WFH-494
New: 04/2018

WHITING FORENSIC HOSPITAL
INCIDENT REPORT

The purpose of this form is to ensure prompt and accurate reporting and evaluation. Effective reporting provides the hospital with the data to identify problems areas and implement corrective/remedial actions and preventive measures.

SECTION 1 BASIC DATA

Location [ ] DUTCHER [ ] WHITING [ ] Dept/Other Incident Date: _____ Time: _____ AM / PM

SECTION 2 TYPE OF INCIDENT (*Circle only one):*

AGGRESSIVE ACTS		ALLEGED PATIENT ABUSE		INJURIES		MEDICAL CONDITIONS	
Aggressive Act to Self	*100*	*Physical*	*200*	Restraint Related Injury	300	Choking:	
Aggressive Act to Other Physical	*101*	*Psychological*	*201*	Injury of Unknown Origin	301	Self-Cleared Airway	500
Aggressive Act to Other Verbal	*102*	*Verbal*	*202*	Infection Control Exposure	302	Heimlich	501
Sexual Assault	*103*	*Sexual*	*203*	Other Accidental Injuries	303	Cardiac	502
Sexual Contact	*104*	*Neglect*	*204*			Respiratory	503
Exploitation of Peer	*105*	*Exploitation by Staff*	*205*	FALL	400	Seizure	504
Murder Attempt	*106*	*Violation of Patient Rights*	*206*			Trauma	505
						Other Medical Condition	506

DEATH		PROPERTY DESTRUCTION		LOST OR STOLEN PROPERTY	
Expected	600	*Patient Property*	*700*	Patient Property	000
Unexpected	601	*Staff Property*	*701*	Staff Property	001
Suicide	*602*	*State Property*	*702*	State Property	002
Murder	*603*	*Other Property*	*703*	Other Property	003

ELOPEMENT

1.	Elopement Attempt	800
2.	Elopement from unit/remained in building	801
3.	Elopement from building/remained on campus	802
	Elopement from campus or authorized off-campus activity with no return at time Incident Report completed	xxx
4a	Elopement from campus; returned to hospital within 24-hours	803
4b.	Elopement from campus; did not return within 24-hours	
4c.	Elopement from authorized off-campus activity; returned to hospital within 24-hours	805
4d.	Elopement from authorized off-campus activity; did not return within 24-hours	806
5a.	Elopement from campus during admission process, discharged after inquiry	807
5b.	Elopement discharged ACA/AMA/NCR after inquiry	808
5c.	Elopement discharged after inquiry	809

OTHER INCIDENTS

Alleged Criminal Act	*900*	Missing Keys/Key Card	905	*SUICIDE ATTEMPT*	*910*
Confidentiality - Unauthorized Disclosure	*901*	Missing Sharps	906	*SUICIDE THREAT*	*911*
Contraband	902	Security Breach	907	Other Incident	912
Fire Setting	*903*	*Serious Threat/Threatening Behavior*	*908*	TLP Unauthorized Leave	913
Medical Device Failure/Malfunction	904	Smoking Violation	909	Equipment Failure/Malfunction, non-medical	914

SECTION 3 PERSON(s) INVOLVED

Check One Patient	Staff	Visitor		Last Name	First Name	MPI/Employee #	*Check One* *Aggressor*	*Victim*	*Primary Involved*	*Other Involved*	*Witness*	*Undetermined*
☐	☐	☐	1				☐		☐			
☐	☐	☐	2				☐	☐		☐	☐	☐
☐	☐	☐	3				☐	☐		☐	☐	☐
☐	☐	☐	4				☐	☐		☐	☐	☐
☐	☐	☐	5				☐	☐		☐	☐	☐

An Aggressive Act must have occurred for there to be an aggressor or a victim. ***(Incident Types in Italics)***

Primary Involved – Patient, staff or visitor who is the primary focus of the incident (excluding aggressive acts).

SECTION 4 LOCATION OF INCIDENT *(Circle appropriate codes)*

UNITS

Dutcher D1S D2N D2S D3N D3S

Whiting WH1 WH2 WH3 WH4 WH5 WH6

BUILDING (*if applicable*)

Haviland Russell
Beers Shew
Page T&T
Chapel Whiting
Cotter Dutcher
Other

OTHER LOCATIONS

Restroom	Hallway	Public Restroom
Bedroom	Lobby	Recreation Area
Courtyard	Nurse's Station	Stairwell
Dayroom	Parking Lot	Other Outside
Dining Room	Pool	Other
Elevator	Shower Area	Off Campus

SECTION 5 SUMMARY DESCRIPTION OF INCIDENT:

_____ _____ _____ _____ AM / PM

Print Name and Title | Signature | Date | Time

(Over)

SECTION 6 IMMEDIATE CORRECTIVE ACTION(S) TAKEN:

PERSON(S) NOTIFIED **DATE** **TIME** | **PERSON(S) NOTIFIED** **DATE** **TIME**

Print Name and Title | Signature | Date | Time AM/PM

SECTION 7 PHYSICIAN REPORT ***(Use if exam required; Exam is required for all Patient Injuries):***

Patient #1

INJURY TYPE ***(Circle all that apply)***

Abrasion	Contusion	Multiple Injuries
Bite	Puncture Wound	Pain
Blood Loss	Dislocation	Sprain
Bruise	Fracture	Swelling
Burn	Laceration	Other:

SEVERITY OF INJURY ***(Circle one)***

No Injury	956	Refused Examination	957
No Treatment	951		
Minor First Aid	952		
Medical Intervention Required	953		
Hospitalization Required	954		
Death Occurred	955		

Patient Name _____ Date of Exam _____ Time of Exam _____AM/PM

Summary and Treatment Ordered: _____

Print Name and Title *(Physician)* | Signature | Date | Time AM/PM

Patient #2

INJURY TYPE ***(Circle all that apply)***

Abrasion	Contusion	Multiple Injuries
Bite	Puncture Wound	Pain
Blood Loss	Dislocation	Sprain
Bruise	Fracture	Swelling
Burn	Laceration	Other

SEVERITY OF INJURY ***(Circle one)***

No Injury	956	Refused Examination	957
No Treatment	951		
Minor First Aid	952		
Medical Intervention Required	953		
Hospitalization Required	954		
Death Occurred	955		

Patient Name _____ Date of Exam _____ Time of Exam _____AM/PM

Summary and Treatment Ordered: _____

Print Name and Title *(Physician)* | Signature | Date | Time AM/PM

If more than two patients examined, use Addendum A

SECTION 8 INVESTIGATION BY UNIT DIRECTOR/SUPERVISOR (Include any corrective action(s) taken):

PERSON(S) NOTIFIED **DATE** **TIME** | **PERSON(S) NOTIFIED** **DATE** **TIME**

Type of Incident Code verified as Correct ☐ Critical Incident: ☐ Yes ☐ No

Print Name and Title | Signature | Date | Time AM/PM

ADDENDUM B **INVESTIGATION SECTION**

FIRST LEVEL REVIEW (To be completed by Unit Director within 3 working days of incident)

Incident Date: **MPI/Employee# (Person #1):** **Date of Investigation:**

Unit Director's Name: **Signature:** **Date:**

(Check all that apply and explain)

Precipitating events (Patient):

- ☐ Behavior not adequately addressed in treatment plan
- ☐ Ongoing medication refusal impacting behavior
- ☐ Medical condition not adequately addressed
- ☐ Missed behavior cues exhibited by patient
- ☐ *Other:* _____
- ☐ *None*
- ☐ *None: Behavior addressed in treatment plan with ongoing monitoring*

Unit Acuity/Staff issues:

- ☐ Lack of staff presence/supervision in area of incident
- ☐ Staff attitude/behavior escalated situation
- ☐ Redeployed staff
- ☐ Staff skill mix (RN; FTS; MHA)
- ☐ Inadequate transfer of information between staff
- ☐ *Other:* _____
- ☐ Observation procedures not followed
- ☐ Staff not utilizing correct CSS technique
- ☐ Other procedural requirements not followed
- ☐ Delayed staff response/intervention
- ☐ Staff training
- ☐ *None*

Milieu/Environmental factors:

- ☐ Lack of structured activities
- ☐ Increased patient acuity
- ☐ Environmental conditions requiring follow-up
- ☐ *Other:* _____
- ☐ *None*

Actions taken to protect victim: ***(if applicable)***

Direct care staff actions related to the incident:

Recommendations/Further Actions:

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ADDENDUM C **INVESTIGATION SECTION**

SECOND LEVEL REVIEW *(To be completed by Division Director within 7 working days of incident)*		
Incident Date:	**MPI/Employee# (Person #1):**	**Date of Investigation:**
Division Director's Name:	**Signature:**	**Date:**

Additional Information to Level 1 Review

Analysis of Contributing Factors:

Actions/Recommendations ☐ **No Further Action Required** ☐

Action Plan to Prevent Future Occurrences:

Finding	Action	Responsible Party	Required Completion Date	Status

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ADDENDUM A

PHYSICIAN REPORT ***(Use if exam required) (con't)***

Patient #3

INJURY TYPE ***(Circle all that apply)***

Abrasion	Contusion	Multiple Injuries
Bite	Puncture Wound	Pain
Blood Loss	Dislocation	Sprain
Bruise	Fracture	Swelling
Burn	Laceration	Other:

SEVERITY OF INJURY ***(Circle one)***

No Injury	956	Refused Examination	957
No Treatment	951		
Minor First Aid	952		
Medical Intervention Required	953		
Hospitalization Required	954		
Death Occurred	955		

Patient Name _____ Date of Exam _____ Time of Exam _____AM/PM

Summary and Treatment Ordered: _____

_____

_____

_____ _____ _____ _____AM/PM

Print Name and Title *(Physician)* Signature Date Time

Patient #4

INJURY TYPE ***(Circle all that apply)***

Abrasion	Contusion	Multiple Injuries
Bite	Puncture Wound	Pain
Blood Loss	Dislocation	Sprain
Bruise	Fracture	Swelling
Burn	Laceration	Other:

SEVERITY OF INJURY ***(Circle one)***

No Injury	956	Refused Examination	957
No Treatment	951		
Minor First Aid	952		
Medical Intervention Required	953		
Hospitalization Required	954		
Death Occurred	955		

Patient Name _____ Date of Exam _____ Time of Exam _____AM/PM

Summary and Treatment Ordered: _____

_____

_____

_____ _____ _____ _____AM/PM

Print Name and Title *(Physician)* Signature Date Time

Patient #5

INJURY TYPE ***(Circle all that apply)***

Abrasion	Contusion	Multiple Injuries
Bite	Puncture Wound	Pain
Blood Loss	Dislocation	Sprain
Bruise	Fracture	Swelling
Burn	Laceration	Other:

SEVERITY OF INJURY ***(Circle one)***

No Injury	956	Refused Examination	957
No Treatment	951		
Minor First Aid	952		
Medical Intervention Required	953		
Hospitalization Required	954		
Death Occurred	955		

Patient Name _____ Date of Exam _____ Time of Exam _____AM/PM

Summary and Treatment Ordered: _____

_____

_____

_____ _____ _____ _____AM/PM

Print Name and Title *(Physician)* Signature Date Time