



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

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.

1. What is the member's outcome?

- 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

2. What may have contributed to the sentinel event?

- 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)

What actions were taken in response to the adverse event?

- 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

Program name:
Reported by (name, title & contact number):
Date form completed: mm/dd/yyyy