

**DEPARTMENT OF HEALTH & HUMAN SERVICES
DIVISION OF BEHAVIORAL HEALTH SERVICES
ADVERSE INCIDENT REPORT**

Date of Incident: _____ Date of Report: _____

Client Name: _____ Age: _____ DOB: _____ EHR #: _____

Agency/Facility/Program: _____ Assigned Worker: _____

Supervisor: _____

Agency Designee: _____ Contact Number: _____

Type of Incident (see Instructions for definitions):

- | | | | |
|---------------------------------------|---------------------|-------------------------|---------------------|
| 1. Death | 2. Suicide Attempt | 3. Serious Injury | 4. Patients' Rights |
| 5. Sexual Harassment | 6. Med. Side Effect | 7. Communicable Disease | 8. Facility Event |
| 9. Credentialing | 10. Catastrophes | 11. Emergency Services | 12. Litigation |
| 13. Adverse Political/Media Attention | 14. Other | | |

Program Admission Date: _____ Last face to face contact date: _____

Identify Other Agencies Involved in treatment: _____

Other Agencies Notified (examples: CCL, APS, CPS, Sheriff, PD, etc.): _____

Description of the incident (including date, time, location & people or programs involved). Additional sheet(s) may be added:

What services were provided prior to the incident? (Summary of type and frequency of services)

Action taken since incident:

Follow up plan:

Signatures and Date:

Agency Designee: _____ **Date:** _____

County Program Coordinator/Contract Monitor: _____ **Date:** _____

County Program Manager: _____ **Date:** _____

County Division Manager: _____ **Date:** _____

DBHS Director: _____ **Date:** _____

For Internal County Use Only
Follow up actions taken:

Instructions:

Route: One to Quality Management, One to Contract Monitor/Program Coordinator, One to Agency Adverse Incident File

Definitions:

Agency Designee: The person who reviewed the information and submitted the form to the County.

Assigned Worker: The primary staff working with the client.

Supervisor: Direct Supervisor for the Assigned Worker

Type of Incident:

1. Death – Death of any client for any cause
2. Suicide Attempt – Serious suicide attempt requiring professional medical attention.
3. Serious Injury – A client or employee injury on site that requires hospital care of more than one day.
4. Patients' Rights – A complaint of serious infraction(s) of patient's rights, including client abuse.
5. Sexual Harassment – A complaint of sexual harassment or undue familiarity involving staff or clients.
6. Med. Side Effects – Serious medication side effects requiring hospitalization.
7. Communicable Disease - All cases of communicable diseases reported under Section 2502 of Title 17 CCR, shall be reported to the local health officer in addition to DHCS and the County
8. Facility Event – A facility fire or explosion requiring evacuation of clients and/or staff.
9. Credentialing – Falsification of professional credentials required for licensure, practice, or work related duties.
10. Catastrophes - Flooding, tornado, earthquake, or any other natural disaster.
11. Emergency Services – Incidents involving emergency services at treatment facility (Ambulance, Police, Fire, etc.)
12. Litigation – Incident with exposure to liability that would likely lead to litigation.
13. Adverse Political/Media Attention – Incident that may engender media coverage.
14. Other

Completing the form

This form should be completed with all available information within two (2) days from when agency staff is made aware of the incident. The original should be sent to the County Contract Monitor/Program Coordinator and a copy should be forwarded to the County Quality Management Program Manager. Supplemental Information Report form can be used when more space is needed to include all required information.

Description of the Incident

This section should include all known information regarding the events leading up to the incident, the incident itself, and any outcome of the incident, including hospitalization, first responder involvement, reports made to other agencies, etc.

What services were provided prior to the incident?

This section should include information relevant to the incident, regarding length of stay, frequency and type for any and all of the following services and supports:

- a. Mental Health
- b. Psychiatric or Medication
- c. Alcohol and/or Other Drug
- d. Family Advocate, Peer and/or Youth Peer Mentor
- e. Inpatient
- f. Emergency
- g. Residential
- h. Primary Care
- i. Prevention

Action taken after the incident

This section should include follow up actions taken by the provider. It may include but is not limited to: safety planning, updating policies and procedure, training for staff, plans of correction or disciplinary actions, notification of treatment team participants, requesting of documents from outside agencies, etc.