

**NH Department of Health and Human Services
Bureau of Quality Assurance and Improvement (BQAI)**

POLICY AND PROCEDURE MANUAL

Document Type: <input type="checkbox"/> PO (Policy & Procedure) <input checked="" type="checkbox"/> WI (Work Instructions)	Reference #: WI.1003
Document Name: Completing the Sentinel Event Reporting Form	
Original Effective Date: September 2010	Revised Date: January 28, 2020

Purpose:

To provide instructions and Guidance on completing the Sentinel Event Reporting Form according to the Sentinel Event Reporting and Review Policy and Procedure (PO.1003).

Background:

The Bureau of Quality Assurance and Improvement (BQAI) within the Department of Health and Human Services (DHHS) oversees the reporting requirements of sentinel events involving individuals served by the Department. Both community providers and DHHS Divisions or Bureaus that provide direct care services shall report sentinel events as directed by the Sentinel Event Reporting and Review Policy, PO.1003.

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. Serious psychological injury includes a significant disruption in social emotional functioning related to the event.

Work Instructions:

Obtain an electronic copy of the most recent Sentinel Event Reporting Form (F.1003) and save it using the following naming convention. For example:

PHI_SE_FIRSTNAME_LASTINITIAL_YYYY-MM-DD

PHI = Protected Health Information must

SE = Sentinel Event

FIRSTNAME = Full first name of the individual

LASTINITIAL = First initial of the Last Name for the individual

YYYY-MM-DD = Date of the Sentinel Event.

Complete the Sentinel Event Reporting Form (F.1003)

- In the first section on the first page, complete the shaded rows by typing the individual's full name. If any part of the name is unknown, type unknown.
- Type in the date of DATE OF SENTINEL EVENT. If the exact date of event is unknown, type unknown and do not leave blank.
- Type in the DATE OF REPORT.
- The completed shaded rows will repeat on every page of the report.

I - BACKGROUND

1. Type of Sentinel Event:

- Check all that apply. Further clarification on categories of reportable client-centered sentinel events, involving victims and/or perpetrators, are as follows:

Any sudden, unanticipated, or accidental death, not including homicide or suicide:

- Report deaths not due to natural causes or underlying health issues:

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- Motor Vehicle Accidents
- Overdose deaths
- An untimely health related death, such as an individual found deceased at home
- Deaths not determined to be related to natural causes or underlying health issues

Permanent loss of function, resulting from delivery or unavailability of services, including, but not limited to:

- A medication error
- An unauthorized departure or abduction from a facility providing care;
- A delay or failure to provide, requested and/or medically necessary services due to waitlists, availability, insurance coverage, resource limitations, etc.
- Injury resulting in permanent functional impairment during delivery of direct services
- An individual receives the wrong medication by a staff person or pharmacy causing permanent injury
- An individual goes without services causing permanent loss of function related to inadequate staffing
- Geographical barriers causing delay or failure to provide services and resulting in permanent injury

Homicide:

- When an individual commits murder or is being charged criminally with murder
- When an individual is believed to have been murdered

Suicide:

- When an individual dies by suicide, or when suicide is suspected.

Suicide attempt i.e., self-injurious behavior with a non-fatal outcome; there is explicit or implicit evidence that the person intended to die and medical intervention was needed:

- This includes all suicide attempts regardless of severity of injury with the exception of cases where an individual engaged in self-harming behavior as a maladaptive coping mechanism that is recognized as non-suicidal self-harm, and this risk factor is being treated by a mental health professional.

For example, an individual diagnosed with borderline personality disorder who engaged in self-harm and reports they did not intend to die (i.e., superficial cutting) does not need to be reported.

Rape or any other sexual assault¹

- A client or provider is accused of or charged with sexual assault
- A client or provider reports being sexually assaulted by someone while in New Hampshire Hospital, Glenclyff Home for Elderly, Laconia Designated Receiving Facility, Sununu Youth Services Center, or any other living arrangement funded by DHHS.
- Any individual that reports being sexually assaulted by a staff member of any DHHS funded organization, provider, or vendor.
- Does not include sexual abuse allegations called into Adult Protective Services or DCYF central intake units unless there is an open case currently

Serious physical injury, to or by a client²

¹ Sentinel events do not include sexual abuse allegations reported to APS Central Intake or DCYF Central Intake, but do include reports referred to DCYF Special Investigations, reports occurring in NHH, SYSC, and those listed in IB and IC in the BQAI Sentinel Event Reporting & Review Policy PO.1003.

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

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- Serious physical injury specifically means loss of limb or function
- Serious injuries as a result of an accident or assault causing functional impairment
- Client injures staff person and they are unable to perform work duties due to physical injury
- Client is injured by staff person or another client in a residential setting requiring medical attention and functioning is limited for any amount of time

Serious psychological injury that jeopardizes the person's health that is associated with the planning and delivery of care

- This is a Sentinel Event where there is high-risk behavior involved. Examples include but are not limited to:
 - Exploitation of a client
 - Unethical behavior and/or boundary violations
 - A client going without a meal due to staff shortages
 - These events do not result in physical harm or rise to the level of other sentinel events but there has been a significant social or emotional issue resulting from risky behavior or event

Injuries due to physical or mechanical restraints

- Any physical injury including but not limited to cuts, bruises, breathing problems, associated with a restraint in a facility or in the community

High Profile Event

- These events can be isolated or related to another sentinel event category
- Media coverage
- Police involvement when an incident is related to a crime or suspected crime and/or
- An issue that may present significant risk to DHHS staff or operations

2. Location of Sentinel Event:

- Check the location of the sentinel event: primary residence, other residence, business or other.
- Type the Street Address and City/Town where the sentinel event occurred.

3. Identify all DHHS Agencies/Programs Serving the Client:

- Check all known DHHS bureaus, services, and programs involved with the individual.

4. Individual's DHHS Case Status:

- Check all that apply indicating the individual's DHHS involvement or case status.

5. Reported by:

- Check the affiliation of the person completing the sentinel event form.
- Type in agency, office, center, or bureau where applicable.
- Only check more than one box if two (2) organizations consulted prior to the report.
- This section indicates all of the mandatory sentinel event reporting organizations.

Note: The BQAI Sentinel Event Reporting & Review Policy PO.1003 does not include the Peer Support Agencies or Public Health as reporting entities at this time.

6. Person Completing the Sentinel Event Report Form:

- Provide complete information regarding the person completing the sentinel event form.

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7. Person to Contact for Additional Information:

- If there is no additional person to contact for information, type N/A or Unknown (whichever applies).

II – INDIVIDUAL’S DETAILS

8. Demographics:

- Select the client’s gender identification. If non-binary or another gender identity please specify gender identification.
- Type in the Data of Birth (DOB). If DOB is unknown, type unknown after the AGE.
- Type in the AGE.
- Type in the complete address of the individual. If any part of the address is unknown type unknown and do not leave blank.

9. NH Medicaid Status:

- Indicate if the individual is receiving Medicaid Benefits. If yes, provide the Medicaid ID#. If the ID is unknown, type unknown.
- Provide the date the MCO was notified of the Sentinel Event if applicable.
- Check the box of the MCO notified.

10. Legal Factors:

- Check all known legal factors that apply to the individual’s case.

11. All Current Diagnosis(es):

- List known psychiatric and medical diagnosis(es) such as depression, schizophrenia, bi-polar disorder, personality disorder, diabetes, heart disease, rheumatoid arthritis, etc.

12. Individual’s Services:

- Type individual’s services in place within 30 days preceding the event. Examples include:
 - Inpatient medical services
 - Outpatient medical services
 - Mental Health Services
 - In home services
 - Services by child or adult protection
 - Substance use treatment services
 - DHHS benefits, such as TANF, food stamps etc.
 - Other known services by community providers

III – SENTINEL EVENT DETAILS

13. Description of Event Details:

- Answer all the questions regarding the event details.
- Note: If answer to 13.f is YES, you must complete 13.g

14. Use of Restraints:

- Check the type of restraint used.
- Indicate if restraints were used at any point 72 hours prior to the event.
 - Check none if the individual was not restrained 72 hours prior to event.

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- If there was use of a mechanical restraint, such as a restraining chair, bed or other item to restrict movement, check mechanical restraint.
- If there was use of a chemical restraint, such as a prescribed or over the counter medication to sedate the individual, check chemical restraint.
- If any individual(s) used their body to restrain any part of the individual's body check physical restraint.
- In minutes, type the amount of time spent restrained if known.

15. Individual's Housing:

- Check yes, no, unknown or homeless.
- If Yes , then indicate whether or not the individual was in a 24-hour residential facility, community residence, shelter, institution, or hospital within the preceding 30 days of the sentinel event by typing the FACILITY NAME and FACILITY LOCATION.
- Check all types of facilities that apply to the case.

IV – INITIAL NOTIFICATION

- Type the initial DHHS Division or Bureau that you notified of the event.
- Type the initial DHHS Division Director or Administrator that you notified of the event.
- Check the Method of Notification that was made.
- Type the date that the notification was made.

V – ADDITIONAL INFORMATION

- Additional information regarding the sentinel event shall be reported as it becomes available, and upon the Department's request.
- As they are learned, additional details may include a change in status of the situation, links to relevant newspaper articles, etc.
 - To submit Additional Information for a previously reported Sentinel Event, upload a separate document to the eStudio application.
 - Use the following naming convention so that the Additional Information document remains part of the report history. For example:

PHI_SE_FIRSTNAME_LASTINITIAL_DOCUMENTDESCRIPTION_YYYY-MM_DD

PHI = Protected Health Information

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FIRSTNAME = Full first name of the individual

LASTINITIAL = First initial of the Last Name for the individual

DOCUMENTDESCRIPTION = short description of the type of document being added

YYYY-MM-DD = Date Additional Information was submitted

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Related Documents:

Document Type	Description	Reference Number	Folder Location
Policy and Procedure	BQAI Policy Manual Page	PO.1003	https://www.dhhs.nh.gov/bqai/hsa.htm
Form	Sentinel Event Reporting Form	F.1003	https://www.dhhs.nh.gov/bqai/hsa.htm