

Critical Incident Reporting

Policy/Procedure
Changes

CIR Changes/Procedures

* **All changes effective September 1, 2014**

* Category Changes

- Major Behavioral Incident
- Involvement with Law Enforcement
- Participant is a Victim of a Crime
- Major Medical Event

* Other Important Procedures

- Deaths
- APS/HSS Reporting
- Self-Direction
- Follow-up Timelines

Major Behavioral Incident

- * New Definition:

- the occurrence of an incident that can reasonably be expected to result in harm or may affect the safety and well-being of the person.
- Offensive sexual behavior and sexual aggression are considered reportable if it is a **new behavior** which is not addressed in the POC, **or** if there has been an **increase in intensity or frequency**.

- * **Removed all subcategories.**

- * Examples:

- Attempted Suicide, suicidal threats, self-endangerment, elopement, self-injury, and physical aggression.

Involvement with Law Enforcement

- * New Definition:

- Resulting in the **participant's** arrest.

- * Removed:

- Participant or the participant's staff or others responsible for the participant's care is/are involved directly or indirectly in an alleged civil or criminal matter, which results in involvement with law enforcement.

Participant is the Victim of a Crime

- * Now its own category
- * New Definition:
 - A participant is the victim of a reportable offense under local, state, or federal statutes.

Note: Do not enter a CIR in this category if the offense meets the definition of abuse, neglect, exploitation or extortion.

Major Medical Event

- * Major Illness ➔ Major Medical Event
- * New Definition:
 - An occurrence in which the participant receives a medical procedure by a physician, nurse practitioner, dentist, or other licensed health care provider either during an inpatient or outpatient visit

AND

- A new diagnosis is identified or new orders for medications, services (such as Home Health), therapy, equipment, health-related tasks, or treatments are prescribed.

Major Medical Events Responsibilities

* **Direct Service Provider (DSP)**

- Must continue to report **all** major illnesses including acute care visits to the SCA.
- If the incident falls under the MME category the Participant's **Release Date** must also be reported in the follow-up.

* **Support Coordinators (SCs)**

- **Determine if the incident reported meets definition.**
- Maintain regular contact with the participant/family while in the treatment facility.
- Collaborate with the facility Discharge Planner to anticipate changes in the participant's needs and ensure that those needs are addressed upon release.
- Perform MDS-HC status change and identify Plan of Care revision or complete SCD, as appropriate.

Major Medical Event Support Coordinator OTIS Entry

- * **Occurred date and time** → date and time that the participant is **released/discharged** from a facility or outpatient procedure.
- * **Discovered date and time** → date and time the SC was informed that the **participant was released**.

Major Medical Event OTIS Documentation

SC then enters the event into OTIS after occurrence.

Includes:

- * What is new; such as, diagnosis, treatments/functionality changes, medications, etc. and
- * How the participant's post-discharge needs are addressed.

NOTE: OTIS documentation should not include a detailed description of what happened to them while in the facility.

Major Medical Event Examples

1. John was experiencing severe pain in his lower abdomen, so a PCP appointment was scheduled for that day. After the doctor's appointment he was prescribed a new antibiotic, had a CAT-scan of his abdomen, and was referred to gastrologist.
2. Jane was admitted to the hospital for stomach pain. At the time of discharge, she was given a new diagnosis of colon cancer with orders to see an oncologist to receive treatment.
3. Jill was admitted to the hospital and was sent to a Nursing Facility for skilled nursing care for her wounds. At the time of discharge from the Nursing Facility, the Social Service Coordinator ordered HH with skilled nursing and therapy to begin in her home.

Non Major Medical Event Example

1. Susie was examined in the Emergency Room for symptoms resulting from a previous diagnosis of Crohn's Disease. She was not admitted and was released with an increase in her current medication's dosage.
2. Sam had his yearly colonoscopy performed out-patient at his local surgical facility. The results indicated there were abnormalities. He has a follow-up visit with a gastroenterologist scheduled.
3. Sharon was admitted to the hospital and then transferred to a Nursing Facility. She remains in the NF with no discharge date expected. Regional Office proceeded with her discharge from Waiver services.

CIR Reporting: Deaths

- * All deaths of participants are to be reported, regardless of the cause or location.
 - The CIR must include the circumstances surrounding the death, prior to and at the time of death.
 - Documentation must address:
 - Cause of death
 - Dates of all events and correspondence
 - Hospice?
 - Home Health services?
 - The who, what, when, where, and why facts
 - DSW present at the time of death?
 - Relevant medical history and CIRs associated with the death.

Deaths

Follow-Up Responsibilities

- * DSP:
 - Provide all requested information to SC
- * SC:
 - Obtain all necessary information
 - Enter into OTIS
- * RO:
 - Will complete reports in OTIS.
 - Make a referral to OAAS Mortality Review Committee (MRC) if warranted

Adult Protective Services (APS) Cases

- * OAAS APS receives intake on all allegations of abuse, neglect, exploitation, and extortion (A/N/E/E) of participants aged 18 and over through a central reporting telephone number.
- * Anyone who suspects abuse, neglect, exploitation, or extortion of an aging or adult with disabilities is required by law to report their suspicions.

APS Investigation and OTIS Entry Roles

Participants 18-59 Years Old

- * DSP, SC Agency, and/or OAAS will:
 - Report allegations of A/N/E/E to APS as appropriate.
- * APS will:
 - Investigate allegations that **do not involve** provider staff/employees
 - Refer all cases that involve provider staff/employees to HSS
 - Enter into OTIS (**APS only** will enter these incidents)
 - Complete the investigation and documentation within 120 days.
 - Transfer case to Waiver office for completion
 - Make recommendations for additional actions to be performed by the DSP, SCA, RO, or HSS to prevent future occurrence
- * OAAS RO will:
 - Complete incident in OTIS : Final Report & Summary

APS Investigations and OTIS Entry Roles

Participants 60 years and older

- * DSP, SC Agency, and/or OAAS will:
 - Report allegations of A/N/E/E to APS as appropriate.
- * SC will:
 - Enter incident into OTIS
- * APS will:
 - Investigate allegations that **do not involve** provider staff/employees
 - Refer all cases that involve provider staff/employees to HSS
 - Complete the investigation and documentation within 120 days.
 - Report findings to Waiver Office.
 - Make recommendations for additional actions to be performed by the DSP, SCA, RO, or HSS to prevent future occurrence
- * OAAS RO will:
 - Request the APS findings
 - Address recommendations
 - Complete incident in OTIS : Final Report & Summary

APS

Incidents Referred to HSS

- * DSP, SCA, and/or OAAS will:
 - Report allegations of A/N/E/E to APS as appropriate
- * APS will:
 - Notify HSS of an allegation of A/N/E/E against a provider employee
- * HSS will:
 - Investigate A/N/E/E allegation
 - Take action as appropriate
 - Enter Incident into OTIS
 - Transfer case to Waiver office for completion
- * RO will:
 - Contact HSS after 120 days of referral to obtain findings
 - Implement improvement strategies as appropriate
 - Complete incident in OTIS: Final Report & Summary
- * SC will:
 - Implement improvement strategies as appropriate

Who Enters APS Incident into Otis??

APS

- * Participant **18-59** and allegations **do not involve** licensed provider staff/employee

SC

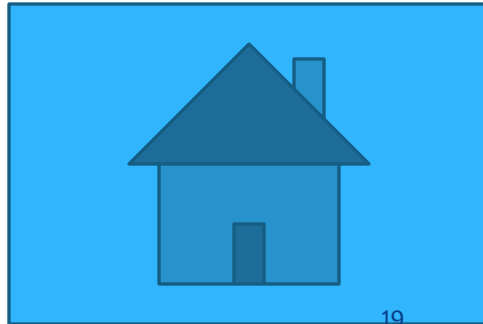
- * Participant **60 and older** and allegations **do not involve** licensed provider staff/employee

HSS

- * Participant **18 & older** and allegations **involve** licensed provider staff/employee

Self-Direction Option CIRs

- * There is no DSP involved with participants using the Self-Direction Option.
- * The SC enters the incident into OTIS



Self-Direction Option

OTIS Entry

* 3 Mandatory Events to enter:

1. Reported by DSP or SC Notified DSP:

- The date and time that the SC first spoke with the participant about the incident, or
- the date and time the SC notified the authorized representative of the incident when applicable.

2. Written Report Received:

- **Self-directed participants are not required to send a written report to the SC.**
- Enter this field as the same date and time entered for “Reported by DSP” or “SC Notified DSP”.

3. Follow-up Received:

- **Self-directed participants are not required to send a written follow-up report to the SC.**
- The SC must contact the participant or authorized representative, as applicable, to obtain a verbal follow-up report.
- Enter this date and time for the “Follow-up Received”.

Falls

OTIS Entry

Definition:

- * A fall to the floor, when a person is
 - (1) found down on the floor (unwitnessed event) or
 - (2) comes to rest on the floor unintentionally

For falls occurring **during service delivery by any DSP, including Adult Day Health Care (ADHC)**

- * DSP or ADHC will:
 - Conduct a fall assessment using the *OAAS Fall Assessment Form* and submit with CIR Description.
 - Conduct a fall analysis and complete the *OAAS Fall Analysis and Action Form* and submit with the Direct Service Provider Follow-up.
- * SC will:
 - Enter into Otis following established CIR policy and procedure.

For falls occurring **outside of direct service delivery** which is discovered by any direct service provider, including ADHC

- * DSP or ADHC will:
 - Follow the established reporting procedures described.
- * SC will:
 - Have primary responsibility for completing the *OAAS Fall Assessment Form* and the *OAAS Fall Analysis and Action Form*;
 - Enter into Otis following established CIR policy and procedure.

CIR

Follow-Up

* Follow-Ups

- Written Follow-Up Reports must be sent to the SCA by the **3rd business day** after notification of the incident.
- If no report received by close of the 3rd business day, SCA will contact DSP and get verbal report and request written report, and document in OTIS.
- **No report after 6 business days**, SCA notifies RO who then sends a warning notice to the DSP.
- At the time of closure, if the DSP has not submitted written follow-up, the RO enters an event into OTIS which states “Written Report not received from DSP”.

DSPs that do not respond to the RO warning are reported to Health Standards Section.

CIR FYI's

- * The purpose of a CIR
 - Identify incidents that can be preventable
- * Include working approaches for chronic problems and identified trends from participant CIRs in Care Planning.
- * CIRs discovered after the fact (outside established reporting period) will:
 - **Be reported** and entered as a CIR if it **occurred within the current POC year.**
 - **Not be entered** into OTIS if discovered outside of the current POC year.

Important Dates

- * August 27, 2014- CIR Documents will be available on the OAAS website
<http://new.dhh.louisiana.gov/index.cfm/newsroom/detail/1418?uuid=1295548571800>
 - Revised CIR Policy
 - CIR Procedure
 - Revised OAAS HCBS Critical Incident Report Form
- * September 2, 2014- OTIS will Go Live with New Changes
 - Begin using the revised OAAS HCBS CIR Form

Questions

