



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

Residential Settings	Community Based/Client's Home
Fire requiring a local fire department response	Injury
Any emergency rendering the residence temporarily or permanently uninhabitable	A suicide/suicide attempt by a resident
Any serious injury of a resident requiring professional medical attention	Death
Suspected or alleged exploitation, neglect or abuse	Homicide
A suicide/suicide attempt by a resident	Medication Error
Incident involving the resident requiring a police response- Assault on staff/client	Suspected or alleged exploitation, neglect or abuse
Medication Error	
Elopement	
Seclusion and Restraint	
Death	



Critical Incident Reporting Requirements



Reporting Time Frames

- Residential Settings
 - Within 24 hours
- Outpatient/Community Setting/Client's Home
 - 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

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



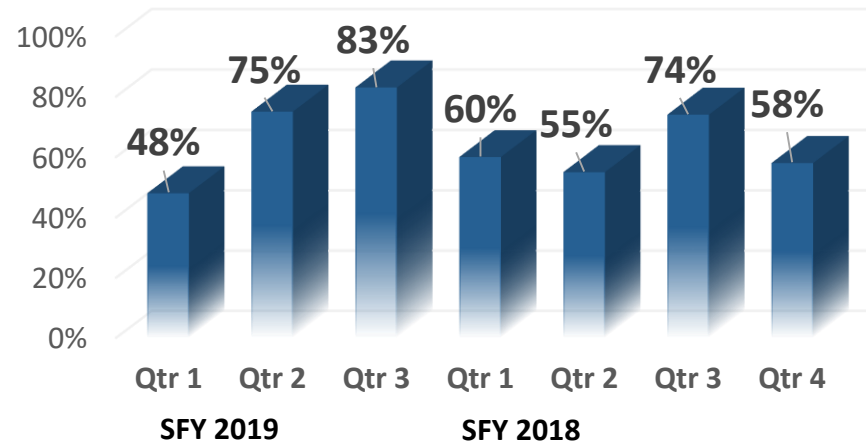
Critical Incident Reporting Compliance



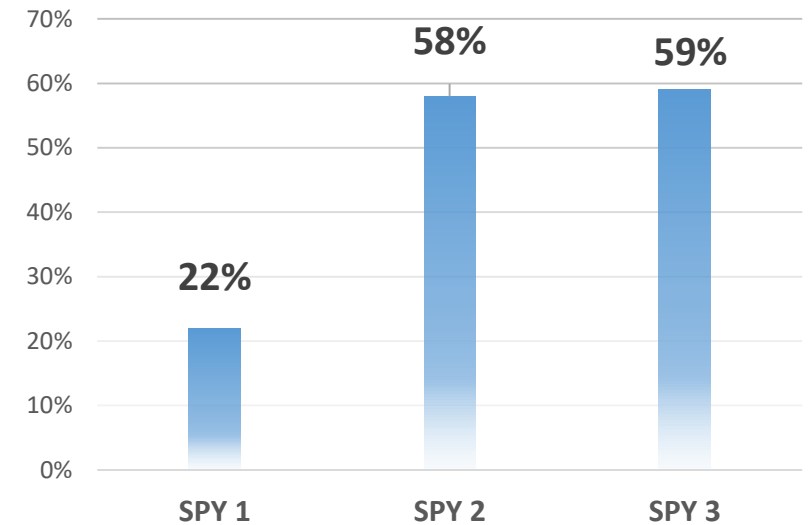
Reporting Compliance

Provider Goal: 86%

CRITICAL INCIDENT REPORTING



3 YEAR REPORT 2014-2017



SPY= 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

BPHC Quarters

1st	June 1- August 30
2nd	September 1-November 30
3rd	December 1-February 28
4th	March 1-May 31

AMHH Quarters

1st	October 1- December 31
2nd	January 1-March 31
3rd	April 1-June 30
4th	July 1-September 30



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



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



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



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

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



GOT *Questions?*
WE'VE GOT *answers.*

