



Coast Healthcare Management, LLC

Management Company for

Alamitos IPA ♦ Brookshire IPA ♦ Family Care Specialists IPA
 Good Samaritan Medical Practice Association ♦ Lakewood IPA
 Premier ACO Physicians Network, LLC ♦ Premier Health Plan Services, Inc.
 Primary Care Associates of California ♦ St. Mary IPA

4909 LAKEWOOD BLVD., SUITE 200, LAKEWOOD, CA 90712

P: (562) 602 - 1563 ♦ F: (562) 529 - 8490 ♦ www.coasthealthcare.net

Policy #: QI	DEPARTMENT: Medical/Quality Management
Critical Incident Reporting and Tracking	DATE ISSUED: Started 12/01/14
APPROVED BY: Medical Director Jean Shahdadpuri, MD	APPROVAL DATE: Page 1 of 8

Purpose:

To assist with the establishment of a reporting system to collect and track Critical Incident by members and provide guidance on how Critical Incident will be reported to the Health Plans.

Policy :

Coast Health Care Management (CHM) has a mechanism in place for collecting and tracking Critical Incidents by members. This policy and procedure provides guidance on how all Critical Incidents will be reported and tracked in an effort to develop and implement systems to promote the health, safety and welfare of their members.

Definition:

- **Adult Protective Services (APS) County:** Social services provided to abused, neglected, or exploited older and/or disabled adults. APS is typically administered by local or state health, aging, or regulatory departments and includes a multi-disciplinary approach to helping victims of elder abuse. Services range from investigation of mistreatment to legal intervention in the form of court orders or surrogate decision makers such as a legal guardian.
- **The Centers for Medicare & Medicaid Services (CMS):** The federal agency within the Department of Health and Human Services that is responsible for the administration of the Medicare and Medicaid programs as well as overseeing other federal health care programs such as the Children’s Health Insurance Program (CHIP).
- **Critical Incidents:** are incidents in which the member is exposed to abuse, neglect or exploitation, a serious, life threatening, medical event that requires immediate emergency evaluation by medical professional(s), the disappearance of the member, a suicide attempt by the member, death of member, and restraint or seclusion of the member.
- **Department of Children and Family Services (DCFS):** The part of the Department of Human Service (DHS) that investigates child abuse; finds foster homes for abused and neglected children; helps low income, out-of-work parents get back on their feet; assists with childcare costs for low income parents who are working or in job training; and provides numerous support services and innovative programs to help troubled families.
- **Provider Preventable Conditions (PPC):** Title 42 of the Code of Federal Regulations, parts 434, 438, and 447 list thirteen (13) PPCs for Medicaid, which the Department of Health Care Services



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(DHCS) adopted for California. There are two types of PPCs: health care-acquired conditions (HCAC), which should be reported when they occur in inpatient acute care hospitals, and other provider-preventable conditions (OPPC), which should be reported when they occur in any health care setting.

- **Serious Reportable Events (commonly referred to as “Never Events”):** The National Quality Forum (NQF) defines Never Events as errors in medical care that are of concern to both the public and health care professionals and providers, clearly identifiable and measurable (and thus feasible to include in a reporting system), and of a nature such that the risk of occurrence is significantly influenced by the policies and procedures of the health care organization.

Procedures:

Critical Incidents may be identified from different internal or external sources which may include but are not limited to the following:

- Utilization Management
- Medical Management
- Quality Management
- Outreach Department
- Member Services
- Member Appeals and Grievances
- Claims Department
- Family or Caregiver
- Disease Management
- Quality Management (Potential Quality of Care Issue)
- Provider Network Operations
- Legal Affairs
- Pharmacy
- Hospital/Network Providers
- Long-Term Care Facilities/Skilled Nursing Facilities (SNFs)
- Vendors contracted with GSMPA who have direct contact with the member.
- Any other source not otherwise included



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Categories of Critical Incidents:

Abuse:

- Willful use of offensive, abusive, or demeaning language by a caretaker that causes mental anguish of any member;
- Knowing, reckless, or intentional acts or failures to act which cause injury or death or which placed that member at risk of injury or death;
- Rape or sexual assault;
- Corporal punishment or striking;
- Unauthorized use or the use of excessive force in the placement of bodily restraints; and
- Use of bodily or chemical restraints, which is not in compliance with federal or state laws and administrative regulations.

Exploitation:

- An act committed by a caretaker, or relative of, or any person in a fiduciary relationship with
- The taking or misuse of property or resources by means of undue influence, breach of fiduciary relationship, deception, harassment, criminal coercion, theft, or other unlawful or improper means;
- The use of the services without just compensation; or
- The use of a member for the entertainment or sexual gratification of others under circumstances that cause degradation, humiliation, or mental anguish.

Neglect:

- Inability of a member to secure food, shelter, clothing, health care, or services necessary to maintain his/her mental and physical health;
- Failure by any caretaker to meet, either by commission or omission, any statutory obligation, court order, administrative rule or regulation, policy, procedure, or minimally accepted standard for care;
- Negligent act or omission by any caretaker which causes injury or death or which places that member at risk of injury or death;
- Failure by any caretaker, who is required by law or administrative rule, to establish or carry out an appropriate individual program or treatment plan;
- Failure by any caretaker to provide adequate nutrition, clothing, or healthcare;
- Failure Abuse
- Failure by any caretaker to provide adequate numbers of appropriately trained staff in its provision of care and services.



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Disappearance/Missing Member (Missing Person):

Whenever there is police contact regarding a missing person regardless of the amount of time the person was missing.

Death:

The death of an individual is reported regardless of the cause or setting in which it occurred.

A Serious Life Threatening, Medical Event That Requires Immediate Emergency Evaluation by a Medical Professional:

- Admission of an individual to a hospital or psychiatric facility or the provision of emergency medical services (treatment by EMS) that results in medical care which is unanticipated and/or unscheduled for the individual and which would not routinely be provided by a primary care provider.

Restraints or Seclusion:

- Every time an individual is restrained, it is:
- Personal (the application of pressure, except physical guidance or promoting of brief duration that restricts the free movement of part or all of an individual's body).
- Mechanical (the use of a device that restricts the free movement of part or all of an individual's body. Such devices include: an ankle, a wristlet, a camisole, a helmet with fasteners, a muff with fasteners, a mitt with fasteners, a posey, a waist strap, a head strap, and restraining sheet. Such a device does not include one used to provide support for functional body position or proper balance, such as a wheelchair belt or one used for medical treatment, such as a helmet used to prevent injury during a seizure). It also means to cause a device that allows for free movement to be unuseable. Such as locking a wheelchair or not allowing an individual access to technology.
- Chemical (the use of a chemical, including a pharmaceutical, through topical application, oral administration, injection, or other means to control an individual's activity and which is not a standard treatment for the individual's medical or psychiatric condition).
- Seclusion: involuntary confinement in a room that the member is physically prevented from leaving.
- Isolation: forced separation or failure to include the member in social surroundings of the setting or community.

Suicide Attempt



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- The intentional attempt to take one’s own life. A suicide attempt is limited to the actual occurrence of an act and does not include verbal suicidal threats by a member receiving services.

Reporting to Appropriate Agency/Authority: Staff identifying the Critical Incident is required to report the incident immediately upon awareness to their immediate supervisor, who will follow-up with the appropriate authority in accordance with departmental policies and procedures and as defined in section 3.4. If the employee/supervisor is not sure how to report or categorize the Critical Incident, they may contact the Quality Improvement (QI) Nurse Specialist in the QI Department to discuss.

- Reporting list of Provider Preventable Conditions and Serious Reportable Events “Never Events,” can be found on attachment 6.4

Critical Incident Reporting:

<p>Agency/Authority: Suspected Abuse, Suspected Abuse, Exploitation and Neglect Exploitation and Neglect Children: DCFS (Department of Children and Family Services) Los Angeles County Los Angeles County CWS Agency 425 Shatto Place Los Angeles, CA 90020 800-540-4000 within CA 213-639-4500 outside CA 800-272-6699 TDD http://dcfs.co.la.ca.us/contactus/childabuse.html</p> <p>Seclusion and Restraint: Report as Abuse Incident (see above) Children: DCFS Adults: APS</p> <p>Serious Life Threatening Medical Event that</p>	<p>Suspected Abuse, Exploitation and Neglect Adult: Adult Protective Services (APS) County Contact Information. Los Angeles County Community & Senior Services 3333 Wilshire Blvd. Suite 400 Los Angeles, CA 90010 24 Hour Abuse Hotline: (877) 477-3646 or (888) 202-4248 (626) 579-6905 (213) 738-6485 fax http://www.cdss.ca.gov/agedblinddisabled/PG1298.htm</p> <p>Suicide Attempt: <i>For immediate threats: 911</i> For non immediate threats: The 24-Hour Suicide Prevention Crisis Line 1-877-7 CRISIS (877-727-4747)</p>
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<p>Requires Immediate Emergency Evaluation by a Medical Professional: Call 911 and follow departmental procedures</p> <p>Death: Report notification of death to immediate supervisor for further reporting direction. In addition, report to Member Services</p>	<p>Missing Persons: Adults (18 years of age or older) Adult Missing Person Unit 213-996-1800 Juveniles: (17 years of age or younger) Contact local area law enforcement Note: Contrary to popular belief, law enforcement agencies in California do not require a person to wait a specific period of time before reporting a missing person.</p>
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Organizational Reporting and Tracking: After reporting to authorities or internally as applicable, individuals should report the incident to the Health plan’s Quality Improvement Department by completing a Critical Incident (CI) Report form and forwarding to the QI department email CI@lacare.org. This should not exceed two (2) business days.

- The QM nurse specialist will check the Critical Incident Report to be sure it is completely and accurately filled out and that the Critical Incident was appropriately handled:

Section one: Reporter Source:

- Name of organization and person who identified the Critical Incident and is reporting it to QM.
- Type of organization or which Department.
- Relationship of the reporter (Self, friend, case manager, member services representative, etc.)

Section Two: Member Information:

- Last name, first name and middle name
- Date of birth,
- CIN # and MHC #
- Line of business: Medi-Cal, SPD, Cal MediConnect, Healthy Kids, Medicare SNP

Section Three: Critical Incident Information:

- Date the Critical Incident occurred and that date was reported to the entity/authorities timely e.g. as soon as possible and no later than one business day. Note some abuse/neglect lines are 24/7 hot lines for reporting.
- Location of Critical incident
- Category code: (Refer to definitions Section 3.2 Categories of Critical Incidents)
- CI001 Abuse



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- CI002 Neglect
- CI003 Exploitation
- CI004 Life-threatening event
- CI005 Disappearance
- CI006 Suicide attempt
- CI007 Death
- CI 008- Restraint or seclusion
- A brief description of Critical Incident (who, what, where, and results/impact of the incident to the member)
- Resolution/response to the incident by the applicable internal or external entities involved. If reported to authorities, be sure to document who took the call and if there was a case number assigned.
- The QM nurse will validate the code/category and may escalate to the Medical Management or the Medical Director of Quality Management & Health Assessment for potential follow -up as applicable.
- The QM Department will track and analyze the following elements by member and by incident type: Date report to QM, name of reporter, type of organization or internal department name, relationship of the reporter to member, member name (last, first, middle), member CIN/MHC #, Line of Business, SPD (yes, no), Critical Incident category (CI001 Abuse, CI002 Neglect, CI003 Exploitation, CI004 Life-threatening event, CI005 Disappearance, CI006 Suicide attempt, CI007 Death, CI 008- Restraint or seclusion), date incident occurred, date reported to authority/entity, location of incident, name of entity reported to, who took the report at the entity/authority, brief description of the Critical Incident and case number if any as given by the entity that the incident was reported to.
- CHM QM Nurse Specialists will track and analyze all Critical Incidents including those from subcontracted plans or vendors who will use tracking log for reporting. These reports will be forward to [L.A. Care (including reports from Long Term Care Facilities/SNFs, etc.) and from subcontracted plans, PPGs or vendors] as well as Critical Incident claims reports will be aggregated and analyzed. The CHM QM nurse specialists will present an aggregate report and analysis including any identification of trends by member or provider type to the Quality Oversight Committee on a quarterly basis.
- The Claims Department will report critical incidents on a quarterly basis to the QM Department.



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Delegated Oversight: Plan subcontractors, including Plan Partners, PPGs, and vendors are required to report critical incidents to L.A. Care on a quarterly basis using tracking log and will be audited for compliance with this activity.

Training Requirements: All staff will be trained upon initial new-hire and annually. Monitoring of training completion and due dates will be tracked by the compliance department.

AUTHORITY:

- Medicare Managed Care Manual (MMCM), Ch. 5. "Quality Assessment," Section 30.1.1
- California Health & Safety Code, Section(s) 1368 – 1368.03
- Title 42 Code of Federal Regulations (CFR) §422.152 (1) (3).
- The Centers for Medicare and Medicaid and the state of California: California Readiness Review Criteria.

REFERENCES:

- California Department of Public Health: Letter AFL 13-04
- California Department of Public Health: Letter AFL 12-38
- L.A. Care Policy and Procedure, QI-001 "Potential Quality of Care Issue"
- L.A. Care Policy and Procedure, UM-013 "Reporting Suspected Child or Adult Abuse, Neglect, or Domestic Violence"
- L.A. Care Policy and Procedure, UM-005 "Guidelines to Protect The Safety of Members and Care Management Staff"
- L.A. Care Policy and Procedure, UM-154 "UM Reporting of Potential Quality of Care Issues"
- L.A. Care Health Plan Technical Procedure CC57 Handling and Documenting Reports of Abuse or Neglect
- L.A. Care Health Plan Technical Procedure CC20 Suicide Call Handling and Documentation, Call Center
- L.A. Care Health Plan Technical Procedure MRU 15 Reports of Abuse and/or Neglect, Health Navigators