



CITY OF PHILADELPHIA

Department of Behavioral Health and Intellectual disAbility Services
Promoting Recovery, Resilience & Self Determination

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ORIGINATING DIVISION RESPONSIBLE FOR REVIEW OF POLICY/PROCEDURE:

ADMINISTRATION, FINANCE, QUALITY DIVISION

EFFECTIVE DATE: 3/24/25

REVISION DATE:

POLICY/PROCEDURE NAME:

DBHIDS SIGNIFICANT INCIDENT MANAGEMENT POLICY

SCOPE:

DBHIDS maintains a Significant Incident Management (SIM) process to ensure timely response and coordination of significant incidents for all county-funded providers and services contracted with DBHIDS, including those servicing individuals living with Community Residential Rehabilitation (CRR), Long-Term Structured Residences (LTSR), and Supportive Living Program/Community Hospital Integration Project Program (CHIPP). The primary objective of this policy is to promote reporting of significant incidents to DBHIDS enhancing prevention, mitigation, and response efforts. This ensures that DBHIDS enhances the health, safety, dignity, rights, and well-being of individuals receiving behavioral health services while complying with state law, regulations, and guidance, including the Office of Mental Health and Substance Abuse Services (OMHSAS) Bulletin 15-01.

This policy does not apply to Intellectual Disability Services (IDS) and Early Intervention (EI) programs, who must comply with their associated responsibilities and procedures under the Office of Developmental Programs (ODP) for intellectual disabilities and autism services.

PROCEDURE STATEMENT (PURPOSE/INTENT):

The purpose of this policy is to outline how significant incidents are processed from response to closure.

PROCEDURE AND APPROPRIATE USE:

1. DBHIDS Significant Incident Management SIM Structure
The Quality Management and Compliance (QMaC) Unit in the Division of Administration, Finance and Quality (AFQ) at DBHIDS manages significant incidents reporting and related processes. The DBHIDS Compliance Team in the QMaC Unit is responsible for:
 - a. Developing and maintaining training for DBHIDS staff.
 - b. Providing technical assistance to DBHIDS contracted providers on SIM policies and procedures and processes, including directing providers to follow state law, regulations, and guidance, including the [OMHSAS Bulletin 15-01](#) and, when applicable, EIM guidelines.
 - c. Obtaining, reviewing, and approving provider's policies and procedures related to SIM.
 - d. Processing Significant Incident Reports (SIRs) and conduct on-site investigations and desk reviews.

- e. Ensuring that provider management and reporting of significant incidents follow the process described in the DBHIDS Provider Requirements: Significant Incident Management Policy.
 - f. Assigning DBHIDS investigators to prompt providers to initiate an incident report and investigation when DBHIDS compliance becomes aware that the incident was not reported to DBHIDS.
 - g. Assigning DBHIDS investigators to review incidents submitted by contracted providers, confirming that the reports are sufficient for resolving the incident and, when applicable, reporting to the Commonwealth.
 - h. Reviewing Significant Incident Report (SIR) to ensure proper completion and that the provider conducted a thorough investigation.
 - i. Monitoring the finalization and closure of incidents.
 - j. Reviewing follow-up actions taken by the provider to protect the individual and prevent recurrence of incidents.
 - k. Recommending, reviewing, approving, and monitoring the completion of corrective action plans by providers.
 - l. Analysis and sharing of information with appropriate individuals, including law enforcement.
2. Incident Response and Review
- The response by DBHIDS Compliance Team may include, but is not limited to:
- a. Monitoring the SIR submission process.
 - b. Confirm that the incident was entered in HCSIS/EIM for CRR, LTSRs, and CHIPP.
 - c. Confirming that the SIR is properly completed, including:
 - o Ensuring the individual's health, safety, and rights were protected upon discovery of the incident.
 - o Confirming the correct incident classification.
 - o Verifying that evidence of the corrective action implementation is available upon request by oversight entities.
 - o Establishing closure of events not under investigation.
 - o Assigning investigators, if applicable.
 - o Monitoring emerging trends.
 - o Follow-up for death and abuse incidents.
 - d. Communicating with the entity that entered the incident to request and obtain additional information if necessary to adequately explain and assess the actions taken to protect the individual's health, safety, and rights.
 - e. Directing incidents requiring a response to media (television, radio, or newspaper) to DBHIDS Communications.
 - f. Conducting a daily review of SIRs to confirm appropriate and sufficient content, and timelines.
 - g. Assessing the appropriateness of the SIR responses, including contact information for the individual reporting the incident or the point person for EIM.
 - h. Ensuring the SIR was filed within 24-hours; if not, requiring providers to identify the reason for the late report and any corrective actions needed to promote timely reporting in the future.
 - i. Ensuring the SIR was finalized within 30 days; if not, requiring the provider to explain delays and identify corrective actions.
 - j. Conducting additional reviews for significant incidents involving death, including:
 - o Confirming the date of the death.
 - o Determining whether appropriate life-saving techniques (e.g., CPR, Heimlich maneuver) were performed and by whom.
 - o If the death was suspicious, confirming that the relevant agencies were notified, including Protective Services, Law Enforcement, and the Philadelphia's Medical Examiner's Office.
 - k. When a death investigation is conducted, investigators must review and obtain information on
 - o Events leading up to the date of death.
 - o Any medical care received within 30 days before the individual's death.
 - o The most recent health and/or medical assessments.

- Results of the last physical examination.
 - Discharge summary and records from the last hospitalization, if applicable.
 - Autopsy report, if conducted.
 - Death certificates.
- l. Follow-up for abuse allegations include, but is not limited to:
- Confirming the Individual was separated from the alleged perpetrator.
 - Ensuring medical care was offered more than once and/or was received.
 - Verifying that potential evidence was preserved.
 - Checking the status of an investigation.
 - Ensuring victim assistance services were offered to the individual.
 - Confirming notification to the appropriate protective services and/or law enforcement.
 - Documenting preventative and/or corrective actions, including the date of implementation.
- m. Documenting and following up on SIR accuracy and completeness in the DBHIDS Significant Incident Log and EIM County Management Review.
- Follow-up communication may occur via fax, email, or phone calls in preparation of incident closure.
 - Requests for incident extensions must be made in writing.
3. Incident Reporting and Monitoring
- Monitoring significant incidents and their closure may involve:
- a. Responding to significant incidents and requesting additional necessary information.
 - b. Identifying preventative and corrective action measures, including risk mitigation strategies.
 - c. Identifying potential systemic issues.
 - d. Ensuring investigations meet required timelines.
 - e. Reporting preliminary investigation findings within 14 days of the incident.
 - f. Completing high-quality investigations within 30 days of requesting extensions if necessary.
 - g. Reviewing significant incident data daily, weekly, and monthly.
 - h. Running reports to identify trends and patterns by individual, provider, and incident category.
 - i. Tracking corrective actions based on identified trends and systemic issues.
4. Managing Significant Incidents
- DBHIDS may assess providers' SIMs and investigative processes as well as their compliance with corrective action plans resulting from incident investigations. Incident closure may vary based on whether an investigation was conducted.
- Any reportable incident may be investigated by the provider, DBHIDS, OMHSAS, and/or other relevant agencies. Investigations do not preclude law enforcement involvement. If critical timeframes are not met or unexplained delays occur, DBHIDS may initiate an investigation. Managing significant incidents includes:
- a. Closing incidents when a provider investigation is not required.
 - b. Ensuring all required actions have been taken and risk management addressed.
 - c. Reviewing provider investigations to confirm compliance with process requirements and timelines.
 - d. Conducting independent investigations when necessary, despite provider findings.
 - e. Coordinating investigations with law enforcement and protective service to minimize stress on involved individuals.
 - f. Addressing concerns from individuals or their families regarding reporting, investigations, and outcomes, including requests for DBHIDS or OMHSAS investigations when needed.
 - g. Conducting regular trend analysis to gain insight beyond individual incident reviews.

PROGRESSIVE REMEDIATION:

Progressive remediation is a structured process utilizing steps to address provider non-adherence to the quality framework and provider's performance scale. The goal is to improve performance in a collaborative manner, which promotes consistency and positive work environments, and could potentially protect providers from possible legal issues. This structured remediation process is deemed "progressive" because the corrective action increases in severity if compliance does not meet the standards and expectations described herein. Corrective actions may include, but are not limited to the following:

- Verbal notice that expectations are not being met
- Corrective Action Plan
- Directed Corrective Action Plan
- Closure of admissions
- Termination of current contract/funding
- No renewal of contract/funding for next fiscal year

The remediation process may commence at any step stated above, contingent upon the magnitude of the provider's noncompliance. Please note that the provider remains subject to the City's Professional Services Contract General Provisions attached and incorporated in their contract.

DEFINITION(S):

1. **Incident:** Any event that has the potential to negatively impact an individual's health, safety, or rights.
2. **Significant Incident Management (SIM):** The process of responding to an incident to ensure appropriate protection and promotion of an individual's health, safety, and rights.
3. **Significant Incident Report (SIR):** The DBHIDS SIR Form completed by the provider and entered into the electronic incident management system to document specific incident categories.
4. **Investigation:** A structured process of gathering, evaluating, and documenting evidence regarding a reportable incident conducted by a certified investigator trained under the DBHIDS-approved Certified Investigator Training Program. Investigations may involve referrals to law enforcement or other investigative agencies.
5. **Provider:** An individual, entity, or agency contracted or authorized to deliver the services to the individual.
6. **Investigator:** An individual who has completed investigator training in accordance with DBHIDS Compliance requirements.
7. **Risk management:** The proactive and responsive identification, assessment, and risk management within an organization, covering areas such as SIM processes, complaints, and business practices.
8. **Significant Incident:** A non-routine event that is harmful or materially threatening, inconsistent with standards of practice, and may jeopardize the health or wellbeing of an individual receiving services. *Reportable Significant Incidents include, but are not limited to:*
 - a. **Death** – Any death of an individual receiving services, regardless of cause.
 - b. **Suicide Attempt** – A voluntary and intentional act to end one's own life, requiring medical treatment or resulting in significant injury or risk of death.
Non-reportable: Suicidal threats, non-serious gestures, or actions that do not indicate self-harm intent.
 - c. **Adverse Medication Reaction** – A significant reaction or medication error (e.g., missed dose, incorrect dosage) that leads to an adverse consequence requiring treatment.
Non-reportable: Refusal of prescribed medication by the individual.
 - d. **Emergency Services** – Any event requiring emergency intervention (fire, EMS, or law enforcement), including fires, floods, property damage, crimes, acts of violence, vandalism, or theft.
Non-reportable: Non-emergency interactions such as routine police presence or fire drills.
 - e. **Abuse** – Allegations or suspicions of abuse towards a service recipient, including:
 - *Physical Abuse* – Intentional physical harm.
 - *Psychological Abuse* – Verbal or non-verbal acts causing emotional distress.
 - *Sexual Abuse* – Any unwanted sexual contact, including inappropriate staff-individual relationships.

- *Exploitation* – Taking unfair advantage of an individual for personal gain.

Non-reportable: Minor altercations or interpersonal conflicts without serious harm.

- f. **Neglect** – Failure to provide necessary services, care, or protection required by law or contract.
- g. **Non-Routine Injury or Illness** – Any injury or illness requiring medical treatment beyond first aid or any outbreak of a reportable infectious disease per Department of Health (DOH) guidelines.
Non-reportable: Routine medical treatments or voluntary psychiatric admissions.
- h. **Emergency Room (ER) Visits/Inpatient Admissions** – ER visits or inpatient admissions related to non-routine health events or service availability issues.
- i. **Missing Person** – An individual absent without prior arrangement for over 24 hours or sooner if deemed to be in immediate jeopardy. Any case involving law enforcement is reportable.
- j. **Seclusion or Restraint** – Any use of physical, mechanical, or chemical restraints per OMHSAS Bulletin OMHSAS-02-01.
- k. **Non-Routine Discharge** – Any involuntary or administrative discharge, including individuals leaving against medical advice (AMA) or being out of contact without prior arrangement.
- l. **Other:** Unexpected or significant incidents that do not fall under the predefined categories but are still important for documentation. Examples might include Significant interpersonal conflicts between service recipients, staff, or community members that could impact care; System failures or service disruptions that affect client care, such as power outages, technology failures, or property damage; Ethical concerns raised by staff or service recipients that should be documented for future review; Discovery of contraband or illicit substances, synthetic cannabinoids, or illegal materials such as child sexual abuse materials on facility premises. This category ensures that important incidents are captured for accountability, analysis, and future improvements in care and service delivery.

RELATED POLICIES:

PROVIDER REQUIREMENTS: SIGNIFICANT INCIDENT MANAGEMENT

REFERENCES/CITATIONS:

Adult Protective Services Act
Older Adults Protective Services Act
Child Protective Services Law
55 Pa. Code 20 et seq. (Licensure)
55 Pa. Code 5310 et seq. (Community Residential Rehabilitation)
55 Pa. Code 5320 et seq. (Long-Term Structured Residences)
OMHSAS Bulletins

DIVISION DIRECTOR APPROVAL:

DATE: March 26, 2025



COMMISSIONER, OR COMMISSIONER DESIGNEE, APPROVAL

DATE: March 26, 2025

