

# Questionnaire: Critical Incident Report

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## AGENCY INFORMATION

1. *Contact Person*

2. *Office Phone*

3. *Cell Phone*

4. *Street Address (Enter number and street of agency)*

5. *City*

6. *Zip Code:*

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## PROGRAM AREA AFFILIATION: Select appropriate check box for the service(s) provided to the client

**Instructions:** Please only indicate the service(s) your agency provide to the client.

1. *Mental Health Services*

(Please select between 1 and 12 items.)

- |  |  |
|--|--|
| <input type="checkbox"/> Community Integration         | <input type="checkbox"/> Community Rehabilitation Services |
| <input type="checkbox"/> Assertive Community Treatment | <input type="checkbox"/> Daily Living Support Services     |

- |   |  |
|---|--|
| <input type="checkbox"/> Outpatient Therapy | <input type="checkbox"/> Medication Management   |
| <input type="checkbox"/> Mobile Crisis      | <input type="checkbox"/> Crisis Stabilization    |
| <input type="checkbox"/> PNMI               | <input type="checkbox"/> Behavioral Health Homes |
| <input type="checkbox"/> Club House         | <input type="checkbox"/> Other (please identify) |

**If you answered "Other (please identify) " on question 1**

**Instructions:** Please only indicate the service(s) your agency provide to the client.

1.13.1. *Please Identify*

**Instructions:** Please only indicate the service(s) your agency provide to the client.

2. *Substance Use Services*

(Please select between 1 and 8 items.)

- |   |  |
|---|--|
| <input type="checkbox"/> Residential                        | <input type="checkbox"/> Outpatient (OP)   |
| <input type="checkbox"/> Intensive Outpatient Program (IOP) | <input type="checkbox"/> MAT-Methadone     |
| <input type="checkbox"/> MAT-Other                          | <input type="checkbox"/> Re-entry Services |
| <input type="checkbox"/> TCM                                | <input type="checkbox"/> Detox Services    |

**Instructions:** LEVEL 1 DEFINITION: Critical Incidents results in death or serious injury. They significantly jeopardize clients, public safety or program integrity. Incidents involving clients must be reported to OBH, whether or not the incident took place on the program site. When a client's death is unknown and they die alone this must be reported as a level 1. Please do not report incidents that are not client related. LEVEL 2 DEFINITION: Critical Incidents include significant errors or undesirable events that compromise quality of care or client safety. Level 2 Process: The Director of Crisis Services, Program Operations, and the Executive Director is responsible for formulating a plan which includes contacting DHHS within twenty four (24) hours of the incident becoming known to staff.

3. *Level Issue:*

(Please select one.)

- ☐ Level 1 Issue
- ☐ Level 2 Issue

**If you answered "Level 1 Issue" on question 3**

**Instructions:** LEVEL 1 DEFINITION: Critical Incidents results in death or serious injury. They significantly jeopardize clients, public safety or program integrity. Incidents involving clients must be reported to OBH, whether or not the incident took place on the program site. When a client's death is unknown and they die alone this must be reported as a level 1. Please do not report incidents that are not client related. LEVEL 2 DEFINITION: Critical Incidents include significant errors or undesirable events that compromise quality of care or client safety. Level 2 Process: The Director of Crisis Services, Program Operations, and the Executive Director is responsible for formulating a plan which includes contacting DHHS within twenty four (24) hours of the incident becoming known to staff.

3.2.1. *Level 1 Issue*

(Please select between 1 and 9 items.)

- ☐ Suicide
- ☐ Homicide
- ☐ Other Death
- ☐ Medication Issue (e.g. dosing error, theft, loss)
- ☐ Self-Harm resulting in ER Care for client
- ☐ Clinical or Medication error resulting in emergency care for client
- ☐ Serious crime (e.g. arson, assault, hostage) by client with extreme risk of harm to client, staff, or public
- ☐ Other serious crimes
- ☐ Other serious events (e.g. fire, flood, MVA, Natural Disaster)

**If you answered "Level 2 Issue" on question 3**

**Instructions:** LEVEL 1 DEFINITION: Critical Incidents results in death or serious injury. They significantly jeopardize clients, public safety or program integrity. Incidents involving clients must be reported to OBH, whether or not the incident took place on the program site. When a client's death is unknown and they die alone this must be reported as a level 1. Please do not report incidents that are not client related. LEVEL 2 DEFINITION: Critical Incidents include significant errors or undesirable events that compromise quality of care or client safety. Level 2 Process: The Director of Crisis Services, Program Operations, and the Executive Director is responsible for formulating a plan which includes contacting DHHS within twenty four (24) hours of the incident becoming known to staff.

3.3.1. *Level 2 Issue*

(Please select between 1 and 6 items.)

- |  |   |
|--|---|
| <input type="checkbox"/> Alleged Physical/sexual abuse of client | <input type="checkbox"/> Suicide Attempt                                |
| <input type="checkbox"/> Lost or Missing Client                  | <input type="checkbox"/> Medication Diversion or refusal against orders |
| <input type="checkbox"/> Major physical plant disaster           | <input type="checkbox"/> Wellness check                                 |

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## INCIDENT INFORMATION

1. *Date of Incident*

2. *Time of Incident*

3. *Location of Incident*

3. *Location of Incident*

(Please select one.)

- ☐ At Program
- ☐ In the Community

4. *Incident Description. Include name of staff involved (8000 characters max)*

5. *Agency response to Ensure safety and prevent recurrence [medical, administrative, and follow-up] (1,200 character max)*

6. *Has there been known media coverage?*

(Please select one.)

- ☐ Yes
- ☐ No

**If you answered "Yes" on question 6**

6.1.1. *Please explain*

7. *Contact phone number of staff involved in the incident*

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## NOTIFICATION

1. *Who was notified (check all that apply)*

(Please select between 1 and 10 items.)

- ☐ Psychiatrist
- ☐ Medical Provider
- ☐ Guardian
- ☐ Family
- ☐ Police
- ☐ Agency Administrator
- ☐ DHHS Protective Services

- ☐ Case Manager/Community Integration Worker
- ☐ Therapist
- ☐ Other

**If you answered "Other" on question 1**

1.11.1. *Other*

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