

## **DCYF Standard Operating Procedure**

## 1099.3 SENTINEL EVENT REPORTING

Policy Directive: 21-36

Effective Date: June 2021

Implements Policy: 1099

Approved:

Joseph E. Ribsam, Jr., DCYF Director

This SOP defines how to report Sentinel Events.

## **Procedure**

The following information is to support the implementation of the above referenced policy. This document shall not preclude staff from using their professional judgement based on individual circumstances, consistent with the requirements of the policy.

- I. Upon receiving a Critical Incident Report (Form 1099), Bureau of Evaluation, Analytics, and Reporting (BEAR) staff review the report and determine if the critical incident meets the criteria for a "sentinel event" as indicated in the NH DHHS Sentinel Event Policy.
- II. When the criteria is met, BEAR staff:
  - A. Immediately provide verbal notification to the Department's Office of Quality Assurance and Improvement (OQAI) Senior Director and the Department's Associate Commissioner;
  - B. Email the DCYF Director, Bureau Chief of Field Services, Clinical Services Specialist, and the Office of the Commissioner (DHHS Associate Commissioner of Human Services and Behavioral Health or DHHS Deputy Commissioner, if the former is unavailable) that the critical incident meets the criteria for a sentinel event;
  - C. Complete and upload the Sentinel Event Reporting Form to the NH DHHS Sentinel Event Reporting E-Studio application (available at <a href="https://nh.same-page.com">https://nh.same-page.com</a>) within 72 hours; and
  - D. Notify the Office of the Child Advocate that a Sentinel Event Reporting Form has been generated for the purpose of monitoring the procedures of the Division.
- III. Specific critical incidents that have not required a Sentinel Event review may fall under the scope of the Division's Quality Assurance Specific Case Reviews pursuant to policy 2850.
- IV. Data about all critical incidents will be maintained by the Bureau of Evaluation, Analytics, and Reporting (BEAR).

Applicable Forms		
Form	Title	
1099	Critical Case Incident Report	

## **Glossary and Document Specific Definitions**

A - B C - D E-F G - I J-L M - N O - Q R - S T - V W - Z

Document Change Log			
PD	Modification Made	Approved Date	

SOP 1099.3 Page 2 of 2