Department of Behavioral Health

TRANSMITTAL LETTER

SUBJECT Reporting Major Unusual Incidents (MUIs) and Unusual Incidents (UIs)		
POLICY NUMBER DBH Policy 480.1	DATE JAN 0 4 2016	TL# 294

Purpose. To establish policy and procedures in reporting Major Unusual Incidents (MUIs) to the Department of Behavioral Health (DBH) and provide guidelines in the handling of Unusual Incidents (UIs) within the provider level. This policy does not preclude, and is not a substitute, for internal notifications or reporting through supervisory levels required by the provider's internal protocols.

Applicability. DBH certified providers with a human care agreement, Saint Elizabeths Hospital (SEH), DBH contractors providing behavioral health services/supports (including out-of-state, e.g., psychiatric residential treatment facilities), Mental Health Community Residence Facilities (MHCRFs), and the Behavioral Health Authority (BHA) offices.

Policy Clearance. Reviewed by affected responsible staff and cleared through appropriate Behavioral Health Authority (BHA) offices.

Effective Date. This policy is effective immediately.

Superseded Policy. DMH Policy 480.1C Reporting Major Unusual Incidents (MUIs) and Unusual Incidents (UIs) dated May 03, 2012.

Distribution. This policy will be posted on the DBH web site at www.dbh.dc.gov under Policies and Rules. Applicable entities are required to ensure that affected staff is familiar with the contents of this policy.

Tanya A. Royster, M. D.
Director, DBH

GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT OF BEHAVIORAL HEALTH	Policy No. 480.1	Date JAN 0 4 2016	Page 1
	Supersedes DMH Policy 480.1C, Reporting Major Unusual Incidents (MUIs) and Unusual Incidents (UIs) dated May 03, 2012		

Subject: Reporting Major Unusual Incidents (MUIs) and Unusual Incidents (UIs)

1. **Purpose.** To establish policy and procedures in reporting Major Unusual Incidents (MUIs) to the Department of Behavioral Health (DBH) and provide guidelines in the handling of Unusual Incidents (UIs) within the provider level. This policy does not preclude, and is not a substitute, for internal notifications or reporting through supervisory levels required by the provider's internal protocols.

2. **Applicability.** DBH certified providers with a human care agreement, Saint Elizabeths Hospital (SEH), DBH contractors providing behavioral health services/supports (including out-of-state, e.g., psychiatric residential treatment facilities), Mental Health Community Residence Facilities (MHCRFs), and the Behavioral Health Authority (BHA) offices.

3. **Authority.** The Department of Behavioral Health Establishment Act of 2013; 22A DCMR Chapter 34 Mental Health Rehabilitation Services (MHRS) Provider Certification Standards, and 22A DCMR Chapter 63 Certification Standards for Substance Use Disorder Treatment and Recovery Providers.

4. **Policy.** DBH requires that all MUIs (including unauthorized leave) are reported timely and accurately. Only MUIs (Exhibit 1), not UIs (Exhibit 2), shall be reported to DBH. Reporting abuse or neglect under this policy does not exempt mandatory reporters pursuant to D.C. Official Code Section 4-1321.02 (child abuse and neglect) and Section 7-1903 (adult abuse and neglect) from their mandatory reporting requirements.

- Written reports of MUIs shall be done through the DBH system-wide electronic documentation. If not accessible, designated forms attached to this policy shall be completed and submitted to the Division of Incident Management and Investigation (DIMI).

- UIs shall be reported per provider internal policy and procedures. At the BHA level, UIs shall be reported to the designated program manager (e.g., manager of residential facility).

- At the BHA level offices, program managers at each component of the Authority (or office directors/designees where there are no subordinate levels) shall notify the DIMI directly of MUIs and make internal notifications based on their established reporting lines.

- For out of state facilities, MUIs involving DBH consumer/clients in out-of-state facilities shall be reported to DIMI in accordance with this policy. Providers shall, also, be in compliance with other requirements of the District of Columbia or the state in which the facility is located, or by contract or other types of arrangements with DBH or other District agencies.

- School-based Mental Health Program (SMHP) managers shall report MUIs to DBH and to appropriate school officials, when authorized by the D.C. Mental Health Information Act, and in accordance with the Department's written agreements with the District of Columbia Public Schools (DCPS) and the Office of the State Superintendent of Education (OSSE).

- MUIs/UIs from the general public reported through the Access Help Line will be turned over to the DIMI.

5. **Procedures for Reporting and Handling MUIs.**

5a. Verbal Reporting of MUIs.

(1) MUIs that require immediate verbal reporting to DBH are:

a. Death of a consumer or DBH employee while on duty.
b. Incidents requiring notification to a law enforcement agency (including U.S. Secret Service for White House cases).
c. Incidents involving the Office of Inspector General (OIG) for the District of Columbia.
d. Incidents requiring notification to Adult Protective Services (APS) when related to performance of services by a DBH contracted provider.
e. Incidents requiring notification to Child Protective Services (CPS) of the Child and Family Services Agency (CFSA) or Metropolitan Police Department (MPD) when related to performance of services by a DBH contracted provider.
f. Incidents that result in a mental health provider receiving inquiries from the media regarding any MUI that is not yet reported to DBH.
g. Incidents related to consumer care that raises immediate concerns from the determination of the provider agency regarding the health and safety of any consumer, employee, or visitor.

(2) MUIs that have to be verbally reported to the DIMI immediately, no later than one hour after discovery/learning of the incident (see 5a (1) above), shall follow the verbal reporting procedures below:

- Call the DIMI at (202) 673-2292 during normal business hours (8:30 a.m. to 5:00 p.m., Monday through Friday).

- Outside of normal business hours (before 8:30 a.m. or after 5 p.m., Monday through Friday, weekends and holidays), contact the Compliance hotline at 800-345-5564.

(3) Verbal notifications within the provider level or BHA shall also be followed.

(4) The verbal report must be followed by a written report no later than twenty four (24) hours from discovery or learning or witnessing of the MUI.

5b. The procedures for submitting written report for all MUIs (Exhibit 1) are as follows:

(1) The MUI report (Exhibit 3) shall be completed by the person who first became aware of the incident. If this is a provider or DBH employee, he/she must complete the written report by the end of his/her tour of duty. The instructions for completing the MUI form are outlined in Exhibit 4.

(2) The MUI Report shall be complete and accurate with the description of incident; the date and type of service, and outcome of any intervention or service for consumer.

(3) School-based Mental Health Program (SMHP) managers shall ensure that a MUI report is submitted to DBH OA for any report to the Child Protective Services (CPS) of CFSA or Metropolitan Police Department (MPD).

(4) A follow-up report (Exhibit 5) or an internal investigation must be finalized by the provider and submitted to DIMI within ten (10) business days following internal procedures for investigations (see DBH Policy 662.1 Major Investigations).

(5) Signature lines shall be complete. MUIs can be submitted with actual signatures using a PDF document or electronic signature attached to an email to MUI.OA@dc.gov. When signatures cannot be attached electronically, fax to (202) 673-2191.

5c. MUI Investigation. Upon receipt of the MUI report, DIMI shall initiate an investigation for the following MUIs:

(1) Death of a consumer/client or DBH employee while on duty.

(2) Incidents requiring notification to a law enforcement agency (including U.S. Secret Service for White House cases).

(3) Incidents involving the District of Columbia Office of the Inspector General (D.C. OIG).

(4) Incidents requiring notification to Adult Protective Services (APS) when related to performance of services by a DBH contracted provider.

(5) Incidents requiring notification to CPS of CFSA or MPD when related to performance of services by a DBH contracted provider.

(6) Incidents that result in a provider receiving inquiries from the media regarding any MUI that is not yet reported to DBH.

(7) Incidents related to consumer/client care that raises immediate concerns from the determination of the provider agency regarding the health and safety of any consumer/client, employee, or visitor.

5d. Major investigations. Other than the MUI investigations listed in Section 5c above, DBH OA may elect to independently investigate specific MUIs.

(1) The major investigation shall be completed by DIMI and submitted to the Deputy Director, OA/designee within sixty (60) business days. This investigation serves as one of the major analytical tools in MUI and Mortality Reviews.

(2) A timely investigation has to be conducted for any suspected or allegation of employee misconduct that rise to the level of MUI. The employee has to be placed on administrative leave pending the results of the investigation. In the case of DBH employees, appropriate actions are to be taken in accordance with D.C. Personnel Manual in consultation with the DBH Division of Human Resources.

5e. Follow-up reports.

(1) A follow-up report (Exhibit 5) shall be submitted by the provider within ten (10) business days from the date of the initial submission of the written MUI report to DBH, as required by the DIMI Director when more information is needed in the MUI report.

(2) The DIMI Director/designee shall be notified when more time is needed. The follow-up report may serve as the investigation summary, as applicable, and shall contain the following information, as applicable:

- final disposition,
- summary of corrective actions by management, and
- systemic changes toward quality improvement.

(3) In some cases, OA may require providers to submit an expedited follow-up report and/or the disposition of the incident within five (5) business days from the date of the initial verbal notification or written MUI.

5f. Mortality Reviews by Providers. Mortality Review Reports by providers shall be sent to DBH DIMI within forty five (45) days of consumer/client death or notification of a death (or sooner if expected review is warranted). DBH Policy 115.1, Mortality Review, shall be followed.

5g. DBH and Provider Responsibilities.

(1) Ensure that Program Managers/supervisors or designee and DBH employees understand their direct responsibility for following the MUI reporting from verbal and written notifications, to submission of a follow-up, as requested by the DIMI, or other internal investigation;

(2) Encourage employees to cooperate in incident investigations as required by law or labor contracts (e.g., submitting to interviews, providing oral or written testimony, or giving investigators physical evidence).

(3) The designated DBH managers/designee shall ensure that providers, including all out of state facilities, are aware of the requirement in MUI reporting and have copies of this policy.

5h. Actions by DIMI. After review of MUI report (verbal and written), DIMI shall:

(1) Make contact with provider CEO or designee, as needed, for further verification.

(2) Coordinate with BHA, as necessary, to determine the appropriate response(s) to MUIs.

(3) Notify the following within DBH:
- Office of the General Counsel,
- Office of Consumer and Family Affairs,
- Compliance Officer,
- Chief Clinical Officer, and
- Other relevant offices, as applicable.

(4) Ensure that the provider submits a written follow-up report (Exhibit 5) on the disposition of MUIs.

(5) Ensure that the provider completes and submits a Mortality Review report for all consumer/client deaths within forty five (45) days from death or notification of death to DBH.

(6) Conduct an investigation either because it is warranted (see section 5a (3) above) after review of provider's internal investigation report or at the decision of the Director of DBH or OA. Review the provider's internal investigation report to determine further actions.

(7) Complete the MUI follow-up and monitoring on corrective or improvement actions as indicated in Exhibit 5.

(8) Determine whether the MUI is "pending" or closed.

(9) Monitor status of implementation of remedial actions and quality improvement.

(10) Maintain MUI reports; identify issues and concerns, both systemically and per individual service provider.

6. **Procedures for Reporting and Handling UIs.**

(1) At the provider level, all incidents categorized under UI (Exhibit 2) shall be reported per provider internal policy and procedures.

(2) At the BHA program, UIs shall be reported to the designated program manager (e.g., UIs at the Residential Treatment Center (RTC) shall be reported to the RTC Program Manager).

(3) The MUI/UI Report Form (Exhibits 3 and 4) shall be used to document all events that fit the definition of a UI (Exhibit 2).

7. **Documentation of MUIs and UIs,**

(1) Provider-level program managers/designees shall maintain a log of all MUIs in electronic documentation. These logs and other records relevant to incidents must be made available to DBH upon request. The log shall include:

- consumer/client identifying number,
- date of incident,
- date UI was reported at the provider level/date MUI was reported to DBH OA
- type of incident,
- immediate administrative actions taken, as applicable, and
- outcome/final result.

(2) Appropriate documentation about the incident must be included in the progress notes section of each consumer/client's clinical record.

(3) The MUI and UIs reports and follow-up documents shall be filed separately from consumer/client's records, unless otherwise required by law or regulation.

8. **Reports and Analysis of Incidents.**

(1) The DIMI shall maintain a computerized database on MUIs and submit the summary analysis on MUI tracking and trending to the DBH Internal Quality Committee (IQC) and DBH Quality Council (QC) on a quarterly basis.

(2) The Internal Quality Committee (IQC) shall review the summary analysis submitted by DIMI and provide written recommendations to the DBH Director and QC to address any issues and concerns, if needed.

(3) DIMI shall maintain a separate tracking and trending of MUIs and UIs from the (a) Assertive Treatment Team (ACT), (b) Community Behavioral Intervention (CBI), (c) residential facilities and hospitals, and (d) detoxification facilities/clinics.

9. **Other Requirements for Providers.**

(1) Behavioral health providers shall establish internal policies and procedures consistent with this DBH policy.

(2) Per their contractual agreements, certain providers will provide copies of incident logs to DBH monthly.

10. **Sanction for Non-Compliance.** Non-compliance of this policy shall result in appropriate action in accordance with DBH policies and rules (see Section 3).

11. **Definitions.**

(1) Consumer/clients. Individuals receiving community behavioral health services from DBH for those receiving mental health services (consumer/clients) and substance use disorder treatment services (clients). For purposes of this policy, also, mean "individuals in care", the term used for those receiving in-patient services at Saint Elizabeths Hospital (SEH).

(2) Employee. The term "employee" when used in this policy applies to all DBH staff, including employed consumer/clients/clients/clients/clients; volunteers, students and interns; and employees of behavioral health providers/contractors.

(3) Internal Quality Committee (IQC). The team within DBH that is responsible for the coordination of quality assurance and improvement activities. Membership includes representations from the Behavioral Health Authority (BHA), Mental Health Services Division (MHSD), Comprehensive Psychiatric Emergency Program (CPEP) and Saint Elizabeths Hospital (SEH).

(4) Major Unusual Incident (MUI). Adverse events that can compromise the health, safety, and welfare of persons, such as employee misconduct, fraud and actions that are in violations of law or policy (see Exhibit 1).

(5) MUI status. A determination made by OA if the incident is pending, requires follow-up or is closed.

(6) Provider. Any individual or entity, public or private, that is licensed or certified by the District of Columbia to provide behavioral health services or supports; or any individual or entity, public or private, that has entered into an agreement with DBH to provide behavioral health services or supports.

(7) Provider Quality Council (QC). A group represented by DBH providers. DBH OA provides leadership for this team in discussing program integrity and accountability in quality service delivery.

(8) Psychiatric Residential Treatment Facility (PRTF). A psychiatric facility that (1) is not a hospital; and (2) is accredited by the Joint Commission on Accreditation of Healthcare Organizations, the Commission on Accreditation of Rehabilitation Facilities, the Council on Accreditation of Services for Families and Children, or by any other accrediting organization with comparable standards that is recognized by the state in which it is located; and (3) provides inpatient psychiatric services for individuals under the age of twenty-two (22) and meets the requirements set forth in §§ 441.151 through 441.182 of Title 42 of the Code of Federal Regulations, and is enrolled by the District of Columbia Department of Health Care Finance (DHCF) to participate in the Medicaid program.

(9) Unusual Incident (UI). Any significant occurrence or extraordinary event deviating from regular routine or established procedure, but does not rise to a major unusual incident (MUI) (see Exhibit 2).

12. **Related DBH Policies and Exhibits.**

DBH Policy 115.1, Mortality Review
DBH Policy 482.1, DBH Policy on Protecting Consumer/clients/clients/clients From Abuse, Neglect or Exploitation
DBH Policy 662.1 Major Investigations
Chap. 5, Title 22A 52 DCR 7229 - DBH Use of Restraints and Seclusion Rule

13. **Exhibits.**

1 MUI Categories and Codes
2 UI Categories and Codes
3 MUI/UI Report Form (DBH 1243)
4 MUI Form Glossary (DBH 1243)
5 MUI/UI Follow-up Report (DBH Form 1243A)

Approved By:

Tanya A. Royster, M.D.
Director, DBH

(Signature) (Date) 1/4/2016

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF BEHAVIORAL HEALTH

JAN 0 4 2016

MAJOR UNUSUAL INCIDENT CATEGORIES

MUI Code	Categories	Description
1a	**Death**	Check classification of cause of death.
1b	**Death of an employee while on duty.**	Expiration of DBH employee while on the job.
2a	**Physical injury (consumer).**	Bodily harm, pain, or impairment which requires medical or dental treatment beyond facility-based first aid.
2b	**Physical injury (staff).**	Bodily harm, pain, or impairment while on duty which requires medical or dental treatment beyond facility-based first aid.
2c	**Physical injury (Other).**	Bodily harm, pain, or impairment by those other than (1) and (2) (e.g. visitors, student interns, volunteers, etc. while at service location).
3	**Medical emergency.**	Unplanned /unanticipated medical event requiring calling "911", emergency room intervention or hospitalization.
4	**Psychiatric emergency (community residence facility).**	Unplanned or unanticipated psychiatric event experienced by a consumer who resides in a community residence facility.
5	**Physical Assault.**	Physical attack using force or violence upon a consumer, consumer to staff, or staff while on duty.
6	**Sexual Assault.**	Unwanted sexual or attempted sexual activity, when one party has not given or cannot give consent (e.g., staff as perpetrator).
7a	**Physical Abuse.**	Any physical contact with, or handling of a consumer with more force than is reasonably necessary in order to ensure his/her safety or the safety of others.
7b	**Psychological or verbal abuse.**	Verbal or nonverbal expression or other actions in the presence of a consumer that subjects him/her to humiliation, contempt, harassment, threats of punishment, wrongful manipulation or social stigma.
8	**Neglect.**	The failure of an employee to act responsibly which could compromise the safety and well-being of consumers and others (e.g., driving a government owned or leased vehicle recklessly or under the influence of drugs or alcohol).
9	**Exploitation.**	Misuse or misappropriation of the consumer's assets (includes the use of a position of authority to extract personal gain from a consumer).
10	**Sexual harassment.**	Events which involve any sexual or attempted sexual activity between an employee and a current or former contract worker/consumer regardless of whether or not the consumer consents. Also, when privileged information or direct therapeutic relationship about a former consumer is used by staff against him/her to gain sexual favors.

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11	**Crime.**	Any police involvement or event which is or appears to be a crime under District of Columbia or Federal law involving a consumer or staff, either as the victim or the perpetrator (e.g., arson, assault, homicide, possession of a deadly weapon, possession or sale of narcotics, theft, sexual offense).
12a	**Restraint.**	Any manual or physical method, use of drugs as a restraint, mechanical device, material, equipment that immobilizes or reduces the ability of a consumer to move his or her arms, legs, body, or head freely.
12b	**Seclusion.**	The involuntary confinement of a consumer in a room or area where he/ she is prevented from leaving, or believes that he or she cannot leave at will.
13	**Suicide Attempt.**	Actions of a consumer that are self-inflicted towards the goal of ending one's life; may or may not have resulted in an injury.
14	**Fall.**	The unintended and sudden loss of an upright or erect position resulting in a person coming to rest on the ground, floor, or other lower level.
15	**Reportable Disease.**	A disease or condition that must be reported to public health authorities at the time of diagnosis due to mandatory reporting law.
16a	**Severe adverse reactions due to medication error.**	Any medication error that has potential of resulting to prolonged hospitalization, significant or permanent disability or death. Any unplanned or unanticipated medical event requiring calling "911", emergency room intervention or hospitalization that has been found to be related to a medication error.
16b	**Missed Medication.**	Any medication orders that are not followed according to schedule when the consumer is present in a community residence facility (e.g., CRF).
17a	**Unauthorized Leave/Elopement**	A situation in which a consumer is found missing from the expected location and time (SEH, RTC, PRTF).
17b	**Missing Consumer .**	A situation in which a consumer is first identified as missing in the community.
18a	**Illegal drugs and weapons on DBH/Provider premises.**	Illegal drugs or weapons are found in provider premises and a community residence facility.
18b	**Illegal possession and distribution of goods.**	Situations where a consumer (s) possess or distribute goods illicitly (e.g. goods that may normally be owned but are liable to be seized because they were used in committing an unlawful act and hence begot illegally, such as smuggled goods, stolen goods).
19	**Fire.**	Fire occurring in any occupied, licensed, certified, or contracted

		residence, treatment, or office facility that results in serious injuries or is of a suspicious nature or causes property damage rendering the facility or part thereof unusable.
20a	**Vehicle accident (consumer is passenger).**	Any vehicle accident (minor or major) that occurs when a consumer is a passenger.
20b	**Vehicle accident (Injury).**	Any vehicle accident that occurs while a staff is on duty resulting in serious injury.
20c	**Vehicle accident (Government vehicle).**	Any vehicle accident (minor or major) that involves a District of Columbia Government vehicle.
21a	**Security (Facility).**	Any facility, required to be locked, that has faulty locks or security equipment, or any lost government issued keys or security badge.
21b	**Security (PHI).**	Any unauthorized release of a consumer's protected health information.
21c	**Theft .**	Any theft of property, occurring on property or service location.
22	**Environmental.**	Any loss of utilities or structure impacting the health, safety or welfare of consumers which may or may not require evacuation or transfer to another location. This includes any violation of federal or District laws regarding building occupancy.
23	**False Claim**	The term used when a person knowingly makes an untrue statement or claim to gain a benefit or reward. Knowingly means actual knowledge, reckless disregard for the truth, or deliberate indifference.

------ END OF MUI CODES -----

CATEGORIES OF UNUSUAL INCIDENTS (UIs)

(Not included in Major Unusual Incident (MUI) Report Categories)

UI CATEGORIES ARE NOT REPORTED TO THE DBH OFFICE OF ACCOUNTABILITY (OA).
UIs ARE ONLY REPORTED AT THE PROVIDER LEVEL OR BHA PROGRAM LEVEL.

UI Code	UI Categories	Descriptions
A	Consumer criminal activity with no police involvement	Alleged/suspected/actual criminal activity by consumer not resulting in police involvement.
B	Non-consumer criminal activity with no police involvement	Alleged/suspected/actual criminal activity by employee or any other person (non consumer) not resulting in police involvement.
C	Operational Breakdown	Operational breakdown that may lead to but is not yet causing direct threats to life and safety of consumers (e.g. an electrical blackout, telephone outage, natural disaster that requires the residential relocation of consumers).
D	Self-Injurious behavior	Alleged, suspected, or actual physical injury of a consumer intentionally brought about by the consumer and does not require medical or dental treatment attention beyond first aid, and which does not have as a goal to end one's life (e.g. punching a wall, biting oneself).
E	Minor physical injury of a staff member (e.g. RTC, BHA Staff)	Physical injury of a staff member resulting from participating in crisis intervention (e.g., at a facility or during transport) with a consumer which does not require treatment beyond first aid.
F	Property damage	Damage of any property that the facility is or can be accountable for (e.g. vehicle, other people's belongings, etc.) or at the facility (e.g. furniture, appliance, etc.) or structure of the facility (e.g. walls, doors, etc.) that relates to cost as a result of behavioral issues.
G	Verbal threats	Verbal threats made by a consumer towards another consumer or by a consumer towards a staff or by a staff to another staff (DBH Supervisor of staff to be notified, Section 17, Policy 480.1B)
H	Staff Shortage	Significant, unexpected staff shortage causing threat to life and safety of others.
I	Police Emergency	Any non-medical emergency requiring police intervention.
J	OTHER	Incidents that clearly do not fit under any other UI code.

End of UI Categories

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MAJOR AND UNUSUAL INCIDENT (MUI/UI) REPORT FORM

GENERAL INSTRUCTIONS: To be completed and submitted by the first person who learned/witnessed/discovered an MUI / UI to the appropriate authority per policy. Add pages as necessary. Refer to DBH Policy 480.1 Exhibit 1 for MUI and Exhibit 2 for UI for full descriptions.
For electronic submission, the supervisor should email the report directly to the Office of Accountability (MUI.OA@dc.gov).

A. Incident Information

1) First Name: | **2) Last Name:** | **3) ID Number:**

4) Legal Status: Voluntary ☐ Involuntary ☐ NA ☐ **5)** Person Involved: Staff ☐ Visitor ☐ Consumer/Client ☐

6) Gender: Male ☐ Female ☐ transgender ☐ NA ☐ **7) Date of Birth:** **8) Ethnicity**

9) Date of Incident: **10) Time of Incident:** ☐AM/☐PM

11) Name of Agency Submitting Report: **12)** Incident Location:

13) Type of Program submitting the Report: ☐ Mental Health ☐ CRF ☐ Crisis ☐ PRTF ☐ School MHP ☐ ACT/CBI ☐ Hospital ☐ Substance Use ☐ ARC ☐ Other (specify)

14) Please check the category below *(check all that apply)* **- Major Unusual Incident Category**
(Please refer to Policy 480.1 Exhibit 1 for specific MUI Descriptions):

☐ **1a** Death (currently enrolled DBH Consumer/Client)
- ☐ *Suicide*
- ☐ *Homicide*
- ☐ *Natural causes*
- ☐ *Accident*
- ☐ *Unknown*

☐ **1b** Death (Employee while on duty)
☐ **2a** Physical Injury (Consumer/ Client)
☐ **2b** Physical Injury (Staff)
☐ **2c** Physical Injury (Other)
☐ **3** Medical Emergency
☐ **4** Psychiatric emergency (CRF)
☐ **5** Physical Assault
☐ **6** Sexual Assault

☐ **7a** Physical abuse
☐ **7b** Psychological /Verbal Abuse
☐ **8** Neglect
☐ **9** Exploitation
☐ **10** Sexual Harassment
☐ **11** Crime
☐ **12a** Restraint
☐ **12b** Seclusion
☐ **13** Suicide Attempt
☐ **14** Fall
☐ **15** Reportable Disease
☐ **16a** Severe Adverse Reaction due to Medication Error
☐ **16b** Missed Medication
☐ **17a** Unauthorized Leave/Elopement
☐ **17b** Missing Consumer

☐ **18a** Illegal drugs/weapons on DBH/provider premises
☐ **18b** Illegal Possession and Distribution of Goods
☐ **19** Fire
☐ **20a** Vehicle Accident (Consumer is passenger)
☐ **20b** Vehicle Accident (Injury)
☐ **20c** Vehicle Accident (Government Vehicle)

☐ **21a** Security (Facility)
☐ **21b** Security (PHI)
☐ **21c** Theft
☐ **22** Environmental
☐ **23** False Claims

Unusual Incident Categories: *(Internal Reporting Use Only)*
☐ **A** Consumer criminal activity with no police involvement
☐ **B** Non-consumer criminal activity with no police involvement
☐ **C** Operational Breakdown
☐ **D** Self-Injurious behavior
☐ **E** Minor physical injury of a staff member (e.g. RTC or BHA Staff)
☐ **F** Property damage
☐ **G** Verbal threats
☐ **H** Staff Shortage
☐ **I** Police Emergency-non medical
( )**J** OTHER

DO NOT FILE IN CONSUMER RECORD

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B. Description of Incident

Describe exactly what happened: Who, What, Where, When, Why, and How? (Use) additional paper as needed)

C. Consumer(s) Involved in the Incident**

No	Name	ID No	Provider	Legal Status	DOB	Gender	Role in Incident*
1						☐F ☐M	
2						☐F ☐M	
3						☐F ☐M	
4						☐F ☐M	

D. Provider Employee(s) Involved in the Incident

No	Name	Unit/Office	Position	Gender	Role in Incident*
1				☐F ☐M	
2				☐F ☐M	
3				☐F ☐M	
4				☐F ☐M	

E. Other Person(s) Involved in the Incident

No	Name	Organization	Relation to Individual	Gender	Role in Incident*
1				☐F ☐M	
2				☐F ☐M	
3				☐F ☐M	

** Identify 'Role in Incident' by number as follows: 1) Aggressor 2) Victim 3) Involved 4) Witness 5) Other (Specify)*
*** If more than four individuals are involved in the incident, use the 'Other Persons Involved' table below to list the remaining individuals.*

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F. Current Status and Planned Actions for Prevention; ***include all persons involved, any clinical or administrative action taken, current status and planned interventions to prevent future incidents***

Other Comments:

G. Parties Notified (as needed)

Affiliation	Person Notified	Notified by	Date	Telephone	Note
☐ DBH, Office of Accountability					
☐ Family/Guardian of Patient 1					
☐ Metro Police Department					
☐ APS (Adult Protective Services)					
☐ CPS (Child Protective Services)					
☐ Other: _____					

H. Preparer of Incident Report: Employee Who First Witnessed Incident

Name:	Title:	Office/Unit:
Telephone:	Fax:	Email:
Signature (☐ Electronic Submission):		Date Prepared:

I. Supervisor of Preparer

Name:	Title:	Office/Unit:
Telephone:	Fax:	Email:
Additional Information regarding Incident:		
Signature (☐ Electronic Approval):		Date Reviewed/Approved:
If follow-up, is needed DBH should please contact: Phone Number:	(Name) Email:	

FORWARD A COPY OF THIS FORM TO: OFFICE OF ACCOUNTABILITY, DBH,

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF BEHAVIORAL HEALTH

64 NEW YORK AVE., 4th fl., NE, WASH., DC, 20002
TEL. (202) 673-2292 and FAX (202)-673-2191

Electronic version of this form is available

MAJOR UNUSUAL INCIDENT REPORT – CONTINUATION SHEET

(Please use this sheet for any additional information, and indicate the corresponding item number from the form)

J. Describe exactly what happened: Who, What, Where, When, Why, and How? (Use) additional paper as needed)

JAN 0 4 2016

MAJOR UNUSUAL AND UNUSUAL INCIDENT (MUI/UI) REPORT FORM GLOSSARY

A. Incident Information

Data #	What to write
1.	**Write First.** Name of primary person involved in the incident (separate MUI report should be filed for each consumer/client substantially involved an incident).
2.	**Last Name.** Name of primary person involved in the incident (separate MUI report should be filed for each consumer/client substantially involved an incident).
3.	**ID/Number:** Obtain the consumer/client's iCams ID#.
4.	**Legal Status:** Indicate whether named individual is a voluntary consumer/client (includes SUD client), an involuntary consumer/client, or if the category is not applicable.
5.	**Person involved in incident:** This describes the classification of person named at the top of the MUI/UI form. Choices are consumer/client, visitor, staff, or Agency.
6.	**Gender:** The gender of the named individual: Male or Female or transgender (N/A when the incident refers to an agency).
7.	**Date of Birth:** Write month, day, and year.
8.	**Ethnicity:** The ethnicity of the named individual in #1.
9.	**Date of Incident:** Month, day and year.
10.	**Time of Incident:** Time at which the reported incident occurred. Always indicate whether AM or PM.
11.	**Name of Agency Submitting Report:** The actual agency/organization that is submitting the MUI/UI report.
12.	**Incident Location:** The address where the incident occurred (e.g. Saint Elizabeths Hospital, parking lot at 64 NY Ave., NE).
13.	**Type of Program:** Check the primary program where the incident took place.
14.	**Check the Category of the Major Unusual Incident:** Check all of the categories which best describe this MUI (see Policy 480.1, Exhibit 1).

B. Description of Incident:

Describe exactly what happened (Who, what, where, when, why, and how?) Use additional paper, as needed.

C. Consumer/client (s) Involved in the Incident

Write details about all the consumer/clients involved in this incident. Consumer/client #1 should be the individual named at the top of the MUI/UI form. Identify the "Role in Incident" using the following codes: 1=Aggressor, 2=Victim, 3=Involved, 4=Witness, 5=Other (please specify further).

JAN 0 4 2016

MAJOR UNUSUAL AND UNUSUAL INCIDENT (MUI/UI) REPORT FORM GLOSSARY

D. Provider Employee(s) involved in the incident.

Write names of all staff involved in this incident. Describe their position, as well as the Unit or Office for which they work. Identify the "Role in Incident" using the following codes: 1=Aggressor, 2=Victim, 3=Involved, 4=Witness, 5=Other (please specify further).

E. Other Person(s) involved in the incident.

Write names other people involved in the incident. Use this space to list involved consumer/clients who did not fit into the space provided in Sec. B. Identify the "Role in Incident" using the following codes: 1=Aggressor, 2=Victim, 3=Involved, 4=Witness, 5=Other (specify further).

F. Current Status and Planned Actions for Prevention.

Describe the provider's response to the MUI/UI, and the disposition of the consumer/client. Not all sections will be completed for every MUI/UI.

Clinical Treatment Provided: Describe any clinical treatment provided to the consumer/client and indicated by whom it was provided.

Administrative Action Taken: Describe any administrative action taken by the provider and indicate by whom it was taken.

Current Status: Describe the current disposition of the consumer/client.

As of (Date): Use this field to note the date for which the "Current Status" is current.

Planned Actions to Prevent Re-occurrences: Describe clinical, administrative, or policy changes that will be made in order to prevent a re-occurrence of this incident, or incidents of this type.

G. Parties Notified.

List person(s) notified their affiliations and titles, write who performed the notification, the date, the number at which they were contact, and any relevant notes. While all incidents must be reported to DBH OA, other necessary notifications will depend on the incident described.

H. Preparer of Incident Report.

Provide all requested information for the preparer of this MUI/UI form. The preparer should be the employee who first became aware of the incident.

I. Supervisor of Preparer.

Provide all requested information regarding the Agency Supervisor who signed off on this MUI/UI report.

J. Describe exactly what happened – continuation page

Important: All signature fields/lines must be filled out completely.

DBH Policy 480.1
Exhibit 5

JAN 0 4 2016

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF BEHAVIORAL HEALTH

MAJOR AND UNUSUAL INCIDENT (MUI and UI) FOLLOW-UP REPORT FORM

GENERAL INSTRUCTIONS:
Complete and return to the DBH Office of Accountability (OA) within ten (10) days from the date the incident was reported to DBH OA only if full details, final disposition, etc. were not initially provided or if requested by DBH. Please include full details of the incident and of the final disposition, a summary of actions taken by management officials, and any additional corrective actions taken.

Name of Primary person involved in incident when initially reported: _____

Date of Incident: _____ **Date of this follow up report:** _____

Provider Name: _____

Provider Address: _____

Name of Person Providing Information:
_____ **Title:** _____

Phone # of Person Providing Information: _____ **email:** _____

Investigation Conducted: ☐ **Yes** ☐ **No** **Investigation Report sent to DBH?** ☐Yes ☐No

(1) **Incident summary:**

(2) **Findings/details/Final Disposition:**

(3) **Summary of Management/Corrective Actions**

Supervisor's Name: _____ Title: _____

Risk Manager/Designee Review Date: _____ Initial: _____

FORWARD A COPY OF THIS FORM TO: DBH OFFICE OF ACCOUNTABILITY
TEL. (202)673-2292 (during normal business hours 8:30am to 5pm) **and 1(888)793-4357** (non-business hours)
FAX (202)-673-2191, email: MUI.OA@dc.gov

Note: Electronic version of this form is available