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MEMORANDUM

TO: Mental Health Oversight Committee

FROM: Paul Dupre, Commissioner PD for
Department of Mental Health

DATE: September 25, 2014

RE: Report to the Mental Health Oversight Committee on Quality of Care
And Department of Mental Health Oversight (*September 23, 2014*)

Quality of Care/Departmental Oversight

The Department of Mental Health (DMH) in concert with the Department of Aging and Independent Living (DAIL) publish an Event reporting Protocol. This document provides guidance about required reporting on adverse events (critical incidents used interchangeably) to both Designated Agencies and Designated Hospitals for DMH. The *Designated Hospital & Designated Agency Event Reporting Protocol* is being reviewed on a regular basis and was most recently revised on September 20, 2014. A short summary of answers to questions posited by the MHOC committee follows.

- Reportable Events are relevant for any individual either in the care and custody of the Commissioner of Mental Health or receiving treatment in an inpatient psychiatric services unit. *Incidents involving clients who are private pay, self-pay or receiving pro bono services should be reported using a unique identifier and/or de-identified information.*
- INPATIENT ADULTS: Designated hospitals' reports will be made by phone within 24 hours. Written report within 1 business day via electronic means or fax.
- INPATIENT CHILDREN: Call within 24 hours and written within 24 hours of event. Reminder: All guardians, (public or private) must be notified of a critical event within 24 hours or next business day.

Reports must be submitted using one of the following methods:

1) by fax to secure Department fax number 802-828-3823

2) by scanning or electronic submission via secure e-mail to the address below:

DMH: *AHS.DMHquality@state.vt.us* via secure e-mail or faxed to 802-828-3823.

A NOTE ON ELECTRONIC REPORTING:

Defines events to be reported as:

- Any death on site
- Death or serious injury of a patient resulting from physical assault (i.e. battery) that occurs within or on the grounds of a healthcare setting (National Quality Forum, Serious Reportable Events, Potential Criminal Events, 2011)
- Any incident that requires a mandated report to APS of suspected abuse, neglect or exploitation
- Any patient serious injury or medical event including, but not limited to, self harm
- Staff injuries caused by a person in custody or temporary custody of the Commissioner that are reported to both the Department of Labor and to the hospital's workers' compensation carrier (Sec.3 18 V.S.A. 7257)
- Elopement
- Criminal activity / law enforcement involvement on the unit
- Medication errors that meet MERP D threshold (see attachments C and D)
- Potential Media Involvement : Any incident, marked by seriousness or severity, that is likely to result in attracting negative public attention, or lead to claims or legal action against the State or the reporting entity.

DA/SSA Protocol

- Criminal Activity Involving Law Enforcement
- Potential Media Involvement
- Suspected abuse/neglect or exploitation by a staff member

  Prohibited Practice/Action by paid Staff/Provider or Worker
- Medical Emergency
- Untimely or Suspicious death/Natural Death
- Missing Person
- Seclusion or Restraint

Internal Procedures for Critical Incident Reporting

- DA events go to Community Quality Coordinator
- DH events go to Nurse Quality Management Coordinator/Medical Director oversees
- Recent change to procedures include: a new email address specifically for critical incident reporting. This will be in real time, as emails will go to the appropriate persons through this email address.

- Action is taken by quality management coordinator to Quality management Director to determine whether and what level of follow up is indicated.

- Bi-Monthly reports are generated for internal review by DMH Quality Council to ascertain trends/patterns. Quality Council may select a trend or pattern to review and implement an RBA process for quality improvement.

- Internal Quality management processes are being augmented to focus on development of uniform reporting processes and protocols across the Department to include both Adult and Children's services. Joint meetings are now held on at least a monthly basis

DAIL, DVHA and DMH

Oversight is determined by the services provided to the recipient, however there are times when both departments may be involved. When DMH receives an event report, if it concerns an individual who is also receiving DS services, quality coordinator will make contact with the appropriate unit within the DAIL. In addition, staff at DMH collaborate at least several times during the month for various shared populations and services. An example of our recent work, is addressing the issue of those persons who may require nursing home level of care, but find placement very difficult if there is a mental health diagnosis. This is one of the identified blockages to discharge in some cases from acute care settings.

DMH works closely with DVHA around Quality oversight of inpatient psychiatric services and collaborates in its use of a uniform utilization review methodology. In addition, DVHA Director of Quality management and Integrity and the Medical Director, meet bi-weekly with the Director of Mental Health Services and the DMH Medical Director to review and discuss systemic issues and to ensure uniformity and coordination around quality assurance and improvement activities.

CMS Reporting

DH's contact DMH when CMS/JCAO visit the hospital for a review/survey. Following the exit interview, DH contacts DMH with verbal report of potential citations. When DH receives a letter from CMS, they contact DMH and when their POC is approved, they send that to us.

DMH shares above with chairs of Committees of Jurisdiction and publishes citations and approved Plans of Correction on our website.

RBA

RBA is an ongoing process of quality improvement across all of state government at this point. In compliance with Act 186, there are 2 delegates to this group of Performance Accountability Liaisons: Director of Quality Management and Director of Mental Health Services.

DMH is currently using RBA to determine outcome/performance measures for VPCH, and for AHS Stat process. We are considering how best to use this methodology in other areas of quality performance measurement.

Attachment A: *Critical Events Reporting Guidelines (2014)*

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