Process Revision: Significant Incident Reporting

CBH has revised the process for reporting Significant Incidents, to supersede **Provider Bulletin 20-20**, which was released on October 15, 2020. This updated policy will take effect December 24, 2026.

Definition of a Significant Incident

Any occurrence of a non-routine event, which is inconsistent with standards or practice and has or has the potential to jeopardize the health and/or wellbeing of an individual receiving service.

Reportable Significant Incidents include, but are not limited to, the following:

1. Death of a member
2. Restraints (physical/manual, mechanical, and chemical)
3. Seclusion
4. Homicide committed by a member who is receiving services or has been discharged within 90 days
5. Suicide attempt requiring medical treatment and/or where the member suffers or could have suffered significant injury or death
    - » Non-reportable events include the following:
        - Threats of suicide which do not result in an actual attempt
        - Gestures which clearly do not place the member at risk for serious injury or death
        - Actions that may place the member at risk, but where the member is not attempting harm themself
6. Alleged or suspected abuse (physical, sexual, verbal, financial) of or by a member

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7. *Significant Medication Error:* includes a missed medication, incorrect medication or incorrect dosage, where a member suffers an adverse consequence that is either short or long in duration or receives treatment to offset the effects of the error
    - » Non-reportable events include refusal by a member to take prescribed medication.
8. Any physical ailment or injury that requires non-routine medical attention at a hospital on an emergency, outpatient, or inpatient basis
9. Neglect which results in injury or hospital treatment
10. Elopement from facility:
    - » *Adults:* A member who is out of contact with staff without prior arrangement or who may be considered to be in "immediate jeopardy" based on their personal history; any time the police are contacted about a missing person or the police independently find and return the member regardless of the time they were missing
    - » *Children/Adolescents:* A member who is absent from the facility premises without the approval of staff; any time the police are contacted about a missing person
11. *Missing Person:* A child who has not returned to home or facility within four hours, or an at-risk adult who has not returned home or facility within 24 hours (including filing of a police report)
12. Police involvement or arrest (excludes involuntary commitments, i.e., 302s)
13. Fire, flood, or serious property damage at a site that requires a change in location for service delivery
14. Infectious disease outbreak at a provider site

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15. All non-routine discharges from inpatient; American Society of Addiction Medicine (ASAM) 3.1, 3.5, 3.7, 3.7WM, 4, and 4WM; children's residential treatment; or methadone maintenance treatment (i.e., administrative/involuntary discharges, AWOL, or leaving a facility against medical)

16. Any sexual contact, both consensual and nonconsensual, that occurs at a provider site

17. Presence of illicit substances at a bed-based facility

    - This does not include substances found at the time of initial search on admission that are properly managed as per provider policy.

Reporting Process

1. A copy of all reportable incidents must be faxed to the Quality Management Department at 215-413-7132 on the attached **Significant Incident Report Form** within one business day of an incident's occurrence or upon notification of an incident's occurrence. All Significant Incident Report Forms must indicate the Provider Number in Section 7, if applicable.

    - Reports of children who have not returned home or to the facility within four hours must be reported immediately.

    - *Exception:* All Long-Term Structured Facilities (LTSR) and Community Residential Rehabilitation programs (CRR) will only enter the reportable incident into the Enterprise Incident Management (EIM) system within 24 hours of the occurrence.

2. Any death which occurs at a provider facility must be **immediately** reported to the CBH's Psychiatric Emergency Services (PES) line. The PES line can be contacted at 215-413-7171.

3. When an internal investigation is warranted, the provider must submit a copy of the investigative report to CBH within 14 days of the incident. Investigative reports must clearly document how the incident was investigated and the findings

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of the investigation, including any corrective actions taken to prevent further occurrence. Investigative reports may be faxed to the Quality Management Department at 215-413-7132 or emailed to **CBH.Quality.Review@phila.gov** or mailed to:

Community Behavioral Health
801 Market Street, 7th Floor
Quality Management Department
Philadelphia, PA 19107

***Note**: If an investigation is not completed within the designated 14 days, the provider must notify the Quality Management Department of the investigation status, including preliminary findings, and a projected investigation completion date.*

4. Incidents involving alleged physical abuse, sexual abuse, and/or neglect of children must be reported to the Pennsylvania Department of Human Services (PA DHS). Providers are mandated by the PA DHS to report incidents directly by calling the Commonwealth's Childline at (800) 932-0313 or submitting the information via the **online portal**.

5. Providers must submit the PA DHS notification letter (indicated/unfounded) to the Quality Management Department upon receipt. If the provider has not received a notification letter, but has received verbal communication from the PA DHS, provider must notify the Quality Management Department of the date the verbal determination was provided and the name of the investigator providing the verbal determination. If an allegation is deemed indicated or a Licensing/Approval/Registration Inspection Summary Violation is issued the provider must submit a copy of the Licensing/Approval/Registration Inspection Summary Violation and the corresponding Corrective Action Plan submitted to the PA DHS.

6. Incidents involving alleged physical abuse, sexual abuse, and/or neglect of an adult between 18 and 59 years old, who has a physical or mental impairment that substantially limits one or more major life activities, must be reported to the PA

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DHS. Providers are mandated by the PA DHS to report incidents directly by calling the Commonwealth's Protective Services Hotline at 1-800-490-8505.

7. A missing person who may be at-risk should be reported to the Philadelphia Crisis Line by calling 215-685-6440, and a police report should be filed. The Philadelphia Crisis Line will notify the Crisis Response Center (CRC) so that they can notify the provider if the member presents at a CRC. In addition, the **DBHIDS Missing Persons Form** should be completed.

Where to Send Significant Incident Reports

- All reportable incidents must be faxed or emailed to CBH Quality Management.
  - Fax: 215-413-7132
  - Email: **CBH.Quality.Review@phila.gov**
- Investigative reports may be faxed or mailed to CBH Quality Management.
  - Mail:
    Community Behavioral Health
    Quality Management Department
    801 Market Street, 7th Floor
    Philadelphia PA 19017
- Incidents involving the suspected abuse/neglect of children must be reported to the Commonwealth's Childline.
  - Phone: 1-800-932-0313
  - Web: **PA Child Welfare Information Solution (CWIS) Child Welfare Portal**
- An at-risk missing person should be reported to the Acute Services Mental Health Delegates at 215-685-6440.

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- The death of a member at a provider facility must be reported to the CBH PES Line at 215-413-7171.
- Incidents involving the suspected abuse/neglect of an adult between 18 and 59 years old, who has a physical or mental impairment that substantially limits one or more major life activities, must be reported to the Commonwealth's Protective Services Hotline at 1-800-490-8505.

Obtaining Assistance

If you have any questions about reporting incidents, please contact CBH's Provider Operations Department at 215-413-7660.