Critical Incident and Restraint/Seclusion Reporting

Provider Training

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Overview of Critical Incident Reporting (CIR)

- A **Critical Incident** is 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.
- CIR submission should occur to PerformCare only if PerformCare is funding the service.
- Incidents that do not directly involve the PerformCare Member **should not** be reported.
- Critical Incidents must be reported to PerformCare **within 24 hours** of the time at which the Provider becomes aware of the incident.
- PerformCare Policy **QI-CIR-001** has been recently updated and includes additional information.
Reporting Requirements

• **All Critical Incident Reports (CIRs) must be submitted using the PerformCare Critical Incident Report Form.**

• All Critical Incident Reports must include the following:
  o Date of Report
  o Name of Member and relevant demographics
  o Member Date of Birth
  o MA Identifier Number
  o Provider name, Address, and contact information
  o Level of care
  o Date and Time of Incident
  o Date Provider Notified of the Incident
  o Location and Description of incident
  o Outcome/resolution of event
  o Actions taken to prevent reoccurrence, if applicable
CIR Submission Process

• PerformCare CIR Form required for all submissions.
• CIRs to be faxed to the following number:
  (717) 671-6571
• CIRs are reviewed for completeness and appropriateness and the Provider will be notified of incomplete or insufficient submissions and asked to resubmit.
• If submitting additional information or an addendum to a previously submitted CIR, check the appropriate box.
• For Clinical information that does not meet the CIR requirements but Provider wishes to inform PerformCare, please contact the Member’s assigned Clinical Care Manager (CCM).
  • If the Member does not have a CCM, Contact the Provider Line to be transferred to appropriate Clinical Associate.
Notification Process

Clinical Information that does not meet CIR Criteria

- Providers who submit a CIR with information that does not meet the CIR criteria will be notified that the report is not being entered.
  - For clinical information that the Provider wishes to report to PerformCare they will contact the Member’s assigned Clinical Care Manager (CCM).
  - If the Member does not have a CCM, Provider should call the Provider Line at 1-888-700-7370 and will be referred to the CCM assigned to member’s County. If member is currently admitted to MH IP/PH or SA Detox/Rehab/HWH the Provider will be referred to the CCM assigned to the Provider.
Critical Incident Report Categories

Select ONLY 1 Category on the CIR. If the incident fits multiple categories, choose the category that requires the most intensive intervention.

- Death of a Member
- 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. All suicide attempts that occur on Provider Site, or Provider is present, should be reported
- Overdose of either prescription, legal, or illegal substances that require treatment greater than first aid or occur on Provider site or while Provider is present
- Medication error resulting in the need for urgent or emergent medical intervention
- Any event requiring the services of the fire department or law enforcement agency while Member is on Provider site or Provider is present
Critical Incident Report Categories Cont.

• Allegations of Abuse - See Mandated Reporting Slide
• Consensual sexual contact between peers both under the age of 18 while at a 24-hour care facility
• Serious Injury to Member requiring treatment greater than first aid while Member is on Provider site or Provider is present
• Life threatening illness of a Member while on Provider site or Provider is present where Member needs urgent medical treatment
• A Member receiving 24-hour facility care who is out of contact with staff
Critical Incident Report Categories Cont.

- Member injury requiring treatment *greater than first aid* due to restraint or seclusion or improper use of restraint or seclusion.
- Any condition that results in a temporary closure of a 24-hour care facility.
- Provider Preventable Conditions (PPC).
- Severe physical aggression resulting in damage to property or injury to staff or peers that *requires treatment greater than first aid* that occurs on *Provider site or while Provider is present*.
- Other occurrence representing *actual or potentially serious harm to a Member*.
Critical Incident Threshold Definitions

**24 hour care facility**: Levels of care that provide around the clock care and/or a 24-hr availability crisis component such as IP, RTF, FBMHS, ACT, and CRR.

**First Aid**: First aid includes assessing a condition, cleaning an injury, applying topical meds, applying band aid etc.

- Screening and medical assessment measures such as Xrays, exams, CT scans etc **are not** considered treatment greater than first aid.
- If testing indicates injury requiring treatment more extensive then first aid, then CIR criteria is met.
Mandating Reporting

The following Categories are reportable to PerformCare via the Critical Incident Report Form:

- Allegations of sexual or physical abuse/neglect/exploitation by a Provider
- Allegations of physical or sexual abuse between peers while on Provider site or Provider is present
- Allegations of sexual or physical abuse/neglect/exploitation by family or adult caregiver

Providers should report all cases of suspected Child, Adult, and Elder Abuse that involve a PerformCare Member to the appropriate agency as defined by Law.
Mandated Reporting Verification Information

When reporting abuse, complete the Mandatory Notification Section of the CIR form with all applicable information.

One of the following must be included with CIR submission:

1. Childline Reference ID number (via Portal Submission)
2. Name and employee ID of Childline employee taking report
3. CY-47 form attached to CIR form
Overview of Report of Restraint and Seclusion Form

• A report of Restraint or Seclusion Form must be completed for all restraints or seclusions that **do not** result in Member injury **requiring treatment greater than first aid** for any services that are funded by PerformCare.

• If Provider staff are not involved in the actual restraint or seclusion this does not need to be reported to PerformCare.

• Providers must follow all internal policies and procedures, all PerformCare policies, and all applicable regulations related to the use of seclusion and restraint.
Critical Incident Report Form must be completed *instead of* the Report of Restraint and Seclusion Form:

- If a Prone Restraint occurs
- If an injury occurred during a restraint or seclusion
- Improper use of restraint or seclusion

Please note PerformCare may request additional information and submissions for any incidents reported on the Report of Restraint and Seclusion Form.
Submission Process Reminders:

- PerformCare Form required for all submissions.
- Fax form to the following number: (717) 671-6571
- Forms are reviewed for completeness and appropriateness and the Provider will be notified of incomplete or insufficient submissions and asked to resubmit.
- A separate form must be completed for each restraint and/or seclusion episode that occurs.
Seclusion Definition

**Seclusion** is restricting a child/adolescent/adult in a locked room, and isolating the person from any personal contact. The term "locked room" includes any type of door locking device such as a key lock, spring lock, bolt lock, foot pressure lock or physically holding the door closed, preventing the individual from leaving the room. Seclusion does not include the use of a time-out room. Locking an individual in a bedroom during sleeping hours is considered seclusion. *(OMHSAS Bulletin 02-01)*
Form Submission must include the following Information:

- Verification of Nursing Assessment occurred every fifteen minutes (*OMHSAS Bulletin 02-01*)
- Verification of Physician Assessment occurred within one hour after the initiation of seclusion for adults and children (*OMHSAS Bulletin 02-01*)
- Duration of Seclusion - An order for seclusion should not exceed one hour for adults and children (*OMHSAS Bulletin 02-01*)
Restraint Definition

Restraint:
Any Chemical, Mechanical, or Manual technique used for the purpose of restricting movement.

* If an injury occurred during restraint or seclusion or if a prone restraint occurred, the Critical Incident Report form must be completed instead of this form.
Chemical Restraint Definition

**Chemical Restraint**: A medication used to control acute, episodic behavior that is not the standard treatment for the consumer’s medical or psychiatric condition, and is intended to significantly lower the individual’s level of consciousness and restricts the movement of a consumer. A medication ordered by a physician as part of the ongoing individualized treatment plan for treating the symptoms of mental, emotional, or behavioral disorders is **not a chemical restraint.** *OMHSAS Bulletin 02-01*
Mechanical Restraint Definition

**Mechanical Restraint**: A device used to control acute, episodic behavior that restricts movement of function of a consumer or a portion of a consumer’s body. Mechanical restraints do not include measures to promote body positioning to protect the consumer and others from injury, or to prevent the worsening of a physical condition. *(OMHSAS Bulletin 02-01)*

- **Restraint by Provider Staff**:
  - Type of restraint:  
    - Chemical
    - Mechanical
    - Manual

  **Duration of restraint:**
Manual Restraint Definition

**Manual Restraints**: A physical, hands-on technique that restricts the movement or function of the consumer’s body or portion of the consumer’s body. Prompting, escorting, or guiding a consumer who does not resist in assistance in the activities of daily living is not a manual restraint. *(OMHSAS Bulletin 02-01)*
Quality Review Process

• Quality forms are reviewed by the Quality Improvement Department.
• Information obtained from forms may be shared with other internal Departments when deemed necessary.
• Reported incidents may be referred to the PerformCare Quality of Care Council for review if it is determined that Provider action or inaction played a role in an incident that is classified as a Member safety concern. Additional follow-up or corrective action may be required.
• Data from Quality forms is reviewed on a quarterly basis for trends and Providers may be asked to complete follow-up based on incident trends.

*Quality Forms: Critical Incident Report and Report of Restraint or Seclusion*
Quality Policies & Forms

Policy:
• QI-CIR-001 Critical Incident Reporting Policy available here
• QI-CIR-003 Restraint and Seclusion Monitoring

Quality Forms:
• Critical Incident Report PDF can be found on the PerformCare website here
• Report of Restraint or Seclusion Form can be found on the PerformCare website here
References and Resources

OMHSAS-02-1 “The Use of Seclusion and Restraint in Mental Health Facilities and Programs

OMHSAS-15-01 Community Incident Management and Report System

MA Bulletin 09-01-2015 Provider Preventable Conditions

OMHSAS-3800-09-01 “Strategies and Practices to Eliminate the Use of Unnecessary Restraints”

OMHSAS-3800-09-02 “Prone Restraints in Children’s Facilities”
• For questions please call the PerformCare Provider line at 1-888-700-7370 and ask to speak to a Quality Performance Specialist or your Assigned Account Executive.