Incident Management Training

Service Providers and Case Management Agencies

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Our Mission

Improving health care access and outcomes for the **people** we serve while demonstrating sound stewardship of financial **resources**

Training Topics

- Incident Reporting Timeline
- Service Provider Agency Responsibilities
- Case Management Agency Responsibilities
- Member Education
- Preventative Strategies
- Resources

Purpose

- The purpose of this training is to define what is considered an incident
- Clarify the roles and responsibilities of both Case Management Agencies and the Service Provider Agencies when an incident occurs

Incident Reporting Timeline

- Service Provider observes or is notified of an incident while providing services to member

- Service Provider notifies all necessary authorities in response to the incident

- Service Provider creates an incident report within 24 hours to submit to the Case Management Agency

Incident Reporting Timeline

- Case Management Agency receives incident report from Service Provider Agency

- Case Manager reviews incident to determine if the member health and welfare has been secured and all mandatory reports are made

- Case Manager reviews incident to determine if it meets the critical incident definition and needs to be submitted to the Department prescribed system (BUS) within 24 hours

Incident Types

- Mistreatment/Abuse/Neglect/Exploitation (MANE)
- Member injury or illness
- Errors in medication administration
- Lost or missing person
- Criminal activity

Incident Types

- Medical emergencies/hospitalizations
- Death
- Incidents or reports of member actions that are unusual and require review
- IDD ONLY: Use of Safety Control plans or Emergency Control Procedures

Incident Reporting Myths

- Reporting incidents is a way for the Department to say “gotcha” for doing something wrong
- Only large or critical incidents are worth reporting
- Reporting an incident as an Occurrence to CDPHE is all in need to do because it’s the “State”
- Incidents reports do not have timeliness reporting guidelines

Service Provider Agency Incident Management - Policy & Procedure

- Reporting incidents
- Classifying incidents
- Prohibiting abuse and neglect
- Review and use of incident data for improving care and preventing incidents
- Clearly defining responsibility for implementation of policy and procedures
- Incident review process

Service Provider Agency Responsibilities

- Service Provider ensures the member's health, safety and welfare
- Notifies proper authorities – this includes CDPHE, Law Enforcement, APS
- Report incidents to the case manager
- Complete an Incident Follow up and Review Process
- Member, staff, or agency training, as needed

Incident Report Information

- Name of person reporting the incident
- Member name
- Member Medicaid identification number
- Waiver
- Incident type
- Date and time of incident
- Location of incident
- Persons involved
- Description of incident
- Resolution

Mistreatment, Abuse, Neglect & Exploitation

- Incidents involving allegations of abuse, mistreatment, neglect and exploitation, and injuries which require emergency medical treatment or result in hospitalization or death, shall be reported immediately to the agency administrator, or designee (according to the agency's policy), and to the Case Manager within 24 hours

C.S.R. 8.608.6.C

- Notify authorities – Law Enforcement, APS, and CDPHE

Mandatory Reporting

- On and after July 1, 2016, a person specified in paragraph (b) of this subsection (1) who observes the mistreatment of an at-risk elder or an at-risk adult with an intellectual or developmental disability (IDD), or who has reasonable cause to believe that an at-risk elder or an at-risk adult with IDD has been mistreated or is at imminent risk of mistreatment, shall report such fact to a law enforcement agency not more than twenty-four hours after making the observation or discovery

C.R.S. 18-6.5-108 (1) (a)

Incident Review Process

- Both the Case Management Agency and service provider agency should review and analyze information from incident reports to identify trends and/or problematic practices that may be occurring in specific services
- Service providers shall take appropriate corrective action to address problematic trends or practices identified

Case Management Agency Responsibilities

- The Case Management Agency receives incident reports from service providers and reviews them to determine what course of action is needed to remediate the incident and secure the health and welfare of the member

- The Case Management Agency will also determine if the incident report meets the definition and criteria to be categorized as a critical incident.

Case Management Agency Responsibilities

- A critical incident is an actual or alleged event that creates the risk of serious harm to the health or welfare of a member

- A critical incident may endanger or negatively impact the mental and or physical well-being of the member

- If an incident does not meet the definition of a critical incident it should not be reported as a critical incident in the BUS

Case Management Agency Responsibilities

- The Case Management Agency shall document critical incidents in the Department-prescribed system (Benefits Utilization System; BUS) within 24 hours of notification

- The Case Management Agency shall take appropriate action to address substantiated critical incidents

- The Case Management Agency shall respond to critical incidents received and document actions taken to resolve and/or mitigate critical incidents

Case Management Agency Responsibilities

- The Department will review the critical incidents submitted in the BUS and determine if they have been resolved, and if the member's health and welfare has been secured
- When necessary, the Department will request follow up to a critical incident from the Case Management Agency in order to resolve or complete a critical incident

Case Management Agency Responsibilities

- The Department Review will specify a follow-up due date. The follow-up due dates are individualized depending on what information is needed for each critical incident
- All mandatory reports, law enforcement and protective service referrals, and health and welfare concerns will need to be addressed in order to close out the critical incident

Incident Examples & Next Steps

- Missed medication
- Peer to peer altercation
- Missing person
- Hospitalizations
- Abuse/Neglect/Exploitation

Member Education

- The Department has created training materials for members that helps explain what a critical incident is, how members, parents and guardians should report critical incidents, and the actions taken after a critical report is made to the Case Manager

- These training materials are located on the Department Critical Incident Reporting web page

Preventative Strategies

Service Provider Agency Approaches:

- Regularly train staff on Incident Management Policies, Procedures & Expectations, contacts and next steps
- Train specific staff on policies and protocols as incidents occur
- Monthly staff meetings
- Post Incident Reporting information sheets in staff areas

Preventative Strategies

Case Management Agency Monitoring:

- Community centered boards or regional centers shall be responsible to monitor the overall provision of services and supports authorized by the Department (25.5-10, C.R.S)

- The frequency and level of monitoring shall meet the guidelines of the program in which the member is enrolled

Preventative Strategies

Case Management Agency Monitoring (continued):

- Case Management Agencies are responsible for the delivery and quality of services and supports identified in the members service plan

- Case Managers will monitor the health, safety and welfare of members while ensuring the satisfaction of services and choice of service providers

Preventative Strategies

Case Management Agency Monitoring (continued):

- Case Management Agencies will review and analyze all critical incidents quarterly to identify trends and problematic practices

- Case Management Agencies will identify the root cause(s) of the critical incident and analyze to determine if intervention is needed to prevent similar critical incidents in the future

Fatal Five

- The Fatal Five are the top 5 preventable conditions linked to death and deterioration for people with Intellectual and Developmental Disabilities in community based residential settings:

1. Bowel Obstruction
   - Most common cause of preventable death in institutional settings

2. GERD (Gastroesophageal reflux disease)
   - Undiagnosed in most cases until harm to the bottom of the esophagus has occurred

Fatal Five

3. Aspiration
   - Most common cause of death in institutional settings

4. Dehydration
   - Contributes to constipation, seizure activity, drug toxicity and other health issues

5. Seizures
   - Seizure deaths can occur from drug toxicity or from uncontrolled seizures

COVID-19: When and What to Report

When notified that a member has a presumptive or confirmed positive case of COVID-19, the Case Manager shall perform the following activities:

- Review the member's services and coordinate necessary changes to assist the member during their illness.

- Notify the service providers performing in-person contact with the member to utilize necessary precautions to limit exposure

COVID-19: When and What to Report

- Perform follow-up monitoring with the member during their illness to determine if their needs are being met and coordinate service changes that may be required.
- Document this action in the BUS under CIR Follow Up.

Resources

- Fatal 5 Cheat Sheet
- Provider Incident Reporting handout (developing)
- HCBS Waiver Critical Incident web page
- Adult Protective Services web page
- Child Welfare Services web page
- Critical Incident Reporting Covid-19 memo
- APS Mandatory Reporting online training module
- CPS Mandatory Reporting of Child Abuse and Neglect web page
- CDPHE Occurrence Reporting Manual

Contact List

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Thank You!