

**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, other crime, 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.**

<b>Agency:</b>		<b>Provider ID# (if Known)</b>	<b>Program Name:</b>		
<b>Street Address:</b>		<b>City:</b>	<b>Zip Code:</b>	<b>Island:</b>	<b>Telephone:</b>
<b>Report By:</b>		<b>Date of Verbal Report:</b>		<b>Date of Written Report:</b>	
<b>Level of Service (Please check one):</b>					
<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): _____			
<b>Client's Last Name:</b>			<b>Client's First Name:</b>		
<b>Client ID#:</b>	<b>Date of Birth:</b>	<b>Event Date: Time:</b>			
		am/pm			
<b>Event Description</b>					
<b>Person(s) Involved (including Staff and Position Titles)</b>					

**Precipitating & Contributing Factors**

**Post-Event Details**

Law Enforcement contacted

**Programmatic Adjustments**

**Additional Information**

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

<b>Completed by</b>		<b>Date</b>	
<b>Approved by</b>		<b>Date</b>	

