

**THURSTON-MASON BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION
CRITICAL INCIDENT REPORT**

To:	Method for Reporting	Telephone Numbers
Thurston-Mason BH-ASO	Send secure email to: qualitymanagement@tmbho.org	360-763-5828 or 800-658-4105

From: (Print name & credentials of staff completing form) _____
 Signature of staff completing form: _____
 Telephone: _____ E-mail if Applicable: _____
 Facility name or description of the incident location: _____
 Location (city) of Incident: _____ County of Incident: _____
 Involved Individual(s) name(s) & age(s): _____
 Name(s) & title(s) of personnel or other staff involved: _____

 Date & Time of Incident: _____ Date & Time Incident Known to BHA: _____
 Date & Time of Report to Thurston-Mason BH-ASO: _____

CHECK ALL THAT APPLY

<i>BHA send this report to BH-ASO within one business day of becoming aware of a Category I or II CI involving a non-Medicaid Individual.</i>
Category I: BH-ASO send this completed report to HCA within one business day of becoming aware of these CI types.
<input type="checkbox"/> Homicide or attempted homicide by an Individual.
<input type="checkbox"/> A major injury or trauma that has the potential to cause prolonged disability, death or unexpected death of an Individual that occurred at a facility licensed by the state of Washington to provide publicly funded Behavioral Health services.
<input type="checkbox"/> An unexpected death of an Individual that occurs in facility licensed by the state of Washington to provide publicly funded Behavioral Health services.
<input type="checkbox"/> Abuse, neglect or exploitation of an Individual (not to include child abuse).
<input type="checkbox"/> Arson allegedly committed by an Individual.
<input type="checkbox"/> Assault resulting in serious harm committed by an Individual.
<input type="checkbox"/> Homicide or attempted homicide by abuse committed by an Individual.
<input type="checkbox"/> Drive-by shooting committed by an Individual.
<input type="checkbox"/> Extortion committed by an Individual.
<input type="checkbox"/> Kidnapping committed by an Individual.
<input type="checkbox"/> Rape, sexual assault or indecent liberties committed by an Individual.
<input type="checkbox"/> Robbery committed by an Individual.
<input type="checkbox"/> Vehicular Homicide committed by an Individual.
<input type="checkbox"/> Unauthorized leave (UL) of a mentally ill offender or sexually violent offender from a mental health facility, secure community Transition Facilities (i.e. Evaluation & Treatment Centers, Crisis Stabilization Units, Secure Detox Units, & triage facilities) that accept involuntary admissions.
<input type="checkbox"/> Any event involving an Individual that has attracted or is likely to attract media attention.
Category II: BH-ASO reflects an aggregate analysis of these CI types in the semi-annual CI report to HCA
<input type="checkbox"/> A credible threat to Individual's safety
<input type="checkbox"/> Allegation of financial exploitation (FE) of an Individual: <i>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.</i>
<input type="checkbox"/> Attempted or completed suicide
<input type="checkbox"/> Other incidents as defined in the BH-ASO's Policies & Procedures

Others notified (check all that apply) DCR Emergency Medical Services CPS/APS Crisis Line
 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 Thurston-Mason BH-ASO, 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 Thurston-Mason BH-ASO within 5 business days of the review.)

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