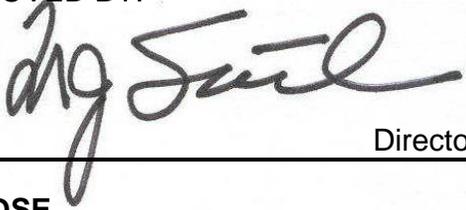




**DEPARTMENT OF MENTAL HEALTH
POLICY/PROCEDURE**

SUBJECT REPORTING CLINICAL INCIDENTS INVOLVING INTENTIONAL INJURIES, DEATHS, ALLEGED CLIENT ABUSE AND POSSIBLE MALPRACTICE	POLICY NO. 202.18	EFFECTIVE DATE 5/25/10	PAGE 1 of 5
APPROVED BY:  Director	SUPERSEDES 11/15/02	ORIGINAL ISSUE DATE 05/19/95	DISTRIBUTION LEVEL(S) 2

PURPOSE

- 1.1 To establish uniform guidelines for prompt reporting of clinical incidents to the Director of the Los Angeles County - Department of Mental Health (LAC-DMH). Clinical Incident Reports (See Attachment 1) will be used by DMH for evaluating and improving the quality of mental health services rendered in County directly operated and contracted mental health agencies.

DEFINITIONS

- 2.1 For the purposes of this policy, the term “clinical incident” is defined as a:
 - 1. Death – Other than Suspected or Known Medical Cause or Suicide
 - 2. Death – Suspected or Known Medical Cause
 - 3. Death – Suspected or Known Suicide
 - 4. Suicide Attempt Requiring Emergency Medical Treatment (EMT)
 - 5. Client Sustained Intentional Injury to Self (not suicide attempt) or was injured by another Client Requiring EMT
 - 6. Client Injured Another Person Who Required EMT
 - 7. Homicide by Client
 - 8. Medication Error or Adverse Medication Event Requiring EMT
 - 9. Suspected Client Abuse by Staff
 - 10. Possibility or Threat of Legal Action
- 2.2 Clinical incidents may be either non-critical or critical in nature.
 - 2.2.1 A non-critical clinical incident is one that does not generate governmental and/or immediate community-wide attention and, thus, does not require a report by the Director to the Board of Supervisors.
 - 2.2.2 A critical clinical incident is one generating governmental and or immediate community-wide attention and, thus, may require a report by the Director to the Board of Supervisors.



**DEPARTMENT OF MENTAL HEALTH
POLICY/PROCEDURE**

SUBJECT REPORTING CLINICAL INCIDENTS INVOLVING INTENTIONAL INJURIES, DEATHS, ALLEGED CLIENT ABUSE AND POSSIBLE MALPRACTICE	POLICY NO. 202.18	EFFECTIVE DATE 5/25/10	PAGE 2 of 5
---	--	---	----------------------------------

POLICY

- 3.1 In the event of a clinical incident (defined in Section 2.1), the physical well-being and safety of the persons involved shall be the primary consideration. Referrals shall be made to the appropriate life saving and/or safety agencies (e.g., paramedics and/or law enforcement). Incidents occurring at Lanterman-Petris-Short (LPS) designated facilities shall be reported to the DMH Designation Coordinator and to the Patients’ Rights Bureau. Incidents involving patients’ right issues should be reported to the Patients’ Rights Bureau. Incidents occurring at licensed facilities shall also be reported to the appropriate licensing agency per their respective reporting requirements.
- 3.2 All clinical incidents must be reported immediately to departmental managers, following the protocol described in Section 4.1 below.

PROCEDURE

4.1 **REPORTING CLINICAL INCIDENTS**

- 4.1.1 Non-critical clinical incidents shall be reported immediately to the manager/supervisor and up through the chain of command.
- 4.1.2 Staff involved/observing/notified of the incident shall complete page one of the Clinical Incident Report and follow the instructions on the report. Attach copies of any newspaper articles or other relevant information concerning the clinical incident. The report shall be completed even though the facts may not be fully known. In order to ensure that appropriate information is included in the report, a manager or his/her designee shall review and sign the report prior to its being submitted.
- 4.1.3 The report of a non-critical clinical incident and any attachments shall be sent to the Medical Director within the next business day.
 - 4.1.3.1 DMH supervisors and managers may deliver in person or use interdepartmental mail.
 - 4.1.3.2 Contract agencies must report non-critical clinical incidents within two business days.



**DEPARTMENT OF MENTAL HEALTH
POLICY/PROCEDURE**

SUBJECT	POLICY NO.	EFFECTIVE DATE	PAGE
REPORTING CLINICAL INCIDENTS INVOLVING INTENTIONAL INJURIES, DEATHS, ALLEGED CLIENT ABUSE AND POSSIBLE MALPRACTICE	202.18	5/25/10	3 of 5

- 4.1.4 The report of a critical clinical incident and any attachments shall immediately be submitted to the Medical Director via confidential fax.
- 4.1.4.1 Prior to sending the fax, staff shall telephone the Medical Director's office or the Clinical Risk Manager to notify them that the report is being faxed.
- 4.1.4.2 The Medical Director or Clinical Risk Manager shall determine appropriate notification to the Director or Chief Deputy Director.
- 4.1.5 Page two of the Clinical Incident Report, i.e., the Manager's Report of Clinical Review, shall be completed by the manager and submitted to the Clinical Risk Manager via confidential mail within thirty (30) days of the clinical incident.
- 4.1.6 The Clinical Incident Report may be completed on a computer and printed for sending confidentially via mail, but must not be e-mailed due the Protected Health Information that is included in the document.
- 4.1.7 If the clinic manager so chooses, one copy of the Clinical Incident Report may be made and maintained in a separate confidential file. No other copies of the Clinical Incident Report shall be made by anyone other than the Clinical Risk Manager or his/her designee.
- 4.1.8 Clinical Incident Reports or related correspondence/references regarding the clinical incident report must not be entered or placed in the client's clinical record, but rather kept in a separate file at the clinic.
- 4.1.9 The Clinical Incident Report and related correspondence shall be treated as privileged, confidential communication between DMH, Los Angeles County's Third Party Administrator, County Counsel, and contracted legal counsel in the areas of risk management and medical malpractice. Clinical Incident Reports shall not be made available to anyone other than County Agents.



**DEPARTMENT OF MENTAL HEALTH
POLICY/PROCEDURE**

SUBJECT	POLICY NO.	EFFECTIVE DATE	PAGE
REPORTING CLINICAL INCIDENTS INVOLVING INTENTIONAL INJURIES, DEATHS, ALLEGED CLIENT ABUSE AND POSSIBLE MALPRACTICE	202.18	5/25/10	4 of 5

4.1.10 Clinical Incident reporting does not preclude the proper reporting on other Countywide reporting forms to other appropriate DMH departments/staff such as:

1. The DMH-Human Resources Bureau (DMH-HRB), Employee Relations staff for alleged employee misconduct;
2. The Health and Safety Officer for health related incidents and those incidents listed on the Security Incident Report (SIR);
3. The Director of Clinical Records for subpoenas/medical record events;
4. The Chief of the Administrative Support Bureau for client/visitor injuries on County property or property damage; and
5. The DMH-HRB Leave Management staff for work-related employee illnesses or injuries.

5.1 QUALITY IMPROVEMENT

5.1.1 The DMH Medical Director and Clinical Risk Manager shall review clinical incident reports for risk mitigation and quality improvement purposes. The Clinical Risk Manager shall send an acknowledgement to the manager for each report received that indicates if further reporting is required, if a managerial review is indicated, or further information is needed.

5.1.2 The Clinical Risk Manager may make copies of Clinical Incident Reports for training or review purposes, provided client information is removed.

5.1.3 The DMH Quarterly Clinical Risk Management Committee: The Clinical Risk Manager shall conduct regular reviews of selected clinical incidents, Adverse Outcome Reviews, claims, lawsuits and trends of reported clinical incidents with the DMH Quarterly Clinical Risk Management Committee for purposes of improving the mental health care provided by LAC-DMH directly operated and contracted mental health agencies. The Clinical Risk Manager shall report the results of reviews and any recommendations to the appropriate DMH committee or bureau for information or action as indicated.



**DEPARTMENT OF MENTAL HEALTH
POLICY/PROCEDURE**

SUBJECT	POLICY NO.	EFFECTIVE DATE	PAGE
REPORTING CLINICAL INCIDENTS INVOLVING INTENTIONAL INJURIES, DEATHS, ALLEGED CLIENT ABUSE AND POSSIBLE MALPRACTICE	202.18	5/25/10	5 of 5

5.1.4 Adverse Outcome Review: Without any implication or acknowledgement of wrongdoing or censure, the Medical Director may convene an Adverse Outcome Review to make a thorough examination of the facts in selected Clinical Incident Reports. Participants in this review may include the following staff or their designees: Medical Director, Regional Medical Director, Clinical Risk Manager, Deputy Directors, District Chiefs, Program Heads, clinic staff, and/or others within the Department or contract agencies. Clinical Incident Reports and other related materials will be used, and a brief synopsis of the case will be presented and discussed. Recommendations resulting from the review will be referred to the DMH Quarterly Clinical Risk Management Committee, participating management staff, and other DMH committees or Bureaus for action.

5.1.5 Confidentiality of Clinical Risk Management Information: All materials presented or discussed in the Adverse Outcome Review and/or DMH Quarterly Clinical Risk Management Committee are privileged and strictly confidential under State law.

REFERENCES

Welfare and Institutions Code Section 5328
 Evidence Code Section 1157 relating to medical professional peer review documents
 Government Code Section 6254(c) relating to personnel records

ATTACHMENTS (Hyperlinked)

1. LAC-DMH Clinical Incident (Event) Notification

RESPONSIBLE PARTY

LAC-DMH Office of the Medical Director