

## **Network Service Provider (NSP) Incident Reporting – Procedures, Time Frames and Reporting Methods**

### ***Policy***

It is the policy of Central Florida Behavioral Health Network, Inc. (CFBHN) that NSPs identify and report incidents to CFBHN and the Department of Children and Families (DCF) within required time frames, and utilize reporting methods established in operating procedure.

### ***Purpose***

The purpose of this policy is to ensure that NSPs have a formal process in place that follows incident reporting requirements, timeframes for reporting, and reporting methods, in accordance with Suncoast Regional Operating Procedure (ROP) 215-4 and DCF Operating Procedure (CFOP) 215-6.

### ***Procedure***

- A. NSPs establish procedures for identifying, reporting, managing, follow-up, and prevention of significant incidents.
  1. This includes a documented process for quality assurance reviews of incident reports, trend analysis, and as necessary, corrective steps and action to minimize or prevent future risk to individuals and/or staff.
  2. The NSP’s policies and procedures related to CFBHN and DCF incident reporting are reviewed by the Continuous Quality Improvement (CQI) team during its baseline monitoring of the agency.
- B. NSPs are required to provide the name and contact information of a primary and secondary contact to CFBHN for incident reporting. Primary and secondary contacts are invited to participate in NSP incident report training at the start of their contract, and on an annual basis thereafter.
- C. Immediate (Phone) Incident Notification
  1. The following types of incidents, as defined in Suncoast ROP 215-4, require immediate notification to CFBHN:
    - a. Child-on-Child Sexual Abuse
    - b. Sexual Abuse/Sexual Battery
    - c. Media coverage, defined as coverage or threat of public reaction that may have an impact on DCF’s ability to protect and serve its clients, or other significant effect on the Department or its NSPs. Note that this does not include “human interest” stories or other stories of general appeal that are not expected to result in media coverage beyond that of the initial story.
    - d. Death
      - 1) Child Death: An individual less than 18 years of age whose life terminates while receiving services, during an investigation, or when it is known that an individual died within thirty (30) days of discharge from a residential program or treatment facility.
      - 2) Adult Death: An individual who 18 years of age or older whose life terminates while receiving services, during an investigation, or when it is known that an adult died within thirty (30) days of discharge from a treatment facility. For substance use and mental health clients, deaths not related to the provision of services (such as natural deaths or

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accidents) are not subject to critical incident reporting requirements unless they meet one of the following criteria:

- a) The death involves a suspected overdose from alcohol or drugs.
  - b) It occurred while an individual was in seclusion or restraint.
  - c) The death was suicide.
  - d) It occurs in a DCF or CFBHN-funded residential treatment facility, Baker Act or Marchman Act facility, or SIPP/TGH.
2. NSPs must notify CFBHN by phone of their discovery of the incidents listed in this section that involve or impact individuals funded by DCF. Phone reports are made to CFBHN by calling the Risk Management department at 813-740-4811.
- a. If the incident is discovered on a weekday, before 3:00pm:
    - 1) The NSP must phone in the verbal report to CFBHN within three (3) hours of discovery.
    - 2) In turn, CFBHN will notify DCF within four (4) hours of NSP discovery, or within one hour of being contacted by the provider.
  - b. If the incident is discovered after 3:00pm, outside of business hours, on a holiday or weekend:
    - 1) The NSP must phone in a verbal report by 8:15 am on the next business day.
      - a) The CFBHN voice mail system will pick up their call, and instruct callers how to access the incident report line.
      - b) The voice mail system is designed to alert the Risk Manager when a message is received.
    - 2) By 9:00 a.m. of the first business day following the provider's discovery of the incident, CFBHN is required to notify DCF of the incidents phoned in during the times that the office was closed.

**D. Electronic (Written) Incident Notification**


1. The following types of incidents, as defined in Suncoast ROP 215-4, require electronic (written) notification via the RL6 system:
  - a. Child Arrest.
  - b. Death: Adult and Child deaths, including those that meet the criteria for immediate notification.
  - c. Child-on-Child Sexual Abuse: Upon discovery, immediate notification is required.
  - d. Elopement.
  - e. Employee Arrest.
  - f. Employee Misconduct.
  - g. Escape.

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- h. Missing Child.
  - i. Security – Unintentional.
  - j. Sexual Abuse/Sexual Battery: Upon discovery, immediate notification is required.
  - k. Significant Injury to Clients.
  - l. Significant Injury to Staff.
  - m. Suicide Attempt.
  - n. Other: In addition to incident types listed above, CFOP 215-6 requires that any major event not previously identified as a reportable, critical incident but which has, or is likely to have, a significant impact on clients, the DCF, or its NSPs should be reported. Examples noted in CFOP 215-6 include:
    - 1) Human acts that jeopardize the health, safety or welfare of clients such as kidnapping, riot or hostage situation.
    - 2) Bomb or biological/chemical threat of harm to personnel or property involving an explosive device or biological/chemical agent.
    - 3) Theft, vandalism, damage, fire, sabotage, or destruction of state or private property of significant value or importance.
    - 4) Death of an employee or visitor.
    - 5) Significant injury of a visitor.
    - 6) Two new categories have been added to the ‘Other’ category by the local SAMH office:
      - a) Assessment and Admission Emergencies.
      - b) COVID-19 activity that has generated, or is likely to result in, media attention or results in a disruption of services or admissions.
2. NSPs must submit an electronic incident report to CFBHN following the discovery of incidents described in sections C.1 and C.2 that involve or affect DCF-funded individuals.
- a. If the incident is discovered on a weekday, before 3:00pm:
    - 1) The NSP must submit an electronic report to CFBHN within twenty-four (24) hours of discovery.
    - 2) In turn, CFBHN will notify DCF via the DCF’s Incident Reporting and Analysis System (IRAS) within twenty-four (24) hours of the NSPs’ initial notification.
  - b. If the incident is discovered after 3:00pm, outside of business hours, on a holiday or weekend:
    - 1) The NSP must submit an electronic report to CFBHN by 3:00pm on the next business day.
    - 2) By 5:00pm on the first business day following the NSP’s discovery of the incident, CFBHN is required to notify DCF via IRAS of the incident reports received electronically outside of business hours.
3. ROP 215-4 grants CFBHN the authority to require more stringent incident reporting criteria than those utilized by operating procedure.

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- E. NSPs must ensure that calls are made to the appropriate medical, emergency or law enforcement personnel in the event of critical health or safety incidents. This includes ensuring that knowledge or reasonable suspicion of abuse, neglect or exploitation of a child, aged person, or disabled adult is reported to the Florida Abuse Hotline on the statewide toll-free number 1-800-96-ABUSE.
- F. Monthly Incident Summary Reports
1. To confirm the number and category/types of incidents reported to CFBHN over the course of the previous month, the Risk Management department prepares and submits a monthly *Incident Report Summary* to the primary contact for each specific NSP. By the 10<sup>th</sup> of the month, the NSP is asked to confirm the accuracy of the data received by CFBHN, and to identify any discrepancies.
  2. After the incident report numbers have been verified by the NSPs, CFBHN prepares a monthly aggregated *Incident Report Summary*. This report is submitted to the CFBHN Board CQI Committee and the Board of Directors.

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