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INCIDENT REPORTING POLICY FOR THE DIVISION OF AGING

I) POLICY/PURPOSE STATEMENT

It is the policy of the Indiana Division of Aging (DA) that all incidents (reportable unusual occurrences) are addressed in a timely manner that ensures the health and safety of individuals receiving services coordinated and administered by the Division of Aging. This policy is established to identify and to address both immediate and potential risks to the health and safety of individuals receiving services as specified in 460 IAC 1.2-8-2.

II) STANDARDS

- A) The DA ensures implementation of necessary safeguards to protect the health, safety and welfare of individuals.
- B) Anyone with knowledge of an incident that effects, or potentially effects, the individual's health and safety shall submit an incident report through the DDRS/DA Incident Reporting system
- C) An initial report regarding an incident, allegation, or suspicion of abuse, neglect, or exploitation or the death of service participant shall be submitted within twenty-four (24) hours of the incident or having knowledge of the incident.
- D) Providers of home and community-based services are required to submit an incident report for reportable unusual occurrences within forty-eight (48) hours of the time of other incidents or becoming aware of the incident.
- E) Any staff suspected, alleged, or involved in incidents of abuse, neglect, or exploitation of an individual will be immediately suspended from duty pending investigation by the provider.

III) DEFINITIONS

"Adult Protective Service" (APS) means the program established under IC 12-10-3

"Aging staff" means any individual employed by the Division of Aging, or its designee.

"Case manager" means the certified and approved individual chosen by the individual and/or family to coordinate the individual's service.

"Child Protective Services" (CPS) refers to child protection services established under IC 31-33.

"Day", as used in this policy, refers to a calendar day

The Division of Aging (DA) is the entity established in IC 12-10-1-2 to assist the constantly increasing number of aged in: (1) maintaining self-sufficiency and personal well-being with the dignity to which the years of labor entitle the person; and (2) realizing the aged person's maximum potential as a creative and productive individual.

"Direct care staff" means a person or an agent or employee of a provider entity who provides hands-on services to an individual while providing any of the following services including, but not limited to: respite, attendant care, adult foster care, adult day services, assisted living, congregate

care, supported employment, structured day program, residential based habilitation, transportation, health care coordination, occupational therapy, physical therapy, speech therapy, or behavior management.

"Division of Aging staff" means any individual employed by the Indiana Family and Social Services Administration Division of Aging.

"Home and community-based services" or "HCBS" means supportive services provided within the limit of available funding to an eligible individual and includes, but is not limited to, the following: case management services, homemaker services, attendant care services under IC 16-27-4, and other support services for primary or family caregivers, adult day services, adult foster care services, assisted living services under IC 16-28-2; respite care services, health care coordination, and home health services under IC 16-27-1, specialized medical equipment and supplies under IC 25-26-21-4, home delivered meals, transportation and self-directed attendant care services provided by a registered personal services attendant under the applicable statute to individuals in need of self-directed in-home care.

"Incident" means, for the purposes of this policy, a single episode (event) of a reportable unusual occurrence. An incident involves a situation in which an individual or individuals have experienced or are the subject of a reportable unusual occurrence. Multiple occurrences related to the same type of issue are considered separate incidents. A separate incident report shall be filed at the time each episode occurs.

"Individual" means a person who has been determined eligible for services by the DA. If the term is used in the context indicating that the individual is to receive information, the term also includes the individual's legal representative.

"Legal representative" means any of the following:

- (1) A guardian.
- (2) A health care representative acting under IC 16-36-1.
- (3) An attorney in fact for health care appointed under IC 30-5-5-16.
- (4) An attorney in fact appointed under IC 30-5-5 who does not hold health care powers.
- (5) The personal representative of the estate of a resident of a long term facility or client of home care services as set forth in IC 12-10-13-3.3.

"Provider" or "service provider" means an entity approved by the DA to provide an individual with agreed upon HCBS.

"Reportable unusual occurrence" includes, but is not limited to, the following:

- 1) Alleged, suspected, or actual abuse, neglect, or exploitation of an individual.
- 2) Alleged, suspected, or actual assault or abuse by an individual.
- 3) The death of an individual
- 4) A residence that compromises the health and safety of an individual due to any of the following:
 - a) A significant interruption of a major utility.
 - b) An environmental, structural, or other significant problem.

- 5) Environmental or structural problems associated with a dwelling where individuals reside that compromise the health and safety of the individuals.
- 6) A residential fire resulting in any of the following:
 - a) Relocation.
 - b) Personal injury.
 - c) Property loss.
- 7) Suspected or observed criminal activity by:
 - a) a staff member, employee, or agent of a provider;
 - b) a family member of an individual receiving services; or
 - c) the individual receiving services; when the care of the individual is impacted or potentially impacted.
- 8) Injuries of unknown origin.
- 9) Suicidal ideation or a suicide attempt that had the potential to cause physical harm, injury, or death.
- 10) A major disturbance or threat to public safety created in the community by the individual. The threat can be:
 - a) toward anyone, including staff; and
 - b) in an internal setting; and
 - c) need not be outside the individual's residence.
- 11) Admission of an individual to a nursing facility, excluding respite stays.
- 12) A significant injury to an individual, including, but not limited to, the following:
 - a) A fracture.
 - b) A burn greater than first degree.
 - c) Choking that requires intervention.
 - d) Contusions or lacerations.
- 13) An injury that occurs while an individual is restrained.
- 14) Police involvement when there is an arrest.
- 15) A missing person.
- 16) Inadequate staff support for an individual, including inadequate supervision, with the potential for endangering the health or welfare of the individual.

"Reviewer" means contracted staff who monitors the receipt and classifies the incidents within the DDRS/DA database and/or DA staff who follow up on or finalize review of incidents to assure the health, welfare, and safety of the individual

"Service provider" means the case manager and other entities who provide care for the individual in the home

IV) PROCEDURES

A) Identification of a Reportable Incident

Responsible Entities:

Anyone with direct monitoring responsibilities including, but not limited to, the following individuals:

Case Managers

Division of Aging staff

Direct care staff

Other provider staff, agent, or officer

Action:

1) Any individual who, as a result of service provision, oversight or monitoring, identifies a event or concern that is, or could be, a reportable unusual occurrence, and/or a suspected or actual incident of abuse, neglect or exploitation, shall:

a) Make a determination as to whether the incident or alleged incident represents:

i) Suspected or actual abuse, neglect or exploitation or death or

ii) Another "reportable unusual occurrence";

b) Reports such events in accordance with this policy and any other applicable state reporting requirements.

2) Reporting

Responsible Entities

Anyone with direct monitoring responsibilities including, but not limited to, the following individuals:

Case Managers

Division of Aging staff

Direct care staff

Other provider entity staff, agent or officer

Actions

1) An initial report regarding an incident shall be submitted in accordance with this policy and as soon as the reporter becomes aware of or receives information about an incident.

(a) Incident reports involving suspected or actual abuse, neglect or exploitation, or a death, are reported within 24 hours of the occurrence or knowledge of the occurrence in the currently approved format.

(b) All other incidents are reported within 48 hours of the occurrence or knowledge of the occurrence in the currently approved format.

2) All incidents are filed through the DDRS/DA Incident Reporting system.

3) Specific requirements may also apply to incident reporting depending on the nature of the incident as described below:

(a) APS or CPS Reporting:

(i) If an event or concern is found to meet the criteria for suspected or actual abuse, neglect or exploitation or the death of an individual, the incident is reported immediately by the individual with knowledge of the suspected or actual abuse, neglect or exploitation or death to APS or CPS as appropriate.

- The incident is reported in accordance with Indiana Criminal Code APS or CPS reporting requirements.

- NOTE: Providers that employ a staff person involved in an incident of suspected or actual abuse, neglect or exploitation shall suspend staff involved in the incident pending provider investigation.

(ii) A narrative shall be provided to APS or CPS (as appropriate) and shall include the following:

- The name of the person contacted.
- The phone number of the contact.
- The county of the contact.

(iii) No later than twenty-four (24) hours of the occurrence or knowledge of the occurrence, an incident report is also reported in the DA incident reporting system.

(iv) A copy of the incident report shall be forwarded to:

- The individual or legal representative, as appropriate so as not to jeopardize the health and safety of the individual.
- The service provider, if applicable
- The case manager
- APS/CPS, as applicable
- Any other applicable service provider identified
- The Area Agency on Aging, as applicable
- Local law enforcement when applicable

(c) All other incidents:

(i) Are reported within 48 hours of the occurrence or knowledge of the occurrence in the currently approved format.

(ii) Are coded as appropriate in the incident reporting system and the type of event noted in the index section of the incident report within the automated system.

(iii) A copy of the incident report shall be forwarded to:

- The individual or legal representative
- The service provider, if applicable
- The case manager
- Any other applicable service provider identified
- The Area Agency on Aging, as applicable

(ci) Review of Incidents
Responsible Entities:

DA Staff or designee

Actions:

- 1) Initial incident reports will be reviewed within 7.5 working hours of receipt, by DA staff or designee (reviewer).
- 2) The reviewer will determine if:
 - a) appropriate notifications have been made,
 - b) APS or CPS referral has been made, if required
 - c) the incident meets criteria for a Sentinel Status
 - d) formal follow-up reports are required
 - i) The reviewer will request additional information from the submitter or the Case Manager when additional information is required to make these determinations.
 - ii) The reviewer will instruct the submitter to make notifications to APS, CPS, Case Manager or other entities when this has not been done.
 - iii) The reviewer will also notify APS or CPS when appropriate.
- 3) The reviewer will review an individual's incident history to identify trends or special needs, and may make recommendations for systemic changes.
- 4) If the reviewer determines that the health, safety, and welfare concerns have been successfully resolved, the incident will be closed.
- 5) If a feasible plan to resolve the incident is documented in the initial incident report, the reviewer will:
 - a) Confirm implementation of the plan, through review of the incident report; and
 - b) Determine that the desired outcome was achieved (e.g. situation is resolved and individual's health and welfare are safeguarded) through review of the incident report; and
- 6) If the incident is resolved close the incident; or
- 7) If the incident is deemed, by the reviewer, to not be resolved appropriately require additional follow-up reports until the incident is resolved.
- 6) The reviewer will assign coding appropriate to the incident, including designating Sentinel status.
- 7) The reviewer will ensure the incident information is included in the incident database.
- 8) The reviewer will send notification of any report specific to a Sentinel Status to appropriate individuals within the Division of Aging, ISDH and the Office of Medicaid Policy and Planning
- 9) The reviewer will send to the Case Manager notification of the need for follow-up reports.
 - a) If the individual does not have a Case Manager, the Division of Aging will designate a DA staff person as responsible for follow up.

- b) In situations where it would be a conflict of interest for the Case Manager to perform follow-up activities, the Division of Aging will designate a DA staff person as responsible for performing these activities.

D) Follow-up Activities

Responsible Entities

Case Managers

Division of Aging

Other provider entities

Actions

- 1) The provider of case management services or, in the event there is no case manager, the designated DA staff, must contact the individual and other service providers as needed, to discuss and address the incident and related issues and concerns.
- 2) The provider of case management services or, in the event there is no case manager, the designated DA staff, shall submit an incident follow-up report summarizing steps taken and plans identified to resolve the initial incident, and the current status of the situation.
 - a) The incident follow-up report will be submitted in the prescribed incident follow-up report format within seven (7) days of the date of the initial incident report, and every seven (7) days thereafter.
 - b) Incidents not resolved within twenty-one (21) days of the date of the initial incident shall be referred to the DA Director or designee for additional action.
 - i) Follow-up reporting shall continue every seven (7) days until the incident is deemed resolved by the DA.
 - ii) Follow-up incident reporting shall be copied to the Quality Assurance Manager immediately upon receipt
- 3) The Quality Assurance Manager within the Division of Aging responsible for Sentinel Status follow-up will take the steps necessary including communication with case managers, AAAs, other providers, family members and informal to verify or ensure that immediate threats to the individual's health and welfare are addressed and resolved, and will document this in the individual's Division of Aging incident record.
- 4) All information required by the reviewer to be submitted must also be submitted to the individual or the individual's legal guardian and to the provider of case management services.
- 5) Weekly status reports of the open sentinel status will be reviewed by the Quality Assurance Manager.
- 6) On a monthly basis, the Quality Assurance Manager will review the open incident reports requiring follow up.
- 7) Through the weekly and monthly reports, the Quality Assurance Manager will analyze, and track the incident reports, review for trends, review for appropriate corrective action and will make

recommendations to the QA/QI Committee and/or Sanctions Committee, as appropriate for plan of corrections, sanctions or quality improvement procedures that should be implemented.

8) Non-compliance with this policy may result in actions taken by the Division of Aging to include:

a) Shall not authorize continuation of services to an individual or individuals by the provider

b) Shall not authorize receipt of services by individuals not already receiving services from the provider at the time the determination is made that the provider did not implement a corrective action plan to the reasonable satisfaction of the Division of Aging