

NORTH SOUND BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION, LLC CRITICAL INCIDENT REPORT

To:	Fax Number	FYI – Telephone Numbers	E-mail Address
North Sound BHO	360-416-7017	800-684-3555 or 360-416-7013	ci@northsoundbho.org

Note: Faxed reports must include cover sheet with confidentiality disclosure

From: (Print name & credentials of staff completing form)

Signature of staff completing form: _____

Telephone: _____ E-mail if Applicable: _____

Agency Name/Location: _____

Location (city) of Incident: _____ County of Incident: _____

Subject's (Indv. or Staff) Name: _____ DOB: _____ Age: _____ Individual ID: _____

Date & Time of Incident: _____ Date & Time Incident Known to BHA: _____

Date & Time of Report to North Sound BHO: _____

CHECK ALL THAT APPLY

Note: For all incident categories: (Need for formal internal review is determined by provider or CIRC. Forward findings to North Sound BHO)
Category I: BHA notify BHO by phone or email (name& brief description of CI) immediately after learning of the CI, & then send this report same day.
<input type="checkbox"/> Death of individual, staff, or public citizen: Only report deaths that occur at a HCA facility, or a facility that HCA licenses, contracts with and certifies.
<input type="checkbox"/> Unauthorized leave (UL) of a mentally ill offender or sexually violent offender: Only report incidents where a UL involves a mentally ill offender or a sexually violent offender and occurs at a Behavioral Health Facility or a Secure Community Treatment Facility, which includes Evaluation and Treatment Centers (E&T) or a Crisis Stabilization Unit (CSU) and Triage Facilities that accept involuntary individuals.
<input type="checkbox"/> Violent act: Any alleged or substantiated assault resulting in non-fatal injuries, rape, sexual assault, homicide, attempted homicide, arson, indecent liberties, kidnapping, manslaughter, robbery, vehicular homicide, or substantial property damage (>\$100,000.00), committed by a individual.
<input type="checkbox"/> Bomb threat or active shooter: At a facility that HCA licenses or contracts with.
<input type="checkbox"/> Any event involving an individual or staff that has already attracted media attention.
Category II: BHA send this report to BHO within one business day of becoming aware of the CI.
<input type="checkbox"/> Alleged individual abuse or neglect of a serious or emergent nature: The willful action or inaction that inflicts injury, unreasonable confinement, intimidation, punishment on, or abandonment of a vulnerable adult by a BHA employee, volunteer, licensee, contractor, or another individual. In an instance of abuse of a vulnerable adult who is unable to express or demonstrate physical harm, pain, or mental anguish, the abuse is presumed to cause physical harm, pain, or mental anguish.
<input type="checkbox"/> A substantial threat to facility operation or client safety resulting from a natural disaster (to include earthquake, volcanic eruption, tsunami, fire, flood and outbreak of communicable disease, etc.)
<input type="checkbox"/> Any breach or loss of individual data in any form that is considered as reportable in accordance with the Health Information Technology for Economic and Clinical Health (HITECH) Act and that would allow for the unauthorized use of client personal information. In addition to the standard elements of an incident report, the entity reporting the CI will document and/or attach: 1) the Police report, 2) any equipment that was lost and 3) specifics of the client information.
<input type="checkbox"/> Allegation of financial exploitation (FE) involving an agency individual or other: The illegal or improper use of the property, income, resources, or trust funds of the vulnerable adult by any person for any person's profit or advantage other than for the vulnerable adult's profit or advantage.
<input type="checkbox"/> Suicide attempt requiring medical care: Only report suicide attempts that occur at a HCA facility or a facility the HCA licenses, contracts with and certifies.
<input type="checkbox"/> Any event involving a individual or staff likely to attract media attention.
<input type="checkbox"/> Any event involving: a credible threat towards a staff member. A credible threat towards staff is defined as "A communicated intent (veiled or direct) in either words or actions of intent to cause bodily harm and/or personal property damage to a staff member or a staff member's family, which resulted in a report to Law Enforcement, a Restraining/Protection order, or a workplace safety/personal protection plan.
<input type="checkbox"/> Any incident that was referred to the Medicaid Fraud Control Unit by the BHO or its Subcontractor.
<input type="checkbox"/> Serious injury (permanent or requiring hospitalization) of individual, staff, or public citizen: Only report injuries that occur at a HCA facility, or a facility that HCA licenses, contracts with & certifies.
<input type="checkbox"/> Medication error administered to an individual at a facility that contracts with HCA, resulting in an adverse effect & requiring urgent medical attention.

- Others notified (check all that apply)** DCR Emergency Medical Services CPS/APS Volunteers of America
 BHA Executive Dir/CEO BHA Clinical Director Primary Clinician Provider Quality Manager BHA Prescriber
 Local Law Enforcement Medicaid Fraud Control Washington State Patrol

COORDINATED QUALITY IMPROVEMENT DOCUMENT

This is a protected Coordinated Quality Improvement document solely for the purpose of assuring Continuous Quality Improvement and Quality Assurance by the North Sound BHO, its providers and component counties. This document is strictly confidential to the fullest extent allowed by RCW 43.70.10 and is not subject to disclosure pursuant to Chapter 43.17 RCW.

I. Describe the incident: *(Be specific about what happened, to whom, when and where. Include current diagnosis and service history. Include relevant witnesses or additional staff/individuals involved and any attachments as appropriate).* **WHEN YOU INCLUDE THE NAME OF AN INVOLVED PERSON OTHER THAN THE INDIVIDUAL, ALSO STATE THEIR TITLE OR RELATIONSHIP TO THE INDIVIDUAL.**

II. Is there essential information you are gathering that is necessary to understanding the critical incident?
 YES NO – *If yes, please send addendum information to your Quality Manager within 5 business days.*

III. Immediate Action Taken: *(What was done immediately to lessen or prevent further individual loss or harm?)*

IV. Future Action: *(What will be done to decrease the likelihood of this type of incident occurring for this and/or other individuals in the future?)*

V. Individual's whereabouts at the time of the report: (e.g. home, hospital, jail), if known, or actions by the BHA to locate the individual.

Management Reviewer (Signature): _____

Title: _____ Date: _____

Quality Manager (Signature): _____ Date: _____

Internal Review: Are there plans for a formal internal review of this incident? YES NO
(If YES, submit written findings to North Sound BHO within 5 business days of the review.)

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