

SHIAWASSEE COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

POLICY AND PROCEDURE MANUAL

Section: Recipient Rights
Policy Number: 28
Subject: **Incident Reports**

Effective Date: 11/19/90
Last Revision Date: 7/27/09
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Policy

It is the policy of Shiawassee County Community Mental Health Authority (SCCMHA) that all unusual incidents involving recipients that employees and non-employees become aware of are to be reported to the Chief Executive Officer (CEO) or his/her designee for quality assurance purposes.

Purpose

The purpose of the policy is to provide a mechanism for documenting and reporting incidents involving recipients receiving services occurring at SCCMHA program sites. The policy will be used for quality assurance in recipient care, and is applicable to all employees and non-employees, including recipients, visitors, volunteers, outside contract providers, or students participating in the delivery of services.

The documentation and reporting of incidents is a quality assurance effort in which all agency professional, administrative, technical, and clerical staff participate to reduce the number of recipient injuries, to reduce agency and staff exposure to litigation, and to manage risks by assisting the development of loss prevention and loss control programs.

The primary purpose for incident reporting is to provide an informational base from which corrective and preventive action can be taken.

Application

All employees, non-employees, students, volunteers, and contract providers of the SCCMHA.

Definitions

Unusual Incident: (While under program supervision or at a SCCMHA program site): An Unusual and Critical Incident is an unexpected circumstance not previously identified within the consumer's person centered plan that involves harm or injury or the risk of harm or injury. Such incidents include but are not limited to:

1. Serious physical aggression not addressed in a behavioral treatment plan or treatment plan.

2. Physical aggression that results in the injury of a peer.
3. Non-suicidal attempts at self-inflicted harm not addressed in a behavior plan.
4. Any suicidal or homicidal attempt or gesture.
5. Emergency use of physical intervention used when a recipient is presenting an imminent risk of serious or non-serious physical harm to himself, herself or others and lesser restrictive interventions have been unsuccessful in reducing or eliminating the imminent risk of serious or non-serious physical harm. Both of the following apply: Physical management shall not be included as a component in a behavior treatment plan and prone immobilization of a recipient for the purpose of behavior control is prohibited unless implementation of physical management techniques other than prone immobilization is medically contraindicated and documented in the recipient's record.
6. Significant property damage caused by a recipient.
7. Unauthorized leave of absence by a consumer receiving supervised care.
8. Criminal offenses involving consumers including suspected offenses, arrests and/or convictions.
9. Injury, whether accidental or intentional, that requires a visit to an emergency room, medi-center, urgent care clinic, or admission to a hospital.
10. Physical illness that requires a visit to an emergency room, medi-center, urgent care clinic, or admission to a hospital. It does not include planned surgery, or their elective procedures or treatment whether inpatient or outpatient.
11. All deaths of persons, whether anticipated or unanticipated that occur while the recipient is an active recipient of service.
12. Unanticipated death or major permanent loss of function associated with a healthcare acquired infection.
13. Adverse medication reaction or side effects.
14. Medication errors by service staff that constitute an unusual event that occurs as a result of a medication error involving wrong medication, wrong dosage, double dosage, missed dosage, wrong person or wrong time. (Staff will continue to follow the Medication Error reporting process and fill out a Medication Error report).
15. Traffic accidents involving recipients.

16. Fire occurring in the treatment or service facility with or without damage.
17. Safety issues which include physical plant or environmental hazards in supervised care settings or CMHSP sites.
18. Suspected abuse or neglect (Staff will continue to follow reporting requirements - file a rights complaint of suspected abuse or neglect, file a 3200 APS or CPS report.)
19. Any unexplained bruises or injuries even when abuse or neglect is not suspected.
20. Non-consensual sexual contact; and
21. Other events which seriously disrupt or adversely effect the course of treatment or care of a consumer, and require further clinical or administrative attention.

Non-Employee: For the purpose of this policy non-employee refers to recipients, students, volunteers, visitors, or contact providers (individuals and corporations providing on-site and off-site services who are not agency employees).

Employee: All regular full time, part time temporary or contractual employees of SCCMHA and employees of agency providers are required to follow the Incident Report policy and procedure.

Primary Provider: The primary provider is the Supports Coordinator, ACT staff, Outpatient Therapist or Psychiatric Nurse who has the primary responsibility to assure that services are being provided according to the person centered plan.

Home Manger: The manger or supervisor responsible for the recipient's care activities or a group home. This also includes any person designated as a Home Manger of a CLS or Self Determination home.

Safety Officer: The SCCMHA employee responsible for monitoring and implementation of the safety activities of the agency.

Morning Meeting: The morning meeting held twice a week at SCCMHA to review and sign off on all incident reports that occurred during the week. The meeting is attended by the Primary Provider or Supports Coordinator, Nurse, Home Manger, Program Director and Day Program Administrative Support Staff person.

Standards

1. Every unusual incident involving recipients, visitors, volunteers, students, or outside contract providers will be reported on the SCCMHA Incident Report form #353. The agency will maintain a current complete file of all reported incidents.

2. Incident Reports and/or documentation regarding filing of such a report will not be included in the recipient's record. Objective pertinent facts will be reported in the recipient's record as appropriate to the consumer's treatment, diagnosis, and documentation requirements. Facts of the occurrence will be discussed with the consumer, as appropriate, by designated staff.
3. Both copies of an Incident Report will be retained only in the administrative files of the Chief Executive Officer (CEO). Such a report will be filed even though corrective action has already been undertaken. Incident Reports are confidential and non-discoverable to the extent provided by law for such quality assurance efforts. Copies or photocopies of Incident Reports are prohibited except by the Office of Recipient Rights for documentation in investigating an alleged rights violation. Copies will not be retained by individuals or organizational sub-units of the agency. Incident Reports can not be faxed as this generates a copy of the document and violates a consumer's code protected rights. If a copy is generated it would create a situation where the document is discoverable and confidentiality would be breached.
4. The CEO or designee will be the only person with access to these confidential materials.
5. The CEO or designee will coordinate the analysis and categorization of Incident Reports for quality assurance purposes.
6. Responsibility for monitoring all activities relating to quality control as recommended by the Performance Improvement Officer and implemented by the CEO or his/her designee will rest with the Board.
7. Data entered into the Incident Report database by the supports coordination administrative support staff.

Procedure

1. Supervisory staff in all agency programs is responsible:
 - a. To make Incident Report Form #353 available to all employees, students, and volunteers.
 - b. To orient employees, students, and volunteers to policy and procedures.
2. Contract providers, employees, students, volunteers on observing or discovering a reportable incident are responsible:
 - a. To take appropriate corrective action or notify supervisor or appropriate staff to address immediate safety, operational, or treatment issues.

- b. To call supervisor immediately after corrective or remedial action is taken if a significant injury has occurred. If appropriate, notify the recipient's service provider. Complete Incident Report in duplicate as applicable to situation prior to end of shift (Please see attachment A). Make appropriate notations in the recipient's record.
 - c. To forward Incident Report to service provider.
3. Service Provider is responsible:
- a. To address immediate safety, operational, or treatment issues as applicable to the situation. Complete follow-up or additional comments section of Incident Report. Give report to RN for comments and recommendations.
 - b. To forward the yellow copy of completed report directly to the CEO or his/her designee by the end of the work day.
 - c. To forward original to his/her program director.
 - d. In addition to filling out the Incident Report the Service Provider is required to provide the following: In addition to other information required to be contained in the clinical record of the recipient by statute and rule, the record shall contain a summary of any extraordinary incidents involving the recipient. The report is to be entered into the record by a staff member who has personal knowledge of the extraordinary incident. An incident or peer review report generated pursuant to MCL 330.1143a does not constitute a summary report as intended by this section and shall not be maintained in the clinical record of a recipient.
4. Program Director is responsible:
- a. To complete review on side two of the Incident Report form.
 - b. To forward to Safety Officer to identify safety issues.
 - c. To forward to the Behavioral Specialist to identify behavioral issues.
 - d. To prepare an objective record summary for consumer chart if applicable.
 - e. To forward completed report to the CEO or designee within two working days.
 - f. To analyze quantitative data supplied periodically by the CEO or his/her designee and assume responsibility for coordinating or instituting appropriate changes to address issues.

FILLING OUT AN INCIDENT REPORT

All SCCMHA and contractual employees who are involved in or observe an Unusual Incident meeting the criteria defined above and which involves a recipient of SCCMHA services are required to fill out an Incident Report.

NOTE: the incident report form is for recipient incidents only. Employees who incur an injury should use the Employee Injury Report form.

PROCEDURE TASKS/STEPS

It is important that Incident Reports are filled out completely, clearly and are readable. The following questions must be answered on the report:

WHO was involved?

1. When referring to other recipient's in the description, use relationships, i.e. Roommate or peer rather than names or case numbers.
2. An incident report should be filled out for every recipient involved. If there are two recipients involved in an incident - then two incident reports must be completed.
3. If an employee is hurt in any way during an incident, an Employee Injury Report must be completed for SCCMHA employees.

WHAT happened? What led up to the incident?

Be descriptive in the explanation of what happened, but only describe observed circumstances. This description is to provide a clear picture of what occurred.

WHAT did you do?

1. What did you do in response to the incident?
2. Were there interventions performed?

WHEN did it happen?

WHERE did it happen?

HOW did it happen?

FILLING OUT THE INCIDENT REPORT FORM

The person filling out the Incident Report should complete the front side of the form only. All sections must be filled out completely including:

1. The name and case number of the recipient involved.
2. The date and time the incident occurred or was noticed (circle a.m. or p.m.)
3. The date and time the incident is being reported (circle a.m. or p.m.)
4. Check the site (facility name) and location where the incident occurred. If the site is not listed write the location/facility name in under the category: Other:
5. Check the area where the incident occurred. If the area is not listed, write the area in under the category Other.
6. Write a complete description of what happened, stating facts not listed elsewhere on the form including what led up to the incident. Give a clear picture of what happened and what you action was taken. A second sheet may be filled out and attached if necessary.
7. Indicate on figure with an X where on the recipient the injury occurred.
8. Check the type of injury (may be more than one) that occurred to the recipient.
9. Check the seriousness of the injury.
10. Check the kind of treatment that was provided to the recipient.
11. Indicate any witnesses or other involved.
12. Print the name of the person reporting. Sign and date the Incident Report.

PROCESSING THE INCIDENT REPORT

Person writing the Incident Report

1. Fill out the IR and forward the completed form to SCCMHA within one (1) business day (within 24 hours) of the incident.
2. Make a verbal report to the Home Manager and the Primary Provider by the end of the shift. If the Primary Provider is not available, leave a voice mail message.
3. Home Manager reviews and signs and forwards to the Day Program Administrative Support Staff.
4. In the event an incident is related to a consumer's medication or there are potential medical issues, report to the Home Manger and fill out a Medication Error Report if necessary.

5. In the event the incident involves a violation of a code protected the person writing the report will fill out a rights complaint and forward to the rights office. If the violation includes abuse or neglect, the person filling out the incident report will call the rights officer and their supervisor immediately and make a verbal report as well as filling out a written rights complaint.

SCCMHA Administrative Support Staff

The SCMHA Administrative Support Staff person will be responsible for the initial processing of IR's. This will consist of:

1. Separating the yellow copy and sending it to the Supports Coordination Administrative person.
2. Scheduling the morning meeting.
3. Consolidating the weekly IR's and bringing to the morning meeting for review.
4. Sending reviewed IR's to the Safety Officer.
5. Sending reviewed IR's to the Behavioral Specialist.
6. Follow up and reporting on missing IR's by SCA.

MORNING MEETING

Twice a week, all incident reports from the preceding week will be reviewed at the morning meeting. Each responsible individual present will review the Incident Report and sign and date the IR.

Morning Meeting Attendee responsibilities:

Service Provider: Be available for review and comment on the Incident.

Home Manager: Review the Incident Report and complete the Home Manager Review/Comments section including: 1) any persons notified of the incident and the date they were notified, 2) Comments regarding the incident, 3) Home Manager's will initial and sign and review comments to educate home staff (Home Manager has commented in section prior to morning meeting. Home Manager comments when Incident Report is submitted to them from staff).

Nurse: Review the Incident Report and complete the Nurse's Review/Comments Section including: 1) Any persons notified of the incident and the date they were notified, 2) Comments regarding the incident, 3) Nurses signature and date signed.

Program Director: Review the Incident Report and complete the Program Director Review section including:

1. Any persons notified of the incident and the date they were notified.
2. Whether or not a report was required.
3. The incident category.
4. Whether a physical intervention was required. If an intervention as needed, record the following: a) The date the staff received CPI Training and b) The date the staff was inserviced on the consumer Behavior plan, c) will fill out a physical intervention form and attach to IR.
5. Determine if the incident was a "Trigger Event."
6. Recommend what follow up is required.
7. Any comments regarding the incident.
8. Director's signature and date signed.
9. It is the Program Director's responsibility to review all I.R.'s for Sentinel Events. The Program Director will designate which I.R.'s are to be forwarded to the Safety Officer and Behavior Specialist for review.

SCCMHA Administrative Support Staff

The SCCMHA Administrative Support Staff will forward the IR's to the Behavioral Specialist for review after the morning meeting.

Safety Officer

The Safety Officer (SO) will review designated Incident Reports for safety concerns. Any safety issues will be noted on the IR form. The SO will review and sign and date the IR and return to the Administrative Support Staff within one business day.

Behavioral Specialist

The Behavioral Specialist will review the Incident Reports that include any physical interventions or recipient behaviors including:

1. Any persons notified of the incident and date they were notified.
2. Comments on the incident and any follow up action requested or required.

3. Behavioral Specialist signature and date signed.
4. Forward to the SCA.

Service Provider Administrative Staff

Upon receipt of IR SCA will forward the IR to the Recipient Rights Officer within one business.

Recipient Rights Officer

The Recipient Rights Officer reviews the Incident Reports for violations of recipient's code protected rights and completes the Recipient Right Review/Comment section including:

1. Any persons notified of the incident and the date they were notified.
 2. Comments regarding the incident.
 3. Recipient Rights Officer's signature and date signed.
4. Return the completed IR to SCA.

Service Provider Administrative Staff

Upon receipt of the IR's from the RRO the SCA will:

1. Data enter the IR information into the IR database. All IR data for the month will be entered by the third Monday of the following month.
2. Archive process IR's.

Monthly Clinical Director Review

On a monthly basis the Clinical Leadership committee will review a summary report of all the previous month's reports. This report will be provided by the Performance Improvement Coordinator. The review will include: A detailed analysis and response to any consumer having 5 or more incidents in a month. A monthly report of this information will be maintained in the Incident Report database and copy will be filed with meeting minutes.

A copy of the monthly report will be forwarded to the Recipient Rights Officer. A detailed analysis of any consumer incident that can affect the health and safety of the consumer or any associated consumer. Appropriate action will be taken to protect the health and safety of the consumer(s) including notifying the rights office of any possible rights concerns.

