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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:**