

# BHO Adverse Incident Report Form: CHP FBHPartners NBHP

*Routing: \*Please Fax to Quality Management Department (719) 538-1456*

Client Name: _____	Client Number: _____	DOB: _____
Provider: _____	Medicaid Number: _____	
MH Center Name: _____	Not Medicaid (Do not route to BHO): <input type="checkbox"/>	
Provider Telephone Number: _____	DSM Diagnostic Code(s) Axis I: _____	Axis II: _____
	Axis III: _____	

Race/Ethnicity  Caucasian  Hispanic  African American  American Indian  Asian/Pacific Islander  Other: \_\_\_\_\_

Date of Incident	Incident Time: <input type="checkbox"/> AM <input type="checkbox"/> PM	Discovery Date: _____	<input type="checkbox"/> Male <input type="checkbox"/> Female	Was client enrolled at the time of incident: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Persons Involved Names:  <input type="checkbox"/> Clinician/Staff _____  <input type="checkbox"/> Other _____	Specific Location of the Incident: <input type="checkbox"/> Home <input type="checkbox"/> ATU <input type="checkbox"/> RTC <input type="checkbox"/> Hospital <input type="checkbox"/> Outpatient Treatment Setting <input type="checkbox"/> Other (Please Specify): _____
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**Class of Incident (Please check one of the following):**

**Sentinel Event** Incidents that are considered catastrophic in nature including; Unanticipated death of patient/client or treatment staff as the result of violence, accident, or treatment error. Example: suicide/homicide, sexual behavior involving staff, and acts of attempted or actual sexual acts or assaults, rape or attempted rape of patient/client or staff (**Report to BHO or ValueOptions CO within 24 Hours**).

**Major Risk Adverse Incident** Actual or potential life threatening injury i.e., attempted suicide/homicide. Threat of major permanent loss of physical or psychological function, or major property damage. Example: Suicide attempt requiring urgent/emergent medical care, or assault/fight in treatment setting requiring urgent/emergent care (**Report to BHO or ValueOptions CO within 24 Hours**).

**Moderate Risk Adverse Incident** Poses substantial risk, or potential risk to client/patient safety. Example: Suicide attempt while in behavioral health treatment setting, not requiring urgent/emergent care, or assault/fight not in behavioral health treatment setting, requiring urgent/emergent care (**Report to BHO or ValueOptions CO within 10 days**).

**Minimal Risk Adverse Incident** Minimal risk or injury, or potential risk, to client/patient safety. Example: Self-injury, non-lethal intent not resulting in urgent/emergent care, Property Damage less than \$10,000, Medication Error, not requiring urgent/emergent treatment (**Report to BHO within 10 days**).

**Type of Incident (Please check one of the following):**

<input type="checkbox"/> Unanticipated Death *	<input type="checkbox"/> Sexual Acting Out In A Treatment Setting	<input type="checkbox"/> Elopement
<input type="checkbox"/> Homicide (Sentinel)	<input type="checkbox"/> Fall / Injury In a Treatment Setting	<input type="checkbox"/> Client was Danger to Self or Others
<input type="checkbox"/> Suicide (Sentinel)	<input type="checkbox"/> Violent/Assaultive Behavior	<input type="checkbox"/> Medication Error
<input type="checkbox"/> Natural Causes	<input type="checkbox"/> Requiring Urgent/Emergent Care	<input type="checkbox"/> Adverse Drug Reaction
<input type="checkbox"/> Accidental	<input type="checkbox"/> Allegation of Abuse/Neglect/Exploitation/ Sexual Behavior Involving Staff	<input type="checkbox"/> Breach of Confidentiality
<input type="checkbox"/> Suicide Attempt/Serious Self-Injury*	<input type="checkbox"/> Fire Setting/Property Damage in a Treatment Facility	<input type="checkbox"/> Other (MEDIA EVENTS, DUTY TO WARN, ETC)
<input type="checkbox"/> Non-consensual Sex in A Treatment Setting (Rape Or Attempted Rape)	<input type="checkbox"/> Human/Civil Rights Violation	

\* If incident is a suicide, homicide, suicide attempt, or unexpected death, list date of last contact with the client. Date of last contact: \_\_\_\_\_.

\* If the incident was a suicide or suicide attempt, what was the means used:  Gun Shot  Hanging  Overdose  Cutting  Other: \_\_\_\_\_

\* If the incident was a suicide or suicide attempt, are there previous attempts documented?  Yes  No How Many? \_\_\_\_\_

\* If the incident was a suicide or suicide attempt, how many previous hospitalizations are documented in the client's file? \_\_\_\_\_

Was the client discharged from inpatient care or ATU within the last 7 days?  Yes  No

Was the client discharged from active treatment within the last 90 days?  Yes  No

As a result of the incident, was client or staff member admitted to a hospital for medical treatment?  Yes  No

Was the client/staff treated in the emergency room for an injury or condition that could seriously jeopardize their life or health?  Yes  No

**Summary of Incident/Property Damage** (Use section on page 2 of this form for additional information if necessary).

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Summary of Client Injuries: <input type="checkbox"/> None <input type="checkbox"/> Minimal <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	Summary of Staff Injuries: <input type="checkbox"/> None <input type="checkbox"/> Minimal <input type="checkbox"/> Moderate <input type="checkbox"/> Severe
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