



Section 7.4 Reporting of Incidents, Accidents and Deaths

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7.4.1 Introduction

To establish requirements for reporting incidents, accidents, and deaths of all behavioral health recipients. This policy applies to the Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS), contracted Tribal and Regional Behavioral Health Authorities (TRBHAs), and the Arizona State Hospital (AzSH), where indicated. T/RBHAs must ensure that all subcontracted providers adhere to the requirements of this policy.

7.4.2 Terms

Definitions for terms are located online at <http://www.azdhs.gov/bhs/definitions/index.php> or <http://www.narbha.org/for-providers/provider-resources/provider-policy-manual/definitions>. The following terms are referenced in this section:

[Abuse](#)

[ADHS Office of Human Rights](#)

[Behavioral Health Recipient](#)

[Incident, Accident or Death \(IAD\)](#)

7.4.3 Procedures

- a. T/RBHAs must ensure the timely and accurate reporting of incidents, accidents, and deaths involving behavioral health recipients to the ADHS/DBHS Bureau of Quality and Integration (BQ&I) Office of Quality of Care (QOC) T/RBHAs must submit to ADHS/DBHS/BQ&I all Incident Accident and Death reports that pertain to the following for all behavioral health recipients with an open Episode of Care (EOC):
 - i. Deaths;
 - ii. Medication error(s);
 - iii. Abuse or neglect allegation made about staff member(s);
 - iv. Suicide attempt;
 - v. Self-inflicted injury;
 - vi. Injury requiring emergency treatment;
 - vii. Physical injury that occurs as the result of personal, chemical or mechanical restraint;
 - viii. Unauthorized absence from a licensed behavioral health facility, group home or HCTC of children or recipients under court order for treatment;
 - ix. Suspected or alleged criminal activity;



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- x. Discovery that a client, staff member, or employee has a communicable disease as listed in R9-6-202 (A) or (B);
 - xi. Incidents or allegations of violations of the rights as described in A.A.C. R9-20-203 or in A.A.C. R9-21, Article 2;
 - xii. Discrimination;
 - xiii. Exploitation;
 - xiv. Coercion;
 - xv. Manipulation;
 - xvi. Retaliation for submitting complaint to authorities;
 - xvii. Threat of discharge/transfer for punishment;
 - xviii. Treatment involving denial of food;
 - xix. Treatment involving denial of opportunity to sleep;
 - xx. Treatment involving denial of opportunity to use toilet;
 - xxi. Use of restraint or seclusion as retaliation; and/or
 - xxii. Health Care-Acquired and Provider Preventable Conditions as described in the AHCCCS AMPM Chapter 900
- b. T/RBHAs shall submit IAD reports regarding “sentinel events” to BQ&I within 12 hours of the IAD occurrence. A sentinel event is defined as any of the following:
- i. Suicide or significant suicide attempt by a member;
 - ii. Homicide committed by a member
 - iii. Unauthorized absence of a member from a locked behavioral health inpatient facility;
 - iv. Sexual assault while a member is a resident of a locked behavioral health inpatient facility;
 - v. Death while a member is a resident of a Behavioral Health Inpatient Facility or other psychiatric hospital or other inpatient institution.
- c. T/RBHAs shall submit IAD reports to BQ&I on a weekly basis as assigned by BQ&I.
- d. Weekly, ADHS/DBHS/BQ&I must electronically submit all sexual abuse and physical abuse allegation IADs for persons with serious mental illness (SMI) to the ADHS/DBHS Office of Grievance and Appeals (OGA).
- e. Monthly, ADHS/DBHS/BQ&I must electronically submit all IADs (except those involving unauthorized absences), with a summary of the types of IADs received, to ADHS/DBHS Office of Human Rights (OHR).
- f. The T/RBHA or AzSH must submit copies of the IAD reports no later than three working days after its receipt, or as otherwise specified, to the appropriate regional Human Rights Committee for reports concerning all enrolled persons. The T/RBHA or AzSH must redact personally identifying information concerning the enrolled person from the report prior to forwarding to the Human Rights Committee.



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- g. T/RBHAs must ensure that subcontracted providers follow procedures for reporting incidents, accidents, and deaths, including the use of the Incident/Accident/Death Report Form located in the BQ&I Specifications Manual.
- h. Upon receipt of an IAD Report from providers, the T/RBHA must:
 - i. Take action necessary to ensure the safety of the persons involved in the incident.
 - ii. Ensure that the information required on the IAD Form is fully and accurately completed as required and is legible. If the IAD Form is returned to the T/RBHA subcontracted provider for additions or legibility problems, the subcontracted provider must return the corrected version of the report to the T/RBHA within 24 hours of receipt.

7.4.4 References

The following citations can serve as additional resources for this content area:

[42 CFR § 483.352](#)

[42 CFR § 483.374](#)

[42 CFR § 51.2](#)

[A.R.S. § 46-454](#)

[A.A.C. R9-6-206 \(A\) and \(B\)](#)

[A.A.C. R9-20-202](#)

[A.A.C. R9-20-203](#)

[A.A.C. R9-21-203](#)

[AHCCCS/ADHS Contract](#)

[ADHS/RBHA Contract](#)

[ADHS/TRBHA IGAs](#)

[NARBHA Policy 4.1 Confidentiality](#)

[NARBHA Policy 4.2 Medical Record Standards](#)

[NARBHA Policy 7.3 Seclusion and Restraint Reporting](#)

[NARBHA Policy 7.6 Duty to Report Abuse, Neglect or Exploitation](#)

[Policy and Procedure QM 2.5, Reporting of Incidents, Accidents and Deaths](#)

[ADHS/DBHS Covered Behavioral Health Services Guide](#)

[ADHS/DBHS Bureau of Quality & Integration Specification Manual I](#)

[ADHS/DBHS Framework for Prevention in Behavioral Health](#)

7.4.5 PM Forms

[PM Form 7.4.1 Reporting Incident Accident Deaths](#)

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7.4.6 PM Attachments

None



Signature on file 07/15/15

Mary Jo Gregory Date
President and Chief Executive Officer

Signature on file 07/15/15

Teresa Bertsch, MD Date
Chief Medical Officer

Reference [ADHS/DBHS Policy 1703](#)