



Reportable Incident Notification Private Psychiatric Service Providers

Facsimile (614) 752-8869 - Licensure and Certification. This information is subject to a public record request

Private Psych. Incident No. ODMH Incident No. Date of Report Time of Report Facility Name Address Name and Phone Number of Person to Contact Regarding Incident Date of Incident Time of Incident Census at Time of Incident: Number of Staff at Time of Incident:

Location of Incident (select one) Bathroom/Shower Corridor Day Hall Dining Area Kitchen Nursing Station Program Area Patient's Home Patient's Room Seclusion Room Stairway Recreation Area Office Outside AWOL/Community Unknown Other, specify

Immediate Notifications of Incident ("X" all that apply) Coroner Family/Guard/Spouse Local Board Local Police Director of Nursing Physician ODMH Protective Agency Risk Management Medical Director Psychiatrist Other:

Person Making Notification Date Time AM PM

Immediate Action Taken ("X" all that apply) Evacuation of Area First Aid Seclusion/Restraint X-Rays Transferred to Medical Floor Use of Force, specify Other, specify

Root Cause Analysis Applicable Race/Ethnicity Codes Injury Codes A=Abrasion B=Bite C=Bruise D=Burn E=Discoloration F=Dislocation G=Fracture H=Fracture/Dislocation I=Laceration J=Scratch K=Sprain L=Swelling M=None N=Other: A=Asian B=Black/African American H=Hispanic M=Alaskan Native N=Native Am./Am. Indian P=Native Hawaiian/Other Pacific Islander W=White U=Unknown

Type of Incident Medical Events Impacting Hospital Operations Temporary Relocation of Patients Involuntary Termination without Appropriate Patient Involvement

Persons Involved or Patient Identifier V = Voluntary I = Involuntary E = Employee P = Patient V = Visitor O = Other P = Perpetrator V = Victim W = Witness U = Unknown Race (see codes above) Date of Birth Gender M= Male F=Female Injury Codes (list all that apply; see codes above)

Additional Information:

Signature Date Time AM PM

Type of Incident Initial Amended Please complete this form in its entirety

Patient Fall Injury Requiring: Hospitalization Unplanned Emergency /Medical Intervention

Adverse Drug Reaction that results in: Permanent Patient Harm Death Transfer to a Hospital Medical Unit

Alleged Abuse of Patient Physical Verbal Sexual Defraud Neglect

Assault by Non-Staff Physical Assault Sexual Assault Visitor Patient Other:

Away Without Leave (AWOL) Date: Time Located: AM PM Place Located:

Attempted Suicide Suicide Method: Asphyxiation Drug Overdose Hanging Jumped in front of Moving Vehicle Laceration Other: Drowning Firearm Jumped from Height Poison

Self-Injurious Behavior Medication Error that results in permanent patient harm, transfer to a hospital medical unit or death

Death Accidental Homicide of Patient Homicide by Patient Natural

Discharge to Homeless Street Shelter:

Seclusion Restraint Total Minutes:

Inappropriate Use of Seclusion / Restraint Mechanical Restraint Physical Restraint Transitional Hold Seclusion

Inappropriate Restraint Technique / Use of Force Unpleasant or Aversive Stimuli Intervention Restriction of Ability to Communicate Obstruction of Vision Chemical Restraint Weapons and Law Enforcement Restraint Devices Obstructs Airway / Breathing

Related Injury to Patient First Aid Required Unplanned / Emergency Medical Intervention Hospitalization Required

Related Injury to Staff First Aid Required Unplanned / Emergency Medical Intervention Hospitalization Required

Related Death Death during Seclusion or Restraint Death within 24 hours of Seclusion or Restraint Death related to or result of Seclusion or Restraint