Case Management Entity: Choose an item.

Specific County Reviewed: Choose an item.

Date of Meeting: Click or tap to enter a date.

Reporting Quarter: Choose a quarter Year Reviewed: Choose an item.

Incident Management Team Meeting Participants (adhering to [OAR 411-415-0055(1)(e)(A)](https://www.oregon.gov/odhs/rules-policy/oddsrulesdocs/411-415.pdf):

|  |  |
| --- | --- |
| **Brokerage (enter name and title)** | **CDDP (enter name and title)** |
| Management Level Staff: Click or tap here to enter text. | Management Level Staff: Click or tap here to enter text. |
| Personal Agent(s): Click or tap here to enter text. | Abuse Investigator(s): Click or tap here to enter text. |
| Additional IMT Member(s): Click or tap here to enter text. | Additional IMT Member(s): Click or tap here to enter text. |

**Serious Incident Data:**

1. Number of SI’s entered by the CME more than 7 days after becoming aware of the incident: Click or tap here to enter text.

* Number of SI’s entered by the CME within 7 days of becoming aware of the incident: Click or tap here to enter text.
* In comparison to last quarter, please state if there is an increase or decrease of late entries for your CME: Click or tap here to enter text.
* Please provide reasoning for the late entries: Click or tap here to enter text.
* What actions is your CME taking to remediate this, please list: Click or tap here to enter text.

1. Number of SI’s not closed within 30 days of CME entry: Click or tap here to enter text.

* Number of SI’s closed by the CME within 30 days of CME entry: Click or tap here to enter text.
  + In comparison to last quarter, please state if there is an increase or decrease of late closures for your CME: Click or tap here to enter text.
  + Please provide reasoning for the late closures: Click or tap here to enter text.
  + What actions is your CME taking to remediate this, please list: Click or tap here to enter text.

1. Number of SI’s entered by the CME with “No Recommended Action” selected: Click or tap here to enter text.

* Number of SI’s entered by the CME with an identified Recommended Action other than “No Recommended Action”: Click or tap here to enter text.
  + In comparison to last quarter, please state if there is an increase or decrease of Recommended Actions being identified by your CME: Click or tap here to enter text.
  + Please provide any actions your CME is taking related to the identification of Recommended Actions in SI entry: Click or tap here to enter text.

1. Please identify the number of SIs entered for each SI category below:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| SI Category | Total number submitted **two previous** reporting periods prior: | Total number submitted **last** reporting period: | Total number entered **this** reporting period: | Percentage of total SI’s entered **this** quarter: |
| **Death** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Suicide Attempt** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Act of Physical Aggression** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Safeguarding Intervention/Equipment Resulting in Injury** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Emergency Physical Restraint** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Unplanned Hospitalization** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Missing Person** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Emergency Medical Care** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Medication Error with Adverse Consequences** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Psychiatric Hospitalization** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Total SIs entered** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |  |

1. When reviewing the SI category types reported, please identify the SI’s that had an increase in this reporting period: Click or tap here to enter text.
   * Please describe the patterns your CME is seeing: Click or tap here to enter text.
   * Please describe the follow-up actions your CME is taking to prevent reoccurrence: Click or tap here to enter text.
2. When reviewing the SI category types experiencing **an increase** of reporting, are these SI’s connected to the same provider(s) or location(s)?: Click or tap here to enter text.
   * Please describe the patterns your CME is seeing: Click or tap here to enter text.
   * Please describe the follow-up actions your CME is taking to prevent reoccurrence: Click or tap here to enter text.
3. When reviewing the SI category types experiencing **an increase** of reporting, are these SI’s connected to the same individual(s) experiencing frequent incidents? : Click or tap here to enter text.
   * Please describe the patterns your CME is seeing: Click or tap here to enter text.
   * Please describe the follow-up actions your CME is taking to prevent reoccurrence: Click or tap here to enter text.
4. Please share any concerns, successes or identify any patterns your CME has observed this quarter with providers: Click or tap here to enter text.
   * Please describe the follow-up actions your CME is taking to prevent reoccurrence: Click or tap here to enter text.
5. Please share any concerns, successes, or identify any patterns your CME has observed this quarter with individuals: Click or tap here to enter text.
   * Please describe the follow-up actions your CME is taking to prevent reoccurrence: Click or tap here to enter text.

**This CME is a Brokerage and has completed the required components.**

**Please submit the completed IMT report to** [**imt.submissions@odhsoha.oregon.gov**](mailto:imt.submissions@odhsoha.oregon.gov) **by the associated due date.**

**Thank you!**

**Abuse & Death Review Data:**

1. Number of Death Reviews entered this quarter: Click or tap here to enter text.
   * Number of Death Reviews entered more than 7 days after becoming aware of the incident: Click or tap here to enter text.
   * In comparison to last quarter, please state if there is an increase or decrease of late entries for your CME: Click or tap here to enter text.
   * Please provide reasoning for the late entries: Click or tap here to enter text.
   * What actions is your CME taking to remediate this, please list: Click or tap here to enter text.
2. Has the Abuse Investigator been notified of all deaths from this quarter? Click or tap here to enter text.
   * Of the Death Reviews, how many had a concern of abuse associated with it? Click or tap here to enter text.
3. How many abuse intakes did your CME enter into CAM this quarter? Click or tap here to enter text.
   * Of those intakes, how many investigations were opened? Click or tap here to enter text.
   * Is this an increase or decrease from last quarter? Click or tap here to enter text.
   * Please describe the follow up actions your CME took or is taking to prevent reoccurrence. Click or tap here to enter text.

**Please submit the completed IMT report to** [**imt.submissions@odhsoha.oregon.gov**](mailto:imt.submissions@odhsoha.oregon.gov) **by the associated due date.**

**Thank you!**

|  |  |  |  |
| --- | --- | --- | --- |
| **IMT Quarterly Schedule** | | | |
| Quarter | Monthly Schedule | IMT Submission  Due | ODDS Quarterly  Call - In |
| Q1 | January 1- March 31 | May 1 | April |
| Q2 | April 1 – June 30 | August 1 | July |
| Q3 | July 1 – September 30 | November 1 | October |
| Q4 | October 1 – December 31 | February 1 | January |