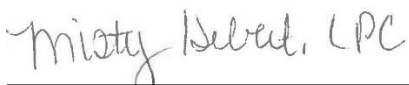



Critical Incidents

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Document Owner's Approval:	 <hr/> Misty Hebert, LPC, Deputy Director		
Executive Director's Approval:	 <hr/> Kristin Bonner, MHA, BSN, RN, Executive Director		

Policy Statement:

South Central Louisiana Human Services Authority (SCLHSA) shall report incidents for investigative review and follow-up action, if needed, involving any SCLHSA employees, contracted employees, individuals receiving services and/or supports, and visitors at SCLHSA facilities. Key events surrounding incidents must be identified, reported, and reviewed in a timely manner to provide opportunities for improved service effectiveness, safety, and compliance with legal, regulatory and/or professional service standards.

Rationale:

To ensure that the SCLHSA utilizes consistent procedures for timely identification, reporting, and review of incidents so appropriate follow-up action may occur and quality improvement steps may be initiated.

Definitions:

Critical Incident- An untoward, undesirable, and usually unanticipated event.

Sentinel Event- An unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof. Serious injury specifically includes loss of limb or function. The phrase, "or the risk thereof" includes any process variation for which a recurrence would carry a significant chance of a serious adverse outcome. Such events are called "sentinel" because they signal the need for immediate investigation and response.

Near Miss - An event in which unwanted consequences are prevented because there is recovery by identification and correction of failure.

All SCLSHA staff are expected to report incidents in a timely manner and in accordance to the standards described in this policy; failure to do so may result in disciplinary action.

Procedure:

- A. Incidents that must be reported include, but are not limited to:
 1. Medication errors – Any medication error or near miss by clinical and/or pharmacy staff;
 2. Any incident involving injury to a person in which medical attention is needed and occurs during the course of authority business, on or off premises, to an employee, contractor, individual served or visitor;
 3. Exposures to possible infectious or communicable diseases (see Infection Control-Blood Borne Pathogens Policy 124);

4. Violent behavior or threats of violence displayed during the provision of services or support;
5. Use or possession of weapons during the provision of services or support;
6. Any instance of elopement of an individual on a Physician's Emergency Commitment (PEC);
7. Vehicular accidents during the course of authority business, on or off premises, involving an employee, contractor, individual served or visitor;
8. Any incident involving the handling or disposing of bio-hazardous materials;
9. Unauthorized use or possession of licit or illicit substances involving an employee, contractor, individual served or visitor;
10. Abuse or neglect to individuals served, shall also be reported to the appropriate state agency as described in the Abuse and Neglect Policy 100;
11. Any death of a person served with an open record or a record closed within 30 days;
12. Death of an employee or contracted individual during the course of agency business;
13. Suicide attempts or gestures (including overdose) on SCLHSA premises or completed suicides by persons with an open record or a record closed within 30 days;
14. Any homicide or attempted homicide perpetrated by a person with an open record or record closed within 30 days;
15. Instances of sexual assault or attempted sexual assault on SCLHSA premises or during a SCLHSA sponsored event; Sexual assault or attempted sexual assault occurring off-site but which SCLHSA staff are the first to be notified and local law enforcement is contacted.

If an incident is considered a sentinel event or a significant near miss, the procedure outlined in the Root Cause Analysis Policy (104) will be followed. If there is a fatality or a near fatality, the State of Louisiana Office of Risk Management (ORM) shall be notified immediately by the Executive Director or her designee.

B. Notification:

When a staff member is made aware of an incident, that individual shall immediately notify his/her supervisor. Once notified by the individual(s) involved or witnessing the incident, the supervisor is responsible for reporting via the established chain of command thereafter. The supervisor/clinic/manager should also inform the safety officer of all incidents for reporting, follow up and trending analysis purposes.

After consultation with the Executive Director, the Deputy Director will determine those incidents that must be reported to an applicable external body.

C. Incident Report Process:

The individual(s) (employee/contractor) involved in or witness to the incident completes the SCLHSA Internal Incident Report through the SCLHSA internal data management system within **one business day** of the occurrence of the incident. Depending on the type of incident, the system will submit the report to the agency Safety Coordinator and/or the Risk Manager. It will also prompt the additional report elements required, if necessary, including the DA 2000 (employee) or 3000 form (visitor) shall be completed by the individual(s) investigating the incident. Site Managers and Safety Officers are responsible for assuring the timeliness and accuracy of reporting. Site Managers and Safety Officers shall follow the Incident/Accident Investigation Policy (1104). Witness statements are to be independently written without collaboration with other witnesses. Witness statements may be completed by hand only when access to an electronic version of the statement is not available, but must be uploaded to the SCLHSA internal data management system. Individuals needing assistance with writing statements should be aided by staff and written verbatim as stated by the witness and noted as such on the statement form. The entire report should be completed (forms, witness statements, pictures, etc.) within five **business days**. The incident dashboard is accessible by Executive Director, who shall determine which incidents are to be reported to the SCLHSA Board.

Internal incidents reports, Office of Risk Management reports and other documents are not filed in

a patient record but are kept by the Safety Coordinator and/or Risk Manager, as appropriate for any follow up needed.

When an employee is injured, the first report of injury form is completed and sent to the Risk Management/Compliance Officer so that a worker's compensation application may be made with the Third Party Administrator for the Office of Risk Management. Drug-Free Workplace (207) and Transitional Return to Work Policies (241) will be followed.

D. Reporting of Vehicular Accidents:

If a SCLHSA vehicle or personal vehicle used for agency business is involved in an accident, the employee must complete the DA 2041. The employee should also make every attempt to photograph any physical evidence and obtain witness statements related to the incident. A police report shall be obtained by the domiciliary site. The completed DA 2041 form along with any witness statements, and the police report shall be submitted to the Risk Management /Compliance Officer, so that it may be sent within 48 hours to the Office of Risk Management Claims and copied to the SCLHSA Deputy Director. The employee's immediate supervisor and the Executive Director must be notified immediately or no later than the next business day following a vehicular accident. Drug Free Workplace policy (207) will be followed.

E. Investigative Review

All incidents shall be reviewed by the supervisor and Risk Management/Compliance Officer, and, as applicable, members of the administrative team. The investigative review may include interviewing witnesses and reviewing documentation or other pertinent information related to the incident. Any issues related to policy violation shall be addressed in individual supervision or during contract monitoring. The investigative review assesses root causes and makes suggestions as to any changes that may be necessary when addressing similar incidents in the future.

Any pending information (e.g. autopsy report, police report, etc.) should be noted with an estimated date of availability. All subsequent information is scanned and forwarded to the Risk Management/Compliance Officer.

F. Incident Reporting by Contractors

Contractors providing client services shall report incidents to the designated SCLHSA contract monitor who shall determine whether the occurrence is reported under this policy.

G. Retention of Documentation

Documentation relative to the Incident Reporting & Review policy is stored securely in the SCLHSA Administrative office by the Risk Management/Compliance Officer or designee for a minimum of ten (10) years. Documentation is available to the SCLHSA Executive Director and members of the Executive Team in read-only format.

H. Quality Improvement Review:

The Safety Coordinator, Risk Manager and/or designee shall review initial incident reports and investigative reviews within one working day of submission for completeness of information, thoroughness of review, and appropriateness of follow-up actions. This is pre-determined by the type of incident and programmed into the SCLHSA internal data management system. He/she shall consult with the Deputy Director with regard to incidents related to safety, security, and employee injury and either may request additional documentation or conduct/assign additional investigation as warranted including physician peer review and Root Cause Analysis.

The Risk Management/Compliance Officer and Deputy Director shall review and analyze incident reports on a quarterly basis to identify patterns and trends, make recommendations for process or systems improvement, and identify training/retraining needs. The Safety Coordinator shall prepare

a quarterly report for the Executive Director and the Quality Committee including such analysis and presenting pertinent statistics. The Executive Director shall assign any additional follow-up activities.

I. Debriefing Following an Incident:

Operational debriefing, a routine and formal part of an organizational response to an incident, will be conducted in order to clarify events and provide education about normal responses and coping mechanisms. The aim is to assist those impacted by an incident in the most humane, competent, and compassionate manner in acquiring an overall sense of meaning and closure; evaluate practices and strategies implemented; and plan for mitigating future events with training and practice/policy changes. Care will be taken not to deliver more emotionally focused interventions, but to refer individuals in need to appropriate individual counseling services. The debriefing will be conducted by clinical supervisory staff or the next level of management not immediately involved in the incident.

*See General Safety and Risk Management Plan for all necessary reporting forms.

Compliance Requirement:

- State of Louisiana Office of Risk Management (ORM)

Attachments:

There are no attachments for this policy.

Linkages:

- Infection Control-Blood Borne Pathogens Policy 124
- Abuse and Neglect Policy 100
- Root Cause Analysis Policy 104
- Incident/Accident Investigation Policy 1104
- Drug-Free Workplace 207
- Transitional Return to Work Policies 241