

# Critical Incident Report

for Home and Community Based Settings

**Contact VSHP CHOICES verbally within 24 hours of notification of the incident at 1-888-747-8955 and fax this form with 48 hours to (615) 565-1923**

<b>Blue Care Number</b>		<b>Today's Date and Time</b>	
<b>Member's Name</b>		<b>Incident Discovery Date and Time</b>	
<b>Member's Date of Birth</b>		<b>Incident Date and Time</b>	
<b>Member's Home Address</b>		<b>Location of Incident</b>	
<b>Member's City, State ZIP</b>			
<b>Member's Phone Number 1</b>		<b>Are Back-up Services Required?</b>	
<b>Member's Phone Number 2</b>		<b>Provider involved in Incident</b>	
<b>Critical Incident Type</b>			
	<b>Individual filling out this form</b>	<b>Person Involved in the Incident</b>	<b>Person Involved in the Incident</b>
<b>Name</b>			
<b>Company</b>			
<b>Relationship</b>			
<b>Phone Number</b>			
	<b>Person Involved in the Incident</b>	<b>Person Involved in the Incident</b>	<b>Person Involved in the Incident</b>
<b>Name</b>			
<b>Company</b>			
<b>Relationship</b>			
<b>Phone Number</b>			
<b>Emergency Medical Services (EMS) Contacted?</b>	<b>EMS Name</b>	<b>Phone</b>	<b>Date</b>
<b>Adult Protective Services Contacted (APS)?</b>	<b>APS Name</b>	<b>Phone</b>	<b>Date and Time</b>
<i>If the incident involves abuse, neglect or exploitation - report the incident to APS within 24 hours of discovery of the incident.</i>			
<b>Police Department Contacted?</b>	<b>Police Dept Name</b>	<b>Phone</b>	<b>Date</b>
<b>Officer Name</b>	<b>Police Report Number</b>		
<b>Other Service</b>	<b>Contact Name</b>	<b>Phone #</b>	<b>Date</b>
<b>Other Service</b>	<b>Contact Name</b>	<b>Phone #</b>	<b>Date</b>
<b>Other Service</b>	<b>Contact Name</b>	<b>Phone #</b>	<b>Date</b>

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<b>Where is the member currently?</b>		<b>If this incident is due to a Medication Error, please provide the following information.</b>			
<i>State the member's location below if they are no longer residing at home due to the Incident.</i>		<b>Name of Medication</b>			
<b>Name of Location</b>		<b>Prescribed Dosage</b>		<b>Incident Dosage</b>	
<b>Address 1</b>		<b>Prescribed Frequency</b>		<b>Incident Frequency</b>	
<b>Address 2</b>		<b>Prescribed Route</b>		<b>Incident Route</b>	
<b>City, State ZIP</b>		<b>Prescribing Doctor's Name</b>			
<b>Temporary Phone number</b>		<b>Prescribing Doctor's Phone #</b>			

**Write a clear narrative of what happened. State only the facts of the event. (Who, What, Where, When and How). Describe what led up to the incident.**

**Document the Source Name for Third Party Accounts. Explain the member's condition due to the incident.**

**Document the corrective action(s) taken including dates and times. (Investigation, actions and reporting) Include the actions taken to ensure our member's safety.**

**Reassignment  
of the Caregiver:**

Name of Caregiver Removed:  
Name of Caregiver Assigned:

Date and Time the Caregiver was Removed:

Date and Time the New Caregiver was Assigned: