POLICY AND PROCEDURE

DEPARTMENT: Quality Improvement	**DOCUMENT NAME:** Adverse Incidents
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APPROVED DATE: ~~2/24/16~~2/~~25/20~~24/16	**RETIRED:**
EFFECTIVE DATE: ~~03/01/2016~~~~2/25/20~~3/1/16	**REVIEWED/REVISED:** 03/16, 5/16, 1/17, 6/17, 8/17, 1/18, 3/18, 3/19, **2/20**
PRODUCT TYPE: ALL	**REFERENCE NUMBER:** LA.QI.34

SCOPE:
Louisiana Healthcare Connections (LHCC) Quality Improvement and Behavioral Health/Medical Management Departments

PURPOSE:
The purpose of this policy is to establish uniformity and consistency in reporting and responding to adverse incidents while ensuring the health, safety, and welfare of members receiving behavioral health services.

POLICY:
It is the policy that all adverse incidents be reported (per Louisiana Department of Health regulations), investigated, and tracked in an effort to develop and implement systems to promote the health, safety, and welfare of individuals receiving behavioral health services.

Adverse Incidents are defined in Attachment A- Healthy Louisiana Adverse Incident Reporting Form Provider Instructions and Definitions.

All adverse incidents will be reported to the plan via secure fax by the provider within 1 business day of the discovery of a reportable incident involving a health plan member **receiving behavioral health services from the provider**, whether it occurs at the provider's location or at another location.

A report will be submitted regardless of where the incident occurs for:
Death, Abuse, Extortion, Exploitation, or Neglect.

I. RESPONSIBILITIES

1.Provider

A. The provider will take immediate steps to assure the member is protected from further harm and respond to the emergency needs of the member.
B. If the incident involves a member with a legal guardian/custodian or parent (if minor), the provider must report the incident to the legal guardian/custodian or parent (if minor) **and** document~~ing~~ the legal guardian/custodian contacted including the contact ~~number~~ **information** used. Providers are required to indicate this communication on the Adverse Incident Report Form.
C. The Adverse Incident Form (Attachment A, Page 1) will be completed and faxed to the health plan within 1 business day of the discovery of the incident.
D. Report findings to appropriate agencies Adult Protective Services (APS), Department of Children & Family Services (DCFS), local law enforcement if necessary indicating specific agency contacted including **the specific agency contacted, the** reference number, ~~individual findings were reported to~~, and the contact ~~number~~ **information** used.

2. Louisiana Healthcare Connection (LHCC) Behavioral Health QUALITY IMPROVEMENT COORDINATOR DESIGNEE (LHCC-QIC-BH)

A. Review the AI report within one (1) business day after receipt to ensure that:
   i. All sections of the form have been completed.
   ii. All names of the individuals involved at the time of the incident, including their relationship to the member and their contact information.
   iii. All required reports/referrals have been made by the reporting facility/provider to the appropriate law enforcement or protective services agencies (if applicable, e.g., APS, DCFS).
   iv. That sufficient documentation was provided to demonstrate the provider's compliance with the State requirement**s** that actions were taken to ensure the safety of the persons involved in the incident, along with the steps taken to avoid similar future incidents.
   v. That sufficient documentation was provided to demonstrate the provider's compliance with the State requirement**s** that parental/guardian notification (for minors) and medical interventions were received as a result of the incident (if applicable, e.g., psychiatric, physician and/or nursing services) and what treatment was provided.

B. If the AI Report Form does not include all of the information required as mentioned #1 above, the following steps occur:
   i. Within one (1) business day of review of the AI report, contact the reporting provider (by phone and**/or** fax) to request that the missing documentation be provided orally by phone or by provider submitting a revised AI report via secure fax within three (3) business days from the date of the initial AI report that demonstrates that all required actions have been updated and completed by the reporting provider.
   ii. If follow-up contact with the provider is ~~needed~~**necessary**, ~~remind~~ **educate** the provider that:
      - For the following types of events, providers must submit a report regardless of where the incident –occurred within 1 business day of the discovery of the incident:
      - Death, Abuse, Extortion, Exploitation, or Neglect.

C. All documentation related to the AI report will be attached to a Quality Incident Summary in TruCare within three (3) business days of receipt of the AI report to ensure appropriate tracking and reporting by the LHCC QI Quality team can occur. The date and time stamped on the AI report fax from the provider is entered into TruCare as the Plan Notification date.

D. Using the TruCare referral function, refer appropriate members with **incident** reports of Abuse, Extortion, Exploitation, or Neglect to the Behavioral Health Case Management (CM) team for intake/assessment and/or ongoing CM services.

E. If the Adverse Incident is identified as being a potential QOC event, refer to CC.QI.17 Potential Quality of Care Incidents P&P for further actions.

II. TRACKING AND ANALYSIS

1. The QI Department will track all reportable adverse incident types reported and all providers reporting adverse incidents outside of the state's designated timeframe.

   A. All Adverse Incidents will be entered into the Clinical Documentation System and analyzed monthly for inclusion in the LA-#326 Adverse Incidents Report.

   B. All Adverse incidents will be analyzed annually for the Quality Assessment Performance Improvement Committee (QAPIC) annual evaluation.

III. THREAT OF LITIGATION

1. The Vice President of Quality and Process Improvement will notify the Chief Operating Officer when a Member, family member, visitor or employee threatens a lawsuit verbally or in writing. The Chief Operating Officer will then notify the Chief Executive Officer who will notify the appropriate individuals at the corporate office and health plan.

IV. REPORTING

1. Monthly reports are submitted to LDH summarizing the adverse incidents occurring that month and any necessary follow up from previous months are included along with details of incidents as required by the LA-#326-Adverse Incidents Report.

REFERENCES
CC.QI.17 Potential Quality of Care Incidents

ATTACHMENTS
Attachment A – Healthy Louisiana Adverse Incident Reporting Form and Healthy Louisiana Adverse Incident Reporting Provider Instructions and Definitions Revision Date: October 16, 2018.

REVISION LOG	**DATE**
Added that adverse incidents will be assigned to a "Cenpatico" QI designee for investigation	3/2016
Added "the QI designee will review the Adverse Incident immediately upon receipt of the report"	3/2016
Added that Cenpatico will notify the Plan's QI department of unresponsive providers to ensure follow up by Provider Consulting	3/2016
Removed "Providers have up to 90 days to respond to record request"	3/2016
Added "TruCare documentation: All incidents will be entered in the Quality Incident Summary by the QI designee with date received, the individual reporting the event, member and practitioners involved, type of event, and brief summary of event and will be submitted to QI Advisor Review queue"	3/2016

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Added "e.f. Contact will be made to all appropriate parties involved (i.e. Providers, facilities, family member/authorized representatives, etc.) when deemed necessary to ensure patient safety and that appropriate interventions are made (i.e. BH Case Management referrals, etc.). After initial receipt, review and investigation of the incident, all records will be requested from related parties, as applicable. (Providers have up to 7 business days to respond from receipt of record request). If/when records are not received, Cenpatico will notify the Plan's QI department of unresponsive providers to ensure appropriate follow-up by LHCC Provider Consulting. The Plan, will refer to Provider Consulting for follow up with Provider. Upon receipt of records, the QI designee will have 7 business days to investigate and assign a preliminary severity leveling. If the severity level ...after review with the Behavioral Health Medical Director If it has been determined after leveling that there is a potential provider concern, the Behavioral Health Medical Director will determine plan of action (i.e. further investigation, referral to specialty consultant, referral to peer review committee and/or credentialing committee as indicated, etc.) All follow up adverse incident information and investigation will be documented in TruCare.	3/2016
Added emergency institutional placement to the example in section B.f.	5/16
AI was broken out from QOC and added to this policy. This changed the Responsibilities section B.	1/17
Changed Cenpatico to Evolve PeopleCare	6/17
Revised section aI Review of AI, a & b; to clearly define the specific roles and timeframes for the EPC QI department to complete and their review of the AIs they receive.	6/17
Revised section aII. Trucare Entry to specify but should be documented in Trucare and the timeframes and categories that should be used for tracking and trending purposes	6/17
Added section aIII to indicate that EPC QI will provide LHCC QI a list of providers that will need to be educated on the AI process as their submissions of the AI report were non-compliant with LDH guidelines	6/17
QOC Procedure; replaced the EPC QOC process by adopting the Corp QOC process.	6/17
Attachment B was updated with the most recent LDH Adverse Event Form	6/17
Added the following per LDH: • If the incident involves a member with a legal guardian/custodian or parent (if minor), the provider must report the incident to the legal guardian/custodian or parent (if minor). • Providers are required to indicate this communication on the Adverse Incident Report Form.	8/17

Revisions made include the following: • Removed all references to Envolve People Care Behavioral Health. • Updated Adverse Incident Definitions, Reporting Types, and Reporting Form as given by LDH. • Changes made in Section I.2.2 "For the following types of events, submit a report regardless of where it occurs within 24 hours of the discovery of the incident: Death, Abuse, or Neglect." • Removed Section I.2.4 • Changes made in Section I.2.5 "4. Using the TruCare referral function, refer all appropriate members for whom AI reports were received to Behavioral Health Case Management (CM) team for intake/assessment and/or ongoing CM services." • Removed Section II. QOC Procedure entirely. • To address potential QOC events, the following was added to section I.2.5 "5. If the Adverse Incident is identified as being a potential QOC event, refer to CC.QI.17 Potential Quality of Care Incidents." • Changed C. Tracking and Analysis to "II. Tracking and Analysis" which included the following changes "1. The QI Department will track all adverse incident types reported and all providers reporting adverse incidents outside of the state's designated timeframe. a. All Adverse Incidents will be entered into the CDS and analyzed monthly for inclusion in the LA-326 Report-Adverse Incidents. b. All Adverse incidents will be analyzed annually for the QI Annual Evaluation." • Removed II.C.2 and II.C.3 • Removed section IV resulting in Section V. Reporting to be changed to Section "IV. Reporting". • Removed Attachments A, B, C, and D and replaced with Attachments A and B to reflect changes made by LDH. • Added "CC.QI.17 Potential Quality of Care Incidents" in References • Replaced Attachments A, B, C, D with "Attachment A – Healthy Louisiana Adverse Incident Reporting Form Provider Instructions and Definitions; Attachment B – Healthy Louisiana Adverse Incident Reporting Form" in Attachments section	1/18
Revisions made to reflect revisions made by LDH to Adverse Incident Reporting Form and Instructions include the following: • Updated Adverse Incident Definitions, Reporting Types, and Reporting Form as given by LDH. • Changed "within 24 hours of the discovery of the incident" to "within 1 business day of the discovery of the incident" in Section I.2.2	3/18

• Removed Attachments A and B; replaced with Attachment A to reflect changes made by LDH • Added "For the following types of events, submit a report ONLY if the event occurs while the member is in their care: ▪ Seclusion or Restraint (Physical, Mechanical, Chemical, Protective Hold)." in Section I.2.2 • Added "For the following types of events, submit a report regardless of where it occurs within 1 business day of the discovery of the incident: ▪ Death, Abuse, Extortion, Exploitation, or Neglect." In Section I.2.2	
Revisions made to reflect revisions made by LDH to Adverse Incident Reporting Form and Instructions include the following: • Update Attachment A to reflect changes to reportable Adverse Incidents with definitions. • Add "will be reported to the plan via secure fax by the provider" • Add "Provider must provide document on Adverse Incident Form indicting the documentation made by the provider to the law enforcement agency contacted, the personnel contacted at the law enforcement agency, the law enforcement agency's contact number, the APS/DCFS agency contacted, the personnel contacted at the APS/DCFS agency, the APS/DCFS agency's contact number, the report number for the APS/DCFS incident report made by provider, and the name of the medical • Revised document for clarity. • Remove; no longer reportable Adverse Incidents • Add "For all reportable event types, the provider will submit a report regardless of the location of the incident within 1 business day of the discovery of the incident." • Add "Using the TruCare referral function, refer members with incidents of abuse, neglect, exploration, and/or extortion reported by provider to the Behavioral Health Case Management (CM) team for intake/assessment and/or ongoing CM services." • Add "Provider must provide document on Adverse Incident Form indicting the name of the parent/guardian contacted, the parent/guardian's contact number, Attachment A Revision date needs to be updated to "October 16, 2018" • Revision date needs to be updated to "October 16, 2018"	3/19

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Revisions made to reflect revisions made by LDH to Adverse Incident Reporting Form and Instructions include the following: • **Formatting and word use only updates**	**2/20**

POLICY AND PROCEDURE APPROVAL

The electronic approval retained in Archer GRC, Centene's P&P management software, is considered equivalent to a physical signature.

VP of Quality Improvement: _____Electronic Signature_____
Sr. VP Medical Affairs: _____Electronic Signature_____