

ODMH Morbidity, Mortality and Reviewable Sentinel Event Report Form**I. INITIAL REVIEW** (Due by noon of the second business day following the event or its discovery)

			Date of Incident
Hospital/CSN Name		Patient Name	
PCS ID No.		Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth
Admission Date	Discharge Date	Race/Ethnicity <input type="checkbox"/> Amer. Indian <input type="checkbox"/> AA/Black <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> White Other:	Patient Informed <input type="checkbox"/> Yes <input type="checkbox"/> No; explain Guardian Informed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Family Informed: <input type="checkbox"/> Yes <input type="checkbox"/> Pt. refused IC <input type="checkbox"/> Other
Legal Status: <input type="checkbox"/> Emerg <input type="checkbox"/> Prob C <input type="checkbox"/> Vol <input type="checkbox"/> Sanity Eval <input type="checkbox"/> NGRI <input type="checkbox"/> Comp Eval <input type="checkbox"/> ISTR <input type="checkbox"/> ISTU-PJ <input type="checkbox"/> ISTU0CH <input type="checkbox"/> Other, provide #			
Reason for Admission to Hospital/CSN:			
Diagnosis: Axis I: Axis II: Axis III:			
Medication: <input type="checkbox"/> Attached, or <input type="checkbox"/> Listed:			
Description of the Event (include date, time, place, sequence of events, and relevant patient information/history):			
List of identified problems:			

Initial Review Actions

Actions to reduce risk of recurrence to other patients (Initial Alert recommendations)	
Action	Person Responsible
1.	
2.	
3.	
4.	
5.	

Actions to address needs and risk of recurrence to the patient involved in incident	
Action	Person Responsible
1.	
2.	
3.	
4.	
5.	

Actions to Prepare for Full Review		Check one: <input type="checkbox"/> Intense Analysis, IA, due within 30 days <input type="checkbox"/> Root Cause Analysis, RCA, due within 45 days
Action	Person Responsible	
1.		
2.		
3.		
4.		
5.		

Initial Review Participants (CCO/designee and at least two M&M members)	
Name/Title	Name/Title (continued)
1.	2.
3.	4.
5.	6.

II. M&M INITIAL ALERT (Issued by COM&M Staff immediately following Initial Review)

To Be Completed By COM&M

M&M Initial Alert Recommendations:	
COM&M Staff Person Responsible:	Date Issued:

III. FULL REVIEW (Due within 30 days of incident for IA; within 45 days for RCA)

Date of Form Completion

Pertinent Information Obtained After Initial Review

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Analysis Findings: Please conduct a detailed inquiry per TJC minimum RCA scope table (attached). Identify findings relevant to each factor on this template. Mark "N/A" for any factor that is not applicable and add additional space if a new factor emerges in the course of the analysis. Enter Risk Reduction Strategy number(s) for each finding.

Factors	Findings	Risk Redctn Strat. #
Behavioral assessment process	<input type="checkbox"/> N/A or	
Physical assessment process	<input type="checkbox"/> N/A or	
Patient identification process	<input type="checkbox"/> N/A or:	
Patient observation procedures	<input type="checkbox"/> N/A or	
Treatment Planning Process	<input type="checkbox"/> N/A or	
Continuum of care	<input type="checkbox"/> N/A or	
Staffing levels	<input type="checkbox"/> N/A or	
Orientation & training of staff	<input type="checkbox"/> N/A or	
Competency assessment/ credentialing	<input type="checkbox"/> N/A or	
Supervision of staff	<input type="checkbox"/> N/A or	
Communication with patient/ family	<input type="checkbox"/> N/A or	
Communication among staff members	<input type="checkbox"/> N/A or	
Availability of information	<input type="checkbox"/> N/A or	
Adequacy of technological support	<input type="checkbox"/> N/A or	
Equipment maintenance/management	<input type="checkbox"/> N/A or:	
Physical environment	<input type="checkbox"/> N/A or	
Security systems and processes	<input type="checkbox"/> N/A or	
Medication management	<input type="checkbox"/> N/A or	
Other	<input type="checkbox"/> N/A or	

Risk Reduction Strategies

Action	Person Responsible	Due Date	Measure of Effectiveness
1.			
2.			
3.			
4.			
5.			
6.			
7.			

Literature Search (only for RCA; due within 45 days)

Cite and briefly describe books/journal articles that were reviewed in developing this analysis:

Person(s) Responsible:

Date:

Full Review Participants

Name/Title	Name/Title (continued)
1.	2.
3.	4.
5.	6.
7.	8.
9.	10.

IV. Death Certificate and Coroner's Report (if applicable; due within seven days of receipt)

Pertinent Findings from Death Certificate and Coroner's Report:

Person(s) Reviewing:

Date:

V. M&M SAFETY ALERT (Issued by COM&M Staff immediately following Full Review)

To Be Completed By COM&M

Safety Alert Recommendations:

COM&M Staff Person Responsible:

Date Issued:

VI. UPDATE ON RISK REDUCTION STRATEGIES (due Quarterly until completed: last day of April, July, October, January)

Risk Reduction Strategies

Action	Status/date
1.	
2.	
3.	
4.	
5.	
6.	
7.	

Root Cause Analysis Matrix
Minimum Scope of Root Cause Analysis for Specific Types of Sentinel Events
Updated October 2005

Detailed inquiry into these areas is expected when conducting a root cause analysis for the specified type of sentinel event. Inquiry into areas not checked (or listed) should be conducted as appropriate to the specific event under review.

	Suicide	Med. error	Procedural complication	Wrong site surgery	Treatment delay	Restraint death	Elopement death	Assault/rape/homicide	Transfusion death	Patient abduction	Unanticipated death of a full term infant	Unintended retention of foreign body	Fall related
Behavioral assessment process (1)	X					X	X	X					
Physical assessment process (2)	X	X	X	X	X	X	X				X		X
Patient identification process		X		X					X				
Patient observation procedures	X				X	X	X	X	X		X		X
Treatment Planning Process	X		X			X	X				X		X
Continuum of care	X	X			X	X							X
Staffing levels	X	X	X	X	X	X	X	X	X	X		X	X
Orientation & training of staff	X	X	X	X	X	X	X	X	X	X	X	X	X
Competency assessment/ credentialing	X	X	X	X	X	X	X	X	X	X	X	X	X
Supervision of staff (3)	X	X	X		X	X			X			X	
Communication with patient/ family	X	X		X	X	X	X			X			X
Communication among staff members	X	X	X	X	X	X	X	X	X	X	X	X	X
Availability of information	X	X	X	X	X	X			X		X		X
Adequacy of technological support		X	X										
Equipment maintenance/management		X	X		X	X					X		X
Physical environment (4)	X	X	X	X		X	X	X	X	X			X
Security systems and processes	X						X	X		X			
Medication management (5)		X	X		X				X		X		X

- (1) Includes the process for assessing patient's risk to self (and to others, in cases of assault, rape, or homicide where a patient is the assailant).
- (2) Includes search for contraband.
- (3) Includes supervision of physicians-in-training.
- (4) Includes furnishings; hardware (e.g., bars, hooks, rods); lighting; distractions.
- (5) Includes selection & procurement, storage, ordering & transcribing, preparing & dispensing, administration, and monitoring.