PerformCare®

Policy and Procedure

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<thead>
<tr>
<th>Name of Policy:</th>
<th>Critical Incident Reporting</th>
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<tbody>
<tr>
<td>Policy Number:</td>
<td>QI-CIR-001</td>
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<tr>
<td>Contracts:</td>
<td>☑ All counties</td>
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<td>☐ Bedford / Somerset</td>
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<td>☐ Capital Area</td>
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<td>☐ Franklin / Fulton</td>
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<td>Primary Stakeholder:</td>
<td>Quality Improvement Department</td>
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<td>Related Stakeholder(s):</td>
<td>All Departments</td>
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<td>Applies to:</td>
<td>Providers/Associates</td>
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<tr>
<td>Original Effective Date:</td>
<td>10/01/01</td>
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<td>Last Revision Date:</td>
<td>01/10/17</td>
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<td>Last Review Date:</td>
<td>10/14/16</td>
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<td>Next Review Date:</td>
<td>10/01/17</td>
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**Policy:** PerformCare Providers are expected and 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 shall be required to report critical incidents to PerformCare within 24 hours of the time at which the Provider becomes aware of their occurrence.

**Purpose:** To ensure appropriate and timely reporting of critical incidents to PerformCare by Providers.

**Definitions:**

- **24-hour Levels of Care:** Levels of care that provide around the clock care and/or a 24-hour availability crisis component such as Mental Health Inpatient (MHIP), Substance Abuse Inpatient (SA IP), Substance Abuse Non-hospital Rehabilitation (SA NH), Residential Treatment Facilities (RTF), Extended Acute Units (EAU), Family Based Mental Health Services (FBMHS), Assertive Community Treatment (ACT) and Community Residential Treatment (CRR).
- **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.
- **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 3 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)

**Procedure:**

1. The following critical incidents that occur during treatment funded by PerformCare must be reported to PerformCare by Providers:
   1.1. Death of a Member.
   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 event requiring the services of the fire department, or law enforcement agency 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.
   1.6.3 Allegations of sexual or physical abuse/neglect/exploitation by family or adult caregiver.

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 of a Member while on Provider site or while Provider is present.

1.10. A Member receiving 24-hour care services who is out of contact with staff.

1.11. Any condition that results in a temporary closure of a 24-hour care facility.

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. Due to the sensitive nature of the information and identification of the Member, Providers will submit the forms electronically to PerformCare through a secured system.

2.2. If Providers are unable to electronically submit the report, a PerformCare CIR may be faxed.

2.3. Forms may not be sent as e-mail attachments. Please note that other forms will not be accepted.

3. Providers must submit a follow-up report regarding the disposition of any critical incidents which are not considered final when the original is submitted and require subsequent analysis.

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 and Abuse.

4.2. CIRs indicating imminent Member safety issues will be referred to the Clinical Director or their designee to determine necessary follow-up and action to assure the Member’s safety.

5. County oversight entities 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. If an incident is sent to the Quality of Care Council (QOCC) for review it will be determined whether additional follow-up and corrective action is required as outlined in QI-004 Documentation, Review, and Follow-Up of Quality of Care Issues.

8. A Critical Incident Report Summary will be compiled at least quarterly and the Quality Improvement/Utilization Management Committee will analyze the report for trends.

**Related Policies:**
- CC-001 Reporting Suspected Provider Fraud and Abuse
- CC-006 Payment Adjustments for Provider-Preventable Conditions including Health Care-Acquired Conditions
- PR-020 Provider Investigation Procedure
- QI-004 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:

[Signature]

Primary Stakeholder