

District of Columbia DC Dual Choice Critical Incident Form

All incidents must be reported within 24 hours, or if received on weekend/holiday you may submit the next business day. Complete the form below with detailed information and attach to the **EnterpriseNow ticket**.

Member plan	MCO	Reason for report
UHC Dual Choice (D-SNP with LTSS)	UnitedHealthcare	<input type="checkbox"/> Adverse event <input type="checkbox"/> Serious reportable incident <input type="checkbox"/> Reportable incident

Member information		
Last name:	First name:	Date of birth:
Gender:	DC Medicaid ID #:	
UnitedHealthcare Medicaid ID #:		Waiver: <input type="checkbox"/> Yes <input type="checkbox"/> No

Incident information		
Occurrence of incident date: Time: (HH:MM a.m./p.m.)	Discovery of incident date: Time: (HH:MM a.m./p.m.)	
Address of incident:		
City:	State:	ZIP code:

Abuse Neglect or Exploitation (ANE)	
Was ANE involved? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, was incident reported? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, when was incident reported?	Name of external agency ANE reported to:

Section 1 DC LTSS: Please select the appropriate adverse events category from the following list that most accurately describes the incident or event within a healthcare setting (waiver incidents listed in Section 2).

Surgical or invasive procedure events

- Surgery or other invasive procedure performed on the wrong site
- Surgery or other invasive procedure performed on the wrong patient
- Wrong surgical or other invasive procedure performed on a patient
- Unintended retention of a foreign object in a patient after surgery or other invasive procedure
- Intraoperative or immediately postoperative/postprocedural death in an ASA Class 1 patient

Section 1 DC LTSS: Please select the appropriate **adverse events** category from the following list that most accurately describes the incident or event within a healthcare setting (waiver incidents listed in Section 2).

Product or device events

- Patient death or serious injury associated with the use of contaminated drugs, devices or biologics provided by the healthcare setting
- Patient death or serious injury associated with the use of function of a device in patient care, in which the device is used or functions other than intended
- Patient death or serious injury associated with intravascular air embolism that occurs while being cared for in a healthcare setting

Patient protection events

- Discharge or release of a patient/resident of any age, who is unable to make decisions, to other than an authorized person
- Patient death or serious injury associated with patient elopement (disappearance)
- Patient suicide, attempted suicide or self-harm that results in serious injury, while being cared for a health care setting

Care management events

- Patient death or serious injury associated with a medication error (e.g., errors involving the wrong drug, wrong dose, wrong patient, wrong time, wrong rate, wrong preparation or wrong route of administration)
- Patient death or serious injury associated with unsafe administration of blood products
- Maternal death or serious injury associated with labor or delivery in a low-risk pregnancy while being cared for in a healthcare setting
- Death or serious injury of a neonate associated with labor or delivery in a low risk pregnancy
- Patient death or serious injury associated with a fall while being cared for in a healthcare setting
- Any Stage 3, Stage 4 and unstageable pressure ulcers acquired after admission/ presentation to a healthcare setting
- Artificial insemination with the wrong donor sperm or wrong egg
- Patient death or serious injury resulting from the irretrievable loss of an irreplaceable biological specimen
- Patient death or serious injury resulting from failure to follow up or communicate laboratory, pathology or radiology test results

Environmental event

- Patient or staff death or serious injury associated with an electric shock in the course of a patient care process in a healthcare setting
- Any incident in which systems designated for oxygen or other gas to be delivered to a patient contains no gas, the wrong gas or are contaminated by toxic substances
- Patient or staff death or serious injury associated with a burn incurred from any source in the course of a patient care process in a healthcare setting
- Patient death or serious injury associated with the use of physical restraints or bedrails while being cared for in a healthcare setting



Section 1 DC LTSS (cont.): Please select the appropriate **adverse events** category from the following list that most accurately describes the incident or event within a healthcare setting (waiver incidents listed in Section 2).

Radiologic events

- Death or serious injury of a patient or staff associated with the introduction of a metallic object into the MRI area

Potential criminal events

- Any instance of care ordered by or provided by someone impersonating a physician, nurse, pharmacist or other licensed healthcare provider
- Abduction of a patient/resident of any age
- Sexual abuse/assault on a patient or staff member within or on the grounds of a health care setting
- Death or serious injury of a patient or staff member resulting from a physical assault (i.e., battery) that occurs within or on the grounds of a healthcare setting

Section 2 LTSS Waiver: Please select the appropriate **reportable incident** category from the following list that most accurately describes the incident or event regardless of location/setting.

EPD Waiver **Serious Reportable Incidents (SRIs)** SRIs include, but are not limited to:

- Death
- Abuse, neglect or exploitation
- Theft of consumer personal property
- Serious physical injury
- Inappropriate or unauthorized use of restraints
- Suicide attempt
- Serious medication error
- Hospitalization
- Suicide threat
- Vehicle accident
- Fire or police involvement
- Emergency room visit
- Emergency relocation
- Property destruction
- Other events or situations that involve harm or risk of harm to a participant/member

Section 2 LTSS Waiver (cont.): Please select the appropriate **reportable incident** category from the following list that most accurately describes the incident or event regardless of location/setting.

EPD Waiver **Serious Reportable Incidents (SRIs) (cont.)** SRIs include, but are not limited to:

Detailed description of incident:

Source of information

Source of information for critical incident data

Name:	Email:
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Phone number:

Other individuals/witnesses

Name:	Email:
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Phone number:

Name:	Email:
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Phone number:

Name:	Email:
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Phone number:

External agencies contacted (APS, CPS, law enforcement, etc.)

1. Agency:	Agency contact name:
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Phone number:	Date of report:
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2. Agency:	Agency contact name:
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Phone number:	Date of report:
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3. Agency:	Agency contact name:
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Phone number:	Date of report:
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Follow-up/resolution of incident

Is the member subject to further harm, or do they have further emergency needs at this time?

Yes No

Follow-up/resolution of incident (cont.)

If yes, please explain

Detailed description of any/all follow-up actions for this incident:

Providers involved in incident

Provider (1) name:

NPI number:

Contact information:

Address:

City:

State:

ZIP code:

Provider type:

Provider (2) name:

NPI number:

Contact information:

Address:

City:

State:

ZIP code:

Provider type:

Provider (3) name:

NPI number:

Contact information:

Address:

City:

State:

ZIP code:

Provider type: