

# OREGON STATE HOSPITAL

## POLICY ATTACHMENT

**Procedures C:** Required Response to a Sentinel Event or Other Qualifying Event **POLICY: 1.003**

**POINT PERSON:** Director of Quality Management

**APPROVED:** Interim Superintendent **DATE: NOVEMBER 3, 2025**

**SELECT ONE:**

<input type="checkbox"/> New policy attachment	<input checked="" type="checkbox"/> Minor/technical revision of existing policy attachment
<input type="checkbox"/> Reaffirmation of existing policy attachment	<input type="checkbox"/> Major revision of existing policy attachment

RESPONSIBLE PERSON/GROUP	PROCEDURES
Staff	<b>Response to a potential sentinel event:</b> <ol style="list-style-type: none"><li>1. Ensure all individuals involved are safe and/or moved into a safe area (staff and patients included).</li><li>2. Implement any reasonable improvements to reduce risk or event recurrence.<ol style="list-style-type: none"><li>a. If the improvement may compromise other investigations, staff must contact security for additional guidance.</li></ol></li><li>3. Staff must follow incident reporting policy 1.003, "Incident Reporting," refer to 1.003 Procedures A for code-specific reporting.</li><li>4. If staff are injured because of a sentinel event, complete an injury and illness report in Workday.</li><li>5. Complete any additional documentation required per additional OSH policies or OSH department protocols.</li></ol>
Immediate Supervisor or Manager	<ol style="list-style-type: none"><li>1. If indicated per ORS 192.567 or at the request of the patient, notify the patient's contacts of the event and support individuals involved and staff as needed.</li><li>2. If staff is injured and cannot complete an injury and illness report in Workday, submit a report on the staff's behalf as outlined in OSH Policy &amp; Procedure, 5.012, "Injury or Illness Reporting."</li><li>3. If staff is unable to complete an incident report, submit a</li></ol>

	<p>report on the staff's behalf as outlined in OSH Policy &amp; Procedure, 1.003, "Incident Reporting."</p> <p>4. Provide staff with Employee Assistance Program resources, upon request.</p>
Superintendent or Designee	<p><b>Reporting:</b></p> <ol style="list-style-type: none"><li>1. Ensure timely completion of all patient safety event reviews.</li><li>2. The Superintendent or designee may choose to self-report the sentinel event to The Joint Commission by completing the required forms and following procedures outlined in The Joint Commission Sentinel Events (SE) policy.<ol style="list-style-type: none"><li>a. Self-reporting a sentinel event to The Joint Commission is not required. There is no difference in the expected response, time frames, or review procedures whether the hospital voluntarily reports the event, or The Joint Commission becomes aware of the event by some other means.</li></ol></li></ol>
Director of Standards & Compliance	<p>If the patient safety event is determined to be a sentinel event and an RCA is conducted:</p> <ol style="list-style-type: none"><li>A. With direction from the Superintendent, report the event to TJC.<ol style="list-style-type: none"><li>1. This report must include<ol style="list-style-type: none"><li>i. What happened, including the time, date, and location,</li><li>ii. Extent of injury,</li><li>iii. Role(s) of individuals involved,</li><li>iv. Ethnicity of individual(s) involved,</li><li>v. Race of Individual(s) involved,</li><li>vi. Primary language of individual(s) involved,</li><li>vii. Gender of individual(s) involved,</li><li>viii. Age of individual(s) involved.</li></ol></li></ol></li><li>B. Complete the comprehensive systemic analysis and corrective action plan for the sentinel event within 45 business days of the known occurrence of the event.</li><li>C. Share results of the comprehensive systemic analysis for sentinel events and recommendations with QSOC.</li><li>D. Input the notification and follow-up communications into the TJC portal.</li><li>E. Monitor TJC communications under continuous compliance until the case is deemed closed by The Joint Commission.</li></ol>

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November 3, 2025

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	<p>Follow-up Actions</p> <ol style="list-style-type: none"><li>1. Track the completion of the risk reduction strategies and action steps outlined in the corrective action plan.</li><li>2. Report progress and any barriers to implementation to QSOC.</li></ol> <p>If The Joint Commission assigns a follow-up activity, the Director of Standards &amp; Compliance or Designee must add the activity to the internal tracker and notify the item owner and other appropriate staff for completion and reporting of the activity.</p>
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