I. Purpose

The Department of Health and Human Services’ (DHHS) Sentinel Event Policy is part of a comprehensive quality assurance program with the Office of Quality Assurance and Improvement (OQAI). The Sentinel Event Policy establishes the reporting and review requirements of sentinel events involving individuals served by the Department. Both community providers and components of DHHS which provide direct care services shall report sentinel events as directed by this policy.

II. Statutory Authority

In support of its commitment to quality in the delivery of health and human services to the citizens of New Hampshire, the Department will review sentinel events as part of its quality assurance activities. Statutory authority for reviews of sentinel events is set forth in NH RSA 126-A:4, IV:

RSA 126-A:4 Department Established.

IV. The department may establish a quality assurance program.

(a) Any quality assurance program may consist of a comprehensive ongoing system of mechanisms for monitoring and evaluating the appropriateness of services provided to individuals served by the department or any of its contract service providers so that problems or trends in the delivery of services are identified and steps to correct problems can be taken.

(b) Records of the department’s quality assurance program including records of interviews, internal reviews or investigations, reports, statements, minutes, and other documentation except for individual client medical records, shall be confidential and privileged and shall be protected from direct or indirect discovery, subpoena, or admission into evidence in any judicial or administrative proceeding, except as provided in subparagraphs IV (c) or (d).

(c) In case of legal action brought by the department against a contract service provider or in a proceeding alleging repetitive malicious action and personal injury brought against a contract service provider, the quality assurance program’s records may be discoverable.

(d) The department may refer any evidence of fraudulent or other criminal behavior gathered by the quality assurance program to the appropriate law enforcement authority.

(e) No employees of the department or employees of a contract service provider or vendor shall be held liable in any action for damages or other relief arising from the providing of information to a quality assurance program or in any judicial or administrative procedure relating to the DHHS’ quality assurance program.

III. Goals

The goals of this sentinel event reporting and review policy are:

1. To have a positive impact in improving care and service delivery; and
2. To understand the causes that underlie sentinel events, and make changes to internal and external systems and processes to reduce the probability of such events in the future.
IV. Definition

The Joint Commission defines a sentinel event as “an unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof. Serious injury specifically includes loss of limb or function. The phrase ‘or the risk thereof’ includes any process variation for which a recurrence would carry a significant change of a serious adverse outcome.”

The OQAI has adopted the following categories of reportable sentinel events.

Client-centered sentinel events, involving victims and/or perpetrators, include:

1. (a) An unanticipated death, not including homicide or suicide; or
   (b) permanent loss of function; or risk thereof, not related to the natural course of an individual’s illness or underlying condition, resulting from such causes including, but not limited to:
      o a medication error,
      o an unauthorized departure or abduction from a facility providing care, or
      o a delay or failure to provide services;
2. Homicide, i.e., the person is the victim or alleged perpetrator of a homicide;
3. Suicide;
4. Suicide attempt, i.e., self-injurious behavior with a non-fatal outcome; there is explicit or implicit evidence that the person intended to die and medical intervention was needed;
5. Rape or any other sexual assault;
6. Serious physical injury, or risk thereof to/by a client that jeopardizes the person’s health; and,
7. Serious psychological injury, or risk thereof, that jeopardizes the person’s health that is associated with the planning and delivery of care.

When applicable, a sentinel event as identified above in categories one through seven, shall be identified as high profile or high risk. Examples of high profile or high risk sentinel events are those that include:
- media coverage;
- police involvement when the police involvement is related to a crime or suspected crime; and/or
- an issue that may present significant risk to DHHS staff or operations.

V. Applicability

A. Reportable sentinel events shall be those events that involve individuals who:
• Are receiving Department funded services\(^1\), as described in B and C below;
• Have received Department funded services within the preceding 30 days;
• Have been evaluated by a service provider within the preceding 30 days; or
• Is the subject of Child or Adult Protective Services report?

B. The following community providers shall be required to report sentinel events:
   • Community Mental Health Centers (Bureau of Mental Health Services);
   • Area Agencies (Bureau of Developmental Services); and
   • Case Management Agencies (Division of Client Services, Long Term Care, Choices for Independence (CFI) Home and Community Based Care Medicaid waiver program)

C. The following DHHS divisions and bureaus which provide direct care services shall be required to report sentinel events:
   • Division for Behavioral Health
     • Bureau of Drug and Alcohol Services;
     • New Hampshire Hospital
   • Office of Human Services
     • Bureau of Elderly and Adult Services, Adult Protective Services
     • Bureau of Homeless and Housing
     • Division for Children, Youth and Families
       • Child Protective Services
       • Juvenile Justice Services
       • Sununu Youth Services Center

VI. Notification
A. Immediate Verbal Notification

Upon the discovery of a sentinel event by a community provider or by a DHHS division or bureau (whether by direct report by a provider, other mandatory reporting mechanisms, or a more general discovery) identified in the Applicability section V. above, that person or entity shall provide immediate verbal notification to the appropriate DHHS Office Director or designee and, as applicable, the appropriate DHHS Bureau Administrator or designee.

\(^{1}\) For purposes of this policy, enrollment in a medical or cash public assistance program, such as Medicaid, Aid to the Needy Blind, Food Stamps, or Financial Assistance to Needy Families, shall not be considered a department funded service or program.
Immediate verbal notification shall be provided by direct telephone contact. If direct telephone contact is not possible, a voice-mail or e-mail message shall be left.

The following information shall be provided:

- The reporting individual’s name, phone number, and agency/organization;
- Name and date of birth (DOB) of the individual(s) involved in the event;
- Location, date, and time of the event; description of the event, including what, when, where, how the event happened, and other relevant; information, as well as the identification of any other individuals involved;
- Whether the police were involved due to a crime or suspected crime; and
- The identification of any media that had reported the event.

**Note: Protected health information shall not be left in a voice-mail or e-mail message.**

**Internal Process:** Upon receiving notification of a sentinel event, the Division Director or Bureau Administrator, or any other Department representative who receives the notification, shall report the event to the Department’s OQAI Senior Director and the appropriate Department’s Associate or Deputy Commissioners either by direct telephone contact, voice-mail or e-mail.

**B. Completion of the Sentinel Event Reporting Form and E-Studio Notification**

Written notification of the sentinel event shall be provided by the reporting person or designated agency staff to the appropriate DHHS Office and/or Division/Bureau Directors within 72 hours of the event. Written notification shall be via a completed Sentinel Event Reporting Form, and uploaded to the protected E-studio application, available at https://nh.same-page.com.²

Each section of the Sentinel Event Reporting Form must be completed following the form’s instructions, i.e., Sentinel Event Reporting Form-Instructions.

The community agency or DHHS division or bureau that completed the Sentinel Event Reporting Form also has the responsibility to upload the completed form to the E-studio application in the folder developed for its agency, division or bureau. The individual who uploads the completed form must also select the appropriate names and pre-determined “e-team” in the E-studio application. The E-studio application sends a corresponding e-mail notification announcing the uploaded Sentinel Event Reporting Form to the selected individuals and the members of a selected “e-team”.

² Users shall be trained on and approved for E-Studio use, per the “E-Studio Training Protocol.”
The Office and/or Division / Bureau Director’s designee shall review the E-Studio Sentinel Event Reporting Form submissions for completeness, accuracy, and whether the reported event meets the criteria of a sentinel event as defined in this policy. Any question regarding whether a submitted Sentinel Event Reporting Form meets the criteria for a sentinel event should be addressed to the Division/Bureau’s representative on the DHHS Sentinel Event Reporting and Review Committee or with the Office of Quality Assurance and Improvement.

Additional information regarding the sentinel event shall be reported as it becomes available and upon the Department’s request and also uploaded to the E-studio application. Such information may include additional details as they are learned, a change in the status of the situation, or links to relevant newspaper articles.

The process for providing additional information is to either:
- Download the original Sentinel Event Reporting Form to a computer and edit it by adding the additional information in the Part V. Follow-Up Information section. Rename the revised Sentinel Event Reporting Form as follows:
  - SE BMH Riverbend John S 01102012 rev. 01302012
- Upload a separate document, such as a newspaper article, which must have a file name to ensure it will be connected to the correct Sentinel Event Reporting Form:
  - SE BMH Riverbend John S 01102012 follow up

C. Confidentiality

Both community providers and Department components that report sentinel events shall comply with applicable confidentiality laws and HIPAA’s requirements, regarding the reporting of confidential information and protected health information.

VII. Mandatory Reporting

Reporting sentinel events under the provisions of this policy shall not replace the mandatory reporting requirements of RSA 161-F:42-57 and RSA 169-C:29 with regard to abuse, neglect, self-neglect, or exploitation.

VIII. Sentinel Event Review

Each agency is expected to complete its own review of a reportable sentinel event consistent with the applicable DHHS administrative rules and its agency policies regarding incidents and events that are consistent with this policy’s definition of a sentinel event and that involve individuals that are receiving, or who have recently received, Department funded services, i.e., within the previous 30 days, as described in this policy (section V).

---

3 Health Insurance Portability and Accountability Act
A. Authority

The Commissioner, Deputy Commissioner, Associate Commissioner, or their designees, shall assign responsibility to the DHHS OQAI Senior Director to conduct reviews of selected sentinel events. The DHHS OQAI Senior Director shall select a qualified OQAI staff person to conduct sentinel event reviews.

Sentinel events to be reviewed include but are not limited to those:

1. Requested by the Office of the Commissioner, Office of Human Services, Division of Behavioral Health or the DHHS OQAI Senior Director; or
2. That, given the available information, the OQAI Sentinel Event Reporting and Review Team, lead by an OQAI Administrator, has identified sentinel events in which more than one agency/system was involved with an individual’s care and, in which, there is preliminary evidence of potentially one or more problematic systemic issues.

B. Notice

The DHHS OQAI Senior Director, Administrator or designee shall inform the appropriate DHHS Office Director and the OQAI Sentinel Event Reporting and Review Team Administrator, when applicable, via e-mail that a Sentinel Event Review should be scheduled.

For sentinel event reviews involving one or more DHHS divisions or bureaus, the OQAI Sentinel Event Reporting and Review Team is responsible for the following:

1. Invitation to the Sentinel Event Review, indicating the date, time, and location of the review;
2. Identification of the Department participants who are required to attend the review;
3. Information about the sentinel event, including who the event involves and the reason for the sentinel event review;
4. The agencies or providers involved, e.g., community providers and/or Department divisions and bureaus, and who should be invited to attend; and
5. Instructions on how to prepare for the review, including:
   - Identification and invitation to other Department and provider-level participants;
   - Identification of who among the invitees shall be the presenter(s);
   - Gathering information, as applicable from sources such as community agency site visits, interviews with presenters, as applicable, and clinical record reviews;
   - Providing relevant documentation, such as Division, facility, and service provider reports, notes, correspondence, policies, and Individual Service Plans and/or Support Plans. Providing information shall be the responsibility of the individual or entity that actually has the documentation. Documentation shall be brought to the review for
C. Sentinel Event Review

1. The review shall include:
   - Case presentation(s);
   - Review of the event (including a review of relevant documentation); and
   - Identification of systemic factors, opportunities for improvement and recommendations for follow-up activity, as applicable.

2. The case presentation shall include: demographic information, description of the event, a clinical description of the individual involved, the immediate action taken by the agency when the event occurred, any other administrative/operational issues relevant to the event, and a description of all identified opportunities for improvement.

3. The review of the event shall identify recommendations for follow-up activities to address identified systemic issues, if any.

4. No minutes of the review proceedings shall be taken, maintained or distributed.

5. Records of the identification of systemic factors, and opportunities for improvement and recommendations for follow-up activity(ies) will be drafted by the OQAI Sentinel Event Reporting and Review Team.

6. Records of the identification of systemic factors and opportunities for improvement and recommendations for follow-up activity(ies) will be distributed to the sentinel event review participants and to the members of the OQAI Sentinel Event Reporting and Review Team.

7. The OQAI Sentinel Event Reporting and Review Team will monitor the status of the opportunities for improvement and recommendations for follow-up activities as part of its monthly meetings. Notification of incomplete or unsatisfactory follow-up activities or need for additional information will be made to the appropriate DHHS Office or Division for remediation.

D. Confidentiality

Pursuant to RSA 126-A:4, IV, any and all records of or prepared solely for the Sentinel Event Review shall be confidential and privileged.