# CORPORATE POLICY

| | |
|---|---|
| **Manual/Library Name**: Clinical Operations | **No**: CLN.02.01 |
| | **Page:** 1 of 4 |
| **Title**: Safety Event Management (CO-2.008) | **Effective Date:** 12/03/21 |
| | **Previous Versions:** 12/30/19; 09/19/16; 02/08/16; 06/19/14; 09/21/12; 06/01/08; 07/22/05; 08/15/02; 08/28/00; 10/01/96 |
| | **Approved By:** Executive Leadership Team |
| | **Approval Date:** 12/02/21 |

## I. Scope:

This policy applies to Tenet Healthcare Corporation, its subsidiaries, and affiliates (each, an "Affiliate"), any other entity or organization in which Tenet or an Affiliate owns a direct or indirect equity interest of greater than 50%, and any entity in which an Affiliate either manages or controls the day-to-day operations of the entity (each, a "Tenet Entity") (collectively, "Tenet").

## II. Purpose:

Support a culture of shared accountability for the identification, reporting and management of safety events that may impact the quality of care provided at facilities operated by Tenet Entities (each a "Facility").

## III. Definitions:

**Event Report:** A confidential, internal submission used for reporting of patient safety issues and performance improvement initiatives.

**Near Miss:** A process variation event that did not reach the patient and would carry a significant change of serious adverse outcome if allowed to reoccur.

**Patient Safety Event Reporting System (ERS):** The mechanism for a Facility staff member to complete an Event Report for patient safety events or Near Misses.

**Root Cause Analysis, (RCA):** A process for identifying the base or contributing causal factors that underlie variations in performance associated with SSE, SE or Near Misses.

**Safety Event:** Any event that leads to or is the precursor to a potential or actual negative patient outcome including a near miss, SSE, or SE.

**Sentinel Event (SE):** A patient safety event not primarily related to the natural course of illness or underlying condition that reaches a patient and results in death, severe harm (regardless of duration of harm), or permanent harm (regardless of severity of harm) as defined by TJC chapter on Sentinel Events. All Sentinel Events are Serious Safety Events.

**Serious Safety Event (SSE):** "Never Events" as defined by the National Quality Forum, which include Sentinel Events.

# CORPORATE POLICY

| | |
|---|---|
| **Manual/Library Name**: Clinical Operations | **No**: CLN.02.01 |
| | **Page:** 2 of 4 |
| **Title**: Safety Event Management (CO-2.008) | **Effective Date:** 12/03/21 |
| | **Previous Versions:** 12/30/19; 09/19/16; 02/08/16; 06/19/14; 09/21/12; 06/01/08; 07/22/05; 08/15/02; 08/28/00; 10/01/96 |
| | **Approved By:** Executive Leadership Team |
| | **Approval Date:** 12/02/21 |

## IV. Policy:

Staff members who discover or have direct involvement in and/or knowledge of a safety event must complete an Event Reports using the Facility's ERS. If the reporter does not have on-line access, the reporter will use the ERS downtime form. All Event Reports are confidential and staff members must not place or reference them in the medical record.

Any possible SSE and SE is identified, addressed, documented, and reported to the appropriate Facility leadership and the Home Office Clinical Operations dept, as outlined below.

## V. Procedure:

The Facility's Patient Safety leader, Director of Clinical Quality Improvement (DCQI), or other appropriate person with responsibility for these functions shall ensure the facility completes the following activities.

A. Facility staff member must complete and submit an Event Report upon discovery that event has occurred or before leaving the facility at the end of the work shift.

B. The staff member must limit the Event Report to factual statements (who, what, where and when) related to the safety event and any interventions taken and not include speculation, admit to, or attempt to assign blame, liability or causation or include opinions of any kind in the Event Report.

C. Each Department Director, Manager, Supervisor, or Clinical Leader is responsible for reviewing events that occur in their area, assigning severity, documenting the results of the review, and completing or assigning follow-up through the ERS within seven calendar days of event notice.

D. If the incident is an actual or a potential SSE or SE, immediately implement the Facility's chain of command, notify CNO/AOC, Patient Safety leader, DCQI, Administrator, and the patient's attending physician.

E. The Patient Safety or Clinical leader reviews all Event Reports to determine if they meet the definition of a SSE or SE, and promptly notifies the Home Office Clinical Operations leader.

F. The Patient Safety leader or facility designee, completes an RCA for SSE and SE within 14 business days to investigate, determine the cause, develop, and implement actions to prevent further occurrences.

G. Complete investigation, follow-up, and closure for all other events within 21 business days of documentation of the event; if unable to close, document the reason.

H. The Patient Safety leader or facility designee coordinates review of potential billing adjustments as outlined in the Bill Hold process.

I. The Patient Safety leader or facility designee secures relevant records/documentation around the event and ensures staff does not discuss the event to other staff, patient and/or family, or media.

J. All Event Reports and related material are confidential and may be legally privileged. Aggregate or summary data may be reported to the Facility Governing Board, appropriate committees, and Facility management for purposes of performance and patient safety improvement.

K. The Patient Safety leader or designee will collaborate with the Quality Management Department or Administrator to audit compliance with the requirements of this policy including timelines for completion of analysis.

## VI. Enforcement:

All employees whose responsibilities are affected by this policy are expected to be familiar with the basic procedures and responsibilities created by this policy. Failure to comply with this policy will be subject to appropriate performance management pursuant to all applicable policies and procedures, up to and including termination. Such performance management may also include modification of compensation, including any merit or discretionary compensation awards, as allowed by applicable law.

## VII. References:

AD 1.11 Records Management (Policy)

Centers for Medicare and Medicaid Services website

Medicare Conditions of Participation, Patient Rights 42 C.F.R. 482.13

National Quality Forum Serious Reportable Events, 2017

Patient Safety Event Management Process Chart

COMP-RCC 4.21 Internal Reporting of Potential Compliance Matters (Policy)

The Joint Commission Sentinel Event Policy (SE), 2022

# CORPORATE POLICY

| | |
|---|---|
| **Manual/Library Name**: Clinical Operations | **No**: CLN.02.01 |
| | **Page:** 4 of 4 |
| **Title**: Safety Event Management (CO-2.008) | **Effective Date:** 12/03/21 |
| | **Previous Versions:** 12/30/19; 09/19/16; 02/08/16; 06/19/14; 09/21/12; 06/01/08; 07/22/05; 08/15/02; 08/28/00; 10/01/96 |
| | **Approved By:** Executive Leadership Team |
| | **Approval Date:** 12/02/21 |

See LearnShare for Serious Reportable Event Criteria

USPI Event Notification Criteria