

## NorthCare Network Substance Abuse Services

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### Sentinel Event/Critical Incident Notification Report

**Residential Provider Name:** \_\_\_\_\_

**Date & Location of Event:** \_\_\_\_\_ **Time of Event:** \_\_\_\_\_

**Incident Category:**     Death of Recipient     Accident     Physical illness requiring hospital admission  
 Serious Challenging behaviors     Medication Error     Arrest / Conviction

**Brief Description of Event:** \_\_\_\_\_

**Identifiable Causes of Event, which may need Investigation:** \_\_\_\_\_

**Actions Taken after Event:** \_\_\_\_\_

**Comments:** \_\_\_\_\_

**Person Completing Form:** \_\_\_\_\_ **Phone#:** \_\_\_\_\_

**Report Date:** \_\_\_\_\_

Following initial submission of a **Sentinel Event/Critical Incident Notification**, the information will be reviewed by QI team. If it is decided that the situation constitutes a Sentinel Event, Provider will be notified to participate in NorthCare Network's Root Cause Analysis process.