2016-2017 National Core Indicator (NCI) Survey
Adverse Event & Safety Issue Report

Instructions:

You have taken on an important role as a NCI interviewer. The people you interview will be sharing personal information with you. While you are interviewing an individual, there may be times when things are shared or something happens that is not normal and needs to be shared with Nisonger Center NCI staff as soon as possible. We understand that there are many things shared during the interview and it can be difficult to know what to report back to Nisonger Center, when in doubt you should always share.

There are 3 parts of this report to help you accurately share situations. After completing any of these sections please contact Nisonger staff at 1-888-685-0984 to let them know that something happened during your interview that was not normal. If it is after hours please leave a message and someone will follow-up with you the next business day. You will also need to mail this report to Nisonger Center in the pre-paid envelope you have been provided with when you receive your surveys.

Section 1: MUI (Major Unusual Incident)

✓ You would complete this section only if something is extremely abnormal that would require you to complete this form AND also to call the DODD MUI Hotline at 866-313-6733. Situations that you would need to complete this section and call the DODD MUI Hotline are very rare.

Section 2: Safety Question

✓ You would complete this section if someone answers “yes” to Question #14 which asks “Are there any places where you feel afraid or scared?”

Section 3: Surveying Incident

✓ You would complete this section if something happened at the interview that wouldn’t be reported in Section 1 or 2, but is unusual or does not seem normal and you would like to make a note of it.
**Section 1: MUI (Major Unusual Incident) Section**

A Major Unusual Incident (MUI) is any alleged, suspected or actual incident that has negatively affected the health, safety or welfare of an individual with a disability. When you complete this section you will also need to call the DODD MUI Hotline at 866-313-6733. Situations that you would need to complete this section and call the DODD MUI Hotline are very rare.

**Instructions:**

Please check the box next to the MUI you are reporting and circle if it was observed (you saw the incident take place) or reported (you did not see the incident take place, but you were told about it):

<table>
<thead>
<tr>
<th>MUI</th>
<th>Observed</th>
<th>Reported</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accidental/Suspicious Death</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exploitation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Failure to report</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Misappropriation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neglect</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Peer to Peer Act</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical Abuse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prohibited Sexual Activity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rights code</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexual Abuse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Verbal Abuse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attempted Suicide</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical Emergency</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Missing Individual</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Death other than accidental/suspicious</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Significant injury</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Law Enforcement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unapproved Behavior Supports</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Write a detailed description of what happened including the date the incident happened:

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

Was anyone else there?

☐ NO  ☐ YES - If yes, who (name/role)? _______________________________________

Did you call the DODD MUI Hotline at 866-313-6733? (If no, call now)

☐ NO  ☐ YES

Did you call or leave a message for Nisonger Center at 1-888-685-0984? (If no, call now)

☐ NO  ☐ YES

✓ Please remember to mail this report to Nisonger Center in the pre-paid envelope.
Section 2: Safety Question

If the person you are interviewing answers “yes” to Question #14 which asks “Are there any places where you feel afraid or scared?” then you need to share their answer with Nisonger Center NCI staff as soon as possible. After completing the interview ask the person the following question to find out why they feel afraid or scared: “Earlier you told me that there are times when you feel afraid or scared. Please tell me what or who makes you feel afraid or scared.” Write down their answer in as much detail as possible by first checking the boxes of the location(s) they feel afraid or scared:

☐ Home
☐ Day program
☐ Work
☐ Walking in the community
☐ In transport (on the bus, in a van, etc.)
☐ Other

Write a detailed description of what the individual told with you:
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Was anyone else there?
☐ NO ☐ YES - If yes, who (name/role)? ____________________________________________

Did you call or leave a message for Nisonger Center at 1-888-685-0984? (If no, call now)
☐ NO ☐ YES

✓ Please remember to mail this report to Nisonger Center in the pre-paid envelope.
Section 3: Surveying Incident

You should complete this section if something happened at the interview that wouldn’t be reported in Section 1 or 2, but is unusual or does not seem normal and you would like to make a note of it. First please check the box next to the type of surveying incident you experienced, then write a detailed description of what happened.

☐ Complaints/Concerns about study, survey, confidentiality, consent, protocols, project staff

☐ Emotional discomfort answering questions

☐ Becomes agitated when talking about supports/services

☐ Individual behaves inappropriately/aggressively to interviewer

☐ Breach of confidentiality such as data/forms lost

☐ Protocol violation/unapproved change/inappropriate staff behavior

Write a detailed description of what happened:

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

Was anyone else there?

☐ NO    ☐ YES - If yes, who (name/role)? ____________________________________________

Did you call or leave a message for Nisonger Center at 1-888-685-0984? (If no, call now)

☐ NO    ☐ YES

✓ Please remember to mail this report to Nisonger Center in the pre-paid envelope.
OFFICE USE

Time of Interview: ___________  Time Submitted: _____________  If MUI, Time Call Made: ____________

IMMEDIATE ACTION TAKEN:

☐ Interview completed (no interruption)  ☐ Called in staff to diffuse/assess situation
☐ Interview completed (temporary interruption)  ☐ Call placed to 911 (Physical or Psychological health event)
☐ Interview rescheduled  ☐ Other: ________________________________
☐ Interview ended permanently

FOLLOW-UP ACTION: (reports must be submitted by 3 pm the day following event)

<table>
<thead>
<tr>
<th>Date/Time: Report Submitted</th>
<th>Date/Time: Confirmed Report Received</th>
<th>Who Received Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Call/Report to County Board (MUI)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Call/Report to ICF/DD (CRC or DC)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Email/Report to DODD (Tina)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

DESCRIPTION OF OUTCOME: