



North Sound Behavioral Health Organization, LLC

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North Sound BHO Contract Memorandum 2018-022

Date: October 18, 2018

To: Tom Sebastian, Compass Health and Compass Whatcom
Donna Konicki, Bridgeways
Jenny Billings, Lake Whatcom RTC
Will Rice, Catholic Community Services Northwest
Claudia D'Allegri, Sea Mar
Cammy Hart-Anderson, Snohomish County MH/CD/Vets Division Manager
Phil Smith, Volunteers of America
Shanon Hardie, Unity Care NW
Sue Closser, Sunrise Services
Robert Sullivan, Pioneer Human Services
Beratta Gomillion, Center for Human Services
Corky Hundahl, Phoenix Recovery Services
Julie Lord, Pioneer Human Services
Linda Grant, Evergreen Recovery Centers
Marli Bricker, Therapeutic Health Services
Jane Jisun Kim, Asian Counseling Treatment Services

From: Joe Valentine, Executive Director

Subject: **Revised** Policies

Greetings BHA Providers:

Attached is the revised/updated Policy 1009.00 and Critical Incident (CI) Form.

Policy 1009.00 – Critical Incident Reporting and Review Requirements

The Quality Management Oversight Committee approved this policy 10/12/18 and the Executive Director signed this policy on 10/18/18.

Please ensure all appropriate staff receives this information.

The revised policy and CI Form are attached to this NM for your convenience.

Full implementation of these policies should occur no later than 60 days after this memo.

October 18, 2018

A separate redlined version of this policy will be attached to the email as requested.

cc: Cindy Ferraro, Bridgeways
Becky Olson-Hernandez, Compass Health
Kay Burbidge, Lake Whatcom RTC
Pat Morris, Volunteers of America
Katherine Scott, Sea Mar
Richard Sprague, Unity Care NW
Danae Bergman, Center for Human Services
Jackie Henderson, Island County Coordinator
Barbara LaBrash, San Juan County Coordinator
Rebecca Clark, Mental Health Program Coordinator Skagit County
Anji Jorstad, Snohomish County Coordinator
Anne Deacon, Whatcom County Coordinator
Marsh Kellegrew, Evergreen Recovery Services
Rowell Dela Cruz, Pioneer Human Services
Perry Mowery, Whatcom County
Contract File

North Sound Behavioral Health Organization

Section 1000 – Administrative: Critical Incident Reporting and Review Requirements Quality Assurance and Improvement Process

Authorizing Source: HCA/North Sound BHO Contracts; WAC 388-877-0420; RCW 43.70.510

Cancels:

See Also:

Providers must comply with this policy & may develop individualized implementation guidelines as needed

Responsible Staff: Deputy Director

Approved by: Executive Director

Signature:

Date: 10/18/2018

POLICY #1009.00

SUBJECT: CRITICAL INCIDENT REPORTING AND REVIEW REQUIREMENTS QUALITY ASSURANCE AND IMPROVEMENT PROCESS

PURPOSE

This policy describes:

1. The processes, circumstances, methods and timelines by which Behavioral Health Agencies (BHAs) in the North Sound Region must provide information to North Sound Behavioral Health Organization (North Sound BHO);
2. The processes, circumstances, methods and timelines by which North Sound BHO must provide information to the Health Care Authority (HCA);
3. The quality assurance and improvement activities involved in reporting and responding to critical incidents affecting individuals of the North Sound BHO Region and North Sound BHO contracted BHAs;
4. The purpose of the Critical Incident Reporting and Review Requirements and the North Sound BHO Critical Incident Review Committee (CIRC) quality improvement and assurance process is to:
 - a. Ensure, in its ongoing commitment to quality assurance and improvement initiatives, North Sound BHO promotes individual safety and risk reduction by requiring the recognition and reporting of critical incidents. Specifically, the North Sound BHO wants to ensure:
 - i. Care and services delivered meet the requirements of HCA/North Sound BHO and North Sound BHO/BHA contracts, North Sound BHO Clinical Eligibility and Care Standards (CECS), relevant Washington Administrative Codes (WAC), the Revised Codes of Washington (RCW) and the Code of Federal Regulations (CFR). There is a timely and systematic reporting mechanism that promotes appropriate responses to critical incidents; and
 - ii. A framework, structure and set of guidelines for the timely reporting of critical incidents exist as defined by HCA.
 - b. Support and protect the reporting and documentation of critical incidents under North Sound BHO Coordinated Quality Improvement Program (CQIP). North Sound BHO maintains CQIP status through the Washington State Department of Health (DOH); and

- c. Communicate with the DOH for the purpose of improvement of the quality of health care services rendered to individuals and the identification and prevention of medical malpractice as set forth in RCW 43.70.510; and
- d. Encourage the development of a system-wide recovery-oriented culture, which minimizes individual blame or retribution for involvement in critical incidents and emphasizes accountability, trust, system improvement and continuous learning.

POLICY

The North Sound BHO appoints and supports a designated incident reporter (DIR) whose role is to:

1. Screen critical incident (CI) reports for appropriateness; and
2. Report CI to HCA; &
3. Facilitate Critical Incident Review Committee (CIRC) which investigates CI; &
4. Follow-up with each review/investigation until a disposition is reached for each; &
5. Report investigation and follow-up activities, as well as, dispositions to HCA; &
6. Prepare and deliver an annual report of activities to North Sound BHO Internal Quality Management Committee (IQMC) and other stakeholders.

All types of CI shall be reported to HCA using HCA's Behavioral Health and Recovery Incident Reporting System. If the Incident Reporting System is unavailable for use, a standardized form will be provided by HCA with instructions.

PROCEDURE

CI Reporting: BHAs shall report CI to North Sound BHO and North Sound BHO shall report CI to HCA in accordance with the requirements found in the CI categories, types, reporting parameters and operational definitions delineated below. Reports will be submitted for incidents where individuals had received BHO-funded services in the previous 365 days.

All North Sound BHO CI reports to HCA will include:

1. Description of the incident;
2. Date and time of the incident;
3. Incident location;
4. Incident type;
5. Names and ages, if known, of all individuals involved in the incident; and
6. Nature of each individual's involvement in the incident:
 - a. Service history with North Sound BHO, if any, of the individual(s) involved;
 - b. Steps taken by North Sound BHO to minimize further loss or harm; and
 - c. Any legally required notifications made by North Sound BHO.
7. **The individual's whereabouts at the time of the report (e.g. home, jail, hospital), if known, or actions by the BHA to locate the individual.**

If requested by HCA, the BHO must also provide the following:

1. **Start date of current service period;**
2. **Summary of type & frequency of services provided by BHA;**
3. **Break in services of three months or more;**
4. **Date & type of most recent service episode**
5. **Any indications or concerns during recent episode (red flags)**
6. **Current diagnosis**
7. **Dates & duration of any court-ordered commitments for inpatient psychiatric treatment, or outpatient treatment under a Less Restrictive Alternative.**

CATEGORY I Incidents

1. BHAs shall notify North Sound BHO DIR immediately after becoming aware of a Category I incident, & then follow-up with a same-day written report. Notifications and reports shall be sent to the following email address: ci@northsoundbho.org.
2. North Sound BHO DIR shall notify HCA Incident Manager immediately after becoming aware of a Category I incident and follow-up with a same-day written report.
 - a. **Any Death of individuals, staff, or public citizen:** *Deaths that occur at an HCA facility, or a facility that HCA licenses, contracts with, and certifies.*
 - b. **Unauthorized leave (UL) of a mentally ill offender or sexually violent offender:** *Incidents where a UL involves a mentally ill offender or a sexually violent offender that occurs from a Behavioral Health Facility or a Secure Community Transition Facility, which includes Evaluation and Treatment Centers (E&T) or Crisis Stabilization Units (CSU) and Triage Facilities that accept involuntary individuals.*
 - c. **Violent act:** *Any alleged or substantiated, arson; assault resulting in serious bodily harm; attempted homicide by abuse; attempted murder; drive-by shooting; extortion; homicide by abuse; indecent liberties; kidnapping; manslaughter; murder; rape; robbery; sexual assault; or vehicular homicide committed by an individual.*
 - d. **Any event involving an individual or staff that has attracted media attention.**
 - e. **Bomb threat.**

CATEGORY II Incidents

1. BHAs shall report all Category II incidents within one (1) business day of becoming aware of the incident. No prior notification (e.g. email or phone) is required by reporting BHAs or North Sound BHO.
2. North Sound BHO DIR shall report all Category II incidents to HCA within one (1) business day of becoming aware of Category II incidents.
3. Category II Incidents include the following types:
 - a. Alleged individual abuse or neglect of a serious or emergency nature by an employee, volunteer, licensee, contractor, or another individual receiving service. *The willful action or inaction that inflicts injury, unreasonable confinement, intimidation, punishment on, or abandonment of an individual receiving services by an HCA employee, volunteer, licensee, contractor, or another individual.*

- b. A substantial threat to facility operation or individual safety resulting from a natural disaster. These may include: earthquake, volcano eruption, tsunami, urban fire, flood, or an outbreak of communicable disease, etc.
- c. Any breach or loss, including theft, of an individual's Personal Health Information (PHI) such as: a missing or stolen computer, or a missing or stolen computer disc or flash drive is considered as reportable in accordance with the Health Insurance Portability and Accountability Act (HIPAA) must be reported as directed by HCA/BHO agreement on General Terms and Conditions, the HIPAA compliance section and Breach Notification subsection. In addition to the standard elements of an incident report, the BHA and North Sound BHO DIR will document and/or attach:
 - i. Police report (when information is stolen);
 - ii. Any equipment that was lost; and
 - iii. Specifics of the individual information.
 - iv. Evidence of BHA claim filed with the Office of Civil Rights

BHA notification of the individual, in person and in writing, of the breach.

- d. Allegation of financial exploitation (FE) involving an agency, an individual, or other as defined by RCW 74.34.020:

Financial exploitation means the illegal or improper use, control over, or withholding of the property, income, resources, or trust funds of the vulnerable adult by any person or entity for any individuals' or entity's profit or advantage other than for the vulnerable adult's profit or advantage. "Financial exploitation" includes, but is not limited to:

- i. *Use of deception, intimidation, or undue influence by a person or entity in a position of trust and confidence with a vulnerable adult to obtain or use the property, income, resources, or trust funds of the vulnerable adult for the benefit of a person or entity other than the vulnerable adult;*
 - ii. *Breach of a fiduciary duty, including, but not limited to: the misuse of a power of attorney, trust, or guardianship appointment, that results in the unauthorized appropriation, sale, or transfer of the property, income, resources, or trust funds of the vulnerable adult for the benefit of a person or entity other than the vulnerable adult; or*
 - iii. *Obtaining or using a vulnerable adult's property, income, resources, or trust funds without lawful authority, by a person or entity that knows or clearly should know the vulnerable adult lacks the capacity to consent to the release or use of his or her property, income, resources, or trust funds.*
- e. **Suicide attempts requiring medical care:** suicide attempts that occur at a HCA facility or a facility that HCA licenses, contracts with, and certifies.
- f. **Any event regarding an individual receiving services or regarding a staff member of an agency likely to attract media attention.**

- g. **Any event involving a credible threat towards a staff member.** A credible threat towards staff is defined as “A communicated intent (veiled or direct) in either words or actions of intent to cause bodily harm and/or personal property damage to a staff member or a staff member’s family, which resulted in a report to Law Enforcement, Restraining/Protection order, or workplace safety/personal protection plan.
- h. **Any incident that was referred to the Medicaid Fraud Control Unit by North Sound BHO or one (1) of its contracted BHAs.**
- i. **Serious injuries include any permanent injury or one that requires admission to a hospital:** *Injuries that occur at an HCA facility, or a facility that HCA licenses, contracts with, and certifies.*
- j. **Any error in medication administration to an individual at a facility that HCA contracts with, resulting in adverse effects for the individual & requiring urgent medical intervention.**

Note: *In addition to the categories described above, North Sound BHO DIR will utilize professional judgment and report incidents that fall outside the scope of these sections.*

BHA CI reports to North Sound BHO shall include:

1. Description of the incident;
2. Date and time of the incident;
3. Incident location; city if known. County, if city is not known.
4. Incident type;
5. Name and age (if known) of each individual involved in the incident, & name and relationship (or title, if staff) to the individual of other persons involved.
6. Service history with North Sound BHO BHAs, if any, of the individual(s) involved;
7. Immediate actions taken by the BHA to minimize further loss or harm;
8. Future actions planned by the BHA to prevent the type of incident from occurring again, with the individual involved and/or others; and,
9. Any legally required notifications made by the BHA.

Critical Incident Reporting

1. BHAs attach a PDF of the completed North Sound BHO CI form (available online at www.northsoundbho.org/forms/index.asp) and send it in an encrypted email to: ci@northsoundbho.org.
2. North Sound BHO DIR or designee will utilize the HCA Incident Reporting System. If the Incident Reporting System is unavailable for use, a standardized form will be provided by HCA with instructions.
3. BHAs shall submit any additional information necessary to understanding the incident to North Sound BHO via an encrypted email to: ci@northsoundbho.org as it becomes known. North Sound BHO DIR shall forward this additional information to HCA Incident Manager in an encrypted email as appropriate.
4. Additional reporting and review requirements for HCA reportable CIs for North Sound BHO DIR:
 - a. Notify County Coordinators and North Sound BHO Board Chair via a redacted copy of the HCA CI report, and
 - b. North Sound BHO Executive Director, Deputy Director and their designees via email. Notification shall occur within one (1) business day of North Sound BHO’s receipt of the BHA CI report.

5. HCA may require North Sound BHO DIR to report and initiate an investigation that has not yet been reported by a North Sound BHO BHA.
6. North Sound DIR will fully cooperate with any investigation initiated by HCA and provide any information requested by HCA (when possible) within the timeframes specified within the request.
 - a. If North Sound BHO DIR does not respond according to the timeframe in HCA's request, HCA may obtain information directly from any involved party and request their assistance in the investigation.
 - b. HCA may request medication management information.
 - c. HCA may also investigate or may require CIRC to investigate incidents that involved individuals who have received services from a North Sound BHO BHA more than 365 days prior to the incident.

Comprehensive Administrative Review; HCA may, at its own discretion initiate a comprehensive administrative review of any open or closed.

- 1. The BHO must cooperate fully with any administrative review initiated by HCA and provide all information requested by HCA within the specified timeframes of the request.**
- 2. If the BHO does not respond within the specified timeframes, HCA may obtain information directly from any involved parties and request their assistance in the investigation.**
- 3. HCA may also review or may require the BHO to review incidents that involve Individuals who have received services from the BHO more than 365 calendar days prior to the incident.**

Critical Incident Investigation Requirements & Quality Improvement Process

1. North Sound BHO maintains a Critical Incident Review Committee (CIRC) whose purpose is to review all CI submitted. North Sound BHO CIRC membership will include:
 - a. North Sound BHO Clinical Oversight Quality Specialist with expertise in adult services who serves as the DIR;
 - b. North Sound BHO Clinical Oversight Quality Specialist with expertise in child/youth services;
 - c. North Sound support staff member; and
 - d. North Sound BHO Medical Director (Ad Hoc member providing consultation when requested by the committee).
2. CIRC will meet regularly to review all CI reports, request written follow-up reports from BHAs, investigate CIs utilizing internal selective reviews and make quality improvement recommendations related to CIs to North Sound BHO Quality Management Oversight Committee (QMOC), North Sound BHO IQMC, and/or the Clinical Oversight Team for further appropriate action.
3. During the regularly scheduled CIRC meeting, North Sound BHO DIR shall facilitate review and discussion of each new CI and CIs from previous months on which the committee determined further review was required before proper disposition of the case could be determined.
4. During a CIRC review, the committee members shall address each incident in the following context:

- a. Does the description of the CI and/or subsequent information warrant concern about quality or appropriateness of care delivered by the BHA?
 - b. Does the incident report indicate appropriate action was taken immediately after the incident to lessen or prevent individual loss or harm?
 - c. Does the incident report indicate an appropriate plan for future action has been made to decrease the likelihood of this type of incident occurring again?
 - d. Can/should any further action be pursued by North Sound BHO or the BHA?
5. North Sound BHO may deem further action is warranted in the case of a particular CI or group of incidents. Actions may include, but are not limited to:
- a. North Sound BHO selective review;
 - b. Request for a BHA internal case review;
 - c. Request for copies of parts of or complete medical records;
 - d. Request for special meetings or quality initiatives (e.g., Root Cause Analysis) regarding quality concerns involved;
 - e. Request for BHA initiated quality assurance and improvement activities based on incidents or groups or types of incidents; or
 - f. Other requests as deemed necessary.
6. Handling of Protected Health Information (PHI) may be copied, disclosed to, or removed from the BHA premises for audit and evaluation or critical incidents by BHO personnel who are required to:
- a. Maintain the patient identifying information in accordance with the security requirements provided in 42 CFR § 2.16.
 - b. Destroy all the patient identifying information upon completion of the audit or evaluation; and
 - c. Comply with the limitations on disclosure and use in 42 CFR § 2.16(d).
7. Incident Review and Follow-up: CIRC will review and follow-up on all incidents reported. CIRC will provide sufficient information, review and follow-up to take the process and report to its completion. A CI will not be categorized as complete until the following information is provided:
- a. Summary of any incident debriefings or review process dispositions;
 - b. Present physical location of the individual if known. If the individual cannot be located, the DIR will document the steps the BHA took to attempt to locate the individual by using available local resources;
 - c. Documentation of whether the individual is receiving or not receiving services from the BHA at the time the incident is being closed; and
 - d. In the case of a death of the individual, the BHA must provide either a telephonic verification from an official source or via a death certificate.

- i. In the case of a telephonic verification, the BHA will document the date of the contact and both the name and official duty title of the person verifying the information.
 - ii. If this information is unavailable, the attempt to retrieve it will be documented.
 - e. Actions taken as a result of the occurrence, results of said actions, additional actions that are planned in the future and efforts that have been undertaken and designed to lessen the potential for recurrence shall be reported to CIRC within 21 days of becoming available.
 - f. Additionally, the BHA ensures all plans for corrective action following a review or investigation are implemented for quality assurance and improvement and incorporated into all administrative areas, as necessary, for quality assurance and improvement.
 - g. When CIRC members reach a consensus, the CI report and any follow-up information answer the preceding questions satisfactorily, the incident is considered “closed”.
 - h. The BHO will not close an incident unless all relevant follow-up information is recorded in the Incident Reporting System, including:
 - i. A description of any incident-specific investigations, debriefings, witness interviews, clinical audits, and other process dispositions.
 - ii. A description of services provided to the individual after the incident took place.
 - iii. A description of relevant factor(s) contributing to the incident.
 - iv. A description of any risk to Individuals, the BHO, BHA, or HCA resulting from the incident.
 - v. A description of action steps the BHO &/or BHA has taken to mitigate current circumstances and, if applicable, how it will prevent similar incidents from occurring in the future.
 - i. The BHO will resolve and close CI reported to HCA within 45 business days after the initial report.
 - j. The BHO can request an extension of the investigation beyond 45 days by:
 - k. Notifying the HCA Incident Manager via email and entering a note in the “Investigation and Follow-up” section of the electronic reporting mechanism.
8. CIRC will develop an annual summary report and data analysis each January. Copies of the annual report will be distributed and/or presented to North Sound BHO IQMC, QMOC and other stakeholders deemed appropriate by IQMC.

ATTACHMENTS

None

NORTH SOUND BEHAVIORAL HEALTH ORGANIZATION, LLC CRITICAL INCIDENT REPORT

To:	Fax Number	FYI – Telephone Numbers	E-mail Address
North Sound BHO	360-416-7017	800-684-3555 or 360-416-7013	ci@northsoundbho.org

Note: Faxed reports must include cover sheet with confidentiality disclosure

From: (Print name & credentials of staff completing form)

Signature of staff completing form:

Telephone:

E-mail if Applicable:

Agency Name/Location:

Location (city) of Incident:

County of Incident:

Subject's (Indv. or Staff) Name:

DOB:

Age:

Consumer ID:

Date & Time of Incident:

Date & Time Incident Known to BHA:

Date & Time of Report to North Sound BHO:

CHECK ALL THAT APPLY

Note: For all incident categories: (Need for formal internal review is determined by provider or CIRC. Forward findings to North Sound BHO)
Category I: BHA notify BHO by phone or email (name& brief description of CI) immediately after learning of the CI, & then send this report same day.
Death of consumer, staff, or public citizen: Only report deaths that occur at a DSHS facility, or a facility that DSHS licenses, contracts with and certifies.
Unauthorized leave (UL) of a mentally ill offender or sexually violent offender: Only report incidents where a UL involves a mentally ill offender or a sexually violent offender and occurs at a Behavioral Health Facility or a Secure Community Treatment Facility, which includes Evaluation and Treatment Centers (E&T) or a Crisis Stabilization Unit (CSU) and Triage Facilities that accept involuntary consumers.
Violent act: Any alleged or substantiated assault resulting in non-fatal injuries, rape, sexual assault, homicide, attempted homicide, arson, indecent liberties, kidnapping, manslaughter, robbery, vehicular homicide, or substantial property damage (>\$100,000.00), committed by a consumer.
Any event involving an individual or staff that has already attracted media attention.
Category II: BHA send this report to BHO within one business day of becoming aware of the CI.
Alleged consumer abuse or neglect of a serious or emergent nature: The willful action or inaction that inflicts injury, unreasonable confinement, intimidation, punishment on, or abandonment of a vulnerable adult by a BHA employee, volunteer, licensee, contractor, or another consumer. In an instance of abuse of a vulnerable adult who is unable to express or demonstrate physical harm, pain, or mental anguish, the abuse is presumed to cause physical harm, pain, or mental anguish.
A substantial threat to facility operation or client safety resulting from a natural disaster (to include earthquake, volcanic eruption, tsunami, fire, flood and outbreak of communicable disease, etc.)
Any breach or loss of individual data in any form that is considered as reportable in accordance with the Health Information Technology for Economic and Clinical Health (HITECH) Act and that would allow for the unauthorized use of client personal information. In addition to the standard elements of an incident report, the entity reporting the CI will document and/or attach: 1) the Police report, 2) any equipment that was lost and 3) specifics of the client information.
Allegation of financial exploitation (FE) involving an agency consumer or other: The illegal or improper use of the property, income, resources, or trust funds of the vulnerable adult by any person for any person's profit or advantage other than for the vulnerable adult's profit or advantage.
Suicide attempt requiring medical care: Only report suicide attempts that occur at a DSHS facility or a facility the DSHS licenses, contracts with and certifies.
Any event involving a consumer or staff likely to attract media attention.
Any event involving: a credible threat towards a staff member that occurs at a DSHS facility, a facility that DSHS licenses, contracts with, or certifies; or a similar event that occurs within the community. A credible threat towards staff is defined as "A communicated intent (veiled or direct) in either words or actions of intent to cause bodily harm and/or personal property damage to a staff member or a staff member's family, which resulted in a report to Law Enforcement, a Restraining/Protection order, or a workplace safety/personal protection plan.
Any incident that was referred to the Medicaid Fraud Control Unit by the RSN or its Subcontractor.
Life safety event that requires an evacuation or that is a substantial disruption to the facility.
Serious injury (permanent or requiring hospitalization) of consumer, staff, or public citizen: Only report injuries that occur at a DSHS facility, or a facility that DSHS licenses, contracts with & certifies.
Medication error administered to an individual at a facility that contracts with HCA, resulting in an adverse effect & requiring hospitalization

Others notified (check all that apply) DMHP Emergency Medical Services CPS/APS Volunteers of America
 BHA Executive Dir/CEO BHA Clinical Director Primary Clinician Provider Quality Manager BHA Prescriber
 Local Law Enforcement Medicaid Fraud Control Washington State Patrol

COORDINATED QUALITY IMPROVEMENT DOCUMENT

This is a protected Coordinated Quality Improvement document solely for the purpose of assuring Continuous Quality Improvement and Quality Assurance by the North Sound BHO, its providers and component counties. This document is strictly confidential to the fullest extent allowed by RCW 43.70.10 and is not subject to disclosure pursuant to Chapter 43.17 RCW.

I. Describe the incident: *(Be specific about what happened, to whom, when and where. Include current diagnosis and service history. Include relevant witnesses or additional staff/consumers involved and any attachments as appropriate).* **WHEN YOU INCLUDE THE NAME OF AN INVOLVED PERSON OTHER THAN THE INDIVIDUAL, ALSO STATE THEIR TITLE OR RELATIONSHIP TO THE INDIVIDUAL.**

II. Is there essential information you are gathering that is necessary to understanding the critical incident?
YES NO – *If yes, please send addendum information to your Quality Manager within 5 business days.*

III. Immediate Action Taken: *(What was done immediately to lessen or prevent further consumer loss or harm?)*

IV. Future Action: *(What will be done to decrease the likelihood of this type of incident occurring for this and/or other individuals in the future?)*

V. Individual's whereabouts at the time of the report: (e.g. home, hospital, jail), if known, or actions by the BHA to locate the individual.

Management Reviewer (Signature): _____

Title: _____ Date: _____

Quality Manager (Signature): _____ Date: _____

Internal Review: Are there plans for a formal internal review of this incident? **YES NO**
(If YES, submit written findings to North Sound BHO within 5 business days of the review.)

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NORTH SOUND BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION, LLC CRITICAL INCIDENT REPORT

To:	Fax Number	FYI – Telephone Numbers	E-mail Address
North Sound BH-ASO	360-416-7017	800-684-3555 or 360-416-7013	ci@northsoundbho.org

Note: Faxed reports must include cover sheet with confidentiality disclosure

From: (Print name & credentials of staff completing form)

Signature of staff completing form: _____

Telephone: _____ E-mail if Applicable: _____

Agency Name/Location: _____

Location (city) of Incident: _____ County of Incident: _____

Subject's (Indv. or Staff) Name: _____ DOB: _____ Age: _____ Individual ID: _____

Date & Time of Incident: _____ Date & Time Incident Known to BHA: _____

Date & Time of Report to North Sound BH-ASO: _____

CHECK ALL THAT APPLY

Note: For all incident categories: (Need for formal internal review is determined by provider or CIRC. Forward findings to North Sound BH-ASO)
Category I: BHA notify BH-ASO by phone or email (name& brief description of CI) immediately after learning of the CI, & then send this report same day.
<input type="checkbox"/> Death of individual, staff, or public citizen: Only report deaths that occur at a DSHS facility, or a facility that DSHS licenses, contracts with and certifies.
<input type="checkbox"/> Unauthorized leave (UL) of a mentally ill offender or sexually violent offender: Only report incidents where a UL involves a mentally ill offender or a sexually violent offender and occurs at a Behavioral Health Facility or a Secure Community Treatment Facility, which includes Evaluation and Treatment Centers (E&T) or a Crisis Stabilization Unit (CSU) and Triage Facilities that accept involuntary individuals.
<input type="checkbox"/> Violent act: Any alleged or substantiated assault resulting in non-fatal injuries, rape, sexual assault, homicide, attempted homicide, arson, indecent liberties, kidnapping, manslaughter, robbery, vehicular homicide, or substantial property damage (>\$100,000.00), committed by a individual.
<input type="checkbox"/> Any event involving an individual or staff that has already attracted media attention.
Category II: BHA send this report to BH-ASO within one business day of becoming aware of the CI.
<input type="checkbox"/> Alleged individual abuse or neglect of a serious or emergent nature: The willful action or inaction that inflicts injury, unreasonable confinement, intimidation, punishment on, or abandonment of a vulnerable adult by a BHA employee, volunteer, licensee, contractor, or another individual. In an instance of abuse of a vulnerable adult who is unable to express or demonstrate physical harm, pain, or mental anguish, the abuse is presumed to cause physical harm, pain, or mental anguish.
<input type="checkbox"/> A substantial threat to facility operation or client safety resulting from a natural disaster (to include earthquake, volcanic eruption, tsunami, fire, flood and outbreak of communicable disease, etc.)
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<input type="checkbox"/> Life safety event that requires an evacuation or that is a substantial disruption to the facility.
<input type="checkbox"/> Serious injury (permanent or requiring hospitalization) of individual, staff, or public citizen: Only report injuries that occur at a DSHS facility, or a facility that DSHS licenses, contracts with & certifies.
<input type="checkbox"/> Medication error administered to an individual at a facility that contracts with HCA, resulting in an adverse effect & requiring hospitalization

- Others notified (check all that apply)** DMHP Emergency Medical Services CPS/APS Volunteers of America
 BHA Executive Dir/CEO BHA Clinical Director Primary Clinician Provider Quality Manager BHA Prescriber
 Local Law Enforcement Medicaid Fraud Control Washington State Patrol

COORDINATED QUALITY IMPROVEMENT DOCUMENT

This is a protected Coordinated Quality Improvement document solely for the purpose of assuring Continuous Quality Improvement and Quality Assurance by the North Sound BH-ASO, its providers and component counties. This document is strictly confidential to the fullest extent allowed by RCW 43.70.10 and is not subject to disclosure pursuant to Chapter 43.17 RCW.

I. Describe the incident: *(Be specific about what happened, to whom, when and where. Include current diagnosis and service history. Include relevant witnesses or additional staff/individuals involved and any attachments as appropriate). WHEN YOU INCLUDE THE NAME OF AN INVOLVED PERSON OTHER THAN THE INDIVIDUAL, ALSO STATE THEIR TITLE OR RELATIONSHIP TO THE INDIVIDUAL.*

II. Is there essential information you are gathering that is necessary to understanding the critical incident?
 YES NO – *If yes, please send addendum information to your Quality Manager within 5 business days.*

III. Immediate Action Taken: *(What was done immediately to lessen or prevent further individual loss or harm?)*

IV. Future Action: *(What will be done to decrease the likelihood of this type of incident occurring for this and/or other individuals in the future?)*

V. Individual's whereabouts at the time of the report: (e.g. home, hospital, jail), if known, or actions by the BHA to locate the individual.

Management Reviewer (Signature): _____

Title: _____ Date: _____

Quality Manager (Signature): _____ Date: _____

Internal Review: Are there plans for a formal internal review of this incident? YES NO
(If YES, submit written findings to North Sound BH-ASO within 5 business days of the review.)

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