

## North Sound Mental Health Administration

### Section 1000 – Administrative: Critical Incident Reporting and Review Requirements CIRC Quality Assurance and Improvement Process

Authorizing Source: PIHP Contract; 42CFR482 & 42CFR483

Cancels:

See Also:

Providers must have a “policy consistent with” this policy

Responsible Staff: Quality Manager

Approved by: Executive Director

Date: 9/8/2010

Signature:

#### **POLICY #1009.00**

#### **SUBJECT: CRITICAL INCIDENT REPORTING AND REVIEW REQUIREMENTS CRITICAL INCIDENT REVIEW COMMITTEE (CIRC) QUALITY ASSURANCE AND IMPROVEMENT PROCESS**

#### **PURPOSE**

This policy describes the processes, circumstances, methods and timelines by which contracted providers in the North Sound Region must provide information to North Sound Mental Health Administration (NSMHA); the processes, circumstances, methods and timelines by which NSMHA must provide information to the Washington State Department of Social and Health Services (DSHS); and, the quality assurance and improvement activities involved regarding reporting and responding to critical incidents (extraordinary occurrences) affecting consumers of NSMHA services and NSMHA providers.

The purpose of the Critical Incident Reporting and Review Requirements and the NSMHA Critical Incident Review Committee (CIRC) quality improvement and assurance process is to:

1. Ensure that, in its ongoing commitment to quality assurance and improvement initiatives, NSMHA promotes consumer safety and risk reduction by requiring the recognition and reporting of extraordinary occurrences. Specifically, NSMHA wants to ensure that:
  - a. Care and services delivered meet the requirements of the DSHS/NSMHA and NSMHA/provider contracts, including NSMHA Clinical Eligibility and Care Standards, relevant WACs (Washington Administrative Code), RCWs (Revised Code of Washington) and the CFR (Code of Federal Regulations).
  - b. There is a timely and systematic reporting mechanism that promotes appropriate responses to critical incidents/extraordinary occurrences.
2. Provide a framework, structure and set of guidelines for the timely reporting of critical incidents, as defined by DSHS.
3. Support and protect the reporting and documentation of critical incidents under NSMHA’s Coordinated Quality Improvement Program (CQIP). NSMHA maintains CQIP status through the Washington State Department of Health for the purpose of improvement of the quality of health care services rendered to consumers and the identification and prevention of medical malpractice as set forth in RCW 43.70.510. NSMHA encourages the development of a system-wide culture, which minimizes individual blame or retribution for involvement in critical incidents and emphasizes accountability, trust, system improvement and continuous learning. To provide quality assurance all documents related to critical incident reporting will contain the following language:

#### **COORDINATED QUALITY IMPROVEMENT DOCUMENT**

This is a protected Coordinated Quality Improvement document solely for the purpose of assuring Continuous Quality Improvement and Quality Assurance by the North Sound Mental Health Administration, its providers and component counties. This document is strictly confidential to the fullest extent allowed by RCW 43.70.510 and is not subject to disclosure pursuant to Chapter 43.17 RCW.

## POLICY

NSMHA and its providers are required to report on incidents involving persons with mental illnesses and having an open case with NSMHA. An open case is defined as an individual that is currently receiving outpatient mental health services, crisis services or jail services from a NSMHA provider.

1. Outpatient consumers are those who have received an intake assessment and meet eligibility criteria for outpatient services. These individuals are considered outpatient consumers until their case has been officially closed.
2. Crisis Services consumers are currently being served by Crisis Services personnel, and remain so until their case has been closed and/or they have begun receiving outpatient services.
3. Jail Mental Health Services consumers are those who have received an initial assessment and meet eligibility criteria for Jail Mental Health Services, and remain so up to 90 days post-release, and/or they have begun outpatient services as described above.

Note: By definition, a precipitating event that causes an individual to seek any of the above services should not be considered a reportable critical incident as it occurred prior to that individual having an open case with any of the above services.

The following are the categories of critical incidents that must be reported to NSMHA. *Reporting guidelines and/or operational definitions are in italics:*

1. **Death or serious injury of consumer, staff, or public citizen:** *Only report deaths and serious injuries that occur at a DSHS facility, or a facility that DSHS licenses, contracts with, and certifies. Serious injuries include any permanent injury, or one that requires admission to a hospital.*
2. **Unauthorized leave (UL) of a mentally ill offender or sexually violent offender:** *Only report incidents where a UL involves a designated offender, and occurs from a Mental Health Facility or a Secure Community Transition Facility, which includes Evaluation and Treatment Centers (E&T) or Crisis Stabilization Units (CSU).*
3. **UL of any non-offender consumer from an E&T:** *This category is reported to NSMHA for regional quality improvement data gathering for follow-up on quality improvement activities, and will not generally be forwarded to DSHS.*
4. **Alleged consumer abuse or neglect of a serious or emergent nature:** *The willful action or inaction that inflicts injury, unreasonable confinement, intimidation, punishment on, or abandonment of a vulnerable adult by a DSHS employee, volunteer, licensee, contractor, or another consumer. In an instance of abuse of a vulnerable adult who is unable to express or demonstrate physical harm, pain, or mental anguish, the abuse is presumed to cause physical harm, pain, or mental anguish.*
5. **Natural disaster:** *Only report those presenting substantial threat to facility operation or consumer safety. These may include earthquake, volcano eruption, tsunami, urban fire, flood, an outbreak of communicable disease, etc.*
6. **Breach of consumer information:** *Any breach or loss of consumer data in any form which would allow for the unauthorized use of consumer information.*
7. **Violent act:** *Any alleged or substantiated non-fatal injuries, rape, sexual assault, homicide, attempted homicide, arson, or substantial property damage (> \$100,000.00), committed by a consumer.*
8. **Allegation of financial exploitation (FE) involving an agency, a consumer or other:** *The illegal or improper use of the property, income, resources or trust funds of a vulnerable*

*adult by any person for any person's profit or advantage other than for the vulnerable adult's profit or advantage.*

9. Assault of a consumer by a staff
10. Assault of a staff by a consumer resulting in hospitalization
11. Incident involving a consumer or staff reported by the media, or having potential for media interest
12. Crime involving a consumer or staff reported by the media, or having potential for media interest
13. Suicide attempt requiring medical care: *Only report suicide attempts that occur at a DSHS facility, or a facility that DSHS licenses, contracts with, and certifies, and require care from a physician.*

## **PROCEDURE**

### **Critical Incident Reporting and Review Requirements**

When any critical incident occurs, it is the reporting responsibility of the service provider to:

1. Fax the completed NSMHA Critical Incident Form (available online at <http://www.nsmha.org/forms/index.asp>) to NSMHA within one (1) business day of the determination that the event meets the definition of a critical incident. When faxed, the form must include a cover sheet with a confidentiality disclaimer.
2. Submit any additional information necessary to understanding the incident to NSMHA within five (5) business days.

Critical incidents listed below shall require a formal review by the provider Quality Committee unless waived by CIRC, and findings shall be submitted to CIRC within five (5) business days of the review:

- **Death or serious injury of consumer, staff, or public citizen**
- **Unauthorized leave (UL) of a mentally ill offender or sexually violent offender**
- **UL of any non-offender consumer from an E&T**
- **Alleged consumer abuse or neglect of a serious or emergent nature**
- **Assault of a consumer by a staff**
- **Assault of a staff by a consumer resulting in hospitalization**
- **Suicide attempt requiring medical care**

Critical incidents listed below may require a formal review by the provider, at the discretion of the provider Quality Committee or CIRC, and findings shall be submitted to CIRC within five (5) business days of the review:

- **Violent act**
- **Allegation of financial exploitation (FE) involving an agency, a consumer or other**
- **Incident involving a consumer or staff reported by the media, or having potential for media interest**
- **Crime involving a consumer or staff reported by the media, or having potential for media interest**
- **Natural disaster**
- **Breach of consumer information**

Additionally, the provider ensures that all plans for corrective action following a review or investigation are implemented for quality assurance and improvement and incorporated into all administrative areas as necessary for quality assurance and improvement.

The NSMHA staff designee tracks all reported critical incidents, maintains a log, database and timeline, and writes any follow-up reports required. In some instances, the designee initiates region-wide quality improvement activities related to an incident or group of incidents.

Additional reporting and review requirements for DSHS reportable critical incidents for NSMHA staff designee:

1. Notifies County Coordinators, NSMHA Board Chair, and NSMHA Executive Director via a blinded copy of the DSHS critical incident report. Notification shall occur within one (1) business day of NSMHA's receipt of the provider critical incident report.
2. Notifies DSHS via the electronic incident reporting system, or the standardized form if indicated, within one (1) business day of NSMHA receipt of the provider critical incident report.

### **NSMHA CIRC Quality Improvement Process**

1. NSMHA will maintain a Critical Incident Review Committee (CIRC) whose purpose is to review all critical incidents submitted. The NSMHA CIRC membership will include a NSMHA Clinical Oversight Quality Specialist with expertise in adult services, a NSMHA Clinical Oversight Quality Specialist with expertise in child/youth services, a non-clinical NSMHA staff member, and a NSMHA support staff member. The NSMHA Medical Director shall consult as requested in manners pertaining to medical/psychiatric matters. The CIRC will meet regularly to review all critical incident reports, request written follow-up reports from providers, investigate critical incidents utilizing internal selective reviews and make quality improvement recommendations related to critical incidents to the Clinical Oversight Team for further appropriate action.
2. During the regularly scheduled CIRC meeting, a designated Quality Specialist will facilitate review and discussion of each new critical incident and critical incidents from previous months on which the committee determined further review was required before proper disposition of the case could be determined.
3. During a CIRC review, the committee members shall address each incident in the following context:
  - a. Does the description of the critical incident and/or subsequent information warrant concern about quality or appropriateness of care delivered by the provider?
  - b. Does the incident report indicate that appropriate action was taken immediately after the incident to lessen or prevent consumer loss or harm?
  - c. Does the incident report indicate that an appropriate plan for future action has been made to decrease the likelihood of this type of incident occurring again?
  - d. Can/should any further action be pursued by NSMHA or the provider?
4. When the CIRC members reach a consensus that the critical incident report and any follow-up information answer the preceding questions satisfactorily, the incident is considered "closed."
5. NSMHA may deem further action is warranted in the case of a particular critical incident or group of incidents. Actions may include but are not limited to:

- a. NSMHA selective review
- b. Request for provider internal case review
- c. Request for parts of or complete medical records
- d. Request for special meetings or quality initiatives (e.g., Root Cause Analysis) regarding quality concerns involved
- e. Request for provider initiated quality assurance and improvement activities based on incidents or groups or types of incidents
- f. Other requests as deemed necessary

Actions taken as a result of the occurrence, results of said actions, additional actions that are planned in the future and efforts that have been undertaken designed to lessen the potential for recurrence shall be reported to CIRC within 21 days of becoming available. A copy of the written report should be sent to the provider Quality Manager.

6. CIRC will develop a semi-annual summary report and data analysis each July and January. Copies of the semi-annual report will be distributed to NSMHA Board of Directors, NSMHA Advisory Board, NSMHA Quality Management Oversight Committee (QMOC) and County Coordinators.

## **ATTACHMENTS**

None