



STATE OF VERMONT

AGENCY OF HUMAN SERVICES

Department of Mental Health (DMH)

**CRITICAL INCIDENT  
REPORTING REQUIREMENTS  
FOR  
DESIGNATED HOSPITALS**

**Revised Effective Date:  
January 11, 2016**

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

**Vermont Department of Mental Health**

280 State Drive NOB 2 North

Waterbury, VT 05671-2010

Phone: 802-241-0106

Fax: 802-241-0100

For forms or other general information:

<http://mentalhealth.vermont.gov/>

<http://mentalhealth.vermont.gov/forms>

## Table of Contents

Summary .....	3
DESIGNATED HOSPITAL (DH) CRITICAL INCIDENT REPORTING PROTOCOL.....	4
ATTACHMENT A: NCC MERP Index for Categorizing Medication Errors .....	6
ATTACHMENT B: NCC MERP Index for Categorizing Medication Errors Flowchart .....	7

## Summary

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.

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, University of Vermont Medical Center, 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, receiving treatment in an inpatient psychiatric services unit, or primary insurance of Medicaid. *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
- ◆ 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
- ◆ Serious 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)*

**REPORT BY PHONE:**

Designated Hospitals call DMH RN Quality Management Coordinator or designee at 802-241-0106 and leave initial report by secure voice mail within 24 hours or one business day of the incident.

**WHERE DO I SEND COMPLETED REPORTS?**

Send reports to [AHS.DMHquality@vermont.gov](mailto:AHS.DMHquality@vermont.gov) via secure e-mail or fax to 802-241-0100 within 48 hours or two business days of the incident.

**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 (<http://mentalhealth.vermont.gov/forms>). In the absence of such capacity, scanned or fax submissions will be accepted for the same form.

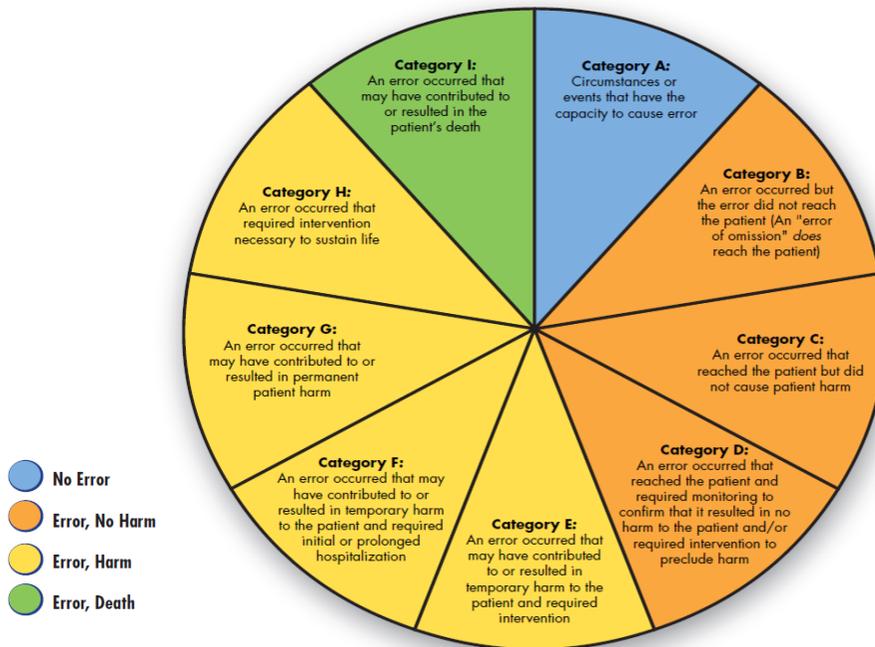
**A hospital generated form with the required elements will also be accepted.**

If you require clarification, please call the DMH RN Quality Management Coordinator or designee at 802-241-0106.

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

# ATTACHMENT A: 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.

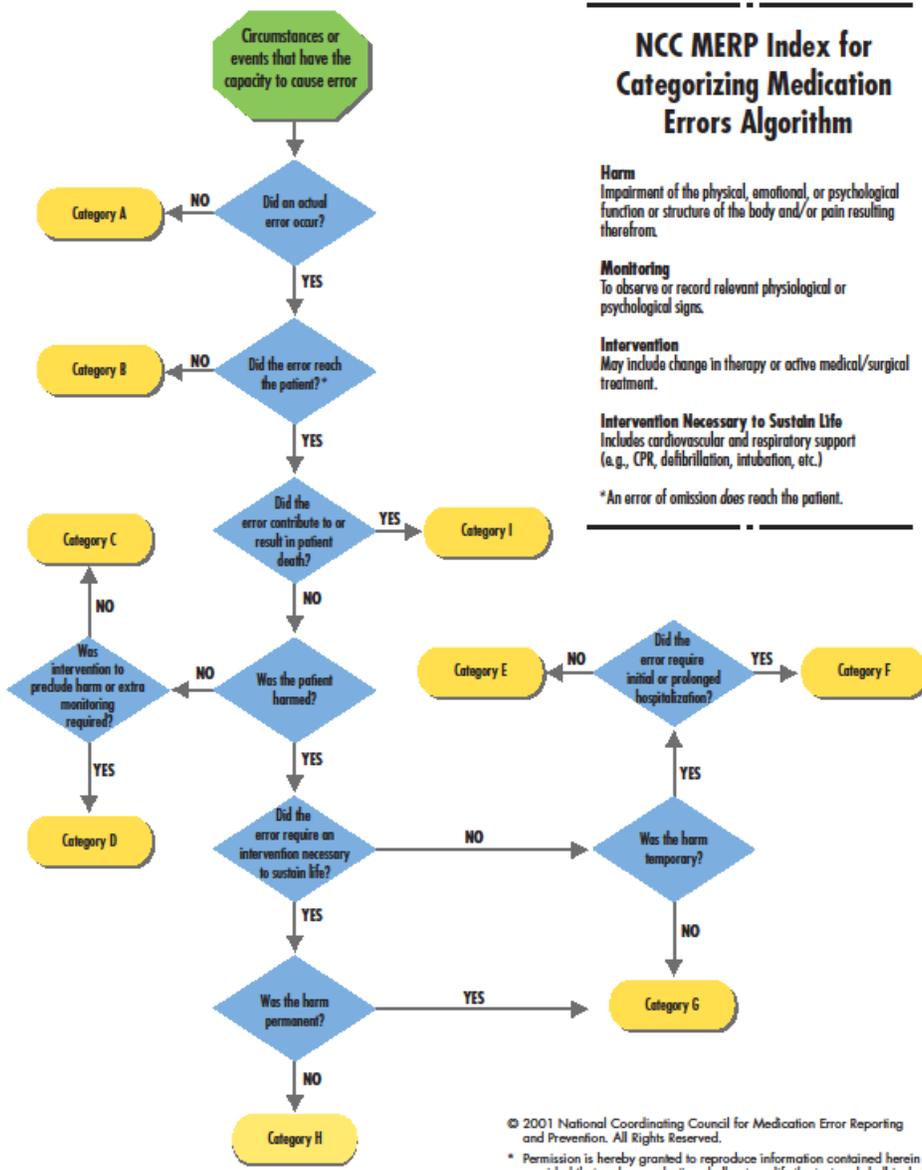
**Monitoring**  
To observe or record relevant physiological or psychological signs.

**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.)

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# ATTACHMENT B: 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 (e.g., CPR, defibrillation, intubation, etc.)

\*An error of omission does reach the patient.

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