Erin Lawler-Hart, MS, CPPS

Defining the Sexual Abuse/Assault Sentinel Event Definition: How to Apply It

September 14,2023

The Joint Commission

Objectives

- Discuss The Joint Commission's history of the sexual assault definition
- Discuss how the definition was determined and why
- Discuss how to apply the sentinel event definition

Sentinel Event Policy: Current State

A *sentinel event* is a patient safety event (not primarily related to the natural course of a patient's 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)*

Sentinel Event Policy: Current State

- 21 specific line items
  - Suicide of any patient receiving care, treatment, and services in a staffed around-the-clock care setting or within 72 hours of discharge, including from the health care organization's emergency department (ED)
  - Unanticipated death of a full-term infant
  - Homicide of any patient receiving care, treatment, and services while on site at the organization or while under the care or supervision of the organization
  - Homicide of a staff member, licensed practitioner, visitor, or vendor while on site at the organization or while providing care or supervision to patients
  - Any intrapartum maternal death
  - Severe maternal morbidity (leading to permanent harm or severe harm)

Sentinel Event Policy: Current State

- 21 specific line items

New sexual assault criteria as of January 2023

  - Sexual abuse/assault of any patient receiving care, treatment, and services while on site at the organization or while under the care or supervision of the organization
  - Sexual abuse/assault of a staff member, licensed practitioner, visitor, or vendor while on site at the organization or while providing care or supervision to patients
  - Physical assault (leading to death, permanent harm, or severe harm) of any patient receiving care, treatment, and services while on site at the organization or while under the care or supervision of the organization
  - Physical assault (leading to death, permanent harm, or severe harm) of a staff member, licensed practitioner, visitor, or vendor while on site at the organization or while providing care or supervision to patients
  - Surgery or other invasive procedure performed at the wrong site, on the wrong patient, or that is the wrong (unintended) procedure for a patient regardless of the type of procedure or the magnitude of the outcome

Sentinel Event Policy: Current State

- 21 specific line items
  - Discharge of an infant to the wrong family
  - Abduction of any patient receiving care, treatment, and services
  - Any elopement (that is, unauthorized departure) of a patient from a staffed around-the-clock care setting (including the ED), leading to death, permanent harm, or severe harm to the patient
  - Administration of blood or blood products having unintended ABO and non-ABO (Rh, Duffy, Kell, Lewis, and other clinically important blood groups) incompatibilities, hemolytic transfusion reactions, or transfusions resulting in death, permanent harm, or severe harm
  - Unintended retention of a foreign object in a patient after an invasive procedure. including surgery
  - Severe neonatal hyperbilirubinemia (bilirubin >30 milligrams/deciliter)
  - Fluoroscopy resulting in permanent tissue injury when clinical and technical optimization were not implemented and/or recognized practice parameters were not followed

Sentinel Event Policy: Current State

- 21 specific line items
  - Any delivery of radiotherapy to the wrong patient, wrong body region, unintended procedure, or >25% above the planned radiotherapy dose
  - Fire, flame, or unanticipated smoke, heat, or flashes occurring during direct patient care caused by equipment operated and used by the organization. To be considered a sentinel event, equipment must be in use at the time of the event; staff do not need to be present.
  - Fall in a staffed-around-the-clock care setting or fall in a care setting not staffed around the clock during a time when staff are present resulting in any of the following:
    - Any fracture
    - Surgery, casting, or traction
    - Required consult/management or comfort care for a neurological (for example, skull fracture, subdural or intracranial hemorrhage) or internal (for example, rib fracture, small liver laceration) injury
    - A patient with coagulopathy who receives blood products as a result of the fall
    - Death or permanent harm as a result of injuries sustained from the fall (not from physiologic events causing the fall)

History

Nonconsensual sexual contact, including oral, vaginal, or anal penetration or fondling of the individual's sex organ(s) by another individual. One or more of the following must be present to determine that the incident is a sentinel event:

- Any staff-witnessed sexual contact as described above
- Admission by the perpetrator that sexual contact, as described above, occurred on the organization's premises
- Sufficient clinical evidence obtained by the health care organization to support allegations of unconsented sexual contact

Case Scenario

Client B entered Client A's room, laid on top of patient and fondled patient above clothing. Client A stated this was an unwanted sexual encounter.

Incident was not witnessed, perpetrator denied event, and no clinical evidence was identified.

Case Scenario

A staff member provided a cell phone to a behavioral health patient for use to exchange sexually explicit pictures between the staff member and patient. Both exchanged photographic images of nudity.

This sharing of information was reported as non-consensual by the patient, and the patient participated out of fear of retaliation.

Sentinel Event Policy: Current State

Sexual abuse/assault: Nonconsensual sexual contact of any type with an individual.

Sexual abuse includes, but is not limited to, the following:

- Unwanted intimate touching of any kind, especially of the breasts, buttocks, or perineal area
- All types of sexual assault or battery, such as rape, sodomy, and coerced nudity (partial or complete)
- Forced observation of masturbation and/or sexually explicit images, including pornography, texts, or social media
- Taking sexually explicit photographs and/or audio/video recordings of an individual and maintaining and/or distributing them (for example, posting on social media); this would include, but is not limited to, nudity, fondling, and/or intercourse involving an individual

Sentinel Event Policy: Current State

Sexual abuse/assault: Nonconsensual sexual contact of any type with an individual.

Sexual abuse includes, but is not limited to, the following:

- Unwanted intimate touching of any kind, especially of the breasts, buttocks, or perineal area
- All types of sexual assault or battery, such as rape, sodomy, and coerced nudity (partial or complete)
- Forced observation of masturbation and/or sexually explicit images, including pornography, texts, or social media
- Taking sexually explicit photographs and/or audio/video recordings of an individual and maintaining and/or distributing them (for example, posting on social media); this would include, but is not limited to, nudity, fondling, and/or intercourse involving an individual

Case Scenarios

Case 1: 23 year old male patient with Intellectual Delay Disorder (Moderate Mental Retartdation) and depressed mood with suicidal behavior and slapping the bottom of his female in-home service providers is admitted.

The behavior continues in the hospital with patient slapping buttocks of female RNs and pharmacists when they pass multiple times a day.

Addressed on treatment plan with interventions: SSRI to lower sexual urges, preferential assigning male staff, alert sheets to make staff aware of behavior when entering unit. In addition to the treatment plan addressing the patient, the organization has a trauma informed care specialist working with staff, HR policies, OSHR policies etc.

Are these to be considered sentinel or would it involve more extended, intimate fondling?

Case 2: Psychotic patient with delusions to and willingness to self-harm, who also masturbates openly.

Staff assigned 1:1 (must watch patient continuously) to prevent/stop self-harm.

Is this sexual abuse of the staff by the patient and/or by the organization?

Questions