

NORTHERN LAKES COMMUNITY MENTAL HEALTH AUTHORITY

Critical Incident Report Form – Confidential Peer Review

Tracking # \_\_\_\_\_

SECTION 1 COMPLETED BY REPORTING INDIVIDUAL:

Consumer: \_\_\_\_\_ ID# \_\_\_\_\_ check one [ ] MIA [ ] MIC [ ] IDDA [ ] IDDC
Location of Incident: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_
Others and/or staff present:

Description of Incident:

Action taken by staff involved:

Was a summary of the incident documented in the clinical record? [ ] Yes [ ] No

Reporter's Signature

Date

SECTION 2 CATEGORIZATION AND REVIEW: (See back for definitions)

MDHHS Critical Incidents (7)

- [ ] Suicide
[ ] Non-suicide death
[ ] EMT due to injury
[ ] EMT due to medication error
[ ] Hospitalization due to injury
[ ] Arrest

Other Risk Events (14)

- [ ] Abuse or Neglect
[ ] Attempted suicide
[ ] Biohazard Accident
[ ] Communicable disease
[ ] Conviction
[ ] Elopement
[ ] Hospitalization (unscheduled)
[ ] Police called for assistance
[ ] Unauthorized use/possession of legal/illegal substance
[ ] Use or possession of weapons
[ ] Use of seclusion or restraint
[ ] Violence or aggression (injury to others)
[ ] Violence or aggression (injury to self)
[ ] Infection control

- [ ] Yes [ ] No Is this addressed in a Behavioral Supports Treatment Plan?
[ ] Yes [ ] No Person lives in a 24-hour specialized residential setting or child-caring institution or in their own home receiving ongoing (one or more times a week) and continuous (six months or longer) in-home assistance with ADLs.
[ ] Yes [ ] No Physical management used?

- [ ] Yes [ ] N/A Reported to the PIHP?
[ ] Yes [ ] N/A Reported to Office of Recipient Rights?
[ ] Yes [ ] N/A Sentinel Event Review to be completed by: \_\_\_\_\_

Director of Quality Improvement & Compliance

Date

Time am pm