



INCIDENT REPORT FORM

Agency Name/Clinic Location, & Program

Date Submitted to NTBHA QM

Name of Individual Served/Involved (First & Last)

LCN and/or CMBHS #

Date of Birth

Reporting Staff Name, Credentials, & Title

Did the reporting staff witness the incident?

- ☐ Yes
☐ No

Location of Incident:

- ☐ Agency Property
☐ Individual's Residence
☐ Other, please specify in the description.

Date & Time of Incident

If other staff witnessed, please list

Incident Type (see [page 4](#) for detailed descriptions)

- ☐ Death of a NTBHA individual- submit with death report.
☐ Abuse, Neglect, Exploitation-include DFPS report #
☐ Psychiatric Emergency
☐ Medical Emergency
☐ Behaviors: violent and/or illegal (police called)
☐ Behaviors: disruptive, verbal &/or physical altercations
☐ Medication Error (Type 1)
☐ Medication Error (Type 2)
☐ Rights Violation(s) of Individual Served
☐ HIPAA Violation/Release of PHI without consent
☐ Elopement
☐ Fire, Water Damage, Loss of Electricity, or other incident/damages, which requires clinic closure.
☐ Minor Accident or Injury
☐ Personal or Mechanical Restraint
☐ Other Significant Incident, please specify.

Medication Error

- ☐ Documentation Error
☐ Dosage Error
☐ Improper Storage
☐ Incorrect Medication
☐ Time Error
☐ Dropped/Spilled/Wasted Dose
☐ Not Applicable

Date of DFPS Report and DFPS # (if applicable).

Describe Incident

Reporting Staff Signature

Date

TO BE COMPLETED BY SUPERVISOR

Assessment, Intervention, & Follow-Up Plan

Supervisor Signature

Date



INCIDENT REPORT INSTRUCTIONS

COMPLETED & SIGNED INCIDENT REPORT FORMS should be emailed to QM@NTBHA.ORG. Verbal reports or emails that do not include this form, completed, and signed by both reporter and supervisor, and are not submitted to NTBHA Quality Management, will not be accepted as a submitted incident report. Please type or write legibly. Use additional page(s) if necessary. Please report timely. Please put accurate date of report to NTBHA on this form.

Please use descriptions on page 4 for incident types and reporting time frames.

Name of Individual Served- full name, DOB, LCN and/or CMBHS.

Put N/A if it does not involve an individual. If multiple NTBHA individuals are involved, then a report is required for each. Please do not put names of other individuals involved in each report.

REPORTING STAFF NAME should be the staff to witness the incident, be involved in the incident, or who received the direct report of the incident. If the incident was not witnessed by a staff or reported directly by an individual, please include the full name of person reporting and their relationship to the individual in the description of incident. If provider staff are involved, they should also submit an incident report.

DESCRIBE INCIDENT- be as detailed as possible. This should include who reported and/or who was involved in the incident, what, when, where, and why it happened (if known). Reporting staff should indicate only direct observations, or, if not observed, what was directly reported by individual (or other). We should be able to read exactly what happened, how it was handled, and the outcome.

ASSESSMENT, INTERVENTION, & FOLLOW-UP PLAN should be completed by a supervisor of the reporting staff. Supervisor should:

- Review the incident report thoroughly. Did your staff handle this appropriately?
- Describe your assessment of the situation. Could something have been done to prevent the incident?
- Describe your interventions or that of other supervisors involved. Did you give any additional directions to the reporting staff member during the incident?
- Describe the plan for follow-up. Who will follow-up next with the individual? Is additional training needed in any areas? Are additional policies required?
- Supervisor should sign this document before submission.

INCIDENT TYPES

TYPE 1 INCIDENTS: must be reported within one (1) business day of the agency being informed of the incident occurring.

- Death of a NTBHA Individual – All deaths, regardless of cause of death or if cause of death is unknown, no matter when they were last in services.
- Abuse, Neglect, Exploitation – including involving a staff/volunteer/intern. Any allegations of abuse, neglect, or exploitation agency becomes aware of must be immediately reported to DFPS https://www.dfps.texas.gov/Contact_Us/report_abuse.asp or at (800) 252-5400 and the DFPS report number must be included on the incident report form submitted to NTBHA.
- Psychiatric Emergency– psychiatric emergencies that require crisis intervention. These may or may not result in psychiatric hospitalization but require crisis intervention from either NTBHA Staff, clinic staff, mobile crisis, or police. Includes suicide attempts.
- Medical Emergency – incident occurring where EMS is called, resulting in major medical care or hospitalization, for a physical health condition, and/or serious injury involving individuals in services, staff, or others.
- Behaviors: disruptive, violent and/or illegal – *that result in the police being called*. This includes serious threats made to others or to the clinic, individuals refusing to leave when asked and any other behavior requiring intervention from security and/or law enforcement.
- Behaviors: disruptive, verbal and/or physical alterations, or other inappropriate behaviors – that result in staff use of de-escalation and/or individuals being asked to leave the property without police involvement.
- Medication Error (Type 1) – Any type of medication error that results in an adverse outcome or reaction- minor or major.
- Rights Violation-anything that violates the rights of individuals served per HHSC guidelines
- HIPAA Violation/Release of PHI without consent- any form of a HIPAA/privacy/42 CFR Part 2 violation, minor or major.
- Elopement – Disappearance of an individual in services who lacks the capacity to protect themselves. Police and/or family are contacted.
- Fire, water damage, loss of electricity, or other significant incident – that causes damage to agency property, that requires clinic to shut down or close for any amount of time.
- Other Significant Incident - any other serious incident that occurs that does not fit one of the above categories. Please describe this in detail.

TYPE 2 INCIDENTS: must be reported within two (2) business days of the agency being informed of the incident occurring.

- Medication Error (Type 2) – any type of medication error in prescribing, dispensing, administering, or documenting medication by agency staff, that does not result in an adverse reaction or outcome. This includes errors that occur while supervising an individual who is self-administering medication.
- Minor Accident or Injury to Self or Others – When an individual accidentally or purposefully injures themselves or another person while under the immediate supervision or care of agency staff or while on agency premises, that does not require calling EMS or require other major medical care.
- Personal or mechanical restraint – utilizing authorized and trained SAMA techniques to protect either the individual and/or others from physical injury. To be used as a last resort intervention, after non-physical interventions have been exhausted. Any use of seclusion.