

Instructions and Definitions for Block Grant Outpatient Critical Incident Reporting

Description	Entry Actions <i>Note: Items with a red asterisk (*) are required fields</i>
Navigate to the Portal	Log into the DMHA Provider Portal: https://dmhaproviderportal.in.gov/DMHA/s/
Critical Incident Report	Select the Critical Incident Reporting tab at the top of the page, then select Report Critical Incident .
Choose the Facility	Choose the Facility where the incident occurred. Select NEXT
Critical Incident Reporting Choice	Select "Block Grant Outpatient" from the drop-down list as the type of Critical Incident Report type . Select NEXT
Incident Type	Select Incident Type From List
	* Medication error resulting in consulting with poison control center, hospital or urgent care, or death (BPHC/AMHH)
	* Seclusion and restraint (BPHC/AMHH)
	* Seriously bodily injury
	* Death
	<i>If Death is selected, a drop-down box line will appear, requiring selection as to how the death incident occurred.</i>
	* Physical abuse, sexual abuse, emotional abuse (BPHC/AMHH)
	* Neglect and/or self-neglect (BPHC/AMHH)
	* Exploitation, including financial exploitation (BPHC/AMHH)
	* Suicide attempt on agency property
	* Overdose on agency property
	* Other
	<i>If Other is selected, an additional text box line will appear to type information necessary to explain the incident.</i>
	When complete, select NEXT
When did the Incident occur?	Enter the Date and Time that the critical incident occurred and provide a Description of the Event .
	Late Submission of CIR: If reporting this incident outside of the required reporting window, select the checkbox. Upon checking, a new text box will appear asking to <i>Please Provide an Explanation of the Late Report Submission</i> .
	When complete, select NEXT
Select the Individual's Role in the Incident	Selection from the drop-down list.
	* Patient / Consumer
	* Staff/volunteer
	* Guardian/Caregiver
	* Visitor
	* Other
	When complete, select NEXT
Provide Information for the Individual(s)	Enter required information or make selections from drop down boxes as indicated.

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<i>involved in the incident.</i>	* First Name
	* Middle Name
	* Last Name
	* Birth Date
	* Gender Identity
	* Ethnicity
	* Race
	When complete, select NEXT
<i>Admission Diagnoses / Medical Information</i>	*Admission Diagnoses: Select all Patient/Consumer behavioral/psychiatric Diagnoses from a searchable list.
	*Medical Information:
	<ul style="list-style-type: none"> Significant Health Conditions: Enter text for known diagnoses or specific medical conditions
	<ul style="list-style-type: none"> Describe treatment in the last month: Involvement in treatment, absences, behavioral plan, frequency of services, new exceptions
	<ul style="list-style-type: none"> Date Last Seen for Services: Last date consumer received a service at your agency
	When complete, select NEXT
<i>List all medications the consumer was taking</i>	Add all medications the patient /consumer was taking:
	* What is the Name of this Medication?
	If no medications - type "None"
	* Was this Medication prescribed by an outside Provider? If unsure, or if "None", select "No"
	* What is this medication for (if known)?
	After selecting Next , a medication summary will appear. You will be asked Do you want to add another medication?
	-If Yes , you will be prompted to repeat this step.
	-If No , you will be taken to the next step.
	When complete, select NEXT
<i>Pending legal charges related to incident. Patient/Consumer: Precautions Prior to Incident</i>	Answer the following questions related to legal charges and precautions:
	Were there pending legal charges related to incident?
	If Yes, a text box will appear to describe all pending charges.
	Enter all safety / observation precautions prior to incident (including if there was a safety plan)
	From drop down list, answer if individual was on an involuntary commitment at the time of the incident?
	If the answer is Yes and/or Pending Hearing (for the involuntary commitment question only), you will be directed to provide: <ul style="list-style-type: none"> Commitment Type Date of Hearing

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	When complete, select NEXT
	Services Rendered: What services was the consumer receiving as a part of their treatment plan?
	When complete, select Next. Upon selection, a summary of patient / consumer information will appear. You will be asked if you want to Add Another Individual?
	If Yes is chosen, you will be prompted to provide information for the next individual. Continue this step until all additional individuals are entered.
	If No is chosen, select NEXT
Will an Agency Internal Review Be Conducted? Please Provide Incident Resolution/Plan of Action	From the drop-down list, select Yes or No if the agency will conduct an internal review of the incident.
	In the text field, provide steps that have been, or will be taken to resolve this incident as well as mitigate similar incidents from occurring in the future.
	When complete, select NEXT
Endangered Notification Sent to Adult Protective Services (APS) Endangered Notification Sent to Child Protective Services (CPS) Endangered Notification Sent to Law Enforcement	You will be asked if any Endangered Notification to APS, CPS, or local Law Enforcement agencies were made.
	If No is selected for all notifications, Select NEXT
	If Yes is selected for any notification, the following page will ask you to enter required notification details.
	* The Date Notification Sent
	* APS, CPS, Law Enforcement Report Number (If a report number was not provided, type "not provided" and brief explanation as to why one was not provided, such as entered online, to be provided upon receipt of report, etc.
	When complete, select NEXT
Provide Information on the Person Completing This Form	Enter contact information for the person completing the form. Provide the First, Middle (if applicable), and Last name along with the date the form was completed/signed. When complete, select NEXT.
Provide Information on the Agency Contact	Enter the agency contact First, Middle (if applicable) and Last Name, contact phone number, and contact email address of the individual to whom DMHA should contact regarding the incident report.
	When complete, select NEXT
Critical Incident Report Details	A Critical Incident Report Details summary page appears to review for data errors. The last option on this page offers the opportunity to Return to previous section or submit?
	Open the drop-down arrow under the question " Return to previous section or submit? " If you want to review or edit a section, select the report area to where you wish to return. You will be given the opportunity to edit information from that portion. You will also be prompted to re-enter information that may not have been in error as you proceed through the end of the report.
	Review or Add Incident Details

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	Review or Add Individuals
	Review Endangered Notifications Details
	Submit Incident Report
	If you do not wish to return to a prior area, or when review and editing is complete, select Submit Incident Report.
Report Submitted	You will know the CIR has been finalized and submitted when the screen reads " Your Critical Incident Report has been submitted and will be reviewed by DMHA. Please click Home to continue. " You are safe to leave the application.

General Terms & Definitions

Adult Mental Health Habilitation (AMHH) is a Home and Community Based Services program that is only administered by certified Community Mental Health Centers

Behavioral and Primary Healthcare Coordination (BPHC) is a Home and Community Based Services program that is only administered by certified Community Mental Health Centers

Consumer/Patient means an individual who is receiving assessment or mental health services from the block grant provider.

Facility means a block grant provider that has specific certifications through the Division of Mental Health and Addiction.

The facility will submit a CIR within **24 hours** for the following:

Death

The total cessation of life processes in living organism.

The facility will submit a CIR within **72 hours** for the following. Please note these are reporting requirements for BPHC/AMHH consumers that are outpatient and differ from residential reporting requirements.

Medication error resulting in consultation with poison control center, hospital, or urgent care, or death

****This is only required to be reported for consumers who are currently approved BPHC/AMHH consumers.***

Any preventable event that may cause or lead to inappropriate medication use or patient harm while the medication is in the control of the health care professional, patient, or consumer that results in consultation with poison center, hospital, or urgent care or death.

Seclusion and restraint

****This is only required to be reported for consumers who are currently approved BPHC/AMHH consumers.***

Seclusion is the involuntary confinement of a person in a room or an area where the person is physically prevented from leaving.

Restraint is any manual method or physical or mechanical device, material, or equipment attached or adjacent to the patient's body that the patient cannot easily remove that restricts freedom of movement or normal access of one's body

- **This includes chemical restraints. For example, if a patient is ordered a medicine because they are agitated and there is an immediate need for the patient to calm**

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down that is considered a chemical restraint as it is ordered in the context of them being agitated and needing to calm them down immediately.

Serious Bodily Injury

****This is a reporting requirement for all Outpatient consumers.***

An unexpected occurrence that causes significant impairment of the person's physical condition as determined by qualified medical personnel. It includes loss of limb and/or function. This includes but not limited to:

- a) Fracture;
- b) Burn (including sunburn) greater than first degree;
- c) Choking that requires intervention (including but not limited to Heimlich maneuver, finger sweep, or back blows);
- d) Bruise/contusion larger than three inches in any direction or a pattern of bruises/contusions regardless of size;
- e) Lacerations which require more than basic first aid;
- f) Any injury requiring more than basic first aid;
- g) Any puncture wound penetrating the skin including human or animal bites;
- h) Any pica ingestion of any item observed/documented that requires more than basic first aid;
- i) Any scalding.

Suicide Attempt on Agency Property

****This is a reporting requirement for all Outpatient consumers.***

When a consumer harms themselves with the goal of ending their life. However, it does not result in the total cessation of life processes in the living organism.

Overdose on Agency Property

****This is a reporting requirement for all Outpatient consumers.***

When too much of a drug is taken or given at one time, either intentionally or by accident.

Physical abuse, sexual abuse, or emotional abuse

****This is only required to be reported for consumers who are currently approved BPHC/AMHH consumers.***

The occurrence of one (1) or more of the following acts between family members or current or former household members:

- Attempting to cause or intentionally, knowingly, or recklessly causing bodily injury to, physical harm to, sexual assault on, involuntary sexual intercourse with, or rape of another individual.
- Knowingly engaging in a course of conduct or repeatedly committing acts, including stalking or impermissible contact, under circumstances that place the individual toward whom such acts are directed in reasonable fear of bodily injury or physical harm.
- Subjecting another individual to false imprisonment.
- Attempting to cause or intentionally, knowingly, or recklessly causing damage to property in order to intimidate or attempt to control the behavior of another individual.

Neglect and/or self-neglect

****This is only required to be reported for consumers who are currently approved BPHC/AMHH***

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consumers.

Neglect is the willful deprivation of adequate food, clothing, medical treatment, or habilitative therapy, shelter, or supervision from a vulnerable adult. The term "self-neglect" means an adult's inability, due to physical or mental impairment or diminished capacity, to perform essential self-care tasks including:

- obtaining essential food, clothing, shelter, and medical care;
- obtaining goods and services necessary to maintain physical health, mental and behavioral health, or general safety; or
- managing one's own financial affairs.

Exploitation, including financial exploitation

****This is only required to be reported for consumers who are currently approved BPHC/AMHH consumers.***

An act of forcing, compelling, or exerting undue influence over a vulnerable adult causing the vulnerable adult to act in a way that is inconsistent with relevant past behavior or causing the vulnerable adult to perform services for the benefit of another. Financial or Property Exploitation means illegal or improper use of an elderly or adult with a disability's money, property, or other resources for monetary or personal benefit, profit or gain. This includes, but is not limited to, theft, misappropriation, concealment, misuse or fraudulent deprivation of money or property belonging to the elderly or adult with a disability.

Other

This type may be used for providers to enter incidences that although may not fall under one of the reporting types, but could draw media coverage, and the provider would like to share this with the division. If you are unsure if an incident should be reported, you can always file it under this type.