POLICY STATEMENT:

It is the policy of Texas Tech University Health Sciences Center (TTUHSC) to identify and manage sentinel events in order to measure, assess, and improve the organization’s performance.

SCOPE:

This policy applies to all TTUHSC ambulatory clinic operations conducted through its Schools.

PROCEDURE:

1. **Sentinel Event**: A “Sentinel Event” is defined as an unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof. Serious injury specifically includes the loss of limb or function. The “risk thereof” includes any process variation for which recurrence would carry a significant chance of serious adverse outcomes.

2. **Events To Be Reported**: Reports should be submitted whenever TTUHSC staff receives or otherwise becomes aware of information, from any source, that reasonably suggests that a Sentinel Event has occurred at a TTUHSC facility. The following is a non-inclusive list of events, identified by the Joint Commission for Sentinel Events in the Ambulatory Clinic setting, that should be reported.
   
   a. The event has resulted in an unanticipated death or major permanent loss of function, not related to the natural course of the patient’s illness or underlying condition; or
   
   b. The event is one of the following (even if the outcome was not death or major permanent loss of function unrelated to the natural course of the patient’s illness or underlying condition):
      
      1) Surgical and nonsurgical invasive procedures on the wrong patient, wrong site, or wrong procedure
      2) Unintended retention of a foreign object in a patient after surgery or other procedure
      3) Prolonged fluoroscopy with cumulative doses >1,500 rads to a single field or any delivery of radiotherapy to the wrong body region or >25% above the planned radiotherapy does
      4) Hemolytic transfusion reaction involving administration of blood or blood products having major blood group incompatibilities (ABO, Rh, other blood groups)
      5) Abduction of any patient receiving care, treatment or services.

3. **Reporting Procedure**:
   
   a. Any TTUHSC staff who witnesses, discovers or otherwise becomes aware of information that reasonably suggests that a Sentinel Event has occurred is responsible for immediately reporting the incident to his/her Supervisor, Department Head or directly to the Risk Manager.
   
   b. **HSC School of Medicine** – The Risk Manager will report the incident to the HSC School of Medicine (SOM) Professional Liability Committee. If the event is reported by Occurrence Monitor, the
Performance Improvement Director will notify Risk Management. The Risk Management Committee, a subcommittee of the Professional Liability Committee, in conjunction with the Professional Liability Committee, should determine a cause (root cause analysis) potentially relating to a Sentinel Event in the SOM clinic setting.

4. **Root Cause Analysis:** A root cause analysis and action plan will be performed within 45 calendar days to identify basic or causal factors (see 8.12.A, Sentinel Event Root Cause Analysis and Action Plan). The root cause analysis team should be comprised of the Risk Manager, Performance Improvement/Quality Assurance Director, and clinical leadership as appropriate.

a. If a Sentinel Event occurs at a teaching hospital or other facility, and is determined to be directly related to a TTUHSC Provider, the event will be reviewed as outlined in paragraph 3 above.

b. An action plan will be developed as warranted. Improvement actions will be monitored for effectiveness through the Professional Liability/Risk Management Committees for the Schools of Medicine and other appropriate body for the School of Nursing and School of Allied Health Sciences.

c. As “Sentinel Event Alerts” become available from the Joint Commission, they will be reviewed in the Risk Management Committee and forwarded to the appropriate clinical staff. Clinicians will be requested to implement the Joint Commission recommendations when applicable.

**ATTACHMENT:**


**CERTIFICATION:**

This policy was approved by the Council of Deans at its meeting on January 27, 2011.