

THE COUNSELING SOURCE, INC.

POLICY AND PROCEDURE

TITLE: Incident Reporting

PURPOSE: To ensure the compliance with OHMAS and county mental health boards standards in completing and processing all incident reports.

POLICY: The Counseling Source clinicians will complete Incident Report Forms as indicated by the following procedure within 24 hours of being notified of the incident. The Executive Director (or designee) will review the report, determine if it is a Major Incident Report or a Critical Incident Report, as well as determine who the report should be also submitted to externally. If necessary, the report will be forwarded via fax within 24 hours of the clinician being notified of the incident (excluding weekends and holidays). The QI committee will review all incident reports.

DEFINITIONS:

Major Incident: An incident which, due to its nature and seriousness, must be forwarded to the county mental health board who has financial responsibility for the client or, in the case of a non-Medicaid client, to the county of residence. This includes an event that poses a danger to the health and safety of clients and/or staff and visitors of the agency, and is not consistent with routine care of persons served or routine operation of the agency.

Reportable Major Incident: An incident that meets the established OHMAS criteria to be reported to them as well as the county mental health board.

Critical Incident: An incident of less severity but still reportable to the agency for quality assurance review and monitoring.

PROCEDURE:

1. Clinician either faxes or hand delivers incident report within 24 hours of being notified of the event to the office to the attention of Intake Coordinator. The necessity to file an Incident Report should follow this criteria:
 - A. Client deaths related to suicide, homicide, trauma, accident. If there is no known cause of death, report when the coroner rules. Natural or anticipated medical-related deaths do not require completion of an incident reporting form, but should be documented in the client record.
 - B. Any incident involving neglect, defraud, or verbal, physical or sexual abuse, including allegations, but ONLY if such incidents or allegations involve TCS staff. Incidents involving others (family members, staff of other institutions, etc.) should be reported to

CPS or APS as warranted, but do not require an additional report to the OhioMHAS unless a TCS staff member is involved.

- C. Suicide attempts do NOT require an incident report, given that TCS does not provide residential treatment services. Ideation and attempts should be reported immediately to appropriate parties within the host institution to ensure that appropriate safety precautions are instituted. These efforts should be documented in the client record.
- D. Medication Errors/Adverse Drug Reactions if they result in hospitalization, permanent harm or death, but only if such errors were the result of TCS staff actions.

2. Intake Coordinator forwards the reports to OhioMAS for review. Reports are also reviewed on a monthly basis by the Quality Improvement Committee.

3. Training:

- a. All newly hired clinicians shall receive training on this procedure and the appropriate completion of incident forms.
- b. Training will be completed with existing staff when changes occur in the policy, procedure and/or forms.

REFERENCED STANDARDS AND REGULATIONS: ODMH OAC 5122-30-16 and 5122-26-13; CARF Behavioral Health Standards Manual

EFFECTIVE DATE: 1/1/04

REVIEWED: February 2018

David F. Turner, Executive Director

Date