		Policy and Procedure
Name of Policy:	Critical Incident Reporting	
Policy Number:	QI-CIR-001	
Contracts:	<input checked="" type="checkbox"/> All counties <input type="checkbox"/> Capital Area <input type="checkbox"/> Franklin / Fulton	
Primary Stakeholder:	Quality Improvement Department	
Related Stakeholder(s):	All Departments	
Applies to:	Providers/Associates	
Original Effective Date:	10/01/01	
Last Revision Date:	12/03/19	
Last Review Date:	02/08/21	
Next Review Date:	02/01/22	

Policy: PerformCare Providers are required to develop written policies and procedures for an incident management process, take strong measures to prevent the occurrence of critical incidents, investigate and report on those that occur, and to take reasonable corrective action to prevent reoccurrence.

All Providers are required to report critical incidents to PerformCare within 24 hours of the time at which the Provider becomes aware of their occurrence on the PerformCare Critical Incident Report Form (*Attachment 1*).

Purpose: To ensure appropriate and timely reporting of critical incidents to PerformCare by Providers. PerformCare Providers are expected to comply with all applicable federal and state laws, regulations, departmental guidelines and bulletins pertaining to reporting to include mandated reporting, suspected adult/elder abuse, and communicable diseases.

Definitions:

Abuse: Any act of alleged or suspected abuse, neglect of a Member which could include physical, verbal, psychological or sexual abuse, exploitation, neglect and misuse of a Member's funds.

Critical Incidents: An unexpected and undesirable event that has an adverse impact on the outcome of care that occurs during a Member's term of care funded through PerformCare.

Primary Contractor: A county, Multi-County Entity or a BH-MCO which has a HealthChoices (HC) Agreement with the Department to manage the purchase and provision of Behavioral Health Services.

Provider Preventable Conditions (PPC): An umbrella term for hospital and non-hospital acquired conditions and defined as two

distinct categories, Health Care-Acquired Conditions (HCAC) and Other Provider-Preventable Conditions (OPPC).

Health Care-Acquired Conditions (HCAC): Apply to all Medicaid inpatient hospital settings (only); and are defined as the full list of Medicare's Hospital Acquired Conditions (HAC), with the exception of Deep Vein Thrombosis/Pulmonary Embolism following total knee replacement or hip replacement in pediatric and obstetric patients, as the minimum requirements for States' PPC non-payment programs. See *MA Bulletin Provider Preventable Conditions (Attachment 2)* and *Policy and Procedure CC-006 Payment Adjustments for Provider-Preventable Conditions including Health Care-Acquired Conditions* for a full listing of HAC. See *CMS Final Rule and AmeriHealth Mercy Family of Companies Policy No. 297.002* for a full listing of HAC.

Other Provider-Preventable Conditions (OPPC): Apply broadly to Medicaid inpatient and outpatient health care settings where these "never events" may occur. OPPC are defined to include at a minimum, the three Medicare National Coverage Determinations (NCD). Under these NCDs, Center for Medicaid and Medicare Services (CMS) does not cover a particular surgical or other invasive procedure when the practitioner erroneously performs:

- A different procedure altogether
- The correct procedure on the wrong body part, or
- The correct procedure but on the wrong patient (also known as surgery/procedure on the wrong patient, wrong surgery/procedure on a patient, and wrong site surgery/procedure)
- An example of a specific behavioral health procedure covered by this mandatory OPPC reporting would be electro-convulsive therapy (ECT)

Acronyms: None

- Procedure:**
1. The following critical incidents that occur during treatment funded by PerformCare must be reported to PerformCare by Providers:
 - 1.1. Unanticipated death occurring in a behavioral health treatment setting, completed suicides, overdose, apparent serious physical accidents and suspicious deaths.
 - 1.2. The actual occurrence of a potentially lethal suicide attempt that requires medical treatment greater than first aid and/or the individual suffers or could have suffered significant injury.
 - 1.2.1. All suicide attempts while on provider site or provider is present should be reported.

- 1.3. Overdose of either prescription, legal or illegal substances that require treatment greater than first aid or that occur on Provider site or while Provider is present.
 - 1.4. Medication errors resulting in the need for urgent or emergent medical intervention.
 - 1.5. Any Member event requiring fire department, or law enforcement agency engagement while Member is on Provider site or Provider is present.
 - 1.6. Allegations of Abuse
 - 1.6.1. Allegations of sexual or physical abuse/neglect/exploitation by a Provider.
 - 1.6.2. Allegations of physical or sexual abuse between peers while on Provider site or Provider is present.
 - 1.7. Consensual sexual contact between peers both under the age of 18 while on provider site or Provider is present.
 - 1.8. Serious injury to Member requiring treatment greater than first aid while Member is on Provider site or Provider is present.
 - 1.9. Life threatening illness requiring hospitalization of a Member while on Provider site or while Provider is present.
 - 1.10. A Member receiving treatment in a behavioral health residential setting providing around-the-clock care who is out of contact with staff.
 - 1.11. Any condition that results in a temporary closure of a behavioral health residential treatment facility providing around-the-clock care.
 - 1.12. Member injury requiring treatment greater than first aid due to restraint or seclusion or improper use of restraint or seclusion.
 - 1.13. Provider Preventable Conditions (PPC).
 - 1.14. Severe physical aggression resulting in damage to property or injury to staff or peer that requires treatment greater than first aid that occurs on Provider site or while Provider is present.
 - 1.15. Other occurrence representing actual or potentially serious harm to Member.
2. Completed critical incident reports (CIR) must be forwarded by Providers to the PerformCare Quality Improvement Department within 24 hours of the occurrence or discovery of the incident occurrence.
 - 2.1. Providers are required to submit the report to PerformCare via fax number located on PerformCare Critical Incident Report form. See *Attachment 1 Critical Incident Report Form*.
 - 2.2. Forms may not be sent as e-mail attachments.
 - 2.3. Submissions not on the PerformCare Critical Incident Report Form will not be accepted.

3. Providers must submit an addendum report if they become aware of additional pertinent information not included in the original submission.
4. Quality Improvement staff will review all Critical Incident Reports and triage as appropriate.
 - 4.1. CIRs indicating Fraud, Waste or Abuse issues by a Provider will be referred to the Special Investigations Unit (SIU) for follow-up as described in policy *CC-001 Reporting Suspected Provider Fraud, Waste and Abuse*.
 - 4.2. CIRs indicating any member safety concerns will be referred to the Quality of Care Council (QOCC) for review. Determination of additional follow-up and corrective action will occur as outlined in *QI-004 Internal Documentation, Review, and Follow-Up of Quality of Care Issues*.
 - 4.2.1. CIRs indicating imminent danger to the Member will be referred to the Clinical Director or their designee to determine necessary follow-up.
5. Primary Contractors will be notified of all CIRs in a manner that is agreed to by both parties. Notification of incidents classified as a sentinel event will occur as outlined in policy *QI-CIR-002 Sentinel Event Review*.
6. The CIR will be stored electronically in the Member's record.
7. A Critical Incident Report Summary will be compiled semi-annually and the Quality Improvement/Utilization Management Committee will analyze the report for trends.

Related Policies: *CC-001 Reporting Suspected Provider Fraud, Waste and Abuse*
CC-006 Payment Adjustments for Provider-Preventable Conditions including Health Care-Acquired Conditions
PR-020 Non-Routine Site Visits
QI-004 Internal Documentation, Review, and Follow-Up of Quality of Care Issues
QI-CIR-002 Sentinel Event Review
QI-CIR-003 Restraint and Seclusion Monitoring

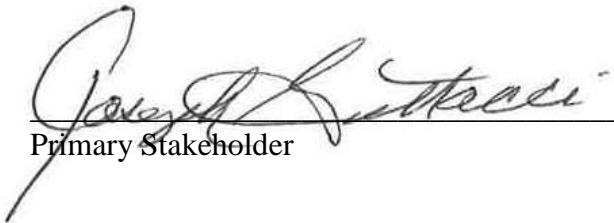
Related Reports: None

Source Documents and References: *OMHSAS-02-1 "The Use of Seclusion and Restraint in Mental Health Facilities and Programs*
OMHSAS-15-01 Community Incident Management and Report System

Superseded Policies and/or Procedures: *PR-008 Critical Incident Reporting*

Attachments: [Attachment 1 Critical Incident Report Form](#)
[Attachment 2 MA Bulletin 09-01-2015 Provider](#)
[Preventable Conditions](#)

Approved by:



Primary Stakeholder