

**beacon**  
health options

## Adverse Incident Reporting and Quality of Care Concerns

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# Agenda

- **Beacon Health Options – who we are**
- **Adverse Incident Reporting**
- **Potential Quality of Care Concerns**
- **Contact Information**
- **Q&A**

# Who We Are

- A health improvement company that specializes in mental and emotional wellbeing and recovery
- A mission-driven company singularly focused on behavioral health
- Largest privately-held behavioral health company in the nation



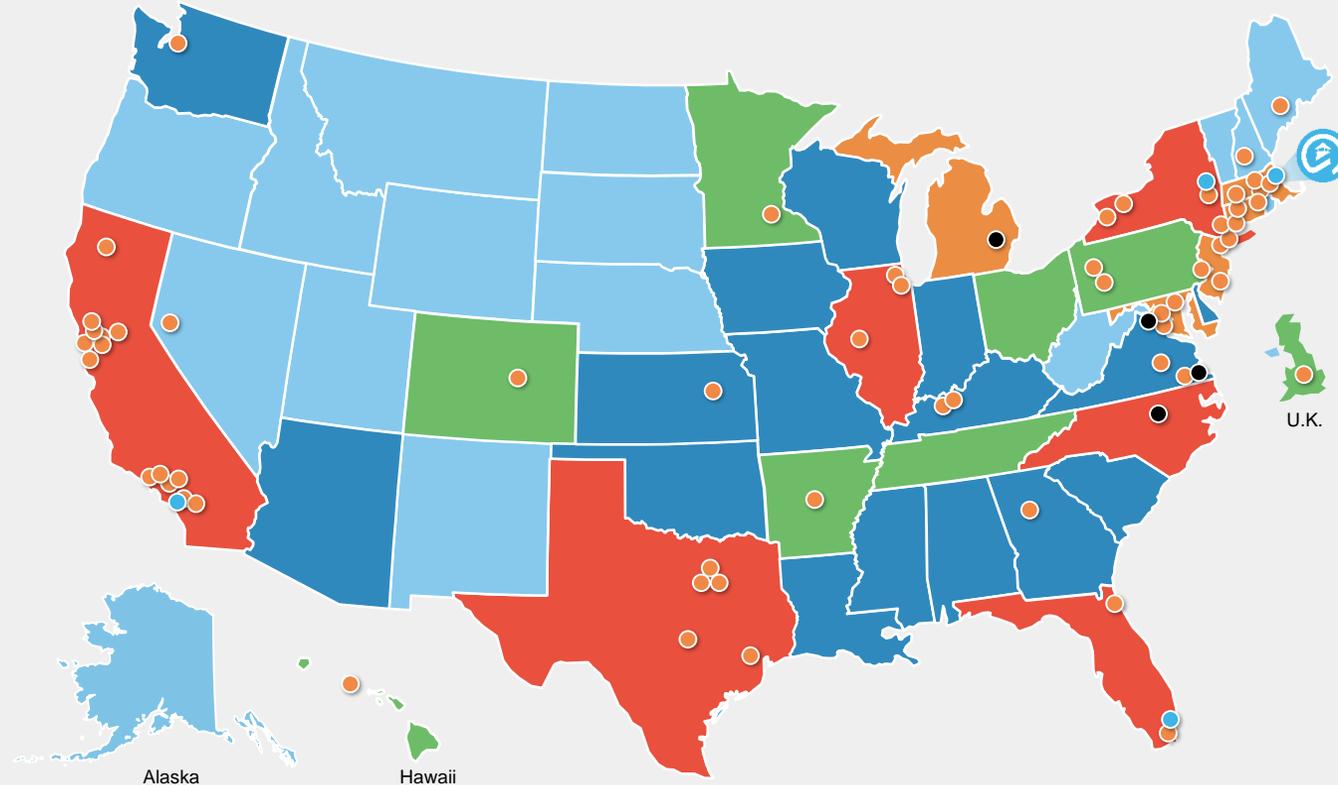
# Our Mission

This shared mission guides our purpose.

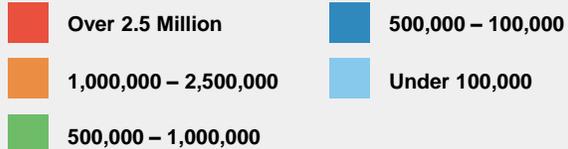
Everything we do matters and how we do it helps us improve the lives of those we serve.

We help people live their lives to the *fullest potential.*

# Beacon Health Options Footprint



## MEMBERSHIP



## CENTERS



## BROAD REACH IN THE US AND UK

5,000 employees nationally and in the U.K., serving 50 million people

## LEADER IN QUALITY

NCQA- and URAC-Accredited Companies

## KEY OPERATIONAL AREAS

- UM/CM
- QM
- IT
- Customer Service
- Data Analytics
- Reporting
- Processing
- Sales Support

## LINES OF BUSINESS

- Commercial
- EAP
- Exchange
- Federal
- Medicaid
- Medicare



# Adverse Incident Reporting

# Training Objectives

- Understand the importance of accurate and timely reporting of adverse incidents (AIs).
  - Recognize different types of incidents to improve efficiency and know what has to be reported.
  - Determine reporting requirements to facilitate contractual and accreditation compliance.
  - Be able to access provider resources.
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- ✓ **Accurate and timely reporting of AIs is necessary to ensure member safety and contractual compliance**
  - ✓ **Beacon's Ombudspersons work closely with Beacon clinicians, providers, health plan partners, and other Beacon staff to facilitate high-quality AI reporting**

# Risk Management

AI reporting is necessary for Beacon's verification that all appropriate clinical and administrative actions are taken to ensure member safety after an AI has occurred.

## **Beacon's Ombudspersons are responsible for:**

- Addressing, tracking, and investigating AIs, Quality of Care (QOC's), and member complaints.
- Ensuring completion and accuracy within all reports
- Reporting AIs, QOC to the health plans
- Facilitating quality-of-care follow-up as needed

## **Beacon's Ombudspersons:**

**Email:** [ombuds@beaconhealthoptions.com](mailto:ombuds@beaconhealthoptions.com)

**Fax:** 781-994-7642

**Ombuds Phone:** 781-496-4770

# Reporting AIs - What to Report

Adverse Incidents: Occurrence of the following, at or on the grounds of a behavioral health facility or closely tied to recent services.

## Types of AIs:

- **Member death:** ANY member death you learned about. Medico-legal death are death which are required to be reported to medical Examiner or in which ME takes jurisdiction.
- **Suicide attempt:** ANY suicide attempt for a member who is in a BH facility at the time of the event and/or has recently been discharged from an inpatient facility (within 30 days) or is actively engaged or has had OP services within the last 90 days.
- **Sexual Assault:** Alleged or proven sexual assault on or by member (involving peer or staff) in any level of service. Many of these cases will fall under the category of crime and meet that criteria.
- **Significant Sexual Behavior:** Significant sexual behavior with other patients or staff, consensual or not while in BH setting.
- **Falls:** ANY falls that occur while a member is receiving care; these include falls which have serious consequences or multiple falls without evidence of safety precautions being put in place.
- **Physical Assault:** Alleged or proven physical assault on or by member (involving a peer or staff).

# Reporting AIs - What to Report

## Continued:

- **Serious Injuries:** Injuries that require transfer for medical treatment (ex: self-injury, fall, physical altercation, or accident leading to injury)
- **Medication errors:** ANY Med errors which require medical treatment beyond general first aid (includes administration of the wrong dosage of a prescribed medication or a medication not prescribed to a member)
- **Any abduction or absence without authorization:** involving a member who is under the age of 18 or is committed to treatment pursuant to State Laws and who is high risk of harm to self or others. This excludes members who are in substance abuse treatment setting (rehab), not deemed a risk to self or others and run away behaviors of children considered as acting out behavior; children are found same day and returned to the program, and staff followed protocol (example: member remains in line of sight at staff and is returned to service area).
- **Unscheduled events:** an event that results in the evacuation of a program or facility whereby regular operations will not be in effect by the end of the business day.
- **Medical events:** Medical Events while on behavioral health unit that require transfer (ex: Seizure, exacerbation of symptoms related to a chronic medical condition, or serious adverse reaction to treatment, i.e.. Neuroleptic Malignant Syndrome)
- **Illegal behavior** exhibited by a member that's defined as illegal by local, state, or federal governments (ex: selling or using illegal substances, prostitution, public nudity, ALL INCIDENTS REQUIRING POLICE INTERVENTION ARE TO BE CONSIDERED SIGNIFICANT).

# Reporting AIs - What to Report

## Continued:

- **Self-Inflicted harm:** in a behavioral health treatment setting that may or may not require urgent or emergent treatment (i.e. self-injurious behaviors, para-suicidal gestures, non-lethal behaviors, such as cutting or self-mutilation).
- **Serious Adverse Reaction to Treatment:** Serious adverse reaction to treatment including medication errors requiring urgent or emergent medical treatment in response (e.g. neuroleptic malignant syndrome, tardive dyskinesia, other serious drug reaction).
- **Medication error** that requires medical attention beyond general first aid procedures.
- **Human Rights Violations:** neglect, exploitation of a member. (an event where Human Rights have been violated and reported to Human Rights Organization (HRO)).
- **Property Damage:** including that which occurs secondary to the setting of a fire, due to the intentional actions of a Beacon member while receiving services in a behavioral health treatment setting.
- **Other:** other occurrences representing actual serious harm to a member not included above- requires your detailed explanation.

# Reporting AIs – When and How?

**When to report:** Immediately (24 hours at most)

Certain types of AIs must be reported by Beacon to a health plan within 4 hours. These include:

- ✓ ***Sentinel Events:*** any 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 health plan member receiving services.
- ✓ ***Provider Preventable Conditions (PPCs):*** a condition that is the result of some type of provider error that leads to hospitalization or longer length of stay.

## How to report (Providers):

Fill out the necessary form <https://www.beaconhealthoptions.com/material/beacon-adverse-incident-report-form/>

Submit the completed incident to Beacon's Ombudspersons via fax: 781-994-7642. Questions on locating the form, completing the form, etc. can be sent to Beacon Ombudsperson via Email: [ombuds@beaconhealthoptions.com](mailto:ombuds@beaconhealthoptions.com) and/or Ombuds Phone: 781-496-4770

# Reporting AIs - Providers

Direct link to the form – Please use this direct link to access the form

- <https://www.beaconhealthoptions.com/material/beacon-adverse-incident-report-form/>

## Locating AI Provider Report Forms

- 1.) Go to Beacon's Website: <https://www.beaconhealthoptions.com/>
- 2.) Click on "**Learn More**" underneath "For Providers" heading.
- 3.) Under Providers heading on the right side of the screen click "**Beacon Health Strategies Providers**" tab
- 4.) Select State and the Plan from the dropdown menu and click **Submit**
- 5.) Click **Learn More** under "Forms Manuals FAQ"
- 6.) Select **Adverse Incident Report Form**

# Reporting AIs – Report Guidelines

## General:

- What was the incident?
- Was the incident intentional?
- Who was involved (staff present / other patients)?
- Where did the incident occur?
- What was the member's mental status prior to the incident? After the incident?
- What type of unit privileges was the member on (5 min checks, 15 minute checks, room plan)?
- Was there a trigger to the incident?

## Provider follow-up to the adverse incident:

- What was the facility's response to the incident as far as process improvement?

## For members with guardians:

- Who was notified?
- How were they notified?
- When were they notified?
- Were they present at any point in time during or after the event?

## For members who are transported to an emergency room:

- What was the rationale for needing to go to the emergency room?
- How was member transported?
- Where was member transported to?
- Who went with member if under 18 years old or has a guardian?
- How long after the incident occurred was member transported?
- What was the result of the emergency room visit? (Obtain all medical information as possible related to the incident, tests required, lab results, sutures needed, medical admission needed, etc.)

# Provider Adverse Incident Report Form



## Adverse Incident Report

Please type or print legibly and fax on the day of incident to: Beacon, Ombudsperson 781-994-7642.

Please indicate any agencies notified:

Client: \_\_\_\_\_ Member ID #: \_\_\_\_\_

Male  Female  DOB \_\_\_\_\_ Age \_\_\_\_ 24 hr  Non-24 hr

Facility: \_\_\_\_\_ Unit: \_\_\_\_\_ City: \_\_\_\_\_

Date and Time of Incident: \_\_\_\_\_

Date and Time of Discovery: \_\_\_\_\_

Type of Incident: \_\_\_\_\_

Describe incident: AWA, include search, notification and commitment status: (Attach additional information if necessary)

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Describe immediate response to the incident: (Attach additional information if necessary)

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Restraints Used? None  Mechanical  Chemical

Physical Time in restraints: \_\_\_\_\_

Please check if recommended: Internal investigation  Policy and Procedure Review

Staff training  Disciplinary action to staff

Person Reporting: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Beacon Health Strategies, LLC is a Beacon Health Options company.

## Provider Adverse Incident Report Form:

- Fill out each section of the form as completely as possible. Beacon's Ombudspersons need each field for both plan and internal compliance requirements. Please refer to [slide 12](#) on accessing provider forms.
- General Information (Health Plan/Line of Business (Care Plus, Medicaid, Commercial) must be consistent with member's health plan.

# What Happens Next? – Reporting to the Health Plans

Beacon's Ombudspersons report ALL AIs to the health plans through an internal report form.



**To:** Plan  
**From:** Ombudsperson  
**RE:** Adverse Incident  
**Date:** 4/01/2016

Member First	Member Last	Plan	Member ID	Member DOB	Rating Category

Type of Incident	Date of Incident	Time of Incident	Date and Time Beacon Notified	Date and Time Provider Report Received

Facility/Program	Level of Care	Member Age	Member Gender (M/F)

## Incident Summary

Description of Incident

# What Happens Next? – Reporting to the Health Plans

## Incident Summary

### Description of Incident

- Member, diagnosed with bipolar disorder, unspecified, opiate dependence, generalized anxiety disorder, and borderline personality disorder, was on day two of psychiatric inpatient services when he developed symptoms of akathisia.
- The unit doctor identified that a written medication error leading to member receiving the wrong dosage of medication had occurred.
- Member was prescribed Abilify 5mg twice daily (10mg daily), but the unit doctor mistakenly wrote the dosage as Abilify 10mg 4 times daily, (40mg daily).
- After member was administered the higher dosage (40mg), he developed symptoms of akathisia (i.e. inability to sit still, increased irritability, inner restlessness).
- The doctor determined that member did not require a transfer to medical care, but requested two additional days of psychiatric care for continued evaluation and medication adjustments to stabilize the akathisia related symptoms.
- Beacon approved the two additional days.
- Beacon's Ombudsperson requested a root cause analysis and corrective action plan from the provider, and the case will be reviewed with Beacon's Peer Review Committee.
- Member is his own guardian of person.
- This adverse incident continues to be under investigation.



# Quality of Care Concerns

# Potential Quality of Care Concerns:

## Definition of Quality of Care (QOC) Concerns:

- Identification of circumstances where the services provided to the member are not commensurate with established medically necessary criteria and/or safety standards essential to maintain safety and promote improved health and functioning.

## Categories of Quality of Care Concerns:

### a. Environmental:

- Unsanitary/Unsafe Conditions at a facility/practitioner office;

### b. Access:

- Medically necessary services not provided in a timely manner that jeopardizes the health and safety of the member;

### c. Treatment:

- During telephonic or paper review by Beacon Clinician with a facility clinician (or face to face contact with a member or provider), there is a question of the quality of clinical care/treatment the member is receiving;

### d. Practitioner Behavior/Competence:

- Does not follow licensing and federally mandated guidelines and regulations; and/or
- Does not adhere to generally accepted standards of ethical professional conduct.

# What Happens Next? – Peer Review Committee (PRC)

- PRC reviews all AIs and QOC's (Quality of Care) through the bi-monthly PRC meetings
- PRC conducts emergency meetings for cases where there is urgency for resolution timeliness
- PRC is chaired by a Beacon Psychiatrist, Medical Director
- Other PRC members include Beacon's Ombudspersons, and representatives from the Quality, Network, and Clinical departments

## **Actions that PRC may recommend include:**

- Site visits to facilities
- Improvements to providers' processes, procedures, or care.
- Provider review of trends in care or outcomes
- Provider referral to Beacon's Credentialing Committee
- Suspension of Beacon's service authorization for a provider



# Contact Information

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**Email:** [ombuds@beaconhealthoptions.com](mailto:ombuds@beaconhealthoptions.com)

**Fax:** 781-994-7642

**Phone:** 781-496-4770

## **Beacon Health Options Provider Relations**

**Email:** [nyprelations@beaconhealthoptions.com](mailto:nyprelations@beaconhealthoptions.com)

**Phone:** 844.265.7592 (option 2)

## **NY Provider Training**

[NYPTrainings@beaconhealthoptions.com](mailto:NYPTrainings@beaconhealthoptions.com)

# Thank you

