

**Department of Mental Health  
TRANSMITTAL LETTER**

<b>SUBJECT</b> <b>Reporting Major Unusual Incidents (MUIs) and Unusual Incidents (UIs)</b>		
<b>POLICY NUMBER</b> <b>DMH Policy 480.1C</b>	<b>DATE</b> <b>MAY 03 2012</b>	<b>TL#</b> 165

**Purpose.** This policy describes the reporting of Major Unusual Incidents (MUIs) to the Department of Mental Health (DMH) Office of Accountability (OA). It is differentiated from the reporting of unusual incidents (UIs). This policy **does not** preclude, and is not a substitute, for internal notifications and/or reporting through supervisory levels required by a provider's internal policy.

This update of the DMH Policy 480.1B includes the following: (a) modifications in the MUI and UI form (Exhibit 3); (b) the reference to DMH Policy 662.1 Major Investigations, (c) change in email address for electronic submission of MUI reports ([MUI.OA@dc.gov](mailto:MUI.OA@dc.gov)); (d) incident reporting to OA by the Psychiatric Residential Treatment Facilities (PRTF), and (e) emphases on follow-up reports, major investigations and mortality review timelines.

**Applicability.** Applies to core services agencies (CSAs), Saint Elizabeths Hospital (SEH), DMH contractors providing mental health services or supports (including those out-of-state, e.g., residential treatment facilities), Community Residence Facilities (CRFs), all other providers of mental health (MH) services or supports that are licensed or certified by the DMH, and to the Mental Health Authority (MHA) offices and programs.

**Policy Clearance.** This policy was cleared through the Deputy Director, Office of Accountability.

**Implementation Plans.** A plan of action to implement or adhere to a policy must be developed by designated responsible staff. If materials and/or training are required to implement the policy, these requirements must be part of the action plan. Specific staff should be designated to carry out the implementation and program managers are responsible to follow through to ensure compliance. Action plans and completion dates should be sent to the appropriate authority. Contracting Officer Technical Representatives (COTRs) must also ensure that contractors are informed of this policy if it is applicable or pertinent to their scope of work. Implementation of all DMH policies shall begin as soon as possible. Full implementation of this policy shall be completed within sixty (60) days after the date of this policy.

**Policy Dissemination and Filing Instructions.** Managers/supervisors of DMH and DMH contractors must ensure that staff is informed of this policy. Each staff person who maintains policy manuals must promptly file this policy in Volume I of the DMH Policy and Procedures Manual and contractors must ensure that this policy is maintained in accordance with their internal procedures.

\*If any DMH policies are referenced in this policy, copies may be obtained via DMH Intranet on the dmhweb or the District Internet at [www.dmh.dc.gov](http://www.dmh.dc.gov) Hard copies of DMH policies may be obtained from DMH Policy Support Division by calling (202) 671-4070.

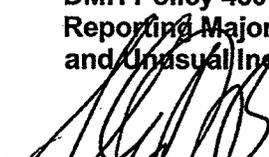
**ACTION**

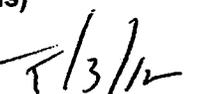
**REMOVE AND DESTROY**

**DMH Policy 480.1B  
DMH Major and Unusual  
Incident Reporting Procedures  
dated December 22, 2005**

**INSERT**

**DMH Policy 480 1C  
Reporting Major Unusual Incidents (MUIs)  
and Unusual Incidents (UIs)**

  
\_\_\_\_\_  
Stephen T. Baron  
Director, DMH

  
\_\_\_\_\_  
Date

GOVERNMENT OF THE DISTRICT OF COLUMBIA *** DEPARTMENT OF MENTAL HEALTH	Policy No. 480.1C	Date MAY 03 2012	Page 1
	Supersedes DMH Policy 480.1B, Reporting Major Unusual Incidents (MUIs) and Unusual Incidents (UIs) dated October 21, 2010		

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

1. **Purpose.** The purpose of this policy is to establish reporting procedures for Major Unusual Incidents (MUIs) and Unusual Incidents (UIs) to the Department of Mental Health (DMH). This policy **does not** preclude, and is not a substitute, for internal notifications and/or reporting through supervisory levels required by a provider's internal protocols.

2. **Applicability.** Applies to core services agencies (CSAs), Saint Elizabeths Hospital (SEH), DMH contractors providing mental health services or mental health supports (including those out-of-state, e.g., residential treatment facilities), Community Residence Facilities (CRFs), all other providers of mental health (MH) services or mental health supports that are licensed or certified by the DMH; and to the Mental Health Authority (MHA) offices.

3. **Authority.** Department of Mental Health Establishment Amendment Act of 2001 and 22A DCMR Chapter 34 Mental Health Rehabilitation Services (MHRS) Provider Certification Standards.

4. **Policy.** The DMH requires timely reporting and investigation of all major unusual incidents, identifying the underlying causes toward immediate and/or systemic quality improvements, as applicable. Reporting abuse or neglect under this MUI policy does not exempt mandatory reporters pursuant to D.C. Official Codes Section 4-1321.02 (child abuse and neglect) and Section 7 – 1903 (adult abuse and neglect) from their mandatory reporting requirements.

5. **Definitions.**

5a. **Consumers.** Individuals receiving community mental health services from the DMH. For purposes of this policy, also, mean "individuals in care", the term used for those receiving in-patient services at Saint Elizabeths Hospital (SEH).

5b. **Employee.** The term "employee" when used in this policy, applies to all DMH staff, including employed consumers, volunteers, students and interns; and employees of mental health providers/contractors.

5c. **Major Unusual Incidents [(MUIs) - see Exhibit 1].** Adverse events that can compromise the health, safety, and welfare of persons, employee misconduct, fraud and actions that are violations of law or policy.

5d. **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.

5e. Unusual Incidents [(UI) – see Exhibit 2]. Any significant occurrence or extraordinary event, different from the regular routine or established procedure that does not rise to a MUI.

5f. MUI Categories and Codes (see Exhibit 1)

5g. UI Categories and Codes (see Exhibit 2)

## 6. Responsibilities in Reporting MUIs.

6a. Managers/Supervisors (MH providers and MHA program) shall:

(1) **verbally notify** the DQI of MUI incidents (see Exhibit 1) listed in Section 8 (see Section 9 for specific instructions).

(2) **submit** required written MUI report (Exhibit 3 with Glossary in Exhibit 4) within twenty-four (24) hours or the next business day from discovery or learning or witnessing of the MUI (see Section 9h).

(3) **ensure** that a follow-up report (Exhibit 5), as needed, and/or an internal investigation is conducted and the written report is submitted to DQI **within ten (10) business days** following internal procedures for investigations (see DMH Policy 662.1 Major Investigations).

(4) **ensure** that verbal notifications within the provider level or MHA division are followed per their internal policies and procedures.

6b. DMH Executive Officers and Providers of Mental Health Services shall ensure that:

(1) Program Managers/supervisors or designee and DMH 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 DQI, and/or investigation report;

(2) Employees are required to cooperate in the incident investigations, as warranted (e.g., providing testimony and/or written statements, any other evidence relevant to an incident investigation in a timely manner; and

(3) Written internal operating procedures on MUI reporting adhere to this policy.

## 7. Procedures in Reporting MUIs.

7a. **DMH OA receives, investigates** as needed, **tracks, trends, and monitors** the implementation of remedial actions to prevent re-occurrence and quality improvement.

7b. **MUIs THAT REQUIRE IMMEDIATE VERBAL NOTIFICATION TO OA.**

**WHAT TO VERBALLY REPORT:** Call the OA to verbally report MUIs involving:

(1) Death of a consumer or DMH 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 Office of Inspector General (OIG) for the District of Columbia.

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

(5) 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 DMH contracted provider.

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

(7) 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.

**7c. WHO INITIATES VERBAL REPORTING OF AN MUI TO INTERNAL IMMEDIATE SUPERVISOR.**

The provider or DMH employee who is first aware of the incident shall immediately verbally notify the designated supervisor.

**7d. WHO VERBALLY NOTIFIES OA OF AN MUI.**

(1) At the mental health services provider level. The designated provider supervisor shall verbally notify OA through the Division of Quality Improvement (DQI) among other notifications at the internal level per established reporting lines.

(2) At the Mental Health Authority Level Offices. Program managers at each component of the Authority (or office directors/designees where there are no subordinate levels) shall notify OA directly of MUIs and make internal notifications based on their established reporting lines.

(3) General Public. Anyone in the general public who becomes aware of an MUI may also call OA directly.

**7e. WHEN TO VERBALLY NOTIFY OA OF AN MUI.** Verbal notifications shall be done **immediately** (or no later than one hour after discovery/learning of the incident) followed up by **written report no later than twenty four (24) hours** after discovery/learning of the incident.

**7f. WHOM TO CALL ON MUIs.**

(1) During **normal business hours (8:30 a.m. – 5 p.m. Monday through Friday)**, call the **Division of Quality Improvement at the OA at (202) 673-2292.**

(2) During **outside** of normal business hours (**Before 8:30 a.m. or After – 5 p.m. Monday through Friday, Weekends, and Holidays**), **Contact** the Administrator-On-Call (AOC) for DMH by calling **Access Helpline at 1 (888) 793-4357.** Ask to be connected to the AOC. The AOC shall contact the Deputy Director, OA/QI/designee.

**7g. HOW TO REPORT DEATH OF A CONSUMER.**

(1) Any loss of life of a consumer must be verbally reported as an MUI to DMH OA immediately (or no later than one hour after learning of death).

(2) Within the written MUI report (see Exhibit 3, MUI/UI Report Form, section B and C), list the last date of service, type of service (e.g. community support, medication/somatic, etc), and outcome of services (e.g. what happened as result of the intervention).

**7h. Written MUI Reports.**

(1) The MUI Report Form (see Exhibit 3, with Glossary in Exhibit 4) must be completed by the person who first became aware of the incident. If a provider or DMH employee, he/she must complete the written report by the end of his/her tour of duty.

(2) Designated provider supervisor or MHA Program Manager shall submit the completed MUI Report to DQI within twenty-four (24) hours of verbal notification and/or discovery the incident. MUI can be submitted with actual signature using a PDF document or electronic signature attached to an email to [MUI.OA@dc.gov](mailto:MUI.OA@dc.gov) . Fax to **(202) 673-2191** as an option or when signatures cannot be attached electronically.

(3) Internal written reporting procedures shall be followed by providers and MHA programs.

**7i. Out of State Facilities.** MUIs (including unauthorized leave) involving DMH consumers in out-of-state facilities shall be reported to DQI in accordance with this policy. This is in addition to other requirements by the District of Columbia or the state in which the facility is located, or that are mandated by contract or other types of arrangements with DMH or other District agencies.

The Deputy Director, DMH Office of Programs and Policy, shall ensure that all out-of-state facilities are aware of this requirement and have copies of this policy. The OA shall coordinate with the DMH Office of Programs and Policy, as necessary, to determine the appropriate response to such incidents.

**7j. PRTFs.** All MUIs in PRTFs shall be reported directly to OA. The DC social worker/case manager, referring agency, and the DMH PRTF monitor, if any, shall be indicated by the PRTF on the MUI Report Form (see #15 of Exhibit 3).

**7k. Actions by DMH OA.** After review of MUI report (verbal and written) received, the DQI shall:

- (1) **Make contact** with provider CEO or designee, as needed, for further verification.
- (2) **Ensure** appropriate actions are being taken.
- (3) As applicable, **notify** DMH Director, DMH Office of the General Counsel, Office of Consumer and Family Affairs, DMH Compliance Officer, DMH Chief Clinical Officer, and/or other appropriate offices.
- (4) **Maintain** copies of MUI reports and conduct analysis as described in Section 11.
- (5) **Ensure** that the provider completes a written follow-up report (DMH Form 1243A) on the disposition of MUIs when all details and/or the final disposition about the incident have not been provided as determined by Director of DQI.
- (6) **Ensure** that the provider completes and submits a Mortality Review report for all

consumer deaths within forty five (45) days from death or notification of death to DMH.

(7) **Conduct** an investigation, as needed. Review the provider's internal investigation report to determine further actions. The DMH Director or DMH Deputy Director for OA shall initiate an investigation of a MUI at his/her discretion (refer to DMH Policy 662.1 Major Investigations).

(8) **Track and trend.** DQI will collect, identify issues and concerns, both systemically and per individual service provider and analyze detect patterns and trend.

(9) **Monitor.** DQI closes the loop of a MUI with action steps to be taken by the provider addressing immediate and/or systemic quality improvements, as applicable.

7I. **School-based Mental Health Program (SMHP).** The SMHP program level Managers shall ensure that a MUI report is submitted to DMH OA for any reports to the CPS of CFSA or MPD.

#### **8. Reporting Unusual Incidents (UIs).**

(1) **Only MUIs shall be reported to OA.** All incidents categorized under UI (Categories of UI, Exhibit 2) shall be reported to designated persons at the provider level according to their policy and procedures. At the MHA 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).

(2) The MUI/UI Report Form (Exhibit 3) **shall be used to document all events that fit the definition of a UI.** The incident code entered will distinguish whether it is a MUI or UI.

(3) Based on contract requirements, certain providers will **also** be required to provide copies of incident logs on a monthly basis to the DMH Office of Programs and Policy. The Office of Programs and Policy will ensure that the contract clearly describes the reporting requirements (how, when, etc.) and procedures.

#### **9. Documentation of MUIs and UIs.**

(1) **Log of Incidents.** Provider level program managers/designees shall maintain a log of all MUIs and UIs. These logs and other records relevant to incidents must be made available to DMH upon request. The log shall include: (a) consumer identifying number, (b) date of incident, (c) date incident was reported at the provider level, (d) type of incident, (e) date the MUI was reported to OA, (f) immediate administrative actions taken and (7) outcome/final result.

(2) **Consumer's Clinical Record.** Appropriate documentation about the incident must be included in the progress notes section of each consumer's clinical record. The MUI reports and follow-up forms **shall not** be filed in the consumer's record unless otherwise required by law or regulation.

#### **10. Follow-up Reports, Major Investigations and Mortality Reviews and Timelines.**

(1) **Follow-up reports.** A follow-up report (see 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 DMH. This is required by the DQI Director when more information is needed in the MUI report.

(2) The DQI Director/designee shall be notified when more time is needed. The follow-up report may serve as the investigation summary, as applicable, and may contain information such as final disposition, summation of corrective actions by management, and systemic changes toward quality improvement. Internal policy and procedures on provider investigations shall be followed.

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.

(3) Major investigations. The DMH OA may elect to independently investigate MUIs (refer to DMH Policy 662.1 Major Investigations, for types of incidents investigated). The major investigation shall be completed by OA and submitted to the Deputy Director, OA/designee within sixty (60) business days, as feasible. This investigation serves as one of the major analytical tools in the Critical Incidents and Mortality Review.

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 DMH employees, appropriate actions are to be taken in accordance with D.C. Personnel Manual in consultation with the DMH Division of Human Resources.

(4) Mortality Reviews by Providers. Mortality Review Reports by providers shall be submitted to DMH DQI within forty five (45) days of consumer death or notification of a death (or sooner if expected review is warranted).

#### **11. Reports and Analysis of Incidents.**

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

(2) The IQC shall review the summary analysis submitted by DQI and provide written recommendations to the DMH Director and QC to address any issues and concerns, if needed.

**12. Other Requirements for Providers.** Mental health providers shall establish internal policies and procedures consistent with this DMH policy.

**13. Sanction for Non-Compliance.** Non-compliance of this policy shall result in appropriate action in accordance with DMH policies and rules (See Title 22A DCMR Chapter 34, Mental Health Rehabilitation Services Provider Certification Standards and Chapter 38, Community Residence Facilities for Mentally Ill Persons).

#### **14. Related DMH Policies and Exhibits.**

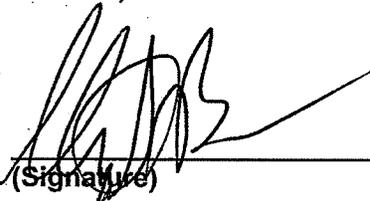
DMH Policy 115.1, Mortality Review  
DMH Policy 482.1A, DMH Policy on Protecting Consumers From Abuse, Neglect or Exploitation  
DMH Policy 662.1 Major Investigations  
Chap. 5, Title 22A 52 DCR 7229 - DMH Use of Restraints and Seclusion Rule

**Exhibits**

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

**Approved by:**

**Stephen T. Baron  
Director, DMH**

  
(Signature)

  
(Date)

GOVERNMENT OF THE DISTRICT OF COLUMBIA  
DEPARTMENT OF MENTAL HEALTH



MAJOR UNUSUAL INCIDENT CATEGORIES

MUI Code	Categories and Description
1a	<b>Death of a currently enrolled DMH consumer.</b> Check classification of cause of death.
1b	<b>Death of a DMH employee while on duty.</b>
2a	<b>Physical injury (consumer).</b> Bodily harm, pain, or impairment experienced by a consumer which requires medical or dental treatment beyond facility-based first aid.
2b	<b>Physical injury (staff).</b> Bodily harm, pain, or impairment experienced by a DMH staff while on duty which requires medical or dental treatment beyond facility-based first aid.
2c	<b>Physical injury (Other).</b> Bodily harm, pain, or impairment experienced by those other than (1) and (2) (e.g. visitors, student interns, volunteers, etc. while at DMH service location).
3	<b>Medical emergency.</b> Any unplanned or unanticipated medical event requiring calling "911", emergency room intervention or hospitalization.
4	<b>Psychiatric emergency (community residential facility).</b> Any unplanned or unanticipated psychiatric event experienced by a consumer who resides in a community residential facility.
5	<b>Physical Assault.</b> A physical attack using force or violence upon a consumer, consumer to staff, or DMH staff while on duty.
6	<b>Sexual Assault.</b> Any sexual or attempted sexual activity, when one party has not given or cannot give consent (e.g., staff as perpetrator).
7a	<b>Physical Abuse.</b> 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	<b>Psychological or verbal abuse.</b> The use of 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	<b>Neglect.</b> 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	<b>Exploitation.</b> Misuse or misappropriation of the consumer's assets (includes the use of a position of authority to extract personal gain from a consumer).
10	<b>Sexual harassment.</b> 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.
11	<b>Crime.</b> 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	<b>Restraint.</b> 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	<b>Seclusion.</b> 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	<b>Suicide Attempt.</b> 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.

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DEPARTMENT OF MENTAL HEALTH



14	<b>Fall.</b> 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	<b>Reportable Disease.</b> A disease or condition that must be reported to public health authorities at the time of diagnosis due to mandatory reporting law.
16a	<b>Severe adverse reactions due to medication error.</b> 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	<b>Missed Medication.</b> Any medication orders that are not followed according to schedule when the consumer is present in a community residential facility (e.g., CRF).
17a	<b>Unauthorized Leave/Elopement (SEH, RTC, PRTF).</b> A situation in which a consumer is found missing from the expected location and time.
17b	<b>Missing Consumer .</b> A situation in which a consumer is first identified as missing in the community.
18a	<b>Illegal drugs and weapons.</b> Any event where illegal drugs or weapons are found in DMH or provider premises and a community residential facility (CRF).
18b	<b>Illegal possession and distribution of goods.</b> 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	<b>Fire.</b> Fire occurring in any DMH occupied, licensed, certified, or contracted residential, 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	<b>Vehicle accident (consumer is passenger).</b> Any vehicle accident (minor or major) that occurs when a DMH consumer is a passenger.
20b	<b>Vehicle accident (Injury).</b> Any vehicle accident that occurs while a DMH staff is on duty resulting in serious injury.
20c	<b>Vehicle accident (Government vehicle).</b> Any vehicle accident (minor or major) that involves a District of Columbia Government vehicle.
21a	<b>Security (Facility).</b> Any facility, required to be locked, that has faulty locks or security equipment, or any lost government issued keys or security badge.
21b	<b>Security (PHI).</b> Any unauthorized release of a consumer's protected health information.
21c	<b>Theft .</b> Any theft of DMH property, occurring on DMH property or service location.
22	<b>Environmental.</b> 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.

----- 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 DMH OFFICE OF ACCOUNTABILITY (OA).  
UIs ARE ONLY REPORTED AT THE PROVIDER LEVEL or MHA PROGRAM LEVEL.**

UI Code	UI Categories	Descriptions
<b>A</b>	Consumer criminal activity with no police involvement	Alleged/suspected/actual criminal activity by consumer <u>not</u> resulting in police involvement.
<b>B</b>	Non-consumer criminal activity with no police involvement	Alleged/suspected/actual criminal activity by employee or any other person (non consumer) <u>not</u> resulting in police involvement.
<b>C</b>	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).
<b>D</b>	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).
<b>E</b>	Minor physical injury of a staff member (e.g. RTC, MHA 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.
<b>F</b>	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.
<b>G</b>	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 (DMH Supervisor of staff to be notified, Sec. 17, Policy 480.1B)
<b>H</b>	Staff Shortage	Significant, unexpected staff shortage causing threat to life and safety of others.
<b>I</b>	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 DMH Policy 480.1C Exhibit 1 for MUI and Exhibit 2 for UI for full descriptions. **For electronic submission, the supervisor should email this report directly to the Office of Accountability (MUI.OA@dc.gov).**

**A. Incident Information**

**Administrative Use Only**

1) First Name: \_\_\_\_\_ 2) Last Name: \_\_\_\_\_ 3) ID/eCura Number: \_\_\_\_\_

4) Legal Status: Voluntary  Involuntary  NA  5) Person Involved: Staff  Visitor  Consumer

6) Gender: Male  Female  Other:  N/A  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:  CSA  CRF  CBI  Crisis  PRTF  SMHP  SEH  ACT  CPEP

*For PRTF use only* 14) Referral Agency  CFSA  DYRS  DCPS  CSOSA  HSCSN  other

15) DC Social Worker/Case Manager: \_\_\_\_\_ Other \_\_\_\_\_

If there is a PRFT DMH Monitor involved with this case, please ID: \_\_\_\_\_

16) Clinical Home: \_\_\_\_\_ 17) Address of Clinical Home: \_\_\_\_\_

DMH Risk Manager  
 DMH QI Director

Date Received: \_\_\_\_\_

Date Mortality/Follow up is Due: \_\_\_\_\_

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

- 1a Death (DMH Consumer)
  - Suicide
  - Homicide
  - Natural causes
  - Accident
  - Unknown
- 1b Death (DMH Employee)
- 2a Physical Injury (Consumer)
- 2b Physical Injury (Staff)
- 2c Physical Injury (Other)
- 3 Medical Emergency
- 4 Psych emergency (community - MHCRF)
- 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 DMH/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

**Unusual Incident Categories: (Internal Reporting or MHA Program 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 Staff)

F Property damage

G Verbal threats

H Staff Shortage

I OTHER

**Severity**

High  
 Medium  
 Low

**Initial Investigation Findings**

Substantiated  
 Unsubstantiated  
 Inconclusive  
 N/A

**Follow-up Activities:**

Consumer connected to Primary Care Provider

Consumer's diagnosis & Prognosis

Consumer's Current Status

\_\_\_\_\_

Investigation Complete as of \_\_\_\_\_

**Note:** \_\_\_\_\_

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DEPARTMENT OF MENTAL HEALTH



**B. Description of Incident:** Describe exactly what happened: Who, What, Where, When, Why, and How? (Use additional paper as needed)

[Empty space for incident description]

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

No	Name	Ecura No	Provider	Legal Status	DOB	Gender	Role in Incident*
1						<input type="checkbox"/> F <input type="checkbox"/> M	
2						<input type="checkbox"/> F <input type="checkbox"/> M	
3						<input type="checkbox"/> F <input type="checkbox"/> M	
4						<input type="checkbox"/> F <input type="checkbox"/> M	

**D. Provider Employee(s) Involved in the Incident**

No	Name	Unit/Office	Position	Gender	Role in Incident*
1				<input type="checkbox"/> F <input type="checkbox"/> M	
2				<input type="checkbox"/> F <input type="checkbox"/> M	
3				<input type="checkbox"/> F <input type="checkbox"/> M	
4				<input type="checkbox"/> F <input type="checkbox"/> M	

**E. Other Person(s) Involved in the Incident**

No	Name	Organization	Relation to Individual	Gender	Role in Incident*
1				<input type="checkbox"/> F <input type="checkbox"/> M	
2				<input type="checkbox"/> F <input type="checkbox"/> M	
3				<input type="checkbox"/> F <input type="checkbox"/> 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**

Person Involved	Clinical Treatment Provided (by whom)	Administrative Action Taken (by whom)	Current Status	As of (Date)	Planned Actions to Prevent Re-occurrence

Other Comments:

**G. Parties Notified (as needed)**

Affiliation	Person Notified + Title	Notified by + Title	Date	Telephone	Note
<input type="checkbox"/> DMH, Office of Accountability					
<input type="checkbox"/> Family/Guardian					
<input type="checkbox"/> Metro Police Dept.					
<input type="checkbox"/> Adult Protective Serv (APS)					
<input type="checkbox"/> Child Protective Serv (CPS)					
<input type="checkbox"/> Other: _____					

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

Name:	Title:	Office/Unit:
Telephone:	Fax:	Email:
Signature ( <input type="checkbox"/> Electronic Submission):		Date Prepared:

**I. Supervisor of Preparer**

Name:	Title:	Office/Unit:
Telephone:	Fax:	Email:

Additional Information regarding Incident:

Signature ( <input type="checkbox"/> Electronic Approval):	Date Reviewed/Approved:
--	-------------------------

If follow-up, is needed DMH should please contact: (Name)  
Phone Number: Email:

**FORWARD A COPY OF THIS FORM TO: OFFICE OF ACCOUNTABILITY, DMH,  
64 NEW YORK AVE., 4<sup>th</sup> fl., NE, WASH., DC, 20002**

GOVERNMENT OF THE DISTRICT OF COLUMBIA  
DEPARTMENT OF MENTAL HEALTH



TEL. (202) 673-2292 and FAX (202)-673-2191

Electronic version of this form is available

**MAJOR UNUSUAL INCIDENT REPORT – CONTINUATION SHEET**

**J. Describe exactly what happened: Who, What, Where, When, Why, and How? (Use additional paper as needed).**  
(Please use this sheet for any additional information, and indicate the corresponding item number from the form)

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

### **A. Incident Information**

**1 – 2) Write First and Last Name:** Name of primary person involved in the incident (separate MUI report should be filed for each consumer substantially involved an incident).

**3) ID/eCura #:** The ID should be the ECura number, unless the consumer is not registered in eCura, in which case this ID will be calculated from the consumers initials and birthdate, as follows: **Mike Smith** born **01/01/1993** would have the ID: **MS010193**. In other words, the consumers first initial of the first name, first initial of the last name, two-digit month, two-digit day, and two-digit year of birth would be combined to form the ID.

**4) Legal Status:** Write whether named individual is a voluntary consumer, an involuntary consumer, 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, visitor, Staff, or Agency. Most MUI/UIs are reported for Consumers, but in some instances the named individual will be in a different classification.

**6) Gender:** The gender of the named individual: Male or Female or Other (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:** The date and time at which the reported incident occurred. Always indicate whether AM or PM in time.

**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:** The type of program where the incident report came from [e.g. Core Services Agency (CSA), Community Residential Facility (CRF), Comprehensive Psychiatric Emergency Program (CPEP), Psychiatric Residential Treatment Facility (PRTF), School Mental Health Program (SMHP), Crisis Bed Placement (Crisis), Saint Elizabeths Hospital (SEH), Community Based Intervention (CBI) or Assertive Community Treatment Team (ACT)].

**14) Referral Agency:** *If the reporting program is a PRTF, then specify the Referral Agency and the name of DC Social Worker/Case Manager in item 15. Then, specify the PRTF DMH Monitor for the child or youth, where applicable.*

**16) Clinical Home:** The name of the agency where the consumer involved in the incident is enrolled (e.g. Green Door, Community Connections, MHSD, etc.) and **17) address**

**18) Check the Category of the Major Unusual Incident/Unusual Incident (MUI/UI):** Check all of the categories which best describe this MUI/UI (see Policy 480.1C, Exhibit 1 and 2).

### **B. Description of Incident:**

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

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

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

Write details about all the consumers involved in this incident. Consumer #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).

### **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 consumers 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. Not all sections will be completed for every MUI/UI.

Clinical Treatment Provided: Describe any clinical treatment provided to the consumer, and the person by whom it was provided.

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

Current Status: Describe the current disposition of the consumer.

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 DMH 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.**

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**MAJOR AND UNUSUAL INCIDENT FOLLOW-UP REPORT FORM**

**GENERAL INSTRUCTIONS:**

Complete and return to the DMH OA within 10 days from the date the incident was reported to DMH OA only if full details, final disposition, etc. were not initially provided. 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: \_\_\_\_\_ Date of Incident: \_\_\_\_\_

Provider Name: \_\_\_\_\_

Provider Address: \_\_\_\_\_

Date of Follow-Up Report: \_\_\_\_\_

Name of Person Providing Information: \_\_\_\_\_ Title: \_\_\_\_\_

Phone # of Person Providing Information: \_\_\_\_\_ Investigation Conducted:  Yes  No

Investigation Report sent to DMH?  Yes  No When sent to OA: \_\_\_\_\_

(1) Findings/complete details:

(2) Final disposition:

(3) Summary of Management/Corrective Actions

Preparer's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Contact email \_\_\_\_\_ Tel. #: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Risk Manager/Designee Reviewed, Date: \_\_\_\_\_ Initial: \_\_\_\_\_

**FORWARD A COPY OF THIS FORM TO: DMH 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  
Electronic version of this form is available

In addition to reporting MRIs to the DMH Office of Accountability, based on specific contract requirements, certain contractors are to provide copies of incident logs, on a monthly basis, to: DMH Office of Programs and Policy. Tel. (202)-671-2900 and (Fax) 671-2971