

Critical incident report form

UnitedHealthcare Community Plan of Nebraska

Form applies to critical incidents that occurred while in the care of a behavioral health inpatient setting.

Instructions: Submit all pages of this form with as much information as possible within the required reporting timeframes.

Incident Levels I and II (adverse and substantial) must be reported to UnitedHealthcare and the Department of Health and Human Services (DHHS) immediately.

Allegations of abuse, neglect or sexual contact between peers, or between peers and staff, must be reported immediately to the Nebraska Hotline at **800-652-1999**, and then to UnitedHealthcare. These incidents will be considered substantial or significant deviations from quality care.



Please complete and submit this form in one of the following ways:

- Email: critical_incidents@uhc.com
- Fax: 855-371-7638

Incident status: Initial (pending further investigation) Completed (investigation completed)

Reporting party

National Provider Identifier (NPI) number:		Provider/agency name:	
Provider address:			
City:		State:	ZIP code:
Phone:	Reporter name:		Title:
Email:			

Medicaid member

Medicaid state number:		Last name:	First name:
Address:			
City:		State:	ZIP code:
Date of birth:	Member's gender: Male Female		

Case manager:

First name:		Last name:	
Mailing address:			
City:		State:	ZIP code:
Email:		Phone number:	
Case manager informed:		Yes	No
Date informed:			

Incident information:

Date of incident:		Time of incident:		a.m.	p.m.	Unknown
Discovered	Witnessed	Date of discovery:				
First person to learn of the incident:						
Name:				Title:		

Location of incident:

Location:

People present during incident:

(Provide name of person, initials if a member, and their relationship to the member):

1.	Other member	Staff	Family	Roommate	Other:
2.	Other member	Staff	Family	Roommate	Other:

Services (select one):

Services were being provided at time of incident:		Yes	No service
Name:			

Notifications

Guardian informed:		Yes	No	N/A	Date informed:	
DHHS report made:		Yes	No	Date of report:		Report #:
DHHS report accepted:		Yes	No			
Law enforcement:		Yes	No	Date contacted:		Officer name:

Incident description

Incident description (Include who, what, when, where and how in a clear concise manner noting the circumstances of the incident, immediate resolution/action taken to secure the member's safety and proposed prevention plan. Attach additional information if necessary):

Incident description (cont.)

Substantiated findings of abuse, assault, neglect/mistreatment or exploitation by staff
Substantiated criminal activity by staff or patients
Patient missing from the care facility for 24 hours or longer
Unanticipated death of patient that is not related to an illness or underlying condition being treated
Death resulting from abuse or neglect
Homicide attempt
Use of prohibited practices (restraints, punishment, etc.)
Medication error resulting in the need for immediate medical care from emergency department or hospital
Injury or preventable medical emergency resulting in the need for immediate medical care from emergency department or hospital
Clinical quality of care concern where the patient experienced substantiated harm or the severity is Level III or higher
Inappropriate or unprofessional conduct by staff or contracted providers
Operational breakdown of facility/provider due to natural disaster, loss of license or emergency
Any other event that is highly concerning, poses potential liability or is of emerging public interest

Critical incident levels

- 1. Level 0 – None:** Investigation indicates acceptable quality of care has been rendered.
- 2. Level I – Low, Minor:** Investigation indicates that a particular case was without significant potential for serious adverse effects but could become a problem if a pattern developed.
- 3. Level II – Medium, Moderate:** Investigation indicates that a particular case demonstrated a moderate potential for serious adverse effects.
- 4. Level III – High, Serious:** Investigation indicates that a particular case has demonstrated a significant potential for serious adverse effects.
- 5. Level IV – Critical:** Investigation indicates that a particular case demonstrated a serious significant adverse outcome

Incident-specific resolutions

(Indicate agency course of action, proposed plans, self-corrective actions and measures to prevent or diminish probability for future occurrences, etc.)

	Initiated	Completed
Staff review/updates		
Describe:		
Member review/updates		
Treatment plan:		
Revised:		
Describe:		

Incident-specific resolutions (cont.)

	Initiated	Completed
Policy and procedure review/updates		

Describe:

Agency-wide planning (training/retraining, self-CAP, communication/awareness on updates, etc.)

Describe:

No resolution required (indicate how incident was isolated)

Describe:

Additional follow-up/notes: