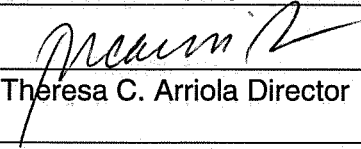


GUAM BEHAVIORAL HEALTH AND WELLNESS CENTER		
TITLE: Incident Reporting	POLICY NO: AD-RM-02	Page 1 of 4
RESPONSIBILITY: Health and Safety/Risk Management		
APPROVED BY:  Theresa C. Arriola Director	Date of Original Approval: 3/31/2017	
	LAST REVIEWED/REVISED: 9/14/21	

PURPOSE:

To provide a process for identifying and reporting consumer safety events (critical incidents), and other reportable incidents in order to promptly address the issue and determine the root cause so that corrective action may be taken to prevent future incidents. This policy is in compliance with the Commission on Accreditation of Rehabilitation Facilities (CARF) standards on critical incidents.

POLICY:

- A. Guam Behavioral Health and Wellness Center (GBHWC) seeks to improve consumer care by reviewing and responding to all consumer safety events or critical incidents, and abides by the *19GCA Chapter 13 Child Protective Act and Guam Public Law 19-54 Adult Protective Services Act* in reporting to Adult or Child Protected Services all incidents of consumer abuse.
- B. Details of the incident must be written within twenty-four (24) hours or within the shift of the incident using the incident report form AD-RM-02.1.
- C. An internal investigation shall be conducted within forty-eight (48) to seventy-two (72) business hours for critical incidences that do not meet the sentinel event criteria.
- D. All sentinel events shall initiate an investigation, debriefing and analysis of the root cause of the incident that will identify any quality improvements either through redesign or development of new systems or processes that would reduce the risk of such events occurring in the future. (*See AD-RM-03 Sentinel Events Policy*)
- E. All incident reports and internal incident investigation reports are confidential legal documents and are protected from disclosure except for purpose of meeting the requirements set forth in Guam Public Laws. It must be stored in a secured area and shall never be filed in the consumer's medical record.
- F. All personnel shall be provided with incident reporting training to be familiar with all circumstances that are reportable and considered critical incidents and sentinel events upon hire and annually.

DEFINITIONS:

- A. **Reportable Incidents:** Any incidents that happened out of the ordinary; specifically unplanned events or situations that result in or have the potential to result in injury, damage or loss. Reportable incidents are divided into staff or administration related and consumer safety events also called critical incidents.

1. Staff or administrative related reportable incident type are but not limited to;
 - a. Burglary, theft, major damage to department property
 - b. Discovery of contraband (illegal drugs, weapons, etc.)
 - c. Employee injury requiring medical treatment
 - d. Unethical, immoral or abusive staff conduct towards another staff member, visitor or consumer.
 - e. HIPAA violation/breach of confidentiality
 - f. Missing medical records
 - g. Natural disaster (substantial threat to facility operations or safety)
 - h. Physical injury of a visitor that requires first aid or treatment.
 - i. Reportable disease that requires notification of public health authorities
 - j. Search and seizure
 - k. Medical emergency of a staff

2. Critical Incidents: a consumer safety event or any actual event or situation that creates a significant risk that could have resulted or did result in harm to the physical or mental health, safety or well-being of a consumer in the course of service delivery, treatment, or care. Below are types of reportable Consumer incidents:
 - a. Types of Consumer Safety Events/Critical Incidents
 - i. Abuse
 - ii. Aggression or Violence
 - iii. Biohazard accidents
 - iv. Communicable disease
 - v. Elopement
 - vi. Fall
 - vii. Incident involving injury
 - viii. Medication errors
 - ix. Neglect
 - x. Suicide and attempted suicide
 - xi. Sexual assault
 - xii. Use of seclusion
 - xiii. Use of restraint
 - xiv. Use of unauthorized possession of legal or illegal substances
 - xv. Use of unauthorized possession of weapons
 - xvi. Vehicular accidents
 - xvii. Wandering
 - xviii. Consumer abduction within GBHWC facility
 - xix. Overdose
 - xx. Infection Control

 - b. Consumer Safety Events/Critical Incidents are categorized as:
 - i. Adverse event – a consumer safety event that resulted in harm to a consumer.
 - ii. No-harm event - a consumer safety event that reaches the consumer but does not cause harm
 - iii. Close call (or “good catch”) – a consumer safety event that did not reach the consumer
 - iv. Hazardous (or “unsafe”) condition(s) – a circumstance (other than an individual’s own disease process or condition) that increases the probability of an adverse event.

- v. Sentinel Events – an incident that resulted in death, permanent harm or severe temporary harm. It is called “sentinel” because they signal a need for immediate investigation and response (see AD-RM-03 Sentinel Events Policy)

RESPONSIBILITY:

Risk Management Officer:

- A. Shall investigate and conduct a risk and root-cause analysis of all sentinel events (see *AD-RM-03 Sentinel Events Policy*) and other incidents will be investigated as deemed necessary.
- B. Shall convene a committee to investigate sentinel events and other incidents that requires investigation. Committee members will be selected at the discretion of the Risk Manager.
- C. Shall report to the Environment of Care Committee (EOC) all incidents quarterly.
- D. Shall provide the management with a written annual analysis of all critical incidents and sentinel events that addresses;
 - 1. Causes and trends.
 - 2. Actions for improvement.
 - 3. Result of performance improvement plan
 - 4. Necessary education and training of personnel
 - 5. Prevention of recurrence
 - 6. Internal reporting requirement
- E. Shall provide the EOC and Executive Management Council a status report of the actions taken in response to the recommendations in the annual analysis.

Supervisor of the Staff Involved in the Incident

- A. The supervisor shall review the written report for completeness, accuracy and signatory requirements,
- B. Shall conduct a debriefing, note apparent causes of the incident, immediate measures taken and results of immediate measures within three (3) working days of the incident.
- C. Shall Inform the Risk Management Officer regarding the incident that may pose a risk to the Department.
- D. Shall document any findings of the action taken in the incident report.

Environment of Care Committee:

- A. Shall review the Risk Management Officer's report and make recommendations or develop actions for improvement to prevent similar events from occurring in the future.

PROCEDURES:

- A. Reporting and Documentation of Incidents;
 - 1. The staff who witnessed the incident shall inform his/her supervisor of the said incident within the following time frames;
 - a. Sentinel event –Notify Supervisor Immediately and supervisor will notify the Risk Manager ASAP.
 - b. Before the end of the shift/work day in which the event occurred for all other types of incidents.
 - 2. The staff reporting an incident shall complete the incident form *FAD-RM-02.1*

3. A progress note must be made in the consumer's electronic medical record regarding the incident.
4. The report shall be submitted to the immediate supervisor for review and recommendation before it goes to the division administrator.
5. Risk manager will conduct an investigation at the discretion of the Director or Deputy Director.
6. Risk manager shall apprise the Deputy Director and Director of the incident and investigation outcomes/results .

B. Debriefing

1. If necessary, debriefing of the staff involved in the critical incident or sentinel event shall be conducted within forty-eight (48) to seventy-two (72) business hours of the event.
2. The findings of the debriefing/investigation shall be reported to the RMO, Clinical Administrator/Nurse Administrator and documented in the incident report under the Immediate Supervisor Review.

C. Internal Incident Investigation:

1. Incidents will be investigated as deemed necessary by the risk management officer or the director
2. The internal investigation must be completed within ten (10) working days after the request for an internal investigation or debriefing was made.
3. Recommendation and or internal incident investigation findings shall be documented in the root cause analysis report.

D. Reporting to External Agencies:

1. Staff is required to follow Guam Public Law (*10GCA Chap. 2 and 19 GCA Chap. 13*) to report the suspected or alleged abuse, neglect, and or exploitation to Adult Protective Services (APS) or Child Protective Services (CPS).
 - a. All incidents involving abuse, neglect, exploitation or abandonment require an immediate oral report to APS or CPS followed by a written report on the approved APS or CPS from within forty-eight (48) hours
 - b. If the incident of abuse, neglect, or exploitation is suspected to be a crime, the staff's immediate supervisor shall consult with the Risk Management Officer and the Director and immediately contact the Guam Police Department.

ATTACHMENT

FAD-RM -02.1 Incident reporting form

RELATED POLICY (IES):

- A. *AD-RM-02 Risk Management Program Plan*
- B. *AD-RM-03 Sentinel Event Policy*

SUPERSEDES:

- A. *Incident Reporting Protocol. 5/16/2012; Wilfred Aflague DMSHA Director.*
- B. *Suspected Abuse and or Neglect of a consumer by staff protocol;8/15/2012*



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790 Gov. Carlos G. Camacho Rd. Tamuning, Guam 96913
 TEL: (671) 647-5330 FAX: (671) 649-6948

INCIDENT REPORT FORM

First Responder:		Incident Date:		Incident Time:		
Location:		Location Details				
<input type="checkbox"/> GBHWC Main facility						
<input type="checkbox"/> Residential Facility						
<input type="checkbox"/> Consumer Residence						
<input type="checkbox"/> Community/Other						
Person Involved						
Name:				Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male		
Person Type:	<input type="checkbox"/> Consumer MR#	<input type="checkbox"/> Visitor	<input type="checkbox"/> Staff	<input type="checkbox"/> Student/Intern	<input type="checkbox"/> Other	
Others involved in the incident, and witness to incident: (first list all victims of assault or accidents, then witnesses)						
	Name:	MR#	Title	Victim	Witness	Relationship
1				<input type="checkbox"/>	<input type="checkbox"/>	
2				<input type="checkbox"/>	<input type="checkbox"/>	
3				<input type="checkbox"/>	<input type="checkbox"/>	
Administrative Reportable Incidents				Consumer Safety Events/Critical Incidents		
<input type="checkbox"/> Burglary/Theft/damage to property		<input type="checkbox"/> Missing medical record		<input type="checkbox"/> Consumer abduction within GBHWC facility		<input type="checkbox"/> Incident Involving Injury
<input type="checkbox"/> Discovery of contraband		<input type="checkbox"/> Medical emergency		<input type="checkbox"/> Aggression/Violence		<input type="checkbox"/> Fall
<input type="checkbox"/> Search and Seizure (i.e., court ordered)				<input type="checkbox"/> Abuse		<input type="checkbox"/> Medication Error
<input type="checkbox"/> Unethical Misconduct (specify):				<input type="checkbox"/> Biohazard Accidents		<input type="checkbox"/> Neglect
<input type="checkbox"/> HIPAA Violation/breach of confidentiality				<input type="checkbox"/> Communicable disease		<input type="checkbox"/> Wandering
<input type="checkbox"/> Natural Disaster (substantial threat to facility operations or safety)				<input type="checkbox"/> Elopement		<input type="checkbox"/> Suicide/attempted suicide
<input type="checkbox"/> Physical injury of a visitor requiring first aid				<input type="checkbox"/> Human rights violation		<input type="checkbox"/> Unauthorized possession of weapons
<input type="checkbox"/> Employee Injury				<input type="checkbox"/> Sexual Assault		<input type="checkbox"/> Vehicular accidents
<input type="checkbox"/> Reportable disease requiring notification of public health authorities				<input type="checkbox"/> Unauthorized possession of legal or illegal substances		<input type="checkbox"/> Overdose
<input type="checkbox"/> Other (Specify):				<input type="checkbox"/> Infection Control		<input type="checkbox"/> Other (Specify):



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Incident Report: Describe what happened (who, what, where, when, why, and how)

Empty box for incident description.

Severity Outcome:

- No harm event: did not threaten the involved person's health, safety, and /or welfare.
- Adverse event: did threaten the involved person's health, safety, and /or welfare.
- Close Call: consumer safety event that was prevented and did not reach the consumer.
- Hazardous or unsafe conditions: a circumstance that increase he probability of an adverse event.
- Sentinel Event: resulted in the loss of life, loss of function, or permanent harm, severe temporary.

Persons or agency notified:

Indicate name:

Supervisor

Risk Manager

CPS

APS

GPD

Other (specify):

Intervention:

<input type="checkbox"/> Use of seclusion	<input type="checkbox"/> Use of restraint	<input type="checkbox"/> Other (Specify):	<input type="checkbox"/> NA
Type of PCM Restraint use:	<input type="checkbox"/> Sunday Stroll	<input type="checkbox"/> One-arm wrap around	<input type="checkbox"/> Other (specify):
Duration:	Time Started:	Time Ended:	
Was the PCM Restraint(s) utilized properly <input type="checkbox"/> Yes <input type="checkbox"/> No		Was the PCM Procedures effective <input type="checkbox"/> Yes <input type="checkbox"/> No	

I, the Reporter, certify this report to be accurate and complete: (complete injury section, if with injuries).

Reporter Printed Name	(Signature)	Date	Time

I, the Immediate Supervisor, have reviewed this report and hereby certify that all documentation is complete and correct:

Immediate Supervisor/Charge Nurse On duty	(Signature)	Date	Time



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IMMEDIATE SUPERVISOR REVIEW

Debriefing Done: Yes No NA

Date of Debriefing:

1. Describe all supervisory actions taken (include any and all supervisor responses taken, alternate staff assignments, etc.)

2. Could anything have been done to prevent the incident?

Yes

No

If yes, explain:

3. Are there corrective measures that have been or will be put in place as a result of the incident?

Yes

No

If yes explain corrective measures:

Immediate Supervisor/Charge Nurse on duty Printed Name	(Signature)	Date	Time
Division Administrator Printed Name	(signature)	Date	Time

Division Administrator's COMMENTS:



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RISK MANAGER REVIEW			
Print Name-Title	(Signature)	Date	Time
COMMENTS:			

DEPUTY DIRECTOR/DIRECTOR REVIEW			
Recommendation: <input type="checkbox"/> internal investigation <input type="checkbox"/> No internal Investigation <input type="checkbox"/> other _____			
Printed Name-Title	(Signature)	Date	Time
COMMENTS:			



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INJURY REPORT

Name of Person with Injury:

Name of Examiner:

Date Examined:

Injury incurred:

Yes No

Total # of persons injured:

Cause of Injury:

Fall

Trip

As a result of Physical Restraint

Physical Assault

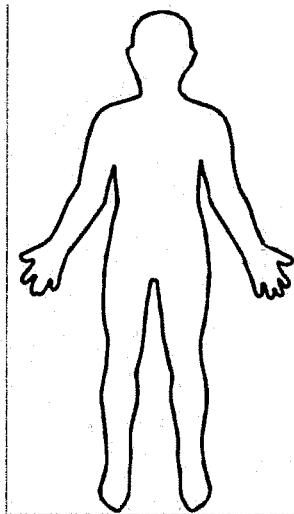
As a result of seclusion

As a result of Self-Harm

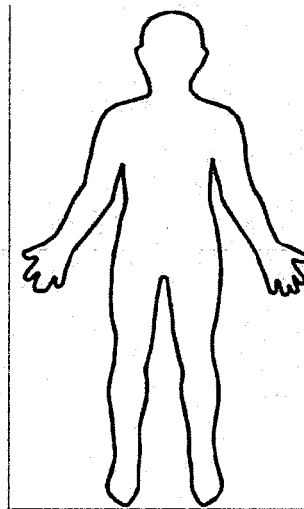
Accident (specify): _____

Other (specify): _____

Description and Severity:



Front



Back

Recommendation: No Treatment needed First Aid treatment by GBHWC Nurse or MD
 Outside medical treatment required Other (Specify): _____

Outcome of treatment provided if any:

I certify that this section of this report is complete and accurate

Print Name	(Signature)	Title	Date:





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REVIEW AND ENDORSEMENT CERTIFICATION

The existing policy and form has been reviewed and updated to reflect the current CARF Standard. Policy was disseminated to Supervisors and Administrators for their feedback. Minor changes were made.

Policy Title: Incident Reporting

Policy No: AD-MR-02

Form Attached: F AD-RM-02.1

The signatories on this document acknowledge that they have reviewed and approved the following:

Date	Signature
9/16/2021	

Barsen Adelbai
Management Analyst III, Designated Risk Manager

Date	Signature
9/16/2021	

Cydsel Victoria Toledo
Management Analyst IV, Regulatory Compliance/Quality Management

Date	Signature
9/16/21	

Carissa Pangelinan
Deputy Director

