

# Incident Reporting

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TRAINING FOR ALL PROVIDERS

LAST UPDATED: 12/6/20

A large purple triangle is positioned in the lower-left quadrant. To its right, a small yellow triangle points left. Further right, a blue triangle points right. Below the yellow triangle, an orange triangle points right. Below the orange triangle, a blue triangle points right.

**Magellan**  
HEALTHCARE<sup>SM</sup>

# Objectives:



- Review occurrences that are considered reportable incidents for the HealthChoices program
- Learn where to access reporting requirements
- Develop understanding of the purpose of Incident Reporting
- Orient to newly available electronic incident reporting process



# Incident Reporting

PURPOSE OF REPORTING

# Purpose of Incident Reporting



- Where is Adverse Incident Reporting shared or reviewed?
  - Formal reports such as within the Provider Profiles.
    - As a Network provider, if your organization provides a level of care that is profiled as part of the annual Provider Profile efforts, the number of reports submitted year over year will be reviewed and included in that report.
    - In the Magellan Behavioral Health of Pennsylvania, Inc. Clinical-Quality Annual Program Evaluation
- Other areas Adverse Incident Reporting are shared:
  - Routine sharing with primary contractors, no less frequent than monthly
  - As needed for credentialing activities or other quality improvement oversight monitoring

# Purpose of Incident Reporting (Continued)



- What does Magellan do with incidents reported?
  - Every report is individually reviewed to ensure proper protocol was followed to manage the incident
  - Track and trend to monitor for best practices or outlier scenarios throughout the Network
  - Report annually on year over year trends to assess for potential opportunities
  - Inform needs of region-specific concerns or trends, including identification of needs for and informing the development of county-specific initiatives (e.g., development of Suicide Prevention Task Force)
- Please note that Magellan and primary contractors do anticipate that every contracted provider will have some volume of Adverse Incident reporting.
- If a provider is found to not be submitting Adverse Incident reports, a member of the Quality Improvement Team will contact leadership of that organization to discuss remediation and/or corrective actions.

A large purple triangle on the left side of the slide. Several smaller triangles in blue, yellow, orange, and pink are scattered around the main title area.

# Categories of Reportable Incidents

EXTRACTED FROM PA DHS BULLETIN, OMHSAS-15-01

# Categories of Reportable Incidents



## **Incident Types, as defined by PA DHS Bulletin, OMHSAS-15-01**

- Deaths (of any nature, i.e., medical, suicide, homicide, natural)
- Suicide attempt
- Significant medication error
- Need for emergency services (occurring while in care)
- Abuse/Childline report
- Neglect
- Injury/illness (occurring while in care) requiring treatment beyond first aid
- Missing person- includes elopement from 24-hour treatment setting where member leaves grounds and staff lose eyesight
- Restraint/seclusion
- Provider preventable conditions
- Other (provider discretion)

# Reportable Incident Categories: Deaths & Suicide Attempts



**Deaths** - All member deaths are reportable incidents, regardless of cause

- Medical
- Suicide
- Homicide
- Accidental
- Natural Cause

**Suicide Attempt** – The intentional and voluntary attempt to take one's own life. A suicide attempt is limited to the following:

- Actual occurrence of an attempt that requires medical treatment, and/or where the member suffers or could have suffered significant injury or death.

**Non-reportable events** include:

- Threats of suicide that do not result in an actual attempt.
- Actions that may place the member at risk, but where the member is not attempting harm to himself/herself.



# Reportable Incident Categories: Medication Error & Neglect



**Significant Medication Error** – A significant medication error includes a missed medication, incorrect medication or incorrect dosage, where a member suffers an adverse consequence that is either short- or long term in duration or receives treatment to offset the effects of the error.

**Non-reportable** events include:

- **Neglect** – Neglect is the failure to obtain or provide the needed services and supports defined as necessary or otherwise required by law, contract or regulation.
- This can include the failure to provide for needed care such as shelter, food, clothing, personal hygiene, medical care, and protection from health and safety hazards.
- Refusal by the member to take prescribed medication.

# Reportable Incident Categories: Use of Emergency Services



**Event Requiring Emergency Services** (e.g., fire, police, any law enforcement agency or emergency management service)

- Reasons may include (but not be limited to):
  - Fires
  - An individual charged with a crime
  - An individual who is a victim of a crime
  - Acts of violence
  - Vandalism
  - Misappropriation of member property
- **Non-reportable** events include:
  - Non-emergency services of the fire department or law enforcement agency
  - Police presence related to commitment procedures or rescue squad activities
  - Testing of alarm systems/false alarms or 911 calls by members that are unrelated to criminal activity or emergencies
  - Presence of law enforcement personnel during any activity governed by the Mental Health Procedures Act.

# Reportable Incident Categories: Abuse



**Abuse** – Allegations of abuse must be reported. Abuse is occurrence of the infliction of injury, unreasonable confinement, intimidation, punishment, mental anguish, or sexual abuse. Abuse includes abuse of members by staff or abuse of members by others. Depending on the nature of the abuse, it may also constitute a crime reportable to police. Abuse includes:

- **Physical Abuse** - An intentional physical act by staff or other person that causes or may cause physical injury to a member.
- **Psychological Abuse** - An act including verbalizations that may inflict emotional harm, invoke fear and/or humiliate, intimidate, degrade or demean a member.
- **Sexual Abuse** - An act or attempted act such as rape, sexual molestation, sexual harassment and inappropriate or unwanted touching of a sexual nature of a member by another person. Any sexual contact between a staff person and a member is abuse.
- **Exploitation** - The practice by a caregiver or other person of taking unfair advantage of a member, for the purpose of personal gain, including actions taken without the informed consent of the member, or with consent obtained through misrepresentation, coercion or threats of force. This could include inappropriate access to or use of a member's finances, property, and personal services.

**Non-reportable** events include:

- Discord, arguments or emotional distress resulting from normal activities and disagreements that can be found in typical congregate living situations.

# Reportable Incident Categories: Injury/Illness



**Injury** includes those where the member requires medical treatment more intensive than first aid.

- First aid includes assessing a condition, cleaning a wound, applying topical medications, and applying simple bandages.

**Illness** includes any life-threatening illness, any involuntary emergency psychiatric admission that occurs as the result of a non-inpatient provider 302 petition, or any illness that appears on the Department of Health's (DOH) List of Reportable Diseases (pursuant to PA Code, Title 28, Chapter 27).

- This includes those appearing on the DOH list as the subject of voluntary reporting by the Centers for Disease Control (CDC). Reports are only needed when the disease is initially diagnosed. This list can be found at the following link: <https://www.health.pa.gov/topics/Reporting-Registries/Pages/Reportable-Diseases.aspx>

# Reportable Incident Categories: Injury/Illness



## **Non-reportable** events include:

- Scheduled treatment of medical conditions on an outpatient or inpatient basis.
- Any voluntary inpatient admission to a psychiatric facility, or service at a crisis facility or psychiatric department of acute care hospitals for the purpose of evaluation and/or treatment.
- Emergency room (ER) visits or inpatient admissions that result from a member's previously diagnosed chronic illness, where such episodes are part of the normal course of the illness.
- ER visits where the visit is necessitated because of the unavailability of the member's primary care physician.

# Reportable Incident Categories: Missing Person



**Missing Person** – Providers are to report a member who is out of contact with staff, without prior arrangement for more than 24 hours.

- A person could be considered in “immediate jeopardy” based on his/her personal history and may be considered “missing” before 24 hours elapse.
  - Additionally, it is considered a reportable incident whenever the police are contacted about a missing person, or the police independently find and return the member, regardless of the amount of time he or she was missing.
  - Any child who is off campus and out of staff eyesight for any length of time is considered in “immediate jeopardy” and therefore meets criteria for an elopement.

# Reportable Incident Categories: Seclusion and Restraint



- Providers must report any use of **seclusion or restraint** as defined in Mental Health Bulletin, “OMHSAS -02-01 The Use of Seclusion and Restraint in Mental Health Facilities and Programs,” published by the Commonwealth of Pennsylvania, Department of Public Welfare, Office of Mental Health and Substance Abuse Services.
- This includes all chemical, mechanical and manual restraints that may be used.
- Providers are encouraged to support quality improvement activities targeted to reduce the number of restraints that are used within their treatment practice(s).

# Reportable Incident Categories: Provider Preventable Conditions

**Provider-Preventable Conditions:** A condition that meets the definition of a Health Care-Acquired Condition (HCAC) or Other Provider-Preventable Condition (OPPC).

**Health Care Acquired Conditions (HCACs):** A Hospital **Acquired Condition** (HAC) is a medical **condition** or complication that a patient develops during a hospital stay, which was not present at admission.

**Other Provider-Preventable Conditions (OPPCs):** (42 CFR § 447.26(b).) Means a condition occurring in any health care setting that meets the following criteria:

- Is identified in the State plan.
- Has been found by the State, based upon a review of medical literature by qualified professionals, to be reasonably preventable through the application of procedures supported by evidence-based guidelines
- Has a negative consequence for the beneficiary
- Is auditable
- Includes, at a minimum, wrong surgical or other invasive procedure performed on a patient; surgical or other invasive procedure performed on the wrong body part; surgical or other invasive procedure performed on the wrong patient.



# Reportable Incident Categories: Sentinel Events



Sentinel Events include the following incident categories:

- Death
- Permanent harm sustained during treatment
- Severe temporary harm sustained during treatment
- Abduction
- Elopement from 24-hour treatment setting where member leaves grounds and staff lose eyesight for children; and adults on an involuntary commitment
- Sexual assault of member or staff at provider facility
- Flames or smoke exposure during treatment
- Any incident that involves contact with the media
- **\* If the Incident being reported is a Sentinel Event, please also contact Magellan's Quality Improvement Department at 215-504-3900.**

# Adverse Incidents: How to Report to Magellan

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ELECTRONIC SUBMISSION PROCESS

**Magellan**  
HEALTHCARE<sup>SM</sup>

## Adverse Incidents: Provider's Responsibility



Identify the incident as categorized under a reportable incident



Submit an Incident Report to Magellan as soon as possible, but not outside of 24 hours from the date/time of incident occurrence.



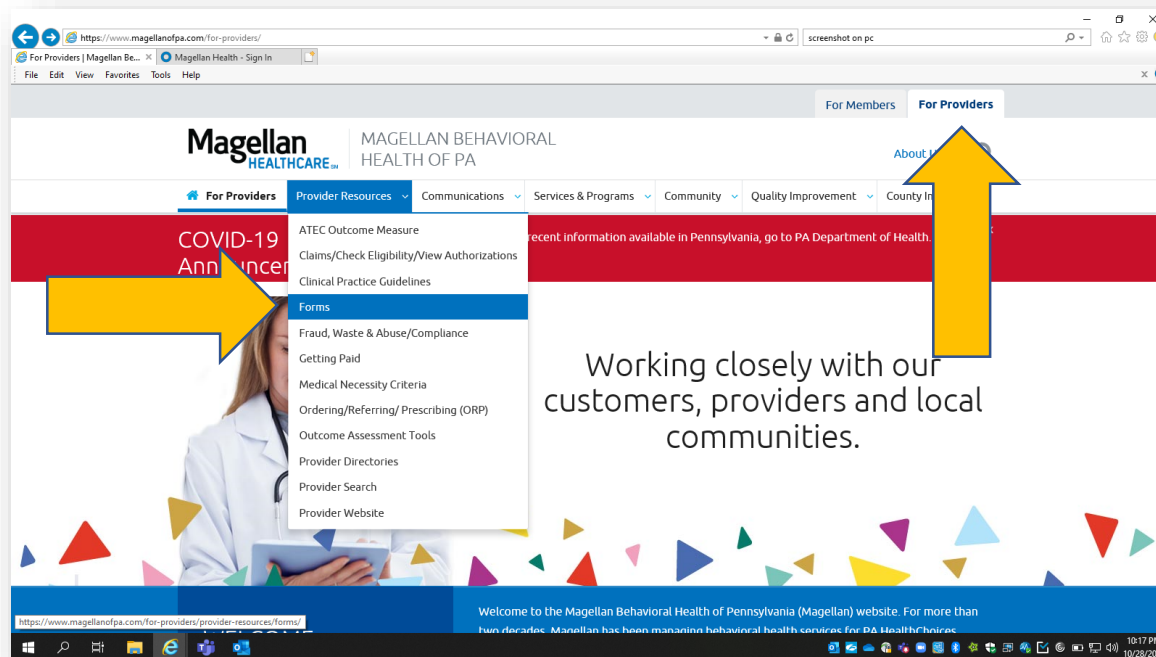
If the incident is qualified as a **Sentinel Event** for a managed level of care, please indicate so on the Incident Report and contact Magellan to provide an alert of the occurrence.

# Adverse Incidents: Where to Access Reporting



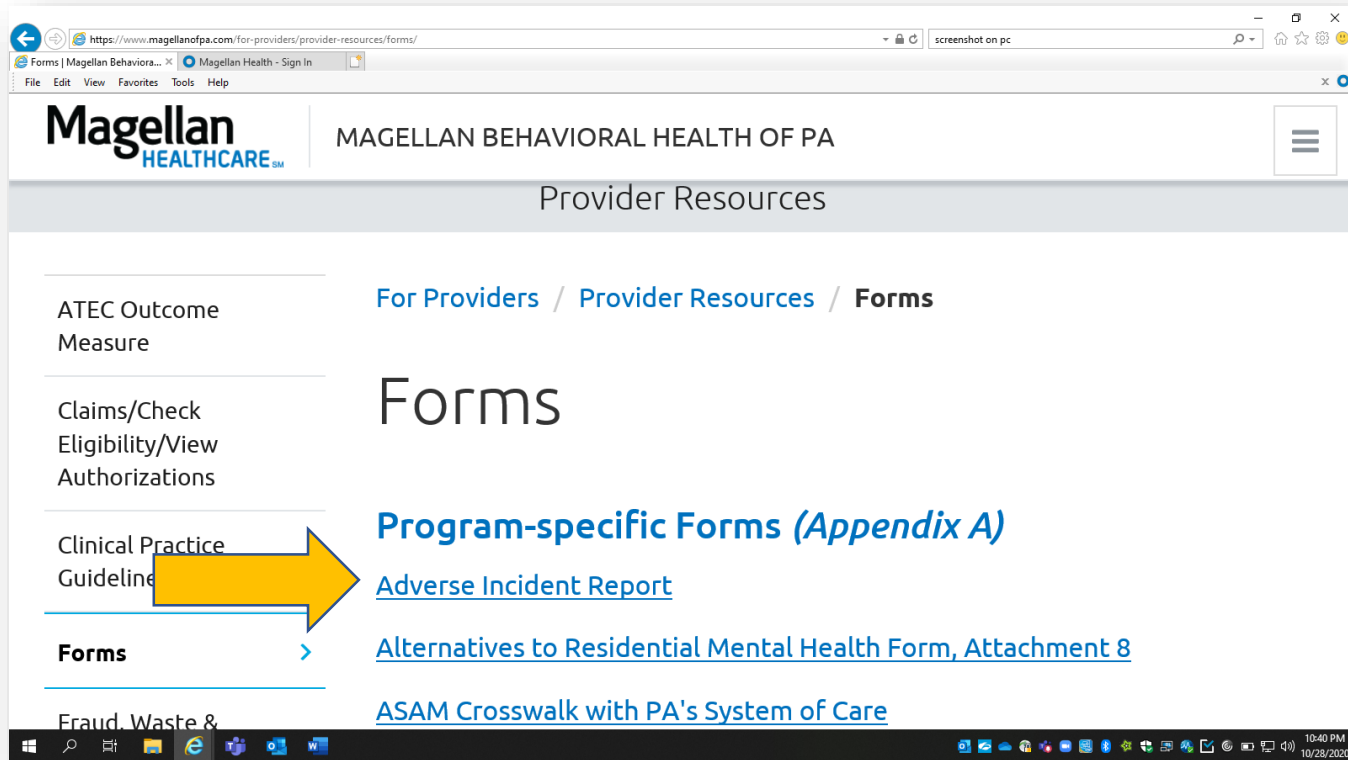
## Instructions for Magellan of PA Online Incident Reporting:

- It is recommended that you use any internet browser other than Internet Explorer, such as Chrome, Firefox, etc. Using Internet Explorer will interfere with the submission of your online incident report.
- Go to the Magellan of PA website, <https://www.magellanofpa.com/> and click the **Providers** tab. Then choose **Provider Resources**, then **Forms**.



# Adverse Incidents: Where to Access Report Online

- The link for “**Adverse Incident Report**” is at the top of the list. It may be helpful to bookmark this page for future use.



# Information Needed to Complete Reporting



- The incident related information required for the online report is the same as what was required on the paper form.
- However, please be aware that Magellan must require that providers enter their **provider MIS number**.
- Magellan understands that this number may not be common knowledge among all staff that might have to enter incident reports.
- We suggest that you make your MIS # available to your staff who will be entering incident reports in a way that they might access the number quickly.
- In addition, the online report requires the **Member ID number** to be entered as well.
- The member's Medical Assistance Recipient ID number is a 10-digit number assigned by the State.

# Completing the Report



**First, indicate whether this is a sentinel event.**

Is this a Sentinel event? Enter Yes or No. Refer to the attachment for definitions if needed.

**Enter the name of your provider organization.**

Facility/Provider Name:

The Bridge

**Enter your provider MIS number.**

Provider MIS: (9 characters, all numbers, e.g. 123456789)

123456789

**Enter your provider address, along with your name and contact information.**

Provider Address:

1 Surf Way

City:

Bristol

State:

PA

Zip:

18222

Reporter Name/Position:

Mark Rook

Reporter Phone Number:

215-999-999

Email address for report follow up:

Bridge1@|

# Completing the Report (Continued)



**Enter the member's MA ID number.**

Medicaid Identification (MA ID - ten characters, all numbers, e.g 9999999999):

9999999999

**Enter the member's county.**

County of Member Eligibility:

Bucks

**Enter member's name:**

Member Name:

John Doe

**Enter Member's Date of Birth.**

Member Date of Birth: MM/DD/YYYY

01/02/1972

Enter a date of birth in the format MM/DD/YYYY. If a date is entered that does not conform to that format, the system will keep taking you back to that field before your incident report can be submitted

**Enter level of care being provided and location, using the drop-down choices.**

Provider Level of Care/Service:

6--PSYCH OUTPATIENT

Location of Incident:

Member's home

**Enter the date the incident occurred.**

Date of Incident: MM/DD/YYYY

11/1/2020

Enter the date of incident in the format MM/DD/YYYY. If a date is entered that does not conform to that format, the system will keep taking you back to that field before your incident report can be submitted.



# Completing the Report (Continued)



**Enter Time of Incident.**

Time of Incident:

6:00 p.m.

**Enter Primary Incident Type, using the drop-down options.**

Primary Incident Type:

Abuse/Childline Report

**Enter in detail a description of the incident.**

Description of Event (1000 character maximum):

During session, it was reported that drugs and alcohol being used in the home in front of children.

**Enter in detail what action was taken to ensure safety.**

Action taken to ensure safety of all involved: (including debriefing efforts and steps to avoid similar future events) (1000 character maximum)

Provider called Childline Hotline and Childline report was filed.

**Indicate whether a parent or guardian was notified:**

Parent/Guardian notified?

- ☐ Yes
- ☐ No
- ☒ N/A

**Indicate whether the member was seen by a psychiatrist:**

Member seen by psychiatrist after incident.

- ☐ Yes
- ☒ No
- ☐ N/A

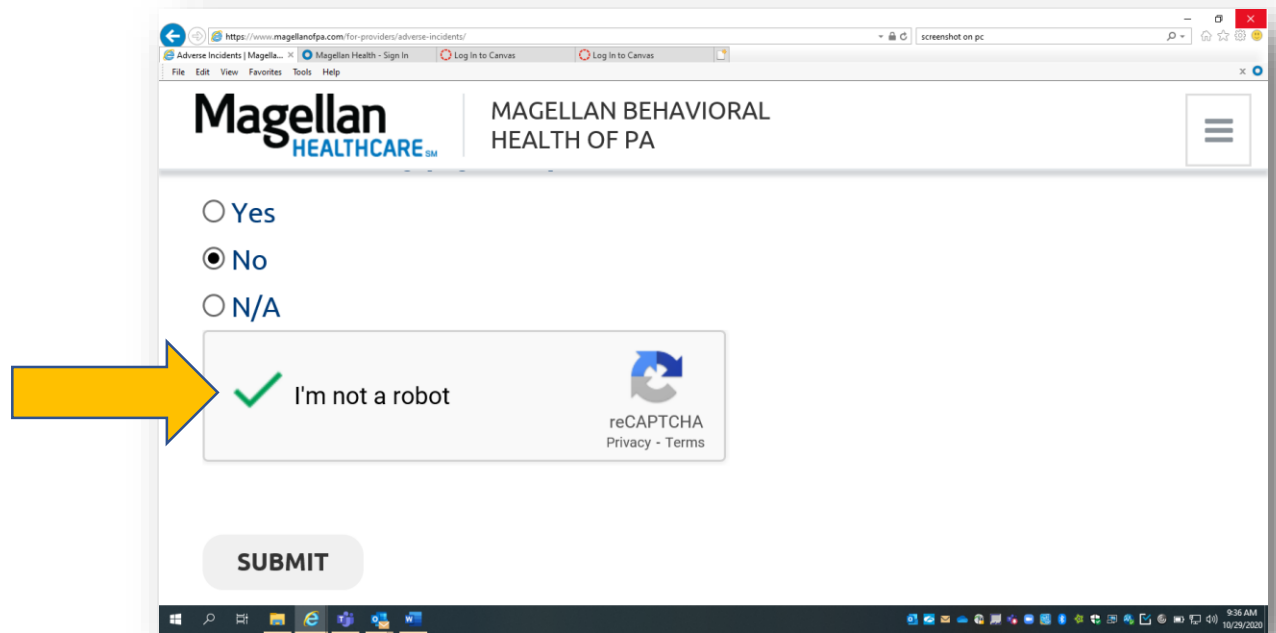
**Indicate whether the member was seen by a physician or nurse:**

Member seen by physician/nurse after incident?

- ☐ Yes
- ☒ No
- ☐ N/A

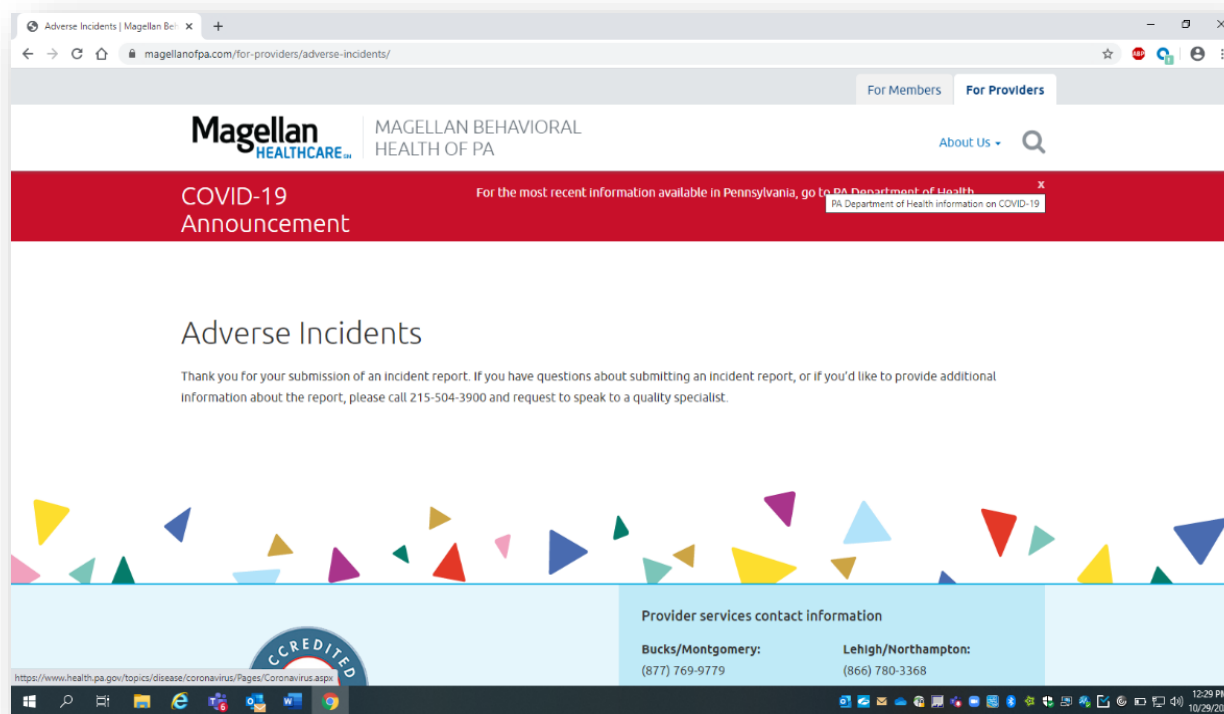
# Completing the ReCAPTCHA Tool

- ReCAPTCHA is a common tool used on many websites to screen out spam and automated data extraction. This requires checking the “I am not a robot” box and then clicking pictures requested by the ReCAPTCHA program.



# Submitting the Report

- Click **Submit**.
- A message will appear to verify that your incident report has been entered.



- You will also receive a confirmation e-mail at the e-mail address you provided while giving the report information.



Resources & Other

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Reporting Requirements

# Reporting Requirements and Resources



- Please save this link and share freely within your organization.
- Magellan will no longer accept faxed incident reports after February 1, 2021.
- If you have any questions about this enhanced process, please contact: Dawn Haurin, Magellan Quality Specialist at 215-917-9818.
- Click [here](#) for Incident Types Definitions.
- **If the Incident being reported is a Sentinel Event, please also contact Magellan's QI Department by phone at 215-504-3900.** A sentinel event includes any of the following: Death, Permanent Harm, Severe Temporary Harm, Suicide (while in care), Suicide (within 72 hours of discharge), Abduction, Elopement from Treatment Setting, Rape of Member or Staff at Provider Facility, Assault of Member or Staff at Provider Facility, Homicide of Member or Staff at Provider Facility, Flames or Smoke Exposure during Treatment, Any Incident that involves contact with the Media.
- Reports for Communicable Diseases are required. The list of diseases that are initially diagnosed is included [here](#).

# Questions



- If your organization has questions about the Adverse Incident Reporting process after completion of this training, Magellan's Quality Improvement Team will be glad to offer additional technical assistance.
- Please contact Dawn Haurin, Magellan Quality Specialist at 215-917-9818 to make this request.

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