

<b>Institutional Handbook of Operating Procedures Policy 09.13.16</b>	
Section: Clinical Policies	Responsible Vice President: Senior Vice President, Chief Medical & Clinical Innovation Officer
Subject: General Procedures	Responsible Entity: Health System

**I. Title**

*Sentinel Events*

**II. Policy**

A. UTMB is committed to patient safety. Any employee who has knowledge of a [sentinel event](#), or a [near miss](#) that could lead to a sentinel event, involving a UTMB patient, must notify his/her supervisor or administrator as soon as possible. The supervisor or the administrator must notify Patient Safety or Risk Management immediately to allow for evaluation of the quality of medical and health care services and/or the competence of the professional involved in the event.<sup>1</sup> **All unusual events should be reported by using the designated event reporting system.**

In addition, for patients who are also subjects in a research protocol, other reporting may be required per Institutional Review Board standards and [IHOP 11.01.06](#).

B. A formal [root cause analysis \(RCA\)](#) will be conducted under the auspices of the UTMB Quality & Healthcare Safety Department for events that meet the definition of sentinel event including:

Defining Events That Are Sentinel

1. Death caused by self-inflicted injurious behavior if any of the following apply:
  - While in a health care setting
  - Within 7 days of discharge from inpatient services
  - Within 7 days of discharge from emergency department (ED)
  - While receiving or within 7 days of discharge from the following behavioral health care services: Day Treatment/Partial Hospitalization Program (PHP), Intensive Outpatient Program (IOP), Residential, Group Home, and Transitional Supportive Living
2. Unanticipated death of a full-term infant
3. Homicide of any patient receiving care, treatment, and services while on site at the organization or while under the care or supervision of the organization
4. Homicide of a staff member, visitor, or vendor while on site at the organization or while providing care or supervision to patients
5. Any intrapartum maternal death

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<sup>1</sup> Pursuant to Texas Health and Safety Code Chapter 161, Subchapter D, and Texas Occupations Code Chapter 160, all findings from an investigation are confidential and privileged and shall be maintained by Patient Safety for the use of UTMB Health’s Safety Culture Committee reporting structure and process(es).

6. Severe maternal morbidity (leading to permanent harm or severe harm)
7. Sexual abuse/assault of any patient receiving care, treatment, and services while on site at the organization or while under the care or supervision of the organization
8. Sexual abuse/assault of a staff member, visitor, or vendor while on site at the organization or while providing care or supervision to patients. UTMB is required to conduct an investigation and protect an individual(s) from nonconsensual sexual relations anytime the UTMB has reason to suspect that the individual(s) does not wish to engage in sexual activity or may not have the cognitive or legal ability to consent.
9. Physical assault (leading to death, permanent harm, or severe harm) of any patient receiving care, treatment, and services while on site at the organization or while under the care or supervision of the organization
10. Physical assault (leading to death, permanent harm, or severe harm) of a staff member, visitor, or vendor while on site at the organization or while providing care or supervision to patients
11. Surgery or other invasive procedure performed at the wrong site, on the wrong patient, or that is the wrong (unintended) procedure for a patient regardless of the type of procedure or the magnitude of the outcome
12. Discharge of an infant to the wrong family
13. Abduction of any patient receiving care, treatment, and service
14. Any elopement (that is, unauthorized departure) of a patient from a staffed around the-clock care setting (including the ED), leading to death, permanent harm, or severe harm to the patient
15. Administration of blood or blood products having unintended ABO and non-ABO (Rh, Duffy, Kell, Lewis, and other clinically important blood groups) incompatibilities, hemolytic transfusion reactions, or transfusions resulting in death, permanent harm, or severe harm
16. Unintended retention of a foreign object in a patient after an invasive procedure, including surgery
17. Severe neonatal hyperbilirubinemia (bilirubin >30 milligrams/deciliter)
18. Fluoroscopy resulting in permanent tissue injury when clinical and technical optimization were not implemented and/or recognized practice parameters were not followed
19. Any delivery of radiotherapy to the wrong patient, wrong body region, unintended procedure, or >25% above the planned radiotherapy dose
20. Fire, flame, or unanticipated smoke, heat, or flashes occurring during direct patient care caused by equipment operated and used by the organization. To be considered a sentinel event, equipment must be in use at the time of the event; staff do not need to be present.
21. Fall in a staffed-around-the-clock care setting or fall in a care setting not staffed around the clock during a time when staff are present resulting in any of the following:
  - Any fracture surgery, casting, or traction
  - Required consult/management or comfort care for a neurological (for example, skull fracture, subdural or intracranial hemorrhage) or internal (for example, rib fracture, small liver laceration) injury
  - A patient with coagulopathy who receives blood products as a result of the fall
  - Death or permanent harm as a result of injuries sustained from the fall (not from physiologic

events causing the fall)

In addition to the above, Preventable Adverse Events (PAE) require mandatory state reporting. A root cause analysis or committee investigation will be conducted for each reportable event and maintained at the facility. UTMB is required to report designated preventable adverse event (PAE) data as written in the [Texas Administrative Code Title 25, Part 1, Chapter 200, Subchapter A, Rule 200.4\(e\)](#); [Texas Administrative Code Title 25, Part 1, Chapter 133, Subchapter C, Rule 133.49](#); [Texas Administrative Code Title 25, Part 1, Chapter 200, Subchapter A](#).

### III. Procedures

Quality Management and Patient Safety and/or another appropriately designated UTMB department, will initiate an investigation of a reported sentinel event, severe harm event, permanent harm event, [adverse event](#), or near miss, if applicable, immediately after notification. The department will work with Health System leadership to determine if an RCA should be conducted and will follow the [UTMB Health System RCA Process](#).

A formal RCA may be conducted for adverse events or near misses at the discretion of Health System leadership.

All RCAs will involve UTMB staff whose departments are associated with the event. The Quality & Healthcare Safety department will work with the applicable departments to determine participants in the RCA meeting.

The [Texas Preventable Adverse Event Reporting 3 Tier Phase-In Implementation](#) shall be reviewed as part of this process.

### IV. Definitions

Permanent harm: An event or condition that reaches the individual, resulting in any level of harm that permanently alters others and/or affects an individual's baseline.

Sentinel event: A patient safety event (not primarily related to the natural course of the patient's illness or underlying condition) that reaches a patient and results in death, severe harm (regardless of duration of harm), or permanent harm (regardless of severity or harm).

Severe harm: An event or condition that reaches the individual, resulting in life-threatening bodily injury (including pain or disfigurement) that interferes with or results in loss of functional ability or quality of life that requires continuous physiological monitoring or a surgery, invasive procedure, or treatment to resolve the condition.

Sexual abuse/assault: nonconsensual sexual contact of any type with an individual. Sexual abuse includes, but is not limited to the following:

- Unwanted intimate touching of any kind, especially of the breasts, buttocks, or perineal area
- All types of sexual assault or battery, such as rape, sodomy, and coerced nudity (partial or complete)
- Forced observation of masturbation and/or sexually explicit images, including pornography, texts, or social media
- Taking sexually explicit photographs and/or audio/visual recordings of an individual and

maintaining and/or distributing them (for example, posting on social media); this would include, but is not limited to, nudity, fondling, and/or intercourse involving an individual

Generally, sexual contact is nonconsensual in the following situations:

- When the individual lacks the cognitive or legal ability to consent even though appearing to want the contact to occur
- When the individual does not want the contact to occur

Other examples of nonconsensual sexual contact may include but are not limited to situations when an individual is sedated, is temporarily unconscious, or is in a coma. An individual’s apparent consent to engage in sexual activity is not valid if it is obtained from the individual lacking the capacity to consent, or consent is obtained through intimidation, coercion, or fear, whether it is expressed by the individual, regardless of the existence of a preexisting or current sexual relationship, is considered to be sexual abuse.

**V. Relevant Federal and State Statutes**

[45-CFR-46.103](#)

[Texas Health and Safety Code Chapter 161, Subchapter D](#)

[Texas Occupations Code Chapter 160](#)

[Texas Administrative Code Title 25, Part 1, Chapter 200, Subchapter A, Rule 200.4\(e\)](#)

[Texas Administrative Code Title 25, Part 1, Chapter 133, Subchapter C, Rule 133.49](#)

[Texas Administrative Code Title 25, Part 1, Chapter 200, Subchapter A](#)

**VI. Related UTMB Policies and Procedures**

[IHOP – 03.02.04 – Sexual Misconduct](#)

[IHOP - 06.01.04 - Significant Matters Reporting](#)

[IHOP - 09.13.13 - Unusual Event Reporting](#)

[IHOP - 09.13.14 - Adverse Drug Events](#)

[IHOP - 09.13.18 - Disclosure of Unanticipated Outcomes](#)

[IHOP -11.01.06 - Research Related Injury of a Subject Participating in a Clinical Investigation](#)

[UTMB Health System RCA Process](#)

**VII. Additional References**

[PAE Categories and Tiers](#)

Joint Commission Sentinel Events (SE) Accreditation Process information found within the Comprehensive Accreditation Manual (CAMH) for hospitals

**VIII. Dates Approved or Amended**

<i>Originated: 07/26/1999</i>	
<i>Reviewed with Changes</i>	<i>Reviewed without Changes</i>
08/01/2013	01/03/2018
11/01/2016	
03/22/2017	
07/01/2021	
04/23/2024	

**IX. Contact Information**

Health System Administration  
(409) 266-9915