

Ohio Department of Mental Health Incident Notification and Risk Management Rule Changes

Part 2 Private Psychiatric Service Providers

Welcome and Introduction

- Welcome to Part Two of Webinar for Private Psychiatric Service Providers
- CEUs
- ODMH plans to record and post this webinar on our website: <http://mentalhealth.ohio.gov>
- Inquiries during webinar: How can I ask a question during the webinar?

Ohio Administrative Code (OAC)

5122-14-14

- New chapter for Reportable Incidents in inpatient rules for licensure
- Now inpatient rules include OAC 5122-14-01 – 5122-14-14
- Purpose- To ensure 1) prompt and accurate notification of certain incidents; and 2) agency review and analysis for performance improvement and risk management
- Rule Contains 4 Key Definitions:
 - 1) Incident
 - 2) Reportable Incident
 - 3) Six Month Reportable Incident
 - 4) Six Month Incident Data Report

Definitions- OAC 5122-14-14(B)

- **Incident-** Any event that poses a danger to the health and safety of patients and/or staff and visitors of the hospital, and is not consistent with routine care of persons served or routine operation of the hospital
- No change in this definition

Definitions

- **Reportable Incident-** Incident that must be submitted to the Department, including incidents that must then be forwarded by the Department to Ohio Legal Rights Service pursuant to section 5123.604 of the Revised Code. As referenced in division 5119.611 of the Revised Code, “major unusual incident” has the same meaning as “reportable incident.”
- No change in definition

New Definition

- **Six Month Reportable Incident-** Incident type of which limited information must be reported to Department. A six month reportable incident is not the same as a reportable incident. **Please note that these are not reported at the time of occurrence but every six months.**
- Incident categories include (**Definitions will follow**):
 - Injury requiring emergency/unplanned medical intervention or hospitalization
 - Illness/medical emergency
 - Seclusion
 - Mechanical restraint
 - Physical restraint excluding transitional hold
 - Transitional hold

New Definition

- **Six Month Incident Data Report**- Data report which must be submitted to Department.
- **Please note that this report includes the 6 month incidents**

Hospital Incident Reporting System

- In accordance with **OAC 5122-14-14(C)**, inpatient providers must develop incident reporting system to include mechanism for review and analysis of all reportable incidents for purpose of identifying, evaluating, and reducing risk to patients, staff, and visitors. Hospital must identify in policy other incidents to be reviewed and analyzed.
 - 1) Must submit written incident report to inpatient psychiatric service provider's CEO or designee within 24 hours of incident discovery.
 - 2) Performance Improvement Component- Periodic review and analysis of reportable incidents, and other incidents as defined in policy, must occur.
 - 3) Requirement for ongoing log continues.

Duty to Report to Outside Agencies OAC 5122-14-14(D)

- Duty not new, but now explicit in rule
- Any person with any knowledge of any 1) abuse/neglect or 2) alleged or suspected abuse/neglect or 3) any felonious crime of child/adolescent or elderly person shall immediately notify following agencies:
 - Child/Adolescent- County children's services board, designated child protective agency, or law enforcement authorities
 - Notification requirement includes crime allegedly committed by another child/adolescent which would constitute felony if committed by adult

Duty to Report to Outside Agencies OAC 5122-14-14(D)

- Elderly- Appropriate law enforcement and appropriate county department of jobs and family services authorities

OAC 5122-14-14(E)

- Each inpatient psychiatric service provider shall submit reportable incidents and six month reportable incidents as defined by and according to the schedule included in *Appendix A* to the rule.

Documenting and Reporting of Incident- OAC 5122-14-14(F)

- Document reportable incident on revised form DMH-LIC-013
- Report reportable incident by forwarding to Department within 24 hours of discovery, exclusive of weekends and holidays
- New requirement to notify patient's parent, guardian, or custodian if applicable within 24 hours of discovery and document notification
- Additional reporting requirements
 - De-identify patient information on form pursuant to HIPAA privacy regulations
 - File **one incident form per incident occurrence**, marking as many categories and as many persons as are involved as applicable

Ohio Department of Mental Health
Major Unusual Incident Notification Private Psychiatric Service Providers
 Facsimile (614) 762-2699 - Licensure and Certification. This information is subject to a public record request.

Private Psych. Incident No. ODMH Incident No.
 Date of Report Time of Report AM PM
 Facility Name
 Address (street, city, state, ZIP)
 Name and Phone Number of Person to Contact Regarding Incident
 Date of Incident Time of Incident Census at Time of Incident Number of Staff at Time of Incident
Location of Incident (select one)
 Bathroom/Showers Seclusion Room
 Corridor Stairway
 Day Hall Recreation Area
 Dining Area Office
 Kitchen Outside
 Nursing station AWOL/Community
 Program Area Unknown
 Patient's Home Other, specify
 Patient's Room
Immediate Notifications of Incident (X all that apply)
 Coroner ODMH
 Family/Guard/Spouse Protective Agency
 Local Board Risk Management
 Local Police Medical Director
 Director of Nursing Psychiatrist
 Physician Other:
Person Making Notification Date Time AM PM
Immediate Action Taken (X all that apply)
 Evacuation of Area Transferred to Medical Floor
 First Aid Use of Force, specify
 Seclusion/Restraint Other, specify
 X-Rays
Box Cause Analysis Applicable Yes No
Injury Codes
 A = Abrasion H = Fracture/Dislocation
 B = Bite I = Laceration
 C = Bruise J = Scratch
 D = Burn K = Sprain
 E = Discoloration L = Swelling
 F = Dislocation M = None
 G = Fracture N = Other:
Race/Ethnicity Codes
 A = Asian
 B = Black/African American
 H = Hispanic
 N = Native Am./Am. Indian
 P = Native Hawaiian/Other
 W = White
 U = Unknown
Type of Incident
 Medical Events Impacting Hospital Operations
 Temporary Relocation of Patients
 Involuntary Termination without Appropriate Patient Involvement
Persons Involved or Patient Identifier I = Involuntary V = Volunteer E = Employee F = Perpetrator R = Reporter
 1. J = Juror Q = Visitor W = Witness (see codes above) Date of Birth Sex Race (see codes above) Date of Incident (see codes above)
 2. G = Other U = Unknown F = Female
 3. M = Male
 4. **Additional Information:**
 Signature Date Time AM PM

Type of Incident Initial Amended
 Please complete this form in its entirety

Patient Fall No Injury Injury Requiring:
 Hospitalization
 First Aid
 Unplanned Emergency/Medical Intervention
 Permanent Patient Harm Death
 Transfer to a Hospital Medical Unit
Alleged Abuse of Patient
 Physical Verbal Sexual
 Defraud Neglect
Assault by Non-Staff
 Physical Assault Sexual Assault
 Visitor Patient Other:
Away Without Leave (AWOL)
 Date: Time Located: AM PM
Place Located: **Suicide Method:**
 Asphyxiation Drowning
 Drug Overdose Firearm
 Hanging Jumped from Height
 Jumped in front of Moving Vehicle
 Laceration Poison
 Other:
Self-Injurious Behavior
 That results in permanent patient harm, transfer to a hospital medical unit or death
Medication Error
 Accidental Homicide by Patient
 Homicide of Patient Natural
Death
 Street Shelter:
Seclusion / Restraint Total Minutes:
Inappropriate Use of Seclusion / Restraint
 Mechanical Restraint Physical Restraint
 Transitional Hold Seclusion
Inappropriate Restraint Technique / Use of Force
 Unpleasant or Aversive Stimuli Intervention
 Obstruction of Ability to Communicate
 Obstruction of Vision Chemical Restraint
 Weapons and Law Enforcement Restraint Devices
 Obstructs Airway / Breathing
Related Injury to Patient
 First Aid Required
 Hospitalization Required
 Unplanned / Emergency Medical Intervention
Related Injury to Staff
 First Aid Required
 Hospitalization Required
 Unplanned / Emergency Medical Intervention
Related Death
 Death during Seclusion or Restraint
 Death within 24 hours of Seclusion or Restraint
 Death related to or result of Seclusion or Restraint

Additional Notification Requirements- OAC 5122-14-14(F)

- How to notify patient's parent, guardian, or custodian
 - By phone, mailing, faxing or e-mailing copy of incident form, or other means according to inpatient psychiatric service provider policy and procedures
 - If not sending above individual incident form, must inform individual of right to receive copy of such and forward copy upon request within 24 hours
 - Hospital must document compliance of notification above

Six Month Reportable Incidents

- **Injury Requiring Emergency/Unplanned Medical Intervention or Hospitalization**
 - Injury to patient requiring emergency/unplanned medical intervention or transfer to hospital medical unit which happens on grounds of hospital or during provision of care or treatment, including during hospital off-grounds events

Six Month Reportable Incidents

- **Illness/Medical Emergency**
 - Sudden, serious and/or abnormal medical condition of body experienced by patient that requires immediate and/or unplanned transfer to hospital medical unit for treatment, which happens on grounds of hospital or during provision of care or treatment, including during hospital off-grounds events.
 - Does not include injury

Six Month Reportable Incidents

- **Seclusion**

- Staff intervention that involves involuntary confinement of patient alone in room where patient is physically prevented from leaving
- Aggregate total number of all episodes of seclusion and aggregate total minutes of all seclusion episodes
 - Age 17 and Under
 - Age 18 and Over

Six Month Reportable Incidents

- **Mechanical Restraint**

- Any method of restricting patient's freedom of movement, physical activity, or normal use of his/her body, using appliance or device manufactured for this purpose
- Aggregate total number of all episodes of mechanical restraint and aggregate total minutes of all mechanical restraint episodes
 - Age 18 and Over

Six Month Reportable Incidents

- **Physical Restraint excluding Transitional Hold**
 - Any method of physically restricting patient's freedom of movement, physical activity, or normal use of his/her body without use of mechanical restraint devices
 - Known as manual restraint
 - Aggregate total number of all episodes of physical restraint and aggregate total minutes of all physical restraint episodes, excluding transitional hold
 - Age 17 and Under
 - Age 18 and Over

Six Month Reportable Incidents

- **Transitional Hold**
 - Brief physical (manual) restraint of patient face-down for purpose of 1) quickly and effectively gaining physical control of patient, or 2) prior to transport to enable patient to be transported safely
 - Aggregate total number of all episodes of transitional hold and aggregate total minutes of all transitional hold episodes
 - Age 17 and Under
 - Age 18 and Over

New Definition

- **Six Month Incident Data Report-** Data report that includes the six month reportable incident categories that must be reported to Department in accordance with OAC 5122-14-14(G)
- **Schedule for Submitting Report**
 - Submit report for period January 1 through June 30 of each year no later than July 31 of same year
 - Submit report for period July 1 through December 31 of each year no later than January 31 of following year

ACTION: Final	ENACTED Appendix 5122-14-14	D 5122-14-14 Appendix B DATE: 08/20/2011 12:39 PM
Inpatient Psychiatric Service Provider Six Month Reportable Incident Data Report Form		
<p>Instructions: Please complete the Inpatient Psychiatric Service Provider Information on this page. Please complete Parts A and B, beginning on Page 3. If the hospital did not utilize seclusion and restraint during the reporting period, please complete Part C on Page 3. If the hospital did utilize seclusion and restraint please skip Part C and complete Part D on Page 4. Definitions are found on Page 2.</p> <p>You may submit this form by fax, e-mail or mail. Address and fax number information is available on the Ohio Department of Mental Health website.</p> <p>Please submit this report by the following deadline:</p> <ul style="list-style-type: none"> • For the incident reporting period of January 1 through June 30, by July 31 of the same year • For the incident reporting period of July 1 through December 31, by January 31 of the following year 		
<p>Inpatient Psychiatric Service Provider Information</p> <p>Hospital Name: _____ ODMH License Number: _____</p> <p>Person Completing Report: _____ Title: _____</p> <p>Phone _____ E-mail: _____</p> <p>Reporting Period (please include year): <input type="checkbox"/> January 1 – June 30, 20____ Report is due by July 31 of this year <input type="checkbox"/> July 1 – December 31, 20____ Report is due by January 31 of the following year</p>		
<small>Ohio Department of Mental Health OAC 5122-14-14 Inpatient Psychiatric Service Provider Appendix B Page 1 of 4</small>		

Definitions. Please utilize the following definitions for completing this report:

"Emergency/Unplanned Medical Intervention" means treatment required to be performed by a licensed medical doctor, osteopath, podiatrist, dentist, physician's assistant, or certified nurse practitioner, but the treatment required is not serious enough to warrant or require transfer to a hospital medical unit. It includes sutures, staples, immobilization devices and other treatments not listed under "First Aid", regardless of whether the treatment is provided in the hospital, or at a doctor's office/clinic/hospital ER, etc. This does not include routine medical care or shots/immunizations, as well as diagnostic tests, such as laboratory work, x-rays, scans, etc., if no medical treatment is provided.

"First Aid" means treatment for an injury such as cleaning of an abrasion/wound with or without the application of a Band-aid, application of a butterfly bandages/Steri-Strips™, application of an ice/heat pack for a bruise, application of a finger guard, non-rigid support such as a soft wrap or elastic bandage, drilling a nail or draining a blister, removal of a splinter, removal of a foreign body from the eye using only irrigation or swab, massage, drinking fluids for relief of heat stress, eye patch, and use of over-the-counter medications such as antibiotic creams, aspirin and acetaminophen. These treatments are considered first aid, even if applied by a physician. These treatments are not considered first aid if provided at the request of the patient and/or to provide comfort without a corresponding injury.

"Hospitalization" means inpatient treatment provided at a medical acute care hospital, regardless of the length of stay. Hospitalization does not include treatment when the individual is treated in and triaged through the emergency room with a discharge disposition to return to the community or psychiatric inpatient unit.

"Illness/Medical Emergency" means a sudden, serious and/or abnormal medical condition of the body experienced by a patient that requires immediate and/or unplanned admission to a hospital medical unit for treatment, and which happens on the grounds of the hospital or during the provision of care or treatment, including during hospital off-grounds events. A medical illness/emergency does not include injury.

"Injury" means an event requiring medical treatment that is not caused by a physical illness or medical emergency. It does not include scrapes, cuts or bruises which do not require medical treatment.

"Mechanical Restrain" means a staff intervention that involves any method of restricting a patient's freedom of movement, physical activity, or normal use of his or her body, using an appliance or device manufactured for this purpose.

"Physical Restrain", also known as "manual restraint", means a staff intervention that involves any method of physically (also known as manually) restricting a patient's freedom of movement, physical activity, or normal use of his or her body without the use of mechanical restraint devices.

"Seclusion" means a staff intervention that involves the involuntary confinement of a patient alone in a room where the patient is physically prevented from leaving.

"Transitional Hold" means staff intervention that involves a brief physical (also known as manual) restraint of a patient face-down for the purpose of quickly and effectively gaining physical control of that patient, or prior to transport to enable the patient to be transported safely.

Part A. Service Utilization (Please continue to Part B when finished)

Definition:

"Patient Days" means the sum of all census days less the sum of all leave days (authorized or unauthorized absences when patient is not under direct supervision of psychiatric care setting staff).

	January/ July	February/ August	March/ September	April/ October	May/ November	June/ December
Total Number of Patient Days per Month						

Part B: Incidents, Excluding Seclusion and Restraint (Please continue to Part C when finished)

Hospital has no Table B1 incidents during the reporting period. Please continue to Part C.

Table B1

Incident Category	January/ July	February/ August	March/ September	April/ October	May/ November	June/ December
Injuries Requiring Emergency/Unplanned Medical Treatment or Hospitalization Number of injuries, excluding patient falls, requiring emergency/unplanned medical treatment or hospitalization.						
Illness / Medical Emergency Number of illnesses/medical emergencies, requiring immediate and/or unplanned admission to a hospital medical unit.						

Part C: Seclusion / Restraint Episodes

Hospital did not utilize seclusion or restraint during the reporting period.

**If Box in Part C is checked, you are finished. Please return report.
If not, please complete Part D**

Part D: Seclusion / Restraint Episodes

	January/ July	February/ August	March/ September	April/ October	May/ November	June/ December
Seclusion for Ages ≤17 <input type="checkbox"/> None						
Number of episodes of seclusion for ages ≤17						
Total minutes of all seclusion episodes for ages ≤17						
Seclusion for Ages ≥18 <input type="checkbox"/> None						
Number of episodes of seclusion for ages ≥18						
Total minutes of all seclusion episodes for ages ≥18						
Mechanical Restraint for Ages ≤17 <input type="checkbox"/> None						
Number of episodes of mechanical restraint for ages ≤17						
Total minutes of all mechanical restraint episodes s ≤17						
Mechanical Restraint for Ages ≥18 <input type="checkbox"/> None						
Number of episodes of mechanical restraint for ages ≥18						
Total minutes of all mechanical restraint episodes for ages ≥18						
Physical Restraint for Ages ≤17 <input type="checkbox"/> None						
Number of episodes of physical restraint, excluding transitional hold, for ages ≤17						
Total minutes of all physical restraints episodes, excluding transitional hold, for ages ≤17						
Physical Restraint for Ages ≥18 <input type="checkbox"/> None						
Number of episodes of physical restraint, excluding transitional hold, for ages ≥18						
Total minutes of all physical restraints episodes, excluding transitional hold, for ages ≥18						
Transitional Hold for Ages ≤17 <input type="checkbox"/> None						
Number of episodes of transitional hold for ages ≤17						
Total minutes of all transitional hold episodes for ages ≤17						
Transitional Hold for Ages ≥18 <input type="checkbox"/> None						
Number of episodes of transitional holds for ages ≥18						
Total minutes of all transitional hold episodes for ages ≥18						

You are finished. Please return report. Thank you.
Ohio Department of Mental Health
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Department’s Authority According to OAC 5122-14-14(H)

- No change in process
- Department may initiate follow-up and further investigation of reportable incidents and 6 month reportable incidents as deemed necessary and appropriate or may request follow-up and investigation by inpatient psychiatric service provider, and/or regulatory or enforcement authority

Conclusion

- Thank you for participating in the ODMH Webinar.
- Any questions?
- Attendees can receive 1 hour of CEU credit for this session and 1 hour of CEU credit for the first session if you signed in individually for each session.
- You will receive an evaluation form by e-mail. Once ODMH receives your completed form, you will receive your CEU certificate.
- Please e-mail me with any questions at denise.cole@mh.ohio.gov.