



Division of Prevention and Behavioral Health Services
Department of Services for Children Youth and Their Families
State of Delaware

PI 002		CLIENT INCIDENT REPORTING POLICY	
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I. PURPOSE

The purpose of this policy is to establish reporting requirements, identification of accountability for timely and accurate reporting and investigation of incidents, clear reporting accountability and lines of communication. That commitment is integrated throughout the Division's behavioral healthcare network through the establishment of clinical and administrative risk management and risk containment functions, responsibilities and accountability of all network staff for maintaining clinical service standards and practices.

II. POLICY

The Division of Prevention and Behavioral Health Services Leadership is committed to the provision and maintenance of client service environments that are safe and without unnecessary and foreseeable risks to the health and well-being of clients being served in our programs. To achieve that goal, DPBHS requires that all service providers in our DPBHS continuum of care provide, to the extent possible:

- immediate and appropriate clinical and administrative responsiveness to unanticipated adverse events involving our clients,
- formalized, timely and accurate client incident reporting,
- training of all Clinical Services, Program Administration, Training Unit, and Quality Improvement Unit staff in client incident reporting procedures, and
- development and implementation of performance improvement activities to address risks identified through analysis of critical incidents.

DPBHS holds responsibility for:

- establishment of clinical and administrative risk management and risk containment functions, responsibilities and accountability of all network staff for maintaining clinical service standards and practices,
- investigation and analysis of incidents, coordination and dissemination of incident information between DPBHS and sister Divisions (e.g., DFS Abuse/Neglect Reporting) and to the DSCYF Safety Council, as appropriate,
- training of all appropriate DPBHS staff in client incident reporting procedures, and
- identification and monitoring of required performance improvement activities identified through analysis of critical incidents.

III. SCOPE OF APPLICABILITY

This policy applies to all Clinical Services, Program Administration, Training Unit, and Quality Improvement Unit staff and DPBHS providers, at all levels of client services.

IV. ROLES AND RESPONSIBILITIES

Providers of services to DPBHS clients have the primary responsibility for DPBHS clinical risk containment activities. It is the responsibility of direct care providers to make the client's condition known to the Division's Clinical Care Service Coordinators (Clinical Services Management Team) immediately following an incident. The providers assure, in a timely manner, the completion of an accurate written record of all action taken on behalf of their clients involved in all incidents which is to be sent to the DPBHS Quality Improvement Unit within 72 hours of the incident. Providers must complete, as part of their report, an appropriate corrective action plan if appropriate.

The DPBHS Quality Improvement Unit is charged with maintaining and improving the safety and wellbeing of clients served through the development and annual review of the DPBHS Incident Reporting Policy, development of incident reporting procedures, monitoring provider compliance with incident reporting requirements, and investigation of reported incidents. It is the Unit's responsibility to keep clinical and administrative staff regularly informed of individual and aggregate information on client incidents.

DPBHS Clinical Services Management Units are responsible for assuring that risk management activities are undertaken to identify, evaluate, and reduce the risk of injury to clients. Upon receipt of written incident notification, CSM staff will take steps to assure that actions immediately taken on behalf of the client are appropriate to the client's condition and will work with Provider Services in addressing any program implications the incident may have. Clinical Services Teams are required to notify the Quality Improvement Unit promptly upon receipt of notification of an incident.

The DPBHS Program Administration Unit is responsible for assuring that providers are in compliance with Division and Departmental incident reporting requirements.

The Training Coordinator is responsible for scheduling and coordinating all Incident Reporting training for the Division and its provider staff. The training is to be conducted for new employees during orientation and for all other staff during the annual updates or whenever a major change in procedures occurs.

V. POLICY OVERSIGHT AND REVIEW

Division leadership oversight and review functions for the effective implementation of this policy are vested in the DPBHS Quality Management Committee.