Sentinel Event Data

*Event Type by Year*

1995-2012
Sentinel Event

A sentinel event is an unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof. Serious injury specifically includes loss of limb or function. The phrase “or 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.

The term “sentinel event” and “medical error” are not synonymous; not all sentinel events occur because of an error, and not all error result in sentinel events.
Reviewable Sentinel Events

http://www.jointcommission.org/Sentinel_Event_Policy_and_Procedures/

The event has resulted in an unanticipated death or major permanent loss of function, not related to the natural course of the patient’s illness or underlying condition.

OR

The event is one of the following and does not require an outcome of death or major permanent loss of function:

- Suicide of any patient receiving care, treatment and services in a staffed around-the-clock care setting or within 72 hours of discharge.
- Unanticipated death of a full-term infant
- Abduction of any patient receiving care, treatment, and services
- Discharge of an infant to the wrong family
- Rape
- Hemolytic transfusion reaction involving administration of blood or blood products having major blood group incompatibilities
- Surgical and nonsurgical invasive procedures on the wrong patient, wrong site, or wrong procedure
- Unintended retention of a foreign object in a patient after surgery or other procedure
- Severe neonatal Hyperbilirubinemia (bilirubin >30 miligrams/deciliter)
- Prolonged fluoroscopy with cumulative dose >1500 rads to a single field or any delivery of radiotherapy to the wrong body region or >25% above the planned radiotherapy dose
Data Limitations

The reporting of most sentinel events to The Joint Commission is voluntary and represents only a small proportion of actual events. Therefore, these data are not an epidemiologic data set and no conclusions should be drawn about the actual relative frequency of events or trends in events over time.
Abduction Events Reviewed by The Joint Commission

(Of any individual receiving care, treatment or services)

The reporting of most sentinel events to The Joint Commission is voluntary and represents only a small proportion of actual events. Therefore, these data are not an epidemiologic data set and no conclusions should be drawn about the actual relative frequency of events or trends in events over time.

Sentinel Event Alert
#9: "Infant Abductions"
April 1999
The reporting of most sentinel events to The Joint Commission is voluntary and represents only a small proportion of actual events. Therefore, these data are not an epidemiologic data set and no conclusions should be drawn about the actual relative frequency of events or trends in events over time.
Criminal Events -- Assault/Rape/Homicide Reviewed by The Joint Commission

(Rape defined as un-consented sexual contact. One or more of the following must be present to determine reviewability: Any staff witnessed sexual contact; or sufficient clinical evidence or admission by the perpetrator)

The reporting of most sentinel events to The Joint Commission is voluntary and represents only a small proportion of actual events. Therefore, these data are not an epidemiologic data set and no conclusions should be drawn about the actual relative frequency of events or trends in events over time.
Delay in Treatment Events Reviewed by The Joint Commission

(Resulting in death or permanent loss of function)

The reporting of most sentinel events to The Joint Commission is voluntary and represents only a small proportion of actual events. Therefore, these data are not an epidemiologic data set and no conclusions should be drawn about the actual relative frequency of events or trends in events over time.

Sentinel Event Alert #26: "Delay in Treatment"  
June 2002

Office of Quality Monitoring - 8
Elopement-related Events
Reviewed by The Joint Commission

(Resulting in death or permanent loss of function)

The reporting of most sentinel events to The Joint Commission is voluntary and represents only a small proportion of actual events. Therefore, these data are not an epidemiologic data set and no conclusions should be drawn about the actual relative frequency of events or trends in events over time.
Fall-related Events Reviewed by The Joint Commission

(Resulting in death or permanent loss of function)

The reporting of most sentinel events to The Joint Commission is voluntary and represents only a small proportion of actual events. Therefore, these data are not an epidemiologic data set and no conclusions should be drawn about the actual relative frequency of events or trends in events over time.

Fire-related Events
Reviewed by The Joint Commission

(Resulting in death or permanent loss of function)

The reporting of most sentinel events to The Joint Commission is voluntary and represents only a small proportion of actual events. Therefore, these data are not an epidemiologic data set and no conclusions should be drawn about the actual relative frequency of events or trends in events over time.

Sentinel Event Alert
#17: "Fires in the Home Care Setting"
March 2001

Sentinel Event Alert
#29: "Preventing Surgical Fires"
June 2003

Number of Events Reviewed by TJC

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>0</td>
<td>3</td>
<td>7</td>
<td>4</td>
<td>11</td>
<td>4</td>
<td>7</td>
<td>7</td>
<td>16</td>
<td>9</td>
<td>12</td>
<td>8</td>
<td>8</td>
<td>15</td>
<td>15</td>
<td>15</td>
<td>15</td>
<td>15</td>
</tr>
</tbody>
</table>
Hyperbilirubinemia Events Reviewed by The Joint Commission

(Bilirubin > 30 milligrams/deciliter)

The reporting of most sentinel events to The Joint Commission is voluntary and represents only a small proportion of actual events. Therefore, these data are not an epidemiologic data set and no conclusions should be drawn about the actual relative frequency of events or trends in events over time.
Infection-related Events
Reviewed by The Joint Commission
(Resulting in death or permanent loss of function)

The reporting of most sentinel events to The Joint Commission is voluntary and represents only a small proportion of actual events. Therefore, these data are not an epidemiologic data set and no conclusions should be drawn about the actual relative frequency of events or trends in events over time.
The reporting of most sentinel events to The Joint Commission is voluntary and represents only a small proportion of actual events. Therefore, these data are not an epidemiologic data set and no conclusions should be drawn about the actual relative frequency of events or trends in events over time.
Maternal Events
Reviewed by The Joint Commission

(Resulting in death or permanent loss of function)

The reporting of most sentinel events to The Joint Commission is voluntary and represents only a small proportion of actual events. Therefore, these data are not an epidemiologic data set and no conclusions should be drawn about the actual relative frequency of events or trends in events over time.

Sentinel Event Alert
# 44: "Preventing Maternal Death"
January 2010
Medical Equipment-related Events Reviewed by The Joint Commission

(Resulting in death or permanent loss of function)

The reporting of most sentinel events to The Joint Commission is voluntary and represents only a small proportion of actual events. Therefore, these data are not an epidemiologic data set and no conclusions should be drawn about the actual relative frequency of events or trends in events over time.

Sentinel Event Alerts
# 15: "Infusion Pumps" November 2000
#21: "Medical Gas Mix-ups" July 2001
#36: "Tubing Misconnections" April 2006
#38: "MRI" February 2008
Medication Error Events Reviewed by The Joint Commission

(Resulting in death or permanent loss of function)

**Sentinel Event Alerts**
- #11: "High-alert meds" November 1999
- #16: "Mix-up leads to a Med Error" February 2001
- #19: "Look-alike/sound-alike" May 2001
- #23: "Abbreviations" September 2001
- #35: "Medication reconciliation" January 2006
- #39: "Pediatric med Errors" April 2008
- #41: "Anticoagulants" September 2008

The reporting of most sentinel events to The Joint Commission is voluntary and represents only a small proportion of actual events. Therefore, these data are not an epidemiologic data set and no conclusions should be drawn about the actual relative frequency of events or trends in events over time.
Op/Post-op Complication Events Reviewed by The Joint Commission

(Resulting in death or permanent loss of function)

The reporting of most sentinel events to The Joint Commission is voluntary and represents only a small proportion of actual events. Therefore, these data are not an epidemiologic data set and no conclusions should be drawn about the actual relative frequency of events or trends in events over time.

Sentinel Event Alert #12: "Operative and Post-Operative Complications"
February 2000

The Joint Commission
Office of Quality Monitoring - 18
Other Unanticipated Events Reviewed by The Joint Commission

(Resulting in death or permanent loss of function—such as: asphyxiation, choking, drowning, found unresponsive)

The reporting of most sentinel events to The Joint Commission is voluntary and represents only a small proportion of actual events. Therefore, these data are not an epidemiologic data set and no conclusions should be drawn about the actual relative frequency of events or trends in events over time.
Perinatal Events
Reviewed by The Joint Commission

(Resulting in death or permanent loss of function--full-term infant 2500g or > and absence of obvious congenital abnormality)

Sentinel Event Alert
#30: "Preventing Infant Death & Injury in Delivery"
July 2004

The reporting of most sentinel events to The Joint Commission is voluntary and represents only a small proportion of actual events. Therefore, these data are not an epidemiologic data set and no conclusions should be drawn about the actual relative frequency of events or trends in events over time.
Radiation Overdose Events
Reviewed by The Joint Commission

(Cumulative dose > 1500 rads to a single field, or any delivery of radiotherapy to the wrong body region or > 25% above the planned radiotherapy dose)

The reporting of most sentinel events to The Joint Commission is voluntary and represents only a small proportion of actual events. Therefore, these data are not an epidemiologic data set and no conclusions should be drawn about the actual relative frequency of events or trends in events over time.

The Joint Commission
Restraint-related Events
Reviewed by The Joint Commission

(Resulting in death or permanent loss of function)

The reporting of most sentinel events to The Joint Commission is voluntary and represents only a small proportion of actual events. Therefore, these data are not an epidemiologic data set and no conclusions should be drawn about the actual relative frequency of events or trends in events over time.
Self-inflicted Injury Events
Reviewed by The Joint Commission

(Resulting in death or permanent loss of function--not related to suicide)

The reporting of most sentinel events to The Joint Commission is voluntary and represents only a small proportion of actual events. Therefore, these data are not an epidemiologic data set and no conclusions should be drawn about the actual relative frequency of events or trends in events over time.
Suicide Events Reviewed by The Joint Commission

(Of any individual receiving care, treatment or services in a staffed around-the-clock care setting or within 72 hours of discharge)

The reporting of most sentinel events to The Joint Commission is voluntary and represents only a small proportion of actual events. Therefore, these data are not an epidemiologic data set and no conclusions should be drawn about the actual relative frequency of events or trends in events over time.

Sentinel Event Alert #7: "Inpatient Suicides: Recommendations for Prevention" November 1998

Definition revised to include suicide within 72 hours of discharge: March 2005

Sentinel Event Alert #46: "A Follow-Up Report on Preventing Suicide" November 2010

The Joint Commission

Office of Quality Monitoring - 24
The reporting of most sentinel events to The Joint Commission is voluntary and represents only a small proportion of actual events. Therefore, these data are not an epidemiologic data set and no conclusions should be drawn about the actual relative frequency of events or trends in events over time.
Transfusion-related Events Reviewed by The Joint Commission

(Hemolytic transfusion reaction involving administration of blood or blood products having major blood group incompatibilities)

The reporting of most sentinel events to The Joint Commission is voluntary and represents only a small proportion of actual events. Therefore, these data are not an epidemiologic data set and no conclusions should be drawn about the actual relative frequency of events or trends in events over time.
The reporting of most sentinel events to The Joint Commission is voluntary and represents only a small proportion of actual events. Therefore, these data are not an epidemiologic data set and no conclusions should be drawn about the actual relative frequency of events or trends in events over time.
Ventilator-related Events Reviewed by The Joint Commission

(Resulting in death or permanent loss of function)

The reporting of most sentinel events to The Joint Commission is voluntary and represents only a small proportion of actual events. Therefore, these data are not an epidemiologic data set and no conclusions should be drawn about the actual relative frequency of events or trends in events over time.

Sentinel Event Alert
#25: "Preventing Ventilator Deaths & Injuries"
February 2002

The reporting of most sentinel events to The Joint Commission is voluntary and represents only a small proportion of actual events. Therefore, these data are not an epidemiologic data set and no conclusions should be drawn about the actual relative frequency of events or trends in events over time.
Wrong-patient, Wrong-site, Wrong-procedure Events Reviewed by The Joint Commission

(Regardless of the magnitude of the procedure)

- **Sentinel Event Alert**: "Follow-up Review of Wrong Site Surgery" December 2001
- **Sentinel Event Alert** #6: "Wrong-Site Surgery" August 1998
- **Wrong Site Surgery Summit I**: May 2003
- **Wrong Site Surgery Summit II**: February 2007
- **Universal Protocol** 2004
- **Wrong Site Surgery Definition Revised June 2010**

The reporting of most sentinel events to The Joint Commission is voluntary and represents only a small proportion of actual events. Therefore, these data are not an epidemiologic data set and no conclusions should be drawn about the actual relative frequency of events or trends in events over time.