



**DEPARTMENT OF MENTAL HEALTH
POLICY/PROCEDURE**

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REPORTING CLINICAL EVENTS INVOLVING ACTIVE CLIENTS	303.05	09/12/2016	1 of 6
APPROVED BY: <i>Robin Kay Ph.D.</i> Acting Director	SUPERSEDES 303.05 07/13/2015	ORIGINAL ISSUE DATE 05/19/1995	DISTRIBUTION LEVEL(S) 1, 2

PURPOSE

- 1.1 To establish uniform guidelines for promptly reporting of clinical events involving active clients to the Director of Los Angeles County Department of Mental Health (LACDMH/Department). Clinical Event Reports (CERs) will be used by LACDMH for evaluating and recommending improvements to the quality of mental health services rendered in LACDMH Directly-Operated Programs and contracted mental health agencies.

DEFINITION

- 2.1 **Active Client:** An existing client without one hundred eighty (180) days of inactivity.
- 2.2 **Critical Clinical Event:** An event that has or may generate governmental and/or immediate community-wide attention and may require a notification by LACDMH to the Board of Supervisors.
- 2.3 **Clinical Event:** An event involving an active client, whether or not the event occurred while receiving services, described by one of the following categories:
 - 1. Death - Unknown Cause;
 - 2. Death - Suspected or Known Cause Other Than Suicide;
 - 3. Death - Suspected or Known Suicide;
 - 4. Suspected or Known Suicide Attempt Requiring Emergency Medical Treatment (EMT);
 - 5. Client Self-Injury Requiring EMT (Not Suicide Attempt);
 - 6. Client Injured Another Person Who Required EMT;
 - 7. Suspected or Alleged Homicide by Client;
 - 8. Medication Error;
 - 9. Suspected or Alleged Inappropriate Interpersonal Relationship With Client by Staff;
 - 10. Threat of Legal Action;



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- 11. Client Assault by Another Client Requiring EMT;
- 12. Adverse Drug Reaction Requiring EMT;
- 13. Alleged Assault by Staff Member to Client; or
- 14. Inaccurate or Absent Laboratory Data Resulting in a Client Requiring EMT.

2.4 **Clinical Event Report (CER):** An event entered into online Safety Intelligence (SI) Reporting System or a paper report submitted by contract agencies that contains information related to events as described in Section 2.3 and related managerial actions.

POLICY

- 3.1 For Directly-Operated Programs, all clinical events shall be reported through SI following the protocol described in Section 4.1.
- 3.2 For Contract Agencies, managers shall complete and submit a paper CER and send specific report pages as instructed in the CER. (Attachment 1)

PROCEDURE

4.1 REPORTING CLINICAL EVENTS

- 4.1.1 If a clinical event as defined in Section 2.3 occurs at a program site or during delivery of a clinical service at any location, the physical well-being and safety of persons involved shall be the primary consideration. Referrals shall be made immediately to appropriate life-saving and/or safety agencies (e.g., paramedics and/or law enforcement).
 - 4.1.1.1 If an event not defined as a clinical event in Section 2.3 for reporting in SI occurs, do not enter the event into SI. LACDMH Clinical Risk Management (CRM) may be contacted for consultation at the telephone numbers listed in the first section of the online SI Event Report.



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4.1.2 Staff shall report clinical events to the manager or supervisor immediately and enter event using SI within one (1) business day if a Directly-Operated Programs or within two (2) business days if a Contract Agency.

4.1.2.1 Online SI Event Report can be entered by staff or managers.

4.1.2.2 Online SI Event Report may be entered anonymously.

4.1.3 Critical clinical events shall be entered into SI immediately. If reported by a contract agency, critical clinical events shall be faxed to the attention of the Medical Director at 213-386-1297.

4.1.3.1 The manager or designee shall notify the Office of the Medical Director or CRM of clinical event and when the clinical event report is entered into SI or faxed.

- The Medical Director or CRM staff shall determine appropriate notification to the Director or Chief Deputy Director.

4.2 MANAGERIAL REVIEW OF CLINICAL EVENTS

4.2.1 Managers of Directly-Operated Programs shall review online reported clinical events within three (3) business days and take immediate action(s) as indicated. Within ten (10) business days, the manager shall enter into SI the results of the managerial review, any corrective actions taken or planned, and recommendations for Department-wide systems, revisions or additions that may lessen the occurrence of a similar, future clinical event.

4.2.1.1 Managers of Directly-Operated Programs shall notify CRM if additional time is needed to complete a clinical event report or managerial review within the timeframes stated above.



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4.2.2 Managers of contract agencies shall mail complete Managerial Review to CRM Unit within thirty (30) calendar days of the event.

4.2.2.1 The manager of the Directly-Operated programs and contract agencies shall notify CRM staff through the SI system if additional time is needed to complete a report or submit the completed managerial review within the time frames stated above.

4.3 MAINTAINING CONFIDENTIALITY OF CLINICAL EVENT REPORTING

4.3.1 CERs or information regarding a CER shall not be e-mailed or faxed in order to preserve confidentiality and protect relevant privileges.

4.3.2 CERs submitted into SI shall not be printed.

4.3.3 Information regarding the filing of a CER and related correspondence shall not be entered or referenced in client's clinical record.

4.3.4 CERs and related correspondence shall be treated as a privileged, confidential communication between LACDMH, Los Angeles County's Third Party Administrator, County Counsel, and contracted legal counsel in areas of risk management and medical malpractice in preparation for litigation. CERs shall not be made available to anyone other than CRM staff or County Agents.

4.4 Clinical event reporting does not preclude the reporting as required by regulation or other LACDMH/Countywide reporting procedures such as reporting to:

4.4.1 DMH Human Resources Bureau (DMH-HRB), Performance Management Unit for alleged employee misconduct (for LACDMH workforce);

4.4.2 Health and Safety Office for safety and health related incidents and those incidents listed on Security Incident Report (for LACDMH workforce);



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- 4.4.3 Health Information Management Director/staff for events related to clinical records (for LACDMH workforce);
- 4.4.4 Administrative Support Bureau through Accident Investigative Reporting for client/visitor injuries on County property or property damage (for LACDMH workforce);
- 4.4.5 DMH-HRB Leave Management staff through Accident Investigative Reporting for work-related employee illnesses or injuries (for LACDMH workforce);
- 4.4.6 Patients' Rights Office (PRO) for events involving patients' rights issues;
- 4.4.7 Compliance, Privacy, and Audit Services (CPAS) Bureau for potential compliance violations/billing improprieties;
- 4.4.8 LACDMH Designation Coordinator and PRO for events occurring at Lanterman-Petris-Short (LPS) designated facilities; or
- 4.4.9 Appropriate licensing agency for facilities according to their respective reporting requirements.

4.5 QUALITY IMPROVEMENT

- 4.5.1 LACDMH Medical Director, CRM staff, and designated staff with managerial responsibility for the reporting area shall review CERs for risk mitigation and quality improvement purposes, which includes, but is not limited to, the following processes:
 - 4.5.1.1 CRM staff shall conduct regular reviews of selected clinical events, claims, lawsuits, and trends of reported clinical events with members of LACDMH Quarterly Clinical Risk Management Committee (QCRMC) and selected programs for the purposes of risk mitigation for current or potential claims or lawsuits and for improving mental health care provided by



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LACDMH Directly-Operated Programs and contract mental health agencies.

- CRM staff shall report results of reviews and any recommendations to an appropriate LACDMH committee or bureau for information or action as indicated.

4.6 CONFIDENTIALITY

- 4.6.1 All CERs and related materials submitted to and reviewed by CRM staff, including that which is presented or discussed at QCRMC meeting, are privileged and strictly confidential under State law (References 1, 2, and 3), in preparation for litigation, and under federal law if reported in the SI reporting system (Reference 4).

AUTHORITY

1. LACDMH Administrative Directive

ATTACHMENT (HYPERLINKED)

1. [Clinical Event Notification/Managerial Review](#) - For Contact Agency Providers Only
2. [Safety Intelligence Event Report](#) - For DMH Directly-Operated Providers Only

REFERENCE

1. California Welfare and Institutions Code Section 5328
2. California Evidence Code Section 1157(e)
3. California Government Code Section 6254(c)
4. Patient Safety and Quality Improvement Act of 2005

RESPONSIBLE PARTY

LACDMH Office of the Medical Director