CHPW INCIDENT REPORT FORM

Date Reported to CHPW:	Date of Incident:	Time of Incident:	Location of Incident:
Reporting Site: **Provider Agency:**	**Name of Reporter:**	**Phone/Email:**	
Brief Description of the Incident:			
☐ **UNSUBSTANTIATED** ☐ **SUBSTANTIATED**	☐ **UNDER INVESTIGATION/UNDETERMINED**		
☐ **POTENTIAL FOR MEDIA COVERAGE?**	☐ **PROPERTY DAMAGE?**		

TYPE OF INCIDENT

Instructions: Please Select on the appropriate category from the list below;
**Category Level 1 Critical Incident must be reported individually to HCA within 24 hours and will require follow up report within 45 calendar days.*
***Non-Category Level 1 Critical Incident is not required to be reported individually to HCA but will be included in the semi-annually population based reporting.*

☐The unexpected death of a client that occurs in facility licensed by the state of Washington to provide publicly funded behavioral health services.*
☐A major injury or major trauma that has the potential to cause prolonged disability or death of a client that occurs in a facility licensed by the state of Washington to provide publicly funded behavioral health services*
☐Attempted or Completed Suicide**
☐Accidental/Drug Overdose**
☐Abuse, neglect or exploitation of an Enrollee*
☐Any allegation of financial exploitation of an Enrollee**
☐A credible threat to Enrollee safety**

Violent acts allegedly committed by an Enrollee include:
- **☐Drive by shooting***
- **☐Vehicular homicide***
- **☐Robbery***
- **☐Homicide or attempted homicide by abuse***
- **☐Kidnapping***
- **☐Extortion***
- **☐Rape, sexual assault or indecent liberties***
- **☐Assault resulting in a serious bodily harm ***

☐Unauthorized leave of mentally ill offender or a sexual or violent offender from a mental health facility, secure community transition facilities (i.e. Evaluation and Treatment Centers, Crisis Stabilization Units, Secure Detox Units, and Triage Facilities) that accept involuntary admissions.*

Patient (1) Information		Patient (2) Information	
Patient Identifier:	**Name: Last, First**	**Patient Identifier:**	**Name: Last, First**
Date of Birth:	**PI:** **JIVA:**	**Date of Birth:**	**PI:** **JIVA:**

Staff (1) Information	Staff (2) Information	Staff (3) Information
Name: Last, First	**Name: Last, First**	**Name: Last, First**

Visitor/Other Information		
Name: Last, First	**Relationship:**	**Other Pertinent Information Related to the Visitor:**

OTHER AGENCY/FACILITIES NOTIFIED/INVOLVED

☐ Law Enforcement Notified ☐ Family Notified ☐ APS Notified ☐ CPS Notified	☐ DSHS Communications ☐ Medicaid Control Faud ☐ Department of Health ☐ DSHS Notified	☐ Media Has Contacted Agency ☐ None ☐ Other: Click here. **Date of Referral:** Click here.

FOLLOW-UP/CORRECTIVE ACTION INFORMATION	☐ **THIS INCIDENT DOES NOT REQUIRE FOLLOW-UP**	
Follow-up Date:	**A summary of any debriefings and whether the Enrollee is in custody (jail), in the hospital or in the community:**	
Follow-up Date:	**Actions Taken: Whether the Enrollee is receiving services and include types of services provided.**	
Follow-up Date:	**Actions Taken: If the Enrollee cannot be located or contacted, the steps by the Contractor to locate the Enrollee using available local resources.**	
Corrective Action Plan? ☐ YES ☐ NO ☐ N/A	**Describe CAP Briefly:**	
Case Closed? ☐ YES ☐ NO	**Date Close:**	**In the case of death of an Enrollee, verification from official sources that includes the date, name and title of the sources:**

You must notify CHPW within 24 business hours of learning of the incident. In the event that an incident occurs on a weekend or holiday, report the incident on the next business day.

Category Level 1 incidents: Will require a follow up report to HCA within 45 calendar days from the date initially reported to HCA. Depending on the type of healthcare services offered or rendered to member, the follow up report may have to be completed by the reporting provider/staff or by CHPW or by coordination from both parties.

Please submit this form to Community Health Plan of Washington at:
E-Mail: Critical.Incidents@chpw.org
If you don't have access to email, you may fax to: 206-652-7056