

Sentinel Event #
[assigned by DHHS]

**STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES**

Effective Date:
September 2010

SENTINEL EVENT REVIEW PRESENTATION

1. Individual's Name Last name: First name:		2. Date of Event Middle initial:	
3. Division, Bureau or Institution <i>eligibility</i> [check the primary bureau or institution in which the individual is/has been eligible for services] <u>Community Based Care Services</u> <input type="checkbox"/> Behavioral Health <input type="checkbox"/> Developmental <input type="checkbox"/> Drug and Alcohol <input type="checkbox"/> Elderly and Adult <input type="checkbox"/> Homeless & Housing <input type="checkbox"/> New Hampshire Hospital <u>Children, Youth and Families</u> <input type="checkbox"/> Child Protection <u>Juvenile Justice Services</u> <input type="checkbox"/> Juvenile Probation and Parole <input type="checkbox"/> Sununu Youth Services Center			
4. Date of Sentinel Event Review:		Location:	
5. Sentinel Event Review presenter: Last name: First name: <input type="checkbox"/> DHHS staff (indicate division and bureau): <input type="checkbox"/> Community agency/provider (name of agency): Middle initial:			
6. Type of Sentinel Event <input type="checkbox"/> 1. Unanticipated death or permanent loss of function <input type="checkbox"/> 2. Homicide or suicide <input type="checkbox"/> 3. Sexual assault or rape <input type="checkbox"/> 4. Abuse that seriously jeopardizes the individual's health <input type="checkbox"/> 5. Neglect that seriously jeopardizes the individual's health <input type="checkbox"/> 6. High profile event, which may include media coverage and/or police involvement			

7. Presentation Materials / Information

A. Demographic information, to include:

1. Name
2. Address
3. Date of birth / age
4. Marital status

B. Description of the precipitating event, to include:

1. Day / date / time
2. What happened, when it happened, where it happened, how it happened
3. Other relevant information

C. Clinical description of the individual, to include:

1. Functional status
2. Physical health (to include medical and/or surgical diagnosis(es))
3. Psychological status (to include psychiatric diagnosis(es))
4. Cognitive status
5. Social functioning
6. Behavioral history
7. Current medication(s) (to include medical and psychiatric)
8. Legal status (guardianship, representative payee, conditional discharge, child protection case, adult protection case, etc.)
9. Spirituality
10. Living situation
11. Family status
12. Quality of life
13. Current treatment/service plan including the level of the individual's involvement with treatment/services of the community agency/provider (agency name:) from the perspective of the:
 - Family
 - Legal system
 - Hospital

D. If the Sentinel Event involved a resident of a residential care facility, provide the following:

1. Census / activity level
2. Staffing composition / overtime, floats, etc.
3. Resource issues

E. Immediate action taken by the community agency/provider when the sentinel event occurred with information provided by:

1. Individual treatment/service plan
2. Family/guardian
3. Client records
4. Internal notification

F. Identify other, relevant administrative/operational issues

G. Opportunities for improvement / Action Plan (see Sentinel Event Review Action Plan instructions)