

**NORTHERN LAKES COMMUNITY MENTAL HEALTH
UNUSUAL INCIDENT REPORT FORM - CONFIDENTIAL PEER REVIEW**

ID #: _____ (completed at data entry only)

COMPLETED BY REPORTING INDIVIDUAL:

Employee: _____

ID #: _____ MIA

Location of Incident: _____

Incident Date: _____ MIC

Program: _____

Time of Incident: _____ DDA

DDC

Other consumers and/or staff present:

Description of incident: [attach additional documents or pages as necessary] documents attached: _____

Action taken by staff involved (including treatment given, persons or agencies to whom and time report was forwarded):

Was the incident documented in the clinical record? Yes No If no, explain.

Reporter's Signature and Title

Date

Time

PRIMARY REVIEW - SUPERVISOR'S CATEGORIZATION AND REVIEW: (See back for definitions)

Death (attach copy of Report of Death)

Arrest

Recipient Abuse & Neglect – notify RRO

Accident/Injury

Conviction

Safety

Illness

Serious Challenging Behavior

Privacy

Medication Error

Treatment Issue

Other

Yes No Person lives in 24-hour specialized residential setting or child-caring institution or in their own home receiving ongoing (one or more times a week) and continuous (six months or longer) in-home assistance with ADLs.

Could anything have been done to prevent this incident? Check and explain. Yes No

What action will be taken to prevent this from happening again?

Supervisor's Signature

Date

Time

This is a confidential peer review and quality improvement document. It is protected from disclosure pursuant to the provisions of MCL 333.20175, MCL 333.21515, MCL 331.531, and MCL 331.533. Unauthorized disclosure or duplication is absolutely prohibited. Additional documents or pages may be attached as necessary.

FORWARD TO APPROPRIATE CHIEF OPERATING OFFICER OR RESIDENTIAL SERVICES SUPERVISOR FOR SECONDARY REVIEW

SECONDARY REVIEW – SUMMARY COMMENTS:

Forward for subsequent review? Yes, to: General Counsel (regulatory compliance issue)
 Recipient Rights Officer (recipient rights issue)
 Director of Quality Improvement (potential sentinel event)

 No, to: Database Only

Secondary Reviewer's Signature

Date

Time

SUBSEQUENT REVIEW – SUMMARY COMMENTS:

Reviewer's Signature and Title

Date

Time

FORWARD COMPLETED FORM TO DIRECTOR OF QUALITY IMPROVEMENT

SUMMARY REVIEW: Data Base Only Committee Reviewed, in minutes dated _____

SENTINEL EVENTS:

Sentinel Event Criteria Met	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Root Cause Analysis Conducted	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Plan of Action Required	<input type="checkbox"/> Yes	<input type="checkbox"/> No

FEEDBACK TO ORIGINATOR: None Required
 Assigned to: _____

Sentinel Event: An unexpected event involving death of a consumer or serious injury (loss of limb or function), or risk thereof.

Death: the death of a consumer receiving services or an applicant awaiting receipt of services, expected or unexpected and by any cause AND suicide of consumers who were known active cases. DCH further categorizes sentinel events as accidents, physical illness, serious challenging behaviors and medication errors resulting in death or serious injury for persons in 24-hour specialized residential, child caring institution or in own home receiving at least weekly assistance with ADLs for six months minimum.

Accident/Injury: that requires a visit to the emergency room, medi-center, urgent care or admission to hospital.

Illness: resulting in admission to hospital. Does not include planned surgeries or the natural course of a chronic condition.

Arrest or Conviction: only reported for those persons included in the DCH definition of sentinel event.

Medication Error: a variance in the delivery or administration of medication resulting in a sentinel event as defined by DCH.

Serious Challenging Behavior: those not already addressed in the treatment plan AND result in excess of \$100 property damage; attempts at self-inflicted harm or harm to others; or an unauthorized leave of absence.

Treatment Issues: unusual, unexpected, severe occurrences relating to service provision including behavioral matters, suicide attempts/threats, health care issues, and program suspensions (AND NOT meeting the definition of a sentinel event).

Abuse & Neglect: non-accidental acts or noncompliance with standards, which result in injury, risk, or undignified treatment of a consumer.

Safety: incidents of staff injury, blood-borne exposure, and vehicle accidents.

Privacy: includes any breach in confidentiality of protected health information in any format.

Other: incidents not otherwise classified.