

# **INCIDENT REPORTING**

**(Commonwealth of Virginia)**

**1 CEU**

## SERIOUS INCIDENT REPORTING PROCEDURE

### Virginia Department of Behavioral Health & Developmental Services

In addition to documenting and reviewing/resolving incidents through an internal Quality Improvement Process, it is the responsibility of all licensed substance abuse providers to promptly report within 24 hours all incidents involving serious injury or deaths in accordance with DBHDS Reg 12VAC35-105-160.C2.

#### Definitions:

*"Serious incident"* means any event or circumstance that causes or could cause harm to the health, safety, or well-being of an individual. The term serious incident includes death and serious injury. "Level I serious incident" means a serious incident that occurs or originates during the provision of a service or on the premises of the provider and does not meet the definition of a Level II or Level III serious incident. "Level I serious incidents" do not result in significant harm to individuals but may include events that result in minor injuries that do not require medical attention, or events that have the potential to cause serious injury, even when no injury occurs.

*"Level II serious incident"* means a serious incident that occurs or originates during the provision of a service or on the premises of the provider that results in a significant harm or threat to the health and safety of an individual that does not meet the definition of a Level III serious incident. "Level II serious incident" also includes a significant harm or threat to the health or safety of others caused by an individual.

*"Level III serious incident"* means a serious incident whether or not the incident occurs while in the provision of a service or on the provider's premises and results in death, sexual assault, injury that results or is likely to result in permanent impairment – physical or psychological, or suicide attempt

#### Incident Levels:

*LEVEL I serious incidents may include but are not limited to:*

- Events that do not result in significant harm to the individual
- Minor injuries requiring no medical attention
- Events that have the potential to but do not cause serious injury

There may be significant gray areas as to what it's classified as a Level I serious incident versus Level II. When in doubt, report it. Level one serious incidents are not required to be reported in the Chris system. However, providers will maintain and review all Level I incidents on a quarterly basis. While serious incidents that occur off premises or not while under the care or service of the facility do not require collection of report– Unless home or outside care is being provided – it may be pertinent to the treatment plan.

*LEVEL II includes but is not limited to:*

- Serious injury
- Missing persons
- ER and urgent care visit unless the visit is in lieu of a primary care physician visit – for example if the PCP is not available
- Unplanned psychiatric or hospital admission
- Choking that required physical intervention
- Hazmat ingestion
- Certain medical diagnoses
  - Decubitus ulcer formation or worsening
  - Bowel obstruction
  - Aspiration pneumonia

This is a very basic list and is not all-inclusive. Much like the lower level of serious incident, Level II incidents are only required to be reported when the provider is actively offering services to the individual. However, other incidents may be useful for the treatment plan and should be noted.

Peer-to-peer incidents that rise to Level II should be reported as separate incidents – one for each individual

*LEVEL III includes but is not limited to*

- Death
- Sexual assault
- Injury that results or is likely to result in permanent impairment – physical or psychological
- Suicide attempt

Providers must report all Level III incidents regardless of the location in which the incident took place and whether or not the provider was actively offering services.

**The CHRIS Reporting System:**

All Level II and Level III serious incidents must be reported through the CHRIS system. Signing up can be achieved through the link below

The CHRIS system was created to offer a comprehensive portal to report serious incidents, death and/or incident involving human rights. Please note that some situations will require reporting on both human rights and serious injury/death sections of the system.

Each report will require certain information including but not limited to

- Medical treatment and findings to include the description of the injury as well as treatment provided. If any treatment remains to be provided at the time of reporting, updates will be required as available and necessary
- A report on the providers corrective action. Providers will be expected to provide existing or future plans to mitigate similar situations. A licensing specialist maybe assigned to the case for further investigation. Filing a corrective action plan does not necessarily mean that the provider is at fault for the particular incident, rather it is a step toward quality improvement
- If the situation involves both human rights and serious injury or death, the report must begin on the human rights side of CHRIS and continue on the serious injury or death tab
- It is expected that the providers will initiate and an initial internal investigation. Documentation of this investigation should be thorough and complete. This section of Chris may be reviewed to determine if a follow-up investigation is necessary by the office of licensing.

As a matter of course, if there's any doubt as to whether to report, a report should be filed.

**As the Investigation Unfolds**

Providers are required to cooperate with investigations and provide any information that is requested. The provider should allow department representatives to verify information, ensure compliance and investigate any complaints.

Level I serious incidents, while not required to be reported on CHRIS, should be documented, maintained and reviewed on a quarterly basis to improve quality and help ensure that serious incidents do not rise to level II or level III. Providers will be expected to

- Analyze trends
- Determine systemic issues
- Recommend steps for prevention
- Document steps taken to mitigate future issues

“Level II and Level III serious incidents shall be reported using the department’s web- based reporting application and by phone to anyone designated by the individual to receive such notice and to the individual’s authorized representative within 24 hours of discovery. Reported information shall include the information specified by the department as required in its web-based reporting application but at least the following: the date, place, and circumstances of the serious incident. For serious injuries and deaths, the reported information shall also include the nature of the individual's injuries or circumstances of the death and any treatment received. For all other Level II and Level III serious incidents, the reported information shall also include the consequences or risk of harm that resulted from the serious incident. Deaths that occur in a hospital as a result of illness or injury occurring when the individual was in a licensed service shall be reported”

Providers must report allegations of abuse or neglect via CHRIS

Level II and level III serious incidents must be reported to the individual’s guardian or authorized representative within 24 hours of discovery

### **Root Cause Analysis**

“a method of problem solving designed to identify the underlying causes of a problem. The focus of a root cause analysis is on systems, processes, and outcomes that require change to reduce the risk of harm.” - as defined by 12VAC35-105-120

Every root cause analysis will be required within 30 days Discovery of the level II or level III serious incident. A root cause analysis includes at least I would say yes if the food was good LOL

- Detailed descriptions of what transpired
- And Analysis of why it transpired including any known or potential underlying causes that may have been under the control of or exacerbated by the provider
- Potential solutions to mitigate future occurrences

## **Abuse Reporting**

*(See Abuse Reporting and Affirmative Duties CEU for Greater Detail)*

Everyone in Virginia is a mandated reporter but some people are professionally mandated reporters. Every person has a responsibility to report suspected abuse or neglect. In addition, Virginia Law specifies professionals in certain occupations, including substance abuse and mental health as required to do so. These professionals are mandated to make a report if they have reasonable cause to suspect abuse, neglect or exploitation is of a child or a vulnerable adult.

### **Definitions for Adult Reports According to Virginia DSS**

*Physical or Verbal Abuse* includes the willful infliction of physical pain, injury or mental anguish or unreasonable confinement wounds, scratches, bruises, burns, verbal assaults, threats, intimidation, broken bones, sprains, dislocations, shoving, beating, kicking, restrained, tied to bed or chair, locked in.

*Neglect and Self-Neglect* - Living under such circumstances that the adult is not able to provide, or is not provided, services to maintain physical and mental health and well-being including malnourishment; soiled bedding, furniture or clothing; unsafe or hazardous living conditions; lack of needed medication and lack of heat, running water, or electricity

*Exploitation* - means knowingly, by deception or intimidation, obtaining, or using, or attempting to obtain or use the adult's funds, assets, or property for another's advantage including missing personal belongings, changed will or POA, large bank withdrawals, unpaid bills, excessive payment for care or services, documents containing suspicious signature and more

### **Definitions for Child Reports**

Section 63.2-100 of the Code of Virginia defines an abused or neglected child as any child under 18 years of age whose parent or any person responsible for his or her care\* (such as a child care provider, foster parent, or anyone responsible for the welfare of a child receiving residential care at an institution):

- Causes or threatens to cause a non- accidental physical or mental injury;
- Has a child present during the manufacture or attempted manufacture of a controlled substance or during the unlawful sale of such substance where such activity would constitute a felony violation;
- Neglects or refuses to provide adequate food, clothing, shelter, emotional nurturing, or health care;
- Abandons the child;



- Neglects or refuses to provide adequate supervision in relation to a child's age and level of development;
- Knowingly leaves a child alone in the same dwelling with a person, not related by blood or marriage, who has been convicted of an offense against a minor for which registration is required as a violent sexual offender; or
- Commits or allows to be committed any illegal sexual act upon a child, including incest, rape, indecent exposure, prostitution, or allows a child to be used in any sexually explicit visual material.
- In addition, newborn infants who have been medically diagnosed for exposure to non-prescription, controlled substances during pregnancy are also considered to be at risk of abuse or neglect. Health care providers are required to report these children.

\*NOTE: Virginia law requires that mandated reporters report all cases of suspected child

### **Duty to Report**

As a service provider you have the duty to make a report to the Child Abuse and Neglect Hotline at 1-800-552-7096 or the Adult Abuse Hotline at (888) 83-ADULT (832-3858) if you have a reasonable cause to suspect that a vulnerable adult is being abused, neglected or exploited as well as reporting child abuse, neglect, or abandonment.