Policy Title: Sentinel Events, Safety and Security, and Opportunities for Improvement Policy
Patient Age Group: (X) N/A ( ) All Ages ( ) Pediatric ( ) Adult

Policy Purpose

The purpose of this policy is to establish procedures for the identification, management, and response to sentinel events, safety and security incidents, and opportunities for improvement at Centro Savila. This policy outlines how Centro Savila will respond to sentinel events, analyze safety and security concerns, and implement corrective actions to improve patient care, safety, and overall service quality.

A sentinel event is a critical incident that results in serious harm, injury, or death to a patient, while opportunities for improvement (OFIs) refer to identified gaps in processes, systems, or services that could lead to better care or safety outcomes.

Scope

This policy applies to all staff, contractors, and vendors involved in patient care, safety, and security at Centro Savila. It covers both clinical and non-clinical departments, including but not limited to administrative, housekeeping, clinical care teams, maintenance, and environmental services.

Definitions

- **Sentinel Event**: A sentinel event is an unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof. Examples include suicide, unanticipated death, or physical assault.
- **Safety and Security Incident**: Any event or situation that threatens the physical safety or security of clients, staff, or visitors. Examples include client's elopements, workplace violence, and security breaches.
- **Opportunities for Improvement (OFIs)**: Identified gaps or weaknesses in processes, systems, or practices that could potentially improve client safety, care quality, or operational effectiveness.
- **Corrective Action**: Measures taken to eliminate or reduce the risk of recurrence of a sentinel event, safety/security incident, or identified opportunity for improvement.

Corrective actions can include process changes, training, policy revisions, or environmental modifications.

Policy Guidelines

1. **Identification of Sentinel Events and Safety/Security Incidents**
    - **Sentinel Events**: Staff must report all sentinel events, including but not limited to, patient death, serious injury, suicide attempts resulting in harm, immediately to the appropriate leadership team member.
    - **Safety and Security Incidents**: Any event that poses a direct threat to the safety or security of clients, staff, or visitors must be reported immediately. This includes incidents of violence, elopement (patient leaving the premises without authorization), or breaches of confidentiality.
    - **Opportunities for Improvement (OFIs)**: All staff members are encouraged to identify and report potential gaps in care, safety, or security that could be improved upon to prevent harm or enhance the overall experience for clients, staff, and visitors.
2. **Reporting and Documentation**
    - **Incident Reporting System**: All sentinel events, safety/security incidents, and opportunities for improvement must be reported through Centro Savila's designated **Incident Reporting System**. Reports must include a detailed description of the event, persons involved, immediate actions taken, and any other relevant information.
    - **Timeliness**: Reports should be submitted as soon as possible, ideally within 24 hours of the event or discovery. Delayed reporting may hinder the investigation and corrective action process.
    - **Confidentiality**: All incident reports must be treated confidentially to protect the privacy of patients and staff involved. This ensures a culture of open reporting without fear of retribution.
3. **Investigation and Root Cause Analysis (RCA)**
    - **Sentinel Events**: Every sentinel event will undergo a **Root Cause Analysis (RCA)**, a structured, systematic process to identify the underlying causes and contributing factors. The RCA will:
        - Be led by a designated multidisciplinary team.
        - Include interviews with involved staff, review of client records, and analysis of policies and procedures.
        - Identify not only the immediate cause but also systemic issues contributing to the event.
    - **Safety/Security Incidents and OFIs**: These events will be investigated using a similar methodology, including interviews with staff, patients (when appropriate), and review of operational systems. OFIs may not always require a full RCA but will be subject to internal review and action plans.

4. **Corrective Action and Improvement Plan**
    - **Corrective Actions**: Based on the findings of the investigation (including the RCA), appropriate **corrective actions** must be implemented to address identified root causes and prevent recurrence. Corrective actions may include:
        - **Process Changes**: Modifications to existing protocols or procedures to enhance safety and quality.
        - **Staff Training**: Education on policies, procedures, or safety measures to prevent future incidents.
        - **Environmental or Systemic Changes**: Alterations to the physical environment, equipment, or staffing patterns to improve safety and patient care.
        - **Policy Revisions**: Updates to existing policies to ensure better adherence to safety standards.
    - **Timeline for Implementation**: Corrective actions should be implemented as quickly as possible to prevent recurrence of similar events. A timeline for implementation will be determined based on the severity of the incident and the action required.
    - **Monitoring Effectiveness**: After corrective actions are implemented, the effectiveness of these actions must be monitored. Centro Savila will track the outcomes over time, conduct follow-up audits, and use data to assess whether the corrective actions have successfully addressed the issue.
5. **Communication and Transparency**
    - **Internal Communication**: All staff involved in or impacted by the event will be informed of the investigation results, corrective actions taken, and improvements made. Staff members will be encouraged to provide feedback on changes and continue reporting any new incidents.
    - **External Communication**: In the case of serious sentinel events, Centro Savila will comply with any applicable state and federal reporting requirements, including notifying appropriate regulatory bodies (e.g., New Mexico Department of Health, Centers for Medicare & Medicaid Services).
    - **Patient and Family Communication**: For events involving client harm or potential harm, Centro Savila will ensure appropriate communication with the client and their family. This communication should be timely, empathetic, and transparent, offering support and explaining the steps taken to prevent future occurrences.
6. **Opportunities for Improvement (OFIs)**
    - **Identification of OFIs**: All employees are encouraged to identify areas for improvement in any aspect of patient care, safety, or operational procedures. This may include improvements in communication, workflow, or environmental factors.
    - **Evaluation of OFIs**: Opportunities for improvement should be reviewed and prioritized based on their potential impact on safety, client care, and operational efficiency. In some cases, an OFI may require minor adjustments, while others may necessitate a more formal process of review and corrective action.
    - **Tracking OFIs**: OFIs will be tracked through the incident reporting system and managed by the Quality Improvement (QI) team. This team will ensure that all reported opportunities are evaluated, addressed, and followed up on.

7. **Staff Education and Training**
    - **Ongoing Training**: Centro Savila will provide ongoing education and training on safety, sentinel events, and the reporting process. This includes regular training on **root cause analysis** methodology, safety practices, emergency response protocols, and quality improvement principles.
    - **Staff Involvement**: All staff members will be involved in promoting a culture of safety and continuous improvement. They will be trained on identifying, reporting, and addressing safety concerns, and will be encouraged to actively participate in efforts to improve patient care and the work environment.

Responsibilities

- **Leadership/Management**: Responsible for overseeing the implementation of corrective actions, supporting the investigation and RCA processes, ensuring staff compliance, and maintaining a culture of safety and accountability.
- **Quality Improvement (QI) Team**: Responsible for conducting investigations, analyzing data, implementing corrective actions, and monitoring the effectiveness of improvements.
- **Staff**: Responsible for promptly reporting sentinel events, safety/security incidents, and opportunities for improvement through the incident reporting system, and for adhering to corrective action plans and safety protocols.

Compliance and Accountability

Failure to comply with this policy, including failure to report sentinel events or safety/security incidents, may result in disciplinary action, up to and including termination, depending on the severity of the violation.

References

- **The Joint Commission (TJC)**: Sentinel Event Policy and Procedures
- **Occupational Safety and Health Administration (OSHA)**: Safety and Health Regulations
- **New Mexico Department of Health (NMDOH)**: Patient Safety and Incident Reporting Guidelines
- **Centers for Medicare & Medicaid Services (CMS)**: Quality and Safety Standards
- **Institute for Healthcare Improvement (IHI)**: Patient Safety and Quality Improvement Framework

---

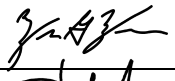
Review and Updates

This policy will be reviewed annually and updated as necessary to reflect changes in regulations, best practices, and the operational needs of CSBHS.

By adhering to this policy, Centro Savila Behavioral Health Services commits to fostering a culture of continuous quality improvement, safety, and accountability, ensuring the well-being of all patients and staff while promoting an environment of open communication and learning.

Approved by: William G. Wagner, Executive Director
Date: 10.12.23

Signature:

Item	*Date*	*Signature*
Executive Director	10/12/2023	
Deputy Director	10/20/2023