

DHR/MHDDAD

CRITICAL INCIDENT FOLLOWUP REPORT

FOR MEDICAL HOSPITALIZATION

Instructions: Fill in information immediately below the instructions (*Consumer Name through E-Mail of Contact Person*). Type in the information requested after each numbered item. Use complete sentences. Do not answer in partial sentences after each individual question. Obtain review by the designated Senior Executive Manager in your agency. Send the report in the mail or electronically to MHDDAD-Incidents@dhr.state.ga.us within 30 days of the incident date.

Consumer Name:

Date of Critical Incident:

Date of This Report:

Name of State Hospital or Community Provider:

Name of Contact Person for Information about this Report:

Telephone number of contact person:

E-Mail of Contact Person:

- 1. Describe what led up to the decision to seek medical hospitalization for the consumer. Include information about the consumer's symptoms and what treatment was sought and/or given prior to the admission. If known, list admitting diagnosis to medical hospital.**

- 2. Describe the course of treatment for the consumer while hospitalized. In addition, if you can obtain a copy of the discharge summary, attach a copy.**

- 3. Did the consumer return to your agency's services, and/or was the consumer discharged from your services? If the consumer returned to a different level of services, please explain. If the consumer returned to the agency, please describe how any recommendations from the medical hospital were incorporated in the consumer's services.**

- 4. What is the consumer's status related to the medical issues that resulted in medical hospital admission?**

- 5. Could anything have been done to prevent the consumer's illness that led to hospitalization? What opportunities for improvement have been identified related to this incident? What corrective action is needed or has already been taken?**

Report completed by:

Name/Title

Date

By checking this box, I attest that the above typed signature verifies I completed this report

Reviewed by:

Date

By checking this box, I attest that the above typed signature verifies I reviewed this report