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| A picture containing icon  Description automatically generated | **TMBH-ASO Critical Incident Form** |

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| **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**

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| ***BHA send this report to TMBH-ASO within one (1) business day of becoming aware of a Category I or II CI involving a TMBH-ASO funded Individual. BHA shall report incidents that occurred within thirty (30) calendar days. Incidents that have or are likely to attract media coverage shall be reported as soon as possible, not to exceed one business day.*** |
| **Category I: *TMBH-ASO send this completed report to HCA within one business day of becoming aware of these CI types.***  |
| [ ]  **Abuse, neglect or sexual/financial exploitation of an Individual that occurs in a contracted behavioral health facility, FQHC, or by an independent behavioral health provider.** |
| [ ]   **Death of an Individual that occurs in a contracted behavioral health facility, FQHC, or by an independent behavioral health provider.** |
| [ ]  **Homicide or attempted homicide allegedly committed by an Individual diagnosed or provided behavioral health services within the previous 365 days.** |
| [ ]   **Arson allegedly committed by an Individual diagnosed or provided behavioral health services within the previous 365 days.** |
| **[ ]  Assault or action resulting in serious bodily harm that has the potential to cause prolonged disability or death allegedly committed by an Individual diagnosed or provided behavioral health services withing the previous 365 days.** |
| **[ ]  Kidnapping allegedly committed by an Individual diagnosed or provided behavioral health services within the previous 365 days.** |
| **[ ]  Sexual assault allegedly committed by an Individual diagnosed or provided behavioral health services within the previous 365 days.** |
| **[ ]  Unauthorized leave (UL) from a behavioral health facility during an involuntary detention.** |
| [ ]  **Any event involving an Individual that has attracted or is likely to attract media attention.** |
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| **Category II: BH-ASO reflects an aggregate analysis of these CI types in the semi-annual CI report to HCA** |
| [ ]  **Incidents posing a credible threat to Individual’s safety** |
| [ ]  **Suicide and** **attempted suicide** |
| [ ]  **Poisoning/overdoses unintentional or intention unknown.** |

**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 [ ] Washington State Patrol

1. **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.

Click or tap here to enter text.

1. **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.*

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

Click or tap here to enter text.

1. **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?)*

Click or tap here to enter text.

1. **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.

 Click or tap here to enter text.

Management Reviewer (Signature): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: Click or tap here to enter text. Date: Click or tap here to enter text.

Quality Manager (Signature): Date: Click or tap here to enter text.

**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.)

**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.