

# Incident Notification & Risk Management Rule Changes

Part One- Community Mental Health Agency,  
Residential Facility, & Private Psychiatric Hospital

## Welcome and Introduction

- Explanation of Webinar Sessions (Purpose of combining part one of webinar; part two break out sessions)
- 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?

## New Incidents To Report as of January 1, 2012

Community Agencies (OAC 5122-26-13)	Residential Facilities (OAC 5122-30-16)	Private Psychiatric Service Providers (PPSP) (OAC 5122-14-14)
<ul style="list-style-type: none"> <li>• Homicide OF client</li> <li>• Temporary closure of one or more agency sites for more than seven consecutive calendar days.</li> <li>• Medical Events Impacting Agency Operations.</li> <li>• Inappropriate Use of Seclusion or Restraint.</li> <li>• Seclusion or Restraint Related Injury to Staff.</li> </ul>	<ul style="list-style-type: none"> <li>• Medical Events Impacting Facility Operations.</li> <li>• Inappropriate Use of Seclusion or Restraint.</li> <li>• Seclusion or Restraint Related Injury to Staff.</li> </ul>	<ul style="list-style-type: none"> <li>• Medical Events Impacting Hospital Operations.</li> <li>• Inappropriate Use of Seclusion or Restraint</li> <li>• Inappropriate Restraint Technique and other Use of Force</li> <li>• Seclusion or Restraint Related Injury to Staff.</li> <li>• Homicide by Patient</li> <li>• Temporary Relocation of Patients.</li> <li>• Involuntary Termination without Appropriate Patient Involvement.</li> </ul>

## Goal of Rule Change

- The intent of ODMH in changing the Incident Reporting Rules is to clarify and spell out *in rule* what is reportable. This results in two key outcomes:
  1. Definitions in the rule help to clarify and provide a unified interpretation of what is reportable.
  2. ODMH must complete the rule change process before a change can occur in the reporting process.

## Overview of How the Rule is Organized

- **Rule:** Describes the definitions of incidents, outlines agency responsibilities and reporting requirements, and includes the fact that agencies / facilities / hospitals are required to report 6 month data
- **Appendix A:** Provides definitions of concepts that help to clarify several incident categories, outlines types of incidents that are reportable, and defines each incident type
- **Appendix B:** Details the process for reporting the 6 month incident data (NOTE: Type 2 & 3 Residential Facilities are not required to submit 6 month data).

## Webinar Overview

- **Purpose:** To ensure that agencies know and understand changes in rules
- **Goals and Objectives:** Review upcoming changes in Ohio Administrative Code (OAC) effective January 1, 2012, as it relates to Reportable Incidents for certified community agencies, licensed residential facilities, and licensed private psychiatric hospitals/units
  - NOTE: This webinar does not include changes that were made July 1, 2011, which were previously described in an ODMH communication.

Community/Residential: <http://mentalhealth.ohio.gov/assets/numbered-advisories/fy2011/6-fy11-3-memo-rules-changes.pdf>

Private Psychiatric Hospital: <http://mentalhealth.ohio.gov/assets/numbered-advisories/fy2011/6-fy11-4-memo-rules-changes.pdf>

## Appendix A- Definitions

- We will review six definitions in the first section of Appendix A that are included to help clarify several reportable incident definitions.
- We will review and discuss these definitions first and then we will move into the new and slightly changed reportable incidents categories.

## Definition: First Aid

"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 client and/or to provide comfort without a corresponding injury.**

## Definition: Emergency /Unplanned Medical Intervention

"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 hospitalization. It includes sutures, staples, immobilization devices and other treatments not listed under "First Aid", regardless of whether the treatment is provided in the agency, 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.**

## Definition: Hospitalization

"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 admission to psychiatric inpatient unit.

## Definition: 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.**

## Definition: Sexual Conduct

“Sexual Conduct” means as defined by Section 2907.01 of the Ohio Revised Code, vaginal intercourse between a male and female; anal intercourse, fellatio, and cunnilingus between persons regardless of sex; and, without privilege to do so, the insertion, however slight, of any part of the body or any instrument, apparatus, or other object into the vaginal or anal opening of another. Penetration, however slight, is sufficient to complete vaginal or anal intercourse.

**NOTE: in the past we have designated this as any sexual activity that includes oral, anal or vaginal penetration.**

## Definition: Sexual Contact

"Sexual Contact" means as defined by Section 2907.01 of the Ohio Revised Code, any touching of an erogenous zone of another, including without limitation the thigh, genitals, buttock, pubic region, or, if the person is a female, a breast, for the purpose of sexually arousing or gratifying either person.

## Appendix A- Incident Definitions

- Appendix A lists and defines each Incident category which must be reported per incident
- The Incident categories are defined across all three treatment settings, i.e. certified community agencies, licensed residential facilities, and private psychiatric hospitals/units
- Most of the incident categories to be reported are the same across treatment settings
- During this webinar, we will identify the similarities and differences in the reporting requirements across all three treatment settings.

## Categories Unique to Private Psychiatric Inpatient Providers

- **Patient Fall-** Loss of upright position or non-volitional downward displacement of body to floor/ground, or hitting another object; indicate 1) no injury; 2) injury requiring first aid; 3) injury requiring emergency/ unplanned medical intervention; 4) injury requiring hospitalization
- **Away Without Leave (AWOL)-** 1) Patient has not been accounted for when expected to be present, or 2) has left grounds of hospital without permission

## Categories Unique to Private Psychiatric Inpatient Providers

- **Discharge to Homeless:**
  - Shelter: Reportable unless 1) it is expressed wish of patient; 2) responsible Board or contract agency involved in decision-making process; and 3) other placement options have been offered to patient and have been refused
  - Street: Patient refuses all aftercare placement options, including homeless shelters, offered by hospital, Board, and agency

**New Category for Private Psychiatric Inpatient Providers and Revised Category for Community and Residential Providers**

- Inappropriate Restraint Techniques and other Use of Force: Staff utilize one or more of following interventions which are prohibited:
  - 1) Behavior management interventions that employ unpleasant or aversive stimuli
  - 2) Technique restricts individual's ability to communicate
  - 3) Technique that obstructs vision
  - 4) Technique that obstructs airway or impairs breathing

**New Category for Private Psychiatric Inpatient Providers and Revised Category for Community and Residential Providers**

<p><b>Community and Residential:</b></p> <ul style="list-style-type: none"> <li>5) Drug or medication that is used as restraint or is not standard treatment</li> <li>6) Use of handcuffs or weapons</li> <li>7) Use of mechanical restraint on resident/client under age 18</li> </ul>	<p><b>Private Psychiatric Hospital:</b></p> <ul style="list-style-type: none"> <li>5) Weapons and law enforcement restraint devices</li> <li>6) Chemical restraint</li> </ul>
---	---

## Categories Unique to Private Psychiatric Inpatient Providers and Residential Treatment Facilities

- Suicide Attempt
- Self-Injurious Behavior- 1) Intentional, caused by patient to oneself; 2) Requires emergency/unplanned medical intervention or hospitalization; 3) Happens on hospital grounds or during provisions of care or treatment including off-grounds events; 4) Not a suicide attempt
- Accidental Death
- Natural Death

## Seclusion / Restraint Reportable Categories for All three Treatment Settings

- **Four Seclusion/Restraint Categories:**
  - 1) Inappropriate Use of Seclusion or Restraint - **NEW**
  - 2) Seclusion/Restraint Related Injury to Client / Resident / Patient
  - 3) Seclusion/Restraint Related Injury to Staff - **NEW**
  - 4) Seclusion/Restraint Related Death

## Seclusion/Restraint Reportable Categories

- **Inappropriate Use of Seclusion or Restraint-** Not clinically justified or employed without authorization of staff permitted to initiate/order mechanical seclusion or restraint
- 4 Subcategories (Check all that apply): 1) Seclusion; 2) Mechanical Restraint; 3) Physical Restraint; 4) Transitional hold (Note: Transitional Hold is included in Physical Restraint in the Residential Rule).
- Indicate total number of minutes of seclusion or restraint

## Seclusion/Restraint Reportable Categories (Continued)

- **Seclusion/Restraint Related Injury to Patient / Client / Resident**
  - Generally does not include self-inflicted injuries
  - Report according to treatment outcome, i.e.
    - 3 levels of seriousness:
      - 1) Injury requiring first aid
      - 2) Injury requiring unplanned/emergency medical intervention
      - 3) Injury requiring hospitalization

## Seclusion/Restraint Reportable Categories (Continued)

- **Seclusion/Restraint Related Injury to Staff**  
(Indicate one of treatment outcomes Below):
  - 1) Injury to staff was caused or reasonably believed to be caused by placing individual in seclusion / restraint;
  - 2) First aid or emergency/unplanned medical intervention provided or should have been to treat injury; or
  - 3) Medical hospitalization required

## Seclusion/Restraint Reportable Categories (Continued)

- **Seclusion/Restraint Related Death**  
Indicate 1 of 3 subcategories:
  - 1) Death during seclusion or restraint
  - 2) Death within 24 hours of seclusion or restraint
  - 3) Death related to or result of seclusion or restraint  
(The rule clarifies for point # 3 - “or one may reasonably assume client / resident/ patient’s death may be related or is the result of seclusion or restraint”).

## New Reportable Categories

### Community Agencies

- **Homicide**
  - Of client
- **Temporary Closure of One or More Agency Sites for More than 7 Consecutive Calendar Days**
- **Medical Events Impacting Agency Operations**

### Private Psychiatric Hospitals

- **Homicide**
  - By patient
- **Temporary Relocation of Patients**
- **Medical Events Impacting Hospital Operations**
- **Involuntary Termination Without Appropriate Patient Involvement**

## Definitions of New Categories

- **Homicide by Client/Resident/Patient-** Alleged unlawful killing of human being by patient
- **Homicide of Client/Resident/Patient-** Alleged unlawful killing of patient by another person
- **Temporary Relocation of Residents/Patients-** Some or all of residents/patients must be moved to another unit or hospital for minimum period of at least one night due to: 1) Fire; 2) Disaster; 3) Failure/Malfunction; or 4) Other (Name).
- **Temporary Closure of One or More Agency Sites for More than 7 Consecutive Calendar Days .**

## Definitions of New Categories

- **Medical Events Impacting Agency/ Facility/ Hospital Operations-**
  - 1) Presence or exposure of contagious or infectious medical illness that 2) poses significant health risk to others and 3) requires special precautions impacting operations.
    - **Special Precautions-** Includes medical testing of individuals present or exposed, isolation/quarantine recommended or ordered by appropriate authority, and/or notification to individuals of potential exposure.
    - **Special Precautions -** Does not include general isolation precautions, i.e. suggesting staff and/or residents avoid a sick individual or vice versa, or when a disease may have been transmitted via consensual sexual contact or sexual conduct.

## Definitions of New Categories for Private Psychiatric Hospitals

- **Involuntary Termination Without Appropriate Patient Involvement-** Discontinuing services to a patient without 1) informing patient in advance of termination, 2) providing reason for termination, and 3) offering a referral to patient
  - Does not include situations when patient discontinues services without notification, and hospital documents it was unable to notify patient due to lack of address, returned mail, lack of non-working phone number, etc.

## Additional Changes

- **Sexual or Physical Assault by Non-staff, Including Visitor, Patient, or Other**
  - Includes the assault of individuals other than clients / residents / patients (staff, visitors, and others).
  - Designate whether alleged assault is “sexual” or “physical”
  - Chapter 2907 of Ohio Revised Code defines sexual offenses that constitute sexual assault

## Additional Clarifications

- **Abuse and Neglect:**
  - Abuse is staff to client / resident / patient activity.
  - Designate the type of abuse or neglect as “Verbal,” “Physical,” “Sexual,” “Defraud,” or “Neglect”
  - Sexual abuse involves sexual contact , sexual conduct, or sexual comments toward consumers.
  - Section 2907.01 of Ohio Revised Code defines sexual contact and sexual conduct

## Change in Definition

- **Medication Error and Adverse Drug Reaction**
  - **Must result** in permanent patient harm, transfer to hospital medical unit, or death to be reportable.
- **Note: This definition changed July 1, 2011 for Community Agencies, Residential Facilities, and Private Psychiatric Hospital Units.**

## Conclusion:

- Breakout sessions start in 15 minutes – exit out and log into your session (A is private psychiatric providers / B is community & residential).
- All attendees can receive 1 hour of CEU credit for this session and an additional 1 hour CEU for the breakout session, with the exception of psychologists, who must attend both sessions to receive CEU credit.
- Pending Questions....
- Thank you for participating.