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Bureau of Quality of Improvement Services

Incident Reporting Webinar November 2015

Frequently Asked Questions

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A. GENERAL INCIDENT REPORTING

A-1. What is the field labeled "ANE" on the first page of the screen?

Please disregard this field, as it is specific to the Division of Aging incident reports.

A-2. How do I correct an error made on an incident report?

Please contact one of the IR Specialists, Shelly Thomas, or Anne Davis

A-3. Do multiple incident reports need to be filed for one event meeting multiple reportable incident reporting criteria?

One incident report can be submitted containing all of the information. Upon review by the IR Specialist, it will be duplicated to capture both types of incidents

A-4. When is an incident report considered a late report?

No. The 'lateness' of incident report is determined by the 'Date of Knowledge' of the incident. An incident report must be submitted within 24 hours of knowledge of the incident

A-5. Why are PRN medications considered behavior failures?

When a PRN medication is utilized to control a behavior, it is an indication that the proactive behavior strategies were ineffective in managing the behavior. Therefore, it is seen as a behavior failure since it is a reactive behavior management strategy.

A-6. At a recent group home survey, the surveyor indicated that the reporting needs for group home were different than for Waiver. Is there another list?

Incident reporting can be found in the CMS' State Operations Manual, Appendix J, Tags W149, W153, and W154 (https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_j_intermcare.pdf).

A-7a. When a non-waiver day program or school performs a physical restraint procedure, are they required to report the incident? If not, is the residential provider required to report the incident that occurred without our hired caregivers?

The incident reporting requirement is for the provider and/or case manager to file an incident report upon knowledge of the incident occurring. The school is not a mandated reporter under this requirement. However, once the provider or the case manager becomes aware of a reportable incident, as defined by 460 IAC 6-9-5 and DDRS Policy, an incident report must be filed with the state.

A-7b. Is it the provider's responsibility to submit IR's if provider is not providing services at the time of the incident (i.e. incident occurred in family home while no staff on duty)?

Once the provider or the case manager becomes aware of a reportable incident, as defined by 460 IAC 6-9-5 and DDRS Policy, an incident report must be filed with the state

A-7c. Many individuals on the FSW are children living in the family home. When they are at home and services are not being provided at the time of an incident, what must be reported to the state?

The incident reporting requirement is for the provider and/or case manager to file an incident report upon knowledge of the incident occurring. Once the provider or the case manager becomes aware of a reportable incident, as defined by 460 IAC 6-9-5 and DDRS Policy, an incident report must be filed with the state.

A-8. Are providers required to provide copies of internal investigation reports to case managers?

Yes. The case manager is responsible for ensuring the health, welfare, and safety of the Individual in services.

B. SPECIFIC INCIDENT REPORT TYPES

B-1a. 460 says "bruises or contusions larger than 3 inches in any direction..." That lead us to believe that if there is a bruise or contusion LESS THAN 3 inches then we would not need to file an IR. Is that inaccurate?

Bruises resulting from a fall or an injury of unknown origin are always reportable regardless of the size. Bruises larger than 3 inches in any direction are reportable regardless of cause. Bruises resembling a pattern or shape, regardless of size, are reportable.

B-1b. Is ANY bruise reportable? After a blood draw? Eraser sized?

Bruises resulting from a fall or an injury of unknown origin are always reportable regardless of the size. Bruises larger than 3 inches in any direction are reportable regardless of cause. Bruises resembling a pattern or shape, regardless of size, are reportable

B-1c. Does all bruising, regardless of size, require an incident report?

Bruises resulting from a fall or an injury of unknown origin are always reportable regardless of the size. Bruises larger than 3 inches in any direction are reportable regardless of cause. Bruises resembling a pattern or shape, regardless of size, are reportable

B-2. Are all emergency room visits reportable even for non-emergency situations such as constipation?

Yes. All emergency room visits require an incident report to be filed with the state.

B-3a. Are all falls reportable or just falls with injury?

Only falls with injury are reportable. Injury is anything beyond slight redness

B-3b. If a fall occurs and there is no injury or only slight redness, it does not have to be reported?

Correct. If no injury is noted, an IR does not need to be filed

B-4. Are all medication errors reportable or only those that effect the person's health and safety as determined by the physician?

All medication errors are reportable incidents.

B-5. Is a consumer's refusal of medication a reportable incident?

No. Individuals have the right to refuse their medications.

B-6a. Peer-to-peer aggression is not reportable unless there are injuries to either or both correct?

In SGL and ICF/IDD facilities, peer-to-peer aggression is always a reportable incident for both individuals involved. In waiver and state-line programs, peer-to-peer aggression is only reportable when there is a significant injury to one of the individuals or whenever police are involved

B-6b. Can you please define "waiver setting" as it relates to peer-to-peer aggression? You stated only reportable if there is an injury if provided in "waiver setting" does that refer to a place (facility) or time when services are being provided for?

A "waiver setting" is in reference to the funding source. If an individual's services are funding through the CIH or the FS waiver, peer-to-peer aggression is only reportable when there is a significant injury to one of the individuals. The individual's location

at the time of the incident (e.g. parent's home, grocery store, day program, etc.) is irrelevant.

B-7a. If an individual has to go under sedation for a planned procedure, such as dental work, is this reportable?

Any scheduled/planned procedure that involves sedation and/or a hospital stay is not reportable. It only becomes a reportable incident if the sedation or overnight hospital stay is unplanned.

B-7b . Can you clarify what you mean about planned procedure? For example, a client is having increased heartburn or other issues so their PCP orders an EGD that is scheduled two weeks later, does the test require an incident report to be filed?

Any scheduled/planned procedure that involves sedation and/or a hospital stay is not reportable. It only becomes a reportable incident if the sedation or overnight hospital stay is unplanned.

B-8. Are PRN medications for sedation for dental treatment or medical visits reportable?

If a licensed medical or dental professional prescribed the medication for a dental or medical procedure, then it is not reportable.

B-9a. If someone exhibits self-injurious behavior but has no injury, does this need to be reported?

Only self-injurious behavior with significant injury is reportable

B-9b. If an individual only slaps his face once or twice and the face is only slightly red, does this need to be reported?

Only self-injurious behavior with significant injury is reportable.

B-10. If an individual is admitted to the hospital (this is obviously reportable) but is then transferred to another facility, does this require a new IR or can this be included in a follow up?

A new incident report must be submitted for each facility admittance.

B-11a. If restraints are used and not in the behavior plan does staff have to be suspended?

Yes. If a restraint is not included in the behavior plan and does not have human rights approval the incident will be coded as 'Alleged Physical Abuse'. As such, the staff person must be suspended pending the outcome of the investigation

B-11b. *Our agency does not allow any restrictions. Consequently, any restraint would necessitate an IR and suspension. However, if we have a child (5yr old) who walks into the street and staff holds her hand to stop her, is that considered a restraint? Simply holding a child's hand to cross the street would not be considered a restraint. For an event to be considered a 'restrictive intervention' it would need to be an action or procedure that limits an individual's movement or access to other individuals, locations or activities. If the caregiver would need to grab the child's hand to prevent them from running in front of a car, then it would be considered a restraint.*

B-12. *If urgent care or prompt med are used when a client has a cold, must it be reported since it is not a scheduled doctor appointment or the primary care physician?.....*
Urgent care/walk-in clinic visits are only reportable if life-saving measures are utilized by the facility (e.g. CPR). An appointment for a non-emergency is not reportable.