

Special Investigations Manual

This manual is a supplement to DBHDD Policy 03-515, and contains protocols which supplement and provide procedural directives for Incident Management practices in the inpatient programs of DBHDD. Formats should be modified to reflect the name of the facility, titles for signatures, etc. However, modifications should not be made to content or structure.

It is the responsibility of the Regional Hospital Administrator to ensure that contents of this manual are made available to appropriate administrative and investigative staff.

Mona Givens, Ph.D.
Director, Incident Management and Investigations
Department of Behavioral Health and Developmental Disabilities

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INVESTIGATIVE REPORT

Instructions: This format is to be used for all investigative reports-with one exception: Reports that are required to be completed within 5 days may be initially documented on the 5-day format.

Note: In some cases, this report will also be necessary.

Date of Report: *date the report is submitted by email to the dedicated Incident Management and Investigations mailbox*

Provider Agency/Hospital:

Contact Person:

Investigating Agency: Department of Behavioral Health and Developmental Disabilities (DBHDD) or Hospital Name *as appropriate*

Investigator:

Date of Incident:

Type of Incident: *entry should reflect the incident(s) as listed in DBHDD Incident Management Policy and recorded in the database*

DBHDD Region:

Name: *individual who was involved in incident*

Date of Birth:

Address:

Age at time of incident:
MHID/CID #:

SUMMARY OF ALLEGATION(S)/INCIDENT:

Summarize the information about the incident-e.g., *Mr. John Brown told Nurse Jane Smith that on February 22, 2008, he was hit in the face by Nurse Tom Johnson. He was examined and found to have a reddish area on his left cheek. Mr. Johnson was reassigned to non-clinical responsibilities.*

- The summary of the allegation is not a verbatim transcription of what is on the CIR. Provide essential information about what happened that made an investigation necessary.
- Confirm that other agencies (Healthcare Facilities Regulation [formerly ORS], DFCS, etc.) were contacted by provider agency regarding the incident.
- Reflect reason(s) for any extended delay of investigation, either in initiation or completion.

The Critical Incident Report (CIR) was submitted by XXX on XXX. XXXX, Critical Incident Manager/or Investigator *as appropriate*, was assigned to the investigation on XXXX and contacted XXXX on the same day.

If autopsy was requested, please put in report that the autopsy report has been requested but is still pending. Same thing if Death Certificate has not been received

CHRONOLOGY OF INCIDENT: *this is the chronology that the investigation has established regarding events that are based on fact and the chronology should be written in past tense*

- The Chronology contains critical dates and times related to the incident.
- The Chronology is not a verbatim transcription of what is on the CIR.
- The Chronology is a concise list of how the events of the incident unfolded/occurred. It should provide a clear picture of the incident to the reader.
- The Chronology should be supported by documentary and testimonial evidence contained in the body of the IR.
- Persons named in the Chronology should be identified briefly, not just named.

INVESTIGATIVE METHODS:

- When describing the intent of the investigation, use the phrasing “This was an administrative investigation to determine if there is evidence to support the allegation of...”
- Investigative methods will be listed as interviews with individuals served, staff, review of video, review of clinical record, etc., as appropriate

PROFILE:

- This is for the individual served who was involved in the incident. If there are two individuals involved, and this does not include as witnesses, a Profile will be needed for each
- In the Profile, use an honorific (Mr., Mrs., Ms.). Children under 17 do not receive an honorific, only first and last name. Through the remainder of the report, use only last name, unless there are several individuals by the same name and first name is needed for clarification. Children under 17 may be referred to with first name.
- When listing medications, do not list the dosage unless it is relevant to the investigation.
- State legal status (guardianship, etc.) of individual when appropriate. If a person has not been declared incompetent, that is understood and it does not have to be stated that they are competent.
- Use the name of the diagnoses as listed in the DSM-IV-not just a code.

The profile should include the following information:

1. Ethnicity
2. Diagnoses
3. Medications
4. Legal status/guardianship issues (we assume competency; note otherwise)
5. When relevant, previous hospitalizations, including dates
6. Length of service with current provider
7. Waiver type (for community) and services provided
8. Behaviors/symptomology that may have bearing on the incident
9. Treatment plan/ISP issues that are relevant to the incident, i.e. health/safety issues, level of required supervision, specifics of behavior support plan

10. When death has occurred, a detailed specific discussion of health history, health issues and treatment provided, to include recent, relevant dates of treatment
11. When a suicide has occurred, detailed discussion of past suicidal behavior/attempts, recent treatment issues, assessment indicators, dates of services provided

Previous Critical Incidents (as listed in ROCI): use the grid below, or briefly summarize in narrative paragraph (Only place acceptable to use numerals for dates)

Incident ID	Incident Date	Provider	Incident Type
	5/15/07		Allegation of Verbal Abuse, Not Substantiated Description of incident; not just type, Substantiated or Not Substantiated

PROVIDER PROFILE:

- Census/capacity and staffing numbers at the time of the incident
- Brief description of services provided by the hospital, and specifically by the unit of residence

PEOPLE INTERVIEWED:

- Include Date of Birth for Person of Interest.
- This list of persons interviewed is numbered and will be in the same order when listed in the Summary of Interviews.

SUMMARY OF INTERVIEWS:

1. First and last name, title if staff

Include Date of Birth for staff identified as Person of Interest in an investigation of an allegation of misconduct

- Interviews should occur in the following order whenever possible:
 1. The person who first learned of the incident/reported the incident
 2. Individuals served(s) most involved in the incident (just name, no further identification)
 3. Witnesses/others who have knowledge related to incident
 4. Administrative/supervisory staff (regarding training, policies, procedures)
 5. Person of interest

The interviews should be listed in an order that allows the reader to follow the progression of the story of the incident from one interviewee to the next. Numbers of interviews should match numbering in People Interviewed

- All persons interviewed during the investigation should be identified correctly, with appropriate titles and history, including length of employment. Do not title Individuals served
- In the summary for each interview, include the date and place the interview was done. If it was by phone, state that. If others were present, give names and, if necessary, relationship to individual served or incident.
- Verbal testimony is reported as bullets, which are usually ordered to be understandable to the reader, not necessarily in the order spoken by the interviewee.

- Verbal testimony quotes must be exact and correct; quotes should be used sparingly and supported by the investigator's notes.
- When information received during an interview contradicts information received during previous interviews, a second interview will usually be conducted with the previous interviewee to clarify the contradicted information.

The following people were interviewed but did not provide new information concerning the current investigation:

- Put people interviewed but not providing new information last. Continue numbering from above Summary of Interviews.

DOCUMENTS REVIEWED:

- List documents and number each

SUMMARY OF DOCUMENTS REVIEWED:

- Quote directly or summarize if information is essential to the investigation. E.g., a progress note that relates information about the injury or the care provided.
- Not all documents listed in the Documents Reviewed section will be listed here.

INFORMATION FROM OTHER SOURCES:

- Information pertaining to review from other sources such as scene documentation and video evidence, etc. would be listed here.
- The review of video documentation can be listed within the body of the report or on a separate bond piece of paper for clarification and added as an attachment

Reviews of other information that might be helpful to the reader can be listed. As an example, information from another investigating agency, such as the Department of Family and Children's Services.

FINDINGS AND CONCLUSIONS:

- Resolve any discrepancies in testimony. Conclusions should be supported by explicit evidence
- Beginning sentence will read as follows:

There is (in)sufficient evidence to substantiate the allegation of XXX based on the following:

1.

Findings also address staff adherence to programmatic requirements

Include pertinent findings from previous investigations with regard to the individual served and the person of interest.

RECOMMENDATIONS:

- Recommendations must be based on findings explicitly stated in the Conclusions.
- Specific personnel action, such as counseling, termination, etc., is not addressed.
- When multiple agencies are involved, please specify which recommendation applies to which agency
- If personnel issues are involved, phrasing will read as follows:

“Personnel action, in consultation with the DBHDD Human Resources Department”

Review by DBHDD Medical Director *use this heading only when appropriate*
The Medical Director reviews all deaths in accord with Department policy.

ATTACHMENTS:

- An attachment is appropriate if it is critical to the administrator doing the review, or if it contains information that could be seen as contradictory to your conclusions .
- Do not attach the CIR
- Photographs of injuries may be useful as attachments
- For hospital deaths, please obtain, review and attach the physician's death summary
- For suicides or attempts, please obtain, review and attach the most recent suicide assessment

Investigated By:

- When typing the report, ensure that the signatures at the end are not the only items on that page.
- Use the same font style consistently on all report signatures.
- The approval line is for the administrator with executive authority to approve investigative reports

Investigator's Name

Date

Reviewed and Approved By:

Date

Individual's Name/Hospital
Incident #

Hospital:

Program/Unit:

Date:

5-Day Investigation Report

Instructions: This format is for the use of facility investigators. It may be used for those incidents that must be investigated and a report submitted within 5 working days. The full format called "Investigative Report" may be used instead, and must be used if findings of the 5-day investigation are not sufficient to provide complete resolution of investigative concerns.

Individual's Name:

Date of Incident:

Incident Number:

Type of Incident:

Summary of incidents in the last 60 days involving this individual:

Summary of Allegation (use as much space as necessary):

Was there any injury? ___ Yes ___ No

If yes, describe the injury and any treatment provided:

List all known witnesses; add a page if necessary. For those witnesses who were interviewed provide a brief summary of their interviews, being sure to specifically address if their testimony supports the allegation:

Witness Name: Statement:

Witness Name: Statement:

Witness Name: Statement:

Witness Name: Statement:

Person of Interest and Date of Birth : Statement:

(if this is an allegation of staff misconduct)

Provide a brief summary of the individual's testimony, or explanation of why that person was not interview:

Individual's Name/Hospital
Incident #

Conclusion (state if based on the information at this time the investigation supports or does not support substantiating the allegation):

Actions that have been taken by the facility in response to the incident:

Should staff be allowed to return to normal duties based on the findings:

_ Yes _ No

Recommendations for additional actions/opportunities for improvement:

Investigator's name and signature:

The signature of the RHA is required; if not available at the time, the authorized designee must sign below, and include his/her position title:

Signature

Date

Individual's Name/Hospital
Incident #

Hospital:

Program/Unit:

Date:

5-Day Investigation Report

Instructions: This format is for the use of investigators from the Incident Management and Investigations office. It may be used for those incidents that must be investigated and a report submitted within 5 working days. The full format called "Investigative Report" may be used instead, and must be used if findings of the 5-day investigation are not sufficient to provide complete resolution of investigative concerns.

Individual's Name:

Date of Incident:

Incident Number:

Type of Incident:

Summary of incidents in the last 60 days involving this individual:

Summary of Allegation (use as much space as necessary):

Was there any injury _Yes _No

If yes, describe the injury and any treatment provided:

List all known witnesses; add a page if necessary. For those witnesses who were interviewed provide a brief summary of their interviews, being sure to specifically address if their testimony supports the allegation:

Witness Name: Statement:

Witness Name: Statement:

Witness Name: Statement:

Witness Name: Statement :

Person of Interest and Date of Birth : Statement:

(if this is an allegation of staff misconduct)

Provide a brief summary of the individual's testimony, or explanation of why that person was not interview:

Individual's Name/Hospital
Incident #

Conclusion (state if based on the information at this time the investigation supports or does not support substantiating the allegation):

Actions that have been taken by the facility in response to the incident:

Recommendations for additional actions/opportunities for improvement:

Name and signature of Critical Incident Manager:

Name and signature of supervisor:

Incident Investigation Requirements

Facility level investigations-Incidents that do not involve allegations of staff misconduct:

Format: Level Reviews

Submit to Central Office: No

Hospital investigations for these incidents will consist of the First, Second and Third Level Reviews that will be conducted following the occurrence of an incident.

These will be investigations of types of incidents that typically do not, standing alone, pose a significant of a threat to the health and safety of individuals served as do the other critical incidents identified by the DBHDD Incident Management Policy. Facilities can most efficiently address the dangers posed by such incidents by addressing them on the unit in which they occur and by then tracking them through the Quality Council.

Facility level investigations will satisfy the requirement for an investigation with regard to the following incidents:

- Accidental Injury
- Aggressive Act to a Visitor/Family Member—Physical (*causing injury requiring first aid or no treatment*)
- Aggressive Act to a Visitor/Family Member—Verbal
- Aggressive Act to Self (*causing injury requiring first aid or no treatment*)
- Aggressive Act to Staff—Physical (*causing injury requiring first aid or no treatment*)
- Alleged Criminal Act
- Alleged/Suspected Violation of Individual/Patient's Rights
- Contraband (does not involve staff or weapons)
- Escape Attempt
- Failure to Return from Community
- Fall
- Injury of unknown origin (*with injury requiring first aid or no treatment*)
- Property Damage
- Suicide Threats

Facility level investigations-Incidents that do not involve allegations of staff misconduct

Format: Investigation Report format

Submit to Central Office: Only on request

These are investigations of incidents that require Facility investigators to perform an investigation in more depth and with more scope than is present in a unit level investigation. There is no requirement, however, that these investigations be forwarded to the DBHDD Office of Incident Management and Investigations. Incidents requiring Facility Level investigations are:

- Aggressive Act to a Visitor/Family Member—Physical
- Aggressive Act to another Individual—Physical (*causing injury requiring medical treatment or hospitalization*)
- Aggressive Act to Self (*causing injury requiring medical treatment or hospitalization*)
- Aggressive Act to Staff—Physical (*causing injury requiring medical treatment or hospitalization*)

Facility level Investigations-Category II, and Category I as assigned:

Format: Investigation Report format

Submit to Central Office: Yes

These reports are to be forwarded to the DBHDD Office of Incident Management and Investigations. These will include all Category 1 (15 types-not listed here) investigations that the DBHDD Office of Incident Management and Investigations declines to conduct as well as investigations of the following incidents:

Category II:

- Death-expected
- Escape
- Failure to Follow Policy/Procedure
- Pregnancy
- Sexual Assault
- Sexual Contact Between Individuals
- Fire Setting

Department level investigations-Includes Category I Incidents, Requests from RHA, and those done at the discretion of the office of Incident Management and Investigations. The full Investigative Report format is used.

- All injuries requiring first aid or higher related to Seclusion or Restraint
- Alleged Individual Abuse-Physical
- Alleged Individual Abuse-Psychological
- Alleged Individual Abuse-Verbal
- Alleged Neglect
- Alleged Sexual Abuse
- Contraband-Involving staff or weapons
- Death-Unexpected
- Elopement
- Exploitation Staff/Individual
- Homicide/homicide attempt
- Injury of Unknown Origin (*with severity requiring medical treatment or hospitalization*)

Name of Hospital
Incident Management Review Form

Incident Management

Policy #03-315

Client name: _____ Date of incident: _____ Incident #: _____

Incident type (A-D): _____ Incident type (E-Z): _____

Injury/Condition Severity: _____

First Level Review

Unit Supervisor Review within 24 hours of Incident

	Comments
1. Precipitating events	
2. Known early warning signs	
3. Individual history impacting the incident	
4. Behavior of individual days prior to incident	
5. When and where the incident occurred	
6. Actions taken to protect the individual	
7. Unit acuity, staffing ratio and mix, location of staff, and staff changes	
8. If applicable, reaction of individual's guardian or conservator	
9. Staff actions related to incident (different from medical/nursing interventions)	
10. Therapeutic milieu factors	
11. Environmental factors and equipment concerns	

Physician Review (IF AN INDIVIDUAL RECEIVING SERVICES IS INVOLVED)
This review is to be documented in the progress notes. The First Level Reviewer will complete the minimal information below, based on a review of the progress note.

Incident occurs during duty hours to attending physician – complete review before going off duty.

Incident occurs during Physician on Duty (POD) coverage – POD complete review before going off duty.

12. Necessary and appropriate changes to the individual's treatment plan including diagnosis, medications and referrals. Yes <input type="checkbox"/> No <input type="checkbox"/> Date and time of progress note	
13. If injury, indicate whether or not injuries are consistent with the individual's explanation and describe any inconsistencies.	

Is there any indication of possible staff misconduct?

- Yes – Recommend that RHA request full investigation.
 No

 Typed/Printed Name/Title

 Signature

 Date

Facility may tailor to appropriate position.

Second Level Review

Program Director (whoever supervises the Unit Supervisor) Review within three (3) business days of incident

	Comments
1. Staff actions	
2. Actions by other individuals	
3. Staffing ratio and mix	



Georgia Department of Behavioral Health & Developmental Disabilities

Frank E. Shelp, M.D., M.P.H., Commissioner

Hospital Name

Instructions: This is an example of the information to be included when notifying the Incident Management and Investigations (IMI) office that a staff member has been returned to duty prior to completion of the investigation. When completed a copy of the memo with the signatures of the authors is to be emailed to the DBHDD Incident Management and Investigations office. Note: This action does not waive the requirement for an investigation.

DATE: _____
TO: Mona Givens, Ph.D.
Director, Incident Management and Investigations
FROM: Mike Smith, RHA Designee Must be the RHA or a designee
Cheryl Andrews, R.N., Nurse Executive Must be the appropriate Discipline Chief
RE: Investigation not Complete-Determination that staff member will be returned to duty
Incident # _____

Description of the Incident

Ms. James called the Personal Advocate's Office at 1:26 p.m. on March 25, 2010 to make a complaint about problems that she alleged that she was having with staff on the GMH Unit. She stated that staff, Barbara McSmith and Ms. Dougherty were threatening to hurt her and were also calling her names.

Ms. James stated next that she was hearing voices and did not feel well. She also said she did not do anything to anyone and how he did not want anyone to hurt her or to give her a shot.

Information that indicates allegation is not credible

In the Investigation Report completed with regard to a previous allegation of verbal abuse made by Ms. James on 9/3/09, the recommendation section of the report stated: "The treatment team should identify and address the underlying issue that leads Ms. James to make accusations against staff when she begins to hear voices and consider addressing this in her BSP." The Investigation Report completed with regard to an allegation of verbal abuse made by Ms. James on 9/11/09 made the same recommendation. Ms. James made a similar allegation of verbal abuse on 10/5/09.

In this instance, Ms. James was admittedly hearing voices at the time when he made this allegation of verbal abuse.

Statements taken from the staff accused of verbal abuse indicate that Ms. James was upset about another consumer, was cursing, and was hearnig voices just before she made the allegation of verbal abuse. All of these witnesses indicate that no one verbally abused her.

Summary

In light of the information contained in these statements, the fact that Ms. James was apparently hearing voices, and her predilection for making unfounded allegations of verbal abuse when she is hearing voices, this allegation is not credible, and staff should not be reassigned .

cc: *Bobby McIntire, RHA* Not necessary if the memo is originated by the RHA



Georgia Department of Behavioral Health & Developmental Disabilities
Frank E. Shelp, M.D., M.P.H., Commissioner

DBHDD

Hospital Name

Instructions: A copy of this letter with all signatures is to be sent to the DBHDD Incident Management and Investigations office by email.

DATE: _____
TO: RHA *name*
Regional Human Resources Manager *name*
FROM: _____ *name and title*
RE: Determination that an investigation is Not Warranted
Incident # _____

Please see the attached Critical Incident Report and other supporting documentation for the Allegation of _____ of (Individual's Name) by employee (name). DBHDD Incident Management Policy #03-515 provides the hospital with an avenue to determine whether or not an investigation is warranted. See Paragraph V.I., and stated below:

"In cases where there is clear and compelling evidence of staff misconduct, such as the direct observation of a negligent staff member asleep while assigned as a hall monitor, it may not be necessary to conduct an investigation prior to proceeding with progressive discipline. The RHA in consultation with the Human Resources Manager will make the decision that an investigation is not warranted."

In this case we do have clear and compelling evidence of staff misconduct and disciplinary action (type of discipline) has been initiated.

Request your concurrence that an investigation is not warranted.

Thank You,

Name and title of person submitting the request

Attachments: CIR
Witness Statements

Review and coordination by RHA, or designee, and Regional Human Resources Manager.

My signature below verifies that I have reviewed the incident report and agree that an investigation is not warranted.

Concur Not Concur

Concur Not Concur

Regional Hospital Administrator

Regional Human Resources Manager

Notification of Death

Notification of Death

Name of Hospital

Hospital

May be used as a form, or may be retyped by facility to allow Spell Check.

The form is to be emailed within one hour of the discovery of the death to the Director of Hospital Operations, the Director of Incident Management and Investigations, and the DBHDD Medical Director.

Name of consumer:

Birthdate/Age:

Date/Time of Death:

Original Admission Date:

Admitting Diagnosis:

Living Unit:

Admitting County:

Current Diagnosis/Illnesses:

Is Family Listed as First Representative: Yes No

If yes, have they been notified?: Yes No

Family Notified of Death: Yes No

Was Death Expected: Yes No

Cause of Death (if known):

Location of Client at Time of Death (be specific, such as 'in the bedroom on the unit' or 'Southside Medical Hospital':

Was an autopsy requested: Yes No

Was an autopsy ordered: Yes No

If yes, was the family notified: Yes No

Specifics and Chronology of Incidence (be sure to include any known pertinent medical issues):

(Name of Hospital)
Semi-annual Report for (Period)

Incident Management Semi-annual Report – Analysis of Incidents

I. Identify the total number of incident types (as defined in DBHDD Policy 03-515, Attachment A, Definitions of Incidents, Section II.A.). Attach report to this document. *[See attached Excel Spreadsheet. Depending on the type of Incident Management System we end up with, it may be possible to run a standard report for this information and not have to maintain a spreadsheet.]*

II. a. In the review and analysis process, what trends and/or patterns were noted regarding the program, unit, location, staff involved, consumer involved, shift, days of week, and time of day?

b. What preventive or corrective actions were taken, training or education identified/provided, and/or processes, procedures and policies modified?

III. a. In the review and analysis process, what other issues were identified as matters of concern?

b. What opportunities for improvement were identified in regards to these concerns?