

Attachment K

CAMHD
Sentinel Events
Policy & Procedures

**CHILD AND ADOLESCENT MENTAL HEALTH DIVISION
POLICY AND PROCEDURE MANUAL**

SUBJECT: Sentinel Events	Number:	80.805
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REFERENCE: JCAHO; CARF; COA; 45 C.F.R. §164.502(b)(1); 34 C.F.R. Part 99; HRS 334-5, HRS §350-1.1, HRS §350-1.2, Confidentiality of Records, CAMHD P&P 80.402, “Confidentiality, FAX Transmission.”	APPROVED:	
	<i>Signature on File</i>	8/24/11
	Administrator	Eff. Date

PURPOSE

To establish uniform guidelines for a reporting system that is designed to track and document sentinel events and the follow-up of the events reported by the Child and Adolescent Mental Health Division (CAMHD) Branches and contracted provider agencies (Provider).

DEFINITIONS

Sentinel Event - An occurrence involving serious physical or psychological harm to anyone or the risk thereof, as defined under the categories of sentinel event codes and definitions. A sentinel event includes 1) any inappropriate sexual contact between youth, or credible allegation thereof; 2) any inappropriate, intentional physical contact between youth that could reasonably be expected to result in bodily harm, or credible allegation thereof; 3) any physical or sexual mistreatment of a youth by staff, or credible allegation thereof; 4) any accidental injury to the youth or medical condition requiring attention by a medical professional or transfer to a medical facility for emergency treatment or admission; 5) medication errors and drug reactions; 6) any fire, spill of hazardous materials, or other environmental emergency requiring the removal of youth from a facility; or 7) any incident of elopement by a youth.

Critical Events - Events involving serious injury or death, suicidal attempts, sexual misconduct, allegations of staff abuse or misconduct.

Incident - An occurrence that is a safety issue that is minor in nature and does not require major medical or staff intervention and is not identified as a reportable event as defined in the sentinel event codes and definitions. Incidents as defined here should be recorded and tracked internally, but do not need to be reported to CAMHD Sentinel Events Specialist (SES).

Root Cause Analysis - A process for identifying the basic or causal factors that underlie variation in performance, including the occurrence or possible occurrence of a sentinel event. A root cause analysis focuses primarily on systems and processes, not individual performance. It progresses from special causes in clinical processes to common causes in organizational processes and identifies potential improvements in processes or systems that would tend to decrease the likelihood of such events in the future, or determines, after analysis, that no such improvement opportunities exist.

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The product of the root cause analysis is an *action plan* that identifies the strategies that the organization intends to implement to reduce the risk of similar events occurring in the future. The plan should address responsibility for implementation, oversight, pilot testing as appropriate, time lines, and strategies for measuring the effectiveness of the actions.

Individually Identifiable Health Information - Information that is a subset of protected health information, including demographic information collected from an individual, and: (1) Is created or received by a health care provider, health plan, employer, or health care clearinghouse; and (2) Relates to the past, present, or future physical or mental health condition of an individual; the provision of health care to an individual; or the past, present or future payment for the provision of health care to an individual, and that identifies the individual or with respect to which there is a reasonable basis to believe the information can be used to identify the individual.

Protected Health Information - Individually identifiable health information that is transmitted by electronic media or maintained in electronic form/medium. Protected health information excludes individually identifiable health information in: (1) Education record covered by the Family Educational Rights and Privacy Act (FERPA) as amended by 20 U.S.C. 1232g; (2) Records described at 20 U.S.C. 1232g(a)(4)(B)(iv); and (3) Employment records held by a covered entity in its role as employer. CAMHD client clinical records, and those of its contracted providers, are considered “educational records” that come under FERPA authority. However, for the purpose of reporting a sentinel event, individually identifiable health information will be exchanged following HIPAA guidelines for handling PHI.

Minimum Necessary applies. When using or disclosing protected health information or *when requesting protected health information from another covered entity, a covered entity must make reasonable efforts to limit protected health information to the minimum necessary to accomplish the intended purpose of the use, disclosure, or request.*

POLICY

1. Providers shall document and report all sentinel events to the CAMHD Performance Management Office’s Sentinel Events Specialist (SES), and to the applicable Branch where youth is registered. All events that occur during the period a youth is receiving services must be reported, including events not witnessed directly by the Provider’s staff.
2. Providers are required to track and analyze the occurrence of both sentinel events and incidents as part of their quality improvement program to identify areas of need for changes in general operations, program, staffing, training, or supervision. Results of these analyses shall be reported in the Providers’ *Quarterly Quality Improvement Report* to CAMHD.

REVISION HISTORY: 3/31/03, 11/15/05
Initial Effective Date: July 1, 2001
Biannual Review Date:

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A6432

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3. The CAMHD sentinel events reporting system shall allow for clinical and administrative oversight as well as provision of data utilized towards preventive interventions.
4. The Provider shall immediately establish a safe and therapeutic environment following any event in which the safety of youth, family, community members, or staff, is compromised.
5. The Provider will review the sentinel event to determine:
 - A. Triggers that caused the event to occur; and
 - B. Root causes of the sentinel event.
6. The Provider will complete:
 - A. A detailed assessment and analysis of the sentinel event, including the identification of triggers and root causes; and
 - B. A time-limited plan or strategy that allows the primary agency or party with oversight authority to adopt and implement a corrective course of action that reduces the probability of similar events reoccurring with any youth.

PROCEDURE

1. When a sentinel event occurs the Provider shall verbally notify the SES, the youth’s legal guardian, and the youth’s assigned Care Coordinator (CC) within twenty-four (24) hours of the occurrence of the sentinel event by phone.
2. Providers shall submit in writing all sentinel events using CAMHD’s standard *72 Hour Sentinel Event Report* form (*See Attachments A and B*) by a confidential fax to the SES, and CC within ***seventy-two (72) business hours*** of the sentinel event by fax (733-9357). Fax transmissions that contain protected health information about consumers shall follow protocol pursuant to *CAMHD P&P 80.402, “Confidentiality, FAX Transmission.”* The documentation shall include:
 - A. Youth’s name, date of birth ,
 - B. A written description of the event,
 - C. Review and identification of precipitating events,
 - D. Immediate actions taken ,
 - E. Analysis of actions on the part of staff that may have reduced the severity of the occurrence, and
 - F. Action that will be or have been taken in the attempt to prevent future similar occurrences.
3. In cases of critical events involving serious injury or death, suicidal attempts, sexual misconduct, allegations of staff abuse or misconduct, the Provider shall report such event by telephone to SES ***within two (2) hours*** of event occurrence.

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4. The SES shall immediately notify the Supervisor of critical safety/risk management concerns. Critical events involving serious injury or death, suicidal attempts, or rape, may require immediate on-site investigations conducted by the Performance Management Reviewers; or at the very least, immediate information, guidance, and requests of the Provider are conducted in writing or by telephone.
5. The Performance Management Office will conduct an investigation of critical events within thirty (30) calendar days for the following critical sentinel events:
 - A. Suicide,
 - B. Homicide,
 - C. Accidental death,
 - D. Serious physical injury requiring hospitalization, and
 - E. Rape.
6. The CAMHD Performance Manager shall convene a team of CAMHD professionals and others to conduct a root cause analysis of a critical event. Providers will participate in the root cause analysis and provide all relevant information requested by the team as appropriate.
 - A. Members of the team shall include at the minimum:
 - 1) A licensed clinical mental health professional,
 - 2) A quality assurance specialist,
 - 3) An administrator, and
 - 4) Other representatives to assure all parties involved participate in the Root Cause Analysis.
 - B. The Performance Manager will prepare a formal written report of the investigation and its findings, including the root cause analysis and the Provider's Action Plan for review by the CAMHD Administrator and by the CAMHD Safety and Risk Management Committee (SARM).
 - C. The Performance Manager will prepare a final written report of the findings and recommendations that will be distributed to all applicable CAMHD sections, including Branches. Performance Management reviewers shall follow-through and monitor required documents and adequacy of corrective action from the agency.
7. The Provider's Clinical Director or qualified mental health professional (QMHP) designee shall review and provide comments to each *72 Hour Sentinel Event Report* to ensure legibility, accuracy, completeness, and clinical/administrative adequacy prior to signing and releasing to CAMHD.
8. Providers shall maintain a systematic log of their sentinel events on a manual or electronic database to generate reports to conduct their internal reviews and analyses. Aggregate analyses, findings and actions taken to reduce frequency of occurrences shall be a part of the

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agency's overall Quarterly Quality Improvement Report submitted to CAMHD. Further, comparisons shall be made of each ensuing quarter against previous quarters' findings.

9. The SES shall maintain a log of all sentinel notifications to determine whether further information is necessary in instances where immediate action by the Provider and CAMHD is warranted.
10. The SES shall track the timeliness and adequacy of Providers' *72-Hour Sentinel Event Reports*. The SES shall consult with or inform the appropriate Performance Management Office or Clinical Services Office clinician as necessary.
11. The SES shall maintain an electronic database of all sentinels reported by Providers or Branches. Various reports are aggregated from data fields sorted by Provider with comparisons among all Providers of like services on a quarterly basis. CAMHD's SARM Committee, and the Performance Improvement Steering Committee (PISC) shall review these reports. Additionally, such reports are also incorporated into CAMHD's quarterly report to Med-QUEST Division.
12. The SES shall generate full detailed reports for Performance Management reviewers in preparation for the Provider agencies' case-based reviews.
13. The Performance Management Reviewers shall conduct desk reviews or on-site reviews of Providers' system of tracking and analyses in full detail of incidents whenever special investigations, regular provider agency case-based reviews, or licensing reviews are conducted.

ATTACHMENTS

- A. 72-Hour Sentinel Event Report Form
- B. Sentinel Event Code Definitions

**Child & Adolescent Mental Health Division
State of Hawaii Department of Health
72-HOUR SENTINEL EVENT REPORT**

Internal Use Only

Log Number	Level
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Under CAMHD guidelines, a sentinel event is an occurrence involving serious physical and/or psychological harm or the risk thereof. A separate form is required for each singular event.

Fax the completed form to the CAMHD Sentinel Events Specialist at 733-9357 and to the youth's FGC Care Coordinator at the appropriate Family Guidance Center fax number within three business days of the event occurrence. A 24-hour verbal report is also required to the case Care Coordinator as well as to the CAMHD Sentinel Events Specialist at 733-9356. Pages 1 - 3 are to be completed by staff witnesses involved. Page 4 is to be completed by the Clinical Director or designated Qualified Mental Health Professional.

Agency: _____ Program Name: _____ **Provider ID#:** _____
Street Address (residential facilities only): _____ Phone: _____

Island: _____ Reported By: _____ Date Reported: _____ Time Reported: _____ am/pm

Level of Service (check one):

- | | | |
|--|--|---|
| <input type="checkbox"/> Hospital-Based Residential | <input type="checkbox"/> Community Based Residential | <input type="checkbox"/> Community Based Residential –High Risk |
| <input type="checkbox"/> Intensive In Home | <input type="checkbox"/> Multi-Systemic Therapy | <input type="checkbox"/> Family Functional Therapy |
| <input type="checkbox"/> Therapeutic Foster Home | <input type="checkbox"/> Multidimensional Treatment Foster Care | |
| <input type="checkbox"/> Therapeutic Group Home | <input type="checkbox"/> Independent Living Program | |
| <input type="checkbox"/> Community Based Residential | <input type="checkbox"/> Community Based Residential – High Risk | <input type="checkbox"/> Crisis Residential |
| <input type="checkbox"/> Other: _____ | | |

Care Coordinator: _____ Family Guidance Center: _____
Youth's Last Name: _____ Youth's First Name: _____
CAMHD CR#: _____ DOB: _____ Event Date: _____ Time: _____ am/pm

Check here if event occurred when client was not under direct care of program or staff (e.g., family outing, in school, etc.)

- | | |
|---|---|
| <input type="checkbox"/> Care Coordinator Notified of Event
Date: _____ Time: _____ am/pm | <input type="checkbox"/> Personal Notification of Parent or Legal Guardian
Date: _____ Time: _____ am/pm |
| <input type="checkbox"/> Youth's Therapist Notified of Event
Date: _____ Time: _____ am/pm | <input type="checkbox"/> Probation Officer Notified of Event (If Applicable)
Date: _____ Time: _____ am/pm |

DESCRIPTION OF EVENT

A. Where did this event happen? <i>(State actual location of event.)</i>
B. What happened? <i>(Summarize what occurred, attach additional sheet if necessary.)</i>

C. What happened before this event? *(List precipitating factors AND/OR antecedents that occurred prior to this event happening. Identify any of the youth's triggers that may have occurred prior to the event happening.)*

D. Who was involved in this event? *(List the names and titles of participants engaged in this event. Submit separate report for other CAMHD youth involved.)*

E. How did this event end? *(Describe the status of the youth and staff involved in this event.)*

F. What type of follow-up has been planned for the staff and/or youth witnesses affected by this event?

EVENT CODES - Check all event codes that apply. Please use the Sentinel Event Code Definitions found in the Interagency Performance Standards and Practice Guidelines (IPSPG) for an explanation of each event code type. An ASTERISK (*) indicates reporting is required only for CAMHD out of home placements. If NOS/Other is checked please indicate what OTHER is.

YOUTH EVENTS

<u>Person Directed – youth is the perpetrator</u>	<u>Intentional Self-Inflicted Injury</u>
1 <input type="checkbox"/> Sexually Inappropriate Behavior – <i>consensual, while in CAMHD out-of-home placement*</i>	16 <input type="checkbox"/> Refusal of Life Preserving Medical Treatment
2 <input type="checkbox"/> Sexually Inappropriate Behavior – <i>non-consensual</i>	17 <input type="checkbox"/> Suicidal Ideation
3 <input type="checkbox"/> Physical Assault I	18 <input type="checkbox"/> Suicidal Threat – <i>verbal or gestural</i>
4 <input type="checkbox"/> Physical Assault II – <i>homicidal intent or potentially fatal</i>	19 <input type="checkbox"/> Non-Lethal Injury
5 <input type="checkbox"/> Homicide	20 <input type="checkbox"/> Potentially Lethal Injury or Hospitalization
6 <input type="checkbox"/> Sexual Assault I	21 <input type="checkbox"/> Suicide
7 <input type="checkbox"/> Sexual Assault II – <i>penetration through coercion or threat of force</i>	22 <input type="checkbox"/> NOS/Other: _____
8 <input type="checkbox"/> NOS/Other: _____	
<u>Substance Use</u>	<u>Escape or Avoidance Behavior</u>
9 <input type="checkbox"/> Alcohol, Illicit Drugs, or Other Irregular use of Chemicals - <i>while in CAMHD out-of-home placement*</i>	23 <input type="checkbox"/> Runaway – <i>while in family or non-CAMHD placement and gone for 24-hours or more</i>
10 <input type="checkbox"/> Accidental Overdose (<i>intentional is coded as a self injury</i>)	24 <input type="checkbox"/> Elopement - <i>while in CAMHD out-of-home placement and gone for 1 hour or more*</i>
11 <input type="checkbox"/> NOS/Other: _____	25 <input type="checkbox"/> NOS/Other: _____
<u>Property Directed</u>	<u>Aberrant Behavior</u>
12 <input type="checkbox"/> Theft – <i>replacement value greater than \$250</i>	26 <input type="checkbox"/> Aberrant Behavior - <i>active psychosis</i>
13 <input type="checkbox"/> Destruction/Assault of Property – <i>requiring crisis or authority intervention</i>	27 <input type="checkbox"/> NOS/Other: _____
14 <input type="checkbox"/> Possession of Weapons or Hazardous Items	<u>Allegations made ONLY by Youth with no witnesses</u>
15 <input type="checkbox"/> NOS/Other: _____	28 <input type="checkbox"/> Abuse of Youth by Staff – <i>Indicate type of abuse</i>
	<input type="checkbox"/> VERBAL Abuse
	<input type="checkbox"/> PHYSICAL Abuse
	<input type="checkbox"/> SEXUAL Abuse
	29 <input type="checkbox"/> Abuse of Youth by Non-Agency Individual – <i>Indicate type of abuse</i>
	<input type="checkbox"/> PHYSICAL Abuse
	<input type="checkbox"/> SEXUAL Abuse
	30 <input type="checkbox"/> NOS/Other: _____

INSTITUTIONAL EVENTS

<u>Person Directed – Youth is the Victim</u>	<u>Youth Injury</u>
31 <input type="checkbox"/> Youth Assaulted or Injured by Peer – <i>medical attention needed</i>	44 <input type="checkbox"/> Staff Medication Error
32 <input type="checkbox"/> Youth Sexually Assaulted by Peer	45 <input type="checkbox"/> Youth Injured – <i>requiring immediate medical attention</i>
33 <input type="checkbox"/> Youth Assaulted or Injured by Non-Agency Adult	46 <input type="checkbox"/> Youth Injured – <i>requiring hospitalization</i>
34 <input type="checkbox"/> Youth Sexually Assaulted by Non-Agency Adult	47 <input type="checkbox"/> Death of Youth
35 <input type="checkbox"/> NOS/Other: _____	48 <input type="checkbox"/> NOS/Other: _____
<u>Interventions</u>	<u>Staff Injury</u>
36 <input type="checkbox"/> Restraint – PHYSICAL HOLD OR ESCORT Start Time: _____ End Time: _____	49 <input type="checkbox"/> Staff Injured – <i>requiring medical attention</i>
37 <input type="checkbox"/> Restraint – MECHANICAL OR CHAIR (Please Circle) Start Time: _____ End Time: _____	50 <input type="checkbox"/> Staff Injured During Seclusion or Restraint
38 <input type="checkbox"/> Restraint – CHEMICAL Name of Med: _____	51 <input type="checkbox"/> NOS/Other: _____
39 <input type="checkbox"/> Medication Used for Control Name of Med: _____	<u>Allegations CORROBORATED by a person other than youth</u>
40 <input type="checkbox"/> Psychiatric Hospitalization (changed to psychiatric)	52 <input type="checkbox"/> Abuse of Youth by Staff – <i>Indicate type of abuse</i>
41 <input type="checkbox"/> Seclusion Start Time: _____ End Time: _____	<input type="checkbox"/> VERBAL Abuse
42 <input type="checkbox"/> Police Called – Criminal Charges Filed or Arrest	<input type="checkbox"/> PHYSICAL Abuse
43 <input type="checkbox"/> NOS/Other: _____	<input type="checkbox"/> SEXUAL Abuse
	53 <input type="checkbox"/> Abuse of Youth by Non-Agency Individual – <i>Indicate type of abuse</i>
	<input type="checkbox"/> PHYSICAL Abuse
	<input type="checkbox"/> SEXUAL Abuse
	54 <input type="checkbox"/> NOS/Other: _____

FOLLOW-UP, ANALYSIS AND ACTION PLAN

This section to be completed by the Clinical Director or designated Qualified Mental Health Professional

G. Why do you think this event happened? (Please describe what may have contributed to this event – intrinsic to the youth and external to the staff, environment, and/or program.)

H. What have you learned about the youth, staff, and program? What changes will be made to the youth’s treatment plan and crisis plan, program, or physical structure to address what you have learned?

I. What interventions or strategies below are planned or have been implemented? For each box checked, provide a description in the Narrative portion below.

- | | |
|--|---|
| 01 <input type="checkbox"/> Repeat Occurrence – Heighten Monitoring | 010 <input type="checkbox"/> Consult with Doctor Regarding Medication |
| 02 <input type="checkbox"/> Multiple Repeat Occurrence – Address in Treatment Plan | 011 <input type="checkbox"/> Consult Program RN |
| 03 <input type="checkbox"/> 1:1 Monitoring by Staff, duration: _____ | 012 <input type="checkbox"/> Medical Attention Provided |
| 04 <input type="checkbox"/> Schedule Treatment Team Meeting | 013 <input type="checkbox"/> Admin Review of Policy and Procedures |
| 05 <input type="checkbox"/> Assessment Scheduled | 014 <input type="checkbox"/> Programmatic Changes Made |
| 06 <input type="checkbox"/> Room Change | 015 <input type="checkbox"/> Staff Training Scheduled |
| 07 <input type="checkbox"/> Detained at Correctional Facility | 016 <input type="checkbox"/> Police Report Made |
| 08 <input type="checkbox"/> Appointment with Primary Care Physician | 017 <input type="checkbox"/> CPS Report Made |
| 09 <input type="checkbox"/> Appointment with Psychiatrist | 018 <input type="checkbox"/> Debriefing |

Narrative:

Clinical Director Print Name: _____ Date: _____

*If designee, indicate position and discipline title: _____

Phone: _____ e-mail address: _____

Signature: _____

SENTINEL EVENT CODE DEFINITIONS

Child Events

Child events generally occur due to choices made by the child and often involve target behaviors. These events are divided into 7 subcategories:

- Person Directed,
- Self-Injury,
- Substance Use,
- Property Directed,
- Aberrant Behavior
- Escape/Avoidance Behaviors, and
- Allegations Made by the Child (this category describes events reported by the child without witnesses or corroboration from another individual).

Person Directed Definitions – Client is the Perpetrator

1.	Sexually Inappropriate Behavior – consensual, while in CAMHD out-of-home placement	Inappropriate sexual behavior or non-penetrating sexual acts. Others involved must be willing participants or observers. Does not include acts with participants/observers who are 3 or more years younger. <i>This code only needs to be reported for clients in a Child and Adolescent Mental Health Division out of home placement.</i>
2.	Sexually Inappropriate Behavior –non-consensual	Inappropriate sexual behavior involving other non-consenting individuals. Includes events involving physical contact and events without any contact. e.g., exposure, verbally inappropriate behavior, sexually suggestive gestures, standing too close in an elevator, inappropriate hugging, etc.
3.	Physical Assault I	A violent physical attack or attempt to inflict offensive physical contact or bodily harm that puts the person in immediate danger of such harm or contact. Does not include incidents that fall under Assault II category.
4.	Physical Assault II – homicidal intent or potentially fatal	A violent physical attack or attempt to inflict offensive physical contact or bodily harm that puts the person in immediate danger of such harm or contact. Act must include homicidal intent or be potentially fatal.
5.	Homicide	Killing of one person by another.
6.	Sexual Assault I	Act of engaging in sexual penetration with another person who is less than 14 years old.
7.	Sexual Assault II – penetration through coercion by threat of force	Act of engaging in non-consensual penetration with another through coercion or threat of force.
8.	NOS/Other	Other person directed events not described by above definitions.

Substance Use – Self Administered or Non-professionally Administered

9.	Alcohol or Other Irregular use of Chemicals - while in CAMHD out-of-home placement	Possession or use of alcohol, drugs, or other illicit or poisonous natural or synthesized substances. Includes consumption of legal substances in way not intended for use (sniffing glue, etc.).
10.	Accidental Overdose (intentional overdose coded as self injury)	Consumption of alcohol, drugs, tobacco, or other illicit or poisonous natural or synthesized substances requiring medical attention.
11.	NOS/Other	Other substance abuse events not described by above definitions.

Property Directed

12.	Theft	Any type of stealing or theft of an item with a replacement value greater than \$50.
13.	Destruction/Assault of Property	Destruction of personal possessions, physical structures, furnishings, or other such property requiring crisis or authority intervention (police called, charges pressed, etc.).
14.	Possession of Weapons or Hazardous Items	Possession of a prohibited item or weapon with the potential to inflict serious harm to persons or property.
15.	NOS/Other	Other property directed events not described by above definitions.

Intentional Self-Inflicted Injury

16.	Refusal of Life-Preserving Medical Treatment	Refusal to receive recommended, life-preserving medical treatment other than medication.
.		Second consecutive refusal by youth to take medication as prescribed. Do not combine multiple days on one report, each day must be reported separately.
17.	Suicidal Ideation	Expression of thoughts to harm self (verbal, gestures, drawings, letters, etc.).
18.	Suicidal Threat – verbal or gestural	Immediate serious threat with a plan to harm.
19.	Non-Lethal Injury	Self-inflicted, non-lethal, injury without the potential to end one's life.
.		Self-inflicted, non-lethal, injury without the potential to end one's life which requires immediate medical attention.
20.	Potentially Lethal Injury or Hospitalization	Self-inflicted injury with the intention or potential to end one's life requiring hospitalization - or - requiring immediate care and attention of a qualified physician, and which, if not treated immediately, would jeopardize or impair the health of the child.
21.	Suicide	Intentionally ending own life.
22.	NOS/Other	Other self-injury events not described by above definitions.

Escape or Avoidance Behavior

23.	Runaway - while residing in family home or other non-CAMHD placement	Removing self from supervision for 24-hours without permission while residing with natural family, DHS foster home, or other placement not contracted through Child and Adolescent Mental Health Division.
24.	Elopement - while residing in CAMHD Out-Of-Home placement	Removing self from supervision without permission for an hour or more while residing in a Child and Adolescent Mental Health Division out-of-home placement, such as therapeutic foster home, group home, etc. Only report incidents of truancy where the youth is not present at the expected time.
25.	NOS/Other	Other escape or avoidance behavior events not described by above definitions.

Aberrant Behavior

26.	Aberrant Behavior	Severe behavior involving dissociated behavior or possible psychosis that does not fit into another event category.
27.	NOS/Other	Other aberrant behavior not described by above definition.

Allegations – Made Only by Client

Allegations that are only made by the client with no witnesses or others involved who can corroborate the allegation.

28.	Abuse of Client by Staff – Please indicate type of abuse: Verbal Physical Sexual	Client alleges staff member of reporting agency of abuse. Please indicate type of abuse being alleged.
.		Client alleges physical abuse from staff member of reporting agency. Includes hair pulling, pushing, or inappropriate methods of restraint (like grabbing shirt).
29.	Abuse of Client by Non-Agency Individual – Please indicate type of abuse: Physical Sexual	Client alleges abuse from individual that is not a staff member of reporting agency. Please indicate type of abuse being alleged.
.		Client alleges sexual abuse from staff member of reporting agency.
.		Client alleges sexual abuse from individual that is not a staff member of reporting agency.
30.	NOS/Other	Other allegations made by the child not described by above definitions.

Institutional Events

Institutional events are events that happen to the child or occur as a consequence of child behavior. These events generally occur due to choices made by individuals other than the child. These events are divided into 5 subcategories:

- Person Directed,
- Treatment Interventions,
- Client-Injury,
- Staff Injury, and
- Allegations made by person other than the child (this category does not include events only reported by the child without corroboration from another individual).

Person Directed – Client is the Victim

31.	Client Assaulted or Injured by Peer – medical attention needed	Physical mistreatment by peer(s) requiring medical attention or hospitalization.
32.	Client Sexually Assaulted by Peer	Client sexually assaulted or mistreated by peer(s).
33.	Client Assaulted or Injured by Non-Agency Adult	Physical mistreatment by adult not employed by reporting agency.
.		Physical mistreatment by adult not employed by reporting agency - requiring medical attention or hospitalization.
34.	Client Sexually Assaulted by Non-Agency Adult	Client sexually assaulted or mistreated by adult not employed by reporting agency.
35.	NOS/Other	Other person directed events not described by above definitions.

Interventions

36.	Restraint - physical hold or escort Start Time: End Time:	Involves the application of physical force without the use of any device, for the purpose of restricting freedom of movement. Brief 'personal holds' without undue force for the purpose of comforting, or holding an individual's hand or arm for safe escort to another area is not considered a restraint. Physical escorts in which the child is willfully cooperating with the guide is not considered restraint until such a time as the child no longer intends to follow or be escorted (e.g., child struggles with staff). Excludes physical separation of two individuals by placing body between them to prevent physical altercation. There are no distinguishing time limits.
37.	Restraint - mechanical Start Time: End Time:	Involves the use of any restraining device attached or adjacent to the youth's body (e.g., four point bed restraints) that restricts a youth's movement. There are no distinguishing time limits.
38.	Restraint - chemical Name of medication:	Involves the incidental use of medications and drugs to control acute unsafe behavior through temporary sedation or other related pharmacological action. Does not include PRN. Please specify

		the type of medication administered.
39.	Medication used for Control Name of medication:	Any medication given urgently for emotional or behavioral control such as NOW or STAT orders. Please specify the type of medication administered. * For in-home services, it is only necessary to report those events requiring crisis intervention.
40	Psychiatric Hospitalization	Acute and emergent admission to the hospital for psychiatric reasons.
41.	Seclusion Start Time: End Time:	The involuntary confinement of a youth in a locked and/or secure room to ensure the safety of the child or others. Any such isolation in a secure environment from which the youth is not potentially free to leave is considered seclusion (e.g., having a staff member block the exit from the unlocked seclusion room).
42.	Police Called – Criminal Charges Filed or Client is Arrested	Police called and charges filed - or - Child is arrested. Excludes instances of calling the police when used as a planned treatment intervention previously decided by treatment team and written into the individual treatment plan.
.		
43.	NOS/Other	Other interventions not described by above definitions.

Client Injury

This section refers to those events where the reason for occurrence is other than an assault against the client. Events that involve the assault of a client should be coded as Person Directed Institutional Events.

		Any error in making medication available to client by a non-agency individual. This includes dispensing errors made while child is on pass.
44.	Staff Medication Error	Any error in making medication available to client by an agency individual/staff. Includes forgetting medication, giving wrong medication, and discovering medication count is different from medication log.
45.	Client Injured - requiring immediate medical attention	Injury to client, not intentionally self-inflicted, and requiring immediate medical attention
46.	Client Injured - requiring hospitalization	Injury to client, not intentionally self-inflicted, with the potential to end one's life requiring hospitalization for non-psychiatric reasons - or - requiring immediate care and attention of a qualified physician, and which, if not treated immediately, would jeopardize or impair the health of the child.
47.	Death of Client	Death from any cause.
48.	NOS - non-injury related (i.e. seizure)	Other significant events requiring medical attention not classified by above categories, including non-injury related events (e.g., medical complications).

Staff Injury

49.	Staff Injured - medical attention required	Program related or youth caused injury to staff requiring medical attention. Does not include injuries that occur during a seclusion or restraint.
50.	Staff Injured During Seclusion or Restraint	Injury to staff that occurs during a seclusion or restraint intervention.
9.		Injury to staff that occurs during a seclusion or restraint requiring medical attention.
51.	NOS/Other	Other staff injury events not described by above definitions.

Allegations – Corroborated by a Person Other than Client

Allegations made by the client and there are witnesses or others involved who can corroborate the allegation. Allegations made by others concerning the client also fall under this category.

52.	Abuse of Client by Staff – Please indicate type of abuse: Verbal Physical Sexual	Alleged abuse from staff member of reporting agency. Please indicate type of abuse being alleged.
.		Alleged inappropriate physical abuse from staff member of reporting agency. Includes hair pulling, pushing, or inappropriate methods of restraint (like grabbing shirt).
53.	Abuse of Client by Non-Agency Individual – Please indicate type of abuse: Physical Sexual	Alleged abuse from individual that is not a staff member of reporting agency.
.		Alleged sexual abuse from staff member of reporting agency.
		Alleged sexual abuse from individual that is not a staff member of reporting agency.
54.	NOS/Other	Other allegations made by person other than child not described by above definitions.