HCSIS INCIDENT MANAGEMENT GUIDELINES

I. INCIDENT MANAGEMENT SYSTEM DESCRIPTION

The identification, reporting and corrective action of adverse events that can compromise the safety and welfare of persons with mental retardation is a major component of an effective quality management system. It is a shared responsibility of the Department of Mental Retardation and its providers. Historically incidents were reported directly to the Service Coordinator in a paper form via fax or mail. Information provided included a description of the incident and supervisory review. The original paper process was completed with a Service Coordinator comment.

The design of the incident reporting module for HCSIS reflects not only what is in place at the current time, but the improvement of the process from its status as a reporting system to a more thorough, consistent incident management system. A good incident management system needs to perform 5 primary functions: First it needs to **identify** adverse events, potential jeopardy and factors related to risk. Second, it needs to **notify** key people involved in the planning and support of the involved individual. Third it needs to **trigger a response** to protect the individual and minimize risk. Fourth it needs to have the ability to **collect and analyze information** about individuals, services, providers and the overall system. Fifth, it needs to have the capacity to **identify patterns and trends** to guide service improvement efforts.

Another consideration in the design of incident management is the importance of closing the loop in an incident report with agreed upon action steps to address the causes for each incident and enhance the probability that the incident will not recur. The system needs to be a mechanism for documenting all activities related to an incident from initial observation or knowledge of an incident to follow-up and closure.

II. DOCUMENTATION OF LIFE EVENTS - Other than Incident Reporting

In supporting an individual, a provider, along with the person's team, has an affirmative responsibility to develop and implement a plan of support based on that individual's unique needs and interests. To do this, it is important to document, review and track events in an individual's life that support a better understanding of that individual through accurate reporting and analysis. Amongst the many ways that documentation is used to support an individual include providing pertinent information for an individual's ISP, providing relevant information to the Service Coordinator, and providing relevant information to help determine whether a clinical consultation should be recommended.

Life events can be documented in many places including behavior plans, progress notes, case management notes, house logs and communications logs, not just incident reports.

For example, there may be situations where an event may be a one time occurrence that does not meet the threshold of a reportable incident, such as a trip and fall with no injury, but should nevertheless be documented. If that event begins to reoccur, it could indicate a pattern that needs to be reviewed. In the trip and fall example, the fall could be documented in the house log with an indication that no further action is required. Where the house log shows that the individual has been falling frequently, a record exists in the house log to prompt all team members involved in a person's care to begin looking at this data and determining if a change in services or supports is indicated.

The Health Review Checklist located in the Health Promotion and Coordination Initiative Training and Resource Manual is a helpful guide in describing types of events that are not reportable incidents but still need to be communicated and documented because they indicate a change or they are different or unique for an individual. This checklist includes events such as: sleep patterns, eating/weight information and behavior.

Also, providers may have their own system for internally documenting and communicating important information that do not meet the incident reporting threshold. Through HCSIS, providers can use the ORE (Optionally Reportable Event) feature to record and track events that are not reportable incidents but the nature of which are of concern to cause the provider to want to document and analyze, such as trips and falls. ORE information is not visible to DMR. ORE data, however, is available to the provider through the reports and data extracts available in HCSIS.

III. HISTORY OF CHANGES TO THE INCIDENT MANAGEMENT SYSTEM

On July 17, 2006, all divisions of DMR became "live" in HCSIS for incident management, restraints, MORs, health care records, death reporting and the Core Indicator Project. The incident management module was unique in that it was the only module with significant content changes from the previous reporting format. Reporting of restraints, MORs, health care records, death reporting and the Core Indicator Project remained essentially the same.

A major difference in the incident management system was the establishment of defined categories for identifying events that needed to be reported. The use of defined categories enhances consistency in reporting and allows for data analysis. Since going "live" there have been a number of processes utilized for evaluating the effectiveness of the new incident management system.

Initially, during the time between April and July of 2006, on-going feedback was obtained about all of the HCSIS modules. The DMR regional HCSIS leads, DMR Area Offices, Facilities, and Providers provided on-going feedback about the system. This

included what was working well as well as areas of difficulty or confusion. Changes were made as a result of this feedback.

In the late summer of 2006, the HCSIS Standards Workgroup was developed with the charge of reviewing the effectiveness of the HCSIS system, looking at problem areas and making recommendations for change. This workgroup is comprised of DMR Central Office representation, the DMR HCSIS Regional leads, a facility representative, provider representation from each region as recommended by ADDP as well as a state-operated services provider. This group meets monthly to review HCSIS issues and recommend resolutions.

Statistics of category usage was reviewed after the first year. Data showed that the category of "other/other" was one of the highest categories used, although the original intent was that this category would be used in only rare occasions when an event seemed to be an incident but there was not a clear match with existing categories. Additionally, user feedback indicated confusion about a number of categories including the physical altercation vs. assault categories, and the category of ongoing escalating events. To better understand the issues, a "look behind" was done of the incident reports entered using the identified categories for two time periods: July 17, 2006 (the date all areas and facilities were live in HCSIS) to October 31, 2006 and November 1, 2006 to January 31, 2007.

Based on the results of the "look behind," several workgroups of provider and DMR staff were established to make recommendations for improvements to incident reporting in HCSIS. These recommendations were reviewed by HCSIS Standards with final decisions for category changes being made by the DMR Steering Committee composed of senior DMR staff.

Additionally, DMR has begun looking at statewide HCSIS data to see what the system is telling us. The first areas reviewed were the categories of "hospital visit" and "missing person." This information highlighted specific HCSIS questions that needed to be revised. These changes, along with category changes, are being implemented on March 27, 2008.

IV. DEFINITIONS, HIERARCHY & CLASSIFICATIONS

A reportable incident is one that meets the thresholds defined in these guidelines. **A reportable incident is one that can compromise the safety and well being of an individual with mental retardation/developmental disability as identified in the incident categories. An incident is an event that requires timely notification to key people and a prompt and appropriate response to protect the individual and to minimize risk.**

A reportable incident is classified in the system (i) as requiring a "major" level of review (Area/Facility, Regional and Central Offices) or a "minor" level of review (Area/Facility Offices only), (ii) by a primary category and, for some incident types, by secondary

categories as well, and (iii) in specific circumstances, reported as site based incident rather than individual based incident.

Primary incident types are the categories of reportable incidents. Within many of the primary categories are secondary categories that more specifically define the nature of the incident. For example, if the primary category of an incident is "Unexpected/Suspicious Death," you would select one amongst the following secondary categories: "accidental," "suicide," "unusual circumstances," or "other unexpected sudden death."

There may be circumstances where an incident may be classified under several potential categories. In order to assist staff completing incident reports, the categories are organized into a hierarchy of severity, as only one category can be selected for an incident report. The selected incident category should be the most acute or most serious category that applies. In an effort to assist the person reporting the incident in selecting the most appropriate category, the incident categories are in a hierarchal order of most acute to less serious.

If the category chosen in the initial report is found to not be the most appropriate, it can be changed at two other points in the process before the incident report is closed. First, the category can be revised in the final report by the reporting agency. Second, the category can be revised by the Area Office during their review. Typically the Area Office will change the category themselves if they determine during their review that another category is appropriate. However, the Area Office can also reject an incident report, asking the provider to change the category. This would typically be done if the appropriate category should have been "hospital visit." The provider would need to change this category directly so that the hospital screen could be completed.

Incident categories that are classified in the system as "major," such as "Unexpected/Suspicious Death," will mean that the reported incident is subject to a broader review at DMR. Incident categories that are classified in the system as "minor" are reviewed by a DMR Area Office or Facility only and can be escalated and reclassified to "major" by the DMR Area Office or Facility. Changing the review classification to "major," means the system will require the incident to be reviewed by the DMR Regional Office and Central Office in addition to review by the DMR Area Office/Facility. Once the review classification is changed, the reporting provider is notified through a HCSIS alert that the review classification has been changed to "major."

The following *italicized* section is intended to provide guidance to help DMR Area Office and Facility determine when the review classification of an incident should be escalated from "minor" to "major."

Incident categories are initially classified as requiring either a major (Area/Facility, Regional and Central Office) level of review or a minor (Area/Facility Offices only) level of review. Incidents are classified as "major" or "minor" depending on the whether the type of incident requires a broader review. However, an incident classified as requiring a minor level of review can be elevated to a major level of review. There will be

situations where the incident narrative indicates the need for a broader involvement in the decision making process. The decision to elevate rests with the involved DMR Area Office or Facility. The following are guidelines for when an incident should be elevated to major.

- *Incidents of suspected mistreatment where there is any injury or medical condition that is life threatening, or where staff action or failure to act exposes the individual(s) to serious personal or public safety risk. Example 1: On hot summer day, individuals are left in a van while staff goes shopping.*

- *Incidents that have the potential for broad, negative publicity in the media. Example 1: An individual runs out of house naked and into heavy traffic.*

- *Incidents where law enforcement is actively involved because the police is responding to the report of a crime or police is called to help manage a situation because of its intensity or potential threat that staff will not be able to manage safely. Example 1: Police are called to investigate a fire of suspected arson at a residence. Example 2: Staff calls 911 when unable to control individual who is throwing furniture at housemates and staff.*

At the end of these guidelines are a set of addenda consisting of a description of the current changes to HCSIS Incident Management, the one page summary description of the primary incident categories and a complete description of all of the primary and secondary incident categories.

a. <u>Individual vs. Site Incident</u>

Some incidents involving more than one individual may be reported as a site level incident and may eliminate the need to complete an individual incident report for each individual involved in the incident. In order for an event to be reported as a site level incident, it must be determined that the impact on the individuals and the responsive action to be taken by the provider are the same for all individuals involved in the incident. Keep in mind that the individuals affected by an incident may not include everyone served at the site. For example, if individuals need to be relocated because of a fire, a site level incident would be completed to cover everyone involved in the relocation. If injuries are involved, an individual incident report needs to be completed for each individual who is injured.

If the incident affects involved individuals differently, or the action to be taken is not identical for all, then individual incident reports will need to be filed.

b. <u>Incident categories that could be a site level incident</u>

Below are the incident categories for incidents that may be reported as site level incident.

- Fire/Allegedly started by Individual
- Fire/Not started by Individual
- Fire/Unknown
- Suspected Mistreatment/Alleged Omission – Failure to Provide Needed Supports
- Suspected Mistreatment/Alleged Omission – Failure to Provide Needed Supervision
- Theft/Alleged Victim
- Transportation Accident/Motor Vehicle Accident
- Transportation Accident/Other
- Emergency Relocation
- Other

c. Questions to Ask in Determining if an Event is a Reportable Incident

1. Could this specific event compromise the individual's safety and well being?

2. Does it require timely notification of key people in an individual's life; e.g. within the agency, DMR guardian?

3. Does there need to be a prompt and thorough response to this event to protect the individual and minimize risk?

4. Does the event meet the definition outlined in one of the incident categories?

V. INCIDENT REPORTING AND MANAGEMENT PROCESS

a. Review Process and Timelines

Upon occurrence or discovery of an incident, prompt action is to be taken to protect the individual's health, safety and welfare. After taking the necessary and appropriate actions to protect the individual, an incident report is filed according to the timelines outlined below:

Initial Report – to be completed and submitted to DMR either on a paper incident report form or electronically in one (1) business day for major review incidents or three (3) business days for minor review incidents. The initial report provides basic information about the incident, includes any immediate action taken to protect the individual's health and safety, and also includes a supervisory review.

Final Report – The Final Report includes any additional information learned about the incident and any additional action steps beyond those identified in the initial report to be taken to minimize recurrence. The action steps should include actions that have been or will be taken in response to the incident. The Final Report for most incident categories is to be completed by the provider and submitted to DMR within seven (7) calendar days following the discovery of the incident.

Area Office Management Review – The Area Director/Facility Director or their designee must complete his/her management review of the incident report within seven (7) calendar days of receipt of the Final Report from the provider. If he/she does not agree with proposed additional action steps, the incident report is sent back to the provider for revision. The provider has up to seven calendar (7) days to revise the action steps.

Regional Office Management Review (for incidents requiring a major level review) The Regional Director/Assistant Commissioner for Facility Management or their designee must complete his/her management review of incidents classified as "major" within seven (7) calendar days of receipt of the report from the Area Office/Facility. If he/she does not agree with the proposed action steps, the incident report is sent back to the Area Office/Facility Management for revision. The Area Management/Facility Management has up to seven (7) calendar days to revise the action steps.

Incident Closure – Once the incident report is marked approved by the Area Office Management/Facility Management (for minor incidents) or the Regional Office Management/Assistant Commissioner for Facility Management (for major incidents), the incident report is closed.

Report Extension- In rare instances it may not be possible to submit a final report within seven (7) days of the incident being discovered. For example, if an individual is hospitalized unexpectedly, the incident report is not be finalized until the individual is discharged from the hospital. Therefore, it is not possible to complete the final report within the designated time frame for filing a final report. In such a situation, an extension notification should be made as soon as it is apparent that the seven (7) day reporting requirement will not be met.

b. <u>Notification Requirements</u>

Area Office/Facility Notification -All reportable incidents are to be submitted electronically through the HCSIS system. In the event that the HCSIS system is unavailable, the incident report should be filed using the paper form. In all instances, providers must immediately notify (e.g. by telephone, email, in person) the appropriate Area Office or Facility if the event is a major level review incident.

Family/Guardian Notification – Whenever a major level review incident occurs, the guardian of the individual should receive immediate verbal notification that the incident has occurred. For minor level of review incidents, there should be a discussion with the guardian as to what, when and how they wish to be notified. That discussion and the guardian's decision should be noted in the individual's record. Written reports should be sent to guardians only upon their request and not as a routine practice. If an individual is not under guardianship, family members may be notified if specific authorization is given by the individual.

DPPC Complaint – Whenever a complaint is made by a provider or DMR staff to the Disabled Persons Protection Commission (DPPC), an incident report must also be filed if the complaint fits an existing incident category. The filing of an incident report does not relieve mandated reporters of their responsibility to report suspected abuse or neglect directly to DPPC.

c. Other Actions

Incident Deletion – If it is determined that an incident report was submitted for an event that does not meet the threshold for a reportable incident, the incident report can be deleted from HCSIS. The appropriate Area Office/Facility Management or Regional Office is responsible for the deletion. The Area Office Management/Facility Management is authorized to delete the erroneously filed "minor" incident report and the Regional Director/Assistant Commissioner for Facility Management or designee is authorized to delete an erroneously filed "major" incident report.

Incident Report Record – If incident reports in the HCSIS system are accessible to provider staff at the program or residential site where the incident occurred, then paper copies of the HCSIS report need not be maintained. However, if HCSIS information is not readily accessible, paper copies of incident reports should be maintained at the program/residential site. A copy of the initial report should be kept until all parts of the incident report are finalized and filed with the Department electronically, and the Department has closed the incident. At that time, the finalized incident report can replace the initial report in the record.

d. HCSIS Documents

All current HCSIS incident management documents are located on the DMR Website (www.mass.gov/dmr) under "HCSIS," under "Incident Management" and then under "Incident Documents." Documents posted on the website include:

HCSIS Guidelines
Paper Individual Incident Report
Individual Incident Report Instructions
Incident Categories
Paper Site Based Incident Report
Site Based Incident Report Instructions

e. Guidance in Answering Incident Report Questions

The incident reporting instructions are the definitive reference guide for answering each question in the individual and site based incident reports. Instructions, explanations and business rules, as appropriate, are given for each question. Key business rules and guidance included in the instructions are as follows:

Was supervision at the time of the incident being provided as assigned? – It is important to know whether the individual at the time of the incident was being supervised in a manner consistent with supervision requirements identified in the individual's ISP. For example, if the identified supervision requirements in an individual's residential placement calls for 24-hour supervision, but not line-of-sight supervision, an event could occur in the home with staff being present in the home but not directly observing the incident. The answer would then be "yes," supervision was being provided as assigned. However, if the supervision requirement is line-of-sight supervision, at the time of the event and staff are not directly present, the answer would be "no." However, if it is unclear whether supervision was provided as assigned; e.g. it is unclear when the event happened, the answer would be "yes,"

What is the most recent status of the individual? – The most recent status of the individual refers to the individual's state or condition at the time the incident report is being completed. For example, is the individual presently upset/calm/resting comfortably?

Was law enforcement involved in this incident? – Law enforcement is considered involved in an incident if its presence is necessary in addressing or resolving the incident. For example, if the police are present to assist in keeping an individual safe or because a crime was committed, the question would be answered "yes." However, if law enforcement is present as part of its regular routine, such as arriving with the fire engines when the fire alarm goes off or arriving with the ambulance that was called. In either case, police was not needed to address or resolve the incident, and therefore not considered to be necessary, so the question would be answered "no."

Is there an injury? – This question (and the subsequent questions, if this question is answered "yes") relates only to injuries to the individual for whom the incident report is being completed. If there is an injury to another individual or to staff, this should be outlined in the incident narrative only.

f. Other Incident Report Clarifications

Psychiatric Hospitalization – this category should be used for both a psychiatric inpatient hospital admission and an inpatient admission to a detoxification center.

Determining When a Bruise is Reportable – The presence of bruises may be related to several causes. An individual may have bruises that are noted as a component of a reportable event in the HCSIS incident management module. These bruises should be identified in the incident report for the questions on "type of injury" and "body part affected by the injury." For example, if a bruise is noted as a result of a physical altercation, the bruise should be identified as part of the physical altercation incident report.

Bruises may also be noted that are not directly tied to a broader, reportable event. These bruises may not rise to the level of a reportable incident. Bruises, in and of themselves,

are reportable through the HCSIS incident management system when there is a question of abuse or mistreatment. The following are questions one can ask to determine whether or not a bruise is reportable.

1. Is it known how the bruise occurred? If the cause of the bruise is known, is there a question of mistreatment contributing to the cause?

2. If the cause of the bruise was not observed, is it possible to surmise how the bruise occurred? Questions to determine this include:

    a. *Does this individual have a medical or other condition that contributes to bruising?*
    b. *Does the individual take a medication known to contribute to bruising?*
    c. *Are there specific types of equipment the individual is typically involved with that could cause bruising?*
    d. *Does the bruise look different from those you could surmise the cause? For example, is it a deeper bruise than would be suspected from possible causes? Does the coloration suggest a timeline that is consistent with the possible cause?*
    e. *Is the bruise suspicious in any way, such as the location, number of bruises, frequency of bruising and of an unknown cause?*
    f. *Does the bruise meet the criteria for reporting to DPPC (significant bruising and a question of abuse or mistreatment)?*

Although a specific bruise may not rise to the level of a reportable event, it should still be documented in other ways as outlined in the section for "Documentation of Life Events."

g. Confidentiality Considerations

There are state and federal laws, such as HIPAA and the Fair Information Practices Act, that protect the confidentiality and privacy of DMR consumers as well as the staff who support them. To assure that these interests are safeguarded, any information concerning an individual which, because of name, identifying number, mark or description can be readily associated with a particular individual should be redacted. For example, names can be substituted with initials or with descriptors such as Staff A, Staff B or Witness C, Witness D or Reporter.

h. Obtaining Guidance about the System

On-line training is available for new users. This training is available at the HCSIS Training website at http://www.dmr.state.ma.us/HCSISTraining. This site will take the user through each step of completing an incident report and using the system. Quick Guides are also available at this website and are an easy resource for the different roles and functions in using the system. Lastly, there are frequently asked HCSIS questions on the DMR website as well as incident report instructions for both the individual and site based incident reports, which give line by line guidance in completing these forms.

When problems are experienced with the system and cannot be answered through the above resources, staff should initially contact their agency's primary HCSIS contact to address the issue. That person will determine whether the issue can be addressed internally and, if not, who needs to be contacted to resolve the issue; e.g. the DMR Area Office or the DMR Help Desk