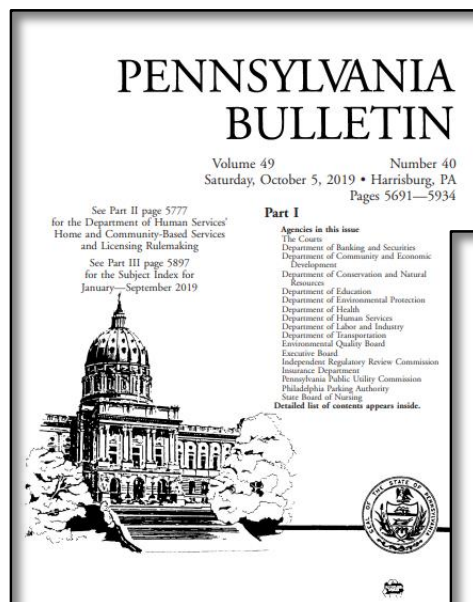



# Incident Management Reviewer Guide

## Incorporating Incident Management (IM) Requirements, Policy, Enterprise Incident Management (EIM) System Functionality and Management Review Criteria



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES  
**OFFICE OF DEVELOPMENTAL PROGRAMS BULLETIN**

<b>ISSUE DATE</b> March 1, 2021	<b>EFFECTIVE DATE</b> July 1, 2021	<b>NUMBER</b> 00-21-02
<b>SUBJECT</b> Incident Management		<b>BY</b>  Kristin Ahrens, Deputy Secretary for Developmental Programs

**SCOPE:**  
Individuals and Families  
Administrative Entities (AE)  
Agency with Choice Financial Management Services Organizations  
Base-Funded Service Providers  
County Intellectual Disability (ID) Programs  
Common-Law Employers in the Vendor Fiscal/Employer Agent Model  
Providers licensed pursuant to 55 Pa. Code Chapters 2300, 2300, 6400 and 6500  
Providers of Adult Community Autism Program (ACAP) services  
Providers of Consolidated, Person/Family Directed Support (PFDS), Community Living, and Adult Autism Waiver services  
Providers of Targeted Support Management (TSM)  
Supports Coordination Organizations (SCO)

**PURPOSE:**  
The purpose of this bulletin is to specify the operating procedures and directions for the incident management process, which is a subset of a larger risk management process, and an essential component of a comprehensive quality management process.

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.
- Investigation of incidents.

at both mitigate risk(s) and decrease the



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## Introduction

The core belief of the Office of Developmental Programs is that Pennsylvanians with intellectual and developmental disabilities supported through the Office of Developmental Programs (ODP) system deserve quality services and supports, the right to everyday lives, and to be protected from harm, particularly from harm like abuse, neglect, or exploitation. To accomplish this, ODP created an incident management system to identify and address incidents that occur using uniform practices that are intended to reduce the risk of occurrence and mitigate future danger or harm.

The incident management system is a subset of a larger risk management process and an essential component of ODPs comprehensive quality management process. Incident Management (IM) is a tool to manage both known incidents and alleged or suspected incidents. One part of the IM system is the review of reported incidents by both County/Administrative Entity (AE) and Regional Staff. This review is completed by both entities during the Initial Management Review and the (Final) Management Review in the Enterprise Incident Management (EIM). IM Bulletin 00-21-02 states that the Initial Management Review is “a review to determine if appropriate actions to protect the individual’s health, safety, and rights have occurred, which is conducted by County ID Program/AE staff within 24 hours of the submission of the first section of the incident report.” While the (Final) Management review is “a review of the entire incident report in the Department’s information management system, that results in a status of approved or not approved.”

This document was created to provide guidance, communicate best practices, and foster consistency of practice among incident reviewing entities. To accomplish this, review criteria to aid in the completion of the Initial Management Review and the Final Management Review in the Enterprise Incident Management (EIM) system has been provided in the form of probing questions for each primary category designation.

In addition, specific guidance related to incidents with a secondary category of choking and pressure injury has also been provided. Information about additional and preventative corrective actions, Supports Coordinator to County/AE management reviewer comment feature, and the completion of management review documents has also been included to ensure uniform practices by reporting entities.

This document is intended to be a technical assistance guide. Topical areas can be easily located, printed, and shared to aid with reporting and management of incidents.

ODP intends to add to this guide as incident management topics are discovered to need clarification and additional guidance. Additional versions will be developed, updated, and

released ongoing. This document and additional resources can be found on the [www.MyODP.org](http://www.MyODP.org) website in the [Incident & Risk Management](#) area.

## **General Management Review Guidelines**

This document provides guidance to County/Administrative Entity (AE) and ODP Regional Office Incident Management Reviewers. Guidance is provided for both completion of the **Initial County and Initial Regional Management Review** documents, specific to an **Incident First Section** document submission, as well as completion of the **County and Regional Management Review** documents, specific to the **Incident Final Section** document. Incidents that require an investigation by a Department-certified investigator also contain a Provider Certified Investigator Report (CIR) and an Administrative Review (AR) document. The CIR and AR documents are reviewed along with the final incident report submission as part of the Management Review. Management reviews are completed for all incident reports submitted except medication error and physical restraint incident reports.

[IM Bulletin 00-21-02, Section XI](#), outlines review process requirements. Providers and SCOs are required to review incident report content prior to submission and finalization. County/AE programs and ODP are required to perform management reviews of incidents that are submitted.

Adhering to the review processes outlined in the bulletin ensures:

- consistency of information submitted,
- inter-rater reliability among reviewers,
- data integrity,
- regulatory Compliance,
- effective oversight and monitoring, and
- most importantly, timely and adequate incident response actions have been taken to prevent recurrence.

## **XI. Review Process**

### **a. Provider and SCO Review Process**

Providers and SCOs are responsible for reviewing incident reports prior to finalizing them for accuracy and to ensure that the final report has all required elements to allow for the closure of the incident. In addition, providers and SCOs must ensure evidence of the implementation of corrective actions is available upon request by oversight entities. This review 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 that the individual's health, safety and rights were protected, 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
- The description of the incident 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 this bulletin
- No identifying information that pertains to another individual receiving services is included in the incident report
- Discharge and follow-up information related to medical services is included in any incident report 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)
- An analysis to determine the cause of the incident was completed 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 included in the incident report
- The investigation information entered by the CI has enough details to explain the process used by the CI, if the CI performed an investigation
- The investigation determination is consistent with the investigation information entered by the CI, if the CI performed an investigation

## Initial Management Review Section

The purpose of the Initial Management Review is to assure County/AE programs as well as state programmatic and licensing oversight agencies receive timely notification of provider submitted incidents in accordance with applicable regulations.<sup>1</sup> Incidents are required to be reported in the Department's information management system within 24 hours of discovery. The Department's current information management system is the Enterprise Incident Management (EIM) web-based application.

Once an incident is submitted, an Initial Management Review is performed by both County/AE and ODP Regional office personnel. Initial management reviews ensure that incidents are adequately described, appropriate notifications to all required parties occurred (including law enforcement and protective service entities), and that responsive actions to protect an individual's health, safety, and rights occurred and are documented.

The initial management review process serves as a quality review of the information to understand what happened and determine if additional action beyond what occurred is necessary. The reviewer must assure that what a provider has documented is adequate in assuring the individual's health, safety, and rights. It is also meant to verify that a provider is compliant with regulatory requirements. It is **not to approve or disapprove** an Incident First Section submission.

In other words, ***the reviewer is acknowledging that what the provider reported in EIM is compliant with regulatory requirements for 24-hour incident reporting and prompt and immediate action to protect the health, safety, and well-being of the individual following incident recognition occurred.***

When concerns or questions arise about information contained in an incident report first section, initial management reviewers are to contact the provider, obtain clarification, and offer technical assistance and guidance on information that should be included in the final incident report submission. Initial management reviewer actions do not impede the provider's ability to follow the incident management process or complete the final incident report submission.

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<sup>1</sup> Applicable regulations include 55 Pa Code §§2380, 2390, 6100, 6400, and 6500.

[IM Bulletin 00-21-02 Section V](#) outlines specific actions that must be taken upon discovery/recognition of an incident. Documentation to support that these actions occurred must be included in the initial incident report first section submitted by the point person within 24 hours as required in section IV (b).

#### **V. Response Upon Discovery/Recognition of an Incident**

The provider and SCO 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).

### **Incident Description**

The incident description narrative is a key component of the incident report. The purpose is to capture an accurate and detailed story of what was discovered or recognized, what occurred/happened or was alleged to have happened, people involved, and the current status of the individual or victim. This narrative is captured in EIM. Below is a screenshot showing the question prompt:

#### **Incident Description**

Please describe in detail exactly what happened during the incident, including dates, times, and all people involved including staff. Include all relevant details prior to, during, and after the incident. Indicate the current status of the Individual: ★

#### **When reviewing the Incident Description, the questions below should be answered in the Initial Section Management Review:**

- ✓ **WHO** was involved, including individuals receiving services, staff, family, alleged targets, and others as necessary.
- ✓ **WHAT** took place **prior to** the event, **during** and **after** the incident.
- ✓ **WHAT** immediate steps were taken after the event (was first aid provided, 911 contacted, supervisor informed, etc.)?
- ✓ **WHAT** is the current status of the victim (where are they located, current health status, victim comforted, etc.)?
- ✓ **WHEN** did the incident take place (time of day, day of week, and date)?
- ✓ **WHERE** did the incident take place (which area of the home, in the community, other)?



## Actions Taken to Protect Health and Safety

[IM Bulletin 00-21-02 Section V](#), Response Upon Discovery/Recognition of an Incident, states that immediate action to protect the health, safety, rights, and well-being of the individual must be taken by the provider.

The Actions Taken to Protect Health, Safety, and Rights narrative is another key component of the incident report. The purpose is to capture an accurate and detailed story of the prompt responsive actions taken upon discovery, including actions to reduce or remove imminent risk to the individual and eliminate potential recurrence of the incident. This narrative is captured in EIM. Below is a screenshot showing the question prompt:

### Actions Taken To Protect Health, Safety, and Rights

Please describe the actions taken to protect the individual (Describe administrative, health/safety, treatment and targeted individual actions to address the incident to date including supports and/or services offered): ★

### **When reviewing the Actions Taken to Protect Health and Safety, the following actions should be outlined specifically if applicable:**

- ✓ How was imminent risk to the individual removed or reduced?
- ✓ Was Emergency Management Services (EMS) or 911 contacted?
- ✓ Was law enforcement notified?
  - Whenever there is a suspicion of a crime.
  - Anytime an individual requests law enforcement be contacted regardless of if there is suspicion of a crime.
  - In accordance with protective service law requirements (23 Pa. C.S. § 6312, 35 P.S. §§ 10210.501(b), 10225.710(b)). Law enforcement notification must occur anytime there is reasonable cause to suspect that the following occurred (Per Adult Protective Services Definition):
    - Sexual Abuse
    - Serious physical injury
    - Serious bodily injury
    - Suspicious Death
- ✓ Was the alleged target identified and separated from the victim and others, as appropriate?
  - Required for all categories of suspected and alleged abuse.
- ✓ Was emergency or timely medical care or basic first aid provided?

- Medical care refers to an assessment, examination, or treatment by a qualified medical professional.
- ✓ Were medical professionals contacted?
  - Individual's PCP
  - Emergency Room or Urgent Care
  - Sexual Assault Nurse Examiner (SANE), that is trained to examine individuals and collect evidence for incidents of sexual abuse
- ✓ Was counseling arranged or victim's assistance programs contacted?

**Other Questions that should be answered in the First Section:**

- ✓ Was the correct Primary/ Secondary Classification used?
- ✓ Is the discovery date accurate? (Is the discovery date consistent with the description in the initial report?)
- ✓ Is there another incident that needs to be filed and linked?
- ✓ Was the choking/falling indicator used correctly?
- ✓ Were appropriate Protective Agencies notified?
  - Area Agency on Aging (AAA) - if the person is 60 or older
  - Adult Protective Services (APS) - if the person is age 18-59
  - Child Protective Services/Childline - if the individual is under the age of 18
- ✓ Was the individual notified of the incident?
- ✓ Was notification made to the family/guardian/person's designated by the individual?

**Reminder:** It is critical that Management Reviewers pay close attention to the information contained on the incident classification screen, especially the protective service notification questions. If a management reviewer determines that a protective service notification should have occurred but did not, follow-up with the reporting provider's immediate contact person must occur. If more information is needed, follow-up with the reporting provider's immediate contact person must occur.

Links to Protective Service Resources:

[Adult Protective Services Trainings and Resources \(APS\)](#)

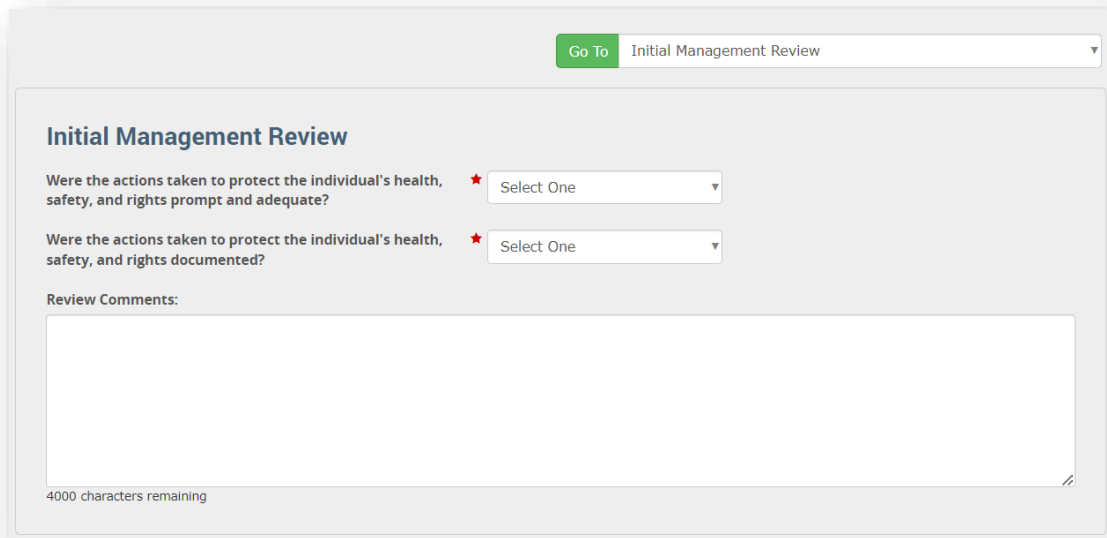
[Older Adult Protective Services Trainings and Resources \(OAPSA\)](#)

[Child Protective Services Trainings and Resources \(CPS\)](#)



## Completing the Initial Management Review in EIM

After reviewing the information in the First Section, the reviewer will need to answer the following two questions contained in the County and Regional Initial Management Review Documents. Below is a screenshot of the Initial Management Review screen in EIM.



### **Question 1: Were the actions taken to protect the individual's health, safety, and rights prompt and adequate?**

- ✓ If the first section of the incident reflects that **all** necessary actions were taken promptly, then select **Yes** as your response.
- ✓ If the first section of the incident **does not reflect that all** necessary actions were taken promptly, select **No** as your response
  - Additional actions that must be taken should be added to the comment section.
  - Management Reviewers need to immediately communicate with the **Immediate Contact** person of the reporting provider to ensure additional actions are being taken. The immediate contact information can be located on the Provider Information page of the incident report.



**Question 2: Were the actions taken to protect the individual's health, safety, and rights documented?**

- ✓ If the first section of the incident **contains all the** required information, select **yes** as your response.
- ✓ If the first section of the incident **does not contain all** the required information, select **no** as your response
  - Additional actions that occurred but were not documented should be added to the Review Comments section, if known to have occurred as a result of communicating with the immediate contact person before submission of the Initial Management Review document.

Management Reviewers must ensure timely follow up<sup>2</sup> with the Provider as outlined in Section XI (c) Review Process, page 35 of the IM Bulletin. **Incident management reviewers are encouraged to not wait** for additional information before answering the two initial management review questions and submitting their review document.

Reporting entities can initiate an Incident Final Section any time after the submission of the Incident First Section. Additional information can be entered into the Additional Information and Optional Categorization pages or other appropriate Final Section screens and saved. The Incident Final Section document does not need to be submitted. Taking this action will enable management reviewers to access and view the additional information or actions. Initial Management reviewers are encouraged to leverage

**c. County ID Program/AE Review Process<sup>8</sup>**

The County ID Program/AE is responsible for reviewing and approving incidents within the timeframes and requirements outlined in this bulletin.

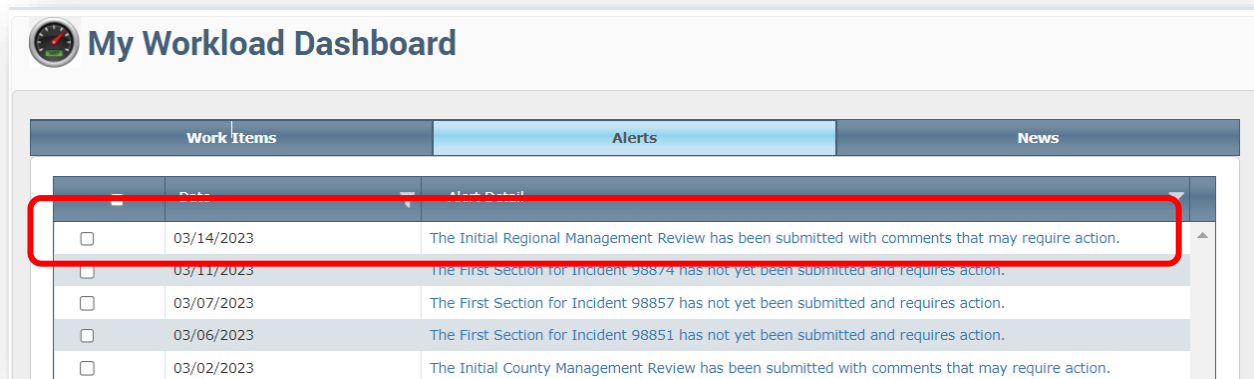
- Within 24 hours of the submission of the first section of the incident report, County ID Program/AE incident reviewers must complete an initial management review of the incident to determine if appropriate actions were taken to protect the individual's health, safety, and rights. This includes, but is not limited to:
  - Communicating with the entity that entered the incident to request and obtain additional information if necessary to adequately explain and assess the actions taken to protect the health, safety, and rights of the individual
    - 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 any concerns identified during the management review and to ensure that actions were taken to remediate the identified concern
    - Actions taken must be documented in the management review document in the Department's information management system

<sup>2</sup> County/AE Management Reviewers are expected to conduct the direct outreach to providers. When a Regional Management Reviewer conducts a review they may direct the county to conduct outreach to the provider.

this EIM functionality to prompt for and receive timely additional information for severe incidents so that action taken by a provider demonstrate compliance with regulatory requirements and are documented.

## Alerts Generated Through the Initial Management Review Submission

EIM generates alerts to incident reporters when a County or Regional initial management reviewer answers “no” to either of the questions contained in the Initial Management Review document.



Work Items	Alerts	News												
	<table border="1"> <thead> <tr> <th>Date</th> <th>Alert Detail</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> 03/14/2023</td> <td><a href="#">The Initial Regional Management Review has been submitted with comments that may require action.</a></td> </tr> <tr> <td><input type="checkbox"/> 03/11/2023</td> <td><a href="#">The First Section for Incident 98874 has not yet been submitted and requires action.</a></td> </tr> <tr> <td><input type="checkbox"/> 03/07/2023</td> <td><a href="#">The First Section for Incident 98857 has not yet been submitted and requires action.</a></td> </tr> <tr> <td><input type="checkbox"/> 03/06/2023</td> <td><a href="#">The First Section for Incident 98851 has not yet been submitted and requires action.</a></td> </tr> <tr> <td><input type="checkbox"/> 03/02/2023</td> <td><a href="#">The Initial County Management Review has been submitted with comments that may require action.</a></td> </tr> </tbody> </table>	Date	Alert Detail	<input type="checkbox"/> 03/14/2023	<a href="#">The Initial Regional Management Review has been submitted with comments that may require action.</a>	<input type="checkbox"/> 03/11/2023	<a href="#">The First Section for Incident 98874 has not yet been submitted and requires action.</a>	<input type="checkbox"/> 03/07/2023	<a href="#">The First Section for Incident 98857 has not yet been submitted and requires action.</a>	<input type="checkbox"/> 03/06/2023	<a href="#">The First Section for Incident 98851 has not yet been submitted and requires action.</a>	<input type="checkbox"/> 03/02/2023	<a href="#">The Initial County Management Review has been submitted with comments that may require action.</a>	
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Incident reporters can click on the blue text hyperlink and will be taken to the EIM Incident Detail screen where they can easily click on the document and view the management review document to review and address the comments.

For Individual Incidents, the individual's primary Supports Coordinator and Support Coordinator's Supervisor within the assigned organization/scope, receive a system generated email alert notification to also alert them that additional actions may be needed. An example of the email is below:

Incident ID: <Incident ID>, The Initial County Management Review has been submitted with comments that may require action.

Primary Category: <Primary Category>

Secondary Category: <Secondary Category>

Please login to the application [here](#) to view this alert in EIM.

Management reviewers should not rely solely on the system generated alerts in EIM as the email message lacks details of the concerns. Management reviewers must contact the reporting provider to communicate any identified concerns, in need of immediate attention, and ensure action to remediate the concerns is underway.

### **Additional Guidelines – Initial Management Review of Incidents of Choking**

An incident of Serious Injury with a secondary category of Choking is reportable 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, or the Heimlich maneuver.

Management Reviewers should pay close attention to ensure that the Choking indicator is correctly noted in the **Incident Classification** page of the **Incident First Section** document or the **Verification of Incident Classification** page of the Incident Final Section.

For all incidents that involve choking, details that answer the following questions must be included in the Incident First Section. If information is not known at the time of the Incident First Section submission or the Initial Management Review, reviewers must pose these questions and ensure that the information is added to the Incident Final Section promptly by the reporting provider.

To accomplish the recording of additional information, reporting entities can initiate an Incident Final Section any time after the submission of the Incident First Section. Additional information can be entered into the **Additional Information and Optional Categorization** page, saved, and edited until the Incident Final Section is submitted by the reporting entities. Taking this action will enable management reviewers to access and view the additional information.

- ✓ What specifically was the individual eating during the incident?
- ✓ Were abdominal thrusts or the Heimlich maneuver administered?
- ✓ Did the individual receive a medical assessment after the event?
- ✓ Did the individual lose consciousness?
- ✓ What is individual's current medical status?
- ✓ Were staff trained on the individual's dietary needs prior to the choking event?
- ✓ Is there an eating protocol for the individual?
  - If so, was the eating protocol being followed at the time of the choking event?
  - If not, why not? (Incident classification should be changed to Neglect if not already)
- ✓ Is there a mealtime supervision protocol for the individual?
  - If so, was the supervision protocol being followed at the time of the choking event?
  - If not, why not? (Incident classification should be changed to Neglect if not already)

- ✓ Was the individual prescribed a dietary protocol and was it followed at the time of the event (i.e., mechanical soft diet, pureed diet, liquids need thickeners, etc.)?
- ✓ Are all staff that will work with the individual trained on mealtime precautions and policy and any recent modifications to the mealtime plan?
  - If not, what is the plan to ensure that this occurs timely?
- ✓ Is there cause to believe that there is a swallowing problem?

## **Additional Guidelines – Initial Management Review of Incidents of Pressure Injury**

An incident of Serious Injury with a secondary category of Pressure Injury (decubiti, pressure ulcer, pressure sore, bedsore) is reportable when injuries occur to skin and underlying tissue resulting from prolonged pressure on the skin, regardless of stage and including 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.

For all incidents that involved a Pressure Injury, details that answer the following questions must be included in the Incident First Section. If information is not known at the time of the Incident First Section submission or the Initial Management Review, reviewers must pose these questions and ensure that the information is added to the Incident Final Section promptly.

To accomplish the recording of additional information, reporting entities can initiate an Incident Final Section any time after the submission of the Incident First Section. Additional information can be entered into the **Additional Information and Optional Categorization** page and saved. The Incident Final Section document does not need to be submitted. Taking this action will enable Management Reviewers to access and view the additional information.

- ✓ Date Pressure Injuries were discovered?
- ✓ How many pressure injuries are present? (Describe each of the pressure injuries as per below)
  - Pressure Injury body location
  - Pressure Injury stage
  - Injury description: size, color, drainage, seeping, odor, bloody, what is the appearance?
  - Is the pressure injury infected or not infected?
    - Is osteomyelitis (bone infection from a pressure injury) occurring?
- ✓ Does the individual have a temperature greater than 100.3 F?
- ✓ Was the PCP notified of newly found Pressure Injuries?
- ✓ What setting discovered the Pressure Injuries (provider residence, nursing facility, hospital, etc.)?



- ✓ In what setting did the Pressure Injuries initially develop (if known)?
- ✓ Is this the first Pressure Injury for this person?
- ✓ Does this person have a history of Pressure Injuries?
- ✓ Are there risk factors that support or hinder the individual's treatment and care plan (such as mobility, continence, sensory perception, friction/shear, activity level, mental status, co-morbidities [dementia, diabetes, infection, malnutrition, neurologic impairment, obesity, peripheral vascular disease, other])?

Additional questions that should be addressed in the Incident Final Section:

- ✓ Was wound care provided (in the home or at a wound care clinic)?
- ✓ Are wound care clinic appointments scheduled?
- ✓ What is the current treatment description and/or physician-ordered treatment?
- ✓ Did staff providing supports receive training in how to provide wound care?
- ✓ What prevention actions (example: re-positioning, etc.) have been put in place?
- ✓ Who is providing wound treatment (nursing, clinic, DSP)?
- ✓ Is in-home skilled nursing being provided?
- ✓ Was a HCQU referral made?
- ✓ What is the current status of Pressure Injuries? *Healed; Healing; Unchanged; Worsened; Unknown*
- ✓ Has additional information been added that supplements the Initial section information (for example, nutritional status, albumin level, protein supplements or tube feeding)?

**Reminder:** The **Health Care Quality Units (HCQUs)** have extensive training and resources available to aid providers. HCQUs also provide consultation to help employ strategies to mitigate and prevent pressure injuries. Providers can contact their Administrative Entity in order to be connected with the local HCQU programs.



## Final Management Review Section

The Final Management Review is a review of the entire incident report in the Department's information management system, that results in a status of approved or not approved. Once both the County and Region Management Reviews are approved, an incident is considered closed.

[IM Bulletin 00-21-02 Section XI \(c\)](#) Review Process outlines specific actions and information that should be reviewed and verified as part of the County Management Review of the final incident report.

- After the provider or SCO submits the final section of the incident report, County ID Program/AE incident reviewers must perform a management review within 30 days. Specifically, County ID Program/AE 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 this bulletin
  - No identifying information that pertains to another individual receiving services is included in the incident report
  - All incident management timelines have been met and if they have not, corrective actions related to a failure to meet timelines are in the incident management report
  - 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 report contains:
    - Documentation of the actions taken to protect the health, safety and rights of the individual(s), upon discovery of the incident
    - An accurate description of the incident and enough details to explain the event
    - Discharge and follow-up information related to medical services, if the incident involved medical care
    - Documentation that all required notifications of the incident occurred
    - Documentation that corrective action(s) in response to the incident has or will take place, including those that involve actions related to the target(s)
    - Investigation information that contains enough details to explain the process used by the investigator
  - A review, analysis, and comparison are conducted with the copy information related to death incidents that has been provided by the provider and/or SCO and the incident report information in the Department's information management system
  - All issues identified and communicated to the County ID Program/AE by the SCO reviewing/monitoring the incident have been addressed

When the incident report contains all required elements, the County ID Program/AE 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.

**The charts below provides guidance in the form of probing questions** to ensure consistency and offer suggestions to management reviewers about what to consider when reviewing an incident report. These lists are not meant to be an all-inclusive list. Management reviewers should expand upon the questions outlined below based on the unique nature of the situation and circumstances presented.

The questions outlined in the **ALL CATEGORIES** area should be addressed in the incident First and/or Final Section before any reportable incident is approved through the incident management system. Once completed, the questions specific to the applicable primary and secondary categories should be considered.

Once all questions have been adequately addressed the incident may be marked as approved. If any of the questions are not adequately addressed, the incident should be marked as not approved and sent back to the provider for clarification. The incident reviewer should identify the area where additional information is needed.

Each incident is unique and responses to incidents may vary. **This document is to be used as a guide.** Additional information may be needed depending on the specifics of the incident.

## All Categories

### Suggested Guidelines for Review

#### General Information

- Is the discovery date accurate (Is there information in the incident that indicates that the incident was discovered before the date noted on the Time and Classification Screen)?
- Was the incident filed within the appropriate time frame (24 hours)?
  - If the incident was reported and/or entered late was there a reason for the delay?
  - If not, were corrective actions noted and provide reasons for late reporting or entry?
- Was the event clearly explained? (Who, What, When, and How)?
- Was the individual appropriately assessed for injuries?
- What is the current status of the individual?
- Was the Target identified?
  - If so, was the target identifier used consistently throughout the incident and/or the investigation?
- What is the current status of the target?
- Were the individual and alleged target immediately separated?
- Was the ISP Implemented as written?
- Were plans of support Implemented as written? (ISP, BSP, etc.)
- If incident category is prompted by a protective service Report of Need (RON), it should be noted that a RON was the source of the information.
- Were document uploads completed in accordance with ODP expectations?

## All Categories

### Suggested Guidelines for Review

- If the incident was reported and/or entered late was there a reason for the delay?

#### **Corrective Actions**

- Was a review of the individual's prior incident history done as part of the process to determine appropriate and adequate corrective, remedial, and preventive actions?
- Were the identified corrective actions specific to the incident?
- Were preventative actions (steps immediately to prevent this incident from happening again in the future) taken and documented as well as the date the actions were implemented?
  - Were preventative corrective actions (system or organization) actions adequate?
- Were corrective actions (measures/steps will be in place to protect the health and safety of the individual) taken and documented as well as the date the actions were implemented?
- If failure to implement corrective actions over a period of time was discovered, and noted in the corrective action plan, a neglect/abuse incident should be filed.
- If the provider did not finalize the incident before the due date, is there a corrective action that addresses why the report was not finalized before the due date?

#### **Responsive Actions**

- Were the supports and/or services offered to the individual adequate and reflective in the Final Section of the report?
- If the individual did not accept the support and/or service offered, is there an adequate explanation provided?
- Was the individual provided necessary support after the incident?

#### **Investigation related**

- Was an investigation completed in accordance with the standard included in the [IM Bulletin](#) and the current version of the Certified Investigator Manual?
- If the Provider Investigation determines that there was abuse/neglect, was a review of the incident history completed to determine if an abuse/neglect incident was filed and linked to another incident under review?
  - Specific to abuse by another individual, if there are multiple occurrences over time, an investigation should be requested by the reviewer.
- Was there an investigation completed by the AE/County program, if required by the bulletin or requested by ODP?
- Were the appropriate documents uploaded to EIM as part of the investigation (i.e., documents from interviews, witness statements, healthcare summary from PCP, ER discharge reports)?
- Were any attempts made to Inform the individual and their designated person about the incident and investigation findings, if applicable?
- Were any attempts made to interview the victim during the investigation?

## All Categories

### Suggested Guidelines for Review

- Were attempts made in a communication manner that the victim understands (sign, native language, gestural, etc.)?

#### **Administrative Review**

- Does the Administrative Review address all Concerns reported by the Certified Investigator?
- Is the Investigation determination consistent with the evidence recorded by the Certified Investigator?

#### **Notifications**

- Was the victim and/or legal guardian informed about available victims' assistance programs, if applicable?
- Was the family notified of the incident and the investigation outcome, if applicable? If not, was a reason for non-notification documented?
- Was the regional licensing administrator notified regarding possible regulatory or licensing issues, if applicable?
- Were appropriate notifications made to authorities, such as the local District Attorney's Office or Office of Attorney General, in accordance with Act 26/28 § 2713 of the Crimes Code, Neglect and Abuse of Care Dependent Person, when applicable?
- Was DOH contacted if the individual lives in an ICF/ID?
- Was Department of Human Services Licensing contacted if the individual resides in a facility licensed by DHS (i.e., PCH, OMHSAS, ODP, etc.)?
- Was the Department of State notified about a professional licensing complaint? (i.e., complaint about a nurse, psychologist, etc.)
- Was Adult Protective Services notified if the individual is between the ages of 18-59?
- Was Area Agency on Aging (AAA) contacted - if the person is 60 or older?
- Was Childline contacted - if the individual is under the age of 18?
- Was Law Enforcement contacted, if applicable?
- Refer to the Victim's Assistance Programs, an attachment to the [IM Bulletin 00-21-02](#), to determine if resources available to victims of crimes should have been offered.

#### **AE or Regional Office Comments**

- Were all comments made during the Initial Management Review addressed by the provider during the final section?

<b>Abuse</b>	
<b>Secondary Category</b>	<b>Suggested Guidelines for Review by Secondary Category</b>
Misapplication/ Unauthorized Use of Restraint (Injury)	<input type="checkbox"/> Was the restraint technique or improper procedure clearly identified and described? <input type="checkbox"/> Is the injury adequately described?  Please reference the physical abuse secondary category section for other possible relevant questions.
Misapplication/ Unauthorized Use of Restraint (No Injury)	<input type="checkbox"/> Was the restraint technique or improper procedure clearly identified and described?
Physical  (Including abuse to an individual by another individual)	<input type="checkbox"/> Were the individual and alleged target immediately separated? <input type="checkbox"/> Was the individual assessed for any possible injuries? If injuries were identified, are they adequately described? <input type="checkbox"/> Was first aid applied prior to medical professional contacted, if applicable? <input type="checkbox"/> Was the trauma from the event addressed (especially if this is a repeat or severe incident, if appropriate)? <input type="checkbox"/> Were initial arrangements made for counseling by victim's assistance or for formal counseling? <input type="checkbox"/> Was the individual provided support after the incident (i.e., evaluation by a mental health professional)?
Psychological  (Including abuse to an individual by another individual)	<input type="checkbox"/> Was there a follow up with the appropriate psychological services? <input type="checkbox"/> Was the behavioral therapist/counselor/Human Rights Team (HRT) notified or involved? <input type="checkbox"/> Was the individual provided support after the incident (i.e., evaluation by a mental health professional)?
Seclusion	<input type="checkbox"/> Was the individual provided support after the incident (i.e., evaluation by a mental health professional)? <input type="checkbox"/> Did the individual sustain any injuries due to the seclusion? If so, did the individual receive prompt and adequate medical care? <input type="checkbox"/> Was the staff trained on how to avoid the use of seclusion in the future? <input type="checkbox"/> Were other least restrictive interventions applied before the incident? <input type="checkbox"/> Were the restrictive interventions outlined in the individual's Behavior Support plan? <input type="checkbox"/> Does the incident description describe in detail staff actions taken before, during, and after the method of seclusion was applied? <input type="checkbox"/> What were the antecedents of the situation?

<b>Behavioral Health Crisis Event</b>	
<b>Secondary Category</b>	<b>Suggested Guidelines for Review by Secondary Category</b>
All Secondaries	<ul style="list-style-type: none"> <li><input type="checkbox"/> If applicable, were appropriate actions taken to protect the health and safety of the individual and others?</li> <li><input type="checkbox"/> Were the medical intervention sections completed for these incidents?</li> <li><input type="checkbox"/> Was the discharge diagnosis included in the incident report?</li> <li><input type="checkbox"/> Were post-hospitalization follow-up appointments scheduled (psychiatrist, psychologist PCP, specialist, etc.), if applicable?</li> <li><input type="checkbox"/> Is there information in the incident that indicates under what circumstances the individual should return to the hospital?</li> <li><input type="checkbox"/> Were there antecedents/ precursors to events prior to the Behavioral Health Crisis Event being reported?</li> <li><input type="checkbox"/> Does the incident show evidence that staff have tried to deescalate the situation?</li> <li><input type="checkbox"/> Are the actions taken by the staff consistent with the strategies contained in a Behavior Support Plan or did staff deviate?</li> <li><input type="checkbox"/> Is there a clear and adequate description of the events that occurred?</li> <li><input type="checkbox"/> Is there a Behavior Support Plan?</li> <li><input type="checkbox"/> Was the staff trained/retrained on the Behavior Support Plan? <ul style="list-style-type: none"> <li>○ If staff were not trained, was a neglect incident filed and linked?</li> </ul> </li> <li><input type="checkbox"/> Was the Behavior Support Plan implemented as written? <ul style="list-style-type: none"> <li>○ If not, was a Neglect incident filed and linked to the Behavioral Health Event Incident?</li> </ul> </li> <li><input type="checkbox"/> Does the existing Behavior Support Plan need to be modified?</li> <li><input type="checkbox"/> Were any changes in medications noted and explained (dose, duration, purpose, etc.)?</li> <li><input type="checkbox"/> Has there been a conversation with the organization's lead behavioral health specialist?</li> <li><input type="checkbox"/> Is there a need for any of the following? <ul style="list-style-type: none"> <li>○ Special staff training</li> <li>○ Additional staff assistance, nursing services or clinical support</li> <li>○ Adaptive equipment</li> <li>○ Environmental changes</li> <li>○ Linkage with Behavioral Health Managed Care Organization, Mental Health or Crisis Intervention services</li> <li>○ Different living arrangement</li> </ul> </li> </ul>

<b>Behavioral Health Crisis Event</b>	
<b>Secondary Category</b>	<b>Suggested Guidelines for Review by Secondary Category</b>
	<ul style="list-style-type: none"> <li>○ If yes, is verification of services, or plan to get services, and training, etc. listed?</li> <li><input type="checkbox"/> Have the staff been debriefed on the events that occurred?</li> <li><input type="checkbox"/> Were other agency interventions utilized prior to involving law enforcement?</li> </ul>
Community-Based Crisis Response	<ul style="list-style-type: none"> <li><input type="checkbox"/> Does the description of the response clearly describe what resources were used?</li> <li><input type="checkbox"/> Were recommendations for follow-up care identified by the responders?</li> <li><input type="checkbox"/> Is there a pattern of community-based crises responses being used for this individual?               <ul style="list-style-type: none"> <li>○ If so, has the team made any modifications to the ISP to address remediating this risk to the individual?</li> </ul> </li> <li><input type="checkbox"/> Is the description of the response easy to understand?</li> </ul>
Facility-Based Crisis Response	<ul style="list-style-type: none"> <li><input type="checkbox"/> Was the reason for seeking assistance beyond community-based response included in the incident report?</li> <li><input type="checkbox"/> If the individual was not admitted, is there a clear reason why?</li> <li><input type="checkbox"/> Were the medical intervention sections completed for these incidents?</li> </ul>
Immediate Arrest and Incarceration Crisis Response	<ul style="list-style-type: none"> <li><input type="checkbox"/> Does the individual have legal representation?</li> <li><input type="checkbox"/> Does the individual know what charges are being filed against them?</li> </ul>
Psychiatric Hospitalization (involuntary)	<ul style="list-style-type: none"> <li><input type="checkbox"/> Was the reason for seeking assistance beyond facility-based response included in the incident report?</li> <li><input type="checkbox"/> Were the medical intervention sections completed for these incidents?</li> <li><input type="checkbox"/> Was the reason for the admission included in the incident report?</li> </ul>
Psychiatric Hospitalization (voluntary)	<ul style="list-style-type: none"> <li><input type="checkbox"/> Was the reason for seeking assistance beyond facility-based response included in the incident report?</li> <li><input type="checkbox"/> Were the medical intervention sections completed for these incidents?</li> <li><input type="checkbox"/> Was the reason for the admission included in the incident report?</li> </ul>



<b>Death</b>	
<b>Secondary Category</b>	<b>Suggested Guidelines for Review by Secondary Category</b>
<p>Natural Causes – Services Provided</p> <p>Unexpected-Services Provided</p> <p>Natural Causes-Only Supports Provided</p> <p>Unexpected-Only Supports Provided</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Is the setting where the individual’s death occurred included (hospital, community living home, LifeSharing, etc.)?</li> <li><input type="checkbox"/> Were they under hospice care?</li> <li><input type="checkbox"/> Did the individual have a diagnosed terminal illness?</li> <li><input type="checkbox"/> Was the appropriate secondary category used for individuals enrolled in an ODP waiver?</li> <li><input type="checkbox"/> Did the appropriate entity file the report and investigate the incident?</li> <li><input type="checkbox"/> Does the incident include information related to the circumstances that led up to the death?</li> <li><input type="checkbox"/> Is there information in the narrative that would indicate neglect may have taken place?</li> <li><input type="checkbox"/> Have the documents listed on pages 8 and 9 in <a href="#">IM Bulletin 00-21-12</a> been submitted with the incident report?</li> <li><input type="checkbox"/> Is there evidence that efforts were made to contact the family for cause of death listed on the death certificate?</li> <li><input type="checkbox"/> Was the care provided by staff prior to the individual’s transfer to a medical facility or death appropriate and adequate based on the needs of the individual?</li> <li><input type="checkbox"/> Were appropriate life-saving techniques performed (e.g.: CPR, Heimlich maneuver)?               <ul style="list-style-type: none"> <li>○ If so, by whom?</li> <li>○ If not, is there evidence that provider policies have been reviewed and updated to ensure staff understand that this is a requirement?</li> </ul> </li> </ul> <p><b><u>Notifications:</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> If suspicious, have the following agencies been notified:               <ul style="list-style-type: none"> <li>○ OAPSA- (Area Agency on Aging (AAA) - if the person is 60 or older?</li> <li>○ Childline- if the individual is under the age of 18?</li> <li>○ Adult Protective Services – if the person is between the ages of 18 - 59?</li> </ul> </li> <li><input type="checkbox"/> If the death was due to neglect of a care-dependent person, were appropriate notifications made to authorities, such as the local District Attorney’s Office or Office of Attorney General, in accordance with Act 26/28 § 2713 of the Crimes Code (Neglect and Abuse of Care Dependent Person)?</li> <li><input type="checkbox"/> Was a neglect/abuse incident linked to this report?</li> </ul>



<b>Exploitation</b>	
<b>Secondary Category</b>	<b>Suggested Guidelines for Review by Secondary Category</b>
All Secondary Categories	<ul style="list-style-type: none"> <li><input type="checkbox"/> If the individual had a loss of property and has a provider relationship, did the provider return goods?</li> <li><input type="checkbox"/> Were changes made to provider policy or process, when appropriate?               <ul style="list-style-type: none"> <li><input type="checkbox"/> Were staff trained on the changes to the policy?</li> </ul> </li> <li><input type="checkbox"/> Was the individual and/or family/ legal guardian informed of victims' assistance?</li> <li><input type="checkbox"/> Was assistance provided to the family and/or family to access victims' assistance services?</li> <li><input type="checkbox"/> Was the individual reimbursed for any loss of unaccounted for funds and/or property and when?               <ul style="list-style-type: none"> <li><input type="checkbox"/> Is there information regarding the date when the items were returned?</li> <li><input type="checkbox"/> Is there information of how the individual was reimbursed (cash, check, etc.)?</li> </ul> </li> <li><input type="checkbox"/> Were the police contacted if money was stolen or obtained illegally?</li> <li><input type="checkbox"/> Was an AE investigation started, if needed?</li> </ul>
Failure to Obtain Informed Consent	<ul style="list-style-type: none"> <li><input type="checkbox"/> Has the provider enrolled the individual into an identity/credit protection program after the incident?</li> <li><input type="checkbox"/> Has the provider initiated any controls to ensure the safety of individual information?</li> <li><input type="checkbox"/> Has the provider assisted the individual with canceling unauthorized services, credit cards, other applications completed in their name?</li> <li><input type="checkbox"/> Has the provider educated the individual on how to protect their personal information?</li> <li><input type="checkbox"/> Was the amount of money or assessed property value involved indicated in the report?</li> </ul>
Material Resources	<ul style="list-style-type: none"> <li><input type="checkbox"/> Is there evidence of a plan to replace the resources that are missing?</li> <li><input type="checkbox"/> Has the individual been provided with a replacement equal to the value of the items that were taken?</li> <li><input type="checkbox"/> Was the individual involved in the planning of the replacement of the item?</li> <li><input type="checkbox"/> Is the individual satisfied with the replacement item?</li> <li><input type="checkbox"/> Were staff trained on the correct management of material resources owned by the individual?</li> </ul>

<b>Exploitation</b>	
<b>Secondary Category</b>	<b>Suggested Guidelines for Review by Secondary Category</b>
Medical Responsibilities/Resources	<input type="checkbox"/> Has the value of the items been returned to individual? <input type="checkbox"/> Has the provider trained staff on what to do to avoid this situation in the future?
Missing/Theft of Medications	<input type="checkbox"/> Is the type and amount of missing medication specified? <input type="checkbox"/> Was there a police report completed for the item(s) that are missing? <input type="checkbox"/> Is there information in the incident that action was taken to replace missing medication?
Misuse/Theft of Funds	<input type="checkbox"/> Has the value of the missing items been returned to the individual? <input type="checkbox"/> If the allegation has been confirmed, has the involved staff been terminated? <input type="checkbox"/> Has staff been trained on acceptable and unacceptable use of individual resources?
Room and Board	<input type="checkbox"/> Has an investigation been started by the AE/AEs regarding a review of financial records for all individuals who reside in the home of the victim? <input type="checkbox"/> Has an investigation been started by the AE/AEs regarding a review of financial records for other homes operated by the provider? <ul style="list-style-type: none"> <li>○ If not, is there an adequate reason why?</li> </ul> <input type="checkbox"/> If the individual was over charged, have they been reimbursed? <ul style="list-style-type: none"> <li>○ If so, when were they reimbursed?</li> <li>○ If not, why not?</li> </ul> <input type="checkbox"/> Has Room and Board been updated to reflect corrected amounts?
Unpaid Labor	<input type="checkbox"/> Has an investigation been initiated by the AE regarding a review of financial records for all individuals who reside in the home of the victim? <input type="checkbox"/> Has the individual been appropriately reimbursed? <input type="checkbox"/> Has the individual stopped performing the unpaid labor? <input type="checkbox"/> Has ODP been contacted to determine how claims should be adjusted, if applicable?

<b>Fire</b>	
<b>Secondary Category</b>	<b>Suggested Guidelines for Review by Secondary Category</b>
With Property Damage	<ul style="list-style-type: none"> <li><input type="checkbox"/> Does the individual need to be relocated? If so, is there adequate information that explains the relocation?</li> <li><input type="checkbox"/> Are all affected individual(s) listed in the incident evacuated?</li> <li><input type="checkbox"/> Is there evidence of medical assessments being completed, if needed?</li> <li><input type="checkbox"/> Were individual incident reports linked if medical assessment was needed?</li> <li><input type="checkbox"/> If personal property was lost, has the replacement of the personal property been addressed in the report?</li> <li><input type="checkbox"/> Was an insurance claim started, if and/or when appropriate?</li> <li><input type="checkbox"/> Were proper emergency evacuation routes used?</li> <li><input type="checkbox"/> For licensed provider related incidents, were individuals evacuated in accordance with the applicable licensing requirements?</li> <li><input type="checkbox"/> Was the cause of the fire indicated?</li> <li><input type="checkbox"/> Did the fire authority declare it safe for individuals to return to the location?</li> <li><input type="checkbox"/> Was the item that may have caused the fire, removed/repared/replaced?</li> <li><input type="checkbox"/> Were staff retrained as needed?</li> </ul>
Without Property Damage	<ul style="list-style-type: none"> <li><input type="checkbox"/> Is there evidence of medical assessments being completed, if needed?</li> <li><input type="checkbox"/> Were individual incident reports linked if medical assessment was needed?</li> <li><input type="checkbox"/> Was the cause of the fire indicated?</li> <li><input type="checkbox"/> Was the item that may have caused the fire, removed/repared/replaced?</li> <li><input type="checkbox"/> Were staff retrained as needed?</li> </ul>

<b>Law Enforcement Activity</b>	
<b>Secondary Category</b>	<b>Suggested Guidelines for Review by Secondary Category</b>
All Secondary Categories	<ul style="list-style-type: none"> <li><input type="checkbox"/> Was the individual and/or family/guardian informed of victims' assistance available through the District Attorney's office?</li> <li><input type="checkbox"/> Was the individual and/or family/guardian provided assistance in accessing victims' assistance?</li> <li><input type="checkbox"/> How are they legally represented and how are they being supported in the process?</li> <li><input type="checkbox"/> Were details included that indicate who summoned law enforcement?</li> </ul>
Individual Charged with a Crime/Under Police Investigation	<ul style="list-style-type: none"> <li><input type="checkbox"/> How are they legally represented and how are they being supported in the process?</li> <li><input type="checkbox"/> Are there upcoming court dates?</li> <li><input type="checkbox"/> What is the current location of the individual (i.e., incarcerated, at the home, etc.)?</li> <li><input type="checkbox"/> Does this person have a history of criminal charges and/or interactions with the police? <ul style="list-style-type: none"> <li>○ (Used to determine if adequate staff support/supervision are present, and if the person is not receiving staff support supervision, does the support/supervision need to be implemented or re-evaluated?)</li> </ul> </li> <li><input type="checkbox"/> Does the incident describe the nature of the charges?</li> <li><input type="checkbox"/> Was there a clear statement explaining why law enforcement was necessary?</li> <li><input type="checkbox"/> Were other agency interventions utilized prior to involving law enforcement?</li> <li><input type="checkbox"/> Has the regional Clinical Director, Licensing or other ODP Representatives been notified?</li> </ul>
Licensed Service Location Crime	<ul style="list-style-type: none"> <li><input type="checkbox"/> Were individuals provided the opportunity to seek victim's assistance?</li> <li><input type="checkbox"/> Is the current status of each individual involved described?</li> <li><input type="checkbox"/> Has a police report been filed if this situation was a reportable crime?</li> </ul>

Missing Individual	
Secondary Category	Suggested Guidelines for Review by Secondary Category
In Jeopardy	<p><b>Note: Incident should only be finalized after the individual is no longer missing.</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> If the person is a known elopement risk, is there a plan in place and was it followed?</li> <li><input type="checkbox"/> Does the incident contain the following information? <ul style="list-style-type: none"> <li><input type="checkbox"/> Updated status</li> <li><input type="checkbox"/> Length of time missing</li> <li><input type="checkbox"/> Evidence that the provider checked for injuries</li> <li><input type="checkbox"/> Information on why the individual left</li> <li><input type="checkbox"/> When the individual was located</li> </ul> </li> <li><input type="checkbox"/> Does the report include a description of how staff intervene?</li> <li><input type="checkbox"/> Does the report include what staff were doing when they realized the person was missing?</li> <li><input type="checkbox"/> Did staff contact management and/or 911?</li> <li><input type="checkbox"/> Did the team develop a plan to ensure everyone is safe (individual and staff)?</li> <li><input type="checkbox"/> What is the individual's current status (returned safely, hospitalized, etc.)? <ul style="list-style-type: none"> <li><input type="checkbox"/> If hospitalized, in prison, or deceased, is there a linked incident?</li> </ul> </li> <li><input type="checkbox"/> Was law enforcement notified that the individual was missing (due to potential risk to individual and/or community)?</li> <li><input type="checkbox"/> Was medical treatment provided as recommended by medical professionals and was medical condition assessed?</li> <li><input type="checkbox"/> Were supervision needs being addressed per the ISP?</li> <li><input type="checkbox"/> Has an incident report for neglect also been filed and linked, if appropriate?</li> <li><input type="checkbox"/> Does the corrective action contain adequate information on what the plan is to prevent the individual from going missing in the future?</li> </ul> <p><b>Reminder:</b> Provider/AE/County should not finalize incident until the individual returns.</p>

<b>Neglect</b>	
<b>Secondary Category</b>	<b>Suggested Guidelines for Review by Secondary Category</b>
All Categories	<ul style="list-style-type: none"> <li><input type="checkbox"/> Was the individual and/or family/guardian informed of and offered information concerning victims' assistance as specified in the Bulletin?</li> <li><input type="checkbox"/> Was the alleged target separated from the individual for safety, if appropriate?</li> <li><input type="checkbox"/> Were other allegations mentioned in the investigation?               <ul style="list-style-type: none"> <li>○ If so, was the allegation entered separately and linked to the Neglect report?</li> </ul> </li> <li><input type="checkbox"/> Did the provider ensure that the proper oversight entity was notified (OAPSA, APS, or Childline)?</li> <li><input type="checkbox"/> If items are missing or in disrepair, what are the actions that are being taken to repair or replace the item?               <ul style="list-style-type: none"> <li>○ What immediate steps were taken to reduce the risk until the item is replaced or repaired?</li> </ul> </li> </ul>
Failure to Provide Medication Management	<ul style="list-style-type: none"> <li><input type="checkbox"/> Were health and safety issues identified and risk mitigation strategies developed and mitigated to prevent reoccurrence?</li> <li><input type="checkbox"/> Were there any side effects from the missed medication(s)?</li> <li><input type="checkbox"/> Was the PCP or prescribing doctor informed of the missed medications?</li> <li><input type="checkbox"/> Was a medication error incident entered and linked?</li> <li><input type="checkbox"/> Was medical intervention necessary?               <ul style="list-style-type: none"> <li>○ If so, were the interventions completed or addressed?</li> </ul> </li> <li><input type="checkbox"/> Was a medical assessment completed, if appropriate?</li> <li><input type="checkbox"/> Have you seen a pattern with staff and/or individual related to medication management?</li> <li><input type="checkbox"/> Did the reporting organization determine the staff person needs to retake the medication administration course?</li> <li><input type="checkbox"/> Was the alleged target prohibited from giving medication until retrained?</li> </ul>
Failure to Provide Needed Care	<ul style="list-style-type: none"> <li><input type="checkbox"/> Were health and safety issues identified and risk mitigation strategies developed and mitigated to prevent reoccurrence?</li> <li><input type="checkbox"/> Was medical intervention necessary?</li> <li><input type="checkbox"/> If so, were the interventions completed or addressed?</li> <li><input type="checkbox"/> Were modifications made or necessary to the ISP to prevent reoccurrence?</li> </ul>
Failure to Provide Needed Supervision	<ul style="list-style-type: none"> <li><input type="checkbox"/> Were health and safety issues identified and risk mitigation strategies developed and mitigated to prevent reoccurrence?</li> </ul>

<b>Neglect</b>	
<b>Secondary Category</b>	<b>Suggested Guidelines for Review by Secondary Category</b>
	<ul style="list-style-type: none"> <li><input type="checkbox"/> Was medical intervention necessary?</li> <li><input type="checkbox"/> If so, were the interventions completed or addressed?</li> <li><input type="checkbox"/> If necessary, were modifications made to the ISP to prevent reoccurrence?               <ul style="list-style-type: none"> <li><input type="checkbox"/> Was the ISP modified to clearly outline the supervision needs of the individual?</li> </ul> </li> <li><input type="checkbox"/> Was the person at imminent risk due to lack of staff supervision?</li> <li><input type="checkbox"/> Is there information on the length of time the individual was left unsupervised?</li> </ul>
Failure to Provide Protection from Hazards	<ul style="list-style-type: none"> <li><input type="checkbox"/> Were health and safety issues identified and risk mitigation strategies developed and mitigated to prevent reoccurrence?</li> <li><input type="checkbox"/> Was medical intervention necessary? If so, were the interventions completed or addressed?</li> </ul>
Moving Violation	<ul style="list-style-type: none"> <li><input type="checkbox"/> Did the staff receive a citation?</li> <li><input type="checkbox"/> Did staff complete any type of driver's education retraining, if applicable?</li> <li><input type="checkbox"/> If there was injury or property damage, was a police report filed?</li> <li><input type="checkbox"/> What is the current status of the individual (are they hospitalized, returned safely, currently staying with friend/family)?</li> </ul>

<b>Passive Neglect</b>	
<b>Secondary Category</b>	<b>Suggested Guidelines for Review by Secondary Category</b>
All Categories	<ul style="list-style-type: none"> <li><input type="checkbox"/> Was there an incident of passive neglect in the past for the same issue?</li> <li><input type="checkbox"/> Were risk mitigation plans previously developed and not implemented for the identified issue?</li> </ul> <p>Note: If there was an incident of passive neglect in the past or a risk mitigation plan developed for the issue identified, then the incident category should be changed to neglect incident.</p>
Inability to Provide Medical/Personal Care	<ul style="list-style-type: none"> <li><input type="checkbox"/> Is there evidence that actions are being taken to assist the family to get the services/supports that they need?</li> </ul>
Inability to Provide Necessities	<ul style="list-style-type: none"> <li><input type="checkbox"/> Was the same issue reported to APS after a risk mitigation plan was developed?</li> <li><input type="checkbox"/> If a risk mitigation plan has been developed, is the plan being followed?</li> <li><input type="checkbox"/> Is there evidence that Information on informed choice has been provided and is in the ISP?</li> <li><input type="checkbox"/> Has the SC noted resources to educate the caregiver on why the specific care is required (e.g., turning someone every two hours to prevent bed sores)?</li> <li><input type="checkbox"/> Is there evidence that attempts to connect the unpaid support with needed resources have been made?</li> <li><input type="checkbox"/> Has a risk mitigation plan to address the issue and the plan to remediate the issue for the individual been developed?</li> <li><input type="checkbox"/> Have there been attempts to assist the individual/family to get the supports and/or services that they need?</li> <li><input type="checkbox"/> Has the SC assisted in the coordination of service/supports to remediate the issue?</li> <li><input type="checkbox"/> Are there services identified under the services/supports offered in EIM?</li> <li><input type="checkbox"/> Were the services/support offered to the caregiver accepted?</li> <li><input type="checkbox"/> Are there corrective action(s) to address the needs of the caregiver and individual?</li> <li><input type="checkbox"/> If the individual is at imminent risk, has APS, OAPSA or Childline been notified?</li> </ul>



<b>Rights Violation</b>	
<b>Secondary Category</b>	<b>Suggested Guidelines for Review by Secondary Category</b>
All Categories	<input type="checkbox"/> If the incident was related to a HIPAA violation was the appropriate DHS contact notified? <input type="checkbox"/> Has the individual been informed of his/her rights?
Civil Legal	<input type="checkbox"/> Has the individual been offered legal assistance, if applicable?
Communication	<input type="checkbox"/> Has a corrective action been developed that contains actions to obtain, maintain or repair the communication device, if applicable? <input type="checkbox"/> Is there evidence that staff have been trained or will be trained on how to obtain, maintain, or request repair of the communication device, if applicable? <input type="checkbox"/> Are the proposed dates to obtain, maintain, or require repair of the communication device reasonable? <input type="checkbox"/> Are staff available that can now communicate with the individual in their preferred mode of communication (spoken language, sign language) or does the provider have interpreter services?
Health	<input type="checkbox"/> Has the individual been educated on the health care choice that initiated the incident? <input type="checkbox"/> Has the individual been provided assistance/support in making the health care choice that is consistent with their personal beliefs?
Privacy	<input type="checkbox"/> Is there adequate evidence that staff have been trained on how to ensure the privacy of the individual while also maintaining safety?
Services	<input type="checkbox"/> Has the provider consulted with the Supports Coordinator regarding how to obtain services needed or desired by the individual? <input type="checkbox"/> Is there evidence that the provider has or will initiate actions to ensure desired services are provided?
Unauthorized Restrictive Procedures	<input type="checkbox"/> Is there evidence that the provider has trained and/or retrained to staff on the proper use of behavior modification activities?

<b>Self-Neglect</b>	
<b>Secondary Category</b>	<b>Suggested Guidelines for Review by Secondary Category</b>
All Categories	<ul style="list-style-type: none"> <li><input type="checkbox"/> Review incident history to make sure:               <ul style="list-style-type: none"> <li><input type="checkbox"/> No incident of self-neglect in the past for the same issue</li> <li><input type="checkbox"/> A risk mitigation plan has not been developed</li> </ul> </li> <li><input type="checkbox"/> If a risk mitigation plan has been developed and an incident of self-neglect has been previously entered and it is not being followed, then the current incident of self-neglect needs to be changed to neglect.</li> <li><input type="checkbox"/> Is there evidence that information on informed choice has been provided and in the ISP? (Reviewer will need to check the ISP before closing)</li> <li><input type="checkbox"/> Has the SC noted resources to educate the individual on why the specific care is required? (e.g. importance of taking medication or maintaining a clean-living space)</li> <li><input type="checkbox"/> Is there evidence that the SC has made attempts to connect the individual with needed resources?</li> <li><input type="checkbox"/> Has a risk mitigation plan to address the issue and the plan to remediate the issue for the individual been developed?</li> <li><input type="checkbox"/> Have there been attempts to assist the individual/family to get the services/supports that they need?</li> <li><input type="checkbox"/> Has the SC assisted in the coordination of services/supports to remediate the issue?</li> <li><input type="checkbox"/> Are there services identified under the services/supports offered area of EIM?</li> <li><input type="checkbox"/> Were the services/supports offered accepted?</li> <li><input type="checkbox"/> Are there corrective action(s) to address the needs of the individual?</li> <li><input type="checkbox"/> If the individual is at imminent risk has APS, OAPSA or Childline been notified?</li> </ul>
Environmental	<ul style="list-style-type: none"> <li><input type="checkbox"/> What actions have been completed to immediately decrease the severity of the situation (i.e., temporary relocation to a hotel, staying with family/friend, provided a space heater and/or air conditioner, etc.)?</li> <li><input type="checkbox"/> Has an outside entity (i.e., utility provider, contractor, exterminator) started to work to remediate the issue?</li> <li><input type="checkbox"/> What is projected completion date of proposed work to remediate the issue?</li> </ul>

<b>Self-Neglect</b>	
<b>Secondary Category</b>	<b>Suggested Guidelines for Review by Secondary Category</b>
Medical	<ul style="list-style-type: none"> <li><input type="checkbox"/> Has the individual been educated on the benefits of the taking the medication?</li> <li><input type="checkbox"/> Is there evidence that steps have been taken to change, modify or adjust the medication(s) with the prescribing medical professional?</li> <li><input type="checkbox"/> Has there been a conversation with the individual regarding the reason why they are not taking the medication(s) (i.e., cost, side effects, method of application (the pills are hard to swallow)?</li> <li><input type="checkbox"/> Has the individual been educated on the importance of attending medical appointments, following medical recommendations, receiving testing, and using medical devices as directed?</li> </ul>
Personal Care/Nutrition	<ul style="list-style-type: none"> <li><input type="checkbox"/> Has there been a conversation with the individual regarding the benefits of maintaining personal care/nutrition?</li> <li><input type="checkbox"/> Does the individual have the ability to effectively complete personal care activities (i.e., consistently bathing)?</li> <li><input type="checkbox"/> Does the individual have the financial ability to obtain and maintain a consistent supply of personal care/nutrition items?</li> </ul>
Other	<ul style="list-style-type: none"> <li><input type="checkbox"/> Can this incident be filed under any other secondary category?</li> </ul>

<b>Serious Illness</b>	
<b>Secondary Category</b>	<b>Suggested Guidelines for Review by Secondary Category</b>
All Categories	<p><b>As a general reminder, the individual MUST be discharged for the report to be finalized.</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Is there a clear description of what occurred prior to hospitalization being reported?</li> <li><input type="checkbox"/> Was the reason for the admission included in the incident report?</li> <li><input type="checkbox"/> Was the discharge diagnosis included in the incident report?</li> <li><input type="checkbox"/> Were post-hospitalization follow-up appointments scheduled (PCP, specialist, etc.)?</li> <li><input type="checkbox"/> Was follow-up with the PCP noted?</li> <li><input type="checkbox"/> Do the discharge instructions include under what circumstances the individual should return to the hospital?</li> <li><input type="checkbox"/> Were any changes in medications noted and explained (dose, duration, purpose, etc.)?</li> <li><input type="checkbox"/> Is there a need for special staff training, additional staff assistance or nursing services, adaptive equipment, and/or a different living arrangement? <ul style="list-style-type: none"> <li><input type="checkbox"/> If yes, is verification of services, or plan to get services, and training, etc., listed?</li> </ul> </li> <li><input type="checkbox"/> If applicable, were there immediate actions taken to protect the health and safety of the person and others?</li> </ul>
Chronic/Recurring	<ul style="list-style-type: none"> <li><input type="checkbox"/> Is there evidence that the provider has used due diligence in the treatment of the chronic/recurring illness (kept up with appointments, treatments, and communicated with health care provider in the past)?</li> <li><input type="checkbox"/> Is there evidence that the individual has been educated on when to report negative effects of medications and/or the medical condition?</li> <li><input type="checkbox"/> Is there evidence that the provider reported negative side effects of the medication to the health care practitioner?</li> </ul>
New	<ul style="list-style-type: none"> <li><input type="checkbox"/> Is there evidence that provider staff who will be working directly with the individual are knowledgeable of the following? <ul style="list-style-type: none"> <li><input type="checkbox"/> The new or modified treatment plan</li> <li><input type="checkbox"/> A complete schedule of follow up appointments</li> <li><input type="checkbox"/> When to contact a health care practitioner if they see changes to the individual</li> </ul> </li> </ul>

<b>Serious Injury</b>	
<b>Secondary Category</b>	<b>Suggested Guidelines for Review by Secondary Category</b>
All Categories	<ul style="list-style-type: none"> <li><input type="checkbox"/> Was the medical intervention screen completed if medical attention was given?</li> <li><input type="checkbox"/> Were written medical follow up instructions received and documented?</li> <li><input type="checkbox"/> Are instructions included that include under what circumstances the individual go for additional assessment by a medical professional?</li> <li><input type="checkbox"/> Was follow-up care (i.e., medications, treatments, etc.) indicated?</li> <li><input type="checkbox"/> Was the individual admitted to the hospital?</li> </ul> <p><b><u>Reminder:</u></b></p> <ul style="list-style-type: none"> <li>• Incident can be closed if all follow up appointments are scheduled, and future follow up appointment dates are documented in the incident.</li> <li>• Medical information should be clear and concise. Information should include any follow up with a medical professional.</li> </ul>
Choking	<ul style="list-style-type: none"> <li><input type="checkbox"/> What specifically was the individual eating during the incident?</li> <li><input type="checkbox"/> In this situation, what was the immediate action taken by staff?</li> <li><input type="checkbox"/> Were abdominal thrusts administered and were details provided?               <ul style="list-style-type: none"> <li>○ Was the individual medically assessed afterwards?</li> </ul> </li> <li><input type="checkbox"/> Did the individual lose consciousness?</li> <li><input type="checkbox"/> What is individual's current medical status?</li> <li><input type="checkbox"/> Is [Individual's Name] on a supervision protocol while eating?               <ul style="list-style-type: none"> <li>○ If so, was that supervision protocol being followed at the time of the choking event?</li> <li>○ If not, why not (Incident classification should be changed to Neglect if not already)?</li> </ul> </li> <li><input type="checkbox"/> Was [Individual's Name] prescribed a dietary protocol and was it followed at the time of the event (soft-mechanical diet, pureed diet...etc.)?</li> <li><input type="checkbox"/> Were those staff who work with [Individual's Name] trained in [Individual's Name] supervision needs?</li> <li><input type="checkbox"/> What follow-up if any, will [Individual's Name] require?</li> <li><input type="checkbox"/> Is there cause to believe that there is a swallowing problem?               <ul style="list-style-type: none"> <li>○ If so, has the PCP recommended a swallowing evaluation?</li> </ul> </li> <li><input type="checkbox"/> Is there an agency policy regarding choking and or aspiration related diets?</li> </ul>

<b>Serious Injury</b>	
<b>Secondary Category</b>	<b>Suggested Guidelines for Review by Secondary Category</b>
	<input type="checkbox"/> Are all staff that will work with the individual trained on mealtime precautions and policy and any recent modifications to the mealtime plan? <ul style="list-style-type: none"> <li>○ If not, what is the plan to ensure that this occurs timely?</li> </ul>
Injury Accidental	<input type="checkbox"/> If the provider determines that abuse or neglect occurred, an incident for abuse/neglect was submitted and linked. <input type="checkbox"/> Is there a clear description of the injuries? <input type="checkbox"/> What type of medical attention did the individual receive? <input type="checkbox"/> When did they receive medical attention? <input type="checkbox"/> Was it upon discovery of the injury, and if not, why? <input type="checkbox"/> Has the reporter provided information regarding events that may have caused the injury?
Injury Self Inflicted	<input type="checkbox"/> Is there a clear description of the injuries sustained? <input type="checkbox"/> Is the individual currently receiving behavioral or mental health support? <ul style="list-style-type: none"> <li>○ If not, has the team considered the use of behavioral or mental health support?</li> </ul> <input type="checkbox"/> Were updates made to the individual's Behavior Support Plan? <ul style="list-style-type: none"> <li>○ Were staff trained on the revisions to the Behavior Support Plan?</li> </ul> <input type="checkbox"/> Is there information that the Behavior Support Plan was implemented correctly? <input type="checkbox"/> Are other counseling strategies being sought? <input type="checkbox"/> Is there information regarding what occurred prior to the incident? <input type="checkbox"/> Is this a known trigger or something new?
Injury Unexplained	<input type="checkbox"/> Is there a clear description of the injuries? <input type="checkbox"/> What type of medical attention did the individual receive? <input type="checkbox"/> When did they receive medical attention? <input type="checkbox"/> Was it upon discovery of the injury, and if not, why? <input type="checkbox"/> Has the reporter provided information regarding events that may have caused the injury (for example an individual fell a week ago, and now had bruising near the area of the fall)? Was a body chart started? <input type="checkbox"/> If provider determines that this incident was caused by abuse or neglect; ensure abuse/neglect was submitted and linked.
Medical Equipment Failure/ Malfunction	<input type="checkbox"/> What is the frequency of occurrence? Has this happened in the past or is this the first time?

<b>Serious Injury</b>	
<b>Secondary Category</b>	<b>Suggested Guidelines for Review by Secondary Category</b>
	<ul style="list-style-type: none"> <li><input type="checkbox"/> Have manufacturer’s instructions been followed, pertaining to cleaning, sanitizing, and maintenance of the medical equipment?</li> <li><input type="checkbox"/> Were staff properly trained on using and caring for the equipment?</li> <li><input type="checkbox"/> Does the individual have any type of back up equipment?</li> <li><input type="checkbox"/> Is the medical intervention due to neglect, self-neglect or passive neglect?</li> </ul>
Pressure Injury (decubiti, pressure ulcer, pressure sore, bedsore)	<ul style="list-style-type: none"> <li><input type="checkbox"/> How many pressure injuries are present? (Describe each of the pressure injuries as per below)               <ul style="list-style-type: none"> <li>○ Pressure Injury (PI) body location</li> <li>○ Pressure Injury stage</li> <li>○ Injury description: size, color, drainage, seeping, odor, bloody, what is appearance</li> <li>○ Is Pressure Injury infected or not infected?                   <ul style="list-style-type: none"> <li>▪ Is osteomyelitis (bone infection from PI) occurring?</li> </ul> </li> </ul> </li> <li><input type="checkbox"/> Does the individual have a temperature &gt;100.3?</li> <li><input type="checkbox"/> Was the PCP notified of the newly found PI?</li> <li><input type="checkbox"/> What setting discovered the PI (Provider residence, nursing facility, hospital, etc.)?</li> <li><input type="checkbox"/> In what setting did the PI initially develop (if known)?</li> <li><input type="checkbox"/> Date PI was discovered?</li> <li><input type="checkbox"/> Is this the first PI for this person?</li> <li><input type="checkbox"/> Does this person have a history of Pressure Injuries?</li> </ul> <p>Include Person-Centered details:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Did staff providing supports receive training in how to provide wound care?</li> <li><input type="checkbox"/> Was a HCQU referral made?</li> <li><input type="checkbox"/> Was wound care provided?</li> <li><input type="checkbox"/> Date of wound care clinic appointment.</li> <li><input type="checkbox"/> Current treatment description and/or physician-ordered treatment.</li> <li><input type="checkbox"/> Prevention actions (example: re-positioning, etc.).</li> <li><input type="checkbox"/> Is in-home skilled nursing being provided?</li> <li><input type="checkbox"/> Who is providing the wound treatment?</li> <li><input type="checkbox"/> Is the question “what changed for this individual after discharge?” appropriately answered and inclusive of all changes?</li> </ul>

<b>Serious Injury</b>	
<b>Secondary Category</b>	<b>Suggested Guidelines for Review by Secondary Category</b>
	<ul style="list-style-type: none"> <li><input type="checkbox"/> If individual is discharged with hospice, palliative or 'comfort measures only' (CMO) ordered as a result of an advanced stage and/or complications resulting from the wound.</li> <li><input type="checkbox"/> Identify linked incidents.               <ul style="list-style-type: none"> <li><input type="checkbox"/> If a neglect incident is filed, be sure to link related incidents (hospitalization, death, etc.)</li> </ul> </li> <li><input type="checkbox"/> Select "Wound Care" if appropriate.</li> <li><input type="checkbox"/> Add person-centered WOUND CARE details in the textbox.</li> <li><input type="checkbox"/> Are the results of the HCQU outreach contained, if available (for example, caregiver receive training, referral to APS, skin care booklet and/or information HCQU skin care webinars access provided, Skin Integrity Health Alert, follow up with regional nurse)?</li> <li><input type="checkbox"/> Wound Care appointment information and/or appointment date?</li> <li><input type="checkbox"/> Person-centered wound care protocol as per treatment team?</li> <li><input type="checkbox"/> Ordered treatment?</li> <li><input type="checkbox"/> Prevention plan?</li> <li><input type="checkbox"/> Any additional information that supplements the Initial section (for example, nutritional status, albumin level, protein supplements or tube feeding)?</li> <li><input type="checkbox"/> Current status of PI: <i>Healed; Healing; Unchanged; Worsened; Unknown?</i></li> <li><input type="checkbox"/> Stage or Unstageable?</li> <li><input type="checkbox"/> Any additional pressure injuries discovered.</li> <li><input type="checkbox"/> Identified risk factors that support or hinder the individual's treatment and care plan (such as non-verbal, mobility, continence, sensory perception, friction/shear, activity level, mental status, co-morbidities (dementia, diabetes, infection, malnutrition, neurologic impairment, obesity, peripheral vascular disease, other).</li> <li><input type="checkbox"/> Any other relevant information.</li> </ul>



<b>Sexual Abuse</b>	
<b>Secondary Category</b>	<b>Suggested Guidelines for Review by Secondary Category</b>
Rape	<ul style="list-style-type: none"> <li><input type="checkbox"/> Is the provider offering and ensuring medical evaluation of the individual per <a href="#">page 12 of the IM Bulletin</a>?</li> <li><input type="checkbox"/> Each category could include was law enforcement and APS contacted? We can assist in contacting but if they refuse, the point person, being a mandated reporter, would need to make contact.</li> <li><input type="checkbox"/> Rape – important that follow up and after care is provided to both male and female victims.</li> <li><input type="checkbox"/> Were the individual and target immediately separated?</li> <li><input type="checkbox"/> Was the individual offered a medical exam?</li> <li><input type="checkbox"/> If the individual did not accept services and supports, a clear explanation must be provided.</li> <li><input type="checkbox"/> Did the provider specify the whereabouts of the target, if known?</li> <li><input type="checkbox"/> Was the individual provided necessary assistance to contact law enforcement?</li> <li><input type="checkbox"/> Was the target separated based on the desire of the victim and in consideration of the impacts to the victim if not relocated?</li> <li><input type="checkbox"/> Depending on the relationship of the victim to the target, was the victim offered respite or relocation?</li> </ul>
Sexual Harassment	<ul style="list-style-type: none"> <li><input type="checkbox"/> Were the individual and target immediately separated?</li> <li><input type="checkbox"/> Did the provider specify the whereabouts of the target, if known?</li> <li><input type="checkbox"/> Depending on the relationship of the victim to the target, was the victim offered respite or relocation?</li> <li><input type="checkbox"/> Was the target relocated?</li> </ul>
Unwanted Sexual Contact	<ul style="list-style-type: none"> <li><input type="checkbox"/> Do other incidents related to this category need to be filed or linked (Rights Violation, Psychological Abuse, etc.)?</li> <li><input type="checkbox"/> Were the individual and target immediately separated?</li> <li><input type="checkbox"/> Was the target relocated?</li> <li><input type="checkbox"/> Depending on the relationship of the victim to the target, was the victim offered respite or relocation?</li> </ul>
Other	<ul style="list-style-type: none"> <li><input type="checkbox"/> Can this be reclassified using one of the other secondary categories?</li> </ul>

<b>Site Closure</b>	
<b>Secondary Category</b>	<b>Suggested Guidelines for Review by Secondary Category</b>
All Categories	<input type="checkbox"/> Ensure all individuals with full names are listed inside the actual report or attached and uploaded to the incident? <input type="checkbox"/> What actions were taken to assure health and safety of those individuals impacted by the site closure? <input type="checkbox"/> Is an appropriate corrective action to address the reason for unplanned emergency closure included? <input type="checkbox"/> Was the date when the facility or home re-opened noted? <input type="checkbox"/> Was the person who approved re-entry to the building identified?
Infestation	<input type="checkbox"/> Is there information on where individuals are during treatment? <input type="checkbox"/> Who is treating the infestation? <input type="checkbox"/> What type of methods are being used to remediate the infestation (i.e., staff bought a bug bomb or professional treatment company)? <input type="checkbox"/> What is the estimated return date or actual return date?
Loss of Utilities	<input type="checkbox"/> Is the source of the loss identified in the report? <input type="checkbox"/> Has the utility been re-instated? <input type="checkbox"/> If the utilities are not reinstated is there a clear description of when they will be reinstated? <input type="checkbox"/> What is the current status of the affected individuals?
Natural Disaster/ Weather Related	<input type="checkbox"/> Is there indication of how long the site will be/ or was closed? <input type="checkbox"/> If this was reported at a residential location, is there information on the current status of the affected individuals?
Structural	<input type="checkbox"/> Are there details on when the issues will be resolved? <input type="checkbox"/> Were individuals hurt or harmed by the faulty structure? <input type="checkbox"/> What is the current status of the affected individuals?
Other	<input type="checkbox"/> Can any of the other secondary categories be used to describe the situation?

## Suicide Attempt

### Suggested Guidelines for Review by Secondary Category

<p>Injury/Illness that Requires Medical Intervention</p>	<p><b>Reminder:</b> suicidal ideations or “threats” are not considered suicide attempts for reporting purposes.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Were there statements or actions that the individual showed or described as wanting to end their life?</li> <li><input type="checkbox"/> Were there precipitating factors, if known, that led to the intentional or voluntary act?</li> <li><input type="checkbox"/> Did the person display previous suicidal ideation?</li> <li><input type="checkbox"/> Were the person’s mental health needs being addressed?</li> <li><input type="checkbox"/> Was the provider supportive in managing any mental health needs or services?</li> <li><input type="checkbox"/> Is there a description of the medical interventions provided in the event the suicide attempt caused an injury?</li> <li><input type="checkbox"/> If there is a Behavior Plan, was it implemented correctly?</li> <li><input type="checkbox"/> If there is no Behavior Plan currently in place, does there need to be?</li> <li><input type="checkbox"/> Should other counseling strategies be sought?</li> <li><input type="checkbox"/> Were medical interventions sought for when injury occurred?</li> <li><input type="checkbox"/> Was this a true suicide attempt?</li> </ul>
<p>No Injury/Illness that Requires Medical Intervention</p>	<p><b>Reminder:</b> suicidal ideations or “threats” are not considered suicide attempts for reporting purposes.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Were there statements or actions that the individual showed or described as wanting to end their life?</li> <li><input type="checkbox"/> Were there precipitating factors, if known, that led to the intentional or voluntary act?</li> <li><input type="checkbox"/> Did the person display previous suicidal ideation?</li> <li><input type="checkbox"/> Were the person’s mental health needs being addressed?</li> <li><input type="checkbox"/> Was the provider supportive in managing any mental health needs or services?</li> <li><input type="checkbox"/> Is there a description of the medical interventions provided in the event the suicide attempt caused an injury?</li> <li><input type="checkbox"/> If there is a Behavior Plan, was it implemented correctly?</li> <li><input type="checkbox"/> If there is no Behavior Plan currently in place, does there need to be?</li> <li><input type="checkbox"/> Should other counseling strategies be sought?</li> <li><input type="checkbox"/> Was this a true suicide attempt?</li> </ul>

## The Importance of Corrective Actions as a Component of Incident, Risk, and Quality Management

Corrective actions are an essential component of ODPs incident management process, which is a subset of a larger risk management process and an essential component of a comprehensive quality management process. Corrective actions are defined in [IM Bulletin 00-21-02](#) as, “actions implemented to increase protections to individuals from similar future incidents. Corrective action can be implemented for a single individual or related to an organization change to prevent similar incidents to all individuals.”

The fundamental principles of incident management and corrective action development are the same as individual risk mitigation and mitigating risk factors. **Incident management** includes incident recognition, response, reporting, and investigating of incidents. These are the **reactive actions** taken to manage incidents upon discovery. Managing incidents does not stop after investigation. Incident management also includes **proactive actions** such as mitigating risk of recurrence by taking corrective action in response to incidents.

**Risk mitigation** is an approach to minimize the severity of risk and to reduce the likelihood of occurrence or recurrence of an adverse event by managing the impact of risk factors. Risk mitigation is accomplished by developing, implementing, monitoring, assessing, and evaluating the effectiveness of **corrective actions**.

These activities are primarily the responsibility of the reporting provider. Supports coordination organizations, AE/County programs, and ODP also have important roles and responsibilities related to the monitoring and oversight of corrective actions as a component of the ODP incident management process.

All Corrective Actions should be:

- **S** - Specific to the situation/event
- **M** - Measurable
- **A** - Achievable
- **R** - Realistic
- **T** - Time Bound

As part of the completion of incident reports in EIM, reporting providers create both **preventative corrective actions** and **additional corrective actions**. In order to develop and implement effective corrective actions, providers need to have a clear understanding of the differences between *preventative corrective actions* and *additional corrective actions*, including the associated EIM functionality. Incident Reviewers are looking for different things in these separate sections of the incident report.

## Developing Preventative Corrective Actions

Preventative Corrective Actions are any systemic or individual effort, strategy or intervention undertaken to reduce the likelihood of a similar event occurring again to the same individual or other individuals in the future, usually part of a long-term risk mitigation strategy.

Preventative corrective actions are anchored in the risk mitigation cycle and the four most common risk mitigation strategies. ODP has incorporated this risk mitigation cycle in many trainings and resources. Be sure to access [www.MyODP.org](http://www.MyODP.org) to learn more about ODPs incident and risk management trainings and resources.

**Recognition** of risk factors is the first step of risk mitigation, just like recognition of an incident is the first step in incident management. An incident that is managed properly should bring to light contributing risk factors in need of preventative action.

**Assessing** risk factors by collecting facts and information about potential contributing factors in order to understand the level of impact.

**Develop Strategies** to mitigate risk and reduce the impact of risk factors. The four common risk mitigation strategies are:

- Isolate/insulate the individual from the risk
- Train and Educate about the risk
- Removal of the risk
- Transfer the risk to a less risky option

**Implement** risk mitigation strategies by identifying a person responsible and a timeframe for completion.

**Evaluate** the effectiveness of risk mitigation strategies. Recognition of new risk factors or ineffective strategies in need of modification will begin the cycle again.

Monitoring of preventative corrective actions by an agency should occur frequently. Supports Coordinators (SCs) also monitor implementation of corrective actions and consider imbedding risk mitigation strategies into an Individual Support Plan. County/AE Management reviewers also monitor corrective actions as part of incident management reviews and use the information to inform about approval or disapproval decisions.



For more training and information related to Risk Mitigation, and the connection to corrective action development, reference the participant handouts from the SC Training **SC Role in Mitigating Risk**, included in the Additional Documents section.

**Four Strategies to Mitigate Risk:**

- **Remove exposure** to factors that contributed to an incident so that incidents are prevented from recurring
- **Transfer** factors that contributed to an incident to factors less likely to contribute to an incident
- **Insulate or isolate** the factors that contributed to an incident to prevent recurrence
- **Train, inform, or educate** about factors that contributed to an incident and how to prevent recurrence


**Keys to Developing a Mitigation Plan:**

- Who is going to do what?
- What is going to be done?
- When will it be completed?

**Risk Mitigation Involves:**

- Awareness of potential risks
- Development of strategies to reduce the level of risk or number of risk factors
- Supporting strategies to reduce risk
- Evaluating effectiveness to reduce the level of risk

PARTICIPANT HANDOUTS



**SC Role in Mitigating Risk – Face to Face Training**

Professional Development

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Another valuable training **Addressing Day to Day Risks with the Team** contains a variety of resources to support risk mitigation and corrective action development [www.MyODP.org](http://www.MyODP.org).

▼ Risk Mitigation

Abuse: Detection, Reporting and Prevention of Abuse, Suspected Abuse and Alleged Abuse

Addressing Day to Day Risks with the Team

Foundations of Recognizing and Mitigating Risk

**Risk Mitigation Conversation Guide for Teams**

The following Guiding Questions will assist the team in evaluation of developing risk mitigation strategies and plans prior to implementation. The Guiding Questions in the left hand column are to provide structure for planning. The Probes in the center column are additional Probes for discussing information and planning for risk mitigation. The right hand column allows space for the team to use in planning activities. Due to the unique nature of individual risk experiences, not all Guiding Questions or Probes will apply to every situation.

Guiding Questions	Probes	Team Responses
What risks have the team identified?	<ul style="list-style-type: none"> <li>• Have prior assessments, data and documentation been analyzed to determine risk factors?</li> <li>• Have the risks been analyzed for severity and immediacy?</li> </ul>	
Does the person's ISP contain mitigation actions for identified risks?	<ul style="list-style-type: none"> <li>• Are there corresponding mitigation actions in the ISP for each identified risk?</li> <li>• Where and how are the risk factors addressed and documented in the ISP?</li> </ul>	
Do the mitigation strategies include specific actions?	<ul style="list-style-type: none"> <li>• Are the mitigation strategies measurable? (How will the team know that actions are successful?)</li> <li>• Are timelines set for actions?</li> <li>• Do mitigation plans identify the responsible person(s) and actions they need to take?</li> </ul>	
Are the actions 'doable'?	<ul style="list-style-type: none"> <li>• Are necessary resources available?</li> <li>• Does the person responsible have authority to implement planned actions?</li> <li>• Does the person responsible support the mitigation actions?</li> <li>• Does the individual support the mitigation actions?</li> </ul>	
How will the actions and strategies be monitored?	<ul style="list-style-type: none"> <li>• Is there an objective system in place to monitor the implementation and effectiveness of the mitigation actions?</li> </ul>	
If the mitigation strategies are implemented, what is the likelihood of incident/event recurrence?	<ul style="list-style-type: none"> <li>• Have past mitigation actions been effective in reducing risk and should past actions be considered for continuation?</li> <li>• Have all successful elements of previous risk mitigation strategies been implemented?</li> </ul>	
If linked to a health issue, is medical/clinical assessment or follow-up needed?	<ul style="list-style-type: none"> <li>• Was assessment or follow-up provided? Documented?</li> <li>• Were additional risks identified that need to be addressed?</li> </ul>	
If linked to a behavioral issue, is clinical/behavioral assessment or follow-up needed?	<ul style="list-style-type: none"> <li>• Was assessment or follow-up provided?</li> <li>• Was assessment or follow-up documented?</li> <li>• Were additional risks identified that need to be addressed?</li> </ul>	

**Common Areas of Risk Questions to Consider**

It would be impossible to list every single area of risk that may exist for the people you support. Therefore, it is sometimes helpful to group risks into broad categories that can be further broken down based on the needs of the person. The categories below are based on a recommendation from the Centers for Medicare and Medicaid Services.

- Mental Health
- Health and Wellness
- Medication
- Nutrition
- Behavior Related
- Personal Safety
- Environment
- Resources

Here are some basic questions to consider regarding each of the common areas of risk as identified above. It is important to note that these questions alone will not directly give you the specific risk or level of risk for the person you support. They serve as a starting point for deeper consideration through specific screening tools and assessments as needed. It is important to understand that all human endeavors represent some level of risk and finding what is considered an acceptable level of risk requires discussion and analysis of a person's life and not necessarily just the area of focus.

**Mental Health**

the person...  
Have a mental health condition or illness diagnosed by a licensed medical professional?



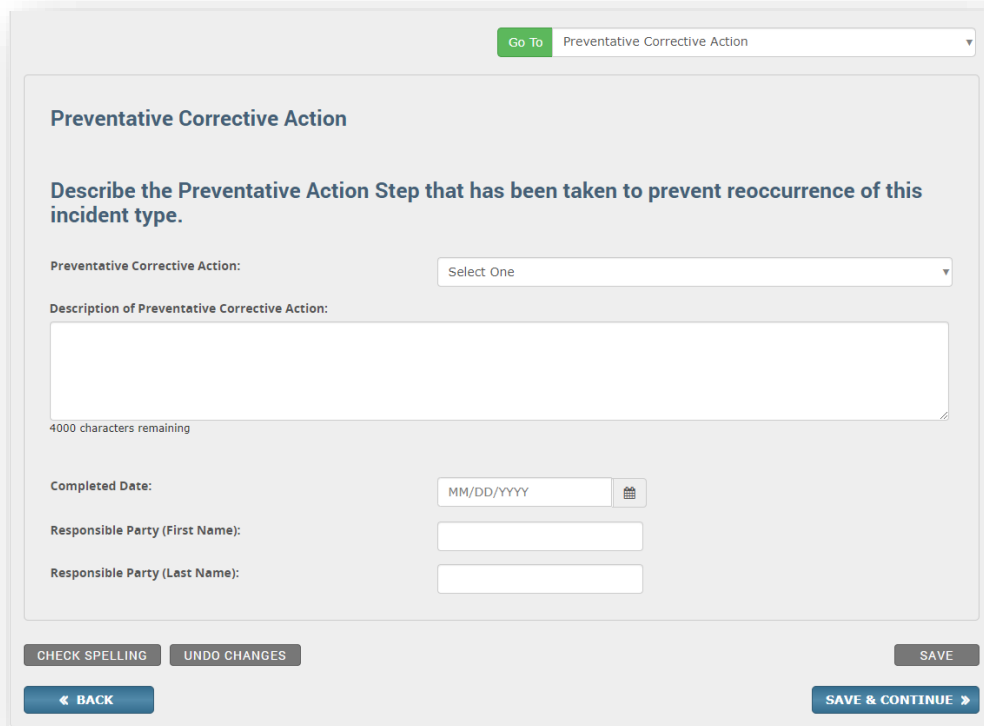
## Reporting Preventative Corrective Actions in EIM

**Preventative corrective actions are proactive, long-term strategies to reduce risk factors and prevent recurrence of a similar incident.**

Preventative corrective action must:

- Be related to the underlying cause.
- Be person-centered.
- Minimize the severity of a resulting physical, emotional, or psychological effect should the event reoccur.
- Are required for confirmed incidents of Abuse (including abuse by another individual), Neglect, Rights Violation, Exploitation, Passive Neglect, Self-Neglect and Sexual Abuse.
- Be implemented before the incident is finalized.
- Be completed in conjunction with Additional Corrective Actions.

The Preventative Corrective Action page in EIM is used to list and describe the proactive measures that have been put into place, including a completed date, and a responsible person.



The screenshot shows a web form titled "Preventative Corrective Action" within a system interface. At the top right, there is a "Go To" button and a dropdown menu currently set to "Preventative Corrective Action". The main heading is "Preventative Corrective Action". Below this, a blue instruction reads: "Describe the Preventative Action Step that has been taken to prevent recurrence of this incident type." The form contains several input fields: "Preventative Corrective Action:" with a dropdown menu showing "Select One"; "Description of Preventative Corrective Action:" with a large text area and a "4000 characters remaining" indicator; "Completed Date:" with a date picker showing "MM/DD/YYYY"; "Responsible Party (First Name):" with a text input field; and "Responsible Party (Last Name):" with a text input field. At the bottom, there are five buttons: "CHECK SPELLING", "UNDO CHANGES", "SAVE", "← BACK", and "SAVE & CONTINUE →".

Below are the preventative corrective action options available on the Preventative Corrective Action page in EIM and the corresponding Risk Mitigation Strategy:

EIM Preventative Corrective Action	Risk Mitigation Strategy
Develop new policy and/or procedure, train appropriate staff, and evaluate effectiveness	Train, inform, or educate about risk factors
Modify existing policy and/or procedure, train appropriate staff, and evaluate effectiveness	Train, inform, or educate about risk factors
Retrain appropriate staff on existing policy and/or procedure and evaluate effectiveness	Train, inform, or educate about risk factors
Introduced/Added new paid service	Removing exposure to a risk  Transfer current risk to a less risky option  Insulate the person from a risk
Introduced/Added new support	Removing exposure to a risk  Transfer current risk to a less risky option  Insulate the person from a risk
Change in Amount, Frequency, or Duration of existing supports and services	Removing exposure to a risk  Transfer current risk to a less risky option  Insulate the person from a risk
Changes made to living situation	Removing exposure to a risk  Transfer current risk to a less risky option  Insulate the person from a risk
Added new or changed adaptive equipment	Removing exposure to a risk  Transfer current risk to a less risky option  Insulate the person from a risk
Individual/Family education or training	Train, inform, or educate about risk factors

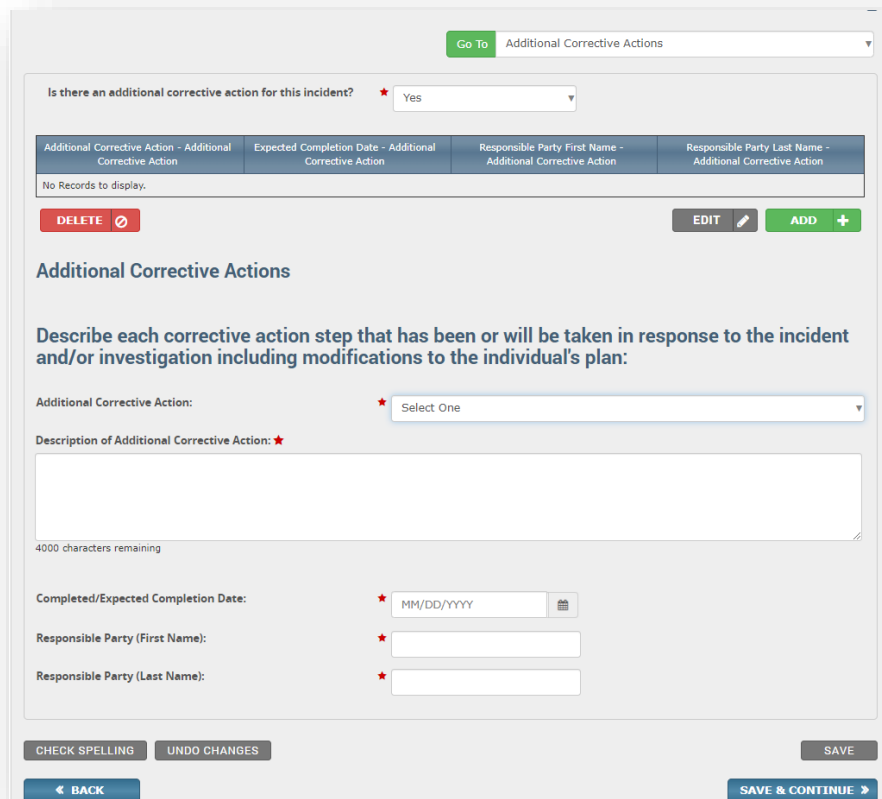


## Reporting Additional Corrective Actions in EIM

Additional corrective actions can be both **reactive** and **proactive**. **Additional corrective actions may include both short and long-term strategies to reduce risk factors.** Some Additional Corrective Actions may have been implemented as soon as an incident is recognized.

Additional corrective actions:

- Supplement preventative corrective actions.
- May be proactive or reactive in nature.
- Reduce the impact of risk factors to eliminate incident recurrence or severity.
- Can be planned and have an expected completion date in the future.



The screenshot shows the 'Additional Corrective Actions' form in EIM. At the top, there is a 'Go To' dropdown menu set to 'Additional Corrective Actions'. Below this is a question: 'Is there an additional corrective action for this incident?' with a red star icon and a dropdown menu set to 'Yes'. A table header is visible with columns: 'Additional Corrective Action - Additional Corrective Action', 'Expected Completion Date - Additional Corrective Action', 'Responsible Party First Name - Additional Corrective Action', and 'Responsible Party Last Name - Additional Corrective Action'. Below the table, it says 'No Records to display.' There are buttons for 'DELETE' (with a trash icon), 'EDIT' (with a pencil icon), and 'ADD' (with a plus icon). The main section is titled 'Additional Corrective Actions' and contains the instruction: 'Describe each corrective action step that has been or will be taken in response to the incident and/or investigation including modifications to the individual's plan:'. Below this is a form with the following fields: 'Additional Corrective Action:' with a dropdown menu set to 'Select One'; 'Description of Additional Corrective Action:' with a large text area and a note '4000 characters remaining'; 'Completed/Expected Completion Date:' with a date input field set to 'MM/DD/YYYY' and a calendar icon; 'Responsible Party (First Name):' with a text input field; and 'Responsible Party (Last Name):' with a text input field. At the bottom, there are buttons for 'CHECK SPELLING', 'UNDO CHANGES', 'SAVE', 'BACK', and 'SAVE & CONTINUE'.

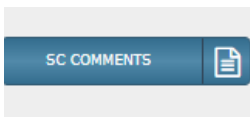
Below are the additional corrective action options available on the Additional Corrective Action page in EIM and the corresponding Risk Mitigation Strategy:

Additional Corrective Action	Risk Mitigation Strategy
Additional incident(s) filed	This is a reactive/responsive action to address other risk factors that would be better managed as part of a subsequent incident report.
Changes made to roommate/bedroom assignment/home, etc.	Removing exposure to a risk Insulate the person from a risk
Changed service provider	Removing exposure to a risk Transfer risk to a less risky option
Diet/food consistency modified	Transfer risk to a less risky option
Enhanced supervision/supports	Insulate the person from a risk
Funds reimbursed/property restored	This is a reactive/responsive action that supports other corrective actions.
Incident Management Policy Training	Training and Education
Individual Education/Training	Training and Education
Individual plan developed (Behavioral Support, Restrictive Procedure, Safety and Risk Mitigation)	This is a reactive/responsive action that supports other corrective actions.
Individual plan modified (ISP, Behavioral Support, Restrictive Procedure, Safety and Risk Mitigation)	This is a reactive/responsive action that supports other corrective actions.
Introduction of assistive technology/adaptive equipment	This is a reactive/responsive action that supports other corrective actions.
HCQU referral	Training and Education
Physical or behavioral health intervention	This is a reactive/responsive action that supports other corrective actions.
Policy, Procedure, Protocol Developed	This is a reactive/responsive action that supports other corrective actions.
Policy, Procedure, Protocol Revised	This is a reactive/responsive action that supports other corrective actions.
Reassessment of health and safety needs	This is a reactive/responsive action that supports other corrective actions.
Staff trained/retrained	This is a reactive/responsive action that supports other corrective actions.
Team Meeting	This is a reactive/responsive action that supports other corrective actions.
Other	Used to capture other actions that may be unique to a particular situation.

## Creating, Reviewing, and Addressing SC to County/AE Management Reviewer Comments

Section XI (b). Review Process, of [IM Bulletin 00-21-02](#), outlines SCO Incident Review and Monitoring Process. SCOs have a responsibility to respond to and assess emergencies and incidents. This involves a combination of a review of incident reports in EIM and ongoing monitoring while on-site and via other methods (phone, email, etc.). These review and monitoring activities are permitted billable activities.

EIM contains an **SC Comments** feature that can be accessed from the EIM Incident Detail page.



### **b. SCO Incident Review and Monitoring Process**

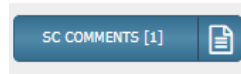
The SCO has a responsibility to respond to and assess emergencies and incidents. This involves a combination of a review of incident reports in the Department's information management system and ongoing monitoring while on-site and via other methods (phone, email, etc.).

Specifically, the SCO must ensure an individual's health, safety, and well-being by:

- Reviewing initial incident reports that are completed in the Department's information management system. This includes confirming the following actions were taken:
  - Individuals were contacted (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
  - The entity that entered the incident was communicated with and took the following actions, if needed:
    - Additional information (not present in the initial incident report) that was needed to adequately explain an event in order to assess the actions taken to protect the health, safety, and rights of the individuals was requested and obtained
    - Additional information that was needed to address questions and concerns from the initial County ID Programs/AE7 and/or regional management review, if noted during the SCO's review of the initial incident was requested and obtained
  - Recommendations were provided to County ID Programs/AEs or their delegates, in order to improve a situation and increase protections for an individual, when the review of actions taken to protect the health, safety, and rights of an individual reveals inappropriate or potentially ineffective risk mitigation strategies

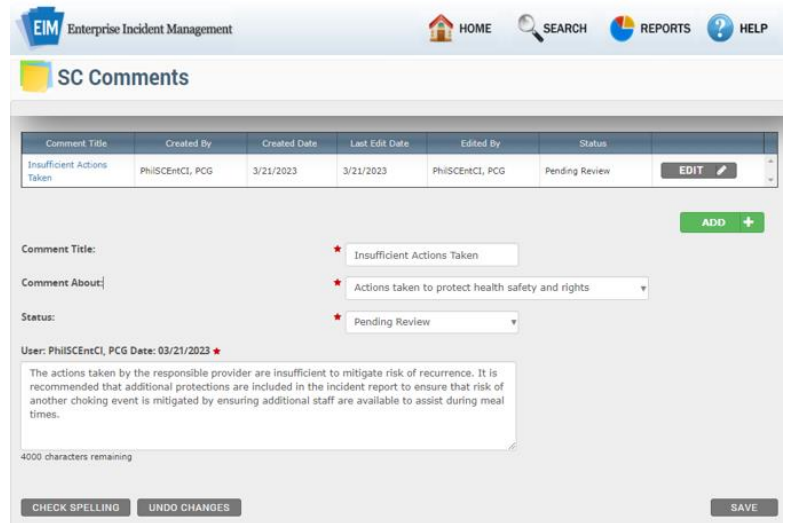
The purpose of this feature is to facilitate and document communication between SCs and County/AE reviewers related to incident reviews. SCs can create comments about incident management activities that assist management reviewers with oversight activities. This is helpful to management reviewers because SCs may know an individual best, be knowledgeable of risk factors and needed risk mitigation activities or share pertinent information about incident history or similar past events.

Upon submission of a comment by a SC, County/AE management reviewers are alerted that a comment has been created and requires their attention. Additionally, the number of comments



created can be viewed on the SC Comment button. County/AE

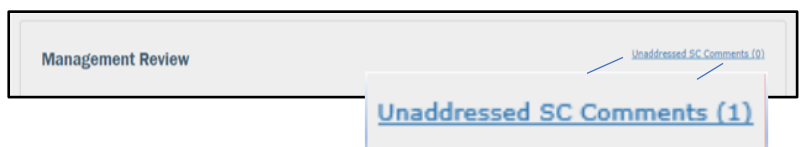
management reviewers are expected to access, review, and follow-up with the provider promptly to address any comments as part of Initial Management Review or Final Management Review activities.



Below are the values available for selection in the SC Comment screen. These options align with SCO Review and Monitoring Process requirements included in the IM Bulletin. These options serve as themes to aid management reviewers in understanding concerns related to incident management or incident reporting practices.

“Comment About” values available on SC Comment Screen
Actions taken to protect health safety and rights
Classification
Corrective Actions
Incident Description
Investigation Activities
Investigation Determination
Medical Interventions
Notifications
Targets
Other

To draw attention to unaddressed SC Comments, a hyperlink with the number of unaddressed comments is included. All SC Comments must be addressed in order for a management review document to be submitted.



For more information related to SC Comment features, please review *EIM Reference Guide – Using SC Comments*, included in the Additional Documents.

The [IM Bulletin 00-21-02](#) also includes requirements specific to the SCO Incident Review and Monitoring Process.

SCs have a critical role in incident management, despite not needing to take specific actions in EIM for an incident to be closed.

Communicating and making recommendations to management reviewers is vital to ensuring incidents are managed properly and that actions taken to prevent recurrence effective.

In order to assist SCs and SC Supervisors with identifying incidents that are reported for an individual assigned to their caseload and in need of review, real

time email alerts are sent in addition to the system-generated alerts in EIM. Email notifications will be received when the following occurs:

- Incident First section is submitted.
- Restraint incident is submitted that requires follow up.
- Initial County or Regional Management review is submitted, with a “No” response to any question within the review.
- Incident Final section is submitted.
- Incident Management review by County or Region is submitted and the incident receives a status of “Not Approved”.

- 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 individual’s 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 ID Program/AE 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 or effectiveness to mitigate risk
  - Contacting County ID Programs/AEs 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 ID Programs/AEs or their delegates, in order to improve a situation and to increase protections of an individual, when the review reveals inappropriate or potentially ineffective risk mitigation strategies
- 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 of the implementation of preventative and additional corrective actions related to an incident via examination of on-site documentation, discussions with individuals, families and staff, etc.
  - Communication to providers or other oversight entities about issues identified during monitoring
    - This includes informing the appropriate County ID Program/AE of issues that require additional follow-up action that the SCO is unable to facilitate
  - A determination whether additional monitoring visits are necessary to ensure the protection of health, safety, and rights of individuals and the effective implementation of preventative and corrective actions
  - Based upon review of the final incident report, complete changes to an ISP based upon the incident, if needed

For more information related to the EIM email and system generated alerts, please see ODP Announcement 19-042, *Generation of EIM Email Notifications for Supports Coordinators and Supports Coordination Supervisors*.

## Completing the Investigation Assignment Page

As part of any incident Final Section Management review completed by County/AE or ODP Region, an investigation assignment may be warranted. Investigations completed by management reviewers are a second-level investigation that are independent from the provider's investigation and meant to ensure integrity of the incident management process.

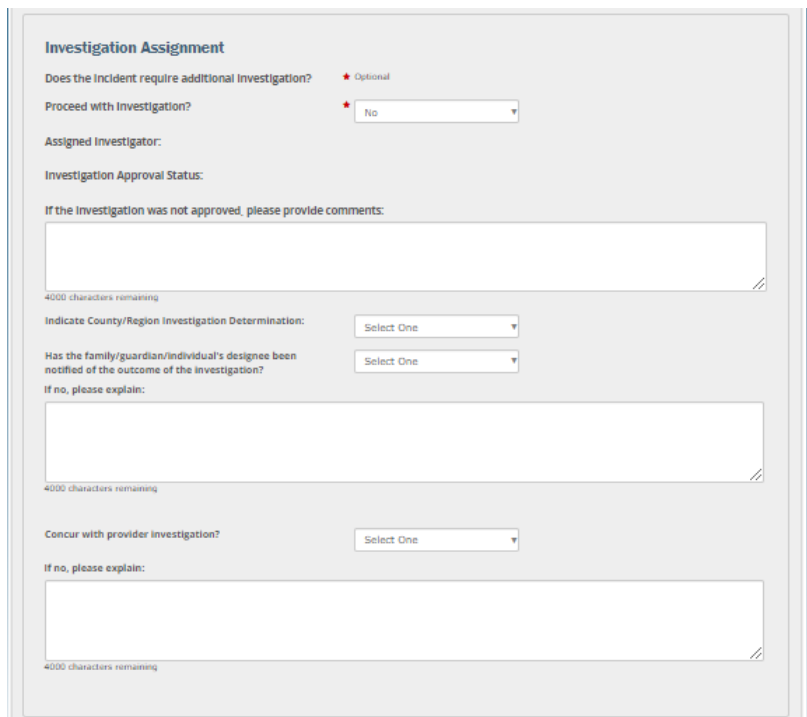
Incident Management Bulletin Section VI, Responsibility for Reporting and Investigating, states that County ID Programs/AEs are required to:

- Conduct their own investigation if there is a concern that there are circumstances that will comprise the provider's or SCO'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.
- Conduct an investigation if required or directed by ODP.

In order to accomplish this, the Management Review document in the EIM system contains an Investigation Assignment page. For specific incident categories, indicated on page 31 of the [IM Bulletin 00-21-02](#), this page will be mandatory, but for most incident categories this page will be optional. Management Reviewers can choose to proceed with an investigation for any incident as desired or required by ODP. If a management reviewer is proceeding with an investigation, assigning an investigator can be done here.

Once a County or Regional Management Review Investigation is completed, the Management reviewer will approve or disapprove the investigation.

Management Reviewers will indicate an investigation determination,



The screenshot shows the 'Investigation Assignment' form with the following fields and options:

- Does the incident require additional investigation?** (Optional) - No
- Proceed with investigation?** - No
- Assigned Investigator:** (Text input field)
- Investigation Approval Status:** (Text input field)
- If the investigation was not approved, please provide comments:** (Text area, 4000 characters remaining)
- Indicate County/Region Investigation Determination:** (Select One dropdown)
- Has the family/guardian/individual's designee been notified of the outcome of the investigation?** (Select One dropdown)
- If no, please explain:** (Text area, 4000 characters remaining)
- Concur with provider investigation?** (Select One dropdown)
- If no, please explain:** (Text area, 4000 characters remaining)

whether or not the family, guardian, or individual’s designee was notified of the outcome of the investigation, and whether or not the management review investigation concurs with the provider investigation.

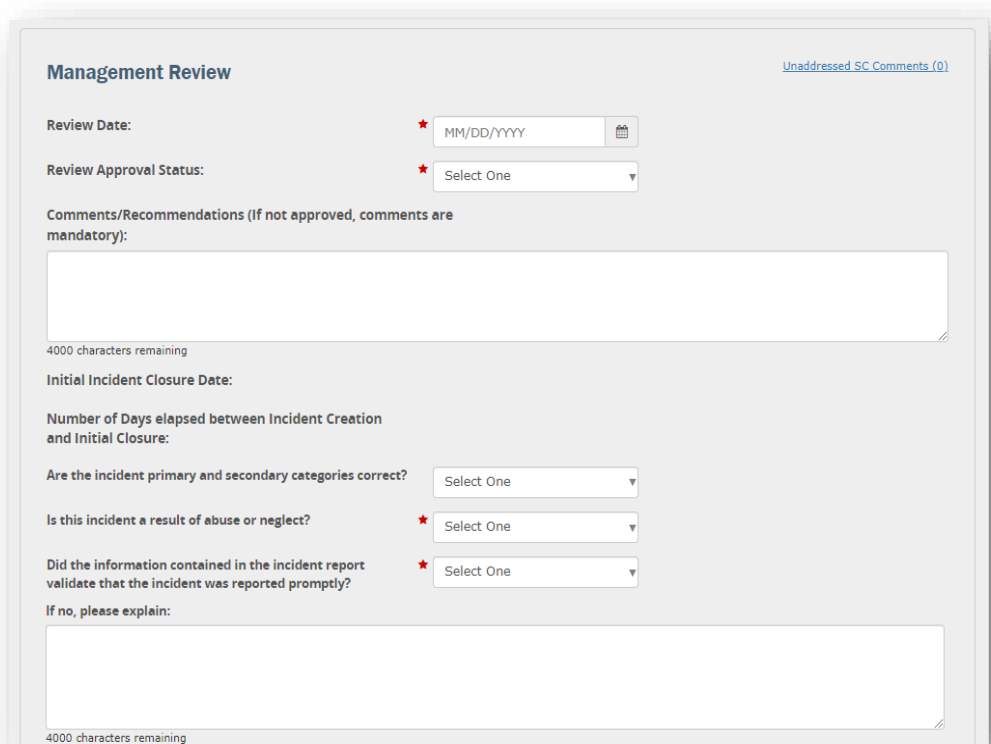
## Completing the Management Review Page

The EIM system also contains a Management Review page as shown here:


Management Reviewers will indicate a review date and an approval status. Comments and recommendations are required for any not approved incident.

Management Reviewers also indicate whether the primary and secondary categories are correct. This is important because if answered no, EIM will allow changes to be made to the incident classification page. [IM Bulletin Section X 00-21-02](#), Multiple Categories and Sequence of Reporting can be referenced to determine when reclassification may be needed.

Management reviewers will also indicate if this incident is a result of abuse or neglect. This question is important for many reasons. First, it ensures that for every incident that occurs, management reviewers are posing the question and considering, or ruling out, abuse or neglect as a potential cause. Second, it improves oversight and data analytics for incidents not categorized as abuse or neglect but determined to be the result at a later time. Third, it helps management reviewers connect any incident where abuse or neglect was a cause to other incidents reported and ensure they are linked appropriately. This is extremely important where



**Management Review** [Unaddressed SC Comments \(0\)](#)

Review Date:  

Review Approval Status:

Comments/Recommendations (If not approved, comments are mandatory):  
  
 4000 characters remaining

Initial Incident Closure Date:  
 Number of Days elapsed between Incident Creation and Initial Closure:

Are the incident primary and secondary categories correct?

Is this incident a result of abuse or neglect?

Did the information contained in the incident report validate that the incident was reported promptly?

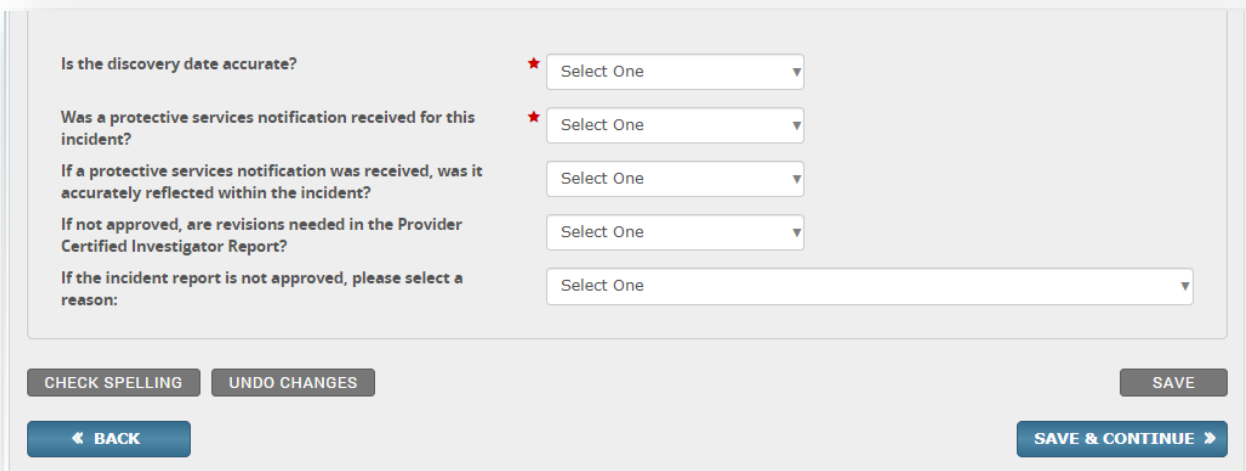
If no, please explain:  
  
 4000 characters remaining



abuse or neglect was not known upon discovery of the incident but later determined to be a contributing factor because of an investigation. Situations where discovery or recognition was delayed warrant additional reporting, notification, and responsive actions as required by regulation.

Management reviewers will also indicate whether the information contained in the incident report validates that the incident was recognized and reported promptly. The purpose of this question is to ensure that incidents are being reported promptly upon discovery or recognition in accordance with regulatory requirements. Reporting delays are serious and can lead to additional hurt or harm, recurrence of incidents otherwise prevented, or delays in necessary treatment. This question serves as a reminder to management reviewers to address reporting delays or inaccuracies.

To supplement the previous question, an additional question exists to prompt management reviewers to indicate whether the incident discovery date is accurate. Management reviewers are expected to consider all information contained in the report as well as any investigation documents when answering this question. This question ensures integrity and fidelity of information provided and may be an indicator that other follow-up or regulatory oversight activities may be warranted.



Is the discovery date accurate? ★ Select One

Was a protective services notification received for this incident? ★ Select One

If a protective services notification was received, was it accurately reflected within the incident? Select One

If not approved, are revisions needed in the Provider Certified Investigator Report? Select One

If the incident report is not approved, please select a reason: Select One

CHECK SPELLING UNDO CHANGES SAVE

← BACK SAVE & CONTINUE →

Management reviewers also answer two questions specific to incidents that also had a protective service notification:

- Was a protective services notification received for this incident?
- If a protective services notification was received, was it accurately reflected within the incident?



Allegations received by protective service entities, known as a report of need (RON), are shared with ODP for awareness and appropriate action. Information is shared with County programs/AE to ensure awareness, appropriate actions are taken, collaboration with protective service entity investigators, and increase in ODP incident reporting fidelity. Management reviewers are expected to be knowledgeable of allegations communicated to protective service entities as well any findings, determinations, and actions on the part of the protective service entity. Understanding this information ensures the integrity of the information reported by the provider and ensure that corrective actions are in place to prevent recurrence to the extent possible.

Management reviewers indicate whether revisions are needed in the Provider Certified Investigator Report document. This question is a system control that allows the Provider CIR to be made editable by the reporting provider.

Lastly, management reviewers must select a reason for a not approved incident. This allows for data analytics and trending of issues. Information obtained from this may lead to EIM system changes, provider incident reporting training, or policy changes.

ODPs objective is to reduce the number of incidents returned to providers/agencies for additional information. Below is a listing of the reasons for incident disapproval and a description of the reasons available in EIM for selection.

Reasons for Incident Not Approved/Disapproval	Comment Description Examples
Administrative Review	<p>The administrative review document needs modifications or corrections.</p> <p>The information contained in the investigation is not reflective in the administrative review document.</p> <p>The administrative review process was not conducted in accordance with expectations.</p> <p>There were concerns identified by the Certified Investigator and the Administrative Review did not develop Corrective Actions. Please review these concerns, develop Corrective Actions to mitigate risk, and update the Administrative Review document with the Corrective Actions.</p>
Correct or add choke/fall indicator	Based on the incident information, the choking or falling indicator needs to be corrected or changed.

Reasons for Incident Not Approved/Disapproval	Comment Description Examples
	The choking indicator should only be selected when a choking event occurred. The choking indicator should not be selected because the individual is at risk for choking and the incident is not related to a choking event.
Corrective action missing, insufficient, or not related to cause/probable cause	<p>Corrective actions are not included and must be added.</p> <p>Corrective actions are insufficient, please reevaluate and develop corrective actions to mitigate the identified risk.</p> <p>Corrective actions are not related to the probable cause, please reevaluate, and develop corrective actions to mitigate the identified risk.</p>
Description of incident is insufficient or confusing	<p>The incident description does not include adequate information that explains what happened to the individual.</p> <p>The information contained in the incident description is confusing and does not provide a clear understanding of what happened to the individual.</p>
Documentation is incomplete	<p>Documentation is incomplete. (Reviewer may identify documents)</p> <p>Documentation is incomplete. Please upload required documentation for death incidents/investigations as listed in Section IV. (b) pages 8 and 9 of the <a href="#">IM Bulletin 00-21-02</a>. <b>This should not be used if a death certificate is unable to be obtained.</b></p>
Final section submitted late without an explanation/corrective action	The final section was submitted late without an explanation or corrective action. Please explain why the incident final section was submitted late and enter a corrective action to prevent recurrence.
First section submitted late without an explanation/corrective action	The first section was submitted late without an explanation or corrective action. Please explain why the incident first section was submitted late and enter a corrective action to prevent recurrence.

Reasons for Incident Not Approved/Disapproval	Comment Description Examples
Identification of other individuals must be removed from text	Other individuals are identified in the incident. Please remove their names and replace with an appropriate way to explain who was involved. Use housemate 1, housemate 2 etc.
Information related to medical visit/discharge is missing	<p>There is no information regarding the medical visit discharge. Please include all discharge instructions such as diagnoses, treatment received, medication changes/additions, testing, and all follow up appointments needed.</p> <p>In addition to the above comment, the reviewer may request that the discharge instructions are uploaded.</p>
Investigation determination inconsistent with investigation summary	<p>The investigation determination is not consistent with the information provided in the investigation summary.</p> <p>The administrative review team will need to review the investigation summary and reevaluate their outcome determination. If the administrative review team cannot make an outcome determination, they may need to consider the quality and integrity of the investigation summary and if needed, they may need to direct the Certified investigator to complete additional, investigative tasks.</p>
Investigation is incomplete/insufficient	<p>The investigation is incomplete (reviewer should state what is missing).</p> <p>The Certified Investigator must complete additional investigative tasks (list tasks if known). After additional work is completed, the Certified Investigator must update the Provider Certified Investigation Report section in EIM, including the summary.</p>
Investigation summary indicates Certified Investigator made investigation determination	The investigation summary indicates Certified Investigator made the investigation determination. Please update the investigation summary to remove this information and ensure the determination is made by the Administrative Review Committee.

Reasons for Incident Not Approved/Disapproval	Comment Description Examples
Non-reportable EIM incident - request deletion	Will be deleted by reviewer.
Notifications incomplete/no reason provided	The notifications were not completed or were incomplete without a reason. Please provide a reason or complete the notification(s) per the <a href="#">IM Bulletin 00-21-02</a> .
Provide information regarding a Restrictive Procedure Plan (RPP)	Provide information regarding a Restrictive Procedure Plan (RPP) and how it was or was not implemented.
Provider requested disapproval to add additional detail	Provider requested disapproval to add additional detail. This should not be used in lieu of extensions.
Target identifier missing or incorrect	Target identifier missing or incorrect.
Wrong category	Corrections to the primary or secondary category needs to be changed in the Verification of Incident Classification of page.
Wrong or missing optional field codes	Optional field codes are missing or are incorrect.
Other	Used for any other reason not listed above.

When an incident is returned as not approved, as described in the [IM Bulletin 00-21-02](#), it is the responsibility of the **Provider IM Representative** to make updates based on the reviewer's feedback and the reason the incident was not approved. If additional guidance is needed, the **Provider IM Representative** should consult with the AE/County and/or ODP Regional Incident/Risk Manager and obtain clarification regarding expectations. The IM Report in EIM is the official documentation of the event requiring reporting to ODP.

When it is evident from review of the Provider Certified Investigator Report or the narrative in the EIM **Additional Information** screen that training and/or formal discipline of the DSP(s) is warranted, a meaningful description of those should be entered in the text field in the **EIM Corrective Action** screens. Vague and/or broad statements are not acceptable entries.