

INCIDENT REPORTING

Policy:

All incidents are to be reported immediately via the Clarity Healthcare Safety Zone portal. Immediately means as close to the incident as safely possible for those involved, but no later than within 24 hours of the incident. If a shorter reporting period is required by the funder, licensing, and/or program regulations, then the more stringent requirement must be followed.

Protocols:

Submission

Any incident or accident that involves a Center For Family Services' staff, intern, student, person(s) served, client, property or the agency must be reported with immediacy by submitting a detailed incident report via the Clarity Healthcare Safety Zone portal. Wherever possible, the incident report should be written by the staff who were involved or have firsthand knowledge of the incident.

Incidents include, but are not limited to, deaths, suicide attempt, injuries, abuse/assault, property damage, criminal activity and/or newsworthy occurrences. For a more comprehensive list, see Incident Report Appendix A.

Notification

In the event of an incident, staff are to follow their program's guidelines for immediate notification to their supervisor and/or chain of command. This usually occurs via direct communication such as a phone call. Supervisors are responsible for notifying appropriate members of the chain of command regarding serious incidents.

Submission of IR into the Clarity system does not constitute notification

Supervisory Review

Once submitted, supervisors/reviewers in the notification chain will automatically receive an email from notification@healthcaresafetyzone.com informing them that an incident report was submitted to review. The reviewer can access the form by clicking the link in the email or logging into the Clarity HealthCare SafetyZone site.

Supervisors are to complete their initial review of the Incident Report in the Clarity Healthcare Safety Zone portal immediately upon receipt, but no later than 24 hours using the Clarity System. When possible, incidents are resolved at the level closest to the incident. Complete follow up or corrective action as necessary. Once reviewed, complete the follow up questions required for the incident report, including the follow-up status. Submit the report to leadership within 72 hours of initial review. Upon completion of the review, check *Review Completed*, in the Communication Center.

In the event that additional follow up is active and/or required, the follow-up status is to be changed to *Under Review*, and at a minimum, weekly updates must be made to indicate the program's ongoing actions in follow up to the incident.

Notes:

- Once a supervisor is informed that IAIU is involved in an incident, they are responsible for notifying the Associate Vice President and the Quality Improvement Director immediately.
- Supervisors are responsible for ensuring debriefing occurs for consumers and staff following a critical incident. A critical incident includes (but is not limited to the following categories):
 - Physical Restraint, Property damage Over \$500, Medication Error requiring medical treatment, Suicide Attempt, Physical Assault that led to injury, All A+ and A level category incidents as defined by the DCF Unusual Incident Reporting and Management System.
- Supervisors are responsible for ensuring staff are trained on the importance and rationale for reporting incidents.
- Supervisors are responsible for providing constructive, helpful, and supportive feedback to staff after reviewing incident reports. This includes ensuring all elements of the incident report have been thoroughly completed.

Leadership Review

Leadership will review all incidents, as well as to evaluate the appropriateness of intervention and determine if additional factors will affect ongoing delivery of services. For example, review if the appropriate policies and procedures in place to prevent future incidents or accidents.

Closing an Incident Report

Incident reports are to be closed within 14 days. Leadership must change the status of the incident report to *Closed* once all follow up and review is completed.

- If an incident report is unable to be closed within 14 days, then a status report in the manager's comment box must be completed and documented no less than every 30 days by leadership or their designee. Leadership, or their designee, will indicate a pending status during this time.

Timeline

- Incident Occurs
- With immediacy (within max. 24 Hours): Submit IR
- Within 24 hours of submission: Supervisor completes initial review
- Within 72 hours: Supervisor completes review/follow-up
- Within 14 days: Leadership review and close incident report

Storage

Copies of incident reports are not to be placed in the individual's electronic health record or client file.

Confidentiality

All incident report records, reports or other information, whether written or verbal, which directly or indirectly identifies a former or current client receiving services by the Agency must be kept confidential. Staff who fail to maintain confidentiality of such records in accordance with this policy and state law may be subject to disciplinary action, up to and including termination, or civil liability by parties claiming that their confidentiality rights have been violated.

Staff Incidents

Submission

Any incident or accident that involves a Center For Family Services' staff, intern, student, property or the agency must be reported with immediacy by submitting a detailed incident report via the Clarity Healthcare Safety Zone portal. The involved employee submits the incident report via the Clarity portal.

Follow Up

The review process will proceed as outlined above for all incident reports.

For a staff injury/accident, forward the necessary information and reports to the human resources department for distribution to the appropriate insurance provider.

If a vehicle incident/accident occurs, forward the report and necessary information to the appropriate insurance provider.

In the event of a situation or physical condition that is identified as a potential risk, immediate repairs and/or improvements are to be made to rectify the situation, remove and/or improve the potentially hazardous condition.

External Reporting – Unusual Incident Reports:

- For unusual incidents involving programs licensed by the Division of Mental Health Addiction Services (DMHAS), an internal investigation with a full report completed by the appropriate supervisor staff will be completed within 24 hours of incident. In these instances, the internal "Incident Reporting Form" will be completed. This report will include a description of the event, and evaluation of the adherence to agency policies, DMHAS standards and the individual staff involved, conclusions and recommended actions. DMHAS Reportable incidents shall be reported to the DMHAS Program Analyst and/or Regional Quality Assurance Specialist by telephone no later than one working day following incident and an incident number will be acquired. The initial "Community Unusual Incident Initial Report Form" shall be submitted via fax to DMHAS Incident Coordinator (609) 943-4272, (609) 341-2316 and to the Regional QAS (609) 567-4468 no later than 5 working days following the date of the incident or

allegation. A copy of the report will also be sent to the Contract Administrators as well. No later than 45 days following the incident, an internal review of the incident and follow up report is be forwarded to the Division of Mental Health Addiction Services.

- For unusual incidents involving programs licensed by the Department of Children and Families, the “Unusual Incident Report” is be submitted to the UIR Coordinator on the same day for incident levels A & A+, the following day for B level incidents to <https://dcfebpr.dcf.state.nj.us>. Follow up report is due 30 days following the incident date and at 45-day intervals until incident is closed.
 - When appropriate, Unusual Incident Reports are referred to Bureau of Standards and Inspection, and the Regional Coordinator by a member of the Executive Leadership.
 - A copy of the UIR is be uploaded as an attachment into the Clarity portal.

Monitoring:

Incident reports are aggregated and reviewed at a minimum of quarterly for trend analysis and recommendations for improvements by the Quality Improvement Committee.

Procedures:

How to Write an Incident Report

- Include all essential information, such as the identity of the person involved and the exact time and location of the incident.
- Record in detail the events leading up to the incident, during the incident, and afterwards. All attempts to de-escalate an incident are to be clearly detailed. Include specifics as relevant, such as statements made by the person(s) involved, actions taken, staff response, interventions provided, etc. Use behaviorally specific language.
- Write the incident report objectively, avoiding opinions, judgements, or assumptions. If you have additional concerns or opinions, discuss them with your direct supervisor.
- Describe what you heard and saw, and actions that you witnessed being taken. If documenting something that was reported to you, clearly state specifically who informed you and the specific statements that were made, including the timeline of events.
- If more than one individual is involved in an incident, complete a separate incident report for each client involved. The incident report for each person is to have the identified youth name listed for “Who was involved”. All mentions of other clients in the report are to be noted by using another identifier, such as the client’s EHR # or initials.

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