Appendix B
Inpatient Psychiatric Service Provider
Six Month Reportable Incident Data Report Form

Instructions:

Please complete the Inpatient Psychiatric Service Provider Information on this page. Please complete Parts A and B, beginning on Page 3. If the hospital did not utilize seclusion and restraint during the reporting period, please complete Part C on Page 3. If the hospital did utilize seclusion and restraint please skip Part C and complete Part D on Page 4. Definitions are found on Page 2.

You may submit this form by fax, e-mail or mail. Address and fax number information is available on the Ohio Department of Mental Health and Addiction Services website.

Please submit this report by the following deadline:

- For the incident reporting period of January 1 through June 30, by July 31 of the same year
- For the incident reporting period of July 1 through December 31, by January 31 of the following year

Inpatient Psychiatric Service Provider Information

Hospital Name: _____ ODMH License Number: _____

Person Completing Report: _____ Title: _____

Phone _____ E-mail: _____

Reporting Period (please include year): O January 1 – June 30, 2_____ Report is due by July 31 of this year

O July 1 – December 31, 20_____ Report is due by January 31 of the following year

Definitions. Please utilize the following definitions for completing this report:

"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 transfer to a hospital medical unit. 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.

"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.

“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 psychiatric inpatient unit.

“Illness/Medical Emergency” means a sudden, serious and/or abnormal medical condition of the body experienced by a patient that requires immediate and/or unplanned admission 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.

"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.

“Mechanical Restraint” means 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.

“Physical Restraint”, also known as “manual restraint”, means 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.

“Seclusion” means a staff intervention that involves the involuntary confinement of a patient alone in a room where the patient is physically prevented from leaving.

“Transitional Hold” means 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.

Part A. Service Utilization (Please continue to Part B when finished)

Definition:
"Patient Days" means the sum of all census days less the sum of all leave days (authorized or unauthorized absences when patient is not under direct supervision of psychiatric care setting staff).

	January/ July	February/ August	March/ September	April/ October	May/ November	June/ December
Total Number of Patient Days per Month						

Part B: Incidents, Excluding Seclusion and Restraint (Please continue to Part C when finished)

O Hospital has no Table B1 incidents during the reporting period. Please continue to Part C.

Table B1

Incident Category	January/ July	February/ August	March/ September	April/ October	May/ November	June/ December
Injuries Requiring Emergency/Unplanned Medical Treatment or Hospitalization						
Number of injuries, excluding patient falls, requiring emergency/unplanned medical treatment or hospitalization.						
Illness / Medical Emergency						
Number of illnesses/medical emergencies, requiring immediate and/or unplanned admission to a hospital medical unit						

Part C: Seclusion / Restraint Episodes

O Hospital did not utilize seclusion or restraint during the reporting period.

If Box in Part C is checked, you are finished. Please return report.
If not, please complete Part D

Part D: Seclusion / Restraint Episodes

	January/ July	February/ August	March/ September	April/ October	May/ November	June/ December
Seclusion for Ages ≤17 O None						
Number of episodes of seclusion for ages ≤17						
Total minutes of all seclusion episodes for ages ≤17						
Seclusion for Ages ≥18 O None						
Number of episodes of seclusion for ages ≥18						
Total minutes of all seclusion episodes for ages ≥18						
Mechanical Restraint for Ages ≤17 O None						
Number of episodes of mechanical restraint for ages ≤17						
Total minutes of all mechanical restraint episodes s ≤17						
Mechanical Restraint for Ages ≥18 O None						
Number of episodes of mechanical restraint for ages ≥18						
Total minutes of all mechanical restraint episodes for ages ≥18						
Physical Restraint for Ages ≤17 O None						
Number of episodes of physical restraint, excluding transitional hold, for ages ≤17						
Total minutes of all physical restraints episodes, excluding transitional hold, for ages ≤17						
Physical Restraint for Ages ≥18 O None						
Number of episodes of physical restraint, excluding transitional hold, for ages ≥18						
Total minutes of all physical restraints episodes, excluding transitional hold, for ages ≥18						
Transitional Hold for Ages ≤17 O None						
Number of episodes of transitional hold for ages ≤17						
Total minutes of all transitional hold episodes for ages ≤17						
Transitional Hold for Ages ≥18 O None						
Number of episodes of transitional holds for ages ≥18						
Total minutes of all transitional hold episodes for ages ≥18						

You are finished. Please return report. Thank you.