



Multnomah County Quality Management Critical Incident Report

Provider Name: _____ Address: _____
Person Involved: _____ DOB: _____ OHP# (if applicable) _____
Staff Involved _____
Witnesses: _____
Date of Incident: _____ Time: AM PM

Type of Incident:
 Non-routine event that is associated with an adverse outcome
 Sentinel Event: An event that results in *death, * permanent harm, or *severe temporary harm, i.e. needing transfer to a higher level of care

Describe Event:

Action Taken:

Who was notified: APS CPS Quality Management
 911 Police Supervisor
 Family/Guardian Multnomah County Call Center Physician
 Other Staff Other (Name) _____

Follow Up: Yes No

Describe what was done to mitigate or avert future events:

Reporting staff signature: _____ Date:

QM staff comments:

Recommendations: CIR Technical Assistance Care Coordination Change in Safety Plan
 Change in supervision Other (specify)

QM staff signature: _____ Date:

Send to QMIncidentReporting@multco.us with the subject line as "Critical-Incident-(date)"
Quality Management at Multnomah County Date Sent:
Phone: 503-988-8600