



Ohio Department of Mental Health

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DATE: September 27, 2006

TO: Hospitals Wishing to Establish an Inpatient Psychiatric Program

FROM Denise Cole, JD, RNC
Program Administrator, Private Psychiatric Facilities
Ohio Department of Mental Health
Office of Licensure and Certification

RE: Reportable Incident Notification (formerly Major Unusual Incident)

The attached information was provided to all inpatient psychiatric providers in January 2003. Please reference the 2003 memo and the MUI (now called Reportable incident) fact sheet which are still current practice. The definition for Reportable Incident is now found in Ohio Administrative Code 5122-14-01(C)(54).

Please contact me with any additional questions (coled@mh.state.oh.us).



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DATE: January 29, 2003

TO: All Licensed Private Psychiatric inpatient Facilities

FROM: Ohio Department of Mental Health
Office of Licensure and Certification
Office of Quality Improvement and Assurance

TOPIC: Revisions to the Major Unusual Incident Notification Form for
Private Psychiatric Service Providers

In February 2002, the Ohio Department of Mental Health implemented a new process and a new form for the reporting and filing of Major Unusual Incidents. To date, the office of Quality Improvement and Assurance has gathered useful data reflecting the trends and issues related to Major Unusual Incidents occurring on licensed private inpatient units.

As a result of this monitoring, two necessary additions have been made to the form and a revised form will be posted on the ODMH website beginning February 1, 2003.

The first change is the addition of a 'Discharge to Homeless*' selection under the 'Type of Incident1 category. Since housing and appropriate living arrangements are a fundamental aspect of discharge planning from an inpatient setting, and discharge to a homeless setting without the patient's expressed wish may result in harm, the discharge of an inpatient to a homeless shelter is reportable as a Major Unusual Incident. However, the discharge of an inpatient to a homeless shelter is an option and not reportable as a Major Unusual Incident if the following criteria are met:

- It is the expressed wish of the individual to be discharged to a homeless shelter
- The responsible Board or contract agency has been involved in the decision-making process, and
- Other placement options have been offered to the individual patient and have been refused.

NOTE: When a discharge or relocation to a homeless shelter occurs under the above-mentioned guides, the reasons shall be thoroughly documented in the person's medical record. It is also suggested that discharges to homeless shelters be a part of the ongoing QA monitoring of each facility.

The second change is the addition of '**Use of Force**' under the section entitled '**Immediate Action Taken.**' This box is to be checked in the event that a crisis intervention on an inpatient psychiatric unit has resulted in any use of force including the use of pepper spray, mace, stun guns, metal cuffs or unapproved restraint devices.

A copy of the revised form is attached to this document for your review. The form is also available from the Applications, Forms and Surveys page at <http://www.mh.state.oh.us/licensurecert/general/lc.forms.html>, under 'Psychiatric Service Providers Notification of Incident'.

Please contact Denise Cole at coled@mh.state.oh.us, or 614.644.6166 if you have any questions or comments regarding the reporting form.

Reportable Incident Notifications

Definition: According to [5122-14-01\(C\)\(27\)](#) of the Administrative Rules for Licensure of Private Inpatient Service Providers, a Major Unusual Incident is an occurrence likely to cause serious harm. This incident is NOT consistent with the routine care of a patient or routine operation of the inpatient psychiatric service provider. Incidents may involve patients, hospital staff or security while on duty, or visitors. Major unusual incidents shall include all deaths, serious bodily injuries, alleged criminal acts, alleged abuse or neglect, any adverse reactions of a patient to a life-threatening degree due to an administered medication, medication errors likely to result in serious consequences to the patient or any life-threatening situations.

Per [5122-14-10\(H\)\(1\)\(2\)](#) of the Administrative Rules for Licensure of Private Inpatient Psychiatric Service Providers effective January 2000 summary information for each major unusual incident needs to be reported to the Department within twenty-four hours of its occurrence, excluding weekend hours. This information may be faxed to the Office of Licensure and Certification at **614.752.8869**.

Summary information shall include the following:

- Facility name, address and phone number
- Staff/visitor/patient identifier or some other identifier which can be traced by the hospital to the person(s) involved in the incident
- DOB of the person(s) involved in the incident
- Date and time the incident occurred
- Number of staff on duty, and unit census at the time of the incident
- Summary of the incident
- Description of injuries
- If death has occurred, please note if it is a coroner's case
- Immediate actions taken
- Notifications made
- Note if Root Cause Analysis is applicable
- Signature and title of person making the report

If the incident notification is incomplete at the time it is submitted, the hospital shall be responsible for providing all necessary follow-up information to ODMH either by Fax or by mail. Please direct any questions or comments to Denise Cole, JD, RNC by e-mail at coled@mh.state.oh.us, or by mail or phone.

Denise Cole, JD, RNC
Private Psychiatric Facilities Administrator
Ohio Department of Mental Health
30 E. Broad Street, Suite 2475
Columbus, Ohio 43215-3430
614.644.6166

The following information is provided to assist providers with filling out the revised Incident Notification form issued in February 2002. If you have any questions or comments prior to submission, please contact Denise Cole, JD, RNC, at 614.644.6166.

- Only document factual information of the event. Avoid assumptions or unsubstantiated information.
- Private Psych. Incident No. refers to your hospital's internal coding system, if applicable.
- Select the 'Type of Incident' that best describes the event.
- Select only one 'Type of Incident'. If the incident involves multiple types of issues, please complete a separate incident notification form for each incident or event.
- 'Patient Abuse' category is marked when the event involves a staff member allegedly harming a patient.
- Patient-to-patient altercations or patient-to-staff assaults are coded as 'Assault'.
- The date/time of the incident may differ from the date/time of the notification.
- In the 'Reported By' field, place the name or identifier of the person who first brought the incident to the attention of the facility (i.e., staff, patient, visitor). 'Reported To' field notes the name of the hospital staff that received the report or information.
- If an Incident Type has a 'subtype' category, a subtype must be selected.
- Please avoid the use of the 'Other' category when possible.
- Complete all sections of the form.

Please note: In the event an extremely serious incident (i.e., completed suicide or untoward death while on the in-patient unit), the facility may also notify the Department contact via a phone call in order to facilitate a timely on-site review of the incident. Thank you.

