

SOUTHERN HIGHLANDS COMMUNITY MENTAL HEALTH CENTER

POLICY AND PROCEDURE MANUAL

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Policy 176 – Adverse Incidents

I. POLICY

All Incidents considered adverse to consumers, staff, resources, or which involve a potential liability for the Center will be reported to the Chief Executive Officer within twenty-four hours. The report of the incident will include facts about events or circumstances that caused or contributed to the incident. A report that covers all aspects of the incident will be filed with the Chief Executive Officer. For example, if an incident occurs involving two staff, two consumers, or a staff and a consumer and each are injured, one report will be filed describing all the details.

II. DISCUSSION

Services must be provided in a manner and in facilities that are conducive to the consumers, staff, and others' well being and safety. The Chief Executive Officer will review all incident reports to ensure that the Center is using safe procedures and facilities. Examples of incidents that are considered to be adverse are overdoses of medication, suicides, consumer death (when related to treatment), injuries to persons and/or property, theft, fire, and destruction of property. When it appears that normal supervisory follow-up is insufficient due to the severity or frequency of incidents, the Chief Executive Officer or designee will complete an objective investigation.

Supervisors must insure that all incidents are reported. The Chief Executive Officer will determine if an investigation must occur. For example, an automobile accident or overdose of medication provided by our physician will result in a record review to determine if the appropriate assessment of the suicidality of the consumer was conducted and that the staff took appropriate precautions.

A file of all incidents will be maintained in the Chief Executive Officer's office with a description of the incidents, actions taken by the provider to mitigate the incident and, at minimum, a description of systemic corrective action taken by the provider, if any, as a result of the provider investigation utilizing unique but confidential consumer identifiers.

The Incident Report Review Committee will review all incidents at least quarterly. Discussion will focus on the presence of any trends, frequency, and locations of incidents. A summary of the trends or findings will be in the written minutes of the Incident Report Review Committee minutes. An annual report will be presented to the Board of Directors. The Management Team will be advised of any trends or issues with incidents as they may arise.

Incidents will be divided into three categories: (1) Investigations alleging abuse or neglect, or financial exploitation, (2) Critical Incidents, and (3) Incidents.

Incident – An unusual event occurring to a consumer, staff, or resources that needs to be recorded and investigated for risk management or quality improvement purposes. Examples would include minor medication error, consumer behavior without injury, staff minor injury or fall, or loss of Center equipment.

Critical Incident – An event, alleged, suspected, or occurred, with a high likelihood of producing real or potential harm to the health and well-being of the person served but does not include abuse or neglect.

Abuse and Neglect – Adult/ Child Protective Services requires reporting of neglect, abuse, and suspected neglect or abuse of an incapacitated adult. Abuse is defined as “the infliction or threat to inflict physical pain or injury on or the imprisonment of any incapacitated adult.” Neglect is “the unreasonable failure by a caregiver to provide the care necessary to assure the physical safety or health of an incapacitated adult.”

III. ALLEGATIONS OF ABUSE AND/OR NEGLECT

See Policy 178 Mandatory Reporting of Child or Adult Abuse, Neglect, or Emergency Situations. Two members of the Management Team that are not direct supervisors of the program being investigated will investigate all allegations of abuse and/or neglect.

IV. MORTALITIES

Any mortality which is related to the treatment or supervision provided by Southern Highlands (i.e., a consumer of a group home/ ISS, an overdose on medication prescribed by a SHCMHC Medical Provider, a consumer in a residential SUD, CSU or CRU) shall be treated as a mandatory reporting issue (CPS/APS) and shall be reported within 24 hours of notification of the consumer’s death to OHFLAC by fax (304-558-2515) utilizing the Initial Mortality Report Form. The form is available on OHFLAC’s website (www.wvdhhr.org/ohflac) and may be downloaded. The original form must be mailed to OHFLAC/ Attention Behavioral Health Program 408 Leon Sullivan Way Charleston, WV 25301. An internal investigation must be conducted and forwarded to OHFLAC within 14 days. The investigation must include the circumstance that led to the death and include the critical incident analysis.

If the death occurs after the transfer from the behavioral health center to a hospital or other medical treatment facility it will be SHCMHC responsibility to report and investigate the incident to the full extent possible given the information available to SHCMHC at the time of transfer.

If the death of consumers that only received outpatient services was not related to any services provided by SHCMHC (e.g., natural causes, accidental death, vehicle wreck, etc.) does not need reported or investigated.

Consumers served by multiple agencies under the Title XIX Waiver program must have an investigation conducted and submit the results to OHFLAC.

The internal investigation cannot be released outside of DHHR without a court order.

See Policy 177 Mortality Review for more information

V. CRITICAL INCIDENTS

Critical Incidents are defined as those incidents with a high likelihood of producing real or potential harm to the health and well being of the person or persons served but not involving abuse or neglect. These incidents might include but are not limited to the following:

- Attempted Suicide
- Manual restraint or isolation/seclusion unless approved by Behavior Support Plan and/or Human Rights Committee
- Behavior likely to lead to serious injury, significant property damage, or results in the interruption of services including the necessity for movement to a more intensive level of care for residential consumers.
- Major involvement of law enforcement, including incidents involving **detainment** of the consumer by law enforcement authorities.
- Possession of illicit substances including alcohol
- Possession of weapons
- Injury resulting in hospitalization, serious medical treatment, or permanent physical damage.
- Life- Threatening Reaction of a drug or food
- Elopement from Day Treatment or Residential sites – must leave the property and out of sight of staff
- Errors of Medication or dietary administration with negative outcomes
- Fire that results in injury, relocation, or interruption of services.
- Significant injuries of unknown origins resulting in medical treatment.
- Inappropriate discharge of a consumer.
- Any other incident judged by staff, management or other individual to be significant and potentially having a serious negative impact on staff, consumers, or visitors

Critical incidents must be investigated and reported to the Guardian, designated advocate, administrator, Human Rights Committee, and Quality Assurance or Management Committee.

VI. INCIDENTS

An incident is defined as any unusual event that needs to be recorded and/ or investigated for risk management or quality improvement purposes. Examples would be a minor assault by another resident with no injuries, minor injuries, vehicle or other accidents without injury, loss of Center resources, minor medication errors without negative outcomes, and any other occurrence involving potential Center liability, risk management, or quality assurance.

VII. INJURIES OF UNKNOWN SOURCE

An injury of unknown source is an injury that is not witnessed, the consumer is unable to state the source of injury, and the source of the injury cannot be explained. If the injury raises suspicion of possible abuse or neglect because of the extent of the injury or the location of the

injury (e.g., the injury is located in an area not generally vulnerable to trauma) or the number of injuries observed at one particular point in time or the incidence of injuries over time the injury must be reported and investigated.

VIII. COMPLETING INCIDENT REPORT

- A. A separate incident report will be completed for each consumer involved within 24 hours of incident.
- B. Any staff that receives an injury / illness during shift must complete an Employee Injury Report.
- C. Another consumer(s) names or identifying information cannot be noted in another consumer's incident report.
- D. Date and time of incident, location of incident, injuries, property destruction, etc., will be noted in the incident report.
- E. Notification of Supervisor, RN, Guardian, CEO, Case Manager, Behavioral Specialist, Residential Facility, Advocate, etc., will be noted on the incident report.
- F. Report must be legible and in proper grammar describing what happened before, during, and after the events or circumstances that caused or contributed to the incident must be included. Report must also note any significant events, triggers, patterns, and medical interventions that occurred during the incident.
- G. Staff must report facts, no opinion, on the report.
- H. Reporting staff will print name, title, sign, and date report.
- I. Report will be received by supervisor within 24 hours to complete supervisory follow up and submit to CEO or designee.
- J. The Chief Executive Office will determine if supervisory follow up is sufficient or if an internal investigation must occur.
- K. The report is required to have the signature of the reporters and CEO or designee.

IX. PROCEDURES FOR INCIDENT REPORTING

	INCIDENT	CRITICAL INCIDENT	ABUSE/NEGLECT
DAY OF INCIDENT	Staff will complete incident report.	Report by phone to Chief Executive Officer or designee. Staff will complete incident report. Supervisory review and comments explains why incident occurred or steps to avoid future situations. ONLY ASSIGNED DIRECTORS COMPLETE INVESTIGATIONS	Report to DHHR Centralized Intake by telephone (1-822-252-6513). Staff may choose to consult with supervisor prior to calling but this is not required. Report by phone to Chief Executive Officer or designee. STAFF NEVER DO AN INVESTIGATION. Chief Executive Officer or designee will place staff on administrative leave pending completion of investigation Staff will complete incident report and APS/CPS reporting form and fax immediately to APS/CPS (Princeton - 487-9790; Welch - 436-3248; Pineville - 732-8223) and OHFLAC (304-558-2515). Attach a copy of APS form and fax confirmation to incident report. Copy to local police if any possibility of illegal activity.
DAY 2	CEO receives within 24 hours and makes decision if additional review / investigation needed.	Chief Executive Officer or designee begins investigation within 24 hours.	Chief Executive Officer or designee will assign 2 Management Staff to complete investigation.
No Later Than DAY 5		Recommendations from investigation.	A preliminary report will be completed
No Later Than DAY 14			Final report will be issued. Employee will be reinstated with pay or terminated. Family member, guardian, and/or person making complaint will be notified of outcome.
Next Committee Meeting		Investigation results and recommendations reported to all parties including Human Rights Committee	Investigation results and recommendations reported to all parties including Human Rights Committee.

Adult Protective Services requires the intent to abuse but Office of Health Facilities and Licensure does not.

Any event may change from one category to another at any point in an investigation.

X. INVESTIGATIONS

- A. An investigation committee will be formed consisting of at least two members of management that does not immediately supervise the alleged offender. The lead investigator will be responsible for convening the committee, scheduling meetings/interviews, and ensuring the final report is submitted to the CEO.

In the event of suspected abuse or neglect the person under investigation will be placed on administrative leave immediately pending investigation results.

- C. All witnesses must be interviewed face to face unless extenuating circumstances exist (such circumstances must be documented). The interviews shall be conducted in the following order if able: 1) Reporter of the incident/ allegation, 2) Victim (if applicable) 3) Person(s) involved, 4) Witnesses, and 5) Alleged perpetrator.
- D. The person being investigated will be questioned last. All information obtained in the investigation is confidential, as is the identity of the reporter. Should the alleged perpetrator leave the employ of the Center abruptly during the investigation, the investigation will be pursued to conclusion and documented. All employees, including the person being investigated, are required to actively participate in the investigation. Failure to be interviewed or provide information requested will be grounds for termination.
- E. Location of the interviews shall be private and shall serve to maintain the confidentiality of those involved. All interviews must be completed by both investigators. **(See below for information to obtain during the investigation)**
- F. Interviews will be summarized in writing. Each Investigator shall initial or sign each summary verifying the interview summary is correct
- G. All investigations will have documentation of assessments or referral for assessments used to either substantiate or not substantiate the allegations.
- H. Injuries of unknown sources discovered during the investigation will be investigated to determine if the cause of the injury may relate to the investigation.
- I. Past investigations can be part of the interview and will be reviewed to help the investigator to be aware of potential patterns of abuse, neglect, and/ or financial abuse, or lack of training or supervision.
- J. Upon conclusion of the investigation, the investigators should make a consensus decision regarding substantiation. If the investigator cannot reach a decision, the Chief Executive Officer or designee will make the decision.
- K. The Chief Executive Officer shall document receipt of the report; action taken and the file shall be maintained in the Chief Residential & Compliance Officer's office.
- L. The Chief Executive Officer or designee will notify in writing the consumer and his/her guardian of the outcome of the investigation if applicable.
- M. At the conclusion of the investigation, the Chief Executive Officer or designee will notify the Clinical Supervisor of the programs involved and the Case Manager, if the consumer was adversely affected, who will meet to discuss the findings and determine if a treatment team meeting should be held to implement the investigator's recommendations.

- N. The Human Rights Committee shall review results of investigations and patterns of incidents at each HRC meeting and shall make recommendations to the Chief Executive Officer as appropriate and necessary.

MINIMUM INVESTIGATION REPORTING REQUIREMENTS

Name of primary consumer (s) involved.
Name of reporter and position.
Type of incident (abuse/neglect, critical, simple).
Name and status of alleged perpetrator (staff, consumer, family member).
Date.
Who discovered the injury/incident/event?
Where and when was the incident discovered?
Who was it reported to?
When?
When was the Chief Executive Officer/designee notified?
Describe the incident.
Where did the incident occur?
What significant events may have preceded the incident and triggered it?
What significant events occurred subsequent to the incident, if any?
Who was involved in the incident? How?
Who was present to observe the incident?
What was staff response to the incident?
Were the appropriate parties notified and when?
A summary of each witnesses account of incident.
Other action taken during the investigation.
Recommendations.
Date of preliminary report.
Date of final written report.

The Chief Executive Officer will document in a memo (if applicable) the action taken and/or training that has been recommended by the investigators.

A summary of investigations will be reported to the Human Rights Committee and Board of Directors at the next scheduled meeting.