

STATE OF ALASKA DEPARTMENT OF HEALTH & SOCIAL SERVICES SENIOR AND DISABILITIES SERVICES POLICY & PROCEDURE MANUAL	SECTION: 15 Quality Assurance	Number: 15-1	Page: 1
	SUBJECT: Critical Incident Reporting and Management		
	APPROVED: /s/ Duane G. Mayes Duane G. Mayes, Director		DATE: 2/1/11
	<i>Replaces policy signed 1/30/09 Effective March 1, 2011</i>		

Purpose

To delineate responsibilities for incident reporting and management.

To describe the required elements of a provider agency incident reporting and management system.

To collect relevant data for analysis to improve the quality of SDS and provider agency operations.

Policy

One element of the Senior and Disabilities (SDS) quality improvement program is the critical incident reporting and management system. Critical incident reporting provides SDS with data needed to identify and evaluate systemic problems, and to address problems experienced by provider agencies. Through this reporting and assistance process, SDS and provider agencies work to protect the health, safety, and welfare of participants.

Provider agencies develop and operate internal incident reporting and management systems, and contribute to SDS quality assurance by reporting incidents, involving specified circumstances, which occur during the provision of services to participants who have service plans. Provider systems include incident reporting policies and procedures, staff training, analysis of the factors leading to reportable incidents, and implementation of procedures to address identified risks to participant health, safety, and welfare.

Authority

42 CFR 441.302 (a) State assurances of safeguards. 7 AAC 43.065 (b)(3) Medical provider agreement, 7 AAC 43.788 Safety of recipients (PCA); 7 AAC 43.1040 (a) Requirement for all reimbursable waiver services; 7 AAC 47.440 Assisted living home agreement for service; 7 AAC 78.200 Reports (Grant Programs); 7 AAC 81.070 Provider agreements (Grant Programs to Individuals); 7 AAC 81.150 (2) Reports (Grant Programs to Individuals).

Definitions

“Participant” means an individual who receives services through one of the Home and Community-Based Waiver Services programs (Adults with Physical Disabilities, Older Alaskan, Children with Complex Medical Conditions, or Intellectual and Developmental Disabilities) or a grant program administered by SDS; or who receives Personal Care Services.

“Provider agency” means any sole practitioner or agency certified by SDS or any SDS grantee.

“Restrictive intervention” means an action or procedure that limits an individual’s movement or access to other individuals, locations or activities; or that restricts participant rights; both restraint and seclusion are forms of restrictive intervention.

“Service plan” means a waiver Plan of Care, a grant Plan of Care, a Personal Care Services Service Plan, or a General Relief assisted living Plan of Care.

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Responsibilities

1. The **provider** agency is responsible for
 - a. developing and implementing an internal incident reporting and management system;
 - b. submitting incident reports and quarterly medication error reports; and
 - c. when necessary, implementing procedures to address identified risks.
2. **SDS** is responsible for
 - a. reviewing all incident reports and quarterly medication error reports;
 - b. evaluating provider agency response to incidents;
 - c. providing technical assistance to the provider agency;
 - d. maintaining an incident report database;
 - e. producing reports related to the information collected; and
 - f. analyzing incident report data as a risk management method.
3. **Adult Protective Services** is responsible for
 - a. evaluating all incident reports; and
 - b. investigating or referring the reports.

Procedures

A. Provider agency incident reporting and management system.

The provider agency

1. develops a written policy and procedures as guidance for staff;
2. trains staff as to which circumstances require, and how to submit, an *SDS Critical Incident Report* (Attachment);
3. submits incident reports for specified events within the required timeframes;
4. analyzes all incidents to identify problem areas; and
5. implements procedures to address identified risks to health, safety, and welfare.

B. Incident report requirements.

1. Timeframes.

Within 24 hours or one business day of observing or learning of an incident involving a participant for whom services are provided under a service plan, the provider agency files an *SDS Critical Incident Report*.

2. Reporting process.

- a. The provider agency that has on staff or as a volunteer any person who witnesses or becomes aware of an event or circumstance that requires reporting must file an *SDS Critical Incident Report*.
- b. The provider agency sends the report to the SDS Quality Assurance Unit (QA Unit) by Fax or email.

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3. Circumstances requiring an SDS Incident Report.

- a. Safety concerns.
 - i. Missing person when a law enforcement agency is notified.
 - ii. Participant behavior that results in harm to self or others, and requires intervention beyond the services specified in the service plan.
 - iii. Use of restrictive interventions
 - (A) when a participant presented an imminent danger to his/her or another person's safety;
 - (B) in circumstances that do not meet the level of a crisis response;
 - (C) other than as outlined in a behavior intervention plan; or
 - (D) as permitted by policy, but resulting in the need for medical intervention.
- b. Medical events.
 - i. Death of a participant who has a service plan in effect or who is in the immediate care of the provider agency.
 - ii. Accident or incident (including medication errors) that results in injury or a change in condition that requires medical intervention and that occurs during the provision of services.
 - iii. Medication error that results in medical intervention occurring in a 24-hour care setting, whether medication is self-administered or administered by staff with delegated nursing authority:
- c. Law enforcement response to an event involving a recipient and occurring during the provision of services, except when law enforcement support is an element of the service plan.

C. **SDS Incident report management.**

1. Report intake. The QA Unit
 - a. date stamps all reports upon receipt;
 - b. enters report information into the incident database;
 - c. reviews file and database information to confirm program participation; and
 - d. distributes copies of the *SDS Critical Incident Report* to Adult Protective Services, and
 - e. distributes copies of the quarterly medication error reports to appropriate SDS program managers.
2. Adult Protective Services review.
 - a. Within 24 hours or one business day of receipt, APS reviews the *SDS Critical Incident Report* to determine whether the reported circumstances
 - i. indicate harm, abuse or neglect, or a continuing risk for harm, abuse or neglect; and
 - ii. require
 - (A) APS investigation, or
 - (B) referral to the Office of Children's Services or another agency, or to law enforcement.
 - b. Following its determination, APS notifies the QA Unit of APS action or referral.
3. Review of provider agency management of reported incidents.

The QA Unit and the SDS program managers review the provider agency response to the incident to determine whether it addressed the circumstances to mitigate any risks to health, safety and welfare and to reduce the risk of reoccurrence.

 - a. For an adequate response, SDS takes no further action.

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- b. For an inadequate response, the SDS program manager
 - i. contacts the provider agency to discuss the areas in which the response was found to be inadequate, and
 - ii. if the discussion does not resolve issues raised by the response,
 - (A) requests additional information or documents for review, or
 - (B) conducts a site visits to interview staff, and to assess agency documents including
 - (1) reports related to the event or circumstances addressed in the *SDS Critical Incident Report*,
 - (2) policies and procedures, and
 - (3) records of staff credentials and training; and
 - iii. when the circumstances or event need to be addressed to reduce risks to health, safety, and welfare
 - (A) requests that the provider agency develop a Critical Incident Improvement Plan, and
 - (B) notifies the QA Unit that a plan has been requested.
4. Critical Incident Improvement Plan.
 - a. The provider agency,
 - i. in consultation with the SDS program manager and/or the QA Unit as needed, develops a plan which addresses
 - (A) the actions which will be taken to prevent reoccurrences, or to improve response in the event of similar incidents,
 - (B) a date by which the actions will be taken, and
 - (C) the provider agency staff responsible for taking the actions; and
 - ii. submits the plan to the QA Unit upon completion.
 - b. The QA Unit monitors the progress of the plan by following up with the SDS program manager regarding
 - i. timely receipt of the plan, and
 - ii. adequacy of its implementation.
5. Incident report tracking
The QA Unit
 - a. maintains an incident report database
 - i. to track incidents,
 - ii. to monitor technical assistance and dispositions, including
 - (A) requests for additional information regarding incidents, and
 - (B) completions of Critical Incident Improvement Plans, and
 - iii. for research and analysis purposes;
 - b. develops quarterly reports summarizing incident data about each SDS program for distribution to and evaluation by SDS program managers; and
 - c. analyzes cumulative incident report data as a risk management method
 - i. to identify prevalence and patterns of adverse events in the participant population,
 - ii. to evaluate the effectiveness of technical assistance interventions, and
 - iii. to identify areas for quality improvement in both SDS and provider agency operations.

SDS Critical Incident Report

In case of emergency, call 911 or appropriate local emergency services.

Within 24 hours or one business days of a reportable incident or notice of such an incident, send this form to hss.dsdsqa@alaska.gov or Fax to (907) 269-3690. For all incidents other than death, complete pages one and two; for reports of death, complete pages one and three.

A list of incidents requiring an SDS Incident Report follows. Please check all categories which describe the incident.

- | | |
|--|--|
| <input type="checkbox"/> Missing person | <input type="checkbox"/> Accident/incident with medical intervention |
| <input type="checkbox"/> Harm to self or others | <input type="checkbox"/> Medication error requiring medical intervention |
| <input type="checkbox"/> Use of restrictive intervention | <input type="checkbox"/> Law enforcement response |
| <input type="checkbox"/> Death of participant | <input type="checkbox"/> Other: _____ |

Participant information

Name: _____

Date of Birth: _____ Medicaid Number: _____

Program: Home and Community-Based Waiver Personal Care Services Grant Services General Relief

Service provided at the time of the incident:

- | | |
|--|---|
| <input type="checkbox"/> Adult day | <input type="checkbox"/> Intensive active treatment |
| <input type="checkbox"/> Residential supported living (assisted living home) | <input type="checkbox"/> Respite care |
| <input type="checkbox"/> Day habilitation | <input type="checkbox"/> Specialized private-duty nursing |
| <input type="checkbox"/> Family habilitation home | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Supported living | <input type="checkbox"/> Meals |
| <input type="checkbox"/> Group home | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Supported employment | <input type="checkbox"/> Other _____ |

Contact Information

Date of this report: _____

Date incident became known to the reporter: _____

Name of reporter: _____

Title of reporter: _____

Provider agency Number/Name: _____

Provider agency contact person: _____

Telephone number: _____ Email: _____

Notifications (Please check other agencies and individuals you notified regarding this incident.)

- | | |
|--|---|
| <input type="checkbox"/> Police/law enforcement | <input type="checkbox"/> Assisted Living Home Licensing |
| <input type="checkbox"/> Adult Protective Services | <input type="checkbox"/> Long Term Care Ombudsman |
| <input type="checkbox"/> Office of Children’s Services | <input type="checkbox"/> Guardian/Legal representative |
| <input type="checkbox"/> Care coordinator | <input type="checkbox"/> Other: _____ |

If this report is about the death of a participant, skip page two and fill out page three.

Name of Participant: _____

Incident information (Provide all information known; if not a direct observer; include sources of the information.)

Date of incident: _____ Time of incident: _____

Where did it happen?

Name of facility: _____

Address: _____

This location is a private residence an assisted living home/family habilitation home/group home
 a community setting other (describe) _____

Names of all persons present at the time of the incident: _____

What happened? (Describe the incident including circumstances or events leading to the incident.)

What did you or others do when it happened? (Describe actions taken in response to the incident.)

How will you or others help the participant now? (Describe plans for provider agency follow-up.)

Incident analysis

What do you think was the cause of the incident? (Describe contributing factors.)

What could be changed, or has been changed so a similar incident does not happen again?

Death of a Participant

Name of Participant: _____

Date of death: _____ Time of death: _____

Residence at time of death.

- a skilled nursing facility
- an assisted living home/family habilitation home/group home
- a private residence
- other (describe) _____

Location at time of death.

Name of facility: _____

Address: _____

- This location is
- a hospital
 - a skilled nursing facility
 - an assisted living home/family habilitation home/group home
 - a private residence
 - a community setting
 - other (describe) _____

What happened? (Describe the circumstances leading to the death.) _____

Who was present at the time of death or discovered the death? _____

Were there health or safety issues that contributed to the death? (Describe recent illnesses, hospitalizations, or accidents.)

Was there an emergency response? (Describe who called 911 or other emergency service and what was done for the participant upon arrival.) _____

Was the participant taken to an emergency room or clinic prior to death? If so, how was he/she transported:

- by emergency services/ambulance/ Medivac
- by family or other natural supports
- by provider staff or volunteer
- other: _____

Was the participant receiving any of the following at the time of death?

- Hospice services. Name of hospice: _____
- Do-Not-Resuscitate (DNR) order
- Comfort One enrollment