



The Indiana Family and Social Services Administration

Bureau of Quality Improvement Services Webinar: Incident Reporting

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Purpose for Today's Webinar

The information shared in this webinar is intended to give technical support and clarification to Providers in the submission of Incident Reports (IRs).



Webinar: Incident Reporting

- **Overview: Incident Reports**
- **Guidelines**
- **Helpful Hints**
- **Examples**
- **Questions**



Webinar: Incident Reporting

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Overview: Incident Reports

The requirements surrounding Incident Reports are located in various documents:

- ❖ **Indiana Administrative Code**
- ❖ **Division of Disability and Rehabilitative Services (DDRS) Policy**
- ❖ **Indiana's Home and Community Based Services (HCBS) Medicaid Waiver**



Overview: Incident Reports

Indiana Administrative Code

- **Article 6** – Supported Living Services and Supports
 - **Rule 9** – Protection of an Individual
 - **460 IAC 6-9-5** – Incident Reporting



Overview: Incident Reports

Division of Disability and Rehabilitative Services (DDRS) Policy

- BQIS 460 0301 008: Incident Reporting and Management
- BDDS 460 1207 003: Aversive Techniques
- BDDS 460 0221 007: Behavioral Support Plan
- BDDS 460 0221 012: Human Rights Committee
- BQIS 460 0530 029: Mortality Review
- 460 0228 025: Use of Restrictive Interventions



Overview: Incident Reports

Indiana's Home and Community Based Services (HCBS) Medicaid Waiver

- Community Integration and Habilitation (CIH) Waiver – Appendix G
- Family Supports (FS) Waiver – Appendix G



Overview: Incident Reports

Sample Listing of Incident Report Categories:

Aggression

Alleged Abuse

Alleged Neglect

Alleged Exploitation

Choking

Death of Person

Elopement

Fire

Injury

Medication Error

Self-Injurious Behavior

Suicide Attempt

Use of Aversive Technique

Please Note: The above are provided as examples only and not intended to be an exhaustive list.



Overview: Incident Reports

Some Incident Report Categories Contain Sub-categories:

- **Alleged Abuse**
 - Emotional/Verbal
 - Physical
 - Sexual
- **Medication Error**
 - Wrong Dose
 - Wrong Route
 - Given Outside Window
 - Missed Medication

Please Note: The above are provided as examples only and not intended to be an exhaustive list.



Overview: Incident Reports

For Incidents Alleging Abuse, Neglect, or Exploitation (A/N/E), Specific Action is Required:

- **Suspension of staff pending an investigation**
- **Confirmation as to whether allegation was substantiated**
- **Notification of Child Protective Services (CPS) or Adult Protective Services (APS)**

Please Note: *The above are provided as examples only and not intended to be an exhaustive list.*



Overview: Incident Reports

Sentinel Events:

Sentinel events are incidents involving serious physical or psychological injury, or the risk thereof. Such events are called “sentinel” because they signal the need for immediate investigation and response.

What makes an incident Sentinel?



Overview: Incident Reports

BDDS Reportable Incidents vs. Sentinel Incidents

updated October 23, 2014

| Reportable Incidents | Sentinel Incidents |
|--|--|
| <p>1. Alleged, suspected or actual abuse, (which must also be reported to Adult Protective Services or Child Protective Services as indicated) which includes but is not limited to:</p> | <p>Any of the subcategories (<i>a, b, c, or d</i>) within Abuse are <i>always</i> marked as Sentinel.</p> <p>If author states “abuse” go with abuse; especially if APS was notified.</p> <p>Anne explained that this does not involve a perpetrator, <u>etc</u>, the decision to tag in one of these categories should be based on the severity of the behavior.</p> <p>If an individual gets drunk or has sex, that is not sentinel (unless they are coerced, forced, etc.)</p> <p>Victim vs. Perpetrator Per “case law” 001 an incident of alleged sexual abuse involving two peers should be addressed for both the victim and for the perp. Both sides of the equation are Alleged/Suspected/Actual sexual abuse.</p> <p>Per clarification from Shelly (Oct 2014), must code regardless of Individual’s history of fabricating stories.</p> |
| <p>a. physical abuse, including but not limited to:</p> <ul style="list-style-type: none"> i. intentionally touching another person in a rude, insolent or angry manner; ii. willful infliction of injury; iii. unauthorized restraint or confinement resulting from physical or chemical intervention; iv. rape; | |
| <p>b. sexual abuse, including but not limited to:</p> <ul style="list-style-type: none"> i. nonconsensual sexual activity; ii. sexual molestation; iii. sexual coercion; iv. sexual exploitation; | |
| <p>c. emotional/verbal abuse, including but not limited to communicating with words or actions in a person’s presence with intent to:</p> <ul style="list-style-type: none"> i. cause the individual to be placed in fear of retaliation; ii. cause the individual to be placed in fear of confinement or restraint; iii. cause the individual to experience emotional distress or humiliation; iv. cause others to view the individual with hatred, contempt, disgrace or ridicule; v. cause the individual to react in a negative manner. | |
| <p>d. domestic abuse, including but not limited to:</p> <ul style="list-style-type: none"> i. physical violence; ii. sexual abuse; iii. emotional/verbal abuse; iv. intimidation; v. economic deprivation; vi. <u>threats</u> of violence; from a spouse or cohabitant intimate partner. | |



Overview: Incident Reports

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| <p>2. Alleged, suspected or actual neglect (which must also be reported to Adult Protective Services or Child Protective Services, as indicated) which includes but is not limited to:</p> | <p>a. failure to provide appropriate supervision, care, or training; Update: 7/15/2014 (Anne) – staff not present or staff sleeping is neglect. Also applies when “boyfriend sleeping on couch” - assumes staff not working. (Provider tags as Neglect and/or they notify APS)</p> <p>b. failure to provide a safe, clean and sanitary environment;</p> <p>c. failure to provide food and medical services as needed;</p> <p>d. failure to provide medical supplies or safety equipment as indicated in the Individualized Support Plan (ISP).</p> | <p>Any of the subcategories (a, b, c, or d) within Abuse are <i>always</i> marked as Sentinel.</p> |
| <p>3. Alleged, suspected or actual exploitation (which must also be reported to Adult Protective Services or Child Protective Services as indicated) which includes but is not limited to:</p> | <p>a. unauthorized use of the:</p> <ul style="list-style-type: none"> i. personal services; ii. personal property or finances; or iii. personal identity of an individual; <p>b. other instance of exploitation of an individual for one’s own profit or advantage or for the profit or advantage of another.</p> | <p>Any of the subcategories (a or b) within Exploitation are <i>always</i> marked as Sentinel.</p> |
| <p>4. Peer-to-peer aggression that results in significant injury by one individual receiving services, to another individual receiving services.</p> | | <p>This category does not qualify as sentinel.</p> <p><i>(Note: If the incident meets the definition of a sentinel event for other categories, it should be coded as such.)</i></p> |
| <p>5. Death (which must also be reported to Adult Protective Services or Child Protective Services, as indicated). Additionally, if the death is a result of alleged criminal activity, the death must be reported to law enforcement.</p> | | <p>This category does not qualify as sentinel.</p> |
| <p>6. A service delivery site with a structural or environmental problem that jeopardizes or compromises the health or welfare of an individual.</p> | | <p>This category does not qualify as sentinel.</p> <p>EXAMPLE: sump pump fails whereas 2b deals with sanitary living conditions.</p> |



Overview: Incident Reports

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| <p><u>7. A fire at a service delivery site that jeopardizes or compromises the health or welfare of an individual.</u></p> | | <p>This category does not qualify as sentinel.</p> |
| <p>8. Elopement of an individual that results in evasion of required supervision as described in the ISP as necessary for the individual's health and welfare.</p> | | <p>This category qualifies as sentinel only when the Individual's health and welfare are at risk (<u>not applicable when the line of site is maintained</u>), which includes (but is not limited to):</p> <ul style="list-style-type: none"> a. Individual cannot be located for a period of time longer than specified in the ISP and cannot be located after actions specified in a search of the immediate surrounding area b. Circumstances indicate the individual may be in immediate jeopardy c. Law enforcement has been called to search for the individual <p>NOTE: clarified with BQIS on 9/25/14...losing line of site momentarily as the eloper goes around a corner or is temporarily blocked by a sign, tree, etc. <u>is</u> not "lost line-of-sight" for this item.</p> |
| <p>9. Missing person when an individual wanders away and no one knows where they are.</p> | | <p>This category does not qualify as sentinel.</p> <p><i>(Note: If the incident meets the definition of a sentinel event for other categories, it should be coded as such.)</i></p> |
| <p>10. Alleged, suspected or actual criminal activity by an individual receiving services or an employee, contractor or agent of a provider, when:</p> | <p>a. the individual's services or care are affected or potentially affected;</p> <p>b. the activity occurred at a service site or during service activities; or</p> <p>c. the individual was present at the time of the activity, regardless of location.</p> | <p>This category qualifies as sentinel only when the incident results in a Consumer's arrest. NOTE: Terminology such as "handcuffed and taken to jail" or "Individual was incarcerated" are not specific enough. When originally processed the IR shall be coded as Alleged Criminal Activity but not marked Sentinel until the follow up questions are returned and they in fact confirm actual arrest or indicate charges were filed.</p> |



Overview: Incident Reports

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| <p>11. An emergency intervention for the individual resulting from:</p> | <p>a. a physical symptom;</p> | <p>This category <i>always</i> qualifies as sentinel.</p> |
| | <p>b. a medical or psychiatric condition;</p> | <p>It's important to meet the definition of "emergency intervention". When trying to establish whether the event meets this standard, think in terms "life-saving" measures.</p> |
| | <p>c. any other event.</p> | <p>Hospital admission only if unanticipated and for life-saving event. "Because of a life-saving event" - that is what makes going to the hospital sentinel. If the event takes individual to the hospital then they are discharged, it is not a sentinel</p> <p>Urgent Care Centers are not considered emergency intervention.</p> <p>Surgery – not sentinel unless meets other criteria [life-saving intervention, ICU, undetermined discharge location].</p> <p><u>Per BQIS on 9/4/14, if an individual is placed in ICU or CCU assume Sentinel. However, CLOSED because safe.</u></p> <p>If it was a sentinel event, the individual goes to the hospital, it would then be sentinel closed.</p> <p>If trained medical professional deems it not a problem, then not sentinel.</p> |
| <p>12. Any injury to an individual when the cause is unknown and the injury could be indicative of abuse, neglect or exploitation.</p> | | <p>This category does not qualify as sentinel.</p> <p><i>(Note: If the incident meets the definition of a sentinel event for other categories, it should be coded as such.)</i></p> |



Overview: Incident Reports

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| <p>13. Any injury to an individual when the cause of the injury is unknown and the injury requires evaluation or treatment.</p> | | <p>This category qualifies as sentinel only when the evaluation or treatment results in <u>hospital admission or lifesaving interventions</u>.</p> <p><i>Added the following note per Anne Davis's clarification on 8/7/14: (Note: If the incident meets the definition of a sentinel event for other categories, it should be coded as such.)</i></p> <p>Clarification determined in conjunction with Anne/Shelly on 9/24/14: lifesaving intervention could occur in the hospital after admission or in the E.R. – either qualify. Also, “hospital admission” is to be taken literally. “Admission” alone qualifies, even if it turns out to be for diagnostics or observation only. The fact that the cause of injury is unknown is the reason for this literal application. Admission = Sentinel.</p> |
| <p>14. A significant injury to an individual that includes but is not limited to:</p> | <ul style="list-style-type: none"> a. a fracture; clarification from State – fracture is a fracture regardless of whether it is a displaced fracture, hairline fracture or stress fracture. b. a burn, including sunburn and scalding, greater than first degree; c. choking that requires intervention including but not limited to: <ul style="list-style-type: none"> i. Heimlich maneuver; ii. finger sweep; or iii. <u>back</u> blows. d. bruises or contusions larger than three inches in any direction, or a pattern of bruises or contusions regardless of size; e. lacerations which require more than basic first aid; f. any occurrence of skin breakdown related to a decubitus ulcer, regardless of severity per clarification from BQIS in August – level/stage 3 or 4 only; g. any injury requiring more than first aid; h. any puncture wound penetrating the skin, including human or animal bites; i. any pica ingestion requiring more than first aid; | <p>Any of the subcategories within Significant Injury are always marked as Sentinel, with the <u>following exception</u>: fracture of finger/toe is not sentinel unless multiple finger/toe fractures in previous 12 months. <i>Clarification from Ann Davis on 10/22/14. Exception is one event, one finger or toe. If the event involves more than one finger or toe or combination of the two, it is sentinel. If one finger or toe but a similar incident within the past 12 months, it is sentinel.</i></p> <p>Clarification from Shelly on 10/7/14 – bone chip(s) = fracture.</p> <p>Sutures, staples, and glue will be deemed “more than first aid”.</p> <p>On 9/24/14 confirmed that “replacing” staples should be treated the same as the injury requiring the staples.</p> |



Overview: Incident Reports

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| <p>15. A fall resulting in injury, regardless of the severity of the injury.</p> | | <p>This category does not qualify as sentinel. <i>(Note: If the incident meets the definition of a sentinel event for other categories, it should be coded as such.)</i></p> |
| <p>16. A medication error or medical treatment error as follows:</p> | <p>a. wrong medication given; b. wrong medication dosage given; c. missed medication - not given; d. medication given wrong route; or e. medication error that jeopardizes an individual's health and welfare and requires medical attention.</p> | <p>This category qualifies as sentinel <i>only</i> when the incident results in hospitalization.</p> <p>9/24/14 clarification defined in conjunction with Anne and Shelly: diagnostic or evaluation procedures or admission for observation is not enough. If the individual is taken to ER or is admitted and the only actions are evaluation or diagnostic in nature (e.g. labs, X-rays), the event is not Sentinel. If however, in the ER or after admission "active treatment" is used, the incident is deemed Sentinel. Active treatment includes actions such as, but not limited to: giving meds to counteract the med error, inducing vomiting, pumping the Individual's stomach</p> <p>Also see #17.</p> |
| <p>17. Use of any aversive technique including but not limited to:</p> | <p>a. seclusion (i.e. placing an individual alone in a room/area from which exit is prevented); b. painful or noxious stimuli; c. denial of a health related necessity; d. other aversive technique identified by DDRS policy.</p> <p>Clarification determined in conjunction with Anne/Shelly on 9/24/14: Giving an Individual a prescription drug in order to "assist" with behaviors is deemed a Sentinel event if the prescription drug is not the Individual's prescription or if it is clearly an outdated prescription of the Individual's. Such an even is deemed a chemical restraint, not a med error and not a PRN. No PRN tab is required.</p> | <p>Any of the subcategories (a, b, c, or d) within Aversive Techniques are <i>always</i> marked as Sentinel.</p> |



Overview: Incident Reports

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| 18. Use of any PRN medication related to an individual's behavior. | | This category does not qualify as sentinel. Also, see #17. |
| 19. Use of any physical or mechanical restraint regardless of : | a. planning; | This category qualifies as <u>sentinel when the following conditions are met:</u> a. Mechanical Restraint – Affixing any form of “device” to any part of an Individual’s body for the purpose of preventing that Individual’s freedom of movement b. Physical Prone Restraint – Placing an Individual’s body face-down on any surface, while restrainers physically apply pressure with their hands or other body parts to prevent the Individual from moving out of the prone position. |
| | b. human rights committee approval; | |
| | c. informed consent. | |
| 20. Admission of an individual to a nursing facility, including respite stays. | | This category does not qualify as sentinel. |
| 21. An event with the potential for causing significant harm or injury and requiring medical or psychiatric treatments or services to or for an individual receiving services. | (e.g. self-injurious behavior, attempted suicide) | This category qualifies as sentinel <u>only</u> when the incident results in: a. Emergency room treatment. Clarification determined in conjunction with Anne/Shelly on 9/24/14...“treatment” does not include evaluation or diagnostics (i.e. lab work or X-rays) b. In-patient observation c. <u>Hospital admission</u> |



Overview: Incident Reports

Closing an Incident Report

- **All Incident Reports require a “complete picture” in order to have an overall understanding of what transpired**
- **The level of detail required to close an Incident Report depends on the incident itself**
- **Sentinel Events: Are Protective Measures in Place?**
 - **CPS/APS Notification**
 - **Staff suspended**
 - **Outcome of internal investigation (substantiated?)**
 - **Medical attention sought**



Webinar: Incident Reporting

- **Overview: Incident Reports**
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Guidelines

A complete Incident Report should contain the following:

- Background information about the Individual
- A complete retelling/story of the event
- Immediate measures to protect the individual
- A plan to reduce risk to the Individual in the future



Guidelines

Background information about the Individual

Name

Age

Gender

Diagnoses

History

Living Arrangement

Any other information that helps reader to “know” the individual.

Example: John is a 43 year old male who lives with 2 housemates. He is diagnosed with an intellectual disability, Prader-Willi syndrome, Intermittent Explosive Disorder, constipation and diabetes. He has a history of elopement and self-injurious behavior, although he has not eloped in the last 6 months. He has a risk plan for falls.



Guidelines

Tell a Complete Story

Who

What

Where

When

Why

How

Example: At 2:00 p.m. on 11/10/2015, John had finished eating a snack at the kitchen table and was getting up from his chair. As he got up his foot became stuck in the rungs of the chair next to his and he lost his balance and fell to the floor. John complained that his ankle hurt, and it looked to be swelling and turning red.



Guidelines

Immediate Measures to Protect the Individual

Example: Per John's risk plan for falls, John's guardian was called, and she transported him to urgent care to be examined. The doctor determined it was a bad sprain, so he put a bandage on John's ankle to keep it stable. John is to wear the bandage for 3 days, removing it at bedtime and replacing it in the morning. Staff will assist John with his bandage.



Guidelines

A Plan to Reduce Risk to the Individual in the Future

Example: This is John's second fall since his risk plan for falls was updated last month. John's guardian will follow up with his family doctor and keep the team informed of any recommendations. The team will meet in the next two weeks to check on John's status and revisit his risk plan.



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Helpful Hints

When filing an IR

- ✓ Confirm the individual listed on the IFUR screen matches the individual in the narrative
- ✓ Check that the following are correct: funding source, provider name, individual's demographics, and case manager, when applicable
- ✓ Include the location of the incident



Helpful Hints

Hints for Particular Incident Types:

Abuse

Neglect

Exploitation

Bites

Bruises

Choking

Criminal Activity

Falls

Medical Conditions



Helpful Hints

Incidents related to alleged ABUSE, NEGLECT, EXPLOITATION

Include the following details:

- Notification of APS/CPS including method of contact and contact name (if you have one)
- Confirmation of staff suspension. If suspension did not occur, include an explanation as to why not.
- If known at time of filing, include whether incident was substantiated.
- Complete the abuse, neglect and exploitation fields to the extent possible
- If staff was terminated, please mark as suspended



Helpful Hints

Incidents related to alleged BITES

Include the following details:

- Specify whether the bite punctured the skin or if it was an abrasion
- Treatment given



Helpful Hints

Incidents related to alleged BRUISING

Include the following details:

- Dimensions and locations of the bruise(s)
- If the exact measurement is unknown, clarify if the bruise is less than or greater than 3 inches
- If the bruising is in a pattern, describe the shape/pattern observed



Helpful Hints

Incidents related to alleged CHOKING

Include the following details:

- Describe any intervention that took place (e.g. Heimlich Maneuver, back blows, mouth sweep) during the incident
- Indicate if the individual was monitored for signs and symptoms of aspiration after the choking incident



Helpful Hints

Incidents related to **CRIMINAL ACTIVITY**

Include the following details:

- Whether charges were filed
- If applicable, what the charges were
- Date of court appearance



Helpful Hints

Incidents related to FALLS

Include the following details:

- Explanation of the injury sustained.
 - Any injury from a fall, regardless of severity, is reportable.
 - Simple “redness” is not considered an injury.
- State if the individual hit their head (and if so, include any neurological assessments initiated).



Helpful Hints

Incidents related to MEDICAL CONDITIONS

Include the following details:

- Diagnoses
- Medications
- Treatment given
- Treatment location (where treatment took place)
- Follow-up instructions, including date/time of follow-up visit (and with whom it's scheduled)
- Any creation of, or updates to, risk plans as a result of the incident
- Any staff training as a result of the incident



Helpful Hints

Incidents related to RESTRAINTS

Include the following details:

- Length of time the restraint was implemented
- Indicate if the restraint was implemented correctly
- Description of extent and type of any injuries sustained
- DDRS Policy 460 0228 025 addresses the use of restrictive interventions in behavioral emergencies.
 - If a restraint is not part of the individual's Behavior Support Plan (BSP) and approved by the Human Rights Committee (HRC), it is considered an *unapproved restraint* and coded as alleged physical abuse.
 - This allows the Provider to conduct an internal investigation and determine appropriateness of the restraint and any subsequent action needed (e.g. addition of services, BSP, staff training, etc.).



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Examples

To demonstrate what the Bureau of Quality Improvement Services is looking for during the coding and review of Incident Reports, the following slides contain examples both complete and incomplete Incident Reports.



Examples

Example A: Complete Incident Report

Narrative: DOEJAN is a 39 year old female who lives with one roommate in a two bedroom apartment. DOEJAN does not receive overnight staffing supervision. DOEJAN has the following diagnoses: Intellectual Disability, Gastric Esophageal Reflux, Dermatitis, Unspecified, Esophagitis, Anemia, COPD, Left Leg Pulmonary Embolism, Anemia, borderline Personality, and Impulse Control Disorder. DOEJAN receives behavior support from Provider A. There is a Behavior Support Plan in place to address verbal and physical aggression, violation of interpersonal boundaries, and suicidal talk or behavior. DOEJAN attends a Day Program Tuesday- Friday from 8am-3pm.

On Monday at approximately 4:30am, DOEJAN contacted the on call phone stating she was at the hospital and needed to be picked up. DOEJAN informed staff she had chest pain and contacted 911 to be taken to the hospital earlier that night. Staff reviewed the discharge instructions and DOEJAN had been given a diagnosis of chest pain (nonspecific) and cough. The following tests were completed: labs to test Troponin, Prothrombin Time, and Basic Metabolic Panel, Chest X-ray, EKG, and Chest CT. All tests were within normal ranges. DOEJAN was given instructions to follow-up with her primary care physician within 2-3 business days.

Plan to Resolve: RHS Provider staff will assist DOEJAN with scheduling and attending a visit with her PCP.



Examples

Example B: Incomplete Incident Report

Narrative:

It was brought to QIDP's attention that on the evening of 6.19.15 DOEJAN's behavior plan was not followed as written, resulting in a violation of client rights. Her boyfriend was not allowed to visit her at her home on the night in question, thus violating her rights.

Plan to Resolve:

Continue to follow DOEJAN's behavior plan as written. Staff have been retrained on the behavior plan and on advocating for client rights.

Missing: Background Information, Complete Story



Examples

Example C: Incomplete Incident Report

Narrative:

Staff A lowered individual to the floor. He started to move around on the floor and got a scratch on the back of his head. There was some bleeding on his head and he was taken to the ER. He was treated and released.

Plan to Resolve:

Follow hospital discharge instructions.

Missing: Background information, Complete story, Immediate measures to protect the individual, and Plan to reduce risk



Examples

Example D: Complete Incident Report

Narrative: DOEJOH woke up on 1/20/15 and was sweating profusely and unstable on his feet. Due to these symptoms and his recent diagnosis of an enlarged heart, he was taken to ER. They performed a chest x-ray and drew blood. He was admitted to receive intravenous antibiotics for pneumonia on 1/20/15 at 12:45pm. As of 4:30pm, he is an in-patient.

DOEJOH has a medical diagnosis of asthma and constipation. He was discharged from the hospital last week with a new diagnosis of an enlarged heart and fluid around his heart. He was discharged from the hospital with orders for painkillers and antibiotics. He took all of his medications as ordered. All staff were trained on his health and medication changes.

DOEJOH has an asthma management plan, constipation risk plan, medication administration plan, medication allergy plan, health and safety related incident management system plan, and a smoking plan in place. All staff are trained on First Aid and his risk plans before working with him. All diagnoses, health risks, and medications were communicated to hospital staff.

Plan to Resolve: DOEJOH will have staffing while at the hospital to communicate with the hospital staff and advocate for his care. Staff perform weekly health checks to assess weight, blood pressure and pulse. DOEJOH has a follow up appointment scheduled with his primary care physician.



Questions?



Contact Us

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