



STATE OF VERMONT

AGENCY OF HUMAN SERVICES

Department of Mental Health (DMH)  
Department of Disabilities, Aging and Independent Living (DAIL)

**CRITICAL INCIDENT  
REPORTING REQUIREMENTS  
FOR  
DESIGANATED AGENCIES  
SPECIALIZED SERVICE AGENCIES  
DESIGNATED HOSPITALS**

**Revised Effective Date:  
September 20, 2014**

For an **Adult or Child** receiving inpatient care at a  
**Designated Hospital** contact:

**Vermont Department of Mental Health**

575 Stonecutter's Way  
Montpelier VT 05609  
Phone: 802-828-3824  
Fax: 802-828-3823

For an **Adult or Child** receiving mental health services through a  
**Designated Agency** contact:

**Vermont Department of Mental Health**

575 Stonecutter's Way  
Montpelier VT 05609  
Phone: 802-828-3824  
Fax: 802-828-3823

For an individual receiving **Developmental Services** contact:

**Vermont Department of Disabilities, Aging and Independent Living**  
**Developmental Disabilities Services Division**

103 South Main Street, Weeks Building  
Waterbury, VT 05671-1601  
Phone: 802-871-3064  
Fax: 802-871-3052  
[www.DDSD.vermont.gov](http://www.DDSD.vermont.gov)

For forms or other general information:  
<http://mentalhealth.vermont.gov/>

## Table of Contents

Summary .....	3
DESIGNATED HOSPITAL (DH) CRITICAL INCIDENT REPORTING PROTOCOL.....	4
Includes the following hospitals:	
• Brattleboro Retreat	
• Central Vermont Medical Center	
• Fletcher Allen Health Care	
• Vermont Psychiatric Care Hospital	
• Rutland Regional Medical Center	
• Windham Center	
DESIGNATED/SPECIALIZED SERVICE AGENCY (DA/SSA) CRITICAL INCIDENT REPORTING PROTOCOL.....	6
Includes the following Community Programs	
• Community Rehabilitation and Treatment (CRT)	
• Children and Family Services (IFS)	
• Adult Outpatient (AOP)	
• Emergency Services (ES/ICS)	
• Developmental Services (DS)	
• Department of Disabilities, Aging and Independent Living (DAIL) Developmental Disabilities Service Division (DDSD)/ Adult Services	
ATTACHMENT A: Quick Reference of Incidents.....	10
ATTACHMENT B-DA (DMH): Critical Incident Form .....	11
ATTACHMENT B-DA (DDSD): Critical Incident Form .....	12
ATTACHMENT B-DH: Critical Incident Form .....	13
ATTACHMENT C: NCC MERP Index for Categorizing Medication Errors .....	14
ATTACHMENT D: NCC MERP Index for Categorizing Medication Errors Flowchart .....	15

## **Summary**

The January 2014 ***Critical Incident Report Requirements*** have been revised to accommodate changes in location, contact information and content. These guidelines are being provided to the Designated Hospitals (DH's)\*, Designated Agencies (DA's) and Specialized Services Agencies (SSA's) and supersede all pre-existing reporting guidance provided by the Department of Mental Health (DMH) and the Department of Disabilities, Aging and Independent Living's Developmental Disability Services Division and Adult Services. (DAIL/DDSD and Adult Services).

Critical Incident Reporting is an essential part of maintaining collaborative communication between the state government departments charged with oversight and the entities providing direct service to vulnerable populations. Documenting, evaluating and monitoring certain serious occurrences, ensures that the necessary people receive the information for review or action. It informs quality assurance and assists in quality improvement projects as they arise. Aggregated data is used to inform policies and procedures and may be used in reporting to Legislative oversight or to other providers who may use this public data to diversify services in this ongoing climate of change.

The content of this manual reflects standard definitions, applicable populations for required reporting, timelines, and methods for reporting incidents. Questions or requests for clarifications should be made to DMH or DAIL/DDSD for their respective programs.

These Guidelines are subject to change *with* notice, as the aforementioned departments may be required to collect different data in response to Legislative requests and oversight.

***Caveat:*** *The guidelines within this publication provide parameters to assist direct-service providers in deciding what constitutes a critical event across service sectors. The threshold for reporting events is often debatable and subject to interpretation. If there is any question, feel free to call the assigned State of Vermont department for support in making that decision.*

\*At this time the Commissioner of the Vermont Department of Mental Health has deemed the following as Designated Hospitals: Brattleboro Retreat, Central Vermont Medical Center, Fletcher Allen Health Care, Vermont Psychiatric Care Hospital, Rutland Regional Medical Center, and Windham Center.

## **DESIGNATED HOSPITAL (DH) CRITICAL INCIDENT REPORTING PROTOCOL**

This includes: Brattleboro Retreat, Central Vermont Medical Center, Fletcher Allen Healthcare, Vermont Psychiatric Care Hospital, Rutland Regional Medical Center, and Windham Center and refers to the inpatient psychiatry unit of each hospital respectively.

### **FOR WHOM MUST I REPORT INCIDENTS?**

Incident reports are required by DMH Designated Hospitals for any individual either in the care and custody of the Commissioner of Mental Health or receiving treatment in an inpatient psychiatric services unit. *Incidents involving clients who are private pay, self-pay or receiving pro bono services should be reported using a unique identifier and/or de-identified information, as well as for clients receiving inpatient psychiatric care on voluntary basis.*

### **WHAT INCIDENTS SHALL BE REPORTED BY A DESIGNATED HOSPITAL\*?**

- ◆ Any death on site
- ◆ Death or serious injury of a patient resulting from physical assault (i.e. battery) that occurs within or on the grounds of a healthcare setting (National Quality Forum, Serious Reportable Events, Potential Criminal Events, 2011)
- ◆ Any incident that requires a mandated report to APS of suspected abuse, neglect or exploitation
- ◆ Any patient serious injury or medical event including, but not limited to, self-harm
- ◆ Staff injuries caused by a person in custody or temporary custody of the Commissioner that are reported to both the Department of Labor and to the hospital's workers' compensation carrier (Sec.3 18 V.S.A. 7257)
- ◆ Elopement
- ◆ Criminal activity / law enforcement involvement on the unit
- ◆ Medication errors that meet MERP D threshold (see attachments C and D)
- ◆ Potential Media Involvement  
Any incident, marked by seriousness or severity, that is likely to result in attracting negative public attention, or lead to claims or legal action against the State or the reporting entity.

**Definitions:** (from the National Quality Forum (2011) and the Vermont Department of Health)

*Serious:* describes an event that *can* result in death, loss of a body part, disability, loss of bodily function, or require major intervention for correction (e.g. higher level of care, surgery)

*Injury:* includes physical or mental damage that substantially limits one or more of the major life activities of an individual in the short term, which *may* become a disability if extended long term.

*\*Certificates of Need for Emergency Involuntary Procedures are reported separately, and will not require a separate critical incident report unless there is a subsequent reportable event in the execution due to the EIP (i.e. patient or staff injury)*

## **WHAT IS THE TIMEFRAME AND PROCESS FOR REPORTING INCIDENTS FOR DESIGNATED HOSPITALS?**

**INPATIENT ADULTS:** Designated hospitals' reports will be made by phone within 24 hours. Written report within 24 hours via electronic means.

**Reminder:** All guardians, (public or private) must be notified of a critical event within 24 hours or next business day.

### **REPORT BY PHONE:**

Designated Hospitals call DMH RN Quality Management Coordinator or designee at 802-828-3856 and leave initial report by secure voice mail within 24 hours.

### **WHERE DO I SEND COMPLETED REPORTS?**

Send reports to ***AHS.DMHquality@state.vt.us*** via secure e-mail or faxed to 802-828-3823.

### **A NOTE ON ELECTRONIC REPORTING:**

**It is the expectation that Designated Hospitals will report electronically via secure email if they have the capacity using the significant event form (See Attachment B-DH). In the absence of such capacity, scanned or fax submissions will be accepted for the same form.**

If you require clarification, please call the DMH RN Quality Management Coordinator or designee at 802-828-3856.

## **DESIGNATED OR SPECIALIZED SERVICE AGENCY (DA/SSA) CRITICAL INCIDENT REPORTING PROTOCOL**

### **WHAT EVENTS SHALL BE REPORTED BY AN AGENCY?**

Situations must be determined to be serious or severe by the provider organization's policies and procedures and must include the following incident types:

◆ **Criminal Activity Involving Law Enforcement**

Any serious illegal act, alleged or suspected, must be reported, including any act that warrants incarceration of a person enrolled in services. Any circumstance indicating a duty to warn must be reported.

◆ **Potential Media Involvement**

Any incident, marked by seriousness or severity, that is likely to result in attracting negative public attention, or lead to claims or legal action against the State or the reporting entity.

◆ **Suspected abuse/neglect or exploitation by a staff member**

**Prohibited Practice/Action by paid Staff/Provider or Worker**

Any incidents by a paid staff/provider or worker must be reported when the action is toward a person receiving services or in the presence of a person receiving services.

Worker can also mean: an intern, a person who volunteers (including those paid a stipend or expense reimbursement) or a person employed or contracted by an organization that operates programs or administers services paid with state funding (including contracted home providers, shared living providers, developmental home providers, foster care providers) or by a surrogate, family member or person who receives services.

Examples of Prohibited practices include:

- Corporal punishment
- Seclusion which is not voluntary
- Psychological/verbal abuse by a staff member towards a client
- Restriction of contact with family or significant others unless clinically indicated or legally prohibited
- Denial of basic physical needs
- Withholding funds as a punitive measure
- Use of physical, chemical or mechanical restraints (see definitions page 8)
- Exploitation – financial or otherwise

***Reminder: Filing a critical incident report does NOT replace a mandated report!***

Adult Protective Services (APS) 1-800-564-1612

Department for Children and Families (DCF) 1-800-649-5285

◆ **Medical Emergency**

A serious, life threatening, medical event, for a person served, that requires immediate emergency evaluation by medical professional/s. Death would likely result without

evaluation and treatment. For children in parental custody report only if incident occurs during active engagement with agency workers.

◆ **Untimely or Suspicious death/Natural Death**

Unknown or suspect causation (includes completed suicide) are required for all programs. Incidents of natural death for CRT clients should also be reported.

◆ **Missing Person**

A person enrolled in services who is identified as missing by law enforcement, the media, staff, family, caregivers, or other natural supports or in a residential program and has an unexplained absence.

- A person served is considered “missing” if the person’s housemate or support staff cannot locate him or her and there is reason to think that the person may be lost or in danger. A report is not required for people who live with unpaid caregivers or housemates (such as natural family), unless the caregiver or family requests assistance in locating the person or the person has been identified as missing by law enforcement.
- A person in a DMH funded residential program is considered missing if their unexplained absence exceeds 24 hours or if a missing persons report is filed with local law enforcement (if less than 24 hours); or any person subject to an Order of Non-Hospitalization (ONH) who meets this definition and whereabouts cannot be confirmed.

◆ **Seclusion or Restraint** Though under review, the incidents of seclusion and restraint are reportable for children’s services and developmental disabilities services at this time. Seclusion and restraint is prohibited in CRT and not a reportable event in Emergency Services. Due to the seriousness of such procedures and potential for misapplication of technique the following discussion is provided for staff who report on these events:

**“Restraint” includes:**

- **Mechanical restraint:** any items worn by or placed on the person to limit behavior or restrict movement and which cannot be removed by the person. Mechanical restraints include devices such as mittens, straps, arm splints, harnesses, restraint chairs, bed rails and bed netting. **Helmets used for the purpose of preventing self-injury are considered mechanical restraints.**
- **Physical restraint:** any method of restricting a person’s movements by holding of body parts to keep the person from endangering self or others (including seclusion or physical escort to lead the person to a place he or she *does not want to go*).
- **Chemical restraint:** the administration of a prescribed or over-the-counter medicine when all the following conditions exist: the primary purpose of the medication is a response to problematic behavior rather than a physical health condition; and, the prescribed medicine is a drug or dosage which would not otherwise be administered to the person as part of a regular medication regimen; and, the prescribed medicine impairs the individual’s ability to do or accomplish his or her activities of daily living (as compared to the individual’s usual performance when the medicine is not

administered) by causing disorientation, confusion, or an impairment of physical or mental functioning.

- For detailed information and exceptions for persons on a DS Waiver, see the DS Behavior Support Guidelines posted on the DAIL website: [www.dail.vermont.gov](http://www.dail.vermont.gov)
- Restraints that occur fewer than 8 hours apart may be reported in a single report. Restraints that occur more than 8 hours apart must be reported in separate reports.
- If two types of restraint are used together (e.g., physically restraining a person to administer a chemical restraint), both types of restraint shall be noted on the report. **Guardians must be notified verbally immediately of any restraint, unless the restraint is done according to a written support plan that the guardian has approved and the guardian has stated that he/she does not wish to receive immediate notification of restraints.**

**Exceptions:**

- Time-limited restraints for medical purposes **do not** need to be reported as long as they are done in a manner consistent with the DS Behavior Support Guidelines and the proper documentation is on file. If restraint is done without the required authorization and documentation, an Incident Report must be filed.
- PRN medication does not need to be reported unless it meets the definition of a chemical restraint (see DS Behavior Support Guidelines).

**REPORT BY PHONE:**

**DAIL/DDSD**

Call the 24 hour CIR answering service for the Developmental Disabilities Services Division at **802-241-2678** within 24 hours for the following critical incident types:

- ◆ **Suspected abuse/neglect or exploitation by a staff member**
- ◆ **Untimely or Suspicious death**
- ◆ **Missing Person**
- ◆ **Potential Media Involvement**

**DMH**

Call Quality Management Coordinator at **1-802-828-1712**. Leave secure voice mail 24 hours a day.

**WHERE DO I SEND COMPLETED REPORTS?**

## **DAIL/DDSA**

Reports for ALL critical incidents, including ones called in, must be submitted using one of the following methods within 48 hours of the incident:

1) by fax to secure Department fax number 802-871-3052

2) by scanning or electronic submission via the secure FTP site GlobalScapes at <https://gs-sftp.ahs.state.vt.us/EFTClient/Account/Login.htm>. There are staff at each DA/SSA assigned access to this site for the purpose of uploading these reports. An e-mail needs to be sent to the address below to inform DDSD that a report has been uploaded to the site:

[Tammi.Provencher@state.vt.us](mailto:Tammi.Provencher@state.vt.us)

## **DMH**

Send reports to [AHS.DMHquality@state.vt.us](mailto:AHS.DMHquality@state.vt.us) via secure e-mail or faxed to 802-828-3823.

### **A NOTE ON ELECTRONIC REPORTING (DMH):**

It is the expectation that Designated Agencies will report electronically via secure email if they have the capacity using the significant event form (**See Attachment B-DA (DMH)**). In the absence of such capacity, scanned or fax submissions will be accepted for the same form.

If you require clarification, please call the DMH Quality Management Coordinator at 802-828-1712.

### **A NOTE ON COMPLETING THE REPORT:**

It is important that the incident report be completed in its entirety to allow for thorough review and proper data collection. Feel free to expand the description of the event as needed to provide DAIL/DDSD/DMH with clear understanding of the event. **MAKE SURE TO INCLUDE ALL MANDATED REPORTS THAT WERE MADE AND TO RECORD THEM IN THE CLIENT RECORD.**

**ATTACHMENT A: Quick Reference of Incidents  
MUST BE REPORTED FOR APPLICABLE CONSUMERS**

<b>Programs:</b>	Child MH	Children’s out of home treatment	AOP	CRT Waiver or Residential	ES See below ‘A’	DS See below ‘B’
<b>Incidents:</b>						
Alleged/suspected Abuse, Neglect, or Exploitation	◆	◆	◆	◆	◆	◆
Criminal Act or Incarceration			◆	◆	☑	◆
Medical Emergency	☑	☑	☑	☑◆	☑	☑
Missing Person	☑	☑	☑	☑	☑	☑
Death (Untimely or Suspicious)	☑	☑	☑	☑	☑	☑
Potential Media	☑	☑	☑	☑◆	☑◆	☑◆
Seclusion/Restraint	☑	☑	☑	☑◆		☑◆

**KEY:**

**Blank Box:** no report required

☑: Report is required for all applicable consumers

◆: Report is required for all applicable consumers:

if alleged perpetrator meets definition of a “worker”

if incident occurred while client actively engaged with staff

**A.** Emergency Services please refer to client’s primary program (case manager or primary clinician) for critical incident reporting OR Emergency Services may report the event as determined by the team and level of direct service during incident.

**B.** For DS, reporting is not required for Bridge, TCM, PASRR/specialized services, or Flexible Family Funding recipients, except in the event of a death (any cause)

## ATTACHMENT B-DA (DMH): Critical Incident Form

### DESIGNATED OR SPECIALIZED SERVICE AGENCY REPORT VERMONT DEPARTMENT OF MENTAL HEALTH CRITICAL INCIDENT

The Department of Mental Health is to be notified of a significant event that occurs in a Designated Agency or Specialized Service Agency. A verbal report must be made within 24 hours to the DMH Quality Management Coordinator at 802-828-1712. This completed form must be to the Department of Mental Health within 24 hours of the event via secure email [AHS.DMHquality@state.vt.us](mailto:AHS.DMHquality@state.vt.us) for distribution.

<b>Client Name:</b>	<b>Event Date:</b>
<b>Date of Birth</b>	<b>Event Time:</b>
<b>Designated Agency:</b>	<b>Location:</b>

**Last Date of Service:**

**Program Assignment:**  CRT  Adult Outpt.  Youth/Family  Emergency  Other:

**Type of event:**

<input type="checkbox"/> Criminal Activity (Law Enforcement)	<input type="checkbox"/> Untimely or Suspicious Death
<input type="checkbox"/> Potential Media Involvement	<input type="checkbox"/> Missing Person
<input type="checkbox"/> Staff perpetrator (abuse, neglect or exploitation/prohibited practice)	<input type="checkbox"/> Other:
<input type="checkbox"/> Medical Emergency	

**Persons who witnessed or were involved in the event:**

**Description of event** (identify precipitants, interventions used by staff to attempt to prevent/manage the event, and description of behaviors observed during the event):

**Action(s) taken as a result of the event. :**

**Describe any planned follow up in response to the event:**

**Persons and agencies notified** (include when and how notified; if an agency, name of staff to whom report given)

**Person reporting:**

**Phone number:** (REQUIRED)

**Date:**

## ATTACHMENT B-DA (DDSD): Critical Incident Form

### DESIGNATED AGENCY REPORT VERMONT DEPARTMENT OF AGING & INDEPENDENT LIVING DEVELOPMENTAL DISABILITIES SERVICES DIVISION CRITICAL INCIDENT

The Department of Aging & Independent Living/Developmental Disabilities Services Division is to be notified of a significant event that occurs in a Designated or Specialized Services Agency. A verbal report will be made within 24 hours to the DDSD 24 hour CIR Line at 802-241-2678 for incidents of Suspected abuse/neglect or exploitation by a staff member, Untimely or Suspicious death, Missing Person or Potential Media Involvement. This completed form must be completed for all types of critical incidents and faxed to the Developmental Disabilities Services Division within 48 hours of the event via fax at 802 371-3052 or by scanning or electronic submission via the secure FTP site GlobalScapes at <https://gs-sftp.ahs.state.vt.us/EFTClient/Account/Login.htm>

<b>Client Name:</b>	<b>Event Date:</b>
<b>Date of Birth</b>	<b>Event Time:</b>
<b>Designated Agency:</b>	<b>Location:</b>

**Last Date of Service:**

**Type of event:**

<input type="checkbox"/> Criminal Activity (Law Enforcement)	<input type="checkbox"/> Untimely or Suspicious Death
<input type="checkbox"/> Potential Media Involvement	<input type="checkbox"/> Missing Person
<input type="checkbox"/> Staff perpetrator (abuse, neglect or exploitation/prohibited practice)	<input type="checkbox"/> Other:
<input type="checkbox"/> Medical Emergency	

**Persons who witnessed or were involved in the event:**

**Description of event** (identify precipitants, interventions used by staff to attempt to prevent/manage the event, and description of behaviors observed during the event):

**Action(s) taken as a result of the event. :**

**Describe any planned follow up in response to the event:**

**Persons and agencies notified** (include when and how notified; if an agency, name of staff to whom report given)

**Person reporting:**

**Phone number:** (REQUIRED)

**Date:**

**ATTACHMENT B-DH: Critical Incident Form**

**DESIGNATED HOSPITAL REPORT  
VERMONT DEPARTMENT OF MENTAL HEALTH  
INPATIENT SIGNIFICANT EVENT**

The Department of Mental Health is to be notified of a significant event that occurs in a Designated Hospital. A verbal report will be made within 24 hours to the DMH RN Quality Management Coordinator at 802-828-3856. This completed form must be submitted to the Department of Mental Health within 24 hours of the event via secure email [AHS.DMHquality@state.vt.us](mailto:AHS.DMHquality@state.vt.us) for distribution.

<b>Patient Name:</b>	<b>Event Date:</b>
<b>Date of Birth</b>	<b>Event Time:</b>
<b>Admission Date:</b>	<b>Location:</b>

**Hospital:**  FAHC  RPMC  CVMC  WC  BR  VPCH

**Type of Event:**

<input type="checkbox"/> APS report	<input type="checkbox"/> Law enforcement
<input type="checkbox"/> Patient injury/medical event	<input type="checkbox"/> Medication error
<input type="checkbox"/> Assault	<input type="checkbox"/> Death
<input type="checkbox"/> Elopement	<input type="checkbox"/> Other:
<input type="checkbox"/> Potential Media Involvement	

**Persons who witnessed or were involved in the event:**

**Description of event** (identify precipitants, interventions used by staff to attempt to prevent/manage the event, and description of behaviors observed during the event):

**Action(s) taken as a result of the event:**

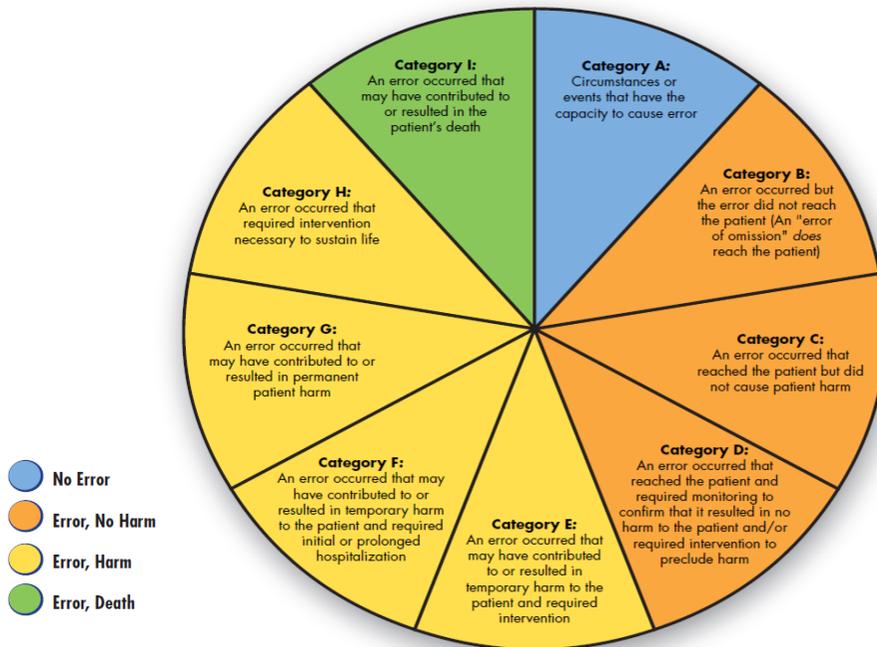
**Describe any planned follow up in response to the event:**

**Persons and agencies notified** (include when and how notified; if an agency, name of staff to whom report given)

**Person reporting:**  
**Phone number:** (REQUIRED)  
**Date:**

# ATTACHMENT C: NCC MERP Index for Categorizing Medication Errors

## NCC MERP Index for Categorizing Medication Errors



### Definitions

#### Harm

Impairment of the physical, emotional, or psychological function or structure of the body and/or pain resulting therefrom.

#### Monitoring

To observe or record relevant physiological or psychological signs.

#### Intervention

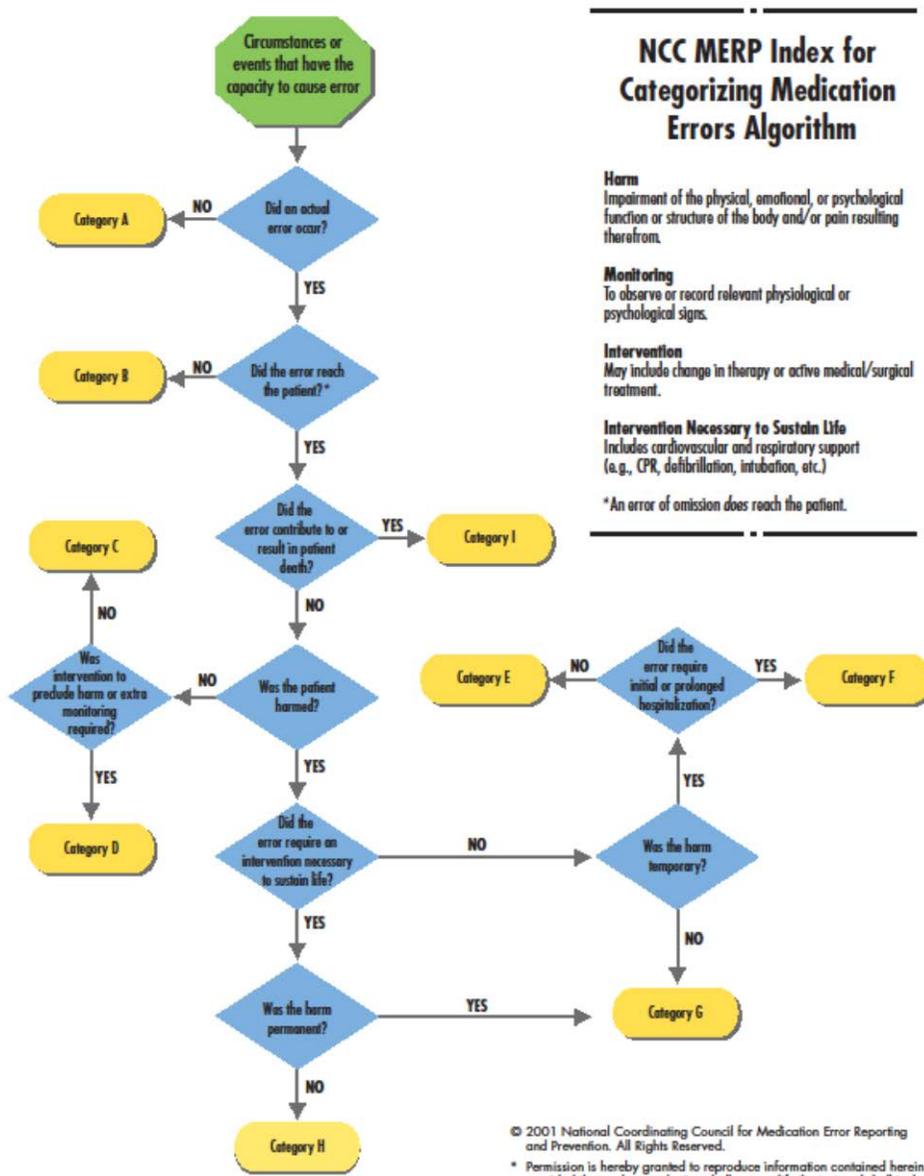
May include change in therapy or active medical/surgical treatment.

#### Intervention Necessary to Sustain Life

Includes cardiovascular and respiratory support (e.g., CPR, defibrillation, intubation, etc.)

© 2001 National Coordinating Council for Medication Error Reporting and Prevention. All Rights Reserved.  
 \* Permission is hereby granted to reproduce information contained herein provided that such reproduction shall not modify the text and shall include the copyright notice appearing on the pages from which it was copied.

# ATTACHMENT D: NCC MERP Index for Categorizing Medication Errors Flowchart



## NCC MERP Index for Categorizing Medication Errors Algorithm

**Harm**  
Impairment of the physical, emotional, or psychological function or structure of the body and/or pain resulting therefrom.

**Monitoring**  
To observe or record relevant physiological or psychological signs.

**Intervention**  
May include change in therapy or active medical/surgical treatment.

**Intervention Necessary to Sustain Life**  
Includes cardiovascular and respiratory support (a.g., CPR, defibrillation, intubation, etc.)

\*An error of omission does reach the patient.

PS0306

© 2001 National Coordinating Council for Medication Error Reporting and Prevention. All Rights Reserved.  
\* Permission is hereby granted to reproduce information contained herein provided that such reproduction shall not modify the text and shall include the copyright notice appearing on the pages from which it was copied.