

Partners In Recovery

POLICY AND
STANDARDS

*Applicable Arizona Department of Health Services Behavioral Health Licensing Rule(s):
R9-20-202 Required Reports*

Policy Name: Required Incident Reporting

Policy Number: RM - 0001

H.M. Gilbert Jr., Executive Director, PIR

Date

Cross Reference(s)

none

Policy Statement

Partners In Recovery investigates and develops a written report on all incidents that are reportable to the Office of Behavioral Health Licensure (OBHL). A verbal report is provided to OBHL within one business day of the incident followed by a written report within 5 business days. An incident may or may not be the same as a sentinel event.

Purpose

To define and describe the process for the investigating and the reporting of incidents.

Scope

Partners In Recovery Direct Care Clinics.

Key Terms

Should the reader need to inquire as to the definition of a term used in this policy, the Partners In Recovery Key Term Glossary can be found in the back of the Policy and Procedure Manual.

Standards

I. General Standards

- A. Partners In Recovery notifies OBHL within one working day of discovering that a consumer has experienced any of the following:
 - 1. Death;
 - 2. Any of the following that occurred on the premises or during a licensee-sponsored activity off the premises that requires medical services or immediate intervention by an emergency response team or a medical practitioner:
 - a) A medication error or an adverse reaction to a medication; or
 - b) A suicide attempt or a self-inflicted injury;
 - 3. Suspected or alleged abuse, neglect, or exploitation of the client or a violation of the client's rights under R9-20-203(B) or (C);
 - 4. Either of the following that requires medical services:
 - a) A physical injury that occurred on the premises or during a licensee-sponsored activity off the premises, or
 - b) Food poisoning possibly resulting from food provided at the agency or during a licensee-sponsored activity off the premises;

5. An unauthorized absence from a residential agency or an inpatient treatment program;
6. A physical injury that occurred as the result of a personal or mechanical restraint;
- B. Partners In Recovery document the initial notification as required in Standard I.A. and maintains documentation of the notification on the premises or at the administrative office for at least 12 months after the date of the notification;
- C. Partners In Recovery investigates incidents as required in Standard I.A and develops a written incident report containing:
 1. The agency name and license number;
 2. The date and time of the incident;
 3. Unless otherwise prohibited by law, the following information about each client involved in or affected by the incident:
 - a) Name;
 - b) Date of admission;
 - c) Age or date of birth;
 - d) Current diagnosis, if the client has a diagnosis;
 - e) Description of the client's physical and behavioral health condition before the incident; and
 - f) Description of the client's physical and behavioral health condition after the incident;
 4. The location of the incident;
 5. A description of the incident, including events leading up to the incident;
 6. The names of individuals who observed the incident or, if disclosure of the names is prohibited by law, the agency's identifier code for the individuals who observed the incident;
 7. A description of the action taken by the licensee, including a list of the individuals or entities notified by the licensee and the date and time of each notification;
 8. If a medical practitioner was notified, a report of the medical practitioner's examination, finding, or order;
 9. A description of the action taken by the licensee to prevent a similar incident from occurring in the future;
 10. The signature and professional credential or job title of the individual or individuals preparing the written incident report and the signature and professional credential of

- the clinical director or the clinical director's designee indicating that the clinical director or the clinical director's designee reviewed the written incident report; and
11. The date the written incident report was signed.
 12. The written incident report is faxed to the OBHL within five working days after the initial notification in Standard I.A.
 13. Partners In Recovery maintain a copy of the written incident report on the premises or at the administrative office for at least 12 months after the date of the written incident report.
- D. When a reportable incident/accident/death occurs at the Direct Care Clinic, a report is faxed to the Magellan Service Center (QI Department) using the Incident/Accident/Death Report Form PM 7.4.1.
1. If the serious occurrence is the death of a SMI or non-SMI behavioral health recipient, the ADHS/DBHS Mortality Review Form must be completed and submitted to Magellan within 48 hours of the time when the direct care clinic or contracted provider became aware of the death.
 2. If the cause of death is determined to be suicide, homicide, drug overdose, exposure, accident, suspected abuse/neglect, or unexpected/unusual medical causes, or upon the request of ADHS, Partners In Recovery will also complete the ADHS/DBHS Mortality Review Addendum Section of the Mortality Review Form, regardless of whether the behavioral health recipient an adult with a Serious Mental Illness or adult without a Serious Mental Illness.
 3. If the serious occurrence is an allegation of abuse of an SMI recipient, PM form 7.4.1 must be submitted to Magellan QI Department within 48 hours of the time when the direct care clinic staff or a contracted provider becomes aware of the allegation of abuse.
- E. Partners In Recovery Clinical Review staff will conduct and document an investigation, including but not limited to, interviewing clinical team members, family members and any other relevant individuals and reviewing pertinent medical record documentation.
- F. For cases in which corrective action is necessary and recommended, a designated Partners In Recovery Clinical Reviewer will ensure that all corrective actions have been implemented and are deemed effective at resolving the identified deficiencies. The Clinical Reviewers will gather evidence that the corrective action plan was fully implemented and include copies of such evidence in the adverse incident file.
- G. Partners In Recovery will track and trend adverse incident data and, when indicated, identify direct care clinics and contracted providers that will be referred for additional monitoring activities including but not limited to focused medical record reviews and/or on-site reviews.

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- H. In the event of a serious medication error or adverse effect, UPC staff will conduct an intensive analysis to determine cause and prevention strategies.
 - II. Partners In Recovery report suspected or alleged criminal activity that occurs on the premises or during a licensee-sponsored activity off the premises to the law enforcement agency having jurisdiction.
 - III. Partners In Recovery require that a staff member, employee, intern, or volunteer immediately report suspected or alleged abuse, neglect, or exploitation or a violation of a client's rights to the administrator or clinical director or to their designee.
 - IV. Partners In Recovery notify the OBHL within 24 hours after discovering that a client, staff member, or employee has a communicable disease listed in A.A.C. R9-6-202(A) or (B) and includes in the notification the name of the communicable disease and the action taken by Partners In Recovery to protect the health and safety of clients, staff members, and employees, according to confidentiality requirements established by law.

Associated Partners In Recovery Direct Care Clinic Forms & Attachments

Incident/Accident/Death Report form

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