

LONG TERM CARE ADMINISTRATION

Living Choice

Medically Fragile

CRITICAL INCIDENT REPORT: INVESTIGATION

Participant Name				SoonerCare ID	
	<i>Last</i>	<i>First</i>	<i>MI</i>		
Name of Person Reporting					

A. CRITICAL INCIDENT

(Describe Critical Incident)

B. EVIDENCE COLLECTED

(Describe evidence collected – Types of evidence include: testimonial; documentary; demonstrative, and physical)

C. ASSESSMENT OF EVIDENCE

(What is the root cause of the Critical Incident?)

D. CONCLUSIONS AND RECOMMENDATIONS

(What are your conclusions? What are your recommendations to resolve this issue and assure the Participant's future health and welfare?)

E. QUALITY IMPROVEMENT IMPLICATIONS

(How will the conclusions and recommendations from Section D enhance your organization's continuous quality improvement system?)

F. SUPERVISORY REVIEW

TC/CM Supervisor has reviewed Critical Incident Report Investigation: Yes No

Date Critical Incident Report Investigation was reviewed?

TC/CM Supervisor Signature:

Comments: