

**Alcohol & Drug Abuse Division
State of Hawaii Department of Health
SENTINEL EVENT REPORTING FORM**

Under the Alcohol and Drug Abuse Division (ADAD) guidelines, a **Sentinel Event** is an unexpected occurrence involving death or serious physical and/or psychological harm or the risk thereof, requiring immediate investigation and/or administrative response. Serious injury specifically includes loss of limb or function. The phrase "or the risk thereof" includes any process variation for which a recurrence would carry a significant chance of a serious adverse outcome.

A verbal report of a Sentinel Event within 24 hours to the QAIO Supervisor at (808) 692-7518 is required. The Sentinel Event Reporting Form (ADAD Form SER-14-001) must be submitted within 72 hours of the event occurrence to fax (808) 692-7521 or hand-delivered to 601 Kamokila Blvd., Room 360, Kapolei, HI, 96707.

Fax Sentinel Event Reporting Form to (808) 692-7521, Attn: Angela C. Bolan, QAIO. Sentinel Event Reporting Form is to be completed by staff witnesses involved.

Agency:		Provider ID#:		Program Name:	
Street Address:		City:		Zip Code:	Island:
Report By:		Date of Verbal Report:		Date of Written Report:	
Level of Service (Please check one):					
<input type="checkbox"/> Residential		<input type="checkbox"/> Detoxification (Social)			
<input type="checkbox"/> Therapeutic Living Program		<input type="checkbox"/> School-based			
<input type="checkbox"/> Outpatient		<input type="checkbox"/> Community-based			
<input type="checkbox"/> Clean and Sober Living		<input type="checkbox"/> Other (Please specify): _____			
Client's Last Name:			Client's First Name:		
Client ID#:	Date of Birth:	Event Date: Time:			
		am/pm			
Event Description					
Person(s) Involved (including Staff and Position Titles)					

Precipitating & Contributing Factors

Post-Event Details

Law Enforcement contacted

Programmatic Adjustments

Additional Information

Sentinel Event Category

- Abuse of a Client
- Death of Client
- Elopement (high risk for harm to self or others)
- Homicide
- Injury (requiring emergency department or hospital visit)
- Medication Error/Substance Intoxication (requiring emergency department or hospital visit)
- Physical Assault (requiring emergency department or hospital visit)
- Sexual Assault
- Suicide
- Suicidal Threat (serious – with a plan to harm or act of harm)
- Other (Please specify serious event not described above): _____
- Psychiatric Hospitalization
- Refusal of Life Preserving Medical Treatment
- Self-Inflicted Potentially Lethal Injury

Completed by		Date	
Approved by		Date	