

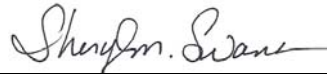
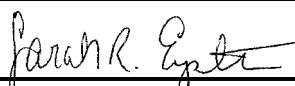


CBHNP		HealthChoices Policy and Procedures	
Name of Policy:	Critical Incident Reporting		
Policy Number:	PR-008		
Applies to:	<input checked="" type="checkbox"/> All counties <input type="checkbox"/> Bedford – Somerset <input type="checkbox"/> Blair <input type="checkbox"/> Capital Area <input type="checkbox"/> Franklin – Fulton <input type="checkbox"/> Lycoming – Clinton		
Department Responsible:	Quality Improvement, Provider Relations, Clinical Care Management		
Purpose:	To assure the timely reporting of critical incidents to CBHNP by Providers.		
Effective Date:	10/01/01		
Revision:	07/01/02; 10/01/04		

Required Signatures:	 <hr/> Executive Director, CBHNP
	 <hr/> Director, Quality Improvement
	 <hr/> Director, Provider Relations
	 <hr/> Director, Clinical Services

Definitions: Critical Incidents:
The following events, when occurring during a Member’s term of care, will be defined as critical incidents, and must be reported to CBHNP by providers:

1. Death of a Member.
2. Suicide attempt.
3. Medication error.
4. Any event requiring the services of the fire department, or law enforcement agency.
5. Abuse or alleged abuse involving a Member.
6. Any injury or illness (non-psychiatric) of a Member requiring medical treatment more intensive than first aid.
7. A Member who is out of contact with staff for more than

24 hours without prior arrangement, or a Member who is in immediate jeopardy because he/she is missing for any period of time.

8. Any fire, disaster, flood, earthquake, tornado, explosion, or unusual occurrence that necessitates the temporary shelter in place or relocation of residents.
9. Seclusion or restraint.
10. Other incident identified by Providers as Critical, Adverse or Unusual.

Medication Error:

Any missed medication, incorrect medication or incorrect dosage, where a Member requires treatment greater than first aid for adverse effects of the medication.

Abuse:

Any act of alleged or suspected abuse, neglect of a consumer which could include physical, verbal, psychological or sexual abuse, exploitation, neglect and misuse of a Member's funds.

Injury or Illness of a Member:

Any injury or illness where the Member requires medical treatment more intensive than first aid. First aid includes assessing a condition, cleaning an injury, applying topical medications, applying a band aid, etc. Treatment beyond first aid includes but is not limited to lifesaving interventions such as CPR or use of the Heimlich maneuver, wound closure by a medical professional, casting or otherwise immobilizing a limb.

Evaluation/assessment of an injury by emergency personnel in response to a "911" call is reportable even if the individual is not transported to an emergency room. This incident type includes:

- Diseases reportable to the Department of Health, defined as any disease reportable on the Pennsylvania Department of Health List of Reportable Diseases. Report is only required when disease is initially diagnosed. (See Attachment 2).
- Emergency Room Visits defined as the use of a hospital emergency room. This includes situations that are clearly "emergencies" as well as those when an individual is directed to an emergency room in lieu of a visit to a primary care physician (PCP) or as a result of a visit to the PCP. The use of an emergency room by an individual's PCP, in place of a physician's office is not reportable.
- Hospitalization, defined as an inpatient admission to an acute care facility for the purposes of treatment. Scheduled treatment of medical conditions on an outpatient basis is not reportable.

Restraint:

Any chemical, mechanical, or manual technique used for the purpose of restricting movement. A **chemical restraint** is a medication used to control acute or episodic behavior that is not the standard treatment for the Member's medical or psychiatric condition, and is intended to significantly lower the individual's level of consciousness and restricts the movement of a Member. A medication ordered by a physician as part of the ongoing individualized treatment plan for treating the symptoms of mental, emotional, or behavioral disorders is not a chemical restraint. A **mechanical restraint** is a device used to control acute or episodic behavior that restricts movement or function of a Member or portion of a Member's body. Examples of mechanical restraints are handcuffs that are locked around the wrists, elbow restraints, foot restraints, cloth harnesses applied to any portion of the body, and blanket wraps. Mechanical restraints do not include measures to promote body positioning to protect the Member and others from injury, or to prevent the worsening of a physical condition. Devices also used for medical treatment such as helmets for prevention of injury during seizure activity, mitts, and muffs to prevent self-injury are not considered restraints. A **manual restraint** is a physical hands-on technique that restricts the movement or function of a Member's body or portion of a Member's body. Prompting, escorting, or guiding a Member who does not resist to assist in the activities of daily living is not a manual restraint.

Seclusion:

Restriction of a Member in a locked room, and isolating the person from any personal contact. The term "locked room" includes any type of door locking device such as a key lock, spring lock, bolt lock, foot pressure lock or physically holding the door closed, preventing the individual from leaving the room. Seclusion does not include the use of a time-out room. Locking an individual in a bedroom during sleeping hours is considered seclusion.

Time-out Room:

An unlocked room used to remove an individual from the individual's immediate environment to reduce stimulation and assist the individual to regain self-control. Use of a time-out room constitutes a potential alternative to the use of seclusion and restraint.

Policy: For all network providers, it is the policy of CBHNP to mirror as closely as possible the reporting requirements and categories outlined in the draft DPW OMHSAS Community Incident Management and Report System. CBHNP providers are expected and required to develop written policies and procedures for an

incident management process, take strong measures to prevent the occurrence of critical incidents, investigate and report on those that occur, and to take reasonable corrective action to prevent reoccurrence.

All providers shall be required to report critical incidents to CBHNP within 24 hours of the time at which the provider becomes aware of their occurrence.

The CBHNP information systems department will compile, aggregate, and provide specific reports as required by OHMSAS, county entities, or requested by CBHNP management. The CBHNP Quality Improvement Committee (QIC) will review all summary reports of critical incidents on at least a quarterly basis.

- Procedure:**
1. The provider will record all critical incidents on the Critical Incident Report Form. With prior approval from the Director of Quality Improvement or the Clinical Director, providers may submit state, county, or internal Critical Incident Report forms that provide substantially the same information required by CBHNP.
 2. In order to comply with confidentiality requirements of the PA State Division of Program Licensing, drug and alcohol providers may submit required Critical Incident Reports to CBHNP with the omission of any Member identifying information. If CBHNP determines that additional follow-up or Member-specific information is required, CBHNP will coordinate with the provider on obtaining appropriate Member consent and release when applicable.
 3. In addition to submitting to the Member's County of residence, completed incident reports will be forwarded by providers to the CBHNP Quality Improvement Department within 24 hours of the occurrence or discovery of the incident occurrence. Due to the sensitive nature of the information and identification of the Member, providers will submit the forms to CBHNP via first class US Mail or by fax. Forms may not be sent as e-mail attachments.
 4. Providers must submit a follow-up report regarding the disposition of any critical incidents which are not considered final when the original is submitted and require subsequent analysis.
 5. Critical Incident Reports received by fax or mail will be immediately delivered to the Critical Incident Report mailbox located in the QI Department. The Director of Quality Improvement, or designee, will review all Critical Incident Reports within 1 business day. Critical Incident Reports indicating Fraud or Abuse issues by a Provider will be referred on the same day to the Corporate Compliance Officer for follow-up as described in policy QI-013 "Reporting

Suspected/Substantiated Provider Fraud and Abuse.”

Reports indicating imminent patient safety issues will be referred on the same day to the Medical Director/Assistant Medical Director/Physician Reviewer and Clinical Director to determine necessary follow-up and action to assure the Member’s safety. If a provider has not indicated notification to the Member’s county of residence, the County and county oversight entities will be notified on the same day by telephone or e-mail (de-identified) of a Critical Incident report indicating death or imminent Member safety issues.

6. The Director of Quality Improvement, or designee, will maintain a hard copy of all Critical Incident Reports in a secure location in the QI Department. The original will be forward to the designated Provider Relations staff.
7. The Provider Relations Department staff will distribute copies to the Provider Relations Representative assigned to the Provider, Clinical Care Manager assigned to the Member, the Clinical Director, and county oversight designee. The Provider Relations Dept. will track information regarding providers using the eCura™ Relationship Manager module. A hard copy of the report will be maintained in the provider files and in the Provider Profile.
8. The Clinical Department will maintain a Member-specific record of reported incidents. Information will be stored electronically in the Member’s eCura™ Clinical Module record.
9. The Provider Relations, Quality Improvement, and Clinical Departments will determine whether additional follow-up and corrective action is required, and will communicate such to the provider. Policy QI-004 “Documentation, Review, and Follow-Up of Quality of Care Issues” outlines these inter-department steps to coordinate information-gathering and follow-up. Non-routine site visits may occur as a result of Critical Incident Reports as described in policy PR-020 “Provider Investigation Procedure.”
10. When additional provider investigation is triggered by a Critical Incident Report, CBHNP will notify county oversight organization and the designated County representative in the Member’s county of residence to coordinate such efforts and avoid duplicated or inconsistent investigations. Likewise, the county oversight organization and/or the covered counties may notify CBHNP concerning provider investigations initiated by the counties. Coordination of treatment record audits and non-routine site visits is preferred, but each entity retains the right and responsibility to conduct provider investigations according to each organization’s policies.
11. A Critical Incident Report Summary will be compiled at least quarterly, listing incidents by provider.
12. The Quality Improvement Committee will analyze the report

for trends.

Related Policies: *QI-004 Documentation, Review, and Follow-Up of Quality of Care Issues*
QI-013 Reporting Suspected/Substantiated Provider Fraud and Abuse
PR-020 Provider Investigation Procedure

Related Reports or

Attachments: Attachment 1: Provider Critical Incident Report
Attachment 2: Pennsylvania Department of Health List of Reportable Diseases (PA Code, Title 28, Chapter 27)