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Reportable Event Training For Providers

Background Information

This training summarizes the changes to the Beacon-PA Critical Incident Reporting requirements, including:

- Updates to the language used to describe reportable events (formerly referred to as Critical Incidents)
- Updates to the Reportable Events Form (formerly Critical Incident Log)
- Updates to the required categories within the Reportable Events Table (formerly Critical Incident Table)

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What is a Reportable Event?

Reportable Events (formerly called Critical Incidents) are defined as occurrences that represent actual or potential risk to the safety or well-being of a HealthChoices member

The nature of some events may require further analysis and follow up. Others may not have significant outcomes or may not be directly related to the provider environment or supports, but are still collected for tracking and trending purposes.

The Risk Management process is a collaborative process to strengthen the alliance between behavioral health managed care organizations and network providers to assure the members receive the highest quality of professional services.

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Who is Responsible for submitting Reportable Events?

This training applies to all providers serving Beacon-PA HealthChoices members for all levels of care.

- We've been getting reports from providers that do not support Beacon-PA HealthChoices members. Please visit the Beacon Health Options website for more information if you are reporting an event for a Beacon member of a different Beacon plan:
https://www.beaconhealthoptions.com/providers/beacon/forms/clinical-forms/

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1. Suicide Attempt

Reportable:

- Attempted suicide while inpatient (or while at any provider site)
- Completed or attempted suicide with needed emergent care
- Completed or attempted suicide following discharge from any level of care within seven (7) days.
- Attempted suicide at any other level of care than inpatient with no apparent provider culpability

The following examples would not be reportable as suicide attempts:

- Threats of suicide that do not result in an actual attempt

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2. Completed or Attempted Homicide

Reportable:

- Completed homicide while in any level of treatment
- Attempted homicide in any level of care

The following example would not be reportable as a homicide:

- Threats of homicide that do not result in an actual attempt

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3. Death by Any Cause

**All member deaths
are reportable to Beacon**

**Death of <u>any</u> consumer at a
provider site,** *regardless of whether
or not the person is a Beacon member,*
must be reported to Beacon in
addition to any other required agency
(HCSIS, DDAP, etc.)

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4. Allegations of Sexual or Physical Abuse/Neglect/ Exploitation

Reportable:

- Allegations of sexual or physical abuse/neglect/exploitation by a provider
- Non-consensual sex between consumers while at a provider site or where services are rendered
- Allegations of sexual or physical abuse/ neglect/exploitation by non-provider (occurring at a provider site or within the member's home)
- Consensual sex between consumers at a provider site or where services are rendered.

4. Allegations of Sexual or Physical Abuse/Neglect/Exploitation

Rape, abuse, or assault by staff that is considered founded (witnessed by staff or other consumers, involving an admission by the perpetrator, involving clinical evidence, etc.) **regardless of whether or not a Beacon member was involved or present should be reported to Beacon.**

4. Allegations of Sexual or Physical Abuse, Neglect, or Exploitation

Note: All allegations that meet mandated reporting requirements should also be reported to appropriate oversight entities and/or protective services.

Reporting efforts should be noted in the Reportable Event form. This may include notifications to:

- Children Youth and Families
- Adult Protective Services
- Older Adult Protective Services
- Police

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5. Assault

Reportable:

- Assaults that occur at a provider site (or wherever services are rendered) that do or do not require medical treatment
    - Emergency Department
    - Urgent Care
    - First aid

The following examples would not be reportable as an assault:

- Altercations among residents that may result in physical contact (like a touch on the shoulder) but no injury, and that do not reflect a pattern of physical intimidation or coercion of a resident
- Discord or arguments resulting from routine activities and disagreements that might occur during treatment.

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6. Absent without Leave (AWOL)

Reportable:

- Absent without leave from residential provider for longer than two (2) hours and at risk to self or others.

- Absent without leave from a residential provider for longer than two (2) hours with no apparent serious risk and did not return with any contraband, illicit substances, etc.

The following example would not be reportable as AWOL:

- Absconding from assigned room to another area of a building or campus with no risk to the member.

- Elopements where the member remained within staff sight at all times with no risk to the member

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6. Absent without Leave (AWOL)

This category does not include adults leaving voluntary treatment if they have been assessed to not be at risk to self or others

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7. Undesirable Events Inconsistent with Routine Patient Care

Reportable:

- Undesirable events inconsistent with routine patient care (adverse medical complications, inebriation, etc.)

The following example would not be reportable as an undesirable event:

- Member developed a cold while receiving residential or inpatient treatment

8. Breach of Confidentiality

**All breaches of member confidentiality/
HIPAA violations are reportable**

9. Against Medical Advice (AMA) at Risk

Reportable:

- Parents or guardian taking child against medical advice (AMA) from any inpatient setting with child at risk due to AMA (kidnapping, etc.)

- Adult leaving treatment voluntarily while at serious risk for incarceration or hospitalization (such as demonstrating suicidal ideation or unstable mental or physical health status)

The following example would not be reportable as AWOL:

- Adults leaving voluntary residential treatment if they have been assessed to not be at risk to self or others.

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10. Accidental Injuries

Reportable:

- Accidental injuries either in a facility or at a provider site (or wherever services are rendered)
  - Emergency Department
  - Urgent Care visit
  - Medical treatment more than first aid (First aid includes assessing a condition, cleaning a wound, applying topical medications, and applying simple bandages)

The following example would not be reportable as an accidental injury:

- A member tripped over a carpet at a provider office, was assessed by nursing, but there was no indication of serious injury.

- A member had a small bandage on her arm and reported that her cat scratched her earlier in the day

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11. Medication/Treatment Errors

Reportable:

- Medication/treatment errors causing severe or potentially severe harm or distress

- Medication/treatment errors not resulting in severe or potentially severe harm or distress to Member

The following examples would not be reportable as a medication or treatment error:

- The member reported that she missed her appointment at the Suboxone clinic yesterday

- The member refused to take his prescribed medication

12. Adverse Reactions to Medication/Treatment

Reportable:

- Adverse reactions to medication/treatment

The following examples would not be reportable as an adverse reaction to medication/treatment:

- Member experiences common, not life-threatening side effects to the medication prescribed

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# 13. Fire Setting and Property Damage

Reportable:

- Anytime emergency services (Fire Department, Police, EMS, etc.) are summoned to a facility for any reason, such as fire setting, property damage, commitment of a crime.

- Fire setting or other property that does not result in summoning of emergency services, but does require immediate action or repairs to ensure member safety.

The following examples would not be reportable as a fire setting or property damage:

- The member and a peer were arguing when the member threw his dinner plate to the ground, breaking it.

- The member put paper towels in a sink, causing it to overflow.

- The member pulled the fire alarm at the residential treatment center.

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14. Temporary Closure

Any condition that results in temporary closure of a facility is reportable

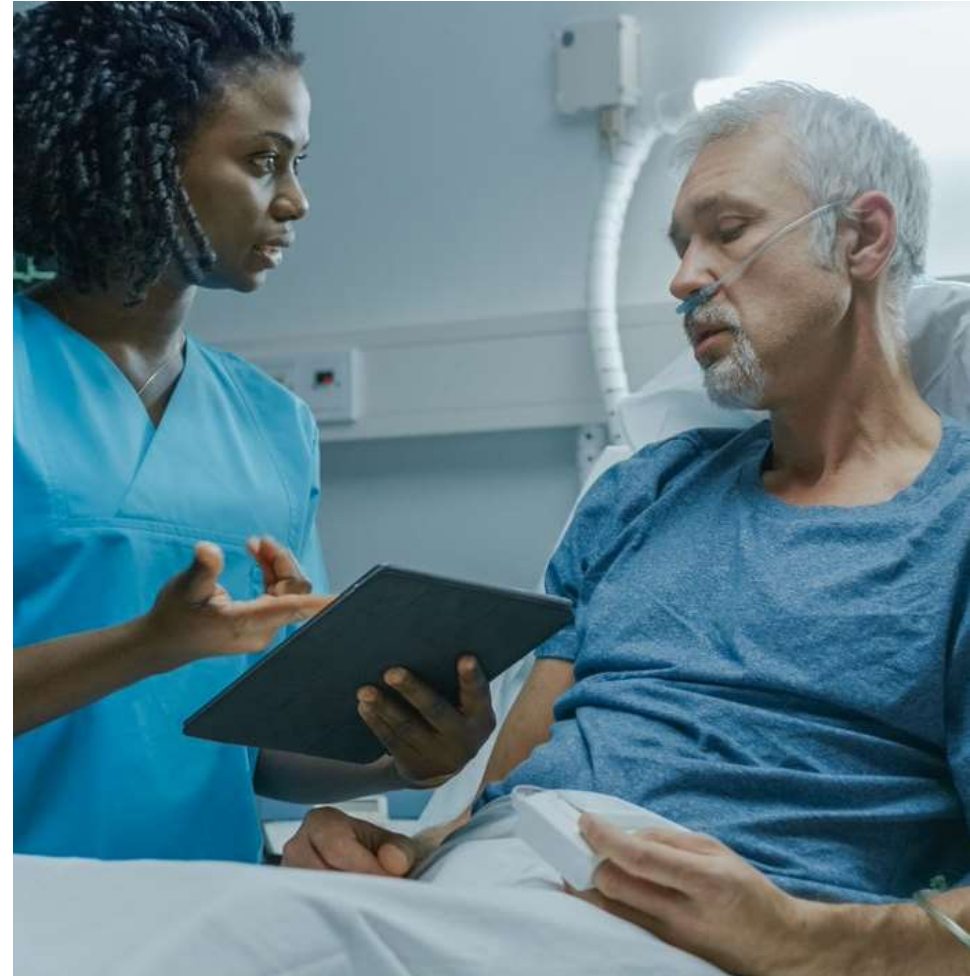beacon
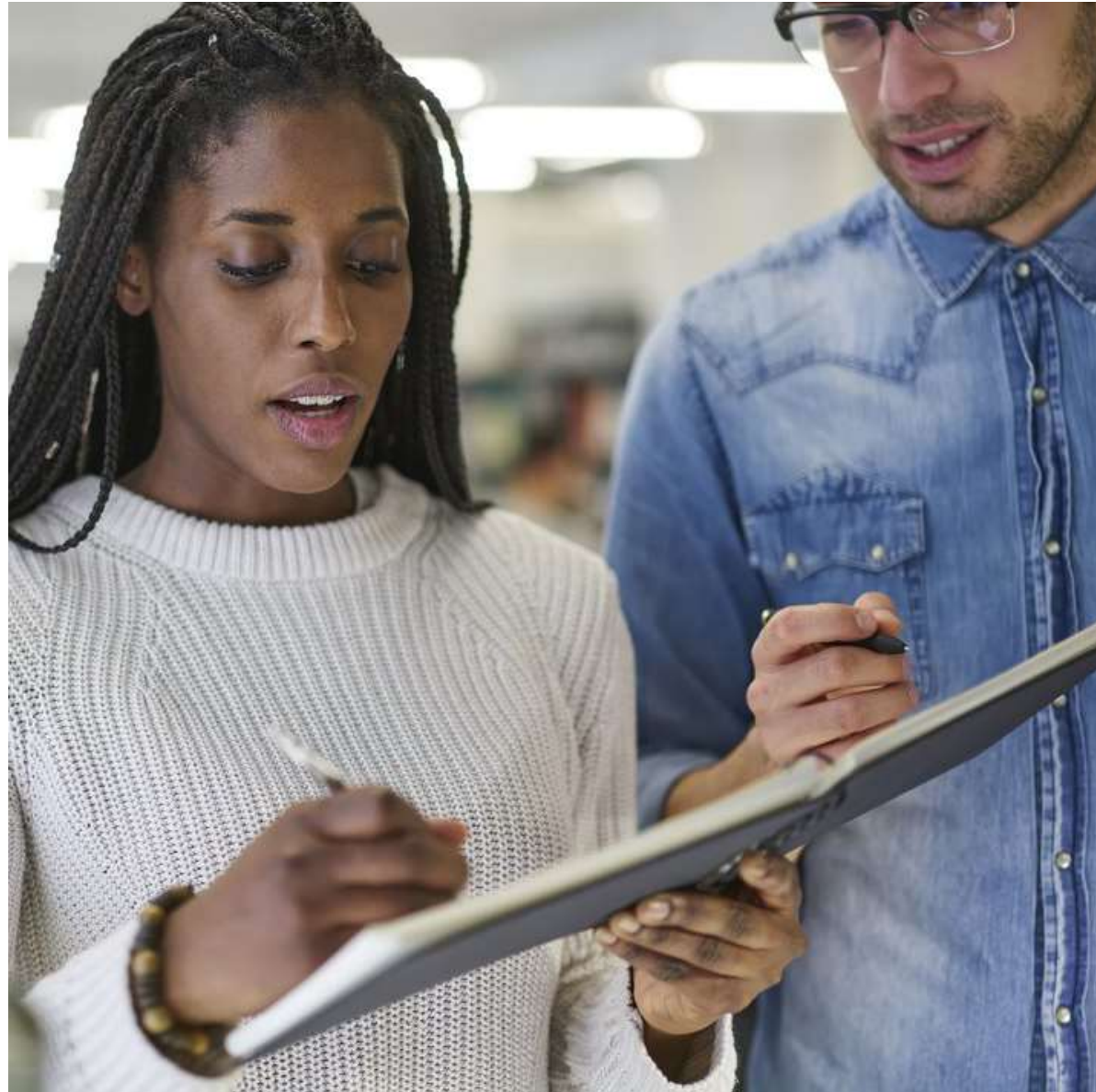
15. Deadly Weapon

Reportable:

- Possession of a deadly weapon and the threat of use of the weapon by member while in any facility, at a provider site, or where services are rendered.

The following examples would not be reportable as the presence of deadly weapons:

- A member enters his outpatient session with a pocket knife clipped to his jeans.
- A member was observed to have a visible gun rack in her truck.

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16. Serious Communicable Disease

Any outbreak of a serious communicable disease is reportable

17. Other

Reportable:

- Other member safety concerns

Reminder: Some events may only be reportable internally or to other stakeholders. Use this option only for those events that do not easily fit into other Beacon-PA categories but that demonstrate member safety concerns.

18. Litigation

Reportable:

- Any real or threatened litigation in a case involving a Beacon member and/or their family.

- Any real or threatened litigation against a provider not involving a Beacon member/family.

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19. Administrative Discharge

Reportable:

- Any time a member is administratively discharged from a facility, this is considered a reportable event. Rationale for the administrative discharge should be included in the "Incident description" area of the Reportable Event Form.

Reminder: If a member is being administratively discharged, a risk/safety assessment should be conducted and referrals for the member should be completed prior to discharge. If the member cannot be safely discharged to the community, a warm transfer to an appropriate level of care should be completed.

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20. Restraints

Reportable:

- Restraint while in a facility or at a provider site that requires serious medical treatment (requiring urgent/emergent care - Emergency Department or Urgent Care visit)

- Restraint that is unauthorized/used improperly/applied incorrectly. A restraint not approved in the individual support plan or one that is not a part of an agency's emergency restraint procedure is considered unauthorized.

- Restraint while in a facility that requires minor or no medical treatment (such as first aid, assessment/monitoring by on-site medical staff).

20. Restraints

All restraints are reportable; however, if multiple restraints occur within one day, they can be reported on one (1) form

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21. Self-Injurious Behavior (SIB)

Reportable:

- Self-Injurious Behavior (SIB) that occurs at a provider site (or wherever services are rendered) and includes one or more of the following:
    - Is potentially life threatening,
    - Requires urgent/emergent life-saving care or skilled nursing (usually involves Emergency Department or Urgent Care visit),
    - Requires medical treatment more than first aid (First aid includes assessing a condition, cleaning a wound, applying topical medications, and applying simple bandages),
    - Demonstrates a new behavioral pattern of concern

22. Media Event

Reportable:

- An occurrence that involves a provider and contact with the media: presence or inquiry by newspaper, news station, media outlet, etc. with the possibility that a public communication will be distributed. Examples may include:
  - A newspaper article suggesting that one or more staff members at a facility have been involved in illegal or unsafe activities while on the premises
  - Contact from a news station questioning the credentials of a staff person providing community-based services such as IBHS
  - An online news article suggesting abuse has occurred at an in-network provider although no Beacon members have received treatment from the provider within the last six (6) months

22. Media Event

Reminder: A media event involving an in-network provider <u>must</u> be reported to Beacon regardless of whether or not a Beacon member is currently receiving services from the provider.

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Why Must You Submit a Reportable Event?

- Contractual requirement for credentialing and re-credentialing as a network provider

- Continuous Quality Improvement (CQI) for the identification of trends and/or improvement opportunities

- Monitoring of Beacon network and members to help ensure member safety and the provision of high quality services

When and How Do You Submit a Reportable Event?

When do I report?

- Within one (1) business day from the event date

Should I use a particular reporting form?

- Yes. You ***must*** use the Reportable Event Form located under Quality Management Forms at:

  https://pa.beaconhealthoptions.com/providers/provider-forms/

How do I report?

- Risk Management Email: CriticalIncident@beaconhealthoptions.com
- Risk Management Fax: 1-855-287-8491 attention: Critical Incidents

Reporting Tips

- When completing the "Reporter Information" and "Reportable Event Information" sections at the top, the information entered may not match.

- The provider contact person in the Reportable Event Information column should include the title, name, and phone number of a designated staff person who is knowledgeable about the event and will be able to answer follow-up questions when contacted by Beacon.

Beacon Health Options
Reportable Event Form

Reporter Information	Reportable Event Information
Date of Report: **10/02/21**	Date of Event: **10/01/21**
☒ **Provider** ☐ Other ☐ Beacon Staff	Level of Care at time of event: **SUD 3.5 Residential Treatment**
Reporter Name: **Jane Doe, Support Staff**	Provider Name: **ACME, LTD**
Organization Name: **ACME, LTD**	Provider Address: **1234 Sesame Street, Washington, PA 15000**
Reporter Phone: **724-123-4567**	Provider Contact Person: **Project Director, Tony Tiger**
Reporter Email: **jane.doe@acme.org**	Provider Phone: **724-123-4567 x 123**

Reporting Tips

- When referring to those involved in the event, refer to people by their title/role. Avoid use of names and pronouns whenever possible.
  - Example: "The member's mother reported that the member bit her Behavioral Health Technician (BHT)"
- Refrain from using acronyms and abbreviations without first defining them
  - Example: "The member struck at staff and was unable to be redirected. When the member tried to strike the staff a second time, the staff used an approved Personal Emergency Intervention (PEI) to restrain the member."
- Include known, factual event details and observations. Indicate specifically when reporting on information learned from a secondary source.
  - "This event was reported by the member's partner who stated that the member became unconscious and fell to the ground. According to the member's partner, the member was unconscious for about five (5) minutes when the ambulance arrived."

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Reporting Tips

- Include the details of all follow-up actions taken to address the event:

    o Example: "The Clinician debriefed the incident with the member and her family, completed an internal incident report and filed a Childline report."

- Include the current status of the member and actions taken to address any safety issues:

    o Example: "The member was assessed by the nurse on the unit and required an icepack and approved over-the-counter pain reliever. At the member's request, the police were notified of the assault and the peer was taken into custody."

All fields pertaining to provider and member information on the Reportable Event Form must be completed.

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What Do I Report?

Initial Summary of Event

1. What events lead up to or may have contributed to the event?
   - o "The member had previously gotten into a verbal altercation with the peer"
   - o "The member had missed her appointment time and was escalated when she was asked to reschedule"
   - o "The member did not want to return to the building when it was time to go inside"

2. What occurred during the event?
   - o "The member continued to escalate verbally and then punched the peer in his abdomen"
   - o "The member told the nurse that she had plans to hurt herself and showed the nurse superficial cuts on her arm that she reported doing yesterday."
   - o "The member ran from staff and evaded them. The member entered the woods and was not able to be found.

What Do I Report?

3. What occurred as a result of the event?

   o "The member and peer were separated. The member's counselor met with him to review the facility's expectations. The member signed a behavioral contract and was educated that aggression would not be tolerated. Staff were alerted to the event and encouraged to enhance monitoring of the two individuals. The peer decided to press charges against the member and the police were called."

   o "A suicide assessment was completed. The member refused to go to the hospital for inpatient evaluation, despite encouragement. County crisis was contacted for additional support and after some time, the member agreed to further evaluation. The member was transported to ABC Hospital where she was admitted for inpatient treatment. With the member's consent, her emergency contact (her sister) was notified of the admission."

   o "Staff called 911 to alert the police of the missing child. Staff called the member's parents to alert them of the member's elopement and actions being taken. Video footage was reviewed and the police were provided with all information. At approximately 7:30pm, the member returned to the facility on foot. The member was assessed by nursing, and had no injuries. The member's parents and the police were notified of the member's safe return. A team meeting has been scheduled for tomorrow at 2pm to discuss the elopement and to update the member's safety plan."

Reportable Event Form

Reporter Information	Reportable Event Information
Date of Report: **10/02/21**	Date of Event: **10/01/21**
☒ **Provider** ☐ Other ☐ Beacon Staff	Level of Care at time of event: **SUD 3.5 Residential Treatment**
Reporter Name: **Jane Doe, Support Staff**	Provider Name: **ACME, LTD**
Organization Name: **ACME, LTD**	Provider Address: **1234 Sesame Street, Washington, PA 15000**
Reporter Phone: **724-123-4567**	Provider Contact Person: **Project Director, Tony Tiger**
Reporter Email: **jane.doe@acme.org**	Provider Phone: **724-123-4567 x 123**

Reportable Event Form

Member Information	
Member Name: **Josef Fisch**	County of Residence: **Washington**
MA ID#: **123456789**	Self-Identified Gender: **Transgender Male**
Date of Birth: **02/13/81**	Age: **40**
ICD10 MH Diagnosis: **F90.2**	Medical Diagnosis: **n/a**
ICD10 SUD Diagnosis: **F11.20**, **F14.10**	Other Pertinent Conditions/Accommodations: **chronic back pain**

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Reportable Event Form

Reportable Events (Select One)	
Depending on the nature of the incident, a mandated report to Childline, police and/or APS may be required.	
☒ 1. Suicide attempt	☐ 12. Adverse reactions to medication/treatment
☐ 2. Completed or attempted homicide	☐ 13a. Fire setting or property damage
☐ 3. Death by any cause	☐ 13b. Emergency services summoned to facility other than false alarm
☐ 4. Allegations of sexual or physical abuse/neglect/exploitation	☐ 14. Temporary closure of facility
☐ 5. Assault within a facility or at a provider site	☐ 15. Possession of a deadly weapon *with the threat of use by member* at provider site
☒ **6. Absent without leave for longer than 2 hours**	☐16. Outbreak of serious communicable disease
☐ 7. Undesirable events inconsistent with routine patient care	☐ 17. Other Member Safety Concern (Specify):
☐ 8. Breach of confidentiality	☐ 18. Any real or threatened litigation in a case against a provider or Beacon
☐ 9a. Parent/guardian taking child AMA from residential setting with child at risk	☐ 19. Administrative Discharge
☐ 9b. Adult leaving treatment voluntarily while at serious risk	☐ 20. Restraint
☐ 10. Accidental injuries at a provider site requiring medical treatment more than first aid	☐ 21. Self-Injurious Behavior
☐ 11. Medication/treatment errors	☐ 22. Media Contact

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Reportable Event Form

*Depending on the nature of the incident, a mandated report to Childline, police and/or APS may be required.
Incident description, including status of member and immediate steps taken *following* event: **The member and a peer got into a verbal altercation during group and walked out of the room and left the facility at 1:45pm. The counselor was alerted but the member was not able to be located. At 4pm, the member arrived back to the facility asking to return to treatment. The counselor and the director met with the member to discuss what had occurred. The member agreed to sign a behavioral contract and agreed to mediation with the peer. The member was searched for any contraband and completed a urinalysis before returning to the milieu, which was negative for substances. The counselors and Clinical Supervisor met with the member and the peer on 10/02/21 at 9am and were able to process the conflict. Both parties were warned that this type of behavior was not acceptable and encouraged to go to their counselors with any concerns.**

Select actions already taken:	
☐ ChildLine contacted	☐ Adult Protective Services Contacted
☐ Guardian contacted	☐ OMHSAS/DDAP notified
☐ Police notified	☒ Other (Specify): **Emergency contact called when member was missing. Called back with member when he returned**

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Will I Be Penalized For Submitting a Reportable Event?

- No – Reportable events happen all the time, at every level of care
- Patterns of non-reporting (rather than over-reporting) are more concerning and may be referred to the Quality of Care Committee to determine if further action is necessary
- Reporting all events helps Beacon reduce the risk of potential litigation

When unsure if an event meets criteria, submit a Reportable Event Form.

The event will be triaged by the Quality/Risk Analysts.

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What Happens After I Submit a Reportable Event?

The Quality/Risk Analyst will take the following next steps:

- Triage the report to determine the risk severity and necessary follow up actions
- Notify the appropriate county/oversight entity of the event
- Log all events in Beacon's electronic Quality Management system for tracking and monitoring

Will Beacon Contact Me?

- You may be contacted for additional details of the event and to obtain information about steps taken to address the concerns
- The severity of the event may require additional follow up and monitoring by a Beacon Quality Analyst. Beacon may request:
  - Associated member records
  - Sample records from other Beacon members
  - Provider policies
  - Provider investigation outcomes
  - Corrective Action Plan (CAP)

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What Is a Corrective Action Plan?

- A Corrective Action Plan (CAP) is a written plan that identifies steps to correct the circumstances that led to the critical event and to prevent a recurrence.

  - The Department of Human Services created a training in 2019 focusing on development of a CAP. The training can be viewed at the following link: http://services.dpw.state.pa.us/DPC-Provider-Training/index.html

- Beacon can provide guidance in developing a CAP if needed.

- CAPs may be monitored to ensure effectiveness and that plans are fully implemented.

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What Happens Next?

- Dependent upon the information received, the event and the associated review by the Quality Analyst may be:
  - Finalized and closed by the Quality Analyst
  - Reviewed by Beacon's Medical Director
  - Redacted and presented during quarterly Quality Management Committee meetings for County and Primary Contractor review

In some serious cases, the event may be referred internally for additional quality and compliance review.

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Risk Management

Contact a Quality Management Staff:

Quality/Risk Analysts

- Corky Blackburn   724-875-3169   Coralie.Blackburn@beaconhealthoptions.com
- Nancy Cader   724-744-6310   Nancy.Cader@beaconhealthoptions.com

QM Manager

- Jess Lampman   724-372-5792   Jessica.Lampman@beaconhealthoptions.com

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2022 Reportable Events Training Schedule

- Initial Trainings:
  - March 4, 2022 10am
  - March 7, 2022 at 12pm
  - March 9, 2022 at 3pm
  - March 11, 2022 at 9am

- Refresher Trainings:
  - April 22, 2022 at 9am
  - May 17, 2022 at 12pm
  - June 6, 2022 at 12pm

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Thank you