

SECTION - HOSPITAL OPERATIONS
ADMINISTRATIVE DIRECTIVE NO. 770
(Replaces A.D. No. 770 dated 4/4/06)

Effective Date: February 16, 2007

SUBJECT: DMH HEADQUARTER REPORTABLE EVENTS

I. PURPOSE

- A. To report and document events that have an adverse affect on the safety, care, treatment and rehabilitation of Individuals 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

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

III. POLICY

Serious incidents shall be reported to Department of Mental Health Headquarters (DMH HQ) or external agencies as appropriate and as required by law. Documentation shall be on designated DMH reporting forms as outlined in this policy.

IV. METHOD

A. Definition:

- 1. A serious incident that creates a significant health hazard puts an Individual's health and safety in immediate 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 DMH HQ officials.

B. Reportable Events Include (at a minimum):

1. Any successful unauthorized absence/escape of any Individual. Special circumstances include other unauthorized absence attempts that put the Individual or hospital personnel in significant jeopardy, creating significant problems in hospital operation or significant concern to warrant the attention of headquarters officials.
2. Contraband, when contraband involves staff or weapons.
3. Sexual incidents which are achieved by force, threat or exploitation, or when the incident involves a staff member.
4. Alleged or suspected patient abuse and/or neglect by hospital employees, service providers or any other persons. Allegations of abuse, which are documented in an Individual's medical record as part of a delusional system, need not be reported.
5. Complaints made by an Individual's family, conservator, guardian or other interested person raise serious questions about the patient's health, safety, well being, or treatment program.
6. Unusual or unexpected patient deaths.
7. Anything else determined by the Executive Director needing to be reported.
8. All Suicide Attempts-Per Special Order 227.07.
9. 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 a Special Incident Report (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 this incident, severity of any injuries applicable, interventions initiated and the appropriate Supervisor/Manager notified.
3. Any SIR involving a patient incident shall be forwarded to Program Management for review.
4. All others shall be forwarded up the witnessing or discovering employee's chain-of-command for review.

The Program Director/Department head shall ensure all SIR originals that meet DMH HQ 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 DMH HQ 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 DMH HQ 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 DMH HQ 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 DMH HQ 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 DMH HQ reportable, all levels of review shall be completed within 72 hours of the next working day.

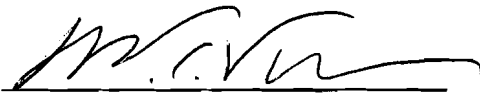
The SIR Levels of Review shall be completed according to the above outlined timeframes and delivered to the SCD upon completion.

- E. Data entry for all Special Incident Reports will be completed by the SCD.

V. REPORTING PROCESS:

- A. During regularly scheduled work hours (Monday to Friday 0800 to 1700), the Standards Compliance Director shall review all SIRs to determine which incidents meet the criteria of a HQ Reportable. Copies of the SIRs deemed HQ 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 Standards Compliance 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 Executive Director and Standards Compliance Director and briefing them of the incident. The Executive Director in conjunction with the SCD will determine if immediate telephone notification to DMH HQ is required, and designate the person who will notify Headquarters. Generally, there is no need to notify headquarters at night, weekends, or holidays, unless there is a need to confer with Division of State Hospital staff about the incident, or unless it is felt the occurrence is likely to cause immediate media interest.
- C. A preliminary report of findings/investigation is to be prepared and made available to the Executive Director and Standards Compliance Director at the beginning of the next business day.
- D. The Special Incident Brief will be transmitted electronically to DMH HQ within 24 hours of the incident by the Executive Director via the Standards Compliance Director.
- E. Copies of all Special Incident Briefs reported to DMH HQ will be forwarded to the Executive Director.
- F. 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 Standards Compliance Director.
- G. When further investigation is indicated, a projected time for completion of the investigation shall be referenced on the initial HQ reportable Special Incident Brief form. The Standards Compliance Director is responsible to provide the final report to HQ.

- H. The final report shall describe the incident and indicate 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/department 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.



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. 768 Department of Health Services 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