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Departmental Instruction 401(RM)03
Risk and Liability Management

401 - 1 Background

This Instruction recognizes the need for the Department of Behavioral Health and Developmental Services (the Department) to provide high quality services in a recovery oriented/skill development environment that respects and promotes the dignity, rights, and full participation of individuals receiving service and the staff. Risk Management is an integrated system-wide program to ensure the safety of individuals receiving services, employees, visitors, volunteers, contractors and students through prevention, monitoring, early detection, evaluation and control of risks. It is the intent of the Department, through its Risk Management program, to enhance safety and to minimize the potential liability exposure and financial loss to the Department and the Commonwealth of Virginia.

401 - 2 Purpose

The purpose of this Instruction is to establish requirements and guidance for a comprehensive and uniform system-wide risk management program, aimed at achieving the optimum degree of risk reduction, elimination, and control through the identification, analysis, and treatment of those exposures that may result in harm to individuals receiving services, employees, visitors, volunteers, students and contractors, or a loss.

401 - 3 Definitions

The following definitions shall apply to this Instruction:

Claim This means a demand for restitution made against a facility or its agents. It is usually precipitated by an incident occurring within the facility. A claim may be asserted either orally or in writing. Tort claims pursuant to Virginia statute must be made in writing.

Event This means any occurrence, accidents or experience and situations that either do or could alter or change the status or condition of an individual receiving service, employee, volunteer, visitor, contractor or student, or the routine operations of the organization.

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Facility Event Report	This refers to a Departmental form (DMH 158, Attachment 1) used by employees to notify their supervisors, facility Risk Managers, and other appropriate management of an event that presents either actual or potential risk/liabilities.
Liability	This means an obligation incurred as a result of an inappropriate or wrongful act, or the failure to act, as required within the scope of one's duty.
Risk	This means the possibility of, or exposure to one or both of the following: (i) physical or emotional harm/injury to individuals, family members, employees, visitors, volunteers, contractors, students. or the community; (ii) the loss of financial assets and/or damage to the reputation of the Department or the Commonwealth.
Risk Manager	This means the designated person responsible for coordinating, managing and implementing the facility's risk management program and activities.
Sentinel event	This means any unanticipated event in a healthcare setting resulting in death or serious physical or psychological injury to an individual receiving services, not related to the natural course of an individual's illness. Sentinel events specifically include loss of a limb or gross motor function, and any event for which a recurrence would carry a risk of a serious adverse outcome
Suspicious injury	This means an injury to an individual receiving services that, due to its: shape; type; location; pattern; severity; frequency; or other circumstances leads to an inference of abuse or neglect.
Unexplained injury	This means an injury to an individual receiving services that is discovered after an un-witnessed event where, upon initial discovery, the surrounding facts and circumstances provide no apparent reasonable or logical explanation sufficient to determine its cause.

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401 - 4 Responsible Authorities

Central Office

The Central Office Director of Clinical Quality and Risk Management is responsible for:

- Interpreting this Instruction;
- Developing and maintaining Departmental risk management procedures and guidelines;
- Overseeing and monitoring the implementation of facility risk management programs, which include reviewing facility policies developed pursuant to this Instruction; and
- Reporting system-wide trend data.

Assistant Commissioners who are responsible for state hospital and training center operations, in collaboration with the Director of Clinical Quality and Risk Management, are responsible for ensuring facility compliance with recommended operational risk reduction strategies.

Facilities

Each Facility Director is responsible for:

- Assuring that policies and procedures are developed to provide for establishment of a committee designated to address safety issues, pursuant to § 8.01-581.17 of the *Code of Virginia*;
- Implementing a comprehensive and integrated risk management program managed by a facility Risk Manager who is qualified by training or professional designation;
- Taking immediate, expedient and appropriate actions to identify and minimize or eliminate the adverse impact of liability exposures;
- Assuring that all incident reports are aggregated, reviewed and analyzed and facility patterns and/or trends are identified and reported to the facility Quality Committee on a quarterly basis;
- Developing and implementing risk reduction plans based on event/incident analyses;
- Routinely reviewing and analyzing facility claims and losses;
- Assuring that the facility Risk Manager is actively involved in the assessment of all facility liability exposures;
- Addressing and implementing as deemed appropriate all corrective actions plans and risk reduction strategies recommended by the facility Risk Manager or the Committee, or both; and

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Facilities *(continued)*

- Incorporating the requirements of this Instruction into the Risk Manager's employee work profile.

Facility Risk Managers

The facility Risk Manager is responsible for:

- Developing, coordinating, and administering an interdisciplinary facility-wide risk management program;
- Assuring all events are reviewed which are reported via the Facility Event Report Form, DMH 158, assigning appropriate clinical severity levels and risk index codes, and taking steps necessary to assure appropriate investigations and follow-up reviews are conducted;
- Ensuring that all original facility event reports are maintained in a confidential and secured location and retain them in accordance with Commonwealth of Virginia record retention laws;
- Providing information to the committees designated to address safety issues on reported/reportable events and other risk-related issues and recommending and monitoring the implementation of risk reduction strategies;
- Communicating on an ongoing basis with the human rights advocate and abuse/neglect investigator on abuse/neglect matters to identify and manage systemic risk/liability issues;
- Developing and implementing a facility-wide staff education program for loss prevention and loss control, which includes comprehensive orientation to inform employees, volunteers, students, and contract employees who will be assigned direct care responsibilities of their obligations, responsibilities, protections and role in the facility's risk management program;
- Monitoring the status of corrective action plans for identified risks and risk reduction strategies and providing ongoing updates to the Facility Director to ensure appropriate implementation; and
- Serving as a member of facility committee(s) to protect privileged risk management activities and communications.

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401 - 5 Specific Guidance

Privileged committee activities & communication

Each facility shall establish an appropriate committee or committees to protect privileged risk management activities and communications

- Each facility Risk Manager shall serve as an ex officio member of any facility committee established to focus on facility risk and liability issues and function

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Privileged committees activities & communications *(continued)*

primarily to review, evaluate, or make recommendations on issues such as the following:

- the duration of patient stays;
- the necessity of medical, dental, psychological, podiatric, chiropractic or optometric or other professional services that are furnished to individuals receiving services;
- the most efficient use of available facilities and services;
- the adequacy or quality of professional services;
- the competency and qualifications for professional staff privileges;
- the reasonableness or appropriateness of charges made on behalf of the facilities; and
- the safety of individuals receiving services and others.

- As a member of any such committee, the facility Risk Manager shall take all appropriate steps to maintain the privileged character of information in accordance with § 8.01-581.17 of the *Code of Virginia.*
- The Commissioner, Assistant Commissioners responsible for state hospital and training center operations, Director of Clinical Quality and Risk Management, and Central Office Medical Director shall serve as ex-officio members of the above-referenced facility committees.

Program coordination

The facility risk management program shall maintain interrelationships with key facility departments and functions including, but not limited to: senior management, financial and contracting services, medical and clinical services (including privileging and credentialing), abuse investigations, quality management, human rights, safety and security, medical records, infection control and human resources.

The facility risk management program must have in place processes that provide for coordination with internal facility departments and offices as well as external agencies and organizations (e.g., OSHA, Board of Health Professions, state and local police).

Claims management

- The role of the Division of Risk Management in the Department of Treasury is to provide management services for potential and actual professional liability and malpractice claims.
- The role of the Office of the Attorney General is to monitor claims filed against the Department or its staff under the medical malpractice self-insurance program and defends medical malpractice claims or suits against the Commonwealth and its employees.

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Claims management *(continued)*

- The facility Risk Manager shall:
  - Work collaboratively with Division of Risk Management in the Department of the Treasury and the Office of the Attorney General in the management of claims and litigation;
  - Develop summaries of liability issues raised during claims settlement and litigation; and
  - Develop strategies to prevent/minimize recurrences of the same or similar claims.

401 - 6 Procedures -- General

Mandatory requirements for all personnel to report

Any employee, volunteer, contractor, or student who witnesses or discovers any event that causes or has the potential to cause harm or injury to any individual or an event that poses risks or liability to the organization facility, shall immediately complete, date and sign a Facility Event Report Form, DMH 158 and submit the report to his/her immediate supervisor or staff person in charge.

A facility may use a form other than DMH 158 to facilitate the capture of certain, high frequency events, when that form is approved by the facility Risk Manager. However the Facility Event Report Form, DMH 158 shall remain the primary form for reporting events that present actual or potential risk/liabilities.

RM plan and review

Each facility shall develop a written risk management plan consistent with the Department's *Risk Management Plan* that outlines:

- The facility's comprehensive risk management program, its goals and objectives;
- Essential program components, activities, and responsibilities;
- Processes for developing/implementing plans of correction for identified risks; and
- Integration of the risk management program with key departments and functions.

The risk management plan will be reviewed and updated annually by the facility staff and senior management. The Office of Clinical Quality and Risk Management shall be informed of any changes to such plan.

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RM operations documents

The facility Risk Manager shall maintain in paper or electronic format or have electronic access to the following information:

- Commonwealth of Virginia *Risk Management Plan*;
- Reference list of risk management-related Departmental Instructions, memoranda, and guidelines;
- Facility risk management-related policies, procedures, and protocols;
- Facility risk management plan;
- Facility annual risk management evaluations;
- Risk Manager's EWP consistent with this Instruction;
- Other information, as appropriate (e.g., laws relevant to the care of individuals receiving services, operations, employment, current literature on risk management topics); and
- Incident management procedures in the absence of the Risk Manager.

Risk identification and assessment system

Each facility's risk management program, as described in the facility risk management plan, shall include the following:

- An event/incident management protocol to provide for:
  - Reporting all deaths and critical events, as required by Code, regulation and accreditation requirements;
  - Responses to and review of all events; **AND**
- A proactive risk identification and assessment process to reduce the likelihood of or mitigate the impact of events that have the potential to result in injury, accident, or other loss to individuals receiving services, employees, visitors, volunteers, students, contractors, or assets. This shall include:
  - A proactive process to evaluate the potential adverse impact of direct and indirect care processes, the physical plant, equipment, and other systems on health and safety; and
  - Routine assessments of the physical environment and high-risk areas, as well as periodic reviews of facility policies and procedures for risk identification purposes.

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401 - 7 Procedures – Assignment of Event Outcome Severity and Risk Indices

Clinical outcome/ severity level

The facility Risk Manager or designee shall assign one of the following clinical outcome severity levels to each event:

00 = No injury occurred;

01 = Minor injury occurred; no specific area of the body required any special attention; no medical treatment by a physician or physician extender required; possibly first aid administered, but no increased monitoring of the individual is required;

02 = Moderate injury occurred involving a relatively small and/or minor area of the body; no medical treatment beyond first aid by a physician or physician extender required; possibly first aid administered; increased monitoring warranted, no ultimate harm or loss of bodily function(s).
Injuries in this category are distinguished from those in category 01 in that all injuries here require some increased monitoring, but no medical treatment as described below;

03 = Injury requiring medical treatment beyond first aid (no hospitalization) by a physician or physician extender; possible temporary loss of bodily function(s); includes loss of consciousness
The injury received requires treatment of the individual by a licensed physician, podiatrist or dentist or physician extender (e.g., physician's assistant or nurse practitioner), but the treatment required is not serious enough to warrant or require hospitalization. The treatment may be provided within the facility or provided outside the facility where it may range from treatment at a doctor's private office through treatment at the emergency room of a general acute care hospital;

04 = Injury or loss of consciousness requiring hospitalization; possible temporary loss of bodily function; possible major/permanent loss of bodily function(s).
The injury received requires medical treatment as well as care of the injured individual at a general acute care hospital. Regardless of the length of stay, this severity level requires the injured individual be formally admitted as an inpatient to the hospital and assigned to a bed on a unit outside of the emergency room;

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Clinical outcome/ severity level *(continued)*

05 = Injury received was so severe it resulted in death, or complications from the injury led to death of the individual;

06 = Deaths involving no injury.

Risk index

The facility Risk Manager shall assess the risk/liability associated with each event and assign it one of the following index codes:

N = No risk or liability identified.

L = Low/minor risk or liability. The event has little or no impact or requires comparatively little attention or concern.

M = Moderate/some risk or liability. The event has reasonably manageable risks or requires minimal reduction/preventive efforts.

H = High/significant risk or liability. These events include:

- incidents with actual, or the potential for high levels of public scrutiny;
- incidents where claims are anticipated, threatened or initiated;
- incidents involving criminal activity;
- deaths with a clinical outcome severity level of 05;
- all suspicious unexplained injuries, regardless of clinical outcome severity level; or
- incidents of any clinical outcome severity level where historical data on that individual indicates a trend suggesting a high-risk impact.

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401 - 8 Procedures – Event Reporting and Initial Review

The following procedures shall be used to review and report all events:

Step #1 initial report

Any employee, volunteer, student or contractor who is involved in, witnesses or receives a report of an event that causes or has the potential to cause harm or injury to any individual or an event that poses risks and/or liabilities to the organization, shall complete, date and sign a Facility Event Report Form, DMH 158 or its equivalent, and submit the report to his/her immediate supervisor or staff person in charge.

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Step #1 initial report *(continued)*

- The content of the original event report, as submitted by the originating employee, volunteer, student or contractor shall not be altered or edited in any manner, except by the Risk Manager, who may write an addendum on the form to clarify or update the event. Any such addendum must be signed and dated by the Risk Manager.
- All events shall be reported, regardless of whether they occurred
  - In the facility or away from the facility;
  - With or without staff present; or
  - While the individual receiving services is on authorized leave, missing, or on special hospitalization.
- Event reports shall include only factual information, such as when the event took place, what was observed, who was involved, and other relevant facts. Assumptions, conclusions and irrelevant facts shall not be included in the report.
- No copies and/or distribution shall be made of the original event report unless otherwise permitted by this Instruction.
- Event Report Form, DMH 158 or its equivalent shall not be filed in the Clinical Record.

Step #2 review of events by supervisor

Review of Events.

- The employees shall submit the event report to his or her immediate supervisor or the designated staff person in charge.
- The supervisor or designated staff person in charge who receives the event report shall review the report for clarity, legibility and completeness and forward it to the Risk Manager as soon as possible, but no later than twenty-four business hours from occurrence or discovery of the event.
- Documentation that is not to be included in the event report should be recorded separately and maintained appropriately, to assist with individual treatment needs, and/or related investigations.
- When an injury is involved and no cause of injury is immediately evident, the supervisor or staff person in charge shall attempt to ascertain the event associated with the injury, so note, and then sign and date this note on the supervisor's line of the report.

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Step #2 review of events by supervisor

Review of Unexplained Injuries. If no event can be associated with the injury, the supervisor or person in charge shall note that the injury is unexplained and shall immediately:

- Report the injury to the Facility Director, per facility policy and external agencies, as required by law or regulation.
- Determine and assure documentation of the following:
  - the type of injury;
  - the shape of the injury;
  - the location of the injury;
  - the apparent clinical outcome of the injury;
  - the ability/probability of the individual self-inflicting the injury; and
  - the frequency or apparent pattern or patterns associated with the injury, including any pattern of injuries suffered by one or more individuals on the same shift or living unit over a period of time.

Step #3 review by Risk Manager

- All events – the facility Risk Manager shall assure:
  - A clinical outcome severity level and risk index code is assigned to the event; and
  - The event data, including clinical outcome severity level and risk index code is entered into the facility database.

  If the injury appears to meet the definition of a suspicious injury, the Risk Managers shall ensure that the injury is reported to the Facility Director;
- Events with clinical outcome severity levels 03 through 06 – the facility Risk Manager shall report the event to Virginia Office of Protection and Advocacy (VOPA) within 48 hours of discovery.
- Events with clinical outcome severity levels 05 and 06 – the facility Risk Manager shall take steps necessary to assure the facility conducts the appropriate reviews. All deaths shall be reported to the appropriate medical examiner. Additionally, deaths related to the use of restraint and seclusion shall be reported to CMS, as required by regulations.
- Events with clinical outcome severity levels 04 through 06 and any other event with an assigned a risk index of "H," – the facility Risk Manager shall assess the need to initiate a Root Cause Analysis (RCA) and performance improvement plan. The RCA should be conducted by soliciting, and

Continued on next page

Review by Risk Manager *(continued)*

including feedback from staff who have input into the treatment of individuals receiving services and/or operational system issues impacting or impacted by the event.

- Events **not** reported to VOPA that have a risk index of "H," – the facility Risk Manager shall notify the Office of Clinical Quality and Risk Management and other designated positions within the Central Office.

Additional reviews

The Risk Manager shall initiate or confirm that appropriate staff have taken steps to implement additional reviews/reporting for all events, when necessary, including but not limited to:

- Medical consultation or peer review;
- Medication review;
- Safety committee review; and
- Reporting pursuant to Joint Commission Sentinel Event Policy; OSHA and/or Safe Medical Devices Act Guidelines, and other applicable laws and regulations.

Refer to Attachment 2, "Algorithm for Review and Follow-up of Death and Injuries in DBHDS Facilities," which describes the process that is explained in this section.

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401 - 9 Procedures – VOPA Reporting

Requirement

Pursuant to §§ 51.5-37.1, 37.1-42.1(7) and 37.1-42.2 of the *Code of Virginia*, certain events involving individual receiving services shall be reported to VOPA within 48 hours of occurrence or, if the time of occurrence is unknown, within 48 hours of discovery of the event.

Additionally, any known deaths within 21 days of discharge shall be reported to VOPA within 48 hours of their discovery.

Reporting to VOPA

- The Risk Manager, through the Facility Director, shall report an incident to VOPA when:
  - There has been an injury to an individual receiving services with an outcome severity level of 03 and 04 associated with or reasonably believed to be associated with the incident **AND** an assessment has been made by a physician or physician extender; **AND a** physician or physician

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Reporting to VOPA *(continued)*

extender took action or gave an order in response to the injury that was more than first aid treatment and intended to affect a cure or provide therapy for the injury.

- There has been an allegation of sexual abuse or sexual assault/rape;
- All events involving a loss of consciousness; and
- All deaths (05 and 06)

- When there is no action or order by a physician or physician extender following an initial assessment of the individual who received an injury with an outcome severity level of 03 or 04, but at a later time an action is taken or an order given in response to the same incident or occurrence, the Risk Manager, through the Facility Director, shall report the injury to VOPA within 48 hours of the action or order.

This report should provide a chronology of good faith efforts the facility has taken to address the complaint or observation of the injury prior to the discovery date indicated on the report.

Reporting via PAIRS

The Risk Manager, on behalf of the Facility Director, shall report incidents meeting the above criteria via the PAIRS on-line system within 48 hours of the incident or discovery of the incident and shall provide a 15 day follow-up report.

Should access to the PAIRS system be unavailable, a report must be faxed to VOPA and emails sent to the others on the email distribution list. Reports faxed to VOPA must be entered into the PAIRS system as soon as possible after the system becomes available (see Attachment 3).

Notification of incidents reported to VOPA

When medical treatment for an injury rises to a level beyond first aid, the authorized representative, if applicable, shall be notified of any incident reported to VOPA as soon as practical following the incident.

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401 - 10 Procedures – Receipt and Handling of Legal Documents

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Legal documents

- The following documents require immediate attention. Whenever any Department employee receives one of the following documents that involves the Department, Commonwealth or an employee acting in an official capacity or in the scope of his or her employment, the employee shall immediately

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Legal documents *(continued)*

notify the facility Risk Manager or Central Office Director of Clinical Quality and Risk Management in person or by telephone:

  - Letters of attorney representation and letters from attorneys;
  - Subpoenas for documents or witnesses (summons and interrogatories);
  - Notices of Claim or Suit;
  - Motions for Judgment, complaints, Bills of Complaint; and
  - Other case-related or court documents.

- Upon receipt of any of the above documents, the facility Risk Manager shall notify the Facility Director or designee.
- Upon receipt of a Notice of Claim or Suit the facility Risk Manager shall notify the following by telephone or email:
  - Appropriate State Division of Risk Management personnel;
  - Office of the Attorney General; and
  - Central Office Director of Clinical Quality and Risk Management.
- When notified by the facility Risk Manager of receipt of a Notice of Claim or Suit, the Central Office Director of Clinical Quality and Risk Management shall notify the Commissioners, the Medical Director and the appropriate Assistant Commissioners.
- All procedures for handling legal documents shall adhere to Departmental Instruction 405(RM)95 *Requests for Legal Assistance.*
- Legal documents shall be maintained as prescribed in Departmental Instruction 403(RM)86 *Coordination of Investigations and Security of Patient/Resident Records Associated with Potential or Actual Litigation or Professional Liability Claims.*

401 - 11 References

Code of Virginia §§ 8.01-581.16 and 8.01-581.17

- Code of Virginia, Chapter 21, Virginia Freedom of Information Act, § 2.2-3704, et seq
- Code of Virginia, Virginia Tort Claims Act, § 8.01-195.1
- Commonwealth of Virginia *Risk Management Plan*

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References *(continued)*

- Departmental Instruction 403(RM)86 *Coordination of Investigations and Security of Patient/Resident Records Associated with Potential or Actual Litigation or Professional Liability Claims*
- Departmental Instruction 405(RM)95 *Requests for Legal Assistance*
- Departmental Instruction 201(RTS)03 *Reporting and Investigating Abuse and Neglect of Clients*
- Virginia Worker's Compensation Act

James W. Stewart, III
Commissioner

Effective Date: February 15, 2013

Attachments

Attachment 1

FACILITY EVENT REPORT*

Client Register #:	Client Name	Age	Living Area/Ward:

Situation: ❑ 1:1 ❑ Dir. Obs. ❑ Protective Device ❑ Restraint ❑ Seclusion ❑ Time Out
❑ Q15 ❑ Q30 ❑ Q60

❑ Visitor	❑ Volunteer/Other	Event Date	Event Time	❑ AM	❑ PM

Check One Event Type (Shaded Area) and One Sub-Category Listed Below Event

❑ Accidental
- ❑ By Another Client
- ❑ By Other
- ❑ By Staff
- ❑ Swallowing Inedible
- ❑ Other

❑ Aggressive Act
- ❑ Against Client
- ❑ Against Staff
- ❑ Against Object
- ❑ By Another Client
- Reg.# _____
- ❑ Sexual Assault
- ❑ Retaliative/Act/Self Defense

❑ Fall
- ❑ Balance/Coordination
- ❑ Client Reported Fall
- ❑ Footwear
- ❑ Found on Floor
- ❑ Obstacle
- ❑ Reclining/Sitting
- ❑ Running
- ❑ Seizure Related
- ❑ Slippery Surface
- ❑ Transfer

❑ Medical
- ❑ Aspiration
- ❑ Choking
- ❑ Cluster Seizure
- ❑ Deterioration In Condition
- ❑ Seizure Related Injury
- ❑ Status Epilepticus
- ❑ Swallowing Problem

❑ Medications
- ❑ Wrong Route
- ❑ Wrong Medication
- ❑ Time Variance
- ❑ Wrong Dosage
- ❑ Wrong Client
- ❑ Omitted
- ❑ Refused
- ❑ Transcription Error
- ❑ Adverse Drug Reaction
- ❑ Dispensing Error
- ❑ Missing Medication
- ❑ Improper Storage
- ❑ Improper Order
- ❑ Given, Not Charted
- ❑ Medication Error - Other

❑ Missing
- ❑ Attempted Escape
- ❑ Escape
- ❑ Off Campus
- ❑ On Campus

❑ Other
- ❑ Client/Family Complaint
- ❑ Contraband
- ❑ Environmental Problem
- ❑ Exposure to Elements
- ❑ Fire
- ❑ Insect Bite
- ❑ Sexual Encounter
- ❑ Substantiated Abuse
- ❑ Other

❑ Property/Equipment
- ❑ Damaged
- ❑ Failure/Malfunction
- ❑ Missing
- ❑ Tampered With
- ❑ User Error

❑ SIB
- ❑ Intentional
- ❑ Unintentional
- ❑ Suicide
- ❑ Suicide Attempt
- ❑ Suicide Gesture
- ❑ Pica

❑ Treatment/Habilitative
- ❑ Delayed
- ❑ Consent Problem
- ❑ Deviation Policy & Procedure
- ❑ Dietary Problem
- ❑ Injection Site
- ❑ Meal Refusal
- ❑ Monitoring
- ❑ Omitted
- ❑ Positioning
- ❑ Refusal
- ❑ Test Results
- ❑ Other

❑ UNEXPLAINED

Location: Check One

❑ Bathroom ❑ Bedroom ❑ Dining Room ❑ Hall ❑ Living Room ❑ Off Grounds
❑ Grounds ❑ Program Area/OWT ❑ Sidewalk ❑ Vehicle ❑ Unknown ❑ Other

❑ Abrasion/Scratch ❑ Allergic/Adverse Reaction ❑ Aspiration ❑ Bite ❑ Contusion/Hematoma/Bruise
❑ C/O Pain ❑ Cardiac/Resp. Arrest ❑ Death * ❑ Dislocation ❑ Fracture
❑ Laceration ❑ None Apparent ❑ Other ❑ Reddened Area/Swelling ❑ Wound Disruption

* Check One: ☐ medical sequela/ geriatric ☐ medical sequela/non-geriatric ☐ unforeseen/cause determined ☐ unforeseen/cause undetermined

☐suicide ☐ homicide **Describe Event:**

Treatment/Interventions:

Notified: ❑ MD ❑ RN ❑ Supervisor	Client Seen by: ❑ MD ❑ RN	Date/Time Seen:
Family Notified: ❑ Yes ❑ No	Notified by:	Date/Time:

❑ Med Attn Needed ❑ Infirmary Admission ❑ Emergency Center
❑ Trans Via Rescue Squad ❑ Hospitalization Required

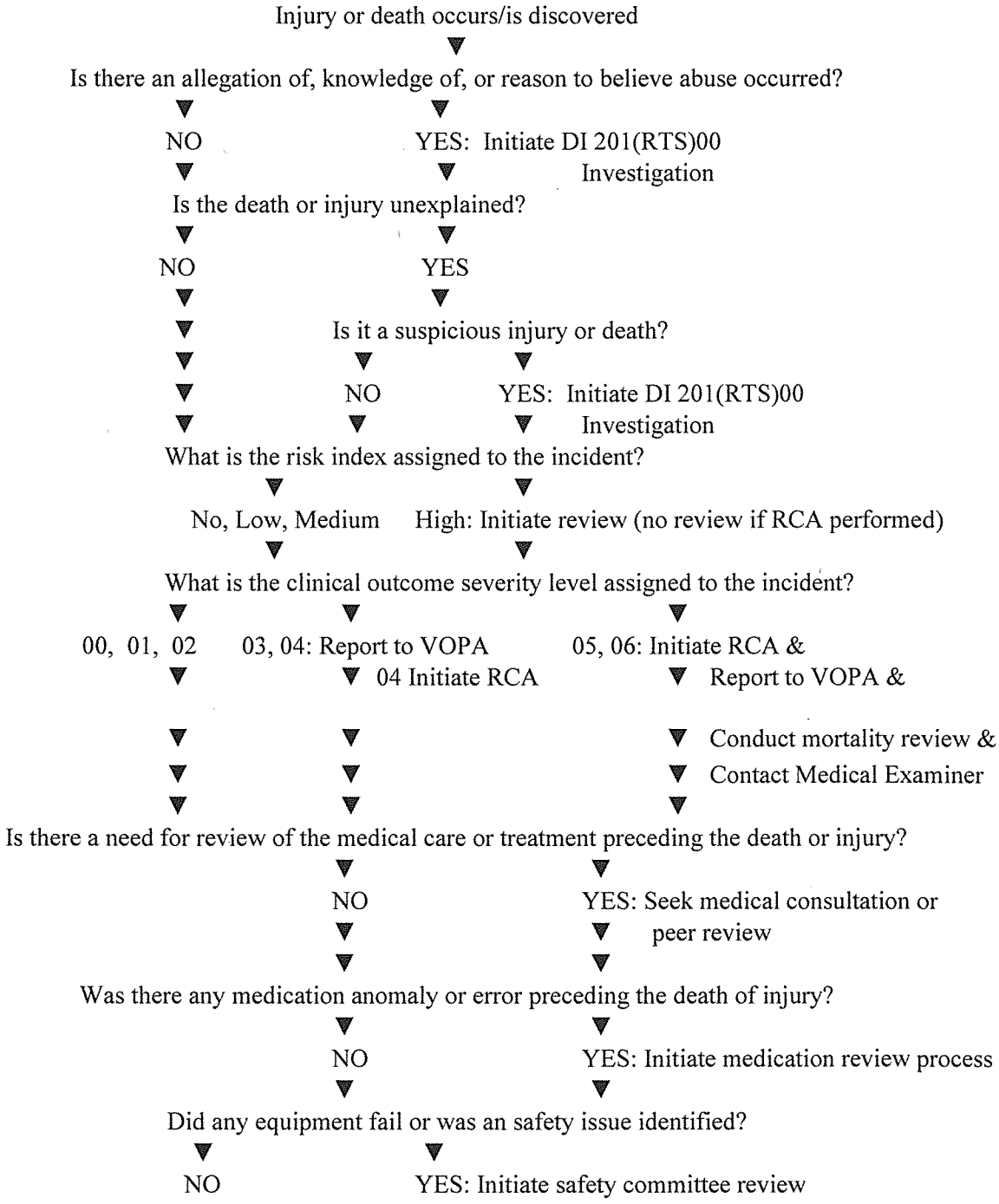
Signature of Person Completing Form: **Date:**
Signature of Nurse/Supervisor: **Date:**
Signature of Risk Manager or Designee: **Date:**

❑ Litigation Anticipated **Reason:**

* Facilities have the option to alter or amend Form #158 provided all information on form #158 is included in the altered or amended form

Attachment 2

ALGORITHM FOR REVIEW AND FOLLOW UP OF DEATHS AND INJURIES IN DBHDS FACILITIES



Attachment 3

VOPA 48 Hour Faxed Report

This report is to be used only when the PAIRS system or the internet are unavailable. Email the report to VOPA and others on the distribution list when the PAIRS system is down. If the PARS system is down and the internet is unavailable, fax the report to VOPA and others on the distribution list. Reports faxed or emailed to VOPA must be entered into the PAIRS system as soon as possible after the system becomes available.

Type of Incident/Event

Narrative

Plan for Follow-up Review

Summary Information:

Full Name of Individual receiving services

Date and time of incident/event

Date and time of discovery

Place (facility, building and unit) where death or incident occurred