

Recognizing and Reporting Critical Incidents

A training for HCBS waiver, Habilitation, and MFP providers and case managers of all types

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Objectives



- ▶ **Review requirements for incident reporting.**
- ▶ **Recognize critical (major) incidents and minor incidents.**
- ▶ **Learn about new critical incident types.**
- ▶ **Review use of the Critical Incident Management System and introduce some new features of the system.**
- ▶ **Understand important components of critical incident reporting and follow up.**
- ▶ **Review common issues related to incident reporting.**

General Reporting Requirements

Required For:

- ▶ Occurrences involving a member enrolled in an HCBS waiver or Habilitation program.
- ▶ Not just during service provision.
- ▶ Occurrences meeting the definitions of critical (major) or minor incidents.

Who Reports:

- ▶ First to discover an incident occurred
- ▶ HCBS waiver and Habilitation providers (*with some exceptions*)
- ▶ Case managers including CBCM, TCM, IHH Care Coordinators.
- ▶ MFP Transition Specialists

Other Reporting Requirements

- ▶ Critical incidents are reported through Iowa's Critical Incident Reporting (CIR) and Management System within Iowa Medicaid Portal Access (IMPA).
- ▶ The reporter must notify certain individuals or parties that an incident occurred.
 - Immediate supervisor or reporter
 - Member/member's guardian
 - Member's case manager, IHH CC, or MFP Transition Specialist

Recognizing Incidents

Critical (major) and Minor Incident Definitions

Recognizing Minor Incidents



- ▶ An occurrence involving a member that is not a major incident and:
 - Results in the application of basic first aid
 - Results in bruising
 - Results in seizure activity
 - Results in injury to self, to others, or to property
 - Constitutes a prescription medication error



Reporting Minor Incidents

- ▶ HCBS providers must have policies and procedures for recognizing and reporting both major and minor incidents.
- ▶ Minor incidents may be recorded on any format designed by the provider.
- ▶ When a minor incident occurs or a staff member becomes aware of a minor incident, the staff member involved shall submit the completed incident report to the staff member's supervisor within 72 hours of the incident.
- ▶ The completed report shall be maintained in a centralized file with a notation in the member's record.

Critical (Major) Incidents

Currently, there are 7 different types of occurrences that require a critical incident report.



Physical Injury



Medication Error



Abuse Report



Emergency Mental Health Treatment



Law Enforcement Intervention



Location Unknown



Death

Physical Injury:

An occurrence resulting in physical injury requiring (physician's) treatment or admission to a hospital.

- ▶ Select the “kind” of physical injury it was from the available selections.
- ▶ Select the “*cause” of the physical injury from the available selections.
- ▶ **NEW:** Decide if the critical incident resulted in one of the following:
 - Emergency room visit
 - Admission to hospital
 - Urgent care visit
 - Treatment from emergency medical technician (EMT)
 - Consultation with poison control, an on-call medical professional, crisis line, or similar service.
 - N/A
- ▶ Decide if this is the “primary” incident type.

Physical Injury

- Physical Injury to member Physical Injury by member

Kind of Physical Injury (Check all that apply)*

- Burn
- Fracture or break
- Dislocation
- Loss of consciousness
- Concussion
- Poisoning or toxin ingestion
- Bite (human or animal)
- Adverse reaction to medication
- Laceration
- Puncture wound
- Other

Cause of physical injury (check all that apply)*

- Use of a restraint or physical intervention of any kind
- Assault
- Removal or failure to use a mobility aid
- Intentional action by member
- Self-harm
- Unintentional action by member
- Physical aggression by member
- Intentional action by staff or another person
- Physical aggression to member
- Unintentional action by staff or another person
- Accidental fall
- Medication error
- Aspiration or choking
- Vehicular accident
- Other

Did this incident result in? (check all that apply)*

- Emergency room visit
- Admission to hospital
- Urgent care visit
- Treatment from emergency medical technician (EMT)
- Consultation with poison control, an on-call medical professional, crisis line, or similar service.
- N/A

Medication Error:

An occurrence that constitutes a medication error or pattern of medication errors leading to physical injury, death, or emergency mental health treatment.

Medication Error: Means occurrence that constitutes a medication error or pattern of medication errors leading to physical injury, death, or emergency mental health treatment of the member.

Medication error by staff Medication error by member or another caregiver

Kind of Medication error (check all that apply)*

- Wrong dosage
- Missed dose
- Wrong person
- Administration by unauthorized person
- Wrong medication
- Intentional overdose
- Wrong route
- Accidental overdose
- Wrong time
- Other

Cause of medication error (check all that apply)*

- Communication failure
- Documentation error
- Error by person administering medication
- Intentional behavior by the member
- Prescriber error
- Pharmacy error
- Other

Did this incident result in? (check all that apply)*

- Emergency room visit
- Admission to hospital
- Urgent care visit
- Treatment from emergency medical technician (EMT)
- Consultation with poison control, an on-call medical professional, crisis line, or similar service.
- N/A

Abuse Report:
An occurrence
that requires a
report of child or
dependent adult
abuse.

Abuse Report: Means an occurrence that requires a report of child abuse or dependent adult abuse.

Member was a victim Member was a perpetrator

Kind of Abuse report (check all that apply)*

- Physical abuse of a dependent adult / nonaccidental physical injury of a child
- Personal degradation of a dependent adult/ Mental injury of a child
- Exploitation
- Sexual abuse
- Self-denial of critical care
- Other child abuse type
- Denial of critical care
- Other

Cause of abuse report (check all that apply)**

- Suspected abuse or neglect from staff
- Suspected self-denial of critical care
- Suspected abuse or neglect from a family caregiver
- Unknown
- Suspected abuse or neglect by member to another person
- Other

Was the abuse allegation founded?*

Yes No Unknown Pending

HHS Abuse Report Department of Inspection, Appeals, and Licensing (DIAL)

Did this incident result in? (check all that apply)*

- Emergency room visit
- Admission to hospital
- Urgent care visit
- Treatment from emergency medical technician (EMT)
- Consultation with poison control, an on-call medical professional, crisis line, or similar service.
- N/A

Emergency Mental Health Treatment:

An occurrence
requiring
emergency
mental health
treatment.

Emergency Mental Health Treatment: Means an occurrence requiring emergency mental health treatment for the member.

Kind of Emergency mental health treatment (check all that apply)*

- Crisis line or mobile crisis treatment for an emergency mental health crisis.
- Use of an emergency restraint or physical intervention of any kind as a means of handling an emergency mental health crisis.
- Emergency room treatment for an emergency mental health crisis.
- Intentional use of any medication to subdue, sedate, or restrain the member experiencing an emergency mental health crisis.
- Admission to the hospital, crisis bed or sub-acute mental health facility, or other mental health treatment
- Other

Cause of emergency mental health treatment (check all that apply)*

- Member attempted suicide
- Member expressed suicidal ideation
- Escalating behavioral health concerns
- Escalating mental health concerns
- Aggression by member
- Medication error
- Toxic effect of substances/adverse reaction to substance
- Triggering event or other triggering factor
- Self-harm/self-injurious behavior
- Unknown
- Other

Did this incident result in? (check all that apply)*

- Emergency room visit
- Admission to hospital
- Urgent care visit
- Treatment from emergency medical technician (EMT)
- Consultation with poison control, an on-call medical professional, crisis line, or similar service.
- N/A

Law Enforcement Intervention:

An occurrence requiring the intervention of law enforcement.

Law Enforcement Intervention: Means an occurrence that requires the intervention of law enforcement.

Attention: Select whether the individual was a victim or a perpetrator. If not applicable, please skip these options.

Member was a victim Member was a perpetrator

Was the member arrested?

Yes No NA

Was the member charged?

Yes No NA

Kind of Law enforcement intervention (check all that apply)*

- Response to a medical/injury call
- Response to mental/behavioral health call
- Response to a domestic disturbance
- Response to a crime in progress
- Response to general report or call
- Welfare check
- Unknown
- Incarceration of any type (jail, prison)
- Other

Cause of law enforcement intervention (check all that apply)*

- Member committed a crime/ was engaging in criminal activity
- A domestic disturbance occurred in the member's home
- Member was a victim of a crime
- Member inappropriately contacted emergency numbers
- Member exhibiting mental or behavioral health issues that put themselves in danger
- Member location was unknown
- Member exhibiting mental or behavioral health issues that put others in danger
- Member was experiencing medical issues or physical injury
- Other

Location Unknown:
An occurrence involving a member's location being unknown by staff who are assigned protective oversight.

Location Unknown: Means an occurrence that involves a member's location being unknown by staff who are assigned protective oversight.

Approximately how long was the member's location unknown?*

Kind of Location unknown (check all that apply)*

- Member cannot be located or contacted during times when protective oversight should be provided
- Member left programming/services against court orders or professional advice
- Other

Cause of the location being unknown (check all that apply)*

- Inadequate staffing to provide protective oversight to all members as outlined in their plans
- Member plan did not adequately address protective oversight needs or supervision not previously identified as a risk for the member.
- Staff not present when/where expected (i.e. did not arrive to work on time; left during shift; was sleeping when sleeping is not permitted per agency policy or member need)
- Staff not properly trained on member's plan.
- Monitoring/Supervision technology failure (i.e. cell phone, GPS, overnight monitoring system)
- An incident or triggering event occurred resulting in the member's location being unknown.
- Redirection, de-escalation, and/or monitoring/supervision plan was unsuccessful to prevent the incident.
- Member not present when/where expected (i.e. did not return to protective oversight at an agreed upon time)
- Other

Did this incident result in? (check all that apply)*

- Emergency room visit
- Admission to hospital
- Urgent care visit
- Treatment from emergency medical technician (EMT)
- Consultation with poison control, an on-call medical professional, crisis line, or similar service.
- N/A

Death:
The death of a member for any reason.

Death: Means an occurrence of any type (including illness) that results in the member's death.

Kind of Death (check all that apply)*

- Accident or injury
- Suicide
- Illness
- Homicide
- Natural causes
- Unknown
- Other

Cause of death (check all that apply)*

- Ongoing illness or chronic health problem
- Homicide
- Sudden or unexpected illness or injury
- Medication error
- Other natural causes
- Unknown
- Suicide
- Other

Was the death unexpected?*

- Yes No

Was the death preventable?*

- Yes No Unknown

Was an autopsy requested? *

- Yes No Pending Unknown

Was an autopsy performed? *

- Yes No Pending Unknown

Did the member have a DNR order? *

- Yes No Unknown

Location where death occurred: *

- Member's home
- Community location
- Hospital
- Other

Address Line 1

Address Line 2

City

State

Zip

 -

New Incident Types

Use of a Restraint

- ▶ An occurrence involving the use of a restraint of any type.
 - Authorized
 - Unauthorized

Medical Treatment

- ▶ An occurrence requiring medical treatment for the member.

Use of a Restraint

Kind of Restraint Used

- ▶ Physical restraint, intervention, hold, or management technique (any direct contact used to control acute, episodic behavior which is intended to prevent, restrict, or subdue movement of the member's body, or part of the body).
- ▶ Chemical restraint (a medication administered to control behavior, restrict freedom of movement, or sedate the member that is not a standard treatment for the member's medical or psychiatric condition. This does not include as needed medications that the member requests or self-administers as part of their symptom management plan.)
- ▶ Isolation or seclusion (involuntary confinement to any room or area where the member is physically prevented from having contact with others, is not free to leave the room or area or believes they are not free to leave.)
- ▶ Mechanical restraint (mechanical intervention that is used to control acute, episodic behavior and is a device to prevent, restrict or subdue movement or function of the member's body, or part of the body).

Use of a Restraint

Cause of the use of a restraint

- ▶ Redirection, de-escalation or non-aversive techniques were unsuccessful to prevent the incident.
- ▶ Aggression by the member to another person or property that could not be managed using non-aversive methods.
- ▶ Self-harm/self-injurious behavior that could not be managed using non-aversive methods.
- ▶ Emergency mental health crisis that could not be managed using non-aversive methods.
- ▶ Staff not properly trained on the member's plan.
- ▶ Member's plan did not adequately address behavioral intervention techniques to prevent the incident.
- ▶ Unknown
- ▶ Other: _____

Use of a Restraint

Use of a Restraint: Means an occurrence involving the use of a restraint of any type.

Incident Type*

- Authorized
- Unauthorized

Kind of restraint (check all that apply)*

- Physical restraint, intervention, hold, or management technique
- Chemical restraint
- Isolation or seclusion
- Mechanical restraint
- Other

Cause of restraint (check all that apply)*

- Redirection, de-escalation or non-aversive techniques were unsuccessful to prevent the incident.
- Aggression by the member to another person or property that could not be managed using non-aversive methods.
- Self-harm/self-injurious behavior that could not be managed using non-aversive methods.
- Emergency mental health crisis that could not be managed using non-aversive methods.
- Staff not properly trained on the member's plan.
- Member's plan did not adequately address behavioral intervention techniques to prevent the incident.
- Unknown
- Other

Did this incident result in? (check all that apply)*

- Emergency room visit
- Admission to hospital
- Urgent care visit
- Treatment from emergency medical technician (EMT)
- Consultation with poison control, an on-call medical professional, crisis line, or similar service.
- N/A

Medical Treatment

Kind of medical treatment

- Emergency room treatment
- Admission to a hospital
- Treatment from an emergency medical technician (EMT)
- Urgent care treatment
- Other:

Cause of medical treatment

- Previously known, long-term medical condition or issue.
- Previously unknown or new long-term medical condition or issue.
- Acute medical condition or issue.
- Physical injury
- Unknown
- Other: _____

Medical Treatment

Medical Treatment: Means an occurrence requiring medical treatment for the member.

Kind of medical treatment (check all that apply):*

- Emergency room treatment
- Admission to a hospital
- Treatment from an emergency medical technician (EMT)
- Urgent care treatment
- Other

Cause of medical treatment (check all that apply):*

- Previously known, long-term medical condition or issue.
- Previously unknown or new long-term medical condition or issue.
- Acute medical condition or issue.
- Physical injury
- Unknown
- Other

Did this incident result in? (check all that apply)**

- Emergency room visit
- Admission to hospital
- Urgent care visit
- Treatment from emergency medical technician (EMT)
- Consultation with poison control, an on-call medical professional, crisis line, or similar service.
- N/A

New Definitions

A major incident will be defined as an occurrence involving a member who is enrolled in an HCBS waiver, targeted case management, or habilitation services and that:

- ▶ results in a physical injury to or by the member that requires treatment from a medical professional or admission to a hospital,
- results in the death of the member, including those resulting from known and unknown medical conditions,
- ▶ results in emergency mental health treatment for the member, (EMS, Crisis Response, ER visit, Hospitalization)
- ▶ results in medical treatment for the member, (EMS, ER Visit, Hospitalization)
- ▶ results in the intervention of law enforcement, including contacts, arrests, and incarcerations,

New Definitions Continued

- ▶ results in a report of child abuse pursuant to Iowa Code section 232.69 or a report of dependent adult abuse pursuant to Iowa Code section 235B.3,
- ▶ constitutes a prescription medication error or a pattern of medication errors that leads to the outcome in bullets 1, 2, 3, 4, 5, and 6 above
- ▶ involves a member's provider staff, who are assigned protective oversight, being unable to locate the member or • involves a member leaving the program against court orders, or professional advice
- ▶ involves the use of a restraint of any kind (physical, chemical restraint, mechanical restraint, or seclusion of the member)

Summary of Changes

Options will be added to almost all incident types to indicate if the incident resulted in Emergency room treatment; Hospitalization; Urgent care treatment; Consultation with a medical provider or hotline (nurse on call, poison control)

A checkbox will be added to indicate if a death was unexpected. Currently we just ask if it was “preventable”.

Selections to indicate whether a death was related to the “fatal 7” health issues will be added.

IoWANS workflows will be replaced by email notifications and other methods.

Summary of Changes

Location unknown will now have a selection to indicate if the member left “programming” against court orders, or professional advice.

Law enforcement intervention will include incarceration as a potential “kind of law enforcement intervention”.

The outcome of an abuse allegation will be added.

Some sections will be rearranged to streamline reporting.

Features will be added such as an “editing” function to allow the reporter to fix errors.

Federal Requirements

And the Importance of Critical Incident Reporting and Management



Health and
Human Services

Federal Oversight

- ▶ The Centers for Medicare & Medicaid Services (CMS) works with states to assure and improve quality across the Medicaid authorities that support long term services and supports, including the Medicaid section 1915(c) HCBS waiver program.
- ▶ CMS seeks to maximize the quality of life, functional independence, health and well-being of individuals served by the HCBS programs.

Quality Assurances and Sub- Assurances and Performance Measures

- ▶ States make assurances and sub-assurances when they submit applications and renewals for waivers and Habilitation.
- ▶ The general categories for assurances include the following:
 - Level of care
 - Qualified providers
 - Service plans
 - Health and welfare
 - Administrative authority
 - Financial accountability

Health and Welfare

- ▶ There are multiple assurances and sub assurances related to member health and welfare including
 - Demonstrating on an ongoing basis that the State identifies, addresses and seeks to prevent instances of abuse, neglect, exploitation, unexplained death, and the use of restraints.
 - Demonstrating that an incident management system is in place that effectively resolves incidents and prevents further similar incidents to the extent possible.
 - Demonstrating that the State policies and procedures for the use or prohibition of restrictive interventions (including restraints and seclusion) are followed.
 - Demonstrating that the State establishes overall health care standards and monitors those standards based on the responsibility of the service provider as stated in the approved waiver.
 - PM's include measuring incident reports, targeted reviews, and more.

Common Reporting Errors and Frequently Asked Questions

Selecting the Member's Program

- ▶ Select the programs for which the member is currently enrolled.
- ▶ Only select one waiver as a member may only be enrolled on one waiver at a time.
- ▶ You may select one waiver in combination with Habilitation.
- ▶ If “TCM (Non-Waiver)” or “MFP” is checked, all other service program options are disabled.

Identifying Reporting Party and Responsible Provider

- ▶ Allows the reporter to make a distinction between the organization that reports an incident and the organization that is actually responsible for the member at the time of the incident.
- ▶ There may be situations when the provider organization responsible for the member at the time of the incident is the same as the reporting party and times when they are different.
- ▶ There may be situations when there was no provider organization responsible for the member at the time of the incident.

Describing the Incident

- ▶ Describe the incident in detail.
- ▶ Be factual.
- ▶ Be specific.
- ▶ Describe the context of the incident.
- ▶ Ensure that corresponding documentation makes sense with the critical incident report.

Identifying Root Cause

- ▶ Root cause is the initiating event or issue that led to the occurrence (critical incident).
- ▶ Also known as the “antecedent” or “core issue”.
- ▶ The highest-level cause that sets in motion the chain of cause-and-effect actions, behaviors, or events ultimately leading to the incident.

Immediate Resolution

- ▶ Action taken immediately following the incident of discovery of the incident to ensure the member's immediate safety and to initially resolve the situation.

Long-Term Remediation

- ▶ Long-term remediation is action that will be taken/has been taken to prevent future similar incidents from occurring to the extent possible.

Access Rule

Ensuring Access to Medicaid Services (CMS-2442-F)

Access Rule and Critical Incidents

Incident Management System

The final rule requires states to implement an electronic incident management system, collect a range of data to identify critical incidents, and meet new reporting requirements.



Electronic Incident Management Systems

- States must maintain an **electronic incident management system** that “identifies, reports, triages, investigates, resolves, tracks, and trends critical incidents.”
- CMS establishes a comprehensive common **minimum definition of “critical incident,”** which states may build upon.



Data Sources and Data-Sharing Agreements

- States must use a **variety of data sources** to identify critical incidents.
- States are required to **establish data-sharing agreements** with any other entities not identified in the final rule that investigate critical instances.



Reporting Requirements

- States are required to **report annually on how they initiate and complete investigations** into critical incidents and complete corrective actions (as needed) within state-specified timeframes.
 - CMS raises the performance standard for initiating and completing investigations and corrective actions to 90%—up from the current 86%.
- **States must report every 24 months on the results of an “incident management system assessment”** to demonstrate compliance with system requirements (may be reduced to once every 60 months if deemed in compliance).

The state’s definition of a “critical incident” must include, at a minimum:

- Verbal, physical, sexual, psychological, or emotional abuse, as well as neglect;
- Exploitation, including financial exploitation;
- Misuse or unauthorized use of restrictive interventions or seclusion;
- A medication error resulting in a telephone call to or a consultation with a poison control center, an emergency department visit, an urgent care visit, a hospitalization, or death; or
- An unexplained or unanticipated death, including a death caused by abuse or neglect.

Reminder: States may receive enhanced federal funding for information technology investments that meet the requirements for a Medicaid Enterprise System.

Minimum Definition

Abuse and the ability to specify the type as verbal, physical, sexual, psychological, or emotional abuse; neglect; exploitation or financial exploitation.

The use of restrictive interventions including identification of the misuse or unauthorized use of restrictive interventions or seclusion.

A medication error resulting in a consultation with a poison control center (including telephone calls), an emergency department or urgent care visit, hospitalization, or death.

Death and the ability to specify if the death was unexplained or unanticipated.

Clarifications

▶ INFORMATIONAL LETTER NO. 2128-MC-FFS

- Issued April 16, 2020
- An incident report is required for any HCBS waiver or Habilitation member regardless if direct services were being provided at the time of the incident
- Major incident “means an occurrence involving a member enrolled in HCBS waiver or Habilitation services”

▶ INFORMATIONAL LETTER NO. 2191-MC-FFS

- Issued clarification on December 1, 2020
- HCBS waiver service providers, case managers, targeted case managers, and IHH care coordinators are required to submit an incident report when a major incident has been witnessed or discovered.
- If you are not certain a major incident has been reported, ensure the report is submitted either through communication with the service provider/case manager or by personally submitting the report.

Resources

- ▶ **Iowa Administrative Code:**
<https://www.legis.iowa.gov/law/administrativeRules/rules?agency=441&chapter=77&pubDate=11-01-2023>
- ▶ **CIR Management System User Guide:**
https://secureapp.dhs.state.ia.us/IMPA/assets/CIR_User%20Guide.pdf
- ▶ **Information about the Access Rule:**
<https://www.medicaid.gov/medicaid/access-care/index.html>
- ▶ **CIR FAQ:** [download \(iowa.gov\)](#)



Questions

Please email the Incident Report Mailbox at hcbsir@dhs.state.ia.us.



Health and
Human Services