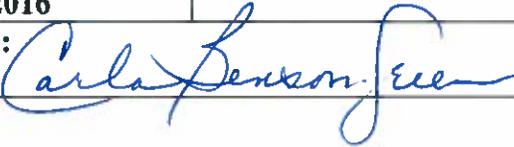


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<b>AUTHORIZED SIGNATURE:</b> 	

## Delaware Children's Department Policy

### I. PURPOSE

The Department of Services for Children, Youth and Their Families recognizes the importance of being a self-correcting agency with a constant focus on safety and quality of services. The purpose of this policy is to establish processes to identify underlying systemic issues that lead to the occurrence of a critical incident with the goal of preventing similar incidents from occurring in the future.

### II. GENERAL

This policy outlines the formation and activity of the Department Safety Council (hereafter referred to as "Safety Council") as well as the additional strategies the Council may utilize to aid in review of critical incidents and determination of recommendations to prevent similar incidents from re-occurring.

### III. DEFINITIONS

- A. Causal Factors – The contributing causes of the critical incident under review.
- B. Critical Incident – An unexpected incident that involves the serious injury, hospitalization, death or escape of a child active in the Department. The Department has adopted the following definitions of incidents to be reported:
  - i. Child Death – The loss of life of any child who is active with the Department or has been active within 12 months preceding his or her death. Deaths of children in both Department operated and contracted programs are reported. This includes:
    - 1. DFS low risk contracted cases
    - 2. DYRS Community Services low risk cases and any case open in FACTS for administrative supervision only with no active supervision, including the status of Preadjudication/Detention Alternative.
  - ii. Hospitalizations – An emergency hospital admission of a child active with the Department in any 24 hour Department operated or contracted program and the admissions is for unanticipated illness, physical injury or attempted suicide, or any hospital admission of an active child in which the hospital staff reports suspected abuse/neglect to the Division of Family Services. An "active child"

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includes any child active with the Department in FACTS (The Division active with the child when the report is made should report the critical incident.)

1. Emergency admission does not need to be made through the emergency room however the child must be admitted beyond the emergency room, into some other program in the hospital (*See the exception below for attempted suicide*)
  2. Psychiatric hospital admissions are considered critical incidents and are required to be reported as outlined in this policy.
  3. “24 hour Department operated or contracted program” references residential care including foster care. Youth in ICT type placements are not included in “any 24 hour Department operated or contracted program”
  4. Chronic illness and conditions such as medically fragile may result in hospitalizations which are “anticipated” or expected and are not reported, but any emergency hospitalization not related to the condition would be reported
  5. “Physical injury” need not be related to neglect or abuse
  6. “Attempted suicide” assumes an attempt so serious the physical consequences/injury results in hospitalization for medical treatment or there was potential for serious injury as the result of the suicide attempt. Report any attempted suicide resulting in an emergency room admission. “Attempted suicide does **not** include suicide threats, suicide ideation, or planning a suicide.
- iii. Escape from a Level V Program – The unauthorized departure from any Level V DYRS program. This includes Ferris School, Stevenson House, NCCDC, and any contracted level 5 program (either in state or out of state)
- iv. Institutional Abuse Resulting in Arrest/Neglect – The arrest of an employee or provider in a Department operated or contracted program for a charge stemming from institutional abuse and/or neglect. There must be maltreatment of a child active with the Department. “Provider” can be defined as an employee or any household member (including a peer in a residential setting). Includes abuse and/or neglect occurring in outpatient programs contracted by the Department.
- C. **Improvement Plan** - An action plan developed by the Division Director(s) of each Division providing services at the time of the incident. The Improvement plans are presented to the Cabinet Secretary following completion of the RCA and are tracked by the Division(s) and the Department Safety Council.
- D. **Internal Review** – A review process completed by the Division involved at the request of the Safety Council.

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- E. Root Cause Analysis – A systemic process that uses the information gathered during an investigation to determine the fundamental system deficiencies that led to the incident.
- F. Safety Council – Council is staffed and chaired by the Office of Case Management and is comprised of a representative of the Office of the Cabinet Secretary and two representatives from each of the service divisions. The Council is responsible for conducting a thorough review of all critical incidents (as defined above) and other cases upon request and providing written recommendations to the Cabinet Secretary regarding strategies to address the incident.

#### **IV. PROCEDURES**

##### **A. Safety Council Activities**

1. Critical incidents are reported immediately by the Division(s) to the Safety Council through the Critical Incident Data base. Each Division shall have a representative who reviews all reportable events for that division and enters directly into the database any event that meets the definition of a critical incident.
2. The Safety Council Staff conducts a review of the critical incident via the information provided by the Division and provides a recommendation to the Cabinet Secretary as to whether a Root Cause Analysis should be conducted.
3. In cases where a Root Cause Analysis is recommended, The Safety Council will send the completed ‘Critical Incident Review & Decision for Root Cause Analysis Referral’ form to the Cabinet Secretary for approval. The referral will include recommendations for the composition of the RCA team. The following criteria should be considered to determine the composition of the panel:
  - i. The Safety Council will recommend a chairperson for each RCA team. The Cabinet Secretary will approve and appoint each RCA Team chairperson
  - ii. The team should be comprised of staff who will bring objectivity and expertise related to the incident; priority will be given to staff trained on RCA procedures
  - iii. The team should have ethnic, cultural and geographic diversity.
  - iv. Staff from other agencies or professions and individual who had direct involvement in the incident should not serve on the team
4. The Safety Council is responsible for recording and tracking recommendations from the Safety Council. Tracking will include whether an incident was recommended for a Root Cause Analysis and if not, why (reasons for not referring an incident for a RCA might include: death due to chronic medical conditions/illness; death due to acute medical illness/expected outcome; no known system issues could have prevented; or hospitalization where no abuse or neglect issues are present.). Tracking will also include whether an internal review should be completed by a Division(s).

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5. The Safety Council may also request an internal review to be completed by the involved Division (s) following outlined procedures.
6. The OCM Administrator will review Safety Council recommendations and can remand them to the Council for further clarification and/or consideration if appropriate.
7. Safety Council is not responsible for taking any necessary personnel actions related to critical incidents; individual Divisions have responsibility for personnel actions..

#### **B. RCA Team Process**

1. OCM staff will be responsible for collecting all pertinent case information and distribute to team members no later than the first meeting.
2. OCM staff and the RCA Team Chairperson will coordinate the scheduling of the first RCA Team meeting.
3. At the first meeting, the Team shall review and sign a confidentiality form and develop a schedule for completing the review and preparing the report.
4. All meetings of the Team shall be closed to the public. All comments and testimony concerning clients are confidential.
5. The RCA Team may request any records pertaining to the client as deemed appropriate to accomplish its task. This request may also include records of clients in the case who have received services from a private agency under a purchase of service or care agreements with the Department. All records must be safe guarded and accounted for. OCM staff will be responsible for providing requested information, arranging meetings and interviews and ensuring that the process follows prescribed RCA procedures.
6. The RCA Team will review collected Department case files, records and chronologies relevant to the incident.
7. The RCA Team may interview staff members involved in the case, staff members of private agencies who have a purchase of service or care agreement with the Department and any other individuals who have direct involvement in, or knowledge of the case, as appropriate.
8. The RCA Team will complete the Root Cause Analysis process and determine if root causes can be identified.
9. The RCA Team shall prepare a written report in 30 calendar days (from the date of the initial team meeting). The Chair may request additional time if needed by submitting a request to the Chair of the Department Safety Council.
10. The contents of the report may include the following:
  - Incident description
  - Facts and Analysis
  - Causal Factors
  - Conclusions which may include root causes
  - Risk reduction strategies
  - Recommendations for improvement relating to the critical incident
  - Appendices

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The report shall not include recommendations concerning disciplinary actions against any employee.

11. Copies of the report will be submitted to the Cabinet Secretary, Directors of Divisions involved with the incident, and the Department Safety Council.

### **C. Action Steps following Root Cause Analysis Process**

1. Upon completion of the RCA Report, the Department Safety Council will review the report no later than the next scheduled meeting.
2. The Team Chairperson presents the RCA report to the Safety Council and participates in the Safety Council review and discussion.
3. The Safety Council prepares a written review of the report. The review may include suggested revisions or additional recommendations.
4. A meeting is scheduled with the Cabinet Secretary, Directors of Divisions involved with the incident, OCM Administrator or designee, chair of the Safety Council, and the RCA Team Chairperson. The RCA chair will present the report and answer questions of participants. The Safety Council Chair will present any recommendations of the Safety Council.
5. Within 30 calendar days, Division(s) will provide a Systems Improvement Plan to the Cabinet Secretary and the OCM Administrator.
6. Upon approval of the Cabinet Secretary, the involved Division(s) will begin executing the improvement plan. It is the responsibility of the involved Division(s) to disseminate the information from the Root Cause Analysis and the Improvement Plan to Department staff as appropriate. The RCA chairperson should serve as a consultant to assist in getting the recommendations completed/implemented in their division, program, unit or facility.
7. The Department Safety Council will maintain a database to track number of RCA assignments, critical incident type, system improvement recommendations to be accomplished and timeframes for completion.
8. The Department Safety Council will monitor System Improvement Plan activities until completed.
9. The Department Safety Council will present Critical Incident and RCA Report aggregate data to Department Leadership in an annual report. Division Directors will disseminate to supervisors and case managers as appropriate.

## **V. CONFIDENTIALITY**

- A. In carrying out this policy, the members of the RCA Panel and Department staff must exercise the fullest extent of their responsibility to ensure and protect confidentiality of records and persons involved with the incident in accordance with applicable state laws, the Department's policy on confidentiality and the Health Insurance Portability and Accountability Act (HIPAA).

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- B. The RCA Reports and improvement plans are kept in locked files in the Office of Case Management, are not part of the client case record and shall not be used for any purpose not stated in this policy.
- C. A confidentiality sheet shall be signed by each RCA Team member stating all documents (original and produced) and all verbal information shared shall be confidential and shall not be released to any person outside of the RCA team, is signed by each panel member.
- D. All documents are collected by OCM staff upon completion of the process.

#### **VI. IMPLEMENTATION**

- A. Any part of this policy which is in conflict with Federal or State laws shall be null and void; all other parts shall remain operative.

#### **VII. RESPONSIBILITY FOR THIS POLICY**

- A. The Department Safety Council is responsible for providing guidance regarding this policy.

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## GUIDELINES FOR REPORTING CRITICAL INCIDENTS

The Department's formal definitions of Critical Incidents are shown in the shaded areas. Under these definitions are points of clarification, to assist in consistent reporting across the Department. —The Department Safety Council—April 14, 2016.

### **I. CHILD DEATHS:**

*The loss of life of any child who is active with the Department of Services for Children, Youth and Their Families, or has been active within 12 months preceding his or her death.*

- ⇒ ALL deaths are reported, whether the child is in a Department operated or contracted program
- ⇒ Includes all children open with the Department: open in FACTS with DYRS, DFS or DPBHS, or were open in a Department case within the 12 months prior to his or her death
  - Includes DFS low risk contracted cases
  - Includes DYRS Community Services cases that are in Back On Track or open in FACTS for administrative supervision only with no active supervision, including the status of Preadjudication/Detention Alternative.
- ⇒ Excluded are:
  - Children “active” only with:
    - DFS Office of Prevention and Early Intervention
    - Office of Child Care Licensing
    - A rejected hotline
    - DFS Assistance/Subsidy cases
  - Child deaths if the child died from the injury or condition that prompted the DFS investigation and the child was not active with the Department during the past year.

### **II. HOSPITALIZATIONS:**

*An emergency hospital admission of a child active with the Department in any 24 hour Department operated or contracted program and the admission is for unanticipated illness, physical injury or attempted suicide, or any hospital admission of an active child in which the hospital staff reports suspected abuse/neglect to the Division of Family Services.*

- ⇒ Emergency admission does not need to be made through the emergency room
- ⇒ Must be admitted beyond the emergency room, into some other program in the hospital (*See the exception below for attempted suicide*)
- ⇒ Psychiatric hospital admissions are considered critical incidents and are required to be reported as outlined in this policy
- ⇒ “24 hour Department operated or contracted program” references residential care and includes foster care
- ⇒ Youth in ICT type placements are not included in “any 24 hour Department operated or contracted program”
- ⇒ Chronic illness and conditions such as medically fragile may result in hospitalizations which are “anticipated” or expected and are not reported, but any emergency hospitalization not related to the condition would be reported
- ⇒ “Physical injury” need not be related to neglect or abuse—any injury
- ⇒ “Attempted suicide”
  - Suicide threats, suicide ideation, or planning a suicide are not considered attempted suicide

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- Attempted suicide assumes an attempt so serious the physical consequences/injury results in hospitalization for medical treatment or there was potential for serious injury as the result of the suicide attempt. Report any attempted suicide resulting in an emergency room admission.
- ⇒ “Active child” in the last part of definition includes any child active with the Department in FACTS (The Division active with the child when the report is made should report the critical incident.)

### **III. ESCAPE FROM A LEVEL V PROGRAM:**

*The unauthorized departure from any Level V DYRS program.*

- ⇒ Includes Ferris School, Stevenson House, NCCDC, and any contracted level 5 program (either in state or out of state)

### **IV. INSTITUTIONAL ABUSE or CHILD ABUSE RESULTING IN ARREST:**

*The arrest of an employee or provider in a Department operated or contracted program for the maltreatment of a child active with the Department.*

- ⇒ There must be maltreatment of a child active with the Department
- ⇒ “Provider” can be defined as an employee or any household member (including a peer in a residential setting).
- ⇒ Includes abuse occurring in outpatient programs contracted by the Department.