

CORNERSTONE BEHAVIORAL HEALTHCARE

QM.6 REPORTING/RECORDING OF ADVERSE OCCURRENCE/INCIDENT

Cornerstone Behavioral Healthcare will document and report adverse and potentially adverse occurrences. Such occurrences will be evaluated for the need for follow-up actions and opportunities for improvements in agency management and/or service delivery.

Some examples of adverse or potentially adverse occurrences include, but are not necessarily limited to:

1. Complaints
2. Deaths
3. Injuries
4. Violations of agency policies; and
5. Violations of client rights
6. Internal or other miscellaneous

These occurrences are those that do not meet the criteria of DHHS SAMHS Critical Incident or OCFS Reportable Events reporting requirements, see policy 14-118-CMR.

Client complaints: a grievance (adverse occurrence):

If a client has a grievance (adverse occurrence) regarding employees, services, etc., it will be put in writing to the Executive Director. The client can also verbally address a complaint and a Cornerstone Behavioral Healthcare employee will assist the client in completing the "Grievance Form". The Executive Director will attempt to resolve these concerns with the complainant and document his or her efforts to do so. If necessary, disciplinary action will follow (see procedure in Personnel Manual).

Any and all client grievances will be managed per the procedures outlined in the "Rights of Recipients of Mental Health Services" and "Rights of Recipients of Mental Health Services Who are Children".

Employee to employee complaints:

All staff is directed to follow the Intra-Agency Conflict Resolution Policy (see procedure in the Personnel Manual).

Complaints regarding employees:

If the complaint is regarding an employee, the Executive Director or designee will discuss this with the employee and document the event. If necessary, disciplinary action will follow (see procedure in Personnel Manual).

Complaints regarding clients:

If an employee has a complaint regarding a client, i.e., inappropriate behavior, the Executive Director or designee will investigate and document the event, try to solve the problem before giving the employee an option to terminate services with the specific client. In such case, another

mental health care provider may or may not be assigned to the client depending on the nature of the complaint.

Injury to client:

The Executive Director should be notified immediately if a client is injured during the time that services were provided. It is important to complete an "Adverse Occurrence" form as soon as possible. When serious injury to a client occurs, the following actions must be completed promptly:

1. The staff person first aware of the incident shall immediately notify emergency rescue personnel or assist the client by providing medical assistance.
2. Following the initial call for medical assistance, the Executive Director shall be notified.
3. The Executive Director will report the incident to necessary local authorities if appropriate and to DHHS within 24 hours.
4. Within 24 hours of an incident that results in serious injury to a client, the Executive Director shall order an investigation that may include the Executive Director, Program Manager, Supervisor of Substance Abuse Services, or other appropriate personnel.
5. The investigation shall be completed with a report filed within 72 hours of the incident, and a copy of this report shall be sent to DHHS licensing.

Suicide: ALWAYS FILE A CRITICAL INCIDENT REPORTING FORM

When it is made known to staff that a client has committed suicide:

1. The Executive Director shall be notified.
2. The Executive Director will report the incident to necessary local authorities and to DHHS within 4 hours.
3. Within 24 hours of the incident, the Executive Director shall order an internal investigation that may include the Executive Director, Program Manager, Supervisor of Substance Abuse Services or other appropriate personnel.
4. The investigation shall be completed with a report filed within 72 hours of the incident, and a copy of this report shall be sent to Department of Health and Human Services, Division of Licensing.

Other Non-Suspicious, Attended Client Deaths:

1. **Staff, upon becoming aware of a client death in the community, shall immediately notify the client's clinician and the Executive Director both of which will meet to discuss the most reasonable course of action to take considering all clinical issues involved.**
2. **Should a client death occur on the agency premises, staff will follow the procedures outlined in the CRITICAL INCIDENT REPORTING FORM.**

Injury to employee:

The Executive Director should be notified immediately if an employee is injured during the time that services were provided. It is important to complete an "Adverse Occurrence" form as soon as possible.

ALL ADVERSE OCCURENCES WILL BE DOCUMENTED ON A SPECIAL "ADVERSE OCCURENCE FORM".

Reports of adverse and potentially adverse occurrences will be evaluated for the need for follow-up actions and opportunities for improvements in agency management and/or service delivery. Such will be documented in the agency Annual Quality Management Report written by Cornerstone's Management Team. Confidentiality of clients will be maintained when documented in the Annual Quality Management Report.

Other non-serious, out of the routine occurrences related to client services may also be documented in the E.H.R. For all violations of Cornerstone's policies and or procedures, please refer to the policy on Disciplinary Action found in the Personnel Manual.


Executive Director/Date

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