BEACON HEALTH OPTIONS	POLICIES AND PROCEDURES	
Policy Number: QM 4.28 (Q316, Q317, Q318)	**Category: A**	**Page 1 of 10**
Title: Sentinel Events, Adverse Incidents, Quality of Care Issues, and Other Reportable Incidents	**Original Date of Issue: 4/30/98** ,	
Keyword Search: Adverse, Incident, Quality of Care, Sentinel, Preventable	**Date Approved: 9/27/17**	

Beacon Health Options Policies and Procedures cover the operations of all entities within the BVO Holdings, LLC corporate structure, including but not limited to Beacon Health Strategies LLC, Beacon CBHM LLC and Beacon Health Options, Inc.

Reviewed ☐	**Revised** ☑	**New** ☐	**Approval Signatures:**
Functional Area(s) Involved in Review: National Quality Management			
Service / Engagement Centers: All Regions: All			**Christine A Degan, RN, MA** **Senior Vice President** **Quality and Outcomes**
Previous Approval Date: 8/23/17			**Next Annual Review Due: 6/30/18**

- This policy pertains to those Clients / Health Plans / Managed Care Organizations that delegate Quality to Beacon Health Options (Beacon). Regardless of delegated functions, whenever an adverse incident or potential quality of care issue is identified, the safety of the member is first secured, prior to communication to the responsible entity. Client specific workflows may apply. For some contracts, the investigation of sentinel events, adverse incident or major quality of care issue that are not delegated may require a contract specific work flow.

I. Policy:

It is the policy of Beacon Health Options (Beacon) Quality Management Department:

To investigate sentinel events/adverse incidents or potential quality of care (QOC) issues reported to Beacon by members, providers, and other stakeholders. These Investigations may include implementation of a corrective action plan (CAP), follow-up and tracking based on severity and circumstances of the incident, member/client safety prioritization, and recognition of potential liability issues.

Note: Some plans may require additional reporting for medicolegal deaths (deaths involving the Medical Examiner) and/or non- medicolegal deaths.

To provide a means to monitor provider performance and adherence to corrective action plans and to provide technical assistance when needed. CAPs are developed and implemented in consultation and coordination with the Medical Director or physician designee and other departments such as Networks, Provider Partnerships and Provider Relations. A CAP is intended to ensure that members receive quality clinical care and service in a safe and effective manner.

To track and trend other reportable incidents/events, and when necessary, investigate a pattern or prevalence of incidents/events and utilizes the data generated to identify opportunities for improvement in the clinical care and service members receive (track and trend).

To report and review sentinel events/adverse incidents, QOC issues, and other major reportable incidents, including those that are minimal or moderate. This is the responsibility of each Regional or EC Medical Director and/or designated ombudspersons / quality staff.

The applicable Quality of Care Committee and/or Peer Review Committee, under the direction of the Regional or EC Medical Director, oversees the Adverse Incident/QOC resolution process and has

responsibility for the final disposition of each case. Corporate Legal and Quality Management Departments provides integrated oversight of the process and may have specific roles on a case by case basis.

Θ This Policy refers to those services authorized, but not provided by Beacon.

II. Definition(s):

Sentinel Events / Adverse Incidents
An occurrence that represents actual serious harm to the wellbeing of a member who is currently receiving services or has been recently discharged* from behavioral health services Note: Receiving current services is defined as follows: within 90 days - outpatient / within 30 days - higher levels of care). Some contracts may require additional reporting, outside of when the current or past service has been received by the member.

Sentinel Events/Adverse Incidents occurring within or on the grounds of a behavioral health facility that either results in death of the member or immediately jeopardizes the safety of a member receiving services in any level-of-care includes:

1. Unanticipated death occurring in any BH setting (e.g., suicide, homicide, unexpected death by medical cause), that is related to a behavioral health condition or treatment (e.g. medication toxicity, cardiac arrest due to multiple psychotropic, lethal drug interactions, untreated / unrecognized medical conditions that would have required intervention). Note: Deaths due to natural causes and / or expected as a result of a disease process are excluded.

2. Absence without authorization (AWA) involving a member who is unstable / at risk or under the age of 18 including AWA of a member of any age who was admitted or committed pursuant to State laws and who is at high risk of harm to self or others. Notes: This excludes AWA of an adult from a Substance Use Disorder facility (rehab) that is not deemed to be at risk to self or others and excludes youth running away behaviors as part of acting out when staff have followed all protocols and the individual is returned to the facility within the same day without indication of harm to self or others. (e.g., member remains in the line of sight of staff and is returned to the service area).

   Reporting may be required for the AWA exclusions based on regulatory and / or contract requirements. Investigations of these exclusions are at the discretion of the SC/EC.

3. Falls that have serious consequences or multiple falls without evidence of safety precautions being put in place in a treatment setting

4. Any serious injury when in a treatment setting resulting in urgent / emergent interventions. A serious injury is an injury that requires the individual to receive medical treatment including transport to an ER or acute care hospital. This is independent if medical admission occurs. Note: There may be specific client reporting requirements based on medical admissions for treatment as a result of an injury.

5. Unplanned transfers to a medical unit (i.e. when a member has an exacerbation of symptoms related to a chronic or current medical condition) that went undetected and/or there was inadequate evaluation and monitoring of chronic or current conditions. Note: Unexpected illness

such as the flu, would not by itself, indicate that there was an adverse incident or quality of care issue unless there was a deviation in the expected standards of care and/or assessment.

Some Regions and/or ECs may have specific reporting requirements for both planned and unplanned transfers, independent of cause.

6. Significant sexual behavior with other patients or staff, whether consensual or not, while in a behavioral health treatment setting. The circumstances and severity of the actual act needs to be taken into account in determining the severity rating. All incidents that results in police contact or legal involvement are considered significant.
7 . Serious adverse reaction to BH treatment requiring urgent or emergent medical treatment (e.g. neuroleptic malignant syndrome, tardive dyskinesia, other serious drug reaction). Note: If transferred to a medical unit it may be categorized as unplanned transfer in #5 above)
8. Medication/treatment errors
9. Violent/Assaultive behavior with physical harm to self or others (e.g., attempted murder, physical assault) and requiring urgent or emergent medical intervention (indicate in documentation if perpetrator was staff or member/visitor, etc.)
10. Unscheduled event that results in the evacuation of a program or facility and may result in the need for finding alternative placement options for members.
11. Suicide attempt demonstrating significant risk to member at a behavioral health facility resulting in serious injury that may or may not require medical admission.
12. Self-Inflicted harm in a behavioral health treatment setting that may or may not require urgent or emergent treatment (i.e. self- injurious behaviors, suicide gestures, non-lethal, such as cutting)
13. Property damage, including that which occurs secondary to the setting of a fire, due to the intentional actions of a Beacon member while in a behavioral health treatment setting
14. Human Rights Violations (e.g. neglect, exploitation)
15. Illegal activity (i.e. possession/sale of illicit drugs, alcohol, weapons, prostitution, public nudity in a treatment setting this is independent of harm to self or others including if there were any arrest(s).
16. Other occurrences representing actual serious harm to a member not listed above - requires explanation

Quality of Care (QOC) Issue: A deviation from a reasonably expected standard of care on the part of the provider based on established medically necessary criteria and/or safety standards essential to maintain safety and promote improved health and functioning (note: includes potential quality of care issues)

Severity Indexes: These are applicable to both Adverse Incidents and Quality of Care Issues. The levels of severity are intended to be consistent. Logic in the system is built in that drives the severity rating when information is entered on a case.

Severity Index: The following terms are used to describe the severity rating for both Adverse Incidents and potential and/or actual Quality of Care incidents:

Sentinel Event / Adverse Incident (mandatory investigation when delegated): Actual harm to member that is considered catastrophic and involves injury, threat of major permanent loss of physical or psychological function including death. In addition, may be major property damage as the result of the intentional act of a member / provider or is a deviation from a reasonably expected standard of care on the part of the provider

- **Major (mandatory investigation when delegated):** While not considered catastrophic, involve actual or potential life-threatening injury, threat of major permanent loss of physical or psychological function, or major property damage as the result of the intentional act of a member / client or deviation from a reasonably expected standard of care on the part of the provider. As such they constitute a serious risk or potential risk to member/client safety or others. These incidents require expedited response and thorough investigation to ensure safety.
- **Moderate or Minimal (investigation on a case by case basis):** Represent moderate or minimal risk, or potential risk, to safety, but that could signal more significant issues if they occur as part of a trend of the same or similar incidents. These incidents typically do not involve urgent/emergent treatment. These incidents are reviewed / triaged to determine if there is potential patient/client safety or liability issues or trends. Full investigation may be required if designated by the Medical Director, senior clinical / quality staff or by contract requirement.

The first two severity indexes require investigation and reporting to the SC/EC designated committee as they represent the highest degree of risk to Member, Health Plan/Client, and/or Beacon.

Moderate and Minimal index rating do not require mandatory investigation unless required by contract, regulation or as directed by senior medical/clinical/quality leadership. Standard response expectations as well as variable activities are described in the procedure section below to establish requirements for each severity Index category.

Triage: The process of reviewing a reported event by an experienced clinical / quality staff that have the skills, knowledge and experience to differentiate severity of the reported event and to rule out if the reported event may be a complaint. This determination may require additional information gathering such as a call to provider/facility to clarify the event.

Potentially Compensable Incident (PCI): – A sentinel event, adverse incident, or QOC issue, that in the opinion of a Beacon legal representative, presents a high risk for litigation. Under the direction of an internal legal designee, PCI's are investigated.

Active Urgent/Emergent Situations- Active Urgent/Emergent Situations- These are situations that are reported to Beacon when there is continued potential danger.

III. Purpose:

A. When delegated, Beacon will report, investigate and resolve sentinel events /adverse incidents, and QOC issues. When Beacon is not delegated responsibility to investigate and resolve such

incidents, established workflow process for communicating potential quality of care issues to the applicable Health Plans / Client are followed (see state specific policy addendum.)

B. To establish guidelines for defining reporting, investigating, and monitoring of sentinel events / adverse incidents, QOC issues.

C. To determine that all of the necessary clinical and administrative actions have been taken to assure the safety of a member after incidents have occurred and to proactively identify opportunities to prevent future incidents.

IV. Procedure(s):

A. Identification

1. Adverse Incident and potential quality of care issues may be reported to Beacon or identified by Beacon staff through various internal and external sources. On the day of the incident, Beacon network providers are required to contact Beacon by phone, electronic correspondence, or other mediums available that are timely and report the following:
   - Name of Member
   - Name of Provider
   - Time and Date of incident
   - Level of Care / Service the Member was receiving at the time of the incident (e.g., Inpatient, Day Treatment, and Community Support Program.)
   - A description of the incident that allows for the determination that either a sentinel event / adverse incident, QOC issue or other reportable incident has occurred
   - In the case of sentinel event / adverse incident, the steps the provider has already taken to ensure the safety of the member.
2. Beacon staff receiving information about an adverse incident/QOC issue, notifies their supervisor/manager of the adverse incident/potential Quality of Care Concern and consults on the appropriate steps to ensure the immediate safety of the member(s) as applicable.
3. A **triage** of the case is conducted by an individual with clinical background and expertise to differentiate if the situation needs to be managed as an adverse incident / QOC or as a complaint. Contacting other sources (e.g., treating provider) assists in gathering accurate information to determine the triage outcome.
4. In active emergent/urgent situations the call and/or situation is immediately pended to a clinician for further action.
5. In active emergent/urgent situations, the Clinical Supervisor notifies the Medical and/or Senior Clinical Director or designee within, one hour of the identification of the adverse incident and/or potential quality of care issue. The one-hour notification occurs when there is continued potential danger.

   Additional notification to corporate departments (e.g. Legal Counsel) may be required depending on the severity and potential impact of the situation. Additional notifications

may be required and are defined in EC workflows or policy addenda. Notification includes events such as high probability of news media exposure, TV, in newspapers, situations of litigation threats, or mass casualty.

6. The Clinical Manager or designee review the steps the provider has taken to ensure the safety of the member(s) and takes further actions, if necessary, to ensure the on-going safety of the member.

7. Staff receiving this initial communication enters the information into the applicable information technology system(s). The documentation is to be objective, factual without editorializing comments and devoid of words such as “adverse incident, critical incident, and major quality of care issue”. Simply state the facts.

8. Receiving staff member pends the information to the appropriate Ombudsperson / quality queue or designee in a timely manner.

9. In those instances, where the sentinel event /adverse incident is a Medicolegal Death as a result of a suicide of a member while on an acute network inpatient unit or is a suicide attempt that requires medical attention beyond general first aid, the Medical Director in collaboration with Clinical and Network Operations / Provider Relations designee will determine if admissions to that facility should be suspended pending further investigation.

10. Events that have a moderate or minor rating do not require full investigation unless required by contract or upon the direction of the medical director or senior clinical / quality leadership.

B. Investigation Process

1. A Beacon Ombudsperson / quality designee investigates all sentinel events, adverse incidents, major quality of care issues, and other reportable incident in accordance with this policy, and as delegated by Client / Plan contract. Investigations are initiated on receipt of an incident report and all related information is documented into the applicable system/incident tracking log that creates the file.

2. Investigations are the responsibility of the Quality Department in collaboration with other departments such as Medical, Clinical, Provider Partnerships and/or Provider Relations/Network Departments.

3. Investigations are initiated in a timely manner from when they are received. For instances where admissions have been temporarily closed, the investigation will begin within (1) one business day of the closing of admissions once notified.

4. Investigation may include:
   - Requesting a written response from the identified practitioner / facility
   - Outreach call(s) by Ombudsperson/designee, Network, Quality or Clinical Department staff
   - Site visit including review of medical records
   - Peer review
   - Requesting additional documents such as policies, procedures and information from external sources

- Sub-categorization of the event by quality staff as a potential Serious Reportable Event (see Attachment E) or Provider Preventable Condition (see Attachment F).

5. When an investigation involves a site visit, Quality/Clinical/Medical, Provider Partnership, Network/Provider Relations leads will collaborate on the plans for a site visit. Designated staff will determine the scope of the investigation prior to the site visit. Leadership for the coordination of the site visit with the involved facility will occur and the agenda and scope of the site visit will be finalized.

6. Analysis of any sentinel event, adverse incident, QOC, or other reportable incident is confidential. The internal risk management procedures undertaken are at the request of Beacon Legal Counsel and for peer review purposes of Quality Management and related tracking. Information gathered in the course of the review and investigation process may have legal protections such as privilege for protection of confidential peer review information or attorney-client communications privilege (consult legal as needed).

7. Information regarding sentinel event, adverse incident, QOC, or other reportable incident should be reported on a case by case basis to the legal department in as timely and as complete a manner as possible to obtain the fullest extent of such legal protections. Information should not otherwise be communicated to any party absent specific direction from Legal Counsel.

8. The summary and findings of investigations related to sentinel events and major quality of care events are presented to the applicable Quality of Care Committee, Peer Review Committee, other committee, and Regional or EC Medical Director for recommendations. Investigations of a moderate or minimal AI / QOC, are presented on a case by case basis if applicable.

9. The Committee / Medical Director recommendations may include, but are not limited to, the following:
   - Requirement of a corrective action plan with a plan for regular and frequent monitoring of performance;
   - Limitations on the services provided to members and/or number of members allowed to receive services from the practitioner / provider;
   - Temporary suspension of admissions/referrals to the facility / provider until the facility / provider institutes corrective actions and provides documentation that these actions have been instituted or the situation can be review by the Credentialing Committee and/or
   - A recommendation to the Credentialing Committee for the reduction, suspension or termination of the practitioner / provider's contract.
   - Recoupment of claim payment in the event the sentinel event, adverse incident, major QOC, or other reportable incident investigation finding is identified as a Provider Preventable Condition.
   - Reporting to the plan or client as required by contract, delegation agreement, and/or state regulatory requirements (see e.g., serious reportable events.)

10. Any recommendations, including a recommendation of "no follow-up action required", is reported to the Network Operations who documents it in the provider file and/or within the applicable network information system when a case has been presented.

11. Any suspension of referrals/admissions is noted in the applicable provider site where it is visible to clinical and member services staff, the "accepting new referrals" field in the clinician record is updated, and the provider is removed from appropriate Beacon website provider directory until referrals/admissions are reinstated.

12. In those instances, where it is determined to be essential that the Credentialing Committee review the issue or incident to potentially recommend a change in the credentialing status of the practitioner or provider, the National Credentialing Committee may suggest components of a corrective action plan.

13. Once the corrective action plan has been instituted, the Local Office Operations Leader (from which the involved member is an enrollee) are responsible for monitoring that the network provider has implemented the plan.

14. Based upon the components of the corrective action plan, the EC Quality Lead or designee, Senior Clinical Director or designee, and AVP of Network Management or designee will work with the Program Director / Local Office Leader to assist with ongoing monitoring and technical assistance to provider. Monitoring of performance as a result of the corrective action plan may include, but is not limited to:
    - Repeat site visit within a specified period of time;
    - Over-sampling of treatment records for a specified period of time, and/or
    - Monthly or more frequent tracking of provider performance in the identified quality of care areas.

    The Quality Department, Clinical Department, Network Management Department and Program Director / Local Office Leader will collaborate in the follow up with the Provider regarding the corrective action plan. This includes the specified actions, timelines, frequency of monitoring and criteria for determining that the corrective actions were successful.

15. The Local Office Operations Leader or designee will provide regular reports to the Regional and Local Quality Committee, Corporate Quality Committee, Corporate Medical Management Committee and relevant subcommittees, until such time as the recommendations have been addressed.

16. Prior to re-credentialing, the Ombudsperson provides the Credentialing Committee with a report on sentinel incidents and Beacon actions per practitioner/facility and a listing of sentinel incidents by practitioner/provider, corrective action plans and results of these plans to be included in the credentialing file for re-credentialing purposes. In addition, the Ombudsperson provides the Credentialing Committee with a list of Other Reportable Incidents by practitioner/provider, corrective action plans, and results of these plans that are included in the credentialing file for re-credentialing purposes.

17. Beacon's Quality Department reviews all sentinel events / adverse incidents, quality of care (QOC) issues and other reportable incidents on a quarterly basis in the applicable Quality Improvement Committees and Corporate Quality Committee. The purpose of the

review is to monitor, track and trend safety issues that may be present at a provider site to determine if additional interventions are necessary. In addition, Corporate Clinical and Corporate Medical Management conduct a review of the investigation of member deaths to identify training needs, inform policies and procedures and foster improvement in the coordination and communication between behavioral health and medical services (see Attachment G – Corporate Mortality Review of Member Death.)

18. Upon request from members and practitioners, Beacon will provide an aggregate summary of safety and quality issues identified during the calendar year.

C. Training

- Beacon Staff are trained upon hire and then annually thereafter regarding the processes to identify and report adverse incidents and other reportable events in a timely manner and to support providers in understanding their reporting requirements to Beacon.
- Beacon Network Providers are trained to identify and report adverse incidents and other reportable events to Beacon through several mechanisms, including but not limited to the Beacon provider manual, provider specific trainings, and through the distribution of educational materials during on-site provider visits and reviews.

V. DEPARTMENTS/COMMITTEES AFFECTED:

A. Clinical and Medical Departments
B. Quality Department
C. Provider Partnerships
D. Network Operations (Provider Relations / Contracting / Credentialing)
E. Local and Regional Quality Improvement Committees and/or Peer Review Committees
F. Corporate Legal Department
G. Quality of Care Committee
H. Corporate Quality Committee
I. Corporate Medical Management Committee

VI. ATTACHMENT(S):

A. State Specific Addendum - Adverse Incidents and Serious Reportable Events Guidelines - Massachusetts Medicaid
B. State Specific Addendum - Humana Virginia and Illinois Duals
C. Reporting Member Death and Investigation Process Workflow
D. State Specific Addendum – New Hampshire Medicaid
E. Provider Preventable Conditions Guidelines
F. State Specific Addendum - PPC Appendix V-all - Commonwealth of Massachusetts (10 1 15)
G. Corporate Mortality Review of Member Death
H. Adverse Incidents, Quality of Care Issues, and Outlier Practice Patterns - Colorado Springs EC

VII. REFERENCED/RELATED POLICIES:

Claims 29 - Provider Preventable Conditions Payment Policy

VIII. HOW OFTEN IS POLICY/PROCEDURE FOLLOWED:

Whenever Beacon learns that a Sentinel Events / Adverse Incident / Quality of Care or Other Reportable Incident has occurred.

IX. WHO IS RESPONSIBLE FOR IMPLEMENTING THE POLICY/PROCEDURE:

Beacon Clinicians, Clinical/Medical Leads, Quality Leads and Ombudsmen, Network Operations, and Quality of Care Committee

X. WHO MONITORS COMPLIANCE WITH THE POLICY/PROCEDURE:

Quality Leads, Corporate Medical Management Committee, and Corporate Quality Committee