

North Sound Mental Health Administration

Critical Incident Review Committee

Semi-Annual Report

First & Second Quarter 2009

NSMHA Semi-Annual Critical Incident Report

January – June 2009

PURPOSE: To inform NSMHA Executive Board and Executive Director, County Coordinators, the Critical Incident Review Committee (CIRC), the Quality Management Oversight Committee (QMOC), and other stakeholders in the region interested in critical incident data and activities on a semi-annual basis.

INTRODUCTION

This NSMHA Semi-Annual Critical Incident Report is the fourth to reflect the revised CI categories required by MHD in the new contract language that went into effect July 1, 2007. As anticipated, the revision of CI categories/sub-categories has had the following implications on this and subsequent reports:

- An increase of MHD reportable subcategories from 9 to 18
- A decrease of NSMHA reportable (non-MHD reportable categories) from 15 to 3*. The 2 NSMHA reportable subcategories have been maintained for internal, clinical quality improvement efforts despite their reporting not being required by MHD. *A third NSMHA reportable was added in 2009 as a mechanism to monitor *injuries &/or deaths while in restraint &/or seclusion while an inpatient at a provider involuntary treatment program*
- An apparent MHD shift toward “legalistic” and away from “clinical-focused” sub-categories has changed the usefulness of the historical data in the analysis of clinical quality
- As a quality improvement entity, NSMHA continues to gather baseline data
- An increase in the rate of MHD reportable CI
- A decrease in the frequency of total reported CI
- **MHD Audit results since July 1, 2007**
 - 2008 – All 13 RSNs were audited, comparing their reporting records with two providers within their respective regions for accuracy and completeness. The NSMHA records were compared with Compass Health Outpatient and North Sound E&T, and found to be 100% accurate and complete, the highest score in the state (See APPENDIX II).
 - 2009 - All 13 RSNs were audited for compliance with timeliness of reporting standards. Again, NSMHA was found to be in 100% compliance, and again, the highest score in the state (See APPENDIX III).

We recognize and appreciate the efforts of the providers in providing CIRC with timely and accurate critical incident reports.

HIGHLIGHTS OF CI DATA FROM JANUARY THROUGH JUNE, 2009

- The total number of reported critical incidents increased slightly from 33 in the 1st Quarter to 35 in the 2nd Quarter (Appendix I), up significantly from the 3rd and 4th Quarter 2008 numbers of 28 in the 3rd Quarter, and 23 in the 4th Quarter.
- In 2008 the number of deaths by unusual circumstances increased from 7 in the 1st half of the year to 12 in the 2nd half, with 6 reported deaths in each of the last 2 quarters. In the first half of 2009 there were 14 reported unusual deaths, 6 in the 1st Quarter and 8 in the 2nd Quarter (Appendix I). Early in the year these numbers were reported to QMOC as an adjunct to the 2007 Mortality Review Follow-up, resulting in 5 additional physical healthcare-related questions being added to the electronic Utilization Review tool for implementation in January 2010.
- The reported incidents of alleged rape where a NSMHA consumer was the victim decreased from 6 in the 1st half of 2008 to 4 in the 2nd half, and remained at 4 in the first half of 2009. However, reported alleged rapes where NSMHA consumers were perpetrators dropped from 3 in the 1st Quarter to 1 in the 2nd Quarter (Appendix I)
- The reported incidents of suicide attempts of only 23 in the 1st half of 2008 and 25 in the 2nd half jumped significantly to 32 in the 1st half of 2009, with 19 in the 1st quarter and 13 in the 2nd quarter (Appendix I). It is difficult to tell whether we should be alarmed by this increase, or interpret the increase as being a result of more consistent reporting by providers in Whatcom, Skagit and Snohomish Counties.
- No more than one critical incident was reported in any of the 5 counties in the last 6 quarters in any of the following categories:
 - a. Homicide (perpetrator)
 - b. E&T elopement
 - c. Homicide (victim)
 - d. Financial exploitation (client)
 - e. Arson
- There were no critical incidents reported in the region in the following categories:
 - a. Attempted homicide (perpetrator)*
 - b. Attempted homicide (victim)*
 - c. Medicaid fraud*
 - d. Financial exploitation (provider)*
 - e. Assault of staff by client resulting in hospitalization*
 - f. Assault of client by staff

CONCLUSIONS FROM ANALYSIS OF HISTORIC DATA

- No incidents have been reported in any of the categories designated above with * since the new MHD reportable categories were implemented on July 1, 2007.
- Gains have been held in the quality improvement efforts to prevent elopements from E&Ts. Since the relatively large number of elopements in 2005 (8), and the subsequent quality improvement efforts, there have not been more than 2 elopements in any quarter. There were 2 in the 2nd Quarter of 2007. Other than that quarter, there has been zero or one elopement per quarter. There was only 1 reported in all of 2008, none in the last 2 quarters of 2008 or the first 2 quarters of 2009. **We recognize the excellent work of E&T staff in addressing this issue.**

ONGOING CRITICAL INCIDENT QUALITY MANAGEMENT RECOMMENDATIONS AND REVIEW ACTIVITIES

- CIRC screened seventy-one (71) reported incidents in the 1st half of 2009. Three (3) of the reported incidents were determined to not meet the formal definition of a critical incident, so sixty-eight (68) were reviewed in committee.
- At the request of the Internal Quality Management Committee (IQMC) in 2007, CIRC began tracking those reported incidents that may or may not meet MHD and NSMHA criteria as “critical incidents” but are determined to be “system issues” that are forwarded by CIRC to other committees for intervention and disposition. One of these system issues, an apparent lack of coordination between NSMHA prescribers and consumers’ primary care physicians, was forwarded to QMOC in the 1st Quarter of 2009 (See the 2nd bullet point under HIGHLIGHTS OF CI DATA FROM JANUARY THROUGH JUNE, 2009, above)
- CIRC continues to further investigate incidents and the circumstances surrounding their occurrence to ensure compliance with policies and processes affecting the quality of consumer care, health and safety
- CIRC highlights and pursues specific incidents that provide examples of region-wide need or challenges in consumer care that may be impacted by provider directed system changes or policy development.
- CIRC and critical incident review process continue to work in tandem and cooperation with other NSMHA quality assurance and improvement activities including denial review requests, utilization review, formal audits and selected projects aimed at improved consumer outcomes and decreased risk to consumers
- CIRC continues to be active in spearheading new ways to utilize critical incident data to best facilitate quality improvement activities for the benefit of consumers in the NSMHA region
- CIRC continues to follow specific incidents of concern that affect consumers

Attachments:

- APPENDIX I: Table Showing # of Reported Critical Incidents by County, by Quarter January – June 2009
- APPENDIX II: Findings From the 2008 WASHINGTON STATE MENTAL HEALTH DIVISION AUDIT OF STATE-WIDE REGIONAL SUPPORT NETWORK CRITICAL INCIDENT REPORTING PROGRAMS
- APPENDIX III: : Findings From the 2009 WASHINGTON STATE MENTAL HEALTH COMPLIANCE OFFICE AUDIT OF STATE-WIDE REGIONAL SUPPORT NETWORK CRITICAL INCIDENT REPORTING TIMELINESS

APPENDIX I

Table Showing # of Critical Incidents by County, by Quarter
January - June 2009

County of Incident	Alleged Rape (Perpetrator)	Alleged Rape (Victim)	Alleged Sexual Assault (Perpetrator)	Alleged Sexual Assault (Victim)	Death Under Unusual Circumstances	Homicide (Perpetrator)	Suicide Attempt (With No Arrest)	Nonfatal injury resulting in arrest (Perpetrator)	Nonfatal injury resulting in arrest (Victim)	Totals
San Juan 1st Quarter	0	0	0	0	0	0	0	0	0	0
Island 1st Quarter	0	0	0	0	0	0	0	0	0	0
Skagit 1st Quarter	1	1	0	0	2	0	3	0	0	7
Whatcom 1st Quarter	0	0	0	0	1	0	2	0	0	3
Snohomish 1st Quarter	2	0	1	2	3	0	14	1	0	23
1st Quarter Totals	3	1	1	2	6	0	19	1	0	33
San Juan 2nd Quarter	0	0	0	0	0	0	0	0	0	0
Island 2nd Quarter	0	0	0	0	0	0	0	0	0	0
Skagit 2nd Quarter	0	0	0	0	3	0	0	1	1	5
Whatcom 2nd Quarter	0	3	0	0	2	0	3	0	0	8
Snohomish 2nd Quarter	1	1	1	2	3	1	10	2	1	22
2nd Quarter Totals	1	4	1	2	8	1	13	3	2	35

APPENDIX II

FINDINGS FROM THE 2008 WASHINGTON STATE MENTAL HEALTH DIVISION AUDIT OF STATE-WIDE REGIONAL SUPPORT NETWORK CRITICAL INCIDENT REPORTING PROGRAMS

Dear Regional Support Network Administrator:

The Mental Health Division performed a quality assurance process that involved provider information. The Incident Manager selected two providers from each RSN and gathered all the incidents reported for January 2008 through June 2008. The Incident Manager examined the information to ensure that incidents are consistent and reported in a timely manner. An important aspect of this review is to identify any reporting barriers. The results are below.

NORTH SOUND REGIONAL SUPPORT NETWORK

Providers:

The two selected were Compass Mental Health and North Sound E&T

Incidents Reported:

Compass Mental Health reported 20 incidents and North Sound E&T reported 0. North Sound RSN reported all 20 incidents to the Mental Health Division.

Timely Reported:

All 20 incidents were reported within the required timeframes.

Overall Process:

North Sound incident reports are consistently well written. All incidents are followed up and resolved in a timely manner. The incident reports always contain the relevant information and always exceed MHD requirements. The North Sound RSN IR process is exemplary and is the model for RSN incident reporting.

Mental Health Compliance Office

Incident Reporting Timeliness

Table of DAYS by SITE														
DAYS	RSN													Total
	PIERCE	NORTH SOUND	KING	SPOKANE	CLARK	PENIN SULA	SOUTH WEST	GRAYS HARBOR	NORTH CENTRAL	THURS/MASON	TIMBERL ANDS	GREATR COLUMB	CHELAN/ DOUGLAS	
Total	81	72	62	59	47	39	31	29	16	16	15	11	8	486
COMPLIANT	19	72	53	57	28	26	27	27	14	11	9	8	4	366
% COMPLIANT	23	100	85	97	60	67	87	93	88	69	60	73	50	75
AVG # DAYS	8.3	0.6	0.9	0.8	4.4	3.0	0.8	0.4	1.9	2.3	2.5	1.6	1.5	1.9
0	7	28	29	11	8	8	20	19	7	6	5	3	3	154
1	12	44	24	46	20	18	7	8	7	5	4	5	1	201
2	11	0	4	2	4	6	1	1	1	1	2	2	2	37
3	10	0	0	0	3	1	1	1	0	0	2	0	1	19
4	7	0	3	0	2	0	1	0	0	0	0	0	1	14
5	4	0	2	0	0	0	0	0	0	2	0	0	0	8
6	3	0	0	0	2	0	0	0	0	1	1	0	0	7
7	6	0	0	0	0	0	0	0	0	0	0	0	0	6
8	4	0	0	0	0	1	1	0	0	0	0	0	0	6
9	2	0	0	0	1	1	0	0	0	0	0	1	0	5
10	1	0	0	0	0	1	0	0	0	0	0	0	0	2
11	1	0	0	0	0	0	0	0	0	0	0	0	0	1
12	2	0	0	0	0	0	0	0	0	0	0	0	0	2
13	1	0	0	0	0	1	0	0	0	1	0	0	0	3
15	1	0	0	0	3	0	0	0	0	0	0	0	0	4
17	1	0	0	0	0	0	0	0	0	0	0	0	0	1
18	1	0	0	0	0	0	0	0	0	0	0	0	0	1
19	0	0	0	0	1	0	0	0	0	0	1	0	0	2
20	2	0	0	0	0	0	0	0	0	0	0	0	0	2
21	0	0	0	0	0	0	0	0	1	0	0	0	0	1
22	0	0	0	0	0	1	0	0	0	0	0	0	0	1
23	0	0	0	0	0	1	0	0	0	0	0	0	0	1
26	0	0	0	0	2	0	0	0	0	0	0	0	0	2
27	0	0	0	0	1	0	0	0	0	0	0	0	0	1
30+	5	0	0	0	0	0	0	0	0	0	0	0	0	5

The Days variable was established from date RSN was notified to reporting date. Reporting period is February 27, 2008 – April 14, 2009.
 If you have questions or comments contact:
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