

**Sentinel Event Reporting Form
Instructions**

**Effective date: Sept. 2010
Revised date: Feb. 2014**

Part I: Background

Question		Instruction
1	Individual's name	Provide the full name of the individual about whom the Sentinel Event Report is made.
2	Date of Event	Provide the month, day and year that the event occurred.
3	Type of Sentinel Event	Check the category(ies) that identifies the event.
4	Location of Sentinel Event	Provide the city/town and indicate whether the location is the individual's residence, another residence, a business, or other type of location.
5	Division, Bureau or Institution eligibility	Check the bureau or institution from which the individual primarily has received/is receiving department funded services or is the subject of a child or adult protective services report.
6	Individual's DHHS case status	Select the one or more statuses that pertain to the individual about whom the Sentinel Event Report is made.
7	Community Agency / Provider reporting	Check whether a community agency / provider is reporting the Sentinel Event and, if yes, indicate the type of agency/provider, its name and address.
8	DHHS staff/component reporting	Check whether a DHHS staff is reporting the Sentinel Event and, if yes, indicate the division and bureau or institution.
9	Person reporting	Provide the name and contact information for the person reporting the Sentinel Event and the contact information if another person is the preferred contact for further information.
10	Reporting person's relationship to the individual	Identify the relationship between the person reporting and the individual about whom the Sentinel Event Report is made.

Part II: Individual

Question		Instruction
11	Demographics	Provide the gender and date of birth of the individual about whom the Sentinel Event Report is made.
12	Address	Provide the residence of the individual about whom the Sentinel Event Report is made.
13	Legal Factors	Check the applicable legal factor(s) applicable to the individual about whom the Sentinel Event Report is made <i>and</i> the psychiatric hospitalization status(es) if applicable.
14	Psychiatric diagnosis(es)	List known psychiatric diagnosis(es)
15	Medical diagnosis(es)	List known medical diagnosis(es)
16	Individual's services	List the services the individual about whom the Sentinel Event Report is made is receiving or was receiving within the last 30 days and include those services, such as psychiatric evaluation, that may occur less frequently than monthly.

Part III: Sentinel Event

Question		Instruction
17	Describe the event	<p>The reporting person or entity shall provide information regarding the sequence of events leading up to the sentinel event being reported including the most recent contact the reporting agency had with the individual or that the reporting person or agency knew the individual had with another service provider such as a physician.</p> <p>As much information as is available should be documented regarding what happened, when it happened, where it happened (provide address if</p>

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		known), how it happened, who was involved, and, who had knowledge of the sentinel event.
18	Was the individual in a 24-hour residential facility or institution within the preceding 30 days?	Check whether the individual about whom the Sentinel Event Report is about was in a 24-hour residential facility or institution within the preceding 30 days. If yes, provide the name of the facility and check the specific division's type of facility.
19	Witness(es) to the Sentinel Event	Provide the full name and phone number of all known witnesses to the Sentinel Event.

Part IV: Notification

Question		Instruction
20	Initial Division Director or Bureau Administrator notification	Provide the name of the division director or bureau administrator that was verbally notified as required by Section VI.A of the Sentinel Event Policy
21	<i>Sentinel Event Reporting Form</i> sent to DHHS	Provide the date and time that the applicable division and bureau were notified that the <i>Sentinel Event Reporting Form</i> was uploaded to the E-Studio web-based application as required by Section VI.B of the Sentinel Event Policy.

Part V: Follow-up Information

Question		Instruction
22	Follow-up information	<p>Provide additional, pertinent information that became available after the <i>Sentinel Event Reporting Form</i> was completed and sent to DHHS via E-studio.</p> <p>The process for providing additional information is to either:</p> <ul style="list-style-type: none"> • Download the original <i>Sentinel Event Reporting Form</i> to a computer, add the additional information, rename the revised form and upload it to E-Studio. • Or, upload a separate document, such as a newspaper article, which must have a file name to ensure it will be connected to the correct <i>Sentinel Event Reporting Form</i>: <p>See Section VI. Notification in the Sentinel Event Policy.</p>

Part VI: Sentinel Event Review

The DHHS Quality Improvement Director or his/her designee determines whether a Sentinel Event Review should be held; see Section VIII of the Sentinel Event Policy. This section is completed by the office of the DHHS Quality Improvement Director.

Question		Instruction <i>(completed by DHHS Quality Improvement designee)</i>
23	Sentinel Event Review	Provide the date of a scheduled Sentinel Event Review
	Sentinel Event Review Systemic Issues and Opportunities for Improvement	The list of any systemic issues and opportunities for improvement identified at a Sentinel Event Review are recorded separate from the <i>Sentinel Event Reporting Form</i> . Responsible parties and timelines to complete each identified issue/opportunity are included.

Retention

All printed *Sentinel Event Reporting Forms* are kept indefinitely by the office of the DHHS Quality Improvement Director; all *Sentinel Event Reporting Forms* uploaded to the web-based E-Studio application will be kept indefinitely and at the direction of the office of the DHHS Quality Improvement Director.