

# MRCSB SERIOUS INCIDENT REPORTING PROCEDURE

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Information Sessions  
August and September, 2018

# MRCSB Procedure

- Based on:
  - DBHDS Office of Licensing, 12VAC 35-105 Emergency Regulations beginning 9/1/2018
  - DBHDS Guidance Document, dated 8/6/18
- It's a work in progress... for all of us.

# Serious Incident Levels

- **Level I:**
  - MUST occur during a service or at a licensed site, unless the individual is in a residential service.
  - NOT CHRIS reported.
  - We are required to review these internally and to identify any **trends** that need improvements.
  - Staff complete the new Serious Incident Service in Credible.
  - We get to choose which ones to include at this time.
  - Licensing specialists will request copies of trend analyses from admin from time to time.

# Serious Incident Levels

- **Level II:**
  - **MUST occur during a service or at a licensed site, unless the individual is in a residential service.**
  - These are reported to DBHDS in CHRIS by QA staff.
  - Our Risk Management Coordinator is required to complete a Root Cause Analysis on each Level II within 30 days and develop a performance improvement plan when necessary.

# Serious Incident Levels

- **Level III:**

- Required to report even if the person was not participating in a service or at a licensed site.
- These are sentinel events, such as death, sexual assault, or injury that results in permanent injury.

# Incident Levels

## Level I

Level I serious incidents do not meet the definition of a level II or III incident. They must occur or originate during the active provision of services or on the premises of the provider, unless the individual is in a residential service. Level I serious incidents do not result in significant harm or may be events that have the potential to cause significant harm but do not.

### **Level I reportable incidents include:**

- Falls (with no serious injury)
- Medication Errors (e.g. missed dose, no adverse effects)
- Peer to Peer Incidents
- Acts of violence and/or physical aggression towards staff or others (not peer-to-peer; e.g. requires use of a **CPI hold**)
- Serious property destruction
- Repeated physical health issues without a diagnosis or resolution (e.g. apparent seizures, but no diagnosis of a seizure)

# Level I Incidents

- Level I incidents are reported internally for trend analysis.
- Staff must notify their supervisors within **24 hours of discovery**.
- Staff must complete a Serious Incident Report in Credible under their “Incidents” by **reporting site** tab by the next business day and submit it to the Office of the Executive Director.
- Medication Errors require staff to contact appropriate medical personnel (PCP, pharmacist, etc.) to inquire if additional instructions are necessary based on the type of error.
- Peer-to-Peer incidents and Med Errors still require staff to notify by phone or email, the Director of Quality Assurance/Human Rights.

# Level II Incidents

Level II incidents occur or originate during the active provision of services or on the premises of the provider, unless the individual is in a residential service. The incident results in significant harm or threat to health and safety of individuals in our services. The incident could also include significant harm or threats to the health and safety of others caused by the individual. Level II incidents are CHRIS reportable.

**Level II incidents include (the guidance document provides great examples):**

- A serious injury- injury that **requires** medical attention by a licensed MD., NP., DO., PA.
- Missing individuals- a circumstance in which the individual is not physically present when and where they should be and their absence cannot be accounted for or explained by their supervision needs or behavior patterns.
- Emergency room or Urgent care visit when **NOT** used in lieu of a PCP visit.
- Unplanned psychiatric or unplanned medical hospital admission.



## Level II Serious Incident, continued...

- Choking incidents that require direct physical intervention.
- Ingestion of any hazardous material ( i.e. batteries, laundry pods, etc.). This would also include hazardous materials absorbed through skin contact, ears, eyes, genitals.
- Decubitus Ulcer (bedsore) or an increase in the severity of a previously diagnosed decubitus ulcer
- Diagnosed Aspiration Pneumonia
- Diagnosed Bowel Obstruction

# Level II Incidents

- Level II serious incidents are required to be reported into the CHRIS system **within 24 hours of discovery**.
- Employees need to notify their Supervisor or designated on-call **immediately** when any level II incidents occur.
- Level II incidents involving individuals receiving services and/or visitors that require medical attention should also be reported immediately, by phone or email to the Office of the Executive Director.
- Staff must complete a Serious Incident Report in Credible under their “Incidents” by **reporting site tab** by the staff who was present at the time of the incident or was the first to be alerted to the incident and will additionally need to email notice of the incident to the program QA staff, the Coordinator of Risk Mgt. along with the Office of the ED prior to the end of the work shift.

# Level II Incidents

- Program QA staff will complete an initial review of level II serious incidents and may make recommendations that require follow-up by involved staff.
- Level II serious incidents will have a Root Cause Analysis completed by the Risk Management Coordinator within 30 days of discovery.

# Level III Incidents

- Level III Serious incidents are reported **immediately** regardless of where the incident occurred.
- **Level III incidents include:**
  - Death of an individual receiving services
  - Sexual assault of an individual (this includes alleged)
  - Serious injury to an individual that is likely to result in permanent physical injury or psychological impairment.
  - Suicide attempt by an individual receiving MRCSB services that results in a hospital admission.

# Level III Incidents

- Level III serious incidents are required to be reported into the CHRIS system **within 24 hours of discovery**.
- Employees need to notify their Supervisor or designated on-call **immediately** when any level III incidents occur.
- Level III incidents involving individuals receiving services should also be reported immediately, by phone or email to the Office of the Executive Director. Additionally staff need to email notice of the incident to the program QA staff, the Risk Management Coordinator, along with the Office of the Executive Director.
- Staff must complete a Serious Incident Report in Credible under their “Incidents” **by reporting site tab** by the staff who was present at the time of the incident or was the first to be alerted to the incident prior to the end of the work shift.
- Level III serious incidents will have a Root Cause Analysis completed by the Risk Management Coordinator within 30 days of discovery.

# Important Information

- With the new regulations, many incidents will no longer be reportable unless they happen during the provision of services or on site (with the exception of residential services).
- When individuals report incidents that occur elsewhere and involve injury/illness, etc. staff should remember to include basic information in the individual's EHR when appropriate to address health/safety concerns and monitoring for necessary follow-up. **THIS IS ALSO A LICENSING REQUIREMENT.**
- In an effort to capture information needed to meet the new regs, a new Incident Form has been developed for use in Credible to replace the current service. The new Credible Incident form will allow the agency to better track trends.
- Staff need to make sure they are using the individuals Credible ID # (account #) and name as it appears in their Credible profile when entering incidents into the "Incident by Site" tab.

# Important Information

- Level I and II serious incidents will still require notification of the LG/AR. Staff will also inform the individual's case manager or support coordinator of incident.
- Level III serious incident notification shall be attempted by the program supervisor and discretion will be used when making notifications depending on the time of day and the severity of the incident.
- Reviews of all deaths will be continue to be assigned through the Director of Quality Assurance and the Office of the Executive Director and the finding submitted to the Risk Management Coordinator, the Division or Program Director, and the Office of the Executive Director.
- **In some instances the Risk Management Coordinator may reach out to staff directly for additional information pertaining to level II and III incidents.**

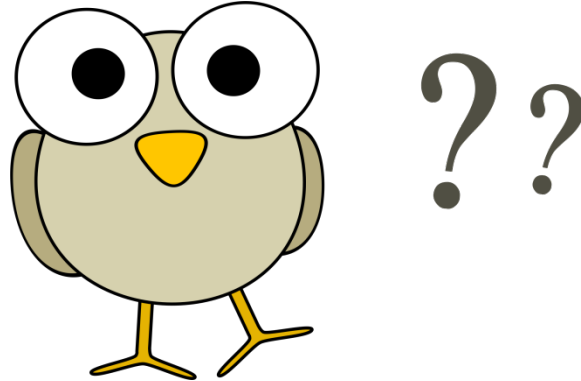
# Human Rights Report versus Serious Incident Report

- Certain events will continue to require immediate report directly to the Director of Quality Assurance, Human Rights, & Licensing for review of possible Human Rights violations.
- Examples may include:
  - Use of restraint, including CPI Holds
  - Inaccurate medication count
  - Lack of appropriate supervision during services

**Contact: Wendy Gullion**  
**Cell: 276/781-6436 or**  
**After 9pm: 276/521-0169**



# Questions?



- In the future, if you have any questions regarding the new DBHDS Regulations going into effect beginning September 1<sup>st</sup> ask your supervisor or you can contact your program QA staff or:
- Andrea Costello, Coordinator, Risk Management
- Wendy Gullion, Director, Quality Assurance, Human Rights, & Licensing
- Laura Davis, Director, Compliance & Special Projects