters and/or affects an individual's baseline health.

Quality of Care Council (QOCC): The PerformCare team consisting of the Medical Director (or designee), A Psychologist Advisor, Director of Clinical Services (or designee), Director of Quality Management (or designee), the Director of Operations, (or designee), the Manager of BH Programs, and designated Quality Associate(s).

Root Cause Analysis (RCA): A process for identifying basic or causal factors that underlie variation in performance, including the occurrence or possible occurrence of a sentinel event. An RCA focuses primarily on systems and processes, not on individual performance. It progresses from special causes in clinical processes to common causes in organization processes and systems and identifies potential improvements in processes or systems that would tend to decrease the likelihood of such events in the future or determines after analysis that no such improvement opportunities exist.

Sentinel Event: A Member safety event that results in death, severe harm, or permanent harm not primarily related to the natural, expected course of the Member's illness or underlying condition that results in the following:

- Death caused by self-inflicted injurious behavior that occurs:
 - While receiving treatment in or within 7 days of discharge from a behavioral health care residential setting providing around the clock treatment.
 - While receiving or within 7 days of discharge from a Behavioral Health Partial Hospitalization Program.
- Abduction of a Member from a behavioral health care setting or while staff is physically present providing care or supervision.
- Elopement of a Member from a behavioral health residential setting providing around the clock care leading to the death, permanent harm or severe temporary harm of the individual served.
- Sexual abuse/assault, physical assault, or homicide of a Member that occurs in a behavioral health care setting or while staff is physically present providing care or supervision.
- Sexual abuse/assault, physical assault, or homicide of a staff member, visitor, another patient, or vendor by a Member that occurs in a behavioral health care setting or while staff is physically present providing care or supervision.
- Other events may be classified as sentinel by the PerformCare Medical Director.

Severe Harm: An event resulting in life-threatening bodily injury that interferes with or results in loss of functional ability or quality of life that

requires continuous physiological monitoring and/or surgery, invasive procedure, or treatment to resolve condition.

Sexual Abuse/Assault: Nonconsensual sexual contact of any type.

- One or more of the following must be present to determine that it is a sentinel event:
 - Any staff-witnessed non-consensual sexual contact.
 - Admission by the perpetrator that non-consensual sexual contact occurred.
 - Sufficient clinical evidence to support allegations of unconsented sexual contact occurred.

Acronyms: None

- Procedure:**
1. If during the course of business, a PerformCare associate is made aware of a Member being involved in an event that may be classified as a sentinel event, the following will occur:
 - 1.1. The associate will notify their immediate supervisor.
 - 1.2. If the event is related to an allegation of abuse, the PerformCare associate will confirm that the Provider completed all mandated reporting requirements and/or will complete the mandated reporting.
 - 1.3. In accordance with *QI-004 Internal Documentation, Review, and Follow-Up of Quality-of-Care Issues*, a referral will be submitted to the Quality-of-Care Council (QOCC) for review.
 - 1.4. Upon review of the referral, the Quality Associate assigned to QOCC will notify the Director of Quality Improvement, the Director of Clinical Services, and the Medical Director of the event and final determination will be made as to the classification of the event as a sentinel event.
 - 1.4.1. If additional information is needed to determine whether the incident meets the sentinel event criteria, PerformCare will request information from the Provider.
 - 1.4.2. Once additional information is obtained to support a sentinel event has occurred, the steps outlined in this policy will be followed.
 - 1.4.3. Serious Member safety concerns that are not classified as a sentinel event will be reviewed through the process outlined in *QI-004 Internal Documentation, Review, and Follow-Up of Quality-of-Care Issues*.
 - 1.5. After classifying the incident as a sentinel event, QOCC, led by the Medical Director or designee, will complete a review of the referral to determine course of action within two business days.
 - 1.6. A Psychiatrist Advisor and Psychologist Advisor will be assigned to review the sentinel event.
 2. The Director of Quality Management (or designee) will notify PerformCare's Executive Director and the appropriate HealthChoices

Primary Contractor of the sentinel event within one business day of the QOCC review. PerformCare's Executive Director and the appropriate HealthChoices Primary Contractor will receive written notification within two business days of the QOCC Review. Upon notification of the sentinel event, the Primary Contractor will determine if DHS or OMHSAS should be notified of the event.

- 2.1. QOCC will work with PerformCare's Compliance Director to determine if PerformCare and/or the Providers that have knowledge of the sentinel event have an obligation to report the event to the appropriate agencies.
- 2.2. QOCC may request records and/or an internal investigation from Providers whose services were funded by PerformCare and were working with the Member at or near the time the sentinel event occurred.
- 2.3. Providers that were directly involved with the Member at the time of the sentinel event may be asked to complete an RCA and/or a morbidity and mortality review.
3. Upon receipt of the documentation from the Provider, the Psychiatrist and Psychologist Advisors assigned in conjunction with the Medical Director will conduct a thorough review of all of the documentation, including a summary of PerformCare internal documentation, and make recommendations for follow-up. Follow-up activities may include:
 - 3.1. Request for the Provider to develop a Quality Improvement Plan (QIP) if significant quality of care concerns are identified.
 - 3.2. A case consult/review with a PerformCare Psychiatrist or Psychologist Advisor and/or the Medical Director and the Provider.
 - 3.3. Additional clinical monitoring of Members receiving services from the Provider.
 - 3.4. PerformCare under the advisement of the Medical Director may require further corrective action as deemed necessary to include referral to the PerformCare Credentialing Committee in accordance with PerformCare Policy *QI-CR-003 Credentialing Progressive Disciplinary Actions for Providers*.
 - 3.5. A Non-Routine Site Visit (NRSV) in accordance with the guidelines in *PR-020*.
 - 3.6. Revision of internal PerformCare policies and procedures.
 - 3.7. Identification of training needs for PerformCare staff and Providers.
4. PerformCare will provide documentation related to monitoring of the Sentinel Event with the appropriate Primary Contractors in a manner deemed appropriate by both parties.

Related Policies: *PR-020 Non-Routine Site Visits*

QI-004 Internal Documentation, Review, and Follow-Up of Quality-of-Care Issues
QI-CIR-001 Critical Incident Reporting
QI-CR-003 Credentialing Progressive Disciplinary Actions for Providers

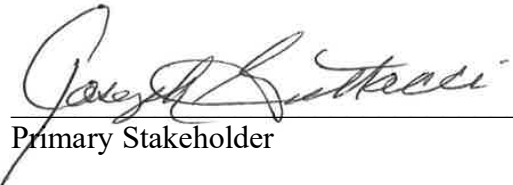
Related Reports: None

Source Documents and References: *JCAHO Sentinel Event Policy, January 2, 2024; Comprehensive Accreditation Manual for Behavioral Health Care (CAMBHC)*

Superseded Policies and/or Procedures: None

Attachments: None

Approved by:



Primary Stakeholder