

LOS ANGELES COUNTY-DEPARTMENT OF MENTAL HEALTH  
CLINICAL INCIDENT REPORTING QUICK REFERENCE GUIDE – Contract Agencies  
November 2013

The review of clinical incidents as defined below is a component of the Departmental Quality Improvement Process. All information generated by the DMH Clinical Incident Report (attachment to DMH Policy 202.18) and Managerial Review is privileged and strictly confidential under state law, including Evidence Code 1157.6 and Government Code Section 6254 [c] relating to personnel records. Contact Clinical Risk Management (CRM) 213-351-6639, 213-637-4588 or 213-639-6326 for additional information.

Procedure: **Review, Report, Review Case, Respond, Resolve**

I. Review the incident to determine if the incident is a **\*clinical\*** incident as defined below:

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1. Death-Other Than Suspected or Known Medical Cause or Suicide
2. Death- Suspected or Known Medical Cause
3. Death- Suspected or Known Suicide
4. Suicide Attempt Requiring Emergency Medical Treatment (EMT)
5. Client Sustained Intentional Injury (Not Suicide Attempt) Requiring EMT
6. Client Injured Another Person Who Required EMT
7. Homicide By Client
8. Medication Error or Adverse Medication Event Requiring EMT
9. Alleged Client Abuse by Staff
10. Possibility or Threat of Legal Action

II. If the incident is a clinical incident, next review and determine if it is **critical** or **non-critical**.

A. A **critical clinical incident** is one that may require a report to the Board of Supervisors by the Director, e.g. one generating governmental and/or immediate media attention. In this case, the manager should:

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1. Call CRM (or the Secretary to the DMH Medical Director if CRM staff is not available) and transmit Page 1 of the DMH Clinical Incident Report by confidential fax procedure (See Policy 202.18 for details) to the DMH Medical Director immediately. **Phone: CRM-213-637-4588; Med. Dir. Sec'y-213-738-4603; FAX: 213-386-1297**
2. Complete Section III below if the clinical incident is in categories 3-10 in Section I, otherwise, proceed to Section IV below.

B. If the incident is a **non-critical clinical incident**, the manager should:

1. Send Page 1 of the DMH Clinical Incident Report (**Marked Confidential**) within 2 business days to: Roderick Shaner, M.D., LAC-DMH, 550 S. Vermont Ave., 12th fl. Los Angeles, CA 90020.
2. Complete Section III below if the clinical incident is in categories 3-10 in Section I, otherwise, proceed to section IV below:

III. A Managerial Review of the Case (Page 2 of the DMH Clinical Incident Report) should be completed within 30 days of the event for clinical incidents in categories 3-10 on page 1, Section I and sent (**Marked Confidential**) to the Mary Ann O'Donnell, LAC DMH Clinical Risk Manager, 550 S. Vermont Ave., 12<sup>th</sup> Floor, Los Angeles, CA 90020. A copy of a Clinical Case Review, if done, should also be enclosed. The purpose of the Managerial Review is to determine factors that may prevent a similar occurrence in the future or to avoid a more serious occurrence for a particular client, e.g. one who has made a serious suicide attempt. Elements important to consider in completing page 2 include:

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- A. Review event chronology.
- B. Determine risk factors that may have contributed to the incident.
- C. Review parameters, policies, procedures and systems relevant to the event,
- D. Suggest development or revision of relevant Department systems, parameters policies and procedures,
- E. Identify training needs and issues.
- F. Re-review action items at a later period to ensure completion.
- G. Monitor trends

IV. Clinical incidents are reviewed by the DMH Medical Director and CRM. Managerial Reviews are reviewed by Clinical Risk Management, DMH Medical Director and the agency involved at their discretion. Autopsy reports are requested for all deaths and are reviewed.

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- A. If further information or action is needed the following actions may be taken:
  - 1. A letter is sent to the manager requesting further information.
  - 2. An adverse outcome review may be occur.convened.
- B. If no further reporting is required:
  - 1. A memo is sent to the manager.
  - 2. The incident is trended by the CRM and reported to the Quarterly Clinical Risk Management Committee (QCRMC.)

V. Resolution: Legal claims, adverse outcome reviews, clinical incidents trends, Managerial Reviews and recommendations are reviewed by the QCRMC in order to:

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- A. Determine resolution of clinical incidents, i.e. develop recommendations/actions to refer to DMH exec. mgmt., Quality Improvement Council (QIC), Clinical Policy Committee (CPC), contract agency mgmt., or determine that no further action is needed.
- B. Develop recommendations/actions based on trends to be referred to DMH management, DMH QIC, CPC, and the DMH Executive Committee.
- C. Finalize a Plan of Correction when requested by the Board of Supervisors.

VI. Report Retention

- A. Clinical Incident reports and related materials are retained for the period of ten years or as otherwise established by Los Angeles County guidelines.