


INCIDENT REPORT TRAINING



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Information provided in this presentation pertains only to the counties in the PBH Region. This information is specific to the PBH region and may not apply to Local Management Entities (LMEs), providers, stakeholders or individuals outside the PBH catchment area.

Presentation slides are brief, bullet-points of information and should not be used out of context.

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INCIDENT REPORTING

Incident means any happening which is not consistent with the routine operation of a facility or service or the routine care of a consumer and that is likely to lead to adverse effects upon a consumer.

NC RULES:

APSM 30-1

10A NCAC 27G .0103(b)(32)

PURPOSE FOR INCIDENT REPORTING

- Ensure serious adverse events are addressed quickly
- Analyze for ways to prevent future occurrences
- Improve service system
- Data collection

NC RULES

10A NCAC 27G .0600-.0610

- Monitoring of Facilities & Services required by NC General Statutes
- North Carolina Incident Response Improvement (IRIS)
- DHHS Incident and Death Report (IRIS)
- DHHS Restrictive Interventions Details Report (IRIS)
- DHHS forms should only be used (faxed to LME) when IRIS is not available
- Forms are available on the NC DMH/DD/SAS website:
 - www.dhhs.state.nc.us/mhddsas/manuals/index.htm#Forms

WHO IS REQUIRED TO REPORT?

- **CATEGORY A PROVIDERS**

Providers of publicly funded services licensed
Under NC General Statutes 122C, except Hospitals.

- **CATEGORY B PROVIDERS**

Providers of publicly funded non-licensed
Periodic or community based MH/DD/SAS
Services.

HOME & HOST Definitions

HOME LME:

- Where the consumer first entered service or their family home
- County where Medicaid was established

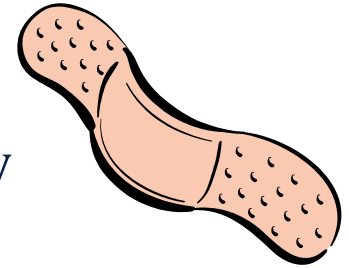
HOST LME:

- Location of service provision

INCIDENT LEVELS

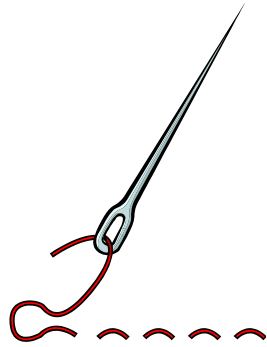
Level I:

No significant threat to health and safety



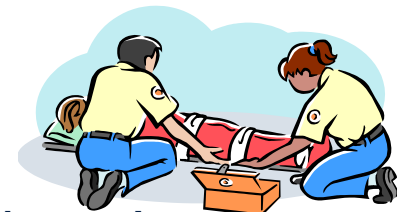
Level II:

Threat to health and safety of a consumer or others



Level III:

Results in Death / permanent physical / psychological impairment to or by a consumer



Reportable Incidents

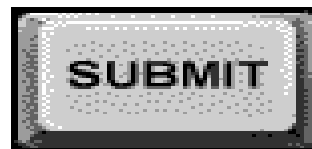
- Consumer Death
- Restrictive Intervention
- Consumer Injury
- Abuse/Neglect/Exploitation
- Medication Error
- Consumer Behavior (Suicidal Behavior/Sexual Behavior/Consumer Aggressive Act/Consumer Absence)
- Suspension
- Expulsion
- Fire
- Search and Seizure
- Confidentiality Breach

Activity:

- Incident Levels

SUBMISSION REQUIREMENTS

- All incidents must be documented and submitted within the required timeframe
- Staff with the most knowledge about the incident should complete the report
- Level I: Providers maintain at agency
- Level II & III incidents: submit using the North Carolina Incident Response Improvement web-based System (IRIS) within the required timeframe



Incident Response and Improvement System (IRIS)

- IRIS is a Department of Health and Human Services (DHHS) web based incident reporting system for reporting and documenting responses to Level II and Level III incidents.
- The purpose of IRIS is to provide a consistent process for all MH/DD/SAS providers receiving public funds to report incidents in a timely manner.
- IRIS Technical Manual
- IRIS Reporting Manual
- IRIS Website: <https://iris.dhhs.state.nc.us/>
- IRIS Test Site <https://irisuat.dhhs.state.nc.us/>

Incident Response and Reporting Manual Notes

- Pg. 6 - IRIS availability
- Pg. 7 - Change in COD and “Under Your Care”
- Pg. 8 - Illness of a consumer
- Pg. 8 - Consumer Deaths
- Pg. 9 - Internal Team Review
- Pg. 9 - Consumer Injury
- Pg. 10 - Abuse/Neglect/Exploitation Reporting
- Pg. 10 - Incidents of Concern for the Community
- Pg. 11 - Self-administration medication errors
- Pg. 12- Consumer Behavior
- Pgs. 20-25 - Criteria for determining level of response to incidents

Periodic Service Providers and Incident Reporting

- **Death and Abuse/Neglect/Exploitation** should be reported by all providers regardless of if services were being provided at the time of the incident or if the consumer is under the care of the provider at the time of the incident.
- **Medication Errors**: Periodic service providers are required to submit medication error incident reports only if the provider is responsible for the administration or supervision of medications. However the provider should also follow their agency procedure regarding reporting medication errors.
- **Consumer Behavior**: Report to the LME any consumer acts that are reported to law enforcement in any of the following situations (pg. 12 Incident Response and Reporting Manual):
 - If the incident occurs when you are actively engaged in providing services, or
 - If the incident is related to the reason the individual is in treatment, or
 - When you learn of the legal involvement of the individual

Restrictive Interventions

- Required transition from emergency to planned when:
 - Used more than 4 times or 40 hours in a calendar month
 - In a single episode in which the original order is renewed for up to a total of 24 hours

Reporting Restrictive Interventions

- Used in an unplanned/emergency situation (not in consumer's plans)
- Planned but administered improperly
- Planned but resulting in discomfort, complaint, death or injury requiring treatment by a licensed health professional

Updating Reports

- Incident reports should be submitted within the required timeframe
- Use the comment section to note that additional information will be submitted.
- When additional information is obtained the original report should be updated and resubmitted
- Updated information must be submitted even if the new information does not change the incident level
- PBH QM staff may also request additional information (progress notes, death certificate, discharge summaries, etc.)

Notification

Depending on the type of Incident the following authorities should be contacted:

Notified by the provider/person completing report

- DSS (Abuse/Neglect/Exploitation)
- Law Enforcement Agency
- Parent/Guardian
- Clinical Home/Treatment Plan Team

Notified by IRIS:

- Division of Health Service Regulation (DHSR)
- Healthcare Personnel Registry (HCPR)
- Home and Host LME

Quarterly Reporting of Level 1 Incidents

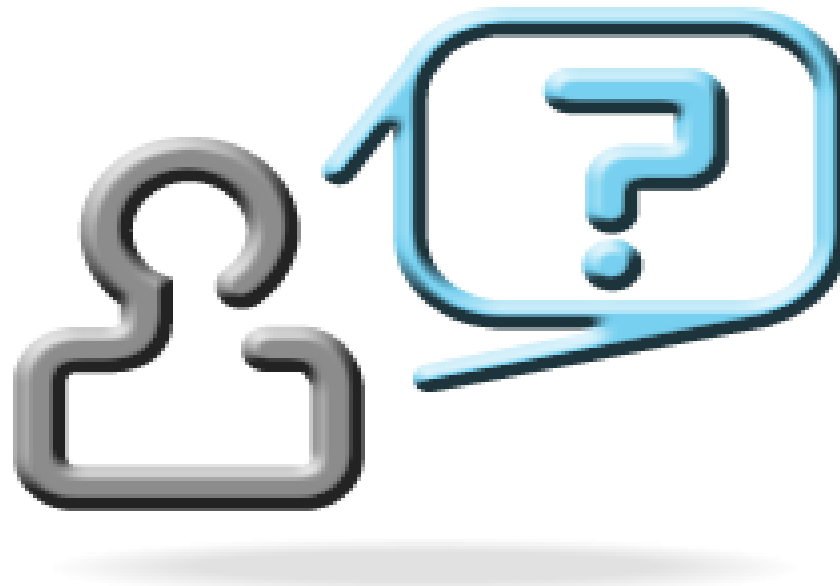
- Providers are required to report aggregate information on Level I incidents to the Host LME quarterly
- Level 1 Restrictive interventions
- Medication Errors
- Search and Seizures
- A copy of the Quarterly Reporting form can be found on the PBH website at:

<http://www.pbhcare.org/pubdocs/upload/documents/DHHS%20Quarterly%20Provider%20Incident%20Report.pdf>

CONFIDENTIALITY

- All incident reports are confidential and protected by G.S. 122C-30, G.S. 122C-31, G.S. 122C-191, G.S. 122C-192
- Incident reports are quality assurance administrative forms and should not be filed in a consumer's medical record.

Questions



CONSUMER RIGHTS

- Consumer Rights as defined in NC laws and rules. Reference APSM 95-2, G.S 122-C
- Consumers/LRP are informed of rights at intake
- Consumer rights may not be restricted except in accordance with agency procedures

INFORMING CONSUMER OF RIGHTS

- Written summary of Consumer rights including rights that can be restricted
- Procedures for Search and Seizure
- Procedures for Suspension and Expulsion
- Rights related to confidentiality, including disclosure of confidential information

INFORMING CONSUMER OF RIGHTS

- Program rules and consequences for violation
- How to get a copy of their treatment and/or discharge plan
- How to complain or file a grievance - including who to contact and timelines
- Fees and collection practices

INFORMED CONSENT

Consumer or LRP shall be informed of:

- The alleged benefits, potential risks, and possible alternative methods of treatment/habilitation
- Length of time consent is valid
- Procedures to withdraw consent

INFORMED CONSENT

Written consent must be obtained for:

- Consent to treat
- Consent for emergency medical treatment.
- Consumer should be informed of right to contact Disability Rights North Carolina

RIGHTS RESTRICTIONS & INTERVENTIONS

- Permitted restrictive interventions or allowed restrictions
- Individual responsible for informing Consumer/LRP
- Due process procedures for refusal of use of restrictive interventions or restrictions

BASIC HUMAN RIGHTS

- Each person has a right to be treated with dignity and respect.
- Treatment can only occur in a safe setting;
- Confidentiality
- To be free from abuse, neglect, and exploitation

CIVIL RIGHTS

- Privacy
- Freedom of association
- Freedom from cruel and unusual punishment
- Right to marry, procreate, and raise children
- Right to vote
- Freedom of speech
- Freedom of religious expression
- Right to own property
- Equal employment/education

RIGHTS FOR ADULTS & MINORS

- Receive necessary treatment
- Must have a written discharge plan at time of discharge
- Contact and Consult with Legal Council, Private Physician and Private MH/DD/SA Professional of choice
- Consumer Advocate

RIGHTS IN 24-HOUR FACILITIES

- LIVING ENVIRONMENT (10A NCAC 27F .0102)
- HEALTH, HYGIENE AND GROOMING
- STORAGE AND PROTECTION OF CLOTHING AND POSSESSIONS
- CLIENT'S PERSONAL FUNDS

Rights That Can Be Restricted - 24 hr. Facilities:

- Make and receive confidential calls
- Retain a Driver's license
- Keep and Spend Money
- Have visitors
- Leave facility
- Keep personal possessions
- Participate in Religious worship

RIGHTS RESTRICTIONS

- Must be determined by Qualified Professional
- Must relate to consumer service needs
- Must be monitored closely
- Must Notify consumer & legal representative
- Must Document in the Treatment Plan
- Must be reviewed by agency's CRC/HRC

RIGHTS RESTRICTIONS

Follow-Up Requirements

- QP evaluation every 7 days - documentation must include rationale for continuation.
- Restriction renewal every 30 days by the QP - Documentation must include rationale for continuation.
- If minor/incompetent adult, documentation exists to prove that LRP notification is done initially and renewal.
- If competent adult, documentation to prove the designated person was notified initially and each renewal.

Least Restrictive Alternative

- Using the least restrictive and most appropriate settings/methods
- Promoting coping and engagement skills that are alternatives to injurious behaviors to self/others
- Providing choices of activities meaningful to the consumer served
- Sharing of control over decisions with the Consumer/LRP and staff.

PROHIBITED PROCEDURES

- Corporal Punishment
- Painful Body Contact
- Electric Shock
- Insulin Shock
- Noxious Substances
- Unpleasant Tasting Foodstuffs
- Potentially Physical painful procedure
- Substances administered to induce painful bodily reactions, exclusive of Antabuse
- Additional interventions that are prohibited by provider agency

Informing Staff

- Agency shall assure all staff are informed of the rights of clients
- Documentation of rights notification
- Staff are to be trained on rights and use of de-escalation of aggressive behaviors

Staff Responsibility

1. Protect consumers from harm, abuse, neglect and exploitation
2. Not subject consumers to any sort of neglect, indignity or inflict abuse on any consumer
3. Goods or services should not be sold to or purchased from a consumer except through established governing body policy
4. Only use that degree of force necessary to repel or secure a violent and aggressive consumer which is permitted by facility

Concerns/Grievances

- For concerns, requests, suggestions for better services or grievances contact:

Anonymous concern line:

1-888-213-9687