

<b>STATE OF ALASKA</b> <b>DEPARTMENT OF HEALTH &amp; SOCIAL SERVICES</b>  <b>SENIOR AND DISABILITIES SERVICES</b>  <b>POLICY &amp; PROCEDURE MANUAL</b>	<b>SECTION:</b> 15 Quality Assurance	<b>Number:</b> 15-1	<b>Page:</b> 1
	<b>SUBJECT:</b> Critical Incident Reporting and Management		
	<b>APPROVED:</b> /s/ Rebecca Hilgendorf, Director		<b>DATE:</b> 1/30/09

## Purpose

To delineate responsibilities for incident reporting and management.

To describe the required elements of a provider agency incident reporting and management system.

To collect relevant data for analysis to improve the quality of SDS and provider agency operations.

## Policy

One element of the Senior and Disabilities (SDS) quality improvement program is the critical incident reporting and management system. Critical incident reporting provides SDS with data needed to identify and evaluate systemic problems, and to address problems experienced by provider agencies. Through this reporting and assistance process, SDS and provider agencies work to protect the health and safety of recipients.

Provider agencies develop and operate internal incident reporting and management systems, and contribute to SDS quality assurance by reporting incidents, involving specified circumstances, which occur during the provision of services. Provider systems include incident reporting policies and procedures, staff training, analysis of the factors leading to reportable incidents, and implementation of procedures to address identified risks to recipient health and safety.

## Authority

42 CFR §441.302 (a) State assurances of safeguards. 7 AAC §43.065 (b)(3) Medical provider agreement, 7 AAC §43.788 Safety of recipients (PCA); 7 AAC §43.1040 (a) Requirement for all reimbursable waiver services; 7 AAC §47.440 Assisted living home agreement for service; 7 AAC §78.200 Reports (Grant Programs); 7 AAC §81.070 Provider agreements (Grant Programs to Individuals); 7 AAC §81.150 (2) Reports (Grant Programs to Individuals).

## Definitions

“Provider agency” means any sole practitioner or agency certified by SDS or any SDS grantee.

“Service plan” means a waiver Plan of Care, a grant Plan of Care, a personal care assistance Service Plan, or a General Relief assisted living Plan of Care.

## Responsibilities

- A. The **provider** agency is responsible for
1. developing and implementing an internal incident reporting and management system;
  2. submitting incident reports and quarterly medication error reports; and
  3. when necessary, implementing procedures to address identified risks.

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**B. SDS is responsible for**

1. reviewing all incident reports and quarterly medication error reports;
2. evaluating provider agency response to incidents;
3. providing technical assistance to the provider agency;
4. maintaining an incident report database;
5. producing reports related to the information collected; and
6. analyzing incident report data as a risk management method.

**Procedures**

**A. Provider agency incident reporting and management system.** The provider agency

1. develops a written policy and procedures as guidance for staff;
2. trains staff as to which circumstances require, and how to submit, an *SDS Incident Report* (Attachment A);
3. submits incident reports for specified events in a timely manner and quarterly medication error reports;
4. analyzes all incidents to identify problem areas; and
5. implements procedures to address identified risks to health and safety.

**B. Incident report requirements.**

***NOTE: An SDS Incident Report cannot substitute for the reporting requirements of other agencies. Harm to vulnerable adults must be reported to Adult Protective Services and child abuse or neglect, to the Office of Children’s Services. In addition, the notification requirements of the Assisted Living Licensing Program must be met.***

1. Timeframes.

- a. Within 72 hours of, or 3 business days after, observing or learning of an incident involving a recipient for whom services are provided under a current service plan, the provider agency or the incident reporter files an *SDS Incident Report*.
- b. For medication errors, this timeframe must be met only when the error results in an outcome requiring medical intervention; all other medical errors must be documented and reported quarterly to SDS within 30 days of the end of the quarter during which the error occurred.

2. Reporting process.

- a. Any person who witnesses or becomes aware of an event or circumstance which requires reporting may file an *SDS Incident Report*.
- b. The provider agency or incident reporter, when any of the circumstances requiring a report occur, prepares an *SDS Incident Report*
  - i. by including all recipient, contact and incident information requested, or
  - ii. by writing “Not applicable” after items which do not pertain to the event or circumstance.
- c. The provider agency or incident reporter sends the report to the SDS Quality Assurance Unit (QA Unit) by Fax or electronically.
- d. The provider agency submits a quarterly report documenting medication errors which occurred, but did not require medical intervention.

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3. Circumstances requiring an SDS Incident Report.

- a. Safety concerns.
  - i. Missing person when a law enforcement agency is notified.
  - ii. Recipient behavior that results in harm to self or others, and requires intervention beyond the services specified in the current service plan.
- b. Medical events.
  - i. Death of a recipient who has a service plan in effect or is in the immediate care of the provider agency.
  - ii. Accident or incident (including medical errors) which results in injury or a change in condition that requires medical intervention and which occurs during the provision of services.
  - iii. Medication error (report quarterly unless error resulted in medical intervention) occurring in a 24-hour care setting, whether medication is self-administered or administered by staff with delegated nursing authority:
    - (A) failure to document administration of a medication;
    - (B) failure to administer a medication at a scheduled time; and
    - (C) administration of a medication
      - (1) at a time other than when it was scheduled,
      - (2) other than by the prescribed route,
      - (3) not intended for the recipient,
      - (4) intended for the recipient to another person, and
      - (5) other than the correct dosage.
- c. Law enforcement issues.
  - i. Law enforcement response to an event involving a recipient and occurring during the provision of services except when law enforcement support is an element of the service plan.
  - ii. Sexual assault, whether the recipient is the victim or the alleged perpetrator.

C. **SDS Incident report management.**

1. Report intake. The QA Unit
  - a. date stamps all reports upon receipt;
  - b. enters report information into the incident database;
  - c. reviews file and database information to confirm program participation; and
  - d. distributes copies of the *SDS Incident Report* and quarterly medication error reports to the appropriate SDS program managers.
2. Review of provider agency management of reported incidents. Within 24 hours of receipt of an incident report, the QA Unit and the SDS program managers review the provider agency response to the incident.
  - a. For an adequate response, no further SDS action is necessary.
  - b. For an inadequate response, the SDS program manager
    - i. contacts the provider agency to discuss the areas in which the response was found to be inadequate, and

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- ii. if the discussion does not resolve issues raised by the response,
    - (A) requests additional information or documents for review, or
    - (B) conducts a site visits to interview staff, and to assess agency documents including
      - (1) reports related to the event or circumstances addressed in the *SDS Incident Report*,
      - (2) policies and procedures, and
      - (3) records of staff credentials and training; and
  - iii. when the circumstances or event need to be addressed to reduce risks to health and safety
    - (A) requests that the provider agency develop a Critical Incident Improvement Plan, and
    - (B) notifies the QA Unit that a plan has been requested.
3. Critical Incident Improvement Plan.
- a. The provider agency,
    - i. in consultation with the SDS program manager and/or the QA Unit as needed, develops a plan which addresses
      - (A) the actions which will be taken to prevent reoccurrences, or to improve response in the event of similar incidents,
      - (B) a date by which the actions will be taken, and
      - (C) the provider agency staff responsible for taking the actions; and
    - ii. submits the plan to the QA Unit upon completion.
  - b. The QA Unit monitors the progress of the plan by following up with the SDS program manager regarding
    - i. timely receipt of the plan, and
    - ii. adequacy of its implementation.
4. Incident report tracking. The QA Unit
- a. maintains an incident report database
    - i. to track incidents,
    - ii. to monitor technical assistance and dispositions, including
      - (A) requests for additional information regarding incidents, and
      - (B) completions of Critical Incident Improvement Plans, and
    - iii. for research and analysis purposes;
  - b. develops quarterly reports summarizing incident data about each SDS program for distribution to and evaluation by SDS program managers; and
  - c. analyzes cumulative incident report data as a risk management method
    - i. to identify prevalence and patterns of adverse events in the recipient population,
    - ii. to evaluate the effectiveness of technical assistance interventions, and
    - iii. to identify areas for quality improvement in both SDS and provider agency operations.

Attachment:  
SDS Critical Incident Report

### SDS Critical Incident Report

Send form to [hss.dsdsqa@alaska.gov](mailto:hss.dsdsqa@alaska.gov) or Fax to (907) 269-3690 within 72 hours of, or 3 business days after, a reportable incident or notice of such an incident. This report cannot substitute for mandatory reports to Adult Protective Services or the Office of Children’s Service, or for required reports to other agencies.

A list of incidents requiring an SDS Incident Report follows. Please check all categories which describe the incident.

- Missing person
- Harm to self or others
- Death of recipient
- Accident/incident with medical intervention
- Medication error requiring medical intervention
- Law enforcement response
- Other

**Recipient information**

Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Medicaid Number: \_\_\_\_\_

**Contact information**

Date of this report: \_\_\_\_\_  
Name of incident reporter: \_\_\_\_\_  
Provider agency responsible for report: \_\_\_\_\_  
Provider agency contact: \_\_\_\_\_  
Telephone number: \_\_\_\_\_ Email: \_\_\_\_\_

**Incident information** (Please write “Not Applicable” where an item does not pertain to the incident.)

Date of incident: \_\_\_\_\_ Time of incident: \_\_\_\_\_  
Location of incident (include address):  
\_\_\_\_\_  
\_\_\_\_\_

Names of individuals/staff involved in or witness to the incident:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Names of other agencies involved in the incident:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe the incident including circumstances or events leading to the incident:  
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Describe actions taken in response to the incident:

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Describe plans for provider agency follow-up:

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***Incident analysis***

Factors contributing to the incident:

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Actions necessary/taken to prevent similar incidents, and individuals responsible for implementation:

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**Notifications** (Please check other agencies and individuals you notified regarding this incident.)

- |  |   |
|--|---|
| <input type="checkbox"/> Police/law enforcement                  | <input type="checkbox"/> Assisted Living Home Licensing |
| <input type="checkbox"/> Adult Protective Services               | <input type="checkbox"/> Long Term Care Ombudsman       |
| <input type="checkbox"/> Office of Children’s Services Intake    | <input type="checkbox"/> Guardian/Legal representative  |
| <input type="checkbox"/> Office of Children’s Services Licensing | <input type="checkbox"/> Other:                         |