PacificSource Community Solutions

Critical Incident Report

Member Information

Name _____

Address _____

City _____ State _____ ZIP _____

Date of Birth _____ Gender _____

Oregon Health Plan ID _____ Serious and Persistent Mental Illness ☐ Yes ☐ No

Provider Information

Prepared by (Provider Name and Agency) _____

Clinical Director/Supervisor _____

Department/Location _____

Date Submitted _____

Member Diagnoses

Codes and Diagnosis Names _____

_____

Incident Information

Date of Incident _____ Time of Incident _____ Date Reported to Provider _____

Location of Incident _____

Location Description _____

Description of Incident

Incident Type

- ☐ Member suicide
- ☐ Attempted member suicide
- ☐ Member death
- ☐ Other _____
- ☐ Alleged homicide or attempted homicide of or by a member
- ☐ Alleged physical or sexual assault on member by provider
- ☐ Medication error resulting in medical intervention

Continued on reverse >

Member Condition Before Incident

Member Condition After Incident

Medical Services Received

Provider Actions Taken and/or Recommended

Clinical Director/Supervisor Review

Clinical Director/Supervisor _____ Review Date _____

Comments

Please submit any clinical documentation you feel may be relevant with this report. All submissions should be sent via email to:

Marion and Polk Counties: BH.CQI-MPC@pacificsource.com

Lane County: BH.CQI-LC@pacificsource.com

Jefferson, Deschutes, Crook, Hood River, and Wasco Counties: BH.CQI@pacificsource.com