

# **Vermont Department of Mental Health Agency of Human Services**

## **Critical Incident Reporting Requirements** for Designated Hospitals, Designated Agencies, Specialized Service Agencies, Intensive Residential Recoveries, and River Valley Therapeutic Residence

**Revised Effective Date**  
**January 31, 2024**



**Department of Mental Health**  
Agency of Human Services  
166 Horseshoe Drive  
Waterbury, VT 05671-2010  
[www.mentalhealth.vermont.gov](http://www.mentalhealth.vermont.gov)

For an individual receiving Developmental Services contact:

**Vermont Department of Disabilities, Aging, and Independent Living  
Developmental Disabilities Services Division**

280 State Drive HC-2 South  
Waterbury, VT 05676-2030  
Phone: 802-241-0305  
Fax: 802-241-0410  
[www.DDSD.vermont.gov](http://www.DDSD.vermont.gov)

For forms or other general information:

<http://mentalhealth.vermont.gov/>  
<https://mentalhealth.vermont.gov/reports-forms-and-manuals>

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## Introduction

This publication by the Department of Mental Health (DMH) provides guidelines to assist direct service providers on critical incident reporting. If you have any questions on regarding critical incidents or submitting a Critical Incident Report, please contact:

**Department of Mental Health Quality Team:** [AHS.DMHQuality@vermont.gov](mailto:AHS.DMHQuality@vermont.gov)

**Department of Mental Health Main Telephone Line:** 802-241-0090

- Ask to be connected to Quality Team

### What

A critical incident is any actual or alleged incident that can create a significant risk of harm to the health and/or welfare of an individual served/patient, staff, member(s) of the public, or may bring about adverse publicity. It may also have the potential to have a negative impact on the mental and/or physical well-being of all involved. See definitions of reportable critical incidents on page 6.

### Why

Critical incident reporting is an essential part of maintaining collaborative communication between state government departments charged with oversight and the entities providing direct service to vulnerable populations.

Documenting, evaluating, and monitoring certain incidents ensures that the necessary people receive the information for review, and any required follow-up action. Such documentation also supports quality assurance and quality improvement projects. Aggregated data is used to inform policies and procedures and may be used in both state and federal reporting.

Critical incident reporting is required for all individuals served/patients served by community mental health programs and inpatient psychiatric units and hospitals. Certain events are also required by the following statutes for individuals in the custody or temporary custody of the Commissioner of Mental Health:

#### 18 V.S.A. § 7257. Reportable adverse events

- (a) An acute inpatient hospital, an intensive residential recovery facility, a designated agency, or a secure residential facility shall report to the Department of Mental Health instances of death or serious bodily injury to individuals with a mental condition or psychiatric disability in the custody or temporary custody of the Commissioner.
- (b) An acute inpatient hospital shall report to the Department of Mental Health any staff injuries caused by a person in the custody or temporary custody of the Commissioner that are reported to both the Department of Labor and to the hospital's workers' compensation carrier.

### 18 V.S.A. § 7258. Review of adverse community events

The Department of Mental Health shall establish a system that ensures the comprehensive review of a death or serious bodily injury occurring outside an acute inpatient hospital when the individual causing or victimized by the death or serious bodily injury is in the custody of the Commissioner or had been in the custody of the Commissioner within six months of the event. The Department of Mental Health shall review each event for the purpose of determining whether the death or serious bodily injury was the result of inappropriate or inadequate services within the mental health system and, if so, how the failure shall be remedied.

The Department of Mental Health may ask entities to review significant critical incidents that occur involving any individual served by community mental health programs as outlined in *The Department of Mental Health Critical Incident Review Protocol*, which can be found here: [https://mentalhealth.vermont.gov/sites/mentalhealth/files/doc\\_library/CI\\_Review\\_Final.pdf](https://mentalhealth.vermont.gov/sites/mentalhealth/files/doc_library/CI_Review_Final.pdf)

Critical Incident Reports can also be subject to public information requests. If a Critical Incident Report is requested and made public, all individual served-/patient-identifiable information shall be redacted prior to release.

#### **How**

This manual provides standard definitions, applicable populations for required reporting, timelines, and methods for reporting incidents. The program/unit/facility where the incident occurred shall be responsible for submitting the Critical Incident Report to DMH and ensuring that all relevant providers have been made aware of the event. If an event occurs off-site, the primary program/unit/facility responsible for providing services shall submit the report. Please direct questions or requests for clarification to DMH.

#### **When**

- **If media involvement is expected:** DMH must be notified of a critical incident by email or verbally within **one business day** if media involvement is expected. This report should include any known information regarding the incident. A written report of all required components is still expected **within two business days**.
- **If media is not expected:** DMH must be notified of a critical incident by email or fax including all required components within **two business days**.

#### **Who**

Critical incident reporting requirements apply to all designated hospitals, community mental health programs, crisis beds, residential programs, and the Intensive Residential Recovery programs of each agency or facility, including those managed in partnership with other agencies or facilities, collectively referred to henceforth as entities.

The following are entities and must report critical incidents:

| Designated Agencies   | Designated Hospitals  |
|---|---|
| <ul style="list-style-type: none"> <li>• Clara Martin Center</li> <li>• Counseling Service of Addison County</li> <li>• Healthcare and Rehabilitation Services of Southeastern Vermont</li> <li>• Howard Center</li> <li>• Lamoille County Mental Health Services</li> <li>• Northeast Kingdom Human Services</li> <li>• Northwestern Counseling and Support Services</li> <li>• Rutland Mental Health Services</li> <li>• United Counseling Service</li> <li>• Washington County Mental Health Services</li> </ul> | <ul style="list-style-type: none"> <li>• Brattleboro Retreat</li> <li>• Central Vermont Medical Center</li> <li>• Rutland Regional Medical Center</li> <li>• University of Vermont Medical Center</li> <li>• Vermont Psychiatric Care Hospital</li> <li>• White River Junction VA Medical Center</li> <li>• Windham Center at Springfield Hospital</li> </ul> |
|   | <b>Specialized Service Agencies</b>   |
|   | <ul style="list-style-type: none"> <li>• Northeastern Family Institute</li> <li>• Pathways Vermont</li> </ul>   |
| Intensive Residential Recoveries  | Secure Residential Recovery   |
| <ul style="list-style-type: none"> <li>• Hilltop Recovery Residence</li> <li>• Maplewood Recovery Residence</li> <li>• Meadowview Recovery Residence</li> <li>• Second Spring North</li> <li>• Second Spring South</li> <li>• Soteria House</li> </ul>  | <ul style="list-style-type: none"> <li>• River Valley Therapeutic Residence</li> </ul>  |

**For Which (Designated Hospital) Patients**

DMH requires identifiable incident reports from Designated Hospitals for any individual either in the custody or temporary custody of the Commissioner of Mental Health, receiving treatment at an inpatient psychiatric services unit, or with primary insurance coverage of Medicaid. *Incidents involving patients who have commercial insurance, self-pay, or receiving pro bono services should be reported using a unique identifier and/or de-identified information, as well as for patients receiving inpatient psychiatric care on voluntary basis.*

**For Which (Community Mental Health) Individuals Served**

DMH requires identifiable incident reports from Community Mental Health organizations for any individual receiving services from the agency, with primary insurance coverage of Medicaid. *Incidents involving patients who are private pay, self-pay, or receiving pro bono services should be reported using a unique identifier and/or de-identified information.*

**These Guidelines are subject to change *with* notice.**

## Required Information

Critical incident reports must include the following incident information:

| Outpatient/Community Requirements   | Designated Hospital Requirements  |
|---|---|
| <ul style="list-style-type: none"> <li>Individual served name and date of birth</li> </ul>  | <ul style="list-style-type: none"> <li>Patient name and date of birth</li> </ul>  |
| <ul style="list-style-type: none"> <li>Incident date and time</li> </ul>  | <ul style="list-style-type: none"> <li>Incident date and time</li> </ul>  |
| <ul style="list-style-type: none"> <li>Outpatient organization name</li> </ul>  | <ul style="list-style-type: none"> <li>Designated Hospital Name</li> </ul>  |
| <ul style="list-style-type: none"> <li>Location of incident</li> </ul>  | <ul style="list-style-type: none"> <li>Location of incident</li> </ul>  |
| <ul style="list-style-type: none"> <li>Last date of service</li> </ul>  | <ul style="list-style-type: none"> <li>Patient admission date</li> </ul>  |
| <ul style="list-style-type: none"> <li>Program assignment (last reported)</li> </ul>  | <ul style="list-style-type: none"> <li>Not applicable</li> </ul>  |
| <ul style="list-style-type: none"> <li>Type of incident</li> </ul>  | <ul style="list-style-type: none"> <li>Type of incident</li> </ul>  |
| <ul style="list-style-type: none"> <li>Potential media involvement related to the incident</li> </ul>   | <ul style="list-style-type: none"> <li>Potential media involvement related to the incident</li> </ul>   |
| <ul style="list-style-type: none"> <li>Persons who witnessed or who were involved in the incident</li> </ul>  | <ul style="list-style-type: none"> <li>Persons who witnessed or who were involved in the incident</li> </ul>  |
| <ul style="list-style-type: none"> <li>Description of the incident (identify precipitants, interventions used by staff to attempt to prevent/manage the incident, and description of behaviors observed during the incident)</li> </ul> | <ul style="list-style-type: none"> <li>Description of the incident (identify precipitants, interventions used by staff to attempt to prevent/manage the incident, and description of behaviors observed during the incident)</li> </ul> |
| <ul style="list-style-type: none"> <li>Immediate action(s) taken because of the incident</li> </ul>   | <ul style="list-style-type: none"> <li>Immediate action(s) taken because of the incident</li> </ul>   |
| <ul style="list-style-type: none"> <li>Whether any mandated reporting occurred</li> </ul>   | <ul style="list-style-type: none"> <li>Whether any mandated reporting occurred</li> </ul>   |
| <ul style="list-style-type: none"> <li>Any planned follow up in response to the incident</li> </ul>   | <ul style="list-style-type: none"> <li>Any planned follow up in response to the incident</li> </ul>   |
| <ul style="list-style-type: none"> <li>Persons and agencies notified (include when and how notified)</li> </ul>   | <ul style="list-style-type: none"> <li>Persons and agencies notified (include when and how notified)</li> </ul>   |
| <ul style="list-style-type: none"> <li>Date and time of the initial verbal/email report to DMH</li> </ul>   | <ul style="list-style-type: none"> <li>Date and time of the initial verbal/email report to DMH</li> </ul>   |
| <ul style="list-style-type: none"> <li>Name and contact information of the person reporting the incident</li> </ul>   | <ul style="list-style-type: none"> <li>Name and contact information of the person reporting the incident</li> </ul>   |

Complete any Critical Incident Report in its entirety to allow for thorough review and proper data collection. DMH recommends providing a thorough description of the incident to ensure clear understanding.

## Reportable Critical Incidents

Following the guidance of the National Quality Forum<sup>1</sup>, DMH requires reports for incidents that are considered “unambiguous, largely preventable, and serious, as well as adverse, indicative of a problem in a healthcare setting’s safety systems, or important for public credibility or public accountability.”

“*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.

The following defined critical incidents must be reported to DMH:

| Category  | Potential Media Involvement   |                              |
|---|-------------------------------|------------------------------|
|   | Outpatient/Community Incident | Designated Hospital Incident |
| Potential media involvement   |                               | Potential media involvement  |
| Any incident, marked by seriousness or severity, that is likely to result in attracting media attention, or lead to claims or legal action against the State or the reporting entity. |                               |                              |

| Category   | Death   |                              |
|--|---|------------------------------|
|  | Outpatient/Community Incident   | Designated Hospital Incident |
|  | <ul style="list-style-type: none"> <li>• Untimely or suspicious death</li> <li>• Natural death of an individual served</li> </ul> | Any death                    |
| <b>OF an individual served/patient</b> <ul style="list-style-type: none"> <li>• All deaths <b>of an individual served/patient</b> of an unknown or suspect causation (including suicide deaths) must be reported</li> <li>• Natural deaths of all individuals served must be reported</li> </ul> |   |                              |
| <b>CAUSED BY an individual served/patient</b> <ul style="list-style-type: none"> <li>• A death of person allegedly <b>caused by an individual served/patient</b> must be reported</li> </ul>   |   |                              |

<sup>1</sup> National Quality Forum (NQF), *Serious Reportable Events in Healthcare—2011 Update: A Consensus Report*, Washington, DC: NQF; 2011.

| Category  | Abuse, Neglect, or Exploitation |  |
|---|---------------------------------|--|
|   | Outpatient/Community Incident   | Designated Hospital Incident               |
|   | Abuse, neglect, or exploitation | Adult or Child Protective Services Reports |
| <p><b>Outpatient/Community</b><br/> Any incident perpetrated by a paid staff/provider/worker* must be reported when the incident is inflicted on an individual served or in the presence of an individual served (this includes any unplanned use of restraint on a patient to mitigate self-harm or harm to others). Some examples of abuse, neglect, or exploitation include:</p> <ul style="list-style-type: none"> <li>• Corporal punishment</li> <li>• Isolation behind locked doors; apart from emergency protocols</li> <li>• Psychological/verbal abuse by a staff member towards a patient</li> <li>• Restriction of contact with family or significant others unless clinically indicated or legally prohibited</li> <li>• Denial of basic physical needs</li> <li>• Withholding funds as a punitive measure</li> <li>• Deliberate misplacement, exploitation, or wrongful temporary or permanent use of a patient’s belongings or money without the patient’s consent</li> <li>• Economic, sexual, or other forms of exploitation</li> </ul> <p><i>*Worker can mean an intern, a volunteer (including those paid a stipend or expense reimbursement), someone employed or contracted by an organization that operates programs or administers services paid with state funding. This includes contracted home providers, shared living providers, foster care provider, surrogate, family member, or person who receives services.</i></p> <p><b>Designated Hospital</b><br/> Any incident that occurs onsite or involves staff employed by the hospital that requires a mandated report to Adult Protective Services (APS) or Child Protective Services (CPS) of suspected abuse, neglect, or exploitation.</p> |                                 |  |

| Category   | Criminal Activity / Law Enforcement         |   |
|--|---|---|
|  | Outpatient/Community Incident               | Designated Hospital Incident                |
|  | Criminal activity involving law enforcement | Criminal activity / law enforcement on unit |
| <ul style="list-style-type: none"> <li>• Any serious illegal act, alleged or suspected, must be reported, including any alleged act that results in incarceration of a person enrolled in services</li> <li>• Duty to warn notifications are conditionally reported, see next section</li> </ul> |   |   |



| Category   | Duty to Warn                  |                              |
|--|-------------------------------|------------------------------|
|  | Outpatient/Community Incident | Designated Hospital Incident |
| Duty to Warn   |                               | Duty to Warn                 |
| <p>In line with <a href="#">Duty to Warn</a> 18 V.S.A. § 1882:</p> <ul style="list-style-type: none"> <li>Any circumstance indicating a duty to warn must be reported to DMH, but in most cases a Critical Incident form will <u>not</u> need to be completed</li> </ul> <p><b>IMPORTANTLY: There are consultation requirements regarding duty to warn:</b></p> <ul style="list-style-type: none"> <li>For individuals under the Care and Custody of the Commissioner, Designated Hospitals must consult with DMH Care Management prior to making duty to warn notifications if a staff believes a warning is needed prior to discharge. In the extremely unlikely event this cannot happen prior to discharge, a critical incident report is required immediately upon making the notification.</li> <li>Designated Agencies and other community entities should attempt to consult with DMH prior to duty to warn notification is made, otherwise they must submit a critical incident report immediately upon making the notification.</li> </ul> |                               |                              |

| Category  | Medication Error              |                              |
|---|-------------------------------|------------------------------|
|   | Outpatient/Community Incident | Designated Hospital Incident |
| Medication Error  |                               | Medication Error             |
| <p>Medication errors that meet at least “Category D” threshold of the National Coordinating Council for Medication Error Reporting and Prevention<sup>2</sup> threshold, which includes (see Attachment A, p. 13 for more detail):</p> <ul style="list-style-type: none"> <li>An error occurred that reached the individual served/patient AND required monitoring to confirm that it resulted in no harm or required intervention to preclude harm, or</li> <li>An error occurred that may have contributed to, or resulted in, temporary or permanent harm to individual served/patient, and required intervention or hospitalization or resulted in death</li> </ul> <p>Errors that are not required to be reported:</p> <ul style="list-style-type: none"> <li>Errors that did not reach the individual served/patient</li> </ul> |                               |                              |

<sup>2</sup> National Coordination Council for Medication Error Reporting and Prevention. Types of Medication Errors. Updated 2022. <https://www.nccmerp.org/types-medication-errors>

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| Category  | Medical Emergency / Serious Injury                     |  |
|---|--|--|
| To an individual served/patient   | Outpatient/Community Incident                          | Designated Hospital Incident   |
|   | Medical emergency / Serious injury                     | <ul style="list-style-type: none"> <li>• Patient serious injury / medical event</li> <li>• Serious patient injury resulting from physical assault</li> </ul> |
| <p>A serious or life-threatening medical event or injury to an individual served/patient that requires immediate emergency evaluation by a medical professional where death would likely result without evaluation and treatment and that occurs within or on the grounds of a healthcare setting.</p> <p><b>Designated Hospital-specific additional context</b><br/>           Serious injury of a patient resulting from physical assault (i.e., battery) that occurs within or on the grounds of a healthcare setting<sup>3</sup>.</p> |  |  |
| Caused by an individual/patient   | Outpatient/Community Incident                          | Designated Hospital Incident   |
|   | Serious injury or death caused by an individual served | Serious staff injury <sup>3</sup>  |
| <p><b>Outpatient/Community</b><br/>           A serious, life-threatening injury allegedly caused by an individual served/patient that requires immediate emergency evaluation by medical professional where death would likely result without evaluation and treatment and that occurs within or on the grounds of a healthcare setting<sup>4</sup>.</p>   |  |  |

| Category  | Seclusion or Restraint (Specific to Outpatient/Community) |   |
|---|---|---|
|   | Outpatient/Community Incident                             | Designated Hospital Incident  |
|   | Seclusion or Restraint                                    | N/A – follow reporting guidance listed in Regulation Establishing Standards for Emergency Involuntary Procedures <sup>5</sup> |
| <p>If a person is injured during a restraint, a Critical Incident Report must be submitted regardless of documented need in the service plan.</p> <p>Agencies are not required to report any seclusion or restraint that is part of a documented service plan on file developed in accordance with the Success Beyond Six Minimum Standards for Designated Agencies Behavioral Intervention Programs<sup>6</sup>.</p> |   |   |

<sup>3</sup> National Quality Forum (NQF), *Serious Reportable Events in Healthcare—2011 Update: A Consensus Report*, Washington, DC: NQF; 2011.

<sup>4</sup> Pursuant to 18 V.S.A. § 7257. Reportable adverse events

<sup>5</sup> [https://mentalhealth.vermont.gov/sites/mentalhealth/files/doc\\_library/Emergency\\_Involuntary\\_Procedures.pdf](https://mentalhealth.vermont.gov/sites/mentalhealth/files/doc_library/Emergency_Involuntary_Procedures.pdf)

<sup>6</sup> [https://mentalhealth.vermont.gov/sites/mentalhealth/files/doc\\_library/Success\\_Beyond\\_Six\\_Minimum\\_Standards\\_for\\_Behavioral\\_Interventionists.pdf](https://mentalhealth.vermont.gov/sites/mentalhealth/files/doc_library/Success_Beyond_Six_Minimum_Standards_for_Behavioral_Interventionists.pdf)

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| Category   | Missing Person                |                              |
|--|-------------------------------|------------------------------|
|  | Outpatient/Community Incident | Designated Hospital Incident |
| Missing Person   |                               | Elopement                    |
| <p><b>Outpatient/Community</b><br/> An individual served who is identified as missing by law enforcement, the media, staff, family, caregivers, or other natural supports, or is enrolled in a residential program and has an unexplained absence</p> <ul style="list-style-type: none"> <li>• A individual is considered “missing” if the person’s housemate or support staff cannot locate them and there is reason to think that they may be lost or in danger</li> <li>• A report is not required for those who live with unpaid caregivers or housemates (such as natural family), unless the caregiver or family requests assistance in locating the individual or the individual has been identified as missing by law enforcement</li> <li>• An individual served in a DMH funded residential program is considered missing if their unexplained absence exceeds 24 hours or if a missing person’s report is filed with local law enforcement (if less than 24 hours); or any person subject to an Order of Non-Hospitalization (ONH) who meets this definition and whereabouts cannot be confirmed</li> </ul> <p><b>Designated Hospital/River Valley Therapeutic Residence</b><br/> Any patient who departs the health care facility unsupervised</p> |                               |                              |

| Category  |  | COVID-19 Outbreak            |  |
|---|--|------------------------------|--|
| Outpatient/Community Incident   |  | Designated Hospital Incident |  |
| COVID-19 outbreak in a congregate care setting  |  | COVID-19 outbreak            |  |
| <ul style="list-style-type: none"> <li>Outbreaks among individuals served/patients or staff in congregate care settings (residential, hospital inpatient units) that have reached 'outbreak level' <ul style="list-style-type: none"> <li>Outbreak is defined as <b>at least three</b> suspected, probable, or confirmed COVID-19 cases** within a 14-day period among epidemiologically-linked‡ residents and/or staff</li> </ul> </li> <li>Whether a death/medical emergency is, or is suspected to be, related to a COVID-19 infection</li> </ul>  |  |                              |  |
| <p>**Per the CSTE COVID-19 2021 Case Definition<sup>7</sup> (August 24, 2021):</p> <ul style="list-style-type: none"> <li><b>Confirmed case:</b> Meets confirmatory laboratory evidence (detection of SARS-CoV-2 RNA in a clinical or autopsy specimen using a molecular amplification test)</li> <li><b>Probable case:</b> Meets clinical criteria AND epidemiologic linkage‡ with no confirmatory lab testing performed for SARS-CoV-2; OR meets presumptive laboratory evidence (detection of SARS-CoV-2 by antigen test in a respiratory specimen); OR meets vital records criteria with no confirmatory laboratory evidence for SARS-CoV-2</li> <li><b>Suspect case:</b> Meets supportive laboratory evidence with no prior history of being a confirmed or probable case</li> </ul> <p>‡Epidemiologically-linked cases include persons with close contact with a confirmed or probable case of COVID-19 disease; OR a member of a risk cohort as defined by public health authorities during an outbreak. A "risk cohort" includes persons with potential for shared exposure with the case(s) through a shared defined physical space. Examples include, but are not limited to, persons in the same: classroom, school, extracurricular activity, work-shift, physical workspace, or living/sleeping space.</p> |  |                              |  |

## Mandated Reporting

Filing a Critical Incident Report **does NOT replace** mandated reporting. Mandated reporting must be documented. Entities must make a report to the Department of Disabilities, Aging, and Independent Living, Division of Licensing and Protection: Adult Protective Services<sup>8</sup> or to the Department for Children and Families, Family Services Division: Child Protection Services<sup>9</sup> for incidents that meet the mandated reporting requirement.

<sup>7</sup> Centers for Disease Control and Prevention. Coronavirus Disease 2019 (COVID-19) 2021 Case Definition. Updated: August 24, 2021. <https://ndc.services.cdc.gov/case-definitions/coronavirus-disease-2019-2021/>

<sup>8</sup> <https://dlp.vermont.gov/aps>

<sup>9</sup> <https://dcf.vermont.gov/fsd/child-protection>

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## How to Report Critical Incidents

For most incidents, DMH must be notified of a critical incident within **two business days using a full written report**, submitted electronically to the DMH Quality Team via email [AHS.DMHQuality@vermont.gov](mailto:AHS.DMHQuality@vermont.gov) or secure fax (802) 560-5162.

When reporting an incident that is known or expected to involve media, the entity must complete the following two reports:

1. **Email or Verbal Report:** Organizations must either email the DMH Quality team at [AHS.DMHQuality@vermont.gov](mailto:AHS.DMHQuality@vermont.gov) or call the DMH Main Line (802-241-0090) and ask to speak to the Quality Team within **one business day** of the incident – providing as much information as possible at the time of notification.
2. **Written report:** Organizations must provide a written report electronically within **two business days** of the incident.

Upon receipt, DMH will review the Critical Incident Report and follow up with the organization if any further information is needed.

## Who to Contact

DMH Main Line (ask to speak to Quality):

**Phone:** 802-241-0090

Written Report Submission:

**Email:** [AHS.DMHquality@vermont.gov](mailto:AHS.DMHquality@vermont.gov)

**Secure Fax:** 802-560-5162

Entities will report electronically via secure email if they have the capacity to use the Critical Incident Report form (<http://mentalhealth.vermont.gov/forms>). In the absence of such capacity, scanned or fax submissions will be accepted.

**An organization-generated form with the required elements will also be accepted.**

If you have any questions, please call the DMH Quality Team.

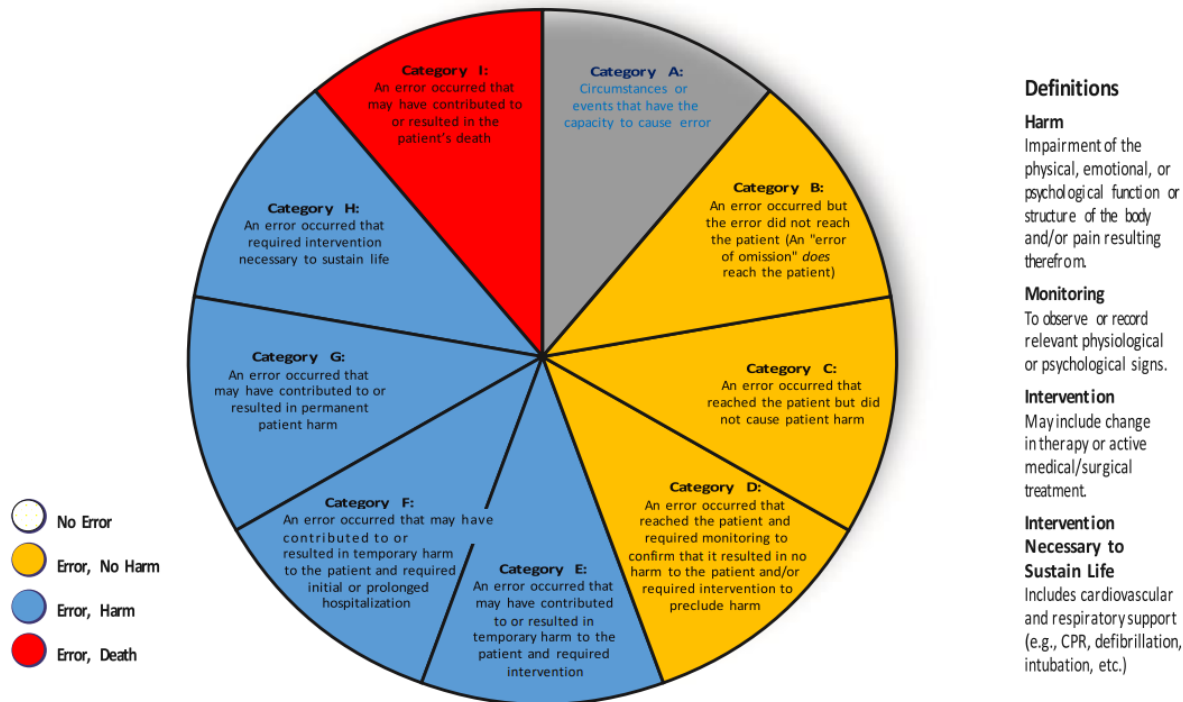
All guardians (public or private) must be notified of a critical incident within **one business day**.

## Change Log

The following updates were made with the 2024 update:

- Reporting contact broadened from Nurse Quality Management Specialist to the Quality Team reporting inbox and DMH main line phone number, with the addition of the Quality Team fax number.
- Reporting timelines were previously given as “24 hours or 1 business day” and “48 hours or two business days”. These have been changed to one business day or two business days, respectively.
- Reporting of natural deaths of individuals broadened from CRT-only to all individuals served
- Clarification on types of events:
  - Medication errors must be reported (updated to include outpatient),
  - COVID-19 outbreaks must be reported in congregate settings
- Initial reporting broadened from phone-only notification to phone or email at the discretion of the reporting staff – with email preferred by DMH.
- All criminal activity should be reported, regardless of the impacted individual’s age
- A separate category for Duty to Warn was added, with added consultation expectations, but reduced need for critical incident form submissions

## NCC MERP Index for Categorizing Medication Errors



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