



Instructions for completing Region 10's SUD Sentinel Event Summary Form (fillable PDF):

1. SUD Provider Agency - Choose appropriate agency name from drop-down menu.
2. Contact name – Fill in contact name.
3. Email – Fill in contact name's email address.
4. Event Date – Fill in date of Sentinel Event.
5. Consumer MIX ID Number – Fill in Enrollee MIX ID.
6. Report Submission Date – Fill in date of report submission to Region 10.
7. If no Sentinel Event(s) to report check here – check box (if appropriate). If this is true, leave Event Date blank.
8. Service Status – Choose Yes or No.
9. Critical Incident – Choose Yes or No for each statement.
10. Program Review Response – Choose Yes or No for each statement.
11. Reporting – Choose Yes, No or N/A for each statement.
12. Submit completed form via email to Michelle McFadden and Cindy Eckert.

Findings and Disposition area is for Region 10 Sentinel Event Review Committee use only.

Recommendations and Date area is for Region 10 Sentinel Event Review Committee use only.