

	Date Approved: <u>1/16/12</u> By: <u>[Signature]</u> Mental Health Director
POLICY: SENTINEL EVENT / DEATH REPORTING POLICY and PROCEDURE	Date Revised: _____ Policy No.: _____

## **POLICY: SENTINEL EVENT/DEATH REPORTING POLICY and PROCEDURE**

### **Policy Statement:**

Alameda County Behavioral Health Care Services (ACBHCS) purpose is to track and review Sentinel Events and deaths of ACBHCS beneficiaries to assess the quality of care provided to its beneficiaries. This policy is for the purposes of Quality Assurance (QA) only and all confidentiality associated with QA activities govern this policy and procedure.

All entities, individuals and programs providing services under a contract, or subcontract with ACBHCS are required to report Sentinel Events and deaths.

All Beneficiary deaths are to be reported regardless of cause or circumstances.

The purpose for reporting and areas of concern include but are not limited to:

- Linkage between services
- Coordination of care
- Gaps in services
- Overall Quality Improvement
- Patterns

### **Definitions**

Sentinel Events are defined as any unexpected occurrence involving death or serious physical and/or psychological injury of a Beneficiary. Examples of Sentinel Events include, but are not limited to suicides, serious suicide attempts, unusual medical, clinical, or administrative incidents, acts of violence by or against a Beneficiary.

Any Sentinel Event involving a Beneficiary even if the injury is not to the Beneficiary, must be reported.

A Beneficiary is considered to be anyone currently receiving care or services, or who has received care or services in the last 12 months.

### **Procedure:**

All providers, entities, individuals and programs providing services under a contract, or subcontract, with ACBHCS are required to make their report by completing the "Sentinel Event/Beneficiary Death Report Form" and submitting it to the Quality Assurance Office within 14

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days of the knowledge of a Sentinel Event or death for any Beneficiary. All Beneficiary deaths must be reported.

The form is available online on the ACBHCS provider website under QA/Beneficiary.

[http://www.acbhcs.org/providers/QA/CQRT\\_General.htm](http://www.acbhcs.org/providers/QA/CQRT_General.htm)

The report can be faxed to: QA Office, 510-639-1346  
Or submitted via USPS to: QA Office, ACBHCS  
2000 Embarcadero, Suite 400  
Oakland, CA 94609

All reports submitted pursuant to this policy are covered by the confidential QA Process and are subject to QA confidentiality. (CA Evidence Code 1157)

The filing of this report does not exempt any provider, entities, individuals and programs from the necessity and or legal requirement to file other legally mandated reports including those required by the state or federal government, JCAHO, Alameda County Risk Management pursuant to the terms of their contract, or to complete their own internal QA/QI process or to file an Incident Report with ACBHCS-Human Resources if required.

**Additional Information**

ACBHCS-QA reserves the right to obtain a police report, coroner's report, or other reports and information concerning the Beneficiary. ACBHCS-QA also reserves the right to examine any charts pertaining to services the Beneficiary has received through ACBHCS affiliated providers.

In the event that further information is required by ACBHCS-QA, a Formalized Case Review may be convened (see Formalized Case Review Policy, QA Manual)