

**Appendix C
Forms
Another tool for
Communication**



Department of
Developmental Disabilities

Background Information

During the process of revising the MUI Rule (O.A.C. 5123:2-17-02) in 2013, DODD requested feedback from our partners. Most of the feedback was extremely positive and the majority of recommendations included clarification of certain categories and increasing efficiencies when possible. There was also a desire from Stakeholders to:

- Increase communication between the SSAs and Providers around MUIs
- Streamline the information that was being requested for MUIs across all Counties
- Ensure more thorough information was being provided to investigate all MUIs including Appendix C cases.

Outcomes of Rule Changes

- The MUI Rule was revised and went into effect September 3, 2013
- Changes were made to Protocols (A, B, and C category investigations.)
- Changes to Peer to Peer Filings
- Law Enforcement MUIs will be filed regardless if staff were present at the time of arrest, charge or incarceration

Outcomes of Rule Changes

- Verbal Abuse Changes
- Strengthening the Unusual Incident Process

Other changes include:

- A focus on triaging incidents based on severity
- Providing the right amount of safety, verification and investigation
- Reducing unnecessary worry, time, and effort on paper compliance that doesn't impact outcomes

What stayed the same...

The MUI system is set up for the purpose of immediately protecting health and welfare, identifying the cause or contributing factors leading up to the incident and developing prevention plans to reduce the likelihood of the incident occurring again.



Appendix A, B and C



The 19 categories of MUIs have been broken down into 3 different categories A, B and C.

Appendix Break Down

Appendix A - Police, CSB or IA may be involved in the investigation. Includes: Accidental or Suspicious Death, Exploitation, Failure To Report, Misappropriation, Neglect, Peer to Peer Act, Physical Abuse, Prohibited Sexual Activity, Rights Code, Sexual Abuse and Verbal Abuse

Appendix B- investigated by IA

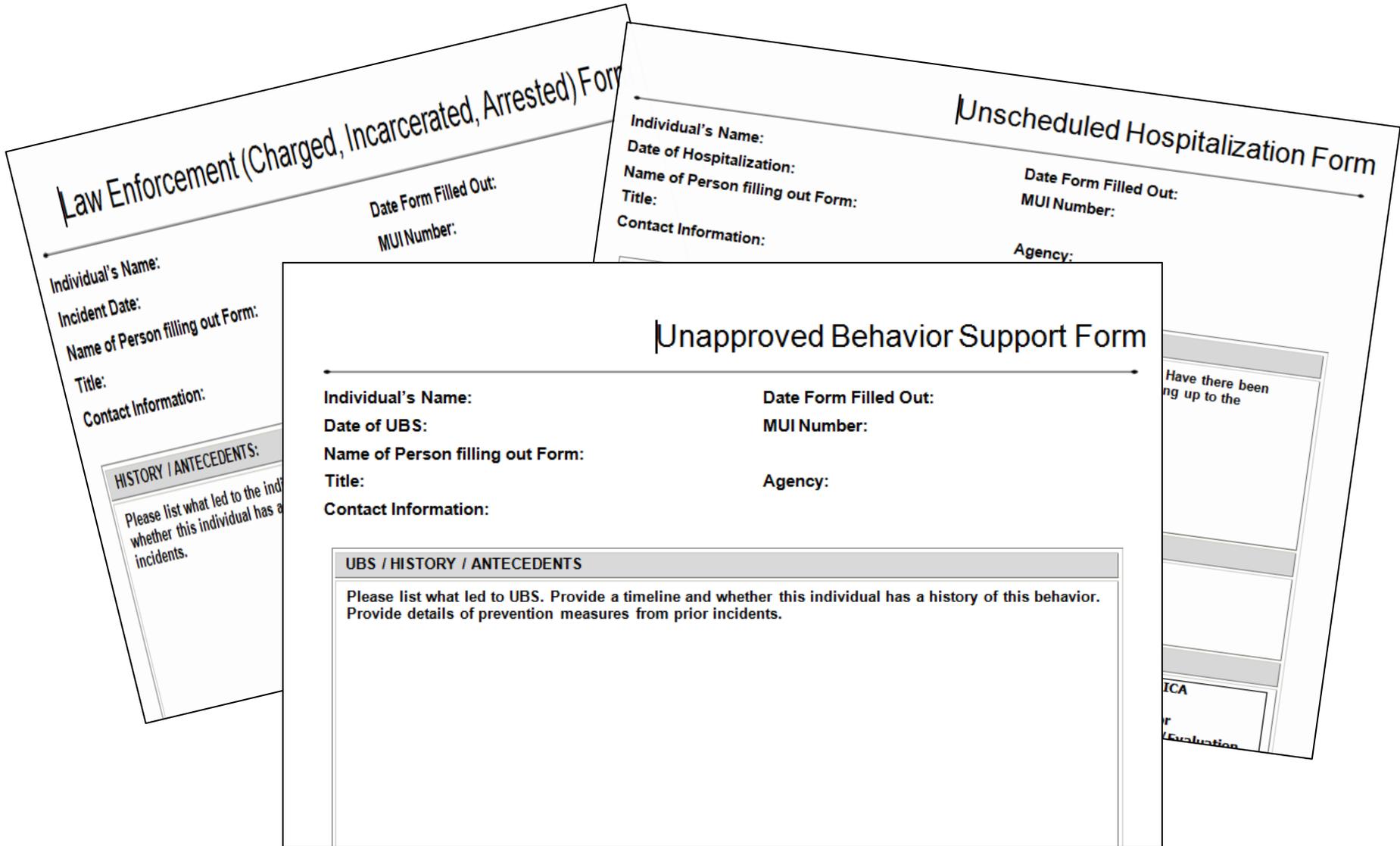
Attempted Suicide, Medical Emergency, Missing Individual, Death other than an accidental or suspicious, and Significant Injury

Appendix C- cases investigated by IA- Format Requirements
Law Enforcement, Unapproved Behavior Supports and
Unscheduled Hospitalizations.

Appendix C

- Appendix C cases are Law Enforcement, Unscheduled Hospitalizations and Unapproved Behavior Supports. These are the only 3 categories where the Appendix C Protocol and form can be used.
- Appendix C forms can be completed by the SSA and the Provider who was providing services to the individual when the incident occurred.
- The IA or MUI Contact will enter the information from Appendix C form into ITS.
- The IA will be responsible for reviewing it and ensuring information is complete, incident is properly coded and meets the requirements of rule.

Old Appendix C Forms



Appendix C Forms

- The intent was that the SSA and providers would collaborate on the completion of these forms to ensure consistent and needed data to provide on these MUIs.
- Some counties continue to conduct the Appendix C case investigations as they were prior to the rule change. Each County should communicate to their providers whether they should collaborate on the form or if it is not needed. There are many providers that operate in multiple counties and this communication will be very helpful so providers know how to proceed.

Appendix C Forms

- It is not required to use these forms but it is **best practice**. If a provider or county board chooses another format, their format should minimally include the information from the Category C forms in a fashion that is easy for IAs to use.
- We received some minor feedback on how we could enhance the format from Providers and County Boards and so the 9/3/13 forms have been revised. The changes include:
 - *Revising forms so there are fewer questions per section*
 - *Providing clarification on some of the questions*
 - *Asking for additional information so that Forms cover all information necessary for the Appendix C cases*

Appendix C Forms

- You may start using these forms as soon as you download.
- If at all possible, please provide Forms and information to your County Board electronically (via email) with attached documents. By doing so, it makes the process more efficient.
- *Word* versions of the Appendix C Forms have been provided to your County Boards and COGS.
- PDF Versions of these forms are located on the Health and Safety Toolkit link at <http://dodd.ohio.gov/healthandsafety/Pages/For-County-Boards.aspx>

Revised Appendix C Forms

The image displays three overlapping forms. The top-left form is titled "Law Enforcement (Charged, Incarcerated, Arrested) Form" and includes fields for "NAME OF INDIVIDUAL/MUI#", "NAME AND TITLE OF PERSON COMPLETING FORM", "CONTACT INFORMATION", "DATE AND TIME OF CHARGE", "DESCRIBE ANY INJURY", and "WHAT LED TO CHARGE". The top-right form is titled "Unapproved Behavior Support Form" and contains several horizontal lines for text entry. The bottom-center form is titled "Unscheduled Hospitalization Form" and includes the following fields: "NAME OF INDIVIDUAL/MUI#", "NAME AND TITLE OF PERSON COMPLETING FORM", "CONTACT INFORMATION OF REPORTER/AGENCY", "DATE AND TIME OF HOSPITALIZATION", "NUMBER OF DAYS IN HOSPITAL: Consider the day of admission as first day and the day of release as the last day", "TYPE OF HOSPITALIZATION (MEDICAL OR PSYCHIATRIC)", and "NAME OF HOSPITAL".

Law Enforcement (Charged, Incarcerated, Arrested) Form
Please complete this form and send electronically (via email when possible) to the County Board as directed.

NAME OF INDIVIDUAL/MUI#:
NAME AND TITLE OF PERSON COMPLETING FORM:
CONTACT INFORMATION:
DATE AND TIME OF CHARGE:
DESCRIBE ANY INJURY:
WHAT LED TO CHARGE:
Please provide as much detail as possible.
IF Staff called Police, please provide name of officer and agency.

Unapproved Behavior Support Form
Please complete this form and send electronically (via email when possible) to the County Board as directed.

Unscheduled Hospitalization Form
Please complete this form and send electronically (via email when possible) to the County Board as directed.

NAME OF INDIVIDUAL/MUI#:
NAME AND TITLE OF PERSON COMPLETING FORM:
CONTACT INFORMATION OF REPORTER/AGENCY:
DATE AND TIME OF HOSPITALIZATION:
NUMBER OF DAYS IN HOSPITAL:
Consider the day of admission as first day and the day of release as the last day
TYPE OF HOSPITALIZATION (MEDICAL OR PSYCHIATRIC)
NAME OF HOSPITAL

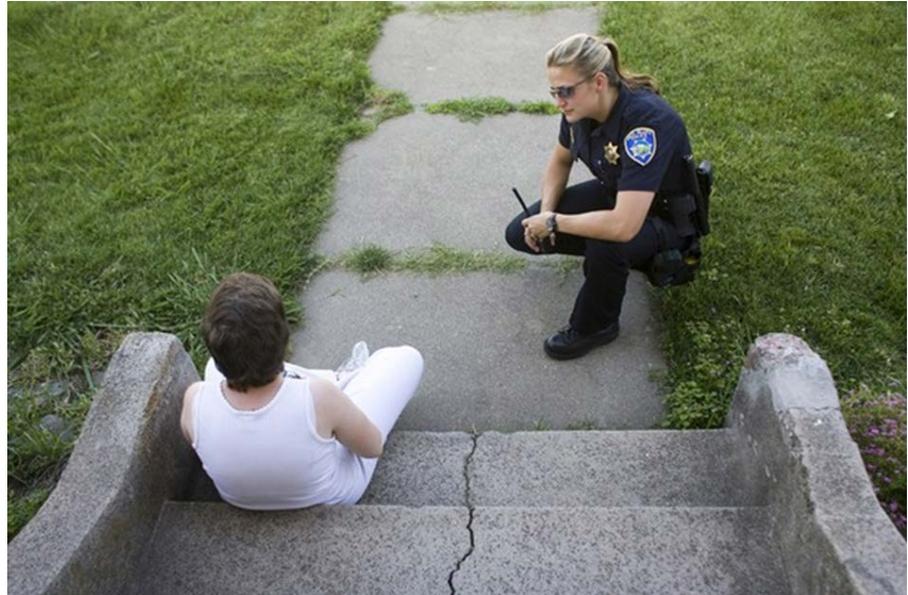
Law Enforcement

Individual is:

Charged (C)

Incarcerated (I)

Arrested (A)



MUI filed regardless if the individual was being served at the time of the Law Enforcement or not.

Bad Example Law Enforcement Form

Law Enforcement (Charged, Incarcerated, Arrested) Form

Please complete this form and send electronically (via email when possible) to the County Board as directed.



NAME OF INDIVIDUAL/MUI#:

Joseph Brown

NAME AND TITLE OF PERSON COMPLETING FORM:

Andy

CONTACT INFORMATION OF REPORTER/AGENCY:

A1 Residential Agency
555-4444

DATE AND TIME OF CHARGE/ARREST/INCARCERATION:

3/6/14 9:37 p.m.

DESCRIBE ANY INJURIES TO INDIVIDUAL OR OTHERS:

unknown

WHAT LED TO CHARGE/ARREST OR INCARCERATION:

Please provide as many details as possible and a timeline events
IF Staff called Police, please include information

Police came and arrested Joseph for some unknown reason

WAS THE INDIVIDUAL REQUIRED TO HAVE SUPERVISION AT TIME OF ARREST?

Please describe how the supervision level was met or not met?

Yes

Bad Example Law Enforcement Form

WHAT IMMEDIATION ACTIONS WERE TAKEN TO MEET INDIVIDUALS NEEDS WHILE INCARCERATED?
Please consider medication, communication, supervision, special diet, adaptive equipment

Called On Call Supervisor

DISPOSITION OF CHARGE:

?

CONTACT INFORMATION FOR ARRESTING OFFICER:

? Columbus Police

INCARCERATION LOCATION

Please include if individual is within the general population?

PROBATION OR PAROLE OFFICER INFORMATION:

CAUSES AND CONTRIBUTING FACTORS:

Joseph gets in trouble a lot

PREVENTION PLAN FOR THIS LAW ENFORCEMENT:

Too late

ANY PREVIOUS LAW ENFORCEMENT HISTORY? YES OR NO

If yes, please provide summary

?

Notes:

Good Example Law Enforcement Form

Law Enforcement (Charged, Incarcerated, Arrested) Form

Please complete this form and send electronically (via email when possible) to the County Board as directed.

NAME OF INDIVIDUAL/MUI#:

Joseph Brown 2014-025-0001



Note: You can read name as it is written neatly

NAME AND TITLE OF PERSON COMPLETING FORM:

Andy Griffin, Program Manager

CONTACT INFORMATION OF REPORTER/AGENCY:

A1 Residential Agency- Franklin County

Andy.Griffin@A1Residential.com

614-555-4444 (Office)

614-555-4441 (Cell)

614-555-1111 (Fax)

1111 Main Street Columbus, Ohio 43215

DATE AND TIME OF CHARGE/ARREST/INCARCERATION:

3/6/14 9:37 p.m.

DESCRIBE ANY INJURIES TO INDIVIDUAL OR OTHERS:

It was reported that the neighbor suffered a bruise on the right side of her face.

WHAT LED TO CHARGE/ARREST OR INCARCERATION:

Please provide as many details as possible and a timeline events

IF Staff called Police, please include information

Joseph was at home in his apartment when someone knocked on the door at around 9:37. The Officer introduced himself as Officer Blevins, CPD. He spoke with Joseph and explained that he had received complaints that a male living at this apartment struck a woman neighbor in the face around 9:00 p.m. in the Court yard. Joseph said he did it and the Officer placed him under arrest.

Good Example Law Enforcement Form

WAS THE INDIVIDUAL REQUIRED TO HAVE SUPERVISION AT TIME OF ARREST?

Please describe how the supervision level was met or not met?

Joseph was supervised (1 staff: 2 individuals) at time of arrest. He has 30 minutes of alone time. At approximately 8:55 p.m. -9:15p.m. Joseph was out in the Court Yard sitting on the bench while staff were inside the apartment with Joseph's roommate. Staff was unaware of any issues and Joseph did not report any problems upon returning to the apartment.

WHAT IMMEDIATION ACTIONS WERE TAKEN TO MEET INDIVIDUALS NEEDS WHILE INCARCERATED?

Please consider medication, communication, supervision, special diet, adaptive equipment

1. Talked to Officer Blevins about Joseph's special needs (medication, communication, may be taken advantage of). He provided address where he was being taken and said I could go there with his items.
2. Staff called the On-Call Supervisor and left a message. Called this supervisor and explained information. Another staff was sent so that staff could go to Jail.
3. Went to Franklin County Jail and took Joseph's medication, doctors' orders, hearing aid, and requested that he not be placed in General Population. Provided a copy of most recent ISP and our CB and provider Contact Information.
4. Staff emailed Jail Address and contact information to Manager

DISPOSITION OF CHARGE:

Unknown at this time

CONTACT INFORMATION FOR ARRESTING OFFICER:

Officer Scott Blevins, Columbus Police Department

Badge#1212

Phone -614-888-8888

Good Example Law Enforcement Form

INCARCERATION LOCATION

Please include if individual is within the general population?

Franklin County Lock Up
444 Broad Street
Columbus , Ohio 44444
Requested he not be placed in general population.

PROBATION OR PAROLE OFFICER INFORMATION:

Not Applicable

CAUSES AND CONTRIBUTING FACTORS:

It appears Joseph got in a physical altercation with a neighbor when outside smoking by himself
Joseph had expressed before that his neighbors often called him names when staff weren't with him

PREVENTION PLAN FOR THIS LAW ENFORCEMENT:

- It might make sense for staff to be with him while smoking for a while
- Talk to Joseph about possible counseling and ways to deal with anger
- Work with Joseph and other staff about being a good neighbor himself by cleaning up his smoking supplies in Court yard
- Try to resolve issues with neighbors by giving them Josephs phone number if they have concerns and would like to talk

ANY PREVIOUS LAW ENFORCEMENT HISTORY? YES OR NO

If yes, please provide summary

None known

Notes:

Unapproved Behavior Support

Unapproved behavior support. "Unapproved behavior support" means the use of an aversive strategy or intervention prohibited by paragraph (J) of rule 5123:2-1-02 of the Administrative Code or an **aversive strategy** implemented without approval by the human rights committee or behavior support committee or without informed consent, that results in a likely risk to the individual's health and welfare. **An aversive strategy or intervention prohibited by paragraph (J) of rule 5123:2-1-02 of the Administrative Code that does not pose a likely risk to health and welfare shall be investigated as an unusual incident.**

Describing the Intervention

- The last page of the Unapproved Behavior Support Form includes a list of interventions that have been used. This is only a guide.
- Please be sure to describe exactly what intervention(s) was used, even if it does not appear on this list.
- This list is a reference and does not need to be sent to the County Board.

THE LIST BELOW IS A REFERENCE OF INTERVENTIONS THAT HAVE BEEN USED IN PAST
Please note if one of these does not fit the intervention(s) used,
please write "other" in Intervention Used section above and provide a full description

Physical Restraint:

- Basket hold
- Multiple Person Carry
- Multiple Person Escort
- One Person Carry
- One Person Escort
- Other Restraint
- Physically Prompted Hands down with resistance
- Prone
- Restraint of Multiple Appendages
- Restrain or One Appendage
- Seated Restraint
- Side Restraint
- Standing Restraint
- Supine
- Other: Full Description is required
- Time-Out List details of time-out, including length of time

Chemical:

- Anti-Anxiety
- Anticonvulsant
- Antidepressant
- Antipsychotic
- Mood Stabilizer
- Other: Full Description is required

Mechanical:

- Full Body-papoose board wrap
- Full Body-seated position
- Full Body-supine position
- Gait Belt
- Helmet
- Locked Seat Belt/vest-not during transportation
- Mitts

Bad Example Unapproved Behavior Support Form

Unapproved Behavior Support Form

Please complete this form and send electronically (via email when possible) to the County Board as directed.

NAME OF INDIVIDUAL/MUI#:

Michael White

NAME AND TITLE OF PERSON COMPLETING FORM:

Chuck

CONTACT INFORMATION OF REPORTER/AGENCY:

614-867-5309

DATE AND TIME OF UNAPPROVED BEHAVIOR SUPPORT:

?

WHAT LED TO THE UNAPPROVED BEHAVIOR SUPPORT:

Please provide as many details as possible and a timeline events

Michael got angry and tried to break stuff.

PLEASE DESCRIBE THE INTERVENTION THAT WAS USED IN DETAIL

Please provide not only name of program but specific technique utilized

Use as many details as possible to describe the position of the individual body, location, how individual responded to intervention and staff's body relative to the individual.

Staff performed an 2E, but he screamed "get off me".

PLEASE PROVIDE LENGTH OF TIME EACH INTERVENTION WAS USED

Please include minutes and seconds if known

?

DID THE INDIVIDUAL SUSTAIN ANY INJURIES? IF SO, PLEASE DESCRIBE

?

DOES THE INDIVIDUAL HAVE A BEHAVIOR SUPPORT PLAN? Yes/No Pending Approval

No

Bad Example

Unapproved Behavior Support Form

IF YES, WHY WAS IT NOT FOLLOWED

Did interventions exceed plan limits or was an intervention used that was not part of the approved plan

WHAT, IF ANY, OTHER MEASURES WERE USED FIRST?

CAUSES AND CONTRIBUTING FACTORS:

No apparent reason

PREVENTION PLAN:

Put holds in plan.

NOTES:

Unapproved Behavior Form 3-9-14

THE LIST BELOW IS A REFERENCE OF INTERVENTIONS THAT HAVE BEEN USED IN PAST

Please note if one of these does not fit the intervention(s) used, please write "other" in Intervention Used section above and provide a full description

Physical Restraint:

- Basket hold
- Multiple Person Carry
- Multiple Person Escort
- One Person Carry
- One Person Escort
- Other Restraint
- Physically Prompted Hands down with resistance
- Prone
- Restraint of Multiple Appendages
- Restrain or One Appendage
- Seated Restraint
- Side Restraint
- Standing Restraint
- Supine
- Other: Full Description is required

Good Example Unapproved Behavior Support Form

Unapproved Behavior Support Form

Please complete this form and send electronically (via email when possible) to the County Board as directed.

NAME OF INDIVIDUAL/MUI#:

Michael White 2014-025-0002

NAME AND TITLE OF PERSON COMPLETING FORM:

Chuck Davis, Home Manager

CONTACT INFORMATION OF REPORTER/AGENCY:

DAVIS Residential Inc.
614-867-5309 (office) 614-867-5308 (cell)
davis_residential@yahoo.com (email)
555 Broad Street Columbus, Ohio 43222

DATE AND TIME OF UNAPPROVED BEHAVIOR SUPPORT:

3/9/14 9:01 a.m.-9:12 a.m.

WHAT LED TO THE UNAPPROVED BEHAVIOR SUPPORT:

Please provide as many details as possible and a timeline events

Michael came into the living room around 9 a.m. said that his roommate D.B. took his Guns and Roses CD and wouldnt give it back. The staff, Jodi Young, said she would talk to D.B. and ask him to return it if he had it. Michael said D.B. wont and that he was going to start breaking D.B.'s stuff. Michael picked up a dining room chair and threw it at the T.V., tipping it over. Then Michael picked up another chair and started swinging it at Jodi and D.B. who had walked into the living room. Michael swung the chair at Jodi, hitting her in the right arm abover her elbow. Staff Chris Brown, came into the living room and Jodi and Chris tried some verbal redirection and asked Michael if he wanted to go sit on the porch and talk. Michael said no and started going to D.B. with the chair at approximately 9:05 a.m.

Good Example

Unapproved Behavior Support Form

PLEASE DESCRIBE THE INTERVENTION THAT WAS USED IN DETAIL

Please provide not only name of program but specific technique utilized

Use as many details as possible to describe the position of the individual body, location, how individual responded to intervention and staff's body relative to the individual.

Staff had tried to verbally direct Michael for 4 minutes and was he starting to approach his roommate with chair. Staff went to Michael and asked him again if he would like to put down the chair and talk and he said no. Staff then asked D.B. if he would leave the area and he screamed "This is my house too, I aint going anywhere. I didn't take his stuff". Staff felt that Michael posed a danger to his roommate and then performed a two person escort to the family room which is on the other side of the home, approximately 20 feet away. The escort took approximately one minute. Jodi and Chris each looped thier arm around Michael's arms and walked with him to Family Room. At first, Michael resisted by pulling on the staff's arms but then stopped pulling. Once in Family Room, Michael walked over to the couch and sat down. Michael told Jodi he wanted to talk. Michael let Jodi check him out and he had no injuries.

PLEASE PROVIDE LENGTH OF TIME EACH INTERVENTION WAS USED

Please include minutes and seconds if known

The two person escort was used for approximately 1 minute

DID THE INDIVIDUAL SUSTAIN ANY INJURIES? IF SO PLEASE DESCRIBE

No

DOES THE INDIVIDUAL HAVE A BEHAVIOR SUPPORT PLAN? Yes/No/Pending Approval

No

IF YES, WHY WAS IT NOT FOLLOWED

Did interventions exceed plan limits or was an intervention used that was not part of the approved plan

WHAT, IF ANY, OTHER MEASURES WERE USED FIRST?

Verbal Redirection, Asked Michael and Peer to remove themselves from situation, both refused

Good Example

Unapproved Behavior Support Form

CAUSES AND CONTRIBUTING FACTORS:

Michael could not find his Guns and Roses CD and felt his roommate took it. This is Michael's favorite CD and he listens to it everyday.

PREVENTION PLAN:

1. Staff will help Michael organize his room so he can find his belongings. His CD was in his room afterall. TV was not damaged.
2. Staff and Michael will role play and practice breathing and calming techniques (a couple times a week) that can be utilized when upset instead of aggression.
3. Michael decided to buy another copy of the CD and put in his night stand in case he cant find the other one.

NOTES:

Unapproved Behavior Form 3-9-14

THE LIST BELOW IS A REFERENCE OF INTERVENTIONS THAT HAVE BEEN USED IN PAST
Please note if one of these does not fit the intervention(s) used,
please write "other" in Intervention Used section above and provide a full description

Physical Restraint:

- Basket hold
- Multiple Person Carry
- Multiple Person Escort
- One Person Carry
- One Person Escort
- Other Restraint
- Physically Prompted Hands down with resistance
- Prone
- Restraint of Multiple Appendages
- Restrain or One Appendage
- Seated Restraint

Unscheduled Hospitalizations



Unscheduled hospitalization. "Unscheduled hospitalization" means any hospital admission that is not scheduled unless the hospital admission is due to a pre-existing condition that is specified in the individual service plan indicating the specific symptoms and criteria that require hospitalization.

Bad Example Unscheduled Hospitalization

Unscheduled Hospitalization Form

Please complete this form and send electronically (via email when possible) to the County Board as directed.

NAME OF INDIVIDUAL/MUI#:

George Stone

NAME AND TITLE OF PERSON COMPLETING FORM:

Laura Hopewell

CONTACT INFORMATION OF REPORTER/AGENCY:

Laura

DATE AND TIME OF HOSPITALIZATION:

2/5/14

NUMBER OF DAYS IN HOSPITAL:

Consider the day of admission as first day and the day of release as the last day

1

TYPE OF HOSPITALIZATION (MEDICAL OR PSYCHIATRIC)

Medical

NAME OF HOSPITAL

Local Hospital

REASON(S) FOR HOSPITALIZATION:

Please include symptoms, issues and/or concerns that lead to hospitalization; description of incident; if symptoms were addressed in a timely manner and if not why

George was coughing

Bad Example Unscheduled Hospitalization

DESCRIPTION OF INDIVIDUAL'S HEALTH FOR 72 HOURS <u>PRIOR</u> TO HOSPITALIZATION:
Did not complain of being sick
HAS THE INDIVIDUAL EXPERIENCED ANY RECENT SIMILAR ILLNESSES? If so, please explain
Yes
PROVIDE DATE AND CAUSE OF MOST RECENT HOSPITALIZATION <u>BEFORE</u> THIS ONE?
Unknown
INDIVIDUAL'S DIAGNOSIS AND MEDICAL HISTORY FROM THE ISP:
COPD
HOSPITAL DIAGNOSIS: *ATTACH HOSPITAL DISCHARGE PAPERWORK
Didn't get any
WAS HOSPITALIZATION DUE TO FLU OR PNEUMONIA OR ASPIRATION PNEUMOMIA? If yes, did the individual receive the flu shot or pneumonia vaccine?
I
CAUSE AND CONTRIBUTING FACTORS:
He gets colds real easily
PREVENTION PLAN:
<ul style="list-style-type: none">• Please include any changes• Follow up appointments• Continuing needs of the individual• Person Responsible for each
NOTES:

Good Example Unscheduled Hospitalization

Unscheduled Hospitalization Form

Please complete this form and send electronically (via email when possible) to the County Board as directed.

NAME OF INDIVIDUAL/MUI#:

George Stone 2014-018-0109

NAME AND TITLE OF PERSON COMPLETING FORM:

Laura Hopewell

CONTACT INFORMATION OF REPORTER/AGENCY:

Laura Hopewell, Hope for All Incorporated

Laura@Hopeforall.org

Cell: 440-555-1111

Office: 440-555-1112

DATE AND TIME OF HOSPITALIZATION:

2/5/14 7:31 a.m.

NUMBER OF DAYS IN HOSPITAL:

Consider the day of admission as first day and the day of release as the last day

1

TYPE OF HOSPITALIZATION (MEDICAL OR PSYCHIATRIC)

Medical

NAME OF HOSPITAL

General Hospital, Cleveland Ohio

REASON(S) FOR HOSPITALIZATION:

Please include symptoms, issues and/or concerns that lead to hospitalization; description of incident; if symptoms were addressed in a timely manner and if not why

George awoke for work around 6:20 a.m. on 2/5/14 and began coughing loudly. Staff, Clara Barton, assisted him to the kitchen table. George said he didn't feel good and he couldn't stop coughing. Clara asked if he was coughing through the night and George said he woke up coughing around 5:00 a.m. but then went back to sleep. Clara took his temperature and it was slightly elevated at 100.0. George said he did not feel well. His respirations were within normal limits but called his physician because of his history of COPD and respiratory issues. Dr. Norman advised to take George to General Hospital ER. If at any time, before he gets there, he goes into respiratory distress, call 911. Clara took George to ER, arrived at 7:31 a.m.

Good Example Unscheduled Hospitalization

DESCRIPTION OF INDIVIDUAL'S HEALTH FOR 72 HOURS PRIOR TO HOSPITALIZATION:

George was eating, drinking and voiding normally for the 72 hours prior to hospitalization. He did seem tired but went to work the day before and participated in his normal routine. He received all medications as ordered and did not complain of pain or discomfort. He slept well and staff did not note anything out of the ordinary.

HAS THE INDIVIDUAL EXPERIENCED ANY RECENT SIMILAR ILLNESSES? If so, please explain

Yes-History of COPD and pneumonias

PROVIDE DATE AND CAUSE OF MOST RECENT HOSPITALIZATION BEFORE THIS ONE?

Pneumonia 2/11/13

INDIVIDUAL'S DIAGNOSIS AND MEDICAL HISTORY FROM THE ISP:

COPD, High Blood Pressure, Mild Mental Retardation, Hospitalizations due to pneumonia 2/11/13, 12/14/12

HOSPITAL DIAGNOSIS:

*ATTACH HOSPITAL DISCHARGE PAPERWORK

Pneumonia-See attached discharge instructions

WAS HOSPITALIZATION DUE TO FLU OR PNEUMONIA OR ASPIRATION PNEUMOMIA?

If yes, did the individual receive the flu shot or pneumonia vaccine?

Yes, Pneumonia and Flu Vaccine received -11/11/13

CAUSE AND CONTRIBUTING FACTORS:

George is prone to respiratory issues due to COPD and hx of pneumonia

Good Example Unscheduled Hospitalization

PREVENTION PLAN: <ul style="list-style-type: none">• Please include any changes• Follow up appointments• Continuing needs of the individual• Person Responsible for each
<ol style="list-style-type: none">1. George was diagnosed with pneumonia. He was ordered an antibiotic for 10 days and will continue all other medications that were ordered before hospital visit. (Clara picked up medications. Nurse reviewed and wrote on Medication Administration Record) Nurse reviewed changes with staff and wrote note in shift log.2. George has follow up appointment with Dr. Norman on 2/8/14. Until then he is not to return to work. (Clara will take to scheduled appointment and call George's boss to inform him George will be off a few days).
NOTES:
Unscheduled Hospitalization Form 3-9-14

- *This example clearly illustrates when the onset of George's symptoms occurred and how staff responded.*
- *In this case, the quick action of staff resulted in timely medical treatment and better care.*
- *The form also documents that George's team addressed his preventative needs as he receives an annual Flu and Pneumonia vaccine as ordered by his physician.*
- *The Prevention Plan is clear on who will be supporting George with his medical needs and when.*

Appendix C Forms

- Tells the story of Unscheduled Hospitalizations, Unapproved Behaviors Supports and Law Enforcement MUIs.
- Contains the required elements needed to complete these investigations.
- Providers are required to cooperate with MUI investigations.
- Can help in the development of Prevention Plans
- Are an important communication tool for SSAs, Providers and MUI Staff.

Questions or Comments



Thank You for Participating

Chuck Davis, MUI Regional Manager

(614) 995-3820

Charles.Davis@dodd.ohio.gov

Connie McLaughlin, Regional Manager Supervisor

(614)752-0092

Connie.McLaughlin@dodd.ohio.gov

Abuse/Neglect Hotline

1-866-313-6733