

Governing Body – MVBCN Mental Health and Chemical Dependency		Pages: 4 Date:
Subject: Critical Incidents	Prepared By: Quality Management Committee	Approved By: Regional Advisory Council February 20, 2009

RATIONALE:

There are a number of mandatory abuse reporting statutes applicable to vulnerable populations receiving behavioral health services. Specific agencies are responsible for the investigation of abuse of children, seniors, and the developmentally disabled. County mental health programs are the investigators of allegations of abuse of adults with mental illness and report their findings to the Office of Mental Health and Addictions Services. The purpose of these investigations is to ensure protection of the individuals at risk, and ensure appropriate action should there be substantiated findings of abuse. While there is sometimes confusing overlap between these processes, the BCN’s Critical Incident Review calls for a separate process with quite different definitions, procedures and goals as outlined below.

POLICY:

The MVBCN Critical Incident Review Committee will review all critical incident reports and report their findings to the Quality Management Committee (QMC), which is responsible for monitoring the patterns of all critical incidents within the MVBCN.

OBJECTIVES:

- 1.0 To identify opportunities for systemic improvement of services to clients.
- 2.0 To assure a review will occur for 100% of critical incidents
- 3.0 To assure that a process is in place to consistently identify trends of critical incidents.

DEFINITIONS:

The following Critical Incidents involving MVBCN Capitated Members are to be reported to the MVBCN:

Client, as used in the following definitions, includes any person currently enrolled or within 3 months of discharge, or those having had recent contact with MVBCN providers (to the extent that information is available to the provider agency):

- 1.0 **Client Suicide**
- 2.0 **Attempted Client Suicide*:** A serious action that would likely have resulted in death without intervention or that results in serious injury, regardless of whether the individual truly intended to die.

*Self-injurious behavior is to be reviewed at the supervisory level.

- 3.0 **Client Death:** Deaths which are violent, unexplained, or related to behavioral health disorders or treatment will be thoroughly reviewed.
- 4.0 **Allegation of Client Abuse or Neglect:** Includes any allegation of physical or emotional abuse involving Provider Staff and/or Provider Contractors, and any client to client abuse occurring at the site of service.
 - 4.1 For children receiving *New Solutions* services, physical aggression between clients is a Critical Incident when it requires outside medical treatment beyond first aid)
 - 4.2 *Note that OAR's prescribe other mandatory abuse reporting responsibilities for vulnerable populations.* For BCN purposes, cases of familial or acquaintance violence or abuse should be reviewed by persons knowledgeable about the dynamics of such situations. If issues are identified which could lead to systems improvement, the incident will be forwarded to the BCN for regional review.
- 5.0 **Danger to Health and Safety:** Includes any client-related violence; client injuries occurring on site; client-to-client threats that interfere with access to services, or unsafe conditions that have resulted in risk of imminent harm to clients or others. Accidental overdoses or other events with serious medical consequences are included in this category.
 - 5.1 For *New Solutions* services, violence or injuries to staff or clients which require outside medical treatment beyond first aid qualify as Critical Incidents.
- 6.0 **Alleged homicide of or by client:** The organization will conduct or contribute to an incident review.
- 7.0 **Police intervention:** Involvement by law enforcement personnel in response to a crisis call from the agency, to control disruptive client behavior at the site of contracted service.
- 8.0 **Other Issues** encountered by agencies, when they believe that regional review would yield information leading to systems improvement.

PROCEDURES:

- 1.0 Each provider shall have a critical incident review policy and procedure which includes reporting all critical incidents to the provider's Quality Management Committee (QMC), with the exception of 1.1.
 - 1.1 An incident in which staff is alleged to have abused a consumer may result in a referral to law enforcement and/or internal department for investigation and action.
 - 1.1.1 To ensure confidentiality within the agency for such abuse investigations, the agency administrator may choose to bypass the agency's QMC process and report the incident, plans for investigation, and follow-up directly to the MVBCN Quality Improvement Coordinator.
 - 1.1.2 In BCN's critical incident review and reporting of such incidents to EOC and QMC, the Quality Improvement Coordinator shall ensure that the confidentiality of the investigation is maintained.
- 2.0 Each provider's QMC shall review the clinical context of the incident, the appropriateness of

response to the incident, and recommend change, if any, which would reduce likelihood of future incidents. Provider's QMC shall send completed Critical Incident Report to MVBCN Quality Improvement Coordinator for BCN review WITHIN 90 DAYS OF THE INCIDENT.

2.1 If the incident involves a consumer who is served by more than one MVBCN agency or program, the reporting agency is expected to invite the other agencies to participate in a joint review. Issues of transition and collaboration between agencies often lead to important systems improvement opportunities.

3.0 MVBCN EOC or QMC or a designated subcommittee shall:

- engage in a dialogue with the reporting agency regarding systems improvement opportunities identified through the review
- monitor patterns of critical incidents in the provider network
- make recommendations as necessary to improve services and reduce likelihood of further incidents
- work with the Membership Committee to incorporate critical incident follow-up into the procedures for recredentialing providers.

4.0 The provider's QMC will be responsible for protecting the confidentiality of clients and provider staff members. Names of clients and provider staff involved in critical incidents will be edited out prior to any documents being routed to the MVBCN Quality Management Committee.

Addendum

NEW SOLUTIONS: LEVELS OF INCIDENT REPORTING For Children in Out-of-Home Care

(Includes residential, day treatment, treatment foster care, or respite placements)

- 1. Mandatory Abuse Reporting as defined by statute.**
- 2. Reportable Incidents** - The following are required to be reported within one working day to OMHAS, MVBCN, and the legal guardian (OAR 309-032-1100 through 1230). Parents should be informed as soon as possible, and prior to any potential media coverage. While in the program, child is believed to have been
 - Abused
 - Endangered
 - Significantly harmed
- 3. Critical Incidents** – As described and defined in pages 1-3 of the MVBCN Critical Incident Policy. Incidents should also be reported to the Child and Family Team, and Team representatives should be included in the agency review of the incident.
 - Client Suicide
 - Attempted Client Suicide
 - Client Death
 - Allegation of Client Abuse or Neglect
 - Danger to Health and Safety
 - Alleged homicide of or by client
 - Police intervention
 - Other Issues
- 4. Shared with Child and Family Team** - The following events are to be shared with and discussed at the next child and family team meeting following the event:
 - Seclusion: Involuntary confinement of a child alone in a specifically designed room from which the child is physically prevented from leaving (by a door which is locked or held closed by staff).
 - Restraint: A manual method of involuntarily restricting a client’s freedom of movement, physical activity, or normal movement of his/her body to protect the client or others from injury. This should be consistent with behavioral intervention training.
 - Isolation: The staff-directed placement of a child in a room or other space in which the child is alone and without ongoing verbal or visual contact with others. Periodic visual or verbal contact by staff does not prevent the child from being considered to be in isolation.
 - Run away: Client has left agency supervision without permission, whether the client later returns or is discharged as a runaway.The Child and Family Team will collaborate with facility staff in problem-solving and selecting the most clinically appropriate responses to the problem behaviors leading up to these events. The MVBCN Children’s Program Coordinator should be consulted if there is a continued pattern of these events.
- 5. Aggregate reports on use of Seclusion and Restraint** – Intensive Treatment Services shall follow the applicable OAR’s, and report aggregated data, either:
 - To CHARRP and OMHAS through the BESST Initiative, OR
 - Quarterly to MVBCN.