

# District of Columbia DC Dual Choice Critical Incident Form

All incidents must be reported within 2 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
<b>UHC Dual Choice (D-SNP with LTSS)</b>	<b>UnitedHealthcare</b>	Adverse event Serious reportable incident Reportable incident

Member information		
Last name:	First name:	Date of birth:
Gender:	DC Medicaid ID #:	
UnitedHealthcare Medicaid ID #:		Waiver: Yes 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? Yes No	If yes, was incident reported? Yes 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 what 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

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

### Providers involved in incident

<b>Provider (1) name:</b>	NPI number:	
Contact information:		
Address:		
City:	State:	ZIP code:
Provider type:		
<b>Provider (2) name:</b>	NPI number:	
Contact information:		
Address:		
City:	State:	ZIP code:
Provider type:		
<b>Provider (3) name:</b>	NPI number:	
Contact information:		
Address:		
City:	State:	ZIP code:
Provider type:		