

Instructions and Definitions for Private Mental Health Institution (PMHI) 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 "Private Mental Health Institution" from the drop-down list as the type of Critical Incident Report type . Select NEXT
Incident Type	Select Incident Type From List
	* Admission of child (14 & under) to an adult unit
	* Chemical poisoning resulting in actual or potential harm to the patient
	<i>If Chemical Poisoning is selected, an additional drop-down will appear, requiring information as the type of chemical poisoning incident</i>
	* Disruption of Service exceeding four (4) hours caused by internal disasters, external disasters, strikes by health care workers, or unscheduled revocation of vital services.
	* Documented violation of rights Per IC 12-27
	* Kidnapping
	* Consumer missing for more than 24 hours
	* Unexplained loss or theft of a controlled substance
	* Fire/Explosion
	* Serious Bodily Injury
	<i>If Serious Bodily Injury is selected, an additional drop down will appear, requiring information if treatment was performed at the facility or required a medical send out.</i>
	* Death
	<i>If Death is selected, a drop-down box line will appear, requiring selection as to how the death incident occurred.</i>
	* Other
	<i>If Other is selected, an additional text box line will appear to type information necessary to explain the incident.</i>
	<i>If Fire/Explosion, Unexplained loss or theft of a controlled substance, or Disruption of Service exceeding four (4) hours caused by internal disasters, external disasters, strikes by health care workers, or unscheduled revocation of vital services was selected as the Incident Type. If any of these Incident Types were selected, the report skips patient specific areas.</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

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	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) involved in the incident.	Enter required information or make selections from drop down boxes as indicated.
	* First Name
	* Middle Name
	* Last Name
	* Birth Date
	* Gender Identity
	* Ethnicity
	* Race
	When complete, select NEXT
Admission Diagnoses / Medical Information	Select all Patient/Consumer behavioral/psychiatric Diagnoses from a searchable list.
	Medical Information:
	* Significant Health Conditions: Enter text for known diagnoses or specific medical conditions
	* Admission Date
	When complete, select NEXT
List all medications the consumer was taking	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
Pending legal charges related to incident. Patient/Consumer:	Answer the following questions related to legal charges and precautions:
	Were there pending legal charges related to incident?

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Precautions Prior 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 the following information on the next page:
	* Please List All Pending Legal Charges (related to the following question: Were there pending legal charges related to incident?)
	* Commitment Type (related to the following question: Was the individual on involuntary commitment at the time of the incident?)
	* Date of Hearing (related to the following question: Was the individual on involuntary commitment at the time of the incident?)
	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

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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
	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

Consumer means an individual who is receiving assessment or mental health services from the private mental health institution.

Facility means a private mental health institution licensed under IC 12-25-1.

The facility will notify the division within 24 hours for the following unless otherwise specified:

1. Death:

- a) **Death while consumer was in restraint or seclusion:** Includes the following scenarios; Any consumer death that occurs while the consumer is in restraint or seclusion; Any death of a consumer that occurs within twenty-four (24) hours after the consumer has been removed from restraint or seclusion; Any death of a consumer known to the facility that occurs within one (1) week after restraint or seclusion where it is reasonable to assume that the use of restraint or placement in seclusion contributed directly or indirectly to that consumer's death. "Reasonable to assume" includes, but is not limited to, deaths related to:
 - (A) restrictions of movement for prolonged periods of time;
 - (B) chest compression;
 - (C) restriction of breathing; or
 - (D) asphyxiation.
- b) **Death of consumer not related to restraint or seclusion**
Examples include but are not limited to self-inflicted harm, harm or injury from another person resulting in death, overdose of a drug or illicit substance, any adverse or unexpected

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result of a planned intervention, any death that occurs on the premises not related to restraint or seclusion.

2. **The admission of a child, fourteen (14) years of age or younger, to an adult unit, as prescribed by 440 IAC 1.5-3-9(g) and 440 IAC 1.5-3-9(h)**
3. **Kidnapping of a consumer occurring after admission**
4. **Disruption of Services:** A disruption, exceeding four (4) hours, in the continued safe operation of the facility or in the provision of consumer care, caused by internal or external disasters; strikes by health care workers; or unscheduled revocation of vital services.
 - a) **Internal Disaster:** Unexpected occurrences that directly involve the facility and is a threat to staff, patients, and visitors. Examples include but are not limited to an in-house fire, threat of a weapon, a toxic chemical spill (resulting in relocation of consumers or staff from an effected area or building), utility failure, internal flooding, tornado, earthquake, where there is an eminent risk or actual damage to the facility.
 - b) **External Disaster:** Serious events which occur in the nearby community that may lead to mass casualties or people in need of medical attention or care, or the facility population may be at risk. Examples include but are not limited to a plane crash, train derailment, close-by fire, real and potential chemical spill or other toxic risk.
 - c) **Fire:** Any fire or explosion that results in the notification of local emergency services and/or results in the evacuation of an area within the facility.
 - d) **Explosion with Emergency Response:** By OSHA standards, an explosion is due to the release of pressures or hazardous substances. Depending on the location or facility, the “emergency response” may require differing actions, knowledge of the employees in the immediate area, and the equipment to address the situation. Standard emergency response is defined as necessary intervention provided by designated front line or safety staff, fire/rescue personnel, or police to ensure the safety of consumers, staff, or stakeholders.

Note: Catastrophic events such as tornados and earthquakes may be considered as both an internal and external event. The facility may have to initiate internal protocols for facility safety as well as plan for community-wide disaster needs.

The facility will submit a CIR within ten (10) working days for the following unless otherwise specified:

1. **Chemical Poisoning:** Poisoning occurs when any real or potentially toxic substance interferes with normal body functions after it is swallowed, inhaled, injected, or absorbed. Normal body functions are defined as ocular, nasal, respiratory, and gastrointestinal.
Poisoning agents include, but are not limited to:
 - a) **Medicinal.** (e.g., administering a medication to the wrong patient, administering a dose larger than intended, medications testing at a toxic blood level.)
 - b) **Occupational/Domestic.** (e.g., exposure to agents commonly used in healthcare facilities such as disinfectants, industrial cleaners, household products,

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pesticides, etc.)

- c) **Environmental.** (e.g., occurring from water, air, soil, or a contaminated product, such as food.)
- d) **Alcohol / Illicit Drug Poisoning.** (e.g., the unexpected consumption of a toxic substance by a patient or resident resulting in the need for medical intervention.)

2. Serious Bodily Injury: 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.

3. Elopement (Consumer Missing for More than 24-hours): Elopement is an unauthorized departure of an individual whose care and treatment requires residential supervision. Elopement results in the evasion of required supervision as described in the individual's plan of care as necessary for the individual's health and welfare.

4. Injury: Loss of Function and/or Marked Deterioration: Function refers to a person's cognitive, physical, social, and emotional status. These functions include the ability to process thoughts, interact with others, learn new information, stand, and/or speak. Incidental factors may affect these functions suddenly, resulting in a clearly defined and noticeable decline in activities of daily living, cognitive, or social changes. Examples of activities of daily living (ADL's): bathing, dressing, toileting, transferring, continence, and feeding. Dexterity includes mobility, strength, and gait.

5. Unexplained loss or theft of a controlled substance