

Critical Incident Reporting in the Statewide Incident Management System (SIMS)

<https://ldh.la.gov/page/critical-incident-reporting>

Questions?

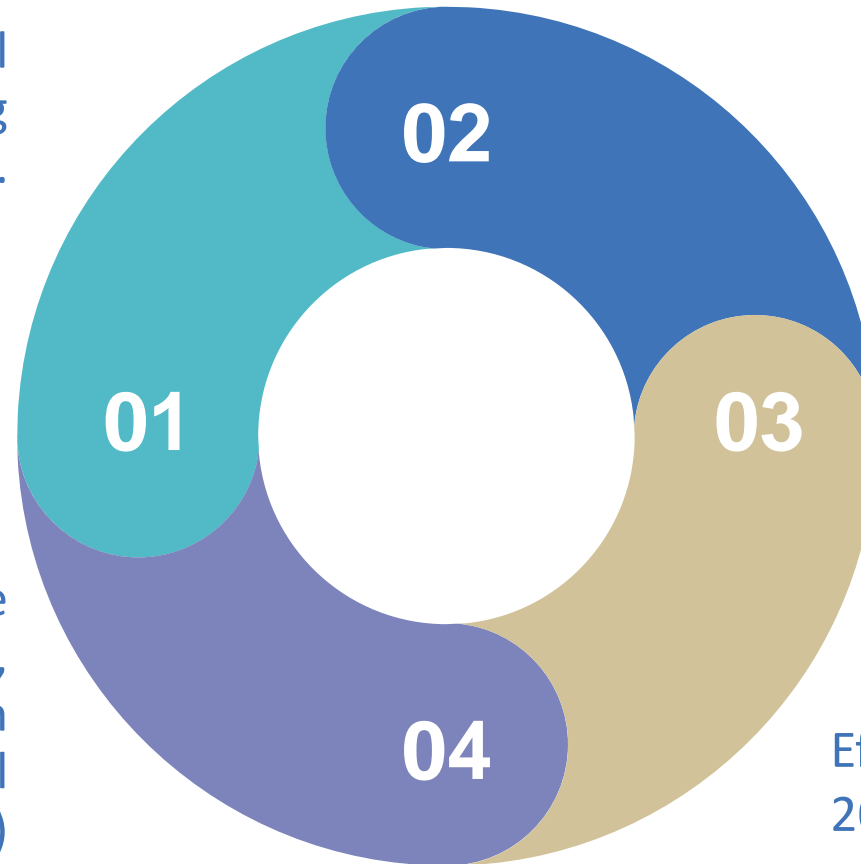
Please type your question in the Q&A or email to Marilee.Andrews@la.gov.

Time permitting, I will answer questions at the end of the webinar.



Statewide Incident Management System (SIMS)

Web-based critical incident reporting application for OCDD.



Provides authorized entities involved in Home and Community Based Services (HCBS) an online method for submitting critical incidents as defined in [OCDD Operational Instruction \(OI\) #F-5 OCDD Critical Incident Report for Waiver Services](#)

Available to direct service provider agencies (DSPAs), support coordination agencies (SCAs), and local governing entities (LGEs)

Effective since July 8, 2019, replacing OTIS

Service Providers Not Entering Critical Incidents into SIMS

They will continue to send a hard copy incident report to the SC to enter into SIMS for the involved waiver participant:

- **licensed respite providers**
- **day habilitation centers and vocational programs**
- **self-direction participants, their authorized representatives, or care worker**

LT-PCS and EPSDT-PCS

Long-Term Personal Care Services (LT-PCS) participants and Early and Periodic Screening, Diagnostic and Treatment Personal Care Services (EPSDT-PCS) participants **do not** require incidents to be input into SIMS.

Only incidents for certified waiver participants are entered into SIMS.



SIMS User Resources in One Place

The OCDD Critical Incident reporting website: <https://ldh.la.gov/page/critical-incident-reporting>

- [OCDD Operational Instruction #F-5: Critical Incident Reporting, Tracking, and Follow-Up Activities for Waiver Services](#)
- SIMS Slide Deck on OI #F-5
- SIMS Slide Deck on Working in SIMS
- [WellSky Tutorials Playlist](#) (YouTube Training Videos)
- [WellSky Computer Configuration Requirements](#)
- [SIMS User Manual](#)
- Link with detailed instructions to apply for SIMS account, report issues with a SIMS account, or request updates to a SIMS account: <https://ldh.la.gov/page/sims>
- A downloadable **hard copy critical incident report form** for use in the field, as a back-up reporting tool when SIMS is not available, or if a natural disaster has limited internet access
- Reporting abuse and neglect to various protective service agencies
- OCDD Complaint Policy

Prior to Accessing SIMS

SIMS uses pop-up windows to display information to users.

- Users **must allow these pop-ups** to be displayed on your screen.
- The specific steps to enable pop up windows may vary depending on the web browser you are using.
- If your browser automatically updates, you may have to enable pop ups again.

Pop-up blockers can cause issues with the work flows in SIMS.

How to Enable Pop-Ups and Redirects

The Workflow Wizard that was designed in SIMs will not function properly if the pop ups and redirects are not enabled in the browser that is being used (see instructions).



Pop-ups in browsers

Follow the below steps to Enable or Disable pop-ups in Microsoft Edge®:

1. Click the Settings and More ••• button on the upper-right side of the browser.
2. Click Settings.
3. Click Cookies and Site Permissions.
4. Scroll down to Pop-ups and redirects
5. Switch to toggle it between Off and On

Chrome (Windows)

1. Click the three dots in the upper right corner of browser window
2. Select Settings.
3. On the left side, Click Privacy and security
4. In the middle of the page, select Site Settings, then Pop-ups and redirects.
5. To disable the pop-up blocker uncheck the Blocked (recommended) box.

Reminders for Entering Critical Incident Reports (CIRs) in SIMS

- Select the correct role for the waiver participant you are entering an incident for.
- When linking a participant, you are choosing the participant record that is in **all CAPS** (this record contains the program participation that has the correct PA linkage).
- Change the status from pending to complete on the CIR form which is located under the documentation tab AFTER you have made all the necessary selections on the CIR form as it relates to the description of the incident.
- Before leaving an incident: **Please make sure that the region field has populated.** If it hasn't, please reach out to SIMSWaiver@la.gov for assistance.

Reminders for Entering Critical Incident Reports (CIRs) in SIMS

- **Failure to enter an incident correctly will result in CIRs remaining in pending status** with leads to non compliant incidents. If the region field does not populate after you have linked a participant and completed the CIR form, something is missing from the CIR that needs to be addressed right away.
- DSPA enters an incident > links the participant > creates and completes the CIR form > changes the status from pending to complete on the CIR form > SCA assignment is generated so they can add the SC follow up note > LGE reviews CIR to determine outcome.
- A “review checklist” can be found under documentation in SIMS for DSPAs, SCAs, and LGE staff.

Review Checklist for DSP, SC, and LGE

Direct Service Provider Review Checklist	
CIR form is accurate and complete	<input type="checkbox"/>
Documentation of immediate actions completed to assure health & safety	<input type="checkbox"/>
Documentation notification to protective services (if applicable)	<input type="checkbox"/>
Follow-up appointments, prescriptions documented	<input type="checkbox"/>
Notification to authorized representative or legal guardian documented	<input type="checkbox"/>
Support Coordinator Review Checklist	
CIR form is accurate and complete.	<input type="checkbox"/>
Documentation of immediate actions completed to assure health and safety	<input type="checkbox"/>
Referrals for further care are scheduled (if necessary)	<input type="checkbox"/>
Report to protective services documented (if necessary)	<input type="checkbox"/>
Risk factors leading to the incident are identified	<input type="checkbox"/>
Revisions to POC are documented (if necessary)	<input type="checkbox"/>
DSP follow-up actions are complete	<input type="checkbox"/>
SC follow-up actions are complete	<input type="checkbox"/>
Confirm notification to authorized representative or legal guardian	<input type="checkbox"/>

LGE Review Checklist	
Support Coordinator checklist is complete and accurate	<input type="checkbox"/>
Current location of participant is confirmed	<input type="checkbox"/>
Identification of further supports available through LGE	<input type="checkbox"/>
Referral to protective services confirmed (if necessary)	<input type="checkbox"/>
Referral to OCDD - Mortality Review Committee (MRC) - checklist complete	<input type="checkbox"/>
Recommendations from OCDD-MRC addressed	<input type="checkbox"/>
Referral to OCDD-Clinical review Committee (CRC) - checklist complete	<input type="checkbox"/>
Recommendations from OCDD-CRC addressed	<input type="checkbox"/>

NOTE: Clinical Review Committee (CRC) has been renamed to Critical Incident Review Committee (CIRC)

Reporting Abuse, Neglect, and Exploitation

Reporting for Children (0 to 17 years old)

To report abuse, neglect, exploitation, or trafficking of a child (birth to 17), contact the Louisiana Department of Children & Family Services at 1-855-4LA-KIDS (1-855-452-5437) and local law enforcement.

Reporting for Adults 18 to 59 years old

To report abuse, neglect, exploitation or trafficking of an adult (18 to 59), please contact LDH's Office of Aging and Adult Services' Adult Protective Services program at 1-800-898-4910 and local law enforcement.

Reporting for Adults 60 or older

To report abuse, neglect, exploitation, or trafficking of an adult aged 60 or older, contact the Governor's Office of Elderly Affairs/Elderly Protective Services at 1-833-577-6532 and local law enforcement.

Reporting for Nursing Home and Privately Owned ICF/DD Providers

Nursing home and privately owned intermediate care facilities for individuals with developmental disabilities (ICF/DD) providers must report allegations of abuse or neglect to Health Standards Section at 1-877-343-5179.

LDH Policy 145.1: *LDH Policy on Client Abuse and Neglect*

Policy Statement:

- LDH is committed to **preserving the right of each person receiving services** from LDH to be free from abuse and neglect.
- LDH strictly **prohibits all forms of abuse and/or neglect** of LDH clients by employees of LDH and its affiliates.
- Each program office and facility providing direct services to clients of LDH shall establish an abuse and neglect policy specific to that program office or facility.

LDH Policy 145.1: *LDH Policy on Client Abuse and Neglect*

Duty to Report Abuse and Neglect:

- La R. S. 14:403.2 **mandates reporting of abuse and/or neglect**, including by an employee of LDH or an affiliate.
- Persons who report in good faith have immunity from liability (unless they are involved in the abuse and/or neglect).
- The following are violations of the law and subject to criminal penalties:
 - Failure to report the abuse or neglect of an adult within 24 hours of becoming aware of the situation
 - Knowingly and willfully making a false report
 - Retaliating against anyone making a report
 - Obstructing or interfering with the procedures of receiving and investigating reports of adult abuse and neglect
 - Disclosing confidential information about or contained within a report

OCDD Operational Instruction #F-5: Critical Incident Reporting, Tracking, and Follow-Up Activities for Waiver Services

Purpose:

- This operational instruction **establishes uniformity and consistency** in the reporting of, responding to, tracking of, and follow-up activities related to critical incidents for persons (referred to as "participants") who are receiving linked and certified Home- and Community-Based Services (HCBS) waivers from OCDD.
- It also **ensures the health and well-being of these participants.**



Types of Reportable Incidents (Incident Categories)

- Abuse (Child, Adult, Elderly)
- Neglect (Child, Adult, Elderly)
- Exploitation
- Extortion
- Death
- Fall
- Involvement with Law Enforcement
- Loss or Destruction of Home
- Major Behavioral Incident
- Major Illness
- Major Injury
- Major Medication Incident
- Restraint Use (Personal, Mechanical, Chemical)
- Visit to ER, AC, or UC facility

Types of Reportable Incidents (Incident Categories)

- Next slides illustrate how incident categories appear in a Critical Incident Report (CIR) Form in SIMS
- As boxes are selected, different options appear (in certain incident categories) for further selection. Example:
 - Select “**Major Injury**” →
 - “**Type of Major Injury**” will then populate as a mandatory selection →
 - Must select “**Emergency Room Visit**” or “**Acute Care Hospital Visit**” as the type of major injury

INCIDENT CATEGORIES: (Check only those that apply)
Note: All protective services allegations must be verbally reported

Note to Support Coordinator (SC): If the SC discovers/witnesses an Abuse, Neglect, Exploitation or Extortion incident involving a participant over the age of 18, the SC should immediately verbally report the incident to APS.

The SC shall not enter the information regarding APS Cases aged over 18 into the Incident System. This only applies to APS cases aged over 18.

Child Abuse	<input type="text" value="v"/>
Child Neglect	<input type="text" value="v"/>
CPS Confirmation: ID of Intake Worker	<input type="text"/>
EPS Incident Type (For use by Regional or LGE personnel only)	<input type="checkbox"/>
Major Injury	<input type="checkbox"/>
Fall	<input type="checkbox"/>
Death	<input type="checkbox"/>
Loss or Destruction of Home	<input type="checkbox"/>
Major Illness	<input type="checkbox"/>
Major Behavioral Incident	<input type="checkbox"/>
Major Medication Incident	<input type="checkbox"/>
Restraints Use	<input type="checkbox"/>
Involvement with Law Enforcement	<input type="checkbox"/>

INCIDENT CATEGORIES: (Check only those that apply)
Note: All protective services allegations must be verbally reported

Note to Support Coordinator (SC): If the SC discovers/witnesses an Abuse, Neglect, Exploitation or Extortion incident involving a participant over the age of 18, the SC should immediately verbally report the incident to APS.

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Child Abuse	<input type="text" value=""/>
Child Neglect	<input type="text" value=""/>
CPS Confirmation: ID of Intake Worker	<input type="text" value=""/>
EPS Incident Type (For use by Regional or LGE personnel only)	<input type="checkbox"/>
Major Injury	<input checked="" type="checkbox"/>
Type of Major Injury *	<input type="text" value="Emergency Room Visit"/>
Fall	<input type="checkbox"/>
Death	<input type="checkbox"/>
Loss or Destruction of Home	<input type="checkbox"/>
Major Illness	<input type="checkbox"/>
Major Behavioral Incident	<input type="checkbox"/>
Major Medication Incident	<input type="checkbox"/>
Restraints Use	<input type="checkbox"/>

INCIDENT CATEGORIES: (Check only those that apply)
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Child Abuse	<input type="text" value="v"/>
Child Neglect	<input type="text" value="v"/>
CPS Confirmation: ID of Intake Worker	<input type="text"/>
EPS Incident Type (For use by Regional or LGE personnel only)	<input type="checkbox"/>
Major Injury	<input checked="" type="checkbox"/>
Type of Major Injury *	<input type="text" value="Acute Care Hospital Visit v"/>
Fall	<input type="checkbox"/>
Death	<input type="checkbox"/>
Loss or Destruction of Home	<input type="checkbox"/>
Major Illness	<input type="checkbox"/>
Major Behavioral Incident	<input type="checkbox"/>
Major Medication Incident	<input type="checkbox"/>
Restraints Use	<input type="checkbox"/>

Roles/Responsibilities in Critical Incident Reporting

- OCDD Waiver Participants and their Families
- Direct Service Provider Agencies (DSPAs) and Direct Service Providers (DSPs)
- Support Coordination Agencies (SCAs) and Support Coordinators (SCs)
- Local Governing Entity (LGE) Developmental Disabilities Director (DDD) or LGE Designee
- LGE Staff
- OCDD Central Office Quality Section
- Critical Incident Review Committee (CIRC)

Roles/Responsibilities in Critical Incident Reporting

OCDD Waiver Participants and their Families

- Keep a copy of the [OCDD OI #F-5 OCDD Critical Incident Report for Waiver Services](#) and paper copies of the CIR form available at the participant's home location
- Understand the definition of a critical incident and the HCBS waiver program requirements for reporting them timely to one's residential service provider (if applicable) and SC
- Understand that all emergency room, urgent care clinic, or acute care facility visits are reportable and alert your residential provider (if applicable) or SC, even if you are unsure of which other category would apply.
- Report critical incidents ASAP (*no later than 24 hours*) after the incident to DSP and/or SC
- Provide information about the circumstances of the critical incident including, but not limited to:
 - Hospital, emergency room, or urgent care discharge summary/orders
 - Medication changes
 - Arrest information, court dates, incarceration
- Participate in all planning meetings to resolve critical incidents or to develop strategies to prevent or mitigate the likelihood of similar critical incidents occurring in the future.

Roles/Responsibilities in Critical Incident Reporting

Direct Service Provider Agencies (DSPAs) and Direct Service Providers (DSPs)

- **Immediately** take the necessary action(s) required to **ensure the participant is protected from further harm** and respond to any emergency needs of the participant.
- **Immediately contact the appropriate protective service agency** (APS, CPS, EPS) if abuse, neglect, exploitation, or extortion is suspected.
- When there is an allegation of abuse or neglect, DSPA ensures that any accused staff are removed from and do not have any contact with the alleged victim (participant) or other participants receiving supports and services, pending the outcome of the internal investigation.
 - If the abuse, neglect, or exploitation involves a child (birth to 17) and the perpetrator is a DSW, **immediately** verbally report the incident to CPS (and enter incident into SIMS.)
 - If the abuse, neglect, or exploitation involves a child's family member, **immediately** verbally report the incident to CPS (and enter incident into SIMS.)
 - If the abuse, neglect, exploitation or extortion involves participants ages 18 to 59, **immediately** report the incident to APS. (Do not enter incident into SIMS.)
 - If the abuse, neglect, exploitation, or extortion involves participants ages 60 and older, **immediately** verbally report to EPS (and enter incident into SIMS.)

Roles/Responsibilities in Critical Incident Reporting

Direct Service Provider Agencies (DSPAs) and Direct Service Providers (DSPs)

- Cooperate with appropriate protective service agency (APS, CPS, EPS) once that agency has been notified and an investigation commences.
- Provide relevant information, records, and access the agency conducting the investigation.
- Contact the SCA/SC by email or fax **immediately** after taking all necessary actions to protect the participant from further harm and responding to the emergency needs of the participant but **no later than 24 hours** after the discovery of the critical incident.
- Enter critical incident into SIMS **ASAP upon discovery, but no later than 48 hours** after the discovery of the critical incident.
- Provide all applicable descriptive information regarding the incident. Refer to *Types of Reportable Incidents (Incident Categories)* to obtain and include accurate information about the types of child, adult, and elderly abuse reported.

Roles/Responsibilities in Critical Incident Reporting

Direct Service Provider Agencies (DSPAs) and Direct Service Providers (DSPs)

- Enter follow-up case notes *within six business days* after the initial CIR is received from the DSP or the discovery by the SC and *as needed* until case closure
- Continue to follow-up with DSP, the participant and others as necessary, in order to update the case notes in SIMS *until the incident is resolved and the case is closed.*
- Participate in support team meeting(s) to develop an action plan(s) in response to critical incident(s). Provide documentation of these meetings.
- Develop and implement strategies recommended by the participant's support team, LGE waiver office, and Critical Incident Review Committee (CIRC) to reduce or eliminate the occurrence of critical incidents for the affected participant in the future.
- Provide assistance in obtaining documentation for the LGE's review, including proactive strategies that have been attempted and the results.
- Document and review all critical incidents for individual and consider related previous incidents or trends in any future actions taken.
- If concerning trends across participants emerge, include actions to reduce critical incidents within the agency Quality Improvement Plan.

Roles/Responsibilities in Critical Incident Reporting

Support Coordination Agencies (SCAs) and Support Coordinators (SCs)

- When the SC discovers an incident, contact the provider ***within two hours of discovery*** and inform the provider of the incident, collaborate to ensure that the participant is protected from further harm, and assure that emergency actions are taken.
- In the event that SC is a witness to or discovers abuse, neglect, exploitation, or extortion, ***immediately*** take action to make sure the participant is protected from further harm and respond to the emergency needs of the participant; and ***immediately*** verbally report and forward a copy of the completed DI-IH HCBS CIR Form to CPS or EPS.
 - If the incident involves a participant age 18 to 59, the SC should only verbally report the incident to APS (***immediately***) and do not enter information into SIMS.
 - If the incident involves abuse, neglect, exploitation, or extortion involving a participant ages birth to 17 and 60 years of age and older, enter into SIMS ***within 24 hours*** of witness or upon discovery of the incident.

Roles/Responsibilities in Critical Incident Reporting

Support Coordination Agencies (SCAs) and Support Coordinators (SCs)

- Enter CIR information into SIMS **within 48 hours** following the discovery by the SC or in the following circumstances:
 - Waiver participant is linked to supports waiver or uses self-direction;
 - The incident occurs at a day habilitation or work site;
 - Participant is approved for waiver services but is not at this time utilizing services through a licensed direct support provider;
 - The direct services provider is unable to enter into the SIMS.
- Review critical incidents **daily** for new CIRs or requested follow-up from the LGE Waiver office.
- Convene necessary planning meetings that may be required to resolve the critical incident or to develop strategies to prevent or mitigate the likelihood of similar critical incidents from occurring in the future and revise the participant's support plan accordingly. At a minimum this must occur in response to each critical incident as described in OI #F-8 *Risk Management Process for Waiver Services: Critical Incident Review*
- Revise the participant's support plan **as needed** to include actions or services to implement recommended strategies. Assist in linking the participant to needed supports and services.
- Enter follow-up case notes **within six business days** after the initial critical incident report is received from the DSP or the discovery by the SC **and as needed until case closure**.

Roles/Responsibilities in Critical Incident Reporting

Support Coordination Agencies (SCAs) and Support Coordinators (SCs)

- Continue to follow-up with the DSP, the participant, and others *as necessary* in order to update the case notes in SIMS *until the incident is resolved and the case is closed*.
- **Compile documentation as required for critical incidents that require LGE or CIRC review** per OI #F-8 *Risk Management Process for Waiver Services: Critical Incident Review* and response to any recommendations. This information should be provided to the LGE for submission to the CIRC.
- Send the participant a copy of the incident participant summary *within 15 days* after final supervisory review and closure by the LGE. The participant summary should not include the identity of the reporters or any sensitive or unsubstantiated allegations. In the event of the participant's death, the participant summary should be forwarded to the Medicaid-authorized representative or legal guardian.

Roles/Responsibilities in Critical Incident Reporting

Support Coordination Agencies (SCAs) and Support Coordinators (SCs)

- ***At each quarterly meeting for participant***, review critical incidents for any trends and facilitate discussion with the support team to identify any additional actions or services that need to be implemented.
- Meet the required actions involved in the death of a participant.
 - ***Upon receipt of*** the Mortality Review Committee (MRC) checklist and the signed Release of Information Letter from the LGE, SCAs and SCs are to provide the information as required by the OI F-1 Mortality Review Process.

Roles/Responsibilities in Critical Incident Reporting

LGE Developmental Disabilities Director (DDD) or LGE Designee

- ***On a daily basis***, review all new incoming CIRs and assign the report to appropriate staff.
- ***Immediately, or within 24 hours***, notify verbally and in writing (via email) OCDD Central Office Quality Section designee when critical incidents involve the death or the arrest of a participant or when critical incidents of abuse/neglect of a participant results in the involvement of law enforcement.
 - NOTE: Internal Notification Template
- Review and approve extension requests made by staff of the LGE.
- Ensure that all mandatory information is entered into SIMS ***prior to case closure***.
- Track critical incidents (or assure designated staff do) to assure that any incidents identified in OI #F-8 *Risk Management Process for Waiver Services: Critical Incident Review* that require LGE review or CIRC review are identified and requirements of OI F-8 are followed.
- Close cases after all needed follow-up has occurred and all necessary data has been entered into SIMS (Supervisor Review and Closure).
- Periodically select a sample of critical incidents to review for adherence to policy including a review to determine if all necessary actions were taken to address and resolve critical incidents.

Roles/Responsibilities in Critical Incident Reporting

LGE Developmental Disabilities Director (DDD) or LGE Designee

- Comply with the OI #F-1 *Mortality Review Process* for participant deaths.
- Ensure that all critical incidents involving deaths remain open until after the OCDD Mortality Review Committee (MRC) has met and until recommended closure is received from Central Office Critical Incident program manager/designee.
 - NOTE: May require granting extension(s) to staff **until all information is received** from support coordinator and until after MRC has met or if MRC requests additional information based upon their review.
- Close APS Cases

Roles/Responsibilities in Critical Incident Reporting

LGE Staff

- Continue to follow-up with SCA and DSPA, providing technical assistance *as necessary* and requesting additional information in writing until closure of the critical incident
- Make timely referrals to other agencies as necessary
- Ensure that SCA and DSPA enters all necessary information into SIMS
- Ensure that activities occur within required timelines, including closure of the incident *within 30 days, unless an extension has been granted*
- Submit requests for extension to the DDD/designee for review and approval
- Ensure that participant summary is completed for all cases including APS, EPS, and CPS. The participant summary should not include the name of the reporter of the incident or any other sensitive information.
- Comply with the requirements of the OI #F-1 *Mortality Review Process* and OI #F-8 *Risk Management Process for Waiver Services: Critical Incident Review*
- When waiver staff suspect or becomes aware that a waiver incident meets the definition of an APS case, they must report the case immediately to APS. (Convert waiver incident to APS case.)

Roles/Responsibilities in Critical Incident Reporting

OCDD Central Office Quality Section

- Notify CIRC chair and OCDD's Executive Management Team ***upon receipt of email or verbal notification*** of any incident that involves or may involve a degree of risk such that immediate action from OCDD is required and may (or has) resulted in involvement of the media and/or legal system (not including a single arrest incident which should follow typical reporting and actions). Provide technical assistance to the authorities/districts as needed.
 - NOTE: This is done via the Internal Notification Form
- Identify statewide needs for training regarding the following:
 - Responding to critical incidents
 - Adhering to OI #F-5 OCDD Critical Incident Report for Waiver Services Entering critical incident data into SIMS
 - Adhering to OI #F-1 *Mortality Review Process*, OI #F-8 *Risk Management Process for Waiver Services: Critical Incident Review* and/or other related topics.

Roles/Responsibilities in Critical Incident Reporting

OCDD Central Office Quality Section

- Select a sample of critical incidents to review for adherence to policy, including a review to determine if all necessary actions were taken to address and resolve critical incidents
- Identify necessary remediation to be taken by DSPA, DSP, SCA, SC, and LGE staff
- Pull aggregate reports of critical incident data and participate on the CIRC
- Comply with:
 - OI #F-1 *Mortality Review Process* when a critical incident involves the death of a participant
 - OI #F-8 *Risk Management Process for Waiver Services: Critical Incident Review* when specific identified critical incident thresholds are met

Critical Incident Review Committee (CIRC)

- OCDD Central Office has established a CIRC
- CIRC reviews individual incidents that cross set thresholds as established by OI #F-8 *Risk Management Process for Waiver Services: Critical Incident Review* and conducts the following QE activities for all aggregate critical incident data:
 - Analyze data to identify trends for effective program management to ensure:
 - Safety/wellbeing of participants receiving OCDD supports and services
 - That participants receive quality supports and services from OCDD
 - Analyze data to determine the effectiveness of QE goals and activities
 - Identify participants who experience frequent critical incidents and whose support plans will need to include strategies to mitigate risks from future incidents, including review ***within one business day*** of all incidents reported in OI #F-1 *Mortality Review Process* with a follow up report and recommendations to OCDD's assistant secretary, EMT, and LGE
 - Immediately review and recommend actions related to any incidents identified in Internal Notification Template with a report to EMT and any follow up actions and reporting ***as needed until the incident is closed satisfactorily.***



Types of Reportable Incidents (Incident Categories) – A Deeper Dive

- Abuse (Child, Adult, Elderly)
- Neglect (Child, Adult, Elderly)
- Exploitation
- Extortion
- Death
- Fall
- Involvement with Law Enforcement
- Loss or Destruction of Home
- Major Behavioral Incident
- Major Illness
- Major Injury
- Major Medication Incident
- Restraint Use (Personal, Mechanical, Chemical)
- Visit to ER, AC, or UC facility

Abuse, Neglect, and Exploitation



Abuse

- Any of the acts defined for child abuse or adult/elderly abuse that seriously endanger the physical, mental, or emotional health and safety of the individual
- Can apply to child, adult, or elderly



Neglect

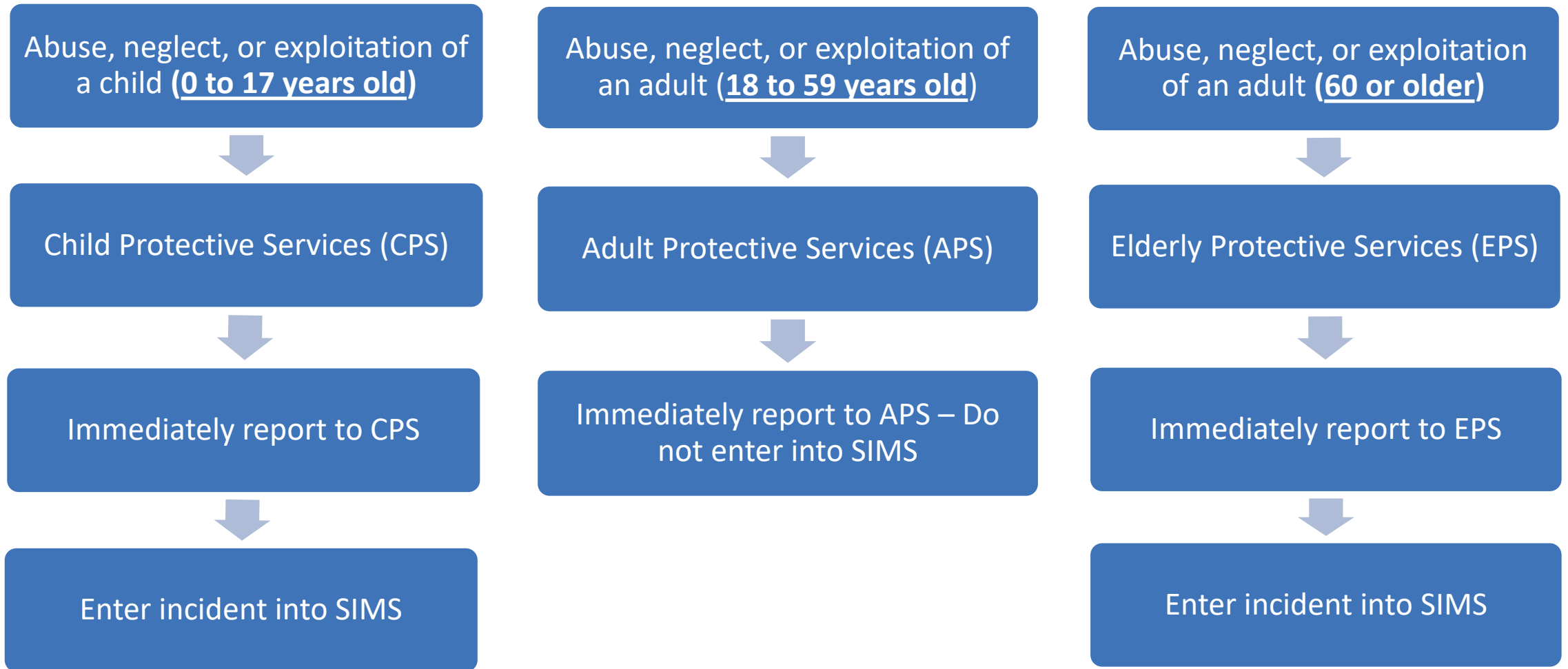
- Failure by a caregiver responsible for a person's care or by other parties to provide the proper or necessary support or medical, surgical, or any other care necessary for their wellbeing
- Can apply to child, adult, or elderly



Exploitation

- The illegal or improper use or management of an aged person's or adult with disability's funds, assets, or property, or use of the person's power of attorney or guardianship for one's own profit or advantage (R.S. 15:503)
- Can apply to child, adult, or elderly

Abuse, Neglect, Exploitation



Abuse (Child)

- The infliction or attempted infliction, or, as a result of inadequate supervision, the allowance of the infliction or attempted infliction of **physical or mental injury** upon the child by a parent or by any other person.
 - **The exploitation or overwork of a child** by a parent or by any other person.
 - The involvement of a child in **any sexual act with a parent or with any other person**, or the aiding or toleration by a parent or the caretaker of the child's sexual involvement with any other person, or the child's involvement in **pornographic displays** or any other involvement of a child in sexual activity constituting a crime under the laws of this state (Louisiana Children's Code, Article 1003 (I)).
- **Primary Child Abuse:** means that the accused or perpetrator is identified as the biological mother, father, stepmother, stepfather, or legal guardian/curator
 - **Non-Primary Child Abuse:** means the accused or perpetrator is identified as a staff person of a direct service provider agency, a neighbor, or others.

Abuse (Adult and Elderly)

- The infliction of **physical or mental injury** on an adult by other parties, including (but not limited to) sexual abuse, abandonment, isolation, exploitation, or extortion of funds or other things of value, to such an extent that their health, self-determination, or emotional well-being is endangered (R.S. 15:503).

NOTE:

Extortion is defined as the acquisition of a thing of value from an unwilling or reluctant adult by physical force, intimidation, or abuse of legal or official authority (R.S. 15:503).

Neglect (Child)

- The refusal or failure of a parent or caretaker to provide the child with necessary food, clothing, shelter, care, treatment, or counseling for an injury, illness, or condition of the child, as a result of which the child's physical, mental, or emotional health and safety is substantially threatened or impaired.
 - Whenever, in lieu of medical care, a child is being provided treatment in accordance with the tenets of a well-recognized religious method of healing having reasonable, proven record of success, the child shall not, for that reason alone, be considered neglected or abused. (Children's Code, Article 1003).
- **Primary Child Neglect:** means that the accused or perpetrator is identified as the biological mother, father, stepmother, stepfather, or legal guardian/curator
 - **Non-Primary Child Neglect:** means the accused or perpetrator is identified as a staff person of a direct service provider agency, a neighbor or others.

Neglect (Adult and Elderly)

- The **failure by a caregiver** responsible for an adult's care or by other parties **to provide the proper or necessary support or medical, surgical, or any other care necessary for their wellbeing.** No adult who is being provided treatment in accordance with a recognized religious method of healing in lieu of medical treatment shall, for that reason alone, be considered to be neglected or abused (R.S 15:503).

NOTE

Self-neglect (adult/elderly) is defined as the failure by an adult participant's action or inaction to provide the proper or necessary supports or other medical, surgical, or any other care necessary for his/her own wellbeing. No adult who is being provided treatment in accordance with a recognized religious method of healing, in lieu of medical treatment, shall for that reason alone be considered to be self-neglected (R.S. 15:503).

Exploitation

- The **illegal or improper use** or management of an aged person's or adult with disability's **funds, assets, or property, or use of the person's power of attorney** or guardianship for one's own profit or advantage (R.S. 15:503).

NOTE

- The **definition for exploitation does not differ between child, adult, or elderly** (as opposed to definitions for abuse and neglect).
- The OI #F-5 *Critical Incident Reporting, Tracking and Follow-up Activities for Waiver Services* includes process for reporting exploitation for children, adults, and elderly.

Death

- Determined by the physician or coroner who issues the death certificate for an individual
- All deaths are reportable regardless of the cause or the location where the death occurred.

NOTE

- See February 20, 2024 Memo: *Critical Incident Report (CIR) of a Death in the Statewide Incident Management System (SIMS)*
- Changes in three areas of death CIRs in SIMS

February 20, 2024 Memo: Critical Incident Report (CIR) of a Death in the Statewide Incident Management System (SIMS)

	Area for Improvement	Recommendation
1.	A CIR is created for a death, but “Death” is not selected under “Incident Categories” in the CIR Form.	When completing a CIR for a death that has occurred, please ensure “Death” is selected under “Incident Categories” in the CIR Form.
2.	A death occurs, but a CIR is not created for the death.	All deaths are reportable incidents and must be reported in SIMS as a critical incident, per OCDD Operational Instruction # F-5 <i>Critical Incident Reporting, Tracking and Follow-Up Activities for Waiver Services</i> . Please ensure a CIR is completed for all deaths.
		As outlined in Recommendation 1 above, when completing a CIR for a death, please ensure “Death” is selected under “Incident Categories” in the CIR Form.
3.	A “Death” selection under “Incident Categories” is added to a previously entered, non-death CIR. The previously entered CIR is primarily regarding the circumstances that led up to the death, however, it is not for the death itself. When a “Death” selection is added to an existing non-death CIR that predates the death, inconsistencies are created in tracking the participant’s actual date of death in comparison to the date of death reported in SIMS.	Please create a new CIR for each death. Documenting a CIR for a death prior to the date of the death itself has been found to create inconsistencies in the mortality data in SIMS. It is essential for the MRC to accurately track the date of a participant’s death.

Fall

Occurs when:

- The participant is **found down on the floor or ground** [unwitnessed event] (not intended to include finding someone on the floor engaged in intentional activity such as a child playing on the floor even if the act of sitting to play was unwitnessed); **or comes to rest on the floor or ground unintentionally**, witnessed (not intended to include participants who fall in the course of playing sports or other activities when these activities are not contraindicated by their plan of care and falling or sliding is a normal occurrence of the activity.)

NOTE

- Must complete two forms when a fall occurs:
 - **Fall Assessment Form**
 - **Fall Analysis & Action Form**
- These will populate for completion in SIMS when a fall is selected as an incident category.
- Please be as detailed as possible.
- Ideal to complete these at the same time CIR is completed.

Involvement with Law Enforcement

Occurs when:

- A participant, their staff, or others responsible for the participant's care are **involved directly or indirectly in an alleged criminal manner**, resulting in law enforcement becoming involved such as:
 - A participant is arrested for an offense/crime or law enforcement is called to the scene due to actions of the participant.
 - An on-duty staff person is arrested/charged with an offense/crime.
 - An on-duty staff person is issued a citation for a moving violation while operating an agency vehicle, or while transporting a participant(s) in a private vehicle (e.g. staff-owned vehicle).

NOTE

- Developmental Disabilities Director (DDD) or LGE designee shall be responsible for immediately, or within 24 hours, notifying verbally and in writing (via email) the OCDD Central Office Quality Management Section designee when critical incidents involve **the death of a participant or the arrest of a participant or when critical incidents of the abuse/neglect of a participant results in the involvement of law enforcement.**
- These are submitted via the Internal Notification Template and should always have CIRs attached to them.

Loss or Destruction of Home

- **Damage to or loss of the participant's home** that causes harm or the risk of harm to the participant.
- This may be the result of any manmade or natural action, such as wind damage, fire, flood, eviction, and an unsafe or unhealthy living environment.



Major Behavioral Incident

- An incident engaged in by a participant who is alleged, suspected, or witnessed by the reporter that can reasonably be expected to result in harm, or that may affect the safety and well-being of the participant.
- **Major Behavioral Incidents:**
 - Suicidal Threats
 - Missing Person
 - Self-Injury
 - Nonconsensual Sexual Behavior (Offensive Sexual Behavior or Sexual Aggression)
 - Physical Aggressive Behavior

NOTE

While an emergency room, urgent care clinic, or acute care facility visit is not required to meet the Major Behavioral Incident definition, any incident that results in an emergency room, urgent care clinic, or acute care facility visit of the participant as a result of the behavior in question qualifies as reportable as a critical incident.

Major Illness

- Any **substantial change in health status**, (suspected or confirmed) that requires medical treatment at one of the following locations:
 - Emergency Room
 - Urgent Care Clinic
 - Acute Care Facility

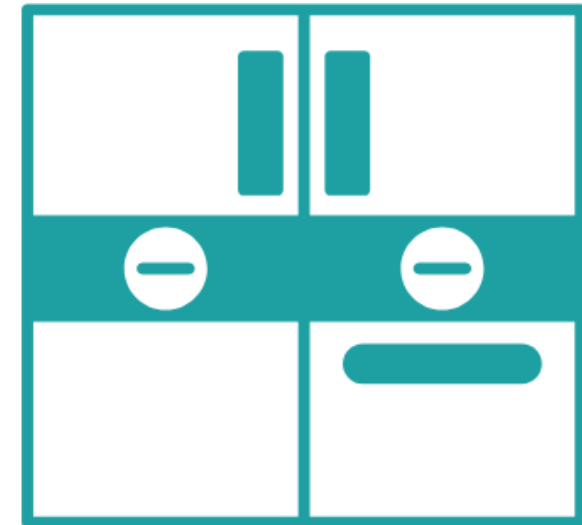
Note: Any illnesses/conditions that result in treatment at one of the above facilities are reportable critical incidents as "other major illness."

- The following specific major illnesses are additionally reportable by category as part of OCDD's risk management obligation:
 - Bowel Obstruction
 - Decubitus
 - Pneumonia
 - Seizures
- These should always be reported, whether or not they resulted in a visit to emergency room, urgent care clinic, or acute care facility.

Major Injury

- Any **suspected or confirmed wound or injury** to a participant of known or unknown origin requiring medical attention by a licensed health care provider at one of the following locations:
 - Emergency Room
 - Urgent Care Clinic
 - Acute Care Facility

EMERGENCY



Major Medication Incident

- The **administration or self-administration of medication in an incorrect form**, not as prescribed or ordered, or to the wrong person, or the failure to administer or self-administer a prescribed medication, which requires or results in medical attention by a physician, nurse, dentist, or any licensed health care provider at one of the following locations:
 - Emergency Room
 - Urgent Care Clinic
 - Acute Care Facility

The following are major medication incidents if they meet the definition as noted to the left:

- **Staff error**
- **Pharmacy error**
- **Person error**
- **Medication Non-Adherence**
- **Family error**

Restraint Use

- The application of a physical hold (**personal restraint**), mechanical device (**mechanical restraint**), and/or medication (**chemical restraint**) for the purpose of restricting or suppressing an individual's movement or preventing an individual access to their body.
- Use of any procedure expressly prohibited by OCDD policy or CMS regulations should be reported to the appropriate APS authority under the abuse category.

Actions that may be confused as restraint but are *not* restraint:

- **Use of orthopedic** appliances or medical procedures in accordance with standard medical practice in the community
- **Approved techniques** such as physical guidance, redirection, or escorts involving brief hold/physical contact of less than 30 seconds in which no aggressive resistance is observed
- **Transports** (physically moving an individual from one place to another) whereby no aggressive resistance is observed and/or the individual does not verbally or nonverbally (e.g. gestures, pulling away, vocalizing dislike when touched) refuse the transport
- **Typical activities that are momentary in nature** that one would do in a moment of imminent risk for any individual (e.g. blocking someone from entering a street when a vehicle the individual does not see is near and the individual would otherwise come to significant harm)

Health Care Admissions that Result in a Critical Incident

- Healthcare Admission = the admission of a person to an acute care facility, hospital, or other healthcare facility for the purpose of receiving medical care or behavioral stabilization
- Reportable healthcare admissions:
 - **Acute Care Facility** = a hospital where it is expected that the patient will require treatment by licensed health care providers either as an out-patient (less than 24 hours) or as a patient who stays more than 24 hours. This includes psychiatric hospital stays/ admissions.
 - **Emergency Room = Emergency room or urgent care center**

NOTE:

Any incident/action that results in a visit to an **acute care facility, emergency room, or urgent care center** qualifies as a critical incident and should be reported.

Do not report doctor appointments to a doctor's office, such as PCP or other doctor's office visit.

Visits to an **acute care facility, emergency room, or urgent care center** are *not* separate categories of incidents, but are covered in the incident categories previously mentioned.

Acronyms

- **SIMS** Statewide Incident Management System
- **CIR** Critical Incident Report
- **EMT** Executive Management Team
- **MRC** Mortality Review Committee
- **CIRC** Critical Incident Review Committee
- **LGE** Local Governing Entity
- **QE** Quality Enhancement
- **OI** Operational Instruction
- **HCBS** Home- and Community-Based Services
- **DSPA** Direct Service Provider Agency
- **DSP** Direct Service Provider
- **SCA** Support Coordination Agency
- **SC** Support Coordinator
- **HSS** Health Standards Section
- **APS** Adult Protective Services
- **CPS** Child Protective Services
- **EPS** Elderly Protective Services
- **RS** Revised Statute

THANK YOU

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