

## District of Columbia DC Dual Choice Critical Incident Form

All incidents must be reported within 24 hours or next business day. The Critical Incident Report Form may be completed electronically and submitted to the designated e-mail box at [critical\\_incidents@uhc.com](mailto:critical_incidents@uhc.com). Please note that this is the preferred method of submission due to the sensitive material contained on these forms and the ability to submit secure e-mails allows the transfer of information to remain HIPAA compliant. However, the form may also be completed electronically and faxed to **866-594-7147**.

Member Plan	MCO	Reason for Report	
UHC Dual Choice (DSNP with LTSS)	UnitedHealthcare	Adverse Event <input type="checkbox"/> Serious Reportable Incident <input type="checkbox"/> Reportable Incident <input type="checkbox"/>	
Member Information			
Last Name	First Name	Date of Birth	Gender
DC Medicaid ID #	UHC Medicaid ID #	Waiver YES <input type="checkbox"/> NO <input type="checkbox"/>	
Incident Information			
Occurrence of Incident	Discovery of Incident	Location of Incident	
<b>Date:</b> <i>(MM/DD/YYYY format)</i>	<b>Date:</b> <i>(MM/DD/YYYY format)</i>	<b>Address of Incident</b> <i>(Street Address format)</i>	
<b>Time:</b> <i>(HH:MM am/pm format)</i>	<b>Time:</b> <i>(HH:MM am/pm format)</i>	<i>(City, state &amp; zip code format)</i>	
Abuse Neglect or Exploitation (ANE)			
Was Abuse Neglect or Exploitation involved?	If yes, was incident reported?	If yes, when was incident reported?	Name of external agency ANE reported to:
YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	MM/DD/YYYY	

Section 1: DC LTSS - Please select the appropriate **Adverse Events** Category Listed Below which most accurately describes the incident or event within a healthcare setting.

(Waiver incidents listed below 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
  
- **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 healthcare 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
- **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 Listed Below which 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

**EPD Waiver Reportable Incidents (RIs)**

RIs include but are not limited to:

- Medication error
- Missing person
- 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

Detailed Description of Incident (use additional pages if necessary)

**Source of Information**

Source of Information for Critical Incident Data

Contact Name

Contact E-mail

Contact Phone Number

**Other Individuals/Witnesses**

Name

E-mail

Phone Number

**External Agencies Contacted (APS, CPS, law enforcement, etc.)**

Agency

Agency Contact Name

Phone Number

Date of Report

**Follow-up/Resolution of Incident**

Is the member subject to further harm, or does he/she have further emergency needs at this time?

Yes  No

If yes, please explain:

Detailed Description of any/all follow-up actions for this Incident:

<b>Providers Involved in Incident</b>		
Provider (1) Name	NPI Number	Contact Information
Address		Provider Type
Provider (2) Name	NPI Number	Contact Information
Address		Provider Type