BellVue Health PLLC

Incident Report

INTERNAL STAFF USE - CONFIDENTIAL QUALITY ASSURANCE

1 Reporter provider and client identification

Internal Client ID (repeat on every page)

Client name / secure identifier

Protect the person first. For immediate danger or a medical emergency, call 911. Notify the supervisor promptly; do not wait to finish this form or an investigation before required reports are made.

Provider and reporter

Program / service and service code

Facility / site name

License number / category, if applicable

Agency NPI / provider number

Service site address / county

Reporter name / title

Reporter phone / secure contact

Report prepared date / time / time zone

FIRST agency awareness date / time / time zone

First staff member who learned / information source

Client and service relationship

Client full name

Date of birth / age

Medicaid ID

Health plan /LME-MCO

Client residence / county

LME-MCO / service county

Guardian / legally responsible person and contact

Last service date / time

Funding / waiver / TCL status, if relevant

Care context (select all that apply)

☐ During service ☐ On provider premises ☐ Licensed residential ☐ Within 90 days of last service ☐ Other / unknown

Include relevant diagnoses, medications, health history, and other IRIS-required clinical details in a secure attachment when needed. Do not delay initial reporting to obtain missing information.

2 Event details immediate response and staff account

Internal Client ID (repeat on every page)

Client name / secure identifier

Incident date / time / time zone (or unknown)

Discovery date / time (if different)

Exact location / address / county (or unknown)

Incident type (select all that apply; complete matching sections)

☐ Injury / fall ☐ Behavior / self-harm / absence ☐ Abuse / neglect / exploitation ☐ Medication event ☐ Restrictive intervention ☐ Death

☐ Fire ☐ Suspension / expulsion ☐ Community / media concern ☐ Search / seizure ☐ Other

Other type / search-seizure details / linked incident IDs (use narrative for full details)

Objective sequence: before / during / after; facts, times, source of information, and direct quotes

Immediate protection, first aid / emergency response, supervision, and current location / condition

Witnesses / others involved: name, role, secure contact, and firsthand account or attachment reference

Initial impact (select all that apply)

☐ No known injury ☐ First aid ☐ Medical treatment ☐ Hospitalization ☐ Potential permanent harm ☐ Death ☐ Unknown

911 / EMS / crisis / provider contact, time, instructions, and outcome

Reporter signature / credentials

Date / time

3 Injury behavior and allegations complete applicable sections

Internal Client ID (repeat on every page)

Client name / secure identifier

Injury or fall

Injury type, body location, observed signs / severity, and how injury occurred

First aid vs. medical treatment; treating clinician, facility, date / time, and outcome

Follow-up care / instructions and current status

Behavior self-harm or absence

Behavior / threats / self-harm / overdose / aggression / property damage; observed facts and impact

If absent: last seen, expected return, search actions, police contact, return time / condition

De-escalation / crisis plan response; law enforcement action, charges, damage estimate if known

Alleged abuse neglect exploitation or other staff allegation

Allegation type, source, date / time received; person's exact account and relevant facts

Alleged person name / role / employer

Licensed / unlicensed / unknown; credential

Immediate safeguards for this and other clients; staff duty / access restrictions and current status

Evidence preserved / statement references / investigator; required DSS / HCPR / board reports on page 6

Record an allegation as an allegation. Do not wait for substantiation. Staff abuse, neglect, or exploitation allegations require Level III handling under Bulletin J272. Preserve evidence and use the reporting log.

4 Medication and restrictive intervention details if applicable

Internal Client ID (repeat on every page)

Client name / secure identifier

Medication event

Medication name / strength / prescribed dose / route / scheduled time

Actual medication / dose / route / administration time; error, refusal, omission, or other event

Person administering / assisting / self-administering; MAR / order reference

Physician / pharmacist contacted IMMEDIATELY: name, contact date / time, and advice

Clinical determination of health / safety threat; symptoms, treatment / monitoring, and outcome

Restrictive intervention

Type / device / technique and reason; start and end dates / times; total duration

Less restrictive actions attempted; authorization / order / PCP reference; deviation from plan

Involved staff names / roles; current training and authorization verified

Monitoring observations during / after; who monitored, frequency, consciousness / breathing / injury

Client / guardian and staff debriefing: date, participants, response, and prevention steps

Death during or within 7 days after restraint / seclusion? (choose one)

☐ Yes - immediate escalation ☐ No ☐ Unknown

Attach the required intervention detail / monitoring record where applicable. This report does not authorize restrictive interventions or expand staff scope. Medical decisions must be made by qualified clinicians.

5 Death fire and service suspension details if applicable

Internal Client ID (repeat on every page)

Client name / secure identifier

Death

Death date / time / place

Reported cause / unknown; source

Who discovered / pronounced; date / time; last contact and circumstances

Resuscitation / EMS / clinician response; medical examiner / coroner involvement

Any restraint / seclusion within 7 days before death? (choose one)

☐ Yes ☐ No ☐ Unknown

Medical examiner / autopsy / death certificate requested, received, and update status

Fire

Origin / suspected cause / alarm and fire department response; fire report number

Evacuation / people affected / injuries / relocation / damage and current safety status

Suspension expulsion or significant community concern

Service suspension / expulsion: reason, effective date / duration, decision-maker, and notice

Continuity / crisis coverage / alternate provider / appeal information given, as applicable

Threat / community or media concern; notifications, mitigation, and response

Record facts and sources. Unknown cause is not a reason to delay a death report. Flag any later change in cause for prompt correction and resubmission. Do not make unauthorized disclosures to media.

6 Notification log and external report tracking

Internal Client ID (repeat on every page)

Client name / secure identifier

Record required contacts separately. IRIS does not substitute for direct DSS, law enforcement, licensing-board, or other required reporting. Use a continuation log if more contacts are needed.

Notifications and reports made or pending

1. Recipient / agency / contact / phone

Date / time / time zone / method

Reason, action / instructions, report reference / receipt; if pending, owner and due date

2. Recipient / agency / contact / phone

Date / time / time zone / method

Reason, action / instructions, report reference / receipt; if pending, owner and due date

3. Recipient / agency / contact / phone

Date / time / time zone / method

Reason, action / instructions, report reference / receipt; if pending, owner and due date

4. Recipient / agency / contact / phone

Date / time / time zone / method

Reason, action / instructions, report reference / receipt; if pending, owner and due date

5. Recipient / agency / contact / phone

Date / time / time zone / method

Reason, action / instructions, report reference / receipt; if pending, owner and due date

IRIS and required follow-up

IRIS incident number

FINAL submission date / time / confirmation

HCPR initial report date / time / receipt

HCPR investigation report due / sent date

DSS / licensing board / DHSR / payer reporting status; explain any not-required decisions

If system unavailable: recipient notified, alternate submission / receipt, and later IRIS entry

7 Supervisor investigation prevention and closure

Internal Client ID (repeat on every page)

Client name / secure identifier

Restricted supervisor review

Reviewer name / title / contact

Review date / time

Incident classification (reviewer verifies; choose one)

☐ Level I ☐ Level II ☐ Level III ☐ Pending urgent review

Classification basis / applicable rule / payer requirement; reportability and impacted programs

Report recipients and exact due dates / times; earliest applicable deadline and assigned reporter

Known / suspected cause; investigation status, assigned investigator, evidence, and missing information

Findings and supporting facts; unresolved matters / missing details and plan to obtain them

Corrective actions and monitoring

Action(s), responsible person(s), due date(s), and how effectiveness will be checked

Level III internal team review needed? (choose one)

☐ Yes ☐ No - explain ☐ Pending

Team review date / members / findings / written report status; if no, explain basis

New information / corrections learned date; required resubmission date / time and recipients

Client follow-up, completed safeguards, outstanding actions, closure rationale / date

Reviewer signature / credentials

Date / time

Keep this report in restricted administrative / QA files. Document the event, care, and client response in the service note without filing or referencing this QA report. Do not hold initial reports for supervisor review or investigation.