

## **Guide to Completing QM02 – DHHS Incident and Death Report**

Send all Level II and Level III incident reports **by fax** to:  
The Durham Center, Attn: Trang Nguyen  
Phone: 919.560.7110 Fax: 919.560.7250

In addition, send Level III incident reports to:  
NC Division of MH/DD/SAS, Attn: QM Team  
Fax: 919.715.3604

### **General Rules**

- 1) Complete and submit Level II and Level III incident reports **within 72 hours** of learning of the incident.
  - a. Level II: Send to Host LME (LME responsible for geographical area where service is provided) and Home LME (LME responsible for geographical area where consumer lives) if Durham is the Home LME (per 07-08 contract)
  - b. Level III: Verbally report to Host LME **immediately**, and send to Host LME, Home LME and Division of MH/DD/SAS
  - c. Note that other area authorities may also need to receive this report **within 72 hours** (see page 4 of this document).
- 2) Ensure you are completing the most updated form! **Form QM02 – Effective October, 2004 – Rev 3/8/06.**
- 3) Write legibly or type the report. You will be asked to complete the form again if it cannot be read.
- 4) At the top of **each** page, fill out Provider Agency Name, Consumer's Name and LME Client Record Number.
- 5) Provide as much information as possible when you first report the incident. Update when you receive further information.
- 6) Staff who knows most about the incident should prepare pages 1-2. The supervisor should review and complete page 3.
- 7) Provide appropriate signatures, telephone numbers, and signature dates and times on pages 2 and 3.
- 8) If you submit an incomplete report you will be asked to resubmit a complete report within the next business day.

**Form Specifics**  
PAGE 1

Provide both a date and time (best estimate) of incident.

CONSUMER INFORMATION - Complete **all** elements in this section.

**All Diagnoses:** Provide MH/DD/SA diagnoses and other medical diagnoses if applicable.

DESCRIPTION OF INCIDENT – Complete **all** elements in this section.

**Other People Involved:** Make sure that individuals mentioned in the narrative are accounted for in this section, and vice versa. Do not use full names of other consumers involved.

**Injury:** If there was an injury or injuries, mark the affected areas on the figures. If there was no injury, please leave blank.

**Describe the Incident:** Provide the full story from start to finish. Include as many specifics as possible (e.g., provide timelines, define behaviors displayed by consumer, and identify those who were involved). If necessary, describe the incident on a separate sheet of paper and write “see attached” in this section of the form. Then, be sure to attach the separate document!

PAGE 2

TYPE OF INCIDENT

**Consumer Death:** Complete **all** elements in this section if consumer has died. Provide as much information as possible. Send updated information to LME when you learn of new developments related to the consumer death.

**Restrictive Intervention:** Complete **all** elements in this section if consumer was restrained in this incident. **Also**, complete QM04-Restrictive Intervention Details Report and submit to the appropriate authorities.

**Other Incident:** Under each category that applies, choose one option. See pages 5-6 to determine which option applies.

PAGE 3

PROVIDER INFORMATION – Complete **all** elements in this section.

LEVEL OF INCIDENT – Choose **one** of these two levels. See pages 5-6 to determine which option applies.

PROVIDER RESPONSE – Complete **both** elements of this section for **all** types of incidents.

**Cause of the Incident:** In this section, describe specifically and thoroughly what could have precipitated this incident (e.g., arguments, suspicious behavior, medication changes, missed treatment session, declarations of intent to harm oneself or others, etc.).

**Preventive/Corrective Measures:** In this section, describe specifically and thoroughly what steps could have been taken to prevent this incident and how the agency will address the needs of the specific consumer involved in the incident and the needs of other consumers served by the agency. Describe rules/guidelines/trainings that will be developed for that consumer, the consumer’s treatment team, the consumer’s guardian(s) and/or *all* agency consumers, treatment teams and consumer guardians. Acknowledge that the PCP will be revised, if necessary. Identify the responsible part(ies) for this correction.

REPORTING INFORMATION – For **each** authority or person notified, clearly identify the name, number and notification date. Be sure to mark the correct Host LME (LME responsible for geographical area where provider is located).

PAGE 4

Submit but do not fill out

PAGES 5 & 6

Do not submit but use as reference guide; Also check for State updates related to Incident Reporting

## **AUTHORITIES TO BE NOTIFIED OF LEVEL II AND/OR LEVEL III INCIDENTS**

### Level II Incidents

- 1) Host LME (responsible for the geographic area where the person is being served)
- 2) Home LME (responsible for the geographic area of the person's legal residence): if Durham is the Home LME, **always** per 07-08 contract.
- 3) DMH/DD/SAS Quality Management Team, **only** for opioid treatment providers funded solely with non-public funds

### Level III Incidents

- 1) Host LME
- 2) Home LME
- 3) DMH/DD/SAS Quality Management Team
- 4) Division of Health Service Regulation (DHSR) Complaint Intake Unit, **only** for 122C-licensed facilities and **only** when a death has occurred by suicide, accident, homicide, other violence or within 7 days of seclusion or restraint

### Suspected or Alleged Cases of Abuse, Neglect or Exploitation

- 1) Host LME
- 2) Home LME
  - a. Level II incident: if Durham is the Home LME, **always** per 07-08 contract
  - b. Level III incident: **always**
- 3) DMH/DD/SAS Quality Management Team if Level III incident is involved
- 4) County's Department of Social Services (DSS) if the activity involves parent, guardian or caretaker
- 5) DHSR Healthcare Personnel Registry if the activity involves healthcare personnel

The Durham Center, Attn: Trang Nguyen  
Phone: 919.560.7110 Fax: 919.560.7250

NC Division of MH/DD/SAS, Attn: QM Team  
Fax: 919.715.3604

NC Division of Health Service Regulations  
Complaint Intake Unit Fax: 919.715.7724  
Healthcare Personnel Registry: 919.733.3207

Durham Dept. of Social Services, Attn: Intake Unit  
Fax: 919.560.8415

## **Guide to Completing QM 11 – Provider Quarterly Incidents Report**

Send Provider Quarterly Incidents Reports to:  
The Durham Center, Attn: Trang Nguyen  
Phone: 919.560.7110 Fax: 919.560.7250  
Email: [trang@co.durham.nc.us](mailto:trang@co.durham.nc.us)

### **DUE BY THE 10<sup>TH</sup> OF THE MONTH AFTER THE END OF EACH QUARTER**

First (July, August, September) – Report due Oct 10

Third (January, February, March) – Report due Apr 10

Second (October, November, December) – Report due Jan 10

Fourth (April, May, June) – Report due July 10

### **General Rules**

- 1) Make sure you are completing the most updated form! **Form QM11 – Revised January 2006**
- 2) Must be completed even if there have been no Level I, II or III incidents during the quarter. Indicate a “0” in each cell.
- 3) Be sure that correct SFY and Quarter are indicated.
- 4) Complete **all** elements of Sections 1, 2 and 3. Complete Analysis of Trends even if you did not have any incidents. No incident is also a trend.
- 5) Check all totals for accuracy.
- 6) Include contact information for staff completing the form.
- 7) Contact QM if receipt of your report has not been acknowledged.
- 8) Maintain a copy of your fax receipt for the report and/or email receipt for the report.

### **SECTION 3 – HOW THE PROVIDER IS ANALYZING TRENDS AND USING INCIDENT REPORT DATA**

In this section, you should identify any patterns or trends you have found in your internal QI process (e.g., high numbers of incidents during shift change), and address any problems you have found in those patterns or trends. Discuss how those problems are being handled, and what the next steps are for the agency to prevent problems in the future. No incidents is also a trend. Please include in your analysis steps you have taken to prevent incidents from happening and how you train staff to know and understand the rules of incident reporting.