



Critical Incident Reporting

September 2016

Goals for this Presentation

- Define “critical incident” and provide examples
- Touch on recent trends in reporting
- Discuss DMHAS policy and procedure regarding critical incident reporting
- Answer questions and address issues

What IS a critical incident?

Critical incidents are defined as incidents which may have a serious or potential serious impact on:

- o DMHAS clients
- o DMHAS or PNP contracted staff
- o State operated or contracted facilities
- o The public

OR

- o Anything else that may bring about adverse publicity

Examples

- o A client at a methadone maintenance clinic stops coming in for her regular dose. A few days later, clinic staff notice her obituary in the local newspaper.
- o Residents of a group home are awakened by a smoke alarm and are evacuated to a safe area. They are allowed back in the building after it is declared safe by the fire department.
- o A man receiving detox services complains of rapid heartbeat and shortness of breath and is taken to the emergency department for assessment.

Examples, continued

- o A young man comes in to the program office in an agitated state. He makes threatening statements about his counselor and will not calm down. Staff call the police.
- o A supported housing client is found unresponsive in her bed by a visiting nurse.
- o FBI agents visit a man who receives case management services from a state operated LMHA. This consumer has been sending threatening letters to various public officials, including the governor.

Benefits of Critical Incident Reporting

- Debriefing tool can be used to process event
- Anecdotal information, when collected, can coalesce into patterns that can be analyzed
- Tool for quality monitoring and improvement on multiple levels
- “Heads up” for DMHAS as responsible entity

Recent Trends

- o From SFY14 to SFY15, there was a 9.2% increase in the total number (677) of critical incidents reported
- o Compared to SFY14, the number of deaths in SFY15 increased by 10% (from 286 to 314)
- o Additionally, there was a 22% increase in the number of medical events reported (51 to 62)

Recent Trends

Read more in the new SFY15 Critical Incident Data Summary:

http://www.ct.gov/dmhas/lib/dmhas/eqmi/Critical_Incident_Data_Summary_for_SFY15.pdf

Missing Data?

Of the 71 providers that reported critical incidents during SFY15:

- o 51 reported 10 or fewer critical incidents during this time frame
 - o 19 of these organizations reported a single critical incident for the entire year
- o 80 providers did not report *any* critical incidents

DMHAS Expectations

Familiarity with DMHAS Policy and Procedure regarding Critical Incident Reporting

See <http://www.ct.gov/dmhas/criticalincident> for documentation, including memos, manual, and forms

- o Human Service Contract Language: “The Contractor agrees to report any critical incidents to the Department in the form and manner specified by the Department.” (*Scope of Work, C.1.a.(5)*)

DMHAS Expectations

Funded and operated providers are responsible for training and updating relevant line staff on critical incident reporting.

What is required by DMHAS?

- o Information about the nature of the incident (when, where, who, what)
- o Timely reporting to the Office of the Commissioner
- o **Not intended to supplant any other reporting requirements**, e.g. Department of Public Health, the Connecticut Occupational Health and Safety Administration
- o **Should not be superseded by other reporting requirements**

What is required by DMHAS?

- o **Verbal Report** within three (3) hours of the incident (or learning of incident) to the DMHAS Critical Incident Line: **(860) 418-8750**
- o To make a Verbal Report after hours, call the Connecticut Valley Hospital switchboard for assistance: **(860) 262-5000**
- o Within one (1) business day, the online **Written Report** should be made to Office of the Commissioner via the Critical Incident reporting application, located within the DMHAS Suite of Provider Applications (DDaP)

Common “Gray Area” Scenarios

Person(s) involved are not receiving DMHAS services:

- o May be in program along with DMHAS clients, but not receiving services paid for by DMHAS (example: Shelter Plus Care)
- o May be in process of being admitted to services (pre-admission or outreach)

If there is a question about whether someone is a DMHAS client, call EQMI to clarify!

Common “Gray Area” Scenarios

Medical events:

- o Accidental injuries that do not require special medical attention or hospitalization do not need to be reported (minor cuts, etc.)
- o If a minor injury is incurred in the context of a more serious situation, report (restraint injury; scuffle with other client or staff)
- o **Psychiatric/behavioral events can be medical events**
– try not to classify as “Other”

Can't Find A Client?

- Sometimes, users have difficulty locating clients in the Critical Incident reporting system.
- DMHAS is working on a more efficient online solution (as system currently requires information to save reports)
- In the meantime, please contact Chrishaun Jackson or Karin Haberlin to resolve inquiries on a case-by-case basis.

Important Note about Medical Events

- o It is very important that **every life threatening medical event** requiring Emergency Department or hospitalization be reported as a critical incident. Contact EQMI (see end of presentation) if unsure.
- o Medicaid/Medicare claims can and have been audited against critical incident reports in at least one other Connecticut state agency.

Reporting Procedure

- o User at the state operated facility, LMHA, or Addiction Service provider agency logs into the Critical Incident Application in the DDaP Portal
- o Critical incident report is entered into online web-based application
- o Once data entry is complete, automated email alerts are sent to key DMHAS staff

LMHAs

- o PNP Mental Health Affiliates report critical incident reports to their LMHA
- o Designated LMHA users enter critical incident reports into online Critical Incident application
- o LMHAs are able to monitor, update, and close affiliates' critical incident reports online

LMHA Affiliates

(PNP MH provider agencies)

- o Report critical incidents to designated LMHA contacts
- o Use internal form to standardize reporting to LMHAs (<http://www.ct.gov/dmhas/criticalincident>)

Addiction Service Providers

- o Addiction Service Providers identify specific users to handle critical incident reporting
- o Designated users enter critical incident reports into online Critical Incident Application
- o Addiction Service Providers are able to monitor, update, and close critical incident reports online

Don't Forget About Closure

- o After initial report is made, service providers conduct a formal review of the incident
- o Designated users can then enter the closure information into the CI application and close the incident
- o Closure is generally expected within 90 days
- o Closure of Death incidents will require some additional information about the client

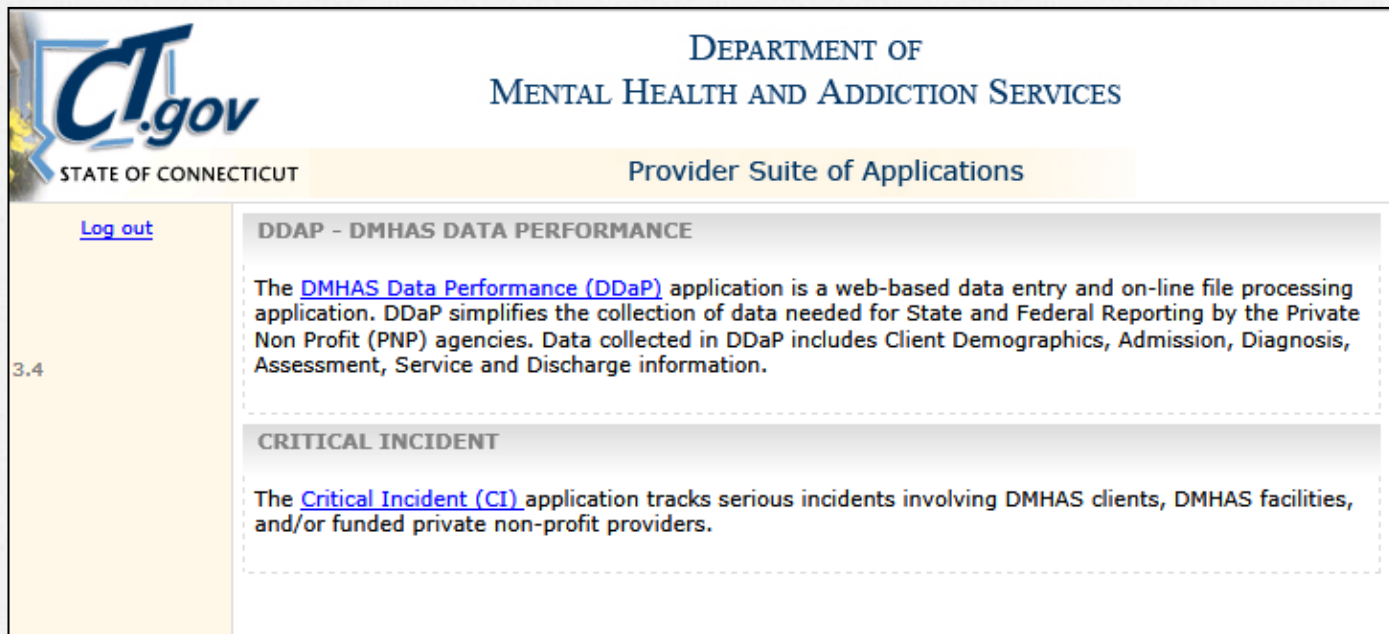
Tips for Succinct Reporting

- o **Don't** give “blow-by-blow” details about what happened or what people said – summarize!
- o **Don't** list/name all parties involved if they did not play an essential role in the incident.
- o **Do** include name and phone number of a person who can clarify details of the incident.
- o **Do** call us if you have any questions!

Access to System

- o New Critical Incident users need to apply for additional access and have their request signed off at their location
- o Access Form is available on the Critical Incident website :
http://www.ct.gov/dmhas/lib/dmhas/eqmi/VPN_CI_Access_Form.doc
- o Like other applications available through the DDaP Portal (DDaP, EDW, VATS, Consumer Satisfaction), you will need a token for access

The DMHAS Web Portal



The screenshot displays the DMHAS web portal interface. At the top left is the CT.gov logo with the text 'STATE OF CONNECTICUT'. To the right, the text reads 'DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES' and 'Provider Suite of Applications'. A yellow navigation bar contains a 'Log out' link. The main content area is divided into two sections: 'DDAP - DMHAS DATA PERFORMANCE' and 'CRITICAL INCIDENT', each with a descriptive paragraph. A small number '3.4' is visible on the left side of the content area.

CT.gov
STATE OF CONNECTICUT

DEPARTMENT OF
MENTAL HEALTH AND ADDICTION SERVICES

Provider Suite of Applications

[Log out](#)

3.4

DDAP - DMHAS DATA PERFORMANCE

The [DMHAS Data Performance \(DDaP\)](#) application is a web-based data entry and on-line file processing application. DDaP simplifies the collection of data needed for State and Federal Reporting by the Private Non Profit (PNP) agencies. Data collected in DDaP includes Client Demographics, Admission, Diagnosis, Assessment, Service and Discharge information.

CRITICAL INCIDENT

The [Critical Incident \(CI\)](#) application tracks serious incidents involving DMHAS clients, DMHAS facilities, and/or funded private non-profit providers.

Critical Incident Website

<http://www.ct.gov/dmhas/criticalincident>

Contact information, memos, forms, news

Contact Information

Critical Incident Verbal Report Line: (860) 418-8750

After Hours Reporting: (860) 262-5000

(CVH Switchboard – ask them to page Community Services Division Manager on call)

Contact Information

Help with Forms and Obtaining Access to Reporting System: Chrishaun Jackson, EQMI, (860) 418-6912 or chrishaun.jackson@ct.gov

Other Questions: Karin Haberlin, EQMI, (860) 418-6842 or karin.haberlin@ct.gov



Thank You

Any Questions?