Optum Idaho Critical Incident Reporting

QUICK REFERENCE GUIDE (QRG)

Critical Incident: A serious, unexpected occurrence involving a member that is believed to represent a possible Quality of Care issue on the part of the practitioner/agency providing services, which has, or may have, deleterious effects on the member, including death or serious disability, that occurs during the course of or subsequent to a member receiving behavioral health treatment.

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OPTUM IDAHO CRITICAL INCIDENT DEFINITIONS:	HOW TO MANAGE AND REPORT CRITICAL INCIDENTS:
 A completed suicide by a member who was engaged in treatment services at any level of care at the time of the death or within the previous 60 calendar days. A serious suicide attempt by a member, requiring an overnight admission to a hospital medical unit that occurred while the member was engaged in treatment 	1. Network provider/Optum staff member becomes aware of a member event that might be classified as a Critical Incident (CI)
 services at any level of care at the time of attempt, or within the previous 60 calendar days. 3. An unexpected death of a member that is not related to the natural course of a 	2. Confirm that member event meets one (1) of the CI definitions (consult clinical supervisor as needed)
 member's medical condition or illness that occurred while the member was engaged in treatment services at any level of care at the time of death, or within the previous 60 calendar days. A serious injury of a member that required an overnight admission to a hospital medical unit that occurred on an agency's premises or in the community at the time that the member was receiving treatment services at any level of care, including 	3. Notify Optum of CI involving a member within one (1) business day of being made aware by calling the Provider Service Line at (855) 202-0983 . Connect with a Customer Service Representative or the Clinical Team. You may also send an email with the requested information to
 home-based services. 5. A report of a serious physical assault of a member that occurred on an agency's premises or in the community at the time that the member was receiving treatment services at any level of care, including home-based services. 6. A report of a sexual assault of a member that occurred on an agency's premises or 	 optumid.critical.incid@optum.com. 4. Provide the following information: Member Name Provider Staff Contact
 in the community at the time that the member was receiving treatment services at any level of care, including home-based services. 7. A report of a serious physical assault by a member that occurred on an agency's premises or in the community at the time that the member was receiving treatment services at any level of care, including home-based services. 	 DOB Medicaid ID# Detailed Description of Event Name Provider Contact Phone # Agency Fax # Agency Name/Region
 A report of sexual assault by a member that occurred on an agency's premises or in the community at the time that the member was receiving treatment services at any level of care, including home-based services. A homicide that is attributed to a member who was engaged in treatment services 	 CDA/GAIN
at any level of care at the time of the homicide or within the previous 60 calendar days	 Treatment Plans Progress Notes Incident Reports
 A report of an abduction of a member that occurred on an agency's premises or in the community at the time that the member was receiving treatment services at any level of care, including home-based services. An instance of care ordered or provided for a member by someone impersonating a physician, nurse or other health care professional. High profile incidents identified by the IDHW as warranting investigation. 	NETWORK RESOURCE MANUAL For complete information about critical incidents, please reference the linked <u>Optum Idaho Provider</u> <u>Manual</u> that is located on the optumidaho.com website.