

<b>Title:</b>	<b>Incident Reporting &amp; Investigations</b>	<b>Effective Date:</b>	<b>03/09/2018</b>
<b>Author:</b>	<b>Sue Nayda</b>	<b>Last Review Date:</b>	<b>12/23/2020</b>
<b>Location:</b>	<b>All Locations</b>	<b>Last Revision Date:</b>	<b>12/23/2020</b>
<b>Functional Area:</b>	<b>Quality Performance/Quality Improvement</b>		

### POLICY

It is Liberty's policy that all unusual incidents that potentially or actually impact health, safety and/or normal operations of the programs and services of Liberty or its customers shall be reported to the appropriate corporate office leaders utilizing the Incident Reporting Form within 24 hours of the incident. Completion of the Incident Reporting Form may be one step in the notification and reporting of an unusual incident, depending on the nature and category of the incident. The other steps are set forth below.

It is Liberty's policy to complete a formal investigation of sentinel events at each program site within ten days of the event using the Liberty Investigation Report form. Incidents other than sentinel events may also be investigated at the direction of Liberty corporate staff upon review of the telephone and initial written reports. Root Cause Analysis may be conducted (see Root Cause Analysis SOP) as part of the investigation process.

#### Reportable Incidents

Incidents that should be reported using the Incident Reporting Form include:

- Sentinel Events
- Corporate Compliance Issues
- HIPAA Data Incidents
- Employee Accidents and Injuries
- Violations of Professional and Personal Boundaries
- Incidents that could result in liability or legal actions that involve Liberty Healthcare
- Other (Misc.) incidents that impacts the safety of employees or customers or Liberty program operations

### DEFINITION

#### Sentinel Events

A Sentinel Event is defined by The Joint Commission as "any unanticipated event in a healthcare setting resulting in death or serious physical or psychological injury to a patient or patients, not related to the natural course of the patient's illness." Sentinel Events include:

- Alleged sexual assault or complaint of nonconsensual sexual activity.
- Sexual violation of a non-consenting or incompetent adult, including sexual activity considered inappropriate because of circumstances, situation or environment, which infringes on a person's freedom or rights or involves high risk of disease transmission.
- Elopement, escape or period in which a client is missing from a restricted living unit or supervised/escorted activity or unsupervised furlough/visit/pass.
- Incident involving a client that occurs in the community, such as an arrest, crime or conflictive situation with another person(s) that could potentially result in a negative outcome or media attention.

- Death of a client that occurs while in the care or residence of a Liberty program/service or death that occurs within seven days of discharge from a Liberty program/service, which may be attributed to an unusual occurrence, accidental or unnatural cause, “unattended” status, or procedural/treatment error.
- Threats or acts of violence, such as bomb threats, arson, abduction, or the use of weapons and/or toxic chemical agents.
- Homicide or credible suicide attempt occurring within the program/service.
- Confirmed/substantiated allegations of client physical abuse, gross neglect or exploitation.
- Significant incidents affecting the life and safety of a patient that appear highly unusual for the program/setting.
- Legal issues and/or events that could result in possible litigation (e.g. lawsuits filed by a client that could bring media attention).
- Felonious behavior (e.g., production/sale/distribution of illegal drugs, murder, manslaughter, rape) or significant illicit behavior involving staff or clients that could adversely impact the reputation of the organization.
- Five or more falls or accidents of a client within a one year period resulting in injury.
- Serious injury (e.g., wounds requiring more than three sutures/staples to close, concussions, fractures, dislocations, or injury which, in the opinion of the Physician, may result in permanent disability, impairment, or disfigurement) of a client or employee requiring treatment by a Physician.
- Any loss or destruction of the facility property with a replacement cost of \$500 or more.

In addition to the Contract Manager in charge of the program in which the event occurred, the VP of Performance will also receive the Incident Report Form.

#### Corporate Compliance Issues

A corporate compliance issue can be reported through the 24-hour live telephonic hot line or reported via the Incident Report Form. Reportable corporate compliance incidents can include:

- Violations of Medicare/Medicaid statutes and regulations
- Violations of federal, state, or local laws
- Any criminal conduct or other forms of misconduct by Liberty employees, subcontractors or vendors
- Unethical, unprofessional or immoral conduct by Liberty employees, contractors or vendors
- Violations of conditions of participation in federal or state health care programs

In addition to the Contract Manager in charge of the program in which the event occurred, the Corporate Compliance Officer (at [corpcomreport@libertyhealth.com](mailto:corpcomreport@libertyhealth.com)) will also receive the Incident Report Form.

#### HIPAA Data Incidents

HIPAA data incidents refer to the improper disclosure or use of protected health information (see HIPAA Privacy and Security Plan). In addition to the Contract Manager in charge of the program in which the event occurred, the VP of Performance (at [hipaareport@libertyhealth.com](mailto:hipaareport@libertyhealth.com)) will also receive the Incident Report Form.

#### Employee Accidents and Injuries

Reportable employee accidents and injuries include any incident that results in harm to the employee, even minor injuries, that occurs while the employee is on duty. All employee accidents and injuries should be reported utilizing the “Reporting Workers’ Compensation Injuries” policy. This policy can be located on the Employee Self-Service website. ***These incidents do not require an Incident Reporting Form to be submitted unless the incident also falls within another category of reportable incidents.***

#### Violations of Professional and Personal Boundaries

Violations of professional and personal boundaries includes the following:

- Sexual Contact or Solicitation of staff members with customers or persons served
- Acceptance of gifts or hospitality from customers or persons served with expectation of preferential treatment
- Inappropriate personal disclosure

- Inappropriate physical touch or physical contact
- Concealing relevant or important information from a treatment team about persons served
- Misuse of money or property by staff in connection with customers or persons served
- Inappropriate relationships by staff members with customers or persons served that are unprofessional
- Personal relationships developed outside of the work environment by staff members with customers or persons served
- Failing to adhere to the treatment plan for a patient developed and approved by the treatment team.

In addition to the Contract Manager in charge of the program in which the event occurred, the VP of Human Resources (at [hr@libertyhealth.com](mailto:hr@libertyhealth.com)) will also receive the Incident Reporting Form.

#### **Incidents that could result in liability or legal actions that involve Liberty**

These incidents refer to situations that:

- may reasonably lead to a claim, complaint or institution of arbitration proceedings made against Liberty or any of Liberty's employees or subcontractors;
- involve receipt of a subpoena or notice to appear at a deposition or hearing as a representative of Liberty;
- involve receipt of a legal document that requires a response on behalf of Liberty.

In addition to the Contract Manager in charge of the program in which the event occurred, the Corporate General Counsel and the Corporate Director of Legal Support (at [legalincidents@libertyhealth.com](mailto:legalincidents@libertyhealth.com)) should also receive a copy of the Incident Reporting Form. ***It is extremely important to complete and submit the Incident Reporting Form and consult with Liberty's Legal Department prior to responding to any of the above incidents so that they can advise the employees or subcontractors involved and manage the incident to mitigate risk.***

#### **Other (Misc.) Incidents**

This type of incident refers to any incident that impacts or might impact the safety of employees or customers, or that impacts the operations of a Liberty program that does not fall within the other incident descriptions. The Contract Manager in charge of the program in which the event occurred should receive a copy of the Incident Reporting Form, and the report should be sent to [otherinreport@libertyhealth.com](mailto:otherinreport@libertyhealth.com) via secured Liberty email or other encrypted email.

### **PURPOSE**

#### **Communication**

Completion and submission of the Incident Reporting, Investigation, and Follow-up Forms assures that impartial information about unusual incidents affecting the safety and/or operations of Liberty is communicated to the corporate office and that the necessary information about the incident reaches appropriate people within the organization for an adequate and timely response.

The Incident Reporting Form was developed to provide a simple, universal format for employees and managers of any Liberty program to report any type of unusual incident. The Incident Reporting Form and accompanying policy were designed as initial reporting tools to:

- provide the corporate office personnel with the necessary initial information about an incident in a timely manner;
- provide the program staff person or manager the necessary reporting information and directions about any incident, regardless of the type of incident that occurred;
- allow for transmittal of information to the appropriate senior leader at the corporate level so that all reports would be directed to the appropriate departments/persons for review and action;
- allow for direction to be given by corporate leaders to the reporting staff person or program manager for next steps in documentation/review of an unusual incident;
- provide a standard format to aggregate incident data for performance improvement purposes.

### Performance Improvement

Data related to unusual incidents is collected and analyzed for the purpose of performance improvement by a variety of departments and committees within the organization.

### Completion and transmission of the Incident Reporting Form

The Incident Reporting Form may be completed electronically or on paper. Instructions for submitting the Incident Reporting Form for each type of reportable incident can be found on the Employee Self-Service website via a link on the home page (“Incident Reporting”). The Incident Reporting Form does not substitute for the immediate verbal notification of the supervisor, the program director, or the Contract Manager overseeing the program in the case of serious incidents. ***The Incident Reporting Form and any correspondence relating to an unusual incident should be sent to the appropriate email address via a Liberty secured email or other encrypted email.***

### The Incident Reporting Form

All appropriate parts of the form should be completed.

- Location of the incident should include the particular building and location in the building. If the incident occurred in a vehicle, indicate the location of the vehicle and whether it was a personal car, rental car, or company-owned vehicle.
- If injury occurred to an employee, follow the instructions contained on the Employee Self-Service website for “Employee Accidents and Injuries” or consult the “Reporting Worker’s Compensation Claim” policy.
- If injury occurred to a person other than an employee, include a description and severity of the injuries in the incident description narrative.
- When indicating the general incident type, the reporting individual should use best judgment as to the type(s) of incident. The corporate office will also evaluate the type of incident and provide further instruction as needed for further documentation necessary.
- The incident description should provide all relevant information to describe what happened, who was involved, when the incident occurred, what operations were affected, and what was done to mitigate the adverse effects of the incident.
- If a large number of people were involved in the incident, describe the group of people involved and list anyone by name who was injured.
- “Witnesses” refers to people who directly observed the incident, but were not directly involved in the incident.
- “Notifications completed” is not a list of people who should be notified for all incidents. This section is to assist the corporate staff receiving the report to assure that appropriate corporate staff members have received preliminary information about the incident.

### Completion and transmission of the Investigation Report Form

The Investigation Report Form (second part of a Sentinel Event Report) should be used to document the investigation required for Sentinel Events, but may also be used as a tool to investigate any serious or “near-miss” incident that does not rise to the level of a reportable Sentinel Event. The Investigation Report Form may be completed electronically or on paper. Instructions for submitting the Investigation Report Form can be found on the Employee Self-Service website via a link on the home page in the “Sentinel Event” section. The electronic file or a scanned pdf should be attached to a Liberty secured email or other encrypted email to the Vice President of Performance ([sentinelreport@libertyhealth.com](mailto:sentinelreport@libertyhealth.com)) within (ten) 10 days of the incident.

### The Investigation Report Form

All appropriate parts of the form should be completed.

- The Problem Statement briefly and succinctly states the adverse/sentinel event that the investigation is trying to describe, to analyze and prevent from occurring in the future. Example: client eloped from the south door of the west wing; Patient XYZ received a different patient’s prescribed dose of insulin (two times the ordered amount).

- Witnesses/Involved Staff Interviewed includes the full names of all persons (including their respective job titles/functions or role/status) who were directly involved in the incident. This could include clients, staff, employees, subcontractors, visitors, volunteers, family members, or others. Attach written statements from staff who were not able to be interviewed during the timeframe of the investigation.
- Findings include a concise & logical description and review of the circumstances surrounding the incident, describing the chronology of events, factual data, site visit, evidence gathered thru interviews, statements, review of other documents, and other relevant information.
- Contributing factors are determined after the details of the incident have been analyzed.
- Conclusions indicate whether or not any of the individuals involved were found to have performed in a manner that could be the subject of disciplinary action.
- Corrective Action Plan specifies the organizational actions that will be taken to prevent or reduce the risk of a similar incident occurring in the future, the person responsible for implementing each action and the date by which the action will be implemented.

### The Follow-Up Report

The Follow-Up Report is the third part of a Sentinel Event report. The Follow-up Report is used to document the status and results of implementation of a corrective action plan following a Sentinel Event, but may also be used to document the follow-up taken after any serious incident that does not rise to the level of a Sentinel Event. It may be completed electronically or on paper. Instructions for submitting the Follow-up Report Form can be found on the Employee Self-Service website via a link on the home page (“Sentinel Event”). The electronic file or a scanned pdf should be attached to a Liberty secured email or other encrypted email to the Vice President of Performance ([sentinelreport@libertyhealth.com](mailto:sentinelreport@libertyhealth.com)) within (ninety) 90 days of the incident.

### Actions at the Corporate Level

- Upon receipt of the Incident Report Form, the Contract Manager reviews the Report and, if indicated, contacts the responsible party for additional questions and clarification.
- Any senior corporate leader who receives an initial Incident Report Form may also elect to notify and/or send the report to additional leaders who should become involved in, or be notified of, the event.
- Corporate leaders receiving the Incident Report Form will provide direction and support to the reporting individual and/or program manager/director regarding next steps or any follow-up that will be necessary.

Approved By: \_\_\_\_\_

## Revision History

Version	Date	Author	Summary of Changes
#1	03/09/2018	Sue Nayda	Policy Created
#2	12/23/2020	Sue Nayda	Reviewed with the following changes: replaced VP with Contract Manager