

CHELAN-DOUGLAS RSN/PIHP POLICY AND PROCEDURE MANUAL		Chapter:	3.12
Title:	CRISIS RESPONSE AND STABILIZATION SERVICES	Page:	1 of 7
		Date Effective:	Nov. 1, 2003
Subject:	CRITICAL INCIDENTS	Date Revised:	January 1,2011
		Authorizing Signature:	

AUTHORITY: Guiding Principle(s): Consumer Focused, Responsive, Effectively Managed
DSHS Standard Work Order, RSN/PIHP Services
DSHS Title XIX Contract and Federal Waiver

SCOPE: This policy applies to Chelan-Douglas Regional Support Network/Prepaid Inpatient Health Plan (CDRSN/PIHP) and its contractors (agencies/providers), and subcontractors (referred to as contractors or agencies or providers throughout this policy).

PURPOSE: This policy describes the Critical Incident Policy as it pertains to extraordinary and adverse occurrences within provider agencies.

POLICY: **Overview**
Critical incident reporting is an important element in quality management of services provided by CDRSN/PIHP contracted providers. This document describes the circumstances under which contracted provider agencies must provide information to the CDRSN/PIHP regarding critical incidents affecting mental health consumers of CDRSN/PIHP services. Such communication is essential so that all parties in our mental health services system are aware and able to respond to inquiries about critical situations; to trigger investigations when additional information is deemed necessary; and to facilitate improvement in service quality.

In addition to these critical incidents, it is the policy of CDRSN/PIHP to report to the Human Resources & Services Administration incidents described in this document and the HRSA contract.

The providers within the CDRSN/PIHP network shall report to the CDRSN/PIHP any and all incidents as described below which involve persons with mental illness and having an open case with the CDRSN/PIHP. The incident will be reported the

next business day after the occurrence. An open case is defined as an individual who is currently receiving crisis services or outpatient mental health services from the CDRSN/PIHP or a CDRSN/PIHP network provider.

Initial notification and any follow-up must be reported to the CDRSN/PIHP and subsequently to HRSA by the CDRSN/PIHP, using the CDRSN critical incident report form. The network provider fills out the incident reports form and sends it to the CDRSN/PIHP.

The CDRSN/PIHP shall notify the HRSA Incident Manager via the HRSA intranet incident reporting format, within one business day of becoming aware of the following events:

- Death or serious injury of patients, clients, staff, or citizens at a DSHS facility or a facility that DSHS licenses, contracts with, or certifies.
- Any violent act to include rape or sexual assault as defined in RCW 71.05.020 and RCW 9.94A.030 or any homicide or attempted homicide as defined in RCW 9A.32.010 by a client.
- Alleged abuse, or client neglect of a serious or emergent nature by an employee, volunteer, licensee, contractor, or another client.
- A natural disaster (to include earthquake, volcanic eruption, tsunami, urban flood, or an outbreak of communicable disease, etc) presenting substantial threat to facility operation or client safety.
- Any allegation of financial exploitation as defined in RCW 74.34.020
- Any suicide or a death under an unusual circumstances.
- Any breach or loss of client data in any form that is reportable in accordance with the Health Information Technology for Economic and Clinical Health (HITECH) Act and that would allow for the unauthorized use of client personal information.
- Any event involving a client or staff that is likely to attract media attention.

The CDRSN/PIHP must notify the HRSA Incident Manager within one working day of an incident that was referred to the Medicaid Fraud Control Unit by the CDRSN/PIHP or its provider network.

In addition to all incidents described above, the CDRSN/PIHP and its provider network are required to utilize professional judgment and report incidents that fall outside the scope of this policy and procedures indicated.

Additionally, the CDRSN/PIHP or its network providers shall notify the following agencies or any others when required by Law:

- Adult Protective Services
- Child Protective Services
- Department of Health
- Local Law Enforcement
- Medicaid Fraud Control Unit
- Washington State Patrol

The CDRSN/PIHP and its network providers shall abide by all applicable state and federal laws as related to mandatory incident reporting and referrals.

Procedure:

1. All incident reports must be submitted on the attached (Attachment 2) form by contracted providers to the CDRSN/PIHP with 24 hours.
2. Each report must be immediately reviewed by agency supervisory staff and decisions and inquiries as to consumer/provider staff safety or referrals to appropriate agencies shall be immediately addressed by agency supervisors.
3. CDRSN staff will report the incident through the HRSA intranet within one business day.
4. The CDRSN shall, after reviewing the incident reports, take corrective actions or quality improvements as required.
5. In the case of Incidents with pending investigations or additional follow-up actions must occur after first 24 hours, CDRSN will send the supplemental follow-up form (attachment 3) to the reporting provider to complete as per the timeline cited on the form.
6. The CDRSN/PIHP shall keep on file all reported incidents and required follow-up activities.
7. The CDRSN/PIHP shall be responsive to any requests from HRSA for additional information regarding efforts designed to prevent or lessen the possibility of future similar incidents.

Attachment Number One: Definition of Violent Act per RCW
Attachment Number Two: RSN Incident Report Form
Attachment Number Three: RSN Incident Report Follow Up Request

Attachment One

Definition of Violent Act per RCW

RCW 71.05.020 "Violent act" means behavior that resulted in homicide, attempted suicide, nonfatal injuries, or substantial damage to property.

RCW 9.94A.030 "Violent offense" means:

(a) Any of the following felonies:

(i) Any felony defined under any law as a class A felony or an attempt to commit a class A felony;

(ii) Criminal solicitation of or criminal conspiracy to commit a class A felony;

(iii) Manslaughter in the first degree;

(iv) Manslaughter in the second degree;

(v) Indecent liberties if committed by forcible compulsion;

(vi) Kidnapping in the second degree;

(vii) Arson in the second degree;

(viii) Assault in the second degree;

(ix) Assault of a child in the second degree;

(x) Extortion in the first degree;

(xi) Robbery in the second degree;

(xii) Drive-by shooting;

(xiii) Vehicular assault, when caused by the operation or driving of a vehicle by a person while under the influence of intoxicating liquor or any drug or by the operation or driving of a vehicle in a reckless manner; and

(xiv) Vehicular homicide, when proximately caused by the driving of any vehicle by any person while under the influence of intoxicating liquor or any drug as defined by RCW [46.61.502](#), or by the operation of any vehicle in a reckless manner.

Attachment Two:

CDRSN INCIDENT REPORT FORM

<p>CDRSN contracted providers must complete this form when reporting incidents related to persons with mental illness who have an open case with the RSN. Fields marked with an asterisk "*" are optional. See Policy 3.12 for definitions of incidents that require reporting. FAX form to (509) 886-6320.</p>	
<p>INCIDENT INFORMATION</p>	
<p>Today's Date: _____ Date RSN was notified: _____</p>	<p>Date of Incident: _____ Time of incident: _____ Location of incident: _____</p>
<p>Name of Contacting Person: _____</p>	
<p>CLIENT INFORMATION</p>	
<p>Last Name: _____</p>	<p>First Name: _____</p>
<p>Brief description of the incident (including names of staff persons involved): _____</p>	
<p>OTHER AGENCY/FACILITIES NOTIFIED/INVOLVED</p>	
<p>Other Agencies/Facilities involved: _____ Other Agencies notified: _____</p>	
<p>*INVESTIGATION INFORMATION (If required)</p>	
<p>Date of Investigation: _____ Email: _____ Telephone: _____</p>	<p>Name of Investigator (facility/agency staff): _____ Fax: _____</p>
<p>SUPERVISOR REVIEW</p>	
<p>Date: _____ <input type="checkbox"/> Immediate safety and debriefing needs addressed.</p>	<p>Follow-up action taken: <input type="checkbox"/> Verify required Referral Agency of Referral: _____ Date of referral: _____</p>
<p><input type="checkbox"/> Corrective Action Plan</p>	<p>Corrective Action taken: _____</p>
<p>Supervisors Signature _____ Date _____</p>	

Attachment Three:

CDRSN INCIDENT FOLLOW-UP REQUEST

INCIDENT INFORMATION	
Consumer's Case ID:	Agency: Date of Incident:
FOLLOW UP INFORMATION REQUESTED	
Description of follow-up requested and timeline: RSN Chart review needed: YES <input type="checkbox"/> NO <input type="checkbox"/> Chart review scheduled:	
Agency response:	
CORRECTIVE ACTION	
Corrective Action needed YES <input type="checkbox"/> NO <input type="checkbox"/> Description of Corrective Action and Timeline:	
INCIDENT DISPOSITION	
Follow up/investigation information received <input type="checkbox"/> Entered into HRSA data base <input type="checkbox"/> Date closed	