

**Indiana Family and Social Services Administration
Division of Disability and Rehabilitation Services
Bureau of Quality Improvement Services**

Data Forum

**Incident Reporting: Data,
Requirements and Best Practices**

November 7, 2019

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Purpose

The purpose of this webinar is to present to Bureau of Developmental Disabilities Services (BDDS) providers and stakeholders an overview of incident reporting data, requirements and best practices. Submitted questions will be addressed and resource information referenced.

Note: The data in this presentation is for informational purposes. Root causes have not been determined.



Agenda

Today's Topics:

- I. Incident Reporting Data
- II. Incident Reporting Requirements
- III. Best Practices
- IV. Submitted Questions
- V. Resources
- VI. Questions/Discussion
- VII. Contact Information



Agenda

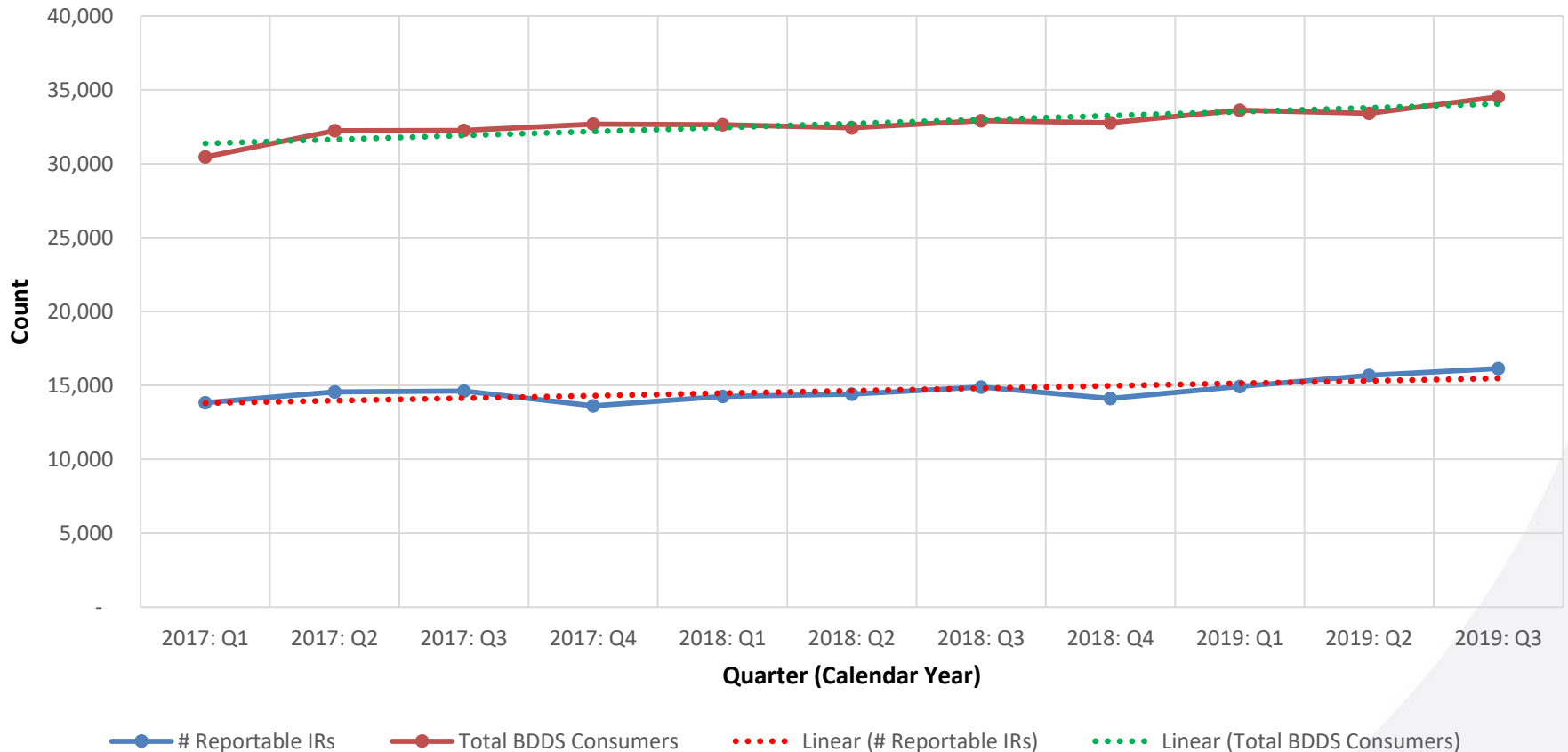
I. Incident Reporting Data



Incident Reporting Data

Reportable IR Count vs. BDDS Consumer Count

Includes BDDS Services: CIH, FSW, SGL



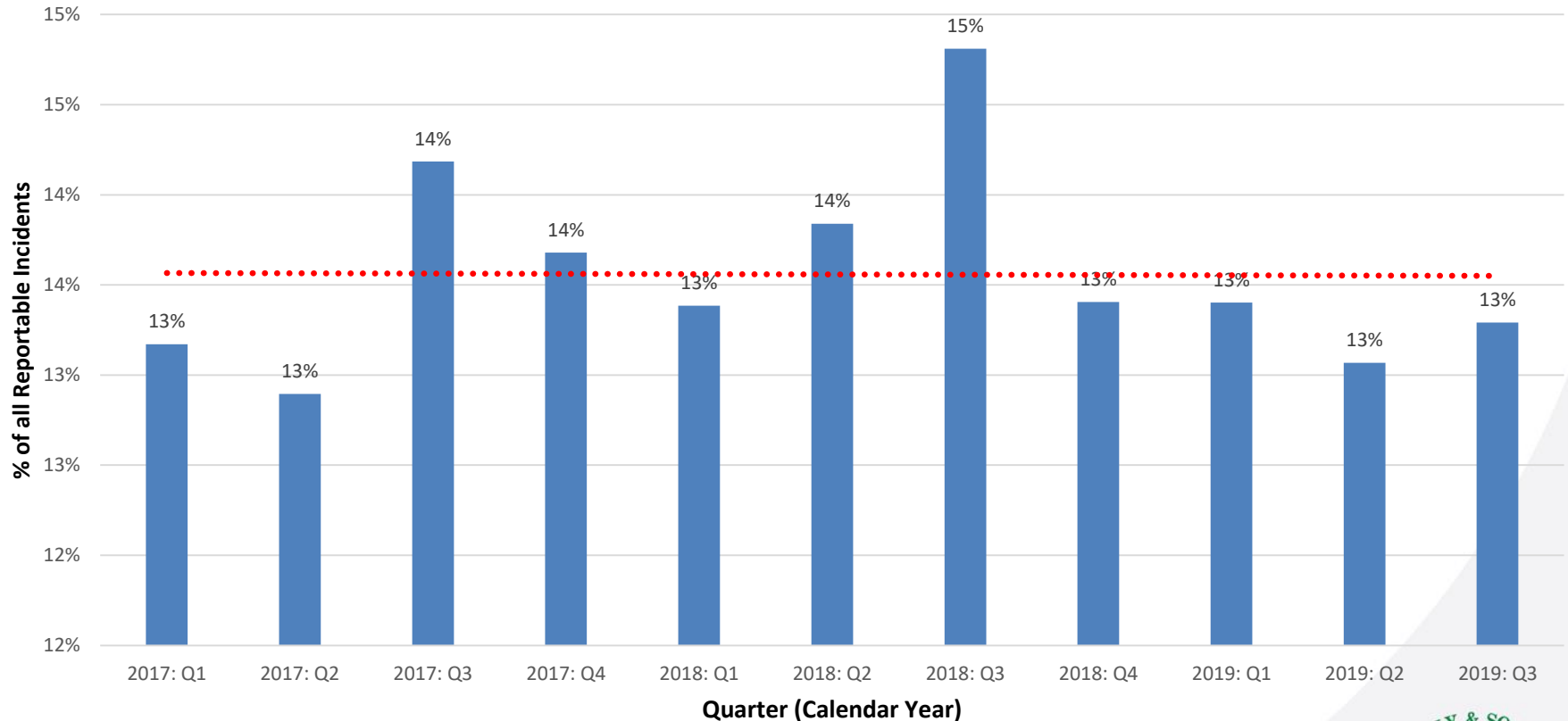
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Incident Reporting Data

Alleged Abuse, Neglect, and Exploitation Percent of Reportable Incidents

Includes BDDS Services: CIH, FSW, SGL



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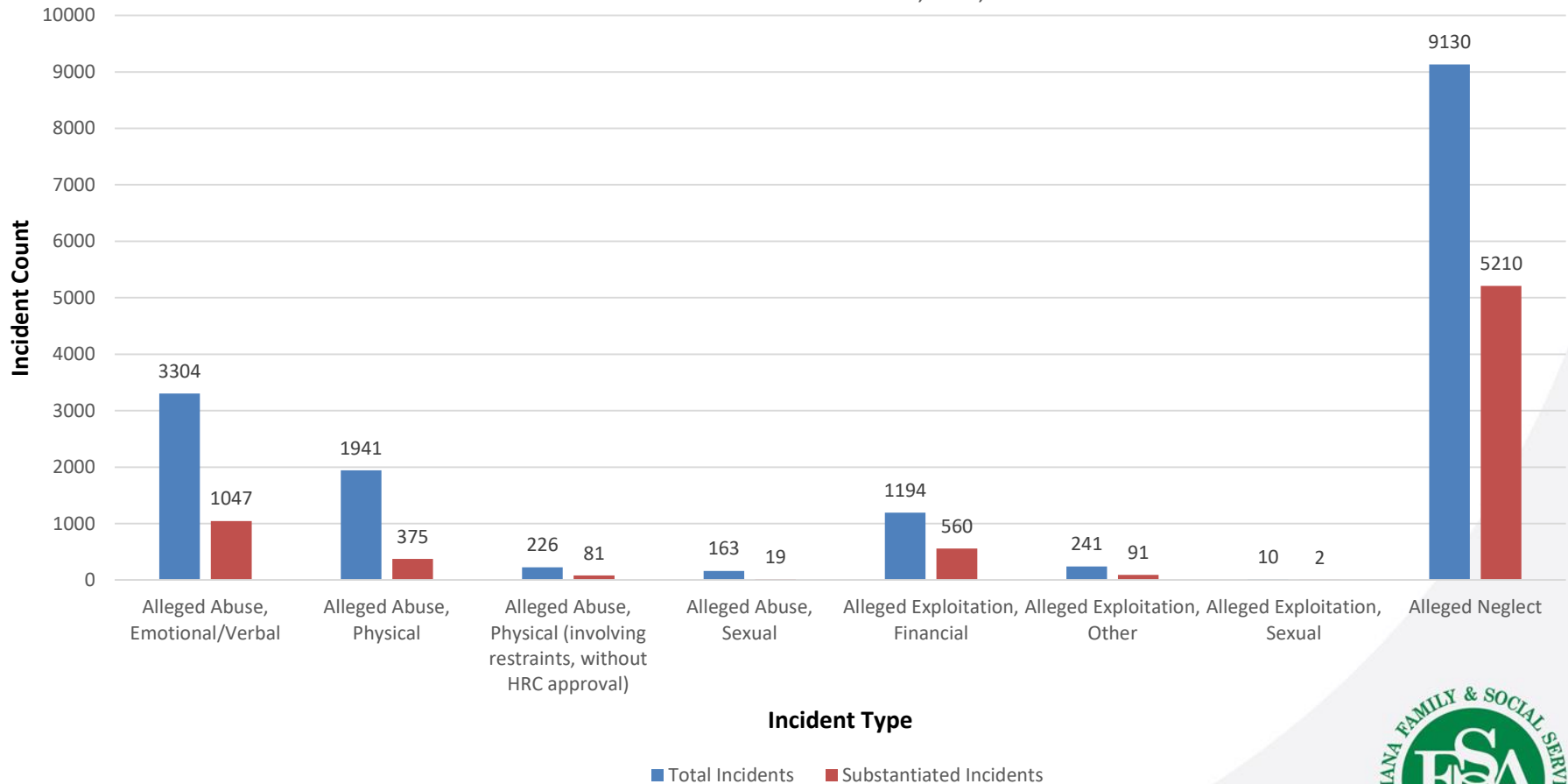


Incident Reporting Data

Substantiated ANE by Staff Incidents by Incident Type

1/1/17 - 9/30/19

Includes BDDS Services: CIH, FSW, SGL



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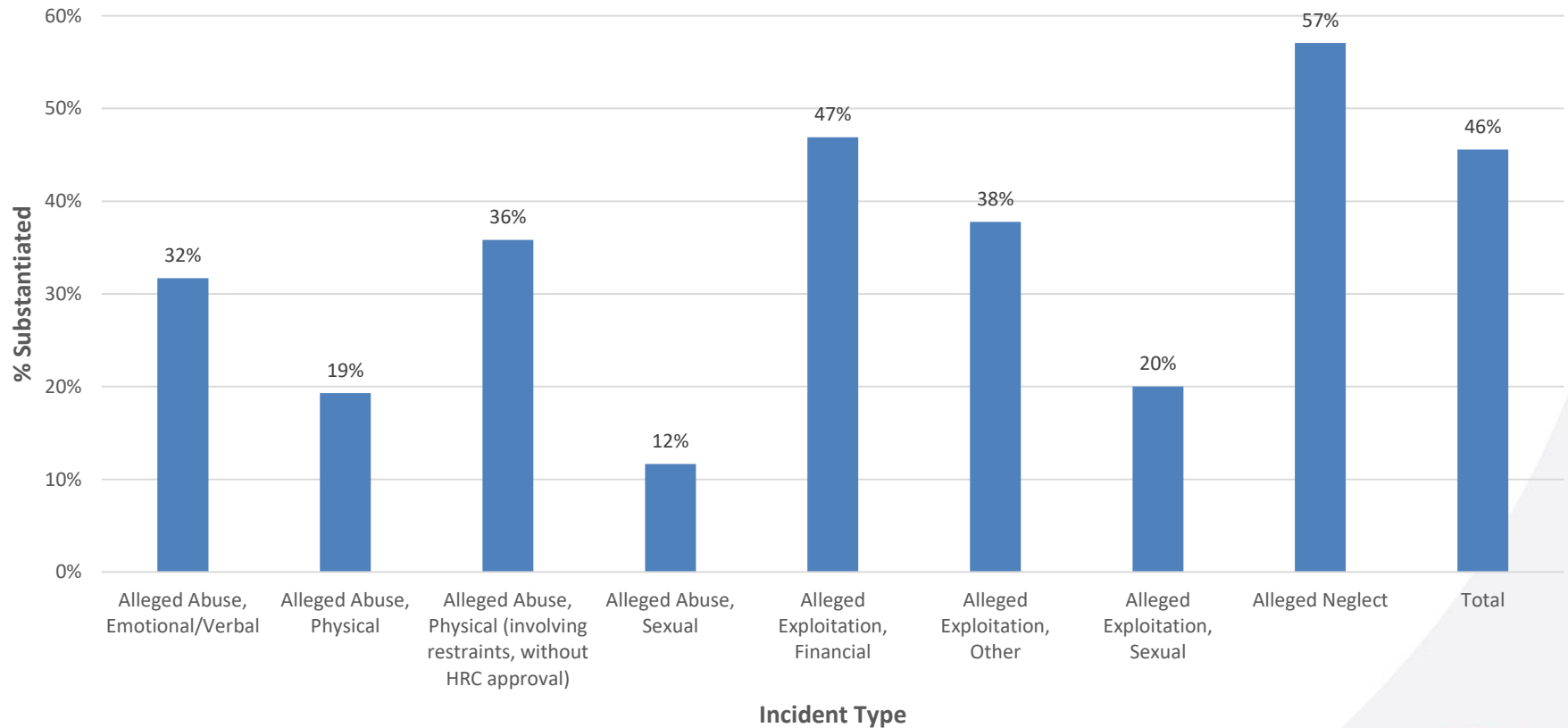


Incident Reporting Data

% Substantiated ANE by Staff Incidents

1/1/17 - 9/30/19

Includes BDDS Services: CIH, FSW, SGL



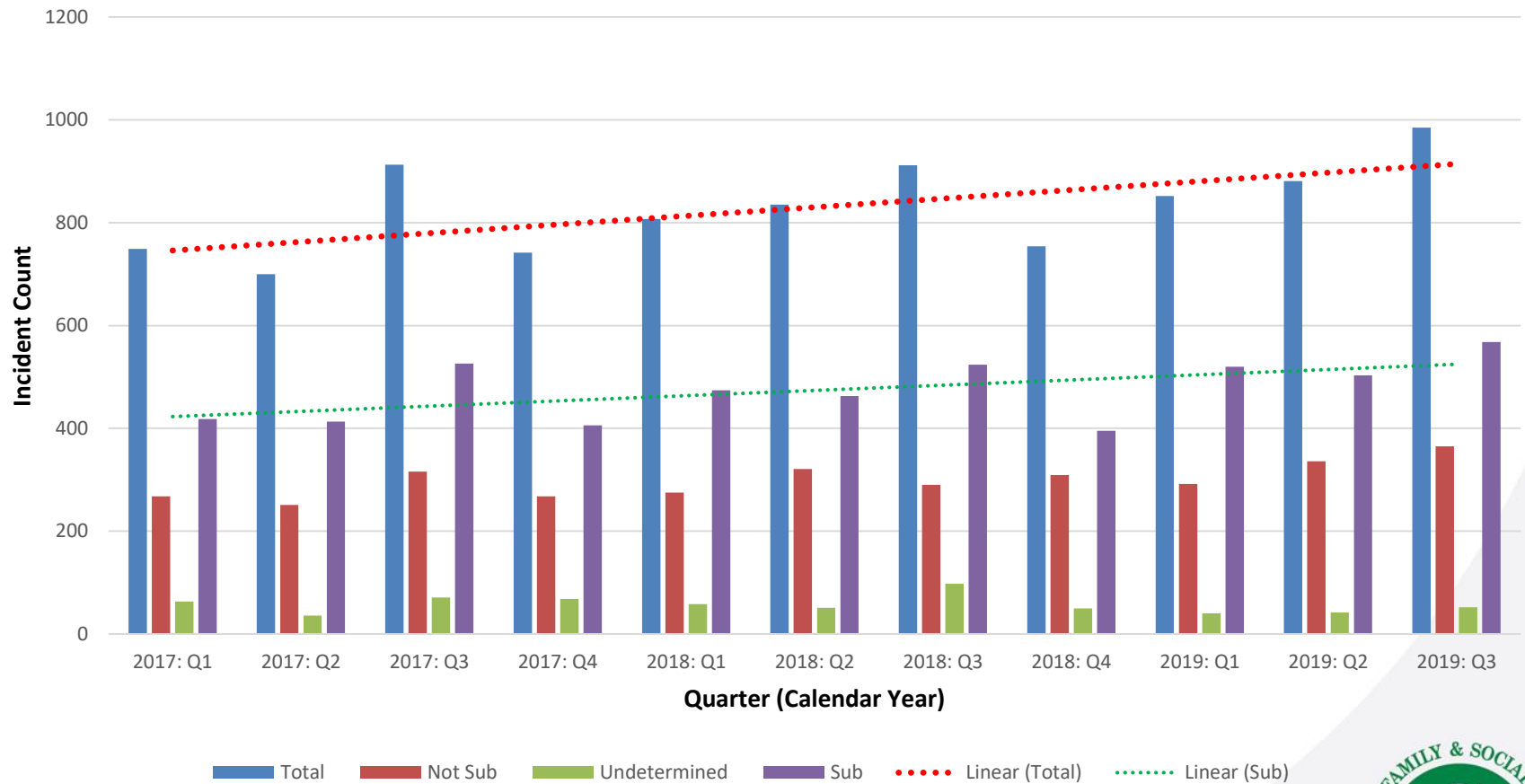
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Incident Reporting Data

Alleged Neglect by Staff Incidents

Includes BDDS Services: CIH, FSW, SGL



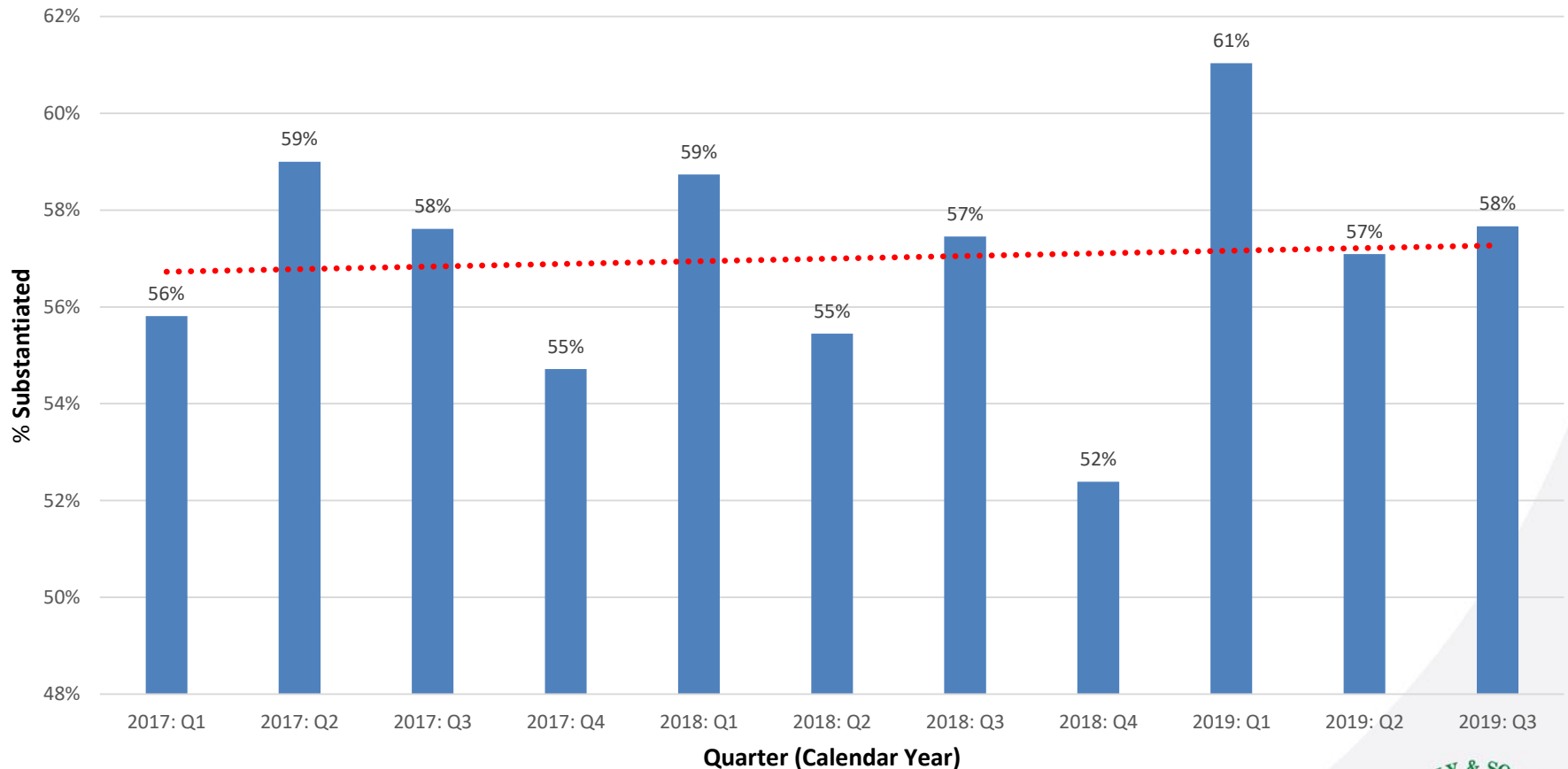
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Incident Reporting Data

% Substantiated Neglect by Staff Incidents

Includes BDDS Services: CIH, FSW, SGL



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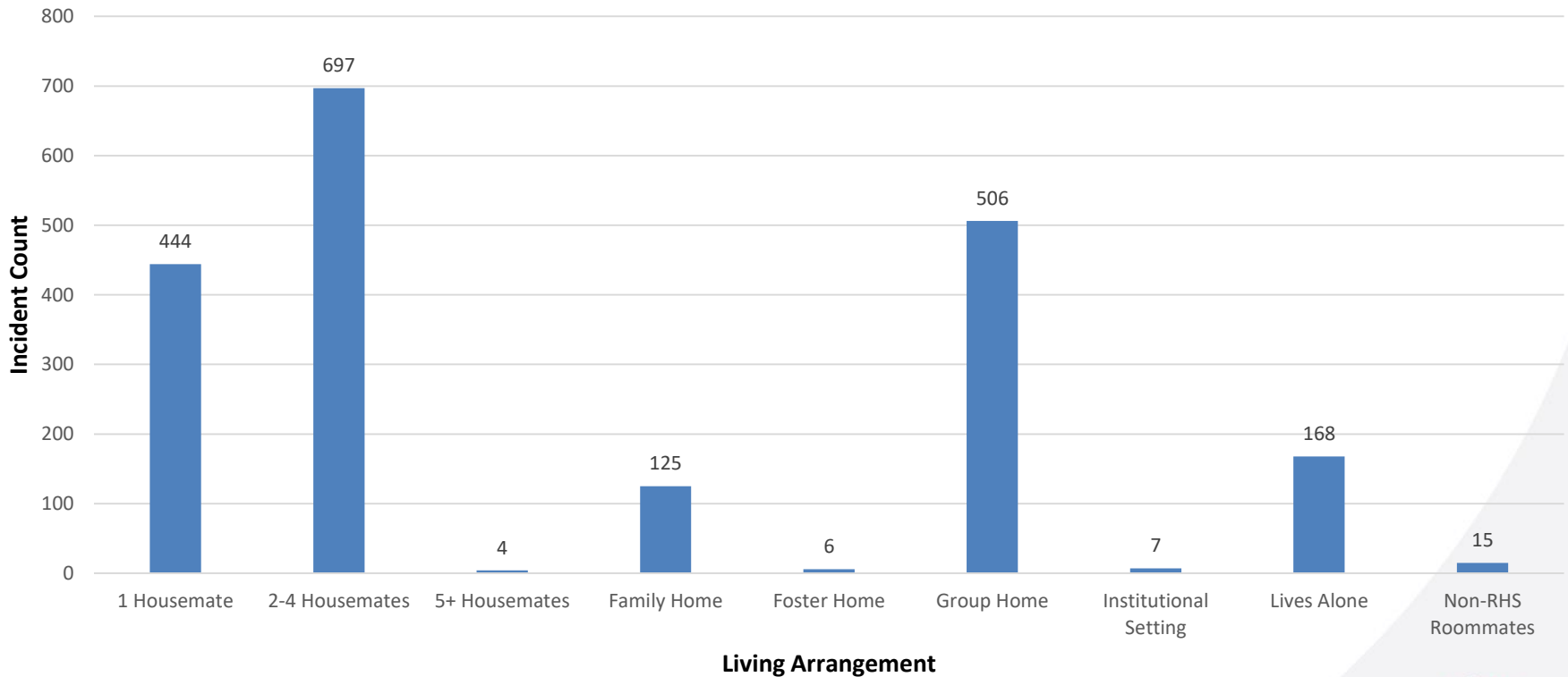


Incident Reporting Data

Substantiated Neglect by Staff Incidents by Living Arrangement

10/1/18 - 9/30/19*

Includes BDDS Services: CIH, FSW, SGL



Note: The data in this presentation is for informational purposes. Root causes have not been determined.

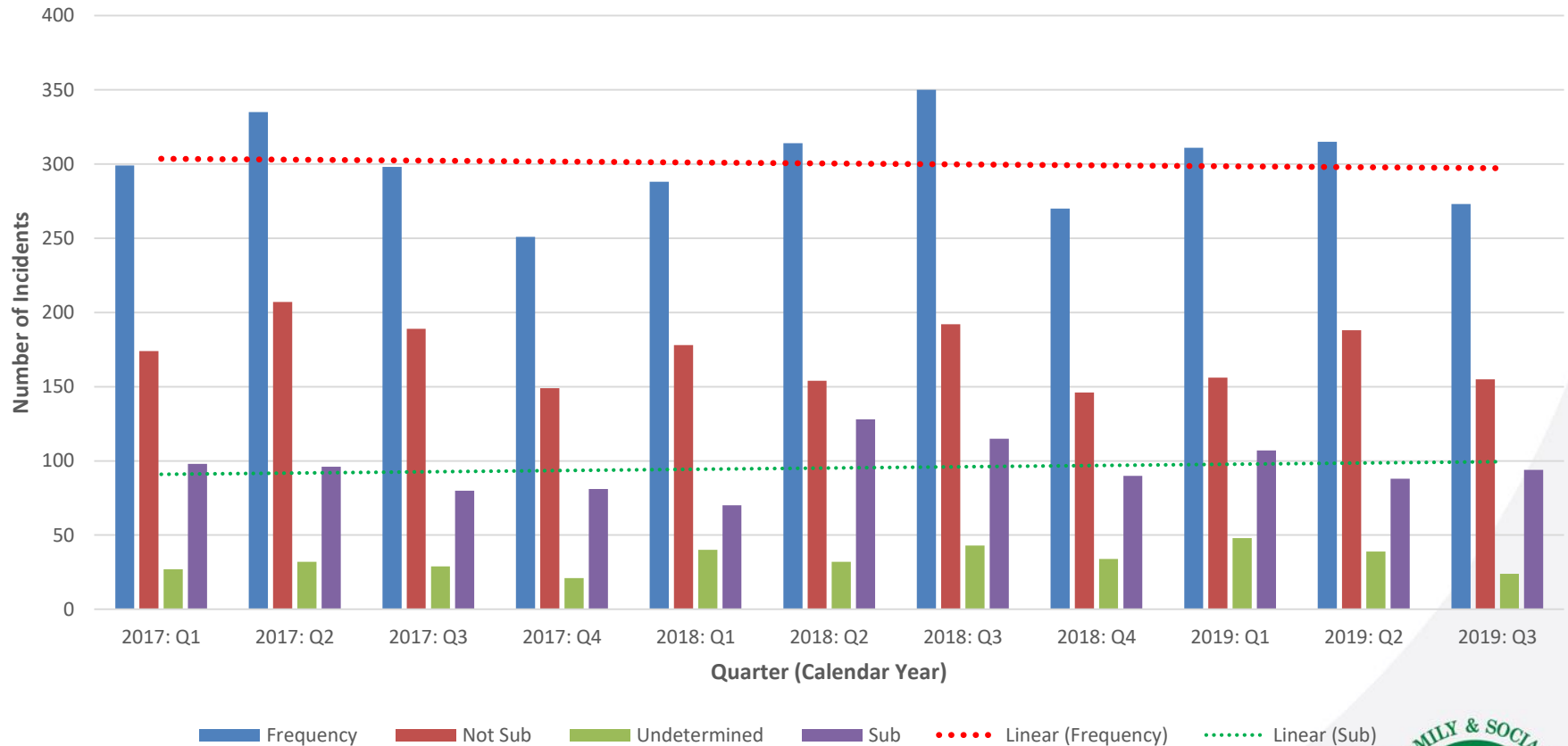
*Data not available until 10/1/18.



Incident Reporting Data

Alleged Abuse, Emotional/Verbal By Staff Incidents

Includes BDDS Services: CIH, FSW, SGL



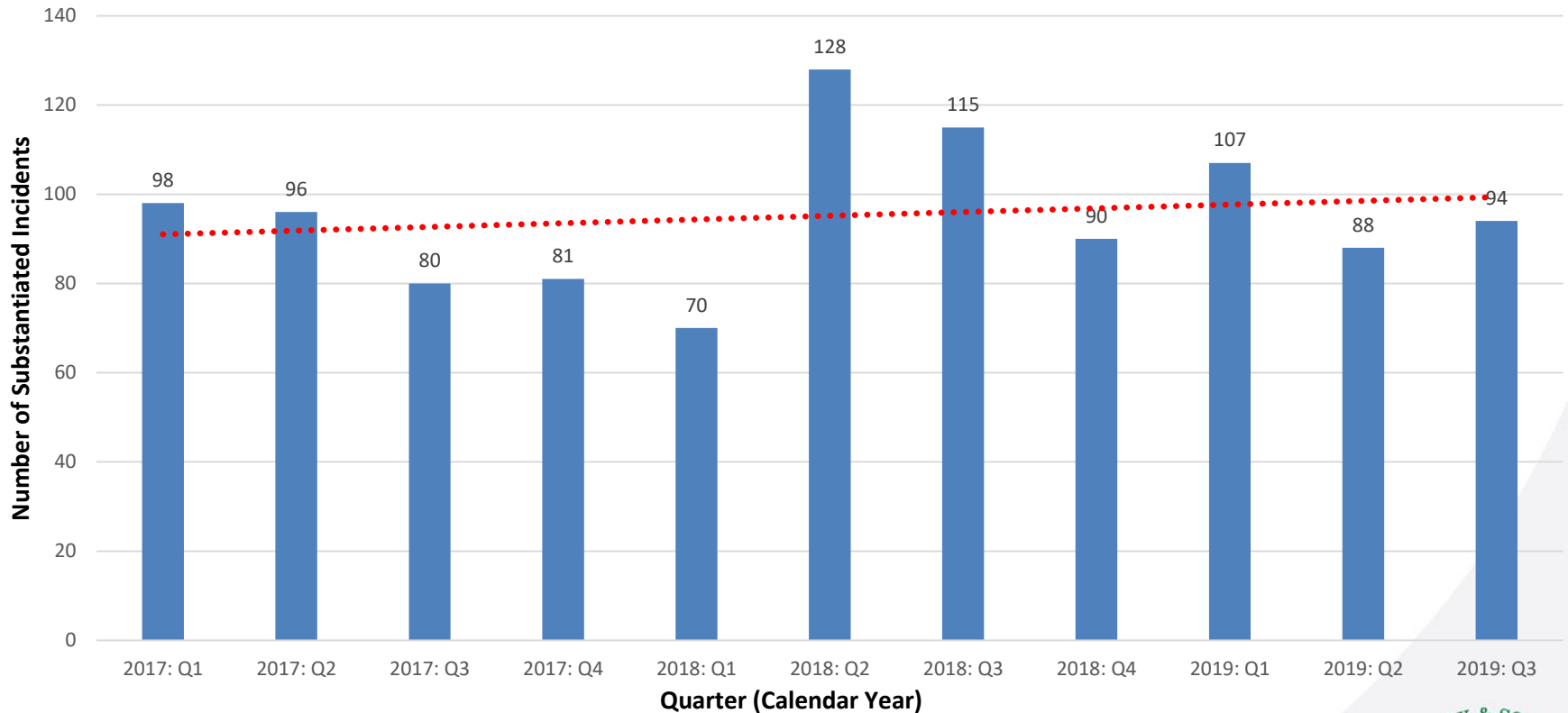
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Incident Reporting Data

Substantiated Abuse, Emotional/Verbal by Staff Incidents

Includes BDDS Services: CIH, FSW, SGL



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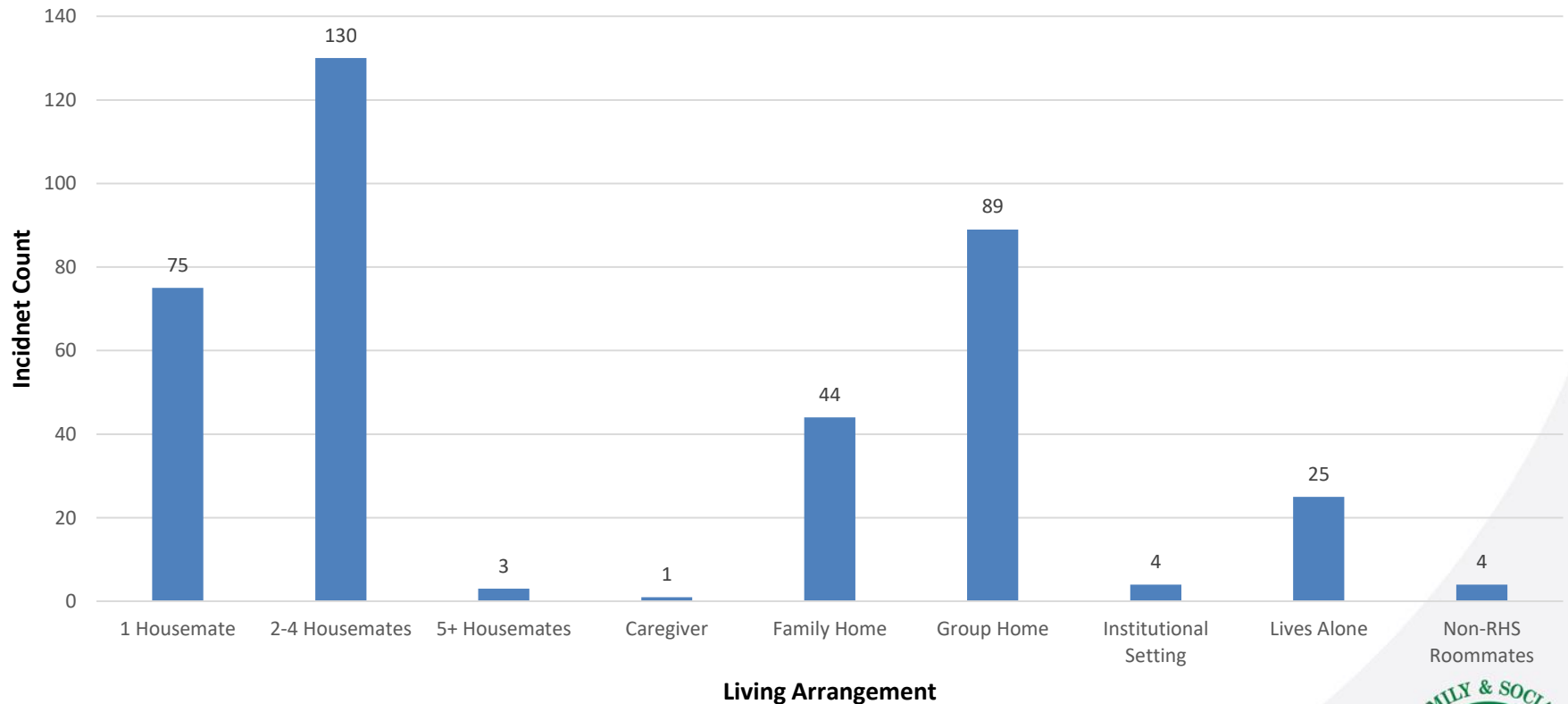


Incident Reporting Data

Substantiated Abuse, Emotional/Verbal by Staff Incidents by Living Arrangement

10/1/18 - 9/30/19

Includes BDDS Services: CIH, FSW, SGL



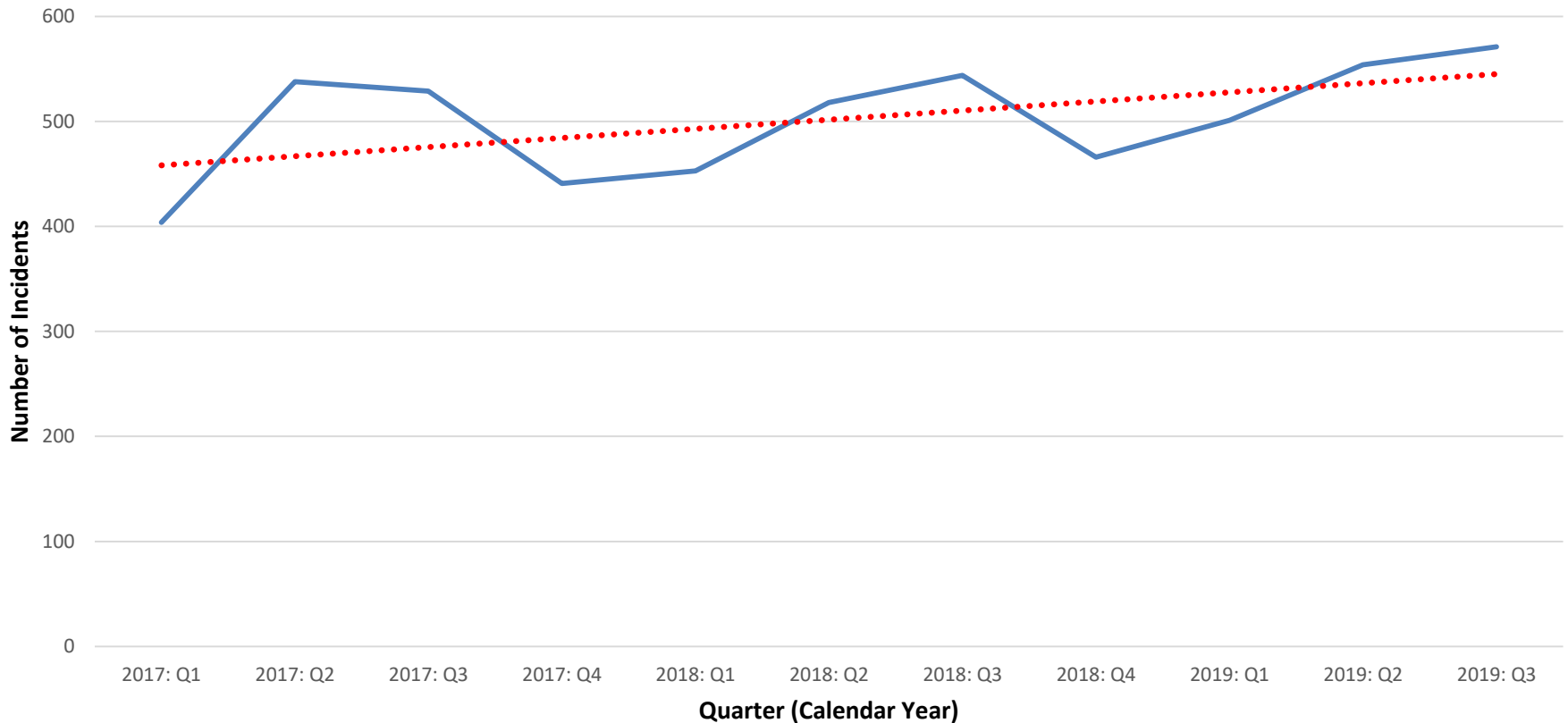
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Incident Reporting Data

Injury of Unknown Origin

Includes BDDS Services: CIH, FSW, SGL



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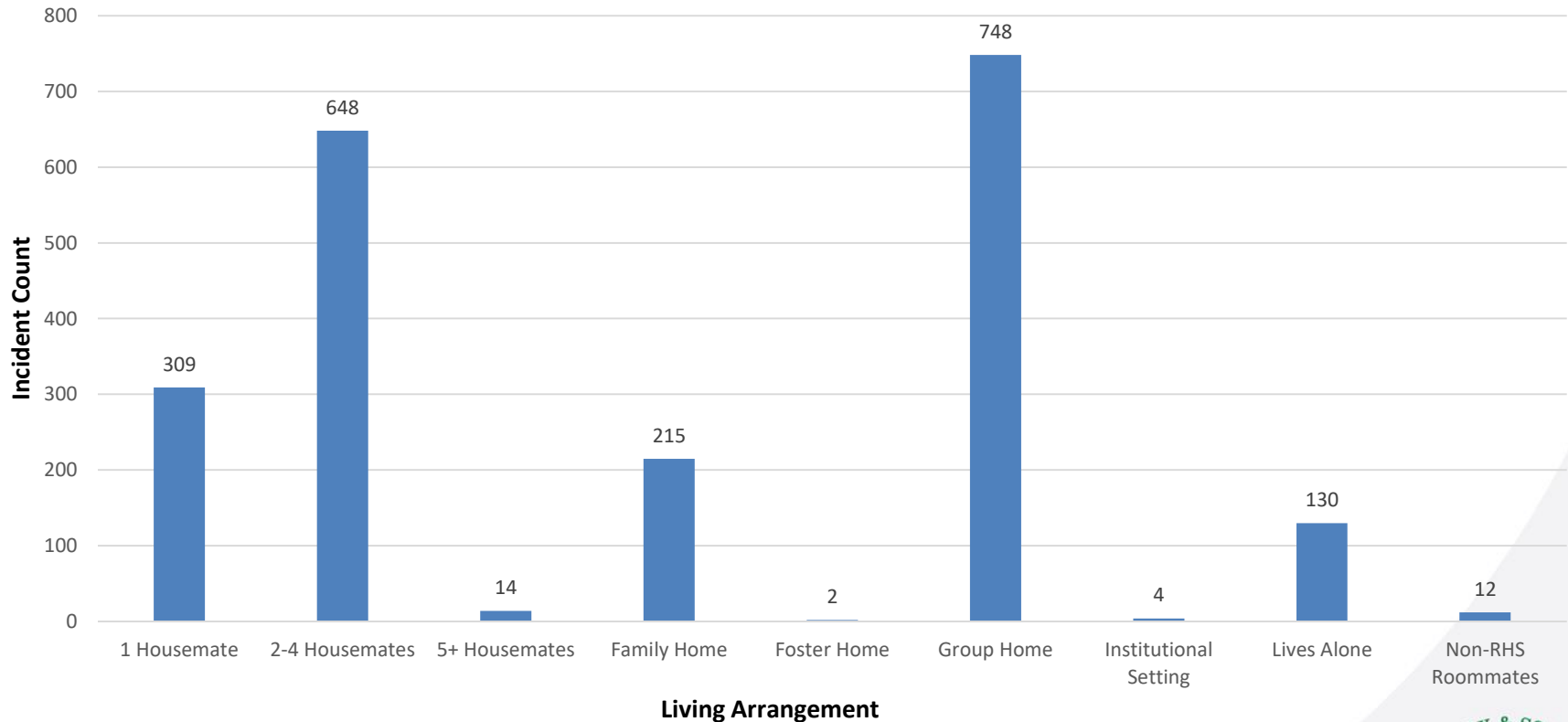


Incident Reporting Data

Injury of Unknown Origin by Living Arrangement

10/1/18 - 9/30/19*

Funding Types: CIH, FSW, SGL



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*Data not available until 10/1/18.

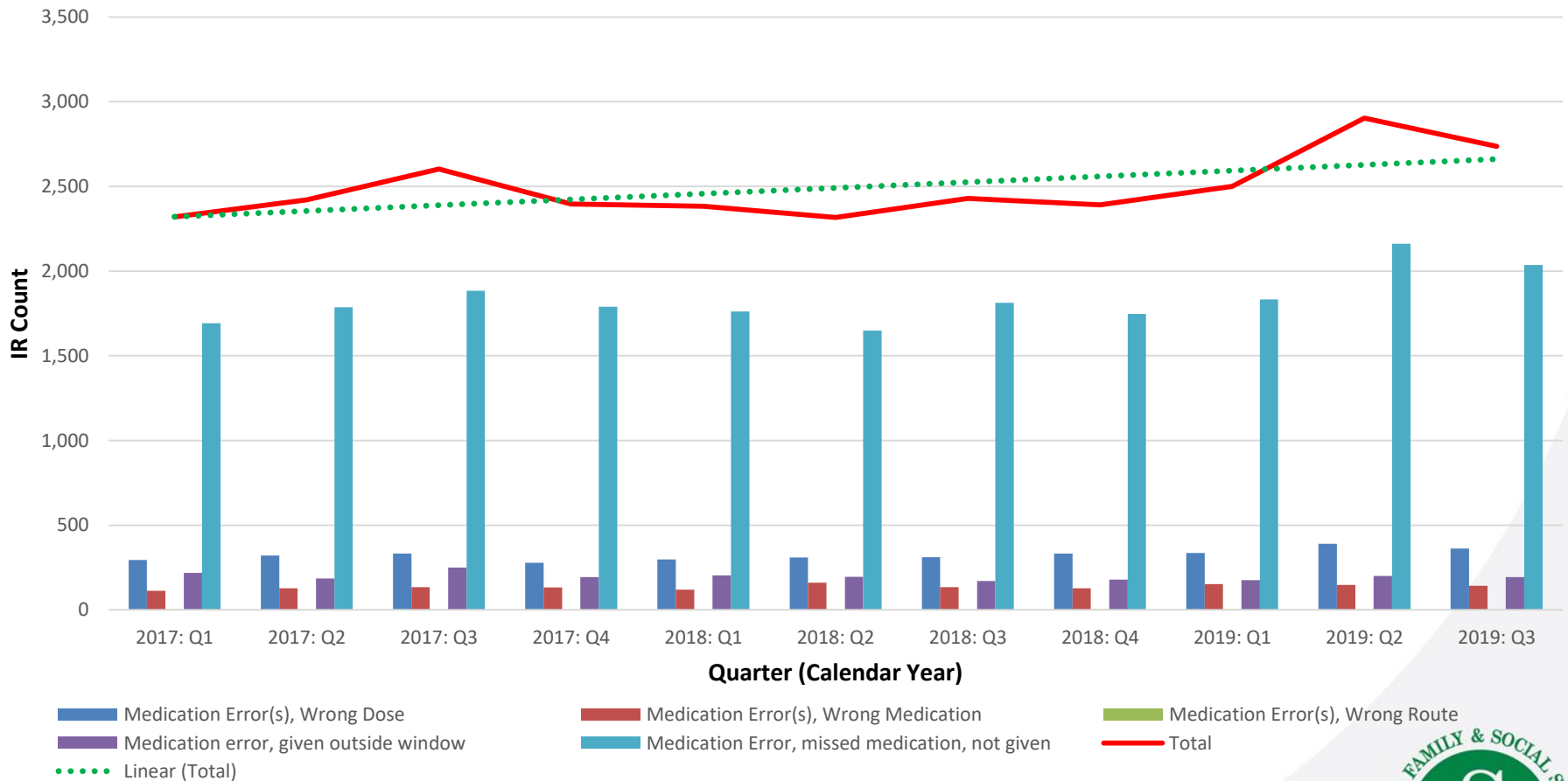


Incident Reporting Data

Medication Errors – All Incidents

10/1/18 - 9/30/19

Includes BDDS Services: CIH, FSW, SGL



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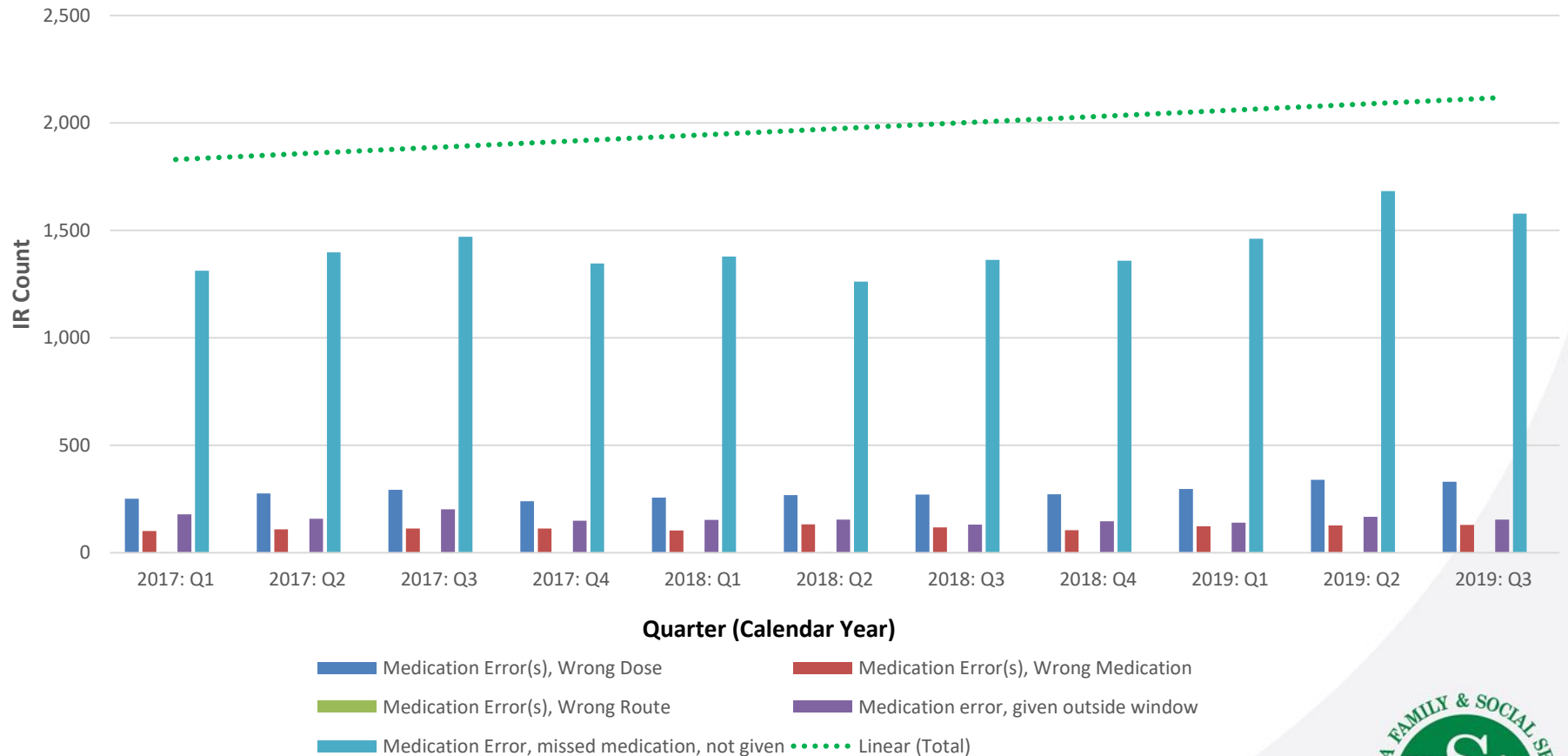


Incident Reporting Data

Medication Errors by Staff

10/1/18 - 9/30/19

Includes BDDS Services: CIH, FSW, SGL



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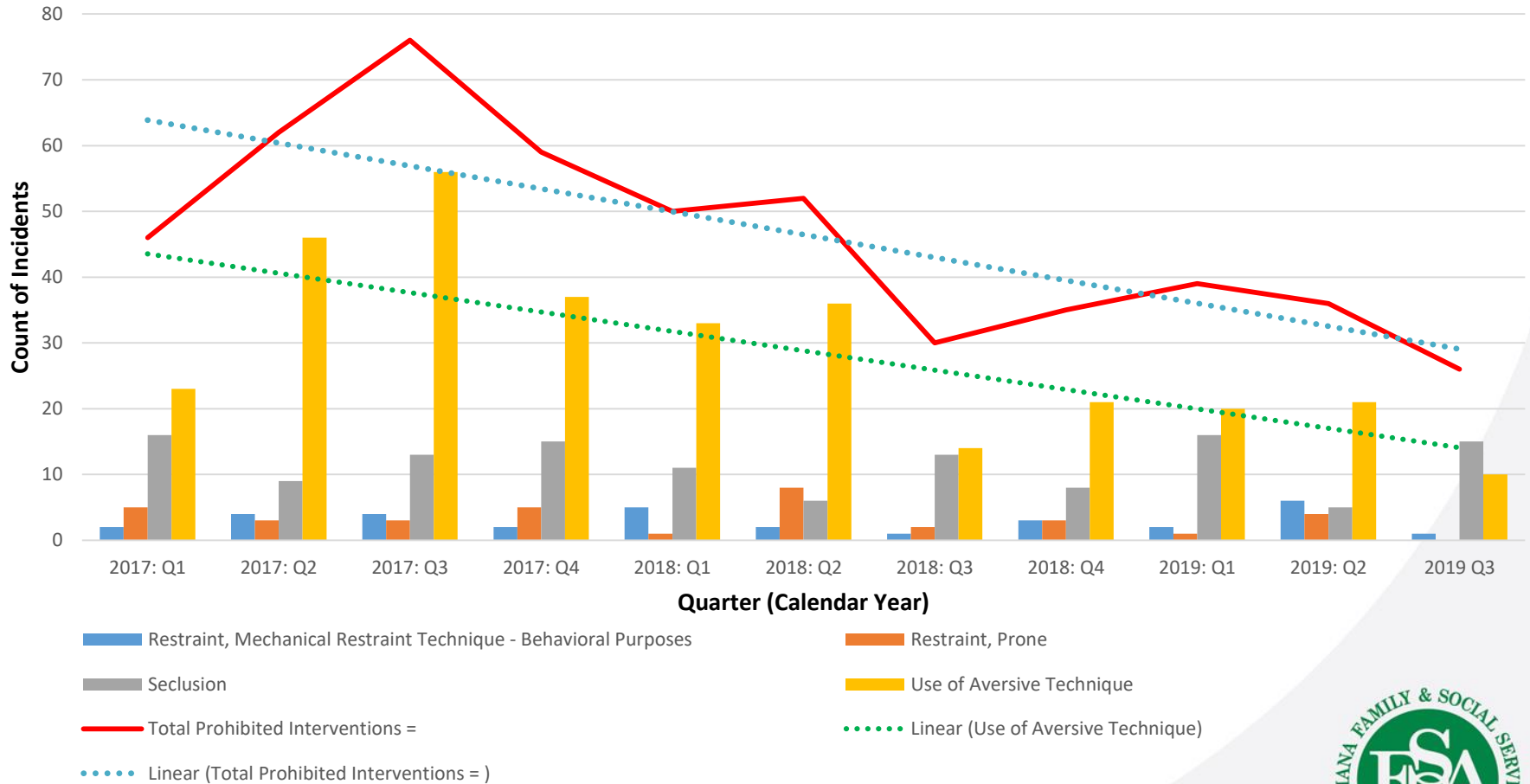


Incident Reporting Data

Alleged use of Prohibited Interventions – All Incidents

1/1/2017 - 9/30/2019

Includes BDDS Services: CIH, FSW, SGL



Note: The data in this presentation is for informational purposes. Root causes have not been determined.



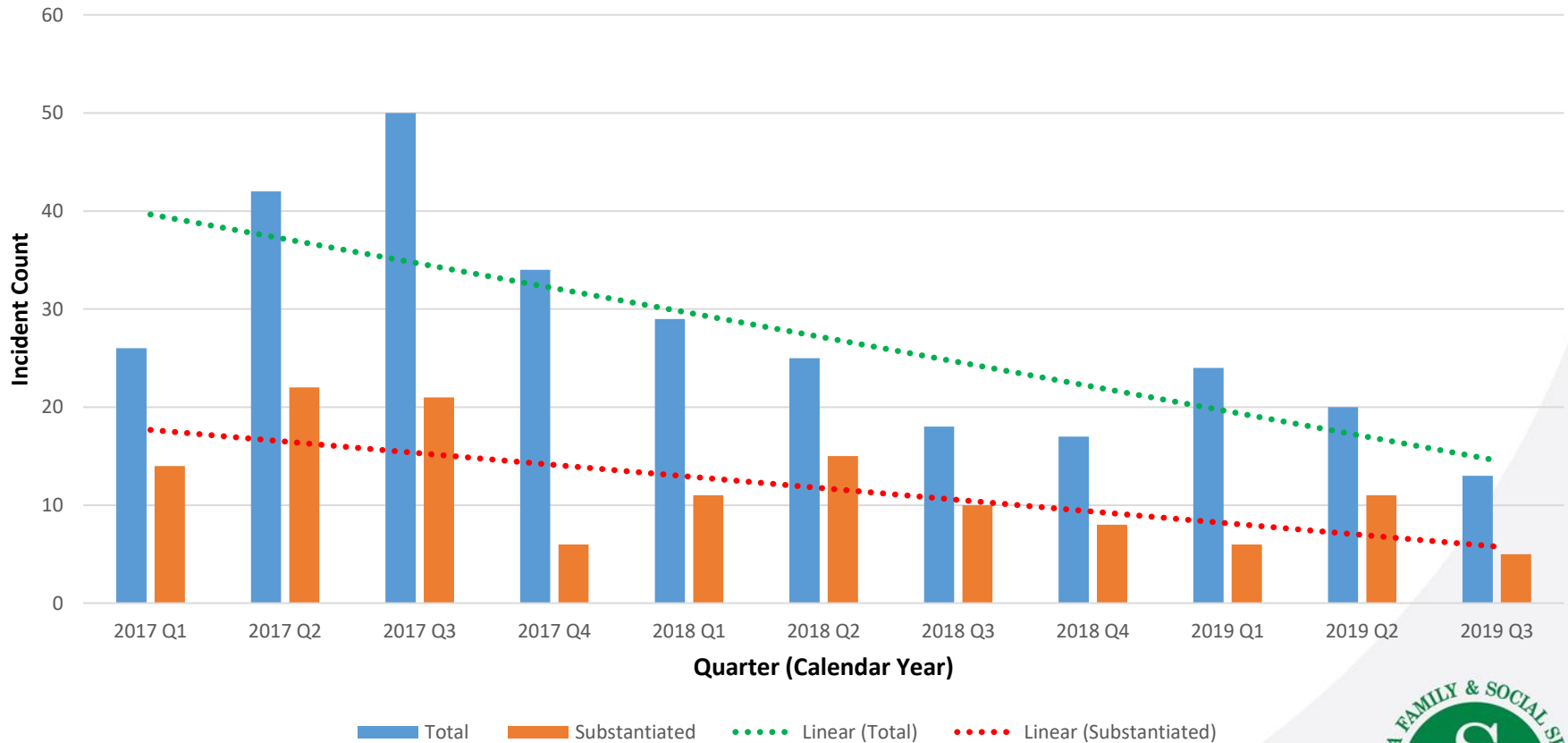
Incident Reporting Data

Includes IR Types:
Restraint, Mechanical/Behavior Purposes
Restraint, Prone
Seclusion
Use of Aversive Technique

Prohibited Interventions by Staff Total vs Substantiated

1/1/2017 - 9/30/2019

Includes Funding Types: CIH, FSW, SGL



Note: The data in this presentation is for informational purposes. Root causes have not been determined.



Agenda

II. Incident Reporting Requirements



Incident Reporting Requirements

Regulations, Policies, and Waiver Requirements:

- 460 IAC 6-9-5
- DDRS Policy: Incident Reporting & Management (BQIS 460 0301 008, eff. 3/1/2011)
- Community Integration & Habilitation Waiver
- Family Supports Waiver



Incident Reporting Requirements

Mandated reporter means all provider staff, case managers, BDDS service coordinators, BQIS staff, physicians or other related person. Mandated reporters are required to report alleged, suspected or actual abuse, neglect or exploitation of an individual and any other incident that meets the criteria of a reportable incident.

Sometimes, you're the only protection they have.



Incident Reporting Requirements

What makes an
incident *reportable*?



BDDS Reportable Incidents vs. Sentinel Incidents

Reportable Incidents	Incident Sub-category	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>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>Any of the subcategories (a, b, c, or d) within Abuse are <u>always</u> marked as Sentinel.</p> <p>If author states "abuse" go with abuse; especially if CPS/APS notified.</p>
	<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>If an individual gets drunk or has sex, that is not automatically sentinel (unless coerced, forced, etc.)</p> <p>If an incident of alleged sexual abuse involves two peers, IR must be filed for each individual.</p>
	<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>Must code as regardless of Individual's history of fabricating stories.</p>
	<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. threats of violence; <p><u>from a spouse or cohabitant intimate partner.</u></p>	

Reportable Incidents	Incident Sub-category	Sentinel Incidents
<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; b. failure to provide a safe, clean and sanitary environment; c. failure to provide food and medical services as needed; 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 Neglect 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: i. personal services; ii. personal property or finances; or iii. personal identity of an individual; 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>Note: 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.</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>

Reportable Incidents	Incident Sub-category	Sentinel Incidents
6. A service delivery site with a structural or environmental problem that jeopardizes or compromises the health or welfare of an individual.		This category does not qualify as sentinel.
7. A fire at a service delivery site that jeopardizes or compromises the health or welfare of an individual.		This category does not qualify as sentinel.
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>This category qualifies as sentinel <i>only</i> 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: losing line of site momentarily as the Individual goes around a corner or is temporarily blocked by a sign, tree, etc. is not "lost line of sight" for this category.</p>

Reportable Incidents	Incident Sub-category	Sentinel Incidents
<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 <i>only</i> when the incident results in a Consumer's arrest.</p> <p>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 as sentinel until the follow-up questions re returned and they in fact confirm actual arrest or indicate charges were filed.</p>

Reportable Incidents	Incident Sub-category	Sentinel Incidents
11. An emergency intervention for the individual resulting from:	a. a physical symptom;	This category <i>always</i> qualifies as sentinel.
	b. a medical or psychiatric condition;	For medical issues, it's important to meet the definition of "emergency intervention". When trying to establish whether the event meets the standard, think in terms of "life saving measures".
	c. any other event.	<p>If trained medical professional deems the medical issue not to be a problem, then not sentinel.</p> <p>Hospital admission only if unanticipated and for life saving event. If the even takes the individual to the hospital and they are discharged shortly thereafter, it is not sentinel.</p> <p>Urgent care centers are not considered emergency intervention.</p> <p>Surgery – not sentinel unless meets other criteria (<u>life saving intervention, ICU</u>).</p> <p>If Individual is in ICU or CCU, assume sentinel; however, CLOSE because Individual is safe.</p> <p>If an event is sentinel and the Individual goes to the hospital, it would be "sentinel closed" as protective measures are in place.</p>

Reportable Incidents	Incident Sub-category	Sentinel Incidents
<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>
<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 <i>only</i> when the evaluation or treatment results in hospital admission or lifesaving interventions.</p> <p><u>Life saving</u> intervention could occur in the hospital after admission or in the ER – either qualifies. 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><i>(Note: If the incident meets the definition of a sentinel event for other categories, it should be coded as such.)</i></p>

Reportable Incidents	Incident Sub-category	Sentinel Incidents
<p>14. A significant injury to an individual that includes but is not limited to:</p>	<p>a. a fracture;</p> <p>b. a burn, including sunburn and scalding, greater than first degree;</p> <p>c. choking that requires intervention including but not limited to:</p> <ul style="list-style-type: none"> i. Heimlich maneuver; ii. finger sweep; or iii. back blows. <p>d. bruises or contusions larger than three inches in any direction, or a pattern of bruises or contusions regardless of size;</p> <p>e. lacerations which require more than basic first aid;</p> <p>f. any occurrence of skin breakdown related to a decubitus ulcer, regardless of severity;</p> <p>g. any injury requiring more than first aid;</p> <p>h. any puncture wound penetrating the skin, including human or animal bites;</p> <p>i. any pica ingestion requiring more than first aid;</p>	<p>Any of the subcategories within Significant Injury are <i>always</i> marked as Sentinel, with the <i>following exception</i>:</p> <ol style="list-style-type: none"> 1. Fracture of finger/toe is not sentinel unless multiple finger/toe fractures in previous 12 months 2. If an incident involves more than one finger or toe or combination of the two, it is sentinel.
<p>15. A fall resulting in injury, regardless of the severity of the injury.</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>16. A medication error or medical treatment error as follows:</p>	<p>a. wrong medication given;</p> <p>b. wrong medication dosage given;</p> <p>c. missed medication - not given;</p> <p>d. medication given wrong route; or</p> <p>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>Diagnostic or evaluation procedures or admission for observation is not enough. If the individual is taken to the 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 giving meds to counteract the med error, inducing vomiting, pumping the Individual's stomach, etc.</p>

Reportable Incidents	Incident Sub-category	Sentinel Incidents
17. Use of any aversive technique including but not limited to:	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.	Any of the subcategories (a, b, c, or d) within Aversive Techniques are <u>always</u> marked as Sentinel.
18. Use of any PRN medication related to an individual's behavior.		This category does not qualify as sentinel.
19. Use of any physical or mechanical restraint regardless of :	a. planning; b. human rights committee approval; c. informed consent.	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
20. Admission of an individual to a nursing facility, including respite stays.		This category does not qualify as sentinel.

Reportable Incidents	Incident Sub-category	Sentinel Incidents
<p>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.</p>	<p>(e.g. self-injurious behavior, attempted suicide)</p>	<p>This category qualifies as sentinel <i>only</i> when the incident results in:</p> <ul style="list-style-type: none"> a. Emergency room treatment b. In-patient observation c. Hospital admission
<p>Notes:</p> <ul style="list-style-type: none"> 1. Non-reportable incidents are not duplicated. 2. Urgent Care Centers are not considered an emergency intervention. 		

Incident Reporting Requirements

Components of an Incident Report

Initial IR

The initial IR must be submitted within 24 hours of the incident or of receiving knowledge of the incident.

- The provider responsible for an individual at the time of the occurrence shall submit the initial IR.
- If no provider is responsible at the time, the first provider who has knowledge of the occurrence shall submit the initial IR.
- Any other person may submit an initial IR.



Incident Reporting Requirements

Initial IR

The entity filing the initial IR must forward a copy to the following parties, as applicable, within 24 hours of discovery of a reportable incident.

- APS/DCS for allegations of abuse, neglect, exploitation, or if a death has occurred;
- The individual's legal representative, if applicable;
- The individual's BDDS service coordinator;
- The individual's residential provider when receiving residential services;
- The individual's case manager; and
- All other service providers identified in the individual's Person-Centered Individualized Support Plan (PCISP).



Incident Reporting Requirements

Incident Reports must include:

- A comprehensive description of the incident;
- A description of the circumstances and activities occurring immediately prior to the incident;
- A description of any injuries sustained during the incident;
- A description of both the immediate actions that have been taken as well as actions that are planned but not yet implemented; and
- A listing of each person involved in the incident, including staff.
 - Individual's HIPAA name or First name, last initial
 - Description of their role (e.g. housemate)
 - Staff's First name, last initial, if applicable
 - Staff title, if applicable



Incident Reporting Requirements

A Quality and Complete Initial IR

Ensuring a quality and complete IR has been submitted assists with finding a prompt resolution that secures and maintains the health, welfare, and safety of the individual.

Content should meet standards in two categories:

- General content
- Incident-related details



Incident Reporting Requirements

General Content

Initial IRs must contain comprehensive information in a clear and concise manner and include: Who, What, When, Where, Why, and How.



Include enough specific, detailed information to fully explain the situation, while ensuring the contents are succinctly written and logically organized.



Incident Reporting Requirements

General Content

Just the facts! – An IR should objectively answer who, what, where, when, why and how *without the writer's opinion* regarding the events.

*BDDS Policy: Incident Reporting & Management
(Available on DDRS Policy webpage)*



Incident Reporting Requirements

Incident Details – “Who”

- Individual’s HIPAA name or First name, last initial
- Preferred name or nickname in parentheses, if needed
- Staff’s First name, last initial, as applicable
- Staff title, if applicable
- Identify the person’s role in the incident.
 - Victim? Staff? Family member?
- Who reported the incident?
 - The individual? Family member? Staff?



Incident Reporting Requirements

Incident Details – “What”

- What took place immediately before?
- Is there a history or pattern of this type of incident?
 - *(e.g. Same people involved, same time, same place.)*
- Were there any applicable Risk Plans in place when the incident occurred?
 - *If so, were they being appropriately implemented?*
- Was a restraint or hold used?
 - *If so, what type of restraint/hold? For how long? Is it part of an approved BSP?*



Incident Reporting Requirements

Incident Details – “What”

Was there an injury?

- Describe the injury and part(s) of the body affected.
 - e.g. A 3” laceration on the lower-left arm, a purple bruise in the shape of a heel print on the right thigh, etc.
- What treatment was required?
 - What type of treatment was given? By whom? Where did the treatment occur?
- Was a trip to the ER, an urgent care clinic, or hospital needed?
 - Name and location of the facility? What testing was completed? Diagnosis? Discharge instructions?



Incident Reporting Requirements

Incident Details – “What”

Results of the Incident

- Were there any negative outcomes?
 - e.g. neglect, unwarranted/unsafe supervision, etc.
- Was the individual relocated after the incident?
 - Include the site of relocation, whether it was a home or business, and the address.
- What supports or counseling are in place for victims of alleged abuse, neglect, or exploitation?



Incident Reporting Requirements

Incident Details

“When” ♦ “Where” ♦ Why? ♦ How?

- When did the incident occur?
 - Be specific (e.g. around 3 pm while transitioning home from day program, during dinner, etc.)
- Where did it occur?
 - Be specific (e.g. in the van, in the kitchen, at Walmart, etc.)
- Why did it occur?
 - Was there a precursor?
- How did it occur?
 - Was it an accident? Were the individual’s plans followed?



Incident Reporting Requirements

Sentinel Events:

Sentinel events are any actual or alleged incident where the health, safety, and/or welfare of the individual receiving services is placed at risk. Such events are called “sentinel” because they signal the need for immediate investigation and response.



Incident Reporting Requirements

Sentinel Events:

How does BQIS determine if the incident is Sentinel?

- BQIS utilizes the incident/sentinel coding guide in previous slides
- The coding guide identifies criteria that elevates an incident to the sentinel level



Incident Reporting Requirements

Sentinel Event Follow-up Reports

Sentinel event follow-up reports must be submitted within 72 hours of knowledge of the sentinel event and include the following:

- What specific supports have been implemented to ensure the continued health and safety of the individual?
- When were these services and protective measures implemented, and when will additional measures be implemented to help prevent future incidents?
- Who is responsible for implementing each support, whether new or previously in place?



Incident Reporting Requirements

Sentinel Event Follow-up Reports

Ensure the follow-up report contains any and all applicable information.

- Have all questions and/or issues noted by BQIS been addressed?
- What measures have been implemented as a result of the incident to assist in protecting the individual from future incidents?



Incident Reporting Requirements

Sentinel Event Follow-up Reports

If a team meeting is needed to discuss necessary changes are needed to the Person-Centered Individualized Support Plan (PCISP), what is currently being done by staff to prevent future incidents until changes to the plan have been implemented?

- What were staff members doing before the incident?
- What are staff members doing as a result?



Incident Reporting Requirements

Sentinel Event Follow-up Reports

If the incident resulted in an abuse, neglect, and/or exploitation investigation, were any staff members suspended pending the outcome of the investigation?

- If staff members were suspended, identify who reported the staff member suspension and which staff were suspended.
- If staff were not suspended, the provider will be asked for the agency's policy on suspension.



Incident Reporting Requirements

Sentinel Event Closure Requirements

- Verification (via person-to-person communication) the risk to the individual has been eliminated such as:
 - Staff suspension, if applicable
 - Medical attention sought, if applicable
 - Police intervention, if applicable
- APS/DCS Notification, if applicable
- Initiation of internal investigation, if applicable
- Plans to resolve must be in place and verified
 - Documented in the sentinel event follow-up report and the individual's case notes

Note: A Sentinel Event will not remain open pending the provider's internal investigation or a police investigation.



Incident Reporting Requirements

Sentinel Event Closure Requirements

BQIS reviews all submitted information.

Either the sentinel event will be ruled closed or BQIS will request additional information or protective action.

Only BQIS can determine when to close a sentinel event



Incident Reporting Requirements

Sentinel Event Closure Requirements

What if BQIS doesn't close the sentinel event?

Follow-up reports must continue to be submitted every 72 hours until the sentinel event is closed by BQIS.



Incident Reporting Requirements

Incident Follow-up Reports

Describe all follow-up activities and systemic actions taken to address the individual's continued health, welfare, and safety, including:

- Answers to any questions asked by BQIS as a result of the initial IR or previous follow-up
- Identification of involved parties, actions they're responsible for, and completion dates
- Any changes to a medical condition, if applicable
- The results of any investigation related to the incident
- Any disciplinary actions taken



Incident Reporting Requirements

Incident Closure Requirements

- The initial IR and follow-up report describe a ‘complete picture’ of the incident
- A plan to reduce future risk to the individual is included
- All BQIS questions have been addressed

Note: A request for the full report of the provider’s internal investigation into the incident may be requested at any time by the case manager, BDDS, or BQIS.



Incident Reporting Requirements

BQIS Closure Expectations

Incident Reports should be closed within 30 days of the date the incident occurred, or the date the reporter learned of the incident.

Sentinel Events should be closed within 72 hours of the occurrence of the incident or the knowledge of the incident.



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III. Best Practices



Best Practices

Abuse, Neglect, and Exploitation

Procedures to identify situations or people that may be at risk for abuse, neglect, or exploitation should be a part of any provider's quality management system.

- Identify workplace contexts (e.g. staffing and oversight) that create a risky climate for mistreatment.
- Identify worker attitudes and behaviors that create a risky climate.
- Identify individuals' vulnerabilities that increase the risk of being mistreated such as those who are quiet, disoriented, unable to communicate or isolated from family support.

Abuse, Neglect, and Exploitation

Recognition is a form of Prevention

- Early recognition of maltreatment may prevent escalation into more severe and prolonged forms of maltreatment.
- Early recognition allows the provider an opportunity for early intervention with the offending employee. Perhaps the person can be retrained. Perhaps the person should be terminated.
- Early recognition may stop the individual from being harmed any more than he already has been and may prevent further victimization.
- Early recognition can prevent the bad actions of one person from contaminating the rest of the employees and home or work environment.

Abuse, Neglect, and Exploitation

Caregiver Warning Signs

Some warning signs that may indicate the potential for maltreatment on the part of the caregiver:

- Negative caregiver behavior (i.e., aggression, hostility, anger, disrespect, apathy, callousness, etc., towards self and others)
- Previous history of maltreating others
- Alcohol or drug abuse
- Negative attitudes that devalue self and others
- Past history of threatening to harm the individual
- Joking about harming the individual
- Finding humor in the pain and suffering of the individual

Best Practices

Abuse, Neglect, and Exploitation

False Reporting of Abuse or Neglect

As with other inappropriate behaviors, sometimes individuals do make false allegations against DSPs or other staff. Below are guidelines on handling questionable and/or false allegations.

- Thorough staff's documentation of his/her actions, co-worker's actions, and those of the individuals being supported will help safeguard staff in the event a false report is made against the staff.
- Reports made by individuals with a documented history of making false accusations must be taken seriously and reported.
- You have little way of knowing whether or not the individual is telling the truth this time.
- Individuals with a known history of making false reports are at increased risk because perpetrators know they are easy targets and it is likely that the report will not be taken seriously.
- All incidents should be investigated and addressed through a behavior management program and/or training, as appropriate.



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IV. Submitted Questions



Submitted Questions

- ***Who is responsible for filing an incident report?***
 - *All provider staff, case managers, BDDS service coordinators, BQIS staff, physicians or other related person are **mandated reporters**. Once a mandated reporter 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.*
- ***Are PRN medications to prevent a behavior from occurring (e.g. long car rides) reportable?***
 - *PRN medications administered for behavior purposes are reportable unless a licensed medical or dental professional prescribed the medication for a dental or medical procedure.*



Submitted Questions

- ***If an individual receives services in their family home and the home has bedbugs or rodents, does this require an incident report to be filed?***
 - *Per the CDC, bedbugs are not known to spread disease. 460 IAC 6-9-5(a)(3)(B) states the health and safety of an individual must be compromised to be reportable. Therefore, bedbugs are not considered a reportable incident. Rodents may or may not be reportable depending on the circumstances. If there are signs of a large number of rodents in a home, the situation would be reportable as rodents can cause damage or disease. Signs of a small or limited number of rodents in a home would not be a reportable incident.*



Submitted Questions

- ***If a consumer steals money out of staff's purse, does this require an incident report to be filed?***
 - *Alleged theft, with or without police involvement, is a reportable incident. The incident would be coded as Alleged Criminal Activity by consumer if the individual was arrested or taken to jail.*
- ***Do we file an incident report any time police are called even if no charges are filed?***
 - *Any time police are involved an incident report is required. Police involvement is considered an emergency intervention regardless of the outcome of the event.*



Submitted Questions

- **Why does BQIS send back for follow up when we put in the narrative the answer to most of the questions they are asking for the follow up?**
 - *Many different reasons may prompt the request for additional information, such as:*
 - *The information in the IR narrative is not clear to the reviewer so additional questions are asked;*
 - *Suspension of staff information was included in the narrative but the filer did not indicate any information in the ANE check off boxes;*
 - *Human error.*



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IV. Resources



Resources

South Carolina Department of Disabilities and Special Needs. *Abuse, Neglect, and Exploitation Training Material*. Retrieved from [http://www.lcdsnb.org/wp-content/uploads/2018/01/Abuse Neglect and Exploitation Training Material.pdf](http://www.lcdsnb.org/wp-content/uploads/2018/01/Abuse_Neglect_and_Exploitation_Training_Material.pdf) on 11/1/2019.

- Includes identifies risky environments and training materials on ANE

United Cerebral Palsy of Central Pennsylvania, Education and Training Site. *Preventing, Recognizing & Reporting Abuse, Neglect & Exploitation*. Retrieved from: <http://training.ucptechcentral.org/wp-content/uploads/2015/12/AWC-Recognizing-Abuse-and-Incident-Management.pdf> on 11/1/2019.

- Includes training materials on ANE

Illinois Department of Human Services. *Abuse and Neglect Recognition, Prevention and Intervention*. Retrieved from: http://www.dhs.state.il.us/OneNetLibrary/27896/documents/By_Division/Division%20of%20DD/DirectSupportPerson/Module3NotebookAbuseandNeglect.pdf on 11/1/2019.

- Contains information on preventing, identifying, and intervention of



Resources

BQIS Fact Sheets available at
<https://www.in.gov/fssa/ddrs/3948.htm>

BQIS Resource information available at
<https://www.in.gov/fssa/ddrs/4247.htm>

Incident Reporting Frequently Asked Questions will soon be posted to the BQIS Incident Reporting webpage (<https://www.in.gov/fssa/ddrs/3838.htm>).



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V. Questions/Discussion



Final Thought

“I have come to the frightening conclusion that I am the decisive element. It is my personal approach that creates the climate. It is my daily mood that makes the weather. I possess tremendous power to make life miserable or joyous. I can be a tool of torture or an instrument of inspiration, I can humiliate or humor, hurt or heal. In all situations, it is my response that decides whether a crisis is escalated or de-escalated, and a person is humanized or de-humanized. If we treat people as they are, we make them worse. If we treat people as they ought to be, we help them become what they are capable of becoming.”

— Haim G. Ginott, *Teacher and Child: A Book for Parents and Teachers*



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VI. Contact Information



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