MUI Analysis

_____Provider Name

_____ Time period of review

1) Date of Review:

2) Review conducted by:

3) Locations reviewed:

4) County:

5) Comparison of total MUIs for Agency Operated Programs for current and the past two years:

Review of Numbers for _____(year)

Locations	# of individuals served	# of MUIs
Total # of MUIs		

Review of Numbers for _____(year)

Locations	# of individuals served	# of MUIs
Total # of MUIs		

Review of Numbers for _____(year)

Locations	# of individuals served	# of MUIs
Total # of MUIs		

6) Explanation of data:

7) Data for Review by MUI category Type for current and previous two years

Category Breakdown in _____(year)

Type		Total
Physical Abuse		
Sexual Abuse		
Verbal Abuse		
Neglect		
Misappropriation		
Exploitation		
Peer to Peers Acts		
Missing Person		
Law Enforcement		
Attempted Suicide		
Medical Emergency		
Unapproved Behavior Support		
Known Injury		
Unknown Injury		
Failure to Report		
Unscheduled Hospitalization		
Death		
TOTAL		

Category Breakdown in _____(year)

Type		Total
Physical Abuse		
Sexual Abuse		
Verbal Abuse		
Neglect		
Misappropriation		
Exploitation		
Peer to Peers Acts		
Missing Person		
Law Enforcement		
Attempted Suicide		
Medical Emergency		
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Known Injury		
Unknown Injury		
Failure to Report		
Unscheduled Hospitalization		
Death		
TOTAL		

8) Explanation of Data:

9) Specific individuals involved in established trends and patterns (i.e. 5 MUIs of any kind within six months, 10 MUIs of any kind in one year or other pattern identified)/ Explanation of Data:

10) Specific trends noted by residence, region or program/ Explanation of Data:

11) Previously identified trends and patterns (i.e. previous years and analysis):

12) Trends and patterns for current analysis? Explain actions plans and preventative measures to address noted trends and patterns: