



**State of New Hampshire
Department of Health and Human Services
Division of Program Quality & Integrity
Bureau of Program Quality**

Document Type (select one): <input checked="" type="checkbox"/> PO (Policy) <input type="checkbox"/> PR (Procedures) <input type="checkbox"/> WI (Work Instructions)	Reference #: PO.1003
Document Name: Sentinel Event Reporting and Review	
Original Effective Date: 04/24/2019	Revision Date: 09/30/2022

Purpose:

The Department of Health and Human Services’ (DHHS) Sentinel Event Reporting and Review Policy is part of a comprehensive quality assurance program with the Bureau of Program Quality (BPQ). The Sentinel Event Policy establishes the reporting and review requirements of sentinel events involving individuals served by the Department. Both community providers and DHHS Divisions or Bureaus that provide direct care services identified shall report sentinel events as directed by this policy.

The goals of this policy are to:

1. Have a positive impact on improving care and service delivery.
2. Understand the causes that underlie sentinel events.
3. Make changes to internal and external systems and processes as indicated.
4. Reduce the probability of such events occurring in the future.

Background:

In support of its commitment to quality in the delivery of health and human services to the citizens of New Hampshire, the Department reviews sentinel events as part of its quality assurance and improvement activities. Statutory authority for reviews of sentinel events is set forth in NH RSA 126-A:4:

RSA 126-A:4 Department Established.

IV. The department may establish a quality assurance program.

- a) Any quality assurance program may consist of a comprehensive ongoing system of mechanisms for monitoring and evaluating the appropriateness of services provided to individuals served by the department or any of its contract service providers so that problems or trends in the delivery of services are identified and steps to correct problems can be taken.*
- b) Records of the department’s quality assurance program including records of interviews, internal reviews or investigations, reports, statements, minutes, and other documentation except for individual client medical records, shall be confidential and privileged and shall be protected from direct or indirect discovery, subpoena, or admission into evidence in any judicial or administrative proceeding, except as provided in subparagraphs IV (c) or (d).*
- c) In case of legal action brought by the department against a contract service provider or in a proceeding alleging repetitive malicious action and personal injury brought against a contract service provider, the quality assurance program’s records may be discoverable.*
- d) The department may refer any evidence of fraudulent or other criminal behavior gathered by the quality assurance program to the appropriate law enforcement authority.*
- e) No employees of the department or employees of a contract service provider or vendor shall be held liable in any action for damages or other relief arising from the providing of information to a quality assurance program or in any judicial or administrative procedure relating to the DHHS’ quality assurance program.*



**State of New Hampshire
Department of Health and Human Services
Division of Program Quality & Integrity
Bureau of Program Quality**

Definition:

A sentinel event is an unexpected occurrence involving death or serious physical or psychological injury, or risk thereof. Serious injury specifically includes loss of limb or function. The Bureau of Program Quality (BPQ) has adopted the following categories of reportable sentinel events.

Client-centered sentinel events, in which the individual is either a victim and/or perpetrator, include:

1. Any sudden, unanticipated, or accidental death, not including homicide or suicide, and not related to the natural course of an individual's illness or underlying condition.
2. Permanent loss of function, not related to the natural course of an individual's illness or underlying condition, resulting from such causes including but not limited to:
 - a medication error, and/or
 - an unauthorized departure or abduction from a facility providing care, and/or
 - A delay or failure to provide requested and/or medically necessary services due to waitlists, availability, insurance coverage, or resource limits.
3. Homicide.
4. Suicide
5. Suicide attempt, such as self-injurious behavior with a non-fatal outcome, with explicit or implicit evidence that the person intended to die and medical intervention was needed.
6. Rape or any other sexual assault.¹
7. Serious physical injury.²
8. Serious psychological injury that jeopardizes the person's health that is associated with the planning and delivery of care.
9. Injuries due to physical or mechanical restraints.
10. High profile/high risk event, such as:
 - media coverage;
 - police involvement leading to an arrest

Policy Statement:

I. Applicability

A. *Reportable sentinel events shall be those events that involve individuals who:*

- Are receiving or have had contact with individuals who provide Department funded services as described in I.B and I.C.
- Have received Department funded services as described in I.B and I.C within the preceding 30 days.
- Have received Community Mental Health Center Emergency Services, Rapid Response Services and/or any known psychiatric hospitalization within the past year.
- Have an open case with Child or Adult Protective Services.

¹ Sentinel events do not include sexual abuse allegations reported to APS Intake or DCYF Central Intake.

² Sentinel events do not include reports to DCYF Central Intake if it is an accident (i.e.: car accident, sports injury) and already reported to DCYF as an accidental incident.



**State of New Hampshire
Department of Health and Human Services
Division of Program Quality & Integrity
Bureau of Program Quality**

B. The following DHHS funded community providers and DHHS community providers identified that are guided by Administrative Rule, Contracts, or Waivers shall be required to report sentinel events:

- Community Mental Health Centers
- Area Agencies
- Case Management Agencies (Choices for Independence Home and Community Based Care Medicaid waiver program)
- Transitional Housing
- Harbor Care
- Substance Use Disorder service providers
- Doorways
- Opioid Treatment Programs (OTPs)

C. The following DHHS Divisions and Bureaus which provide direct care services shall be required to report sentinel events:

24-hour Healthcare Facilities

- New Hampshire Hospital
- Glencliff Home
- Hampstead Hospital
- Philbrook Adult Transitional Housing Program

Division for Behavioral Health

- Bureau of Mental Health Services
- Bureau of Children's Behavioral Health
- Bureau of Drug and Alcohol Services

Division of Economic and Housing Stability

- Bureau of Housing Supports

Division of Long Term Supports and Services

- Bureau of Elderly and Adult Services
- Adult Protective Services
- Bureau of Developmental Services

Division for Children, Youth and Families

- Child Protective Services
- Juvenile Justice Services
- Sununu Youth Services Center



**State of New Hampshire
Department of Health and Human Services
Division of Program Quality & Integrity
Bureau of Program Quality**

D. Medicaid Managed Care Organizations (MCOs)

- MCOs shall report Sentinel Events involving members receiving services as described in I.B and 24 hour facilities in I.C.

II. Notification

A. Initial Notification to the Department of Health and Human Services

Within 24 hours of the discovery of a sentinel event by a community provider that person or entity shall provide verbal or written notification to the appropriate DHHS program area. Each DHHS program area shall inform community agencies that report sentinel events who their initial notifications will go to.

Initial notification shall be provided by direct telephone contact, confidential voice mail, or encrypted e-mail.

The following information shall be provided:

1. The reporting individual's name, phone number, and agency/organization.
2. Name and date of birth (DOB) of the individual(s) involved in the event.
3. Location, date, and time of the event; description of the event, including what, when, where and how the event happened, any other relevant information, as well as the identification of any other individuals involved.
4. Whether the police were involved due to a crime or suspected crime.
5. The identification of any media source that had reported the event.

Each DHHS program area responsible for reporting sentinel events shall identify a primary contact for BPQ to interface with regarding sentinel events. The primary contact shall serve on the DHHS Sentinel Event Review Committee, unless another individual is designated. The primary contact will participate in ad hoc sentinel event reviews as applicable.

B. DHHS Internal Process

Upon receiving notification of a sentinel event, the DHHS program area primary contact, shall complete and submit the DHHS Sentinel Event Reporting form to sentinel.events@dhhs.nh.gov within 72 hours of becoming aware of the event. Each Division shall determine additional notifications required within their Bureau or Program Area.

C. Sentinel Event Reporting Form and eStudio Notification for External to DHHS Reporters

Written notification of the sentinel event shall be provided by the reporting person or designated agency staff to the appropriate DHHS program area primary contact within 72 hours of the event. Written notification must be done by completing a Sentinel Event Report Form as indicated by the Sentinel Event Reporting Form Work Instructions document. The completed form is to be uploaded to the eStudio application, available at <https://nh.same-page.com/studio/v7/>, after all verbal notifications have been made to the appropriate DHHS program area contact. DHHS program areas may opt out of using eStudio, but must ensure that BPQ is provided with all sentinel event reporting forms obtained from outside agencies using the internal process described in section B above.



**State of New Hampshire
Department of Health and Human Services
Division of Program Quality & Integrity
Bureau of Program Quality**

If submitting sentinel event reports through eStudio, the community agency that completed the Sentinel Event Reporting Form has the responsibility to upload the completed form to the eStudio application in the folder developed for its agency.

The individual uploading the completed form must select the appropriate names or pre-determined “e-team” in the eStudio application to send a notification to assigned DHHS program areas. The eStudio application sends a corresponding e-mail notification of the uploaded Sentinel Event Reporting Form to the selected individuals or the members of a selected “e-team.”

D. Additional Reporting Information

The BPQ designee will review the Sentinel Event Reporting Form submission for completeness, accuracy, and data tracking purposes. DHHS Program Areas are responsible for reviewing sentinel event information to address emergent issues, relevant case planning, and to further ensure provider has taken steps to mitigate the risk of recurrence.

If the Division/Bureau that is reporting a Sentinel Event is unsure if the incident meets the criteria for a Sentinel Event, they may contact the Bureau of Program Quality Sentinel Event Coordinator for consultation.

Additional information regarding the sentinel event shall be reported as it becomes available, and upon the Department’s request, be uploaded to the eStudio application or sent by encrypted e-mail. Such information may include additional details as they are learned, a change in the status of the situation, or links to relevant newspaper articles.

E. Confidentiality

Both community providers and Department Divisions/Bureaus that report sentinel events shall comply with applicable confidentiality laws and Health Insurance Portability and Accountability ACT (HIPAA) Covered Entity requirements, regarding the reporting and transmission of confidential information and protected health information.

III. Mandatory Reporting

Reporting sentinel events under the provisions of this policy shall not replace the mandatory reporting requirements of RSA 161-F:42-57 and RSA 169-C:29 with regard to abuse, neglect, self-neglect, or exploitation. This policy shall not preclude additional reporting requirements and quality improvement activities specific to DHHS facilities and program areas.

IV. Sentinel Event Review

The following DHHS Sentinel Event Review process does not replace DHHS program area functions to conduct their own incident review, per its applicable DHHS administrative rules and/or policies.

A. Authority



**State of New Hampshire
Department of Health and Human Services
Division of Program Quality & Integrity
Bureau of Program Quality**

Sentinel events will be selected for review by the BPQ Sentinel Event Review Coordinator on a quarterly basis and evaluated by the Sentinel Event Review Committee. The events reviewed will be selected by BPQ using an established procedure with a focus on events with multiple departmental touchpoints and types of events within the report(s). In addition, sentinel event reviews may be requested by the Office of the Commissioner, any DHHS Division Director, Bureau Chief, BPQ Director, or by members of the DHHS Sentinel Event Review Committee by sending an e-mail to sentinel.events@dhhs.nh.gov attaching the Sentinel Event Review Request Form with the following information:

- a. Name, date of birth, date of sentinel event, and type of sentinel event to be reviewed
- b. Include DHHS Divisions/Bureaus and community agencies involved in the case at the time of the event.
- c. State reason for referral to BPQ for review and potential systemic factors that need to be explored during the review process.
- d. Include outcomes of any internal investigations, review, or actions completed or in process
- e. Include names and e-mail addresses of all invitees to the review
- f. Indicate the target date for the review at least 60 days after the sentinel event occurred to ensure the review process is not utilized for crisis planning or case planning.

B. Notice and Preparation for Sentinel Event Review

The DHHS BPQ Sentinel Event Review Coordinator will facilitate quarterly Sentinel Event Review Committee meetings, inform the Committee of events to be reviewed 90 days in advance of the review, and provide consultation as needed in preparation for a review for program areas involved.

As applicable, the DHHS BPQ Sentinel Event Review Coordinator shall inform the appropriate DHHS program area, via e-mail, that a Sentinel Event Review is to be scheduled if participants are identified outside of the Sentinel Event Review Committee.

For sentinel event reviews involving community providers attending, BPQ and/or the Sentinel Event Review Committee members or their designees are responsible for the following to prepare review participants:

1. Provide information about the sentinel event, including whom the event involves and the reason for the sentinel event review.
2. Identification of Department participants, including those staff directly involved with the client and/or event, who are required to attend the review.
3. Identification of additional client-involved community agencies or providers who should be invited to attend, if applicable
4. Invitation to the Sentinel Event Review, indicating the date, time, and location of the review.
5. Instructions on how to prepare for the review, including:
 - Identification and invitation to other Department and provider-level participants.
 - Identification of who among the invitees shall be the presenter(s).
 - Gathering information, as applicable from sources such as community agency site visits, presenters, as applicable and clinical record reviews.



**State of New Hampshire
Department of Health and Human Services
Division of Program Quality & Integrity
Bureau of Program Quality**

- Providing relevant documentation, such as Division, facility, and service provider reports, notes, correspondence, policies, and Individual Service Plans and/or Support Plans.
- Providing information shall be the responsibility of the individual or entity that has the relevant documentation.
- Documentation shall be brought to the review for reference, but shall not be copied, distributed, or otherwise maintained by Sentinel Event Review participants

C. Sentinel Event Review

1. There is no set minimum or maximum number of participants required for a review to take place. However, there must at least be representation from BPQ and the Sentinel Event Review Committee member or designee from the primary program area connected to the event to be reviewed.
2. The Sentinel Event Review, whether through the Sentinel Event Review Committee, or an ad hoc review, shall include a case presentation(s) that provides a review of the event and relevant documentation, including:
 - demographic information;
 - agency prior involvement with the individual;
 - description of the event;
 - clinical description of the individual involved;
 - information on the known system/agency involvement outside of DHHS;
 - immediate action taken by the agency when the event occurred;
 - other administrative/operational issues relevant to the event; and,
 - description of all identified opportunities for improvement.
3. The review of the event shall identify strengths, systemic factors, opportunities for improvement and recommendations for follow-up activities, if any.
4. No minutes of the review proceedings shall be taken, maintained or distributed.
5. Records of the summary of the review, identification of systemic factors, and opportunities for improvement and recommendations for follow-up activities will be drafted by BPQ and will be held as confidential information under quality assurance activities.
6. Records of the identification of systemic factors, opportunities for improvement and recommendations for follow up activities will be distributed to the sentinel event review participants by BPQ.

D. Confidentiality

Pursuant to RSA 126-A:4, IV, any and all records of or prepared solely for the DHHS Sentinel Event Review shall be confidential and privileged communications.



State of New Hampshire
Department of Health and Human Services
Division of Program Quality & Integrity
Bureau of Program Quality

Related Documents:

Document Type	Description	Reference Number	Folder Location
Work Instructions	Instructions for completing the Sentinel Event Reporting Form	WI.1003	
Form	Sentinel Event Reporting Form	F.1003	
Form	Sentinel Event Review Request Form	F.2405	

Approval Process:

Approved By	Date
Name Meredith Telus Division Director (Policy)	10/10/2022
Name Susan Drown Bureau Chief (PR or WI if designated)	08/01/2022
Name Administrator/Supervisor of Relevant Program (PR or WI if designated)	MM/DD/YYYY