

CRITICAL INCIDENTS

Purpose: This procedure outlines Northwest Educational Service District 189 (NWESD 189) compliance with North Sound Mental Health Administration (NSMHA) Policy [#1509.00](#).

Critical incidences: Critical incidents are categorized as Category I, II, or III.

Category I incidences include:

- 1) Death or serious injury of a consumer, staff, or public citizen.
- 2) Unauthorized leave from a residential treatment facility.
- 3) An act of serious violence.
- 4) Any event that has already attracted media attention.

For the purpose of Medicaid-only, the following enhanced definitions apply:

- 1) Death or serious injury of consumer, staff, or public citizen: *Only report deaths and serious injuries that occur at a Department of Social Health Services (DSHS) facility, or a facility that DSHS licenses, contracts with, and certifies. Serious injuries include any permanent injury, or one that requires admission to a hospital*
- 2) Unauthorized leave (UL) of a mentally ill offender or sexually violent offender: *Only report incidents where a UL involves a mentally ill offender or a sexually violent offender, and occurs from a Mental Health Facility, or a Secure Community Transition Facility, which includes Evaluation and Treatment Centers (E&T) or Crisis Stabilization Units (CSU) and Triage Facilities that accept involuntary consumers.*
- 3) Violent act: *Any alleged or substantiated non-fatal injuries, rape, sexual assault, homicide, attempted homicide, arson, or substantial property damage (> \$100,000.00), committed by an enrollee.*
- 4) Any event involving an enrollee or staff that has already attracted media attention.

Category II incidences include:

- 1) Allegation(s) of abuse or neglect see [NWESD Policy # 3421](#)).
- 2) Substantial threat to facility operations or child, youth, or family safety resulting from a natural disaster.
- 3) A breach or loss of protected data.

- 4) Allegation(s) of financial exploitation.
- 5) Any suicide attempt(s).
- 6) Any adverse event likely to cause media attention.
- 7) Threats against NWESD 189 staff or property.
- 8) Threats against school district staff or property.
- 9) Any event reported or reportable to the Medicaid Fraud Unit.
- 10) Any live event (excluding drills) that required evacuation of facility.

For the purpose of Medicaid-only, the following enhanced definitions apply:

- 1) Alleged enrollee abuse or neglect of a serious or emergent nature: *The willful action or inaction that inflicts injury, unreasonable confinement, intimidation, punishment on, or abandonment of a vulnerable adult by a DSHS employee, volunteer, licensee, contractor, or another consumer. In an instance of abuse of a vulnerable adult who is unable to express or demonstrate physical harm, pain, or mental anguish, the abuse is presumed to cause physical harm, pain, or mental anguish.*
- 2) A substantial threat to facility operation or consumer safety resulting from a natural disaster. These may include earthquake, volcano eruption, tsunami, fire, flood, an outbreak of communicable disease, etc.
- 3) Any breach or loss of consumer data in any form that is considered as reportable in accordance with the *Health Information Technology for Economic and Clinical Health (HITECH) Act* and that would allow for the unauthorized use of consumer personal information. *In addition to the standard elements of an incident report, the provider and North Sound Mental Health Administration Director (NSMHA DIR) will document and/or attach: 1) the Police report (when information is stolen), 2) any equipment that was lost, and 3) specifics of the consumer information. A letter of notification shall be sent to each individual whose information was breached. This notification shall occur without unreasonable delay and in no case later than 60 days after discovery of the breach.*
- 4) Allegation of financial exploitation (FE) involving an agency, an enrollee or other: *The illegal or improper use of the property, income, resources or trust funds of a vulnerable adult by any person for any person's profit or advantage other than for the vulnerable adult's profit or advantage. When any allegation of financial exploitation is reported, NSMHA DIR is expected to notify the Medicaid Chief Criminal Investigator (CCI), and then forward a copy of the DSHS report to the CCI.*

- 5) Suicide attempt requiring medical care: *Only suicide attempts that occur at a DSHS facility, or a facility that DSHS licenses, contracts with, and certifies, and require care from a physician will be reported.*
- 6) Any event involving an enrollee or staff likely to attract media attention.
- 7) Any event involving: a credible threat towards a staff member that occurs at a DSHS facility, a facility that DSHS licenses, contracts with, or certifies; or a similar event that occurs within the community. A credible threat towards staff is defined as “A communicated intent (veiled or direct) in either words or actions of intent 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.
- 8) Any incident that was referred to the Medicaid Fraud Control Unit by NSMHA or its sub-contractor.
- 9) A life safety event that requires an evacuation or that is a substantial disruption to the facility.

Category III incidences include:

- 1) Any live event (excluding drills) that resulted in a lock down of a facility at a time when services were being provided.
- 2) Any event that resulted in the hospitalization (non-psychiatric) of a child or youth with an open file.
- 3) Any signed no-harm contracts.

Reporting incidences: Category I incidences will be reported immediately to the program or clinical supervisor who in turn will immediately report to the Director of the Department of Behavioral Health and Prevention Services. The Director will report all Category I incidences immediately to the Assistant Superintendent of Operations. If anyone in the chain of command is unreachable it is the responsibility of the reporter to continue up the organizational structure until a person is reached.

Category II incidences will be reported in one (1) business day to the program or clinical supervisor who shall in turn notify the Director of the Department of Behavioral Health and Prevention Service.

Category III incidences will be reported in three (3) business days to the program or clinical supervisor who shall in turn notify the Director of the Department of Behavioral Health and Prevention Services.

The Director of the Department of Behavioral Health and Prevention Services may, at his/her discretion and with respect to applicable privacy laws, will share critical incidences information with the child's or youth's school district personnel.

All critical incidents will be reported on [Form 1310-1500 F1. Critical Incident Report](#), including the following:

- 1) a description of the incident;
- 2) the date and time of the incident;
- 3) the incident location;
- 4) the incident type;
- 5) name and age (if known) of each individual involved in the incident;
- 6) service history, if any, of the individuals involved;
- 7) immediate actions taken by the provider to minimize further loss or harm;
- 8) future actions planned by the provider to prevent the type of incident from occurring again, with the individual involved and/or others; and,
- 9) any legally required notifications made by the provider.

Signed copies of all Critical Incident Reports will be sent to the Quality Manager for review. The Quality Manager is responsible for presenting all critical incidences for all three (3) categories at the monthly Coordinated Quality Improvement meeting. Discussion of the critical incidence(s) shall address the following questions:

- 1) Does the description of the critical incident and/or subsequent information warrant concern about quality or appropriateness of care delivered by the provider?
- 2) Does the incident report indicate that appropriate action was taken immediately after the incident to lessen or prevent consumer loss or harm?
- 3) Does the incident report indicate that an appropriate plan for future action has been made to decrease the likelihood of this type of incident occurring again?
- 4) Can/should any further action be pursued by the NWESD?

The following additional reporting requirements apply to children and youth receiving Medicaid services:

Category I Incidents- The Director of the Department of Behavioral Health and Prevention Services, or designee, will notify NSMHA by phone immediately after becoming aware of a Category I Incident involving, or related to, a Medicaid-enrollee, then follow-up with a same-day written report using [North Sound Mental Health Administration Critical Incident Report](#) with copies to the NWESD Superintendent and the Quality Manager. NSMH

Category II Incidents- The Director of the Department of Behavioral Health and Prevention Services, or delegate, will report all Category II Incidents involving Medicaid enrollees within one (1) business day of becoming aware of the incident to NSMHA using [North Sound Mental Health Administration Critical Incident Report](#) with copies to the NWESD Superintendent and the Quality Manager.

All Category I and II incidents will be reported to the Superintendent immediately.

Additionally, the NWESD will cooperate with any investigative activities conducted by either NSMHA or the Department of Social and Health Services (DSHS) as outlined in NSMHA [Policy #1009.00](#)

Presented to the Board: 01/28/15

Cross Reference:

[NSMHA Policy # 1009.00](#)

[NSMHA Policy #1509.00](#)