

INCIDENT REPORTING



BEGINNING OF THE PRESENTATION

- The Incident Reporting Training will be easier to follow if you have a copy of the Agency Incident, Critical Incident, Death and GA DCA/HCF (used in DD & SA) Incident Reports in front of you.

HIGH PRIORITY

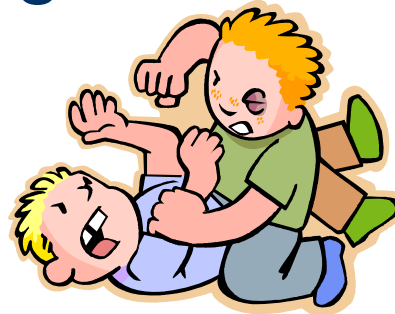
- All incidents written in the agency, including Agency reports, Critical reports, Death reports and GA DCA/HCF reports must have all areas, lines, questions filled out completely.

INCIDENT REPORTING FORMS

- Agency Incident Report
- Critical Incident Report (CIR) and CIR supplemental
- Death Report Form
- GA DCA/HCF Incident
- Medication Error Report (see Policy 8052 for form) is sent to Gwen Watts, at SU

TYPES OF INCIDENTS

Behaviors: Such incidents would be verbal altercations, fighting, using drugs or alcohol, threatening remarks, etc.



TYPES OF INCIDENTS

Damage: Property - Incidents involving damage to walls, doors, windows, furniture, computers, and other agency items.

TYPES OF INCIDENTS

Damage: Vehicle - This includes all state vehicles and personal vehicles used to transport clients during working hours.





TYPES OF INCIDENTS

Infection /Contagious Disease: Illnesses including potential communicable disease, food borne illness, positive Tuberculin skin tests. Reportable diseases required by state law will be reported to the public health department by the program nurses.

TYPES OF INCIDENTS

Injury – Be sure to use diagram to mark the area of any cuts, scratches, marks or bruises relating to the incident/accident.

AMA: Discharge against medical advice.

AWOL: Away without leave.

TYPES OF INCIDENTS

According to CARF Seclusion and Restraint is now referred to as Non-Violent Practices (CPI).

SU is the only program, and is specially trained, to do seclusion/restraints.

NON-VIOLENT PRACTICES

Any time a client is placed in a restrictive area due to threatening behavior, an Agency Incident Report is required. Any injury requiring medical care during the time a client is in seclusion also requires a Critical Incident Report.

TYPES OF INCIDENTS

Property Loss: Any property losses or personal losses of clients, staff and visitors while at program sites, in state vehicles and/or in personal vehicles during transportation.

INVOLVED PERSONS

- Be sure to include the client's identification number (CareLogic ID number) after the client's name.
- Be sure that all the witnesses/staff/others are written on the Agency Incident Report.

DESCRIPTION OF INCIDENT

- Write only what happened or what was reported to you. This can be written in one to two sentences.
- What actions did you take can be written as first step, second step, etc.
- **NO OPINIONS!**

DEBRIEFING

- Only fill out the debriefing area if you had to discuss feelings with a client or clients due to the sensitivity of the incident involved.

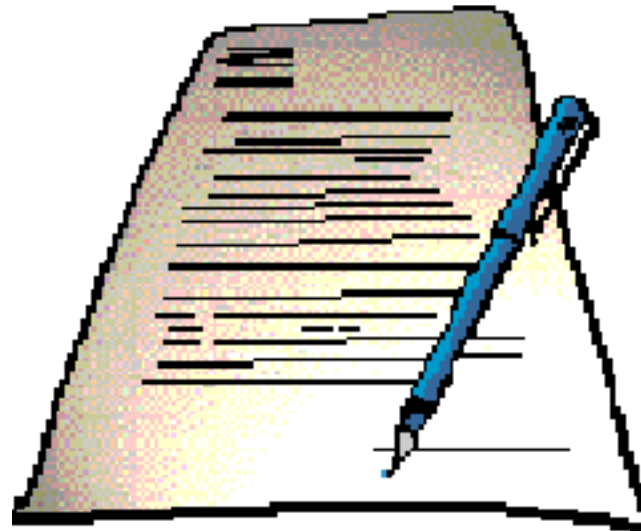


SUMMARY PAGE

- The third page of the Agency Incident Report needs to be filled out. **Details** of the incident should be noted here and if there is an additional staff person involved in the incident this is where their observations, involvement, etc. should be noted.

SIGNATURE

- In the signature area be sure you have written your name, title and a working phone number.



SUMMARY PAGE cont'd

- The person writing the summary should write/sign their name if it's different from the person doing the rest of the report.
- The Client Rights Representative will sign all Agency Incident Reports once all the information has been collected.

CONTACT NUMBERS

- At the very bottom of page three there is the fax number and office number of the Client's Rights Representative.

REPORTING OF AGENCY INCIDENTS

- Steps

It is the responsibility of the staff that is involved in, or informed of, or who witnesses an incident to do the following:

1. Report the incident immediately or as soon as possible to the Site Supervisor.

REPORTING OF AGENCY INCIDENTS

2. If the incident involves a client, record the event in the Clinical Record.
3. Complete an Agency Incident Report and fax it to the Client Rights Representative **immediately** following the incident.

REPORTING OF AGENCY INCIDENTS cont'd

4. Give the original incident report form to the Site Supervisor who will review it and make sure that all information is on the report, such as client's name and ID # on all three pages and any additional information that may not have been reported or known at the time of the incident.

REPORTING OF AGENCY INCIDENTS cont'd

5. If there is more than one staff person helping with an incident then the second person should write a statement on page 3 of the agency incident report.

Note: The form (s) may be filled out online and printed. If you chose to hand write the report **PLEASE PRINT.**

WORKERS COMPENSATION

If the incident involves a CSB staff injury, the Site Supervisor MUST place a call to **DOAS 1-877-656-7475** reporting the incident within **24 hours** for Workers' Compensation processing. Send a copy (the original to CRR) of the Agency Incident Report to Human Resources and follow the procedure above.

CONFIDENTIALITY

All Incident Reports are confidential. When sending the original to the Client Rights Representative (CRR) please send in a RED inter-office envelope.

ORGINIAL INCIDENT REPORT

- All original Incident Reports are to be sent to the Client Rights Representative and original & copies not kept at sites.
- The original should be sent through inter-office mail in the RED envelopes.

REPORTING DBHDD CRITICAL INCIDENTS

- The Critical Incident Report is commonly known as the “CIR”.
- This incident report is sent to the DBHDD’s “Incident Management & Investigation” section by the Client Rights Representative (CRR).

REPORTING CRITICAL INCIDENTS

cont'd

- Separate forms have been developed by the DBHDD Investigation Section requesting additional information depending on the incident. All critical incident reports are followed - up by the Client Rights Representative.

REPORTING CRITICAL INCIDENTS

cont'd

The forms are:

- a. Critical incident Report (CIR), & CIR Supplemental
- b. Death Report
- c. Investigative report
- d. Corrective Action Plan.

REPORTING CRITICAL INCIDENTS

cont'd

- All incidents that require a Critical Incident Report to be completed are found on the second page of the CIR form.
- There are three separate categories on the Critical Incident Report.

CRITICAL INCIDENT FRONT PAGE

- Be sure **ALL INFORMATION IS FILLED OUT** before sending the form to the Client Rights Representative. DBHDD will not accept the report if the information is not present.

CRITICAL INCIDENT First Page

- If there are two clients or more involved in the incident both or all of the names must be written on the first page and there is a CIR supplemental form for more than two names and addresses.

CRITICAL INCIDENTS – Page 2

Category I Incidents:

- Death - unexpected
- Alleged Exploitation- Staff to individual (client)
- Alleged Individual Abuse – Physical, Psychological
- Alleged Individual to Individual Sexual Assault

CRITICAL INCIDENTS Page 2

- Alleged Neglect
- Alleged Sexual Abuse
- Medication errors with adverse consequences,
- Seclusion /restraint resulting in injury requiring treatment
- Suicide attempt that results in medical hospitalization.

CRITICAL INCIDENTS Page 2

Category II Incidents:

- Death - Expected
- Aggressive act between Individuals resulting in injury requiring treatment beyond first aid
- Alleged Individual Abuse – Verbal
- Criminal Conduct by Individual

CRITICAL INCIDENTS Page 2

- Hospitalization of an Individual in a community residential program
- Incident occurring in the presence of provider staff which required intervention of law enforcement

CRITICAL INCIDENTS Page 2

- Individual who is unexpectedly absent from a community residential program or day program
- Vehicular accident with injury while Individual is in an agency vehicle or is being transported by staff.

CRITICAL INCIDENTS Page 2

Category III Incidents:

- Aggressive act between individuals with injury requiring minor first aid

CRITICAL INCIDENTS Page 2

- Individual injury requiring treatment beyond first aid (not related to possible staff misconduct)
- Staff injury caused by an individual and requiring treatment
- Incident that does not meet Category I or II criteria.

BRIEF DESCRIPTION - Page 2

What is needed in the brief description:

- What - what happened
- Who - persons involved
- Where - place and location
- When - date and time
- How - what factors caused the incident.
- NO OPINIONS!

PERSONS OF INTEREST - Page 3

- This area involves a staff person who is being alleged by a client or family member of some wrong doing.

STAFF INJURED - Page 3

- Name, Date of Birth, contact number and a description of the injury received by staff.

WITNESSES TO INCIDENT- Page 3

- Any staff, client or other individual who has seen the incident.

NOTIFICATIONS- Page 3

- This area is decided by the site supervisor or site director.
- Several programs must follow regulations and standards from other regulatory organizations and it will be the duty of the Supervisor or Director to follow up.

Managerial Review - Page 3

- CEO signs, dates and checks the box.



DBHDD Critical Incident Investigations

Category I

- The office of Incident Management and Investigations will review Category I incidents and decide who will be responsible for investigating the incident.

Category II

- The Client Rights Representative is responsible for the investigation.

DBHDD Critical Incident Investigations

Category III

- An investigation is not required unless the Office of Incident Management and Investigations determines that one is necessary.

DBHDD DEATH REPORT FORM – page 1

1. Date of Death
2. Date of Discovery of Death
2. Time of Death
3. Provider reporting death (our agency)
4. Region # - The agencies are in Region 1

DBHDD DEATH REPORT FORM – page 1

5. Person completing report
6. Contact person and contact person's number
7. Name of site where the death occur (Hospital, PCH etc).
8. Check program type

DBHDD DEATH REPORT FORM Page 1

Individual (Client) Information

- Name, DOB , Age at time of death, Sex
- Address
- Medicaid Waiver, CID/MHID #, SSN, Race

DBHDD DEATH REPORT FORM Page 1

Individual (Client) Information

- Admission Date, Disability, check box
- Agency services in which client was enrolled
- How was death discovered
- Date of last contact (any staff), reason for contact.

DBHDD DEATH REPORT FORM Page 1

Medical History

- Only check history [cancer, hypertension, diabetes, etc.] **if it is verified in the client's record by a physician.**
- Or if the client reported any of the medical factors - then document on form **“as reported by client”**.
- Never check anything that can not be verified in the chart.

DBHDD DEATH REPORT FORM – Page 1

- Autopsy- ordered yes or no?

Many times it is unknown if there will be an autopsy. If there is going to be an autopsy please ask the family to send a report of the findings.

- If not ordered, state reason.
- Cause of death, when known.
- Unusual circumstances?

DBHDD DEATH REPORT FORM– Page 2

- Any medication that the client has been given one week prior to the death and up to the death should be recorded on the CIR.
- If dose, route and frequency is known please fill in that information.

DBHDD DEATH REPORT FORM– Page 2

- Category of Death.
- Brief description.

What is needed in the brief description:

- What - what happened
- Who - persons involved
- Where - place and location
- When - date and time
- How - what factors caused the death.

DBHDD DEATH REPORT FORM - Page 2

- Notifications - This area is decided by the site supervisor or site director. Several programs must follow regulations and standards from other regulatory organizations and it will be the duty of the Supervisor or Director to follow up.
- Managerial Review - CEO signs, dates and checks the box.

GA DCA/HCF Incident Report

For clients enrolled in the Developmental Disability and/or any Substance Abuse programs the following incidents must be reported to the GA Dept. of Community Health, Healthcare Facility Regulation Division using their form:

- Death
- Accident or injury requiring medical treatment and/or hospitalization

GA DCA/HCF Incident

- Emergency safety intervention resulting in injuring of patient requiring medical treatment beyond first aid
- Incident that resulted in any federal, state or private legal action by or against the facility which affects any child or the conduct of the facility.

GA DCA/HCF Incident Form – page 1

- Facility Information – Make sure all information is completed. The facilities that are licensed by Healthcare Facilities (formerly ORS) will have their licenses posted and the License number can be found there
- Incident Reporting - Make sure all information is completed.

GA DCA/HCF Incident Form – page 1

Type of Incident – check those that apply

Brief description should include:

- **What - what happened**
- **Who - persons involved**
- **Where - place and location**
- **When - date and time**
- **How - what factors caused the incident.**
- **NO OPINIONS!**

GA DCA/HCF Incident Report- page 2

- Immediate corrective or safety/prevention plan – again be brief
- Name of staff/or clients involved or witnesses
- Who else was notified?
- Acknowledgment of Information reported:
DO NOT SIGN! The Client Rights representative will complete.

DEATHS

- Deaths must be reported to the Client Rights Representative within **2 hours** of the staff's notification of the death.

CRITICAL INCIDENT FORMs

Only The Client Rights Representative WILL SEND THE REPORTS! But note the deadline for submission to the regulatory agencies. This means all incidents should be filled out and sent immediately!

- All Critical Incident Reports must be sent to DBHDD within 24 hours.
- All GA DCA/HCF reports must be sent to HCF within 24 hours

REMEMBER

- ALL incidents in the agency will have a written Agency Incident Report even if the incident requires additional forms.
- ALL incident reports should be done immediately after the incident.