# Behavioral Health Critical Incidents (BHCI) Reporting

## Questions & Answers

6/28/2024

<div align="center">**A. New Online Form and Process**</div>

1. **Will provider staff be able to save and print a copy of the completed and submitted report for records and licensing visits?**

   Yes, the update to the online form provides a summary page with the full report and the ability to review, edit, and save an electronic copy and/or print it from your computer before submission. You will not be emailed a copy, to protect consumer privacy and confidentiality.

   To save a PDF to a computer:
   a. Use your keyboard function Cntl+P (Windows) or Cmd+P (Mac/Apple) to open the print menu.
   b. Under the "Printer" drop-down menu, select "Print to PDF" or "Save as PDF".
   c. Click "Print".
   d. When prompted, choose where to save the file on your computer.

   To print a copy to your printer:
   a. Use your keyboard function Cntl+P (Windows) or Cmd+P (Mac/Apple) to open the print menu.
   b. Under the "Printer" drop-down menu, select the correct printer to print to.
   c. Click "Print".

2. **Will provider staff be able to save and edit a copy of the report before formally submitting it to OBH, so that supervisors can review it?**

   Yes. You will have a rolling 8 hours from the time you started the form on your computer, tablet, or smartphone to review, edit, and submit the form. You may download and/or print a copy for a supervisor to review during that time prior to submission. This timeframe may be extended in the future, but not beyond 24 hours (i.e., the reporting timeframe). Of note:

   - Your session in the form automatically pauses ("signs you out") after 1 hour if you have not submitted your report, but you can re-join ("sign back in") the same session where you left off, with your previously entered information saved, if you have cookies turned on for your browser and are not in private/incognito mode.
   - If you do not submit the form within 8 hours from starting it, the data you entered will be wiped from the form and you will need to start the form over again.

3. **Will provider staff be able to edit reports we previously submitted?**

Not directly. You do not need an account to submit an OBH critical incident report, but that means you will not be able to edit/update the report you submitted. However, updates can be provided verbally or in writing to the OBH representative that is following up on the incident report, who can edit your report and add additional notes.

4. **Can provider staff run reports to see trends and categories for the organization?**

No. Because OBH does not require providers to have an account to submit incident reports using the new online form, there is not an ability to review or edit submitted incidents or see trends on submitted incidents. However, individual/case or summary reports can be provided upon request.

5. **Can provider staff send a version of the incident report as a secure document to OBH?**

No, the only method to submit incident reports for OBH-reportable critical incidents will be the new online behavioral health critical incidents form. This ensures that all necessary information is provided up front and that the report is quickly routed to the appropriate staff persons for review and follow-up. Copies of other incident report forms, or past OBH forms, that are submitted by email, mail, or fax will not be accepted beginning July 1, 2024.

6. **Will OBH provide a PDF template of the online form for providers to use internally prior to submission?**

Not at this time.

7. **Will OBH's incident report form be accepted by Community Care for significant member incident reporting?**

Yes, providers can submit a copy of OBH's form to Community Care for incidents that are reportable to Community Care. Providers do not need to submit a different form to OBH and Community Care for the same incident, but can instead use a copy of OBH's form for both.

8. **How is OBH addressing the administrative burdens caused by reporting in different ways to different entities?**

    a. Reporting incidents to OBH and other entities is not a new requirement, but the methods of reporting and types of incidents that are to be reported to OBH have changed.

    b. The updated process should streamline reporting and follow-up activities with OBH, but does not eliminate reporting requirements to other entities such as Community Care Behavioral Health Organization (CCBHO), other Behavioral Health Managed Care Organizations (BH-MCOs), or Pennsylvania Department of Human Services (e.g., Adult Protective Services, ChildLine/Child Protective Services). However, OBH sought to align the new form, including the incident categories and descriptions, more closely with these other forms while still ensuring collection of the information we find necessary for our monitoring and follow-up responsibilities.

c. OBH's incident report form is accepted by Community Care. Providers will not need to submit a different form to Community Care.

d. Long-Term Structured Facilities (LTSR) and Community Residential Rehabilitation programs (CRR) providers **only** need to report to PA DHS via Enterprise Incident Management (EIM). They do not need to send OBH a separate incident report, since OBH can access the EIM reports.

e. OBH is open to exploring other standardization of incident reporting for the Allegheny County public behavioral health system in the future.

9. **How secure is the site where the form resides?**

The form and the information that is entered into it are encrypted and securely transferred into AC DHS's database upon submission. The database is in-house and meets security standards required by state and federal laws.

10. **What personally identifying information must be entered for consumers, when it is an incident involving one or more consumers (i.e., not an entire site or unit/floor)?**

- **Required**: First Name, Last Name, Date of Birth, and Legal Sex.
- **Optional**: Social Security Number (SSN) and Allegheny County Master Client Index (MCI) Number.

This information is NOT needed for individuals that are involved in the incident who are NOT consumers served by your organization.

11. **What should provider staff do if consumer information is not known or not available (e.g., full name, date of birth)?**

For consumers served by your organization, check referral, intake/admission, or other documentation available in your/your organization's clinical records. This information should be captured by providers as part of the intake/admission process. If the information is still not known, select the "Entire Unit/Floor" or "Entire Site" options on the "Impact" screen, and provide as much detail as possible about the person on the following screen.

This level of detail is NOT necessary for individuals who are NOT consumers served by your organization.

12. **What types of information should be entered in the "People Involved" field (e.g., staff, family members, etc.)?**

- **Internal and External Staff:** First Name, Last Name, and Position/Title if known.

- **Family Members or Other Supports:** Relationship they have with the consumer(s) (e.g., mother, brother, friend, coworker, mentor, pastor, etc.). Identifying details like names are not necessary.

- **Perpetrators or Victims That Are NOT the Provider's Consumers:** Relationship they have with the consumer(s). Identifying details like names are not necessary.

13. **Because of the 24-hour reporting timeframe, not all prevention or intervention activities may have occurred. How should this be handled with reporting?**

    a. Indicate the prevention and intervention activities that the organization has taken to date. Planned or intended, but not yet completed activities should be described in the "Other Relevant Information" field on the last page of the form.

    b. Providers are not required to submit another form to outline these activities at a later date for the same incident.

## B. Reportability

1. **How should incidents involving consumers who are NOT Allegheny County residents be handled, for both facilities located in and outside of Allegheny County?**

   Any incident involving or impacting an Allegheny County resident, regardless of payer/insurance company, must be reported. A critical incident that happens to another county's resident in congregate settings such as in inpatient and residential services may have an impact on other consumers in the entire unit/floor or site, including Allegheny County residents. Thus, incidents involving non-Allegheny County residents should be reported as well.

   For example, abuse perpetrated by a consumer or staff person, a death, a communicable/contractable illness, missing person, or a non-fatal overdose or suicide attempt occurring with one consumer may have psychological or physical impacts on other consumers at the facility. In such cases where the incident happens to a non-Allegheny County consumer, but may have impacted other consumers on the unit/floor or across the site/facility, it is reportable to OBH. Please note the appropriate "Impact" in the form accordingly.

2. **Is the "Impact" question specific to certain incidents?**

   No, though the most common incident category that may impact an entire site or entire unit/floor is:

   - Any event requiring emergency services of the fire department or a law enforcement agency. Such as:
     - Fire
     - Flood
     - Misappropriation of Individual Property (i.e., theft, embezzlement, or other unauthorized use of another's property)
     - Police Called without a Charge or Arrest

- o  Vandalism

Other incident categories that may impact an entire site or entire unit/floor include:
- Abuse/assault
- Death
- Illness of an individual
- Missing person
- Non-fatal overdose
- Non-fatal suicide attempt

3.  **Are providers required to report on a consumer who is closed to services?**

Yes, there is a 6-month timeframe for reporting on a previous consumer after closure. Reporting of this nature will be relevant for these incidents:
- Abuse/assault
- Death
- Missing person
- Neglect
- Non-fatal overdose
- Non-fatal suicide attempt

4.  **Does the location matter for determining whether an incident is reportable?**

Yes for some, no for others.

- **Location-Specific (i.e., at Provider Site):**
  - o  Any event requiring emergency services of the fire department or law enforcement agency
  - o  Injury of an individual (while at a provider site, requiring medical attention)
  - o  Illness of an individual (while at a provider site, requiring medical attention)
  - o  Seclusion or restraint (requiring medical attention)
  - o  Significant medication error (requiring medical attention)
- **NOT Location-Specific:**
  - o  Abuse/assault
  - o  Death
  - o  Missing person
  - o  Neglect
  - o  Non-fatal overdose
  - o  Non-fatal suicide attempt

5.  **What level of medical attention is necessary for incidents causing injury or illness to be reportable?**

When an individual requires medical treatment **more intensive than first aid** for an injury that occurred. This includes injuries that need to receive assessment or treatment at an

emergency room, urgent care, primary care, or that require hospitalization. First aid includes assessing a condition, cleaning wound, applying topical medications, and applying simple bandages. Medical attention greater than first aid includes:

- Chest pain and difficulty breathing, and/or other symptoms of a heart attack
- Chronic illnesses, such as cancer, heart disease, and diabetes
- Communicable illnesses outlined under the PA Code Chapter 27, such as animal bites and rabies, chickenpox, cholera, food poisoning, hepatitis, lead poisoning, HIV/AIDS, measles/rubeola, meningitis, mumps, and tuberculosis.
- Fever over 103 degrees or with a rash
- Fractured, cracked, dislocated, or broken bones or teeth
- Head injuries, loss of consciousness, severe dizziness, fainting, and/or confusion
- Hypothermia or hyperthermia
- Loss of sight, hearing, or mobility
- Seizures
- Severe, blistering burns
- Severe abdominal pain
- Weakness or numbness on one side of the body, and/or other symptoms of a stroke
- Wounds that have uncontrolled bleeding or are large enough to require stitches

If the injury or illness is caused by a preceding event/incident, use that incident category instead, such as:

- Abuse/assault
- Neglect
- Non-fatal overdose
- Non-fatal suicide attempt
- Seclusion or restraint
- Significant medication error

6. **What restraints are reportable?**

Only restraints (physical/manual, mechanical, and chemical; including therapeutic crisis intervention (TCI) restraints) with a consumer that led to physical injury or illness requiring medical attention should be reported via the critical incident reporting process. If a restraint does not cause physical injury or illness, it should be documented at the consumer-level for review by other processes. All restraints used with consumers should be documented and monitored by providers at the consumer-level as part of your medical and/or administrative records, which must be made available for review by ACDHS.

Critical incident-reportable restraints are those that result in an injury or illness requiring medical attention beyond first aid. Examples include, but are not limited to:

a. Any chemical/drug/medication restraint used to control acute, episodic behavior that is not the standard treatment for the consumer's medical or psychiatric condition, is

intended to significantly lower the individual's level of consciousness and restricts the movement of a consumer, and causes injury or illness from use. Examples of chemical restraints of this nature include acute use of oral, intramuscular, or intravenous medications/injections of benzodiazepines (e.g., lorazepam, midazolam) or antipsychotics (e.g., haloperidol, droperidol, risperidone, olanzapine, ziprasidone).

**b.** Any manual/physical/hands-on restraint that inhibits digestion or respiration, inflicts pain, causes embarrassment or humiliation, causes hyperextension of joints, applies pressure on the chest or joints or allows for a free fall to the floor.

**c.** Any mechanical restraints used to restrict movement or function of a consumer or a portion of a consumer's body that causes injury. Examples of mechanical restraints of this nature include use of handcuffs, straps, blanket wraps, cloths, or other types of restraints positioned around the head, wrists, elbows, knees, ankles, feet, or other portion of the body.

**7. What missing person events are reportable?**

A consumer is considered missing when they are out of contact for more than 24 hours without prior arrangement or are in immediate jeopardy when missing for any period. Based on a consumer's history, safety skills, and familiarity with the area, they may be considered in jeopardy before 24 hours elapse. In addition, when law enforcement are contacted about a missing person or law enforcement independently find and return a consumer, this is a reportable incident regardless of the amount of time an individual has been missing.

**a. Elopement from Facility or Facility-Supervised Activity:** A child, adolescent, or adult who leaves or is absent from an inpatient, residential, or school facility premises or the premises of a facility supervised activity (e.g., outing off facility premises that is directly supervised or managed by staff, such as an outing to a restaurant, store, or park with staff) without approval of staff.

**b. Elopement while on Non-Facility-Supervised Therapeutic Leave/Pass/Outing:** A child, adolescent, or adult who is absent from an inpatient, residential, or school facility-approved therapeutic leave, pass, or outing that is NOT directly supervised or managed by staff (e.g., home pass with family from an inpatient or residential setting).

**c. Other Reportable Missing Person:**

- A child, adolescent, or adult who is out of contact with staff without prior arrangement or who may be in "immediate jeopardy" based on their personal history. This category is relevant to all services.

- Any time law enforcement is contacted about a missing person or law enforcement independently find and return the child, adolescent, or adult regardless of the time he or she was missing. This category is relevant to all services.

8. **How should the manner or cause of death be reported?**
   All known details about the death, including information about whether it was related to an accident, natural/medical, overdose, suicide, or homicide, should be described in the "Detailed Description" and "Factors" fields on subsequent screens of the form.