Reporting Critical Incidents in the Community

BE D·B·H·D·D

Georgia Department of Behavioral Health & Developmental Disabilities

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Settlement Extension Deliverables

20. The State shall implement an ==effective== process for reporting, investigating, and ==addressing== deaths and critical incidents involving alleged criminal acts, abuse or neglect, ==negligent or deficient conduct== by a community provider, or serious injuries to an individual.

21. The State shall conduct a mortality review of deaths of individuals with DD who are receiving HCBS waiver services from community providers according to the following:

    (a) An ==investigation== of the death shall be completed by an investigator who has completed nationally certified training in conducting mortality investigations, and an investigation report must submitted to the Office of Incident Management and Investigations ("OIMI") ==within 30 days after the death is reported==, unless an extension is granted by the State ==for good cause==. The investigator must review or document the unavailability of: medical records, including physician case notes and nurses' notes (if available); incident reports for the three months preceding the individual's death; the death certificate and autopsy report (if available); and the most recent individual support plan. The investigator may also interview direct care staff who served the individual in the community. The investigation report must address any known health conditions at the time of death, regardless of whether they are identified as the cause of death. ==The State shall conduct a statistically significant sample of '"look-behind"== investigations to assess the accuracy and completeness of provider-conducted investigations of deaths, and the State shall require providers to take corrective action to address any deficiency findings.

External Assessments

Report of the Independent Reviewer U.S. vs State of Georgia– 08.21.17

- " … the system cannot be characterized now as either effective or complete. There are delays in completing the investigations including those of deaths possibly resulting from . . ."
- "The review of the investigation reports submitted by DBHDD confirmed repeated examples of the thirty-day deadline not being met as required. Reasons for delays include other assignments or mandatory training. In addition, there are . . ."
- " However, the findings and recommendations in certain investigations raise concerns about thoroughness."

Addressing the Assessments

❖ Right size our expectations to the workload

❖ Provide a reasonable chance for success given resource restraints

❖ Improve productivity by simplifying processes

❖ Cross-training staff

Not leave anyone with unaddressed risk

Closing the Gaps: Re-Alignment of Duties

Office	New Duties	New Name
Office of Incident Management and Investigations (OIMI)	Investigate Abuse and Neglect that is risk rated as high or critical	Office of Investigative Services (OIS)
Office of Results Integration	Manage ROCI and all of the incidents being entered into the system Risk rate incidents Incident data management Corrective Action Plans	Office of Incident Management (OIM)
Office of Provider Certification and Services Integrity	Risk rate incidents resulting in death of an individual Clinical Mortality Reviews and Investigations Certification, Compliance, and Targeted Reviews	No new name

Closing the Gaps

Amend DD Provider Certification Policy to extend certification period from 3 years to 10 years. Conduct reviews based on risk.

Amend provider contracts and policy to require records delivery and interview scheduling as a provider responsibility.

Identify and amend all policies related to critical incident reporting

Policy 04-106

It is the policy of DBHDD that each individual receiving services in a community setting is entitled to humane care and treatment and is treated with kindness, dignity and respect.

Any form of abuse or neglect or exploitation will not be tolerated.

Failure to report abuse, neglect or exploitation, failure to cooperate in an investigation or failure to intervene may be grounds for adverse action.

Critical Incident

Any event that involves an immediate threat to the care, health or safety of any individual in community residential services, in community crisis home services while on site or in the care of a community provider, in the company of a staff member of a community provider, or enrolled in participant-directed services. Critical incidents that must be reported to DBHDD are listed in policy 04-106, Attachment A.

Following a Critical Incident

✓Immediately take all measures necessary to protect the health, safety and rights of individuals

✓For Deaths - Enter a Critical Incident Report and Safety Plan into ROCI within 2 hours of the death, or as soon as practicable

✓For Other Incidents – Enter a Critical Incident Report and Safety Plan into ROCI the same business day, or the next business day if outside of business hours

Highlighted Changes to Policy 04-106

Providers no longer required by DBHDD to conduct investigations

- Providers may conduct investigations for their own QA process

Safety Plan is now required with CIR submission

New Health and Safety Risk Reviews – provider may be required to submit documents upon request within 24 hours

New process for investigating Deaths

Updated incident definitions – Attachment A

Reporting a Critical Incident - Overall

Enter the details of the incident directly into ROCI.

Match the incident description to the incident definitions (Attachment A to policy 04-106). If it doesn't match one of the incident definitions, it isn't reportable.

Complete the Safety Plan (Attachment B Policy 04-106) and upload it in ROCI

Once CIR submitted, provide a copy of the CIR to the Support Coordinator if individual receives that service

Completing Incident Description

Provide a **thorough description** of the event:

Who   What   When   Why   Where   How

Use identifiers (Person 1 etc.) for the individuals served. There should be no identifying information in the description.

Staff names do not need to be de-identified in the description.

Family member names should be replaced by identifiers.

CIR Managerial Review

The Senior Executive Manager:

- ✓ Reads the Critical Incident Report
- ✓ Reads all statements and reports
- ✓ Requires and ensures the completion of any incomplete or missing documentation
- ✓ Attests to the CIR in ROCI – CIR cannot be submitted without the attestation being completed

Safety Plan

- All Critical Incident Reports involving C incidents (see Attachment A 04-106) require a Safety Plan to be submitted at the time of the CIR.
- The Safety Plan is the written plan for ensuring the health and safety of all individuals receiving services that describes the risks involved, how they will be overcome, and how similar incidents will be prevented.
- Providers who are reporting an incident that did not occur in their care (a day program or SCA when the incident was in a PCH), still need to submit a safety plan based on what they can control. The responsible provider is also required to submit one.

Safety Plan

- ✓ Questions specific to the individuals involved in the incident such as:
    - ✓ Use of crisis services
    - ✓ Presence of BSP, Crisis plans, special protocols etc.
    - ✓ Presence of supporting documents
    - ✓ Supervision level/Frequency of contact

- ✓ What did you do immediately following the incident to ensure that the individuals and staff were safe?

- ✓ What circumstances may have led to the incident?

- ✓ What steps will be taken to prevent a similar incident in the future?

- ✓ Related training available online

Uploading Safety Plan to ROCI

- Instructions and form are accessible in ROCI

CIR/Safety Plan Review

If there are any issues with the CIR or any other documentation is needed, you must provide the requested information within 24 hours.

Common Issues

Uploading documents that are not the Safety Plan from 04-106 Attachment B

Not making sure the attestation is signed (you may have to sign it again after uploading SP to submit)

Reporting incidents that do not meet criteria

Not reporting incidents that should be reported

Not finalizing the submission

Pending = provider side

Submitted = DBHDD side

What is DBHDD doing?

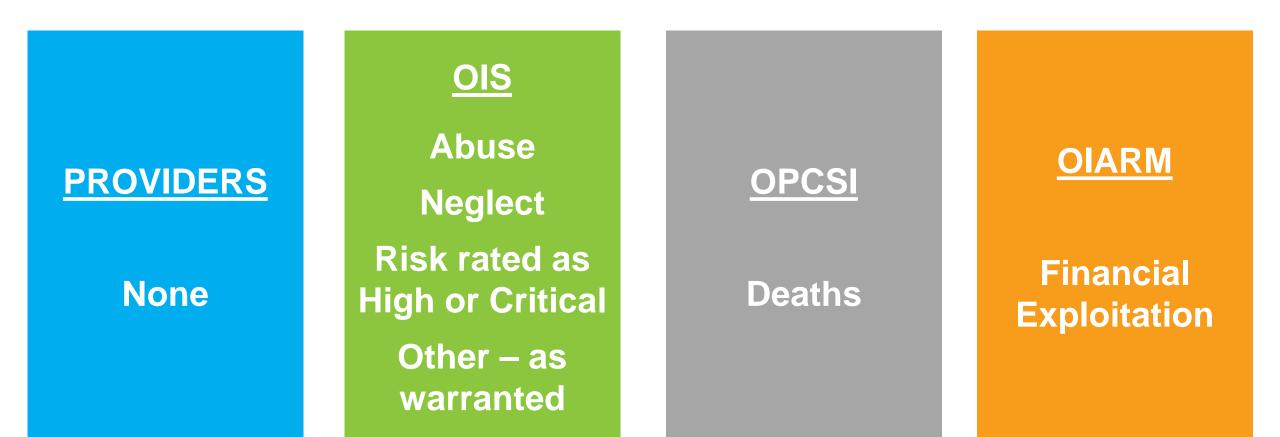|			
Provide technical assistance regularly	**Adjusting policy and process as needed**	**Identify technical issues and address them with IT** **ROCI replacement**	**Cite deficient practices related to not reporting or not following policy**

What's needed from providers?

Timely submission of incidents that meet definitions

Detailed descriptions

Complete, thorough and accurate safety plans

Cooperation with document requests

Investigations

PROVIDERS	OIS	OPCSI	OIARM
None	Abuse Neglect Risk rated as High or Critical Other – as warranted	Deaths	Financial Exploitation

Investigative Report

The completed Investigative Report is forwarded to all providers identified in the investigative report, the appropriate support coordination agency, if applicable, and the Office of Incident Management.

Corrective Action Plan

Corrective Actions may be required for any deficient practices identified during a Health and Safety Review, Clinical Mortality Review, or investigation in accordance with Internal and External Reviews and Corrective Action Plans, 13-101.

Referrals to Other Agencies

OIM and OPCSI may make referrals to other agencies/offices including but not limited to:

 Support Coordination

 Office of Health and Wellness

 Regional Office

 Medicaid Fraud Unit

 OPCSI Certification Unit

Referrals may include:

 Communicating risks identified

 Communicating issues or concerns

 Requests for follow-up

Contact Information

ROCI: ROCI@dbhdd.ga.gov

ROCI Password/Access: ROCI.lockouts@dbhdd.ga.gov

Non-death Incidents: DBHDDincidents@dbhdd.ga.gov

Deaths: Death.Alerts@dbhdd.ga.gov

Death record requests only: Death.Comms@dbhdd.ga.gov

OIS Investigations:
Office.InvestigativeServices@dbhdd.ga.gov

Policy Questions: PolicyQuestions@dbhdd.ga.gov