

Welcome to the ODMH webinar! We will begin shortly.

If you have not yet printed a copy of the reporting forms and incident instructions,
please do so now before the presentation begins

Community

- Reporting Instructions
 - <http://mentalhealth.ohio.gov/assets/licensure-certification/cmha-inr-reporting-instructions.pdf>
- Form
 - <http://mentalhealth.ohio.gov/assets/licensure-certification/cmha-inr-form.doc>

Residential

- Reporting Instructions
 - <http://mentalhealth.ohio.gov/assets/licensure-certification/residential-facility-inr-reporting-instructions.pdf>
- Form
 - <http://mentalhealth.ohio.gov/assets/licensure-certification/residential-facility-inr-form.doc>

**OHIO DEPARTMENT OF MENTAL HEALTH
COMMUNITY MENTAL HEALTH AGENCY
&
RESIDENTIAL FACILITY
INCIDENT REPORTING REVISIONS**

JULY 15, 2011

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Rules

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Community Client
Safety Manager

WEBINAR GOAL

- Review the changes that affect current reporting
- Review changes to revised forms
- Highlight differences in reporting between community agencies and residential facilities
- Answer questions
 - Questions submitted by time presentation was developed are directly or indirectly answered in the power point

WHAT IS HAPPENING & WHY NOW

- ODMH previously announced a policy change, effective July 1, 2011, to provide regulatory reduction by reducing the incident reporting requirements for all ODMH certified agencies & licensed facilities. This is being done in advance of revisions to Ohio Administrative Code (OAC) Rules which will be effective January 1, 2012.
 - <http://mentalhealth.ohio.gov/assets/numbered-advisories/fy2011/6-fy11-3-memo-rules-changes.pdf>
- Paragraph (F) of OAC 5122-26-13 and paragraph (C)(1) of OAC 5122-30-16 give ODMH authority to make changes to reportable incident form and reporting instructions.
 - Utilizing this authority now to reduce reduction
 - Did not use this authority to make the revisions which will go into effect January 1, 2012 as ODMH did not want to make the more significant changes without utilizing the rule revision process (Committee w/ external representatives, draft rule comment period, & public and JCARR hearings)

WHAT IS HAPPENING & WHY NOW

- ODMH has received several questions asking about or which reference the incident report rules which are currently pending at Joint Committee on Agency Rule Review (JCARR), and the appendices
- These rules have cleared JCARR jurisdiction and will be effective January 1, 2012
- ODMH is developing training, and updating WEIRS and other supports
- ODMH policy decision was to only eliminate categories that are not included in the rules which will be in effect January 1, 2012.
- Not adding any new incident categories at this time

WHAT ABOUT REQUIRED REPORTING TO OTHER ENTITIES?

- These changes extend to all required reporting in the respective rules:
 - Reporting to ODMH
 - Reporting to Mental Health Boards
 - Reporting to Parents / Guardians, if applicable
 - Agency from which resident is receiving services (residential only)
 - If different from residential agency
 - Affiliating Agency (residential only)

WHAT IS NO LONGER REPORTABLE?

■ Community Agencies (OAC 5122-26-13)

- **Attempted Suicides**
- **Self-inflicted Injuries**
- Accidental Injuries
- Illness / Medical Emergencies
- Serious Bodily Injury “Unknown”
- Use of Force by Law Enforcement
- Medication Error that does not result in permanent consumer harm, hospitalization, or death.
- Adverse Drug Reaction that does not result in permanent consumer harm, hospitalization, or death.

■ Residential Facilities (OAC 5122-30-16)

- Accidental Injuries
- Illness / Medical Emergencies
- Serious Bodily Injury “Unknown”
- Use of Force by Law Enforcement
- Medication Error that does not result in permanent consumer harm, hospitalization, or death.
- Adverse Drug Reaction that does not result in permanent consumer harm, hospitalization, or death.

NEW – SEPARATE FORMS FOR COMMUNITY AGENCIES AND RESIDENTIAL FACILITIES

- **Includes separate reporting instructions**
- **This separation should help to reduce the confusion that the old document sometimes generated**
- **If a category is not on the form, it is not reportable**

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-
- Corrections/Revisions to forms & reporting instructions will be posted within a week of today's webinar

HAVE METHODS TO REPORT INCIDENT CHANGED?

- ODMH is not updating the Web Enabled Incident Reporting System (WEIRS) to correspond to these changes
 - ODMH is working to update WEIRS to reflect the changes in the rules which will be effective January 1, 2012

- Agencies can continue to utilize WEIRS to report
 - Reporting instructions include column to address reporting via WEIRS
 - <http://mentalhealth.ohio.gov/what-we-do/protect-and-monitor/licensure-and-certification/> (link to WEIRS is on this webpage)

- E-Mail - New Method!!!
 - IncidentReport@mh.ohio.gov

- Fax
 - 614-387-2987

- Mail
 - Address is on form

PRESENTATION & POWER POINT DISCLAIMER

- This power point is used in conjunction with the provider incident report instructions and forms
- From this point forward, the presentation will generally follow the incident report instructions and incident report forms

**INCIDENT, PROVIDER &
CLIENT/RESIDENT
FIELDS**

INDEX (M)

NOTIFICATIONS MADE

- ODMH will be adding to “list of notifications made” in index (m):
 - “ODMH”
 - By rule this form is sent to Board, parent/guardian (if applicable), and agency from which resident receives services (residential only, if different from residential facility) and affiliating agency (residential only, if applicable)
 - This can show others who receive the form that it was also sent to ODMH
 - “Agency from which resident receives services” (residential only)
 - “Affiliating agency” (Residential & Type 2 and Type 3 only)
- There are fewer Boxes / Choices in the “Notifications Made” section for both the Community & Residential Forms
 - The Department has streamlined this section to focus on the notifications we look at

INDEX (M)

NOTIFICATIONS MADE

■ Community Agency

- ADAMH/CMH Board
- Children Services Board
- Family/Guardian
- Local Police
- ODMH (to be added)
- Other Protective Agency
- Other

■ Residential Facility

- Agency from which resident is receiving services (if different)
- Affiliating Agency
- ADAMH/CMH Board
- Children Services Board
- Family/Guardian
- Local Police
- ODMH (to be added)
- Other Protective Agency
- Other

INDEX (Q)

RACE/ETHNICITY

- Added “Bi/Multicultural” to provide a selection choice for those clients/residents whose race and ethnicity more closely align with this description
- The Department has received numerous requests from providers over the past few years to add this choice

INDEX (R)

“WAS THE CLIENT/RESIDENT”

- **“Was the client/resident”**
 - Eliminated the “other” category choice
 - Remaining choices are “victim” and “perpetrator”

- **“Victim” or “Perpetrator” designation covers all of the reportable incident scenarios**

INDEX (R)

ADVANCE QUESTION

- If the client/resident commits suicide (reportable for both community and residential settings), attempts suicide, or causes self-inflicted injury requiring medical intervention (reportable in residential facility only), do we mark that the client/resident was the perpetrator?
 - Yes

INDEX (T)

OTHER CLIENT/RESIDENTS INVOLVED

- “If another client / resident was involved, and another incident report(s) was filed, please list ...”
- Previously had to answer “yes” or “no” to question about whether another client/resident was involved.
- Now instead of marking “yes” or “no” – a provider only needs to fill out this box out if it applies and another incident report was filed.
 - Also list the provider generated number(s) of other incident report which are being filed

INDEX (X)

NAME OF PERSON COMPLETING REPORT

- Changed to: “Name of Person Completing Report, if different than person identified in index (i)” rather than “Signature...”.
- Providers have asked in the past if it is okay to email the incident forms - were concerned that they could not sign the form
- The Department has eliminated “signature” and has created an email address where agencies can email incidents:
 - IncidentReport@mh.ohio.gov

DATA FIELD IN THESE SECTIONS NO LONGER INCLUDED ON PAPER FORM

- “Was staff injured as a result of this incident”
- Remember, this will continue to appear in WEIRS until the new system is developed, but a provider does not have to answer this question

INCIDENT REPORT CATEGORIES

ABUSE & NEGLECT BY STAFF

- “Use of Force” [report only if by staff]
examples/instructions have been changed to match the language in the seclusion/restraint rules & incident report rules which will go in effect January 1, 2012.
- There has been no change to what constitutes “use of force” and reporting under this category

DEATH OF A CLIENT/RESIDENT

■ Community Agency

- Accidental Death occurring on grounds of agency or during treatment
- Suicide

■ Residential Facility

(Remember all Residential Facility deaths are reportable)

- Accidental Death
- Homicide of Resident
- Natural Cause
- Suicide
- Unknown Cause

DEATH OF A CLIENT - CMHA ADVANCE QUESTIONS

- Homicide/death of a client in Community Agency is not included in new reporting instructions. Is this still reportable?
 - No. It was not a reportable incident prior to July 1, 2011. It will be a reportable incident effective January 1, 2012.
- Is natural death on premises or during the provision of care in a Community agency still reportable?
 - No. It might be an event that an agency wants to review as part of its QA/PI, but it is not a reportable event.
- Is death of an unknown hotline client still reportable?
 - If a hotline client commits suicide while on the call, then yes.
 - Technically, if a hotline client dies of accidental causes during a call, it is reportable.

DEATH OF A RESIDENT– RESIDENTIAL ADVANCE QUESTIONS

- The death of an individual in a residential facility must be reported as soon as it occurs perhaps before cause of death is known. 1) If the coroner later rules the death a suicide, do we submit a second incident report? 2) Would we use the same provider generated incident number?
 - No, you do not need to submit another incident report. ODMH will follow up on the incident. At the time that it is learned that the cause of death was a suicide, you can notify ODMH as part of the follow up. This is the same for any subsequent ruling, i.e. natural death, accidental death, etc.

HOMICIDE/SUSPECTED HOMICIDE BY CLIENT/RESIDENT

- Now a separate category on the new forms
- If reporting using WEIRS, use “death” category and “suspected homicide” subtype

INVOLUNTARY TERMINATION OF TREATMENT ADVANCE QUESTIONS

- Does term “involuntary termination” apply to a client that does not return, we are not able to locate, and does not respond to letters sent in an attempt to engage?
 - No. If a client stops treatment without notification, then it is not an involuntary termination. This is also true for a residential facility.
 - Note of caution – do not confuse a client that stopped showing up for treatment with a client that frequently misses appointments.
- For those clients who might be involuntarily terminated, how much advance notice of the termination is required?
 - ODMH rules do not address this. A provider may want to cover this in policy, which might include the process for determining when it is appropriate to terminate, who is involved in decision
 - Also look at situation. For example, might expect more notice to a resident who is non-compliant with his/her residential TX plan for several months, than a resident who has attempted to sexually assault other residents

MEDICATION ERROR & ADVERSE REACTION

- Threshold for reporting is higher (expect less incidents to be reported) and/or more clear
- Former reporting instruction said a provider must report if there is serious injury or death or if these results were “likely” to have occurred
 - “Likely” is no longer part of the instruction
 - Report only when results in hospitalization in a medical unit, permanent client/resident harm or death
- Again, a provider should review other medication errors and/or adverse reactions as part of its QA/PI process

OCCURRENCE WHICH NECESSITATES TEMPORARY RELOCATION OF RESIDENTS AND/OR EMERGENCY/UNPLANNED MEDICAL INTERVENTION

■ Community Agency

- No change from previous reporting requirement, i.e. not reportable in this setting.

■ Residential Facility

- No change from previous reporting requirement
- **Fires**
- **Natural or Unusual Occurrences (e.g., floods, tornado, explosion, etc.)**

SERIOUS BODILY INJURY WHEN EMERGENCY/UNPLANNED MEDICAL INTERVENTION OR HOSPITALIZATION IS REQUIRED

■ Community Agency

- Physical Assault Injury
- Restraint or Seclusion Related Injury (revising form to add “seclusion”)

■ Residential Facility

- Physical Assault Injury
- Restraint or Seclusion Related Injury (revising form to add “seclusion”)
- Self-Inflicted Injury

SERIOUS BODILY INJURY ADVANCE QUESTIONS

- “Serious Bodily Injury due to Physical Assault” - draft rule appendixes indicate this would be reportable if “happens on grounds of the agency or during the provision of care of treatment, including during agency off-grounds events”. The new instructions do not specify a location. When is this now reportable?
 - In a residential facility, when the client is the alleged victim.
 - This is consistent with instructions prior to July 1, 2011. This will be expanded with the rules which go into effect January 1, 2012.

- “Serious Bodily Injury” – since “accidental injury” has been eliminated, how would it be reported if there’s a fire at an agency and a client is seriously injured? Or if a client was riding in a car driven by an agency staff and was seriously injured in a car accident?
 - Not reportable in community setting
 - ODMH plans to review this when we look at first revisions to the rule AFTER they go in effect January 1, 2012.
 - Do not plan to propose adding all events. For example, if a client and staff are sitting in a car at a red light, are hit by a truck that does not stop, and both are hospitalized, this is a traumatic event, but not necessarily one which needs to be reported to ODMH.

SEXUAL ASSAULT

- Previous instructions required reporting of all consensual sexual activity involving minors
 - Consensual sexual activity involving minors is no longer reportable
- Reporting requirements are the same for adults and minors
 - Report only when it involves an allegation of specific crimes as defined by Chapter 2907. of the Ohio Revised Code (see reporting instructions for list)
- Report only when the alleged victim is a client (ODMH is correcting reporting instructions to state this)
 - Be consistent with current reporting instructions
 - Effective January 1, 2012, will expand to allegations of sexual assault against staff, visitors, etc., which occur on the grounds of the facility

SUICIDE ATTEMPT

■ Community Agency

- Not reportable

■ Residential Facility

- Report suicide attempt

INDEX (W)

- “As a result of the elected incident type, are criminal charges against a client/resident being pressed by staff?”
 - Eliminated from the paper forms
- Remember, this will continue to appear in WEIRS until the new system is developed, but a provider does not have to answer this question.

REMINDER – OTHER CATEGORIES WHICH ARE NO LONGER REPORTABLE

- **Illness/Medical Emergency**
- **Use of Force by Law Enforcement**

- **Remember, these will continue to appear in WEIRS until the new system is developed, but a provider does not have to report these incident types**

WHAT ABOUT “FIRST AID”?

- Rules which go into effect January 1, 2012 do include a new definition of “first aid”
- Definition is included in July 1, 2011 reporting instructions only because it is used in the definition of “emergency/unplanned medical intervention” as an exclusionary term, i.e. if the medical treatment meets the definition of “first aid”, then it is not “emergency/unplanned medical intervention”
 - There is no current required reporting associated if the medical treatment a client/resident receives is considered first aid

MORE REMINDERS

REMINDERS

- Effective January 1, 2012 there will be additional categories of incidents which require reporting, e.g. medical events impacting agency operations, seclusion/restraint related injury to staff, etc.
- For the most part, it is expected that providers will rarely have incidents which will need to be reported in the additional categories
 - e.g. sexual assault by non-staff of visitors, staff, and others while on agency/residential facility grounds
- ODMH does expect an increase in reporting in seclusion/restraint related injury categories
 - e.g. lower threshold
 - e.g. will report when staff are injured

REMINDERS

- ODMH will be making some revisions to both the reporting instructions & report forms to clarify reporting
 - E-mail will be sent to Executive Director
- Providers may now e-mail incidents in addition to submitting via fax, WEIRS and mail
 - IncidentReport@mh.ohio.gov
- WEIRS will not be updated to reflect these changes. There is an additional column on the reporting instructions when using WEIRS to report incidents

WHERE CAN I FIND THE RULES WHICH WILL GO IN EFFECT 1/1/12?

- ODMH Rules Webpage contains current, draft and pending rules
- <http://mentalhealth.ohio.gov/what-we-do/protect-and-monitor/licensure-and-certification/rules/index.shtml>
 - Link to “Pending Rules” to find new 5122-26-13 & 5122-30-16.

FINAL ATTENDEE QUESTIONS

QUESTIONS

Questions about Incident Reporting, including Instructions & Forms

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Questions about Rules

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