

ISSUE DATE	EFFECTIVE DATE	NUMBER Draft-11/2/2020 version
SUBJECT Incident Management		BY ODP

SCOPE:

Individuals and Families
Private ICF/IID
ICF/ORC
Public ICF/IID (*State Centers*)
Supports Coordination Organizations (SCOs)
County MH/ID Programs

PURPOSE:

The purpose of this bulletin is to specify the operating procedures and directions for the incident management process for Private Intermediate Care Facilities and State Centers (Providers). The incident management process is a subset of a larger risk management process including aspects of the incident policies, procedures, training, response, and reporting. Incident management is an essential component of a comprehensive quality management process. The incident management process requires collaboration between various entities to ensure quality management.

The incident management processes in this bulletin include uniform practices for:

- Building organizational policies and structures to support incident management.
- Taking timely and appropriate action in response to incidents.
- Reporting of incidents.
- Investigating of incidents.
- Taking corrective action in response to incidents that both mitigate risk(s) and decrease the chance of a future occurrence of a similar incident
- Implementing quality management, risk management, and incident management processes for the analysis and interpretation of individual and aggregate incident data.

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

The appropriate toll-free number for your provider type

Visit the Office of Developmental Programs Web site at
<http://www.dhs.state.pa.us/dhsorganization/officeofdevelopmentalprograms/index.htm>

BACKGROUND:

In accordance with Office of Developmental Program's (ODP) guiding principles, *Everyday Lives, Values in Action*, individuals and their families identified areas of importance to increase the overall quality of their lives. The promotion of self-direction, choice and control along with promoting health, wellness, and safety can move individuals towards their Everyday Life. These principles are put into practice when all stakeholders report incidents, investigate incidents, and take actions based on these reports that prevent recurrence of a similar incident.

DISCUSSION:

Individuals who receive services from a provider have the right to be treated with dignity and respect and to receive high quality services in safe environments. High quality services include those in which written, oral and other forms of communication with the individual, and persons designated by the individual, occur in a language and means of communication understood by the individual and/or a person designated by the individual

This bulletin has been developed to provide instruction in order to implement an incident management system that:

- Reflects person-centered practices;
- Begins with recognition, reporting and response;
- Promotes prevention of incident recurrence by developing preventative measures; and
- Emphasizes agency wide analysis of incidents to implement processes that promote system-wide changes for quality improvement.

The primary goal of an incident management system is to ensure that when an incident occurs, the response will be adequate to protect the health, safety, and rights of the individual. This bulletin communicates specific methodologies to ensure appropriate responses when an incident occurs or there is an allegation of an incident. The standardization of the reporting format, the time frames for reporting, and the investigation protocol are key to monitoring incident data on an ongoing basis and conducting trend analysis. The intention of ODP is to implement an effective incident management system that applies an elevated standard concerning the health, safety and rights of individuals.

I. Definitions

Administrative Review – The final step of the investigation process that reviews the competency and quality of an investigation for speed, objectivity, and thoroughness; Weighs evidence and makes an investigation determination; Determines preventative and additional corrective action plans; and Completes the Administrative Review section of the Certified Investigator Report.

Adult Protective Services (APS) – Act 70 – Enacted in 2010 to provide protective services to adults between 18 and 59 years of age who have a physical or mental impairment that substantially limits one or more major life activities.

Certified Investigation Peer Review (CIPR)- an indicator in assessing the quality of investigations from a peer or supervisory perspective, providing feedback directly to the Certified Investigator. The CIPR process assesses the quality of the investigation process and incident management practices within an organization or system.

Certified Investigator (CI)-a person who has been trained and certified by the Department to conduct investigations.

Chemical Restraint- a drug used to control acute, episodic behavior that restricts the movement or function of an individual.

Corrective Actions – Actions implemented to increase protection to individuals from similar future incidents. Corrective actions can be implemented for a single individual and/or related to an organizational change to prevent similar incidents to all individuals.

Critical Incident – A type of incident that has been determined to be a sufficiently serious indicator of risk that it requires an investigation by a Department Certified Investigator (CI).

Child Protective Services (CPS) – The entity responsible to investigate incidents of abuse for individuals from birth up until the age of eighteen (18). Established by The Child Protective Services Law (23 Pa. C.S. §§ 6301-6385).

Department of Health (DOH) – The entity responsible to monitor, survey and recommend licensure status for providers

Incident – An event with potential to adversely impact an individual's health, safety, or rights.

Incident Management- The response to an event, intended to ensure the adequate, appropriate, and effective protection and promotion of the health, safety, and rights of the individual.

Individual – A person residing and receiving services from a licensed and certified Intermediate Care Facility.

Individual Incident- A type of incident report in the electronic incident management system that exists to manage specific incident categories for one individual.

Individual Support Plan (ISP) – A coordinated and integrated description of person-centered activities, including services and supports for an individual.

Initial Management Review – Within 24 hours of the submission of the first section of the incident report, designated County ID/AE staff are to review the incident to determine that appropriate actions to protect the individual's health, safety, and rights occurred.

Investigation – The process of identifying, collecting, and assessing evidence from an incident in a systematic manner that answers the investigatory question by a person (CI) certified by the Department’s approved Certified Investigator Training Program.

Investigation Determination – The outcome of an investigation with a finding of confirmed, not confirmed, or inconclusive made during the Administrative Review stage of an investigation.

Management Review – A final review of the entire incident report, completed at the Bureau of State Operations (BSOF) level in the Department’s electronic incident management system, that results in a status of approved or not approved.

Mechanical Restraint- a device used **without the proper consents** to control acute, episodic behavior that restricts movement or function of an individual or a portion of an individual’s body. Examples include but are not limited to: anklets, wristlets, poseys, waist straps, head straps, restraining sheet.

Older Adult Protective Services Act – In accordance with 35 P.S. §§10225.101 – 10225.5102, this law mandates that care-dependent adults age 60 or older who lack the capacity to protect themselves and are at imminent risk of being abused, neglected, exploited, or abandoned must have access to and be provided with services necessary to protect their health, safety, and welfare.

Optionally Reportable Event (ORE)-an incident of injury or potential injury, such as a small bruise, scratch or fall with minimal or no injury. All State Centers will document the described incidents using the Optionally Reportable Event categorization.

Oversight Entity – An entity with the responsibility and/or authority to monitor the functions of another entity as they relate to incident management and the health and welfare of individuals. These include, but are not limited to: ODP, Supports Coordination Organizations, County ID Programs/AEs, Department of Health (DOH) and licensing entities.

Provider – The person, entity, or agency that is contracted or authorized to deliver the service to the individual.

Provider Operated Setting- Provider-owned or controlled settings.

Reportable Incident- A category of incident to be responded to by staff who are knowledgeable about incident management processes and protecting individuals. After the immediate health and safety assurances have been met, these incidents are to be reported in the Electronic Incident Management system (EIM). The categories are divided into those that must be reported within 24 hours of discovery or recognition and those that are to be reported within 72 hours.

Risk Mitigation – An overall approach to minimize the severity of risk and to reduce the likelihood of occurrence or recurrence of an adverse event.

Service (paid caregiver or agency) – An activity, assistance, or product provided to an individual that is paid through a program administered by ODP (federally-approved waiver programs, State plan, base-funding, or The Association for Community Affiliated Plans ACAP.)

Site Incident Report – A type of incident report in the electronic incident management system that exists to manage specific incident categories when a service location or property is affected by incidents such as emergency closure, vandalism, or fire.

Support (unpaid caregiver) – An unpaid activity or assistance provided to an individual that is not planned or arranged by a provider.

Supports Coordination Organization (SCO) – An entity that delivers Supports Coordination (SC) services under Targeted Support Management, or Base-Funded SC.

Target – The person or entity who is alleged to have caused the incident to occur.

Victim – The individual for which the incident occurred or to which it is alleged to have occurred.

Victim's Assistance Programs – Resources that are available to individuals who are victims of a crime to assist them medically, physically, emotionally, financially, and legally. There are two main types of victim's assistance programs: system and community-based organizations.

II. Administrative Requirements

Providers and County Programs are to create an administrative structure that is sufficient to implement the requirements of this bulletin. If a provider, or County Program delegates or purchases any function(s) of incident management, there must be a method to monitor the delegated and/or purchased function(s). The monitoring must be completed to ascertain that the entity completing the function(s) is compliant with ODP regulations, policies, and procedures as it relates to the delegated and/or purchased function(s). The monitoring of incident management functions should be completed on at least a quarterly basis and readily available in a written format. The provider, or County Program retains all responsibility for the quality, compliance, and completion of all incident management functions, even if the function(s) are delegated and/or purchased via a contract or agreement.

III. Policy, Procedure and Training Requirements

a. Private ICF Providers shall:

- Develop and implement written policy and procedures for incident management to:
 - Meet the requirements of all applicable laws, regulations, policies, and procedures related to incident management.
 - Support the collaboration with appropriate stakeholders to:
 - mitigate individual risk(s);
 - mitigate agency-wide risk(s);

- promote health, safety, and rights for all individuals;
 - implement incident management, risk management, and quality management activities.
- Maintain the security of investigation files and evidence.
- Comply with the following requirements:
 - release the incident report, or a summary of the incident, the findings and the actions taken, redacted to exclude information about another individual and the reporter, unless the reporter is the individual who receives the report, to the individual, and persons designated by the individual, guardian or substitute decision maker (SDM), upon request. (55 Pa. Code 6100.401).
 - assure implementation of appropriate preventative and additional corrective action for incidents
 - provide education to the individual, staff, and others based on the circumstances of an incident (55 Pa. Code 6100.405).
 - conduct monthly incident data monitoring and three-month trend analysis of incident data (55 Pa. Code, 6100.405,).
 - identify and implement individual and systemic changes based on quality and risk management analysis (55 Pa. Code 6100.405,).
 - Explain how documents and complaints about a service that are related to incident management or the investigation process should be received from the individual and persons designated by the individual and how complaints should be documented and managed (55 Pa. Code § 6100.51).
 - The policy must ensure that there is no retaliation or threat of intimidation relating to the filing of the complaint or during the investigation of the complaint.
- Evaluate the quality of investigations through the Certified Investigation Peer Review (CIPR) process.
- Ensure that individuals, families and persons designated by the individual are offered education and information about incident management policies and procedures and that it is presented in a format that meets their communication needs.
- Ensure that staff have, at a minimum, orientation and annual competency-based training on the following topics enumerated in 55 Pa. Code §§2380.38-2380.39, 2390.48-2390.49, 6100.142-6100. 143, 6400.51-6400.52, 6500.47-6500.48:
 - How to recognize, respond to, report and prevent incidents.
 - The prevention, detection, and reporting of abuse, suspected abuse, and alleged abuse in accordance with the Older Adults Protective Services Act (35 P.S. §§ 10225.101—10225.5102), the Child Protective Services Law (23 Pa. C.S. §§ 6301—6387) the Adult Protective Services Act (35 P.S. §§ 10210.101—10210.704) and applicable protective services regulations.
 - Individual rights.
 - The safe and appropriate use of behavior supports if the person works directly with an individual.
 - The application of person-centered practices, community integration, individual choice, and assisting individuals to develop and maintain relationships.

- Job related knowledge, skills and implementation of the ISP with consideration for topics such as:
 - Trauma informed care
 - Risk mitigation

b. Public ICF/State Center Providers shall:

- Develop and implement written policy and procedures for incident management that:
 - Meet the requirements of all ODP applicable laws, regulations, policies, and procedures related to incident management.
 - immediate reporting of incidents.
 - completing paper IM-1s for the reporting of all Reportable and Provider Optional Reportable Event incidents.
 - completing risk meetings to identify cause, immediate response to prevent future incidents and mitigate risk.
 - assure implementation of appropriate preventative and additional corrective action for incidents.
 - provide education to the individual, staff, and others based on the circumstances of an incident.
 - conduct monthly incident data monitoring and three-month trend analysis of incident data (55 Pa. Code § 6100.405).
 - identify and implement individual and systemic changes based on quality and risk management analysis.
 - maintain physical files of all Reportable and Provider Optionally Reportable Event Incidents and the documentation of preventative and corrective measures implemented.
 - Support the collaboration with appropriate stakeholders to:
 - mitigate individual risk(s);
 - mitigate agency-wide risk(s);
 - promote health, safety, and rights for all individuals;
 - implement incident management, risk management, and quality management activities.
 - Maintain the security of investigation files and evidence.
 - Comply with the following requirements:
 - release the incident report, or a summary of the incident, the findings and the actions taken, redacted to exclude information about another individual and the reporter, unless the reporter is the individual who receives the report, to the individual, and persons designated by the individual, guardian or substitute decision maker (SDM), upon request. (55 Pa. Code §§ 2380.17, 2390.19, 6100.401, 6400.18, 6500.20).
 - assure implementation of appropriate preventative and additional corrective action for incidents.
 - provide education to the individual, staff, and others based on the circumstances of an incident. (55 Pa. Code §§ 2380.19, 2390.19, 6100.405, 6400.20 6500.22).

- conduct monthly incident data monitoring and three-month trend analysis of incident data (55 Pa. Code §§ 2380.19, 2390.19, 6100.405, 6400.20, 6500.22).
 - identify and implement individual and systemic changes based on quality and risk management analysis. (55 Pa. Code §§ 2380.19, 2390.19, 6100.405, 6400.20, 6500.22).
 - Explain how documents and complaints about a service that are related to incident management or the investigation process should be received from the individual and persons designated by the individual and how complaints should be documented and managed (55 Pa. Code § 6100.51).
 - The policy must ensure that there is no retaliation or threat of intimidation relating to the filing of the complaint or during the investigation of the complaint.
 - Evaluate the quality of investigations through the Certified Investigation Peer Review (CIPR) process.
 - Ensure that individuals, families and persons designated by the individual are offered education and information about incident management policies and procedures and that it is presented in a format that meets their communication needs.
- c. Ensure that staff have, at a minimum, orientation and annual competency-based training on the following topics:
- How to recognize, respond to, report and prevent incidents.
 - The prevention, detection, and reporting of abuse, suspected abuse, and alleged abuse in accordance with the Older Adults Protective Services Act (35 P.S. §§ 10225.101—10225.5102), the Child Protective Services Law (23 Pa. C.S. §§ 6301—6387), the Adult Protective Services Act (35 P.S. §§ 10210.101—10210.704) and applicable protective services regulations.
 - Individual rights.
 - The safe and appropriate use of behavior supports if the person works directly with an individual.
 - The application of person-centered practices, community integration, individual choice, and assisting individuals to develop and maintain relationships.
 - Job related knowledge, skills and implementation of the ISP with consideration for topics such as:
 - Trauma informed care
 - Risk mitigation

d. County Programs shall:

- Develop and implement written policy and procedures for incident management to:
 - Ensure that incidents are reviewed and approved in accordance with the time frames and requirements outlined in this bulletin and the approved waivers.
 - Meet the requirements of all applicable laws, regulations, policies, and procedures related to incident management.

- Support the collaboration with appropriate stakeholders to:
 - mitigate individual risk(s);
 - mitigate agency-wide risk(s);
 - promote health, safety, and rights for all individuals; and
 - implement incident management, risk management, and quality management activities.
- Maintain the security of investigation files and evidence.
- Evaluate the quality of investigations through the CIPR process.
- Ensure that individuals, families, guardians, advocates, and staff that have a direct role in incident management, are provided (at least annually and more often if necessary), in a format that meets the communication needs of the audience, education, training and information about:
 - incident management policies and procedures; and
 - rights, roles, and responsibilities for health and welfare.
- Ensure periodic trend analysis is completed by each provider to identify potential systemic issues related to health and welfare.
- Ensure providers and SCOs are provided with ODP's standardized and approved training curriculum on how to identify and report critical incidents and reasonable suspicions of abuse, neglect, and exploitation.
- Ensure ongoing training and technical assistance as needed that relates to the needs of individuals served by the provider. This shall include coordination of training resources to be provided by entities other than the County ID Program when necessary.
- Review incidents for individuals registered within the county who reside in state centers. However, County programs do not have a role in the state centers' electronic incident management system.

IV. Incident Management Process Roles:

A person may have more than one role in the incident management process. Providers, and County ID Programs are required to make sure that roles are assigned and managed so that the responsibilities associated with each role are conducted objectively. The nature of each individual incident will dictate what role(s) a person undertakes during the process. While roles can be fluid within the process, providers, and County ID Programs must ensure that their administrative structure supports the ability to adhere to all applicable laws, regulations, and ODP policies and procedures. The roles listed below apply strictly to the incident management process and do not reflect any roles related to technology that may be assigned within the Department's information management system.

a. Initial Reporter¹:

An initial reporter is any person who witnesses and/or experiences the incident, is informed of an allegation of an incident, or is the first to discover and/or recognize the signs of an incident. Initial reporters may be individuals receiving services, family members, community members and service system staff.

¹ This is not a role that can be assigned.

When the initial reporter is a staff person, contractor, consultant, volunteer, or intern with a provider County ID Program/AE, the initial reporter must take all the following steps:

- Respond to the situation by taking immediate action to protect the individual's health, safety, and rights.
- Once the safety of the individual is established, the initial reporter will immediately report the incident.
- Immediately notify/report the appropriate reporting entity's point person of the incident.
- Document observations about the incident in a narrative report.
- Comply with the applicable laws and regulations for incidents of alleged abuse, neglect, or exploitation.

b. Point Person

The point person is a person that receives information from an initial reporter and is responsible to manage the incident from beginning to end. Every provider must have at least one-point person but multiple people within an organization may have this role.

The purpose of this role is to ensure that all incident management activities are completed for each incident. The point person is considered the point of direct contact about an incident and must be available to respond to questions or issues that arise related to an incident.

The point person retains overall responsibility to ensure the activities listed below are completed per policy/procedure. However, they may delegate any or all of the activities listed below. The specific point person assigned to an incident may change at any time. Changes in point persons must be reflected in the incident report in the Department's electronic information management system.

When an incident is reported, the point person must ensure:

- All actions needed to protect health, safety, rights and well-being of the individual are taken following the initial knowledge or notice of the incident (55 Pa. Code 6100.402,).
- Referral to victim's assistance services is offered and support to access services is provided when an individual expresses an interest in these services.
- Appropriate separation of targets from victims and any other individual as identified.
- Notifications occur as specified in applicable laws, regulations, acts and policies
 - The individual and person's designated by the individual.
 - Older Adult Protective Services.
 - Adult Protective Services.
 - Child Protective Services.
 - Department of Aging.
 - Department of Human Services.
 - Department of Health.
 - State or local police (as appropriate)

- The implementation of activities that support the following incident management activities within the Department's information management system that ensure:
 - The submission of initial incident reports within 24 or 72 hours of discovery, depending on incident category.
 - The finalization of incident reports within thirty (30) calendar days of discovery of the incident.
 - An extension is filed when an incident report cannot be finalized within 30 calendar days.
 - Follow up on all comments received from initial and/or final management reviews in order to ensure incident closure. (55 Pa. Code §§ 2380.17, 2390.18, 6100.401, 6100.404, 6400.18, 6500.20)

c. Incident Management (IM) Representative

The IM representative is the person designated by a provider who has overall responsibility for incident management. Each provider must have an IM representative. The IM representative must be a CI regardless of the intent for this position to complete investigations. This certification must be obtained within twelve (12) months of assuming the role of IM representative. The IM representative may delegate the activities listed below within the organization or to another organization (via a contract, agreement etc.) but will maintain the overall responsibility to ensure completion per applicable laws, regulations, policies, and procedures. The IM representative must ensure:

- The point person(s) has completed all required actions and activities.
- Corrective actions are implemented and monitored.
- All quality and risk management activities are completed related to incident management, which include, but are not limited to:
 - Monitoring of incident data.
 - A trend analysis of incident data at least every three months. (55 Pa. Code 6100.405,)
- Administrative reviews are conducted for all incidents that were investigated by a CI.
- Investigation files are complete, securely maintained, and readily available for review by oversight entities.
- The quality of investigations is reviewed using the standardized CIPR process the following must be implemented based on the results of the CIPR (as applicable):
 - Feedback is provided to the CI that conducted the investigation.
 - Corrective actions resulting from the CIPR are implemented.
 - Recommendations for CI retraining, suspension of CI duties, and/or revocation of certification are implemented based on CIPR results.
- All staff, contractors, consultants, volunteers and interns are trained on all applicable regulations, laws, and internal incident management policies and procedures.
- Individuals and families or persons designated by the individual are offered education, training, and information about incident management policies and procedures which must be presented in a format that meets their communication needs.
- Roles (point person, CI, etc.), are managed in the Department's information management system. This includes:
 - Maintaining a list of active CIs including recertification dates.

- Managing CI roles based on quality management activities and feedback from monitoring completed by oversight entities.
- Ensuring the removal of access to the Department's information management system when necessary.
- A timely response to complaints about a service that is related to the incident management and/or investigation processes. (55 Pa. Code §6100.51). The response must be provided in a method of communication preferred by the individual.

d. Certified Investigator (CI)

A CI is a person who has been trained and certified by the Department to conduct investigations. The CI will:

- Conduct investigations using the process, standards of quality and template(s) outlined in the most current ODP CI manual.
- Create a CI report and enter the investigation information in the Department's electronic information management system.
- Ensure the complete original investigation file is given to the entity for whom the investigation is being conducted.
- Participate in the CIPR process.

The Department reserves the right to suspend or remove a CI certification at any time for any reason.

e. Administrative Review Committee Member

An administrative review committee member is a person designated by a provider to participate in the administrative review process. An administrative review committee member must be familiar with the CI process. An administrative review committee member will:

- Review the Certified Investigator Report, and if necessary, the investigatory file;
- Evaluate the CI's adherence to the principles of speed, objectivity, and thoroughness;
- Develop preventative and additional corrective actions; and
- Conclude the investigation by making a determination of confirmed, not confirmed, or inconclusive.

f. County Incident Reviewer

An incident reviewer is a person who has been designated by the County Program/AE to have responsibilities related to:

- The initial management review of incidents; and
- The management review of incidents.

g. County Program/AE/State Center Incident Manager

An incident manager is the one person designated with overall responsibility for incident management.

The incident manager must be a CI. The CI certification must be obtained within twelve (12) months of assuming the role of incident manager. The Incident Manager may

delegate the activities listed below within the organization or to another organization (via a contract, agreement etc.) but will maintain the overall responsibility to ensure completion per applicable laws, regulations, policies, and procedures. The Incident Manager must ensure:

- Implementation of policies and procedures that support:
 - The review of incident reports within 24 hours of submission in the Department's information management system.
 - The actions needed to approve or disapprove incident reports submitted by the provider. This Management Review must occur within thirty (30) calendar days of submission by the provider.
- Investigations are conducted by the Incident manager as required in this bulletin.
- The individual, and persons designated by the individual, are informed of the investigation determination, unless otherwise indicated in the ISP.
- A timely response to complaints about a service that is related to the incident management and/or investigation processes. The response must be provided in the communication method preferred by the individual.
- An administrative review is conducted for all incidents that required investigation by a CI.
- Investigation files are complete, securely maintained, and available for review by oversight entities.
- The quality of County Program/AE/State Center conducted investigations (including those conducted on behalf of the County ID Program/AE via a contract, agreement etc.) are reviewed using the standardized CIPR process. The following must be implemented based on the results of the CIPR (as applicable):
 - Feedback to the CI that conducted the investigation
 - Corrective actions.
 - CI retraining, suspension of CI duties, and/or removal of CI certification.
- The quality of provider conducted investigations, as resources allow or as needed. These reviews would be on an ad hoc basis with no scheduled frequency. ODP strongly encourages using the CIPR process as part of a formal Corrective Action Plan (CAP) process or for other quality improvement efforts.
- Periodic training to County Program/State Center staff that have a direct role in incident management and to individuals and their families, guardians, and advocates, in a format that meets the communication needs of the audience, about:
 - Their rights, roles, and responsibilities for health and welfare.
 - All applicable incident management policies, procedures, regulations and laws.
- Ongoing training and technical assistance, as needed, to providers that relates to the needs of individuals served by the provider. This includes coordination of training resources to be provided by entities other than the County Program/State Centers.
- Collaboration with the individual and his or her ISP team, to develop and implement:
 - Mitigation plans to address medical, behavioral, and socio-economic crisis situations in a timely manner as enumerated in the Administrative Entity Operating Agreement.
 - Corrective actions.

- Direct management of individual incidents (including coordination with protective service entities) and crisis situations including the following:
 - Locating resources and opportunities through family and/or community to mitigate the crisis;
 - Being actively engaged in identifying qualified service providers;
 - Working to divert institutional placement; and
 - If deemed appropriate by the Department, facilitate competency and guardianship appointments.
- All quality and risk management activities are completed related to incident management as outlined in this bulletin.

The county incident manager will complete management reviews for incidents reported by the Private ICFs for individuals registered within the county.

ODP will designate an incident manager to complete management reviews at the BSOF level for incidents reported by the State Centers.

h. Response upon Discovery/Recognition of an Incident

The initial reporter must take immediate action to protect the health, safety, rights, and well-being of the individual following the initial knowledge or notice of an incident, alleged incident, or suspected incident. (55 Pa. Code §§ 2380.17, 2390.18, 6100.402, 6400.18, 6500.20).

The actions may include, but are not limited to:

- Dialing 911.
- Quickly reducing or removing any imminent risk to the individual.
- Arranging for emergency or timely medical care.
 - Medical care refers to assessment, examination or treatment by a qualified medical professional or basic first aid. This includes, but is not limited to:
 - Offering medical assessment, examination or treatment more than once when an injury or illness may not be immediately recognizable at the time of incident.
 - Offering and ensuring access to a medical professional, such as a Sexual Assault Nurse Examiner (SANE), that is trained to examine individuals and collect evidence for incidents of sexual abuse.
- Immediately reporting the incident to the point person.
- The point person of the provider must ensure separation of the victim from the alleged target(s). This separation shall continue until an investigation is completed.

- When the alleged target is an employee, staff, volunteer, contractor, consultant, or intern of the provider, the target shall not be permitted to work directly with the victim or any other individual during the investigation process until the investigation determination is completed and corrective action(s) specific to the target are implemented.
- When the alleged target is another individual receiving services and presents a reasonable expectation of on-going risk to the victim or other individuals, the provider must identify ways to protect the health, safety and rights of the victim. Actions taken should be implemented using a victim centered approach, which includes a systematic focus on the needs and concerns of a victim to ensure compassionate and sensitive delivery of services
 - Examples of protections may include but are not limited to:
 - Relocation of target (or victim if requested),
 - Increased staffing,
 - Risk mitigation/safety planning
- When the alleged target is not an employee, staff, volunteer, contractor, consultant, or intern of the provider (i.e. family member, unpaid caregiver, community member, etc.), the provider will work with the appropriate County Program and/or protective service entity in order to take all available action to separate the victim from the alleged target(s).
- Notifying the following about the incident as appropriate:
 - The point person
 - The individual and persons designated by the individual, unless they are the target.
 - Older Adult Protective Services.
 - Adult Protective Services.
 - ChildLine/Child Protective Services.
 - Department of Aging.
 - Department of Human Services.
 - Department of Health.
 - State or local police (as appropriate)
- Arranging for counseling by a qualified professional or a Victims Assistance program.
- Notifying local law enforcement anytime there is reasonable cause to suspect:
 - That a crime has been committed.
 - The individual is an alleged victim of sexual abuse.
 - The individual is considered a missing person whose health and safety may be compromised.
 - The individual is a victim of serious bodily injury.
 - The individual is deceased, and the circumstances of the death are suspicious
 - The individual expresses an interest in contacting law enforcement regardless of the nature of the incident.

V. Responsibility for Reporting and Investigating

Any person, including the victim, shall be free from intimidation, discriminatory, retaliatory, or disciplinary actions exclusively for the reporting or cooperating with an investigation. People have specific rights as defined by the Whistleblower Law (43 P.S. §§1421-1428) and the Older Adults Protective Services Act (35 P.S. §10225.5102).

a. Providers

The provider must take immediate action to protect the health, safety, and well-being of the individual following the initial knowledge or notice of an incident, alleged incident, or suspected incident.

- Providers must report within 24 or 72 hours (as identified by the category of the incident), all categories of incidents in the Department's information management system upon discovery or recognition and complete an investigation when:
 - Services are rendered by the provider, and
 - An incident involves a target, the alleged target is within the scope of the provider to investigate, which includes employees, staff, volunteers, contractors, consultants, interns, and other individuals receiving services from the provider.
- When a provider becomes aware of an incident that is outside of the scope of their responsibility to report, the provider must:
 - Ensure prompt action is taken to protect the individual's health, safety, and rights;
 - Contact the individual's SC to report the incident;
 - Provide the necessary information to the SC to ensure that the incident is able to be reported in the Department's information management system; and
 - Collaborate with the SC to develop and implement corrective actions as a result of the incident and investigation, as it applies to the delivery of service by the provider.
- When multiple providers learn of an incident, the provider rendering services for the individual at the time the incident occurred must report the incident and begin any required investigation within 24 hours. If it cannot reasonably be determined which provider was rendering service at the time of the incident, all providers who are aware of the incident are to report the incident and investigate.

b. Individuals and families

If an individual or family member observes or suspects any health or safety concerns, (that may or may not be defined as an incident) or any inappropriate conduct related to a service or support the individual is receiving whether occurring in the home or out of the home, they should contact the provider. The individual or family may also contact the ODP Customer Service Line at 1-888-565-9435. After a report is received from an individual or family, the procedures outlined in this bulletin will be implemented by the appropriate entities.

c. County Program

In some circumstances, County Program staff may be notified of an incident and will follow the process for reporting or investigating incidents by determining the appropriate provider that will manage the incident. The provider will then take actions to protect health, safety and rights and report the incident and investigate as necessary. The County Program/ may also choose to conduct their own investigations for any incident when there is a concern that there are circumstances that compromise objectivity, or an additional investigation would be valuable to protect the health, safety, and rights of the individual. County Program staff are required to:

- Conduct their own investigation if there is concern that there are circumstances that will compromise the provider's objectivity, or if an additional investigation would be valuable to protect the health, safety and rights of the individual.
- Conduct investigations for specific incident categories outlined in this document.
- Complete an investigation per a request from ODP for any incident.

VI. Reportable Incidents

a. Electronic Incident Management Reporting Guidelines

Specified incidents, alleged incidents, and suspected incidents are to be reported and documented in the Department's electronic information management system. Alleged and suspected incidents may be detected via a variety of methods beyond verbal reports. These include, but are not limited to:

- Observation of physical, behavioral, or emotional indicators of abuse, neglect, or another incident type.
- Trend analysis reveals patterns of injury, illness, or other incidents that could be indicators of abuse, neglect, or another incident type.

When reporting incidents in the Department's electronic information management system, these guidelines must be followed:

- All individual incidents are reported under the name of the alleged victim.
- If the alleged target is an employee of a provider or another individual receiving services, a standard identifier must be used for the alleged target(s) of an incident report in circumstances when this information is known to the reporting entity. The format for the standard identifier is:
 - The *first and second* letters of the *first* name of the target,
 - The *first and second* letters of the *last* name of the target,
 - The *last* four digits of the target's social security number, and
 - The initials are capitalized and there are no spaces, dashes, or other characters used between the initials and the number. For example: AOBR1234
- If the alleged target is not an employee of a provider or another individual receiving services, the alleged target's full name should be used, if known.
- If an employee is referenced in an incident report, including but not limited to when the employee is the alleged target of an investigation, and the employee is registered with the Department via the Direct Care Worker Unique ID system or other ODP-approved registration system, the employee's ID number must be included in the description of the incident.

- The Department's electronic information management system has two sections available to document an incident, each with different timelines based on incident primary category classification.
 - The initial report, which is the first section, must be reported and submitted in the Department's electronic information management system within 24 hours of discovery or recognition.
 - A medication error, use of a restraint are captured utilizing only the initial report and must be reported and submitted in the Department's electronic information management system within 72 hours of discovery or recognition of the incident.
 - The final incident report, which is the second section, is to be finalized through the Department's electronic information management system within thirty (30) days of the discovery or recognition of the incident, unless the entity entering the incident report notifies ODP in writing that an extension is necessary that includes the reason for the extension.
 - Written notification of extensions is completed in the Department's information management system
 - When multiple individuals are involved in an incident with a primary category listed below, the incident can be reported using a site report.
 - Emergency site Closure.
 - Fire.
 - Law enforcement activity.

b. Incidents to be reported in the Electronic Incident Management System within 24 hours²

All incident categories are reported in the Department's electronic information management system within 24 hours. Incidents include suspicions, allegations, and actual occurrences of harm. Incidents are reported regardless of the actual or perceived harm to the individual.

- **Abuse** – is a deliberate or careless act by a person, including another individual receiving services, which may result in mental or physical harm.
- **Misapplication/Unauthorized Use of Restraint (injury)** – The use of a restraint that does not follow ODP's policy (bulletin 100-06-09 Elimination of Restraints through Positive Practices 2006), the misapplication of an approved restraint technique, or the use of the restraint which results in an injury requiring treatment beyond first aid. Examples include, but are not limited to the following which are prohibited:
 - Prone position physical restraints
 - Any physical restraint that inhibits digestion or respiration, inflicts pain, causes embarrassment or humiliation, causes hyperextension of joints, applies pressure on the chest or joints or allows for a free fall to the floor
 - Any physical restraint that is used more than 30 cumulative minutes within a two-hour period

² In this section, primary incident categories are underlined and are broken down into secondary categories that further define the nature of the alleged incident. Secondary categories appear in bold directly below each underlined primary category.

- Aversive conditioning
 - Pressure point techniques
 - Chemical restraints
 - Mechanical restraints
- **Misapplication/Unauthorized Use of Restraint (no injury)** – The use of a restraint that does not follow ODP’s policy or the misapplication of an approved restraint technique. Examples include, but are not limited to the following which are prohibited:
 - Prone position physical restraints
 - Any physical restraint that inhibits digestion or respiration, inflicts pain, causes embarrassment or humiliation, causes hyperextension of joints, applies pressure on the chest or joints or allows for a free fall to the floor
 - Any physical restraint that is used more than 30 cumulative minutes within a two-hour period.
 - Aversive conditioning
 - Pressure point techniques
 - Chemical restraints
 - Mechanical restraints
 - **Physical** – An act or which causes or may cause physical injury to an individual, such as striking or hitting. Physical injuries may or may not be present with physical abuse. Allegations of physical acts without obvious signs of injury are reportable. Monitoring or body checks may be necessary to look for signs of injury after initial discovery. In addition, Injuries attributed to a staff person or another individual receiving services that required treatment beyond first aid and/or an inpatient admission to a hospital are reported as abuse.

If the incident involved an injury, common examples of situations that may be present with physical abuse include, but are not limited to:

- A patterned bruise, no matter its size, that is in the shape of an identifiable object such as a belt buckle, shoe, hanger, fingermark, etc.
- Unexplained serious injuries or multiple bruises, cuts, abrasions.
- A spiral fracture.
- Dislocated joints.
- Bilateral Bruising, which is bruising on both sides of the body (e.g. the top of both shoulders, both sides of the face or inside of both thighs).
- Bruising to an area of the body which does not typically or easily bruise (e.g. midline –stomach, breasts, genitals, inner thighs or middle of the back).
- Injuries that are not consistent with what is reported to have happened, and injuries explained as caused by self-injury to parts of the body the individual has not previously injured or cannot access.

- **Psychological** – An act which causes or may cause mental or emotional anguish by threat, intimidation, humiliation, isolation, or other verbal or nonverbal conduct to diminish another. Examples include, but are not limited to:
 - Bullying, rejecting, degrading, and terrorizing acts.
 - Disregard for privacy during personal care.
 - Paid caregiver ignoring an individual. Including but not limited to:
 - a. Active ignoring (that is not part of an approved plan) such as ignoring a call or request for help/assistance
 - b. Passive acts-such as non-essential use of a cellphone (or other electronic device), watching TV etc.
 - Threats of isolation.
 - Yelling, name-calling, blaming, and shaming.
 - Mimicking and/or mocking an individual’s voice, speech, behaviors, etc.
 - Statements that are intended to humiliate or infantilize, and include insults, threats of abandonment or institutionalization and other controlling, dominant or jealous behavior.
 - The act of taking, transmitting, or displaying an electronic image (in any medium to include but not limited to social media, personal computers, cell phones etc.) of an individual that is intended to shame, degrade, humiliate, or otherwise harm the personal dignity of the individual.
 - When an individual witnesses an incident for which they were not the intended victim, but it may cause or has caused mental or emotional anguish.

- **Seclusion** – The involuntary confinement of an individual in an area from which the individual is prevented from leaving. Verbal instruction or any explicit or implicit intimidation that indicates to an individual that they may not leave a room is also considered seclusion, regardless of whether the individual has the ability to physically remove himself or herself from the situation.

Examples include, but are not limited to the following prohibited acts:

- Placing an individual in a locked room. A locked room includes a room with any type of engaged locking device such as a key lock, spring lock, bolt lock, foot pressure lock, device or object, or physically holding the door shut
- Placing an individual in a room from which they are unable to exit independently due to the general accessibility of the room (i.e. wheelchair ramps, transitions etc.), features of the door hardware (i.e. handles that do not meet the accessibility needs of the individual), or any other obstacle that prevents an individual from exiting.

Behavioral Health Crisis Event – An event or situation that exceeds the individual's current resources and coping mechanisms that causes the individual to experience extreme disorganization of thought, hopelessness, sadness, confusion, panic, or other emotional distress. The event includes action(s) by an individual that pose a danger to themselves or others and are unable to be mitigated without the assistance of law enforcement, mental health, or medical services.

- **Community-Based Crisis Response-** An event in which law enforcement or emergency services respond to and resolve without transport to another location for intake, assessment or treatment.
- **Facility-Based Crisis Response** – An event in which law enforcement or emergency services respond to and an individual is transported to a psychiatric facility, or the psychiatric department of an acute care hospital for evaluation or treatment that does not result in admission.
- **Immediate Arrest and Incarceration Crisis Response-** An event in which law enforcement responds to a behavioral health crisis event and arrests, charges and incarcerates an individual without first obtaining a mental health evaluation/admission at a facility designated to provide such services.
- **Psychiatric Hospitalization (involuntary)** — An involuntary inpatient admission to a psychiatric facility, including crisis facilities, and the psychiatric department of an acute care hospital for evaluation and/or treatment.
- **Psychiatric Hospitalization (voluntary)** – A voluntary inpatient admission to a psychiatric facility, including crisis facilities and the psychiatric department of an acute care hospital, for evaluation and/or treatment.

Death- All deaths are reportable incidents. Deaths attributed to or suspected to have been the result of abuse and/or neglect require additional reporting in the appropriate corresponding category. In addition, any critical incidents that are discovered during an investigation into a death require additional reporting in the appropriate corresponding category.

- **Natural Causes – Services Provided** – Primarily attributed to a terminal illness or an internal malfunction of the body not directly influenced by external forces. For example, a person who has been diagnosed with cancer and is receiving Hospice services or when a Do Not Resuscitate (DNR) order is in place. Deaths in this category include those that occur for an individual enrolled in a waiver program, ACAP, and/or those receiving services in provider operated settings.
- **Unexpected – Services Provided**– An unexpected death is primarily attributed to an external unexpected force acting upon the individual. Deaths attributed to events such as car accidents, falls, homicide, choking and suicides would be considered unexpected. Deaths in this category include those that occur for an individual enrolled in a waiver program, ACAP, and/or those receiving services in provider operated settings.

Exploitation – An act or course of conduct by a person against an individual or an individual’s resources without informed consent or with consent obtained through misrepresentation, coercion, and/or threats of force which results in monetary, personal, or other benefit, gain, or profit for the target, or monetary or personal loss to the individual. Exploitation should be reported regardless of the actual or perceived value of the loss.

- **Failure to Obtain Informed Consent** – An intentional act or course of conduct by a person which results in the misuse of an individual’s consent or failure to obtain consent. Examples include, but are not limited to, signing on behalf of or coercing/deceiving an individual into:
 - Applying for credit cards
 - Signing contracts
 - Signing loan documents, wills and other items that relate to the personal property, money, and/or identity of an individual.
- **Material Resources**– The illegal or improper act or process of a person using the material resources and/or possessions of an individual for their own personal benefit or gain. This includes but is not limited to:
 - Misusing or stealing a person’s possessions
 - Soliciting gifts
 - Coercing an individual to spend their funds for things they may not want or need, things for use by others or for the benefit of the household
- **Medical Responsibilities/Resources** – An act or course of conduct of a person that results in an individual paying for medical care or items that are normally covered by insurance or other means. This includes, but is not limited to:
 - Requiring an individual to pay for a medical appointment, procedure, or equipment due to failure of the ISP team to provide support and/or resources to find a medical provider that accepts insurance
 - Requiring an individual to pay for an appointment, procedure, or equipment when there is a failure on the part of the service provider to support an individual to attend and/or schedule medical appointments or to maintain medical equipment.
- **Missing/Theft of Medications**– Missing medications without explanation and/or theft of medications.
- **Misuse/Theft of Funds** – The illegal or improper act or process of a person using the funds of an individual for his or her own personal benefit or gain. This includes misuse or mismanagement by a representative payee or other responsible party, theft of money, Supplemental Nutrition Assistance Program (SNAP) benefits, and/or soliciting monetary gifts from an individual.

- **Unpaid Labor** – The illegal or improper act or process of a person who is using an individual to perform unpaid labor that would otherwise be compensated in a manner consistent with labor laws.

Fire – A situation that requires the active involvement of fire or other safety personnel to extinguish a fire, clear smoke from the premises, etc. While not required, it is strongly recommended that situations in which staff extinguishes small fires without the involvement of fire personnel be reported. This may be reported as a site report.

- **Fire with Property Damage** – The fire causes property damage that may or may not make the premises uninhabitable.
- **Fire without Property Damage** – The fire does not cause property damage and may or may not result in the premises being uninhabitable.

Law Enforcement Activity– Law enforcement activity that occurs during the provision of service or for which an individual is the subject of a law enforcement investigation that may lead to criminal charges against the individual. This includes law enforcement responding to a possible crime when an individual is in the community or in a vehicle.

- **Individual Charged with a Crime/Under Police Investigation** – This includes only when an individual is formally charged with a crime by the police or when an individual is informed, they are suspected of committing a crime, and charges may be forthcoming. All charges or suspected charges related to a behavioral health crisis event should be reported as such and not as a law enforcement activity.
- **Licensed Service Location Crime** – A crime such as vandalism, break-ins, threats, or actual occurrences of acts that may result in harm, etc. that occur at the provider's service location.

Missing Individual – An individual is considered missing when they are out of contact for more than 24 hours without prior arrangement or the individual is in immediate jeopardy when missing for any period. Based on a person's history, safety skills, and familiarity with the area, a person may be considered in jeopardy before 24 hours elapse. In addition, when police are contacted about a missing individual or the police independently find and return an individual, this is reportable regardless of the amount of time a person has been missing.

- **In Jeopardy**-The unexpected or risky absence of any duration for an individual whose absence constitutes an immediate danger to the individual or others.

Neglect– The failure to obtain or provide the needed services and supports defined as necessary or otherwise required by law, regulation, policy, or plan (ISP, Behavior Support Plan, safety plan, etc.). This includes acts that are intentional or unintentional regardless of the obvious occurrence of harm.

- **Failure to Provide Medication Management**– An event that may cause harm or led to inappropriate medication use while the medication is in the control of the person(s) charged with administration. Incidents of this nature include when harm occurs to the individual and/or the medication error occurs over more than one

consecutive administration. In addition, any time an individual receives medication intended for another individual it is neglect.

Incidents of this type include, but are not limited to, a failure to:

- Administer medications via the correct route
 - Implement medication changes in a timely manner
 - Obtain medications from the pharmacy
-
- **Failure to Provide Needed Care**– The failure to obtain or provide the needed services and supports defined as necessary or otherwise required by law or regulation. This includes, but is not limited to:
 - Failure to implement medical, social, behavioral, and restrictive procedures as outlined in the ISP.
 - Failure to provide needed care such as food, clothing, personal hygiene, prompt and adequate medical care, emergency services, and other basic treatment and necessities needed for development of physical, intellectual, emotional capacity, and well-being.
 - Failure to obtain, keep in working order, or arrange for repair/replacement of equipment such as glasses, dentures, hearing aids, walkers, wheelchair, etc.
 - Failure to intercede on behalf of the individual with regards to reporting or acting on changes to healthcare needs and/or a failure to ensure medical equipment is repaired or replaced as needed.

 - **Failure to Provide Needed Supervision**– The failure to provide attention and supervision, including leaving individuals unattended. This is based upon the supervision care needs in the ISP or recommendations and/or requirements from a court of law or as a condition of probation or parole.

 - **Failure to Provide Protection from Hazards**– The failure to protect an individual from health and safety hazards as part of routine care, service provision and/or as outlined in the ISP.

Examples of failure to provide protection from health and safety hazards include, but are not limited to:

- Failure to prepare and serve food as required by medical diagnoses.
- Failure to provide protections from poisonous materials.
- Failure to provide shelter and basic utilities.
- Failure to provide basic protections from environmental hazards such as exposure to the sun, extreme elements, and other weather-related conditions.
- Failure to provide regulated water temperatures.
- Failure to provide protection from hazardous activities such as the manufacture, distribution, exposure to and use of illegal drugs.

- **Moving Violation** – Any staff or volunteer receiving a moving violation citation during the provision of services to an individual(s) regardless if operating an entity’s vehicle or personal vehicle.

Public Health Emergency - An event such as a disease or natural disaster that causes, or has the potential to cause harm to a significant number of individuals and is declared as a Public Health Emergency by Federal or State officials. ODP will provide specific guidance and direction on what to report related to the Public Health Emergency.

- **Outbreaks** - The occurrence of disease cases in excess of normal expectancy. The number of cases varies according to the disease-causing agent, and the size and type of previous and existing exposure to the agent.
- **Epidemic** - A disease that affects a large number of people within a community, population, or region.
- **Pandemic** - A disease that affects a large number of people that is spread over multiple countries or continents.
- **Natural Disasters** - An event such as a flood, earthquake, storms, hurricanes, tornados, blizzards, etc.
- **Bio-Terrorist Attacks** - The intentional release or dissemination of biological agents. These agents are bacteria, viruses, insects, fungi, or toxins, and may be in a naturally occurring or a human-modified form.

Rights Violation – An unauthorized act which improperly restricts or denies the human or civil rights of an individual including those rights which are specifically mandated under applicable law, regulation, policy, or plan. This includes acts that are intentional or unintentional regardless of the obvious occurrence of harm.

- **Civil/Legal**– Any violation of civil or legal rights afforded by law. This includes the right to vote, speak freely, practice religious choice, access law enforcement and legal services as well as participate in local, state or national government.
- **Communication** – The failure to support an individual to communicate at all times. This includes a failure to obtain needed communication evaluations, assistive devices and/or services; provide communication support; or maintain communication devices in working order. Communication includes, but is not limited to:
 - Display of text in fonts and sizes that meet communication needs
 - Access to sign language interpreters
 - Access to translation into preferred languages
 - Access to persons that can facilitate an individual’s unique communication style
 - Access to braille materials and other tactile communication assistance
 - Access to plain-language materials

- **Health** – The failure to support choice and opportunity related to health care. This includes failure to inform and educate an individual about physical or behavioral health evaluations and assessments, changes in health status, diagnosis information, test results, medications, treatment options, etc. This also includes the denial of the right of an individual to make informed health care decisions.
- **Privacy** – Any violation of an individual’s safely exercised choice to be free from being observed or disturbed by others. This includes an individual’s choice to maintain the privacy of his or her physical person, living area, possessions, electronic social media (emails, posts on the internet, accounts, content, or any similar items), communication with others (whether in face-to-face meetings, phone, email, physical mail, or any other correspondence), use of image and/or likeness without the expressed permission of the individual (including videos or photos taken of the individual for promotional and/or marketing or any other purpose), and/or any similar area where a reasonable expectation of privacy exists.
- **Services** – Any violation of an individual’s right to control services received. This includes when an individual refuses to participate in, voices a concern about, or wants to make a change to a service, and the ISP team does not address these choices. Individuals have the right to participate in the development and implementation of their ISPs and can choose where, when, and how to receive needed services. This includes the right to control specific schedules and activities related to services.
- **Unauthorized Restrictive Procedure** – Any restrictive procedure (other than a physical, chemical, or mechanical restraint) that does not follow ODP’s guidelines related to restrictive procedures or is prohibited by ODP. Restrictive procedures limit an individual’s movement, activity or function, interfere with the individual’s ability to acquire positive reinforcement, result in the loss of objects or activities that an individual values or require an individual to engage in a behavior in which, given the freedom of choice, the individual would not engage.

Serious Illness – A physical illness, disease, or period of sickness that requires a Hospitalization. This includes an elective surgery that requires a hospitalization.

- **Chronic/Recurring** – An illness, condition or disease that is persistent or otherwise long-lasting in its effects for which an individual has had previous treatment and/or diagnosis.
- **New** – An acute illness, condition or disease for which an individual has not previously received treatment. This includes acute illnesses, conditions or diseases that may become chronic in the future.

Serious Injury– Any injury that requires treatment beyond first aid. This includes injuries that receive an assessment or treatment at an emergency room, urgent care center, primary care physician office, etc., or that require hospitalization. Assessment by emergency medical services that did not require a visit to one of the locations listed above for treatment and is not identified as a serious injury requiring reporting is not reportable. Serious injuries that are treated by a medical professional (i.e. doctor, nurse,

etc. that is used by an organization) on site are reportable. Examples include, but are not limited to:

- Fractures
 - Dislocations
 - Burns
 - Electric shock
 - Loss or tearing of body parts
 - Eye emergencies
 - Ingestion of toxic substance
 - Head injuries from accidents, falls, or blows to the head
 - Any injury with loss of consciousness
 - Medical equipment malfunction or damage that requires immediate intervention
 - Laceration requiring stitches, staples or sutures to close.
- **Choking**– When food or other items become lodged in the back of the throat and the cause is not attributed to neglect. Choking incidents are only reportable when they require interventions such as back blows, abdominal thrusts and/or the Heimlich maneuver.
 - **Injury Accidental** – Injury (other than self-inflicted) with a known cause at the time of the report.
 - **Injury Self-Inflicted** – Injury with a known cause at the time of the report that can be attributed to an intentional action of an individual to cause harm upon themselves.
 - **Injury Unexplained** – An injury with no known cause at the time of the report.
 - **Medical Equipment Failure/Malfunction** – Any medical equipment failure and/or malfunction that requires intervention by a medical professional.
 - **Pressure Injury (Decubiti, Pressure Ulcer, Pressure Sore, Bedsore)**– Injuries to skin and underlying tissue resulting from prolonged pressure on the skin, regardless of stage and include an injury that is unstageable. This includes initial diagnoses, newly affected areas of the body as well as a diagnosis that becomes worse over time.

Sexual Abuse – Any attempted or completed nonconsensual sexual act. The act may be physical or non-physical and achieved by force, threats, bribes, manipulation, pressure, tricks, violence or against an individual who is unable to consent or refuse. Sexual abuse includes any act or attempted act that is sexual in nature between a paid service provider staff or **another individual receiving services** and an individual regardless of consent on the part of the individual.

Examples of methods used to commit sexual abuse include, but are not limited to:

- Use of intimidation or threat of physical force toward an individual in order to gain compliance with a sexual act (e.g., pinning the victim down, assaulting the victim)
- Administering alcohol or drugs to an individual in order to gain compliance with a sexual act (e.g., drink spiking)
- Taking advantage of an individual who is unable to provide consent due to intoxication or incapacitation from voluntary consumption of alcohol, recreational drugs, or medication
- Exploitation of vulnerability (e.g., immigration status, disability, undisclosed sexual orientation, age)
- Misuse of authority (e.g., using one's position of power to coerce or force a person to engage in sexual activity)
- Economic coercion, such as bartering of sex for basic goods, like housing, employment/wages, immigration papers, or childcare
- Degradation, such as insulting or humiliating an individual
- Fraud, such as lies or misrepresentation of a target's identity

- Continual verbal pressure, such as when an individual is being worn down by someone who repeatedly asks for sex or, for example, by someone who complains that the individual does not love them enough
- False promises by the target (e.g., promising marriage, promising to stay in the relationship, etc.)
- Grooming and other tactics to gain an individual's trust
- Control of an individual's sexual behavior/sexuality through threats, reprisals, threats to transmit sexually transmitted infections (STIs), threats to force pregnancy, etc.

- **Rape** - The penetration, no matter how slight, of the vagina or anus with any body part or object, or oral penetration by a sex organ of another person, without the consent of an individual. This includes when an individual was made, or there was an attempt to make the individual, penetrate another person (including the target).
- **Sexual Harassment**- Sexual advances that do not involve physical contact between an individual and a target. This type of sexual abuse can occur in many different venues (e.g., home, school, workplace, in public, or through technology). Examples include, but are not limited to
 - Sending unwanted sexually explicit photographs
 - Use of inappropriate sexual remarks or language
 - Unwanted exposure to sexual situations - pornography, voyeurism, exhibitionist
 - Threats of sexual abuse to accomplish some other end, such as threatening to rape an individual if he or she does not give the target money
 - Threatening to spread sexual rumors if the individual does not have sex with the target
 - Unwanted filming, taking or disseminating photographs of a sexual nature of an individual (in any medium to include, but not limited to, social media, personal computers, cell phones, etc.)
 - Exposure to unwanted sexual materials (pornography)
- **Unwanted Sexual Contact**- Intentional touching or molesting, either directly or through clothing, of the genitalia, anus, groin, breast, inner thigh, buttocks, or any other body part

without consent. This includes making an individual touch or molest another person (including the target).

- **Other-** Any sexual abuse of an unknown type at the time of the report or sexual abuse that does not conform to other secondary category options.

Site Closure – The emergency closure of a licensed or provider operated service location for one (1) or more days. This is reported as a site report and does not apply to individuals who reside in homes owned, rented or leased solely by the individual and/or family member.

- **Infestation** – The closure of a site due to the need to treat for animal, insect, or other pests.
- **Loss of Utilities** – The closure of a site due to loss of utility that was not related to a failure on the part of the operating entity. This includes electrical outages, issues with water and/or sewer systems and heating and/or cooling system failures.
- **Natural Disaster/Weather Related** – The closure of a site due to a natural disaster or weather conditions. This closure can be in anticipation of an issue with the site or the actual occurrence of damage that makes the site unsafe.
- **Structural** – The closure of a site due to structural issues that are the result of the normal care and maintenance at the site. This includes planned and emergency closures to repair structural issues.
- **Other** – The closure of a site due to a reason other than an infestation, loss of utilities, natural disaster and/or weather related or structural issue.

Suicide Attempt – The intentional and voluntary attempt to take one’s own life. A suicide attempt is limited to the actual occurrence of an act and does not include suicidal threats or ideation. If medical treatment was sought after a suicide attempt, it should be reported under suicide attempt as a primary category in all cases, and not as serious injury, or illness.

- **Injury/Illness that Requires Medical Intervention** – An individual sustained an injury or became ill due to a suicide attempt and it required medical treatment beyond basic first aid.
- **No Injury/Illness that Requires Medical Intervention** – An individual has not sustained an injury or become ill due to a suicide attempt that required medical treatment beyond first aid.

c. Incidents to be reported in the Electronic Incident Management System within 72 hours

Medication errors and restraints are to be reported within 72 hours after the discovery or recognition of the incident.

Physical Restraint – A physical hands on method that restricts, immobilizes, or reduces an individual’s ability to move his or her arms, legs, head, or other body parts freely. A physical restraint may only be used in the case of an emergency to prevent an individual from immediate physical harm to herself/himself or others. Only restraints that

align with all applicable ODP policies and procedures, regulations and laws are to be reported as physical restraints. All other restraints shall be reported as abuse.

- **Human Rights Team Approved Restrictive Intervention** – Any physical restraint that is applied in an emergency situation that is part of an approved ISP that contains a restrictive procedure.
- **Provider Emergency Protocol** – Any physical restraint that is applied in an emergency situation that is part of a provider emergency restraint protocol. This restraint is not part of an individual approved ISP that contains a restrictive procedure.

Medication Error – Any nonconforming practice with the “Rights of Medication Administration” as described in the ODP Medication Administration Training Course. A medication error occurring during a time when an unpaid caregiver is responsible for the administration, is not reportable. An individual’s refusal to take medication is not reportable as a Medication Error.

- **Wrong Medication** – Individual is given a medication that they are not prescribed or has been discontinued.
- **Wrong Medication - Gave discontinued medication**
- **Wrong Medication - Gave medication that was supposed to be given for another reason**
- **Wrong Dose** – Individual is given too much or too little medication during a scheduled administration.
- **Wrong Time** – When the administration is too early or too late as defined by the range of allowable administration time.
- **Wrong Route** – When a medication is put into the body in a different way from the one specified on the label.
- **Wrong Form** – When an individual is given medication in a different type from the one prescribed.
- **Wrong Position** – When an individual is not placed correctly to receive the medication.
- **Wrong Technique/Method** – When a medication is prepared for administration improperly.
- **Omission** – When an administration of medication fails to occur.
- **Wrong Person-** When an individual is given another individual’s medication.

Provider Optionally Reportable Event – (Required for State Centers)-

An incident of injury, or potential injury, such as a small bruise, scratch or fall with minimal or no injury. All State Centers will document the described incidents using the Optionally Reportable Event primary categorization with a second category as None.

VII. Process for Investigation by A Certified Investigator

Investigation Requirements and Categories of incidents to be investigated by a CI

Incidents that are categorized as critical incidents must be investigated by a certified investigator who has taken and passed the Department’s CI course (55 Pa. 6100.402). The point person for an incident must review the information given by the initial reporter and determine the appropriate primary and secondary incident category and if an investigation by a CI is required or if not required, desired. If an investigation is required or desired for an incident, each entity investigating must follow the Department’s standardized investigation process as outlined in the most current ODP CI manual.

If an investigation is required or desired to be completed by a County Program for an individual who is registered within the county (does not include individuals residing at State Centers or individuals at ICFs that are not registered with the county), the County Program/AE must fully comply with all applicable procedures related to the investigation of incidents. County Program investigators are not permitted to review the investigation of another entity and make an investigation determination based solely on that evidence without conducting their own investigation. In addition, when a County Program arrives at a different investigation determination than a provider, the County Program/ must work with the other investigating entity to reconcile the difference.

A County Program is required to complete any investigation requested by ODP.

At no time should an investigation be delayed, halted, or terminated by an ODP investigating entity because of the involvement of another ODP investigating entity. If a non-ODP investigating entity requests that an investigator delay, halt, or terminate an investigation, the ODP investigating entity must attempt to secure this in writing and discuss this request with the appropriate regional ODP office. There are limited circumstances for which a delay, halt, or termination of an investigation will be approved by ODP.

Concurrent investigations by law enforcement and protective service agencies could occur at the discretion of those entities. When there are multiple entities conducting investigations, every effort will be made to coordinate the investigations to avoid continued stress or trauma upon all individuals involved.

The chart below summarizes incident primary and secondary categories that require an investigation by a CI. At times, more than one ODP entity will be investigating the same incident.

Incidents required to be investigated by a Certified Investigator³

Primary Category	Secondary Category	Entity Responsible to Ensure Investigation
Abuse	All (This includes all Individual to individual abuse)	Provider

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	Misapplication/Unauthorized use of restraint All	Provider and County Program (if applicable)
Death	Natural Causes – Services Provided	Provider
	Unexpected – Services Provided	Provider
Exploitation	All	Provider
	Medical Responsibilities/Resources	Provider and County Program (if applicable)
	Room and Board	Provider and County Program (if applicable)
	Unpaid labor	Provider and County Program (if applicable)
Neglect	All	Provider
Rights Violation	All	Provider
	Unauthorized Restrictive Procedure	Provider and County Program (if applicable)
Serious Injury	Injury Accidental	Provider
	Injury Unexplained	Provider
	Choking	Provider
	Pressure Injury (Decubiti, Pressure Ulcer, Pressure Sore, Bedsore)	Provider
Sexual Abuse	All (This includes all individual to individual sexual abuse)	Provider
Physical Restraint	All	Provider
Missing Individual	All	Provider
Suicide Attempt	All	Provider

All of the above identified incidents require investigation by the provider. The incidents identified as required by County Program are only applicable if individual is registered within the county and is not residing at a State Center.

VIII. Services for Individuals with an Intellectual Disability or Autism Incident Report Form

In the event that a provider is unable to report a 24-hour incident through the electronic information management system, faxed contingency reporting is to be utilized. This reporting method will satisfy regulatory requirements to report an incident. The form (Incident management form) should have a fax cover sheet that identifies the fax as a reportable incident and states the reason the report needed to be faxed. Faxing the incident management form is a short-term solution for meeting regulatory requirement

for reporting incidents. Once access to the electronic management system can be established, the incident must be entered into the system.

IX. Multiple Categories and Sequence of Reporting

A point person must review incident definitions to determine the most appropriate primary and secondary category for a report. In situations where an event appears to meet multiple incident definitions, the point person will enter a report based on the information available at the time of entry. Reclassification is an option at any time during the lifecycle of an incident.

The point person must also determine if the information received at the time of the initial report represents a singular event or if the multiple incident reports are needed to adequately capture the information.

- **Singular reportable events** – Incidents experienced by one individual all related back to the response to the same incident. This type of incident would be able to be reported with a single incident report and investigation, if applicable.
- **Multiple reportable events** – Incidents experienced by one individual, which are not linked to each other and would not be adequately addressed or resolved through a single incident report or investigation, if applicable.

To assist the point person in choosing an appropriate classification when singular events represent more than one incident category, the following sequence is suggested as a guide in selecting the most appropriate category and may not be appropriate in all situations:

- Death
- Sexual Abuse
- Abuse
- Neglect
- Exploitation
- Rights Violation
- Suicide Attempt
- Serious Injury
- Serious Illness
- Behavioral Health Crisis Event
- Missing Person
- Law Enforcement Activity
- Site Closure
- Fire
- Provider Optional

If an incident, that requires reporting within 24 hours, involves or is the result of a medication error, a report is to be initiated in the appropriate 24-hour primary category. In addition, an incident report for the medication error is also to be reported within 72 hours.

X. Review Process

a. Provider Review Process

Providers are to review incident reports prior to finalization for accuracy and to ensure that the final report has all required elements to allow for the closure of the incident.

This process applies to providers and SCOs that are fulfilling the roles of point person and IM representative for the incident. Specifically, the review must ensure:

- Documentation of the actions taken to protect health, safety and rights, upon discovery of the incident
- The incident categorization is correct
- The service location, provider type, and service delivery model are correct
- An investigation occurred when required
- A description of the incident that is accurate and has enough details to explain the event
- Proper safeguards are in place to reduce the risk of recurrence of an incident
- Target(s) are identified per ODP's policy
- No identifying information in the incident pertains to another individual receiving services
- Discharge and follow-up information related to medical services is included in any incident involving medical care
- All required notifications of the incident occurred
- An Administrative Review of the investigation occurred.
- Corrective action(s) in response to the incident have, or will, take place, including those that involve actions related to the target(s)
 - Evidence of the implementation of corrective actions must be available upon request by oversight entities
- An analysis to determine the cause of the incident has occurred for all confirmed incidents.
- All incident management timelines have been met and if they have not, corrective actions related to a failure to meet timelines are present
- The investigation information entered by the CI has enough details to explain the process used by the investigator
- The investigation determination is consistent with the investigation information entered by the CI
- If the individual is deceased, information is sent to the County Program, when applicable, and the appropriate ODP regional office. The final section of the incident report is to be supplemented by a hard copy of the following (as applicable):
 - Lifetime medical history
 - Copy of the Death Certificate
 - Autopsy Report
 - Discharge Summary from the final hospitalization, if the individual died while hospitalized
 - Results of the most recent physical examination

- Most recent Health and Medical assessments
- A copy of the entire investigation file completed by the provider and/or SCO, when applicable

In the event an incident is disapproved by the County Program or ODP, the provider is to respond to the comments from the County D Program or ODP management review.

The provider has ten (10) days to respond and resubmit the final section and investigation documents of the incident report, as appropriate.

b. SCO Incident Review and Monitoring Process

The SCO has a responsibility to respond to and assess emergencies and incidents. This involves a combination of a review of incident reports in the Department's information management system and ongoing monitoring while on-site and via other methods (phone, email, etc.).

Specifically, the SCO must ensure:

- A review of initial incident reports in the Department's information management system and taking action that may include, but is not limited to:
 - Contacting individuals (via the individual's preferred communication method or in person depending on the nature of the incident) to assess their current status and offer assistance to help meet their needs
 - Communicating with the entity that entered the incident to ensure health, safety, and rights are protected
 - Requesting and obtaining additional information (not present in the initial incident report) needed to adequately explain an event in order to assess the actions taken to protect health, safety, and rights
 - Requesting and obtaining additional information needed to address questions and concerns from the initial County Programs and/or regional management review, if noted during the SCO's review of the initial incident
 - Providing recommendations to County Programs or their delegates, in order to improve a situation and increase protections for an individual, when the review of actions taken to protect health, safety, and rights reveals inappropriate or potentially ineffective risk mitigation strategies
- A review of final incident reports in the Department's information management system and taking action that may include but is not limited to:
 - Contacting individuals (via the individuals preferred communication method or in person depending on the nature of the incident) to assess their current status and offer assistance to meet their needs
 - Requesting and obtaining additional information needed to address questions and concerns from the initial County Programs and/or regional management reviews, if noted during the SCO's review of the initial incident
 - An assessment of preventative and additional corrective actions for appropriateness and/or effectiveness to mitigate risk
 - Contacting County Programs/ or their delegates if questions and concerns from the initial AE and/or regional management review are not addressed in the final section of the incident report

- Providing recommendations to County Programs or their delegates, in order to improve a situation and increase protections for an individual, when the review reveals inappropriate or potentially ineffective risk mitigation strategies
- Complete changes to an ISP based upon the incident, if applicable.
- Conduct ongoing monitoring of the situation to determine that the needs of the individual are met. Monitoring must be documented per ODP's regulations, policies, and procedures. Ongoing monitoring includes, but is not limited to:
 - Verification, via examination of onsite documentation, discussions with individuals, families and staff etc., of the implementation of preventative and additional corrective actions related to an incident
 - Communication to providers and/or other oversight entities of issues identified during monitoring
 - This includes informing the appropriate County Program of issues that require additional follow-up action that the SCO is unable to facilitate
 - A determination, if additional monitoring visits are needed, to ensure the protection of health, safety, and rights and the effective implementation of preventative and corrective actions.

c. County ID Program/ Review Process⁴

The County Program is responsible to review incidents and ensure they are approved in accordance with the timeframes and requirements outlined in the most current ODP's incident management bulletin.

- Within 24 hours of the submission of the first section of the incident report, County Incident Reviewers are to review the incident to determine that appropriate actions to protect the individual's health, safety, and rights occurred. This includes, but is not limited to:
 - Communicating with the entity that entered the incident to request and obtain additional information (not present in the initial incident report) needed to adequately explain an event in order to assess the actions taken to protect health, safety, and rights
 - Additional information must be documented in the management review document in the Department's information management system
 - Contacting the entity that entered the incident to communicate concerns identified during the management review to ensure actions are taken to remediate the situation
 - Actions taken must be documented in the management review document in the Departments information management system
- After the provider submits the final section of the incident report, County Program/ incident reviewers are to perform a management review within thirty (30) days.

Specifically, County incident reviewers must ensure:

- The incident categorization is correct
- The service location, provider type, and service delivery model are correct
- An investigation occurred when required
- Target(s) are identified per ODP's policy

- No identifying information in the incident pertains to another individual receiving services
- All incident management timelines have been met and if they have not, corrective actions related to a failure to meet timelines are present.
- An Administrative Review of the investigation occurred
- The investigation determination is consistent with the investigation information entered by the CI
- Proper safeguards are in place to reduce the risk of recurrence of an incident
- The incident contains documentation of:
 - Actions taken to protect health, safety and rights, upon discovery of the incident
 - A description of the incident that is accurate and has enough details to explain the event
 - Discharge and follow-up information related to medical services if the incident involved medical care
 - All required notifications of the incident occurred
 - Corrective action(s) in response to the incident that have, or will, take place, including those that involve actions related to the target(s)
 - Investigation information that has enough details to explain the process used by the investigator
- A review, analysis, and comparison (to the information contained in the corresponding death incident report) of the hard copy information related to death incidents that has been provided by the Provider **is completed**
- All issues identified and communicated to the County Program, by the SCO review/monitoring of the incident, have been addressed.

When the incident report contains all required elements, the County Program incident reviewer will give the report the status of *approved*, otherwise, the report will be given a status of *not approved* and sent back to the submitting entity for correction.

d. State Center/ Review Process⁵

State Centers are responsible to review incidents and ensure they are approved in accordance with the timeframes and requirements outlined in the most current ODP's incident management bulletin.

- Within 24 hours of the submission of the first section of the incident report, State Incident Reviewers are to review the incident to determine that appropriate actions to protect the individual's health, safety, and rights occurred. This includes, but is not limited to:
 - Communicating with the entity that entered the incident to request and obtain additional information (not present in the initial incident report) needed to adequately explain an event in order to assess the actions taken to protect health, safety, and rights
 - Additional information must be documented in the management review document in the Department's information management system

- Contacting the entity that entered the incident to communicate concerns identified during the management review to ensure actions are taken to remediate the situation
 - Actions taken must be documented in the management review document in the Departments information management system
- After the state center submits the final section of the incident report, State Center/ incident reviewers are to perform a management review within thirty (30) days.

Specifically, State incident reviewers must ensure:

- The incident categorization is correct
- The service location, provider type, and service delivery model are correct
- An investigation occurred when required
- Target(s) are identified per ODP's policy
- No identifying information in the incident pertains to another individual receiving services
- All incident management timelines have been met and if they have not, corrective actions related to a failure to meet timelines are present.
- An Administrative Review of the investigation occurred
- The investigation determination is consistent with the investigation information entered by the CI
- Proper safeguards are in place to reduce the risk of recurrence of an incident
- The incident contains documentation of:
 - Actions taken to protect health, safety and rights, upon discovery of the incident
 - A description of the incident that is accurate and has enough details to explain the event
 - Discharge and follow-up information related to medical services if the incident involved medical care
 - All required notifications of the incident occurred
 - Corrective action(s) in response to the incident that have, or will, take place, including those that involve actions related to the target(s)
 - Investigation information that has enough details to explain the process used by the investigator
- A review, analysis, and comparison (to the information contained in the corresponding death incident report) of the hard copy information related to death incidents that has been provided by the Provider **is completed**
- All issues identified and communicated to the State Center, by the SCO review/monitoring of the incident, have been addressed.

When the incident report contains all required elements, the State Center incident reviewer will give the report the status of *approved*, otherwise, the report will be given a status of *not approved* and sent back to the submitting entity for correction.

e. ODP Review Process

- When the incident report contains all required elements, the ODP incident reviewer will give the report the status of *approved*, otherwise, the report will be given a status of *not approved* and sent back to the submitting entity for correction.
- Incident reports are considered closed upon the approval of ODP.

f. Administrative Review Process

All entities that are responsible for incident reports that included an investigation must have a written policy and procedure to support Administrative Reviews of those investigations. Investigations are not finished until the Administrative Review process has been completed. The Administrative Review Process is completed by a committee of people that must follow the guidelines established by ODP in the most recent ODP Administrative Review manual. The Administrative Review process is responsible for the following outcomes:

- Reviewing competency and quality of an investigation for speed, objectivity, and thoroughness,
- Weighing the evidence and make the investigation determination: Confirmed, Not Confirmed, or Inconclusive,
- Develop and determine preventative and additional corrective action(s) regardless of investigation determination,
- Completing the Administrative Review section of the Certified Investigation Report (CIR),
- Ensuring corrective actions were implemented and there is a plan for ongoing monitoring of all corrective actions.
- Completion of the following for each confirmed incident:
 - Conduct analysis to determine the cause of the incident,
 - Corrective action(s), and
 - A strategy to address the potential risks to the individual.

g. Certified Investigation Peer Review (CIPR) Process

All organizations are responsible for the quality of the work performed directly (or via contract agreement etc.) related to incident investigations. In order to facilitate consistent quality measures related to investigations conducted by a Department CI, ODP has created the CIPR process.

The CIPR process is related to the monitoring of incident data and trend analysis that allows organizations to mitigate risks effectively. If a CI does not conduct investigations following the minimum standards for which they were trained, the organizations ability to mitigate and manage risk may be compromised resulting in individual harm. In the context of continuous quality improvement, the CIPR process becomes core in assessing the quality of the investigation process and incident management practices within an entity or system.

The CIPR process assists with:

- evaluating and improving the quality of investigations
- providing performance feedback directly to the CI

All entities that complete investigations are required to conduct the CIPR process as outlined in the ODP CIPR manual.

XI. Quality Management

ODP supports all providers, SCOs, and County Programs to integrate quality management principles, practices and tools into their incident management and risk management policies and activities. Routinely and on an ongoing basis, providers, SCOs and County/AE ID programs are expected to use population-based evidence and individual data to analyze and monitor incident data to identify patterns and trends.

Data-driven decision-making identifies where improvement is needed and suggests where and what type of improvement strategies can be most successful. During the data analysis, root cause should be identified, where possible, so potential points of intervention can guide the development of prevention strategies.

Providers and SCOs must monitor incident data and take actions to mitigate risk, prevent recurring incidents and implement corrective action. Providers and SCOs must complete and document the monitoring of each individual's incident data on a monthly basis that at a minimum includes:

- Evaluation of the effectiveness of incident corrective actions for all incident categories
- Evaluation of the circumstances and frequency of restraints
- Evaluation of the circumstances and frequency of medication errors
- Identification and implementation of preventative measures to reduce:
 - The number of incidents
 - The severity of the risks associated with the incidents
 - The likelihood of the recurrence of the incident
- Documentation of:
 - The need to revise the ISP with the ISP team to include new and/or revised information, risk mitigation plans, or change in services or supports
 - The actions and outcomes of any activities that occurred related to the monthly data monitoring

When developing health and safety related quality improvement plans, entities shall integrate the principles of *Everyday Lives* to assure that resulting outcomes are person-centered and support Choice. When individual plans of any type are developed, they shall be person-centered and support the person to express Choice in all aspect of their lives. For example, person-centered risk mitigation plans shall address health and safety risk factors identified for the individual, assure the person's health needs are being met and incorporate Choice into the plan.

a. Quality, Risk, and Incident Management Monitoring, Planning and Trend Analysis

Quality management uses data as a tool to inform decision-making. In risk management, incident data analysis is used to help identify who is at risk for what and why. It also helps to identify emerging trends and patterns or tells us if strategies implemented to prevent recurrence are successful. Routine and ongoing monitoring of

data over time is necessary to answer questions at the individual level and the system level.

All entities shall work with the individual, the ISP team, and other appropriate stakeholders to mitigate individual medical, behavioral, and socio-economic crises in a timely manner, regardless if they rise to the level of a reportable incident. Providers, SCOs, and County ID Programs/AEs must create and maintain a method to communicate quality management, risk management, and incident management activities to appropriate stakeholders to implement risk mitigation, corrective action, training, technical assistance, and/or education plans.

Quality Management practices must be comprised of methods that include individuals in risk mitigation planning and implementation, as appropriate.

Providers, SCOs, and County ID Programs/AEs are to maintain an effective program of oversight to ensure individual rights are protected. This includes providing information, education, and advocacy for capacity building, supported decision-making, and other less restrictive alternatives to minimize the use of guardianship.

Providers and County Programs/ shall conduct monitoring and trend analysis of incident data. Data and analysis are to be organized into written formats that provide for routine and ongoing monitoring and risk mitigation planning. These documents shall be made available to oversight entities when requested. ODP may require additional incident management analysis related to monitoring results, corrective action plans, or other oversight activities.

b. Individual Incident Data Monitoring

Providers shall monitor incident data to take action(s) to mitigate risk, prevent recurring incidents, and implement corrective action as appropriate. Providers shall complete and document the individual incident data monitoring on a monthly basis that at a minimum includes:

- Evaluation of the effectiveness of incident corrective actions for all incident categories
- Evaluation of the circumstances and frequency of restraints
- Evaluation of the circumstances and frequency of medication errors
- Identification and implementation of preventative measures to reduce:
 - The number of incidents
 - The severity of the risks associated with the incident
 - The likelihood of an incident recurring
- Documentation of:
 - The need to revise the ISP with the ISP team to include new and/or revised information, risk mitigation plans, or a change in services or supports
 - The need to consult with a County ID Program/AE for assistance related to monthly data monitoring

- The actions and outcomes of any activities that occurred related to the monthly data monitoring

c. Provider Three Month Trend Analysis

Providers and SCOs must review and analyze incidents and conduct and document a trend analysis of all incident categories at least every three months. Based on the results of the trend analysis, the providers and SCOs must develop, implement and document both individual specific and agency wide risk mitigation activities.

The three-month analysis shall include, but is not limited to:

- An analysis of compliance with regulatory timeframes for reporting, investigation, and finalization of incidents
- Evaluation of effectiveness of corrective actions for all incident categories
- Evaluation of the effectiveness of education to the individual, staff, and others based on the circumstances of an incident
- A review and trend analysis of comments from the ODP initial management review and disapproval reasons from the final management review
- Any measures that have been implemented or will be implemented to reduce:
 - The number of incidents
 - The severity of the risks associated with the incident
 - The likelihood of an incident recurring
- Documentation of the actions and outcomes of any activities that occurred related to the trend analysis

d. County Program Trend Analysis

ID Program/AEs shall conduct trend analysis by individual and provider entity, as well as specific service locations, to identify risks that require intervention to avoid a crisis. County Programs shall provide assistance to mitigate all situations identified as potential risks to the health and welfare of individuals upon request from providers and/or SCOs. This includes situations for which a provider entity may be approaching crisis in addition to situations for which an individual may need an advanced level of intervention. In addition, the trend analysis shall include, but is not limited to (as applicable):

- Adherence to timeframes in accordance with policy as it relates to reporting, investigation and finalization of incidents
- Evaluation of the circumstances and frequency of restraints
- Evaluation of the circumstances and frequency of medication errors
- Documentation of the actions and outcomes of any activities that occurred related to trend analysis

ATTACHMENTS:

Attachment 1: Additional Reporting
Attachment 2: IM Bulletin Crosswalk
Attachment 3. Incident report form

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