



**Maine Department of Health & Human Services  
Division of Licensing and Regulatory Services  
Mandatory Reporting of Sentinel Events**

## **Sentinel Event Reporting Form**

### **Section I**

**This information is protected from public disclosure.**

This form is required to meet the regulations pursuant to Section 1, 22 MRSA, Chapter 1684, Sentinel Events Reporting, § 8756

Regulations for Governing the Licensing of Ambulatory Surgical Facilities, Chapter 4.B. Compliance Requirements-Mandatory Reporting of Sentinel Events; the Licensing of General and Specialty Hospitals, Chapter VI.T. Governing Board-Mandatory Reporting of Sentinel Events; Critical Access Hospitals, Chapter XXVII C.1.b) (4); the Licensing of End Stage Renal Disease Units/Facilities, Chapter 4.F. Administration-Mandatory Reporting of Sentinel Events; the Licensing and Functioning of Intermediate Care Facilities for Persons with Mental Retardation, Chapter 5.D.11 Mandatory Reporting of Sentinel Events

- I. Each facility (general acute hospital, critical access, and specialty hospital, ambulatory surgical facility, end stage renal disease, intermediate care for mental retardation) shall report (to the Division) all patient sentinel events.
- II. Patient Sentinel Events include:
  - a. One of the following that is determined to be unrelated to the natural course of the patient's illness or underlying condition or proper treatment of that illness or underlying condition that results from the elopement of a patient who lacks the capacity, as defined in Title 18-A, section 5-801, paragraph C, to make decisions:
    - 1) An unanticipated death; or
    - 2) Major loss of physical or mental function not related to the natural course of the patient's illness or underlying condition.
  - b. Surgery on the wrong patient or body part;
  - c. Hemolytic transfusion reaction involving the administration of blood or blood products having major blood group incompatibilities;
  - d. Infant abduction or discharge to the wrong family;
  - e. Rape of a patient;
  - f. Suicide of a patient in a healthcare facility where the patient receives inpatient care.

## Section II

**Part I:** To be submitted or called to the Division by the next business day after the sentinel event occurred or the next business day after the hospital determines that an event occurred.

<b>Name of facility</b>	
<b>Type of Sentinel Event</b>	
<b>Date of Event</b>	
<b>Time of Event</b>	
<b>Date of detection (date event identified by facility)</b>	
<b>Date event reported to State</b>	
<b>Physical location of patient when SE occurred</b>	
<b>How was event discovered?</b>	
<b>Describe any immediate corrective action taken?</b>	
<b>Patient's Age</b>	
<b>Patient's Gender</b>	
<b>Admitting Diagnosis</b>	
<b>Admitting ICD-9 Codes</b>	
<b>Discharge ICD-9 Codes</b>	
<b>Name, title and contact information of person submitting report (Phone and confidential e-mail)</b>	

**Part II: Narrative Report** To be submitted in writing forty-five (45) days from the date the event was reported to the Division. (*May include attachments if all information is provided.*)

<b>Name of facility and address</b>	
<b>Name, title and contact information of person submitting report (phone and *confidential e-mail)</b>	
<b>Date and time of event</b>	
<b>Type of event</b>	
<b>Detailed Narrative Report to include:</b>	<ol style="list-style-type: none"> <li>1. Description of event</li> <li>2. Clinical or organizational systems or processes that may have contributed to the sentinel event</li> <li>3. Identification of changes to reduce the risk of reoccurrence, and all corrective actions taken or planned</li> <li>4. Identifies who will be responsible to implement and measure/monitor effectiveness of risk reduction measures</li> <li>5. Identifies when the proposed actions begin, and how frequently will they be assessed</li> <li>6. Describes how corrective actions will be communicated to all levels of facility quality improvement process</li> <li>7. Includes documentation of a relevant literature search related to systems/process improvement</li> <li>8. Includes signature of the Chief Executive Officer/Administrator of the hospital</li> </ol>

**Part III: Detailed Narrative Report**

*Please submit via fax to 207-287-3251, e-mail ([carole.kennally@maine.gov](mailto:carole.kennally@maine.gov), or [anne.flanagan@maine.gov](mailto:anne.flanagan@maine.gov)), or mail (suggest Return Requested)*

**Confidential to Carole Kennally, RN, Health Services Consultant or  
Anne Flanagan, MS, RN, Health Services Consultant**

Maine Department of Health & Human Services  
Division of Licensing and Regulatory Services  
# 11 State House Station  
41 Anthony Ave  
Augusta, Maine 04333-0011