Reporting/Investigating Deaths/Critical Incidents in Community Services

Developed for Community Providers April 2012
Department of Behavioral Health and Developmental Disabilities
Incident Management and Investigations (IMI)

Modified January 2013
Oconee Center
Session Objectives

- Training participants will be able to:
  - Identify an incident
  - Identify and distinguish Category I, II, and III incidents
  - Understand the process for reporting an incident
  - Understand how to complete the form used in community documentation
  - Understand the risk management and investigation processes
Identifying an Incident

Definition of an incident:

An occurrence that is potentially or actually physically and/or psychologically harmful to an individual served in the community and/or is inconsistent with the individual’s expected behavior, conditions, treatment, or plan of care.
Incidents Reportable to DBHDD Office of Incident Management and Investigations

- All incidents listed in the DBHDD policy are to be reported to the IMI office

- Any incident that directly impacts the individuals served must be reported
Incidents Reportable to DBHDD Office of Incident Management and Investigations

- All incidents listed in the DBHDD policy are to be reported to the Incident Management and Investigations (IMI) office.

- Any incident that directly impacts the individuals served must be reported.
Not sure what to report?

- Check with your supervisor
- In doubt? Report it anyway
- You should report immediately
Failure to report

Failure to report will result in disciplinary action up to and including separation from employment, and/or criminal prosecution, when warranted.
Procedure in case of allegations

- When a serious allegation like “physical abuse” is made against a staff member:
  - The staff member is taken off the schedule pending the outcome of the investigation
  - This protects the individual from any possible further abuse
  - This protects the staff member from further accusations
Incident Types - Category I

- Death Unexpected
- Suicide
- Alleged Individual Abuse - Physical
- Alleged Neglect
- Alleged Individual Abuse - Physical
- Alleged Sexual Abuse
- Alleged Individual to Individual Sexual Assault
- Alleged Exploitation – Staff to Individual
- Medication errors with adverse consequences
Incident Types-Category I (Cont’d)

- Seclusion or restraint resulting in injury requiring treatment
- Suicide attempt that results in medical hospitalization
Incident Types-Category II

- Death – Expected
- Alleged Individual Abuse – Verbal
- Individual who is unexpectedly absent from a community residential program or day program
- Vehicular accident with injury while individual is in an agency vehicle or is being transported by staff
Incident Types - Category II (Cont’d)

- Incident occurring in the presence of provider staff which required the intervention of law enforcement services
- Criminal conduct by Individual
- Aggressive act between Individuals resulting in injury requiring treatment beyond first aid
- Hospitalization of an Individual in a community residential program
Incident Types-Category III

- Death
- Individual injury requiring treatment beyond first aid (not related to possible staff misconduct)
- Staff injury caused by an individual and requiring treatment
- Aggressive act between individuals with injury requiring minor first aid
Protect and Care for the Individuals Served

YOU must take immediate and appropriate action to protect the individual in instances of abuse, neglect or exploitation

- Intervene to stop the abusive or neglectful act
- Provide care, or notify the appropriate professional, when there is injury
- Resident Managers/Supervisors must take the necessary steps to remove alleged persons of interest from direct contact with involved individuals
- Report the allegation as soon as possible
In the case of a medical emergency please call 911.

The following are to be considered “Medical Emergencies”:

- Unresponsive or slow to respond
- Labored Breathing
- Abnormal breathing pattern
- Complaining of chest pain
- Complaining of unbearable pain
Medical Emergencies (cont’d)

- Dizziness or fainting
- Abnormally High blood pressure (anything over 170/90)
- Abnormally High Heart Rate (anything over 100 beats per minute)
- Abnormally Low Heart Rate (anything at or under 60 beats per minute)
- Abnormally High body temperature (anything at or over 100 or below 96 degrees)
Procedures for Documentation of Incidents

The individual who observes the incident or has initial knowledge of the incident, in coordination with the Supervisor/Manager, is responsible for completing the initial documentation prior to the end of his/her shift.
Steps for Reporting

- Make sure the individual is safe.

- Staff who observes the incident or has initial knowledge of the incident in coordination with the Supervisor/Manager initiates the CIR.

- Staff who observes the incident and all staff involved in the incident complete a Witness Statement.
Steps for Reporting

- Witness Statements are given to the Supervisor/Manager

- Supervisor/Manager notifies Program Director and/or Compliance Officer as appropriate.

- The person who witnesses the incident, in coordination with the Supervisor/Manager, ensures the completion of the CIR form before the end of the shift.

- Compliance Officer reports incident to Executive Director and the Office of Incident Management and Investigations
<table>
<thead>
<tr>
<th>Category (check all that apply)</th>
<th>Check here if Incident High Visibility</th>
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</thead>
<tbody>
<tr>
<td>Alleged Exploitation - Adult Individual</td>
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<tr>
<td>Alleged Individual - Sexual Assault</td>
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<td>Alleged Individual - Sexual Harassment</td>
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<td>Alleged Neglect</td>
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<td>Alleged Abuse</td>
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<td>Medication errors</td>
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<td>Sedation and anesthetic injury requiring treatment</td>
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<tr>
<td>Suicide attempt or near death medical intervention</td>
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<tr>
<td>Aggressive actions and/or injury requiring medical intervention</td>
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<tr>
<td>Criminal Conduct - Individual</td>
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<td>Hospitalization of individual in a community residential program</td>
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<td>Individual is unvaccinated or from a community residential program</td>
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<tr>
<td>Vehicle accident with injury, individual or agency vehicle being damaged</td>
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<tr>
<td>Other actions and/or injury requiring medical intervention</td>
<td></td>
</tr>
</tbody>
</table>

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DBHDD Critical Incident Report Form

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Hints for Completing CIR Form Page 1

- The CIR must be completed in Microsoft Word
- Date of Incident and Time of Incident are to indicate as close as possible when the incident occurred
- Date of Report is the date the report is completed, including the manager’s review
- Date of Discovery is the date of first knowledge of the incident
- The Community Provider Reporting is Oconee Center CSB
- Primary Contractor is usually Not Applicable
Hints for Completing CIR Form Page 1

- Oconee Center is in DBHDD Region # 2
- Person Completing Report may not be the first person to know of the incident or a witness but he or she should identify himself/herself and include his/her title
- Identify Contact Person as “Derrick Gilbert or Linda Morrison” at 478-445-4817
- Be as specific as possible when telling where the incident occurred
- The section labeled “Individual(s) Information” is the place for client identifying information only
If more than two individuals (clients) are involved, add the identifying information of the other individuals on Supplemental Form C.1

When completing the CIR, use Catalyst to get information that you don’t know about the individual

Medicaid Waiver applies to some individuals who are receiving services through Developmental Disabilities programs; if you don’t know the answer, the Billing Department can help you
Hints for Completing CIR Form Page 1

- CID/MHID # is the Medical Record number identified in Catalyst
- The Admission Date can be found in the Enrollment Screen under the Legal/Financial tab in Catalyst
- More than one Disability can be selected based on the Individual’s diagnoses
- Oconee Center does not offer Participant Directed Services
Hints for Completing CIR Form Page 1

- Services in which an individual is enrolled are determined by checking the Enrollment screen under the Legal/Financial tab and Services/Clinical Notes under the Daily Operations tab.

- If the individual is admitted to a psychiatric stabilization/treatment facility, steps need to be taken to obtain appropriate release of information so that the admitting facility can provide Oconee Center with information about the inpatient stay and the discharge summary.
DATA ENTRY & ANALYSIS

DBHDD maintains a critical incident database to identify patterns and to perform trend analysis.

Access to the DBHDD critical incident database must be granted by the Office of Incident Management and Investigations.

Each provider agency will designate one or more persons to be responsible for tracking critical incident and death information. Oconee Center’s Compliance and Investigations office maintains a computerized database to track and trend incidents.
Timeframe for Reporting to Central Office

- ***Remember***
  - Incidents must be Reported to the Supervisor/Manager **BY THE END OF YOUR SHIFT**
***REMEMBER***

***It is our responsibility to provide and maintain a safe and humane environment for individuals and prevent abuse, neglect and exploitation***