



## MONTANA STATE HOSPITAL POLICY AND PROCEDURE

### SERIOUS ADVERSE EVENTS

**Effective Date:** June 1, 2018

**Policy:** QI-05

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- I. PURPOSE:** To provide guidelines for conducting a risk-prevention analysis in response to serious adverse or significant events.
- II. POLICY:** In the event of a serious adverse event or other significant occurrence that may indicate a serious problem in hospital operations exists, an appropriate review will be conducted to analyze why the problem occurred and what could be done to prevent a recurrence. The review and evaluation of serious adverse or significant events is a quality improvement activity and as such is protected information.

**III. DEFINITIONS:**

**Root Cause Analysis** means a thorough evaluation of the underlying and less than obvious reasons for the occurrence of a serious adverse event or other significant event.

**Serious Adverse Event** is an event that has resulted in unanticipated death or major loss of function not related to the natural course of the person served's illness or underlying condition. Serious Adverse Events include the following:

- Suicide of person served.
- Attempted suicide of a person served resulting in substantial disability.
- Death or substantial disability due to a patient elopement.
- Death or substantial disability associated with a medication error.
- Death or substantial disability resulting from a physical assault of a person served or staff member.
- Confirmed sexual assault of a person served.
- Death or substantial disability associated with the use of seclusion or restraints.
- Death or substantial disability of a person served associated with electric shock, burns or falls within or on hospital grounds.
- Deliberately set fire.
- Emergency management of a client caused facility emergency. Events are described in policy MSH FMHF-28, Security Procedures: Emergency Management of a Client Incident/Facility Disturbance for the FMHF.

**IV. RESPONSIBILITIES:**

**Director of Quality Improvement** to coordinate serious adverse and significant event review procedures.

**Hospital Administrator** to ensure collaboration and cooperation of all staff members and hospital departments in review and follow-up activities.

**V. PROCEDURE:**

1. All hospital staff members are to report occurrences that might be serious adverse or significant events to the Hospital Administrator and Director of Quality Improvement.
2. The Hospital Administrator and the Director of Quality Improvement will determine whether a review will be conducted and the scope of the review. Either party may begin the process independently if the other is not available.
3. Immediate interventions will be provided to ensure the safety of any patients or staff involved.
4. Communication and disclosure to the relevant parties, including involved patients and their families or guardians, will be carried out by appropriate staff members, based on the situation.
5. Emotional support and problem-solving help will be provided to patients and staff involved in a serious adverse or significant event as needed.
6. The review of serious adverse or significant events will be in the form of a root-cause analysis looking at all factors that may have contributed to the occurrence including those that may be indirect and less than obvious, but nonetheless significant. Review procedures may be modified to meet specific needs.
7. Review procedures will begin as soon as practical after an event is reported and will be concluded as soon as possible. However, the need to be thorough and objective will be the overriding determinate of how long the process will take.
8. The outcome of findings will be reported to the Hospital Administrator when the report is concluded and to other relevant individuals and hospital committees as indicated.

**VI. REFERENCES:** Joint Commission on Accreditation of Healthcare Organizations (JCAHO).

**VII. COLLABORATED WITH:** Hospital Administrator, Medical Director, Director of Quality Improvement.

**VIII. RESCISSIONS:** QI-05, Serious Adverse Events dated May 14, 2014; QI-05, Sentinel/Significant Event Review dated August 11, 2010; QI-05, Sentinel/Significant

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Event Review dated April 6, 2007; Sentinel/Significant Event Review dated February 20, 2003.

- IX. DISTRIBUTION:** All hospital policy manuals.
- X. ANNUAL REVIEW AND AUTHORIZATION:** This policy is subject to annual review and authorization for use by either the Administrator or the Medical Director with written documentation of the review (Attachment B) per ARM § 37-106-330.
- XI. FOLLOW-UP RESPONSIBILITY:** Director of Quality Improvement.
- XII. ATTACHMENTS:** None.

Signatures:

Jay Pottenger  
Hospital Administrator

Connie Worl  
Director of Quality Improvement