

Psych < 21 Serious Occurrence Reporting Form

This reporting form is to be used by psychiatric residential treatment facilities providing inpatient psychiatric services for individuals under the age of 21 (Psych < 21), as required in 42 C.F.R. § 483.374 and which have a provider agreement with Alabama Department of Human Resources (DHR). Each Psych < 21 facility is required to report any and all serious occurrences to: Alabama’s Medicaid Agency; Alabama Disabilities Advocacy Program (ADAP), the state designated Protection and Advocacy system; DHR, the licensing agency; and the Legal Guardian of the resident. **This report must be submitted no later than the close of business the next business day after a serious occurrence.** Serious occurrences under the Act that must be reported include a *resident’s death (for any reason), serious injury (for any reason) to a resident as defined in 42 C.F.R. §483.352, or suicide attempt by a resident.* See Section 6 for definitions.

Please print or type the requested information below. **For each serious occurrence, scan and email copies of this form to each of the three agencies identified in the boxes below and enter one copy in the resident’s record.** In addition, please refer to the required “Death Reporting Worksheet – PRTFs” that must be submitted to the Centers for Medicare and Medicaid Services (CMS) regional office before close of business the next business day after the resident’s death (CMS regional office notification is **only required for deaths**). Reports to the CMS regional office may be submitted via fax at 404-562-7435.

Document in the resident’s record that a death was also reported to the CMS Regional Office.

Please check the following when completed and include date:

- Parent and/or legal guardian has been contacted _____
- Report of Serious Occurrence has been placed in resident record _____

<p align="center">Alabama Department of Human Resources</p> <p>Ms. Susan Ward, Dir. Office of Resource Mgmt S. Gordon Persons Building 50 Ripley Street PO Box 304000 Montgomery, AL 36130</p> <p align="center">334-242-1653 psy21report@hr.alabama.gov</p>	<p align="center">Alabama Disabilities Advocacy Program</p> <p>ADAP Executive Director University of Alabama Box 870395 Tuscaloosa, AL 35487-0395</p> <p align="center">205-348-4928 psy21report@adap.ua.edu</p>	<p align="center">Alabama Medicaid Agency</p> <p>Ms. Karen Smith, Program Manager Mental Health 501 Dexter Avenue Montgomery, Alabama 36104</p> <p align="center">334-353-4945 psy21report@medicaid.alabama.gov</p>	<p align="center">Centers for Medicare and Medicaid Services Regional Office</p> <p align="center">Please complete Death Reporting Worksheet - PRTFs and fax to CMS</p> <p align="center">FAX 404-562-7435</p>
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Section 1. Facility Information

Psych < 21 Facility / Program name _____

Street Address/City/Zip _____

Telephone/Fax _____ Name/Title of person completing report _____

Section 2. Resident Information

Date of this report _____ Date/Time of serious occurrence _____

Resident full name _____ Resident date of birth _____

Name/Address/Telephone of resident's legal guardian _____

Resident race: W B H O Resident gender: Male Female

Resident disability/diagnosis _____

Section 3. Report of a Suicide Attempt by a Resident (In the event of a suicide attempt that results in serious injury, complete BOTH Sections 3 and 4)

Description of the suicide attempt (including the resident's behavior, intent and extent of injury) and events leading up to the incident (attach additional documentation, including incident reports and medical reports, if applicable)

Date/Time of suicide attempt _____

Was the resident in restraints or seclusion at time of suicide attempt? Yes No

If yes, check type: Restraint Seclusion

Section 4. Report of a Serious Injury to a Resident (In the event of a suicide attempt that results in serious injury, complete BOTH Sections 3 and 4)

Description of the serious injury, including events preceding the injury, the extent of the injury, treatment provided and future treatment needed (attach additional documentation, including incident reports and medical reports, if applicable)

Date/Time of serious injury (or discovery of injury) _____

Was the resident in restraints or seclusion at time of serious injury? Yes No

If yes, check type: Restraint Seclusion

Section 5. Report of a Death of Resident (The death of a resident, regardless of circumstances or causation, MUST be reported to all agencies listed above, including CMS Regional Office. Please submit **Death Reporting Worksheet - PRTFs** to CMS in case of death)

Description of the reported immediate cause of death and the events preceding death (attach additional documentation, including incident reports and medical reports):

Date/Time of death _____

Was the resident in restraints or seclusion at time of death? Yes [] No []

If yes, check type: Restraint [] Seclusion []

Section 6. Definitions

Race of resident is classified as W(White) B(Black) H(Hispanic) O(Other, including Native Amer., Asian)

Restraint means a “personal restraint” a “mechanical restraint” or “drug used as a restraint.” Personal restraint means the application of physical force without the use of any device, for the purpose of restricting the free movement of a resident’s body. This does not include briefly holding without undue force in order to calm or comfort resident, or holding a resident’s hand to safely escort from one area to another. Mechanical restraint means any device attached or adjacent to the resident’s body that he/she cannot easily remove that restricts freedom of movement or normal access to his/her body. Drug use as restraint means any drug that (1) is administered to manage a resident’s behavior in a way that reduces the safety risk to the resident or others; (2) has the temporary effect of restricting the resident’s freedom of movement; and (3) is not a standard treatment for the resident’s medical or psychiatric condition.

Seclusion means the involuntary confinement of a resident alone in a room or an area from which the resident is physically prevented from leaving.

Serious Injury means any significant impairment of the physical condition of the resident requiring medical treatment by a licensed medical doctor, osteopath, podiatrist, dentist, physician's assistant, or nurse practitioner and the treatment received may be provided within the facility or provided outside the facility where it may range from treatment at the doctor’s private office through treatment at the emergency room of a general acute care hospital. **Serious injuries do not include injuries that require only the administration of minor first aid.** *Examples of serious injuries include, but are not limited to: burns, lacerations requiring sutures, bone fracture, substantial hematomas, internal organ injuries, head injuries and sprains/suspected bone injury if X-ray is ordered.*

Suicide Attempt is an act that demonstrates some minimal non-zero intent to die as a result of the act.¹ This intent can be inferred if the act could be viewed as potentially lethal by someone or based on the circumstances of the incident, even if no harm actually resulted from the act.² The act under this definition includes implementing any steps to carry out a plan (i.e. putting a rope around one’s neck).³ A suicide attempt also includes attention-seeking conduct if the conduct can be viewed as potentially lethal by someone or based on the circumstances of the event, despite the lack of a resulting injury. Therefore, even if no physical injury occurs during a suicide attempt, it should still be reported as a serious occurrence, per the federal reporting regulations.

¹ Assessing and Managing Suicide Risk-Core competencies for University and College Mental Health Professionals; Suicide Prevention Resource Center, Education Development, Inc. in collaboration with American Association of Suicidology; Revised October 2008, citing “Columbia Suicide-Severity Rating Scale (C-SSRS) developed by Posner, K.; Brent, D.; Lucas C.; Gould, M.; Stanley, B.; Brown, G.; Fisher, P.; Zelazny, J.; Burke, A.; Oquendo, M.; Mann, J.”

² <http://www.fda.gov/ohrms/dockets/ac/07/slides/2007-4306s1-01-CU-Posner.ppt#936,12>, Suicide Attempt Definition

³ Assessing and Managing Suicide Risk-Core competencies for University and College Mental Health Professionals; Suicide Prevention Resource Center, Education Development, Inc. in collaboration with American Association of Suicidology; Revised October 2008.