

# Incident Report Final Section Extension Notification

## Resource Guide:

### Understanding Policy, Process, and the Incident Reporting Overview Dashboard Connection

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## ODP's Role in Incident Management and Policy

The creation of and adherence to effective incident management standards is paramount in ensuring that participant health and safety remains at the forefront. The ODP service system, which includes both home and community-based services and facility-based services, must include uniform practices that support effective management of incidents. Ensuring prompt recognition, reporting, investigation, and implementation of preventative corrective actions mitigate risk and decrease the chance of a future occurrence.

An effective incident management system involves oversight to ensure that applicable policies and procedures are being followed for the reporting of critical incidents or events and that necessary follow-up is being conducted on a timely basis. A critical element of effective oversight is the operation of data systems that support the identification of trends and patterns in the occurrence of critical incidents or events in order to identify opportunities for improvement and thus support the development of strategies to reduce the occurrence of incidents in the future.

Regulations and policy involving the management of incidents have been crafted not only to protect all Pennsylvanians they pertain to, but also to adhere to expectations dictated by the Center for Medicare and Medicaid Services (CMS). ODP adopts these CMS expectations uniformly across all programs and does not limited expectations to only those programs for which there is CMS involvement.

CMS provides oversight and funding for all Home and Community-Based waiver programs, including all waiver programs operated by the state of Pennsylvania. In order to maintain funding for all of the Pennsylvanians who receive waiver dollars, CMS requires Pennsylvania to demonstrate that it has designed and implemented an effective system for assuring waiver participant health and welfare. Specifically, Pennsylvania is required to show that:

1. Per Sub-assurance G-i: "The state demonstrates on an ongoing basis that it identifies, addresses, and seeks to prevent instances of abuse, neglect and exploitation and unexplained death"; and
2. Per Sub-assurance G-ii: "The state demonstrates that an incident management system is in place that effectively resolves those incidents and prevents further similar incidents to the extent possible".

As the agency that administers the Medicaid Waiver for the state of Pennsylvania, ODP is obligated to oversee and monitor how information from critical incident reports is used to identify issues within the waiver population, specific providers at a system-wide level, and how that information is used to develop strategies to reduce occurrences in the future.

In order to meet ODP's obligation to CMS to ensure that it has created an effective system for assuring waiver participant health and welfare, regulations have been put in place to ensure

that different sections of the incident report are submitted within certain timeframes. This ensures that oversight, protective service, and law enforcement entities, when applicable, as well as families are notified immediately of initial incident details and actions underway to protect and support the individual. Furthermore, these regulations also ensure that notification of additional information, the results of an investigation, and planned or implemented corrective actions are being communicated timely. Specifically, in relation to the Final Section document, as per Regulation §6100.404. (a):

- “The provider shall finalize the incident report through the Department’s information management system within 30 days of the discovery of the incident by a staff person, unless the provider notifies the Department in writing that an extension is necessary and the reason for the extension.”

As a tool to allow incident reporters to notify the Department (ODP) or its delegates (County/AEs), ODP created the Report Extension screen. This screen allows the user to enter a new updated due date for the final section document, along with a reason for extending the due date.

## **What is an appropriate reason for extension?**

As discussed, §6100.404 states that if a provider cannot finalize an incident within 30 days of discovery, that they must inform the Department in writing, and must include the reason for needing an extension on the due date of their Final Section document. §6100.404 continues on to discuss different elements that must be included in the Final Section of an incident:

- “The provider shall provide the following information to the Department as part of the final incident report:
  - (1) Additional detail about the incident.
  - (2) The results of the incident investigation.
  - (3) Action taken to protect the health, safety and well-being of the individual.
  - (4) A description of the corrective action taken in response to an incident and to prevent recurrence of the incident.
  - (5) The person responsible for implementing the corrective action.
  - (6) The date the corrective action was implemented or is to be implemented.”

These are great “reasons” that users can cite when explaining the reason for the extension notification, as these are required by regulation to be included in the Final Section. For example, a user may need more time on their Final Section document due to needing more

time to implement corrective actions. Simply stating more time is needed is not an acceptable reason. It is important that the reason contains details to explain the “why” so that oversight entities and management reviewers can assure that the regulation is being adhered to by reporting entities.

Please note that this is not an all-inclusive list of reasons for extensions. Each incident is unique in its circumstances, so reasons may vary widely. This regulation is not intended to provide a comprehensive list of appropriate reasons for an extension, but rather is intended to be thought provoking by encouraging reporting entities to consider what is truly required to be included in their report. This will help anchor consideration about whether those requirements need more time to be met because of the natural progression of the incident’s circumstances, or whether the entity could have avoided this extension by better management of the incident. It is also important to note that while reason for extension is required by regulation, there is no process for approving or disapproving extensions. Management Reviewers have the ability to and are strongly encouraged to ask for clarity regarding vague reasons for extensions.

## **Why is it important to finalize a Final Section within 30 days?**

Regulation §6100.404 is meant to ensure timely incident management and risk mitigation, which in turn increases safeguards to protect program participants. As part of the incident Final Section, the reporting organization must include actions that they have planned or implemented in order to prevent recurrence of the incident. Per regulation §6100.405. (a, c):

- “The provider shall complete the following for each confirmed incident:
  - (1) Analysis to determine the cause of the incident.
  - (2) Corrective action, if indicated.
  - (3) A strategy to address the potential risks to the individual...
- The provider shall identify and implement preventive measures to reduce:
  - (1) The number of incidents.
  - (2) The severity of the risks associated with the incident.
  - (3) The likelihood of an incident recurring.”

The sooner a preventative corrective action is put in place, it reduces the likelihood that the cause of the incident can recur and cause additional harm to the individual or another individual. Delays in managing and instituting preventative corrective actions not only fails to ensure timely safeguards have been put in place, it may also lead the individual and their family/guardian to believe that the reporting entity did not take the situation seriously. Regulation §6100.405. (d) continues on to state, “The provider shall educate staff persons,

others and the individual based on the circumstances of the incident.” Completing this education in a timely manner is not only required by regulation, but helps to ensure that the individual knows that their incident was handled appropriately, and in some cases can reduce recurrence of the incident. Therefore, this regulation should be adhered to timely alongside the finalization of the incident Final Section. When reporting entities allow a significant amount of time to pass between incident discovery and the finalization of the incident (implementation of preventative corrective actions), ODP is unable to demonstrate implementation of an effective system for assuring waiver participant health and welfare (see CMS sub-assurances above).

Additionally, entities are required to perform regular trend analysis of their incident data. Per Incident Management Bulletin 00-21-02 Section XII c:

- “The three-month analysis shall include, but is not limited to (as applicable):
  - 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 County ID Program/AE and ODP initial management review and disapproval reasons from the final management review
  - Any measures that have been implemented or will be implemented to reduce:
    - o The number of incidents
    - o The severity of the risks associated with the incident
    - o The likelihood of an incident recurring
  - Documentation of the actions and outcomes of any activities that occurred related to the trend analysis.”

If an incident Final Section is not finalized, this affects the results of any trend analysis conducted, as that data will not be available to be analyzed. For example, an entity will not be able to examine the effectiveness of corrective actions, as corrective actions will not have been reported in the system and likely would not have been implemented.

Requirements for timely finalization are in no way intended to be a burden on stakeholders completing incident management functions; on the contrary, prompt implementation of preventative corrective actions serve to reduce incident volume, which in turn not only protects the individuals we serve, but also reduces future workload for those who support them.

## How do I ensure the Final Section is submitted within 30 days?

All EIM incident first section and final section documents are assigned system generated due dates in accordance with policy. The incident first section due date is calculated to be 24 hours after the date and time of incident discovery. The final section due date is calculated to be 30 days after the date and time of incident discovery. The Due Date to Discovery Date connection is demonstrated in the screenshot below.

Document due dates are used to determine how incidents are displayed on a user’s workload dashboard. Additionally, the due date is used to assess whether an incident document’s submission is late or compliant based on the date and time the end user clicked the [submit] button. System-generated due dates can be modified when circumstances are warranted through the use of the Report Extension functionality.

**Incident Detail**

ID: [95136](#)    Version: 10    Type: Individual Incident    Primary Category: Abuse    Status: Open

Individual: PCG-EIMMR, IRELAND    MCI: 450376830    Provider: PCG ODP EIM PROVIDER THREE    Discovery Date: 11/09/2021

Document Name	Status	Due Date	Action	Created Date	Created By	Last Edit Date	Edited By	Report Extension	Print
Incident First Section	Submitted	11/10/2021		11/9/2021	Three, Provider	11/9/2021	Three, Provider		<input type="checkbox"/>
Incident Final Section	In Progress	12/9/2021	VALIDATE SUBMIT	11/9/2021	Three, Provider	11/19/2021	Three, Provider		<input type="checkbox"/>
Provider Certified Investigator	Created	12/9/2021		11/9/2021	Three, Provider				<input type="checkbox"/>

All EIM users have a workload dashboard on their EIM homepage. When initiating organizations are utilizing their workload dashboard in EIM, they will see their incident move across their dashboard, starting with the category “Due Date not Assigned”, “Coming Due”, “Due Today”, and then “Overdue”.

**My Dashboard**

Work Items		Alerts			News	
Program Office	Type	Overdue	Due Today	Coming Due	Due Date not Assigned	Total
ODP-ID/A	Individual Incident	650	0	25	153	828
ODP-ID/A	Site Level Incident	49	0	1	4	54

EIM Workload Dashboard Terminology	
Category	Definition
Due Date not Assigned	These incidents have just begun, and the First Section document has not been submitted, therefore the Final Section document has not been created yet.
Coming Due	These incidents will come due within the next 30 days. Incidents with an active extension filed will also appear in this column.
Due Today	These incidents have a due date of today.
Overdue	These incidents have due dates that are in the past. Incidents with extensions that have passed will appear in this column.

\*Please see ODP-ID/A EIM User Manual on LMS for more information about the workload dashboard\*

The EIM workload dashboard is designed to assist users to triage the incidents that they need to be working on.

**Overdue** incidents should take priority and should be remedied quickly, as these incidents are past their due date, and a significant amount of time has passed without any corrective actions being implemented. These incidents may be indicative of risk to an individual. **Overdue** incidents are to be finalized immediately or the Department is to be notified that extended time is needed and the reason for the extension, per regulation §6100.404.

**Due Today** incidents are to be resolved by the end of the current day (by 11:59pm), or extended, per regulation §6100.404. Otherwise, these will move into the **Overdue** column. These incidents are on their 30<sup>th</sup> day, or on the last day specified by their entered extension.

Incidents in the **Coming Due** column, if they have no extensions applied, are incidents for which 30 days has not yet elapsed since the discovery of the event. Applying an extension to these incidents, while allowed in policy, keeps those incidents in this **Coming Due** column much longer than 30 days. If a user is using this dashboard to triage their work, those **Coming Due** incidents with an extension applied are at risk of staying unfinalized for a longer period, as the incidents in **Overdue** and **Due Today** will take priority.

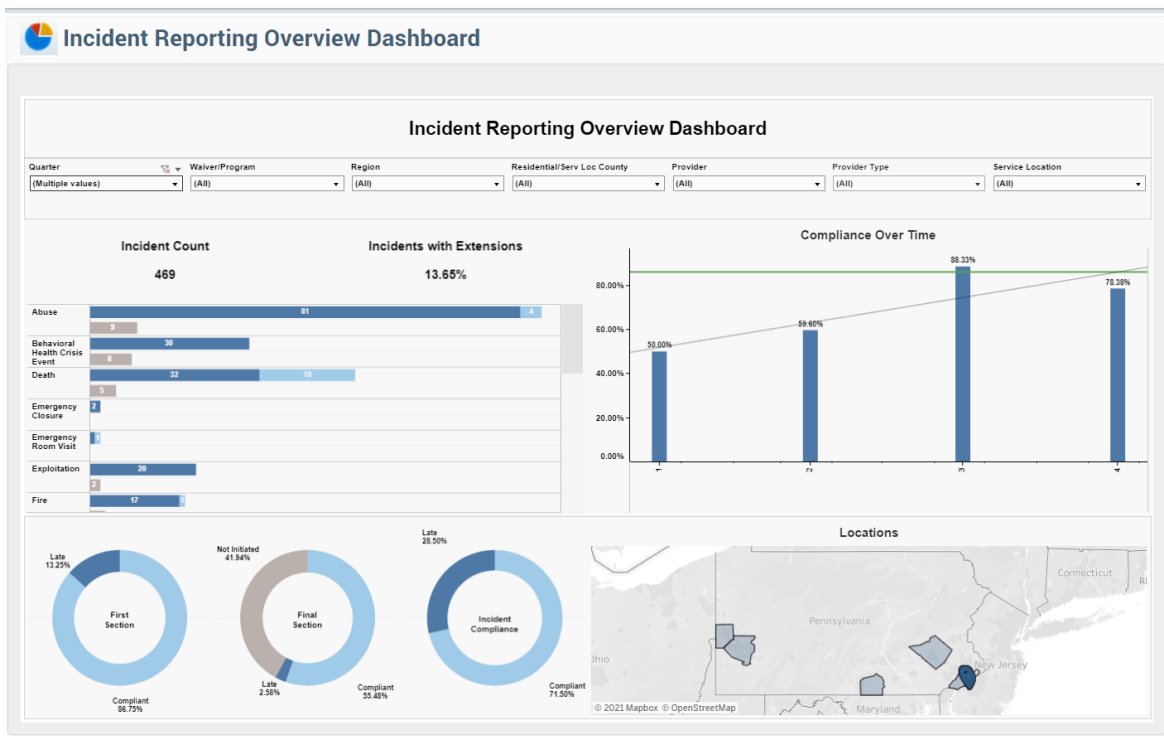
While extensions are allowed in policy and are encouraged where needed, it is important to recognize that the longer an incident remains unfinalized without implementation of corrective action, the more opportunity for recurrence of the incident. More opportunity for recurrence means a greater risk of harm for the individual, and a larger workload in the long run for the reporting entity.

## Incident Reporting Overview Dashboard Connection

All EIM users have access to the Incident Reporting Overview Dashboard through the Reports tab on EIM. The Incident Reporting Overview Dashboard allows users to manipulate visual analytic tools to better understand and analyze their incident data. Per regulation §6100.405 (b, e):

- “The provider shall review and analyze incidents and conduct and document a trend analysis at least every 3 months...”
- The provider shall monitor incident data and take actions to mitigate and manage risks.”

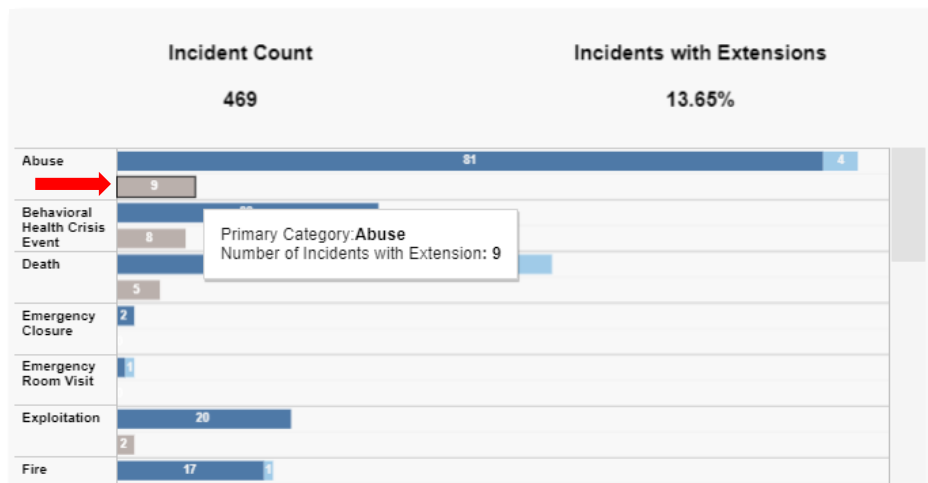
The Incident Reporting Overview Dashboard can be used to examine and trend many facets of an entity’s incident history, and can also to understand an agency’s use of extensions overall, over time, and per incident primary category. Additionally, users are able to identify if their First and Final Section documents are being submitted on time, meaning submission of the document section occurs on or before the Due Date.





## Understanding Extension Use Trends by Type of Incidents

Users have the ability to see how often extensions are being used overall by an agency. In the below screenshot, we can see that for this time period, this agency entered extensions on 13.65% of incidents. Users can change the time period being analyzed by use of the filters at the top of the dashboard in order to track extension use across time. Additionally, by hovering over any of the gray bars in the chart, users can see how many extensions were entered per primary category. In the below screenshot, we can see that for the 85 abuse incidents entered during this time period, 9 of those incidents have an extension entered. The sooner a Final Section document is finalized and preventative corrective action is put in place, the smaller the window of time that the cause of the incident can recur and cause additional harm to the individual.



### *How can this data be used data to improve existing business practices?*

Incidents with Extensions-

- If your entity has a high percentage of incidents with extensions, that may be an indication that extensions are being over applied. Although no incident is the same, most incidents are able to be finalized within 30 days. Here are some questions to think about?:
  - What is causing your entity to be unable to finalize incidents within 30 days? We know that prompt management and finalization of an incident Final Section increases protection of individuals and decreases likelihood of recurrence.

- Is the overuse of extensions at your agency putting individuals at risk? Additionally, a user can analyze extension to find room for improvement of business practices at their agency.
  - Are the extension reasons entered valid, or are they a sign of workload management issues? For example, an extension might be entered with a reason “Point Person was on vacation”, or “Point Person forgot to finish Final Section”. An agency should work with these users and examine the business practices that may have led to this.
  - Is there a need for more staff to be trained? Extensions might be entered if an investigation is disapproved due to a Certified Investigator needing more training on how to conduct a thorough investigation. This may be a sign that more Certified Investigators need to be trained, or additional trainings are needed.
- If your entity has a low percentage of incidents with extensions, but you see elsewhere on the dashboard that you have a high percentage of incident Final Sections being submitted late, that may indicate an underuse of extensions. As discussed in regulation §6100.404, the use of extensions is permitted by policy when an incident requires more than 30 days to finalize. Your agency can both adhere to this policy and improve timeliness compliance through use of extensions.

#### Primary Categories with Extensions-

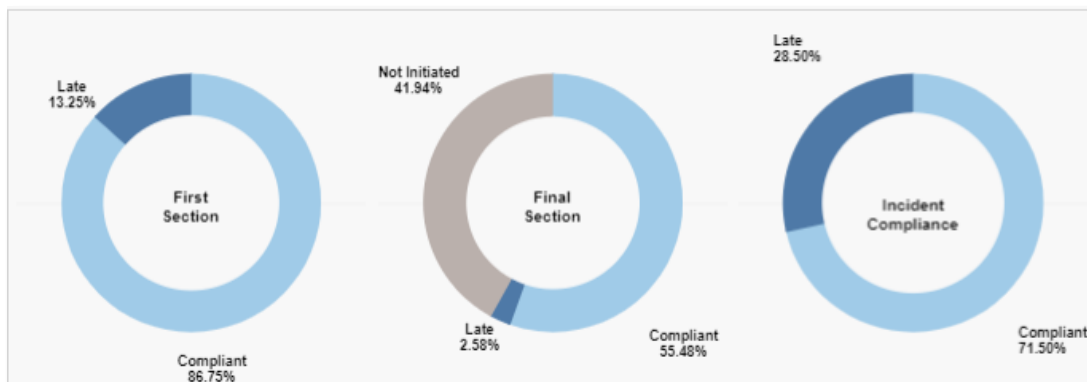
- Users should analyze the number and percent of extensions used by primary categories and identify outliers. Your agency may notice that while they tend to have a low volume of extensions, perhaps there is one primary category with a higher number or percent of extensions. For example, a user may notice that 90% of Behavioral Health Crisis Event incidents have an extension applied, while most other primary categories have 10% or less. This is worth looking into. What are the reasons for these extensions, and how do they differ from the reasons for extensions for the other primary categories?

### Understanding First and Final Section Submission Compliance

Users have the ability to see how often their incident First Section and Final Section documents are being submitted by their assigned due dates. If a document was submitted prior to the due date or on the due date, the Incident Reporting Overview Dashboard labels that incident document *Compliant*. If a document is submitted after the due date has passed, it is labelled as *Late*. If a Final Section document has been created but has not yet been initiated, these incident documents fall into the category *Not Initiated*.

In the below screenshot, we can see that this agency has submitted 86.75% of their First Section documents on time (light blue). For the Final Section, we can see that 55.48% of Final

section documents were submitted on time, and 2.58% have been submitted past their due date (navy blue). Additionally, we can see that 41.94% of Final Sections have not yet been initiated (grey).



Those not yet submitted could potentially have some serious implications depending on the time frame being examined. For example, if the user has filtered their dashboard to show only the current quarter of data, it may be reasonable to have a number of Final Section documents that have not been initiated, particularly if it has been less than 30 days since the discovery of that incident. However, if the user is examining data from prior quarters or even a year in the past, it is rather alarming to have 41.94% of incidents with Final Sections not initiated, as this demonstrates that the reporting entity has made no attempt at progress towards implementing preventative corrective actions and finalizing their incident.

### ***How can this data be used to improve existing business practices?***

#### **Late First Section Documents-**

- Late incident creation and First Section submission can leave less time for a Final Section to be completed, as the original Final Section due date is 30 days from incident discovery, regardless of when the incident is actually entered into EIM or when the First Section is submitted. What trends do you see in the incidents with late First Section documents? Do they all originate from the same service location? Perhaps this service location could use additional training on what constitutes a reportable incident and reporting timeframes. Are all late incidents entered by the same point person? This point person may require additional training or support.

#### **Late Final Section Documents-**

- Similar to the analysis of late First Section documents, there is a lot of information that can be determined from analyzing late Final Section documents. These late Final Section documents may or may not have an extension filed. Were extensions filed but not adhered to? Does the agency have a low use of extensions? A user may also see trends

in the primary categories that tend to be finalized late. Additionally, if an extension has been applied to these incidents, the user can examine the reasons for extension entered. Note that some of the questions posed above in the prior section may also be relevant.

- Users may find that there is pattern in the Point Person who is submitting late incidents. This Point Person may require more training or support. Additionally, there may be benefits to trending how late these Final Sections were. A Final Section submitted a year after discovery can be far more dangerous for the individual supported than an incident finalized a day after the due date.

#### Not Initiated Final Section Documents-

- Not initiated Final Section documents may have the potential to become compliant and be submitted on time. Once initiated, in some cases extensions can be filed if the due date has already come and gone. However even if the Final Section is late, these incidents still need attention to move them forward. These incidents should be brought to the attention of Point Persons at the agency to ensure they have not been forgotten.
- Are there are noticeable trends? Is there a particular service location or Point Person not initiating Final Sections? Users should be conscious of the time period they are examining when analyzing data surrounding not initiated Final Section documents. It is reasonable for an incident less than 30 days from discovery to have a not initiated Final Section, but it is unreasonable for an incident greater than 30-days from incident discovery to have a Final Section that hasn't been initiated.
- Incidents that do not have a Final section initiated where the discovery date is more than 30-days in the past are not in compliance with §6100.404 and must be attended to immediately.

## How does the EIM Extension Functionality work?

The enhancements ODP made to the extension functionality in 2021 were designed to ensure that the appropriate actions and follow-up activities occur in a timely manner in an effort to reduce the likelihood of recurrence and to protect the health, safety, and welfare of individuals. Remember that while extensions are both allowed and encouraged by policy, timely incidents finalization and preventative corrective action implementation are paramount to protecting the individuals we all serve.

On September 11<sup>th</sup>, 2021, EIM was modified to limit the number of times and number of days that initiating organizations were permitted to independently extend an incident's system generated due date. Once EIM limits were exceeded, notification of the need and reason for

additional Final Section due date extensions needed to be directed to the County/AE or ODP regional office.

Effective December 7th, 2021, report extensions can be entered for all incident categories. **Extensions entered cannot exceed thirty days in length per extension**, but multiple extensions can be entered if that time is needed. There are limits on the number of extensions that an incident initiating organization can create. **Each primary category now is limited to six extensions.** Once those limits are met, if additional time is still needed, the County/AE has the ability to enter additional extensions on behalf of the initiating organization. County/AEs are limited on the number of extensions they can enter based on primary category.

It is important to note that EIM Final Section incident extensions do **not** require approval. Rather, the act of an initiating organization entering an extension serves as notification to oversight entities that more time is needed as outlined in §6100.404. Submitting an extension notification on an incident Final Section simply modifies the due date. When the Final Section of an incident has not been submitted by the due date, the incident Final Section is considered late. **A Final Section that is not submitted by the due date (considered late) does not impact or limit the functionality of EIM; the user will still be able to edit and submit the Final Section just as they would be able to if the Final Section was submitted on or before its due date.**

The validations are in place to update who can edit/view the report extension, the number of days the extension can be requested for and the number of extensions for a given incident.

- The following are more detailed explanations of what occurs during Report Extensions for users:
  - If the user logged in is not the same user that created the report extension, this user will only be able to view the extension information. The following roles assigned to a user will allow for an extension notification to be entered in EIM: Incident reporter, Incident Point Person, and Incident Reviewer.
  - There is a minimum of 25 characters required to be entered into the extension reason text box.
  - Validation messages will trigger if the number of extensions is exceeded beyond the allowable maximum, and they will trigger if updated due date exceeds 30 days past the current due date.
  - If the user that is logged in is an ODP-ID/A County/AE or Regional user or an ODP-BSASP State user, they have the ability to update the extension due date.

If a reporting entity reaches the limit on the number of extensions that can be entered for an Incident Final Section, the County (ODP-ID/A) and Region (ODP-BSASP), is able to enter extensions on their behalf upon notification of the reason for the extension. The County is limited on the number of extensions they may enter on the behalf of a reporting entity.

The tables below indicate the updated maximum number of extensions and number of days for each extension based on the incident primary category.

<b>ODP-BSASP Report Extension Limitations</b>		
Primary Category	Initiating Organization	
	Maximum Number of Extensions	Maximum Days per Extension
Abuse	6	30
Behavioral Health Crisis Event	6	30
Death	6	30
Exploitation	6	30
Fire	6	30
Illness	6	30
Individual to Individual Abuse	6	30
Law Enforcement Activity	6	30
Missing Individual	6	30
Neglect	6	30
Passive Neglect	6	30
Rights Violation	6	30
Self-Neglect	6	30
Serious Illness	6	30
Serious Injury	6	30
Sexual Abuse	6	30
Site Closure	6	30
Suicide Attempt	6	30

<b>ODP- ID/A Report Extension Limitations</b>				
Primary Category	Initiating Organization		County/AE	
	Maximum Number of Extensions	Maximum Days per Extension	Maximum Number of Extensions	Maximum Days per Extension
Abuse	6	30	2	30
Behavioral Health Crisis Event	6	30	3	30
Death	6	30	10	30
Exploitation	6	30	2	30
Fire	6	30	1	30
Illness	6	30	3	30
Individual to Individual Abuse	6	30	2	30
Law Enforcement Activity	6	30	3	30

<b>ODP- ID/A Report Extension Limitations</b>				
Primary Category	Initiating Organization		County/AE	
	Maximum Number of Extensions	Maximum Days per Extension	Maximum Number of Extensions	Maximum Days per Extension
Missing Individual	6	30	3	30
Neglect	6	30	2	30
Passive Neglect	6	30	1	30
Rights Violation	6	30	2	30
Self-Neglect	6	30	1	30
Serious Illness	6	30	4	30
Serious Injury	6	30	4	30
Sexual Abuse	6	30	2	30
Site Closure	6	30	1	30
Suicide Attempt	6	30	1	30

For more information related to system functionality, please see the *Reporting Extensions-Reference Guide* posted on LMS.

### **Who can I contact for assistance?**

Questions about EIM extension functionality or requests for technical assistance should be directed to the appropriate ODP regional office.