Division of Mental Health and Addiction

Critical Incident Reporting
Policy and Procedure

June 2019
Agenda

• Purpose and objectives
• Types of incident reports
• Reporting Requirements
• Quality Assurance
• Wrap-up and Questions
Purpose

Incidents will happen...

- Staff and Consumer safety
  - How do you respond, report, resolve and remedy
- Federal and State Mandates

Objectives

- Know how to complete incident reports
- Understand the changes for reporting
## Types of Incidents

<table>
<thead>
<tr>
<th>Residential Settings</th>
<th>Community Based/Client’s Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fire requiring a local fire department response</td>
<td>Injury</td>
</tr>
<tr>
<td>Any emergency rendering the residence temporarily or permanently uninhabitable</td>
<td>A suicide/suicide attempt by a resident</td>
</tr>
<tr>
<td>Any serious injury of a resident requiring professional medical attention</td>
<td>Death</td>
</tr>
<tr>
<td>Suspected or alleged exploitation, neglect or abuse</td>
<td>Homicide</td>
</tr>
<tr>
<td>A suicide/suicide attempt by a resident</td>
<td>Medication Error</td>
</tr>
<tr>
<td>Incident involving the resident requiring a police response- Assault on staff/client</td>
<td>Suspected or alleged exploitation, neglect or abuse</td>
</tr>
<tr>
<td>Medication Error</td>
<td></td>
</tr>
<tr>
<td>Elopement</td>
<td></td>
</tr>
<tr>
<td>Seclusion and Restraint</td>
<td></td>
</tr>
<tr>
<td>Death</td>
<td></td>
</tr>
</tbody>
</table>
Critical Incident Reporting Requirements
Reporting Time Frames

• Residential Settings
  o Within 24 hours

• Outpatient/Community Setting/Client’s Home
  o Within 72 hours of CMHC being notified

***Now Active***

CIR Portal Change
Identify reason the incident was not reported within required timeframe

Resource: State Plan Amendment (SPA) and Article 7.5 Residential Living Facilities for Individuals with Psychiatric Disorders or Addictions
### Required Information

<table>
<thead>
<tr>
<th>Abuse, Neglect and/or Exploitation</th>
<th>Medication Errors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Names of those involved in the incident and relation to victim</td>
<td>How was the incident addressed</td>
</tr>
<tr>
<td>Was Adult Protective Service (APS) contacted</td>
<td>Describe the preventative measures to decrease likelihood of incident reoccurring</td>
</tr>
<tr>
<td>Describe how the client will be kept safe during the investigation</td>
<td>Title/Credentials of staff completing incident report</td>
</tr>
<tr>
<td>If the accusation was against the staff, how was that handled</td>
<td>Describe reason the CIR was not submitted within required time frame (24 vs. 72 hours)</td>
</tr>
<tr>
<td>Describe the preventative measures to decrease the likelihood of incident reoccurring</td>
<td>When the doctor was contacted, what were the instructions to staff and/or client to address possible medical concerns or adverse drug responses</td>
</tr>
<tr>
<td>Describe reason the CIR was not submitted within required time frame (24 vs. 72 hours)</td>
<td></td>
</tr>
<tr>
<td>How was the incident resolved</td>
<td></td>
</tr>
<tr>
<td>Title/Credentials of staff completing incident report</td>
<td></td>
</tr>
</tbody>
</table>
Critical Incident Reporting Compliance
Reporting Compliance

Provider Goal: 86%

CRITICAL INCIDENT REPORTING

3 YEAR REPORT 2014-2017

SFY= State Plan Year
Critical Incident
Quality Assurance Processes
Compliance Process: How will it work?

- **BPHC**: Begins September 1, 2019
- **AMHH**: Begins October 1, 2019
- Each CMHC will receive a report of their compliance scores for each quarter
- Report will be provided 15 days from end of quarter
  - Including any additional follow-up forms provided to the CMHC

<table>
<thead>
<tr>
<th>BPHC Quarters</th>
<th>AMHH Quarters</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st  June 1- August 30</td>
<td>1st  October 1- December 31</td>
</tr>
<tr>
<td>2nd  September 1-November 30</td>
<td>2nd  January 1-March 31</td>
</tr>
<tr>
<td>3rd  December 1-February 28</td>
<td>3rd  April 1-June 30</td>
</tr>
<tr>
<td>4th  March 1-May 31</td>
<td>4th  July 1-September 30</td>
</tr>
</tbody>
</table>
Informal Adjustment (IA)

After first 90 day non-compliant CIR review:

- Verbal or email guidance to the provider and the primary contact or provider supervisor as deemed most appropriate by QA/QI staff.
- DMHA will provide data to show compliance issues including incident date and staff member that submitted CIR

Resource: 405 IAC 1-1.4-4 Sanctions against providers; determination after investigation
Educational Letter (EL)

After second 90 day non-compliant CIR review

- A “Formal Notice” is sent via email (with read receipt or including a request to respond confirming receipt) to the CEO and identified primary contact of the provider
- DMHA will provide data to show compliance issues including incident date and staff member that submitted CIR
- The education letter will identify the next steps if a third 90 day non-compliance review occurs.

NOTE: If after two quarters since EL, compliance falls below 86%, an Informal adjustment will be issued again

Resource: 405 IAC 1-1.4-4 Sanctions against providers; determination after investigation
Corrective Action Plan

This occurs after the third 90 day non-compliant CIR review

DMHA Notice: A “Formal Notice” letter written on FSSA letterhead requiring corrective action and an accompanying Corrective Action Plan (CAP) are sent to the provider for response.

The CAP must include the following information:

- Responsible party
- Timeframe for completion
- A way for DMHA to verify the CAP has been completed
- Plan to prevent reoccurrence
- Be effective

**NOTE: If after two quarters since CAP, compliance falls below 86%, an Educational Letter will be issued again**

Resource: 405 IAC 1-1.4-4 Sanctions against providers; determination after investigation
Additional Action Steps

- Mandatory re-trainings
- Increase visits based on progress
- Increase request for documentation
- Staff member must be re-trained before providing service going forward

Resource: 405 IAC 1-1.4-4 Sanctions against providers; determination after investigation
Graduated Sanctions

- Decertification of specific staff members
- Referral to FSSA Audit
- Program Integrity