

**Inpatient Psychiatric Service Provider  
Reportable and Six Month Reportable Incidents**

In addition to the definitions in rule 5122-14-01 and of the Administrative Code, the following definitions are applicable to Ohio Administrative Code (OAC) rule 5122-14-14 "Incident Notification and Risk Management":

- (1) "Emergency/Unplanned Medical Intervention" means treatment required to be performed by a licensed medical doctor, osteopath, podiatrist, dentist, physician's assistant, or certified nurse practitioner, but the treatment required is not serious enough to warrant or require hospitalization. It includes sutures, staples, immobilization devices and other treatments not listed under "First Aid", regardless of whether the treatment is provided in the hospital, or at a doctor's office/clinic/hospital ER, etc. This does not include routine medical care or shots/immunizations, as well as diagnostic tests, such as laboratory work, x-rays, scans, etc., if no medical treatment is provided.
- (2) "First Aid" means treatment for an injury such as cleaning of an abrasion/wound with or without the application of a Band-aid, application of a butterfly bandages/Steri-Strips™, application of an ice/heat pack for a bruise, application of a finger guard, non-rigid support such as a soft wrap or elastic bandage, drilling a nail or draining a blister, removal of a splinter, removal of a foreign body from the eye using only irrigation or swab, massage, drinking fluids for relief of heat stress, eye patch, and use of over-the-counter medications such as antibiotic creams, aspirin and acetaminophen. These treatments are considered first aid, even if applied by a physician. These treatments are not considered first aid if provided at the request of the patient and/or to provide comfort without a corresponding injury.
- (3) "Hospitalization" means inpatient treatment provided at a medical acute care hospital, regardless of the length of stay. Hospitalization does not include treatment when the individual is treated in and triaged through the emergency room with a discharge disposition to return to the community, or admission to a psychiatric unit.
- (4) "Injury" means an event requiring medical treatment that is not caused by a physical illness or medical emergency. It does not include scrapes, cuts or bruises which do not require medical treatment.
- (5) "Sexual Conduct" means as defined by Section 2907.01 of the Ohio Revised Code, vaginal intercourse between a male and female; anal intercourse, fellatio, and cunnilingus between persons regardless of sex; and, without privilege to do so, the insertion, however slight, of any part of the body or any instrument, apparatus, or other object into the vaginal or anal opening of another. Penetration, however slight, is sufficient to complete vaginal or anal intercourse.
- (6) "Sexual Contact" means as defined by Section 2907.01 of the Ohio Revised Code, any touching of an erogenous zone of another, including without limitation the thigh, genitals, buttock, pubic region, or, if the person is a female, a breast, for the purpose of sexually arousing or gratifying either person.

## Reportable Incidents

The following lists and defines each event category which must be reported per incident in accordance with paragraph (F) of rule 5122-14-14 of the Administrative Code.

<b>Category</b>	<b>Reportable Incident Definition</b>
<b>Suicide</b>	The intentional taking of one's own life by a patient.
<b>Suicide Attempt</b>	Intentional action by a patient with the intent of taking one's own life, and is either a stated suicide attempt or clinically determined to be so, regardless of whether it results in medical treatment.
<b>Self-Injurious Behavior</b>	Intentional injury caused by a patient to oneself that is neither a stated suicide attempt, or clinically determined to be so, which requires emergency/unplanned medical intervention or hospitalization, and which happens on the grounds of the hospital or during the provisions of care or treatment, including during hospital off-grounds events.
<b>Homicide by Patient</b>	The alleged unlawful killing of a human being by a patient.
<b>Homicide of Patient</b>	The alleged unlawful killing of a patient by another person.
<b>Natural Death</b>	Death of a patient without the aid of inducement of any intervening instrumentality, i.e. homicide, suicide or accident
<b>Accidental Death</b>	Death of a patient resulting from an unusual and unexpected event that is not suicide, homicide or natural, and which happens on the grounds of the hospital or during the provisions of care or treatment, including during hospital off-grounds events.
<b>Verbal Abuse</b>	Allegation of staff action directed toward a patient that includes humiliation, harassment, and threats of punishment or deprivation.
<b>Physical Abuse</b>	Allegation of staff action directed toward a patient of hitting, slapping, pinching, kicking, or controlling behavior through corporal punishment or any other form of physical abuse as defined by applicable sections of the Revised or Administrative Code.
<b>Sexual Abuse</b>	Allegation of staff action directed toward a patient where there is sexual contact or sexual conduct with the patient, any act where staff cause one or more other persons to have sexual contact or sexual conduct with the patient, or sexual comments directed toward a patient. Sexual conduct and sexual contact have the same meanings as in Section 2907.01 or the Revised Code.
<b>Neglect</b>	Allegation of a purposeful or negligent disregard of duty imposed on an employee by statute, rule, organizational policy, or professional standard and owed to a patient by that staff member.
<b>Defraud</b>	Allegation of staff action directed toward a patient to knowingly obtain by deception or exploitation some benefit for oneself or another or to knowing cause, by deception or exploitation, some detriment to another.

## Reportable Incidents

The following lists and defines each event category which must be reported per incident in accordance with paragraph (F) of rule 5122-14-14 of the Administrative Code (continued).

Category	Reportable Incident Definition
<b>Involuntary Termination Without Appropriate Patient Involvement</b>	Discontinuing services to a patient without informing the patient in advance of the termination, providing a reason for the termination, and offering a referral to the patient. This does not include situations when a patient discontinues services without notification, and the hospital documents it was unable to notify the patient due to lack of address, returned mail, lack of or non-working phone number, etc.
<b>Sexual Assault by Non-staff, Including a Visitor, Patient or Other</b>	Any allegation of one or more of the following sexual offenses as defined by Chapter 2907 of the Revised Code committed by a non-staff against another individual, including staff, and which happens on the grounds of the hospital or during the provisions of care or treatment, including during hospital off-grounds events: Rape, sexual battery, unlawful sexual conduct with a minor, gross sexual imposition, or sexual imposition.
<b>Physical Assault by Non-staff, Including Visitor, Patient or Other</b>	Knowingly causing physical harm or recklessly causing serious physical harm to another individual, including staff, by physical contact with that person, which results in an injury requiring emergency/unplanned medical intervention or hospitalization, and which happens on the grounds of the hospital or during the provision of care or treatment, including during hospital off-grounds events.
<b>Medication Error</b>	Any preventable event while the medication was in the control of the health care professional or patient, and which resulted in permanent patient harm, transfer to a hospital medical unit, or death. Such events may be related to professional practice, health care products, procedures, and systems, including prescribing; order communication, product labeling, packaging, and nomenclature; compounding; dispensing; distribution; administration; education; monitoring; and use.
<b>Adverse Drug Reaction</b>	Unintended, undesirable or unexpected effect of a prescribed medication(s) that resulted in permanent patient harm, transfer to a hospital medical unit, or death.
<b>Patient Fall</b>	Loss of upright position that results in landing on the floor, ground or an object or furniture, or a sudden, uncontrolled, unintentional, non-purposeful, downward displacement of the body to the floor/ground or hitting another object like a chair or stair, resulting in:
Subcategory (check one)	<ol style="list-style-type: none"><li>1. No injury</li><li>2. Injury requiring first aid</li><li>3. Injury requiring emergency/unplanned medical intervention</li><li>4. Injury requiring hospitalization</li></ol>

## Reportable Incidents

The following lists and defines each event category which must be reported per incident in accordance with paragraph (F) of rule 5122-14-14 of the Administrative Code (continued).

Category	Reportable Incident Definition
<b>Medical Events Impacting Hospital Operations</b>	The presence or exposure of a contagious or infectious medical illness within an hospital, whether brought by staff, patient, visitor or unknown origin, that poses a significant health risk to other staff or patients in the hospital, and that requires special precautions impacting operations. Special precautions impacting operations include medical testing of all individuals who may have been present in the hospital, when isolation or quarantine is recommended or ordered by the health department, police or other government entity with authority to do so, and/or notification to individuals of potential exposure. Special precautions impacting operations does not include general isolation precautions, i.e. suggesting staff and/or patients avoid a sick individual or vice versa, or when a disease may have been transmitted via consensual sexual contact or sexual conduct.
<b>Away Without Leave (AWOL)</b>	A patient in an acute inpatient setting has been absent from a location defined by the patient's status regardless of leave or legal status. A patient is considered to be AWOL if the patient (1) has not been accounted for when expected to be present, or (2) has left the grounds of the hospital without permission. Implicit in this definition is that the patient has been informed of the limits placed on his/her location prior to the elopement incident.
<b>Discharge to Homeless Shelter</b>	Discharge or relocation of a patient from an acute, inpatient setting to a homeless shelter, unless it is the expressed wish of the patient, the responsible Board or contract agency has been involved in the decision-making process, and other placement options have been offered to the individual patient and have been refused.
<b>Discharge to Homeless - Street</b>	Discharge or relocation of a patient from an acute, inpatient setting who refuses all aftercare placement options, including homeless shelters, offered by the hospital, board and agency.
<b>Temporary Relocation of Patients</b> Subcategory (check one)	Some or all of the patients must be moved to another unit or hospital for a minimum period of at least one night due to: <ol style="list-style-type: none"><li>1. Fire</li><li>2. Disaster (flood, tornado, explosion, excluding snow/ice)</li><li>3. Failure/Malfunction (gas leak, power outage, equipment failure)</li><li>4. Other (name)</li></ol>

**Continued On Page 5 & 6 for Seclusion and Restraint & Use of Force Related Incidents**

**Continued On Page 7 for Six Month Reportable Incidents**

## Reportable Incidents

The following lists and defines each event category which must be reported per incident in accordance with paragraph (F) of rule 5122-14-14 of the Administrative Code (continued).

Category	Reportable Incident Definition
<b>Inappropriate Use of Seclusion or Restraint</b>	Seclusion or restraint utilization that is not clinically justified or employed without the authorization of staff permitted to initiate/order mechanical seclusion or restraint
Subcategory (check all that apply)	<ol style="list-style-type: none"><li>1. Seclusion</li><li>2. Mechanical restraint</li><li>3. Physical restraint</li><li>4. Transitional hold</li></ol>
Total Minutes	The total number of minutes of the seclusion or restraint.
<b>Inappropriate Restraint Techniques and other Use of Force</b>	Staff utilize one or more of the following methods/interventions prohibited by paragraph (D)(2) of rule 5122-26-16 of the Administrative Code:
Subcategory (check all that apply)	<ol style="list-style-type: none"><li>1. Behavior management interventions that employ unpleasant or aversive stimuli such as: the contingent loss of the regular meal, the contingent loss of bed, and the contingent use of unpleasant substances or stimuli such as bitter tastes, bad smells, splashing with cold water, and loud, annoying noises</li><li>2. Any technique that restricts the patient's ability to communicate</li><li>3. Any technique that obstructs vision</li><li>4. Any technique that obstructs the airways or impairs breathing</li><li>5. Weapons and law enforcement restraint devices, as defined by CMS in appendix A of its interpretive guidelines to 42 C.F.R. 482.13(f) and found in manual publication No. 100-7, "Medicare State Operations", used by any hospital staff or hospital-employed security or law enforcement personnel, as a means of subduing a patient to place that patient in patient restraint/seclusion; or</li><li>6. Chemical restraint. A drug or medication administered involuntarily to an individual in an emergency may be considered a chemical restraint if both conditions cited in paragraph (C)(6) of rule 5122-14-01 of the Administrative Code are met.</li></ol>
<b>Seclusion/Restraint Related Injury to Patient</b>	Injury to a patient caused, or it is reasonable to believe the injury was caused by being placed in seclusion/restraint or while in seclusion/restraint, and first aid or emergency/unplanned medical intervention was provided or should have been provided to treat the injury, or medical hospitalization was required. It does not include injuries which are self-inflicted, e.g. a patient banging his/her head, unless the hospital determines that the seclusion/restraint was not properly performed by staff, or injuries caused by another patient, e.g. a patient hitting another patient.
Subcategory (check one)	<ol style="list-style-type: none"><li>1. Injury requiring first aid</li><li>2. Injury requiring unplanned/emergency medical intervention</li><li>3. Injury requiring hospitalization</li></ol>

## Reportable Incidents

The following lists and defines each event category which must be reported per incident in accordance with paragraph (F) of rule 5122-14-14 of the Administrative Code (continued).

Category	Reportable Incident Definition
<b>Seclusion/Restraint Related Injury to Staff</b>	Injury to staff caused, or it is reasonable to believe the injury was caused as a result of placing an individual in seclusion/restraint, and first aid or emergency/unplanned medical intervention was provided or should have been provided to treat the injury, or medical hospitalization was required. It does not include injuries which occur prior to, or are the rationale for, placing an individual in seclusion or restraint.
Subcategory (check one)	<ol style="list-style-type: none"><li>1. Injury requiring first aid</li><li>2. Injury requiring emergency/unplanned medical intervention</li><li>3. Injury requiring hospitalization</li></ol>
<b>Seclusion/Restraint Related Death</b>	Death of a patient which occurs while a patient is restrained or in seclusion, within twenty-four hours after the patient is removed from seclusion or restraint, or it is reasonable to assume the patient's death may be related to or is a result of seclusion or restraint
Subcategory (check one)	<ol style="list-style-type: none"><li>1. Death during seclusion or restraint</li><li>2. Death within twenty-four hours of seclusion or restraint</li><li>3. Death related to or result of seclusion or restraint</li></ol>

**Continued On Page 7 for Six Month Reportable Incidents**

## Six Month Reportable Incidents

The following lists and defines the incident data which must be reported every six months in accordance with paragraph (G) of rule 5122-14-14 of the Administrative Code.

Category	Six Month Reportable Incident Definition
<b>Injury Requiring Emergency/Unplanned Medical Intervention or Hospitalization</b>	An injury to a patient requiring emergency/unplanned medical intervention or transfer to a hospital medical unit and which happens on the grounds of the hospital or during the provision of care or treatment, including during hospital off-grounds events.
<b>Illness/Medical Emergency</b>	A sudden, serious and/or abnormal medical condition of the body experienced by a patient that requires immediate and/or unplanned transfer to a hospital medical unit for treatment, and which happens on the grounds of the hospital or during the provision of care or treatment, including during hospital off-grounds events. A medical illness/emergency does not include injury.
<b>Seclusion</b>	A staff intervention that involves the involuntary confinement of a patient alone in a room where the patient is physically prevented from leaving.
Age 17 and Under	The aggregate total number of all episodes of seclusion and aggregate total minutes of all seclusion episodes.
Age 18 and Over	The aggregate total number of all episodes of seclusion and aggregate total minutes of all seclusion episodes.
<b>Mechanical Restraint</b>	A staff intervention that involves any method of restricting a patient's freedom of movement, physical activity, or normal use of his or her body, using an appliance or device manufactured for this purpose.
Age 17 and Under	The aggregate total number of all episodes of seclusion and aggregate total minutes of all seclusion episodes.
Age 18 and Over	The aggregate total number of all episodes of mechanical restraint and aggregate total minutes of all mechanical restraint episodes.
<b>Physical Restraint excluding Transitional Hold</b>	A staff intervention that involves any method of physically (also known as manually) restricting a patient's freedom of movement, physical activity, or normal use of his or her body without the use of mechanical restraint devices
Age 17 and Under	The aggregate total number of all episodes of physical restraint and aggregate total minutes of all physical restraint episodes, excluding transitional hold.
Age 18 and Over	The aggregate total number of all episodes of physical restraint and aggregate total minutes of all physical restraint episodes, excluding transitional hold.
<b>Transitional Hold</b>	A staff intervention that involves a brief physical (also known as manual) restraint of a patient face-down for the purpose of quickly and effectively gaining physical control of that patient, or prior to transport to enable the patient to be transported safely.
Age 17 and Under	The aggregate total number of all episodes of transitional hold and aggregate total minutes of all transitional hold episodes.
Age 18 and Over	The aggregate total number of all episodes of transitional hold and aggregate total minutes of all transitional hold episodes.