Serious Reportable Event/Trending Event Reporting Form

Secure email at Quality_Management@nhpllc.org

☐ **Serious Reportable Event/Critical Incident** (Adverse Incident) ☐ **Trending Event** (Quality of Care concern)

MH Center/Facility Name:

Center/Facility contact person and means to contact:

Client Name: DOB (mm/dd/yyyy):

Medicaid ID Number:

Gender: ☐ Male ☐ Female ☐ Gender Identity:

Race: Ethnicity:

Preferred Language:

Disability Status:

DSM V or ICD_10 Diagnostic Code(s): Both dx code and name (incl. SUD and health dx as applicable)

Code -

Code -

*non-behavioral health providers, please identify the reason the member is seeking treatment with your facility. *

Date of Incident: | Incident Time: ☐ AM ☐ PM | Discovery Date:

Location of incident: ☐ Member home ☐ Public place ☐ Residential unit ☐ OP office ☐ Other

At time of incident, member was ☐ enrolled ☐ discharged less than 7 ☐ discharged less than 90 days ☐ not enrolled ☐ NA ☐ other

Non- behavioral health providers please identify if the member is enrolled in behavioral health or substance use treatment. If the member is not receiving the above services please mark NA

Client's role in this incident: ☐ Victim ☐ Initiator/Perpetrator

Select appropriate response for any DEATH: ☐ Natural Causes ☐ Homicide ☐ Unknown ☐ Suicide ☐ Suicide Attempt ☐ Accidental OD

ANSWER ALL QUESTIONS **ONLY** IF THIS WAS A SUICIDE, SUICIDE ATTEMPT, OR UNKNOWN DEATH:

Date of last contact with client PRIOR to incident:

Suicide risk at last contact: ☐ Not assessed ☐ No risk ☐ Low ☐ Moderate ☐ High

Safety plan or instructions documented if necessary? ☐ Yes ☐ No

What means were used? ☐ Gunshot ☐ Hanging ☐ Overdose ☐ Cutting ☐ Other:

Number of known attempts before this: Date of most recent previous attempt:

Number of hospitalizations before this: Date of most recent hospitalization:

Were there cancelled or no-show appointments just prior to suicide or unknown death? ☐ Yes ☐ No

If so, number of outreach attempts to client since date of last visit:

Client Injuries: ☐ None ☐ Minimal ☐ Moderate ☐ Severe

Staff Injuries: ☐ None ☐ Minimal ☐ Moderate ☐ Severe

As a result of the incident, was client or staff member ☐ evaluated or treated at ER and released ☐ Treated at ER for injury or condition that could seriously jeopardize life or health ☐ admitted to hospital for medical treatment

Client has a HX of: ☐ Chronic Pain/Medical Condition ☐Substance Abuse ☐ Non-adherence to MH treatment

OTHER ADVERSE INCIDENTS: (select if applicable)

☐ Self-injury that required skilled treatment
☐ Allegations of abuse or neglect by staff or from member to peer
☐ Falls or injuries that required more than basic first aid ☐ Assaultive/violent behavior that required medical care
☐ Elopement when considered danger to self/others or gravely disabled
☐ Medication error
☐ Adverse reaction to medication
☐ Other

Non-behavioral health providers, please mark other and provide explanation of the serious reportable event or trending event below

Details of Serious Reportable Event OR Potential Trending Event Concern: (include incident description, persons involved, staff response or actions).

Outcome, Disposition and/or Follow Up: (include what happened to member, whether they resumed tx., etc.)

Name and Title of Report Author	Signature of Author	Date Signed by Author
QM Director / Representative reviewing report	Signature of QM director / Representative	Date Signed by QM Director / Representative

Instructions to Submit

- Referrals for potential Serious Reportable Events (SRE) and/ or Trending Events (TE) should be sent to the appropriate quality team immediately and within 24 hours of a concern involving members (unless otherwise noted in the Provider Manual).
- Fax or email the form using the information provided at the top of the Reporting Form.

Examples of Reportable Incidents (please feel free to submit reports for issues beyond what is listed)

- Attempted suicide or homicide by member.
- Death
- Allegations of abuse or neglect by staff toward member, or by one member towards another in a treatment setting.
- Assaults with physical harm in a treatment setting in which the member is the initiator or victim.
- Runaway, Absence without leave, AMA, or missing and considered a danger to self/others or gravely disabled.
- Accidental injuries requiring medical intervention in a facility or provider office.
- Medication errors/adverse drug reactions.
- Accidental Overdoses.
- Inappropriate medication prescribing practices.
- Failure to coordinate care transitioning from one LOC to another.
- Staff shortages or practices that put members at risk or result in adverse incidents.
- Failure to adequately monitor patient in residential facility.
- Abandoning member.
- Meets with member in an unsafe/inappropriate treatment setting.
- Not responding to a member in a timely manner.
- Does not conduct an adequate or timely assessment.
- Does not refer member appropriately to services.
- Does not coordinate care.
- Does not plan a member's discharge appropriately.
- Does not respond to a member in an emergency situation.