# ATTACHMENT 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 or one business day to the DMH RN Quality Management Coordinator at 802-595-2444. This completed form must be sent to the Department of Mental Health within 48 hours or 2 business days of the event via secure email [AHS.DMHquality@vermont.gov](mailto:AHS.DMHquality@vermont.gov).

|  |  |
| --- | --- |
| **Patient Name**: | **Event Date:** |
| **Date of Birth** | **Event Time:** |
| **Admission Date:** | **Location:** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Hospital**: | UVMMC | RRMC | CVMC | WC | BR | VPCH |

**Type of Event:**

|  |  |
| --- | --- |
| APS report | Criminal activity/law enforcement on unit |
| Patient serious injury/medical event | Medication error |
| Serious patient injury resulting from phys. assault | Death |
| Other: |
| Elopement | Serious staff injury pursuant to 18 VSA §7257 |

**Is there potential media involvement for this event?**

|  |  |
| --- | --- |
| YES | NO |

**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:**