

# Lessons from Sentinel Events

**Identifying and Resolving  
Risks at a System Level**

# Disclosure

The presenters have no actual or potential conflict of interest in relation to this program/presentation

# PRESENTERS

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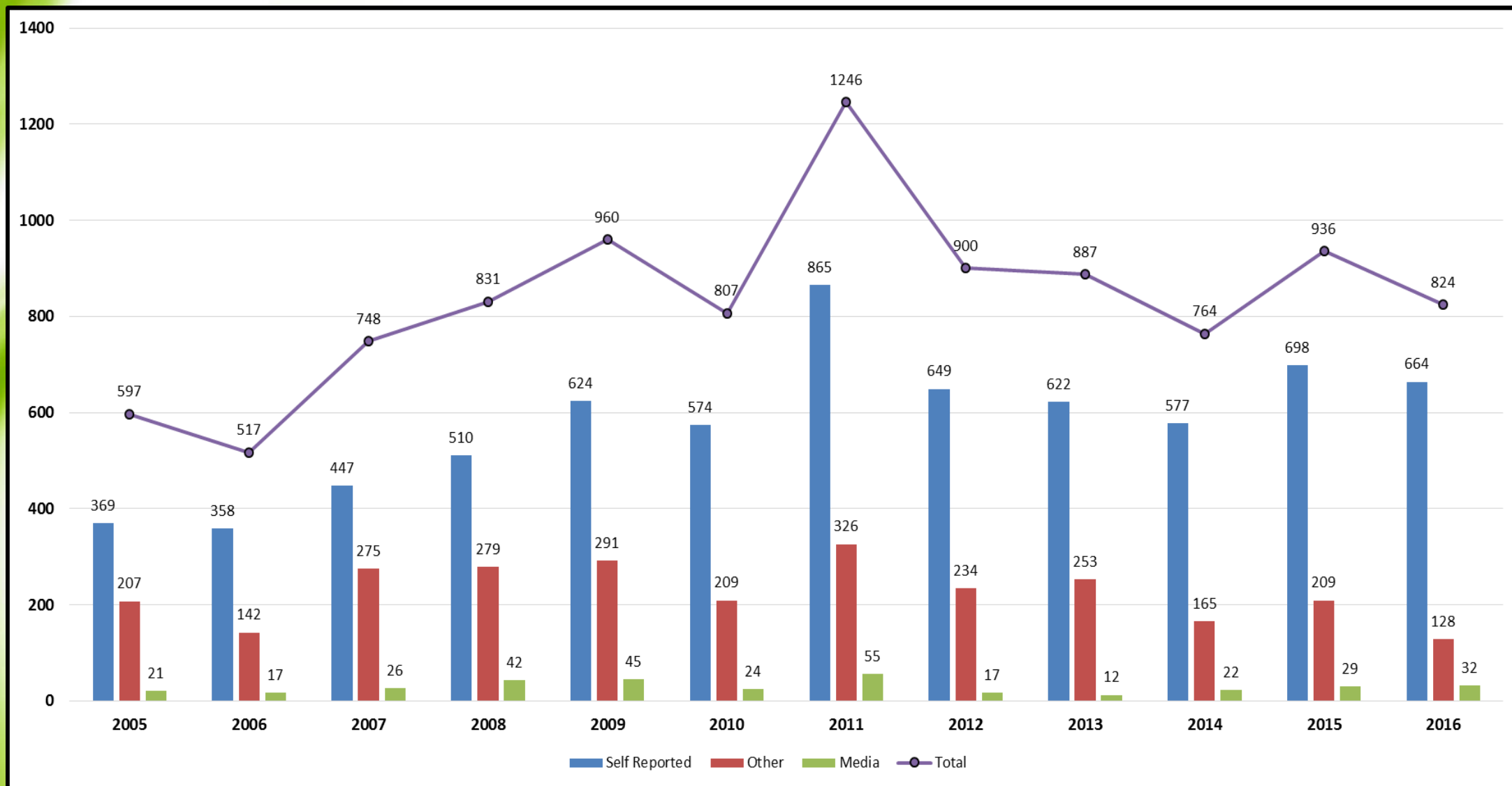
# Summary

- The Joint Commission 2015 data shows sentinel events are a frequent occurrence
- Reporting sentinel events and submitting a root cause analysis can help identify ways in which to prevent events from occurring
- Standards can help organizations provide a safer environment for their patients and help prevent sentinel events from occurring

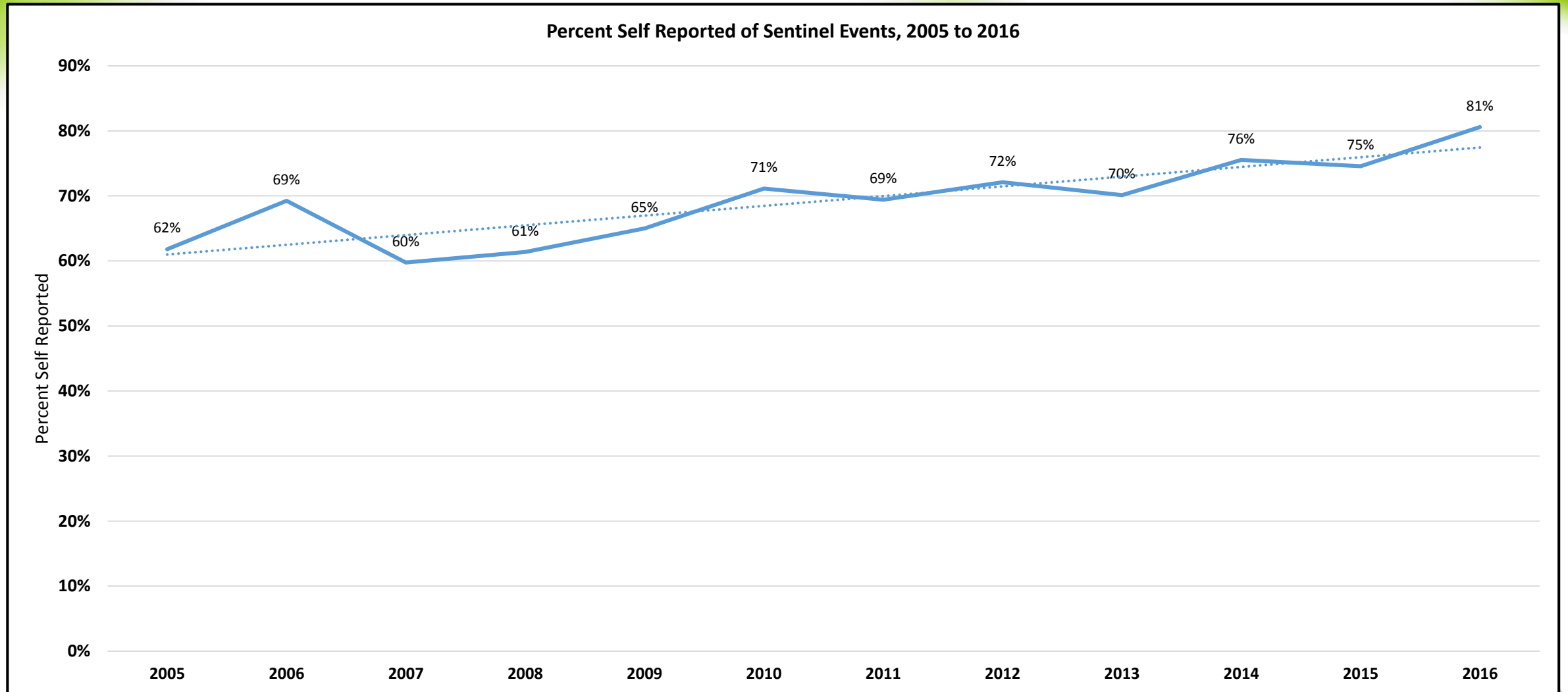
# Sentinel Events as a Predictor of System Risks

- The Joint Commission (TJC) and Joint Commission International (JCI) collect and aggregate sentinel event data
- A root cause analysis (RCA) is required for known events
- Events and their root causes are recorded in a de-identified data base
- Reporting is voluntary, therefore the database represents only a small portion of actual events
- Data has identified common-cause categories and subcategories

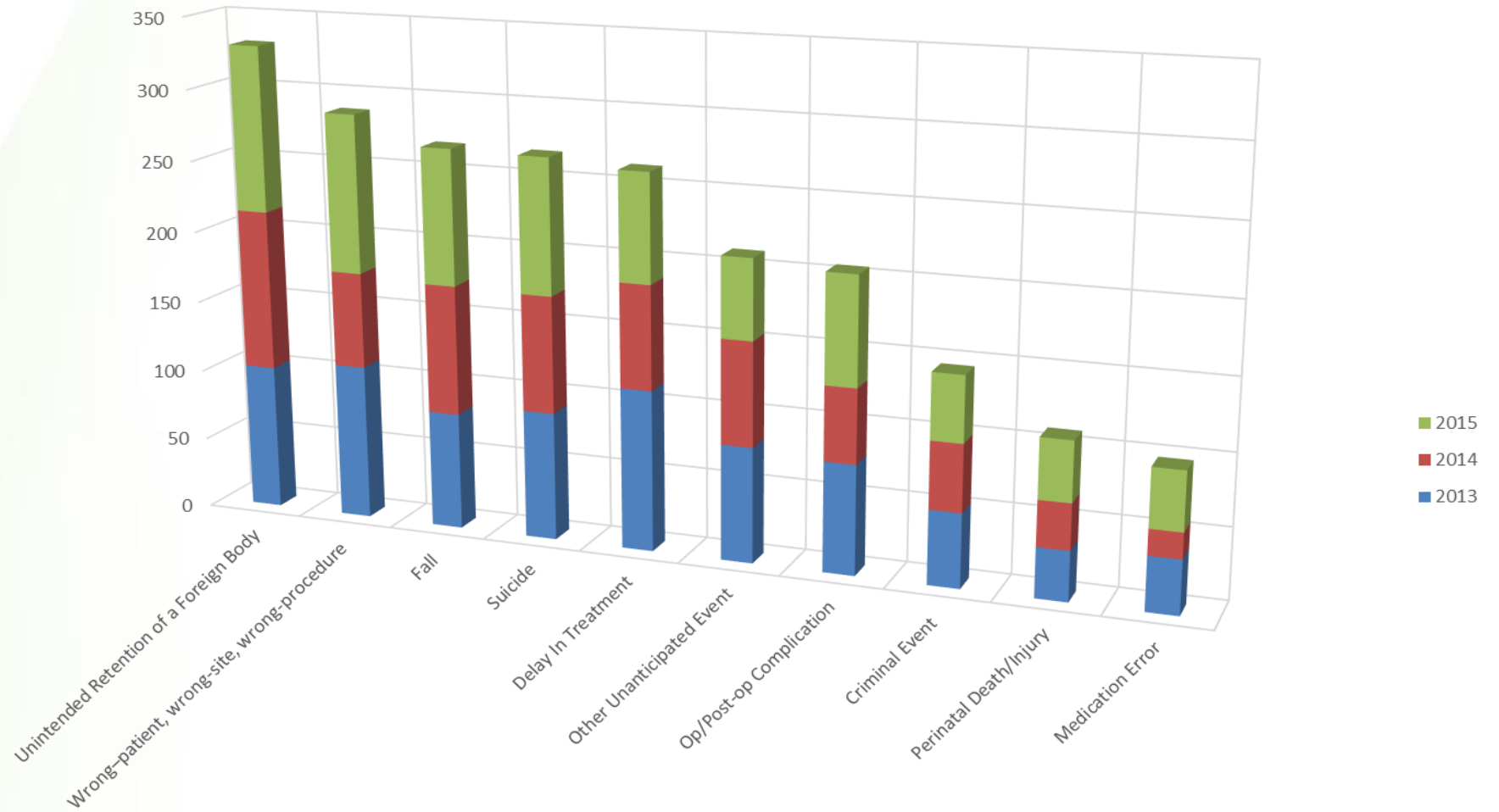
# Reported Sentinel Events by Year by Source 2005 - 2016



# Percentage of Self Reported Sentinel Events by Year 2005 - 2016



# Most Commonly Reported Sentinel Events by Year 2013 - 2015





# Six Most Frequent Cause of Sentinel Events\*

<u>Cause</u>	<u>Number of Events</u>
Human Factors	999
Leadership	849
Communication	744
Assessment	545
Physical Environment	202
Incompatibility between devices	125

*\* Data is from The Joint Commission collected from 2004 through 2015*

# Implementation of Standards to Reduce System Risks



# Human Factors

- Staffing levels and skill mix;
- Staff orientation and in-service education;
- Competency assessment
- Medical staff credentialing and privileging
- Medical staff peer review
- Supervision
- Other – Culture of Safety

# Human Factors

- Staffing levels and skill mix
  - SQE.2 – Leaders identify numbers and qualifications
  - SQE.6 and SQE.6.1 – Staffing strategy, and ongoing review of strategy
- Competency assessment
  - SQE.3 and SQE.4 – Ensure knowledge and skills are consistent with patient needs
  - JDs specific to specialty

# Human Factors...more

- Medical staff credentialing, privileging, and peer review
  - SQE.9 through SQE.11
- Staff orientation and in-service education
  - SQE.7 – Orientation to hospital, department/unit and specific responsibilities

# Human Factors...more

- Supervision
  - Staff – SQE.1.1 Practicing within a job description;
    - Non-clinical staff performing follow-up
  - SQE.3 Evaluation of staff
    - Annual evaluations
    - Related to job descriptions
  - Residents – GLD.14 (MPE.4 for AMC)

# Human Factors...more

- Other:
  - Rushing/Distraction
  - Fatigue
  - Complacency
- Accountability distinguishes between:
  - Human error (a mix-up),
  - At-risk behavior (taking shortcuts), and
  - Reckless behavior (ignoring required safety steps)

# Culture of Safety

- Culture of Safety, GLD.13 and GLD.13.1
- Hospital leadership evaluates the culture on a regular basis
- Hospital leadership encourages teamwork
- Hospital leadership addresses undesirable behaviors



# Leadership

- Service availability, resource allocation, priority setting, community relations
- Leadership collaboration and directing/integrating departments/services
- Inadequate policies and procedures and non-compliance with policies and procedures
- Performance improvements
- Medical staff and nursing leadership

# Leadership...more

- Inadequate policies and procedures
- Non-compliance with policies and procedures
- GLD.2, ME #4 – CEO ensures compliance with P & P
- GLD.3, ME #4 – Hospital Leadership ensures P & P are followed
- MOI.9.1 – Policies and procedures are fully implemented

# Leadership...more

- Organizational planning and culture
  - GLD.3 – Leadership defines mission and creates programs/policies re: mission
  - GLD.3.1 – Leadership identifies and plans for services to meet patients' needs
  - GLD.8 – Leaders of departments/services plan and implement a professional staff structure

# Leadership...more

- Service availability, resource allocation, priority setting, community relations
- GLD.9 – Qualified individuals provide direction for each department/service
- Leadership collaboration and directing/integrating departments/services
- GLD.10 – Leaders identify services provided by each department and integrates/coordinates services with other departments

# Leadership...more

- Performance improvements
  - GLD.5 – Leadership prioritizes hospital improvements
  - GLD.11 – Department/service leaders participate in priority improvements and identify improvements for their area
  - GLD.11.2 – Department/service leaders select and implement clinical practice guidelines (CPG)

# Leadership...more

- Medical staff and nursing leadership
  - Medical Staff: SQE.11
    - ME #1 OPPE for all medical staff
    - Data reviewed at least every 12 months
  - Nursing Staff: SQE.3
    - ME #4 Frequency of ongoing clinical staff evaluation
    - ME #5 At least one documented evaluation annually

# Communication

- Oral, written, and electronic methods of communications
- Poor communication channels include
  - With/among physicians
  - With administration
  - With the patient and/or family

# Communication

- IPSTG.2.2 - With/among physicians and other staff (Handover communication)
- GLD.3.2 - With administration
- PFR.2, PFR.2.1 and PFR.2.2 - With the patient and/or family
- ACC.2.2 – With patients who should receive information on the proposed care, outcomes and cost
- MOI.8 – With decision makers who must be educated and trained in principles of information use and management



# Assessment

- Adequacy, timing, or scope of assessments for special populations
- Standard AOP.1.6 – Assessments for special populations are individualized and modified to meet patients' needs

# Assessment and Reassessment

- Care decisions based on assessments
  - AOP.2 – Patients are reassessed based on condition and response to treatment
  - AOP.4 – All disciplines collaborate to analyze and integrate patient assessments
- Clinical laboratory or radiology results
  - IPSPG.2.1 – The hospital develops and implements a process for reporting critical results of diagnostic tests.

# Physical Environment

- Emergency Management
  - FMS.6 – Development, maintenance, and testing of an emergency management program
  - PCI.8.1 – Develop a process to manage a sudden influx of patients with airborne infections
  - PCI.8.2 – Response to presentation of global infections

# Physical Environment...more

- Fire Safety
  - FMS.7 – Development and implementation of a program for prevention, early detection, suppression, abatement and safe exit in response to fires and non-fire emergencies
  - FMS.7.1 – Regular testing of fire and smoke safety program

# Information Management

- Availability of Information
- Confidentiality and Security of information
- Patient Identification
- Aggregation of Data
- Medical Records

# Information Management

- Availability of Information
  - ACC.3 – Continuity of care and coordination of services
  - ACC.3, ME #2 – The patient's record is available to practitioners
  - ACC.3.2 – Information related to patient care is transferred with patient
  - ACC.4.4 – Outpatient profiles for complex patients

# Information Management...more

- Confidentiality and Security of Information
  - MOI.2 – Information privacy, confidentiality, and security of information are maintained
- Data definitions
  - MOI.4 – Standardized abbreviations, codes, symbols, and definitions are used
    - “μg” instead of “mcg”
    - “2.0 vs. 2” or “.2 instead of 0.2”

# Information Management...more

- Aggregation of Data
  - QPS.4 – The QPS program includes aggregation and analysis of data
  - QPS.4.1 – Individuals with appropriate knowledge and experience aggregate and analyze data



# Information Management

- Medical Records

- MOI.10 – Every patient has a standardized clinical record
- MOI.10.1 – Clinical record contains sufficient information
- MOI.11 – Identification of those authorized to make entries
- MOI.11.1 – Every record identifies author and when entry was made
- MOI.12 – Assessment of clinical records for clinical content and completeness

# Information Technology

- Texting patient information
  - COP.2.2
- Copy/Paste and Auto-complete
  - MOI.11.1.1
- Planned and unplanned downtime
  - MOI.14

# Information Technology...more

- Program for Medical Equipment
  - FMS.8 – Medical equipment is available for use, used appropriately, and functioning properly
  - FMS.11.2, ME #1 – Staff are trained to operate medical equipment
  - FMS.8.1 – Program for receiving hazard notices, recalls, and reporting incidences, problems, and failures

# Information Technology...more

- Software design and other hardware/software problems
  - MOI.13, ME #1 – Health IT stakeholders participate in selection, implementation and evaluation of IT
  - MOI.7, ME #1 – Decision makers are provided education on the principles of information use and management
  - COP.3 – Evaluation and education related to alarm systems
  - MMU.5.1, ME #6 – Computer software, when used for appropriateness review is current and updated

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**Thank You**

**Question?**