



<input type="checkbox"/> ADMINISTRATE POLICY & PROCEDURE (APP)		<input type="checkbox"/> INSTITUTIONAL POLICY & PROCEDURE (IPP) <input type="checkbox"/> INTERDEPARTMENTAL <input type="checkbox"/> INTERNAL	
TITLE		POLICY NUMBER/V#	
Sentinel Event Policy		MMC – ADM – 14 (01)	
INITIATED DATE	EFFECTIVE DATE	REVISED DATE	
02/08/2025	01/09/2025	01/08/2028	
REPLACES NUMBER		NO. OF PAGES	
N/A		03	
APPLIES TO		RESPONSIBILITY	
All Admin workers		Quality and patient safety	

1. PURPOSE:

- 1.1 To establish a process for identifying and managing all sentinel events occurring within the center.
- 1.2 To have a positive impact in improving patient care, treatment, and services and in preventing unintended harm.
- 1.3 To increase the staff knowledge about patient safety events, their contributing factor, and strategies for prevention.

2. DEFINITION:

- 2.1 **Sentinel Event:** An event that, when noted, requires intensive assessment and prompt response. An unexpected occurrence involving death, serious physical or psychological injury, or the risk thereof, and any event that might cause embarrassment or risk to the healthcare organization, with potential legal ramifications and/or media inquiries or coverage. The phrase “or the risk thereof” includes any process variation for which a recurrence would carry a significant chance of a serious adverse outcome. Such events are called “Sentinel” because they signal the need for immediate investigation and response.
- 2.2 **Root Cause Analysis (RCA):** A collective term used to describe a wide range of approaches, tools and techniques used to uncover causes of problems.
- 2.3 **RCA Team:** Clinic manager, clinic director, medical director, nurse manager



3. POLICY:

3.1 All Sentinel events and severe near miss incidents shall be reported and investigated and findings utilized to prevent recurrence.

3.2 The center shall consider Sentinel events the situations that lead to the death or serious incapacitation of a patient, and may include the following:

- 3.2.1 Unexpected death
- 3.2.2 Unexpected loss of a limb or function
- 3.2.3 Retained instruments or sponge
- 3.2.4 Serious medication error leading to death or major morbidity
- 3.2.5 Infant or child abduction
- 3.2.6 Wrong site, wrong patient, or wrong procedure or surgery.

3.3 All Sentinel events shall be reported to CBAHI within 5 working days and a credible root cause analysis shall be reported to CBAHI within 30 working days.

4. PROCEDURE:

4.1 The clinic director shall be immediately notified via phone from the employee involved in/discovering a Sentinel Event or his/her supervisor and to fill the OVR form on the system.

4.2 The clinic manager will visit the area to determine if the incident meets criteria for sentinel events, start the investigation process.

4.3 In case it is a medical sentinel event, the clinic director will ensure that the patient received the required medical care.

4.4 The clinic manager will gather the required information and notify the RCA Core Team within 48h.

4.5 The clinic manager will call for a meeting with RCA Core Team within 5 working days from receiving the event notification for discussion and assignment of Action Plan.

4.6 The clinic manager will forward the agreed Action Plan to the RCA Core Team.

4.7 The clinic director will approve the Action Plan.

4.8 The clinic manager will follow-up the implementation and effectiveness of the Action Plan.

4.9 The clinic manager will ensure that the sentinel event is reported to CBAHI within 10 days and that RCA is completed within 30 days.

4.10 The clinic Director will share the annual report with the related committees: Board of Directors and the Clinic Executive Committee.

**5. RESOURCES:**

5.1 N/A

6. CROSS REFERENCE:

6.1 OVR policy

7. REFERENCES:

7.1 CBAHI National Standards for Ambulatory Care Centers, Effective Jan,2020.

7.2 The Joint Commission International (JCI), 7th Edition, Effective Jan 2021.**8. FORMS & ATTACHMENT:**

8.1 Sentinel events form

8.2 List of Sentinel events.

9. Approved:**APPROVALS & REVIEWS:**

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