

Appendix M: Incidence Reporting

Incident Reporting

Department of Social Services (DSS)

Existing system for waivers providing services to persons in the elderly and physical disability target population:

DSS has standard contract language that addresses incident reporting for clients served. This language states as follows:

The Contractor shall submit to the Department's Program Manager an incident report detailing situations that have compromised the health and/or safety of clients served in the program. The incident report shall be submitted within five business days of the occurrence and shall include but not be limited to: client name, staff involved, date, time, details of the incident, an explanation of corrective action taken, and standard operating procedure established to prevent future incidences.

DSS has developed a "Serious Reportable Incident" form presently specific to the ABI Waiver but to be used with Money Follows the Person (MFP). This form has been piloted with an ABI Waiver vendor for the past few months. A Serious Reportable Incident is defined as any situation in which the waiver participant experiences a perceived or actual threat to his/her health and welfare or to their ability to remain in the community.

On contrast, a Sensitive Situation is any one that does not fit within the above categories that needs to be brought to the attention of DSS, within 48 hours of the occurrence, that would potentially threaten the participant's health and welfare or ability to remain in the community, such as an admission into a substance abuse or psychiatric facility.

All members of the participant's care planning team, support staff and service agency staff members are required to report critical incidents. Recipients of Critical Incident reporters include:

- Participant's case manager or social worker depending on the program.
- Cognitive behaviorist (if there is one).
- Participant and/or Conservator.
- DSS Central Office (program manager/social work supervisor).
- DDS Central Office.
- DMHAS Central Office.

Reporting Methods and Timeframes

The provider, pursuant to the “Serious Reportable Incident” form, shall immediately notify DSS by telephone under any of the following circumstances:

- The major unusual incident requires notification of a law enforcement agency.
- The major unusual incident requires notification of child protective services.
- The major unusual incident requires notification of elderly protective services.
- The provider has received inquiries from the media regarding a major unusual incident that has not been previously reported.
- The major unusual incident raises immediate concerns regarding the individual's health and safety such that more immediate notification regarding the incident is necessary.
- The Office of Protection and Advocacy.

The form requires providers to submit a written incident report to the DSS by 5:00 pm the next business day following the provider's initial knowledge of any major unusual incident. By 5:00 pm on the business day immediately following receipt of the written incident report submitted by the provider, DSS shall enter preliminary information regarding the incident through its online system.

Response to Serious Events

All State departments involved with HCBS waivers initiate investigations of any serious issues. Other parties are contacted and interviewed as appropriate. If a concern were raised about any matter that has come up while the consumer was under the support of a provider, the provider would be required to submit an incident report. The specific manner of follow-up for such concerns is determined by the nature of the allegation and the results of the investigation. Possible actions include the suspension or removal of a provider from the active registry/approved provider list or reporting to law enforcement or licensure agencies (e.g., Department of Public Health). Action to ensure the safety of a participant who is at imminent risk occurs immediately (removal of provider and replacement with equivalent service provider). Additional follow-up with other entities include but are not limited to DSS units/divisions (e.g., Quality Assurance, Medical Policy, Legal), law enforcement, Department of Public Health may be necessary. Data from this system will be evaluated with information from the MFP emergency back up plan to assure coordination through the quality improvement committee.

When a participant is age 60 or older and it is deemed appropriate to contact Protective Services for the Elderly (PSE) as part of the investigation, the social worker or case manager depending on the program will assure this is done. In addition, police are notified if any criminal action occurs. Any party involved in the investigation process may initiate contact with PSE or the police. All contacts with PSE and/or the police must be documented as part of the investigation process. PSE Statute 17b-450 – 461 provides the framework for the investigation of abuse or neglect.

The timeframes for response and investigation commencement will mirror the PSE program, which is as follows:

Priority	Response Time
Imminent	Immediate
Emergency	Same Business Day
Severe	Next Business Day
Non-Severe	Within Seven Working Days

DDS Procedure for Critical Incident Reporting

Abuse/Neglect Reporting: Who Reports (Policy No. I.F.PO.001: Policy Statement)

Any employee of DDS or a Provider Agency must immediately intervene on the individual's behalf in any abuse/neglect situation and shall immediately report the incident.

Time-frame for reporting (Procedure Nos. I.F.PR.001 D.2:Reporting and Notification; and PR.001a D.3; PR.005 D.: Implementation)

A verbal report must be made immediately to the appropriate agency (OPA, DCF, DSS) and a subsequent written report by the individual witnessing the abuse/neglect incident. The verbal report is transcribed by the receiving agency and is forwarded to DDS Division of Investigations via fax or secure electronic transmission.

Supervisors must notify State Police in cases involving observed/suspected assault or sexual abuse cases in DDS operated facilities or local police in similar cases involving private agencies.

Regional Directors/Private Agency Administrators must ensure the Regional Abuse/Neglect Liaison is notified within 72 hours of the incident.

Critical Incident Types (Who Reports, Timeframe for Reporting)

Critical Incident Types (Procedure No. I.D.PR.009 C. Definitions) in DDS or Private Agency Operated Settings:

1. Deaths
2. Severe Injury
3. Vehicle accident involving moderate or severe injury
4. Missing Person
5. Fire requiring emergency response and/or involving a severe injury
6. Police Arrest
7. Victim of Aggravated Assault or Forcible Rape

Who Reports (Procedure No. I.D.PR.009 B.: Applicability)

Staff of all DDS-operated, funded or licensed facilities and programs.

Timeframe for Reporting (Procedure No. I.D.PR.009 D.1.a-b Implementation)

During Normal Business Hours: Immediately report the incident to the individual's family and/or guardian and appropriate DDS regional director or designee via telephone. An Incident Report form shall be faxed to the DDS Regional Director's Office. The form should be forwarded to the appropriate DDS Region in the usual process within five business days.

After Normal Business Hours: Immediately report the incident to the individual's family and/or guardian and appropriate DDS on-call manager. An Incident Report form shall be faxed to the DDS on-call manager the next business day. The form should be forwarded to the appropriate DDS Region in the usual process within five business days.

Critical Incident Types (Procedure No. I.D.PR.009a C. Definitions) If Service is in individual's own or family home, and receives DDS-funded services:

1. Deaths
2. Use of restraint
3. Severe Injury
4. Fire requiring emergency response and/or involving a severe injury
5. Hospital admission
6. Missing Person
7. Police Arrest
8. Victim of theft or larceny
9. Victim of Aggravated Assault or Forcible Rape
10. Vehicle accident involving moderate or severe injury.

Who Reports (Procedure No. I.D.PR.009a B: Applicability)

Applies to all staff employed directly by the individual, individual's family or provider agency to provide services and supports to the applicable individuals.

Time Frames for Reporting (Procedure No. I.D.PR.009a D. Implementation)

Immediately notify the individual's family and the individual's DDS case manager or broker. If not available, leave a voice mail message regarding the incident. Complete an Incident Report form. Send or bring the completed form to the employer (individual, family or private agency) who shall keep the original and send the remaining copies to the DDS Regional Director or designee's office immediately or the next working day following the incident.

Situations of exploitation are reported as a Special Concern using the same form and procedure as Abuse /Neglect reporting.

Non-critical incidents are recorded on the DDS Form 255 and submitted to DDS within five business days for entry into CAMRIS. Non-critical incidents include restraint, injury, unusual behavioral incidents and medication errors.

DMHAS Procedure for Reporting

The reporting and review of critical incidents will be an important component of the ongoing evaluation and improvement of the quality of care and services provided by the Department of Mental Health and Addiction Services (DMHAS)-operated and funded agencies and programs. The Health Care Systems (HCS) unit will be responsible for the coordination of this process. Critical incidents, as defined by DMHAS Commissioner's Policy Statement No.81, are incidents that may have a serious impact on service recipients (including those served under a Medicaid Waiver), staff, funded agencies, or the public, or may bring about adverse publicity.

All critical incidents will be reported to the DMHAS Office of the Commissioner. Such reporting will be the responsibility of the Chief Executive Officer (CEO), or designee, of the State Hospital, Local Mental Health Authority (LMHA), Private Non-profit Mental Health Agency, or Substance Abuse Treatment Agency, (hereinafter called "facilities").

When a facility becomes aware of a critical incident, verbal notification will be required to be provided within three hours to the Office of the Commissioner's Critical Incident Report Line at 860-418-8750. This line will be staffed during normal business days/hours. After normal hours or as directed by the Critical Incident Report Line, a verbal report can be made by calling the switchboard at Connecticut Valley Hospital at 860-262-5000 and requesting that the Switchboard contact the On-call Health Care Systems (HCS) Manager. A written report is required within one business day to the HCS Confidential Fax at 860-418-6730.

Once HCS staff receive the critical incident reports, they will clarify information, enter the data into a dedicated data-base for critical incidents and distribute reports of each incident to the DMHAS officials responsible for oversight of quality, contract compliance, safety and administration.

Critical incident follow-up reviews will be conducted by the reporting agency within 30 days of the incident. This review will focus on causative factors and may result in the development of a corrective action plan designed to reduce risk of reoccurrence of similar events. Written accounts of these reviews will be faxed to HCS, checked for completeness and entered into the critical incident database.

Abuse and Neglect

For people between the ages of 22 through 60 years, abuse and neglect will be reported using the critical incident process. Critical incidents, as defined by DMHAS Commissioner's Policy Statement No.81, are incidents that may have a serious or potentially serious impact on DMHAS clients, staff, funded agencies or the public, or may bring about adverse publicity.

For persons aged 60 or older, Section 17b-451 of the Connecticut General Statutes will require medical professionals, social workers, police officers, clergy, and nursing home staff to report to the DSS any knowledge or suspicion of abuse, neglect, exploitation, or abandonment. In addition, friends, neighbors, family members, and acquaintances who suspect an elderly person are being abused, neglected, or exploited may call the closest office of the DSS.

In addition, there will be an electronic on-line process available to the people enrolled in the waiver and their families to report abuse, neglect, and exploitation.