



'OHANA HEALTH PLAN ADVERSE EVENT CONFERENCE FORM
FAX TO: 888-481-9739

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| <p>In compliance with 'Ohana Healthplan Adverse Event policy, the Adverse Event Conference Report is to be completed and submitted to the health plan within 10 business days of the event. Please briefly describe the event and future plans.</p> | |
| <hr/> <hr/> <hr/> | |
| <p>1. What is the member's outcome?</p> | |
| a. | admitted to community psychiatric facility |
| b. | admitted to HSH |
| c. | admitted to medical inpatient facility |
| d. | discharged from program |
| e. | encounter with law enforcement (not incarcerated) |
| f. | deceased |
| g. | homeless |
| h. | incarcerated |
| i. | maintained tenure in program |
| j. | moved to new community placement |
| k. | whereabouts unknown |
| <p>2. What may have contributed to the sentinel event?</p> | |
| a. | inadequacy of consumer assessment |
| b. | inadequacy of care planning |
| c. | lack of communication among staff |
| d. | lack of communication between providers |
| e. | lack of communication between staff and 'Ohana Healthplan |
| f. | lack of supervision of staff |
| g. | inadequacy of staffing |
| h. | lack of staff competencies |
| i. | lack of availability of services |
| j. | lack of accessibility of services |
| k. | lack of continuity of care |
| l. | lack of crisis planning |
| m. | lack of coordination of care |
| n. | inadequate discharge planning |
| o. | lack of coordination between behavioral health and medical care |
| p. | lack of family of significant support |
| q. | inadequacy of CM contact |
| r. | inadequacy of police response |
| s. | lack of appropriateness of discharge from ER/hospital |
| t. | lack of collaboration with court |
| u. | inadequacy of transition |
| v. | inadequacy of probation/parole officer contact |
| w. | lack of appropriateness of placement |
| x. | lack of quality services |
| y. | undetected worsening of condition |
| z. | other (specify) |
| <p>What actions were taken in response to the adverse event?</p> | |
| a. | consulted program manager |
| b. | consulted psychiatrist |
| c. | consulted RN |
| d. | consulted CM |



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| e. consulted 'Ohana Healthplan UM |
| f. consulted 'Ohana Healthplan BH Director |
| g. consulted Medical Director of program |
| h. notified APS |
| i. contact legal guardian |
| j. arranged peer support |
| k. police called |
| l. MH1 police transport to ER |
| m. ambulance called |
| n. staff transported to ER |
| o. alternate housing provided |
| p. called Access Line |
| q. used crisis services |
| r. increased level of care |
| s. other (specify) |
| |
| |

| Action | 'Ohana | Legal | Provider | Target date | Responsible Person | Title of Responsible Person |
|---|--------|-------|----------|-------------|--------------------|-----------------------------|
| Establish staff competency standards | | | | | | |
| Implement evidence-based best practice | | | | | | |
| Train staff | | | | | | |
| Educate family | | | | | | |
| Increase frequency of CM | | | | | | |
| Increase medication monitoring | | | | | | |
| Facilitate access to psychiatrist | | | | | | |
| Use one-to-one services | | | | | | |
| Increase level of care | | | | | | |
| Collaborate with probation/parole officer | | | | | | |
| Collaborate with other agencies | | | | | | |
| Communicate with court system | | | | | | |



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|--|--|--|--|--|--|--|
| Revise ISP | | | | | | |
| Increase participation in treatment team | | | | | | |
| Increase clinical staff supervision | | | | | | |
| Change agency P&P | | | | | | |
| Request 'Ohana technical assistance | | | | | | |
| Other (specify) | | | | | | |
| | | | | | | |

If you have additional comments regarding this adverse event, please add them:

Who completed this form? _____

Who attended the Adverse Event Conference?

| Name | Title | Contact number |
|------|-------|----------------|
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| Program name: |
| Reported by (name, title & contact number): |
| Date form completed: mm/dd/yyyy |