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| **Individual’s Name and I.D. Number**:  Click or tap here to enter text. | **Date of Incident:** Click or tap to enter a date. |
| **Incident Report #:**  Click or tap here to enter text. |
| **Review Completed Date:**  Click or tap to enter a date. |
| **Review Completed By:** Click or tap here to enter text. |
| **Individual’s DOB:** Click or tap to enter a date. | **Program:** Click or tap here to enter text. |
| **Location of Incident:**  Click or tap here to enter text. | **Type of Incident:** Click or tap here to enter text. |
| **Service Received at Time of Incident:** Click or tap here to enter text. | **Sources of Information:**  Record Review  Policy Review  Interview with Individual  Interview with Staff  Human Rights Investigation  Other: Click or tap here to enter text. |
| **Is this the first incident of this kind?**  Yes  No, when did this occur before? Click or tap to enter a date. | **Is this addressed in the ISP?**  Yes  No  Not applicable |
| **Detailed description of what happened** *(Provider may copy information included within the Injury/Incident Description/Circumstances field of CHRIS or include a step-by-step detailed account of the incident)*:Click or tap here to enter text. | |
| **Analysis of Incident** *(Analysis of trends and potential systemic issues or causes; analysis of why incident happened; identification of all underlying causes of the incident that were in the control of the provider)*:  Why did this happen? Click or tap here to enter text.  Tools used during review: 5 Whys Fishbone  FMEA Other: Click or tap here to enter text. | |
| **Recommendations/Action Plan** *(Solutions to mitigate the potential for future incidents)***:**  There are no recommendations at this time. There were no underlying causes under the provider’s control.  Recommendation(s)/Technical Assistance: Click or tap here to enter text.  Action Plan: Click or tap here to enter text.  **Due Date**: Click or tap to enter a date. | |
| **Enhanced Root Cause Analysis Determination:**  **Does this incident need to be referred for a more detailed Root-Cause Analysis?**  Yes  No  **If “yes”, the threshold criteria met is:**  \_\_\_ or more of similar Level II incidents involving the same individual within a six-month period.  \_\_\_ or more of similar Level II incidents occurring at the same location within a six-month period.  2 or more of similar Level III incidents involving the same individual within a six-month period.  2 or more of similar Level III incidents occurring at the same location within a six-month period.  \_\_\_ or more similar Level II or Level III incidents that occur across all locations within a six-month period.  Death that occurs as a result of an acute medical event that was not expected in advance or based on a person’s known medical conditions.  **Analysis included:**  Convening a team  Collecting and analyzing data  Mapping processes  Charting causal factor  Other: Click or tap here to enter text. | |

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**Completed by: Title/Position: Date:**