

The **Unusual Occurrence Incident Report (UOIR)** is used to identify and report significant events that have resulted in or have a potential for harm. These reports are confidential and protected as part of the quality assurance process and protected by attorney-client privilege as well.

Definition of Incident: An incident is an event that has occurred that may have caused physical and/or psychological harm, or has potential to do so, to a consumer, family member, staff or other person. The **Unusual Occurrence Incident Report** should be discerned from Tarasoff Incidents for which ADMHS has a specific Policy and Procedure for ADMHS staff and clinics to follow. The Tarasoff P&P requires Incident Report be made.

Incidents that are reportable in an **Unusual Occurrence Incident Report** include, but are not limited to:

Physical Events:

- Death or serious injury to a current consumer or an individual who received services within the previous 12 months
- Problems involving seclusion and/or restraint
- Any allegations of abuse of consumers
- Falls for any reason (with or without injury)
- Errors in the prescribing or administration of medications
- Needle punctures
- Assault
- Allegations of property loss
- Incidents related to physical facility issues

Psychological Events:

- Unauthorized or inappropriate release of protected health information
- Allegations of unethical relationships
- Allegations of unprofessional conduct between staff and consumers or family members
- Allegations of unprofessional conduct between staff.
- Observation and/or information regarding questionable or inappropriate staff behavior related to client
- Suspected violation of professional licensure and/or ethics

Other Issues:

The confidential **Unusual Occurrence Incident Report** is also to be used for those events which involve a potential for departmental liability or media attention

Reportable events MAY INCLUDE both physical and psychological factors, as well as incidents which are witnessed by staff or reported by others, regardless of location.

The confidential **Unusual Occurrence Incident Report** is required when staff are injured on the job, however Worker's Compensation procedures **MUST ALSO** be followed.

Reports and plans of corrective action will be forwarded, as appropriate, to Risk Management, Administrative and Management Team Meetings, Hospital Medical Staff Committees, and the Quality Improvement Committee.

Process to be followed:

Staff immediately completes a confidential **Unusual Occurrence Incident Report** for any incident or unusual occurrence, as described above, and sends it immediately to the relevant supervisor and/or manager.

The manager or supervisor reviews the **Unusual Occurrence Incident Report** and gathers any other information he or she considers relevant. The manager or supervisor then develops appropriate corrective action plans which will result in eliminating or reducing occurrence of the same or similar incidents, resulting in quality improvement.

The manager or supervisor forwards the **Unusual Occurrence Incident Report** to the Quality Assurance Department via fax at: 934-6525 or 681-5117.

The Quality Assurance Department will review, log and formulate recommendations regarding all reported incidents. The Quality Assurance Psychiatrist takes the lead role in reviewing all **Unusual Occurrence Incident Reports** originating at the Psychiatric Health Facility (PHF), as well as those incidents that pertain to medications errors and other specific psychiatric issues. The Psychiatrist and QA Manager review the **Unusual Occurrence Incident Reports** and when appropriate, direct the **Unusual Occurrence Incident Report** to management and/or executive staff for further review.

A database of types of incidents by location is kept by the Quality Assurance Department and data collected is trended and reviewed at the quarterly Quality Improvement Committee (QIC) meetings.

Expedited Reporting:

Whenever an incident has involved or resulted in serious injury or death, or a potential for departmental liability or media attention, involved line staff 24/7 immediately contacts and informs their supervisor, who initiates a process that immediately assures the department's full chain of command, beginning with the Director, is informed of known details of the event.

Whenever serious injury or death occurs in the PHF, specialized reporting is required. The QA Manager and PHF Manager will coordinate reporting with the ADMHS Director and Medical Director to ensure that all required reports are completed and forwarded to DMH and CMS licensing bodies in a timely manner. Clinical staff will outreach to impacted family members and offer support through the resources of the department, potentially including meetings, referrals, and other supportive actions within the guidelines of proper consents for release of

information. Staff will respect the confidentiality rights of the injured or deceased individual(s) involved at all times during this process.

Completing the Confidential Unusual Occurrence Incident Report:

The form is self-explanatory. All information on the first page must be completed by program staff and management, including review of the incident and response by the program manager or supervisor. It is required to provide a client's name and medical record number; the name of the reporting person and agency; telephone number of the reporting person and/or agency; a brief description of the incident and any immediate actions taken by staff. It must be indicated whether a treating psychiatrist was notified of the incident.

IMPORTANT:

Factual information regarding observed and/or reported incidents is documented in consumer medical records in the same manner as all other relevant clinical information.

The **Unusual Occurrence Incident Report** is a confidential document intended for the exclusive use of the ADMHS Quality Assurance program and County Counsel. The **Unusual Occurrence Incident Report** is **NEVER** a part of the client medical record. Completion of the **Unusual Occurrence Incident Report** should **NEVER** be mentioned in the client medical record, to the client, family, or anyone else outside ADMHS.

The **Unusual Occurrence Incident Report** form can be found on the ADMHS Intranet. The "Compliance" link directs the user to Policies and Procedures. The Policy and Procedure # 28 is for **Unusual Occurrence Incident Reports**. The form is located at the end of the Policy and Procedure. It can be completed either electronically or printed and hand-written.

In either manner of completion, the form **MUST** be submitted via email or fax faxed to the Quality Assurance Department.

If the **Unusual Occurrence Incident Report** is submitted via e-mail you **MUST** use **WINZIP** to ensure confidentiality guidelines. To use WINZIP, follow the instructions under "WINZIP Training" found in the "Training" section of the ADMHS Intranet.

Common Mistakes

- Omitting Clients' Identification Number
- Omitting telephone number and the name of the agency that is making a report
- Using an incident report form for incidents that pertain to staff **ONLY**

ADMHS UNUSUAL OCCURRENCE INCIDENT REPORT
PRIVILEGED & CONFIDENTIAL QUALITY ASSURANCE MATERIAL
Directions: 1) Complete, 2) Submit to Program Manager, 3) PM send to QA Manager

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Name of Person Completing Report _____

Person Involved in Incident _____ Client # _____

Guardian's Name if Client is a Minor: _____

Incident Date _____ Incident Time _____ AM PM

Incident Location _____

Witness to Incident – Name _____

Address _____

DESCRIPTION OF INCIDENT: (Add pages if more space is needed for description.)

Action taken by Staff:

Was psychiatrist notified? (if applicable) YES NO Comments: _____

Severity of Effect: None Minimal Mild Significant Death resulted? Yes No

Signature: _____ Date: _____

Program Manager's/Nursing Supervisor's Corrective Action/Plan

Signature: _____ Date: _____

Continued next page



NOT TO BE A PART OF THE PATIENT RECORD

Quality Assurance Review

Signature: _____ Date: _____

(Please route to ONLY THOSE checked below. Return to QA Manager when reviews are completed.)

Review By Patients' Rights Advocate Review/Comments

Signature: _____ Date: _____

Review By Medical Director's Review/Comments

Signature: _____ Date: _____

Review By Assistant Director, Review/Comments

Signature: _____ Date: _____

Review By Assistant Director, Programs Review Review/Comments

Signature: _____ Date: _____

Review By Mental Health Director's Review/Comments

Signature: _____ Date: _____



Employee's Report of Incident Only

Do not use this form if you have received medical treatment for this incident or have lost time from work as a result of this incident. This form is for documentation purposes only and is not a claim for workers' compensation benefits. Please give this form to your immediate supervisor, upon completion.

1. NAME _____ TODAY'S DATE _____
2. HOME ADDRESS _____
3. CITY _____ STATE _____ ZIP _____
4. WORK TELEPHONE NUMBER _____ HOME TELEPHONE NUMBER _____
5. DATE OF INCIDENT _____ TIME OF INCIDENT _____ A.M. _____ P.M.
6. WERE YOU ON DUTY WHEN INCIDENT OCCURRED? YES NO
7. WERE YOU ON COUNTY PROPERTY AT TIME OF INCIDENT YES NO
8. ADDRESS AND DESCRIPTION OF WHERE INCIDENT HAPPENED _____

DESCRIBE INCIDENT AND PART OF BODY AFFECTED _____

10. HAVE YOU HAD SIMILAR ACCIDENT(S) IN THE PAST? YES NO
11. SOCIAL SECURITY NUMBER _____ DATE OF BIRTH _____
12. NAME OF DEPARTMENT WHERE EMPLOYED _____
13. LENGTH OF YOUR EXPERIENCE IN THIS POSITION _____
14. NAME OF IMMEDIATE SUPERVISOR _____
15. NAME, TELEPHONE NUMBER AND ADDRESS OF WITNESS(ES)

a.)

b.)

EMPLOYEE'S SIGNATURE: _____

Follow-up with employee in 2 days _____ Referred to Doctor _____ Risk Management Notified _____

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