DMHAS-EQMI

SPECIAL PROVIDER ALERT

APRIL 2020

COVID-19 Critical Incident Reporting

DMHAS' Evaluation, Quality Management and Improvement (EQMI) Department is tracking COVID-19 diagnoses through our DDaP Critical Incident Reporting program on both the PNP and State-operated sides of the system. It is important that as this pandemic continues, DMHAS has a comprehensive data set and view of the impact of this virus on our agency, staff and clients.

The following is the COVID-19 Critical Incident Reporting guidelines:

Positive COVID-19 tests and *COVID-19 related deaths* should be reported to DMHAS via the Critical Incident reporting process. This applies not only to patients/clients, but to staff as well since absences will impact patients and operations.

For positive COVID-19 tests: Use *Medical Event* as the category and *Medical Event – Other* as the subcategory. Whenever possible, include the following information in the Details section:
Date of positive COVID-19 test result
Patient's current disposition (i.e., quarantined at home; hospitalized)

For COVID-19 related deaths: Use *Death* as the category and *Illness, Age, or Medical Reason* as the subcategory. Whenever possible, include the following information in the Details section:
- Date of positive COVID-19 test result
- Date of death
- Any comorbid conditions/circumstances that may be relevant

If the critical incident report is about a client, use the client lookup tool to find the relevant admission record.

If the incident report is about a staff member, enter the staff's name and other details as prompted.

Please observe the established critical incident reporting timelines: verbally notify your assigned LMHA immediately upon learning of an incident and whoever is responsible for entering the written incident information into DDaP should do so by close of the following business day.

You may contact Karin Haberlin at Karin.Haberlin@ct.gov or 860-418-6842 with any critical incident questions.

We thank you for your continued efforts regarding critical incident reporting.