

**Office of Mental Health & Substance Abuse Services  
Incident Category Definitions – Attachment C  
2009**

**Definitions**

**0. Accident - Injury:** - An unintended act that results in an injury requiring first aid or other medical attention i.e., sports injury, stubbed toe, twisted ankle, work-related injury, bumped against, horseplay.

**1. Adverse Drug Reaction (ADR):** Unintended, undesirable OR unexpected effects of prescribed medications or of medication errors that require discontinuing a medication or modifying the dose; require initial or prolonged hospitalization; result in disability; require treatment with a prescription medication; result in cognitive deterioration or impairment; are life threatening; resulting death; or result in congenital anomalies.

**2. Airway Obstruction Type 1 - Intervention:** A complete or partial blocking of the respiratory passage where the cause can be either mechanical (obstruction by foreign body or food) or physiologic i.e. laryngospasm or bronchospasm, crushing injury or edema and requires physical intervention to clear.

**2.1 Airway Obstruction Type 2 - No Intervention:** A complete or partial blocking of the respiratory passage where the cause can be either mechanical (obstruction by foreign body or food) or physiologic and does not require physical intervention to clear.

**3. Alcohol Use/Possession Suspected or Confirmed:** The actual or suspected ingestion or possession of any alcohol product.

**4. Investigation of Alleged Nonconsensual Sexual Activity:** Witnessed or reported sexual activity of a nonconsensual nature which is investigated. This category is updated after investigation with one of the following two codes.

**4.1 Alleged Nonconsensual Sexual Activity – Substantiated:** An allegation of nonconsensual sexual activity which has been determined substantiated.

**4.2 Alleged Nonconsensual Sexual Activity – Unsubstantiated:** An allegation of nonconsensual sexual activity which has been determined unsubstantiated.

**5. Alleged Patient Abuse:** Any allegation of abuse as defined by DPW manual Section 7178. This category is updated after investigation with one of the following two codes.

**5.1 Alleged Patient Abuse – Substantiated:** An allegation of abuse which has been determined substantiated through investigative procedures.

**5.2 Alleged Patient Abuse – Unsubstantiated:** An allegation of abuse which has been investigated but has been determined as unsubstantiated.

**6. Assault, Patient/Staff:** An aggressive act by a patient toward a staff person(s) involving physical contact which may or may not result in injury.

**7. Assault, Patient/Patient:** An aggressive act by a patient toward another patient(s) involving physical contact which may or may not result in injury.

**8. AWOL (Elopement):** A patient is considered to be AWOL when any of the following conditions have been met:

Any patient who is absent from a location defined by the patient's privilege status regardless of leave or legal status. A patient is considered to have eloped if the patient has not been accounted for when expected to be present. A patient who leaves the facility via an established "AMA" (against medical advice) process should not be reported as an elopement. (Source: NRI)

- Any patient who is observed to be off hospital grounds without authorization;
- Any patient who is determined to have been off grounds without authorization;
- Any patient who does not return to his/her living unit from grounds privileges at the time specified, or fails to report for a scheduled on-or-off grounds activity at the time specified;
- Any patient who fails to return from an authorized leave of absence on the stated date and time and the hospital is unable to establish rationale for failure to return;
- Any patient who is discovered/believed to be missing from a locked living unit or from an escorted on-or-off grounds activity. (Source: OMHSAS)

**8.1 AWOL Attempt:** Any attempt to leave the location defined by the patient's privilege status (e.g., pushing past staff, climbing a fence, etc.) but remains on facility grounds, in sight of staff, until return.

**8.2 AWOL-Late:** Any event that meets the criteria for AWOL; however, the patient's intent is known and is not consistent with intent to flee. It is determined to be a delay resulting from the patient losing track of time, or a delay resulting from the patient electing to engage in another activity on grounds or off grounds (e.g., stopping for coffee, to talk to someone, going to an activity/program for which they were not scheduled, missed bus) and failing to communicate same to applicable staff or obtaining authorization for that change. **Note: This is a reportable AWOL.**

**9. Community Incident:** Any activity by a patient while in the community that has the potential for or results in a negative outcome.

**10. Contraband Possession:** The possession of restricted articles defined by hospital policy.

**11. Fall Type 1 – Injury:** Involuntary descent to a lower position, excluding seizures or assault, that is witnessed or reported and results in an injury requiring first aid and/or additional medical interventions, including medication administration. Note: assessment procedures, including tests such as an x-ray to rule out injury, are not considered a medical intervention.

**11.1 Fall Type 2 – No Injury:** Involuntary descent to a lower position, excluding seizures or assault, that is witnessed or reported and does not result in an injury requiring first aid and/or additional medical interventions. Note: assessment procedures, including tests such as an x-ray to rule out injury, are not considered a medical intervention.

**12. Family Concern:** Any family or significant other's complaint or concern about the care, treatment or behavior of the patient.

**13. Fire Setting:** Any accidental or willful action, which results in the ignition of a fire.

**14. Illicit Substance Use/Possession:** The actual or suspected use or possession of any illicit substance.

**15.1 Change in Medical Status - Transferred:** A negative change in the patient's clinical status requiring urgent/ immediate medical intervention, including a medical emergency code, and resulting in transfer to a general hospital for emergency assessment/interventions. (Note: a scheduled admission or non-emergency assessment in a general hospital is not considered a reportable risk management event.)

**15.2 Change in Medical Status – Stabilized:** A negative change in the patient's clinical status requiring urgent/immediate medical intervention, including a medical emergency code, and which results in stabilization within the facility and does not require transfer to a general hospital.

**16. Medication Error:** A medication error has occurred when any of the following conditions are met:

A medication error occurs when a client receives an incorrect drug, drug dose, dosage form, quantity, route, concentration or rate of administration. To be defined as an error, some form of a variance in the desired treatment or outcome must have resulted. Therefore, both the failure to administer a drug ("missed dose") or the administration of a drug on a schedule other than intended constitute medication errors. (Source: NRI)

A medication is any non-nutritional substance prescribed by a physician for the purpose of oral, sublingual, buccal, subcutaneous, intradermal, intramuscular, nasal, intravenous, otic, ophthalmic or topical administration, and suppository introduction. Medication errors include administration, prescription, dispensing, transcription and omission errors that directly impact/reach the patient. (Source: OMHSAS)

**17. Property Damage:** Any willful damage by a patient of state or personal property, including throwing furniture or other items.

**18. Self-Injurious Behavior:** Self-directed behavior or purposeful acts that injure the patient, not rising to the level of an intentional suicide attempt.

**19. Sexual Behavior:** Sexual activity by a patient which is considered inappropriate because of circumstances, situation or environment which infringes on the rights of others but does not rise to the level of Sexual Assault.

**20. Smoking Violation:** Any violation of the hospital smoking policy.

**21. Suicide Attempt:** An intentional act to terminate one's life, including self-injurious behaviors which are life-threatening.

**22. Suicide Threat/Plan:** Verbal or written expression of intent to terminate one's life, and/or the means by which to do so.

**23. Theft:** Any event in which the patient is determined to have taken possession of another's property or money without that party's permission.

**24. Procedural/Treatment Error:** Medication errors which do not reach the patient, failure to follow hospital or state policies regarding patient care, such as the seclusion/restraint policy. Any error involving diet, vitals, skin care, dressings, soaks, diagnostic testing preparation, body position and therapeutic measures for safety or physical well-being.

**25.1 Indeterminate/Unconfirmed Cause of Injury:** The existence of a physical injury for which the etiology cannot be definitively determined at the time of discovery. If subsequent investigation uncovers the cause, the event category shall be updated to reflect the determination.

**26. Other:** Any incident which does not fall into another defined category but rises to the level of a reportable, risk management event. (Note: if a report is completed on an event which is considered routine, e.g., a patient who expresses anxiety and receives a medication to alleviate the symptoms, the report may be filed without being entered into the risk management database.)

**27. Aggression:** Verbal or physical threats by a patient toward another person without actual physical contact, and which results in restraint, seclusion, administration of a STAT medication for psychiatric reasons, or being placed on an increased level of observation.

**28. Communication Systems Misuse:** 911 calls, obscene/threatening/ harassing phone calls or letters, phone fraud, bomb threats, paging system abuse, false fire alarms and misuse of the Internet.

**29. Assault, Patient/Other:** An aggressive act by a patient toward a visitor, family member or any other individual, exclusive of staff or peer, involving physical contact which may or may not result in injury.

**30. Seizure Activity:** Patients with a known diagnosis of a seizure disorder who sustain an injury during a seizure; or any seizure activity where the patient does not have a known seizure diagnosis.

**33. Missing Property** – any alleged or suspected incident where a patient is missing money or personal property.

**35. Criminal Charges (On Grounds):** Patient charged with alleged crime committed on hospital grounds.

**35.1 Criminal Charges (Off Grounds):** Patient charged with alleged crime committed off hospital grounds.

**35.2 Criminal Charges (Prior):** Patient charged after admission with alleged crime committed prior to admission.