



Critical Incident Reporting Systems

MFP TA Call

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MFP Quality Requirements

- Have a Quality Management Strategy consistent with the 1915c Appendix H requirements
- Have a 24-hour back-up system and monitor its use and effectiveness
- Implement and monitor risk assessment and mitigation process for all program participants
- Have an incident management system and use it to monitor Health and Welfare of participants on an on-going basis
- Address each requirement in your Operational Protocol (OP)

What are critical incident (CI) reporting systems?

- Multiple names:
 - Serious reportable events
 - Major, unusual incidents
- Include, but are not limited to, reports of abuse, neglect, mistreatment and exploitation, examples:
 - Unexpected hospitalizations
 - Injuries requiring medical treatment
 - Deaths
 - Involvement with law enforcement
 - Restraints
 - Medication errors
- May involve multiple agencies (e.g., Child Protective Services, Adult Protective Services, licensing) that make it challenging for reporters and oversight agencies

MFP Requirements: CI Reporting Systems

Incident Reporting and Management System

- The monitoring component of this requirement must be in place six months after the State begins to transition individuals under MFP.
- Operational Protocol should describe the state's existing or proposed **processes** for incident management reporting and management?

MFP Requirements: Questions for Self-Review

- Does the OP specify
 - Which incidents must be reported?
 - Who is required to report?
 - What are the timelines for reporting?
 - What will be the timeframes for responding to critical incidents, including conducting investigations?
 - What is the mechanism for reporting?
 - Which entities/persons will receive the reports of individual critical incidents?
 - Will incident reporting and management systems differ across populations?

MFP Requirements: Critical Incident Monitoring

- What is the state's plan for **monitoring** its incident reporting and management system (i.e., how will the state know that its incident reporting and management processes work as intended)?
- Which state agency (or agencies) will be responsible for overseeing the reporting of and response to critical incidents?
- What information (reports) will the state generate to assess whether its incident management system is working as intended? How frequently?
- Who will review them and act upon them in the event that remediation/improvement is needed?
- Will the monitoring approach differ across populations?

CMS Requirements from Waiver Application, Vers. 3.5

Major components states to describe

- Reporting requirements (e.g., types of incidents, reporting authority, required reporters, reporting timeframes)
- Training/education to participants and others (as appropriate) on abuse , neglect and exploitation reporting
- Responsible entity and process for reviewing (e.g., investigation) critical incidents
- State agency/process for incident management system oversight

CMS Requirements from Waiver Application, Vers. 3.5

- If a waiver program permits the use of restraints or seclusion, unauthorized use should be part of the incident reporting/management system
- If medication management and administration is provided under a waiver service, medication error reporting should be included as part of the incident management system

Elements of a Effective Incident Reporting Systems

- Multiple and redundant systems for detecting and reporting critical incidents (e.g., risk assessments, case management monitoring, complaint system)
- Responsible entity/process to protect the participant pending completion of a review/investigation
- A thorough, timely review/investigation process (free of conflict of interest)
- Responsible entity/process to oversee and verify that corrective actions were implemented
- Criteria for reviewing a participant's plan when specific numbers/types of incidents occur and developing and revising the service plan to include risk mitigation strategies when needed
- Data aggregation and trending

Issues for Consideration

- Cross-population or population specific (types of incidents reported may vary among waiver programs and populations)
- Relationship and coordination with other agencies such as APS, CPS and licensing. Information sharing should work in both directions – APS shares results of investigations and states share information about deaths and other critical incidents that may merit investigation.
- Reporting requirements for individualized self-directed services (mostly provided in the family or participant's own home)
- Reporting for different settings (e.g., residential, day, assisted living, own/family home)

Issues for Consideration, continued

- Training on critical incident reporting is important for everyone!
 - Staff, clinicians and others working directly with participants on what is a critical incident and reporting protocol
 - User-friendly information/training for participants and family members about incidents (especially about abuse, neglect and exploitation)
 - Additional training for case managers to increase their sensitivity to situations that might be indicative of abuse, neglect or exploitation

Self-Direction and Incident Reporting

- Ensuring critical incident reporting is challenging when services are self-directed and provided in the participant or family home, additional considerations include:
 - Relying on redundant systems such as grievance/complaint reporting to identify incidents
 - Sensitizing case managers and support brokers on how to elicit serious, risk issues when visiting with the participant and family
 - Providing hot lines for participants to call to report problems
 - Highly-automated systems may pose access challenges for participants, direct service workers and other providers
 - Analyzing incident data related to self direction to detect trends
- Direct service workers and providers of goods and services become mandatory reporters

Self Direction and Incident Reporting

- Consider whether incidents involving those participants who elect to self-direct are tagged and tracked separately from the traditional system.
 - How do individuals fare when they elect to self-direct?
 - What type of incidents most commonly occur for those self-directing and how does this compare to the total population?
 - Can become an important health and welfare indicator.
- Definitions of critical incidents may need to differ for individuals who are self-directing and those in a traditional agency model.
- Important to determine if the reported incident has a direct correlation to the fact that the individual was self-directing and make sure appropriate staff are apprised of this.

Relationship between CI and Assurances

Data from CI reporting systems can play a key role in building performance indicators to support the assurances

Assurance: *The state, on an ongoing basis, identifies, addresses and seeks to prevent the occurrence of abuse, neglect and exploitation*

Data from a CI database can show:

1. Number and type of reportable critical incidents, by type
2. Average (mean/median) number of critical incidents per waiver recipient
3. Number and percent of critical incidents requiring investigation, by type
4. Number and percent of critical incidents substantiated, by type
5. Number and percent of critical incidents investigated within required timeframe
6. Number and percent of critical incidents for which corrective actions were verified within required time frame
7. Number of waiver participant deaths from unexplained or suspicious causes

Critical Incidents and the Quality Improvement Process

- Incident reporting systems can play a role in each step of the quality management system
 - Design
 - Discovery
 - Remediation
 - Improvement
- A robust system not only allows for remediation on an individual level, but also examination of system-wide and longitudinal data to identify trends and problem areas
 - How are incidents concentrated?
 - Geographically, by population, by type, by provider?
 - What do trends suggest about the need for intervention and where?

State Example – New York

- **Serious reportable incident:** All alleged critical events or incidents involving the perceived or actual threat to a participant's health and welfare or his/her ability to remain in the community.
 - Allegations of abuse and neglect
 - Missing person
 - Restraint
 - Death of waiver participant
 - Unplanned hospitalization
 - Possible criminal action
 - Sensitive Situation
 - Medication error/refusal
 - Medical treatment due to accidents or injury

State Examples – New York

- **Recordable Events**

Incidents that do not meet the level of severity as described in Serious Reportable Incidents, but that adversely affect the participant's life in the community.

Example: A fall that does not require medical attention.

State Examples – New York

Annual Reports are Developed by Serious Reportable Incident Committee (within each provider agency)

Includes:

- Activities of Serious Reportable Incident Review Committee
- Serious Reportable Incidents
- Recordable Incidents
- All corrective, preventive, and/or disciplinary actions taken pertaining to identified trends

State Examples – New Mexico

- Comprehensive system maintained by the Incident Management Bureau that includes all disability groups and settings
- Full spectrum of events
 - Abuse/neglect/exploitation
 - Non-Reportable and/or Non-Jurisdictional incidents which may not meet the definition of ANE, but that place individuals at risk of future negative outcomes
- Automated systems captures detailed information on medications, diagnoses, contextual information surrounding the incident, APS investigation results and any resulting corrective action plans
 - Anyone can report
- Triaging process to determine urgency for investigation
 - This decision-making process is captured to enable review of appropriateness and consistency of decision-making

State Examples – New Mexico

- Daily coordination and data sharing with adult protective services
 - May participate in joint investigations if appropriate
- Investigatory staff play a key role in updating forms and processed based on their experiences
- Incident investigators have standardized guidelines, criteria, templates and procedures for conducting investigations
 - Reporting template can be faxed, email or submitted electronically
- Reporting is program/waiver specific, to allow for:
 - Modifying plans or case management oversight
 - Negotiating and reviewing provider contracts
 - On-site provider reviews
 - Conducting quality improvement activities
- More information on New Mexico's Incident Management Bureau at:
 - <http://dhi.health.state.nm.us/imb/index.php>

State Example – Delaware

- Web-based system whereby incidents are generated by Direct Support Staff, reviewed and approved by agency mgmt., with follow up on by team members and State staff. All of this with full HIPAA compliance.
- Staff (with the appropriate permissions) and others with a “need to know” can be notified about an event as soon as they are documented and internally approved by email, pager, cell phone, or Secure Communications (internal HIPAA compliant "email" system)
- Because of the comprehensive documentation system, when there is an investigation, all the documentation surrounding an incident can be accessed from anywhere (by a user with the correct permissions). This includes health data, progress notes, behavioral data, teaching plans, data, and even staff training.
- Management reports and statistics are available on a multi-provider, caseload, and/or cross provider basis. These include the ability to get statistics on all fields of an incident report as well as the time it takes from incident, to report, to approval, to follow up
- All reports are based on live data

State Example – Delaware – Reports That Can Be Generated

- **Event Summaries**
 - Allow for the gathering of statistics based on any group of individuals in the state and any combination of dates and incident report fields
- **Mutli-Provider Event Summaries**
 - Provide the same functionality as single provider event summaries (producing reports and statistics on incident reports) but can be based upon caseloads across providers. For example, a Case Manager with clients in multiple providers, a view of providers in one region, or a view of all providers in the state.
- **Single Login**
 - A user logging into the state account will have access to the entirety of their caseload across providers. This can be controlled down to the individual level. Therefore a state user with the appropriate privileges could access all individual data in Delaware from a single login.
- **Multi-Provider Reports**
 - Login Details: A record of provider staff logging into the system
 - New Count Report: A record of the number and type of forms submitted by providers
 - Provider Summary Report: A summary of the number of staff, individuals, plans etc recorded for each provider.
 - GER Intervals Report: A list of incident reports submitted with duration from event-submission-approval-follow up
 - GER Intervals Statistics: Averages of the above
 - User Privilege Report: Which staff have access to which caseloads at which providers.
 - Active Individuals Count Report: Numbers of individuals currently supported by each provider
- **Custom Reports**
 - Custom reports based on specific requirements

Delaware – Incident Reporting Policy Memorandum #46

- **Anyone who sees or suspects an incident of abuse, neglect, mistreatment, or financial exploitation must report to the Regional PM46 Coordinator immediately.**
- **The PM46 Coordinator decides what type of investigation is warranted (preliminary or PM46).**
- **Completed investigations are forwarded to the Division of Long Term Care Residents' Protection (DLTCRP) for determination of substantiation, and the Department of Justice (DOJ) for possible criminal prosecution.**
- **The PM46 Coordinator makes recommendations to DDDS administration for remediation.**

State Examples – Ohio

Incidents to be reported

•Physical Abuse	•Sexual Abuse	•Verbal Abuse
•Attempted Suicide	•Death	•Exploitation
•Failure to Report	•Known Injury	•Law Enforcement
•Medical Emergency	•Misappropriation	•Missing Individual
•Neglect	•Peer-to-Peer	•Prohibited Sexual Relations
•Rights Code Violation	•Unapproved Behavior Support	•Unknown Injury
•Unscheduled Hospitalization		

Ohio - continued

- Who is Required to Report?

All MRDD employees which includes: County board staff, licensed and certified providers, Department staff, people who provide specialized services

Time Frames

Immediate to four (4) hours for abuse, neglect, exploitation, misappropriation, suspicious and accidental deaths; otherwise next day by 3:00 p.m. to the county board, county board to Department by the next day at 3:00 p.m.

Ohio - Continued

- **Responding to Incidents**

- Initiate investigations within 24 hours for abuse, neglect, misappropriation, or death
- Others no later than three (3) days
- Complete investigation within 30 working days including implementation of preventative measures

- **Mechanism for Reporting**

From providers to the county board – forms may vary but there are required fields. County board reports via the Department's on-line system.

Ohio - continued

- **Entities/Persons Receiving Reports**

- Provider sends to the county board MUI contact person
- Copies are shared with SSAs and others in the county board
- The Department's MUI/Registry Unit receives and reviews all reports
- The single state Medicaid agency (ODJFS) and Ohio Legal Rights (OLRS) have access to the system and can review the entire report
- On serious cases, a director's alert is initiated which send a special automated notices to key administrators in the Department plus ODJFS and OLRS

Ohio has one standardized reporting system for individuals supported through the MRDD system. The Administrative Rule standardized what is required and when.

Accessing Quality TA for MFP

- If you need TA in Quality
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