

October 2, 2020

## **GENERAL LETTER NO. 3-A-9**

ISSUED BY: Division of Mental Health and Disability Services (MHDS) - Facilities

SUBJECT: Employees' Manual, Title 3, Chapter A, ***Mental Health Institutes***, Title Page, Contents page 4 and 5, pages 10, 38, 41, 93-96, 97, 98, 99, 100, 101, 102-105, 106-108, 109, 110, 111, 117, 129, 132, 133, 136, 138, and 139, revised.

### **Summary**

This chapter is revised to:

- ◆ Revise manual to bring policy and procedures up-to-date with a focus on Abuse and Incident Management and the Management of Deaths and subsequent reporting.

### **Effective Date**

October 2, 2020

### **Material Superseded**

Remove the following pages from Employees' Manual, Title 3, Chapter A, and destroy them, replacing the affected pages with the revised pages listed above:

<u>Page</u>	<u>Date</u>
Title Page	January 31, 2014
Contents page 4, 5	July 2, 2010
10, 38	January 31, 2014
41	July 2, 2010
93-96	May 15, 2009
97	February 5, 2010
98	July 2, 2010
99	May 15, 2009
100	July 2, 2010
101	May 15, 2009
102-105	July 2, 2010
106-108	May 15, 2009
109, 110	July 2, 2010
111, 117	January 31, 2014
129	May 15, 2009

132	January 31, 2014
133, 136, 138	July 2, 2010
139	January 31, 2014

**Additional Information**

Refer questions about this general letter to Wendy DePhillips of MHDS.

# **Mental Health Institutes**

---

	<u>Page</u>
Time Out .....	75
Other Standards .....	76
Restraint and Seclusion Performance Improvement .....	76
Restraint and Seclusion Data Collection .....	76
Restraint and Seclusion Reporting Requirements .....	77
Restraint and Seclusion Employee Training .....	78
<b>Policy on Clinical Care .....</b>	<b>80</b>
Clinical Care Principles .....	80
Clinical Care Performance Improvement .....	81
Data Collection on Clinical Care .....	82
Employee Training on Clinical Care .....	82
<b>Policy on Risk Management .....</b>	<b>84</b>
Risk Management Principles .....	84
Individual Risk Screening .....	85
Risk Factors .....	85
Short Term Admission Screening .....	86
Long Term Admission Screening .....	87
Individual Risk Management Plan .....	88
Individual Risk Review .....	89
Organizational Risk .....	89
Reporting Unexpected Events .....	90
Risk Performance Improvement .....	91
Risk Data Collection and Review .....	91
Risk Criterion Review .....	92
Risk Employee Training .....	92
<b>Policy on Abuse and Incident Management .....</b>	<b>93</b>
Abuse and Incident Management Principles .....	93
Personnel Practices .....	94
General Abuse and Incident Management Policies .....	95
Individual Safety .....	97
Elopement .....	97
Elopement Reporting .....	98
Abuse and Incident Reporting and Tracking .....	99
Employee Reporting Requirements .....	100
Reporting Requirements for Volunteers and Contractors .....	101
Supervisor Reporting Requirements .....	101
Superintendent or Designee Reporting Requirements .....	102
Reports to Law Enforcement .....	102
Reports to Guardians and Families .....	103

---

	<u>Page</u>
Abuse and Incident Investigation .....	103
Type 1 Incident Investigations .....	104
Type 2 Incident Reviews .....	105
Clinical or Treatment Team Review of Incidents .....	106
Corrective Actions .....	107
Incident Performance Improvement.....	108
Incident Data Collection and Review .....	108
Corrective Actions .....	109
Incident Data Review .....	110
Incident Reporting Requirements .....	110
Incident Employee Training .....	111
<b>Policy on Discharge.....</b>	<b>112</b>
Discharge Principles .....	112
Discharge Planning Process .....	113
Discharge Plan .....	114
Voluntary Mental Health Admissions .....	115
Departure Without Notice.....	116
Discharge Against Medical Advice With Notice .....	116
Involuntary Mental Health Admissions .....	116
Immediate Custody Under Iowa Code Section 229.11 .....	116
Psychiatric Evaluation Under Iowa Code Section 229.13 .....	117
Treatment Ordered Under Iowa Code Sections 229.14 and 14A .....	117
Elopement Under Iowa Code Section 229.14B.....	118
Emergency Admission Under Iowa Code Section 229.22 .....	118
Law Enforcement Notification .....	118a
Documentation of Law Enforcement Notification .....	118a
Competency to Stand Trial Under Iowa Code Section 812.3 .....	118b
Incompetent to Stand Trial Under Iowa Code Section 812.5 .....	118b
Evaluation Under Rules of Criminal Procedure Section 2.22(8)(b) .....	118b
Commitment Under Rules of Criminal Procedure 2.22(8)(e) .....	119
Transfer of Dangerous Individuals .....	119
Department of Corrections Approval .....	119
Employees Designated to Make and Approve Requests.....	120
Discharge to Alternative Placement .....	120
Dual Diagnosis Admissions .....	120
Voluntary Substance Abuse Admissions.....	121
Discharge Against Medical Advice With Notice .....	121
Discharge Without Notice .....	121

**“Five-point restraint”** means a four-point restraint with the addition of a strap that is placed around an individual’s waist or chest and secured to the bed frame.

**“Five-point restraint with bicep cuffs”** means the use of five-point restraint with the addition of soft cuffs placed on the biceps of an individual and secured to the bed frame.

**“Four point restraint”** means the use of soft bracelets encasing the wrists and ankles of an individual lying on a bed that are secured to the bed frame.

**“Gradual release”** means the selective removal of certain restraints in order to evaluate an individual’s mental and behavioral status.

**“Grievance”** means a written or oral complaint by an individual involving a rights violation, or unfairness to the individual, or any aspect of the individual’s life that the individual does not agree with.

**“Guardian”** means the person other than a parent of a child who has been appointed by the court to have custody of the person of the individual as provided under Iowa Code section 232.2(21) or 633.3(20).

**“High risk or dangerous behavior”** means a behavior or action on the part of an individual that a reasonable and prudent person would deem as of immediate danger to the individual’s health or safety or the health or safety of another person. This includes threatened behavior when the individual has the immediate opportunity and capacity to carry out the behavior.

**“Immediate reporting”** means as soon as possible but never longer than allowed by state and federal regulations.

**“Incident”** means any action, situation, behavior, or occurrence that is not consistent with the care, treatment, or habilitation plan of an individual or that may affect the health or safety of the individual.

**“Independent physician”** means a licensed physician who is not an employee of the facility and who has no personal or professional connections to the individual who died.

**“Individual”** means any minor or adult voluntarily admitted or committed to and receiving services from a mental health institute. For the policies on human rights and abuse, it also includes any minor or adult not residing in but receiving services from a mental health institute.

### **Bed Availability**

Mental health institute written policies and procedures shall assure that when an application for voluntary or a court-ordered admission is received and the mental health institute does not have a bed available for the admission, the mental health institute shall:

- ◆ Notify the central point of coordination or the designated regional administrator or committing court of the lack of an appropriate bed,
- ◆ Contact the other mental health institutes to determine if an appropriate bed is available,
- ◆ If an appropriate bed is available, coordinate the referral of the admission with the central point of coordination or the designated regional administrator or the committing court, or
- ◆ If an appropriate bed is not available, consult with the central point of coordination or the designated regional administrator or the committing court to assist in finding another appropriate placement.

### **Approval of Application or Commitment**

It is the policy of the Department of Human Services that voluntary applications or involuntary commitments are approved only after it has been determined that the individual meets the definition of mental illness or substance abuse and a preliminary diagnostic evaluation has established the need for the admission.

### **All Voluntary Applications or Commitments**

Mental health institute written policies and procedures shall assure that, before an application or commitment is approved:

- ◆ The individual clearly meets the definition of mental illness or substance abuse.
- ◆ A preadmission diagnostic evaluation or assessment clearly shows that:
  - Community resources have been considered, and
  - It has been determined that the mental health institute is the most integrated setting according to the individual's current needs, based on generally accepted professional standards of care.

- ◆ The individual or the individual's parent, guardian, or legal representative has been asked to provide informed consent to treatment using *Consent to Treatment*, form 470-0428 (see [3-A-Appendix](#)).
- ◆ An individual delivered to the mental health institute for emergency admission under Iowa Code section 229.22, has been approved for admission by a magistrate.

### **Emergency Admission: Iowa Code Section 229.22**

Mental health institute written policies and procedures shall assure that when a magistrate verbally authorizes the emergency admission of an individual under Iowa Code section 229.22, the mental health institute shall:

- ◆ Examine and detain the individual for a period not to exceed 48 hours from the time the order is dated, excluding Saturdays, Sundays, days on which the court is closed, and holidays.
- ◆ Provide only the treatment, including chemotherapy, necessary to preserve the individual's life or to appropriately control behavior by the individual that is likely to result in physical injury to the individual or to others.
- ◆ Determine whether notice to a law enforcement Agency before the individual's discharge is required by:
  - A magistrate's verbal or written order, or
  - A law enforcement agency having given written notice on a form prescribed by the Department of Public Safety as provided in Iowa Code subsection 229.22(2).
- ◆ Track all required law enforcement notifications to assure that they are made within the required time lines and made to the appropriate law enforcement agency.

### **Documentation of Law Enforcement Notification**

Mental health institute written policies and procedures shall assure that magistrate orders and law enforcement written notifications shall be documented in the individual's facility record. Documentation of a magistrate's verbal order shall specify the law enforcement agency to which notice is to be provided.



## **Policy on Abuse and Incident Management**

It is the policy of the Department of Human Services to provide services in a safe and human environment where abuse shall not be tolerated. Individuals shall be free from abuse and protected from abuse. Where abuse is alleged, the allegation shall be thoroughly investigated. If abuse is confirmed, corrective action shall be taken to prevent the abuse from reoccurring.

### **Abuse and Incident Management Principles**

- ◆ Individuals shall be provided treatment in a safe and humane environment, free from abuse or harm, and where abuse shall not be tolerated.
- ◆ A safe environment provides the basis to accomplish the mental health institute mission of providing quality treatment and rehabilitation services to enable individuals to fully achieve the individual's maximum potential.
- ◆ All employees, contractors, and volunteers have a responsibility to assure individual safety and protection from harm and therefore shall report all incidents immediately.
- ◆ There are consequences for persons who commit abuse.
- ◆ Incidents directly involving the care, treatment, of an individual shall be identified and tracked for the purpose of scrutiny and investigation, prevention of future harm, and assuring the maximum safety and protection of the individuals served.
- ◆ In order to carry out these responsibilities effectively, employee, contractors, and volunteers shall be adequately trained to recognize abuse and other incidents and what to do to protect the individuals served.

### **Personnel Practices**

Mental health institute written policies and procedures shall assure that:

- ◆ Before beginning employment, volunteering, or contracting, all applicants for employment, reinstatement to employment, regular volunteering, or ongoing personal service contracts shall be screened for:
  - Employment history,
  - Criminal history,
  - Child abuse history,
  - Dependent adult abuse history,
  - Inclusion on the federal list of excluded individuals and entities, and
  - Inclusion on the Sex Offender Registry.
- ◆ Any person seeking employment or reinstatement to employment who has a record of founded child or dependent adult abuse or denial of critical care or has any conviction based on those offenses shall be denied employment unless:
  - The applicant submits *Record Check Evaluation*, form 470-2310 (see [16-G-Appendix](#)), for screening by the Department, and
  - The Department determines that the applicant is employable.
- ◆ Any person seeking a personal services contract or seeking to volunteer regularly who has a record of a founded child, dependent adult abuse, or denial of critical care or has any conviction based on these offenses shall be denied the contract or the opportunity to volunteer.
- ◆ All personnel actions resulting from investigations shall follow state personnel policy and procedures.
- ◆ Any employee, volunteer, or contractor shall report within 24 hours or on the next scheduled working day any allegation or founding of abuse or being arrested for, charged with, or convicted of any felony or misdemeanor against the person arising from the person's actions outside the work place.
- ◆ Employees shall make the report to the employee's direct-line supervisor. Volunteers or contractors shall report to their institute contact person.

- ◆ When such a report is made, the employee, volunteer, or contractor shall complete form [470-2310, Record Check Evaluation](#), and the mental health institute shall submit the form for screening by the Department under Iowa Code section 218.13 to determine if the person continues to be employable.
- ◆ The mental health institute shall follow up on any information it receives that indicates that an employee may have been arrested, charged, or a conviction for any felony or misdemeanor.
- ◆ Any employee, contractor, or volunteer who fails to report any allegation of abuse or arrest, charge, or conviction for any felony or misdemeanor against the person arising from the person's actions outside the work place within 24 hours or on the next scheduled working day shall be subject to sanctions, up to and including dismissal or termination of contract.
- ◆ Any employee, volunteer, or contractor who has been found to have contributed to adult or child abuse, to have committed adult or child abuse, to have been convicted of child or adult abuse, denial of critical care, or to have committed mistreatment shall be subject to sanctions, up to and including dismissal or termination of contract.
- ◆ All decisions on type and severity of disciplinary actions taken against employees shall be done timely and shall be based on an evaluation of the type and severity of the incident based on the evidence in the incident report, prior personnel actions taken with the employee, and other components of just cause.

### **General Abuse and Incident Management Policies**

Mental health institute written policies and procedures shall assure that:

- ◆ No employee, contractor, or volunteer shall behave in an abusive or neglectful manner toward individuals. No employee, contractor, or volunteer shall violate the Iowa Code provisions related to:
  - Child abuse. (See Iowa Code section 232.68(2), and 441 IAC 175.21(232,235A).)
  - Abuse or neglect of dependent adults. (See Iowa Code section 235B.2(5), 441 IAC 176.1(235B), Iowa Code Chapter 235E.)
  - Sexual abuse. (See Iowa Code Chapter 709.)

- ◆ Employee, contractor, or volunteer actions that meet the Department's [definition of abuse](#) in this chapter will be in violation of this policy and are strictly prohibited.
- ◆ All employees, contractors, and volunteers who have regular contact with individuals shall be trained to:
  - Identify and report abuse and other incidents; and
  - Respond to incidents threatening the health and safety of individuals as defined by this policy.
- ◆ Employees, contractors, or volunteers who fail to report incidents as required; who give false, misleading, or incomplete information; or who otherwise do not participate in the investigation or review process as outlined shall be in violation of this policy and shall be subject to:
  - Discipline or termination of services, whichever is applicable; and
  - Where appropriate, criminal prosecution.
- ◆ Employees who retaliate against any individual, employee, contractor, or volunteer for that person's involvement in the reporting and investigation process as a reporter or witness or in any other capacity shall be in violation of this policy and shall be subject to discipline, and where appropriate, criminal prosecution.
- ◆ Individuals shall be encouraged and educated to assert the legal and civil rights they share with all United States citizens, including the right to a dignified, self-directed existence in a safe and humane environment, free from abuse or harm.
- ◆ All incidents involving the care, treatment, or rehabilitation of an individual that occur at the mental health institutes shall be identified and tracked for the purpose of scrutiny and investigation, in the interest of preventing future harm, and ultimately to assure maximum safety and protection of the individuals served.
- ◆ An electronic system that is uniform across all mental health institutes shall be developed and implemented to track reported incidents with the data listed in the performance improvement section of this policy.
- ◆ Incidents shall be monitored and evaluated to determine if any policy, procedure, training, or operational changes are needed to minimize the future risk to individuals.

### **Individual Safety**

Mental health institute written policies and procedures shall assure that:

- ◆ The health and safety needs of an individual involved in an incident shall be an immediate priority.
- ◆ All employees, volunteers, and contractors shall take immediate steps to assure that an individual involved in an incident receives needed appropriate treatment and protection from further harm. Such actions shall include but are not limited to:
  - Providing first aid,
  - Calling for emergency medical services,
  - Removing the individual from an environment that threatens further harm,
  - Removing an aggressor from further contact with the individual,
  - Immediately removing a caretaker from contact with the individual when the caretaker has allegedly abused the individual,
  - Maintaining the separation until the Department of Inspections and Appeals (DIA) determines an investigation will not be completed,
  - A DIA investigation has been completed and the abuse determination made, or
  - For a child abuse allegation the Department of Human Services Intake Unit has notified the Mental Health Institute DHS has rejected the intake or an assessment determined the abuse was not confirmed,
  - Any other appropriate action.
- ◆ The supervisor responding to the incident shall document the health and safety needs that the individual had because of the incident and the actions take in response to those identified needs.

### **Elopement**

Mental health institute written policies and procedures shall assure that:

- ◆ When an employee responsible for the supervision of an individual determines that the individual's location is unknown, either on campus or off campus, the employee shall immediately notify the supervisor and initiate a search for the individual.

- ◆ If the individual is not found within 15 minutes the supervisor shall immediately notify the administrative officer of the day, the doctor on call, and the superintendent or the superintendent's designee.
- ◆ The superintendent or the superintendent's designee shall implement an organized, extended search.
- ◆ Law enforcement shall be contacted for assistance in accordance with locally established agreements when the individual:
  - Is involuntarily committed and is known to be or might be off campus, or
  - Is on campus or off campus and presents a danger to self or others, or
  - Has not been located within 45 minutes of the initiation of the extended search.
- ◆ The superintendent or the superintendent's designee shall determine when to end the organized, extended search.

### **Elopement Reporting**

Mental health institute policy and procedures shall assure that:

- ◆ When an extended search has been initiated upon an elopement, the superintendent or the superintendent's designee shall report to the administrator by direct phone contact within two hours of the initial report of the elopement.
- ◆ The superintendent or the superintendent's designee shall report to the administrator by direct phone contact within two hours of receipt of a report that during the elopement, the individual:
  - Has sustained a serious injury,
  - Has threatened or harmed anyone,
  - Is alleged to have committed a crime, or
  - Has engaged in high-risk behavior.
- ◆ Reports shall be made during business days, evenings, weekends, and holidays.
- ◆ The superintendent or the superintendent's designee shall submit to the administrator a written report of the event no later than 12 noon on the next business day.

### **Abuse and Incident Reporting and Tracking**

Mental health institute written policy and procedures shall assure that:

- ◆ A system shall be developed that individuals, employees, contractors, or volunteers use to report incidents.
- ◆ A uniform electronic system shall be developed and implemented to track reported incidents with the data list in performance improvement section of this policy.
- ◆ Incidents shall be monitored and evaluated to determine if any policy, procedure, training, or operational changes are needed to minimize the future risk to individuals.
- ◆ The following incidents involving an individual shall be reported and tracked:
  - Accidents on or off campus resulting in injury
  - Adverse drug reaction
  - Alleged abuse
  - Assault to employees by individuals
  - Assault to peers by individuals
  - Bowel obstruction
  - Choking
  - Death (natural cause, other)
  - Elopement
  - Falls
  - Injuries of unknown origin
  - Injuries resulting from restraint
  - Medical emergency
  - Medication errors
  - New onset seizure
  - Self-injuries
  - Significant weight change
  - Site infection (G-tube, tracheotomy, etc.)
  - Skin breakdown
  - Status epilepticus
  - Suicide attempt or gestures

### **Employee Reporting Requirements**

Mental health institute written policies and procedures shall assure that:

- ◆ An employee shall immediately report all incidents verbally to the employee's first line supervisor. This includes incidents that may be reported to the employee by a contractor or volunteer.

If the incident is an allegation of abuse that involves the employee's supervisor, the report shall be made to the supervisor's supervisor.

- ◆ An employee mandatory reporter who in the course of employment reasonably suspects that a dependent adult or child has been abused by a caretaker shall report the alleged abuse to the Department of Inspection and Appeals (DIA) as soon as possible and no later than 24 hours after knowledge of the alleged abuse using DIA's reporting system.
- ◆ When an employee suspects, has knowledge of, or receives a report of non-caretaker abuse that may have been caused by a person other than a mental health institute employee, contractor, or volunteer, the employee shall verbally report this information immediately to the employee's supervisor.

The supervisor shall immediately report the allegation to the superintendent, who shall determine the appropriate action needed to protect the safety of the child or dependent adult.

- ◆ All information pertaining to any allegation or report and subsequent investigation of an incident shall be kept confidential, including the name and position of the person making the report.
- ◆ All employees shall immediately report to their first line supervisor all calls to law enforcement pertaining to incidents or other activities occurring at the mental health institute, whether the call was made by an individual or made by the employee personally.



### **Reporting Requirements for Volunteers and Contractors**

Mental health institute written policies and procedures shall assure that:

- ◆ Volunteers and contractors shall immediately report all incidents verbally to the employee who is their designated institute contact.
- ◆ All contractors or volunteers who receive a report of or have knowledge of abuse or suspected abuse that may have been caused by a person other than an employee, contractor, or volunteer shall immediately report the allegation to their designated institute contact.
- ◆ All information pertaining to any allegation or report and subsequent investigation of an incident shall be kept confidential, including the name and position of the person making the report.
- ◆ All volunteers and contractors shall immediately report to their designated institute contact all calls to law enforcement, made by individuals or made personally, pertaining to incidents or other activities occurring at the mental health institute.

### **Supervisor Reporting Requirements**

Mental health institute written policies and procedures shall assure that all supervisors receiving an incident report from an employee shall immediately report to the superintendent or the superintendent's designee:

- ◆ All allegations of abuse,
- ◆ All deaths,
- ◆ All serious injuries,
- ◆ All medical emergencies,
- ◆ All sexual assaults by individuals on peers or caretakers,
- ◆ All elopements,
- ◆ All attempted suicides,
- ◆ All injuries of unknown origin, and
- ◆ All calls made to law enforcement by individuals or caretakers.

### **Superintendent or Designee Reporting Requirements**

Mental health institute written policies and procedures shall assure that the superintendent or the superintendent's designee shall report incidents to the administrator or the administrator's designee as follows:

- ◆ The following incidents shall be reported by direct phone contact with the administrator within two hours of receipt of initial incident report during the business days, evenings, weekends, and holidays:
  - All allegations of abuse resulting in serious injury,
  - All allegations of sexual abuse,
  - All allegations of neglect involving elopement,
  - Lack of supervision which result in sexual contact between individuals,
  - Peer to peer assault resulting in serious injury,
  - All deaths caused by abuse or which are suspicious or unexpected,
  - All serious injuries of unknown origin,
  - All medical emergencies resulting in hospitalization,
  - All suicides and attempted suicides, and
  - All calls made to law enforcement.
- ◆ A written report of the event shall be submitted by Email to the administrator no later than 12 noon the next business day.
- ◆ All other serious injuries or allegations of abuse shall be reported by Email to the administrator no later than 12 noon on the next business day.

### **Reports to Law Enforcement**

Mental health institute written policies and procedures shall assure that the following shall be reported to law enforcement authorities:

- ◆ All allegations of sexual abuse shall be reported within two hours of receiving notification.
- ◆ All abuse investigation findings that lead to the suspicion that a criminal act has been committed shall be reported as soon as identified.
- ◆ Any other reports or information identified in jointly developed agreements with local law enforcement authorities shall be reported.

### **Reports to Guardians and Families**

Mental health institute written policies and procedures shall assure that the following shall be reported to parents, guardians, legal representatives, and family contacts:

- ◆ Incidents requiring a Type 1 investigation, reported within 24 hours.
- ◆ All other incidents, reported in a timely manner.

### **Abuse and Incident Investigation**

Mental health institute written policies and procedures shall assure that:

- ◆ All allegations and incidents shall be investigated or reviewed.
- ◆ Each mental health institute shall submit an investigation process to the administrator for approval.
- ◆ Incidents shall be categorized into type 1 and type 2 for purposes of distinguishing the specifics of the investigation review process.
- ◆ Type 1 Investigations shall be initiated within 2 hours of report and never more than 24 hours from the time staff are aware of the incident.
- ◆ Type 2 Investigations shall be initiated within 4 hours of report and never more than 24 hours from the time staff are aware of the incident.
- ◆ All persons who perform investigations or reviews shall be trained and competent in carrying out these duties.
- ◆ All employees, volunteers, or contractors involved in the investigative process shall cooperate with the investigators and shall be apprised of the following:
  - Any incidents of “witness tampering,” such as threats, intimidation, or coercion of employees, volunteers, contractors, or individuals involved in the investigation, shall be examined and, if confirmed, shall be regarded and addressed in accordance with violence in the work place policies.
  - All verbal and written statements shall be presented with truthfulness and made without discussion or collaboration with other persons.
  - Employees shall maintain confidentiality at all times during the investigation, including not discussing or disclosing any information pertaining to the investigation except as requested by the investigator.
- ◆ An employee who is the subject of an investigation shall not participate in the investigation of the allegation.

### **Type 1 Incident Investigations**

Mental health institute written policies and procedures shall assure that:

- ◆ Type 1 investigations shall be done for:
  - All allegations of abuse.
  - All serious injuries.
  - All suspicious or unexpected deaths, and all deaths allegedly caused by abuse.
  - All allegations of sexual abuse.
  - All suspicious injuries.
  - All injuries resulting from restraint.
  - All suicides or suicide attempts.
  - All individual sexual assaults of another individual.
  - All physical assaults resulting in serious injury.
  - Any physical assault when in the professional judgment of the superintendent, a type 1 investigation is deemed appropriate based on:
    - ◇ The nature of the incident,
    - ◇ The potential of harm from the incident, or
    - ◇ The prior incident frequency or history of the individuals involved.
  - Other incidents as assigned by the superintendent or the administrator.
  - All other incidents in which an initial type 2 incident review or clinical or interdisciplinary team review indicates a potential allegation of abuse.

- ◆ All type 1 investigations shall be conducted by an employee who:
  - Is a member of the management team, the clinical director, a program director, a nursing services supervisor, or a comparable person from another mental health institute in accordance with the plan approved by the administrator.
  - When possible, is not in the direct line of supervision of the employee against whom the abuse is alleged.
  - Has received training for conducting investigations.
  - Is able to work collaboratively with law enforcement officials when needed.
- ◆ All type 1 investigations shall:
  - Commence immediately (within 2 hours) of the report and no later than 24 hours from the time staff are aware of the incident; and
  - Be completed within five business days of the reporting of the incident.
- ◆ Investigation written reports shall be made using *MHI Type 1 Incident Investigation Report*, form 470-4496 (see [3-A-Appendix](#)).
- ◆ The superintendent or the superintendent's designee shall review all investigation reports for thoroughness, accuracy, completeness, coherence, objectivity, and approval. Any subsequent corrections or revisions deemed necessary shall be submitted on a timely basis as an addendum.
- ◆ All type 1 investigation reports shall be given final approval by the superintendent.

### **Type 2 Incident Reviews**

Mental health institute written policies and procedures shall assure that:

- ◆ A process approved by the administrator shall be in place to review all incidents that will not have a type 1 investigation, in order to evaluate:
  - The cause of the incident,
  - The impact on the individual, and
  - The need for corrective action.
- ◆ Supervisory or administrative employee shall conduct type 2 incident reviews.

- ◆ The findings of the review shall be documented in the individual's record.
- ◆ All type 2 incident reviews shall:
  - Commence within four hours of the report of the incident and not later than 24 hours; and
  - Be completed within five business days of the incident.
- ◆ Written reports shall be made using *MHI Type 2 Incident Review Report*, form 470-4497 (see [3-A-Appendix](#)).
- ◆ The completed report shall be sent to the superintendent's designee for review of:
  - Completeness of the report,
  - Whether appropriate corrective action was identified,
  - Whether the corrective action complied with corrective actions policies, and
  - Whether a required clinical or interdisciplinary team review was completed.

### **Clinical or Treatment Team Review of Incidents**

Mental health institute written policies and procedures shall assure that:

- ◆ The treatment team shall conduct an immediate clinical review of the following incidents:
  - Adverse drug reaction,
  - Aspiration pneumonia,
  - Choking,
  - Significant weight change,
  - Skin breakdown,
  - Site infection,
  - Bowel obstruction,
  - Suicide attempts, and
  - Medical emergency.

- ◆ The individual's treatment team shall review the following incidents within five working days of the incident:
  - Two or more injuries of any type within ten calendar days,
  - Suicide threats,
  - Two or more falls within 30 calendar days, or
  - Two or more elopements, as defined in this chapter, within ten calendar days,
- ◆ The individual's support plan shall be revised as appropriate based on the review.

### **Corrective Actions**

Mental health institute written policies and procedures shall assure that:

- ◆ There shall be a process to assign the development and implementation of specific corrective action plans to prevent future incidents and protect individuals' safety. The corrective action plans shall address issues identified in all:
  - ◆ Type 1 incident investigations,
    - Type 2 incident reviews, and
    - Clinical or interdisciplinary team reviews.
  - ◆ This process shall assure that:
    - Written corrective action plans shall be developed with five business days of assignment.
    - Corrective actions plans shall identify the tasks, timelines, outcomes to be accomplished, and the employees responsible for implementation.
    - Corrective action plans shall be implemented in a timely manner.
    - The results of corrective action plans shall be documented.
  - ◆ The superintendent or the superintendent's designee shall:
    - Approve all corrective action plans created as the result of an investigation before implementation and
    - Approve any proposed modification to content or timeline before implementation.
  - ◆ There shall be a monitoring and tracking process to assure that all corrective actions are developed within specified time limits and are completed as approved.

### **Incident Performance Improvement**

Mental health institute written policies and procedures shall assure that quality management practices are in place to:

- ◆ Monitor the reporting and investigation of incidents;
- ◆ Identify systemic issues, actual or potential, needing corrective action; and
- ◆ Monitor the completion and implementation of corrective action plans.

### **Incident Data Collection and Review**

Mental health institute policies and procedures shall assure that data collection on incidents shall include, at a minimum, the following categories:

- ◆ Name of individual
- ◆ Case number
- ◆ Names of all witnesses
- ◆ Names of employees and clients present
- ◆ Names of employees assigned
- ◆ Date, day of week, and time of incident
- ◆ Individual's living unit
- ◆ Abuse or incident type
- ◆ Incident cause
- ◆ Injury type
- ◆ Body part where injury occurred
- ◆ Injury class (serious or other)
- ◆ Name of alleged perpetrator, if appropriate
- ◆ Location where incident occurred
- ◆ Activity where incident occurred
- ◆ Treatment required
- ◆ Time incident was discovered
- ◆ Time and date report was completed
- ◆ Person completing the report
- ◆ Incident details
- ◆ Immediate actions with employee
- ◆ Immediate actions with the individual
- ◆ Additional corrective actions (yes/no)



### **Corrective Actions**

Mental health institute written policies and procedures shall specify:

- ◆ Person responsible for corrective action
- ◆ Date plan is to be completed
- ◆ Date documentation was received indicating corrective action completed
- ◆ Corrective action type
- ◆ Date institute investigation began
- ◆ Date institute investigation completed
- ◆ Outcomes of the investigation
  - Abuse substantiated or unsubstantiated
  - Cause of injury of unknown origin remains unknown
- ◆ Notifications
  - Guardian, legal representative, parents, and family contact
  - Superintendent
  - Administrator
  - Department of Inspections and Appeals (DIA)
  - Law enforcement, if appropriate
- ◆ Final personnel action taken
- ◆ Date DIA declined to investigate, if applicable
- ◆ Date DIA started investigation, if applicable
- ◆ DIA finding, if any
- ◆ Review by treatment program manager
- ◆ Review by treatment program administrator

The information shall be tracked and provided in the format defined by the administrator.

### **Incident Data Review**

Mental health institute policies and procedures shall assure that:

- ◆ The mental health institute's superintendent, chief medical officer, director of nursing, and other designated clinical employees shall review data from all investigations to assure that:
  - Problems are timely and adequately detected;
  - Timely and adequate protections are implemented;
  - Timely and appropriate corrective actions are implemented; and
  - Root causes are identified, when possible, that lead to corrective action.
- ◆ Mental health institute records of the results of every investigation and review of incidents or serious injuries shall be maintained in a manner that permits investigators and other appropriate employee to easily access each investigation involving a particular employee or individual.

### **Incident Reporting Requirements**

Mental health institute written policies and procedures shall assure that:

- ◆ The monthly reporting process of incidents and investigative findings to the mental health institute's management team shall be defined.
- ◆ The data collected shall be available for analysis by each data element collected.
- ◆ The mental health institute shall provide to the administrator:
  - A monthly summary report on the incident reports;
  - A quarterly summary of the analysis identifying systemic issues; and
  - A quarterly summary of how the data analysis was used to address systemic issues and improve the quality of life of individuals.

### **Incident Employee Training**

Mental health institute written policies and procedures shall assure that:

- ◆ Employees, volunteers who work on a regular basis, and contractors shall receive competency-based training on the identification, confidentiality, and reporting of incidents.
- ◆ Employees, volunteers who work on regular basis, and contractors shall receive annual training on incident identification, confidentiality, and reporting. Annual training sessions may be an abbreviated version of the comprehensive curricula. However, all employees, volunteers who work on regular basis, and contractors, shall demonstrate competency on the incident policy.
- ◆ Employee training shall be regularly documented in the training record for each employee in a manner that permits the information to be available individually and in aggregate form.
- ◆ Training curriculum shall be updated regularly to reflect changes in professional practices, laws, policies, and procedures.
- ◆ Training shall be implemented in a timely manner.
- ◆ Parents, guardians, and legal representatives of individuals shall be provided information on the definition and reporting of incidents.

- ◆ Notice of discharge is provided to the committing court.
- ◆ For any individual whose admission was approved through the central point of coordination process or designated regional administrator, notice of the discharge shall be given to the central point of coordination or designated regional administrator for the county of residence.

### **Psychiatric Evaluation Under Iowa Code Section 229.13**

Mental health institute written policies and procedures shall assure for an individual who was admitted for a psychiatric evaluation pursuant to Iowa Code section 229.13 that:

- ◆ The individual shall be released at any time the court so orders.
- ◆ The chief medical officer's report shall be provided to the court within 15 days after placement of the individual unless an extension is granted by the court.
- ◆ Unless committing court requires notice before the release, the individual shall be released the day the chief medical officer's report is sent to the court if the chief medical officer's report recommends that the individual:
  - Does not require further treatment for serious mental impairment or
  - Is in need of treatment but not in need of full-time hospitalization,
- ◆ For any individual whose admission was approved through the central point of coordination process or designated regional administrator, notice of the discharge shall be given to the central point of coordination or designated regional administrator for the county of residence.

### **Treatment Ordered Under Iowa Code Sections 229.14 and 14A**

Mental health institute written policies and procedures shall assure for an individual whose treatment was ordered pursuant to Iowa Code sections 229.14 and 229.14A that:

- ◆ The individual shall be discharged at any time the court so orders.
- ◆ When the required chief medical officer's periodic report states the individual no longer needs treatment or care, the individual shall be tentatively discharged and released, and a report shall be sent to the court.

- ◆ When the hospice services referral is for services to be provided within the facility, the facility shall assure that:
  - Appropriate referral information is provided,
  - There is a written agreement as to which services will be provided by the employees of the hospice agency and which will be provided by the employees of the facility,
  - The written agreement assures that the facility's physician will continue as the primary physician with the final authority on all medical decisions, and
  - The hospice services shall be provided on a medically staffed unit.

### **Deaths Covered**

Mental health institute written policies and procedures shall assure that the following deaths are covered under this policy:

- ◆ All deaths of individuals that occur on the campus of the facility.
- ◆ All deaths of individuals who are off campus but who are:
  - Under the care or supervision of an employee of the facility,
  - On temporary placement or transfer for medical treatment,
  - Placed on leave from the facility,
  - On home visit from the facility, or
  - Discharged from one of the above statuses within five days before the date of death.

### **Confidentiality**

Mental health institute written policies and procedures shall, after an individual's death, assure that confidentiality concerning the individual be maintained. Information shall only be released as follows:

- ◆ To a designee or alternative designee, under Iowa Code section 144C.3, the information needed by the designee or alternative designee to perform the duties required by the designation.
- ◆ To the next of kin person listed below the designee or alternative designee, requested information concerning the care and treatment of the individual.

### **Reporting Deaths**

Mental health institute written policies and procedures shall assure that all deaths are reported to the individual's next of kin, the Division, and otherwise as required by accreditation standards, policy, or by law.

The superintendent or the superintendent's designee, as specified in the facility's policy, shall be responsible for making the following reports:

- ◆ County medical examiner report
- ◆ Individual's next of kin report
- ◆ Department of Inspection and Appeals report
- ◆ Court, sheriff, and others report
- ◆ Central point of coordination or designated regional administrator report
- ◆ Centers for Medicaid and Medicare Services report
- ◆ Joint Commission report
- ◆ Protection and Advocacy report
- ◆ Administrator report

The following sections give more details on each of these reports.

#### **County Medical Examiner Report**

See Employees' Manual 3-G, [General Facility Policies](#).

Mental health institute written policies and procedures shall assure that:

- ◆ A report of death shall be made immediately upon knowledge of the death to the medical examiner of the county in which the death occurred. The employee may:
  - Call the county medical examiner directly, or
  - Call the local sheriff and have the dispatcher page the responding medical examiner.
- ◆ For a death occurring outside the facility, the facility shall report the death to the medical examiner even if there is information that someone else has reported the death to ensure independent compliance with the law.
  - Covered deaths occurring outside the state shall be reported to the medical examiner for the county in which the facility is located to assure compliance with the law.
  - The notice shall be documented and include the name of the employee who gave the notice and date and time notice was given.

- ◆ For a death occurring in the facility:
  - The body, clothing, and any articles upon or near the body shall not be disturbed or removed from the position in which it is found.
  - Physical or biological evidence shall not be obtained or collected from the body without authorization of the county medical examiner or state medical examiner.

Exceptions may be made for the purpose of:

- Preserving the body from loss or destruction, or
- Permitting the passage of traffic on a highway, railroad, or airport, if the failure to immediately remove the body might endanger life, safety, or health.

### **Medical Examiner Preliminary Investigation**

See Employees' Manual 3-G, [General Facility Policies](#).

Mental health institute policies and procedures shall assure that:

- ◆ The information requested by the medical examiner is provided promptly,
- ◆ All employees work cooperatively with the medical examiner,
- ◆ The information provided the medical examiner is documented, and
- ◆ Payment shall be promptly made to the medical examiner upon receipt of a signed itemized bill.

### **Individual's Next of Kin Report**

Mental health institute written policies and procedures shall specify which employees are responsible to assure that notice of the death of an individual. Notice shall be given as follows:

- ◆ By telephone to the next of kin within one hour of knowledge of the death to:
  - Ask which funeral home is to be used,
  - Respond to questions,
  - Notify the next of kin of the right to request an autopsy, at the next of kin's expense, if the medical examiner does not order an autopsy, and
  - Determine whether further follow-up with next of kin will be needed.

### **Administrator Report**

Mental health institute written policies and procedures shall assure that reports of all deaths are made to the administrator or the administrator's designee as follows:

- ◆ All deaths caused by abuse or suicide or which are suspicious or unexpected shall be reported by direct phone contact with the administrator within two hours of receipt of notice of the death during business days, evenings, weekends, and holidays.
- ◆ A written report of the event shall be submitted by Email to the administrator no later than 12 noon on the next business day.
- ◆ All other deaths shall be reported by Email to the administrator no later than 12 noon on the next business day.

### **Facility Autopsy Request**

See Employees' Manual 3-G, [General Facility Policies](#).

Mental health institute policies and procedures shall provide for seeking an autopsy when an autopsy is not ordered by the medical examiner, the next of kin has not obtained an autopsy, and:

- ◆ There is no clear cause of death, or
- ◆ The circumstances of the death suggest the findings of an autopsy might be useful, or
- ◆ It is believed that the information can be used in the facility's performance improvement activities.

### **Request Process**

Mental health institute written policies and procedures shall provide that if the facility wants to request an autopsy:

- ◆ The facility shall request that the medical examiner order an autopsy.
- ◆ If the medical examiner does not order the autopsy, the facility shall request that the next of kin authorize an autopsy.
- ◆ If both refuse to authorize an autopsy, the superintendent shall consult with the administrator or the administrator's designee as to whether additional steps shall be taken to seek an autopsy.



### **Next of Kin Authorized Autopsy**

Mental health institute written policy and procedures shall include the procedure for arranging for a next of kin authorized autopsy to be performed that includes at a minimum:

- ◆ Identifying the pathologist to be used,
- ◆ Making arrangements for the pathologist to examine the body, and
- ◆ Getting the consent for the autopsy to the pathologist.

### **Autopsy Reports**

See Employees' Manual 3-G, [General Facility Policies](#).

Mental health institute written policies and procedures shall assure that, when an autopsy report is received:

- ◆ A copy of the report is made available to the next of kin,
- ◆ A copy of the report is provided to the administrator, and
- ◆ A copy is placed in the deceased individual's facility record.

### **Property of Deceased Individual**

Mental health institute written policies and procedures shall assure at the time of death of an individual that:

- ◆ The superintendent or the superintendent's designee shall immediately take possession of all property of the deceased individual left at the facility.
- ◆ When there is a duly court appointed and qualified representative for the deceased individual, property in the possession of the facility shall be delivered to the representative.

### **Property of Small Value**

Mental health institute written policies and procedures shall assure that the property left by the decedent shall be delivered to a surviving spouse or heirs of the decedent if:

- ◆ Within one year of the death of the decedent, administration of the estate has not been granted,
- ◆ The estate of the deceased is so small to make the granting of administration inadvisable, and
- ◆ There is no claim for Medicaid estate recovery.

### **No Administrator or Heirs**

Mental health institute written policies and procedures shall assure that, if an estate administrator is not appointed, a surviving spouse or heir is unknown, and there is no claim for Medicaid estate recovery:

- ◆ The superintendent shall convert the decedent's property to cash. In doing so, the superintendent has the powers possessed by a general administrator of an estate.
- ◆ As soon as practicable after one year, the funds shall, be transmitted to the treasurer of the state.
- ◆ The superintendent shall keep a permanent record of all funds transmitted to the treasurer that includes:
  - By whom and with whom the funds were left,
  - The amount of the funds,
  - The date of death of the owner,
  - The reputed place where the owner had lived before coming to the facility,
  - The date the funds were transmitted to the state treasurer, and
  - Any other facts that would identify the intestate and explain the case.
- ◆ A copy of the record shall be transmitted to the state treasurer.

### **Mortality Administrative Reviews**

Mental health institute written policies and procedures shall assure that each death receives, at a minimum, the following reviews as part of the facility's performance improvement actions:

#### **Type 1 Incident Investigation**

Mental health institute written policies and procedures shall assure that:

- ◆ A type 1 investigation shall be conducted of each death.
- ◆ The investigation shall review the events leading up to and surrounding the death.
- ◆ A report of the investigation shall be made using the appropriate type 1 incident report form as required in the employee's manual.