

 <p style="text-align: center;">County of Sacramento Department of Health Services Division of Behavioral Health Services Policy and Procedure</p>	Policy Issuer (Unit/Program)	BHS-CMH-YDF
	Policy Number	03-06
	Effective Date	10/2009
	Revision Date	07/2017
Title: Adverse Incident Reports		Functional Area: Safety
Approved By:		
Matthew Quinley, LCSW Health Program Manager		Christopher Eldridge, LMFT Mental Health Program Coordinator

Background/Context:

On occasion, incidents occur that require review to ensure quality care and quality improvement. Some incidents involving current or former clients generate inquiries from the media or public. In order for the Division of Behavioral Health Services (DBHS) and the Mental Health Plan (MHP) to improve the quality of service and respond to inquiries, management must be informed of such incidents in a timely manner.

Definitions:

Adverse Incident: is a situation when any of the following events have occurred involving a client who is receiving or has received services from the MHP:

1. The client dies as a result of suicide, homicide, accident or the cause is undetermined.
2. A client or employee injury on site requires hospital care of more than one day.
3. A facility fire requiring evacuation of clients and staff.
4. A complaint of sexual harassment or undue familiarity involving staff or clients.
5. A complaint of serious infraction(s) of patient's rights, including client abuse.
6. Falsification of professional credentials by persons requiring such credentials for licensure, practice or work related duties.
7. Serious medication side-effects requiring hospitalization.
8. Incident with likelihood of ensuing litigation.
9. Incident that may engender media coverage.
10. A serious suicide attempt requiring medical attention; for example, an overdose requiring medical intervention, a self-inflicted gunshot wound, etc. Superficial cutting or threats are not to be reported.

Agency Designee: is the agency representative who is responsible for reporting and filing all Adverse Incident reports with the County.

County Program Coordinators/Program Contract Monitors: are County employees designated to oversee a particular agency, county contract or unit.

County Program Managers: are County managers who oversee Program Coordinators in a particular unit.

The Director: is the head of the Division of Behavioral Health Services for the County of Sacramento.

Purpose:

The objective of this policy and procedure is to provide a standardized Adverse Incident reporting method for DBHS, the MHP and the Juvenile Justice Institutions Mental Health Team (JJIMHT). The goal is to assist workers, coordinators and management in evaluating and improving the quality of client services by identifying the following:

1. Practices, policies, procedures, training needs and resource limitations affecting the quality of services.
2. Issues with the potential to adversely impact DBHS and MHP.

The Adverse Incident report focuses on issues regarding practice, corrective action, judgment and resource problems to achieve this goal.

Details:

The JJIMHT Program Coordinator must be informed as soon as possible of an adverse incident. The JJIMHT Program Coordinator will notify his/her County Program Manager within 24 hours after the situation becomes known to the DBHS personnel. The report should not be delayed because the person due to receive it is unavailable. The reporting party or Agency Designee should continue up the chain of command until someone from County Administration is notified.

Upon receipt of the verbal report, the Program Manager will determine if the DBHS Deputy Director and the Quality Assurance/Improvement Manager need to be immediately informed or the matter can wait for receipt of the written report.

A. Worker Responsibility:

1. Immediately after learning of an adverse incident, the clinician, case manager or Agency Designee must verbally report to the Program Coordinator. If the JJIMHT Program Coordinator is unavailable, the report should be given to an available County Program Coordinator or Program Manager.
2. Within 2 working days of becoming aware of the incident, the Adverse Incident Report form should be completed in consultation with the JJIMHT Program Coordinator or Program Manager.
3. One copy of the Adverse Incident should be forwarded to Quality Assurance/Improvement Manager by mail or fax (7001-A East Parkway, Suite 300, Sacramento, CA 95823, fax (916)875-0877); the original should be forwarded to the JJIMHT Program Coordinator or Program Manager.

4. The worker should initiate requests for the relevant law enforcement, autopsy or licensing reports and attach the reports to the Adverse Incident Report form.
 5. Any further developments, follow-up or additional reports or information should be recorded and forwarded up the chain of command. The "Supplemental Information Report" form may be used for this purpose (see attached).
- B. County Program Coordinator/Program Contract Monitor Responsibility:
After being notified of the adverse incident, the County Program Coordinator/Program Contract Monitor should immediately, verbally inform the County Program Manager of the incident. After receiving and approving the written report, the County Program Coordinator/Program Contract Monitor should sign and date it, retain one copy and send the original to his/her County Program Manager.
- C. County Program Manager Responsibility:
Upon receiving the verbal report regarding the adverse incident, the County Program Manager should evaluate the report and determine whether the DBHS Deputy Director should be contacted immediately or can be advised later after the fact. After receiving and approving the written report, the County Program Manager should sign and date it, retain one copy and send the original to the DBHS Deputy Director within 5 working days. The DBHS Deputy Director forwards the signed original adverse incident report to the Quality Management Program Manager.
- D. The Quality Assurance Program Manager will review all adverse incidents and refer them to the MHP Quality Improvement Executive Committee when appropriate. The MHP Quality Improvement Executive Committee (QIEC) will evaluate all client records relevant to the Adverse Incident Report. As deemed appropriate, the QIEC will advise the County Program Coordinator/Program Contract Monitor to assist the Provider in developing a plan of correction for the identified problems. The Corrective Action Plan will be reviewed by the QIEC for relevance and best practice. If the Corrective Action Plan is approved by the QIEC, the Program Coordinator/Program Contract Monitor will be responsible for over sighting and enforcing the corrective action plan.

Process:

- A. The MHP Quality Improvement Executive Committee (QIEC) or the County Quality Improvement Committee (QIC), or its designee, may meet with relevant staff in the reporting program to discuss the Adverse Incident report and to obtain any input the staff may wish to add if warranted.
- B. The QIEC/Quality Management may review the client's chart and any relevant collateral information at any time upon request.
- C. Quality Management staff may interview others who have been involved with the adverse incident.

- D. Quality Management will prepare a report of the findings as appropriate and submit it to the DBHS Deputy Director and to the Provider designee of the reporting agency/facility.
- E. If the Provider/Program disagrees with the accuracy or content of the report, she/he will prepare a report addendum and submit it to Quality Management within 10 working days.
- F. The Quality Assurance Program Manager and staff will then meet with the Contract Provider and Program Coordinator/Program Contract Monitor to resolve the disagreement(s).
- G. The Provider and appropriate personnel will develop a corrective action plan with time frames. This should be completed within 30 days and a copy should be sent to the Quality Assurance Program Manager.
- H. Provider Designees are responsible for monitoring the changes delineated in the corrective action plan.
- I. The final report and the corrective action plan will be used when Quality Management conducts any future reviews of the agency/program.

Risk Management:

Adverse Incident Reports are risk management documents and are not to be part of the client health record. Adverse Incident reports must not be scanned into the client's electronic health record (EHR), nor should the completion of an Adverse Incident report be documented in the client's HER. It must be stored in a secured file cabinet with limited access at the provider's site.

Contact Information:

Christopher Eldridge, LMFT, Mental Health Program Coordinator, (916)876-9339, eldridgec@saccounty.net