

**ADULT MENTAL HEALTH DIVISION
Provider/Consumer Ten Day Sentinel Event Conference Report
(Required for all Sentinel Events)**

Consumer's Name: (Last) _____ (First) _____

Sentinel Event Date: ____/____/____
 dd mm yyyy

Section I

In accordance with the AMHD Sentinel Event policy, the Sentinel Event Conference and Sentinel Event Conference Report are required from you within ten (10) working days of the event. Please briefly describe the event, the date of the conference, and the future plans. (If the Sentinel Event is a Category A, a Root Cause Analysis and a Joint Plan of Improvement Conference should also be completed within 30 days.)

Remembering an important goal of sentinel event reporting and analysis *is* system improvement, please complete this form. Keep in mind any gaps that might have contributed to the event within 1) your provider system; 2) other provider systems that served the consumer, 3) the Legal system, and/or the greater AMHD system.

Address the following questions for the ten day report.

Items may have more than one response from the lists provided. Mark an X in the boxes that apply.

1. What is the consumer's outcome?

- a. voluntarily returned from elopement
- b. involuntarily returned from elopement
- c. whereabouts unknown
- d. maintained tenure in program
- e. encounter with law enforcement (not incarcerated)
- f. discharged from program
- g. admitted to HSH/AMHD contracted inpatient facility
- h. admitted to community psychiatric inpatient facility

- 1. admitted to medical inpatient facility
- j. moved to new community placement
- k. homeless
- l. incarcerated
- m. expired

2. What may have contributed to the sentinel event? *(check all that apply)*

- a. inadequacy of consumer assessment
- b. inadequacy of care planning
- c. lack of communication among staff
- d. lack of communication between providers
- e. lack of communication between staff and AMHD
- f. lack of supervision of staff
- g. inadequacy of staffing
- h. lack of staff competencies
- i. lack of availability of service
- j. lack of accessibility of services
- k. lack of continuity of care
- l. lack of crisis planning,
- m. lack of coordination of care,
- n. inadequate discharge planning
- o. lack of coordination between behavioral health and medical care
- p. lack of family or significant other support
- q. inadequacy of CM contact
- r. inadequacy of police response
- s. lack of appropriateness of discharge from ER/hospital '
- t. inadequacy of Probation/Parole Officer contact
- u. lack of appropriateness of placement
- v. inadequacy of ACCESS
- w. lack of collaboration with court
- x. inadequacy of transition
- y. inappropriateness of level of care
- z. lack of quality of services
- aa. undetected worsening condition
- bb. other (specify) _____

3. What actions were taken in response to the sentinel event? (check all that apply)

- a. consulted program manager
- b. consulted psychiatrist
- c. consulted RN
- d. consulted CM
- e. consulted UM
- f. consulted AMHD Medical Director
- g. consulted Medical Director of program
- h. consulted Probation/Parole Officer
- i. consulted Forensic Coordinator
- J. consulted MISA Coordinator
- k. notified APS
- l. contacted legal guardian
- m. arranged peer support
- n. police called
- o. MH-1 police transport to ER
- p. ambulance called
- q. staff transported to ER
- r. alternate housing provided
- s. called ACCESS
- t. used crisis services
- u. notified OHCA
- v. increased level of care
- u. other (specify) _____

Section II -Category B Only

If category A, omit the table and skip to Section III page 5.

For Sentinel Events in Category B, use the table below to answer question 4 and 5. If an action does not apply, leave it blank.

From your causal analysis and risk reduction plan, which organization may have responsibility for each risk reduction action you identified? Check the boxes that apply for organization listed in A-C below.

From your causal analysis where the risk reduction plan is targeted for your organization enter the target dates (D), persons responsible (E) and position of responsible person (F).

Table: Causal Analysis/Risk Reduction Plan

Action	A. AMHD System	B. Legal System	C. Provider Services	D. Target Date	E. Person Responsible	F. Title of Responsible Person
a. Establish staff competency standards						
b. Implement evidence-based best practices						
c. Train Staff						
d. Educate family						
e. Increase frequency of CM						
f. Increase Medication Monitoring						
g. Facilitate access to psychiatrist						
h. Use one-to-one services						
i. Increase level of care						
j. Access CBI funds						

k. Collaborate with MISA Coordinator						
l. Collaborate with Forensic Coordinator						
m. Collaborate with PO/Parole Officer						
n. Collaborate with other agencies						
o. Communi- cate with Court System						
p. Revise ISP						
q. Increase participation in treatment team						
r. Increase clinical staff supervision						
s. Change agency policy and procedures						
t. Request AMHD technical assistance						
u. Other (specify)						

Section III
(Complete for Category A and B sentinel events)

If you have additional comments regarding this sentinel event, please add them:

Who completed this form: _____

Who attended conference: (include title): _____

Program name: _____

Reported by: (Name, Title): _____

Phone number: _____

Date form completed: (mm/dd/yyyy): _____

	Signature	Date
Program Manager	_____	___/___/___
Provider Medical Director	_____	___/___/___
Provider Quality Management Coordinator	_____	___/___/___
AMHD Quality Improvement Administrator	_____	___/___/___
AMHD Performance Improvement Coordinator	_____	___/___/___
AMHD Medical Director	_____	___/___/___

** Fax this form to 453-6995*