



NEW PRACTICE COMMUNICATION TOOL
NEW CLINICAL RISK MANAGEMENT STAFF
CLINICAL INCIDENT REPORT Revised 2011-08-05
NEW PARAMETERS 04.14 PARAMETERS ON GIFT BEHAVIOR

We are launching this **Practice Communiqué** to deliver pertinent information for clinical practice and inform you of changes and additions to clinical information posted on the [Clinical Practice page](#) of the [DMH internet](#) website. The Communiqué will be posted on the Clinical Practice page of the website. We welcome your feedback. The url is: http://dmh.lacounty.gov/wps/portal/dmh/clinical_tools/clinical_practice

NEW CLINICAL RISK MANAGEMENT STAFF

Clinical Risk Management staff welcomed Doris Benosa, R.N., M.S.N. on May 16, 2011. Doris was previously a nurse educator at Olive View Medical Center with experience in Quality Improvement. She is located on the 10th floor of DMH Headquarters. Her phone number is 213-639-6326. Stop by to say hello when you are in the area.

CLINICAL INCIDENT REPORT, REVISED 2011-08-05

The highlighted revisions to the report are mostly self-explanatory. Below is additional rationale for some of the revisions:

- 1.Heading:** Addition of wording "DO NOT SAVE THIS REPORT ON A COMPUTER, E-MAIL IT, INCLUDE OR REFERENCE IT OR RELATED DISCUSSIONS WITH CLINICAL RISK MANAGEMENT IN THE CLIENT'S RECORD."

Rationale: The Clinical Incident Report is not a clinical form and should not be filed or referenced in the clinical record. Only one other copy of it should be kept in an administrative file at the program/agency site. Including it or documenting discussions with Clinical Risk Management in the client record may open up the report and information to discovery in the event of legal action.

- 2.Items 13., and 23. C and D.** The addition of D.O. (Doctor of Osteopathy) and P.A. (Physician's Assistant.)

Rationale: Added new prescribers/furnishers from physical healthcare integrative providers.

- 3.Item 16. A:** The item previously read "The use of one or more atypical antipsychotics" and has been revised to read "The use of one or more antipsychotic medications."

Rationale: [DMH Parameters for the use of Antipsychotic Medications](#) states in Section II, 1., that "Only one antipsychotic medication should be used at any one time" and does not specify type of antipsychotic medication.

**Clinical Incident Report Revised 2011-08-05 continued:**

4. **ITEM 24.** THE ADDITION OF ITEMS: C. "FAMILY HX OF SUICIDE," D. "WAS THE CLIENT DISCHARGED FROM AN INPATIENT FACILITY WITHIN THE LAST 30 DAYS? Y, N, IF "Y", ENTER FACILITY NAME, DISCHARGE DATE, DATE OF 1ST FACE TO FACE APPT POST DISCHARGE, " E. "RECENT STRESSORS" AND F. "WAS THERE DOCUMENTATION OF A DISCUSSION WITH THE CLIENT FOR ACTIONS TO TAKE WHEN FEELING SUICIDAL? Y, N. IF "N," PLEASE EXPLAIN." (SEE RELATED CLINICAL RISK MANAGEMENT PRACTICE NOTE BELOW*.)

Rationale: 24. C, E and F were added to incorporate recent information from current resources for treating suicidal clients. Item 24. D. was added to track the relationship between a hospital discharge and the first appointment with the outpatient provider.

Implementation: This new report should be used immediately.

Important to Know:

- The Clinical Incident Report is a REQUIRED report for occurrences listed in item 17. on the report for all clients open in the IS within the last 3 months of the incident date.
- The report must be completed and sent to Roderick Shaner, Medical Director, at the address on the bottom of page 1, which is 550 S. Vermont Avenue, 12th floor, Los Angeles, CA 90020. Page 2, the managerial review, must be sent within 30 days of page 1 for a "N" response to item 16. and for asterisked numbers 3-10 in item 17, to the attention of Mary Ann O'Donnell, Clinical Risk manager, 550 S. Vermont Ave, 12th Fl. Los Angeles, CA 90020. Either page should not be faxed unless it is a critical clinical incident, i.e. one that may come to the attention of the Board of Supervisor's through the media or other sources. For questions, please call any of the staff listed below.
- The report must be submitted within 1 business day for directly-operated programs and within 2 business days for contract agencies.

04.14 PARAMETERS ON GIFT BEHAVIOR

These new parameters were spearheaded by Judith Weigand-Miller, Director of the DMH Compliance Program Office in conjunction with the Office of the Medical Director, in order to establish direction for staff when gift-giving issues arise in practice. The parameters were adapted from current published information on gift-giving in the therapeutic setting and are compatible with and complimentary to the recovery model.

Implementation: Effective as of the date of this communiqué.

***Clinical Risk Management Practice Note:**

The documentation of actions the client should and is willing to take when feeling suicidal should be well-documented as well as the clinician's rationale for hospitalizing or not hospitalizing a client at risk for suicide. This discussion should ideally include the client and his/her support system.

The common wording or perception of such as discussion as a "safety contract" should be discouraged as a suicidal client's capacity for contracting to lower the risk for suicide has not been supported by the literature and may give all involved a false sense of security.

DMH Clinical Risk Management

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