

Los Angeles General Medical Center Policy 300 – Attachment E

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH

REPORT OF DMH ADVERSE EVENT/UNUSUAL OCCURRENCE

Per LACDMH LPS Designation Guidelines and Process for Facilities Within LA County (page 14, #18), the facility notifies the LA County Department of Mental Health Pt. Rights' Office of all deaths and critical incidents, including suicides, homicides, and physical/emotional abuse, taser use or serious injury involving a psychiatric patient by appropriately transmitted document within 24 hours of occurrence or by the next business day if event occurs on a weekend or holiday.

Date of Report:		Name/Title of Person Submitting Report:		Phone Number:	
Facility Name:			Facility Telephone Number:		
Facility Street Address:			City, State, Zip Code:		
PATIENT(S) INFORMATION					
PATIENT # 1			PATIENT# 2		
MR #	Admission Date _____		MR #	Admission Date _____	
	Discharge Date _____			Discharge Date _____	
Patient Name Last _____ First _____			Patient Name Last _____ First _____		
SEX:			SEX:		
DOB - MM/DD/YYYY			DOB - MM/DD/YYYY		
Legal Status: <input type="checkbox"/> Vol. <input type="checkbox"/> Invol.: -DTS___/DTO___/GD___			Legal Status: <input type="checkbox"/> Vol. <input type="checkbox"/> Invol.: DTS___/DTO___/GD___		
Diagnoses (incl. medical):			Diagnoses (incl. medical):		
EVENT INFORMATION					
Date Event Discovered				Date/Time Event Occurred	
CATEGORY: <input type="checkbox"/> Suicide Attempt <input type="checkbox"/> Patient DEATH: Suicide___Homicide___R/T Restraints___Medical___ <input type="checkbox"/> Allegation of Abuse/Neglect <i>that was</i> <input type="checkbox"/> Substantiated <i>or</i> <input type="checkbox"/> Not Substantiated <i>or</i> <input type="checkbox"/> UTD*at this time <input type="checkbox"/> Sexual Assault/Sexual Contact <i>that was</i> <input type="checkbox"/> Consensual <i>or</i> <input type="checkbox"/> Non-Consensual <i>or</i> <input type="checkbox"/> UTD*at this time <input type="checkbox"/> Serious Injury <input type="checkbox"/> Physical Assault: By Peer___By Staff___ <input type="checkbox"/> Elopement: With return___Without Return___ <input type="checkbox"/> Privacy Breach <input type="checkbox"/> Other** _____					
BRIEF DESCRIPTION OF EVENT (incl. location, precipitating factors)					

*UTD – unable to determine

**e.g.,- Injuries to staff by patients, epidemic outbreak, poisonings, fires, major property damage by patients, Taser use

EVENT FOLLOW UP/IMMEDIATE RISK REDUCTION STRATEGIES N/A

- Room Change Unit Transfer Placed on 1 to 1 Observation Treatment Plan Updated
- Placed on Additional Precautions _____
- Medication(s) Administered _____
- Patient Transferred to _____ Employee Placed on Investigatory Suspension
- Called a CODE i.e., Blue
- Other _____

BRIEF DESCRIPTION OF FOLLOW UP OR POC, OR ACTION(S) TO PREVENT FUTURE OCCURRENCES

ENTITY NOTIFIED

Telephone/Fax/Email

[NOTE: NEXT SECTION FOR LAC-DMH USE ONLY]

REPORT FOLLOW-UP OR INVESTIGATION

- None/No Further Action -FILE
- Telephonic or in-person staff or patient interviews _____
- Review of records _____
- Review of surveillance tapes _____
- Request for other information (e.g., policies/forms/MR data) _____
- Other _____
- Findings or deficiencies related- or unrelated- to event: _____

BRIEF DESCRIPTION OF ACTIONS TAKEN OR RECOMMENDED

- None/No Further Action -FILE
- Request for Plan of Correction (POC) _____
- Referral for review by LPS MD _____
- Referral for Designation Review Committee review _____
- Letter sent to facility _____
- Other _____

Los Angeles County Department of Mental Health (PRO)
 510 S. Vermont Ave, 21st Floor
 Los Angeles, CA 90020

PRO Investigation Conducted by:

 PRINT NAME

 SIGNATURE

 DATE