



Instructions on How to Complete the Individual Incident Report (IIR)

****Cover Page Must Be Completed and Returned With the Report****

- ✓ Every SOC III and/or IV incident must be reported to KDHE on the IIR form upon determination of the final SOC. KDHE is the licensing body or agency over your facility or institution.
- ✓ Please note that any IIR a Risk Manager (RM) deems necessary can be submitted to KDHE.
- ✓ All IIRs should be sent to KDHE upon determination of the SOC(s).
- ✓ Please attach a copy or evidence of any applicable referral that you make to an individual's licensing board or agency, if applicable with the incident.

Cover Page

Please complete the name and address listed on the facility license. Do not use initials.

Be sure to enter the CCN#. This is the # assigned by CMS when your facility became certified. It always starts with 17_ _

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Note: ****CCN is CMS Certification Number: If your facility is not CMS Certified, please list State ID#***

- Type of facility: If you are a general hospital with a psychiatric unit, check "Hospital." only.
- Facility Address Information
- Risk Manager Name and Title with contact information.
- Risk Manager Attestation Signature and Date

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Instructions on How to Complete the Individual Incident Report (IIR)

IIR Report Form

1. Facts of the Incident section is where the detailed description of what happened is put. **This section answers the Who, What, When, Where, Why and How (5W1H).**
2. Standard of Care (SOC) Determination and Assignment- Please list the various owners and the associated SOC assigned for each.
3. Describe the corrective actions taken to remediate the incident or prevent occurrence/ re-occurrence:
4. Select the corrective action category taken to remediate the incident or prevent occurrence/ re-occurrence:
5. Complete findings from Root Cause Analysis (RCA) for failure/ Specify recommendations for Minimizing Future Occurrences from the system failure or identified cause.
6. Indicate the category type of incident/occurrence
7. Attach evidence of any referral(s) made and mark on the IIR form which licensing agency the referral was sent to.
8. Submit your IIR to the E-file address listed below.
9. Please remember to submit any Risk Management correspondence using the revised Naming Convention Policy or otherwise your documentation will be returned.
 - Who
 - What
 - When (use the Date of the Incident as your date)
 - CCN#

Example: ABC Inc. OR2 7-25-16

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Bureau of Community Health Systems
Risk Management Program
1000 SW Jackson Street, Suite 330
Topeka, Kansas 66612-1368
Email to kdhe.riskmanagement@ks.gov
Or Fax to (785) 559-4250

- ✓ Retain the original of the IRR forms and attach it with the Quarterly Report (QR) summary for each applicable reporting quarter.
- ✓ All SOC III and IV IIR reports are submitted as soon as the final SOC determinations are made.
- ✓ If there is a concern regarding an Incident that is egregious, potential for headlines, or other high profile or unique situation that may need discussion or recommendations--- **please call the KDHE Risk Manager.**

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