

Incident and Accident/ Quality of Care Concerns (I.A.D.)





Objectives

- Why is incident/accident reporting necessary?
- What events necessitate that they be completed?
- Review components of an incident report and procedure for submission
- Discuss how to document objectively
- Review details surrounding the mortality report process

- Arizona Health Care Cost Containment System (AHCCCS) and the Office of Quality of Care (QOC) require the prompt reporting of significant events involving members receiving services within the public behavioral health system. These include:

Accidents

Injuries

Deaths

Allegations of abuse

Human rights violations

An Incident/Accident is:

- “Any circumstance or set of facts which involve a death, medication error, alleged abuse, neglect or exploitation of a member or situation which poses a threat of harm to a member”.
- As defined by the Arizona Administrative Code:
 - **Incident** means an occurrence or event that has the potential to cause harm or has caused harm to a client.

Even if the harm occurred off clinic property.

- Ex: at home, at another location, on other public property

Why is reporting necessary?

- The process helps to make certain that measures are being taken to ensure safety and to protect the rights of behavioral health members.
- Incident reports alert the company and its insurer to particular situations that could lead to liability.
- Reporting enables the Health Plan/RBHA to maintain statistics, analyze trends, and identify needs for quality improvement activities.
- Quality of Care Concerns get identified and tracked through the reporting of incidents.

What is a Quality of Care Concerns?

Any aspect of care, or treatment, or utilization of health services that failed to meet accepted health care standards and caused, or could have caused an acute medical/psychiatric condition, or an exacerbation of a chronic medical/psychiatric condition that ultimately was directly responsible for causing harm to the member.

Incidents/Accidents that require reporting:

- **The following incidents must be reported for all Behavioral Health members with an open episode of care (EOC):**
 - Medication error/adverse reaction to medication
 - Suicide attempt/self-inflicted injury
 - Injury requiring emergency treatment
 - Physical injury that occurred as a result of a personal or mechanical restraint

REPORT



Incidents/Accidents that require reporting (cont.):

- Unauthorized absence from a licensed behavioral health facility, group home or HCTC of children or members under court order for treatment
- Suspected or alleged criminal activity
- Death
- Physical abuse/allegation
- Sexual abuse/allegation

REPORT



Incidents/Accidents that require reporting (cont.):

**TEST YOUR
KNOWLEDGE**

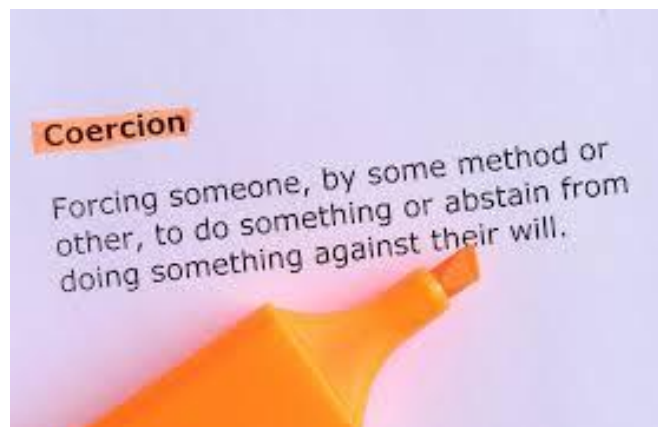


A member reports to weekly group with bruises on his/her face. Member reports his / her partner had beaten him/her the day before. Member reports police have been called and report completed.

Is this an incident to enter into IAD database?

Incidents/Accidents that require reporting (cont.):

- Member rights violation/allegation
 - Discrimination
 - Neglect
 - Exploitation
 - Coercion
 - Manipulation



Incidents/Accidents that require reporting (cont.):

- *Retaliation for submitting complaint to authorities*
 - ▶ Threat of discharge/transfer for punishment
 - ▶ Treatment involving denial of food
 - ▶ Treatment involving denial of opportunity to sleep
 - ▶ Treatment involving denial of opportunity to use toilet
 - ▶ Use of restraint or seclusion as retaliation

- Discovery that a member, staff member or employee has a communicable disease

Incidents/Accidents that require reporting (cont.):

**TEST YOUR
KNOWLEDGE**



A member reports his /her car was dinged in the parking lot. Member requests police be called.

Is this a incident for the IAD database?

Incidents/Accidents that require reporting (cont.):

**TEST YOUR
KNOWLEDGE**



A member is admitted to inpatient level one psychiatric facility. Member reports roommate has touched him/her in a sexual manner. An incident report for the physical altercation between the patients is completed.

Is this an incident for the IAD database?

Major Components of a complete Incident/Accident Report:

- Agency name, address, phone and contact person
- Behavioral Health Professional and Supervisor name, plus address of facility
- Date, time, and location of the incident
- Members name, CIS ID#, address, phone number, age/DOB, gender, title status, SMI or GMH/SA status, current diagnosis, date of last BHMP appt., date of last RN appt., date of last CM face to face contact

Major Components of a complete Incident/Accident Report:

- Narrative of **facts**, interventions and parties notified

**Just the
Facts**

Refrain from including feelings and opinions in the report

- Supervisor investigation and follow-up with signature

Completion of the form:

- Employee reporting the incident/accident completes ELECTRONIC document (faxed copies are no longer acceptable)
- Always review completed report before submitting to supervisor to assure adequate completion. All areas must be completed – use “N/A” or “unknown” when necessary
- Clinical Director or designee completes review, ascertains objectively what occurred, documents any actions taken and recommends any actions needed

Submitting Report



- Home
- User Admin
- Search
- Create IRF
- FAQ**
- Technical Assistance
- Log Out

The QMS Portal is intended for the use of providers reporting IADs to Contractor/TRBHAs. This system is administered by the AHCCCS Behavioral Health.



Arizona Health Care Cost Containment System

QuickStart Guide

Incident, Accident and Death Reporting

Submit IAD Report as Provider - 1

Note: Test data/information is displayed in the screenshots listed in this document

To create a new IAD Report/Case, Providers can navigate to <https://qmportal.azahcccs.gov/> to Sign In

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■ **DO's:**

- Include enough information so it is meaningful to an outside reviewer
- Include specific staff and members names
- Provide relevant facts regarding the **before**, **during** and **after** the event
- Include information regarding APS/DCS or Police reports filed if appropriate. Include report numbers as evidence
- Complete every line; if the section does not apply, mark "N/A" , mark "unknown" if information is unknown

■ **DO's:**

- Complete an incident report even if another treatment provider has already completed a report on the same incident/accident indicating that you have received notice
- Limit the content of the report to **OBJECTIVE FACTS** only
- Complete the report with the same care as the medical record
- Consult the Provider Manual **Reporting of Incidents, Accidents and Deaths** for forms, requirements and protocol policies and procedures

■ **DON'Ts:**

- Do NOT Blame or admit fault
- Do NOT include subjective analysis or conclusions
- Do NOT write in a way that suggests you are angry, frustrated, worried, etc.
- Do NOT assume that others have submitted Incident/Accident/Death reports and/or notified appropriate authorities (APS, DCS, Law Enforcement)
- Do NOT reference the Incident Report in documentation as it is an internal document/process
- Do NOT place copy of the report in the members medical record

Procedure for submission:

- Always discuss with your supervisor when an incident occurs.
- Your supervisor will help you through the process.
- Follow best-practice protocol of submitting a IAD within one day.



- Maintain a copy of the incident report on the premises for at least 12 months after the date of the written incident report.
- This requirement is monitored as a part of site Licensure audits.



- Behavioral Health Providers must cooperate with the investigations of the following entities:
 - Arizona Department of Health Services (ADHS)
 - Health Plans / RBHA
- Refer agencies to your leadership for any investigation concerns.



- Consult the Provider **Reporting of Incidents, Accidents and Deaths** for forms, requirements and protocol policies and procedures.

AHCCCS Portal

- <https://qmportal.azahcccs.gov>

Provider Manual

- <https://www.care1staz.com/az/providers/providermanual.asp>



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