



February 4, 2022

To all OSH Staff:

This CMO Directive modifies OSH Policy 2.012 “Sentinel Events and Root Cause Analyses”.

OSH is committed to the development of a safety culture in which we learn from adverse patient events and continuously improve our processes. One element of safety culture is our sentinel event policy, which requires that we conduct a thorough Root Cause Analysis (RCA) after our Superintendent declares an adverse patient event to be a sentinel event, per The Joint Commission (TJC) definition. After an RCA is conducted, we work with TJC to develop corrective actions to address RCA findings.

Based on RCAs we conducted in 2021, we have identified a gap in our review process of sentinel events. The RCA process typically takes up one to three months to complete, and there has been confusion and hesitancy about whether it is permissible to conduct a more immediate review. There is thus no established process to identify and address any urgent patient safety and systems process concerns following a sentinel event.

To fill this gap, we have created a new Clinical/Administrative Debrief Meeting (CADM) process. This is an immediate, albeit more cursory, review of a sentinel event prior to the full RCA being completed. Both the CADM and RCA teams will interview staff and review documentation.

As with the RCA process, be assured that the intent of the CADM process is not to place blame or get anybody “in trouble.” The goal is to identify actions which can be taken quickly to mitigate the risk of a similar adverse event occurring again. The RCA process will delve more thoroughly into the event and typically results in more substantial systems improvement initiatives.

We have also identified a need for improved communication following a significant event such as a sentinel event. The CADM process therefore includes a requirement for communication to the OSH community once the review is complete and recommended actions have been approved.

It is my directive that, **effective Monday, February 7, 2022**, the following CADM process be implemented:

- Within one (1) business day after a sentinel event is declared by the Superintendent, the Program Director for the program in which the event occurred must be notified to initiate the CADM.
- The Program Director must identify CADM team members, which include the Program Executive Team and others as identified by the Program Director.
- Within three (3) business days after a sentinel event, the CADM team must:
  - conduct a review of the event, including interviewing staff and reviewing documentation and security video footage as necessary;
  - hold a CADM meeting to share findings and establish conclusions and recommended action items; and
  - complete the CADM report/questionnaire.
- THE CADM report must address the following five questions:
  1. What happened, to whom, when, how, and why?
  2. Did this event identify potential gaps in care/treatment?
  3. What immediate actions, if any, have already been implemented?
  4. What potential immediate actions, if any, should be considered to reduce the risk of recurrence?
  5. What communication and/or training is recommended?
- Within five (5) business days after a sentinel event, the CADM team must submit the report to the Clinical Administrative Team (CAT).

- Within ten (10) Business days after a sentinel event:
  - CAT must review the CADM report, identify necessary actions and timelines, and send recommendations to the Superintendent.
  - The Superintendent must review the recommendations and send a communication to OSH staff regarding the CADM report and approved interventions.

If you have questions, concerns or suggestions, please feel free to contact me at [sara.walker@dhsosha.state.or.us](mailto:sara.walker@dhsosha.state.or.us) or 503-945-8962.

Sincerely,

A handwritten signature in blue ink that reads "Sara C. Walker MD". The signature is fluid and cursive.

Sara C. Walker, MD

Interim Chief Medical Officer

Oregon State Hospital

CC: Dolly Matteucci, Oregon State Hospital Superintendent