

**MAJOR UNUSUAL AND UNUSUAL INCIDENT (MUI/UI) REPORT FORM GLOSSARY****Section A: Incident Information**

**Name:** Name of primary person involved in the incident (separate MUI report should be filed for each consumer substantially involved an incident).

**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.

**Legal Status:** Write whether named individual is a voluntary consumer, an involuntary consumer, or if the category is not applicable.

**Category of person involved in incident:** This describes the person named at the top of the MUI/UI form. Choices are [Consumer], [Visitor], [Staff], and [Agency]. Most MUI/UIs are reported for Consumers, but in some instances the named individual will be another type.

**Gender:** The gender of the named individual: Male or Female (N/A when the incident refers to an agency.)

**Date of Birth:** Write date of the named individual's birthday.

**Ethnicity:** The ethnicity of the named individual.

**Date of Incident/Time of Incident:** The date and time at which the reported incident occurred. Always indicate whether AM or PM in time.

**Type of Program:** The type of program from which the incident report emanates 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), or Assertive Community Treatment Team (ACT)]

**Name of Provider Submitting Report:** The actual agency/organization that is submitting the MUI/UI report.

**Incident Location:** The address where the incident occurred (e.g. Saint Elizabeths Hospital, parking lot at 64 NY Ave., NE).

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

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

**12) Describe exactly what happened:** Describe the reported incident in detail. Include all relevant information.

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### **Section B: Consumer(s) involved in 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).

### **Section C: 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).

### **Section D: 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).

### **Section E: 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.

### **Section F: 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.

### **Section G: 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.

### **Section H: Supervisor of Preparer.**

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

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