

**SECTION - HOSPITAL OPERATIONS
ADMINISTRATIVE DIRECTIVE NO. 768
(Replaces A.D. No. 768 dated 4/4/06)**

Effective Date: February 15, 2007

SUBJECT: DEPARTMENT OF HEALTH SERVICES REPORTABLE EVENTS

I. PURPOSE

- A. To report and document events that have an adverse affect on the safety, care, treatment and rehabilitation of patients served by the hospital.
- B. To monitor the appropriateness and effectiveness of follow-up actions to minimize or prevent a recurrence of similar incidents.
- C. To provide data for analysis for performance improvement activities.

II. AUTHORITY

California Code of Regulations Title 22, Sections 71535 and 73539. By order of the Deputy Director, Long Term Care Services, consistent with Government Code Sections 11152 and 11180; Department of Mental Health Special Order Numbers: 112, 205.03, 227.07, 315.05, 701.01 and 720.01; and Welfare & Institutions Code Sections 4313, 5328(o), 5328.4, 7325.5, 15600 et seq.

III. POLICY

Unusual occurrences shall be reported to the Department of Health Services (DHS) as appropriate and as required by law. Documentation shall be on designated DHS reporting forms as outlined in this policy.

IV. METHOD

A. Definition:

- 1. An incident that creates a significant health hazard, puts an Individual's health and safety in irmediate jeopardy, or creates significant problems to hospital operation.
- 2. A matter of public concern, of interest to the news media, to the Legislature or for pending legislation, or of sufficient concern to warrant the attention of DHS.

B. Reportable occurrences include (at a minimum):

1. An epidemic outbreak of any disease, prevalence of communicable disease whether or not such communicable disease is required to be reported by Title 17, California Administrative Code, Section 2500, or epidemic infestation by parasites or vectors.
2. Poisonings
3. Fires
4. Major accidents
5. Explosions
6. Physical injury to any person which, consistent with good medical and professional practice, would require treatment by a physician (greater than first-aid):
7. Death of an Individual, personnel or visitor because of unnatural causes (suicide, homicide, accidents).
8. Sexual acts involving an Individual who is non-consenting, or Individual/staff.
9. Physical assaults on Individuals, employees or visitors.
10. All instances of Individual abuse including neglect.
11. Actual or threatened walkout, or other curtailment of services or interruption of essential services provided by our hospital (e.g. heating, air conditioning, food, water, linens, sewage back flow or needed medical supplies).
12. Inoperable emergency systems, equipment systems, where correction if not instituted will cause an immediate threat to life, or have a strong potential to become an immediate threat to life.
13. Disaster, catastrophe or other occurrences, which constitute an interference with hospital operations which affect the welfare, safety, and health of Individuals, personnel, and/or visitors.
14. All serious injuries sustained during Containment, Seclusion or Restraint and reported to Protection & Advocacy Agency (PAI) per the current version of Special Order 119.06, Seclusion and Behavioral Restraint.

(Section 27491 of the Government Code and Section 102850 of the Health and Safety Code of California - requires that, in situations where a death occurs that is "unusual, unexpected or suspicious", the coroner is to be notified. In procedures outlined in Special Order Number 205.03, the Special Investigator is to conduct an investigation involving these situations. The Special Investigator's report includes back up data such as the Autopsy Report, toxicology studies, etc. In the event an autopsy is done on a death involving special circumstances, the Autopsy Reports, other relevant studies, and/or death certificates are to be sent to the Deputy Director, Long Term Care Services as soon after the death as they are available.)

C. Documentation & Routing:

1. Any employee witnessing or discovering an incident that meets the criteria for an SIR, shall document the incident on an SIR. However, should the incident involve an Individual, and a Level of Care (LOC) staff is present at the time/location of the incident, the LOC staff shall have primary responsibility for completing the SIR.
2. Documentation will include the date, time, and location of the incident, severity of any injuries applicable, interventions initiated, and the appropriate supervisor/manager notified.
3. Any SIR involving an Individual incident shall be forwarded to Program Management for review.
4. All non-Individual related SIRs shall be forward up the witnessing or discovering employee's chain-of-command for review.

The Program Director/Department head shall ensure all SIR originals that meet DHS reportable criteria are immediately hand-delivered to the Standards Compliance Department (SCD), upon the Level of Reviews being completed.

D. Time Frames:

1. Special Incidents meeting the criteria of a DHS Reportable shall be documented on an SIR within one hour of the event.
2. Fax copy of SIR to SCD within one (1) hour of the incident at (935-7271).
3. For incidents occurring during regularly scheduled business hours (Monday to Friday 0800 to 1700), and meet the criteria for a DHS reportable, all levels of review shall be completed within 4 hours.
4. For incidents occurring during regularly scheduled business hours and do not constitute a DHS reportable, all level of reviews shall be completed within 72 hours.

5. For incidents occurring outside of the regularly scheduled business hours, weekends and holidays, and meet the criteria for a DHS reportable, all levels of review shall be completed within 4 hours of the next working day.
6. For incidents occurring outside of the regularly scheduled business hours, weekends and holidays, and do not constitute a DHS reportable, all levels of review shall be completed within 72 hours of the next working day.

The SIR Levels of Review shall be completed according to the above outlined timeframes and delivered to the SCD upon completion.

- E. Data entry for all SIRs will be completed by the SCD.

V. REPORTING PROCESS:

- A. During regularly scheduled work hours (Monday to Friday 0800 to 1700); the SCD Director shall review all SIRs to determine which incidents meet the criteria of a DHS Reportable. Copies of the SIRs deemed DHS Reportable shall be provided to any Executive Office directly impacted by the incident. The affected Executive Office shall be responsible for ensuring appropriate follow-up is initiated in a timely manner and that a report of findings shall be completed and made available to the SCD Director and Executive Director for review and further response.
- B. After-hours, weekends, and holidays, the Executive Officer of the Day (EOD) will be responsible for contacting the SCD Director and Executive Director and briefing them of the incident. The SCD Director will determine if immediate telephone notification to DHS is required. The Director will also designate the person to initiate the notification. Generally, there is no need to notify DHS at night, weekends, or holidays, unless it is felt the occurrence is likely to cause continued harm or death.
- C. A preliminary report of findings/investigation shall be prepared by the EOD and made available to the SCD Director and Executive Director at the beginning of the next business day.
- D. The Reported Event form will be transmitted by facsimile to DHS within 24 hours of the incident being disclosed to the SCD.
- E. The Executive Director will determine the need for additional investigation. The individual assigned to investigate will submit a final report that describes the incident and indicates whether or not the allegation was substantiated. The report will also give a detailed account of immediate actions taken by staff not included on the original report, long term actions taken by the program and whether any procedure or policy changes were made in the hospital. If the investigation of the allegation is found to substantiate the claim, the hospital shall send either a copy of the investigator's report or a summary that substantiates the claim. Upon completion of the investigation, this report will be submitted to the Executive Director and the SCD Director.



W. T. VOSS
Executive Director

Cross Reference(s):

A.D. No. 302 Patient Escape and Notification Policy

A.D. No. 528 Patient Death

A.D. No. 770 DMH Headquarter Reportable Events

A.D. No. 830 Special Incident Reports

A.D. No. 976 Duty to Warn, Inform and Report Abuse and Serious Threats

Nursing Procedure Manual