



Critical Incident Reporting Form

Plan Benefit		MCO	Incident Category	
Member Information				
Last Name		First Name	Date of Birth	Gender
Dually Eligible?	Medicaid/Medicare ID	Identified Case Management Level at Time of Incident?		
		Member Service at Time of Incident?		
Incident Information				
Incident High-Level Description – Check all that Apply				
<input type="checkbox"/> Abuse		<input type="checkbox"/> Medication Discrepancy	<input type="checkbox"/> Serious Injury – Fall Related	
<input type="checkbox"/> Attempted suicide		<input type="checkbox"/> Missing person	<input type="checkbox"/> Theft	
<input type="checkbox"/> Deviation from standards of care		<input type="checkbox"/> Neglect	<input type="checkbox"/> Other	
<input type="checkbox"/> Exploitation, financial or otherwise		<input type="checkbox"/> Sentinel Death	<input type="checkbox"/>	
<input type="checkbox"/> Medical Error		<input type="checkbox"/> Serious Injury	<input type="checkbox"/>	
Occurrence of Incident		Discovery of Incident	Report of Incident	
Date:	Time:	Date:	Time:	Date:
				Time:
Location/Address of Incident:				

This document and any appended materials are furnished for Quality Assurance purposes and is privileged and confidential. This document is protected from discovery under the code of Virginia sections: 8.01-581.16, 8.01-581.17, 8.01-581.19, 8.01-581.19:1

Incident Detailed Description (use additional pages if necessary)

** To ensure a detailed description is provided use the 5 W's as a guide (Who-What-When-Where-Why).*

Did a Hospitalization occur? <input type="checkbox"/> Yes <input type="checkbox"/> No	Cause of Death (if Applicable):	Date of Death (if Applicable):	Autopsy Performed or Ordered? <input type="checkbox"/> Yes No If so, date:
---	---------------------------------	--------------------------------	---

Providers Involved in Incident

Provider (1) Name	NPI Number	Contact Information Phone: Email:
-------------------	------------	---

Address	Provider Type
---------	---------------

Provider (2) Name	NPI Number	Contact Information Phone: Email:
-------------------	------------	---

Address	Provider Type
---------	---------------

Source of Critical Incident Data

Contact Name	Contact Phone	Contact E-mail
--------------	---------------	----------------

Other Individuals/Witnesses			
Name	Phone	Email	
External Agencies Contacted (APS, CPS, Law Enforcement, Etc.)			
Agency	Contact Name	Phone	Date of Report
Follow-up /Resolution of Incident			
<p>Is the member subject to further harm, or do they have further emergency needs at this time?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, please explain:</p>			
<p>Detailed Description of Follow-up Actions for this Incident:</p>			

Critical Incident Reporting Form

Definitions and Reporting Instructions

Critical Incident Definition

A Critical Incident is any actual or alleged event or situation that threatens or impacts the physical, psychological, or emotional health, safety, or wellbeing of the Member. Critical Incidents include, but are not limited to, the following incidents: medication errors, theft, suspected physical, mental, verbal or sexual abuse or neglect, financial exploitation, and Sentinel Events.

Critical Incidents are categorized as either Quality of Care Incidents, Sentinel Events or Other Critical Incidents as defined below:

Quality of Care Incident: Any incident that calls into question the competence or professional conduct of a healthcare provider in the course of providing medical services and has adversely affected, or could adversely affect, the health or welfare of a member. These are incidents of a less critical nature than those defined as sentinel events.

Sentinel Event: A patient safety event involving a sentinel death (not primarily related to the natural course of the illness or underlying condition for which the member was being treated or monitored by a medical professional at the time of the incident) or serious physical or psychological injury, or the risk thereof. All sentinel events are critical incidents.

Other Critical Incident: An event or situation that creates a significant risk to the physical or mental health, safety, or well-being of a member not resulting from a quality of care issue and less severe than a Sentinel Event.

Reportable Critical Incidents

1. Abuse
2. Attempted suicide
3. Deviation from standards of care
4. Exploitation, financial or otherwise
5. Medical error
6. Medication discrepancy
7. Mission person
8. Neglect
9. Sentinel death
10. Serious injury (including falls that require medical evaluation)
11. Theft
12. Other



Critical Incident Reporting Form Definitions and Reporting Instructions

Per state guidelines, providers are required to report Critical Incidents within 24 hours of the time of discovery.

How do you report a Critical Incident?

All incidents must be reported within 24 hours. Verbal reports must be documented within 48 hours. The Critical Incident Report Form may be completed electronically and submitted to **VACriticalIncidents@Humana.com** utilizing a secure e-mail application. Please note that this is the preferred method of submission due to the sensitive material contained on these forms and the ability to submit secure e-mails allows the transfer of information to remain HIPAA compliant. However, the form may also be completed electronically and faxed to **877-313-7257**. For questions, please call **844-881-4482** daily from 8 am - 8 pm (EST).

Critical Incident Reporting Form Definitions and Reporting Instructions

Critical Incident Definitions

<u>Abuse</u>
<p>Abuse includes, but is not limited to, the following:</p> <ul style="list-style-type: none"> • Willful use of offensive, abusive, or demeaning language by a caretaker that causes mental anguish. • Knowing, reckless, or intentional acts or failures to act which cause injury or death to an individual or which places that individual at risk of injury or death. • Rape or sexual assault. • Corporal punishment or striking of an individual. • Unauthorized use or the use of excessive force in the placement of bodily restraints on an individual. • Seclusion
<u>Attempted Suicide</u>
<p>A nonfatal self-directed potentially injurious behavior with any intent to die as a result of the behavior. A suicide attempt may or may not result in injury.</p>
<u>Deviation from Standards of Care</u>
<p>Deviation from the standards of care, either by error, omission, or delay, or failing to make good use of available resources for meeting the standards of care.</p>
<u>Exploitation, Financial or Other</u>
<p>Exploitation includes, but is not limited to, the following:</p> <ul style="list-style-type: none"> • The taking or misuse of property or resources of a person by means of undue influence, breach of fiduciary relationship, deception, harassment, criminal coercion, or other unlawful or improper means; • The use of the services of a person without just compensation; or • The use of a person for the entertainment or sexual gratification of others under circumstances that cause degradation, humiliation, or mental anguish.
<u>Medical Error</u>
<p>A preventable adverse effect of care, whether or not it is evident or harmful to the patient. This might include an inaccurate or incomplete diagnosis or treatment of a disease, injury, syndrome, behavior, infection, or other ailment.</p>

Critical Incident Reporting Form Definitions and Reporting Instructions

<u>Medication Discrepancy</u>
<p>A medication discrepancy is when one or more of the following occurs:</p> <ul style="list-style-type: none"> • Wrong medication: an individual takes medication that is not prescribed for that individual. This includes taking medication after it has been discontinued or taking the incorrect medication because it was improperly labeled. • Wrong dose: An individual takes a dose of medication other than the dose that was prescribed. • Omitted dose: An individual does not take a prescribed dose of medication within the 24-hour period of a calendar day. An omitted dose does not include an individual's refusal to take medication. • Dose Refused: An individual's refusal to take medication resulting in a medical emergency or use of restraint
<u>Missing Person</u>
<p>Reported whenever there is police contact regarding a missing person regardless of the amount of time the person was missing.</p>
<u>Neglect</u>
<p>Neglect includes, but is not limited to, the following:</p> <ul style="list-style-type: none"> • Inability of a person to provide food, shelter, clothing, health care, or services necessary to maintain the mental and physical health of that person; • Failure by any caretaker of a person to meet, either by commission or omission, any statutory obligation, court order, administrative rule or regulation, policy, procedure, or minimally accepted standard for care of that person; • Negligent act or omission by any caretaker which causes injury or death to a person or which places that person at risk of injury or death; • Failure by any caretaker, who is required by law or administrative rule, to establish or carry out an appropriate individual program or treatment plan for a person; • Failure by any caretaker to provide adequate nutrition, clothing, or health care to a person; • Failure by any caretaker to provide a safe environment for a person ; and • Failure by any caretaker to provide adequate numbers of appropriately trained staff in its provision of care and services for persons with developmental disabilities or mental illnesses.



Critical Incident Reporting Form Definitions and Reporting Instructions

<u>Sentinel Death</u>
Death that is not primarily related to the natural course of the patient's illness or underlying condition.
<u>Serious Injury</u>
Serious injury specifically includes loss of limb or function that leads to permanent or severe temporary harm. The phrase "or the risk thereof" includes any process variation for which a recurrence would carry a significant chance of a serious adverse outcome.
<u>Theft</u>
Taking the personal property of another without permission or consent and with the intent to deprive the rightful owner of it.