

**Member's County of Residence:**

Bucks County    Cambria County    Delaware County    Lehigh County    Montgomery County    Northampton County

This form **must** be faxed to Magellan Behavioral Health of Pennsylvania, Inc. **within 24 hours** of the Incident occurrence.  
**Please fax to Magellan Quality Improvement Department, 866-667-7744.**

**Is this Incident also a Sentinel Event (as defined below)?:**       Yes     No

**A sentinel event includes any of the following: (See page 2 for full definition)**

**(If this Incident is a Sentinel Event, please also contact Magellan's QI Department by phone at 877-769-9779)**

➤ 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

<b>Facility/Provider Name:</b>	<b>Date of Report:</b>
<b>Reporter Name/Position:</b>	<b>Reporter Phone Number:</b>
<b>Member Name:</b>	<b>Member SSN:</b>
<b>Provider Level of Care/Service:</b>	<b>Member Date of Birth:</b>
<b>Location of Incident:</b>	<b>Date and Time of Incident:</b>

**Check any of the following Incident Types that were involved:**

<input type="checkbox"/> Death	<input type="checkbox"/> Abuse/Childline report	<input type="checkbox"/> Seclusion
<input type="checkbox"/> Attempted Suicide	<input type="checkbox"/> Neglect	<input type="checkbox"/> Restraint
<input type="checkbox"/> Significant Medication Error	<input type="checkbox"/> Injury/illness (Beyond First Aid)	<input type="checkbox"/> Other (please explain)
<input type="checkbox"/> Need for Emergency Services	<input type="checkbox"/> Missing person	

**Description of Event:**

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

<input type="checkbox"/> Yes <input type="checkbox"/> No	Parent/Guardian notified?	Date/Person notified:
<input type="checkbox"/> Yes <input type="checkbox"/> No	Member seen by psychiatrist after incident?	If yes, treatment:
<input type="checkbox"/> Yes <input type="checkbox"/> No	Member seen by physician/nurse after incident?	If yes, treatment:

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## Definitions

### Sentinel Event

Consistent with The Joint Commission's 2015 Sentinel Event Policy and Procedures for Behavioral Health Care accredited facilities<sup>1</sup>, Magellan Behavioral Health of Pennsylvania, Inc. has defined a Sentinel Event as an Incident that includes the following:

A sentinel event is a patient safety event (not primarily related to the natural course of the patient's illness or underlying condition) that reaches an individual served and results in any of the following:

- Death
- Permanent harm
- Severe temporary harm<sup>2</sup>

An event is also considered sentinel if it is one of the following:

- Suicide of any individual served receiving care, treatment, or services in a staffed around-the-clock care setting or within 72 hours of discharge, including from the organization's emergency department (ED)
- Abduction of any individual served receiving care, treatment, or services
- Any elopement (that is, unauthorized departure) of a patient from a staffed around the-clock care setting (including the ED) leading to the death, permanent harm or severe temporary harm of the individual served
- Rape<sup>3</sup>, assault (leading to death, permanent harm, or severe temporary harm), or homicide of any individual served receiving care, treatment, or services while on site at the organization
- Rape, assault (leading to death, permanent harm, or severe temporary harm), or homicide of a staff member, licensed independent practitioner, visitor, or vendor while on site at the organization
- Flame or unanticipated smoke, heat, or flashes occurring during an episode of patient care<sup>4</sup>
- An occurrence that involves contact with media: presence or inquiry by newspaper, television or other entity with capability for broadcast dissemination<sup>5</sup>

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<sup>1</sup> [http://www.jointcommission.org/Sentinel\\_Event\\_Policy\\_and\\_Procedures/default.aspx](http://www.jointcommission.org/Sentinel_Event_Policy_and_Procedures/default.aspx), 7/31/2015

<sup>2</sup> *Severe temporary harm* is critical, potentially life-threatening harm lasting for a limited time with no permanent residual, but requires transfer to a higher level of care/monitoring for a prolonged period of time, transfer to a higher level of care for a life-threatening condition, or additional major surgery, procedure, or treatment to resolve the condition. **Adapted from:** Throop C, Stockmeier C. *The HPISEC & SSER Patient Safety Measurement System for Healthcare*. 2011 May. Accessed Aug 12, 2014. <http://hpiresults.com/publications/>

<sup>3</sup> <sup>+</sup>Sexual abuse/assault (including rape) as a sentinel event is defined as nonconsensual sexual contact involving a patient and another patient, staff member, or other perpetrator while being treated or on the premises of the organization, including oral, vaginal, or anal penetration or fondling of the patient's sex organ(s) by another individual's hand, sex organ, or object. One or more of the following must be present to determine that it is a sentinel event:

- n Any staff-witnessed sexual contact as described above
- n Admission by the perpetrator that sexual contact, as described above, occurred on the premises
- n Sufficient clinical evidence

<sup>4</sup> *Fire* is defined as rapid oxidation process, which is a chemical reaction resulting in the evolution of light and heat in varying intensities. A combustion process that results in smoldering condition (no flame) is still classified as a fire. Source: National Fire Protection Association. *NFPA 901: Standard Classifications for Incident Reporting and Fire Protection Data*. Quincy, MA: NFPA, 2011.

<sup>5</sup> This event is not included in The Joint Commission's 2015 Sentinel Event Policy and Procedure for Behavioral Health Care accredited facilities.

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

**Death** – All deaths regardless of cause.

**Suicide Attempt** – The intentional and voluntary attempt to take one’s own life. A suicide attempt is limited to the 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
- Gestures that clearly do not place the member at risk for serious injury or death
- Actions that may place the member at risk, but where the member is not attempting harm to himself/herself.

**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:

- Refusal by the member to take prescribed medication.

**Event Requiring Emergency Services (of the fire department or a law enforcement agency)** – This includes events such as fires, an individual charged with a crime, an individual who is a victim of a crime, acts of violence, vandalism, or 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.

**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 acts 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:

- Altercations among residents that may result in physical contact, but do not cause serious injury and that do not reflect a pattern of physical intimidation or coercion of a resident

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

**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.

**Injury or Illness** – Reportable **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. Reportable **illness** of a member 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), including 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.

**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.

**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 may be considered to be 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.

**Seclusion or Restraint** – *Providers are to report any use of seclusion or restraint (chemical, mechanical and manual) 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.

### **Provider Instructions**

Please use the following instructions when reporting Incidents to Magellan Behavioral Health of Pennsylvania, Inc. (Magellan). In accordance with Pennsylvania Department of Human Services, Office of Mental Health and Substance Abuse Bulletin, Community Incident Management & Reporting System, OMHSAS-15-01, effective April 1, 2015, providers are required to notify Magellan within 24 hours of the occurrence of a reportable incident involving a HealthChoices member, whether it occurs at the provider's location or at another location. Specifically:

- For the following types of incidents, submit a report if the event occurs while in your care: Significant Medication Error, Need for Emergency Services, Serious Injury or Illness, Missing Person, Seclusion or Restraint.
- For the following types of incidents, submit a report regardless of where it occurs: Death, Suicide Attempt, Abuse, or Neglect.

The *Incident Reporting Form* must be faxed to Magellan and used to report the incident. Please type or print the information requested in all fields on the form:

- The first section of the form is used to report if the Incident meets the definition of a Sentinel Event (defined on page 2).
- The second section of the form is used to report provider contact information (including phone number) and member demographics. Complete all information in this section.
- The third section asks you to identify the type of Incident. Check all that apply (e.g., if a member eloped from a facility and was apprehended by police, check the boxes for *Missing Person/Elopement* and *Fire/Police Involvement*). Consistent with the reporting definitions set forth in the Community Incident Management and Report System Bulletin of 2015, Magellan defines an Incident as:

Member Death	Abuse/Childline reports	Seclusion
Attempted Suicide	Neglect	Restraint
Significant Medication Error	Injury/Illness (Beyond First Aid)	Other (Explain)
Need for Emergency Services	Missing Person	

- The fourth section requires you to write a brief narrative of the event. Here you should supply the facts of the case (what, where, when, how). Please keep this section concise. If more information is required, a Magellan representative will contact you.
- The fifth section asks about any actions you have taken to ensure the safety of the persons involved in the Incident.
- The final section asks about parental/guardian notification for minors and medical interventions as a result of the Incident – did a psychiatrist or physician see the member following the event? If so, what treatment was provided? Specifically for reports of restraint, document evaluation by medical staff and whether injury occurred.

Please sign and date the form and then fax it to the Magellan Quality Improvement Department, at 866-667-7744 within 24 hours of the Incident. Once the form is submitted, Magellan will review the Incident and follow-up activities, and will contact you if further information is needed. Such information may include further detail regarding the incident, the medical records of the individual(s) involved and the results of any internal/external investigations regarding the Incident.