Sentinel Event Report Form

**Instructions:** Baltimore City publically funded behavioral health service providers are asked to submit this completed form within 72 hours following a sentinel event to the BHSB Compliance Department by fax at 410.735.8541 or by email at sentinel.events@bhsbaltimore.org. For more information please contact sentinel.events@bhsbaltimore.org.

**Definition:** A sentinel event is an unexpected occurrence involving death, permanent harm, severe temporary harm, serious physical or psychological injury, or the risk thereof (CARF, December 2013). This is inclusive of children of parents/guardians receiving behavioral health treatment. Such events are called “sentinel” because they signal the need for immediate investigation and response. (Joint Commission, January 2016)

Example:

a. Death of a consumer, on and off site
b. Death of a visitor or staff member while at the program site, as a result of duties and responsibilities i.e. overdose or home visit
c. Sexual assault that occurs in the program, on and off site,
d. Serious injury to a patient while at the program that requires medical attention,
e. Assault on a client, staff member, or visitor, any battery on a client, staff member, or visitor or any abuse, neglect, or exploitation of a client, staff member, or visitor by another client, program staff or visitor, and
f. External disaster or other emergency situation that affects the continued safe operation of the program.
g. Overdose (lethal and non-lethal) on and off site,
h. Suicide attempt, on and off site for currently enrolled and discharged consumers with 72 hours
i. Medication diversion/dispensing errors (medication missing/stolen from program, spillage during dispensing, dosing errors, etc.)

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**Date:**
1. **Program Name:**

2. **Program Director, Phone & Email:**

3. **Clinical Director, Phone & Email:**

4. **Location, Date & Time of Event:**

5. **Description of Event (attach pages if necessary):**
6. What persons were involved in event?
   Were they under the age of 18?  ☐ Yes  ☐ No
   If yes, was the family/guardian notified?  ☐ Yes  ☐ No
   Was the Department of Social Services (Child Protective Services or Adult Protective services) notified?  Why or why not?

7. What is the current status of the affected individuals?
   ☐ hospitalized  ☐ discharged  ☐ recovered
   ☐ deceased  ☐ other __________________________

8. Is there any risk to safety of other clients or staff as a result of event?

9. What is the current status of program operations?
   ☐ policy change or revision  ☐ client relocated  ☐ take home medication rescinded
   ☐ operating normally  ☐ services disrupted  ☐ other __________________________

10. Was 911 called?  ☐ Yes  ☐ No

11. Was medical attention provided to anyone?  ☐ Yes  ☐ No

12. Was anyone transported to hospital?  ☐ Yes  ☐ No

13. If yes to questions above, please provide description:

   ............................................................................................................................

14. Was police report filed?  ☐ Yes  ☐ No

15. If yes, please provide brief description of arrests, criminal charges, etc.

16. Was there press coverage?  ☐ Yes  ☐ No

17. Next steps/immediate or long-term corrective actions?
For Internal Use ONLY

Date:

BHS Baltimore’s Response (Include staff person(s) involved and actions taken):

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<tr>
<th>Outcome:</th>
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<table>
<thead>
<tr>
<th>Action:</th>
<th>Status:</th>
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<tbody>
<tr>
<td>☐ No action taken (Provider response sufficient)</td>
<td>☐ Closed</td>
</tr>
<tr>
<td>☐ Unannounced Site Visit</td>
<td>☐ Pending</td>
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<tr>
<td>☐ Morbidity and Mortality Review</td>
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<tr>
<td>☐ Corrective Action Plan</td>
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<table>
<thead>
<tr>
<th>Resolver of Sentinel Event</th>
<th>Date</th>
<th>Supervisor</th>
<th>Date</th>
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Revised: 7/28/16