

Independent Provider MUI Annual Report

Independent Provider Name: _____

Date: _____ County: _____

MUI ANNUAL REVIEW

January 1 through December 31, _____

CATEGORY	CURRENT YEAR	1 YEAR AGO	2 YEARS AGO
CATEGORY A (protocol cases)			
Accidental/Suspicious Death			
Exploitation			
Failure to Report			
Misappropriation			
Neglect			
Physical Abuse			
Prohibited Sexual Relations			
Rights Code Violation			
Sexual Abuse			
Verbal Abuse			
CATEGORY B			
Attempted Suicide			
Death other than accidental/suspicious			
Medical Emergency			
Missing Individual			
Peer to Peer Acts			
Significant Injury			
CATEGORY C			
Law Enforcement			
Unapproved Behavioral Support			
Unanticipated Hospitalization			
OVERALL TOTAL			

Explain the reasons for any significant differences from year to year and any MUI categories with a high number of incidents (use additional pages if necessary):

Trends and Patterns – This Year:

Individuals with 5 or more MUIs in 6 months or 10 or more MUIs in 12 months in the current year.

Identify and explain any trends or patterns, actions taken and preventative measures to address the trends and patterns if any:

Trends and Patterns – Previous Year:

Identify and explain any trends or patterns, actions taken and preventative measures to address the trends and patterns if any:

Trends and Patterns – 2 years ago:

Identify and explain any trends or patterns, actions taken and preventative measures to address the trends and patterns if any:

Signature of person completing this review: _____