

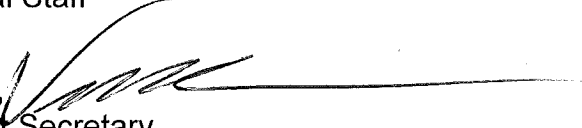


STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
Behavioral Health Administration  
Box 45050, Olympia WA 98504-0500

**BHA MANAGEMENT BULLETIN**

H16-04-0001 – INFORMATION  
April 14, 2016

**TO:** All State Hospital Staff

**FROM:** Victoria Roberts,   
Deputy Assistant Secretary

**SUBJECT:** Mandatory Reporting

**PURPOSE:** To provide guidelines for mandatory reporting, as defined in statute.

**BACKGROUND:** Each hospital reports a variety of information in a variety of ways. This management bulletin will assist in clarifying mandatory reporting and standardizing the reporting system.

Our State Hospitals are Certified by The Centers for Medicare and Medicaid (CMS) as well as Accredited by The Joint Commission (TJC). These partnerships have provided the hospitals with deemed status per WAC 388-877-310.

Our State Hospitals are not licensed by the Department of Health (DOH). Our partnership with DOH is limited to hospital professional staff with specific licensure, certification, or registration. Hospitals are required to provide reports regarding professional license concerns outlined below. (Procedure #2).

Note: Per WAC 246-320-010(27), State Hospitals do not meet the definition of hospitals and are not required to report Adverse Events to DOH. The hospitals may determine an event should be reported as a curtesy to DOH. This is outlined below (Procedure #4).

History of Mandatory Reporting:

**DSHS** requires the reporting of all alleged suspected or witnessed abuse, neglect, abandonment, and/or exploitation of patients to DSHS. The process is outlined below. (Procedure #1)

**The Joint Commission (TJC)** encourages hospitals to report sentinel events to allow for analysis of lessons learned. Our State Hospitals choose to report events to TJC. Sentinel events are Patient Safety Event that reach a patient and result in any of the following:

- Death
- Permanent Harm
- Severe temporary Harm
- The hospital determines an event of significance to allow lessons to be learned.

**The Center for Medicare and Medicaid (CMS)** require tracking of Adverse Events (42 CFR 82.21 (a) (2)). This is a Condition of Participation for Quality Assessment and Performance Improvement (QAPI).

**WHAT'S NEW,  
CHANGED, OR  
CLARIFIED**

New procedures and policy to follow, effective immediately.

**ACTION:**

To provide standards and guidelines for the three types of Mandatory Reporting required by statute:

1. All staff to report all suspected or witnessed abuse, neglect, abandonment, and/or exploitation of patients to DSHS.
2. State Hospital reports to the Department of Health licensed, registered, or certified staff whose services have been terminated or restricted because the licensed, registered, or certified employee has harmed a patient or placed the patient at unreasonable risk, or when the license/registered holder can no longer safely practice due to a mental or physical condition. These reports are only made with substantiated, investigated evidence.
3. Reports of professionals licensed, registered, or certified by the Department of Health regarding other professionals licensed, registered or certified by the Department of Health.

**Procedure**

1. All staff are required to report all alleged, suspected or witnessed abuse, neglect, abandonment, and/or exploitation of patients to the Department or Law Enforcement in compliance with RCW 70.124.030 and Administrative policy 8.02.
  - a. An Immediate oral report is made by telephone.
    - i. CSTC: CPS
    - ii. ESH: 509.565.4000
    - iii. WSH: 253.761.7599
  - b. Individual hospital's incident reporting process should be completed.
  - c. When an investigation has a substantiated finding, this

information is provided to the COO for reporting outside of the hospital. The COO will maintain a log of all incidents reported. Individual disciplines do not report findings, complaints, or adverse events to outside agencies.

2. The State Hospital is required to report license, registered, or certification holders when the license, registered or certification holder's services are terminated or restricted because of harm to a patient, placing a patient at unreasonable risk, or can no longer safely practice due to a mental or physical condition.
  - a. Each discipline head will provide this information to each hospital Chief Operating Officer.
  - b. The Chief Operation Officer will make the report to the Department of Health using the DOH, Health Care Providers and Facilities Complaint Form"
3. Professionals licensed, registered, or certified by the Department of Health are required to report another license holder in the following circumstances.
  - a. The reporting license holder must submit a report when he or she has actual knowledge of:
    - i. Any conviction, determination, or finding that another license holder has committed an act that constitutes unprofessional conduct or that another license holder may not be able to practice his or her profession with reasonable skill and safety due to a mental or physical condition.
    - ii. The license holder does not have to report when he or she is:
      - i. A member of a professional review organization as provided in WAC 246-16-255; Providing health care to the other license holder and the other license holder does not pose a clear and present danger to patients or clients; or Part of a federally funded substance abuse program or approved impaired practitioner or voluntary substance abuse program and the other license holder is participating in treatment and does not pose a clear and present danger to patients or clients.
  - b. Individual Hospital incident reporting process should be completed.
4. Reporting of Adverse Events to the Department of Health. State Hospitals are not required to report adverse events to the Department of Health. State Hospitals do not meet the definition of "hospital" under WAC 246-320-010(27).
  - a. The State Hospital may choose to report an adverse event, similar to the hospitals choosing to report to The Joint Commission. The CEO, CMO, CNO and Quality Director will review and determine the adverse event to be reported to DOH.
  - b. This report will be submitted on an "Adverse Events Notification

Form” from the Department of Health. Adverse Event Form  
c. This report and submission is to be completed by the Director of Quality at each hospital.

**RELATED** RCW 70.124.040  
**REFERENCES:** RCW 70.124.020  
RCW 71.12  
WAC 246.16.245  
WAC 246.16.235  
WAC 246.320.010  
DSHS Administrative policy 8.02

**ATTACHMENTS:** DOH Forms

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