

**Special Incident Report
Questions**

Q#	Incident Category	Question. For each request/question, please explain your response (provide relevant dates, details, etc.)
1	All Categories	Confirm the incident date; vendor and regional center transmission dates for accuracy.
2	All Categories	Was SIR reported in a timely manner by the vendor and the regional center?
3	All Categories	If SIR was not reported timely, why and what action was taken to address reporting timeliness?
4	All Categories	Track and confirm any action to be taken, i.e., staff training, QA investigations, follow-up appointments, discharge plans, change in medications; also was there an existing behavior plan and was the plan revised?
5	All Categories	Provide an update (outcomes) regarding the regional center's interaction with the vendor.
6	All Categories	Did the regional center and/or vendor focus on staff training, and/or procedures to mitigate a reoccurrence of the incident?
7	All Categories	Were there actions taken against staff involved in the incident?
8	All Categories	Are staff training needs identified?
9	All Categories	Is the regional center satisfied with the action/outcomes taken by the vendor?
10	All Categories	What action(s) were taken to reduce the risk of this incident type occurring again?
11	All Categories	[CCL ONLY] Was CCL contacted about the incident? Why or why not?
12	All Categories	Are any other investigative agencies involved (e.g., APS, law enforcement, ombudsman, etc.)?
13	Medication Error	What were the medication(s) and time(s) missed?
14	Medication Error	How long did consumer go without the prescribed medication(s)?
15	Medication Error	Were the prescribing doctor(s) notified of the medication issue? If so, what were the recommendations/orders?
16	Medication Error	What date were the consumer's medication(s) (re)filled?
17	Medication Error	Were the medications (re)filled in a timely manner?
18	Medication Error	On what date did the consumer continue medications as prescribed?
19	Medication Error	Was there a follow-up appointment/meeting? What was the date? What was the result (new services, change in medication)?
20	Medication Error	What are the current medications and why are they prescribed?
21	Medication Error	Did the consumer need to go to the physician? If so, when? Any follow-up scheduled?
22	Medication Error	Did consumer go to the ER?
23	Medication Error	Was consumer admitted to the hospital?
24	Medication Error	SIR should reflect when the consumer is/was released (from the ER, hospital or psych facility) and whether there were any specific recommendations for treatment/discharge plans upon release.
25	Medication Error	What steps will the vendor take to ensure that the consumer's medications are (re)filled timely?
26	Medication Error	What other actions will the provider take to reduce medication errors?
27	Medication Error	Were there any funding/insurance issues?
28	Medication Error	What was the reason insurance did not cover the consumer's medication(s)?
29	Medication Error	When was the provider notified of insurance funding issue?
30	Medication Error	What action(s) did the provider take knowing that insurance would not cover the medication?

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31	Medication Error	When was the regional center notified about the insurance issue?
32	Injury	Was treatment received at the hospital?
33	Injury	Was the consumer admitted into a hospital because of the incident?
34	Injury	What was the discharge date?
35	Injury	What were the discharge orders?
36	Injury	What are the date(s) of any follow-up appointments for this incident?
37	Injury	With whom were the follow-up appointments?
38	Injury	What are the outcomes of follow-up appointments?
39	Injury	What is the health status as of <Date>?
40	Injury	Did the consumer require any new or modified services/supports because of the incident? If so, what were they?
41	Suspected Abuse	Was APS notified of the incident?
42	Suspected Abuse	Any recommendations by APS?
43	Suspected Abuse	What was the result of the APS/police investigation (substantiated, unfounded, inconclusive), if shared with you?
44	Suspected Abuse	Any recommendations or services offered by law enforcement?
45	Suspected Abuse	Will the consumer continue to reside in the same residence?
46	Suspected Abuse	If moving, when and where?
47	Suspected Abuse	Other than relocation, will the consumer require any new or modified services/supports because of the incident?
48	Suspected Abuse	If so, what are the new or modified services/supports?
49	Suspected Abuse	What actions, if any, were taken against the alleged perpetrator?
50	Suspected Abuse	Any recommendations, CAP, letters, technical assistance, etc., by the regional center?
51	Suspected Abuse	What will the regional center do to assist the vendor? When?
52	Suspected Abuse	Is the regional center investigating the incident? Outcomes?
53	Psych. Hospitalization	Admission and discharge dates?
54	Psych. Hospitalization	What was the diagnosis received at the hospital?
55	Psych. Hospitalization	What was the treatment received at the hospital?
56	Psych. Hospitalization	Any changes to the consumer's medication regimen?
57	Psych. Hospitalization	If so, what specific changes to the consumer's medication regimen?
58	Psych. Hospitalization	What are the discharge orders?
59	Psych. Hospitalization	What are the date(s) of any mental health or psychiatric follow-up appointments for this incident?
60	Psych. Hospitalization	With whom were the follow-up appointments?

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61	Psych. Hospitalization	Outcomes of follow-up appointments?
62	Psych. Hospitalization	What is the mental health and/or behavioral status update as of <DATE>?
63	Psych. Hospitalization	Did the consumer require any new or modified services/supports because of this incident?
64	Psych. Hospitalization	If so, what are the new or modified services/supports?
65	Psych. Hospitalization	What will the regional center do to assist the provider? Dates?
66	Psych. Hospitalization	Are planning team meetings scheduled regarding this incident? Dates? Outcomes?
67	Psych. Hospitalization	Will the regional center and provider be reviewing the consumer's current behavior plan? Why or why not? Dates? Outcomes? Recommendations?
68	Medical Hospitalization	What was the treatment received at the hospital?
69	Medical Hospitalization	How was the consumer transported to the hospital?
70	Medical Hospitalization	Was the consumer admitted into a hospital because of this incident?
71	Medical Hospitalization	What was the discharge date?
72	Medical Hospitalization	What are the discharge orders?
73	Medical Hospitalization	What are the date(s) of any medical follow-up and with who?
74	Medical Hospitalization	Outcomes of follow-up medical appointments?
75	Medical Hospitalization	What is the health status as of <DATE>?
76	Medical Hospitalization	Did the consumer receive a diagnosis at the hospital because of this incident?
77	Medical Hospitalization	Were there any changes to the consumer's medication regimen?
78	Medical Hospitalization	Were there any changes to the consumer's health care plan? Why or why not?
79	Medical Hospitalization	What is the consumer's usual frequency of seizures? Have seizures increased?
80	Medical Hospitalization	Was the consumer's physician notified of the seizure?
81	Medical Hospitalization	Were any specific tests ordered (e.g. anticonvulsant blood levels, EEG, head CT scan, etc.)?
82	Medical Hospitalization	Was there any obvious precipitating cause for the incident, such as forgetting to take medications, observed fevers, etc.?
83	Victim of Crime	Was police contacted? When?
84	Victim of Crime	What was the result of the police investigation?

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85	Victim of Crime	Was the suspect identified?
86	Victim of Crime	What actions were taken against the alleged perpetrator?
87	Victim of Crime	Has the consumer been referred to victim-witness assistance by law enforcement?
88	Victim of Crime	Did the consumer receive any new or modified services/supports because of this incident?
89	Rights Violation	RESTRAINT - Was the restraint used in this incident approved in the consumer's behavior plan? If not, please explain what the regional center and provider will do to address this incident.
90	Rights Violation	Is staff training planned because of this incident? If so, please provide a date and outcomes of the training.