



## **CBH Provider Notification Significant Incident Report Sharing August 3, 2018**

### **Background**

DBHIDS Bulletin 18-13 requires providers to report “significant incidents” to CBH (see list below<sup>[i]</sup>). Reports are done via standardized form and must be submitted within 24 hours of the provider becoming aware of such an incident, except in the case of a death, which must be reported immediately.

While such reporting allows CBH to undertake necessary clinical and quality management interventions to ensure safety and quality of care do not become further compromised for either the member in question, or other CBH members, there is no current mechanism whereby CBH receives information about such events that may occur at in-network provider facilities when the person receiving services is not a CBH member. (License sanctions are not posted to the DHS website until after a corrective action plan has been accepted, which may not occur until three or more months after a critical incident and licensing visit.)

As such, there exists the risk of serious incidents occurring at a provider facility that would substantially impact CBH referral and quality management decisions, but that CBH is not aware of under the current protocols. Other regional behavioral health managed care organizations (BHMCOs) experience the same limitation in their ability to know when serious incidents occur.

### **New Protocol**

Community Care Behavioral Health Organization, Community Behavioral Health, PerformCare, Beacon, and Magellan (the BHMCOs) will have the opportunity to voluntarily share de-identified critical incidents with each other when they occur. Each BHMCO will identify and share critical incident information with designated staff.

The incidents to be shared are those that both represent a clear and present danger to the health or safety of members being treated by a provider, and that are the result of a breakdown in systematic safety and quality management practices (i.e. the sort of incidents that would lead a BHMCO to close a provider to new admissions pending review or correction, or that would trigger some other, urgent intervention to ensure member safety).

These incidents include:

1. Death of a member at a bed-based (residential) facility
2. Restraint of a member leading to injury
3. Neglect by provider or gross deviation from quality expectations leading to serious injury (e.g. not following observation orders leading to a serious suicide attempt)
4. Report of staff physical or sexual abuse of a member determined to be “founded” after investigation by the local county children and youth agency
5. Riot
6. Mass elopement
7. Fire, flood, or serious property damage at a site where behavioral health services are delivered or a facility where members reside
8. Infectious disease outbreak at a provider site
9. Any other, quality- or safety-related incident that leads a BHMCO to close a provider to admissions (though the decision to close itself may not be shared – see below)

There is no scenario in which a member’s personal health information will be shared. The information to be shared will include:

1. Type of critical incident
2. Date of the incident
3. Date the incident was reported to the BHMCO
4. Name, contact information, and location of the service provider or treatment facility.

BHMCOs may not use notification from another BHMCO of a critical incident or the information regarding the critical incident as the sole basis for any action. Instead, after reviewing the information, each BHMCO would follow their own policies and procedures relevant to investigating reported critical incidents.

Any action taken by the BHMCOs would be considered confidential and would not be shared amongst each other. The sharing of the critical incident information is limited to what is noted above and does not in any way direct the actions taken by any BHMCO. For example, should one BHMCO decide to impose a hold on admissions, that decision would be confidential and would only be communicated with the service provider or treatment facility.

<sup>[1]</sup> SIRs are defined as:

Reportable Significant Incidents include, *but are not limited to*, the following:

1. Death of a member
2. Restraints (physical, mechanical, and chemical)
3. Seclusion
4. Homicide committed by a member who is receiving services or has been discharged within 90 days
5. Suicide attempt (with or without medical intervention)
6. Act of violence requiring medical intervention (includes intervention provided by staff)

- nurse/physician), by or to a member
7. Alleged or suspected abuse (physical, sexual, verbal, financial) of or by a member
  8. Adverse reaction to medication and/or medication error administered by a provider (includes Medication Assisted Treatment dispensing errors)
  9. Any physical ailment or injury that requires non-routine medical attention at a hospital on an emergency, outpatient, or inpatient basis (includes visits to urgent care)
  10. Neglect which results in injury or hospital treatment (committed by provider)
  11. Elopement from facility:
    - Adults
      - An adult who is out of contact with staff without prior arrangement or who may be in “immediate jeopardy” based on his/her personal history
      - Any time the police are contacted about a missing person or the police independently find and return the member regardless of the time he or she was missing
    - Children/adolescents
      - A child/ adolescent who is absent from the facility premises without the approval of staff
      - Any time the police are contacted about a missing person
  12. Missing person:
    - Adults
      - An at-risk adult who has not returned home or facility within 24 hours (includes filing of a police report)
    - Children / adolescents:
      - A child/ adolescent who has not returned to home or facility within 4 hours
  13. Police involvement or arrest (excludes involuntary commitments [302s])
  14. Fire, flood, or serious property damage at a site where behavioral health services are delivered or a facility where members reside
  15. Infectious disease outbreak at a provider site
  16. All non-routine discharges from inpatient, residential rehabilitation (drug and alcohol), children’s residential treatment, detoxification, or methadone maintenance treatment (i.e., administrative/ involuntary discharges or leaving a facility against medical or facility advice [AMA, AFA])
  17. Any sexual contact involving a minor, non-coerced or otherwise, that occurs at a provider site
  18. Presence of contraband (illicit substances and synthetic cannabinoids) at a bed-based facility

This Notification does not require action on the part of the provider outside of current SIR reporting requirements and implementation of subsequent corrective action plans, and instead serves to notify providers of the information sharing and potential follow-up that BHMCOs will be conducting. Please direct questions regarding this Notification to Michele Kane, Director of Quality Management, at [michele.kane@phila.gov](mailto:michele.kane@phila.gov).

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