




United Behavioral Health

<b>Critical Incidents</b>			<b>Policy Identifier/Number:</b> QA-12
<b>Annual Review Completed Date:</b> February 2018			
<b>Policy Category:</b> Government – Pierce Regional Support Network	<b>Applicable Lines of Business:</b> Medicaid	<b>Entity/Plan:</b> Optum Pierce Behavioral Health Organization	<b>State:</b> Pierce County, Washington
<b>Approved by:</b> Bea Dixon, Executive Director		<b>Signature:</b> 	

#### Policy Statement and Purpose

Optum Pierce Behavioral Health Organization's (BHO) contracted behavioral health care providers are responsible for reporting critical incidents in a timely manner to Optum Pierce BHO. The Optum Pierce BHO Quality Assurance/Performance Improvement (QA/PI) staff is responsible for tracking and reporting critical incidents to the Washington State Department of Social and Health Services (DSHS), and for completion of any necessary internal investigations and follow-up actions.

To define the responsibilities of the Optum Pierce BHO and contracted behavioral health care providers in tracking and reporting critical incidents.

#### Policy Audience and Applicability

This policy is applicable to the Optum Pierce BHO and benefits administered through the Washington State Department of Social and Health Services (DSHS) current Prepaid Inpatient Health Plan (PIHP).

#### Policy Definitions

N/A

#### Policy Provisions

1. **Incident Management:** Optum Pierce BHO must establish an incident management system consistent with all applicable laws and the requirements of this Section.
  - 1.1. Optum Pierce BHO must maintain policies and procedures describing its incident management system, including reporting protocols and oversight responsibilities.
  - 1.2. Optum Pierce BHO must have a designated incident manager responsible for administering the incident management system and ensuring compliance with the requirements of this Section.
  - 1.3. **Incident Reporting:** Optum Pierce BHO must report to DBHR incidents involving Enrollees who have received at least one service within 365 calendar days prior to the date of the incident.
    - 1.3.1. Optum Pierce BHO must report incidents using the Behavioral Health and Recovery Incident Reporting System.

- 1.3.2. If the Incident Reporting System is offline or otherwise unavailable, Optum Pierce BHO must report incidents in an alternate format provided by DBHR.
- 1.3.3. All incidents, regardless of where they occurred or what category they fall into, must be reported to Optum Pierce BHO using the attached *Critical Incident* form.
- 1.3.4. The contracted provider is to fax the completed *Critical Incident Report Form* to the Optum Pierce BHO QA/PI Department at **1-253-292-4219** using a cover sheet containing a confidentiality disclaimer.
- 1.3.5. Upon receipt of the *Critical Incident Report Form*, the Optum Pierce BHO QA/PI Manager or designee is to review the form and, if necessary, contact the provider to request further detail or gather additional information about the consumer's wellbeing.

**1.4. Incident Reports:**

- 1.4.1. At a minimum Incident Reports must contain the following information:
  - The date of the incident;
  - A description of the incident;
  - The name of the facility where the incident occurred or a description of the incident location if occurred outside of a facility;
  - Incident type:
  - Name and ages of all Enrollees involved in the incident. Disclosure of Enrollee identifiable information is authorized by 42 CFR § 2.53 authorizing disclosure of patient identifying information for purposes of audit and evaluation by DSHS;
  - Names and title of facility personnel or other staff involved in the incident;
  - Names and relationships, if known, of other persons involved in the incident;
  - The nature and degree of involvement for all other persons;
  - The Enrollee's whereabouts at the time of the report if known (i.e. home, jail, hospital, unknown, etc.) or actions taken to locate the Enrollee;
  - Actions taken to minimize harm resulting from the incident; and
  - Any legally required notifications made.
- 1.4.1.1. DSHS may request the following additional information:
  - Start date of the Enrollee's service period.
  - A brief summary of the type and frequency of services provided to the Enrollee.
  - Any breaks in service lasting three months or more.
  - The date and type of the Enrollee's most recent service episode.
  - Any indications or concerns noted during the Enrollee's most recent service episode.

- The Enrollee's last known diagnosis, or diagnosis at the time the incident occurred.
  - The dates and duration of any court-ordered commitments for inpatient psychiatric treatment, or outpatient treatment under a Less Restrictive Alternative.
- 1.4.2. When required by law, Optum Pierce BHO also reports, or ensures that the behavioral health care provider has reported, the critical incident to the following:
- 1.4.3. Adult Protective Services;
- 1.4.4. Child Protective Services;
- 1.4.5. the Department of Health;
- 1.4.6. Local Law Enforcement;
- 1.4.7. the Medicaid Fraud Control Unit; and
- 1.4.8. the Washington State Patrol.
- 1.4.9. **Category One Incidents:** Contracted Behavioral Health Providers must notify Optum Pierce BHO by fax or telephone of a Category One incident immediately upon becoming aware of the occurrence. Providers must submit the attached Optum Pierce BHO *Critical Incident* form within one business day.
- 1.4.10. Optum Pierce BHO must notify DBHR by fax or telephone of Category One incidents immediately upon becoming aware of their occurrence. Telephone and email notifications must include the names of all Enrollees involved, as well as a brief description of the incident, and be followed by a formal report submitted through the Incident Reporting System within one business day.
- 1.4.10.1. **Category One Incidents include:**
- 1.4.10.1.1. Death of an Enrollee, staff, or public citizen at a facility that DSHS licenses, contracts with, or certifies.
- 1.4.10.1.2. Unauthorized leave of an Enrollee from an Evaluation and Treatment center, Crises Stabilization Unit, or Triage Facility that accept involuntary Enrollees.
- 1.4.10.1.3. Any event at a facility that DSHS licenses, contracts with, or certifies involving a bomb threat or active shooter.
- 1.4.10.1.4. Any event involving an Enrollee or staff that has attracted media attention.
- 1.4.10.1.5. Any of the following violent acts allegedly committed by an Enrollee:
- 1.4.10.1.5.1. Arson;
  - 1.4.10.1.5.2. Assault Resulting in Serious Bodily Harm;
  - 1.4.10.1.5.3. Attempted Homicide by Abuse;
  - 1.4.10.1.5.4. Attempted Murder;
  - 1.4.10.1.5.5. Drive-by Shooting;
  - 1.4.10.1.5.6. Extortion;
  - 1.4.10.1.5.7. Homicide by Abuse;

- 1.4.10.1.5.8. Indecent Liberties;
- 1.4.10.1.5.9. Kidnapping;
- 1.4.10.1.5.10. Manslaughter;
- 1.4.10.1.5.11. Murder;
- 1.4.10.1.5.12. Rape;
- 1.4.10.1.5.13. Robbery;
- 1.4.10.1.5.14. Sexual Assault;
- 1.4.10.1.5.15. Vehicular Homicide.

1.4.11. **Category Two Incidents:** Contracted Behavioral Health Providers must submit the attached Optum Pierce BHO *Critical Incident* form within one business day of becoming aware of the occurrence.

1.4.12. Optum Pierce BHO must report the Category Two Incidents through the Incident Reporting System within one business day of becoming aware of their occurrence.

1.4.12.1. **Category Two Incidents Include:**

- 1.4.12.1.1. A serious injury requiring medical intervention of an Enrollee, staff, or public citizen at a facility that DSHS licenses, contracts with, or certifies.
- 1.4.12.1.2. Alleged abuse or neglect of an Enrollee that is of a serious or emergent nature by an employee, volunteer, licensee, Contractor, or another Enrollee.
- 1.4.12.1.3. Any error in medication administration to an Enrollee at a facility that DSHS licenses, contracts with, or certifies, resulting in adverse effects for the Enrollee and requiring urgent medical intervention.
- 1.4.12.1.4. A substantial threat to facility operations or Enrollee safety resulting from a natural disaster (to include earthquake, volcanic eruption, tsunami, fire, flood, an outbreak of communicable diseases, etc.).
- 1.4.12.1.5. Any breach or loss of Enrollee data in any form that is considered reportable in accordance with the Health Insurance Portability and Accountability Act (HIPAA).
- 1.4.12.1.6. Any allegation of financial exploitation of an Enrollee.
- 1.4.12.1.7. Any attempted suicide that occurred at a facility that DSHS licenses, contracts with, or certifies.
- 1.4.12.1.8. Any event involving an Enrollee or staff likely to attract media attention.
- 1.4.12.1.9. Any event involving a credible threat towards a staff member. A credible threat towards staff is defined as "A communicated intent, veiled, or direct, in either words or actions to cause bodily harm and/or personal property damage to a staff member or a staff member's family, which resulted in a report to Law Enforcement, a Restraining/Protection order, or a workplace safety/personal protection plan".

- 1.4.12.1.10. Any incident that was referred to the Medicaid Fraud Control Unit by Optum Pierce BHO or provider.
- 1.4.13. **Resolution and Closure:** Optum Pierce BHO must resolve and close all incidents reported to DBHR within 45 business days after the incident was initially reported.
- 1.4.14. Optum Pierce BHO will not close an incident unless all relevant follow-up information is recorded in the Incident Reporting System, including:
  - 1.4.14.1. A description of any incident-specific investigations, debriefings, witness interviews, clinical audits, and other process dispositions.
  - 1.4.14.2. A description of services provided to the Enrollee after the incident took place.
  - 1.4.14.3. A description of relevant factor(s) contributing to the incident.
  - 1.4.14.4. A description of any risk to Enrollee's, Optum Pierce BHO, providers, or DSHS resulting from the incident.
  - 1.4.14.5. A description of action steps Optum Pierce BHO has taken to mitigate current circumstances and, if applicable, how it will prevent similar incidents from occurring in the future.
  - 1.4.14.6. At least twice a year, the Optum Pierce BHO's QA/PI Unit presents summary data on critical incidents to the QA/PI Committee. The Committee looks at trends and discusses ways to decrease incidents across the Pierce BHO.
  - 1.4.14.7. As part of Optum Pierce BHO's QA/PI efforts, a semi-annual summary of critical incidents is to be presented to the Behavioral Health Advisory Board and the QA/PI Committee. If a concerning trend is detected, further investigation is to take place and corrective actions may be taken to decrease or prevent similar incidents in the future.
- 1.4.15. **Comprehensive Administrative Review:** DSHS may, at its own discretion, initiate a comprehensive administrative review of any open or closed incidents.
  - 1.4.15.1. Optum Pierce BHO must cooperate fully with any administrative review initiated by DSHS and provide all information requested by DSHS within the specified timeframes of the request.
  - 1.4.15.2. If Optum Pierce BHO does not respond within the specified timeframes, DSHS may obtain information directly from any involved parties and request their assistance in the investigation.
  - 1.4.15.3. DSHS may also review or may require Optum Pierce BHO to review incidents that involve Enrollees who have received services from Optum Pierce BHO more than 365 calendar days prior to the incident.
- 1.4.16. **Handling of Patient Identifying Information:** Patient identifying information may be copied, disclosed to, or removed from Optum Pierce BHO's premises for audit and evaluation of critical incidents by any person who:
  - 1.4.16.1. Agrees in writing to:
    - 1.4.16.1.1. Maintain the patient identifying information in accordance with the security requirements provided in 42 CFR § 2.16;
    - 1.4.16.1.2. Destroy all the patient identifying information upon completion of the audit or evaluation ; and

- 1.4.16.1.3. Comply with the limitations on disclosure and use in 42 CFR § 2.16(d); and
- 1.4.16.2. Performs the audit or evaluation activity on behalf of DSHS or any:
  - 1.4.16.2.1. Federal, State, or local government agency which provides financial assistance to the program or is authorized by law to regulate its activities; or
  - 1.4.16.2.2. Any private person which provides financial assistance to the program, which is a third part payer covering patients in the program, or which is a quality improvement organization performing a utilization or quality control review.

**Related Policies, Procedures & Materials**

- Pierce Behavioral Health Organization Policy: QA-01 – *QA-PI Program Description and Work Plan*
- Pierce Behavioral Health Organization Policy: QA-04 – *QA-PI Monitoring Important Aspects of Care*
- Pierce Behavioral Health Organization Policy: QA-06 – *QA-PI Committee Structure*

**Attachments**

- Critical Incident Report Form

**Approval History**

- Policy created and effective: 07/2009
- Policy and Procedure Committee review and approval: 10/26/2009
- Policy and Procedure Committee review and approval: 08/23/2010
- Policy and Procedure Committee review and approval: 09/26/2011
- Policy and Procedure Committee review and approval: 08/27/2012
- Policy and Procedure Committee review and approval: 12/02/2013
- Policy and Procedure Committee review and approval: 12/15/2014
- Operational Procedures and Standards Committee reviewed and accepted: 12/28/2016
- Optum Pierce BHO reviewed and accepted: February 2018

## Optum Pierce BHO Critical Incident Report Form

**Fax to: Optum Pierce BHO QA/PI Department at 253-292-4219**

with a confidential information disclosure statement on the fax cover sheet.  
Contact Optum QA Department at 253-292-4200 for fillable PDF version of  
this form.

Date/Time this Form is Faxed/Submitted \_\_\_\_\_

Name of Person Sending Form \_\_\_\_\_

Name and Title of person completing form  
\_\_\_\_\_

Telephone # \_\_\_\_\_ E-mail if Applicable \_\_\_\_\_

Name of Reporting Agency \_\_\_\_\_

Primary Individual's Name \_\_\_\_\_ Incident Location \_\_\_\_\_

Consumer DOB \_\_\_\_\_ Date/Time of Incident \_\_\_\_\_

Date/Time Agency was informed of the incident: \_\_\_\_\_

Consumer's whereabouts at the time of the incident, if known \_\_\_\_\_

Name and titles of staff involved in the incident \_\_\_\_\_

Names and ages of additional consumers involved in the incident \_\_\_\_\_

Names of additional witnesses' \_\_\_\_\_

Services currently in place \_\_\_\_\_

Individual's Primary Diagnosis \_\_\_\_\_

Additional Diagnoses \_\_\_\_\_

**Other Notification(s) Made**

Other Parties Notified	Date/Time of Notification	Person Spoke to	Copy of documentation sent to BHO
<input type="checkbox"/> Adult Protective Services <input type="checkbox"/> Medicaid Fraud Control Unit <input type="checkbox"/> Child Protective Services <input type="checkbox"/> Department of Health <input type="checkbox"/> Washington State Patrol <input type="checkbox"/> Local Law Enforcement <input type="checkbox"/> Other: _____			Yes No NA

**Category One Incidents:**

Immediately notify the Critical Incident Specialist at 253-292-4228 during business hours of all Category One Incidents. After business hours and on weekends notify the QA/PI Manager at 253-830-4020. The written Incident Report must be faxed to 253-292-4219 at Optum Pierce BHO within 1 Business Day.

**Please check the incident type:**

- Death of a consumer, staff or public citizen at facility
- Unauthorized leave of a consumer from an Evaluation and Treatment Center, Crisis Stabilization Unit, or Triage facility
- Bomb threat or active shooter
- Event involving a consumer or staff that has attracted media attention
- Arson
- Assault resulting in serious bodily harm
- Attempted homicide;
- Attempted murder
- Drive-by shooting
- Extortion
- Homicide
- Indecent liberties
- Kidnapping
- Manslaughter
- Murder



- Rape
- Robbery
- Sexual assault
- Vehicular homicide

**Category Two Incidents:**

Incident Report Due to Optum Pierce BHO within 1 business day of becoming aware of incident.

Written Incident Report must be faxed to the QA/PI Unit at 253-292-4219 at Optum Pierce BHO within 1 Business Day

- A serious injury requiring medical intervention of a consumer, staff, or public citizen
- Alleged abuse or neglect of a consumer that is of a serious or emergent nature by employee, volunteer, licensee, or another consumer
- Any error in medication administered to consumer resulting in adverse effects and requiring urgent medical intervention
- A substantial threat to facility operations or consumer safety resulting from natural disaster
- Any breach or loss of consumer data in any form
- Any allegation of financial exploitation of a consumer
- Any attempted suicide that occurred at a facility
- Any event involving a consumer or staff likely to attract media attention
- Any event involving a credible threat towards a staff member which resulted in a report to Law Enforcement, a Restraining Order, or workplace safety plan
- Any incident that was referred to the Medicaid Fraud Control Unit

**Please submit any additional information about follow-up to the Optum QA/PI Unit**

Describe the incident as thoroughly as possible including witness accounts, and additional individuals or staff involved. Use titles and relationship such as "mother of the person." Attachments may be included as needed.

Please note: if additional information is being gathered about this incident, an addendum with additional information should be submitted via fax at 253-292-4219 within five (5) business days of your first awareness of the incident.

What actions have been taken to prevent or minimize harm from this incident?

What future actions are planned to minimize harm from this incident?

What lessons were learned? Improvements initiated?